

**2007 HIV/AIDS Implementers' Meeting  
Public Private Partnerships: From Deal to Delivery  
PEPFAR, The Global Fund to Fight AIDS, Tuberculosis  
and Malaria, UNAIDS, UNICEF, The World Bank, WHO, GNP+  
June 18, 2007**

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[START RECORDING]

**FEMALE SPEAKER:** And so with that, I'd like to introduce our distinguished panel. We'll start today with a presentation by Dr. Melinda Wilson of USAID South Africa. Followed by, sorry, Dr. Karen Gordon Boyle, from USAID Guyana and Dr. Joseph Essombo from the Elizabeth Glaser Pediatric Foundation, and then Dr. Marc Aguirre from HOPE World Wide Africa, and closing with a presentation from Bruce Wilkinson from World Vision. And with that, I turn it over to you Melinda.

**MELINDA WILSON:** Good afternoon. I'm feeling like this room might be a little bit big for this panel, but we'll do our best. I do want to thank the organizers very much for having me speak today and I would like to make a comment on the office of the Global Health Coordinator that they have a really small but a very hard working and enthusiastic staff that really lights a fire around public private partnerships, and I really salute you. So British Robinson [misspelled?] and your team thanks so much.

So, why does the NGO, FBO and public sector want to work with the private sector? I think a lot of times we see dollar signs and they are perceived as having a lot of money, so that's a bit attractive. When we can't respond adequately on our own, it helps leverage resources that are not easily

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leveraged quickly enough through public or NGO sectors, for example for construction equipment pharmaceuticals and other products, sometimes, and the private sector tends to have a good logistics and management support system. Also sustainability is an issue, but I think that really has to be qualified because a number of private sector firms have time limited parameters in their programs and assistance for a certain objective maybe for a one or a two year period, so you have to really understand what their program is about.

And why does the private sector want to work with the public NGO and FBO sectors? I think that they would like to have a healthy working environment for sustained and informed productivity, for their employees or contractors, casual laborers, and many firms are interested in the families and communities. Also social conscious and responsibility is important. This is a photograph of some of the shacks that minors and their families live in near a platinum mine in South Africa, and so there is some responsibility that the private sector does need to take. Philanthropy is often one of their goals, you can expand brand recognition and improve image. Both sides are really looking for rapid return from investments and in treatment programs we want to see patients often very sick, near death, come back fat and happy fairly quickly.

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What types of PPP models for our related services are there? Well, we're all probably quite familiar with work based programs, there are matching or shared funding programs, specific infrastructure support, oftentimes in the way of construction, specific service support, things like vehicles or x-ray machines, drug and commodity provision, event assistance, I know one of my colleagues up here we share work with Coca-Cola and they often bring us a traveling stage along with a lot of Coca-Cola and a speaker system for a number of our events, and then for food and other wrap-arounds.

What are the processes that we use in establishing PPPs? I think our stumbling into it is actually not uncommon. The problem with that is you may stumble into a discussion that could result into a PPP, but you don't recognize the potential. Then there is sort of a more sophisticated kind of stumbling that we call networking. Oftentimes the private sector is proactive and oftentimes the service delivery organization proactively seeks support. And sometimes there's public sector facilitation, getting folks together.

Now, there's a vibrant private sector in South Africa and we have many examples of PPPs, I'm just outlining a very few of them. And I tried to pick quite different ones that I

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was familiar with for this presentation. Here are five very different examples of PPPs that have been successful in support of treatment. If time permits I'll do all five, if not we'll go through just three of them.

First one is Right to Care and Alexander Forbes, and Right to Care is one of South Africa's largest treatment partners providing very comprehensive high quality services for over 20 thousand patients now for people on AIT. And Alexander Forbes is a large South African financial management organization, it's all over the country and here you can see pharmacy, pediatric care, this is a picture of the call center that we've worked on through this partnership. What this private public partnership does, first of all it's been named the Direct AIDS Intervention Program, and through Alexander Forbes 32 participating companies pay into that program for services for Right to Care, from VCT and support for care in ART for company employees. So they pay for all of those services. Right to Care with PEPFAR funds supports VCT, care and treatment for uninsured contract workers and casual laborers who work for the companies, and they also provide a call center for expert care and treatment advise, for all of the doctors and nurses in those private sector companies.

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So far we've got 30 outlooks through this program, five thousand patients in care, 25 hundred in treatment out of the 28 thousand, VCT they've reach 60 thousand people and the number that are registered in the program are 124 thousand. This partnership has actually been able to successfully transfer a significant portion of the responsibility of care for employees to companies creating a shift in the culture of corporate responsibility.

Broad Reach and Daimler [misspelled?] Chrysler, Broad Reach too is a large treatment partner in South Africa, providing services to a large number of patients through a private general practitioner model as well as through assistance to public sector facilities. And of course we've all heard of Daimler Chrysler, the giant motor vehicle conglomerate. Here we've got a picture of a patient reading his recovery diary, factory workers who make car seats, down below, who will benefit from the partnership, an example of training, and of course, the product itself.

Daimler Chrysler, through the Chamber Health Trust, provides onsite project management and coordination, conducts regular VCT sessions at partners' small and medium enterprises, and facilitates patient enrollment and assists with individual patient follow up. Broad Reach provides disease management support, training and clinical support,

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patient and community health worker education, funding for ART, monitoring IRVs. And the local government assists with patient referrals and in the future what this partnership intends to provide ARVs.

