



## Qualities of enduring cross-sector partnerships in public health

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### Abstract

The social, economic and political challenges accompanying our rapidly transforming global health environments have created unique social challenges that demand cross-sector solutions. Four cross-sector partnerships are reviewed with a special focus on sector roles, change management, phases of partnership development, and key factors for success. © 2003 Excerpta Medica Inc. All rights reserved.

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Complex forces at work over the past 2 decades have created myriad social, economic, and political challenges that demand cooperative and collaborative solutions. Such cross-sector partnerships presume clear role delineation, well-defined strategies and objectives, and evolving relationships that challenge historic checks and balances.

The desire on the part of government, academics, non-governmental organizations and industry to forge new partnerships reflects the common belief that no one sector can address such complex challenges in isolation. The rapid advance of technology has supercharged the environment accelerating globalization, regionalization and the rate of change in social institutions while virtually disintegrating geographic boundaries. Success in forming stable and productive cross-sector relationships will largely determine the extent to which we are able to ensure societal justice and progress.

### Managing change

The rapid emergence of new technology has conspired to eliminate previously well-defined sector boundaries. On a most fundamental level, these previously heavily segregated sectors now possess, in varying degrees, a common language and set of tools. In addition, information and knowledge are no longer subject to reliable isolation whether by

geography, class, gender, race or religion. Finally, the acquisition and implementation of new information technologies have ignited a highly compressed, cross-sector and globally competitive exercise in process redesign that has fundamentally changed the way we communicate and do business with each other, and in the process ramped up expectations for progress absent a fundamental alteration in our human capacity to absorb change without destabilizing our societies.

Without new cooperative approaches then, we find ourselves at cross purposes and at risk. For paradoxically, expanding the flow of information and creating the expectation, and in time the reality of free and equal access to knowledge, has placed the spot light on glaring inequalities and human needs that are no longer politically tenable.

Nowhere is this more evident than in the public health arena. In 2000, Gro Bruntland of the World Health Organization described a WHO mission committed to a new universalism, “the attainment by all people of the highest possible level of health, with emphasis on closing the gaps within and among countries” [1]. This dual focus on “goodness—the best attainable average health,” and “fairness—the smallest feasible differences among individuals and groups,” is a challenge whether one is a health leader in South Africa struggling to conquer HIV/AIDS or a health leader in the United States confronting markedly disparate health outcomes in African Americans. Our common reality then is that technologic progress has revealed both our strengths and our weaknesses, and that today’s challenges require cross-sector solutions.

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## The sectors

Government, business, academics, and nongovernmental organizations today confront a complex series of public challenges that no one sector can address in isolation. Each sector has well defined historic purposes, roles, and strategies for success. Appreciation of these unique traditional assets is a starting point in our common movement toward mutual appreciation and partnership.

Industry has focused on business performance, the creation of wealth, the discovery of new markets, the expansion of social engagement, the delivery of customer service, and expanding and aligning philanthropy with core mission. Government has focused on purpose and governance, redefining basic roles and responsibilities, exploring centralized and decentralized approaches, tapping cross-sector expertise to expand efficiency, and developing skills as bridgers and collaborators in an effort to share responsibility for creation and execution of sound policy.

Academics have traditionally focused on a mission of service, education, and research. Today they confront diminishing resources and increasing demands for service and social action. In response, they have emphasized reengineering of patient care processes to accomplish operational efficiencies, and constructive approaches to partnering emphasizing trust and transparency, with a constant eye on institutional integrity.

Nongovernmental organizations (NGOs) have focused on shaping attitudes and behaviors of government, industry and academics. This relatively new mission has been layered upon one of traditional service and activism directed at specific concrete objectives with a high degree of immediacy. They have focused on virtual communications, organizational building, and campaign execution skillfully leveraging new low cost information technologies and high media credibility. The first NGO was the International Red Cross established in the 19th century. Today there are over 26,000, in charge of administering nearly 20% of the US overseas development, and including such well-known brands as Amnesty International, Greenpeace, and Doctors Without Borders [2].

### *Cross-sector partnerships*

Four cross-sector partnerships supported by the Pfizer Foundation over the past 10 years were analyzed. Three of the partnerships were international and one was domestic.

