

Private Enterprise for Public Health

Opportunities for Business to Improve Women's and Children's Health



A Short Guide for Companies

What is Every Woman Every Child?

The Every Woman Every Child effort was launched by the United Nations Secretary-General, Ban Ki-moon, during the United Nations Millennium Development Goals Summit in September 2010. It is an unprecedented global movement that aims to save the lives of 16 million women and children in the 49 poorest countries by 2015 and accelerate achievement of the Millennium Development Goals. It works to mobilize and intensify international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world. The initiative puts into action the Global Strategy for Women's and Children's Health. This presents a roadmap on how to enhance financing, strengthen policy and improve delivery of the health services and products needed in the countries to help women and children.

For more information on the Every Woman Every Child effort, please visit www.everywomaneverychild.org.

A Guide for Companies

This document highlights a broad range of specific and practical opportunities for improving the health of women and children while also generating value for private enterprise. We call this "shared value". It provides information about the health needs of women and children in developing and emerging economies to help companies identify where they can have the greatest impact. Private Enterprise for Public Health aspires to catalyse a collective approach to creating transformative partnerships to help to save the lives of 16 million women and children. These partnerships need to be sustainable and scalable and include a broad range of stakeholders to make lasting progress.

While this document provides practical opportunities for private enterprises to engage in improving women's and children's health, we expect the business community to behave responsibly and to respect human rights in general (and women's and children's rights in particular). We also expect private enterprises to uphold the principles of preventing harm and actively safeguarding women's and children's interests within their own operations in the marketplace and the community (a list of relevant principles is listed in the references section).

This guide originated in collaboration with the Innovation Working Group (IWG) in support of Every Woman Every Child. The Partnership for Maternal, Newborn & Child Health (PMNCH), which hosts the secretariat of IWG, developed this guide with social impact consultants FSG, in collaboration with the World Health Organization (WHO) and the United Nations Foundation (UNF), supported by the Norwegian Agency for Development Cooperation (Norad).

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The Secretariat of the Partnership for Maternal, Newborn & Child Health is hosted and administered by the World Health Organization.



Publication reference: Private Enterprise for Public Health. Opportunities for Business to Improve Women's and Children's Health. A Short Guide for Companies. Geneva, Switzerland: PMNCH.

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Contents

Foreword.....	4
Key Messages.....	5
1. Why explore opportunities in women’s and children’s health?.....	7
Companies can help save 16 million women’s and children’s lives by 2015	7
Diverse industries are using their core competencies to address health needs.....	7
Rising spending on health in developing countries may open investment opportunities for companies	8
Companies can benefit by pursuing opportunities in these and similar markets	9
2. What needs and opportunities exist?	11
Women and children have multiple, interrelated health needs	11
Companies are well placed to address many gaps across this system.....	11
Examples of how different industries can leverage core competencies to address different health needs ..	15
3. How can companies act?	17
Companies invest in core business to create shared value	17
Corporate philanthropy and CSR also play an important role.....	18
Internal investments in employees and their families	19
Public policy dialogue and advocacy.....	19
In all cases, partnerships are critical for success.....	19
Examples of transformative partnerships: sustainable business models that are at scale or are scaling up....	21
4. A blueprint for action: collective impact	27
Collective impact could transform health and create new opportunities	27
Successful collective impact initiatives require several key ingredients	28
Collective impact for women’s and children’s health: what could be achieved?.....	29
5. Next steps: the time to act is now	31
Methods	32
Consultations and key events in development of the guide	32
References.....	33
Endnotes	37
Annex - Women’s and children’s health: needs and challenges	38
Acknowledgements.....	39

Foreword



“ Every Woman Every Child.
This focus is long overdue.
With the launch of the Global Strategy
for Women’s and Children’s Health,
we have an opportunity to improve
the health of hundreds of millions of
women and children around the world,
and in so doing, to improve
the lives of all people. ”

– United Nations Secretary-General
Ban Ki-moon

Tore Godal, Special Advisor to the Prime Minister of Norway on Global Health,
and **Scott Ratzan**, Senior Vice President, Global Health, Johnson & Johnson.

Co-chairs of the United Nations Secretary-General’s Innovation Working Group for Every Woman Every Child.

Women’s and children’s health is a unique area where compassion, altruism and economics combine in a single cause. By saving lives, we not only do something morally right but also help build more prosperous, productive communities.

The inextricable link between a country’s health and its wealth is widely understood. Women and children represent more than half of the world’s population, so their well-being is a cornerstone of human development and progress. Women who are health literate and can access the health care they need to give birth safely – and ensure their babies get a healthy start in life – create the preconditions for economic growth and prosperity.

However, countries working alone, or with development partners, cannot do everything required to raise standards of health. They urgently need the support of private enterprise, with its global scale, energy and influence. In this report, we urge businesses to apply all their skills to tackle the problem of women’s and children’s health with innovative solutions, novel transformational business models and new mindsets – as well as established methods that are already known to work. In this way, companies can make a unique contribution. And, by creating “shared value” – a key concept here – they benefit their own balance sheets and reputations while addressing social issues.

The business case is clear: per capita health expenditure by public and private sources has grown by almost 14% in over 70 developing countries, while private finance, including private capital investment, now comprises 82% of the developed world’s total economic engagement with developing countries. There are several global initiatives recognizing these new dynamics, including the United Nations Secretary-General’s work with leading global companies to strengthen business partnerships across the United Nations system, work of the Innovation Working Group in support of Every Woman Every Child to scale innovations and catalyse sustainable public-private partnerships, and the aims of the United Nations Commission on Life-Saving Commodities for Women and Children and the Commission on Broadband for Digital Development.

This document entitled *Private Enterprise for Public Health* dovetails with these efforts. It is a practical “what, where and how” guide intended to inspire new and existing private sector players to make a massive difference by doing what they do best – innovate, and apply their core capabilities, technologies and processes, in partnership with others, to solve complex and interrelated problems in women’s and children’s health. Now, the next step is to focus our collective action on developing solutions and bringing them to scale in countries where needs and opportunities exist.

Key Messages

1 Companies can help save 16 million lives by 2015

- Women's and children's health is an **urgent global challenge**: 7.6 million children under the age of five and 287 000 mothers die every year. The world needs to do more if we are to meet the health-related Millennium Development Goals.
- The private sector has a unique ability to innovate to create financially self-sustaining solutions to challenges in women's and children's health. Active engagement by companies, both philanthropically and through the core business, is critical to the success of global efforts on this issue. Growing populations and rising health spending may create new opportunities for companies to meet these challenges, both through the business and through philanthropy and CSR initiatives.
- Doing so can also **benefit companies themselves**.

2 Different industries are well placed to address a range of unmet health needs

- Different industries can leverage their **unique competencies to work on different aspects of the health system**.
- **Multiple, interrelated needs must be met if the health of women and children is to improve**.
- To meet these needs, a functioning **health system must be in place**. This includes enabling policies, innovative products, delivery technologies and trained health workers.

3 Through partnerships, companies can create "shared value" around these needs


- Companies can meet these needs in ways that also create short- or long-term value for the business: they can create **shared value** around women's and children's health.
- Companies can create shared value on three distinct levels: by **reconceiving products and markets, by reconfiguring value chains and by strengthening local clusters**.
- While initiatives rooted in the core business are likely to be the most sustainable and scalable, **philanthropy and corporate social responsibility also have a role to play in creating shared value, as well as in areas of market failure where shared value opportunities cannot be found**. They are most effective when they **leverage companies' unique assets and expertise**.
- In all cases, **cross-sector, cross-industry partnerships are key to success**: companies rarely have the legitimacy, expertise and resources to act in isolation.

4 Collective impact offers a blueprint for transformative health partnerships

- Companies can ensure **collective impact and "change the game"** by working in a mutually reinforcing way with **partners from across sectors and complementary industries to transform health systems in a specific location**.
- Such transformative partnerships are not easy or straightforward – **initiatives require investment to align objectives and expectations, coordinate action and measure progress**.
- However, they have the potential to **transform women's and children's health and to create new opportunities for business**.

5 Next steps: the time to act is now

- Companies can use this guide as a starting point to **identify opportunities to contribute to the Every Woman Every Child effort and join the global movement to save 16 million lives by 2015**.
- Companies can then prioritize the opportunities aligned with their core competencies and build the business case.
- To create shared value through partnerships, companies can leverage various "catalysts" to develop and scale their initiatives in countries by joining partners in the **Innovation Working Group; The Partnership for Maternal, Newborn & Child Health and working with the United Nations Foundation and the UN Global Compact**.
- Companies can share their actions as a commitment to the global Every Woman Every Child effort. For more information and upcoming opportunities visit www.everywomaneverychild.org.



