

Business as a Partner in Strengthening Public Health Systems in Developing Countries

AN AGENDA FOR ACTION

Jane Nelson

WITH SUPPORT FROM



In September 2005, The Conference Board, International Business Leaders Forum, and CSR Initiative, Kennedy School of Government, Harvard, with support from Walter H. Shorenstein, made a joint commitment to the Clinton Global Initiative to host a series of *Leadership Dialogues* focused on the role of the private sector as a partner in supporting *systemic and scalable solutions to key global challenges*.

The three organizations worked with other partners to host a series of seven dialogues between February and July 2006. These brought together over 400 leaders in business, government, development agencies, civil society, and academia to share good practices and identify practical and feasible models of *collective business action* and *public-private partnership* aimed at achieving more systemic and scalable solutions to the following global challenges:

- Tackling Youth Unemployment, Extremism and Alienation, hosted by the International Business Leaders Forum
- Conflict Prevention and Resolution, hosted by Nestlé
- Responding to Natural Disasters, hosted by Walter H. Shorenstein
- Business and the Millennium Development Goals, hosted by Harvard University
- Strengthening Public Health Systems in Developing Countries, hosted by Pfizer Inc.
- Improving Global Road Safety, hosted by USAID
- Overcoming Malnutrition, hosted by the World Bank.

This publication is part of a series that highlights some of the key challenges, opportunities and practical examples that were identified in these dialogues – and makes recommendations for ways that companies can get directly engaged in specific initiatives on-the-ground.

The views expressed in this paper are those of the author and do not imply endorsement by the Conference Board, International Business Leaders Forum, Harvard University or Pfizer Inc.

COVER PHOTOGRAPHS (left to right)

A child being treated for trachoma, the world's leading cause of preventable blindness. The International Trachoma Initiative (ITI), founded by Pfizer and the Edna McConnell Clark Foundation, fights trachoma using the WHO SAFE strategy: S for surgery, A for antibiotics, F for face washing and public health education in hygiene and E for environmental sanitation. ITI is currently in 12 countries hardest hit by trachoma.
Photocredit: Property Pfizer Inc

Abbott Laboratory Specialist training local staff in the newly renovated Muhimbili National Hospital Central Laboratory in Dar es Salaam. This is part of the Tanzania Care program supported by Abbott and The Abbott Fund, in partnership with the Government of Tanzania, to modernize the health care system and expand access to HIV testing and treatment. The International Federation of Pharmaceutical Manufacturers & Associations describes it as, "...one of the most comprehensive initiatives in Africa to strengthen a country's health care system."
Photocredit: Craig Bender

Primary health care in Africa.
Photocredit: Crispin Hughes, Panos Pictures

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Improving the quality of public health systems in the developing world is imperative. Basic, effective and easily accessible healthcare is one of the most important foundations for economic growth and development in developing countries. Too often, even minimum standards of care are not met, which leads to terrible consequences for millions of men, women and children. While government has the primary responsibility for improving care, it is very clear that the private sector, working in partnership with government, can – and should – do more to help these systems meet the needs of their citizens. But there has been relatively little work done on how, exactly, that can happen - until now. 'An Agenda for Action' is an important step forward in showing how business can make a much more meaningful and long-term impact on one of the world's most critical healthcare challenges.

Jeffrey Kindler, CEO, Pfizer Inc.

Host of Health Leadership Dialogue, New York, May 10th 2006

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I What is the challenge?

The connections between health, development and security have become increasingly clear ...and it has become equally clear that health systems around the world are nowhere near equipped to deal with the challenges facing them.

Kofi Annan, Secretary-General, United Nations
Speech to mark the 500th anniversary of the Royal
College of Surgeons, Edinburgh, June 2005

While health conditions have improved for millions of people around the world over the past few decades, vast numbers of men, women and children are still dying from preventable causes, enduring the debilitating effects of treatable physical and mental ailments, facing destitution as a result of medical bills or lost incomes resulting from illness and injury, and dealing with social stigma and isolation resulting from fear and ignorance about certain diseases.

The quality, affordability and reach of public health systems in the countries and communities where these people live are the crucial foundation on which either good or bad health, and linked to this economic security and quality of life, are built. Although personal genetics, behavior and living conditions all play an important role, it is access to reliable and affordable health services, ranging from prevention and diagnosis, to treatment, care and impact mitigation, that makes the difference between hope and despair for millions of people. The World Health Organization (WHO) describes a health system as follows:

WHAT IS A HEALTH SYSTEM?

It is the sum total of all the organizations, institutions and resources whose primary purpose is to improve health. A health system needs staff, funds, information, supplies, transport, communications and overall guidance and direction. And it needs to provide services that are responsive and financially fair, while treating people decently.

Health systems have three fundamental objectives:

- Improving the health of the population they serve
- Responding to peoples' expectations
- Providing financial protection against the costs of ill health.

(www.who.org)

While inadequate or inequitable public health systems remain an issue for many of the poor in the world's industrialized economies, they are particularly serious and egregious obstacles to good health, economic development, and household security in the world's developing countries. In 2000, WHO carried out the first ever analysis of the world's health systems. Using the following five performance indicators it measured health systems in 191 countries and found that improvements are needed everywhere, but especially in Africa:¹

- Overall level of population health;
- Health inequalities (or disparities) within the population;

- Overall level of health system responsiveness (a combination of patient satisfaction and how well the system acts);
- Distribution of responsiveness within the population (how well people of varying economic status find that they are served by the health system); and
- Distribution of the health system's financial burden within the population (who pays the costs).