Global Medicals Trust, Anglo Coal, and Virgin Unite. Here we, in Global Medical Trust is an NGO serving very rural areas with a comprehensive package of treatment and care. Anglo Coal mines coal, and Virgin Unite is the foundation for the Virgin dynasty. And here you see pictures of a new building, and of course Sir Richard Branson is here, and I think it's worth telling the story in terms of how this partnership really got started. What Richard Branson, he has a private game park near Cougar Park, and he decided that he would not have any of his employees, I think there are about 120 of them, he would not have any of them die of AIDS. And so he called a big group, Anglo American, and asked to get in touch with a medical director, they talked to a medical director there and said, "Hey, can you help take care of my staff?" And the medical director of Anglo American said, "Well, we don't really do that kind of work, but I know somebody who does." And that was in Global Medical Trust. So Richard Branson flew out to a rural area, visited a little community health center, liked the community doctor, took the doctor in his plan back to Ulusaba, and that evening as it

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was growing dark, they were standing outside on a hillside, on kind of an outcropping of rocks, and having what this community doctor said is the best glass of wine he has ever had in his life, and Richard Branson said, "So, will you help me? Will you take care of my patients?" And then this community doctor looked out over the hills and looked at the lights from the community in the distance and said, "No. Not unless you help your community." And so Richard Branson said, alright, and they started this out partnership. And so, Richard Branson and Anglo Coal built this lovely center way out in a very rural area. Anglo Coal and Virgin Unite constructed a full service primary healthcare facility called Mubasi [misspelled?], with the intention of increasing access to ART and CARE, in a very rural area of eastern Mpumalanga. And they provide primary healthcare and neonatal care services as well. Anglo Coal and Virgin Unite will fund three high level management salaries and Global Medical Trust, through PEPFAR funds, will support all of the operations, the doctors, nurses, drugs, labs, etcetera. And over time Mubasi has agreed with the district and province that they'll provide mentorship to about seven primary healthcare centers. Mubasi opened in April, and hopefully will have 200 patients in care, on IRT by September.

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Perinatal HIV Research Unit, their little unit NGO called Hupsa and Johnson and Johnson have a nice partnership, they've had one for some time. The PHGU is also a large South African university affiliated, PMTCT and treatment partner providing high comprehensive and quality of care to thousands. Johnson and Johnson, we all probably know is an international health product giant. Johnson and Johnson by the way has who has just asked if they could partners with us to support mothers to mothers as well. This partnership is much smaller in terms of what they bring to the table, but it's very much appreciated by the community in Soweto. It compliments out funding for palliative care and ART for people in Soweto, a population of about 1.5 million, by providing personal hygiene kits for both sick patients and those doing well in wellness programs and on ART. Johnson and Johnson also supporting the community outreach offices to assist home based care providers to network with one another, track patients and improve retention rates. There are 39 partner organizations involved, it accounts for care for about 35 hundred clients and they distribute about two thousand five hundred of these kits each month.

The Foundation for Professional Development and S-COM has an interesting partnership. FPD is a large South African treatment and training partner providing comprehensive

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treatment related services and treatment related services for thousands of South Africans. And S-COM is a huge utilities company servicing the nation. They've called this partnership the African AIDS Training Initiative, and it builds the capacity of doctors to provide ART. S-COM funds training sessions for medical practitioners and helps build a consortium of corporate and philanthropic funders willing to contribute to this program in South Africa and across the region. About almost two thousand healthcare professionals have been trained to provide ART, out of the thousands that FPD has trained, about two thousand of them have come through this partnership. And FPD is supported conduct training for large members of healthcare providers in many services areas and provides direct support for treatment services in about 30 government facilities.

So, I hope this gives you a little bit of an overview of the range of partnerships that exist and I wish you all luck in pursuing any of those that you hope to implement in your scopes of work. Thank you. [Applause]

**FEMALE SPEAKER:** Thanks Melinda. Dr. Karen Gordon Boyle.

**KAREN GORDON BOYLE, M.D.:** Good afternoon everyone. It's my honor to share with you a little of the work we've been doing to engage the private sector in Guyana in our care

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and support and prevention programs. I'd like [inaudible] the other offers on that subject [inaudible] international, Family Health International and [inaudible] Associates.

For those of you not so familiar with Guyana, it's located on the South American continent, we have a population of just over 750 thousand, we have a [inaudible] of 2.4 percent and per capita income of about 787 US dollars.

The problem was first, the private sector was not optimally engaged in the fight against AIDS. They were strategically placed to which the most at risk age groups of 15 to 49 year olds. The second problem was the growing need for care and support programs for people with AIDS. Pass the money to the successors of the VCT and PMTCP program we've been finding a lot more persons who are HIV positive early in the natural history of the disease.

Our approach to the first problem, getting the private sector engaged, was to select a private sector partnership manager from amongst their peers, someone who was well known by them in this sector. That persons job was to open doors, make the initial contacts, the company that we have short listed as being crucial to boosting our programs. After the initial contact was made a senior [inaudible] analysts from [inaudible] would meet an executive from that company because highlight the benefits of workplace programs

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to business. The next step would be to sit down and jointly plan programs that level on the core competency of those businesses.

The highly visible support of the Ministry of Health governor, and the local US missions served as an incentive. We had originally short listed 14 companies but due to the support of those entities, we ended up with something like 43 companies calling us and asking how they can get on board.

Our approach to the second problem, care and support programs to the growing number of persons with HIV, were many, but just to name a few for us, we make three large companies where the Ministry of Health treatment center had support groups and community based organizations that have support groups, to provide micro credits and a revolving fund for those PLHAs who are interested in starting their own small businesses.

The steps we followed in getting this done were first desensitizing [inaudible] with the private sectors morally of the instances of HIV/AIDS to non-discrimination. By [inaudible] a focal person who job it was to work with the community officer in Guyana, and mobilize PLHAs to access this incentive, or this initiative, sorry, and then for that person to personally screen each person who came forward with an interest in starting their own small business. The

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community officer at Guyana then developed a tool, a screening tool, the purpose of this was, among others, to determine was this person engaged in care, were they adherent to meds and adherent to clinic, and once their health care provider is satisfied with their clinical progress, the notion was that if the person was serious and disciplined to the management of their health that maybe it would have been an increased possibility that this person would also be serious about the management of a business and servicing their loan.

The next step was to have the endorsement of the Ministry of Health. This was widely given by the chief epidemiologist sending out letters to all their treatment sites asking doctors to cooperate with filling the same, I'm told that was devised, and having their stamp affixed. So, PRHAs entrusted in getting these loans would then go to the community officer who would prep them for their interview at the financial institution. And the final step, of course, was the actual interview at the financial institution where they were given the list of requirements to complete their loan application.

Another initiative was one private sector agency came on board to support the Ministry of Health medical team in

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providing monthly treatment to HIV TB co-infected persons who were unable to access treatment due to long distances.