“ Each year, about 7.6 million children under five die from preventable causes and almost 300 000 women die needlessly in pregnancy and childbirth, so the scale of the problem is immense. We need to do something dramatic to save these lives, and that’s where the ideas, resources and energy of private enterprise will make a crucial difference. ”

— Flavia Bustreo,
Assistant Director-General, WHO,
PMNCH Board Member

1. Why explore opportunities in women's and children's health?

Companies can help save 16 million women's and children's lives by 2015

The private sector has a unique ability to innovate to create self-sustaining solutions to challenges in women's and children's health. Active participation by companies in global efforts to make a difference – both philanthropically and through the core business – is critical to the success of the Global Strategy for Women's and Children's Health (see below).

Women's and children's health is an urgent global challenge. **7.6 million children under the age of five** and **287 000 mothers die every year**.¹ The tragedy behind these numbers is that an estimated 21 000 children's deaths and 1000 maternal deaths could be prevented every day.² These deaths have a devastating effect – not only on families but also on society, because women's and children's health is the basis of social welfare and economic growth, and a prerequisite for the achievement of many other development goals.³

If the investments identified as necessary in the Global Strategy for Women's and Children's Health were made, they would have the following impact by 2015 in the 49 poorest countries alone:⁴

- **19 million more women** would give **birth supported by a skilled birth attendant**;
- **2.2 million additional neonatal infections** would be **treated**;
- **15.2 million more children under one year of age** would be **fully immunized**; and
- **40 million more children** would be **protected from pneumonia**.

Progress towards these goals has been made. However, less than four years remain until the 2015 deadline set in the Millennium Development Goals. If we are to meet those goals, the world needs to do more.

To rise to this challenge, the United Nations Secretary-General, Ban Ki-moon, launched The Global Strategy for Women's and Children's Health at the United Nations Millennium Development Goals Summit in September 2010. The **Every Woman Every Child** initiative resulted as a means of putting the Global Strategy into action. It aims to mobilize and intensify action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world. The overall aim is to save the lives of 16 million women and children by 2015.

The private sector has a unique ability to innovate, to create self-sustaining solutions to challenges in women's and children's health. Active participation by companies in the Global Strategy – both through the core business and philanthropically – is critical to its success.

Diverse industries are using their core competencies to address health needs

In developing this guide, over 70 private sector initiatives were reviewed from five key industries (pharmaceuticals; medical devices; digital technologies; financial services; and media, communication & entertainment). This review shows that most companies focus on their core competencies when contributing to women's and children's health:

- **Pharmaceutical and medical device** industries focus on health products and services for women and children. However, they also invest significantly in delivery infrastructure and systems to enable their businesses to operate efficiently in new markets. Examples include **Merck, Pfizer, J&J, Novartis, GSK, Aspen Pharmacare, Becton Dickinson, GE** and several others.
- **Digital technology** (IT and telecoms) companies enable health systems by improving communications and the ability to process information. This has been demonstrated by the pattern of their investments in recent years by companies including **Hewlett-Packard, Intel, Vodafone, Orange-France Telecom, Bharti Airtel, Safaricom, Wipro** and others.
- **Financial services** companies focus on health financing (e.g. health system funding, insurance and payment services). Examples include **Bajaj Allianz** and **ICICI Lombard**. Working with partners they can raise awareness of the availability of health financing, contribute to policy and governance decisions and help generate more demand for their services.
- **Media, communication and entertainment** companies' products and services are used to deliver health messages to people, for example through radio, television, social media or text messages. Innovative examples include **Globo TV, BBC, DMI** and others. They can also be used to mobilize resources in innovative ways.

Several other industries are well placed to address women's and children's health needs. **Food and beverage** companies innovate to develop new, more nutritious products and to realign their value chains to deliver them reliably and at low cost.

They can also help promote healthy eating. For example, the nutrition company **DSM** has partnered with the World Food Programme to develop and distribute fortified rice that delivers affordable micronutrients to more than 10 million people in some of the world's poorest countries.

Similarly, **consumer products** companies can address issues of hygiene and sanitation. For example, **Hindustan Unilever Ltd.** launched a major campaign (Swasthya Chetna) to increase handwashing in India. It did this by stepping up distribution of its Lifebuoy soap brand, alongside a US\$ 5 million education campaign running over five years.

In many countries, there are also opportunities for businesses (large and small) to engage directly in **health service delivery**. They can do this in areas such as patient transportation services, laboratories, clinics and hospitals. **Logistics and transportation** companies like **DHL** and **TNT** help both the public and private sectors to maximize supply chain efficiency and meet customer needs.

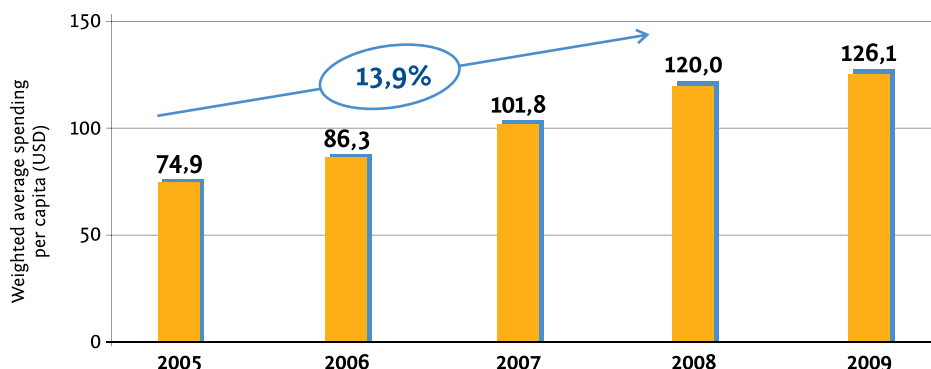
Rising spending on health in developing countries may open investment opportunities for companies

The upward trend of health spending in developing countries points to a long-term opportunity for companies. In these countries, the size of health markets, measured both by population and by value, is growing rapidly – faster than GDP. In the 74 developing countries that face the greatest challenges in women's and children's health:⁵

- total **population** grew from 4.28 billion to **4.84 billion** between 2000 and 2009;
- there are roughly **500 million children under the age of five** and **1.7 billion women above the age of 15** (2010);⁶
- **total health spend** – including public and private sources – increased from 4.8% of GDP in 2000 to **5.5% in 2009**;
- **average health expenditure per capita**, including both public and private sources, grew at **13.9% per year** between 2005 and 2009 (see Figure 1).⁷

Figure 1

Evolution of average per capita health expenditures across 73 developing countries from 2005-09 (USD)



These data suggest that companies that innovate to reach new consumers through their business are likely to see the value of developing-country markets grow over time. Greater public and private investment in health systems will also increase the chances of philanthropic and CSR initiatives successfully achieving social impact.

The specific needs and opportunities vary by location. Women and children in different places have different health needs. For example, in Botswana 96% of HIV positive pregnant women receive antiretroviral (ARV) treatment for the prevention of mother-to-child transmission of HIV, whereas in Pakistan only 0.4% of HIV positive pregnant women receive ARVs.⁸ Similarly, different market dynamics mean that an approach that is effective in one country may have little relevance in another. For example, most health spending in South Africa is controlled by the public health system, while in India and Nigeria more than 70% of spending is out-of-pocket.⁹ These differences mean that companies need to tailor their market strategies to the specific circumstances of women and children in the respective markets. However, this should come naturally to most successful international companies, which are used to adapting their products and services to different markets.

The three examples in Box 2 illustrate the dimensions of some emerging markets, and give an indication of the potential market opportunities. Nigeria, Andhra Pradesh (India) and Peru were selected to reflect one market from Africa, Asia and Latin America respectively. The data points are indicative of both the overall size of the health sector and specific challenges related to women's and children's health in the respective markets.

