



USAID
FROM THE AMERICAN PEOPLE

Building Alliances Series:



HEALTH

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GDA SECTOR GUIDE: HEALTH

Welcome, USAID Health Alliance Builders!

When done well, public-private partnerships are powerful tools for development, providing unique and potentially enduring solutions to public health challenges.

To help USAID Missions increase the effective use of public-private partnerships to address their development objectives, USAID's Private Sector Alliances Division of the Office of Development Partners (ODP/PSA) has created a series of sector-specific practical guides that highlight proven practices in partnerships, demonstrate lessons learned and provide insight into identifying and designing strong, strategic partnerships. USAID's Bureau for Global Health (GH) collaborated with ODP/PSA to create the Health Sector Guide to help you design innovative, effective and sustainable alliances to address your key health challenges.

One of the overarching goals of the U.S. Government's Global Health Initiative is to "... promote a new business model to deliver its dual objectives of achieving significant health improvements and creating an effective, efficient and country-led platform for sustainable delivery of essential health care and public health programs."

Many companies have a strong self-interest in ensuring that these country efforts succeed. By leveraging these interests, USAID and host country governments can stretch their health resources further.

Whether you are new to alliances or a seasoned expert, we hope that you will find the ideas, resources and information inside to be useful to you in your partnership building. Additional resources and guidance materials can be found on the GH website, http://www.usaid.gov/our_work/global_health, and the ODP/PSA websites, http://www.usaid.gov/our_work/global_partnerships/gda/index.html and <http://inside.usaid.gov/ODP/GDA>.

ALLIANCE MODELS IN HEALTH: WHAT WORKS?

If you are designing a new private sector alliance, a good way to begin is by reviewing existing partnership models that have worked well in a variety of country settings. Learning about these partnerships might help in brainstorming ways to work with the private sector to reach your health objectives.

This section of the guide describes five models that have been used by USAID and other health development organizations to partner with the private sector. They do not include all partnership possibilities, but they have been used to good effect in a number of different settings.

1

MODEL 1: REACHING THE BASE (AND MIDDLE) OF THE PYRAMID

Companies increasingly recognize the business opportunities that exist at lower levels of the economic pyramid, and many have an interest in expanding their markets to include these populations. By leveraging these efforts, USAID is able to reach underserved communities with essential health commodities and services.

USAID/Indonesia partnered with an Indonesian company, PT Tanshia Consumer Products, to **develop, produce and distribute a new, low-cost chlorine water treatment product** called Air RahMat. USAID helped with social marketing in local communities and worked with the Indonesian government to change its policy to recommend chlorine treatment. After four years, PT Tanshia began making a profit, and USAID no longer funds the partnership.

In India, Hindustan Lever, Ltd. (HUL) has developed a franchise network of “Shakti women” to sell HUL products such as soap and toothpaste in rural villages. The women receive microfinance loans from HUL to set up their retail business. USAID is working with HUL to **pilot the sale of**

health-related products such as oral rehydration solution (ORS), and is training them to provide child health counseling.

Grameen Bank of Bangladesh, one of the first microcredit institutions in the world, joined forces with Groupe Danone to create Grameen Danone Foods. This joint venture produces **micronutrient-fortified yogurt at prices that are within the reach of low-income families.** Grameen Danone's manufacturing facility uses a distribution system of "Grameen Ladies" who earn income by selling the yogurt door-to-door. They are also trained to deliver nutrition-based messages to customers.



2

MODEL 2: STRENGTHENING PRIVATE SECTOR PROVIDERS

Private health care providers are an integral part of the health care system, and are the first point of contact for many ill patients. They have the potential to meet many of the health care needs of those able to afford their services, freeing up public resources to meet the needs of the poorest of the poor. USAID has a strong interest in helping ensure that these types of services are of high quality and are affordable to the greatest number of patients and their families.