A third initiative was two high end craft retailers, Joy and Jay Harp, to provide on the job skills training, weekly self empowerment sessions, and market for craft products made by 30 women on our pilot project for economic enhancement, called A New Attitude. The outcomes for the first initiative was to get private sector engagement, as we got 43 private public entities signing on as partners in their response to the HIV epidemic. What is worthy of note is that these 43 companies represented about ten percent of our national workforce. Fourteen companies developed HIV/AIDS policies and trained focal persons to ensure they had ongoing work place programs. The private sector agencies organized themselves into a business coalition for sustainability and counseling and testing were accessed by workers through VCT, mobile VCT.

Outcomes for our second initiative was that one hundred PRHAs applied for microcredit, 61 financial disbursements were made. I hope you remember all this claim the size of our population because the numbers do sound modest. A total of 27,500 US were disbursed to PNHA for business expenditures, and again, if you remember what our gross national product per capita income was, you would

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understand that 27 thousand US actually did go a long way. The Ministry of Health through other donors provides ongoing services to the HIV TB co-infected in the hard to reach areas.

Lessons learned was that strong social support and empowerment increased PNHAs success rates with loan application above that of even the general public. When asked, the financial institution disclosed that the general public had only a 29 percent successful completion of loan application rate, whereas we observed a PLHA with a 49 percent success rate. And the women on the New Attitudes project who received the weekly self empowerment sessions, we had a 95 percent success rate in loan application.

We found a high problem of undiagnosed, and therefore untreated emotional trauma among the women on the New Attitude Project. And we found this was hindering there progress in overcoming self stigma. Our response to that was that we had to urgently retain the services of a professional counselor and they will be joining the Ministry of Health to revise our guidelines of mental assessments of persons living with HIV and to train our primary care providers in the management.

A swift, oh, we did have one unfortunate incident that there was a breech of confidentiality on one work site

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where we had our women placed. It was an unfortunate newspaper article that was trying to highlight the project. It had no picture of the women, nor their names, but just the picture of a chair made by one of the women and the caption below said, "Chair made by HIV positive woman." Unfortunately the staff, or some members of staff, recognized the chair and confronted her the very next morning. Swift action on the part of management however, they called a meeting and they did very care that this discrimination would not be tolerated. This did help to calm the staff down, however the young woman on the project were embarrassed to remain and asked to be transferred to another location, and this was done. The older women on the other hand were resolute and refused to have anyone or anything prevent them from receiving the skills that they had gone there to acquire. They remained on the job and were model workers, X men's in their craft. By the end of the project workers started to warm towards them and actually shared their own personal experiences with families who had tested positive. By the end of the first phase when those women were back at home and no longer on the project, some workers were actually calling them at home to say how much they've missed them. This was an unexpected change in the attitude of staff and

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was testimony to the fact that if given enough social support, PRHAs themselves can be a force for change.

As far as the engagement of the private sector is concerned, the lesson is senior managers from your organization should meet with executives and decision makers from the business places. Through joint strategic planning, which must be based on the needs, resources and expectations of the private sector. A focal person from senior management should be appointed, someone who has decision making powers.

And finally, this is the face of one person who benefitted from the microcredit scheme and who also was on the New Attitude Project. She, when asked how being on the project had changed her life, said, "It is the best thing that had happened to her since learning she was HIV." She was now able to feed her daughter, who was born positive, with nutritious food and she felt she could go back into society and feel like somebody again. I thank you for your time and encourage you to continue with the work your doing in the fight against HIV. Thank you. [Applause]

**FEMALE SPEAKER:** Thanks very much. Dr. Essombo.

**JOSEPH ESSOMBO, M.D.:** Thank you Madam Chair, ladies and gentlemen. Good evening. I am very pleased to be part of this meeting and I would like to thank the organizers for inviting me. And I am honored to share Elizabeth Glaser

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Pediatric Foundation Family AID Initiative Program Public  
Private Partnership in Cote d'Ivoire.

This partnership is with the Robert Company, Sogebe [misspelled?], located in the Southwest of Cote d'Ivoire, which is one of the region with the highest HIV prevalence. So, Sogebe are in the healthcare center which is an accredited HIV accredited healthcare center by the village of Elf [misspelled?]. They have four thousand workers, 16 thousand family members, and more than 10 thousand inhabitants in 18 surrounding villages. And this healthcare center is staffed by one medical doctor, one midwife, four nurses, and one lab tech. We first started this partnership through an NOU in July 2006 because this company was seeking for help and support due to the negative impact of HIV on this company.

So, what is the deal with Sogebe is to support them, to provide HIV services to the workers and the family members, but also extend this HIV care services to the surrounding communities. So we involved in this partnership other, the Minister of Health and, as you can see on this map, currently Sogebe is providing the services to at least eight health centers including two district hospitals. This region is very poor with very bad roads and you can take more than three hours to try [inaudible] from only 50 kilometers.

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So, Sogebe, we are using Sogebe logistical means to try to link these health services to Sogebe center as a referral center.

What are the terms of this mature agreement?

Elizabeth Glaser commit themselves to provide onsite initial and continued training of the care providers, provide lab with IT equipment, supply RVs in lab communities through the national system of Sogebe is now accredited center by the Minister of Health and we are providing also supervision through the district team and also quality assurance for the lab activities with the support of CDC [inaudible]. And the commitment, we engage Sogebe to offer the same services available through our support to the surrounding communities, to invest the money saved in community hour as campaigned, to establish supervised visibility in the 18 village surrounding the company, and to serve as a reference center to [inaudible] and lab services for the Elf, for the eight center, including the two district hospitals. The services we are providing PMT services, VCT services, treatment, including access to [inaudible] and TB and lab services.

What we are actually doing quite well if you think that we can do better. This center has very high rate of a sectors of HIV testing in PMTCG, and the high rate of information of the result to the pregnant woman tested. And

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also a high rate of higher prophylaxis for HIV positive women.

Regarding current treatment, there are enrolling to current treatment an outreach of 50 new patients each quarter and roughly 20 percent of them are on the IRT. As you can realize on this slide, we see a decrease during the quarter of October to December 2006 due to the fact that this company has provided technical assistance and support to one of the district hospitals to start their own IRT program.

What are the lessons learned? What were was that they are part of the critical function of network of comprehensive care services in this region. And we want them, if they are already start to function as a regional training center for HIV related services in already prescription [inaudible] and lab services. We observe a high level of motivation and commitment from both the managers and the healthcare providers.

