Engaging the non-health and private sector in the achievement of the NCD related SDGs

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Disclaimer: I’m not a partnership fundamentalist!
Overview

1. Why partner?
2. From buzz words to action
3. CARPHA policy for partnering – principles, types, partner selection
4. Business case from public, private and civil society perspective
5. Some CARPHA examples
6. Assessing partnership opportunities in NCD
NCD related SDGs – SDG 3

1. Reduce by 1/3 premature mortality from NCDs (5,000 fewer deaths/yr of 16,000 in region in 30-70 year olds)
2. Strengthen responses to reduce the harmful use of alcohol
3. Achieve universal health coverage (UHC)
4. Strengthen implementation of the WHO FCTC
5. Support the research and development of vaccines and medicines for NCDs that primarily affect developing countries
6. Provide access to affordable essential medicines and vaccines for NCDs
NCD related SDGs – Beyond SDG 3

Goal 2 – Zero hunger: there are 795 million undernourished people in the world today. That means one in nine people do not get enough food to be healthy and lead an active life.  

Goal 6 – Clean water and sanitation: safe and sufficient drinking water, along with adequate sanitation and hygiene reduce child mortality, improve maternal health and combat infectious diseases.  

Goal 8 – Decent work and economic growth: there is strong evidence showing that work is good for physical and mental health and well-being; while worklessness is associated with poorer physical and mental health and well-being.  

Goal 10 – Reduced inequalities: increasing evidence indicates that poor health outcomes on indicators ranging from life expectancy to infant mortality and obesity, can all be linked to economic inequality.  

Goal 11 – Sustainable cities and communities: in wealthy and poor cities alike, unsustainable and unplanned development of urban housing, transport and food systems can lead to air pollution, poor diet and physical inactivity – all drivers in the epidemic of NCDs.  

Goal 13 – Climate action: climate change affects the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.  

Goal 15 – Life on land: biodiversity underpins the ecosystems which we depend on for food and fresh water; aids in regulating climate, floods and disease; and provides recreational benefits and aesthetic and spiritual enrichment, all supporting good mental wellbeing.
A cross-sector partnership is:

- An on-going working relationship between organisations from different sectors
- **Combining their resources** and competencies
  - Sharing risks and reward
  - Towards achieving **agreed objectives**
  - While each achieving their own **individual objectives**

**Why Partner?**

- **Complementary resources**
- **Innovation**
- **Sustainability**
- **Delivery and cost effectiveness**
- **Quality & Legitimacy**

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Non-Health and Private Sector Actors

Potential Actors

Government Institutions

Academia

Civil Society

Private Sector

Multi lateral

Bilateral

CARICOM/Regional

Ministries of:
- Health
- Agriculture
- Education
- Environment
- Tourism
- Works

US HHS
Canada
Mexico
Brazil
Chile
Argentina

- UN Agencies e.g. FAO
- IDB
- IICA
- OECS
- World Bank
- EU

- HCC
- CCFP
- CAFAN
- CLIMATE
- ENVIRONMENT

- Advertising Agencies
- Professional Associations
- Food Manufacturers
- Hospitality
- Media
- Pharma

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Non-Health and Private Sector Actors

CROSQ
CARICOM OTN
CLIC/CCJ
CXC
CARDI
CDB
CMC
CSME
CFRM
UWI
Moving from “Buzz Words” into Action: Capacity Development

**Buzz Words:** Multi-sectoral action, multi-stakeholder collaboration, whole of society approach, one-health, all hands on deck”, public-private sector partnerships (PPP).