In India, USAID partnered with four national medical associations and four contraceptives manufacturers – some local, others multinational – to create *Saathiya* (“Trusted partner”), a network of health care providers and pharmacists with a specialty in **delivering family planning and reproductive health products and services to young married people**. Members receive training to deliver youth-friendly services and agree to provide product and service discounts to clients who present *Saathiya* loyalty cards.

Kenya’s Child & Family Wellness Shops are a **franchise network of clinics and pharmacies providing essential drugs and basic health services to children and families**. A centralized drug procurement program keeps costs down and assures quality, while franchise owners are reimbursed for drugs and services through patient copays and third-party reimbursement.

Private practitioners often need financing to expand their services and build capacity. Yet, too often, banks are unwilling to lend to the health sector, believing it to be too risky. USAID’s centrally managed SHOPS (Strengthening Health Outcomes through the Private Sector) project **facilitates lending arrangements between the two parties and helps them build their capacity to continue working with each other in the longer term**.



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MODEL 3: EXPANDING WORKPLACE HEALTH

A variety of companies are interested in starting or expanding existing workplace health clinics because they understand that workers who are healthy and have healthy families tend to be more productive and lose less time to absenteeism. Often, the improved services that result from these health alliances extend beyond a company's employees to include nonemployees living in surrounding communities. USAID can provide technical expertise to help these companies expand the scope and quality of their services, while the companies themselves cover the ongoing costs of running the clinic.

In Zambia, agriculture and mining companies, such as Dunavant Cotton Zambia, Zambia Sugar, Mopani Copper Mines and Konkola Copper Mines, are partnering with USAID to **bring HIV/AIDS prevention and treatment programs into the workplace, scale up HIV/AIDS services for their employees' families and extend those services to the communities where these businesses operate.**

In Uganda, USAID's Business Preventing AIDS and Accelerating Access to ARVs (PART) project worked with local company Hima Cement to ex-

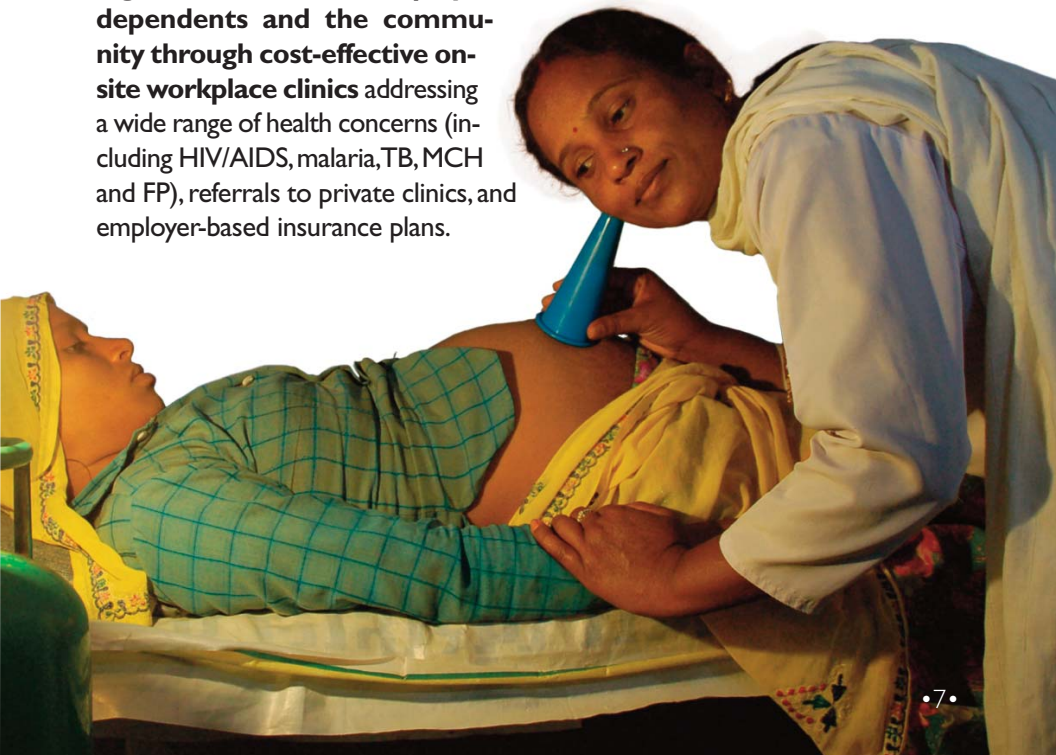
*A variation on this model is **Expanding Private Sector Participation in the Fight Against HIV/AIDS**, a partnership between USAID and Mexico's National Business Council for HIV/AIDS (CONAES), a group of 26 local and multinational companies dedicated to instituting company HIV/AIDS policies to reduce stigmatization in the workplace.*

