



Life  
Saving  
Commodities  
Improving access,  
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**Demand Generation for Reproductive, Maternal,  
Newborn and Child Health Commodities**

**THE “P” FOR PARTNERSHIP:  
A Guide to Public-Private Partnerships to Increase the Demand for  
RMNCH Commodities**

**December 2014**



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## Acronyms

<b>ACT</b>	Artemisinin-Based Combination Therapy
<b>CEO</b>	Chief Executive Officer
<b>CSR</b>	Corporate Social Responsibility
<b>EWEC</b>	Every Woman Every Child
<b>HC3</b>	Health Communication Capacity Collaborative
<b>ICT</b>	Information and Communication Technology
<b>IEC</b>	Information, education and communication
<b>IPC</b>	Interpersonal Communication
<b>JHU-CCP</b>	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
<b>LLIN</b>	
<b>M&amp;E</b>	Monitoring & Evaluation
<b>MAMA</b>	Mobile Alliance for Maternal Action
<b>MDG</b>	Millennium Development Goal
<b>MOH</b>	Ministry of Health
<b>MOU</b>	Memorandum of Understanding
<b>NGO</b>	Non-governmental Organization
<b>ORS</b>	Oral Rehydration Salts
<b>PPP</b>	Public-Private Partnership
<b>PSI</b>	Population Services International
<b>RMNCH</b>	Reproductive, Maternal, Newborn and Child Health
<b>SBCC</b>	Social and Behavior Change Communication
<b>SHOPS</b>	Strengthening Health Outcomes Through the Private Sector
<b>SM</b>	Social Marketing
<b>SMS</b>	Short Message Service
<b>SSB</b>	Said Salim Bakhresa Company
<b>UAM</b>	United Against Malaria
<b>UN</b>	United Nations
<b>UNCoLSC</b>	United Nations Commission on Life-Saving Commodities for Women's and Children's Health
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	U.S. Agency for International Development
<b>WHO</b>	World Health Organization

## About This Guide

### What is This Guide?

A guide to public-private partnerships in increasing the demand for RMNCH commodities is a resource for developing, implementing and assessing public-private partnerships (PPPs) to help increase demand for the 13 reproductive, maternal, newborn and child health (RMNCH) commodities identified as underutilized by the United Nations Commission on Life-Saving Commodities for Women’s and Children’s Health (UNCoLSC).

Public-private partnerships, described in more detail below, are arrangements between some combination of government, private sector and civil society entities working in concert toward a common goal. This guide is part of the Demand generation implementation kit for underutilized commodities in RMNCH (<http://sbccimplementationkits.org/demandrmnch/>), which is designed to support the development of country-specific communication strategies to increase demand for the 13 life-saving commodities.

### Who Should Use This Guide?

This guide is intended for use by government and civil society program managers in countries where increased use of any of the 13 commodities would result in significant improvement in health indicators and where partnering with the private sector can be expected to speed, increase or lower the cost of uptake of the commodity/ies in question. It is designed to help programs with limited or no experience using PPPs to generate demand for products or services. This guide will help program managers decide whether to embark on a PPP and then how to start and manage the process. International and local non-governmental organizations (NGO) may have more time to tackle this process than their government counterparts.

### How to Use This Guide

This guide begins with overviews of the 13 life-saving commodities, the role of demand generation and a description of different types of demand generation PPPs. The participation of the private

sector can be minimal or substantial, depending upon the goal of the partnership. For example, periodic partnerships with private media can double or triple the exposure to the Ministry of Health’s (MOH) health messages. Private sector health services can benefit from a close partnership with the MOH to gain access to commodities or training. This guide provides case studies of five different types of partnerships.

Then, this guide describes seven steps to successful PPPs for demand generation, from determining if a PPP is an appropriate response to underutilization of RMNCH commodities to assessing how well a PPP has worked:

- Step 1:** Assess the need for a PPP.
- Step 2:** Identify and evaluate potential partners.
- Step 3:** Recruit partners.
- Step 4:** Define a shared vision for the partnership.
- Step 5:** Develop the partnership structure.
- Step 6:** Implement partnership activities.
- Step 7:** Assess and evolve the partnership.

Each step includes tools, examples and links to additional resources to illustrate and facilitate the process and to deepen users’ understanding of the benefits and difficulties of demand generation PPPs. Users should review the entire guide, determine whether to proceed with developing a demand generation PPP and follow the steps as appropriate.

The decision about whether to create a PPP should be made as early as possible in the demand generation project’s life cycle to ensure the necessary time and resources required to conceptualize, design, implement and course correct the partnership for best effect.

**This guide is not a “one-size-fits-all” model.** Its primary goal is to help you decide if a PPP might help you achieve your demand generation goal and program vision. It is also designed to provide guidance for answering the following questions: What types of PPPs can help generate demand for underutilized commodities?

- Will a PPP help to achieve a program’s demand generation goal and program vision?

- What are the steps involved in developing and implementing a PPP?
- How will a program know if the partnership is successful?

It is important to note that this PPP development guide was developed for use in the *Demand Generation I-Kit for underutilized life-saving commodities (Demand Generation I-Kit)* (<http://sbccimplementationkits.org/demandrmnch/>). We presume that the program is developing a demand generation strategy, is therefore conducting a situation analysis or needs assessment related to demand for one or more RMNCH commodities, and has an overall goal and vision for the program based on the findings. The *Demand Generation I-Kit* includes

commodity-specific adaptable communication strategies that may be used, as well as cross-cutting resources for addressing the role of gender, using theory to select media channels, and using information and communication technologies (ICTs) and new media.

The PPP development guide may also be used as a stand-alone tool to determine whether and how to build a partnership with public and private sector partners, as part of a demand generation intervention.

A list of additional resources can be found at the end of this guide.

## Thirteen Underutilized Commodities for Women and Children














In 2010, the United Nations (UN) Secretary-General's Global Strategy for Women's and Children's Health (the Global Strategy) highlighted the impact that a lack of access to life-saving commodities has on the health of women and children around the world. The Global Strategy called on the global community to save 16 million lives by 2015 by increasing access to and appropriate use of essential medicines, medical devices and health supplies that effectively address leading avoidable causes of death during pregnancy, childbirth and childhood.

Under the Every Woman Every Child (EWEC) movement, and in support of the Global Strategy

and the Millennium Development Goals (MDGs) 4 and 5, the UNCoLSC for Women's and Children's Health (the Commission) was formed in 2012 to catalyze and accelerate reduction in mortality rates of both women and children. The Commission identified 13 overlooked life-saving commodities (Figure 1) across the RMNCH "Continuum of Care" that, if more widely accessed and properly used, could save the lives of more than six million<sup>1</sup> women and children. For additional background information on the Commission, please refer to: <http://www.everywomaneverychild.org/networks/life-saving-commodities>.

<sup>1</sup>For assumptions used to estimate lives saved see UNCoLSC *Commissioner's report* ([http://www.everywomaneverychild.org/images/UN\\_Commission\\_Report\\_September\\_2012\\_Final.pdf](http://www.everywomaneverychild.org/images/UN_Commission_Report_September_2012_Final.pdf))

**Figure 1: The 13 Life-Saving Commodities Identified by the UN Commission on Life-Saving Commodities**

Reproductive Health			
 <b>Female Condoms</b>	 <b>Contraceptive Implants</b>	 <b>Emergency Contraception</b>	
<b>Prevent HIV and unintended pregnancy:</b> A female condom (FC) is a plastic pouch made of polyurethane that covers the cervix, vagina and part of the external genitals. FCs provide dual protection by preventing STI infection, including HIV, and unintended pregnancies.	<b>Prevent unintended pregnancy:</b> Contraceptive implants are small, thin, flexible plastic rods inserted into a woman's arm that release a progestin hormone into the body. These safe, highly effective, and quickly reversible contraceptives prevent pregnancy for three to five years.	<b>Prevent unintended pregnancy:</b> The emergency contraceptive pill is the most widely available emergency contraceptive in developing countries. It is optimally taken in one dose of 1.5mg as soon as possible after sexual activity. An alternative product of 0.75mg is also widely available.	
Maternal Health			
 <b>Oxytocin</b>	 <b>Misoprostol</b>	 <b>MgSO<sub>4</sub> Magnesium Sulfate</b>	
<b>Post-partum hemorrhage:</b> WHO recommends oxytocin as the uterotonic of choice for prevention and management of postpartum hemorrhage.	<b>Post-partum hemorrhage:</b> In settings where skilled birth attendants are not present and oxytocin is unavailable, misoprostol (600 micrograms orally) is recommended.	<b>Eclampsia and severe pre-eclampsia:</b> WHO recommends MgSO <sub>4</sub> as the most effective treatment for women with eclampsia and severe pre-eclampsia.	
Child Health			
 <b>Amoxicillin</b>	 <b>Oral Rehydration Salts</b>	 <b>Zinc</b>	
<b>Pneumonia:</b> Amoxicillin is an antibiotic that is used to treat pneumonia in children under five. Amoxicillin is prepared in 250mg scored, dispersible tablet (DT) in a blister pack of 10 DTs.	<b>Diarrhea:</b> Oral rehydration salts (ORS) is a glucose-electrolyte solution given orally to prevent dehydration from diarrhea. ORS is packaged in sachets of powder to be diluted in 200 ml, 500 ml or 1 liter of fluid, prepared to an appropriate flavor.	<b>Diarrhea:</b> Replenishment with zinc can reduce the duration and severity of diarrheal episodes. Zinc is prepared either in 20mg scored, taste masked, dispersible tablets or oral solutions at concentration of 10mg/5ml.	
Newborn Health			
 <b>Injectable Antibiotics</b>	 <b>Antenatal Corticosteroids</b>	 <b>Chlorhexidine</b>	 <b>Resuscitation Device</b>
<b>Prevent newborn sepsis:</b> WHO recommends benzylpenicillin and gentamicin, in separate injections, as first-line therapy for presumptive treatment in newborns at risk of bacterial infection.	<b>Prevent pre-term RDS:</b> Antenatal corticosteroids are given to pregnant women who are at risk of preterm delivery to prevent respiratory distress syndrome in babies born in pre-term labor.	<b>Prevent umbilical cord infection:</b> Chlorhexidine digluconate is a low-cost antiseptic for care of the umbilical cord stump that is effective against neonatal infections.	<b>Treat asphyxia:</b> Birth asphyxia, or the failure of a newborn to start breathing after birth, can be treated with resuscitation devices.

## An Overview of Demand Generation

Demand generation increases awareness of and demand for health products or services among a particular intended audience through social and behavior change communication (SBCC) and social marketing (SM) techniques. Demand generation can occur in three ways:

- **Creating new users**—convincing members of the intended audience to adopt new behaviors, products or services.
- **Increasing demand among existing users**—convincing current users to increase or sustain the practice of the promoted behavior and/or to increase or sustain the use of promoted products and services.
- **Taking market share from competing behaviors** (e.g., convincing caregivers to seek health care immediately, instead of not seeking care until their health situation has severely deteriorated or has been compromised) and products or services (e.g., convincing caregivers to use oral rehydration salts (ORS) and zinc instead of other anti-diarrheal medicines).

When well designed and implemented, demand generation programs can help countries reach the goal of increased utilization of the commodities by:

- Creating informed and voluntary demand for health commodities and services.
- Helping health care providers and clients interact with each other in an effective manner.

- Shifting social and cultural norms that can influence individual and collective behavior related to commodity uptake.
- Encouraging correct and appropriate use of commodities by individuals and service providers alike.

In order to be most effective, demand generation efforts should be matched with efforts to improve logistics and expand services, increase access to commodities, and train and equip providers in order to meet increased demand for products and/or services. Without these simultaneous improvements, the intended audience may become discouraged and demand could then decrease. Therefore, it is highly advisable to coordinate and collaborate with appropriate partners when forming demand generation communication strategies and programs.

### Who are the Audiences of Demand Generation Programs for the 13 Life-Saving Commodities?

Reducing maternal and child morbidity and mortality through increased demand for and use of RMNCH commodities depends on the collaboration of households, communities and societies, including mothers, fathers and other family members, community and facility-based health workers, leaders and policymakers. Some of the commodities are more provider-focused in terms of demand and utilization, but all depend on the care-seeking behavior of women and families (Figure 2).

Provider-focused	Provider and End-user
<input type="checkbox"/> Oxytocin	<input type="checkbox"/> Female condoms
<input type="checkbox"/> Magnesium sulfate	<input type="checkbox"/> Implants
<input type="checkbox"/> Injectable antibiotics	<input type="checkbox"/> Emergency contraception
<input type="checkbox"/> Antenatal corticosteroids	<input type="checkbox"/> Misoprostol
<input type="checkbox"/> Resuscitation equipment	<input type="checkbox"/> Chlorhexidine
<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> ORS
	<input type="checkbox"/> Zinc

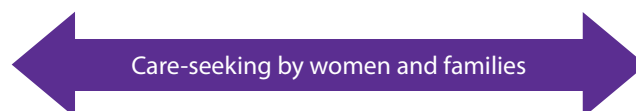


Figure 2: Audiences of Demand Generation



## Key Concepts and Definitions in Demand Generation

**Social and Behavior Change Communication (SBCC)**—SBCC promotes and facilitates behavior change and supports broader social change for the purpose of improving health outcomes. SBCC is guided by a comprehensive ecological theory that incorporates both individual-level change and change at the family, community, environmental and structural levels. A strategic SBCC approach follows a systematic process to analyze a problem in order to define key barriers and motivators to change, and then design and implement a comprehensive set of interventions to support and encourage positive behaviors. A communication strategy provides the guiding design for SBCC campaigns and interventions, ensuring communication objectives are set, intended audiences are identified and consistent messages are determined for all materials and activities.

**Social Marketing (SM)**—SM seeks to develop and integrate marketing concepts (product, price, place and promotion) with other approaches to influence behaviors that benefit individuals and communities for the greater social good. ([http://socialmarketingblogs.com/r\\_craig\\_lefebvres\\_social/2013/10/a-consensus-definition-of-social-marketing.html](http://socialmarketingblogs.com/r_craig_lefebvres_social/2013/10/a-consensus-definition-of-social-marketing.html))

### Channels and Approaches

- **Advocacy**—Advocacy processes operate at the political, social and individual levels and work to mobilize resources and political and social commitment for social and/or policy change. Advocacy aims to create an enabling environment to encourage equitable resource allocation and to remove barriers to policy implementation.