**Implication for engagement:**

- Build national/regional capacity to utilize of the tools of partnership to reach the sectors that need to be engaged
- **Conduct multi-sector PPP training** to reduce bias among partners.
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The Public Private Partnership Lifecycle…
Moving from “Buzz Words” into Action: Policy Framework for Engagement

- There must be clear policy goals for the issue at hand
- **Policy Framework for engagement defined and approaches to managing conflict of interest determined**

- All stakeholders in potential partnership identified with full assessment of potential costs, benefits, risks and impact before public health agencies enter into specific partnerships

- Due Diligence is essential and should pay special attention to the scope and purpose of the mooted relationship, the partner's interests, policies, values, and past performance
CARPHA’s Governance Framework for Partnerships

Corporate and Civil Society Partnering Policy

Approved by the Executive Board, September 2014

• Partner selection
• Partnership selection
• Conflicts of interest
• Requirements of all partnerships
• Due diligence checklist
Partnering Types

- In-Kind Contribution
- Financial Contribution
- Coordination: Deliberately modifying plans and activities for greater efficiency or effectiveness
- Co-action partnerships (sharing goals, objectives, risks, resources, responsibilities and rewards)
Principles

- **Transparency**, since openness and honesty in working relationships are pre-conditions for trust between partners.
- **Mutual Benefit**, since healthy partnerships acknowledge that each partner needs to achieve specific individual benefits, in addition to common benefits, to enable partnership sustainability over time.
- **Mutual Accountability**, since fulfilling commitments with quality and timeliness builds trust and enables achievement of goals.
- **Results Orientation**, since results-oriented partnerships prioritize quality programs that achieve tangible impact for people, communities and institutions.
**Partner Selection**

**Desirable partner:** Have values and practices aligned with the values and ethos of CARPHA. They are effective in obtaining results.

**Excluded partner:** Any organisations whose primary or substantial business is sale or promotion of tobacco, weapons, or land mines.

**Higher-scrutiny partner:** Organisations whose primary or substantial business is sale or promotion of products or services that may be detrimental to public health or that may cause severe environmental contamination, e.g., Alcoholic beverage companies, fast food companies, and oil and gas extraction or exploration companies.
Partnership Selection - Criteria

Based on benefit-risk analysis and seeking to avoid conflict of interests or impaired scientific independence. Include:

• the ability of the organisation to contribute in ways that improve public health outcomes.

• the underlying interests and objectives of the organisation concerning the proposed collaboration or alliance.

• the stated mission, goals, image, financial integrity, and historical policy and practices of the organisation.

• the organisation’s behaviour in areas not directly related to health, as well as its overall ethical corporate behaviour.
Moving from “Buzz Words” into Action: Understanding the Sectors

The non-health and private actors with which to partner both within and across the respective sectors are not heterogenous.

Implication for engagement/partnership:

• The potential role of the actor will vary
• There must be clear policy goals for the issue at hand
• Technical and research language should be packaged/ in sync with the daily language of the actor that you wish to engage
• The appropriate **business case** should be developed for each engagement – key questions must be answered
Drivers of partnerships - Business

**Beyond Profit:**

**Strategic philanthropy partnerships** — reputation, long-term market development; product development and testing

**Compliance driven partnerships** — driven by social or environmental conditions/ expectations and linked to contract and permit approvals or investment decisions

**Commercially-driven partnerships** — Financial risk control, operational risk control, deal-making
Drivers of partnerships - public sector

Partnerships to:

• enhance governance (visibility of authorizes discharging civic duties = increased votes);

• improve delivery-effectiveness of public services (to solve persistent social and environment challenge);

• increase cost-effectiveness of public spending;

• reform regulatory environment
Drivers of partnerships- civil society

- Deliver organisational objectives/charter, eg further interests in climate change, youth development, concern for the elderly etc
- Provide a voice for the public, eg partnerships as an extension of public consultation and participation in decision-making
- Improve transparency and accountability of governing institutions and business
- Influence others, ie a form of ‘advocacy’
- A means for resource leverage into the organisation or towards a particular issues or region, eg early UNDP and CARE Bolivia respectively
- A means for organisational expansion and development, eg transformation into a social businesses
Moving from “Buzz Words” into Action: Alternate Definition of PPPs

Success in multi-sectoral action for health require:

3Ps: **Political Will**, the right public policies and cross-sector partnerships

Siddharth Chatterjee, UN, Resident Coordinator, Kenya
Moving from “Buzz Words” into Action: The Role of an Enabling Environment

Critical Components of the Enabling Environment
• Effective Policies and Regulation
• Defined Strategies for Partnerships
• Monitor Accountability and Impact
• Neutral Platforms to Facilitate, Initial and Ongoing Dialogue
Some CARPHA examples
6-Point Policy Package on Healthier Food Environments to prevent Childhood Obesity