With assistance from USAID's 4th Sector Health project, CONAES members will extend their efforts beyond HIV policy to include implementation of HIV prevention and treatment programs, both within the companies and the surrounding communities.

“Our health programme partnership with USAID’s HIPS project has been tremendous – even dramatic – in the extending of our HIV/AIDS initiatives to the entire value chain. We have effectively achieved ‘grain to glass’ HIV/AIDS coverage – sorghum farmers (raw material), employees (labor), brewery community (labor), truck drivers (beer delivery) and hospitality workers (beer serving) – and extension consumers. All the beneficiaries have been very excited and embraced the programme.”

– Francis Onapito Ekomoloit, Nile Breweries, Corporate Affairs Director

pand the company’s HIV/AIDS clinic services beyond employees to include their dependents and the surrounding community. USAID provided technical assistance and shared the one-time cost of the expansion. Hima Cement pays the incremental costs, including those for lab tests and opportunistic infection drugs. Through USAID’s assistance, Hima was able to earn Ministry of Health (MOH) accreditation, enabling it to receive free antiretrovirals from the government to cover treatment needs in the expanded population. USAID’s Health Initiatives for the Private Sector (HIPS) project continues to advise the Ugandan business community on the **business case for investing in the health of employees, dependents and the community through cost-effective on-site workplace clinics** addressing a wide range of health concerns (including HIV/AIDS, malaria, TB, MCH and FP), referrals to private clinics, and employer-based insurance plans.





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MODEL 4: USING ICT IN HEALTH

One way to improve both the effectiveness and efficiency of existing health programs is through the innovative use of information and communication technologies (ICT), such as mobile phones and broadband internet. As a tool of development, ICT has the potential to help improve the **availability** of health services as well as the **quality** and **utilization** of those services.

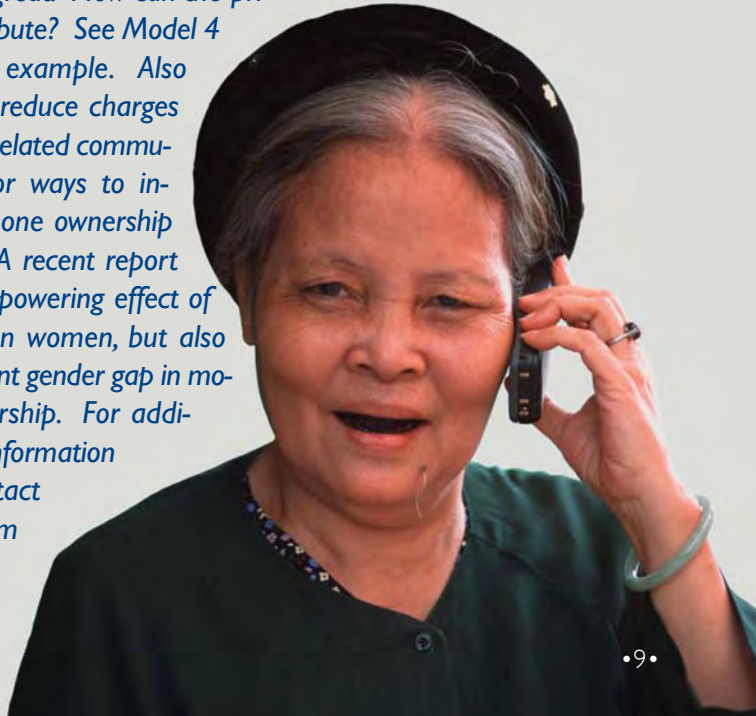
USAID/HIPS and its NGO partner, Text to Change, are working with companies in Uganda