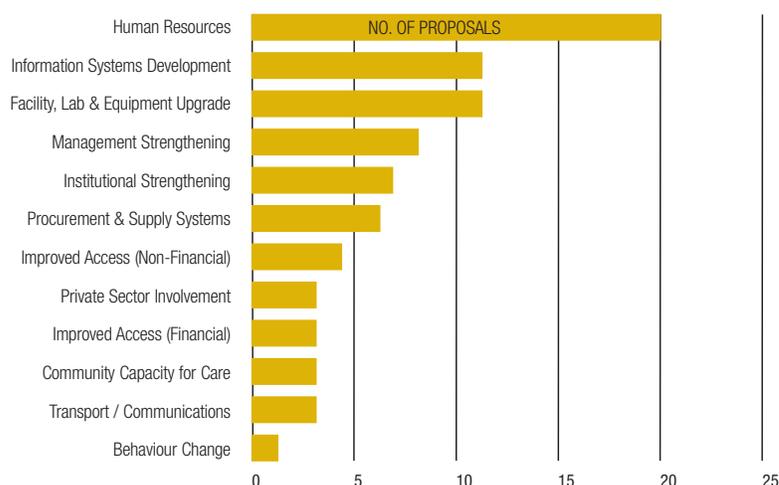
The table below from the *2006 World Health Report* graphically illustrates the extent of the challenge in terms of availability of health workers and allocation of global health expenditure – but in almost every one of the areas listed in the box opposite, from staff and funds to overall guidance and direction, there are severe ‘capacity gaps’ that need to be addressed.²

THE AMERICAS	SUB-SAHARAN AFRICA
14% of the world's population	11% of the world's population
10% of the global burden of disease	25% of the global burden of disease
42% of the world's health workers	3% of the world's health workers
> 50% of global health expenditure	< 1% of global health expenditure

Source: 2006 World Health Report, World Health Organization.

The quantity and quality of health workers tend to be the key health systems challenges cited by many developing countries. In a study of 30 health system strengthening proposals made to the Global Fund to Fight AIDS, TB and Malaria (GFATM) in the Round 5 funding process, the following were the health system priorities that the countries in question considered to be most in need of investment.³ Although private sector involvement was listed as a stand-alone issue, most of the other priorities listed could also benefit from increased private sector engagement and support.

COUNTRY PRIORITIES AS REFLECTED IN 30 GFATM ROUND 5 PROPOSALS



Source: *Opportunities for Global Health Initiatives in the Health System Action Agenda*. Making Health Systems Work. Working Paper No. 4. World Health Organization, Geneva: 2006.

Writing in the Financial Times in March 2005, Peter Dolan, former Chairman and CEO of Bristol-Myers Squibb commented, “While financial support must continue to grow, it is time for companies to expand their view of how they can increase efforts to mitigate the [HIV/AIDS] crisis. I am convinced that the answer lies in companies donating the capabilities and expertise that they rely on to run their businesses. ...We have learnt that many recipients of our grants – whether a ministry of health or a newly formed community-based organization of grandmothers – not only wanted but needed our expertise in complex project management, monitoring and evaluation, organizational management, strategic planning and finance. We saw that a global business model was urgently required.”⁴

While governments clearly have the overall responsibility for ensuring that health systems serve their populations more effectively, other partners, including the business community, can play a role. Our focus in this ‘Agenda for Action’ paper is on the role of the business community, including but not only pharmaceutical and healthcare companies.

SOME KEY ELEMENTS OF EFFECTIVE PUBLIC HEALTH SYSTEMS

Committed leadership	Capacity in the public sector	Comprehensive and integrated interventions
<p>POLITICAL COMMITMENT – From the top of government, from ministries including but beyond the health ministry and from regional and local government.</p> <p>CIVIC LEADERSHIP – National level leadership by health activists, the media, women’s groups, celebrities, civic, religious and community leaders.</p> <p>BUSINESS ENGAGEMENT – Strong direction from corporate leaders, companies and national or sector-based business associations and coalitions, built on a foundation of workplace programs, but extending beyond these where relevant and effective.</p> <p>DONOR COORDINATION and EFFECTIVENESS – Increased, predictable funding and coordination by public and private donors to support prevention, diagnosis, treatment, care and mitigation services; technical assistance; public sector capacity building; R&D; monitoring / accountability.</p> <p>SHARED VISION – Agreement among the different sectors on an evidence-based, demand-driven (derived at the country-level from multi-sector consultation processes) and performance-based approach.</p>	<p>FINANCIAL CAPACITY – Sufficient national funds, insurance systems, official donor funds, philanthropic funds and private sector investments to finance and/or service health priorities, especially access to life-saving medicines and technologies.</p> <p>INSTITUTIONAL AND INFRASTRUCTURE CAPACITY – Medical facilities close to patients, including rural and remote areas; laboratories and local R&D facilities; better transport; better procurement, logistics and supply chain management; information technology to support data collection, monitoring and evaluation at both national policy and service delivery level; reliable energy and water services for health clinics and hospitals.</p> <p>HUMAN RESOURCE CAPACITY – Improved training, salaries and working conditions of health workers; managers; administrators; accountants and evaluators; teachers, trainers, policy makers; with a focus on improving management capabilities as well as health service capacity.</p> <p>PUBLIC COMMUNICATIONS AND EDUCATION CAPACITY – Media and education able to reach large numbers of people, with compelling, targeted messages that can induce and sustain behavior change.</p> <p>NATIONAL POLICY COORDINATION, PLANNING and MONITORING CAPACITY – Integration of national health priorities into Poverty Reduction Strategies; sufficient data, technology and planning capacity to predict future trends and to facilitate disease surveillance and risk analysis systems; establishment of national, sector and/or issue-based multi-stakeholder consultation and coordinating mechanisms.</p>	<p>PREVENTION – Vaccines and immunization programs; sustained general education programs and communication campaigns aimed at awareness-raising and sustaining behavioral change; school-based and youth education; targeted programs for high-risk populations; gender equity programs; peer-to-peer education; disease surveillance and tracking.</p> <p>DIAGNOSIS – Reliable and modern laboratory services, diagnostic testing and technologies; voluntary and confidential counseling and testing where relevant; linkages and leverage between different health services and diseases.</p> <p>TREATMENT and CARE – Availability, affordability and appropriate use of essential medicines; effective monitoring of impact and drug resistance; palliative care for the chronically ill; community and home-based care programs.</p> <p>IMPACT MITIGATION – Universal insurance provision and social security; support for orphans and vulnerable children; nutrition initiatives; campaigns to overcome stigma where relevant; enterprise development, training and job creation initiatives for vulnerable and affected populations, including youth enterprise, women’s enterprise and rural development initiatives.</p>