Box 2

Select Market - Estimates¹⁰

NIGERIA	ANDHRA PRADESH, INDIA	PERU
<p>Population (2009): 154 million GDP (2009): US\$ 173 billion Children under 5 (2010): 26.6 million Women above 15 years of age (2010): 45.4 million</p> <ul style="list-style-type: none"> - In 2009, Nigeria spent US\$ 11 billion on health care (36% government, 64% private); 96% of private health expenditures are out-of-pocket. - Total expenditures on health grew at an annual rate of 13% between 2005 and 2009. - 3.7 million pregnant women do not have access to a skilled health worker at birth. - 2.3 million infants aged 12-23 months do not receive 3 doses of combined diphtheria, pertussis and tetanus vaccine. 	<p>Population (2011): 76 million GDP (2009): US\$ 55 billion Children under 6 (2011): 8.6 million Women and girls above 6 years of age (2011): 38.0 million</p> <ul style="list-style-type: none"> - In 2007, the Government of India committed to increase government health spending from 1% to 2-3% of GDP by 2012; 70% of Indian health spending is out-of-pocket. - Due to the rollout of a governmental health insurance programme in 2007, 85% of Andhra Pradesh's population is now health insured. - 23% of all births are not assisted by a skilled health worker. 	<p>Population (2009): 29 million GDP (2009): US\$ 130 billion Children under 5 (2010): 2.9 million Women above 15 years of age (2010): 10.4 million</p> <ul style="list-style-type: none"> - In 2009, Peru spent US\$ 6.7 billion on health care (58% government, 42% private; 85% of private health expenditure is out-of-pocket). - Total expenditure on health grew at an annual rate of 15% between 2005 and 2009. - 176 000 pregnant women do not have access to a skilled health worker at birth.

Companies can benefit by pursuing opportunities in these and similar markets

Leading companies are starting to find ways to **create shared value** (see Figure 3 below) around women's and children's health. They do so by innovating around products, value chains and clusters (the health systems, infrastructure, supporting industries, policies and social norms that surround business operations). And they improve the health of women and children by helping them gain access to affordable health care – while also creating short- and long-term value for the business.

Shared value is created when both social and business issues are addressed, connecting a company's success with social progress



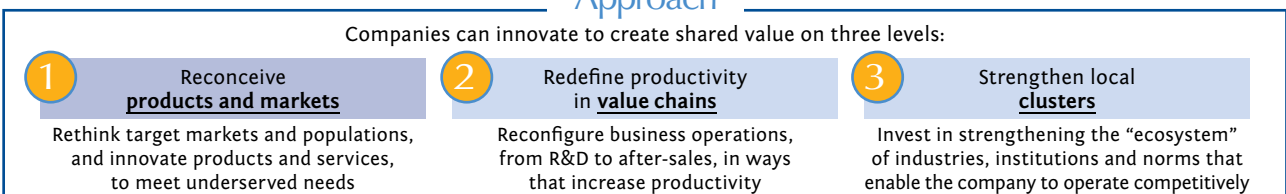
**Source: FSG and Michael Porter 2012*

Figure 3
Creating Shared Value¹¹

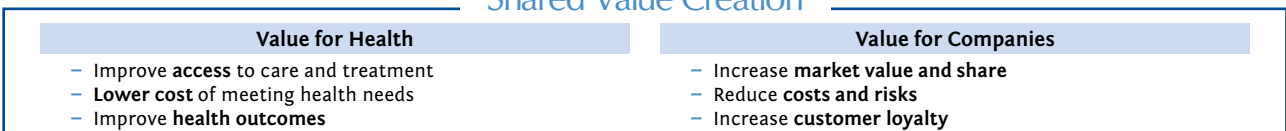
Definition

“The concept of **shared value** can be defined as policies and operating practices that enhance the competitiveness of a company while simultaneously advancing the economic and social conditions in the communities in which it operates” – Porter & Kramer (2011)

Approach



Shared Value Creation



In addition to these opportunities to create shared value, investing in women's and children's health – and being part of a coordinated, global effort – can benefit companies in other ways. For example, it can positively influence how customers perceive the brand and increase customer loyalty. It can also motivate employees and make them feel more engaged with the company – especially if it offers employees the chance to participate actively in such efforts.



“ Innovative public-private partnerships can help ensure that the right people are in the right place, and with the right resources and technologies to improve women’s and children’s health. ”

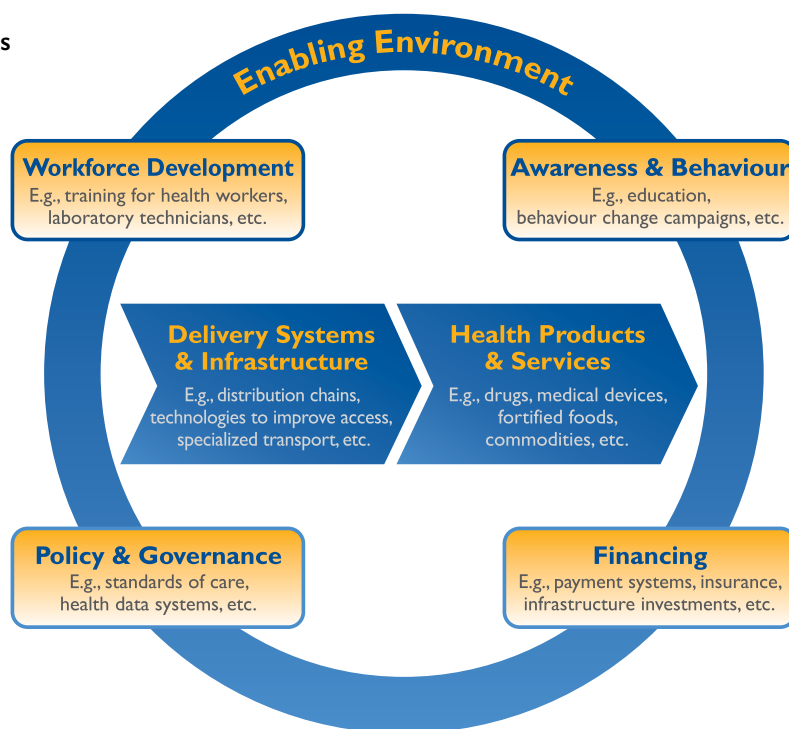
– Carole Presern,
Director, PMNCH

2. What needs and opportunities exist?

Women and children have multiple, interrelated health needs

Drugs and vaccines are important to women's and children's health, but by no means represent the entire solution. The problem is complex, because the health needs of women and children are interrelated and overlap within a system (see Figure 4). Many of these needs have to be addressed simultaneously if we are to make meaningful progress toward the health-related Millennium Development Goals.

Figure 4
System of health needs



Consider, for example, the health needs of a woman with complications during her pregnancy. Clearly, she needs access to appropriate medical equipment and drugs (*Health Products & Services*). In all likelihood, she'll need attention from specialist staff in a local clinic – and she may need an ambulance service to get her there (*Delivery Systems & Infrastructure*). Those staff need to be adequately trained and managed (*Workforce Development*). But the availability of these things would be of no use if the pregnant woman had not been made aware of the symptoms and physical signs to look out for during pregnancy, and informed of the treatment and entitlements available to her (*Awareness & Behaviour*). She also needs to be able to afford this medical treatment (*Financing*). Finally, to guarantee the overall existence and quality of the intervention, the government needs to enforce proper standards of care (*Policy & Governance*).

Companies are well placed to address many gaps across this system

At the global level, it is possible to identify a number of areas where companies may be well positioned to fill gaps in the provision of health care. These are illustrated in the tables below. The specific gaps and needs vary by country and population segment, so companies should thoroughly investigate and understand specific opportunities before investing, and should not rely on this document for guidance. Nevertheless, it offers a starting point for such specific analysis.

Health products & services

The table below illustrates some key opportunities for **product and service innovation** along the “Continuum of Care” for reproductive, maternal, newborn and child health (RMNCH). The RMNCH Continuum of Care represents the ideal delivery of integrated health services and interventions for mothers and children from pre-pregnancy through to delivery, infancy and childhood. A wide range of medical technologies and other products are needed to put together **comprehensive, integrated packages of essential interventions** and to provide **integrated care** for women and children.