to **disseminate health information through an interactive short message service (SMS) program.** Text to Change sends multiple-choice health questions to participants' mobile phones and then follows up with more detailed information once completed quizzes are returned. In addition to disseminating essential health information, Text to Change gathers data on users' health knowledge, attitudes and practice, pointing out areas of greatest need.

The Pakistan Telemedicine Partnership uses wireless broadband, videoconferencing and the internet to connect a "hub" hospital in Rawalpindi to a "spoke" district hospital many miles away. With partners such as the U.S. Department of State, IBM, Wateen Telecom, Motorola and Medweb, this demonstration telemedicine project enables physicians at the hub hospital to **hold electronic clinics for patients and in-service training for physician assistants at the spoke hospital.**

Emerging Opportunities: mHealth

It's estimated that by 2012, half of all individuals in remote areas of the world will have mobile phones, and early reports suggest that the potential health benefit is great. How can the private sector contribute? See Model 4 for one exciting example. Also look for ways to reduce charges for public health-related communications, and for ways to increase mobile phone ownership among women. A recent report describes the empowering effect of mobile phones on women, but also notes the significant gender gap in mobile phone ownership. For additional mHealth information and ideas, contact your country team lead in GH.





MODEL 5: SHARING EXPERTISE AND BUILDING CAPACITY

By providing funds and expertise, private industry can strengthen health organizations by building the capacity of their business functions, such as administration, finance and the education and training of employees.

GlaxoSmithKline (GSK) and USAID have partnered to **strengthen the HIV clinical skills of**

“Employees who participate in the Fellows program return to Pfizer stronger leaders with new, expanded perspectives on health care and a renewed passion and energy for their work. We are committed to developing and expanding the fellows program to provide the most appropriate and effective support to African and indigenous organizations like m2m.”

– Caroline Roan, Vice President,
Corporate Responsibility, Pfizer, Inc. and
President of the Pfizer Foundation

health providers in regions most affected by HIV/AIDS. Through the Russia Professional Development in HIV/AIDS Medicine project, the partnership provides clinical training, distance learning and professional mentoring over a two-year period. In addition to funding, GSK contributes its own employees as in-kind support.

Pfizer’s Global Health Fellows program **deploys company employees free of charge for up to six months to a variety of nonprofit organizations working on HIV/AIDS.** USAID helps identify organizations in need of support and assists them in setting clear and achievable objectives for the Fellows. In South Africa, one Fellow helped mothers2mothers (m2m) improve its operating systems and accounting processes, develop easy to understand financial reports and hire and train financial support staff.

Standard Bank provides volunteer services to assist health NGOs that are both lending customers and USAID implementing partners. Bank employees work with these organizations to **strengthen their capacity for financial management and financial reporting.** In one case, a Standard Bank accountant and business banker assisted Child Welfare South Africa to improve its business processes, enabling the organization to deliver more timely and accurate financial reports to its donors and ensure continued funding.




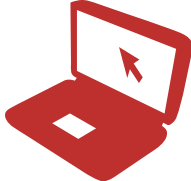


“Public-private partnerships need some form of regular communication through in-person meetings, memos or teleconferences. These updates help to keep everyone on the same page. That’s important because decisions have to be made together.”