Source: Adapted from Nelson, Jane. *Building public sector capacity to address HIV/AIDS: The role of the private sector*. Working Paper No. 8, CSR Initiative, Harvard University, April 2005.

II Why do good health systems matter to business?

The role of business in society is transforming fundamentally as a result of globalization and fragmentation, which is exposing gaps in public sector capacity and management, with health systems being a good example.

Companies are facing extended liability and extended complicity – other social actors are holding them responsible for things they never thought they would be responsible for, such as what goes on in their supply chains and how they can use their core competencies to address broader social issues.

...We are seeing firms protect their businesses by protecting their workers and taking unusual steps to protect their markets in areas of weak governance and public capacity. And there are business leaders who have worked in these locations who care about the humanitarian case for engagement.

Professor John Ruggie

Director, Mossavar-Rahmani Center for Business and Government, Harvard University and Special Representative to the UN Secretary-General on Business and Human Rights
Comments at Health Leadership Dialogue,
New York, May 10, 2006

The case for business engagement in helping to promote good health and strengthen health systems capacity can be made at several levels. There is a broad macroeconomic argument relevant for business in general, specific business case arguments that will vary depending on the disease, industry and location in question, and a moral or humanitarian case.

At the general level, there is growing evidence that improving health care, fighting disease, and increasing life expectancy are all essential for supporting economic growth, which in turn is crucial to long-term business success. The WHO *Commission on Macroeconomics and Health* reported in 2001, “We have found that extending the coverage of essential health services, including a relatively small number of specific interventions, to the world’s poor could save millions of lives a year, reduce poverty, spur economic growth, and promote global security.”⁵ At the same time, unhealthy workforces and weak public health systems, especially in situations where HIV/AIDS and other diseases are widespread, often result in lower productivity, increased absenteeism and staff turnover, loss of skills, increased costs, and declining profits and investments. The increase in international trade and travel has also created general health challenges for governments and the private sector – with the threat of a global avian flu epidemic being an obvious example. And almost all major companies need to consider issues of occupational health and safety, and product safety.

In addition to general health issues, a number of industry sectors face particular leadership challenges and opportunities when it comes to promoting health and strengthening health systems. In almost all cases new types of collective action within industries and partnerships between business, government and other sectors are needed to address these:⁶

- **The pharmaceutical and healthcare industry:** Leadership challenges include: improving access to essential medicines and vaccines in low-income countries and communities; undertaking more R&D on the diseases that affect the poorest populations; the manner and location in which clinical trials are conducted; the way in which medicines are marketed and promoted; sharing information and research data to improve health mapping and disease surveillance and response; and linked to all the above, efforts to strengthen health systems in developing countries and to build local research, training and delivery capacity in these countries.

Apart from the pharmaceutical companies that develop, manufacture and distribute medicines, vaccines and other health-related supplies, there are many other for-profit entities directly involved in the provision of health products and services. These include companies that run hospitals, research laboratories and diagnostic centres, manufacturers of medical equipment and a wide variety of enterprises, both formal and informal, that operate on a for-profit basis supplying communities with health care products and services. These private entities are a significant service provider to poor people in developing countries and there is growing debate on the most appropriate, effective and affordable combination of public and private provision of health services in these countries.

Health-related challenges are also relevant for companies in the following sectors, and in all cases there are growing pressures and opportunities to work with governments, academic institutions, NGOs and community-based organizations to explore joint solutions to relevant health-related issues:

<ul style="list-style-type: none"> • Food and beverage companies – Ensuring food safety standards and quality; improving nutritional standards – both in terms of tackling under-nutrition and addressing the growing issue of obesity; and addressing health-related aspects of food production, from the safe use of agricultural chemicals and biotechnology to preventing unhealthy work conditions. Alcoholic beverage companies have a role in encouraging responsible use of alcohol. 	<ul style="list-style-type: none"> • Transportation – The automotive and logistics sector, and other businesses that rely heavily on physical distribution networks, such as oil companies and consumer goods companies, can improve road and vehicle safety, which is a growing cause of death and injury in developing countries; tackle air pollution; and address the role that long-distance truck drivers play in transmitting infectious diseases, most notably HIV/AIDs; plus support distribution of essential products in humanitarian crises.
<ul style="list-style-type: none"> • Water and waste management companies – Increasing access to clean water and sanitation, and addressing the environmental health-related impacts of waste disposal. 	<ul style="list-style-type: none"> • Tobacco – Controlling the trade, marketing and sale of tobacco products has been the focus of growing public health campaigns and legal confrontation and this is likely to continue.
<ul style="list-style-type: none"> • Chemicals companies – Minimizing the health risks related to the production, distribution, usage and disposal of their products, especially hazardous chemicals, and at the same time, exploring how certain pesticides or insecticides can play a role in the prevention and control of major vector-borne diseases. 	<ul style="list-style-type: none"> • Major investors and employers in developing countries – Any company that has large-scale infrastructure or physical investments in a particular country or community tends to create a 'honey-pot' effect, whereby people from surrounding regions move to the area of investment in search of jobs. This can have a number of unintended and negative health consequences including: the transmission of life-threatening diseases due to contact between indigenous populations and 'outsiders'; an increase in prostitution, alcoholism and drug dealing; an unmanageable burden being placed on existing health and social infrastructure; and conflict and violence. These are not issues that a company can or should tackle on its own, but can be a major challenge when private investments occur in remote communities or where local or regional government is weak, which is often the case with natural resource projects. Companies that employ a large number of employees in countries with weak public health systems can also face a substantial burden in addressing employee health issues.
<ul style="list-style-type: none"> • Travel and tourism – Addressing health-related issues associated with international travel, including the spread of infectious diseases, and problems such as sexually transmitted diseases associated with sex-tourism. 	
<ul style="list-style-type: none"> • Energy – Developing alternative energy sources that do not contribute to indoor air pollution, which contributes to millions of deaths a year largely due to respiratory infections and largely among women and children. 	
<ul style="list-style-type: none"> • Media and technology – Keeping citizens informed; supporting public health campaigns; improving accuracy and efficiency of health data collection and use at national and hospital level. 	

There is growing evidence that targeted and well-managed corporate investments in protecting the health of employees, customers and local communities is worthwhile relative to the potential risks and costs, both reputational and operational, of not making such investments. Exploring new types of business models and partnerships aimed at strengthening public health systems is a challenging but key element of such an approach.

III How can the private sector play a role?

Companies who take a shortsighted view make fundamental mistakes. They make a moral mistake of seeing profits but not people. But they also make the management mistake of investing where there is only short-term return. They fail to build long-term markets and long-term opportunities – the crux of business success. Enlightened self-interest should send business leaders to the development table to be co-architects of development strategies, to join in public-private partnerships, and, as appropriate, to engage in philanthropy. And I say to business leaders: don't do this under pressure. Do it because you will be building stronger communities filled with prosperous citizens – soon to be your employees and your customers.

Rajat Gupta

Senior Partner Worldwide, McKinsey and Company

Speech to the UN General Assembly,

September 14, 2005

Depending on the industry sector, country and health system constraints and needs in question, companies can make a contribution through the following three main spheres of influence:⁷

- **Core business operations and investments** – Including the company's activities and relationships with employees in the workplace, its sales and marketing activities and customer relationships in the marketplace, and its sourcing and distribution activities along local, national and global value chains.
- **Philanthropy and social investment** – Aimed at not only mobilizing money, but also the company's people, products and premises – in essence its core competencies – to help support and strengthen local communities and nonprofit partners. Companies with large distribution networks and logistics capabilities, for example, using these to help improve the supply and logistics management of key health products or services; companies in the information and communications technology sector or the media using their competencies to spread public health messages or strengthen information systems in hospitals or government more widely; companies in the water and energy sector providing not only commercial services, but also linking their core competencies to their community investment activities, and of course medical product donations from health companies.
- **Public policy dialogue, advocacy and institution building** – Efforts by companies, either individually or collectively, to participate in health-related public policy dialogues, consultations and advocacy platforms with both developing country and donor governments and non-governmental organizations, and to help governments build institutional capacity.

Some examples of individual company actions in these areas are provided on page 10. The following pages illustrate ways that companies can help to address specific health capacity gaps, either individually or collectively, and either through their core business operations, philanthropy and/or policy dialogue, advocacy and institution building.

IV AN AGENDA FOR ACTION

TYPE OF PUBLIC 'CAPACITY GAP'	POTENTIAL FOR BUSINESS ENGAGEMENT – either individually or through business coalitions, and either through core business operations, philanthropy and social investment, and/or policy dialogue, advocacy and institution building
<p>1 FINANCIAL CAPACITY – Sufficient national funds, adequate insurance systems, official donor funds, philanthropic funds and private sector investments to finance and/or service health priorities, especially access to life-saving medicines and technologies.</p>	<p>Actions aimed at helping to directly or indirectly increase the level of financial resources that governments (or employees, communities and households) have at their disposal to respond to health priorities:</p> <ul style="list-style-type: none"> • Paying taxes in developing countries of operation; • Making commercial investments in private, market-driven health services; • Reviewing R&D priorities in the case of health care companies; • Funding workplace health, wellness and occupational safety programs, including HIV/AIDs programs; • Supporting health insurance for employees and creating innovative insurance and financing mechanisms in the case of financial institutions; • Pooling drug procurement and insurance mechanisms; • Making community-level health investments in host communities; • Undertaking socially responsible portfolio investments in health enterprises in the case of fund managers; • Supporting small and micro-enterprise and youth enterprise initiatives; and • Providing philanthropic funding to global health partnerships, local community health initiatives and non-governmental organizations.
<p>2 INSTITUTIONAL & INFRASTRUCTURE CAPACITY – Medical facilities close to patients, including rural and remote areas; laboratories and local R&D facilities; better transport; better procurement, logistics and supply chain management; information technology to support data collection, monitoring and evaluation at both national policy and service delivery level; reliable energy services for health clinics and hospitals</p>	<ul style="list-style-type: none"> • Building or helping to fund – either commercially or philanthropically – community clinics, health centers, outreach posts, hospitals, and laboratories; • Extending the use of corporate institutional and physical infrastructure; • Sharing expertise, donating staff, supporting staff volunteer programs and/or directly training civil servants on management, administrative and logistics skills, systems and capabilities; • In the case of utility companies, ensuring reliable and clean energy and water supplies to health facilities, especially in low-income urban and rural communities; • Providing pro bono or low-cost consulting services; • Donating or providing low-cost information and communications technology.
<p>3 HUMAN RESOURCE CAPACITY – Improved training, salaries and working conditions of health workers; managers; administrators; accountants and evaluators; teachers, trainers, policy makers; with a focus on improving management capabilities as well as health service capacity.</p>	<ul style="list-style-type: none"> • Helping to train, fund and/or improve the working conditions of people undertaking key functions in public health or community health systems; • Seconding top quality staff during crisis periods or on a longer-term basis; • Donating training resources and materials; • Running training and leadership programs or supporting the costs of such programs; • Funding health fellowships and scholarships; • Supporting initiatives to attract health workers in diaspora networks to either return home or support health projects in their home countries;