What doesn't work according to me is that it is still a too medical driven program and that, they have not really reinvested the money saved into outreach [tape fades out] as part of their engagement. So I would like to thank Sogebe management staff for their commitment, the Sogebe team, the district team, and CDC and the US [inaudible] team. And I would like to end my presentation, I don't know if you can

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see it, but the background of the slide you can see Ariel and his mother, Elizabeth, I would to pay tribute to them. We are trying to make their dream a reality in trying to reach underserved and poor population. Thank you for your attention. [Applause]

**FEMALE SPEAKER:** Okay. Thanks very much. Dr. Aguirre.

**MARC AGUIRRE:** Good afternoon everyone. On behalf of our partners I have the privilege of presenting to you the ANCHOR Initiative, and initiative to support orphans and vulnerable children in Africa.

ANCHOR is an acronym for the African Network for Children Orphaned and At Risk, and as you can see, the partners are HOPE World Wide, which is an international faith based organization which has had a long standing focus of developing and delivering comprehensive care and support for people living with HIV and AIDS and orphans and vulnerable children.

The [inaudible] of fighting AIDS is an action group of Rotary International and is providing them with leadership around the fight against AIDS. Rotary, as you may know, is the largest humanitarian organization in the world and on the continent of Africa has 20 thousand Rotarians. The Coca-Cola Africa Foundation was established by Coca-Cola as Coca-Cola's

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dedicated focus to address social needs in the areas of health, education, environment, and entrepreneurship throughout the continent of Africa. And through the Coca-Cola presence in 55 countries, the Foundation has the unique and widespread geographic reach and distribution marketing and communication infrastructure. And then Emory, which is a world class health research institute, and we have Dr. Rogers representing both the schools of nursing and a public health here, and she is an expert in child well being and HIV/AIDS. And the goal, five year goal, was a hundred, to reach 146 orphans and vulnerable children.

Why the partnership? I think there was growing awareness because we all now know that there are staggering numbers of children that urgently need help and that we need to urgently broaden and intensify the response. I think there was also a growing realization that success and scale lie in partnership. That today there is a partnership imperative, that we just cannot carry on working in isolation.

And that we must combine our strengths, we must coordinate our efforts if we are going to have an effective and sustainable response. And also the ANCHOR partnership really evolved from longstanding working relationships at local level, HOPE worldwide had been working with Coca-Cola

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on youth prevention and with Rotary around care and support. And now there was an opportunity based on past successes and commitment from all partners to take this collaboration to regional level around OVCs.

Key to the partnership building process was defining the different roles and responsibilities. HOPE World Wide really is a primary implementer for all of us to facilitate community mobilization, entry into communities, facilitating the creation of spaces for support for children, and capacity for development. And I'll get into those a little later.

The Rotarians are fighting AIDS are always primarily to mobilize Rotary clubs, both locally and internationally, as well as mobilize resources to increase direct support to orphans and vulnerable children. In terms of the Foundation, their role is to mobilize additional funding and partners, and assist with communication, marketing, as well as with distribution reach and expertise. And then Emory's role is primarily with around technical assistance anemone.

We currently operation in six countries and there are opportunities to expand to Mozambique, Zimbabwe, and Ethiopia, take this opportunity to invite those in those countries for guidance around there.

Another key component of partnership building pressures was to develop a governance structure, to

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facilitate collaborative planning, implementation, accountability. And what we've done, I know this is sort of a busy slide, but what we've done is we've created at the regional level, at an ANCHOR executive committee at country level though what we call a coordinating team, and then the linkages at site level.

I think many of the activities that we do are common to many of the NGOs involved, and you'll see I'm going to go through these very, very quickly. These are just some of them at child level. I just want to mention something about Orphan Rescue, which is a fund created by Rotary primarily directed at supporting children that need education. These are some of the care level and family level activities, I think many of our organizations are doing. Some of the community level activities. That picture on the top is the community actually mapping out resources in their community. And then, we've also developed training materials, we've done a lot of training both in terms of OVC service delivery, as well as organizational capacity development.

This is where we were as of March, about a year and a half's work. In terms of achievements, I think just looking at some highlights, HOPE has developed some training materials. One thing we found is a lot of the training materials around OVC work is often quite user unfriendly.

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It's either in thesis form or it's sort of anecdotal. And what we did was we researched what was out there and tried to compile manuals and training materials that were user friendly at all levels. And these are open source and I'm working, I'd like to share those with you if you'd like to see them.

We've done broad stakeholder training between Rotary and Coca-Cola. And more recently we developed a regional structure to really look at OVC issues from a regional level, around challenges learning, documentation, volunteerism, and that's come along side ANCHOR to really support the process of regionality. Rotary has been able to appoint ANCHOR representatives at all their sites, appointed by district governors. And they've been very active in raising issues around OVC issues as well as mobilizing additional resources for children and families. They, in the US, the UK, and Canada, there's a speakers bureau led by Marian Bunch, whose chair of repose, been instrumental in really mobilizing and advocating for OVC and has raised a lot of support in the US.

Coca-Cola has so far provided funds for partnership development and in country program support, and as well has raised awareness of OVC issues both globally with their board, as well as locally with Butler's side. And they're going to be assisting us with communications. And then Henry

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has assisted us with the development of the ANCHOR M and E plan, community survey tools, training and roll out and analysis of the survey.

I think something that's important to highlight is that the partnership profile has attracted other partners, I think this is an important lesson learned for us as well. I think partnerships just provide credibility and these are some of the partners we have at regional level, and to give you an example, Tiger Brands is probably the largest food manufacturer in Southern Africa, and they provide us with 120 tons of food in South Africa, and that's trucked in by them to our sites.

Very quickly, just some of the challenges and lessons learned. I think probably the most important is that partnerships take time, they're very complex. And often within an emergency relief paradigm, that may cause some tension and I think it's important that that flexibility exists when building these partnerships, especially around donors. Also I think successful partnerships start with strong visionary leaderships, and it's really critical to identify those champions, both, at all levels, at regional, at national, and at community level. And I think we had some challenges, particularly at community level around that. I

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think certain partners felt obliged to commit to the partnership.

Couple other lessons learned, I think it's also important that all partners agree on the vision and they agree on the objectives of the partnership and that that vision needs to be allied, it's very practical process such as planning and monitoring. I think as well, I think one of the challenges we faced was unrealistic expectations. Both in terms of what our partners could deliver and how quickly they could deliver that. And I think that created a certain amount of tension and we had to revisit that and talk through that.