Vikki Stein, USAID/EGYPT

WHICH PRIVATE SECTOR INDUSTRIES

Type of Company	Companies Can Be Motivated by	Common Alliance Models
Banks	New markets, testing new financial instruments, risk-sharing, brand credibility, social responsibility	Reaching the base (or middle) of the pyramid, strengthening private sector providers, sharing expertise and building capacity
Energy and Extractives	Healthy workforce, compliance, brand credibility, extraction rights, social responsibility	Expanding workplace health
Food, Beverage and Agriculture	New markets, healthy workforce, brand credibility, social responsibility	Reaching the base (or middle) of the pyramid and expanding workplace health
Information Technology and Communications	New markets, testing viability of new platforms, brand credibility, social responsibility	Reaching the base (or middle) of the pyramid, strengthening private sector providers, expanding workplace health, using ICT in health, sharing expertise and building capacity
Media	New markets, brand credibility, social responsibility	Reaching the base (or middle) of the pyramid, expanding workplace health, sharing expertise and building capacity
Pharmaceuticals and Health Products	New markets, product development, brand credibility, social responsibility	Reaching the base (or middle) of the pyramid, expanding workplace health, sharing expertise and building capacity

ARE INTERESTED IN HEALTH?

Possible Non-Cash Contributions	Illustrative Companies That Have Participated in Alliances	
Financial and business development expertise, knowledge of local market and regulations	BanPro (Nicaragua), Banca Transilvania (Romania), Equity Bank (Uganda), Standard Bank, other regional and local banks	
Access to workforce communities, staff time, facilities, health services	AEI, Anglo American, Barrick, BP, Chevron, DeBeers, Exxon-Mobil, Hess, Tullow Oil	
Subsidized fortified foods, distribution channels, marketing expertise, supply and logistics management, facilities and equipment	Cargill, Danone, General Mills, H.J. Heinz, Kraft Foods, Land O'Lakes, Monsanto, Namibia Dairies, Nutriset, Coca-Cola, Starbucks	
Subsidized broadband and wireless network access, mobile phones, ICT expertise, software and hardware, training	Cisco, AT&T, Digicel, IBM, Intel, Microsoft, Motorola, MTN, Nokia, Vodacom	
Marketing expertise, air time, product placements, public service announcements	LOWE Worldwide, MTV, regional television and radio networks, advertising agencies	
		

IDENTIFYING POTENTIAL PARTNERS

Once you have identified your needs and have considered possible models and industry sectors, the next step is to identify potential partners in the private sector.

Initially, the following considerations might be helpful:

Which companies operate in your target regions? Which companies employ or serve your target populations? Which companies have already shown an active interest in health?

Which companies have capabilities that could help you meet your health objectives? For example, if transportation or communications is a problem, are there any transportation or communications companies that might be willing to enter into a partnership?

Which companies have private foundations? Are any of them interested in expanding their efforts in health?

Is there a successful existing health alliance elsewhere in the region that could be expanded to your country?

If you are identifying prospective partners for specific models, the following sets of considerations might be helpful:

Reaching the Base (and Middle) of the Pyramid – Who manufactures and distributes health products like soap, contraceptives and nutritious food items? Would they be interested in expanding their reach to consumers at lower levels of the economic pyramid? What are the major consumer goods manufacturers and distributors? Would they be interested in selling their products through community health workers, especially in remote regions?

Strengthening Private Sector Providers – What are the major lending institutions? Which ones have an interest but limited experience lending to the private health care sector? Which ones have no interest at present, but might be brought around with some information and advocacy?

Expanding Workplace Health – Which companies are seeing their productivity and revenues adversely affected by poor employee or consumer health? Of these, which ones are located in remote regions with poor access to public health services? Which companies already have basic health clinics that could be expanded and improved?

Using ICT in Health – Which companies in your country provide the ICT products and services you need? Of these, which are interested in establishing name recognition or building market share in the populations you



want to reach? If you are interested in using mobile technologies, these additional questions may apply: Would other donors and the MOH be interested in coming together to negotiate lower cell phone rates for health-related interactions? What are the largest employers in areas with cell phone coverage? Would they be interested in piloting an SMS behavior change application or another mHealth intervention?