- **Community Mobilization**—Community mobilization is a capacity-building process through which individuals, groups or organizations design, conduct and evaluate activities on a participatory and sustained basis. Successful community mobilization works to solve problems at the community level by increasing the ability of communities to successfully identify and address its needs.
- **Entertainment Education**—Entertainment education is a research-based communication approach where entertaining educational programs are deliberately designed and implemented to capture audience attention to increase knowledge about a social issue, create favorable attitudes, shift social norms and change behavior.
- **Information and Communication Technologies (ICTs)**—ICTs refer to electronic and digital technologies that enable communication and promote the interactive exchange of information. ICTs are a type of media, which include mobile and smart phones, short message service (SMS) and social media such as Facebook and Twitter.
- **Interpersonal Communication (IPC)**—IPC is based on one-to-one communication, including, for example, parent-to-child communication, peer-to-peer communication, counselor-to-client communication or communication with a community or religious leader.
- **Mass and Traditional Media**—Mass media reaches audiences through radio, television and newspaper formats. Traditional media is usually implemented within community settings and includes drama, puppet shows, music and dance. Media campaigns that follow the principles of effective campaign design and are well executed can have a significant effect on health knowledge, beliefs, attitudes and behaviors.

## Public-Private Partnerships for Demand Generation

### Definitions

This guide uses several PPP-related terms that may be unknown to the user or understood differently by different people. The following definitions are provided to ensure a common understanding for those using this guide.

**Champion**—Someone who will promote the partnership and its potential outputs. This is often an influential person in the society, such as a faith leader, village head, celebrity, politician or other.

**Corporate Social Responsibility (CSR)**—Voluntary actions taken by a company to promote positive change for the good of society without receiving any immediate financial benefit.

**Cost Sharing**—Financial and in-kind resources a partner contributes to the total cost of an activity. For donor-funded projects, this is the portion of the project budget that will be derived from a recipient's own resources.

**Enabling Environment**—The broad context or system within which people and organizations function. For PPPs, this typically means the social, political and institutional frameworks that affect what people, companies and government do and how they are allowed or encouraged to do it.

**Pro Bono**—Provided for free (usually refers to services).

**Public-Private Partnership**—A partnership between public and private sector entities pursuing a shared goal, bringing to bear complementary resources, and having a clear value added to partnering—a value that the partners could not have achieved working on their own or in parallel. In PPPs, the public and private sector share in the risks, responsibilities and

rewards associated with pursuing the shared goal. For the purposes of this guide, a PPP is more than just a mechanism for governments or donors to pay the private sector to carry out government projects, although grants can be included in PPPs.

### Motivations for Establishing and Joining PPPs

#### **Why do governments and civil society seek partnerships with the private sector?**

Government agencies and civil society organizations seek partnerships with the private sector for many reasons. Often they want or need:

- Cost-sharing, funding or in-kind support because the goal is significantly larger than the available budget.
- Expertise, skills and processes that are specific to an industry.
- Agility – the ability to act quickly and nimbly, which can be rare in government.
- Capacity to deliver more of a product or service than government or civil society organization can deliver alone.
- Access to market research continuously updated by private companies to keep their business relevant.
- Market reach – access to people/beneficiaries that are difficult to reach with government or civil society programs.
- A broader base of support in order to increase the acceptability, stability and sustainability of a program;
- Access to more or better contacts (media, business or other).
- More visibility for an issue or program.
- Innovation around an issue, program, process or system.
- Access to intellectual property held by the private sector.

## Examples of how the private sector can contribute to demand generation.

The private sector can help to:

- Distribute products to hard-to-reach communities where companies have succeeded in developing markets.
- Develop an advertising campaign that raises awareness of a problem and stimulates behavior change to address the problem.
- Package a product for a specific audience/audience segment to improve its acceptability, price point, or other factor.
- Better understand and reach an audience to whom the company/sector already successfully markets one or more products/services.
- Implement an aspect of the project that government systems or regulations would make it difficult or impossible to carry out.
- Develop an efficient and effective monitoring system to track distribution of a product.
- Promote and provide a new service free of charge or at low cost to clients of private health facilities.

### **Why does the private sector seek partnerships with government or civil society?**

Companies enter PPPs for a variety of reasons as well. Common reasons include:

- Helping to improve the society in which they operate.
- Meeting corporate social responsibility goals.
- Developing relationships with influential people in the public sector.
- Developing new markets or increasing the size or their share of a market.
- Raising the company's visibility with the government, influential people and/or the general public.
- Enhancing the company's status or profile.
- Providing products or services under contract to the government.
- Attracting and retaining good employees (people often prefer to work for a company they feel does good things, appreciate opportunities to work on things that might not contribute directly to the bottom line, or appreciate health services supplied by the company or on company premises).
- Improving or at least helping inform the policy or regulatory environment for its core business.
- Rehabilitating a damaged reputation.

It is crucial that public and private sector partners understand and respect the reasons why each is

entering into the partnership. What drives each partner can impact every aspect of the relationship, from how they communicate with each other to the type and content of partnership agreements and beyond. Equally important and worth restating is that each partner should be able to benefit from the collaboration in a way that is meaningful to that partner.

### **Demand Generation Public-Private Partnership Models and Examples**

Demand generation PPPs can take many forms. Five models are presented here, but there are many ways to design and describe demand generation PPPs. The models described below have been used by a variety of countries and organizations over many years to generate demand for goods and services. Aspects of the models overlap and the models can be adapted, used alone or used in combination. The central goals of the partnership and the range of potential partners available will help determine what model is adopted.

Demand generation PPPs can also vary in the degree of private sector involvement required to make them successful, the ways each sector benefits and their partnership mechanism. Table 1 provides an overview of the five PPP models presented in this section, ranking the degree of private sector

partners' involvement from 1 (least) to 6 (most) and showing examples of key differences between the models. The table includes sponsorship as a reference point for least private sector involvement.

It is important to remember that these are models; the true degree of involvement, benefits and mechanisms will depend on the actual partners and the agreed upon PPP.

**Table 1: Examples of Differences Between Types of Demand Generation PPPs**

Degree of Private-Sector Involvement	PPP Model	Public-Sector Key Benefits	Private-Sector Key Benefits	Sample Partner Mechanisms
6 (greatest private sector involvement)	Workplace healthcare service provision	Improved health outcomes and decreased burden on public health system	Decreased absenteeism, meeting CSR objectives, better relationship with community	Memorandum of Understanding (MOU), company investment in health programs
5	Private sector health care delivery (service promotion)	Improved coverage for health services, decreased burden on public health system	Access to policy support, commodities, training, staffing; additional clients and fees	Segmentation (by location, socioeconomic status, product type), training, MOU, contract
4	Social franchising	Improved service coverage and statistics	Increased/improved recognition of service sites, enhanced reputation, clients	Franchising agreement
3	Social marketing	Better health outcomes, better coverage with health products	Increased sales	Bulk purchase, subsidy
2	Media collaboration	Increase audience exposure to health messages, improved outcomes	Reaches audience with positive messages, enhanced reputation, income (for media company)	Contract, co-finance, donated media product
1 (least private sector involvement)	Sponsorship	Funding or in-kind support (e.g., product samples) for events, time-limited programs	Company name associated with a public benefit	MOU

To date, the role of PPPs in demand generation programs has been fairly limited, but there is enormous potential of these different PPP models to increase access and utilization of underutilized commodities. Understanding the different models available and thinking through which model would be best suited to the specific context of a

demand generation program can set the stage for identifying and prioritizing potential partners and building a successful partnership. Later in this guide, a process will be presented that guides users through partnership identification, formulation and implementation that can be applied to any of these PPP models.



## **Workplace Health Care Service Provision (benefitting employees, customers and communities)**

A workplace health care service provision PPP brings together the public and private sectors to improve the health of employees and often their families. In this model of partnership, the government or civil society actor supports private companies’ efforts to provide health services to company employees and their families, such as through training, service protocols, educational materials or seconded public sector health staff.

Both the public and private sectors benefit from workplace PPPs. In terms of public sector benefits, workplace health programs reach large numbers of workers and their families with information, products and services to improve their health. The more health care is covered by the employer, the lighter the burden on the public health system. Some workplace health programs also provide services to the community at-large. For the private sector, workforce health is an essential element in determining the long-term success and vigor of companies (Sparling, 2010). When employees are healthy, they are more likely to perform better, feel happier, and be more resilient. In addition, illness, injury, and absenteeism are likely to decrease, and productivity is likely to increase. Employees with improved well being, social support and job satisfaction contribute to more informed and healthy communities (AKDN, n.d.). A workplace culture that supports healthy lifestyles—where healthier choices are made more accessible—can help change a person’s overall health (Hawkins, O’Garro, & Wimsett, 2009). For these

reasons, workplace wellness programs are becoming increasingly widespread.

Private-sector workplace health programs can demand a different type of partnership arrangement than other PPPs because often they require technical assistance and training from the public or NGO sector. It is important to work with someone in the company to assess the needs of the company and its workforce. This process helps create understanding about the company culture; facilitates access to managers, staff and information; and provides opportunities to build capacity and sustainability. For partnerships using the workplace health PPP model, it will be helpful to assess the health burden and related knowledge, attitudes, and health behaviors of the employees. The needs assessment can help determine what joint activities to undertake and what outcomes to expect. It should include a review of onsite health care access, employee health care policies, current and past health education activities and outcomes, and an analysis of the disease burden/morbidity and mortality data available.

Understanding the company and accepting its reasons for collaboration is crucial and can help avoid conflicting demands and expectations. Although companies and the public sector will likely have different reasons for collaborating on a workplace program, it is important to find, pursue, and support a shared goal. A key factor for the collaboration is having a senior-level person as liaison—one who has the time to devote to building trusting relationships with partners (Lang, Hersey, Isenberg, Lynch, & Majestic, 2009). As with any partnership, successful relationships are critical.



## Case Study

**Said Salim Bakhresa (SSB) – Tanzania**

The Malaria Safe program, a workplace malaria prevention strategy developed by JHU•CCP’s Voices for a Malaria-Free Future Project, grew out of the United Against Malaria (UAM) campaign (2009–2014) that brought together partners from many sectors to build political and popular will to fight malaria. Malaria Safe was developed as a means to invite the private sector to join the fight against malaria. Companies were encouraged to educate and protect employees, their families and the communities where the companies operate; provide visibility for the fight against malaria and the UAM partnership; and advocate with other companies and government counterparts to increase investments made to control and subsequently eliminate malaria.

The Tanzanian company Said Salim Bakhresa (SSB), the largest African flourmill outside of South Africa, became the Malaria Safe Company in 2009. When the chief executive officer (CEO) was asked how malaria impacted his business and his 6,000 employees, he realized he did not know. An internal study revealed that one in five employees was suffering monthly from malaria, with the company clinic seeing at least 30 malaria cases daily. Recognizing that this cost the company thousands of dollars in absenteeism and treatment, the CEO immediately took action. With technical support from JHU•CCP and the National Malaria Control Program, a malaria treatment and prevention program was launched to educate and protect SSB’s workers and their families. The clinics began using rapid diagnostic tests and switched from treatments no longer considered effective to artemisinin-based combination therapy (ACT), the current first-line treatment for malaria. SSB also bought and distributed long-lasting insecticidal nets (LLINs) for all staff.

As a result of the program, malaria rates dropped by 80 percent from 2009–2011 among employees, significantly increasing employee productivity. Furthermore, by protecting its employees and their families with LLINs and effective treatment, SSB also lessened the burden on the public sector. For four years following the start of this program, SSB’s senior management continued to be outspoken Malaria Safe advocates, speaking at events, recruiting other companies to join the initiative, participating on the Tanzania National Malaria Safe Steering Committee, and lending its football team and food product platforms to malaria control messages.

<http://www.malariafreefuture.org/said-salim-bakhresa>

## 2

**Private Sector Health Care Delivery  
(service promotion)**

Despite large government health infrastructure in developing countries, private providers are often an important source of health services. Private providers can operate alongside or in competition with public sector providers, or they can work where public services are not available or insufficient. In some contexts, private providers might be seen as offering superior care, or accessing them might be seen as conferring status to the user. Partnering

with private sector health care providers can allow the program to reach many more people than it would otherwise and can help ensure a desired standard of care according to government policies. The public sector often partners with private providers to provide care or essential medicines, train staff, host health fairs or distribute information, education and communication (IEC) materials. Also, while private providers are typically required to follow government regulations, they often have more flexibility to promote certain products and to provide specialized services not widely available in the public sector.

Private providers include individual medical, paramedical and nursing professionals; hospitals, clinics and pharmacies owned by individuals, groups or companies; faith-based and non-profit

organizations that provide health care outside of the government system; and even traditional practitioners, such as birth attendants and “village doctors.”

## Case Study

### Increasing Demand for Contraceptive Implants, Marie Stopes International

Contraceptive implants play a key role in addressing the unmet need for modern family planning. From 2008 to 2012, Marie Stopes International (MSI) scaled up voluntary access to implants in 15 sub-Saharan African countries, delivering more than 1.7 million implants in that five-year period. MSI increased and met demand for implants by promoting and providing high-quality services. Partnering with the public sector to expand access for underserved clients was, and is, an integral part of MSI’s implant strategy. This was especially evident in MSI’s mobile outreach efforts.

MSI’s mobile outreach services deliver implants and other contraceptive methods through teams of providers that bring equipment and commodities directly to clients. These teams regularly visit outreach sites, expanding access to contraceptives by providing long-acting and permanent methods during these visits, referring clients who want short-acting methods to their public-sector counterparts or furnishing short-action methods directly in cases of public facility stock outs.

MSI’s mobile clinical service team model deploys small teams (typically three providers and a driver) to rural areas to deliver family planning services in (usually public) health centers. Centers are chosen through a collaborative process with local governments. If necessary, a team uses other community structures (e.g., schools) or sets up a tent or other temporary structure.

To serve urban and peri-urban areas, the mobile community outreach worker team model—often consisting of a paramedical and a family planning counselor—provides implants and other contraceptive methods in client homes or other non-health facility locations. The teams for both models mobilize interest in their services in advance of their arrival through a variety of demand-generation activities, such as:

- Delivery of high-quality services to enable word-of-mouth referrals
- Educational outreach by community health workers (CHWs) through door-to-door mobilization, group information sessions, educational/promotional communication and media
- Designated day for team visit, making it an anticipated community event
- Local media advertisements
- Referrals from other MSI service delivery channels
- Announcements via town crier, radio, CHWs or other community agents

Both mobile outreach models exemplify how MSI collaborates with the public sector—one of MSI’s key implementation strategies for scaling up delivery of implants. MSI works with and strengthens the public health system by (1) filling gaps in contraceptive method availability, (2) training public providers in counseling and implant removal and (3) establishing a robust referral system for follow-up care and implant removals. MSI country programs also work to integrate their supply chains into national supply chains to the greatest extent possible and work to increase the number of implant brands registered and available in country.