### *International trachoma initiative*

The International Trachoma Initiative (ITI), founded in 1998, is a nonprofit partnership dedicated to the eradication of trachoma. Trachoma, the leading cause of blindness worldwide, is caused by *Chlamydia trachomatis* infection of the eyelids with subsequent contraction and inversion of the lid resulting in scarring of the cornea and blindness. ITI

was founded by Pfizer and the Edna McConnell Clark Foundation, with 25 years experience in tropical disease research, in partnership with the government of Morocco and with the support of the World Health Organization. It was initially launched with grants of \$3.2 million by each partner and a commitment of \$60 million in product (Zithromax, an azalide antibiotic discovered by Pfizer, which is curative of trachoma with a single dose). Zithromax is part of a comprehensive public health program designed by the WHO known as SAFE: S for simple lid surgery to correct lid inversion; A for the antibiotic; F for face washing, which is highly preventative; and E for environmental changes, notably the creation of infrastructure to assure clean water. ITI has thus far treated and cured 4 million patients in 9 countries with the active support of the presidents and ministers of health of those countries [3].

### *Sharing the care*

Sharing the Care was initiated in 1993 as a partnership between Pfizer, the National Governors Association, and the National Association of Community Health Centers to help insure that patients served by over 375-community migrant and homeless health centers had access to modern pharmaceuticals. Governors in 48 states provided leadership in enabling the launching and continuation of programming. The Health Centers provided a health care delivery infrastructure to reach at risk target patients. Pfizer provided free pharmaceuticals and assumed responsibility for keeping Health Center pharmaceutical shelves stocked. In its 10th year, the program has provided nearly \$300 million (wholesale) in pharmaceuticals to more than 1.8 million patients who have received 5.7 million prescriptions [4].

### *Diflucan HIV/AIDS partnership*

Launched in 2000, the South African HIV/AIDS partnership provides Diflucan, Pfizer's antifungal medicine to the South African Health Ministry free of charge for treatment of HIV/AIDS-related cryptococcal meningitis and esophageal candidiasis. With some 40 million infected patients in South Africa, nearly 10% require life-saving treatment for opportunistic infections. The partnership provides clinical training in diagnosis and treatment of opportunistic infections as well as support for expansion of prevention programming and education in conjunction with the South African health ministry and hospital network. Thus far the partnership has dispensed 1.3 million doses of Diflucan to patients in six African countries and trained 6500 health workers [5].

### *Academic alliance for AIDS care and prevention in Africa*

Academic Alliance for AIDS Care and Prevention in Africa was formed in 2001 by 13 prominent physicians and scientists from Africa and North America in partnership

with Pfizer, Makerere University Medical School in Kampala, Uganda, and with the support of the President and Minister of Health in Uganda. The goal of the alliance is to improve the quality of medical care for 27 million HIV infected people in sub-Saharan Africa by teaching prevention, treating HIV/AIDS patients, and conducting on-going research. Using Uganda as a primary experience, and funded with an \$11 million grant from Pfizer, the effort has broken ground for a training institute, clinic, and laboratory on the campus of Makerere University Medical School and begun training of African clinicians and on-site clinical treatment programs. Programs include a pediatric maternal program for HIV, hands on clinical training of health care workers, outreach programming to empower trainees to return and deliver care in their own countries, rapid expansion of AIDS diagnostics, coordinated expansion of access to pharmaceuticals for treatment, and a program to disseminate learning from the Uganda experience to other countries with high HIV/AIDS prevalence around the world [6].

### Key factors for success

Beyond a common understanding of the strengths and capabilities of each sector, and the desire for collaboration reflected in a willingness to mutually plan, to align goals and objectives, and to share risk, there remains the issue of environmental readiness. What are the factors that must be in place to ensure success?

First, if it is true that all politics are local, so too are all successful cross-sector partnerships in so far as they acknowledge in their planning, design and management the realities of time, place, people, and institutions in the target geography.

Second, in any cross-sector initiative in health, there should be some level of representation from each of the four sectors. The partners must have a well-defined common need or public purpose that unites them. What is that common passion?

Third, the proposed project or solution must be right sized to the problem or challenge at hand. Too small and the effort will lack resources to ensure measurability and sustainability. Too large and the effort will create structure without solution.

Fourth, human conditions must be right. This includes identifiable optimistic leaders with the time and willingness to commit and a reservoir of good will among the players to support both innovation and implementation of the common vision, the structural integration, the joint governance, and ongoing civic engagement.

