

Putting the Partnership into public–private partnerships

Robert G. Ridley¹

The theme section of issue of the *Bulletin* brings into focus public–private partnerships (PPPs) with the pharmaceutical industry. The term public–private partnerships is currently receiving unprecedented exposure in international public health. However, there still appears to be limited consensus and some confusion as to what PPP means. One reason for this is that many commentators focus on the “public–private” aspect of PPP and stress issues and differences in perspective that divide these two sectors. Positions are staked out, and the way forward is envisaged as involving adversarial bargaining to obtain maximum advantage to one side or the other. However, the most important aspect of PPP between the two sectors is “partnership”. Partnership implies a commitment to a common goal through the joint provision of complementary resources and expertise, and the joint sharing of the risks involved. Negotiations and contractual arrangements have to be entered into, and the agreements necessary to enable it to be implemented may or may not be achieved. However, the mindset induced by the partnership concept means that the negotiations are positively, not negatively, directed from the outset.

PPPs at an individual project level are not new. Merck's 1987 donation of Mectizan® backed up by public and philanthropic sector provision of the necessary infrastructure to utilize this drug effectively for onchocerciasis control is a shining example of what can be achieved. On a smaller scale there have been many examples over the years of academic groups, supported by public sector funds, linking with companies on projects directed towards developing pharmaceutical products for neglected infectious diseases. The experience of these endeavours has been mixed, often failing due to lack of expertise and/or public sector funds and/or the ability of projects to achieve sufficient

prioritization within the pharmaceutical companies. Recently, several national, regional and global initiatives, many of which are discussed in this issue of the *Bulletin*, have arisen to tackle this particular difficulty.

It is vitally important that public and private sector discussion, engagement, and partnership are raised to a global level. Despite the competitive environment in which the pharmaceutical industry operates, there ought to be mechanisms whereby an increased amount of its huge resources and expertise can be targeted towards tackling the diseases of the poor. Similarly, if the public sector is to take a lead in this whole area it has to commit resources that can realistically incentivize private sector partnership and investment. One of the biggest incentives for companies, private foundations, and other non-governmental organizations to commit themselves (i.e. provide resources) to a partnership is having the confidence that the public sector is serious about developing the appropriate infrastructure and capacities necessary to use partnership outputs for enhancing global health. The increase in resources that have been made available by both public and private sectors in recent years, complemented and in many cases stimulated by philanthropic donations, suggests that sufficient political will is developing to make an impact. Both public and private sectors therefore stand an improved chance of delivering on their objectives if they can find better ways of collaborating.

Many players from both the public and private sectors, encouraged by efforts from civil society, have demonstrated a desire to create an environment in which industry can engage sustainably in R&D activities on neglected infectious diseases. The difficulty they face is to move beyond lip service to actually defining the mechanisms that balance the conflicting interests and responsibilities of the parties that are needed to make such partnerships work. New ground has to be broken to move forward and a strong literature base will be an important facilitator for innovation in this area.

The authors of the articles published in the theme section of this issue of the *Bulletin* are all well placed to make significant contributions in this respect.

The first article, by Widdus (pp. 713–720), sets the scene by providing an overall perspective of PPPs within the global health context. Batson & Ainsworth (pp. 721–727) and Wheeler & Berkley (pp. 728–734) then present a detailed assessment of issues and experiences associated with HIV vaccines and drugs for malaria and tuberculosis. In subsequent articles, Webber & Kremer (pp. 735–741) offer a more general review of mechanisms to incentivize sustainable industrial engagement, and Kettler & Modi (pp. 742–747) provide a special focus on industry and partnership in the South. In the final article, Buse & Waxman (pp. 748–754) tackle the need to recognize and address some of the concerns over potential conflicts of interest and governance in PPPs.

The concepts dealt with in these articles and the activities they document are still in their infancy and will require further development over the coming years. Equally crucial are the broader political issues of product access, trade, and development and a need for enhanced PPPs at the country level. Currently, great hope is being attached to the Global Fund being promoted by Kofi Annan and related proposals discussed at the G8 summit in Genoa on 20–22 July 2001. Similarly directed global initiatives, together with the development of appropriate financing mechanisms that meet the demand-led needs of developing country populations, could also prove key determinants of a broader level of future activity. By demonstrating a global commitment to fulfil the unmet medical needs of the world's poorest populations, they will also have a major impact on the level and quality of resources and investment that can flow through PPPs for the neglected infectious diseases. ■

¹ Chief Scientific Officer, Medicines for Malaria Venture, ICC Building, 20 route de Pré-Bois, 1215 Geneva 15, Switzerland (email: ridleyr@mmv.org).