<http://www.ghspjournal.org/content/2/1/72.full.pdf+html>



### ***Social Franchises (using franchises to bring consistent, quality, affordable services to underserved populations)***

Social franchises are networks of private health providers that use commercial franchising methods to achieve social rather than financial goals. Building upon existing expertise in poor communities, social franchises organize multiple existing private providers into contractually obligated networks. These franchisees are then trained and supported to provide new or improved services in addition to their normal patient treatment regimens. The goals of social franchising are to improve quality, increase

access to care, expand the affordability of services and rapidly increase the number of delivery points for important public health services. Both for-profit and non-profit organizations run social franchises and offer services ranging from family planning and HIV/AIDS testing to tuberculosis treatment and maternal health care.<sup>2</sup>

Social franchises might be particularly well positioned to increase (and satisfy) demand for the 13 underutilized commodities. The uptake of the underutilized commodities has been documented among private providers using a social franchising model such as the Greenstar example below.

#### **Case Study**

### **Greenstar Social Marketing Pakistan**

Greenstar Social Marketing Pakistan (Guarantee) Limited, an affiliate of Population Services International (PSI), is a non-profit NGO devoted to improving quality of life among low income people of Pakistan, especially in the areas of family planning and reproductive healthcare services. Greenstar works through the private sector and with the Government of Pakistan, empowering healthier choices and improving access to affordable, high-quality health products and services.

Greenstar franchises a range of family planning services through its network of over 18,000 private doctors. As part of the Greenstar network, doctors receive subsidized supplies and signage and benefit from advertising for both the clinic network and the socially marketed contraceptives, which have an affiliated brand. The franchise offers vouchers for maternal health (deliveries, antenatal care and postnatal care) and family planning services. However, most Greenstar members make little profit from family planning services.

The providers perceive one of the most important benefits of membership to be the start-up training and monthly visits from Greenstar doctors. Franchisees use these visits to discuss difficult cases, learn about advances in clinical practices in reproductive health and benefit from one-on-one training on topics in which the providers require greater knowledge or skills.

Following the Government of Pakistan, Greenstar is the country's second-largest provider of family planning services, distributing over 26 percent of all contraceptives in Pakistan. In 2005, after achieving significant progress in building the country's network of private, trustworthy family planning service providers, Greenstar launched a broader network of private family healthcare providers under the name "GoodLife."

<http://healthmarketinnovations.org/program/greenstar>

<http://www.greenstar.org.pk>

<sup>2</sup><http://globalhealthsciences.ucsf.edu/global-health-group/private-sector-healthcare-initiative-pshi/research/social-franchising>





### **Social Marketing (marketing health products to specific audiences)**

SM seeks to develop and integrate marketing concepts (product, price, place and promotion) with other approaches to influence behaviors that benefit individuals and communities for the greater social good. SM partnerships can involve partnering with government to increase access to branded commodities that are promoted through private and public facilities, subsidizing the cost of expanding access to people who are able to pay at least part

of the cost of the product or service, but might not be aware of the product or service or its benefits. Private distributors join SM PPPs to expand access to new markets.

A SM partnership may involve training from the MOH to pharmacies and other retailers, while private sector participation will expand availability through retail outlets and provide point-of-sale promotional materials and, in some instances, multimedia-advertising campaigns. SM is considered by many to be an effective, efficient and sustainable means of product promotion.

### **Case Study**

#### **Increasing Demand and Sales of Zinc for Diarrhea Treatment**

The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID’s flagship initiative in private sector health. It works to involve non-governmental organizations and for-profit entities in addressing the many health needs of people in developing countries. SHOPS focuses on increasing availability, improving quality and expanding coverage of essential health products and services through the private sector.

In late 2011, the USAID Mission to Ghana invited the SHOPS program to work with the Ghana Health Service in a PPP to reduce childhood diarrhea—which accounts for nine percent of deaths among children under five. SHOPS’s role within the partnership was to assure the supply and promote the use of zinc with ORS through private sector channels. At the time, a single local manufacturer, M&G Pharmaceuticals Ltd, had registered two zinc products under the Zintab brand. Initially, the products were made available through the Ghana Health Service. In 2012, Zintab was introduced to the private sector commercial market. Unfortunately, the launch resulted in lower sales than expected. It is believed that this underperformance was due to lack of awareness by caregivers that zinc with ORS is a successful and recommended treatment for childhood diarrhea.

In March 2012, the SHOPS project and M&G Pharmaceuticals entered a partnership to build viable market demand for zinc products by co-funding selected marketing activities. Through the partnership, M&G Pharmaceuticals organized continuing medical education and other scientific presentations at over 100 hospitals, clinics and maternity homes to generate demand for Zintab; conducted presentations and exhibitions at annual meetings of health professionals in the public and private sectors to educate them on new national guidelines recommending the use of zinc with ORS in the management of childhood diarrhea; designed and printed its own branded detailing and promotional materials and developed branded radio spots; and participated at every provider training event sponsored by the SHOPS project.

Sharing costs with SHOPS helped M&G Pharmaceuticals make Zintab available in the most remote areas in Ghana, which significantly increased sales. According to George Abu Boateng, business development consultant of M&G Pharmaceuticals, “Now suppliers of pharmaceuticals have accepted the Zintabs in their various outlets making it very easy for [licensed chemical sellers] to access the products anytime they run out of stock...my salesmen visit these shops on a regular basis to re-stock shops that run out of stock.” The partnership has greatly improved profitability, growth and sustainability of the market for Zintab. Since the inception of the SHOPS project activities in January 2012 through August 2014, the two partner companies have sold three million diarrhea treatments in Ghana treating three million cases of diarrhea.

<http://shopsproject.org/about/where/marketing-partnership-increases-sales-of-zinc-for-diarrhea-treatment>



### **Media Collaboration (expanding the reach of messages through “old” and “new” media)**

Reaching people with messages is perhaps the most fundamental demand generation activity. Media campaigns may operate separately from workplace health programs, health care delivery, social franchising and SM, they are usually integral parts of social franchising and social marketing efforts. Media partnerships can provide access to large targeted audiences, proven communication channels and tested strategies. Advertising agencies can also produce highly attractive materials, reduce costs to other partners (e.g., printers, video producers), and bring creativity and professionalism to message design and delivery. Combining quality demand generation materials and media partnerships can increase the number of times messages are transmitted and received. When delivered via mass

media (e.g., radio, television), messages can reach millions of people with information about life-saving commodities and the health problems they address.

Partnerships with “new media” (e.g., mobile phone providers, internet social media platforms) can allow for a new type of messaging (e.g., sending personalized reminders), and reach otherwise hard-to-reach populations. Mobile phone companies have enormous marketing budgets and have often donated use of billboards, point-of-purchase materials, and other traditional media. By joining PPPs, “new” and traditional media companies can earn income (though perhaps at a reduced rate), build their customer base, enhance their reputation through association with a good cause, raise their visibility in influential circles, distinguish themselves from their competitors, build customer loyalty, attract and motivate employees, and expand their knowledge and expertise.

### **Case Study**

#### **A Global and Local mHealth Partnership**

Mobile Alliance for Maternal Action (MAMA) is a global PPP that delivers vital health messages to new and expectant mothers in Bangladesh, South Africa, and India via mobile phones. MAMA has developed free, adaptable messages informed by experts in maternal, newborn and child health using World Health Organization (WHO) guidelines for best practices. The partnership makes the messages—and an accompanying guide on how to localize the messages for a specific country context—available to organizations worldwide. To date, these evidence-based, culturally sensitive mobile messages for new and expectant mothers have been downloaded and used by 161 organizations in 54 countries.

Through the MAMA partnerships, USAID, Johnson & Johnson, the UN Foundation, BabyCenter and mHealth Alliance work together to improve maternal health and child survival by strengthening new and existing mobile health programs and providing trusted information to families. This success has been achieved through inclusion of and collaboration with leading local technical partners who have established professional and user-based networks, such as the social enterprise DNet in Bangladesh (in partnership with Bangladesh’s Ministry of Health and Family Welfare) and Vodacom and MXit in South Africa.

Each partner benefits from the collaborations within the MAMA partnerships. The public sector is able to expand delivery of vital health information to one of its most important constituents—new and expectant mothers. The non-profits receive funding, experience and visibility and are able to further their missions. The mobile phone companies provide interesting services at little or no cost that consumers see as relevant to their family’s health needs, expand their brand to build a customer base in a new market, distinguish their own services from those of their competitors, get the satisfaction of providing trustworthy information to improve the lives of mothers and infants in low-resource settings and develop an evidence base for the effectiveness of mobile-based health learning.

<http://www.mobilemamaalliance.org/>

## Challenges and Success Factors

The success of any of the demand generation PPP models presented thus far can be greatly influenced by common partnership challenges and their solutions. An overview of these critical challenges and success factors are presented below, informed by the “Seven Cs for Strategic Collaboration,” and should be carefully considered by partners looking to establish or join a demand generation PPP. Many of these elements are not strictly related to demand generation, but certainly have resonance for successful demand generation partnerships.

### **Elements of Successful PPPs**

*Clear and collectively determined vision and long- and short-term goals:* In successful PPPs, the partner organizations develop a shared vision for the partnership and, as a result, support the overall vision of the program. At the outset, the partner organizations work together to determine these shared goals, agree upon a shared language in which to discuss them, and strive to ensure their respective organizations are engaged in and enthusiastic about achieving those goals. The shared vision can also be used to evaluate new contributions, activities and partnership members.

*High-level commitment:* Commitment from the highest decision-making levels of the major partners is crucial for keeping the PPP vision a priority and maintaining momentum. Without it, budgets, staff time and other resources, while promised, can be easily be reallocated away from PPP activities. Media and advertising agencies must have not only high-level commitment to a partnership, but also commitment through the ranks, as staff contributing their time may not be paid comparable to what is received from other clients.

*Ways for all partners to benefit and contribute:* Successful partnerships are those in which all partners gain something valuable from the relationship. Accordingly, partners who see how they benefit now or in the future are more likely to stay engaged and put forth their best effort. Because the concept of the private sector benefiting (especially financially) from the PPP can be a source of friction within PPPs, it is important for partners to be transparent about and agree on the nature

## The Seven Cs of Strategic Collaboration

- Clarity of purpose
- Congruency of mission, strategy and values
- Creation of value
- Connection with purpose and people
- Communication between partners
- Continual learning
- Commitment to the partnership

(Austin, 2000)

and scope (what they want, need and expect) of those benefits early in the process. It is crucial to discover, acknowledge and capitalize on partner strengths in order to maintain partner commitment and engagement. Unique to demand generation is the use of celebrity spokespersons—under contract to many private sector partners—to promote health products or behaviors. This is may be a cost efficient means to gain audience interest.

*Mutual acceptance and effective communication:* To avoid conflict and promote transparency, partners should make their expectations clear and agree on a set of shared expectations. They must understand and respect the strengths each partner brings and the value each partner adds to the partnership. They also must take into account the different organizational cultures and decide together how to manage those differences in the context of the partnership. Partners must agree on communication norms, timetables for deliverables and criteria by which to assess the quality and reach of the various work products (e.g., print ads, television commercials).

*Focus on results:* One way to keep a partnership on task is to measure progress along the way. Measuring progress allows for the partners to make course corrections before the partnership or activities go too far in the wrong direction, promotes accountability (e.g., with regard to resource use) and can bolster each partner’s confidence in the ability and commitment of all partners to make a meaningful contribution. All partners should agree on what should be measured, establish measurable objectives and milestones, determine how and when

the partnership will be measured, and define the methods by which the findings will be disseminated. On occasion, external evaluators, such as donors, will also measure the value and effectiveness of these PPPs.

*Collaborative project development with end users:*

In addition to the public and private partners, stakeholders at all levels, including end users or “beneficiaries,” should be involved in project design and implementation. Although the inclusion of representatives of all key stakeholders will add complexity to the process, they can help ensure that the program is relevant, acceptable, attractive and appropriate; will benefit from a range of useful ideas, perspectives, expertise and resources; and will garner broad-based support for the program, which, in turn, should contribute to success and sustainability. At a minimum, formative research should be carried out with the intended audience (see the Demand Generation I-Kit, <http://sbccimplementationkits.org/demandrmnch>, for guidance and illustrative examples).

*Champions:* Champions communicate effectively with their constituents and others; promote consensus on goals, objectives and activities; build political will; and give the partnership visibility. A well-respected champion who believes in the program goal and vision can open important doors, help keep partnerships visible and moving forward, and help get the partnership back on track in the event of a major setback. Champions can be links themselves or open links with high-level officers in corporations and governments (top-level decision makers). Champions are often instrumental in convincing the highest-level decision makers to make demand generation a priority and are the best way to keep resources flowing to it.

*Clear governance structures:* In effective PPPs, partners agree on and are accountable to one another for the structure, operation and governance of the partnership. Governance structures help to define partner roles and responsibilities, as well as the operational organization of the partnership. Governance structures should include rules and mechanisms for staffing (assigning or hiring people to work on the project), intra- and extra-partnership communication, information sharing, decision-

making, monitoring and evaluation (M&E), reporting and conflict resolution.

*Flexibility:* While it is crucial to have goals, objectives and a plan of action, partnerships must also be able to adapt to new information, new resources and changing conditions that can significantly and/or meaningfully help or hinder the ability of the partnership to realize its vision.

*Ways to maintain momentum and motivation:*

Partnerships can benefit greatly by recognizing the good work being done and the gains being made. Celebrating milestones, generating media coverage, providing regular progress reports, recognizing success (e.g., holding award ceremonies, providing certificates of accomplishment or recognition), and hosting community events are some ways that PPPs motivate partners. Planning for the celebration of short-term successes, or “quick wins”, early in the implementation stage can be particularly helpful in showing benefits after the hard work of partnership development and program planning.

*Sustainability planning:* Partnership activities should be planned to promote sustainability (economic, environmental and social), make optimal use of the resources of each participant in the partnership and foster local and national ownership. The principle of sustainability is important not only to the ultimate results to be achieved by the partnership, but also with regard to the methods to be used—such as consultation with and participation of those directly concerned—and the design of effective exit strategies (International Labor Organization, 2007).

**Challenges/Potential Pitfalls**

While PPPs can be beneficial in generating demand for underutilized commodities, they also include many risks and challenges. Being cognizant of and prepared for the most common and serious challenges can help PPPs avoid or overcome them.

*Mistrust:* At a basic level, the public and private sectors have core motivations that might seem contradictory (public good vs. profit). This real or perceived difference can create an initial mistrust between the sectors. Mistrust can be overcome if partners respect each other’s need to benefit from the partnership, seek to understand and accept these

differences, value the strengths each partner brings to the partnership, negotiate partnership terms and goal effectively, and maintain transparency and open communication.

*Lack of clarity about roles and responsibilities:* Partners’ roles should be defined based on their comparative advantages. Each partner should be aware of the role(s) of the other partners, as well as boundaries and overlap. This can help avoid misunderstandings and harmful competition.