	<ul style="list-style-type: none"> • Providing technology, equipment and networks to support distance-learning and computer based training; • Supporting award programs and other efforts to publicly recognize and reward dedicated professionals in the health system; • Investing in building community-level human resource capacity, NGOs that are service providers, community health workers; • Ensuring that companies are not 'poaching' key public servants or proactively encouraging a 'brain drain'.
<p>4 PUBLIC COMMUNICATIONS AND EDUCATION CAPACITY – Media and education able to reach large numbers of people, with compelling, targeted messages that can induce and sustain behavior change</p>	<ul style="list-style-type: none"> • Supporting cause-related or social marketing campaigns; • Funding government public health promotion or social issues campaigns, ranging from broadcast and print media to billboards and community outreach; • Seconding marketing and communications experts to government and NGOs; • Supporting filmmakers, journalists, celebrities, actors and artists in telling the human stories of the epidemic, especially when this aims to influence donors and decision-makers; • Investing in television series and films that integrate public health messages into the plot; • Individual CEOs and business leaders publicly talking about the urgency of addressing the epidemic and the practical options for finding solutions; • Supporting peer-to-peer education programs that move beyond the workplace into communities; • Supporting school and university-based education and communication campaigns targeted at young people; • Supporting women leaders in politics, business and the community to serve as key public health advocates.
<p>5 NATIONAL POLICY COORDINATION, PLANNING and MONITORING CAPACITY – Integration of national health priorities into Poverty Reduction Strategies; sufficient data, technology and planning capacity to predict future trends and to facilitate disease surveillance and risk analysis systems; establishment of national, sector and/or issue-based multi-stakeholder consultation and coordinating mechanisms.</p>	<ul style="list-style-type: none"> • Contributing to consultations on the development, discussion and implementation of national poverty reduction strategies and country health plans via key business associations, chambers or industry initiatives; • Engaging in the content development and project proposals of country coordinating mechanisms in the case of HIV/AIDS and other disease areas; • Providing secretariat or other services for such national level mechanisms and roundtables; • Publicly advocating for and supporting government efforts to implement key public health initiatives; • Encouraging the inclusion of discussion about the economic benefits of health in national economic forums, roundtables and economic development meetings; • Using top level meetings between senior executives and government ministers to address key health priorities and business interest in addressing them; • Seconding staff or sharing expertise with public sector bodies on budgeting, scenario planning, other risk management, impact assessment, and planning approaches; negotiating skills; measurement, monitoring and evaluation etc; • Joining country delegations to provide a business perspective at major international events related to priority health issues.

Source: Adapted from Nelson, Jane. *Building public sector capacity to address HIV/AIDS: The role of the private sector*. Working Paper No. 8, CSR Initiative, Harvard University, April 2005

V Examples of company efforts to strengthen public health systems capacity

The following examples were among those shared at the May 10th Leadership Dialogue by companies from the pharmaceutical, natural resources, information and communications technology, and utility sectors. They represent a very small sample of the many practical ways in which individual companies can harness their core competencies and business networks in partnership with others to help:

- Improve outreach and reliable services to remote communities;
- Harness information technology, logistics, supply and distribution networks; and/or
- Build integrated health infrastructure, skills and institutions