2013 Research to Policy Meeting - Combating the Childhood Obesity Epidemic

- 2014 - Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity represents a Collaborative Plan of Action


- March, 2016 – CARICOM Heads of Institutions agreed to collaboration between regional institutions to accelerate multi-sector action

- July, 2016 – CARICOM Heads mandated joint COTED/COHSOD Task Force with a multi-sectoral collaborative mechanism of CARICOM economic and social institutions

- Feb, 2017 – Meeting of High Level Officials from over 21 CARICOM institutions and other agencies with responsibility for Economic and Social sectors to develop a ‘Roadmap on Multi-Sectoral Action in Countries to Prevent Childhood Obesity through Improved Food and Nutrition Security

- 2017 – An Inter-agency Technical Committee (ITC) formed with responsibility for monitoring and coordinating the implementation of the Roadmap

- 2018 – National consultations commence with industry pushback as expected.

Joint COTED/COHSOD July 2018 focused on 6-PPP
LIFE IN THE FAT LANE STARTS IN CHILDHOOD

Caribbean boy
11 years
190lbs 86kgs

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The COTED is invited to:

• **Agree** that a comprehensive approach including a consumer awareness strategy is needed to tackle the problem

• **Commit** to adopting a suite of policy actions in a stepwise manner across the following six areas (6-Point Policy Package):

1. Mandatory Food labelling – front of pack
2. Nutrition standards and guidelines for schools and other institutions
3. Food marketing and Portion Sizes
4. Nutritional quality of food supply (harmful ingredients)
5. Trade and fiscal policies
6. Food Chain incentives, particularly fruits and vegetables
• Joint CARPHA/CTO/CHTA Tourism and health program
• Guidelines, health & environ monitoring, training, standards, partnerships
  Identification of key tourism & health partners to facilitate THP
• Ongoing advocacy and promotion for recognition, buy-in to the THP through
  – MOUs with select partners (CHTA, CTO); includes health and wellness in
    tourism workplace
  – Presentations and 1:1 meetings (CMS, CHTA, CTO, WTO, CHRC, CLIA)
  – Visits and discussions on partnerships (CDC, PHE, CLIA)
  – Circulation of promotional material, reports, achievements
• THP Regional tourism and health stakeholders; Meeting statement of support
• CaTHNET (Caribbean Travel health network, developed by CARPHA)
• Funding from CARPHA, IADB - Regional Public Goods in CCH-IV
• Tremendous potential as a PPPP mechanism for health and wellness
• WTO Conference Montego Bay November 2017
Caribbean Regulatory System for Pharmaceuticals (CRS)

- In collaboration with PAHO/WHO, CARPHA now has a regional regulatory unit that can fast track marketing authorization high quality essential medicines in CARICOM countries: increase access, reduce costs, make it easier for industry

**Methods of engagement:**
- Direct meetings with distributors, manufacturers, pharmaceutical companies and embassies.
- Appeals via website and networks for companies to submit products
- Reporting system for substandard or falsified products to new CARPHA post market surveillance program including its Jamaica laboratory
- 17 medicines registered to date; VigiCarib; paper medicines quality; costs/access
## Partnership Opportunities NCD Caribbean

<table>
<thead>
<tr>
<th>High Conflict of Interest</th>
<th>NO Brainers</th>
<th>Careful</th>
<th>Difficult</th>
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</thead>
<tbody>
<tr>
<td>Legal Purchase Age for alcohol (compliance partnership)</td>
<td>Tobacco, Arms, Porn, Gambling</td>
<td>“Foundation for a smoke free world”</td>
<td>Don’t go!</td>
</tr>
<tr>
<td>Improving treatment adherence (Pharma, Digicel LIME, Med tech, CSOs, Media, MoH Jamaica TT phase 1)</td>
<td>Fast food companies, or alco and Education partnership</td>
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<tr>
<td>6-PPP ‘Regulatory Alliance’</td>
<td>Dietary salt reduction</td>
<td></td>
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<tr>
<td>Financial sector partnership</td>
<td>Alt transport, bike n walk, tourism sports CSOs, CALGA good for planet, good for energy security, and BTW, it’s good for health</td>
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<tr>
<td>Elimination of cervical cancer</td>
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<td>Ciclovias</td>
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<td>Fruit and veg snack prog</td>
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<td>Region wide IEC campaign</td>
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<td>Text2Quit partnership</td>
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<tr>
<td>CARICOM smoke free zone</td>
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**Feasibility**