*Reluctant partners:* It is possible that not every person or group who agrees to be involved in the PPP will actually want to be involved. For example, someone in authority might insist that the organization or person be involved without getting buy-in from those further down the line, or an organization might join only because others have joined and not because of a sincere desire to contribute. It is important to engage all partners in ways that are meaningful to them so that those less engaged begin to see value in belonging to the PPP. If this approach is successful, their reluctance can turn to enthusiasm. If unsuccessful, their role might need to be minimized.

*Funding:* If funding is available through the PPP, the ways in which funds are allocated can be a source of friction or discontent among partners. In addition, partners’ internal funding to participate in or lead PPP activities may vary over time. Transparency about funding amounts, and the rationale behind them, can help reduce friction and discontent but might not solve the underlying problem. To weather instability in partner or PPP funding, the partnership can plan for flexibility in how program elements are implemented.

*Loss of interest or momentum:* The initial level of enthusiasm about a partnership might be difficult to maintain over time. Engaging partners in areas that interest them and recognizing milestones, commitment and performance can help maintain momentum. Project champions or public sector actors being transferred to new positions that may be outside of the partnership can also affect momentum. Ensuring that strong institutional ties are established from the start can help minimize loss of momentum when individuals are transferred or

deadlines are not respected.

*Sustainability:* Private sector programs or budgets are time bound and reviewed annually, so it is always possible that funding to support participation might be reduced or eliminated. It is important to plan for sustainability from the beginning, for example, through phased-in cost-recovery programs, transition of the product or service to the private sector, follow-on funding or community participation.

*Culture clash/different operating styles:* The public and private sectors operate differently. Failure to acknowledge and take into consideration relevant differences can lead to extreme frustration and, ultimately, failure of the partnership. Differences that frequently surface during cross-sector interaction include partner focus (process vs. results), timeframe and pace of decision making and execution, management of resources, management and duration of meetings, and methods used to communicate ideas, issues and decisions.

*Cost:* The decision to embark on a PPP is often based on an estimation or assumption that working across sectors will be more efficient or cost-effective than working within one sector. The financial and human resource costs of developing, maintaining, monitoring and evaluating a PPP can be extensive and should be considered in the partnership and project plans.

*Partner selection:* No matter how good the idea, vision, goals, structure and plans, working with the wrong partners can cause a PPP to fail. Because private companies/industry often need to earn money from the partnership, poor communication about each partner’s goals at the beginning of the PPP process can create frustration and result in dysfunction and possibly failure. It is better to walk away from a potential partner if a long-term, collaborative relationship that adds value cannot be built.

As noted, risk and challenge are inherent to partnerships and cannot be entirely eliminated. It is crucial to minimize, mitigate and re-evaluate the PPP at certain points to ensure the public ultimately benefits.



## The Step-by-Step P for Partnership

The remainder of this guide uses the “P for Partnership” to outline a thoughtful process to determine whether a PPP might be the best way to generate demand for RMNCH commodities and if so, how to design and implement a successful PPP.

The guide assumes that a program already has an overall vision and will provide guidance for deciding how to achieve that vision through the use of PPPs. Before beginning the “P for Partnership” process, it is recommended that programs complete a thorough situation analysis related to demand generation for the specific commodities, as outlined in the adaptable communication strategies in the Demand Generation I-Kit (<http://sbccimplementationkits.org/demandrmnch>).

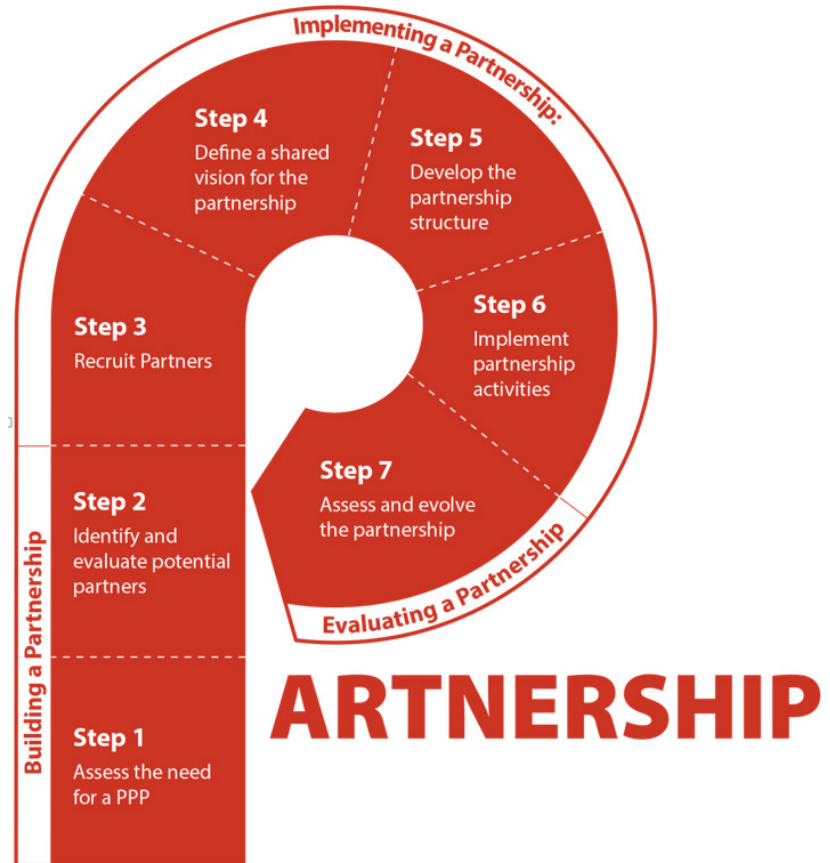
While the “P for Partnership” is presented in steps, partnership development is an iterative process and often steps can overlap. For example, while assessment is presented first and last, assessment activities occur from the beginning and continue throughout the project and partnership.

### Steps for Building a Partnership<sup>3</sup>

**Step 1: Assess the need for a public-private partnership**—Deciding if a PPP is the right option and, if so, which PPP model is the most appropriate to adopt or adapt.

**Step 2: Identify and evaluate potential partners**—Reaching out to potential partners—selected based on a set of criteria (e.g., assets, enthusiasm)—that will most likely add value to the program.

**Step 3: Recruit partners**—Asking potential partners to consider joining a PPP requires a professional approach and strong message. Other factors will also be important to successful partner recruitment, but a high level of professionalism is crucial.



**Step 4: Define a shared vision for the partnership**—Ensuring all partners visualize and agree upon the same future for the PPP helps keep the partnership on track.

**Step 5: Develop the partnership structure**—Clearly defining roles, responsibilities and processes makes it possible for effective planning, implementation and evaluation.

**Step 6: Implement partnership activities**—Implementing the partnership workplan using technical expertise from all partners, branding and monitoring.

**Step 7: Assess and evolve the partnership**—Evaluating the PPP from two perspectives—the reach of the demand generation activities and the ability of the partners to collaborate and trust each other—is necessary for the partnership to determine its success and what comes next.

<sup>3</sup>The steps described in this guide reflect a process that has been adapted from several sources (Training materials, Barrineau, 2009; ‘Expanding the pie,’ Ross, 2012), and used by Johns Hopkins University Center for Communication Programs.

## Step 1: Assess the Need for a Public-Private Partnership

When making the decision whether or not to pursue a PPP, it is important to first consider what can be accomplished without a partnership: how quickly work can be completed and at what cost, and whether the needed resources (material, financial, technical or human) will be available. If the goals can be accomplished in a timely fashion without entering into a PPP, there may be overriding reasons to still seek creating a PPP. These might include the lack of sustainability without partnership, the need for broad-based support for improved effectiveness and/or sustainability, the desire to create a springboard for future activities or goals where private sector involvement will be crucial, or even the desire to learn and adapt private-sector processes for longer-term efficiency and effectiveness. The algorithm in Figure 3 provides a formula for thinking through this decision.

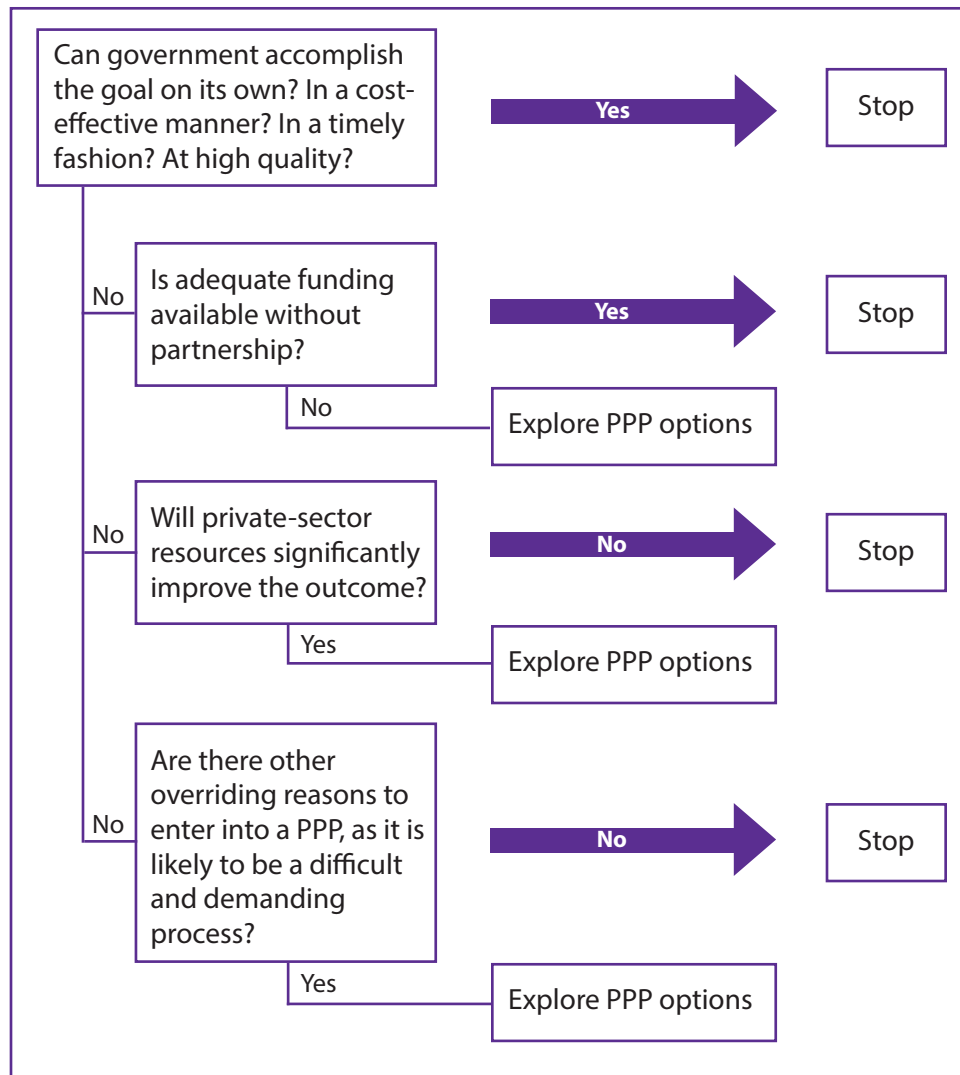


Once a decision has been made to pursue a PPP, it is helpful to describe in writing how the private and public sectors could contribute to realizing the program's vision, identifying areas where potential partners have strengths or resources that will add value to the program. Examples include designing and implementing media campaigns, providing the commodity through private health facilities, promoting and stocking the commodity at private

pharmacies, or incorporating the commodity and education about it in employee health programs. This analysis will assist in identifying the best PPP model to use.

At this point, it also can be useful to think through some of the potential challenges of a PPP, such as those noted in the section above, and possible solutions to avoid or address them.

**Figure 3: PPP Decision Tree** (adapted from Asian Development Bank, 2014)





## Step 2: Identify and Evaluate Potential Partners

If a decision is made to pursue a partnership with the private sector and thought has been given to appropriate models, the next step is to determine which organizations would be good partners.

Key things to consider include the type of activities the partnership is likely to pursue and a potential partner's leadership, reputation, core business interests, CSR interests, geographic focus, finances, useful assets (e.g., expertise, technologies, networks), history of contributing to social causes and partnership history.

Much of the information needed can be found in annual reports, newspaper articles and on the Internet. Informal discussions with personal and business contacts can also provide a wealth of information. All of these findings should be documented. Collecting, organizing and analyzing information about potential partners will inform the decision-making process and enhance the program's credibility when approaching potential partners.

This step describes a targeted approach for identifying partners through the use of two tools.

1. The Partner Scoring Card helps evaluate potential partners based on a set of important criteria, which can be adapted as programs see fit. Completing it requires due diligence in learning about potential partners. The example in Figures 4 and 5 is of potential partners for a contraceptive implant demand generation program.
2. The Partner Mapping Chart is used to plot these partner scores and helps programs objectively compare potential partners to determine if and in what order partners should be approached.

This scoring and ranking is important because



partnerships require significant investments of staff, time and possibly other resources. Some potential partners will be a better match for the program and therefore worth investing more effort in this early step. These high-ranking potential partners might be worth targeting early because they could assist in approaching other private sector businesses to join the partnership.

The Partner Scoring Card and the Partner Mapping Chart should be for internal use only and not shared with potential partners or others outside the organization. Completed examples (Figures 5 and 6) are provided after the instructions for each. Appendix 1 provides a blank Partner Scoring Card.

While the Partner Scoring Card and Mapping Chart cannot provide a comprehensive assessment of partner potential, using these tools can help you prioritize recruiting efforts based on what



## 2. Identify 5–10 potential partners

Begin by brainstorming/free-listing potential partners based on existing knowledge or perceptions of each potential candidate.

Gathering as much information as you can about each of the potential partners from reports, articles, contacts, and the Internet, use the following criteria to shortlist five to ten organizations that might be a good fit for the proposed partnership.

- *Core business:* Does the organization have expertise or resources (e.g., infrastructure, systems, technology) to help meet the program needs?
- *Geography:* Does the organization operate in the areas where the program expects to focus?
- *CSR, corporate affairs or company foundation:* Has the organization already invested in health? Does the organization own or sponsor a youth club, sports team or other venture that could assist with or be a good platform for demand generation?
- *Leadership:* Has the CEO or senior management staff invested time in a health or social issue?
- *Relationships:* Has the organization or its leadership worked with other potential partners or the government in the past? Do leaders participate on boards of directors of other relevant organizations?

***In the left-hand column of the Scoring Card, list the shortlisted potential partners.***

## 3. Score past participation

Organizations that have participated in demand generation PPPs or similar activities in the past are easier to recruit. Their level of past and current participation should influence how early in the recruitment process they should be approached. For example:

- Has the organization already carried out activities similar to those the program might undertake?
- If not, has the organization been otherwise involved in or supported such activities?