I'm just going to skip through some of these. I think also it's very important to note that partnerships will not work if there isn't partner equity. And so we had to work hard to ensure that all partners were seen to bring equal value and voice to the collaboration.

Let me just quickly, I just got a time check and I'm running out of time. Couple of other things, I think another challenge, maybe lesson learned, is that we must keep learning. The partnership has evolved enormously in the last year and a half and I think we've had to constantly review and adapt to that revolution. And I think what has helped is having learning as a core value of the partnership.

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And I think lastly, that the OVC crisis is a long term problem, and there needs to be a long term commitment. I think sometimes funders or other partners think short term, and we've had to evaluate our partnership, both in terms of processes and value. What is it really adding to the lives of the children? And that commitment needs to translate into sustainability, I think we've heard a lot of discussion around that, if it's going to really have the kind of impact we want it to have.

So I think, in closing, I think the massive and growing OVC crisis clearly calls for a commitment to partnership from all sectors. And I would also like to just thank our US government partners, both Washington's local missions, the ANCHOR partner teams and our host country governments. And I'm grateful to have people like Dr. Kinaka [misspelled?] and Dr. Anderson be a present in the room. Thank you very much. [Applause]

**FEMALE SPEAKER:** Thank you very much. And now Bruce Wilkinson.

**BRUCE WILKINSON:** At this point in the afternoon I'm given to rambling, so somebody raise their hand when they see me rambling, please, bring me back, help me focus. British, I'm sure you'll help me do that right? Alright.

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It is great to be here and celebrate these partnerships and I think we need to recognize that PEPFAR has come out very aggressively in terms of encouraging these in the early stages of its work. And I think it's the recognition that we need partnerships to be successful or we can not do anything, no organization, whether it's USG, whether it's bilat's, multilat's, private sector, non-profit, we need each other on this one. So I think that's just an affirmation of the great work that's going on in, at least this session here, as to affirm these partnerships. And as I keep telling everybody, we're actually violating the cardinal rule of PEPFAR, multiple concurrent partnerships here.

Anyway, sorry. But let's, again, we're going to go through this fairly quickly and we'll save some time for questions. I'm just trying to give you a sense of the scope that we're in, we're in Zambia, we have six major NGOs working on this, USG funding, and we have about 25 corporate partners. Today I'm just going to be looking at three of those relationships because we don't have time to go over 25 of those. We do have significant investment from US government, we do have private partners, not only just corporate foundation, but we also have individual partners, partners who come to the table with fairly large resources as an individual basis. Which I think is also, we need to be

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broadening and continuing to broaden that base of resources because, as Marc mentioned, the OVC crisis we know is a huge crisis, we need to do more, there are a lot of children who are not being helped and as we know the future will depend on that.

Our is a household model, we actually integrate home based care, OVC care, youth work, and livelihoods right at the household level and we try to integrate those programs right there. I'm not going to go into program geek speak, because I'm supposed to be speaking to a more corporate audience here, sorry. It is a big time approach, we want more partners, we want to bring people in. You've got to create a big vision, you've got to create that overall umbrella and help people find their place under that umbrella. And again, that's what we're trying to do here.

We have 12 thousand trained and equipped caregivers who are highly motivated, going out in Zambia every day to help household, they are, they have five households that they are responsible for taking care of OVC home based work and working with the youth. So you can see the numbers, we have now over 215 thousand OVC, we're at 45 thousand home based care clients and now we're at about 28 thousand youths. So we're trying to get to national level impact, I think we all have that desire inside. We see a lot of microprogramming

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and we just love to see it go to scale, and I think that's what we're all in the business of doing, and partnership is about going to scale.

It just makes sense, this is common knowledge here, they allow us to leverage and build on government funding. Right now we're about, we just expensed about 28 million dollars of US government money, and we've expensed about 35 million dollars of corporate money, and foundation money, so we're already at, we're, I don't know what our max rate is here, but we're at least, we're over a one to one match here and it gives that sense of momentum and success to wanting other people to join and I think that was highlighted by a lot of our other presenters. It does help us get there faster, I mean, we really need it. And it gets there quicker and I think we need to help more people, right? That's the basis, that's why we're in this I suppose.

Private resources are also helpful in that they can get the things that we normally can't get to with USG resources, too restrictive in terms of policies, in terms of guidelines, again, it helps us to go places where we see programs needing assistance, additional help. And I think, bottom line, that we're bringing in new partners, that people, a lot of folks want to get in the fight on HIV and AIDS, they just don't know how to do it. They need an on

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ramp. They need a place to go to get into the fight against HIV/AIDS, whether it's malaria, whether it's TB, on and on that goes. So again, I think we're giving folks new on ramps when we offer them partnerships which are non-traditional, or at least innovative in that sort,

Let me just walk through three of these partnerships right now, we're going to talk about three examples. The first one is World Bicycle Relief, they're giving us 26 thousand bicycles in Zambia and these are going to the care givers and these are going to the community associations that oversee the work of the caregivers. These are going to youth headed households so that the children can get to school. It's a public private partnership with Schramm Corporation, which is the second largest bicycle component maker in the world, Trek buys all their, I know, I won't go into all that, but they're a very large corporation. They establish this as their philanthropic arm. World Bicycle Relief, a great group to work with. World Bicycle Relief is giving us now three million dollars, fascinating, they get into working with us, they come to the field, they see that now we need to do a lot more training, alright, for assembly of the bicycles, quality assembly, and then maintenance, so they've upped the ante. They actually said let's put some more resource into this, we want a quality program coming out of this. Fascinating how

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the corporate sector drive the quality is wonderful, because it pushes us all to better quality. So again, just really, really great things.

We've actually taken, I call it, the charcoal bicycle. You know those black bicycles you see in Africa, the ones with, I don't know what you call them in your countries, but they all, iron horse, right? Well that thing basically was being made to a quality level that would fall about within two weeks in Zambia, we could not find a quality bicycle on the market. So we took the expertise of Schramm and then worked, and all they're product development people and walked into Todd Industries of India and said let's have a partnership here and build a better quality bicycle. And they had like 16 improvements, ten ply tires instead of two ply, tempered steel instead of non-tempered, coaster brakes for all of you who may be my age or older, you remember those things, you know you put down, well, no more of these little hand brakes that fall off and never work. They've got a tubular rack on the back so we can carry our clients to the clinics because we needed mobility in our program. Our care givers needed to get to their clients quicker, they can spend more time, it's an economic asset to their household, it strengthens their willingness to be in a volunteer program, wonderful partnership here. And now they're off training all

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kinds of caregivers and actually going through a whole process of improving assembly of bicycles in Zambia. We are now actually in, if we want to go private sector for anybody who wants to invest with us, we can probably, no, no we won't do that, not yet. But we could actually start selling these bicycles on the market.