Table 5
Continuum of Care: Health Product & Services

	Adolescence & Pre-Pregnancy	Pregnancy (Antenatal)	Birth	Postnatal (Mother)	Postnatal (Newborn)	Infancy & Childhood
Prevention	<ul style="list-style-type: none"> - Vaccines and Medicines to prevent and manage STIs (including HIV) - Innovative female contraceptives (e.g. microbicides) 	<ul style="list-style-type: none"> - New tetanus vaccines 	<ul style="list-style-type: none"> - Prophylactic uterotonics 			<ul style="list-style-type: none"> - New vaccines for h. influenza, meningococcal, pneumococcal and rotavirus - Needle free vaccines
Diagnosis	<ul style="list-style-type: none"> - Diagnostics for STIs (including HIV) - Cervical cancer diagnostics 	<ul style="list-style-type: none"> - Diagnostics for syphilis - Affordable mobile, solar powered ultrasound - Devices to detect and monitor maternal and fetal heart rates, uterine contractions and blood pressure 		<ul style="list-style-type: none"> - Diagnostics for serious infections after birth 	<ul style="list-style-type: none"> - Early infant diagnosis for HIV - Point of care diagnostics for newborn sepsis 	<ul style="list-style-type: none"> - Devices to measure paediatric blood and oxygen levels for childhood pneumonia
Treatment / Care		<ul style="list-style-type: none"> - Antiretroviral therapies for prevention of mother to child transmission - Intermittent preventive treatments in pregnancy against malaria - Corticosteroids for preterm deliveries 	<ul style="list-style-type: none"> - Improved formulation of uterotonics 	<ul style="list-style-type: none"> - Uterine balloons to manage cases of postpartum haemorrhage 	<ul style="list-style-type: none"> - New antibiotics for newborns - Safe platforms for neonatal resuscitation (suction apparatus and self-inflating bag-and-mask) - Ultraviolet tables for jaundice 	<ul style="list-style-type: none"> - Low cost infant warmers / incubators - Ventilators for babies - Paediatric formulations of antimalarials
<p> <ul style="list-style-type: none"> - Low cost, solar powered, mobile health devices / Point of care diagnostics - Nutrition fortification (folic acid, iron, calcium) </p>						

Learn more about what is needed:

Essential Interventions, Commodities and Guidelines for Reproductive Maternal, Newborn and Child Health, PMNCH, 2011

Learn about specific interventions and products that have been proven to reduce reproductive, maternal, newborn and child mortality, and promote reproductive health.

www.who.int/pmnch/topics/part_publications/201112_essential_interventions/en/index.html

UN Commission on Life-Saving Commodities for Women and Children, 2012

Learn about 13 essential overlooked commodities that have the potential to save the lives of women and children. This report identifies opportunities for increased production, supply, and use of affordable, high-quality, high-impact medicines and health supplies that have the potential to improve newborn, child, maternal, and reproductive health.

www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities/life-saving-commodities

Delivery systems & infrastructure

The table below depicts some opportunities for companies to **build the delivery systems and infrastructure** needed to make products and services more readily available to women and children at different levels of care giving. **Reconfiguring value chains** and **using mobile technologies** to reach people who live in remote places are particularly relevant.

Table 6
Continuum of Care: **Delivery Systems & Infrastructure**

Family & Community	Outpatient & Outreach Services	Hospitals & Health Facilities	Linking Places of Care Giving
<ul style="list-style-type: none"> - Innovative packaging and pricing, and reconfigured value chains for household-level products (e.g. insecticide-treated bed nets, contraceptives) - Technologies to disseminate health information (e.g. family planning) - Technologies to enable access to financial services (banking, insurance) 	<ul style="list-style-type: none"> - Immunization & health counselling campaigns - Mobile labs and clinics - Maternity waiting homes - SMS applications for health workers-patient communication - Systems to monitor doses and temperatures of HIV and TB drugs - Technologies to capture field data in electronic repositories 	<ul style="list-style-type: none"> - Innovative packaging and pricing, and reconfigured value chains for clinical level products (e.g. surgical equipment, antibiotics, uterotonics) - Medical records 	<ul style="list-style-type: none"> - Medical transportation (e.g. ambulances) - Tele-medicine - Technologies to transfer patient data (e.g. test results) to health facilities - Stock and logistics management systems



Enabling environment

The table below sets out a range of opportunities for companies to **improve the enabling environment** for women's and children's health. In other words, to help create an environment in which more (and more-effective) health care can be delivered to women and children when and where they need it. Companies can do this either as a contribution to a public or non-profit-sector-led effort, or to improve the context for other business activities. Through their business activities, companies can help develop the health workforce, strengthen policy and governance, increase demand for products and services by raising public awareness and expand health financing.

Table 7
Continuum of Care: **Enabling Environment**

Workforce Development	Policy & Governance	Awareness & Behaviour	Financing
<ul style="list-style-type: none"> - Training of skilled health attendants (midwives, nurses, doctors) - Training of hospital staff, physicians and pharmacists to use complex technologies - Training of field health workers to administer drugs and vaccines correctly and provide accurate health information to patients 	<ul style="list-style-type: none"> - Data collection technologies to inform policy makers (e.g. gaps in care provision, epidemiology) - IT systems to help decision-makers generate and analyse data - Better guidelines and standards of care - Resource mobilization and health advocacy - Consistent manufacturing standards and trade rules - Registration and device approval 	<ul style="list-style-type: none"> - National behaviour change campaigns - Customized information to improve health education and trigger health seeking behaviour - Campaigns targeting specifically health workers - General health and hygiene education 	<ul style="list-style-type: none"> - Investment capital for health facilities and hospitals (e.g. innovative debt-financing mechanisms) - Customized financial services (microfinance, microinsurance) for women



Examples of how different industries can leverage core competencies to address different health needs

This table provides an overview of five key industries with specific examples of best practices including **pharmaceutical, medical devices, ICT, financial services and media & communication**, and their core competencies in different aspects of the health system to improve women's and children's health.

Table 8

Alignment of core competencies of five key industries with different aspects of the health system

	<i>Health Products & Services</i>	<i>Delivery Systems & Infrastructure</i>	<i>Enabling Environment</i>
Pharmaceutical	<p>Develop new pharmaceutical products or adapt existing ones to meet women's and children's needs in a new way</p> <p><i>E.g. Boehringer-Ingelheim and J&J - Gilead/ once daily HIV treatment</i></p> <p><i>E.g. GSK and Crucell-J&J/development of new malaria vaccine</i></p> <p><i>E.g. Pfizer and Shanghai Dahua/ injectable contraceptives</i></p>	<p>Extend the reach of pharmaceutical products through innovative packaging and pricing and / or a reconfigured value chain</p> <p><i>E.g. Novartis-Sandoz/ Arogya Parivar</i></p> <p><i>E.g. Gilead Sciences / Licensing of antiretroviral manufacturing</i></p> <p><i>E.g. GSK, Merck, J&J / Tiered pricing</i></p>	<p>Training health workers to deliver products; support for community health education; input to standards of care / treatment guidelines</p> <p><i>E.g. Novartis-Sandoz/ Arogya Parivar</i></p> <p><i>E.g. Merck Vaccine Network</i></p>
Medical Devices	<p>New or adapted devices / diagnostics that are appropriate for resource-poor settings</p> <p><i>E.g. GE / Embrace infant warmer</i></p> <p><i>E.g. Great Connection / Mobile ultrasound device</i></p> <p><i>E.g. Siemens / ACUSON P10™ ultrasound</i></p>	<p>Reconfigured value chains to develop, produce, deliver and provide after-sales support for products</p> <p><i>E.g. Roche / AmpliCare programme</i></p>	<p>Training for health workers and laboratory staff; screening campaigns; input to regulatory frameworks; guidelines for effective diagnosis</p> <p><i>E.g. BD / Laboratory Strengthening programme</i></p>
Digital Tech. (ICT, Telecoms)	<p><i>Not a core competency</i></p>	<p>Technologies to enable the dissemination of health information, access to financial services, capture and transfer of patient data, and stock management and tracking</p> <p><i>E.g. Bharti Airtel / SMS-based Health Packs</i></p> <p><i>E.g. Safaricom / Changamka Microhealth</i></p> <p><i>E.g. Vodafone – IBM / SMS for Life</i></p> <p><i>E.g. Hewlett-Packard etc. / Drug authentication service</i></p>	<p>Technologies to support training of health workers, help decision makers generate and analyse data, or disseminate public engagement information</p> <p><i>E.g. Intel / World Ahead Program</i></p> <p><i>E.g. Globe Telecom / i-philhealthy campaign</i></p>
Financial Services	<p><i>Not a core competency</i></p>	<p><i>Not a core competency</i></p>	<p>Health insurance/payment services; infrastructure investment</p> <p><i>E.g. Bajaj Allianz / Health Micro insurance product</i></p> <p><i>E.g. GA Insurance / Changamka Microhealth</i></p> <p><i>E.g. LeapFrog Investment / Shriram CCL</i></p>
Media, Communication & Entertainment	<p><i>Not a core competency</i></p>	<p><i>Not a core competency</i></p>	<p>Behaviour change / health education messaging (through adverts, shows); Content development & provision; Resource mobilization / advocacy</p> <p><i>E.g. Globo TV / Health messaging in entertainment programmes</i></p> <p><i>E.g. DMI / Window to Love</i></p> <p><i>E.g. 100 media orgs. / Born HIV Free Campaign</i></p>



“ By helping to address one of the world’s oldest and most preventable global health tragedies, we believe ‘Merck for Mothers’ will have an important impact on society. We also believe it will provide valuable learnings to our business. We are in this fight for the long term. ”

– Kenneth C. Frazier,
Chairman of the Board,
President and Chief Executive Officer, Merck

3. How can companies act?

Companies can act to improve women's and children's health in four ways: 1) philanthropic investments and corporate social responsibility; 2) workplace policies that actively safeguard women and children; 3) external public policy dialogue; and 4) commercial business operations. However, these areas are interrelated, so companies' activities in them will often overlap. In all cases, partnerships are critical for success.