For each activity listed in the chart, assign each potential partner a score from 0 to 10, based on their participation in that type of activity to date—with 0 indicating no activity and 10 indicating extensive

activity. If there are three activities, the maximum number of points will be 30; if there are five activities, the maximum will be 50.

***Calculate each candidate’s total participation score, entering it in the Total Participation column.***

## 4. Score potential for synergy

While knowledge about the organization and its activities may be limited at this early stage, the information that has been gathered will make organizations more or less attractive and influence when and how much effort to put into gaining their interest and involvement.

- What is the organization’s core business?
- Is the organization’s mission compatible with the program goal and vision?
- What does the organization currently invest in?
- Does the program goal relate in any way to the organization’s core business or investments?
- Does the organization have assets that could be useful to the program (e.g., expertise, technologies, networks)?
- How might the organization benefit from participating in the partnership?
- Do the organization’s CSR goals intersect with the program’s goal?
- Has the organization or any of its leaders publicly expressed interest in being involved in the program area/topic?
- What are the organization’s geographic interests? (Where does it work or want to work?)
- Is the organization’s leadership influential in their social, business and/or political communities?
- Has the organization and its leaders demonstrated flexibility and responsiveness with regard to new ideas, topics and partners?
- If part of an international organization, does the local organization have decision-making authority?

Using the same scale of 0 to 10 and your/your team’s best judgment, score each candidate on potential for synergy, with 0 being no synergy and 10 being highly synergistic. ***Put the score in the Synergy Potential column.***

## 5. Score trust factors

Lack of trust is one of the most common reasons partnerships fail. While mistrust may stem from

unintentional miscommunication or lack of understanding, this is not always the case. Valuable time, resources and reputations can be saved by not entering into partnership with an organization that is unlikely to engender mutual trust. Some potential questions to ask are:

- Is the organization financially stable?
- Does the organization have a good reputation?
- Is the organization’s leadership known for honesty and contributing to the social good?
- Does the organization have a history of supporting social causes?
- How well has the organization performed in other partnerships?

Using the same scale of 0 to 10, score each candidate on trust factors, with 0 being no trust and 10 being highly trustworthy.

**Put the score in the trust factor column.**

**6. Add the synergy and trust scores to get the partner importance score.**

For each partner, add synergy and trust scores and

enter the total into the last column. The maximum score for partner importance is 20. This score aims to estimate how important each candidate is to achieving the program’s goal.

**Record the partner importance score for each potential partner in the final column.**

**Conclusion**

Reviewing information about each potential partner will influence decisions about which organizations to approach and in what order, and may lead to dropping some candidates and adding others. It is important to consider the complete picture and remember that talking with potential partners will provide new information for the decision-making process.

The information gathered thus far, as summarized in the Partner Scoring Card, will be used to map the potential partners in quadrants in the Partner Mapping Chart.

Name of the potential partner organization	Score (0–10) representing the participation to date in the type of activity listed in each column (rank on a scale of 0–10 with 10 = highest and 0 = nothing to date)						
	Add activity scores to get Total Participation Score				Add synergy and trust to get Total Importance Score		
	Activity: Educate working women about FP	Activity: Offer FP counseling and services in onsite clinics	Activity: Senior leadership speaks out in favor of women’s access to health care	Total Participation Score	Separate Score on Synergy Potential	Separate Score on Trust Factors	Total Importance Score
1. Light-up Match Company	4	4	2	<b>10/30</b>	4	4	<b>8/20</b>
2. Sunshine School Supplies	10	8	10	<b>28/30</b>	3	8	<b>11/20</b>
3. National Electric	0	5	0	<b>5/30</b>	5	6	<b>11/20</b>
4. ABC Mobile Phone Service	2	2	1	<b>5/30</b>	9	9	<b>18/20</b>
5. WellCare Pharmacy	10	10	5	<b>25/30</b>	10	7	<b>17/20</b>
6.							
7.							
8.							

Use the Total Participation Score and Total Importance Score to map the potential partners in the Partner Mapping Chart.

**Figure 5: Partner Scoring Card: Example for a demand generation program on contraceptive implants**

## Tool 2: Partner Mapping Chart

Completing this tool with the information available will provide a visual summary of potential partner value. It should identify the organizations with the most overlapping interests or compatible mandates and point out which potential partners to approach first. Other factors will also enter into that decision, including personal and professional connections [discussed further in Step 3], comfort levels with identified potential partners and serendipity.

### Instructions:

#### 1. Create a Partner Mapping Chart

Create a chart, either by hand or using spreadsheet software. The vertical y-axis scale should be 20. The horizontal x-axis should be based upon the number of activities included in the Partner Scoring Card. For example, if the number of activities is three, the x-axis is 30; if there are four activities, the x-axis is 40. In the example above, there were three activities, so the x-axis is 30.

#### 2. Place a dot for each potential partner on the Partner Mapping Chart [see Figure 6]

Based on the Partner Scoring Card, create a set of coordinates to help you place them on the Partner Mapping Chart. The total score for activity participation is the x-axis; the total score for partner importance is the y-axis. For example: Light-up Match Company had a total activity score of 10 and an importance score of 8. Their coordinates are (10, 8).

Using those coordinates, place a dot on the corresponding place in the Mapping Chart.

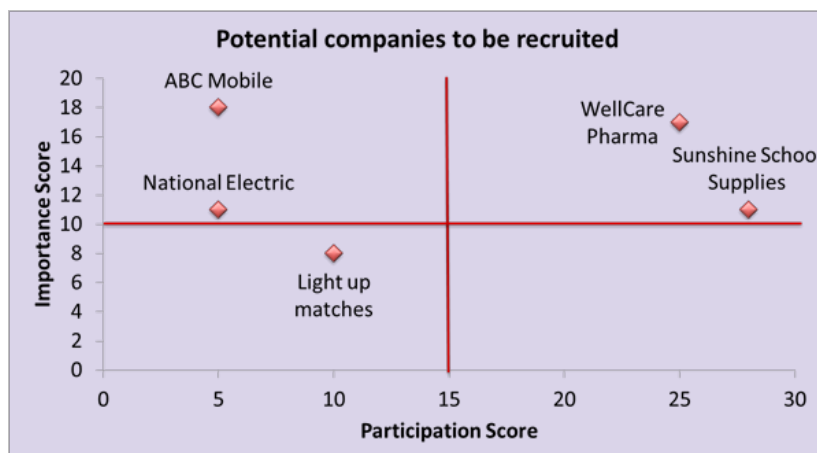
#### 3. Analyze the results

Once the partners' scores are recorded, divide the chart into equal sized quadrants. The organizations in the top right quadrant, if any, should be considered for immediate recruitment. They are already very active in areas related to your program, have good potential for synergy and appear trustworthy. They are likely to share the program vision and should be encouraged to join and be champions for your cause.

The left top quadrant contains potential partners that are also likely to bring significant value to the partnership. The potential for synergy and trust is high, but they have not yet been mobilized to conduct activities in your area. Organizations in the lower right quadrant have relevant experience, but that experience might not compensate for potential trust (and synergy) issues. Those in the lower left quadrant are currently low value and low trust and might not be the best or most important partners to recruit for the current program—at least not initially.

#### 4. Rank potential partners

Using the analysis, create an ordered list of the top two to three strongest potential partners. The number of partners to recruit will depend on how many are needed to achieve the program goal and how many people are available to spend time cultivating the necessary relationships. Engaging each partner can require a significant time investment, especially in the beginning. Partnerships are ultimately about relationships, trust and dependability.



*In the Partner Mapping Chart to the left, the top right quadrant includes organizations that should be invited to partner with you immediately. They have the highest potential to contribute to the programs goals. The top left quadrant contains the next most important organizations to invite as partners as they are important but have not yet been invited to partner to their potential maximum worth. The partners mapped in the lower two quadrants are of lesser value to the partnership goals. They are less important, but may have champions that can help recruit the potential partners in the upper quadrants. Building partnerships takes lots of time; therefore, potential partnership should be prioritized and selectively invited to the partnership.*

Figure 6: Example of a partner mapping chart



## Step 3: Recruit Partners

### Recruit Champions and Other Contacts

Recruiting partners from a different sector can be difficult. The recruitment process is made much easier if the approach is made to an organization or individual by someone they already know. This can be a business contact, community leader, government official or even a personal friend. The person who makes the approach might help only once or, better yet, might become a champion for the program or partnership.

Either way, the person should be armed with compelling information about the problem to be solved, how the organization can benefit from helping solve the problem and what is needed from the organization. Once contact is made, the organization seeking partnership should prepare to meet with decision makers in the potential partner organization.

A well-respected champion who believes in the program goal and vision can open important doors. That is the champion’s or contact’s most important job in this early stage of partnership development. After gaining the potential partner’s interest, the champion will help facilitate a meeting between decision makers at the two organizations so that more in-depth discussions and negotiations can take place.

### Champion Checklist

Questions to Consider in Recruiting a Champion	Response
What links are already established with potential partners?	
Who do you know who might know one of your potential partners?	
Is the champion known and respected among potential partners?	
What other potentially useful connections does the champion have?	
What does the champion know about the program and topic?	
How personally invested is the champion in the cause?	
Will the champion require remuneration or will the time be volunteered?	



When recruiting a champion, a personal investment or shared interests or beliefs can make a big difference. Building a relationship with a champion is critical to ensuring that he or she stays committed when faced with competing requests for time and energy. Use the Champion Checklist below to generate ideas about what characteristics are needed in a champion for demand generation activities and brainstorm who could become champions.

## **Prepare Key Messages**

The champion or other contact must be able to speak easily and comfortably about the topic, which likely means equipping him/her with talking points and providing him/her with training on how to use them. The talking points should express three key messages and a clear “ask” or request—which is the specific action the potential partner is being asked to perform. The combination of these three messages and the request is often called a “pitch.”

These three messages convey: 1) the importance of the problem; 2) a viable solution; and 3) the benefits the potential partner may receive by helping to solve the problem. An effective set of messages often combines facts and emotional triggers, and speaks to something important to the potential partner.

For example, a good factual message about maternal health might be: In sub-Saharan Africa, women have a 1-in-13 chance of dying during childbirth, while that chance drops to 1-in-4100 in industrialized countries. This message would be even more powerful if it included the number of women who die in childbirth for the country in question. Reports from the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), development partners or a specific country’s ministry of health (MOH) can be good sources of compelling facts and statistics. Using data from reliable sources lends credibility to messages and attracts positive attention to the pitch.

A good emotion-triggering message could be the story of a mother who is like someone the champion or prospective partner might know: For example, one who died in childbirth because the health center where she gave birth did not have the appropriate, inexpensive, easy-to-use drug—e.g. oxytocin or misoprostol—that can prevent postpartum hemorrhage. The story must be true and credible. Pictures can be quite useful, though it is important

to choose pictures that will not offend the potential partner. Pictures of positive outcomes can be more effective than pictures of distressing situations.

The final key message should present a win-win opportunity for the potential partner. For example, by becoming a full partner in the proposed program, the organization will further its CSR objectives, expand to new markets and/or gain recognition as a leader that cares about families, as well as profit. The benefit should be as specific as possible, realistic and important to the potential partner. A company that employs many women, for example, might welcome the opportunity to partner on a program that promotes family planning and maternal health because it could lead to happier employees and less illness- or pregnancy-related absenteeism and turnover.

Key messages should be pretested informally with colleagues and friends or partners who work in the same sector as the potential partner. This will give some indication of how well they might resonate with the potential partner and what adjustments should be made.

It is also essential to give potential partners a clear idea of what is being asked of them. This request might change as the partnership is negotiated, but providing a clear “ask” from the beginning can engender confidence in the partner and make it easier to agree to move forward. An example of a specific “ask” or request for a media company might be, “As a partner in this program, we would like your company to advise on the design of messages and materials, and to produce two or more radio public service announcements and include them in your monthly broadcast plans.”

The Message Checklist on the next page is a simple way to remember what is involved in developing the key messages and the “ask” or request.

## Message Checklist

Question	Response
Have three clear messages been developed?	
Do the messages provide a clear rationale for why the partner should get involved?	
Do the messages include facts, emotional triggers and potential benefits to the partner?	
Is there a clear “ask” or request?	
Have the messages and “ask” been pretested?	
Do the messages resonate with people who are similar to potential partner(s)?	
Have the champions and other intermediaries been provided with and adequately briefed on the key messages and “ask”?	

### Meet with the Potential Partner

If the champion is successful, a meeting should be arranged between decision makers from both the program and the potential partner organization. Ideally, these will be high-level contacts that have the authority to make decisions. Even if it is necessary to meet with a mid-level manager or the partner’s CSR team first, the goal should be to meet with higher-level decision makers to initiate a formal or informal partnership agreement. To prepare for this meeting, it can be helpful to use a PowerPoint presentation (on a laptop or nicely printed color copies) with 4–6 colorful slides. The slides will summarize the three messages and the “ask,” and use at least one photograph, pictograph or other graphic. The program’s contact information should also be included. The discussion of partner roles and responsibilities should begin at this

meeting, negotiation about and agreement on the partnership details will occur in the steps that follow.

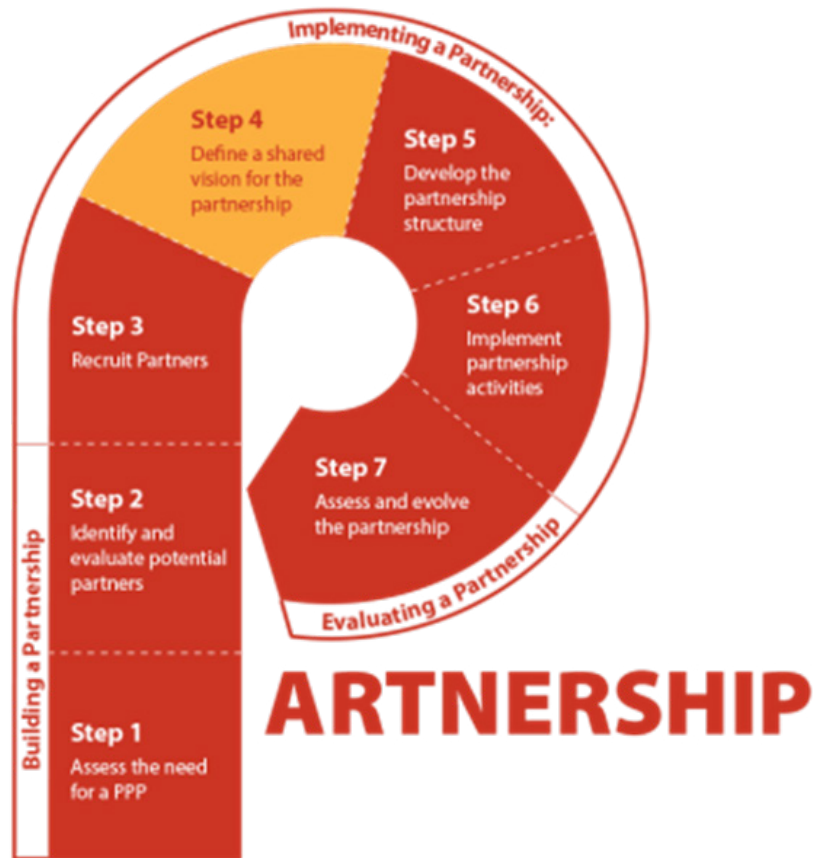
After the meeting, be sure to thank the champion and keep him or her updated on the developments of the partnership as it progresses.