Second partnership is Hasbro Corporation, second largest toy maker in the world. They were supporting us to create what I call the platform. The government of Zambia gave us a huge warehouse to provide a platform for in kind donations. Hasbro came along and said let us help you improve that warehouse, we'll give you some trucks, forklifts, these kinds of things, we've now got a commodity tracking system all throughout the warehouse. So we've put, what is it, here is says 12 million dollars through that, and that was last fiscal year. This year we're putting through that probably about 23 to 25 million dollars of corporate in kind donations. So they've helped us set up the infrastructure to carry out a product donation that gets out to our volunteers. And as you can see it's kind of vertically integrated. It arrives in Zambia, Zambia gives us duty-free import, it goes into the warehouse, it goes out to the trucks and goes to our partner agencies, and guess what, caregivers arrive on their bicycles, loaded up on the back,

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it goes directly to households. So it's vertically integrated right down to the household level.

Now Hasbro says can we help in other ways. Sure, we need educational games in the community schools and they're now supplying seven 40 foot containers of Parker Brother games, which of course they own the brand for Parker Brothers, so Monopoly, Boggle, Scrabble, all of these games are going into the community schools for numerous and literacy. And then in addition they say well how else can we help those community schools, so now they're doing community school teacher training, and they're actually doing refurbishment of those community schools, so it's moving along very nicely. They are producing to give, they just produced, hear this one, 120 thousand dolls, black dolls, for psychosocial support for orphans and vulnerable children. All of this is produced to give, not excess inventory, this is produced to give. Again, a great partner seeing the need, knowing the psychosocial needs of these children, and a doll being very important in the process for them.

We had another, the third partnership I'll talk about is the Global Business Coalition and HIV and AIDS, Malaria and Tuberculosis, a wonderful partnership that came together providing five hundred thousand insecticide treated bed nets to Zambia. They are going to all of our clients at 162,

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what, how many household we've got up here, 167 thousand households. And it's actually covering 1.1 million people in Zambia, which as you can see, translates into 11 percent of the Zambian population sleeping under an insecticide treated bed net. This was a partnership with the Global Business Coalition brought about 15 to 16 corporate partners to the table and they put up 1.25 million dollars, the US government between President's Malaria Initiative, between OGAP, PPP, and between a few other sources I understand, but came to the table with another 1.25 million dollars. We went out and got some private donors to put money into this to the IEC materials, backing up and doing all the sensitization to households, anyway, it's a wonderful partnership, it goes out through our same distribution network that we use for the bicycle distribution and it goes right to the community level on the back of bicycles with caregivers walking in, opening up the package, and hanging up the net in the household, doing their training of the household on what they need to do around sleeping under nets and if they ever do get malaria how they should go for treatment. So it's been a great partnership, multiple, these things take time, you've got to work partnerships and I think that's what we're hearing here.

Let me just give you, this is the idiots view of Wilkinson here, but it's anyway, you've got to start with a

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gap and you've got to know your value chain folks. And if you're going to go into public private partners, you've got to know the gaps you have, and I don't like gap analysis, it scarcity mentality, but you've got to know your gap. You've got to know what is needed for your program and then you go on the hunt. It's okay to hunt, right? Hunters and gatherers have been pretty good, right? That's what they do. You've got to know what you need though, and you've also got to go after the partners that actually know how to fill that gap in your value chain, if they can add value, guess what, they want to get involved with you. It goes back to, I say, a client centered vision. It's that client vision, if they know that it's going to make a difference for the people at that household level, you don't need to go much further. They want to get on board. They'll be asking to join you if you show them where their help can actually add value, and that goes back to what the bicycle program did, to what Hasbro's doing, to what GBC has been doing.

Again, build out the back office friends, you have to build out the back office on delivery, you've got to deliver. You've got to make sure it happens and prove it. You've got to be able to communicate that extremely well. Don't get into a public private partnership if you can't deliver or if you can't communicate it very well, or you would just,

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anyway. You've got to meet your client's needs but you've also got to tell the right story to the right audience. Make sure you know how to tell your story. And then again, celebrate the successes, the accomplishments, getting back to that client centered vision, that client centered vision is so important because it should drive your whole process because what we want to do is meet the needs of VC, meet the needs of people living with HIV and AIDS, and the youth, and whatever goes to helping them to succeed is what your corporate public private partnerships will be very interested in joining in. They need to know the difference it's going to make in the lives of those people. Thank you very much.  
[Applause]

**FEMALE SPEAKER:** I would like to thank the panel. I was trying to keep track here of all the different areas that we covered, we covered ART services, care and support, PMTCT, prevention, microfinance, a number of web browns, lab and of course, OBCs. So, public private partnerships are truly cross-cutting, you can see from this panel there is no one model that works but there are lots of different potential models and I'd like to thank the panel also for being willing to share the lessons and what didn't work and also what did work there. With the diversity of models there are some common lessons including having good management and

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leadership, nurturing these partnerships, and absolutely the great potential they have to affect change.

So, with that, I'd like to open it to the floor for questions. I believe there's a mic back here.

**BILL PHILBERT:** Hi. I'm Bill Philbert from CARE, and again, I want to thank all the presenters for great presentations. I know in my organization and other organizations, we are looking at public private partnerships as really the way to go to really make it truly effective with impact of the clients we serve. But we're also thinking of going beyond again, the provision of resources, we're looking at private partnerships as a way really truly programmatic partnerships. And so I have two questions around that. And the first is to Melinda, when you were talking about partnering with Daimler Chrysler, and if you could talk a little bit, you said that they provided certain expertise? I think you said something about, hold on, I wrote it down, yes, you had specifically said providing on site project management and assisting with individual patient follow ups. Usually you would think that when going into private partnerships, it's for them to provide something that the NGOs themselves can provide.