<p>Reaching remote, under-served communities (Chevron Corporation)</p> <p>The River Boat Clinic serves as a mobile hospital along the remote Benin and Escravos Rivers in Nigeria's Delta State, delivering critically needed healthcare to about 40 river communities. It attends to an average of 2,500 patients every month, most of whom are women and children with no other access to healthcare facilities. Chevron Nigeria Ltd and its joint-venture partner, the Nigerian National Petroleum Corporation, provide funding and technical support for the clinic. www.chevron.com</p>	<p>HIV/AIDS, TB and malaria. In partnership with government, NGOs and health experts, Pfizer provides infrastructure to teach medical professionals across Africa how to diagnose and prevent future infections using state-of-the-art technology. To date, more than 650 healthcare workers, over half of them doctors, from 21 African countries have been trained. The IDI serves 18,000 patients per year, aiming to address short-term needs, while laying the groundwork for a more sustainable healthcare system. www.pfizer.com</p>	<p>completed due to the high costs of technical infrastructure required in the absence of a public grid. The model combines technological innovation with scientific research and large-scale volunteerism. It depends on organizations and individuals collectively contributing their unused computer time to perform computations that support a variety of health and environmental research projects. To date some 350,000 computers have been linked to the initiative. www.ibm.com and www.worldcommunitygrid.org</p>
<p>Strengthening national health infrastructure and systems (Abbott)</p> <p>Abbott and the Abbott Fund have partnered with the Government of Tanzania to modernize the healthcare system to improve services and expand access to care for people living with HIV/AIDS and other serious illnesses. The program focuses on the country's largest public health and teaching facility, Muhimbili National Hospital, and also supports training, counseling, testing and treatment programs at 84 hospitals and health centers across Tanzania. Results at Muhimbili include a new modern outpatient center that is serving up to 1000 patients per day and a renovated central pathology laboratory that has doubled the daily number of tests provided to more than 2,000 since opening in October of 2005. To date, the country-wide program has trained more than 7,600 health workers and tested more than 100,000 people. www.abbottglobalcare.org and www.abbott.com.</p>	<p>Powering essential equipment in rural health facilities (VidaGás)</p> <p>VidaGás is a Mozambique-based company, established with the primary goal of supplying the Ministry of Health with a dependable, affordable and clean fuel for powering essential equipment in remote health facilities. In addition to improving refrigeration, medical waste management and lighting, the increased use of propane gas by households in these remote communities also has environmental benefits and broader health advantages as a replacement for biomass fuels, while creating local income generating opportunities. Established by the nonprofit Foundation for Community Development and VillageReach organizations, the company and its partners supply vaccines and other critical supplies while also tending to equipment repair and maintenance. They currently cover 87 health facilities, serving more than 1.5 million people. www.villagereach.org</p>	<p>Using business distribution networks to serve the public (ExxonMobil)</p> <p>ExxonMobil has operations and service stations throughout Africa and established its Africa Health Initiative in 2000 as an integrated initiative to tackle malaria. AHI-supported projects aim to strengthen the capacity of indigenous health service providers and non-governmental organizations and thereby promote more sustainable and scalable efforts at prevention, control and treatment. NetMark is one such project. Managed by the Academy of Educational Development (AED), with support from USAID and others, NetMark has developed a competitive and commercial insecticide-treated bednet (ITN) market in Africa, which has provided some 15 million people with ITNs, educated over 100 million about malaria and its prevention, and distributed over 350,000 discount vouchers to pregnant women – which are redeemed at nearby Mobil service stations. www.netmarkafrica.org and www.exxonmobil.com</p>
<p>Building a regional center of excellence (Pfizer Inc.)</p> <p>The Infectious Diseases Institute (IDI) in Uganda is a regional center for treatment, training, research, laboratory and diagnostic services for</p>	<p>Harnessing free computing power for health and environmental research (IBM)</p> <p>The World Community Grid program aims to create the world's largest public computing grid to make technology available to public and not-for-profit organizations for use in humanitarian research, which might not otherwise be</p>	

VI Collective initiatives to strengthen public health systems that your company can support

Health is at the heart of addressing poverty. A “right to health” means access to reasonably functioning health systems, based on the ideals of equity and sustainability, but health systems are broken and we need to do much more to build capacity. Where do we start? Donor programs and public-private partnerships need to be more integrated, comprehensive and woven into the health system, rather than having separate approaches for each disease and initiative. We need healthcare workers who are sufficiently skilled, but most governments lack the resources to pay these workers, there are not enough trained people, and there is the problem of the brain drain. Lots of capacity problems are management problems. Even firms that do not work in the health sector have management expertise that could be helpful.

Mary Robinson
Founder and President, Realizing Rights –
The Ethical Globalization Initiative,
comments at Health Leadership Dialogue,
New York, May 10, 2006.

There are a growing number of collective business initiatives and multi-sector or public-private partnerships aimed at tackling various aspects of different diseases and health challenges. These range from innovative financing mechanisms, R&D alliances and integrated health systems initiatives, to targeted prevention, treatment, care and impact mitigation programs – and they operate at the global, regional and national levels around the world. Not surprisingly, in the vast majority of cases corporate leadership and support for these alliances comes predominantly from pharmaceutical, healthcare and life science companies.

Over 90 partnership examples are profiled by the *Initiative on Public-Private Partnerships for Health*, for example, and most of these have active support from the healthcare sector.⁸ A 2006 report by the International Federation of Pharmaceutical Manufacturers & Associations also profiles over 90 examples – many of them global or regional in scope – supported by about 15 of the world’s leading pharmaceutical companies.⁹ At least half of these have health systems strengthening as an explicit and in some cases central purpose.

Some of the most successful public health programs of the past 50 years have had a private sector or corporate component, usually based on product donations and logistics support. In their seminal report *Millions Saved*, the Center for Global Development documented 17 cases in which large-scale efforts to improve health in developing countries have succeeded, using selection criteria based on scale, importance of the health challenge addressed, impact, duration, and cost-effectiveness.¹⁰

Government leadership was a crucial success factor in every case, but corporations and business networks also played a key role in several of the successes, such as DuPont and Precision Fabrics in the guinea worm disease eradication program, Merck in the effort to control onchocerciasis (river blindness) in Africa, Pfizer in the global alliance to control trachoma, the salt industry in supporting efforts to tackle iodine deficiency and tooth decay through producing iodized salt and fluoridated salt respectively, Aventis Pasteur in programs to prevent Hib disease, and Rotary International in the global polio eradication effort – a service NGO, but one consisting of many business people.