A powerful way for companies to act is to seek to create **shared value** around women's and children's health. For example, they could create shared value by pursuing opportunities that lower the cost of health care, expand access or improve health outcomes – while at the same time benefit the business by increasing market size or value, improving customer loyalty or lowering business risks or costs. Shared value initiatives should and do create economic value over the longer term, and make it easier for companies to focus resources and innovation on the problem. As a result, shared value initiatives are often more effective, sustainable and scalable in the long term than aid programmes that are not connected to business interests. They do not always need to generate short-term returns for companies in order to benefit women and children.

An important caveat is that, when pursuing shared value, companies should at all times respect and promote human rights in general, including the rights of women and children. This can be done by actively safeguarding the rights of women and children within companies' operations, in the marketplace and in the community.

Companies invest in core business to create shared value

Reconceiving products and markets

The most obvious way in which companies can create shared value around women's and children's health is through product and service innovation. These efforts are most successful when they start from creative thinking about the potential market: what women and children in specific market segments need but cannot access; why that is the case; and how a company's products and expertise may be able to bridge the gap.

Once market opportunities have been identified, companies can innovate to address them in several ways:

- They **develop new products and services** that meet health needs in new ways. For example, financial service firms like **Bajaj Allianz** and **ICICI Lombard** in India, or **GA Insurance** in Kenya (among others), are developing new health microinsurance products. These have the potential to transform the ability of poor women to pay for their, and their children's, health care. Similarly, IT companies such as **Hewlett-Packard** and **Sproxil** are developing new technologies that allow consumers to check the authenticity of drugs at the point of sale.
- They **adapt existing products and services** to lower cost, increase safety and better meet the needs of women and children. For example, medical device companies such as **GE** and **Medtronic** are adapting products for use in resource-poor settings. Food and beverage companies are incorporating micronutrients into everyday food products. Similarly, media firms such as the Brazilian network, **TV Globo**, incorporate key health messages into their programming (see boxed example).
- They explore new **pricing strategies** and alternative **revenue streams** that increase the affordability of health care. For example, many pharmaceutical firms, such as **GSK**, **Sanofi Aventis**, **Pfizer**, **Merck**, **Novartis** and others, offer tiered prices. These are determined by the ability to pay, which allows the companies to expand access among poor women and children without cannibalizing existing revenue.

Redefining productivity in their value chains

Companies generate profits by adding value to raw materials, products and services at each stage until they reach the consumer or end-user; this process is known as the value chain. In most cases, value chains are context-specific. So, a value chain that is profitable in North America may be unprofitable in most of Africa.

This is why it is important for companies to reconfigure their value chains to address the issue of women's and children's health in new markets. By adapting their value chains to local conditions, companies can often serve markets that would otherwise be out of reach, while also creating shared value. There are several ways in which firms can innovate to deliver products and services more widely and affordably:

- They reconfigure **design, development and production** to lower costs or improve reliability of supply. For example, many pharmaceutical companies, such as **Gilead**, **GSK** and **Sanofi Aventis**, use local licensing and manufacturing agreements to lower production costs.

- They adapt or expand **distribution and sales** approaches to improve efficiency and increase market reach. **Abbott** and **Novartis**, for example, have both developed innovative distribution businesses – True Care and Arogya Parivar (see boxed example) – which allow them to sell health products in rural India.
- They find more efficient ways to deliver **services and after-sales support**. For example, medical insurance provider **Changamka** in Kenya has partnered with **Safaricom** to provide payment services over mobile phones.

Strengthening local clusters

Clusters – the health systems, infrastructure, supporting industries, policies and social norms that surround business operations – are key to a company’s ability to operate viably over the long-term. It is difficult for companies to do business without such a supporting “ecosystem” of actors, particularly in such a complex field as health care. Companies can work in several ways to strengthen local clusters:

- They seek to influence the **demand conditions** for products and services, such as cultural attitudes towards health and health seeking. For example, pharmaceutical and medical device firms support community health education services – such as **Novartis** through its Arogya Parivar initiative. Similarly, insurance companies support efforts to improve financial literacy, as **Bajaj Allianz** is doing with CARE.
- They contribute to strengthening **health systems** to enable delivery of products and services. For example, IT firms such as **Intel** are investing in programmes to train health-care workers, who will eventually form a future customer base for their health-related products (see boxed example). Similarly, medical device companies such as **Becton Dickinson** and **Roche** are working to strengthen laboratory services in developing countries.
- They contribute to the development of **policies and standards**, or seek to influence those already in force, in ways that can facilitate the uptake of beneficial products and services. For example, the **Continua Health Alliance** brings together more than 240 companies to develop technology standards for mHealth solutions, to ensure the interoperability of systems and devices.

Box 9

Three Levels of Creating Shared Value, with Illustrative Examples

Reconceive products and markets	Redefine productivity in value chains	Strengthen local clusters
<ul style="list-style-type: none"> – New products and services E.g. Bajaj Allianz provides health microinsurance – Adapted products and services E.g. TV Globo incorporates health messages into telenovelas – New pricing strategies / revenue streams E.g. GSK and Merck offer tiered pricing on drugs and vaccines 	<ul style="list-style-type: none"> – Reconfigured design, development and production E.g. Gilead Sciences licenses manufacturing of antiretrovirals to local Indian firms – New distribution and sales approaches E.g. Abbott True Care operates a sales force with local language skills to reach rural India – Services and after-sales support E.g. GA Insurance and Safaricom deliver financial services by mobile phone 	<ul style="list-style-type: none"> – Demand conditions for products and services E.g. Novartis runs an arms-length programme for community health education in India – Contribute to health systems strengthening E.g. Becton Dickinson builds the capacity of laboratories in developing countries – Influence policy and standards E.g. Continua Health Alliance is developing new mHealth interoperability standards

Corporate philanthropy and CSR also play an important role

Core business activities may represent the most sustainable, long-term path for companies to deliver products and services that meet the large-scale health needs of women and children. However, **corporate philanthropy and corporate social responsibility (CSR)** can also play a critical role. In particular, philanthropy and CSR can help companies create shared value in two ways:

- **Complementing existing business activity** by investing to strengthen local clusters. For example, **Aspen Pharmacare** already creates shared value by manufacturing and selling high-quality, affordable antiretrovirals and other key medicines. In addition, it is participating in an initiative led by the South African government, and involving a wide range of partners, to strengthen the South African health system. While this is a CSR initiative within the company, South Africa accounts for 50% of the firm’s sales, and the company also stands to benefit if more South Africans are able to access effective health care.
- **Incubating longer-term opportunities** to create shared value. For example, the **Medtronic Foundation** has committed to Every Woman Every Child that it will invest US\$ 1 million to support planning and advocacy activities around noncommunicable diseases. This is focused on the care and treatment of the most vulnerable people, including women and children. While this will not provide an immediate return to the company, it nevertheless aligns with Medtronic’s long-term business interest in growing the viable market for its products.

In addition, not all health needs – particularly those of the very poorest – are amenable to the shared value approach. In some cases, companies are deterred by persistent market failures. However, through philanthropy and CSR they can contribute to addressing these intractable problems.