And then the other question would be for Marc, you had talked about, we're right now, obviously one of the areas

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we're trying to supplement is food aid, and you had mentioned how the Rotarians had really assisted with providing food and then you also went through it pretty quickly about there was another organization that helped you with providing food, if you could talk a little bit about that. And also the expertise at the Coca-Cola foundation provided. So, that's it.

**MELINDA WILSON:** Sure. Thank you. Daimler Chrysler is actually a very interesting program, they are headed up by a medical director for this piece of the work, they have trained VCT counselors and testers, they actually do quite a lot of service provision within their chamber. What I didn't have time for is they work with 800 small and medium businesses in their district. And they'd like to increase the amount, the number of companies that are working with them right now. So, they, it is unusual in that they do have, and they also have clinics in any of the companies that they work with, with over about a hundred people, they have a visitation program. So they are direct service providers.

**MARC AGUIRRE:** Thank you Bill. With regards to food and food security, I think what I was trying to explain is that the partnership profile, and I think the creatability of the partnership has drawn other partners in. And one of them is a company called Tiger Brands that, as I said, is probably

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the largest food manufacturer in Southern Africa. And we spent probably about a year working with them through the partnership and looking at how they could provide all our sites in South Africa with nutritious food. And once that was agreed upon and once they realized that this was a viable partnership and they wanted to be a part of it, they started trucking in food on a monthly basis to all our warehouses and we're national in South Africa, so that was a tremendous boost obviously to food security, especially amongst our households, and as Bruce said, we really target the household when it comes to food security. And we had a process of selecting the most vulnerable households, and so that food is going straight to those households. And I think as Bruce also mentioned, it's important to celebrate those successes. And I think that constant feedback to the donor has helped us to grow that program enormously.

Rotarians are excellent at raising food, food drives, they do it all the time and we have a longstanding partnership with them, and they've been able to also support at various sites with food. So I think it's a great partnership, Rotary is definitely a key player in terms of food security.

The second question was around Coca-Cola, is that right? Okay. Coca-Cola is a new partner in the sense that

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what we've tried to do with Coca-Cola is to move away from checkbook philanthropy towards more of a transactional, but more importantly an integrated partnership approach. And I think that's sort of the relation we have and I think now they're just seeing the value of being right in those discussions in the decision making, in the planning. So what they're bringing to the table now is a lot more around communications, medium marketing, they've helped us develop marketing tools, brochures, pamphlets, but we really want to now tap in to their distribution reach, their ability to really communicate effectively. They've helped us as I mentioned, I think it was on the slide, with special advance, how to structure special advance, how to really get those special advance and really have impact in the community. And also Coca-Cola has enormous influence at government level and at corporate level. And I think that will help with awareness raising and advocacy. And I think, as I said, I think the partnership is still in its infancy, I think it's an emerging partnership, and I think we still to see, to really taste the fruits of this partnership. And I think in the next couple of years we're going to see the impact on the children that we're serving.

**PAULA CHURCH:** Hi. I'm Paula Church from the US Labor Department, and I've also worked on a program, a

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project with various partners. And I want to thank all the panelists for an excellent overview of the strengths and the challenge of partnerships. My question goes to some of the challenges you mentioned, have you ever turned down a partner, and when is it too many? You mentioned that you have to have a common vision, and that partnerships and implementing programs with partners takes more time. Can be very challenging and it's a slower process. So, at what, how do you weigh the pros and the cons, the benefits and the costs of adding additional partners onto the team?

**FEMALE SPEAKER:** Thanks Paula. Any volunteers to start?

**MARC AGUIRRE:** Okay Bruce? I think it is a strategic decision to add a new partner. I think it's not necessarily just adding partners for the sake of adding partners. I think we're in a paradigm right now, as I mentioned, that we're trying to move away from sort of a checkbook philanthropy approach and really integrate our partners in the whole planning and roll out of our programs. And so I, the way we do it, at least the way we're learning to do it, is to really think strategically about our needs as mentioned, sort of a gap analysis. Where are we lacking? What do we still need to add to make sure that children really are getting comprehensive support? That's sort of at

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the grassroots level, but we also look at it from a management level, from an overall regional level. I think, for instance, South Africa Airways, we needed to get around to all these sites. We're in six countries now and hopefully many more that seemed a logical, a strategic partner. Obviously it's important that that partner shares your vision and that that vision translates into processes and accountability. And so I think we're still learning how to do that, but it really is looking at where the needs are both at site level, country level, and at regional level, and then seeing that there's that fit, if it's a good fit with that partner.

**MELINDA WILSON:** Maybe I can just add something, I think that's a great question and it is very time consuming to develop these partnerships. Some of them just go like lightning, you hit the right buttons and they hit the right buttons and you have a joint vision and, like Marc says, you have to have a really very much a joint vision and some shared objectives. But for all the hits, there are a lot of misses. And you do have to figure out how much time you've got to put into these kinds of things. Promises are hinted at, expectations are raised often times, and follow through is sometimes challenging. So, I think with a bit of experience and I think with very open and frank discussions

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right at the front end, because it's very easy for an NGO, or a CGO especially, to sort of be led down the rosy path, as it were, and then really nothing much comes out of it. But when there is a lot of strategy applied to making an objective work, I think that we certainly have much more success. But you're absolutely right, you may spend months of time on something that may not come to fruition, so you do have to, you do have to be prudent.

**KAREN GORDON BOYLE, M.D.:** I would just like to add, we did just have occasion to not refuse a partnership, but maybe delay our uptake. In that we have certainly not reached saturation point, we need more partners on board, but what we found is that some business came forward and felt they would give some amount of credibility by partnering with us, so you need to be cautious in terms of knowing who you are partnering with, know their background, where they're getting their money from and that sort of thing. So background checks also very important.

**FEMALE SPEAKER:** Next question.

**MALE SPEAKER:** Thank you. I'm just interested in the phrase public private partnerships. Are we talking here about public sector? Or are we talking about the public as the recipients of private donation? Because I see on the panel no representatives of the public sector and my worry is

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that if we're talking about the latter, then where is the sustainability of introduction of the private motivation within a sustained national response?