- Easy
- Feasibility
- Difficult
Concept Note for Stakeholder Dialogue on Economic Dimensions of NCDs in the Caribbean

• **Purpose:** Engagement of key stakeholders from finance, health, social security and other relevant public and private sectors to improve Caribbean prospects of reaching development goals by investing in NCD prevention and restoring global leadership
Constructing the Care Cascade – Diabetes

- Ever had blood glucose measured
- Ever told high blood sugar
- Medication for diabetes:
  1. Oral medication
  2. Insulin
- Received advice for diabetes management
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Diabetes Care Cascade – CMS Overall

Opportunity for PPP in each step

Overall
Prevalence = 19.0%  
(95% CI: 17.5-20.7)

<table>
<thead>
<tr>
<th>Step</th>
<th>Total</th>
<th>Glucose Measured</th>
<th>Aware of Diagnosis</th>
<th>Advice or Medication</th>
<th>Controlled Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Diabetes</td>
<td>100</td>
<td>87 (CI: 85-89)</td>
<td>70 (CI: 62-73)</td>
<td>57 (CI: 54-61)</td>
<td>42 (CI: 39-46)</td>
</tr>
</tbody>
</table>

*All values represent a % of the total adult population with diabetes*
Conclusion

• We have a big problem
• The costs are not sustainable
• There are cost-effective solutions
• We have them
• They require everyone to work together

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THANK YOU!!
Back-up slides
Drivers of partnerships - Business

- **Strategic Philanthropy partnerships** – ‘corporate giving’ underpinned by non-financial business case:
  - *reputation* – eg assisting orphanages, community investment
  - *long-term market development* – eg training/education, supply chain development, business infrastructure, institutional capacity building, policy advocacy;
  - *product development and testing* - eg Bottom-of-the-Pyramid (BOP) business models:

- **Compliance-driven partnerships**, no requirement for commercial return, but driven by social or environmental conditions/expectations of regulator, client, financiers or institutional investors, and linked to contract and permit approvals or investment decisions

- **Commercially-driven partnerships**:
  - *financial risk control* – eg development finance as a form of political/regulatory risk management
  - *operational risk control* - eg partnership approaches to community investments by oil companies
  - *deal-making* - social or environmental additionality provides competitive advantage in winning new work, especially when tendering to public sector or brand sensitive private clients

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Drivers of partnerships- public sector

- Poverty reduction - rural inclusion/urban renewal;
- Universal quality education;
- Access to clean water and sanitation services;
- Access to energy services;
- Reduction in spread of infectious diseases;
- Hunger reduction and promote agricultural and rural development;
- Conservation and environmental stewardship;
- Marine and freshwater resources protection;
- Private sector and SME development
- Employment opportunities and skills development
- National security/local security

Partnerships to:

- Improve delivery-effectiveness of public services, eg through internal institutional capacity building; collaboration to solve persistent social and env challenges
- Increase cost-effectiveness of public spending, eg leverage, cost savings
- Reform regulatory environment
- Enhance governance, eg visibility of authorities discharging civic duties; responsiveness to local need; conflict prevention
Source: Boufford, Gaddle, Acemah, Bland, Colatrella, 2017
Developing the Business Case

1. Driving Forces
   Question that is answered:
   What are the key external and internal factors that the partner is addressing?

2. Partner incentives
   Question that is answered:
   What are the partner’s underlying interests for being involved in the partnership?

3. Costs vs Benefits
   Question that is answered:
   What are the costs and benefits for the partner to be involved?

4. Packaging
   Question that is answered:
   How should all these factors be packaged to present the optimal case?