Whether aimed at creating shared value or not, the most effective philanthropic and CSR approaches leverage unique skills, resources and expertise. These usually achieve more impact than simple cash or product donations. For example:

Key Partners	Initiative	Issue	Needs Addressed
Merck with PATH, US Government and various other governments and NGOs	<i>Merck for Mothers</i>	<ul style="list-style-type: none"> – Reduce the burden of maternal mortality (postpartum haemorrhage, preeclampsia) – Improve access to family planning 	<ul style="list-style-type: none"> – Product innovation, improved access to pre-emptive prevention and treatment services and advocacy and awareness
Hewlett-Packard with Roche, Clinton Access Initiative	<i>Early Infant Diagnosis</i>	<ul style="list-style-type: none"> – Ineffectiveness of antiretroviral therapy due to long response time for test results 	<ul style="list-style-type: none"> – Technology to automate the HIV-testing process, data collection and reporting
Novartis with Vodafone, IBM, The Roll Back Malaria Partnership, Ministry of Health of Tanzania	<i>SMS for Life</i>	<ul style="list-style-type: none"> – Shortage of anti-malaria medicines due to poor inventory systems 	<ul style="list-style-type: none"> – Mobile phones, SMS and electronic mapping technology to track weekly stock levels and distribution of inventory
Johnson & Johnson , Voxiva, National Healthy Mothers, Healthy Babies Coalition (HMHB) in the US; in Russia, Johnson & Johnson , Voxiva, Health and Development Foundation, and Russian Federation Ministry of Health	<i>Text4Baby</i>	<ul style="list-style-type: none"> – Majority of women worldwide only have one prenatal visit with a health-care professional before giving birth 	<ul style="list-style-type: none"> – Free, stage-based text messages to deliver critical health information to new and expectant mothers in underserved communities
Johnson & Johnson with H4+ agencies (WHO, UNFPA, UNICEF, World Bank, and UNAIDS)	<i>Strengthening Capacity for Maternal and Newborn Health</i>	<ul style="list-style-type: none"> – Critical shortage of health workers in Ethiopia and United Republic of Tanzania – Need to increase the percentage of facilities-based births 	<ul style="list-style-type: none"> – Training health workers: nurses, midwives and general practitioners – Scaling up Maternal Death and Perinatal Audits – Encouraging clinical knowledge sharing among East African countries
Becton Dickinson , George W. Bush Institute, PEPFAR, Susan G. Komen for the Cure, Joint United Nations Programme on HIV/AIDS (UNAIDS)	<i>Pink Ribbon Red Ribbon</i>	<ul style="list-style-type: none"> – Lack of access to cervical cancer prevention, diagnosis and treatment 	<ul style="list-style-type: none"> – Discounted pricing on vital cervical cancer diagnostic tests – Education and training for laboratory staff and health-care workers on screening for cervical cancer

Internal investments in employees and their families

The private sector can, and has, contributed to women’s and children’s health through internal policies, such as workplace policies and various benefit systems. For example, many private enterprises have adopted successful HIV workplace policies to provide HIV prevention, treatment and care to their employees, often expanding to their dependants, as well as to ensure non-discrimination in the workplace. Beyond being important in their own right, these policies could serve as a template for workplace policies on maternal and child health. Moreover, benefits such as maternity/paternity leave, time off for antenatal and postnatal visits, and/or company health insurance can make significant contributions to women’s and children’s health.

Public policy dialogue and advocacy

Although it is not the focus of this guide to discuss opportunities for business in public policy and advocacy, it is important to mention that companies from various industry sectors, either individually or collectively, participate in health-related public policy dialogue and in a broad range of advocacy platforms with governments, multilateral organizations and civil society. Examples in women’s and children’s health include Every Woman Every Child and various related policy initiatives in countries.

In all cases, partnerships are critical for success

Successful initiatives, whether seeking to create shared value or purely philanthropic, often need to address multiple gaps in the health landscape simultaneously. This can be achieved most effectively through partnership working. From an economic perspective, health-system gaps can constrain growth, so overcoming them may add costs and risk to initiatives. From a social perspective, women and children rarely face one issue in isolation: rather than improving health outcomes, initiatives that focus on just one issue risk simply changing the eventual cause of illness or death.

It is rare for one company, organization or sector to have sufficient expertise and resources to be able to act effectively on all of these gaps on their own. Rather, successful initiatives often involve partners from multiple industries and sectors:

- **Governments** – both national and local – play a critical role. They have a primary obligation to ensure that the public health needs of their populations are met, and are responsible for setting key priorities (often documented in a **national health plan**). Also, in many cases, only governments have the reach and scale to help initiatives reach those most in need. As a result, government involvement or endorsement of an initiative can be instrumental to its success.
- Working with **complementary industry sectors** can allow participating companies to leverage each other's core competencies to address multiple issues simultaneously; thereby creating new opportunities.
- **Civil society** can bring key expertise in implementing initiatives. **NGOs** can help reach and involve sections of the community that may be essential to an initiative's success, but which companies may have little experience of dealing with. **Health-professional associations** can advocate for the prioritization of women's and children's health nationally and internationally and for the implementation of essential interventions, setting standards and competencies, supporting continuing medical education for their members and ensuring regulation through processes such as accreditation. **Academic institutions** can provide training for health workers in highly specialized skills. They can drive research and support sophisticated analysis, such as monitoring changing disease burdens.
- The **United Nations and its specialized agencies**, supported by member governments, have unique capacities. These include the ability to act as neutral brokers to convene different actors, to aggregate and disseminate data, to influence policies and to set norms and standards. Some of the key agencies influencing health include the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), UNAIDS, UN Women and the World Food Programme (WFP). The **World Bank** can also play a similar role to reduce poverty and support development through financial products and services.
- **Funding partners** include bilateral aid agencies, multilateral organizations such as the International Finance Corporation (IFC), private foundations and innovative financing mechanisms such as UNITAID. These can play a role in bridging market failures, in seed-funding initiatives that may grow into self-sustaining models over time, or in providing critical growth capital where other financing may be hard to obtain.
- Finally, global health partnerships and alliances (such as **Roll Back Malaria**, **The Global Fund**, **Stop TB**, **PMNCH**) can play an important catalytic role to facilitate cross-sector partnerships, open new avenues for dialogue and raise additional resources. For example, **GAVI** partners with the vaccine industry from developed and developing countries for innovative models in pricing and delivery of vaccines. It has also launched the GAVI Matching Fund to attract private sector funding and skills.



Examples of transformative partnerships: sustainable business models that are at scale or are scaling up

INTEL – *World Ahead Program* for Medical Education

Issue: Acute shortage of health workers in India and lack of uniformity of standards of medical education across the country.

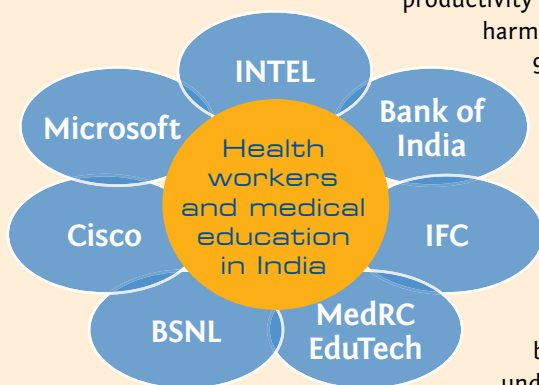
Partners: Bank of India, International Financing Corporation, MedRC EduTech – content developer, BSNL broadband provider, Cisco and Microsoft.

In 2008, Intel recognized the opportunity to have a lasting impact on India's acute shortage of health workers through its core products and a tailored marketing approach. The company played the role of a catalyst by delivering an undergraduate medical curriculum as high-quality digital content through India's Digital Approach to Medical Education programme.

In India, the shortage of health professionals is due mostly to the shortfall of faculty members to teach students. Also, the overall quality of health-care delivery, including health outcomes for women and children, is affected by the lack of uniformity in the standards of medical education across the country.

Intel recognized early in the process that the complexity of the issue called for a more holistic approach than the initial plan to focus solely on content. A number of elements of the delivery system and enabling environment needed to be addressed to ensure the success of this venture. Intel therefore invested upfront to tackle issues such as awareness building, broadband infrastructure and management and faculty member education. In order to address each element of this fragmented health system and respond to local needs, Intel had gradually to build a dense network of partnerships by carefully selecting local partners in each region. Intra-industry partnerships were necessary to bring complementary skills to Intel and the medical content provider: telecom providers deliver the broadband connectivity; networking partners, including Cisco, support in setting up state-of-the-art networking infrastructure nationally; and software partners, including Microsoft, provide software support and access to media and database servers as well as digital rights managements. Cross-industry partnerships with financial institutions, including Bank of India, were also pursued to lend financial support to students and help them buy PCs.

This programme brings ongoing value to the Indian health system by increasing the number of IT-enabled clinical professionals, thus making scarce clinical resources available to a larger unserved market. It also increases the capacity, productivity and quality of the medical education system through the harmonization of standards across the country. As for Intel, to date over 90 000 students and faculty members and 410 clinical institutions are using this programme. With an annual increase of around 36 000 beneficiaries, Intel has secured a promising customer base for its products in a high-growth market. The company is currently building on the success of the programme to expand the scope of medical areas covered, while simultaneously rolling it out to Philippines, Sri Lanka and Bangladesh. In addition to that, Intel made a commitment in Every Woman Every Child to scale education and training to 1 million health workers by 2015, working with several partners including the UN agencies under its 1Mx15 Health Initiative.