**JOSEPH ESSOMBO, M.D.:** Perhaps I should try to explain to your concern, in the example I presented it's a real public private partnership, involving the Minister of Health, whereas try to define this private owned health center as an accredited center to provide HIV services. And the drug and the lab equipment bought with PEPFAR funds are supplied to this healthcare center through the national public system. And this center also provides in term of quality of services by the district team. So, and we only brought lab equipment, IT equipment, we bought with PEPFAR funds. And we also mobilize the national business coalition for HIV/AIDS. And it's a very, very first experience but we are learning from it because the real goal for me is not to invest money into public, in the private sector, but in the return those private sector while providing HIV services should reinvest the monies saved into prevention activities targeting our surrounding population. So it's a real deal, it's a real deal in which another end, in the example I give, you saw that this private fund health center are performing the lab exams for [inaudible], health center who are which are public health centers. So you are right, the issue of

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sustainability is a great issue, but of this entire we should find a way, we should find a way to save more and more lives, and I don't know the cost of a life saved, but perhaps we should balance this with that. Thank you.

**MELINDA WILSON:** That's a great question and all five of the programs that I presented are public sector bound. All of the organizations that were mentioned in that first presentation are also supporting and they are supported by the South African government, through the Department of Health. So, I think when we talk public private, public funds to me, seem to be based in tax, and provincial and national revenue. And so some of the public [gap in tape]

**FEMALE SPEAKER:** -for a lot of companies where it's not only about the profit but it's also about social responsibility and environmental responsibility. And I'm just wondering, how do you, what are some tactics that you have used to hook the companies in? I think, I've done quite a bit of research on this issue, and I've found that actually when you can show a company that they actually could gain from the partnership, it could be a win-win situation for everybody in some cases. And so, I would just like to hear your thoughts on how you actually hook companies into these kind of partnerships. Thank you.

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**JOSEPH ESSOMBO, M.D.:** Thank you so much.

Unfortunately today I won't be able to give you the right figures regarding what each parts specifically for the public sector. We next July will be one year of this pilot project and we, there is a cost analysis which will be performed in partnership with one consortium to try to document this ongoing public private partnership so that we can say to all the partners and the public Minister of Health, ECPATH [misspelled?] and the USGA team, but also a big signal to the biggest companies in Cote d'Ivoire that it is a good model. So I think that we will be able to share the result of this study perhaps at the next PEPFAR meeting on February 8<sup>th</sup>. So, sorry for not being able to respond to your question.

**BRUCE WILKINSON:** I think there's a lot to that last question in terms of the evolution that we're currently in. I think society does license corporations to produce goods of services on their behalf. I that license should be exercised with the due diligence that it does have the greatest return to society and that is part of, I think, of what we're trying to do with this dialogue now which has been going on for thirty years, even longer, in terms of if you look back even through the revolution there were certain odd times, but we all needed to see a sort of corporate balance between sort of general society and those who were licensed to make goods and

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services. I think you have to find a place where you can be inside corporate and working with them to let them migrate and to evolve in themselves, because I think gone are the days when you had the huge NGO sort of corporate devise. There still are, you have to exercise due diligence in our sort of civil society interactions, various corporate I'm still aware of some of those. But I think gone are the days where we actually just refuse to cooperate, or even didn't think it was possible to cooperate. And I think we're into a really unique phase where I think there's going to be, the distance, the gap is closing, I think, because good corporate governance really does, a corporation can do very well by being very corporate responsible. So again, I go back to the statement I made, I think we're trying to give on ramps to those corporations who could find themselves able to do more because many times they just lack the understanding and abilities and the list of how to get in the game on a social level, that's not their core competency normally.

So I think we're actually helping it to more directionally and they're helping us to professionalize certain ways we really do need some more rigor in the world of this fuzzy NGO or philanthropy. And I do think it's much beyond philanthropy, way beyond philanthropy, and it's a new model that's emerging and let's explore it and let's take it

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on. And HIV and AIDS is such a compelling story, let's use that as one of the on ramps to actually have those dialogues.

**MALE SPEAKER:** My question is to the panelists, how do you or can you share your experience regarding some of the corporate wars, the wars that some of the competitors of the people or the companies that you get into collaboration with have to play, have to fight. For example, if Coca-Cola provides support, or collaborates with you in such an area, sometimes there are conditionality's that Pepsi-Cola, which is my competitor should not step anywhere near this kind of corporation. How do you handle that or is it that you don't experience this? I think that is some of the real things that have happened in a PPP type of relationship.

And the second is the future of this. What do you see as the future of this public private partnership considering the fact that if you see the trend of when the companies come into politics, they begin to start to lobby groups and drive politics and policies in such a manner that they are so brutally profit oriented and tied people, and we have to discern this over the years. Are you not afraid that in the future this involvement of this huge companies in programming for development will actually drive and skew the equation of development to another angle that we may not even

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have planned on. What do you see about the future? How do you four see this? Thank you.

**FEMALE SPEAKER:** Thanks for the question. I just got a two minute warning so perhaps we will end on the question of what the future will be, it seems appropriate.

**MELINDA WILSON:** I think that's a difficult question but I think one of the things that is happening is we do have a lot of cost effectiveness type studies and it's becoming easier and easier to convince companies and corporations to look at burden of disease as defects productivity. And I think within companies, definitely they're willing to accept these data, they're willing to put programs in place for their employees. Going further, I think it's going to be hard to predict because you do have to, again, go back to a market as we said a little bit earlier, you have to have a truly shared vision because if the corporation does not see gain to them, they have to have another motivation. So you have to two sides there. I think that you have a future, you have different futures for both of those scenarios.

**KAREN GORDON BOYLE, M.D.:** I think we had a unique experience in Guyana when we had our launch event for the public private sector partnerships. We actually had Pepsi and Coca-Cola come together to help sponsor that event, so they can put aside their differences. In terms of the future

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for such partnerships I think, again, if you can make very evident the benefits of being on board as a private sector company, they can stay on board. For instance, when we go to companies to try and get them to join with us, we make it very clear that if you can protect your workforce by having workplace programs, awareness sessions, and information and training of peer educators on the job, if you can protect your workforce you mean less absenteeism, you maintain productivity, and you maintain your profit margin, and as you know in your private sector that's the bottom line.

**FEMALE SPEAKER:** Thanks very much. I think we have to end with that. I just want to say thanks for attending and thanks very much to this panel. I'm very honored to be here and it gives me great hope for the future of fighting this epidemic. Thanks. [Applause]

[END RECORDING]

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