Sharing Expertise and Building Capacity – Which companies have the expertise your implementing partners (mostly NGOs) need and are willing to share it?

Other resources can help you identify private sector partners:

Chambers of Commerce and **Associations** can tell you which local and international businesses are particularly interested in health and development issues. Chambers of Commerce meetings are an easy way to reach a large audience of key stakeholders. If you are targeting outreach to a particular type of stakeholder, associations in business and health care may be able to help you identify and reach promising partner prospects.

The **Foreign Commercial Service** at the Embassy is also a resource for excellent information and trends across your region and may be able to provide direct linkages to business.

Talk to your **Regional Alliance Builder**, and get his or her perspective on alliance partners. See the GDA website for the complete list (www.usaid.gov/our_work/global_partnerships/gda/contact.html).

Many companies have corporate social responsibility (CSR) programs, and many of these programs include significant contributions to the health and well-being of their employees and the public at large. While experience suggests that health alliances aligned with a company's core business interests tend to be more sustainable, many companies have a deep and long-term commitment to CSR. When exploring potential CSR partnerships with companies, discuss expectations for years two, three and beyond; will there be opportunities for expansion or repeated engagement?

ISSUES TO WATCH/LESSONS LEARNED

- How will a private sector partnership help you implement the **Global Health Initiative**? Remember that partnerships are not an end in themselves, but rather a means to achieve your health objectives – more effectively, more efficiently or more sustainably. Design the partnership to meet your needs; don't sacrifice your core requirements to meet the needs of your partner.
- Focus on partnerships with the potential for **scale and longevity**. Even small partnerships can be time-consuming to create, so make sure that the benefits are worth the effort involved. But also keep in mind that large-scale partnerships may often need to start small to give partners time to learn how to work with each other.
- Look for partners with **unique value added** (e.g., niche expertise, intellectual property, distribution networks, economies of scale). Focus on private sector partnerships with transformative capabilities that would otherwise not be available to your health program. If you can obtain similar services through an existing procurement, then building a partnership may not be worth it.
- Focus on catalytic opportunities that can become **self-sustaining**. Identify activities that have the potential to continue in the absence of ongoing USAID funding. Many of the very best partnerships are catalytic: USAID helps initiate the activity, but the private partner maintains it at their own expense because of the value it provides.
- Try to understand the **business challenges** and opportunities your partner faces. Why do they want to partner with USAID to achieve a health objective? What problems would a partnership help them solve?

- Make sure a prospective health alliance will not position a company to take **unfair advantage** of consumers by imposing monopoly conditions, such as higher prices or fewer choices, in the long run.
- Engage the **Ministry of Health** during initial discussions or during the early design phase. They may be able to make critical contributions to the partnership and they may be in a position to help replicate the partnership in non-USAID regions of the country.
- Make sure the partnership has support from **senior leadership** in your Mission, your private partner and the MOH. The success of an alliance often depends on the enthusiasm and dedication of certain key individuals.
- Develop an **M&E plan** during the design phase of the alliance. Indicators should include traditional health outcomes as well as intermediate outputs that more directly reflect the activities of the partnership. Consult with your private partner to ensure that their data measurement needs are also being met.



“To go beyond corporate responsibility and to appeal to a partner’s business interests, you need to give them something that is sustainable. Our goal was to show these programs could be handed over after three years to the communities.”

– Qadeer Ahsan, USAID/PAKISTAN

FIVE WAYS TO GET STARTED

Below are some ways to start building a successful alliance.

MEET WITH THE PRIVATE SECTOR

Present at an open meeting or forum. Work with local chambers of commerce, trade associations, health providers from the public and private sectors or similar organizations to organize an event or offer to speak at an event that's already been scheduled. In your remarks, highlight your Mission's goals and programs, USAID's experience with the private sector, and the ways the private sector benefits from partnering with USAID.