“ Technology will play an essential role in delivering health care to all citizens in the 21st century. Our new commitment 1Mx15 Health Initiative (educating 1 million health workers by 2015) to Every Woman Every Child is an integral part of this effort. ”

– Mike Gann,
Director, Global Healthcare, Intel Corporation

www.intel.com/content/dam/www/public/us/en/documents/articles/world-ahead-global-healthcare-article.pdf

NOVARTIS – Arogya Parivar for Access to Essential Medicines

Issue: 65% of India's population lacks access to essential medicines.

Partners: Public sector at state and community level, over 20 NGOs, Vestergaard Frandsen, microfinance institutions.

Lack of access to medicine causes millions of deaths in developing countries, especially among women and children. In 2007, Novartis decided to tackle this problem. It reached out to the underserved group of rural Indians earning between US\$ 1 and US\$ 5 per day with a sustainable and scalable pharmaceutical delivery business called Arogya Parivar (AP).

While an estimated 65% of Indian people lack regular access to essential medicines, rural India is a massively underserved health market. It represents 70% of the population, but just 22% of all health spending. Part of the problem comes from low adoption rates. Even when health products and treatment are available, people often can't afford them or don't know they exist.

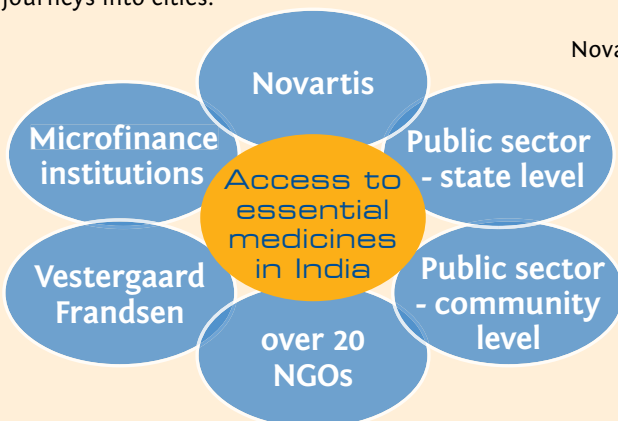
Novartis recognized the need for a holistic approach to this complex problem. It chose to address all three elements of the health system (primary, secondary and tertiary) through its core competencies when possible, and through partnerships when not.

The company started by carefully analysing the local disease burden, and then developed a portfolio of 79 tailored products in 11 therapeutic areas. These were drawn from its originals, generics and over-the-counter businesses, alongside products from other firms such as Vestergaard Frandsen bed nets. It also set up tailored delivery systems to expand the reach of its products.

Novartis strove to meet the local demand for more affordable products by reducing packaging sizes and manufacturing locally. In parallel, it established a dense distributor network of local sales teams to provide access to crucial market intelligence and reduce mistrust among potential customers. However, the company found that the best strategy for successful uptake of its products was to work closely with India's own health system. In partnership with the public sector, Novartis involved local key stakeholders in villages to educate the poor consumers on disease prevention and seeking timely treatments for ailments. It helped rural health practitioners and pharmacies to link up with microfinance institutions (MFIs). This enabled them to develop rural health-care capacity and ultimately saved patients long journeys into cities.

“ In designing Arogya Parivar, meaning ‘healthy family’ in Hindi, we were trying to achieve what we call the three S’s: to be sustainable, have impact at scale, and do so with speed. We knew that unless we could give a proof of concept to the Novartis board quickly it would be impossible to move forward. We broke even in under 3 years. ”

– Anuj Pasrija,
Head of Social Business Group, Novartis



Novartis has shown leadership, and secured its presence in a key growth market, by venturing into communities where high logistical costs often deter companies. AP broke even after 30 months and delivers needed health products in 33 000 villages in 10 states in rural India, reaching a total population of 42 million. Novartis has ambitious plans for the future in the remaining states of India and has recently expanded the initiative to Kenya, and is expected to roll out in Vietnam and Indonesia in 2012.

www.novartis.com/corporate-responsibility/access-to-healthcare/our-key-initiatives/social-business.shtml

TV Globo – Social and Health Messaging

Issue: Lack of health services and health education for the poorest population in Brazil.

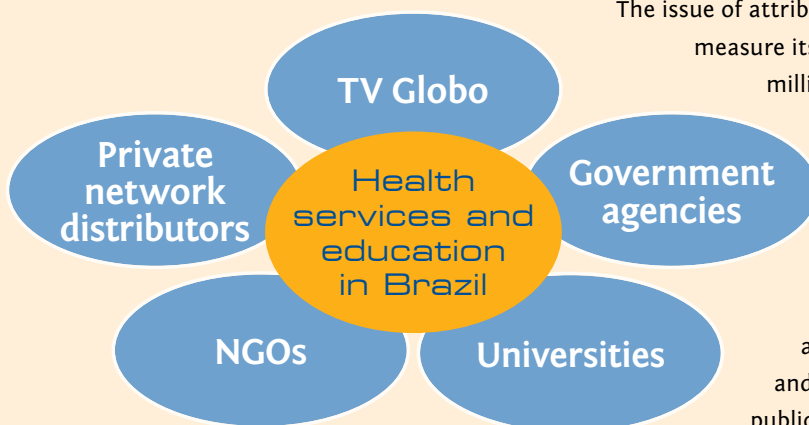
Partners: Government agencies, universities, NGOs, private network distributors.

Brazil's public health system doesn't always effectively reach the poorest segments of the population.¹² However, since 1974 it has been helped by a major television company. By including social and health messages into its entertainment programmes, TV Globo has been using its position as a broadcaster to drive progress in the Brazilian health system, while also building its competitive advantage.

The decentralized health-care system established in 1988 in Brazil is still developing, as it seeks to enable universal and equitable coverage throughout the country. Health-sector reforms in Brazil are driven predominantly by civil society, so the challenge is ultimately political to secure the universal right to health.¹³

TV Globo broadcasts to millions of Brazilians every day, so it is in a strong position to educate as well as entertain. For example, it has raised awareness of the need for early diagnosis of paediatric cancers, which has led viewers to pressure their local governments to enforce proper standards of care. The private TV network currently has 837 shows channelling social and health information to all segments of the population.

To build health information into its storylines, TV Globo works in partnership with government agencies, universities, NGOs and private companies. However, it accepts it is only a small part of the solution, because meaningful health impact can only come from the integrated work of multiple partners acting in parallel at different levels of the health system.



The issue of attribution makes it difficult for TV Globo to measure its social impact, but its access to over 45 million viewers gives a sense of the scale. The returns for TV Globo itself are easier to establish, because the company's commitment to social issues is an integral part of the strategy that has helped it capture more than 50% of Brazil's TV market. This competitive advantage drives its credibility with investors and advertisers, and especially with the general public, which perceives TV Globo as a caring and socially concerned broadcaster.

“ Our commitment to social and education issues is TV Globo's strongest differentiator from other media companies. ”

– Beatriz Azerado,
Head of Social Projects, TV Globo

http://redeglobo.globo.com/Portal/institucional/foldereletronico/ingles/g_rs_missao_social.html

BHARTI AIRTEL – SMS-Based Health Information Packs

Issue: Lack of access to health-care information in India.

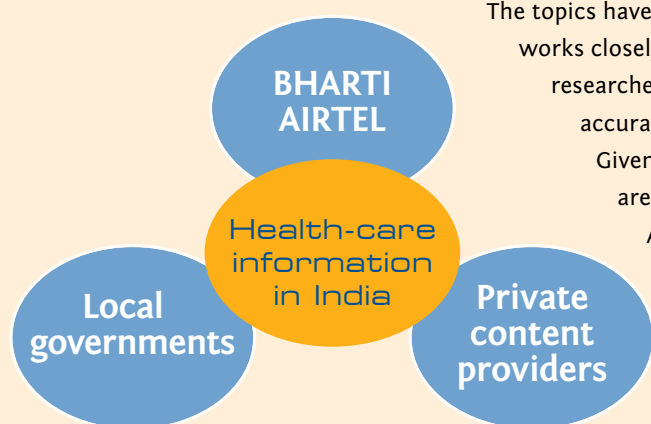
Partners: Private content providers e.g. mDhil, local governments.

Telecommunications company Bharti Airtel is addressing Indian's lack of access to health-care information by sending daily text messages to its customers on a variety of health issues. This is an important service, because many Indians are unable to get essential information due to taboos around topics such as sexual health, and problems with accessibility and affordability.