After meeting with individual partners, it can be useful to bring all likely partners together to learn more about each other and about actions that can be taken to resolve or mitigate the public health problem in question. At this meeting, potential partners can discuss opportunities and parameters of a partnership and tentatively indicate how they will contribute. This is often followed by internal discussions to secure the commitment of leadership for whatever resources are needed to move forward.



## Step 4: Develop a Shared Partnership Vision

Demand generation programs that enter into PPPs should develop a vision—similar to a corporate mission statement—for both the demand generation program and the PPP. For the demand generation program, the vision helps implementers focus on the ultimate goal and therefore should be developed as part of the communication strategy. The partnership vision should answer the question: what does our PPP look or act like when it is functioning optimally? What are the health outcomes that all partners are working toward? This type of partnership vision can provide inspiration and serve as a reminder to all partners of the working relationship that they need to create to help realize the vision set forth for the program. (See the Demand Generation I-Kit vision discussion for family planning here: <http://sbccimplementationkits.org/demandrmnch/fp-step2/>).



All core partners should be engaged in the development of a joint partnership vision statement. This promotes partner ownership of the vision and the process of developing it can shed additional light on partners and their perspectives. Ideally, all partners will be involved in creating the vision; however, if this is not feasible, one option may be for the group organizing the PPP to draft a partnership vision and then get input and buy-in from all the partners during the partnership development process.

Generally speaking, the partnership vision statement should promote leveraging core competencies,

transparency, information sharing, creativity, opportunities to learn and openness to new ideas and coordinated effort. It can, but does not have to, include elements of the overall program vision. Once developed, revised and finalized, the partnership vision statement should be visible to the partners—on agreements and partnership communication tools, and in meetings. A shared partnership vision that is kept visible can help keep the partners and partnership focused and on track.

The box on the next page contains sample vision statements used by health-focused PPPs.

### Sample Partnership Vision Statements

**Greenstar Social Marketing Pakistan:** “Greenstar envisions a Pakistan where people plan their families and have improved maternal and child health and reduced tuberculosis burden. Greenstar aims to be an organization of competent professionals, passionate about improving the lives of people in Pakistan.”

[www.greenstar.org.pk/Our-Vision-and-Mission.html](http://www.greenstar.org.pk/Our-Vision-and-Mission.html)

**GBC Health:** “Our Vision is a global business community that is fully contributing its assets, skills, influence and reach to making a healthier world for employees, their families and their communities.”

[www.gbchealth.org/about-gbc/mission-and-approach/](http://www.gbchealth.org/about-gbc/mission-and-approach/)

**United Against Malaria:** “UAM is a group of partners who are deeply committed to ending malaria in Africa, and who are ready and willing to leverage their core competencies and deploy their proprietary resources (reputations, employees, business partners and customers, products or brands and stakeholder networks) to maximize and create opportunities, and extend our reach to bring malaria under control in Africa by 2015.”

[www.unitedagainstmalaria.org](http://www.unitedagainstmalaria.org)

## Step 5: Develop the Partnership Structure

This is the step where the parameters and content of the PPP are defined. Effective governance within a PPP can be a complex matter, affected by how the different sectors and partners view each other and the contributions each is expected to make. Key concepts to plan for are accountability, transparency, legitimacy, disclosure, participation, decision making, grievance management and performance reporting (World Economic Forum, 2005). Good governance structures help to define roles and responsibilities, optimize participation, facilitate communication, build trust and provide direction. Governance and management structures should be agreed on early in the partnership. Some structural options include naming and branding the new partnership entity/ organization and creating a steering committee, advisory board and/or working groups that report to a board or committee.



### Establish an Advisory Committee if the PPP Involves Many Partners

An external advisory committee can help provide objectivity to the PPP and act as an arbitrator, if needed. It also can advocate and raise funds for the PPP. The advisory committee should be comprised of people with subject-matter expertise, management expertise and policymaking authority, and at least one representative of the beneficiary community (with leadership training provided if necessary). The committee's clearly defined roles and responsibilities should be determined by and shared with all partners. Ideally, the committee should meet two to four times per year during the first two years of the PPP and at least annually thereafter.

### Establish an Executive Team or Steering Committee

An executive team typically has decision-making authority and therefore should include

representatives of the core partners to ensure that decision making is shared. Ideally, each partner representative will have decision-making authority within his or her organization. If this is not the case, allowance must be made for getting input from those key organizational leaders before final decisions on major issues can be reached. The executive team will also explore opportunities to incorporate new partners or new demand generation opportunities/activities into the partnership.

### Establish Clear Management Processes, Including a Management Team

Unless the PPP involves only two to three partners, the lead partner or program should have a dedicated team to manage the PPP. This team can include staff from key partners or partners with particular skills in project management. The management team often has limited decision-making authority within the

project and consults the executive team on major decisions. In addition, ensuring that all members have the opportunity to provide input on decisions that affect the partnership promotes commitment, ownership and trust. If possible, the management committee and executive team should be supported by an administrative team charged with activities such as arranging and reporting on meetings, facilitating partner communication, maintaining a partnership website and responding to internal and external inquiries.

### **Establish Effective Communication Systems, Including a Meeting Schedule**

Communication is key to PPP success. Partners must have a mechanism for communicating their ideas, progress, needs, questions and concerns, and for receiving information about the partnership and project. PPPs often set up one or more listservs or groups where everyone interested in a particular area receives information about it and can respond. Regular and as-needed partnership meetings should have agendas (sent at least several days in advance so partners can provide input) and be facilitated for optimum participation and maximum efficiency and effectiveness. Meeting notes with action items (and timelines) should be distributed to attendees within a few days after the meeting, finalized after receiving feedback from them and distributed or made available to all partners shortly thereafter.

### **Develop a Work Plan and Budget**

The partnership needs a plan of action and this plan should specify timelines, resources (human, financial, material) and responsibilities. It should be based on the commitments confirmed by each partner after the initial partnership meeting. The adaptable communication strategies included in the Demand Generation I-Kit suggest a variety of demand generation activities (<http://sbccimplementationkits.org/demandrmnch/fp-step5/>). In addition to these, the list of common PPP activities in the box includes examples of frequently used activities in demand generation PPPs.

### **Develop a Memorandum of Understanding**

An MOU provides a formal framework for the partnership. MOUs are typically signed bilaterally; that is, the lead partner signs a separate MOU

with each core partner. The MOU should include the vision, goal and objectives of the partnership; a description of the work to be done conjointly and separately; the roles, responsibilities and accountability of each partner, legal considerations for the partnership; and a clear method for resolving disputes. Normally, no money is exchanged in an MOU. If one partner needs to pay another partner to carry out some aspect of the partnership, the MOU is supplemented by a contract. A sample MOU is included in Appendix 2.

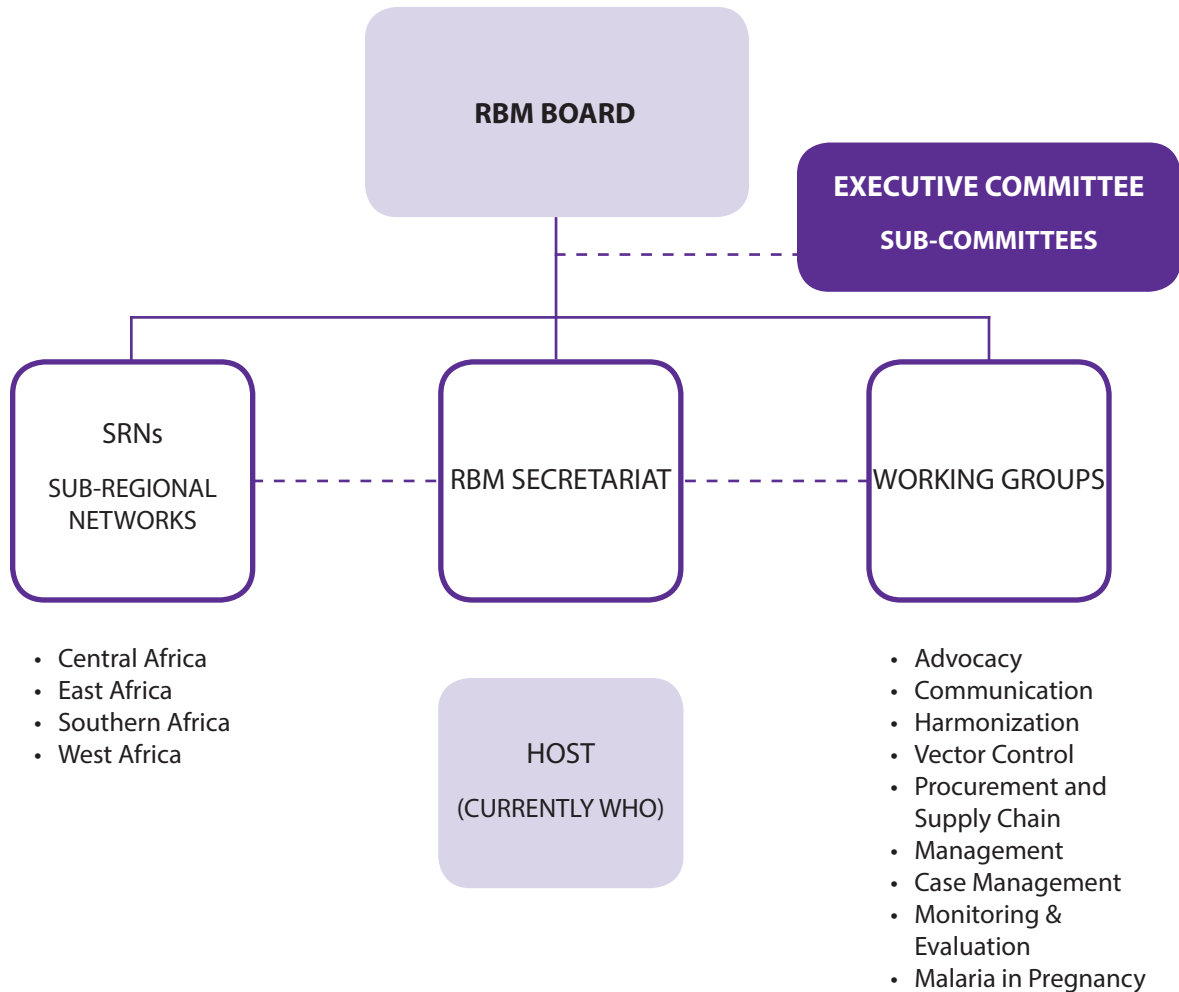
### **Establish Working Groups (if the project scope and number of partners call for this)**

Large enough partnerships form working groups to focus on and coordinate specific areas such as communication (e.g., media, events), monitoring and evaluation (M&E) or specific commodities or geographic regions. These working groups meet by telephone and/or in person on a regular schedule or as needed—depending on the agreement made—and report to the management and executive teams.

#### **Common PPP activities:**

- Creating events to launch the partnership and give public recognition to partners or recruit additional partners (e.g., press conference, round table or luncheon).
- Training staff to create peer educators in the workplace (sometimes known as wellness coordinators).
- Developing educational materials and technical briefings for partner staff.
- Adding a health message to a partner's network of billboards.
- Adding the partnership brand to products (e.g., water bottles in many countries may include a logo or message for a social cause).
- Educate employees, customers or community members in the proper use of life-saving commodities.

**Figure 7: Example of organogram from Roll Back Malaria (RBM)**



What is most important is that the partnership structure facilitates the partnership’s success in achieving the program goal. In some partnerships, there is an ebb and flow from year to year in commitments or resources available. The structure needs to allow for partners to play leadership or supporting roles depending upon their availability.

Too cumbersome a structure (e.g., with too frequent meetings and calls) can disincentivize private-sector participation. This is especially true in demand generation partnerships—distinct from product development or supply chain management partnerships—since demand generation activities

often have periods of intense media and outreach activity, followed by periods when messaging is less active. There are also moments when leadership is distracted by or destabilized from participating in the partnership—e.g., in times of civil unrest or economic hardship.

However, such formal structures are not always required. A partnership could also function using more informal coordination by the lead partner. The important thing is to ensure accountability, coordination of efforts and communication between partners and leadership.

## Step 6: Implement Partnership Activities

Implementation of partnership activities is largely a matter of each partner organization carrying out the activities it agreed to undertake, most of which will be spelled out in the communication strategy and/or partnership work plan. However, some level of coordination and monitoring of partnership-specific activities is required. Partners might also require training or technical assistance, as well as opportunities for them to share information and experiences. Common aspects of PPP implementation are outlined in this step.

### Activities

When developing partnership activities, it is important to keep in mind how each partner can contribute and gain from the partnership. Each partner should be encouraged to leverage its best resources or skills to reach agreed-upon goals and objectives. It is also important that no single partner shoulders all of the costs of the activities and that no partner be asked to contribute more than it reasonably can or wants to—this may vary over time. The point is for each partner to enthusiastically (or at least willingly) add value and gain what it needs to make the partnership worth pursuing.

Here are some illustrative activities for the partnership to consider during implementation:

**Brief relevant managers and staff:** Key managers and other staff need to understand the health topic selected for the partnership and why the organization has joined the partnership. Briefings can be held with individuals or in a group setting where testimonies and supporting materials, such as PowerPoint presentations and posters, can be shared. Successful briefings should result in partner organizations' managers and staff's excitement about the partnership and commitment to the vision. Being flexible will be key to encouraging



partners and prospective partners to express their ideas and do whatever they can to further the aims of the partnership.

**Communicate and coordinate:** Regular teleconferences and meetings can help build relationships, foster transparency and collaborative decision making, provide opportunities for partners to share information and introduce new ideas, recognize achievements and solve problems. These discussions should have a well-organized and streamlined agenda, use a skilled moderator from one of the partners to facilitate the meeting, be limited to one hour, and be followed up with meeting notes that highlight key discussion points and action items.

**Develop a brand:** Branding is a succinct, visible, attractive identity that reminds users of a service and partners of their commitments. Branding is



particularly important for promotional activities and social franchising. When partners add the brand’s name or logo to their materials, it increases visibility for the program and generates excitement for the partnership. Branding may also be used internally—in partner meetings and on materials aimed at partners, such as reports and e-newsletters. Formative research with end users and partner organization leadership should be used to develop the brand name and logo.