EMBED NEW PARTNERSHIPS IN EXISTING PROGRAMS

Consider how a partnership could contribute to the success of your core programs by expanding their scope or adding unique resources that would deepen their impact. This approach allows potential partners to easily see how their resources will make a difference.

INCLUDE ALLIANCE ACTIVITIES IN SOLICITATIONS

As you design requests for proposals and other solicitations, include alliance activities that complement your key objectives. Implementing partners are often great alliance resources, both for identifying partners as well as managing partnership implementation. The General Counsel's office has developed specific language for including alliance building in RFPs and RFAs, which is available on the ODP/PSA website.

CONTACT THE TEAM

The staff of the ODP/PSA office in Washington can provide advice and guidance on navigating the most common alliance challenges, including procurement, due diligence, relationship management and reporting. Your Regional Alliance Builder, who is another extremely helpful resource, is available to assist with initial brainstorming and partnership development activities, as well as solving complex questions. Visit the ODP/PSA website for PowerPoint presentations and other resources, and download ODP/PSA's "Tools for Alliance Builders" for the nuts and bolts of building a successful alliance.

CONTACT THE GLOBAL HEALTH BUREAU

Alliance builders in GH can provide advice on building specific types of health alliances and can connect you to staff in other Missions and other agencies with experience in your particular area of interest. Start by contacting your country team lead.



CASE STUDY | UGANDA

Expanding Health Care Access through Company Workplace Health Programs

Project	Kakira Sugar: Workplace to Community Health Program
Objective	Increase health care access and utilization for Kakira Sugar employees, their families and surrounding community members.
Partners	USAID/Uganda; Kakira Sugar Works
How the Alliance Works	<p>USAID/Uganda and Kakira Sugar have partnered to provide comprehensive health services to the company's 7,500 employees and expand those services to reach 25,000 residents living in surrounding communities. USAID/Uganda's HIPS project provided technical assistance for initial training of clinic staff and community educators, and Kakira paid for facility upgrades and provides free services to community members.</p> <p>With USAID's support, Kakira's facility was able to meet MOH accreditation standards and qualify for free antiretrovirals and TB drugs. In addition to HIV and TB, the clinic provides malaria, FP/RH and MCH services. With funds from a matching grants program, the partnership also provides assistance to orphans and vulnerable children (OVC) for education, health and vocational skills. The alliance recently piloted an interactive, cell phone-based SMS messaging program (Text to Change) to increase health awareness among employees and the community.</p>
Partners' Motivations	<p>Kakira Sugar: Increased employee productivity and reduced costs resulting from a healthier workforce, and improved reputation with the MOH and surrounding communities, with the potential for increased market share as a result.</p> <p>USAID: Increased access to quality health services for company employees and community members, and reduced burden on the Uganda MOH.</p>
Partners' Contributions	<p>Kakira Sugar: Pays for ongoing clinic maintenance costs and facility-based human resources expenses.</p> <p>USAID: Equal cost share with Kakira for prevention, community mobilization and OVC program activities.</p>
Lessons Learned	<ol style="list-style-type: none"> 1. Senior company leadership must be brought on board early to ensure sustained company commitment. 2. Companies must know what it will cost them to invest in a workplace health program and what the benefits are. 3. Partnerships should create opportunities for companies to showcase their health investments.