Pharmaceutical, health care and life science companies have a crucial ongoing leadership role to play in the area of helping to strengthen health systems – and many are ‘stepping up to the plate’ to do so. In addition to the two examples from Pfizer and Abbott profiled on page 10, other notable efforts to build partnerships that have a core focus on strengthening health systems include:

- Merck’s systemic partnership initiatives working with governments and with the Bill & Melinda Gates Foundation to strengthen national or regional health capacity to tackle HIV/AIDS in countries as varied as Botswana and China;
- The Bristol-Myers Squibb *Secure the Future* program and GlaxoSmithKline’s *Positive Action* initiative, both of which focus on building capacity at the local community level;
- Boehringer Ingelheim and Johnson & Johnson’s *Call to Action* alliance to train healthcare workers and build capacity in order to prevent mother-to-child transmission of HIV in resource-limited countries; and
- *The Partnership for Quality Medical Donations* that brings together leading NGOs, pharmaceutical and medical supply manufacturers to increase the quality and reliability of medical health donations – a critical contribution to overcoming weak systems capacity in times of humanitarian disaster.

What about other industry sectors? What are some of the specific global or national health partnerships aimed at strengthening health systems capacity that any company can actively support regardless of industry sector? The following pages list **8 examples** of collective initiatives that many more companies can support.

It is important to note that two key success factors in all of these examples have been the leadership role of governments and the crucial catalyzing role that has been played by donor agencies and large private foundations, such as the Bill & Melinda Gates Foundation and the Rockefeller Foundation. The Bill & Melinda Gates Foundation alone contributes an equivalent amount each year to tackling global health challenges as the World Health Organization’s annual budget. Of equal importance, it has pioneered fundamentally new approaches that actively engage the business sector as a partner and combine public health and market-driven solutions. Having said this, there is much more that the business sector can do to play a leadership role. The following eight examples are worth serious consideration by any company that has an interest in supporting efforts to strengthen public health systems in developing countries.

Initiatives focused on HIV/AIDS, TB and Malaria

1 The Global Fund on HIV/AIDS, TB and Malaria (GFATM)

Established in 2002, with support from donor governments and the Bill & Melinda Gates Foundation, the Global Fund has to date committed over \$ 5 billion to more than 350 programs in some 130 countries. From the outset it has been open to engaging the business sector, but in the past year this opportunity has received increased focus and a number of innovative new possibilities for business partnerships are emerging at both the global and national levels. The fund has identified four main ways that business can support its work and developed a practical planning guide to assist companies:¹²

- Marketing campaigns and cash contributions
- Pro bono services and in-kind product contributions
- In-country co-investments and operational contributions (an area of enormous potential for companies operating in developing countries)
- Governance of the Global Fund

www.theglobalfund.org

Telephone: +41 22 791 1700

2 Program on Strengthening Health Systems in Sub-Saharan Africa – The Global Health Initiative, World Economic Forum

WEF's Global Health Initiative works in partnership with over 230 companies, foundations and other organizations around the world to mobilize business leadership, resources and networks in tackling HIV/AIDS, tuberculosis and malaria. In addition to supporting global initiatives such as the Global Fund and assisting with the coordination of private sector engagement in the Roll Back Malaria and Stop TB Global Partnerships, in 2005 the forum launched a process to identify specific ways in which businesses can work in partnership with the public sector to strengthen healthcare systems in Sub-Saharan Africa. Its white paper, *From Funding to Action*, offers a valuable framework for practical contributions that can be made by seven different industry sectors and by business as a whole.¹¹ The program will now focus on supporting practical business action, focusing efforts on five strategic opportunities where the private sector can play an especially important role.

www.weforum.org

Telephone: + 41 22 869 1497

3 The Global Business Coalition on HIV/AIDS, TB and Malaria (GBC)

Established by business, for business in 1997, the GBC has grown rapidly from less than ten companies to a network of over 200 international corporations and in 2006 expanded its mandate from HIV/AIDS alone, to also include TB and malaria. It has an active advisory board consisting of 17 of the world's leading corporate chairmen and CEOs, working groups focused on different industry sectors, issues and regions of the world, and a clear methodology for engaging companies both individually and collectively. GBC has identified four core areas where almost any company from any industry sector can play a role:

- **Workplace policies and practices** – Implementing prevention, testing and care programs for employees and their families.
- **Community involvement** – Engage in local communities through the extension of workplace programs, philanthropic and social investment projects, local health sector support and community development programs.
- **Core competence** – Leveraging business' core strengths of innovation and efficiency, and core competencies such as products, services and branding, marketing and communication, business expertise, employees, plant, property and equipment, distribution and logistics capabilities to support innovative partnerships at the local, national and global levels.
- **Advocacy and leadership** – Engaging in public policy dialogues, and lobbying for greater action by and partnerships with governments and policy makers.

www.businessfightsaids.org

Telephone: +1 (212) 698 2113

National business coalitions on HIV/AIDS, TB and Malaria

There are a growing number of country-level national business coalitions, which offer great potential for increased business leadership and engagement. These include initiatives that have over five years experience, for example in Thailand, to new coalitions such as the China Health Alliance launched in September 2006. Interesting business-led alliances covering these diseases are also emerging in strategically important countries such as India, South Africa, Brazil, Russia, as well as some of the poorest countries in Africa. The Global Business Coalition, Global Fund or Global Health Initiative can provide companies with information and contacts for their countries of operation and interest.