**Provide technical assistance:** Partners in any sector might need or be able to provide training or technical assistance in order to carry out project activities effectively. Examples include conducting formative research with intended audiences, developing and delivering messages about the program topic, and project monitoring. The partnership should seek to take maximum advantage of the innovations, skills and expertise that partners are willing and able to share.

**Monitor progress:** The M&E plan discussed in Step 7 will include process and output indicators designed to help the partnership monitor progress toward meeting the project and partnership objectives. Monitoring by itself can encourage progress, but it is most useful when its findings are actually used to make mid-course corrections or changes to improve implementation. All partners should contribute in some way to monitoring (their own activities at a minimum, and resulting data should be shared with all partners).

**Advocate and recruit:** PPPs also find value in spreading the word about what they are trying to do and how they are doing it. This can generate visibility and excitement about the partnership and overall project or health issue and attract new partners who can add further value to the work. Both advocacy and recruitment can help the project and partnership meet their objectives.

## Step 7: Assess and Evolve the Partnership

Monitoring and evaluation (M&E) helps stakeholders understand how well the partnership is working and contribute to the evidence base for demand generation PPPs. To date, robust evaluations of PPPs are scarce, with almost none designed to directly attribute benefits to the existence of a PPP (Ministry of Foreign Affairs of the Netherlands, 2013). Yet, in order to be effective and self-sustaining over time, PPPs must make evaluation a priority.

Specifically, PPPs should evaluate their structure, functions and processes; the activities, projects and programs they are carrying out; and, in the case of demand generation PPPs, the impact their activities have on demand for the commodities they are promoting (Butterfoss, 2009). M&E must be planned and budgeted for, assigned and conducted, and the findings disseminated and used.

M&E guidance for demand generation programs, including illustrative indicators and assessment methods, is provided in the commodity-specific communication strategies in the Demand Generation I-Kit (<http://sbccimplementationkits.org/demandrmnch>). Evaluation of a demand generation PPP should be folded into the program's overall M&E plan. The full M&E plan will outline what indicators to track, how and when data will be collected, and what will happen to the data once it has been analyzed. This step in the "P" Process focuses specifically on partnership elements of M&E.

### Engage Stakeholders in Determining What Should be Assessed

Engaging stakeholders means fostering participation and power sharing among people invested in M&E and their findings. Stakeholders can help prioritize the questions to determine which are critical, likely



### A Useful Guide

Future Health Systems' Working Paper 12, "Engaging the Private Sector in Maternal and Neonatal Health in Low and Middle Income Countries" describes ways in which to measure the success of PPPs in maternal and newborn health.

It also suggests indicators on the capacity and motivation of partners, as well as indicators for the programmatic interventions, such as: 'How did the intervention give providers, stakeholders or consumers the information they needed to make better RMNCH decisions?' and 'How did the intervention enhance motivation for stakeholders to pull together to make better decisions?'

<http://futurehealthsys.squarespace.com/storage/publications/working-papers/wp13.pdf>



to improve the partnership and can be answered with available resources (Butterfoss, 2009). PPP M&E should focus on the most important elements to track and assess—the elements that will alert the partnership to potentially serious problems, allow for necessary course corrections, elucidate outcomes and impacts, and provide sufficient documentation of the partnership (for the government, donors and future partnership expansion and fundraising efforts).

Questions to help focus stakeholders on evaluation design can include:

- What should the partnership accomplish and how will it be demonstrated?
- What activities will the partnership undertake to accomplish its goals?

- What factors might help or hinder the accomplishment of its goals?
- Who are the partners (number, diversity and participation levels)?
- How do partners work together?
- What partnership outcomes should be measured?
- What resources are available for M&E?

Answers to these questions will suggest indicators, methods and timing. If resources are very limited, it will be especially important to focus on collecting data that are truly essential for ensuring the partnership is on track to accomplishing its goals. As resources allow, measuring what is useful to know, but not essential, becomes an option.

### M&E Reminder

While presented last in the “P” Process, M&E should occur throughout the project. The initiating partner might have its own work plan for establishing a PPP. This work plan should have indicators that are monitored at least monthly. Once the PPP is established and has its own work plan, progress should continue to be monitored regularly. Evaluation can take place annually, biennially or at least at mid-term and project end. This allows for data-driven course corrections to be made, promotes accountability and enables PPPs to recognize when milestones are met so they can be

### Develop Indicators and Determine M&E Methods

Indicators are what actually get measured. MOUs and contracts can provide a partial basis for indicators since they can contain language about how the partnership will function, what each partner intends to contribute and in the case of contracts, expected outcomes and perhaps impact.

Indicators for assessing the PPP complement the overall project demand generation indicators and are used to measure the ‘health’ of the partnership. They focus on how well the partners work together as a team. That said, to assess the impact of the PPP, the demand generation program’s overall M&E plan should aim to build in indicators that separate the PPP effect from the effect of other program elements, though this can be difficult.

The following are illustrative areas to consider for developing process and outcome indicators.

Indicators should be chosen according to the type of partnership, health area and activities proposed.

- Extent to which partners leveraged their core competencies and other assets for the goal of the partnership.
- Extent to which each partner was able to participate fully and according to its competencies.
- Extent to which partners were provided the visibility they needed to satisfy marketing/public relations/CSR demands.
- Relevance of the activities to partners’ individual missions.
- Relevance of the activities to the partnership’s shared vision.
- Partners’ desire to collaborate further.
- Technical assistance provided in accordance with health needs assessment (e.g., number of trainings).
- Transparency of decision making and resource allocation in the partnership.

- Participation of all partners in the partnership activities.
- The use of harmonized messaging and branding among all partners.
- Equity in recognition of partners in the partnership.
- Equity in the opportunities that spring from the initial partnership.

Partners will need to decide who monitors what (based on competencies and resources) and how the data are input or combined into a tracking system that allows the partnership/project to constantly assess how well things are progressing. Some PPPs establish an M&E working group to guide and ensure partner input. M&E mechanisms should be put into place early, once the objectives have been agreed upon.

### **Establish a Baseline**

Establishing a baseline allows changes to be measured. This should happen early in the project, not long after the structure and processes have been set up. For example, baseline measurements should include what partners are already doing in the topic area, so that partners may gauge how much their contributions change over time.

### **Track and Report on Monitoring Indicators Monthly**

While the system for tracking and reporting does not have to be difficult or cumbersome, it should be in place and tested early. Microsoft's Excel and Access software can be used to capture data and are relatively easy to use and have accessible formats. They also allow for data from each partner to be combined into a larger database for analysis and offer easy tools for data visualization. Monthly, or at least bi-monthly, reports should be shared with partners and discussed during partner meetings. Partners are less likely to consistently collect and submit data if they do not regularly see how it is being used to improve the project or partnership.

### **Establish Timelines for M&E**

Evaluation at regular or even irregular intervals can alert the partnership to the need for changes, help partners better understand issues that arise and identify successes/progress to celebrate and build upon. At a minimum, partners should gauge their

### **Monitoring Workplace Programs**

If the partnership includes workplace programs, it is useful if the human resources (HR) department of the company tracks and reports on the number of health activities, and the types and number of staff who have participated.

Though HR departments usually track employee absenteeism, it is seldom disaggregated by type and thus it can be difficult to determine the cause of absenteeism. It will be important to obtain this cause-specific absenteeism, if it is available, since it can help to determine the impact of partnership activities.

success by reflecting individually or as a group on a few basic questions. This should occur regularly—after six months, annually, and at the end of the project—and be used to build on what is working well and identify and address issues that could harm the partnership or project. Well-designed projects, especially if designed to last more than one to two years, should build in a mid-term evaluation to help ensure enough time to make course corrections.

### **Report, Recognize Achievements and Make Course Corrections**

PPP evaluation findings should be used to provide and promote accountability, acknowledge and celebrate partnership successes, and guide changes that will make the partnership more effective and efficient. Reports that share lessons learned can also help others improve their partnerships. In addition to the full report, easy-to-access summaries can be made available online, distributed in hard copy and presented in meetings as a way to inform, engage and encourage partners, as well as set the stage for decision making regarding any course corrections that are needed. Making data accessible and visually appealing is very important since partner staff will need to report back to senior management teams on the impact of the work in order to ensure continued high-level support for the partnership. These data can also be used for advocacy outside the partner organizations.

Evaluation findings can indicate a need for a PPP to revisit one or more steps in the "P for Partnership"

Process:

- Is the PPP still needed?
- Should new partners be engaged?
- Does the vision still make sense? Does it need to be refined?
- Would changes in the partnership structure improve how the partners and partnership operate?
- Does anything in the work plan need to change? How?

- How can activities be implemented more efficiently and effectively?
- What else needs to be assessed in order to ensure the PPP can have maximum impact and be sustained as long as it is needed?

As with any partnership, demand generation PPPs evolve and M&E can help provide evidence that ultimately helps achieve and support the project's demand generation goals and vision.

## Final Thoughts

Public-private partnerships have terrific potential to generate demand for public health commodities by expanding service promotion to new audiences, providing access to broad media channels and leveraging new resources. While not without their challenges, PPPs can increase access to and use of a product that has the potential to save millions of lives if PPPs are entered into thoughtfully and are well managed and responsive to opportunities. Remember that not all programs are best served

by setting up a PPP, but when well conceived and executed, partnerships can help ensure sustainable demand generation programs and results. This guide offers suggestions for types of partnerships and a process by which to build partnerships. There are many other resources that might also be useful as government, private sector, and civil society entities explore how best to collaborate to enhance health outcomes. Some of those resources can be found in the annexes of this guide.

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## Key Resources and Case Studies

### **1. Academy for Educational Development (AED). (2005). NetMark: A case study in sustainable malaria prevention through partnership with business. Washington, DC: AED.**

[http://pshi.fhi360.org/pdfs/2-C7A1\\_NetMark\\_-\\_Case\\_Study\\_In\\_Sustainable\\_Malaria\\_Prevention\\_Through\\_Partnership\\_with\\_Business.pdf](http://pshi.fhi360.org/pdfs/2-C7A1_NetMark_-_Case_Study_In_Sustainable_Malaria_Prevention_Through_Partnership_with_Business.pdf)

*Document category:* Case study

AED's NetMark project had a mandate to increase demand for and expand availability of insecticide-treated nets for malaria prevention. AED developed a market-based approach of shared risk and investment, named Full Market Impact™ (FMITM), based on the idea that as demand grows within a competitive market, consumers will benefit from improved quality lower prices, and wider availability. FMITM demonstrates how meeting the needs of the poor can translate into good business that promotes expansion into new market segments.

*Key words:* Malaria, Nigeria, Senegal, Zambia, Ethiopia, Mali, Cameroon, Uganda, Ghana, Zimbabwe, health and wellness, social marketing

### **2. Bulc, B. (2010). Recent developments in public-private partnerships and opportunities for PMNCH engagement with the private sector (presentation). Geneva: The Partnership for Maternal, Newborn, and Child Health.**

[http://www.who.int/pmnch/about/steering\\_committee/board8\\_1\\_ii\\_privatesectorengagement.pdf](http://www.who.int/pmnch/about/steering_committee/board8_1_ii_privatesectorengagement.pdf)

*Document category:* PPP how-to guide

Document defines the private sector, outlines various roles the private sector can play, presents examples of private sector initiatives contributing to MNCH, and highlights opportunities on how to engage in activities with the private sector.

*Key words:* MNCH, key roles for private sector engagement

### **3. Clinton Health Access Initiative (CHAI). (2012). Increasing access to diarrhea treatment in India: Building demand for zinc and ORS among caregivers and providers (RFP). Boston, MA: CHAI.**

<http://sbccimplementationkits.org/demandrmnch/ikitresources/increasing-access-to-diarrhea-treatment-in-india-building-demand-for-zinc-and-ors-among-caregivers-and-providers/>

*Document category:* PPP how-to guide

The subject matter of the RFP correlates directly to ORS and zinc, two child health commodities. Particular attention should be paid to how partnerships within the Indian private sector are used to expand campaign reach, as well as fill funding gaps. Relevant to also note is how target markets and key influencers are outlined.

*Key words:* Zinc, ORS, child survival, India, diarrhea, private sector health delivery

### **4. High Impact Practices (HIP) Family Planning. (2013). Social marketing: Leveraging the private sector to improve contraceptive access, choice, and use. Washington, DC: Futures Group.**

<http://www.fphighimpactpractices.org/resources/social-marketing-leveraging-private-sector-improve-contraceptive-access-choice-and-use>

*Document category:* Social Marketing/PPP how-to guide

The document outlines social marketing as a tactic to promote and increase demand/access of FP, MNCH, and malaria products by using a network of commercial and non-governmental sector outlets, such as pharmacies, shops, community-based distributors, private health care providers/outlets, kiosks, and community health

workers. Together, the public and private distribution systems provide more extensive access and population coverage than the public sector can provide alone. Various social marketing models are outlined along with practical recommendations/tips.

*Key words:* Social marketing, family planning

**5. Clinton Health Access Initiative (CHAI). (2012). Joining together to eliminate child diarrheal deaths in Nigeria. Abuja, Nigeria: CHAI.**

<http://www.clintonfoundation.org/main/news-and-media/press-releases-and-statements/press-release-chelsea-clinton-and-chai-support-the-government-of-nigeria-saving-one-million-lives.html>

*Document category:* Informative

This was a pledge that was signed by a variety of companies/organizations making a commitment to reduce diarrhea mortality in children in Nigeria by building demand among caregivers and health providers for ORS and zinc, thus ensuring widespread availability of affordable and high-quality ORS and zinc and mobilizing resources to support scale-up of zinc and ORS. This document is relevant because it gives the reader an idea about type of companies that can be approached and commitments. It is potentially replicable in other countries.

*Key words:* ORS, zinc, child survival, diarrhea, Nigeria, health and wellness, private sector healthcare delivery, mass media

**6. Madhavan, S., Bishai, D., Stanton, C., Harding, A. (2010). Engaging the private sector in maternal and neonatal health in low and middle income countries (FHS Working Paper 12). London: Future Health Systems Consortium.**

<http://futurehealthsys.squarespace.com/storage/publications/working-papers/wp13.pdf>

*Document category:* Working paper/PPP engagement how-to

This working paper discusses the need and importance of engaging the private sector. It also presents a review of evidence around strategies and modalities that are implemented in, by, or through the private sector to improve maternal health outcomes. The strength of the evidence is evaluated and recommendations are made for logical entry points where donors and governments can encourage engagement by the private sector in MNCH.