Fifth, there needs to be accurate information and baseline data that clearly define the challenges and serve as a grounding for future reasonable outcomes. It is not enough to marshal human resources. There must be an established organizational capacity, processes, and oversight to ensure

that the human effort translates into a highly coordinate and effective service result.

### Phases of development

#### *Creation phase*

Most successful cross-sector partnerships begin with a personal relationship between two individuals of different sectors who are well positioned to advance a proposal within their own organizations. Most often, the original concept takes seed off line and grows to a point of excitement between the principals and is subsequently shared with their organizations. Meetings are organized, the concept advanced, input gathered, and the proposal refined. Along the way, in ones and twos, staff with most at stake are layered on and their enthusiasm captured. Meeting incrementally, the growing vision fleshes out, is validated as both good and doable, and initial data not only reinforce the concept but also are the group's first taste of success. Out of the idea fusion process emerges a common vision that is right sized to the task at hand and the environment in place.

#### *Launch phase*

Moving from concept generation to public launch creates vulnerability and liability since the effort may succeed or fail and by definition as a cross-sector partnership will have ample witnesses to outcome. It is a critical predeterminant of success therefore that leaders in each sector be adequately informed and supportive. This support should be reflected not only in the willingness to devote capital and resources to the effort, but also in all parties clear agreement on the science, scope of the challenge, objectives, and project timetable. Together, these elements, assured from the leadership of each sector, constitute political stability. Top leadership support must be clear and decisive, mid level support may not be enough. With that as a basis, structural readiness with consideration of economics, education and training, and communication must be assessed. Equally essential are well established relationships with grass-roots health providers committed to the target population and to long-term continuity of care to sustain health gains. Those gains must be measurable against baseline data that has been collected, collated, displayed, and disseminated. Finally, at the time of the launch there should be an overarching comprehensive public health strategy encompassing environmental improvements, education and training, basic prevention, and appropriate diagnostics and treatments. In this regard, an expert advisory group with in-country (community) credibility and experience is essential.

#### *Sustainability phase*

Long-term sustainability is dependent on a clear definition of roles and responsibilities, and clarity of governance.

A lack of clarity undermines operational execution, measurement, communications, and long-term planning. Governance may be shared in partnership, through representation of an oversight board, delegated to a single member of one of the sectors responsible to an advisory board, or it may be assigned to a new entity charged not only with executing the plan but also ensuring continued constructive collaboration of the parties. The choice of governance structure is a function of the preferences of the parties involved, and the extent and proposed duration of their common public purpose. Whatever the structure, who is in charge should be clear to all to assure accountability. Of equal importance is strong leadership with special emphasis on both operational and communication capabilities as well as existing credibility in the community. The community network of service should be well defined, resourced, and sustainable. This network should be tied to the cross-sector partners and governance by a reliable communication plan inclusive of both internal and external customers. Such a network will provide ongoing support for planning, facilitating, negotiating, and problem solving. Finally, the ability to observe and analyze data and absorb key lessons insures on-going refinement of the project. As important, it allows the cross-sector partnership to determine the term of the engagement as well as possible end points. The prejudice should always be toward action, openness, and accountability.

## Summary

The social, economic and political challenges accompanying our rapidly changing and fundamentally transforming global environments have created unique social challenges that demand cross-sector solutions. These new models of collaboration are uniquely evolving and being shaped by the transformational forces at work in our modern society, which demand both competency and equity.

In pursuit of these new partnerships in the health sector, there should be a bias toward action, early organization and

prevention, health consumerism and relationship based care, elimination of health disparities, and an integrated vision of health as the leading edge of development with an emphasis on sustainability.

Successful cross-sector partnerships in health are fundamentally inclusive and actively involved in bridging government, business, academic, and NGO communities. They favor joint value creation over passive philanthropy. Careful early assessment for mission and strategy, inclusion of key players and issues, clear measurable goals, and political readiness are critical elements for future success. Use of an independent expert advisory committee in design and monitoring of comprehensive public health strategies is valuable.

Obstacles to success include absence of top level leadership, basic disagreements on the fundamental scientific underpinnings, absence of strong prevention programming, hidden political agendas, exclusion of key sectors, and failure to identify a key issue and address it proactively.

Government, business, academics, and nongovernmental organizations are increasingly overlapping in the areas of social purpose. The ability to organize their varied and often complimentary skills and resources will significantly benefit society.

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