CASE STUDY | INDIA

Campaign to Increase Use of WHO-Approved ORS Formula

Project	Low-osmolarity Oral Rehydration Solution (ORS) Campaign
Objective	To increase knowledge and use of high-quality, WHO-approved, low-osmolarity ORS for the treatment of diarrhea.
Partners	USAID/India; ICICI Bank; eight ORS manufacturers; media outlets; Indian Academy of Pediatrics; Government of India
How the Alliance Works	USAID/India and ICICI Bank explained to ORS manufacturers the health and business advantages of switching to WHO's new low-osmolarity formulation. Once these manufacturers had developed ORS that met WHO standards, they were allowed to place the campaign logo on their product packaging. Media outlets advertised the new products, including placing them on popular TV shows. The alliance also helped create a task force to establish standards and regulations for WHO-approved ORS.
Partners' Motivations	<p>ICICI Bank: National visibility, social responsibility.</p> <p>ORS Manufacturers: Market expansion, consumer confidence.</p> <p>Media Outlets: National visibility, social responsibility.</p> <p>Indian Academy of Pediatrics: Improved health-provider knowledge of the importance and correct use of ORS.</p> <p>Government of India: Improved children's health.</p> <p>USAID: More rapid establishment of WHO-approved ORS and increased public awareness of correct diarrhea treatment practices.</p>
Partners' Contributions	<p>ICICI Bank: Staffing for implementation, budgeting and financial management.</p> <p>ORS Manufacturers: 2 million free samples of WHO-approved ORS and staff, materials, and funding for product promotion and outreach.</p> <p>Media Outlets: Staffing and air time for integrating ORS messages into TV shows.</p> <p>Indian Academy of Pediatrics: Advocacy resources and technical expertise.</p> <p>Government of India: Funding to develop and air TV advertisements.</p> <p>USAID: Funding and technical assistance for overall implementation.</p>
Lessons Learned	It was important to create a generic campaign as well as opportunities for individualized marketing among the alliance's ORS manufacturers. Since manufacturers viewed one another as competitors, they often preferred to market their own brands rather than participate in category wide promotions. By allowing them to develop their own promotions on top of the background campaign, the alliance was able to provide incentives for their continued participation.

ADDITIONAL IDEAS AND RESOURCES

Organizations Supporting Alliances in Health:

Global Alliance for Improved Nutrition (GAIN) builds partnerships between the public and private sectors to create innovative solutions for improving nutrition on a large scale. GAIN provides financial and technical support, measures progress and advocates for better nutrition worldwide as a cost-effective way to make people and economies stronger, healthier and more productive.

www.gainhealth.org

The **Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria** is an NGO association of businesses whose members are interested in applying their business know-how and infrastructure to improve public health.

www.gbciimpact.org

The **mHealth Alliance** recognizes the potential of mobile technologies to improve health outcomes in the developing world and encourages private sector engagement as a way to reduce the cost and increase the reach of mHealth initiatives.

www.unfoundation.org/global-issues/technology/mhealth-alliance.html

The **Corporate Council on Africa** champions the private sector's role in Africa's economic development, providing forums for dialogue among its member corporations and opportunities for its members to interact with potential U.S. business partners and USG and African policy leaders.

www.africacncl.org

Reports:

Implementation of the Global Health Initiative (U.S. Government, 2009)

<http://www.pepfar.gov/documents/organization/136504.pdf>

The Business of Health in Africa: Partnering with the Private Sector to Improve People's Lives (International Finance Corporation, World Bank Group, 2007)

www.ifc.org/ifcext/healthinafrica.nsf/Content/FullReport

Business as a Partner in Strengthening Public Health Systems in Developing Countries (International Business Leaders Forum, 2006)

http://www.un.org/partnerships/Docs/report_13_HEALTH%20FINAL.pdf

Doing Good Business: HIV/AIDS Public-Private Partnerships (USAID, 2010)
www.usaid.gov/our_work/global_health/aids/Partnerships/partnership_brief.pdf

mHealth for Development: The Opportunity of Mobile Technology for Healthcare in the Developing World (Vital Wave Consulting, 2009)
<http://www.vitalwaveconsulting.com/pdf/mHealth.pdf>

Women & Mobile: A Global Opportunity (Vital Wave Consulting, 2010)
<http://www.vitalwaveconsulting.com/pdf/Women-Mobile.pdf>

Projects:

Virtually every GH project designed to support the field is committed to looking for ways to creatively engage the private sector. See the Users' Guide to USAID/Washington Health Programs for a complete list of all GH projects, or contact your country team lead to speak with a GH private sector specialist.



**U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523
Tel.: (202) 712-0000
Fax: (202) 216-3524
www.usaid.gov**