*Key words:* MNCH, Private sector engagement models, India, Pakistan, Rwanda, Egypt

**7. Peterson, K. (2012). NGOs partnering with business to accelerate shared value. The Guardian.**

<http://www.theguardian.com/sustainable-business/ngos-partnering-businesses-accelerate-shared-value>

*Document category:* Article

A simple and straight forward write-up on why NGOs are increasingly thinking more about partnering with businesses to create shared value. Examples of partnerships are detailed. Recommend that this be the first reading before proceeding to the rest.

*Key words:* Private sector engagement examples

**8. Riley, P. (2013). m-enabled business models applications for health (presentation). Bethesda, MD: Abt Associates.**

[http://www.shopsproject.org/sites/default/files/resources/M-Enabled%20Business%20Models\\_Applications%20for%20Health.pdf](http://www.shopsproject.org/sites/default/files/resources/M-Enabled%20Business%20Models_Applications%20for%20Health.pdf)

*Document category:* m-health case study

As another example of public-private partnerships, this presentation makes a case for using m-health

technologies and mobile company partnerships to drive various health agendas.

*Key words:* Mobile technology, mobile health, Tanzania, South Africa, Ghana, Ethiopia, Mali, Uganda, Kenya

**9. Wofford, D. (2010). Promoting HTSP through pharmaceutical partnerships and professional associations. Watertown, MA: Pathfinder International.**

<http://www.pathfinder.org/publications-tools/pdfs/Promoting-HTSP-through-Pharmaceutical-Partnerships-and-Professional-Associations.pdf>

*Document category:* Working paper

A brief look into how healthy behaviors can be promoted through various private sector partnerships. Also outlined are challenges and lessons learned.

*Key words:* Maternal health, private sector healthcare delivery

**10. Mobile Alliance for Maternal Action (MAMA). (2013). Living goods. Uganda: MAMA.**

[http://mobilemamaalliance.org/sites/default/files/1749-MAMA-Spotlight-June-v1-JH\\_1.pdf](http://mobilemamaalliance.org/sites/default/files/1749-MAMA-Spotlight-June-v1-JH_1.pdf)

*Document category:* Success story

Success story on how mobile platforms were designed to drive demand, increase access, and reduce costs for delivering products that save and change lives. Article provides basic insight on the project.

*Key words:* Maternal health, Uganda, mobile technologies, mobile platforms, m-health, micro-entrepreneurs

**11. Voices for a Malaria-Free Future. (2012). Malaria safe case studies. Baltimore, MD: Johns Hopkins University Center for Communication Programs.**

<http://www.malariafreefuture.org/malaria-safe-case-studies>

*Document category:* Case study

Success stories from a private sector partner's perspective on malaria control partnership. Article outlines why the company decided to form a partnership with the United Against Malaria Campaign.

*Key words:* Malaria, workplace programs

**12. Novartis. (2012). Improving rural health in India (fact sheet). Basel, Switzerland: Novartis.**

<http://www.novartis.com/downloads/corporate-responsibility/arogya-factsheet.pdf>

*Document category:* Fact sheet

This is a description of Novartis's CSR program.

*Key words:* India, Private sector health care delivery, micro-entrepreneurs, private sector health care delivery

**13. Clinton Health Alliance Initiative (CHAI). (2008). Tanzania pilot ACT subsidy: Report on findings. Tanzania: CHAI.**

<http://www.clintonhealthaccess.org/news-and-information/tanzania-pilot-act-subsidy-report>

*Document category:* Report

This is a report on increasing access of artemisinin-based combination therapies (ACTs) in the private and public sector. It was excluded from the Relevant Docs folder due to high level of technical language and length of document: however, it is worth reading to get an idea about how malaria medication was subsidized.

*Key words:* Malaria, Subsidizing commodities, private sector health care delivery

**14. Riley, P. (2013). mhealth education for families and health workers. Bethesda, MD: Abt Associates.**

*Document category:* m-health case study

An example of public-private partnerships using m-health education for health workers and beneficiaries.

*Key words:* Mobile technology, mobile health, Ghana, Bangladesh, Uganda, Kenya, Caribbean, child survival, Malaria, HIV/AIDS

**15. Greenberg, R. H., Williams, J. R., Yonkier, J. A., Saffitz, G. B., & Rimon, J. G. (1996). How to select and work with advertising agencies. Baltimore, MD: Johns Hopkins University Center for Communication Programs.**

[https://www.jhuccp.org/resource\\_center/publications/field\\_guides\\_tools/how-select-and-work-advertising-agency-1996](https://www.jhuccp.org/resource_center/publications/field_guides_tools/how-select-and-work-advertising-agency-1996)

*Document category:* How-to guide

A guide for program managers to successfully design demand creation campaigns with advertising agencies.

*Key words:* Agency capabilities and brief, bidders conference, contracting mechanism, creative ideas, media buys.

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## Appendix 2: Example of a Memorandum of Understanding (MOU) Between Partners in a PPP

### MEMORANDUM OF UNDERSTANDING

The Ministry of Health and Hygiene of Zindia,  
on behalf of its  
National Reproductive and Child Health Department  
and  
The Cellcell Mobile Telephone Company

This Memorandum of Understanding ("MOU"), effective on 1 May 2010 ("Effective Date"), is entered into by and between the Ministry of Health and Hygiene of Zindia, on behalf of its National Reproductive and Child Health Department ("NRCHD"), having an address at 61 West Elephant Street, Kimpasa, Zindia, and the Cellcell Mobile Phone Company ("CMC"), having its principal address at 690 Orame Miyo Road, Kimpasa, Zindia.

#### RECITALS

WHEREAS, NRCHD is implementing a project in Zindia entitled "Safe Mothers and Children" (the "Project"). Under the Project, NRCHD works to expand national health services to increase use of life-saving commodities to save lives of women and children;

WHEREAS, CMC seeks to collaborate with NRCHD in providing support to the Project;

WHEREAS, NRCHD wishes to work with CMC to conduct education, training, and outreach, which are of mutual interest and benefit to NRCHD and CMC and the Project;

WHEREAS, the activities of the partnership will further the goals of the Project and save lives in Zindia;

NOW, THEREFORE, in consideration of the following mutual promises, covenants, conditions, and any sums to be contributed, the parties hereto agree as follows:

#### Article 1: Purpose and Objectives

This MOU is entered into to expand access to information and motivation for women and children to use life-saving commodities. The NRCHD will assist CMC to create and integrate reproductive and child health and other health-related messages into their marketing platforms for customers, employees, and communities, and will look for additional creative outlets to disseminate those messages. Initially these messages shall address reproductive and child health, but may, in the future, address other health areas such as family planning, HIV/AIDS, etc.

#### Article 2: Duration

This MOU describes the general scope of project activities where the parties, contingent upon availability of funds, shall collaborate for a three-year period from the Effective Date.

#### Article 3: NRCHD Activities

The following activities shall be completed in collaboration with CMC but shall ultimately be led by NRCHD. Subject to the availability of funds, NRCHD shall provide technical assistance to CMC in order to

create educational materials and messaging to increase awareness of health issues using behavior change communication. The intention is for educational material and messages to be deployed via CMC's platforms (i.e., billboards, scratch cards, television ads, and SMS) in a number of ways including, but not limited to:

- Education and awareness through messaging using physical structures present in the urban areas of Zindia, such as building walls, clinic signboards;
- Educational information via print materials for customers at point of sales outlets;
- Education and awareness via participation in radio and TV public service announcements, and/or other mass media engagements such as radio or TV talk show appearances to talk about the Safe Mothers and Children Project; and
- Education and awareness via press conferences.

#### Article 4: CMC Activities

The following activities shall be completed in collaboration with NRCHD but shall ultimately be led by CMC.

Subject to the availability of funds, CMC shall:

- Education and awareness through messaging using physical structures present in the urban areas of Zindia, such as building walls, billboards, electronic signboards and monuments;
- Educational information via print materials for customers at point of sales outlets;
- Education and awareness via participation in radio and TV public service announcements, and/or other mass media engagements such as radio or TV talk show appearances to talk about the Safe Mothers and Children Project;
- Education and awareness via press conferences;
- Advocate, on behalf of the Project, to government leaders, such as parliamentarians, ministers of trade and finance, and other thought leaders, for increased high quality reproductive and child health services in Zindia;
- Advocate for greater private sector involvement in high quality reproductive and child health services in Zindia by participating in Project partner forums and other advocacy events;
- Offer protection of employees and their families and customers via CMC onsite clinics;
- Provide support and leadership for community awareness events such as sponsoring/running children's playhouses; and
- Select spokesperson(s) every year to participate in or on public service announcements, posters, and educational materials.

#### Article 5: NRCHD Contact

The NRCHD Director shall be the principal programmatic contact for NRCHD.

#### Article 6: CMC Contact

The Sustainability Director of CMC shall be the principal programmatic contact for CMC.

#### Article 7: Funding

NRCHD and CMC agree that this MOU does not commit them to any specific project activities, to make specific levels of financial or personnel support, or to provide specific office space for programs, except as provided herein. A party shall conduct the work and provide support based on the availability of resources and in accordance with its own rules and policies and those of its sponsor, if applicable. Notwithstanding the foregoing, the parties agree to use reasonable efforts to obtain and/or direct funds and other resources to support the Project.

#### Article 8: Future Work

Neither party shall incur any expenses or make any financial commitments until an authorized representative

of each party has provided written confirmation of funding.

#### Article 9: Communications

The parties shall communicate and consult with one another on the progress of the Project, and prepare semi-annual reports summarizing their activities for distribution.

#### Article 10: Confidentiality

The parties may engage in discussions and strategic planning during the term of this MOU and may share confidential or proprietary information ("Confidential Information"). "Confidential Information" means all non-public information including software, data, survey results, algorithms, diagrams, drawings, processes, research, product or strategic plans, and financial information. The parties covenant and agree that neither shall disclose such information to any person other than its employees, counsel, auditors, and consultants who, in each case, have a need to know and are bound by obligations of confidentiality. The recipient shall use the same care to avoid disclosure, publication, or dissemination of such information as it uses with its own similar confidential information, provided that the recipient shall use at least reasonable care.

#### Article 11: Publication, Publicity and Use of Name

11.1 Each party shall have the right to publish and disseminate information derived from the performance of work under this MOU. Qualification for authorship shall be in keeping with generally accepted criteria. The order of authorship shall be a joint decision of the coauthors in any coauthored publication. Each author shall have participated sufficiently in the work to take public responsibility for the content.

11.2 Neither party shall use directly or by implication the names of the other party, any of the other party's affiliates or contractors, any abbreviations thereof, of any staff member, or employee of the other party in connection with any products, publicity, promotion, financing, advertising, or other public disclosure without the prior written permission of the other party.

#### Article 12: Intellectual Property

With respect to any invention, discovery, copyrightable work, software or other intellectual property ("Intellectual Property") that is created or conceived of under any this MOU or any supplemental agreement the parties execute, unless otherwise agreed to, all rights, title to, and interests in any Intellectual Property that is created under this MOU shall be owned by NRCHD. However, NRCHD agrees to grant CMC a non-exclusive, royalty-free license to use, copy, distribute, display, perform, or such Intellectual Property for non-commercial purposes. Such license shall not include use of any Confidential Information.

#### Article 13: Termination

13.1 Either party may terminate this MOU at any time a minimum of sixty (60) days prior written notice. Unless otherwise agreed to by the parties, any supplemental agreement that is in progress and not scheduled to end until after the effective date of termination shall be completed according to the terms of the supplemental agreement.

13.2 In the event that NRCHD does not obtain the expected resources for its projects in Zindia, NRCHD has the right to immediately terminate this MOU.

#### Article 14: Notices

Notices that are required to be given under this MOU shall be addressed to the following individuals and sent by postage-prepaid first-class mail, in person, or by email with delivery confirmation. Notices shall become effective on receipt.

For NRCHD: Dr. Layli Seye  
Director  
National Reproductive and Child Health Department  
Zindia Health Services  
Ministry of Health and Hygiene  
61 West Elephant Street,  
Kimpasa,  
Zindia  
TEL: +777 45 78 908/FAX: +777 45 78 990  
[www.ministryhealth.Zindia.org](http://www.ministryhealth.Zindia.org)

For CMC: Raymond Johnson  
Cellcell Sustainability Director  
690 Orame Miyo Road,  
Kimpasa,  
Zindia  
TEL: +777 75 264 181 / FAX: +777 22 26 185  
[www.cellcellmobile.com/sustainability](http://www.cellcellmobile.com/sustainability)

#### Article 15: Liability

It is understood and agreed that neither party to this MOU shall be liable for any negligent or wrongful acts, either of commission or omission, chargeable to the other unless such liability is imposed by law, and that this MOU shall not be construed as seeking to either enlarge or diminish any obligation or duty owed by one party against the other or against third parties.

#### Article 16: General

16.1 Until such time that the parties agree to permanent public relations protocols, they agree to issue joint announcements regarding this MOU and specific projects.

16.2 Each party agrees to subscribe to the principle of equal opportunity and shall not discriminate on the basis of race, sex, age, ethnicity, religion, or national origin in the administration of this MOU and the selection of persons who participate in exchanges.

16.3 In the event that a dispute arises under this MOU, the parties agree to make a good faith effort to resolve any differences amicably.

16.4 In the event any provision of this MOU is determined to be invalid or unenforceable under any controlling law, the invalidity or unenforceability of that provision shall not in any way affect the validity or enforceability of the remaining provisions of this MOU.

16.5 The parties are and shall remain independent contractors and nothing herein shall be construed to create a partnership, agency, joint venture, or teaming agreement between the two organizations.

16.6 This MOU shall not be assignable by either party, in whole or in part, without the prior written consent of the other party.

16.7 This MOU contains the entire agreement between the parties and no statements, promises, or inducements made by either party or agent of either party that are not contained in this written MOU shall be valid or binding. This MOU may not be enlarged, modified or altered except in writing, signed by the parties.

16.8 In the event that a dispute arises under this MOU, the parties agree to make a good faith effort to resolve any differences amicably. Failure to reach resolution, any dispute shall be settled by binding arbitration under the Rules of Conciliation and Arbitration of the International Chamber of Commerce by one or more arbitrators appointed in accordance with said Rules using English law. Any and all hearings shall be conducted in the English language to be held in Johannesburg, South Africa. Judgment upon the award rendered may be entered into any court having jurisdiction.

Article 17: Translations

In the event that a translation of this MOU is prepared and signed by the parties, the English language version shall be the official version and shall govern in the event of a conflict. All disputes under this MOU shall be conducted and resolved in English.

IN WITNESS WHEREOF the respective parties hereto have executed this MOU by their duly authorized officers on the date appearing below their signatures.

Ministry of Health and Hygiene, Zindia

Cellcell Mobile Phone Company

BY: \_\_\_\_\_

BY: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date







Life  
Saving  
Commodities  
Improving access,  
saving lives