Initiatives focused on other crucial health challenges

4 Global Health Workforce Alliance

WHO estimates that some 57 countries face serious shortages of health workers, with over 4 million additional skilled people needed to fill the gap. The Global Health Workforce Alliance was launched in May 2006 to help these countries improve the way they plan for, educate and employ health workers. Among other programs it is launching a **Fast Track Training Initiative** aimed at achieving a rapid increase in the number of nurses, doctors, midwives and other health workers. Although the private sector has not played a major role in the partnership to date, this initiative has enormous potential for increased private sector involvement – especially if one considers the need to increase training, skills and competencies not only on health care but also on hospital and systems management, operations and communications. Although separate from the alliance, another interesting model of public-private partnership to build large scale human resource capacity in public health on a national basis was launched in India in March 2006. **The Public Health Foundation of India** brings together corporations, government, donors and academic institutions to establish world class schools of public health in the country, standards for public health education, and serve as a policy think tank for both the public and private sector.

www.who.org

Telephone: +41 22 791 5589

5 GAIN Business Alliance – Global Alliance for Improved Nutrition

The Copenhagen Consensus concluded that tackling micronutrient deficiency offers one the highest 'development returns on investment' that could be made by the international community. Much of the R&D, technology and resources to fortify key foods already exist within the public and private sector. Yet, existing institutional and financial models have not been effective in harnessing these different resources and competencies. **The Global Alliance for Improved Nutrition** was created in 2002 to build new partnerships to fight vitamin and mineral deficiency. In 2005 it launched the **GAIN Business Alliance**, a strategic partnership network to further private sector initiatives in food fortification in developing countries. Funded by GAIN with the technical support of the World Bank Institute, the Business Alliance is chaired by Unilever. Its core goal is to ensure a long-term, market-viable supply of fortified foods to the two

billion people who currently suffer from the effects of vitamin and mineral deficiencies. It serves as a forum for companies, development partners and governments to identify new financial mechanisms and business models, expand scientific knowledge and expertise in fortification, improve communication and marketing, and catalyze joint action. The Business Alliance currently has initiatives in Europe, China, India and Africa, and launches a North America chapter in November 2006, all of which are potential initiatives for companies to support. www.gainhealth.org
Telephone: +41 22 749 1850

6 Business Alliance Against Chronic Hunger – World Economic Forum

Worldwide, one in seven people is hungry, and 90% of these individuals suffer from chronic hunger rather than short-term famine, resulting in over 6.5 million child deaths annually and reduced economic and labor productivity. In 2006, the World Economic Forum launched the **Business Alliance Against Chronic Hunger**, with the goal of mobilizing the core competencies, skills and networks of business to help reduce chronic hunger in Africa, in cooperation with the public sector, civil society and community partners. A pilot program has been launched in Kenya with a national council with partners that include the Kenyan Government, local and multinational companies, local and international NGOs and foundations, and donor agencies. The program will aim to: expand access to agricultural inputs, including water, seeds, technology and fertilizer; promote entrepreneurship and small, medium and microenterprises; create business linkages between larger and small companies; and improve education for key actors, especially women and agricultural professionals. There is potential for companies from a variety of industry sectors to get actively involved in this initiative at both a global and national level. www.weforum.org
Telephone: + 41 22 869 1349

7 Healthy Eating Active Living Global Partnership (HEAL) – International Business Leaders Initiative

HEAL mobilizes business as a partner for health and wellness in the marketplace, workplace and community. It is a multi-sector, international initiative that promotes a framework for action and good practices aligned to corporate interests and

competencies, and facilitates practical business engagement in partnerships designed to help tackle the growing epidemic of obesity-related illnesses that can make a systemic impact and strengthen health systems at national levels. For example in Hungary it helped to profile and share the work of Pfizer, which has been leading an initiative to raise awareness and improve the cardiovascular health of doctors and wider society, putting in place an effective program of country-wide screening using its business expertise and resources. HEAL is working with the World Bank and others in Russia to raise awareness of ill-health and chronic illness through the 'Business for a Healthy Society' project. As well as Central and Eastern Europe, HEAL has projects on the ground in China, Latin America and the Middle East and is actively looking for business partners in these countries and globally. www.iblf.org
Telephone: +44 207 467 3600

8 Global Road Safety Initiative – Global Road Safety Partnership

On current trends and in the absence of effective responses, WHO and the World Bank estimate that by the year 2020 road traffic injuries in developing countries will outpace HIV/AIDs and malaria as a public health burden. Yet, the human and economic costs of this growing health burden do not currently receive high levels of attention in either the development or business community – nor do potential public-private solutions. This private sector can play a valuable role in partnerships aimed at preventing death and injury in pre-crash, crash and post-crash situations. GRSP was launched by the World Bank in 1999 with the goal of bringing together government, business and civil society organizations to address the challenge. Today it has a variety of business partners from the automotive, energy and other sectors, but great potential to engage companies in the insurance and finance sector, safety products manufacturers, health care companies, media companies and others. In 2005, seven of the world's largest auto and energy companies launched the **Global Road Safety Initiative**, a key program of GRSP that focuses on building capacity, strengthening local systems and training professionals to improve road safety in selected developing countries.

www.grsproadsafety.org

Telephone: + 41 22 730 4249

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COMPANIES AND BUSINESS LEADERS interested in making a commitment to the Clinton Global Initiative linked to projects that strengthen public health systems capacity in developing countries should contact:

Chris Jennings, Chairman or Chris Dawes, Vice-Chairman
Global Health Council
Clinton Global Initiative
1301 Avenue of the Americas
Suite 37-20
New York, NY 10019-6022

Tel: +1.212.397.2255

Fax: +1.212.397.2256



The CSR Initiative, Kennedy School of Government, Harvard University

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Mossavar-Rahmani Center for Business and Government
John F. Kennedy School of Government
Harvard University
79 John F. Kennedy Street
Cambridge, MA 02138
U.S.A
Tel: +1 (617) 495 1446
www.ksg.harvard.edu/csri



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International Business Leaders Forum
15-16 Cornwall Terrace
Regent's Park
London NW1 4QP
Tel: +44 (0)207 496 3600
www.iblf.org