Bharti Airtel launched SMS-based health packs in 2011. Users pay a daily fee for subscriptions to receive information in four health areas: common health conditions, lifestyle diseases, men's health and women's health. This service built on its existing SMS-based information platforms (e.g. for sports results etc.), so the company incurred few development costs beyond content development. Bharti Airtel recognizes that, while it can reach phone subscribers, it does not have the expertise to develop appropriate content. As result, it is working with specialist content providers like mDhil that focus on translating public-health information into compelling, understandable messages with less than 160 characters (thus suitable for dissemination via SMS). While the service currently focuses on urban areas, the company also recognizes the long-term potential of expansion into rural India, and notes it needs to partner with government in order to win the trust of rural consumers.

“ Our view is that there is an opportunity in mHealth; therefore this is of importance to us. But it is only going to happen if we can form requisite partnerships. ”

– Mohit Beotra,
Bharti Airtel



The topics have been chosen based on consumer demand analysis. mDhil works closely with public health professionals, physicians and medical researchers to create content for services which empower users with accurate and culturally relevant health information for India.

Given the lack of accessible health information – particularly for areas such as reproductive health – mDhil working with Bharti Airtel and partners enable users to make informed choices for positive health outcomes.

Early data about the service are promising. Bharti Airtel's 30% market share represents a customer base of approximately 182 million; during the first year since launch, the company has already reached over 500 000 customers through this new product. Women's sexual

health, traditionally a subject for which information is difficult to obtain, is one of the most popular products with women. The company has ambitious expansion plans for the service, aiming to reach 8%-10% of its subscriber base by the end of 2013 – an estimated 15-20 million customers.

www.airtel.in/wps/wcm/connect/Airtel.in/airtel.in/home/whats+new/pg-mhealth

Safaricom - Helping to Spread the Cost of Health Care

Issue: Need for innovative payment system for health services for the poor.

Partners: Government of Kenya, Changamka - medical insurance provider, private and public health providers.

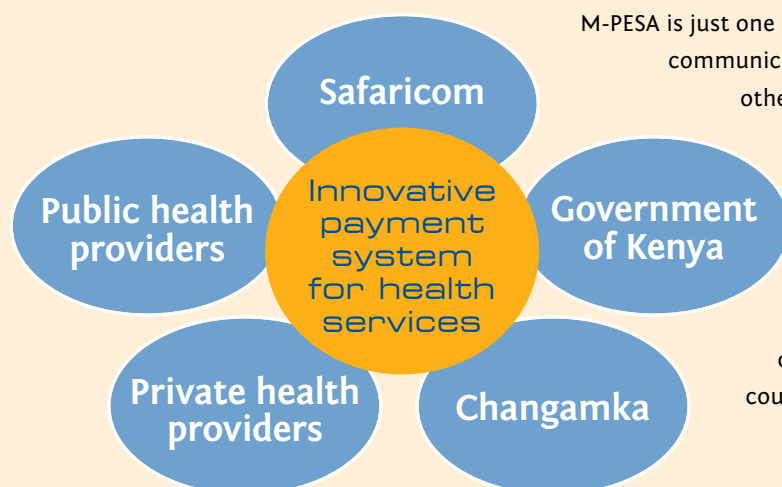
Kenyan telecommunications company Safaricom is helping poor people budget for the costs of health care through its electronic payment system M-PESA. The scheme is part of the company's commitment to work with the Kenyan Government and other partners to build the enterprise architecture needed for mHealth solutions at national scale. According to Bob Collymore, the company's CEO and a UN Global Compact Board Member: "Safaricom is a perfect illustration of an industry outside the traditional 'health sector' that makes a significant contribution to improving women's and children's health."

"I like the idea of cross-industry collaboration. We don't have the credentials to push the health agenda forward alone, so we need to work with partners such as large hospitals in the execution of these initiatives."

— Bob Collymore,
CEO, Safaricom,
UN Global Compact Board Member

Launched in March 2007, M-PESA grew within five years to have more than 14.8 million customers and about 35 000 agent outlets countrywide. More than 700 organizations now accept bill payment via M-PESA and a further 300 are bulk payment partners. M-PESA account holders can buy electronic funds at an M-PESA agent and send the electronic value to any other mobile phone user in the country, who can then redeem it for conventional cash at any M-PESA agent. The service does not require users to have a bank account – an important consideration in Kenya, where millions of people do not have them.

The success and widespread availability of M-PESA makes it an ideal way for users to save money for medical expenses. To this end, Safaricom linked up with Changamka, the Kenyan medical insurance provider. By combining their expertise in different fields, and working alongside health-care providers equipped to use the M-PESA system, the two companies are helping poor people meet the costs of health care. A Kenyan mother may be able to afford a few dollars for treatment for her baby if she can spread the payment out over time, or easily get help from her family in another part of the country, but not if she has to pay in cash all in one go. Innovative payment systems like this can put more health services within reach of the poor.



M-PESA is just one example of shared value through communications technology. Safaricom aims to encourage other African businesses, especially mobile phone providers in other countries in Africa, to match its commitment to the United Nations Secretary-General's Global Strategy. Mr Collymore said: "In a world with over 5 billion mobile phone users, and a rapidly growing broadband network, there are many other opportunities, particularly in developing countries. Every company can make a difference."

www.safaricom.co.ke/index.php?id=250 and <http://changamka.co.ke/>



“ The current challenges our economy and our planet are facing require new partnerships. No one sector can solve them alone. These partnerships reflect new business models, and are helping us provide solutions to big social and environmental problems in a way that is equitable, sustainable and drives growth. ”

– Paul Polman,
CEO, Unilever, UN Global Compact LEAD Task Force Co-Chair

4. A blueprint for action: collective impact

Collective impact could transform health and create new opportunities

As economies develop and health systems improve over the next few years, companies can find and pursue shared value and philanthropic opportunities as they open up. However, they don't need to wait. Through **collective impact** – mutually reinforcing efforts across several industries and sectors to transform health systems in a specific location (see Figure 10)¹⁴ – they can “change the game” on women’s and children’s health, proactively creating the opportunities of tomorrow.

Figure 10

A Vision for collective impact for women’s and children’s health



Examples of collective impact in global health are emerging. However, one of the most successful and best documented examples of this kind of activity comes from agriculture. The Beira Agricultural Growth Corridor is a good example of collective impact in action (see boxed example 11). The initiative aims to stimulate a major increase in agricultural production on 10 million hectares in central Mozambique, and transform the lives of more than 1 million local people. It was launched in 2009 by a coalition of 54 actors, including the government of Mozambique, the international community and 34 companies.¹⁵

Box 11

Example: The Beira Agricultural Growth Corridor in Mozambique

Problem: 10 million hectares of arable land largely untapped due to poor access to agriculture-supporting infrastructure, lack of suitable finance and insufficient experienced agriculture entrepreneurs and senior managers.



Successful collective impact initiatives require several key ingredients

Working in this way can be challenging for companies. If they fail to analyse their situation and opportunities thoroughly, and chose inappropriate partners, companies can risk making mis-steps or being distracted from their core business. Competitive considerations may make it complicated – both from a cultural and a legal perspective – to partner with other firms. Similarly, a mutual lack of understanding and trust can hamper efforts to partner with the public sector, NGOs and multilaterals. Lack of alignment on interests and goals can damage partnerships, and may risk producing counterproductive results. Finally, short time horizons and overambitious goals can lead to disappointment. As with any commercial opportunity, it takes time and effort to build new markets.

Successful collective impact initiatives address these challenges by incorporating several “best practices”:

1. *Multiple industries and sectors are involved*

- Few organizations have the competence or legitimacy to be able to act efficiently on multiple areas simultaneously;
- Therefore, successful initiatives will include multiple partners from different industries, and across the public and private sectors.

2. *Partners work toward a common agenda, based on rigorous analysis*

- To be effective, partners need to be aligned on what success looks like, and on their respective interests and motivations;
- This should be rooted in the relevant country-led health plan;
- Companies should conduct thorough market analysis to identify opportunities and develop strategies.

3. *Action is differentiated but mutually reinforcing*

- Rather than pooling resources in one agency, or duplicating efforts, actors should focus on their core competencies;
- These differentiated efforts should be mutually reinforcing;
- A clear “division of labour” can also help build trust.

4. *Partners use shared metrics to track progress and to learn*

- Shared metrics help ensure that the different efforts add up to the overall vision, and enable cross-sectoral learning;
- Metrics need to be defined at the start, with a baseline, so that all partners can use them as a management and learning tool.

5. *There is continuous communication between partners*

- Consistent and open communication is needed to maintain alignment and trust;
- Companies do not need to reveal competitive information, but do need to signal intentions and progress to relevant partners.

6. *The initiative is coordinated by a “backbone organization”*

- To implement the above, a common resource is needed to broker partnerships, and to coordinate planning, communication and measurement;
- Such a “backbone organization” needs appropriate skills, resources and operational independence to be effective.

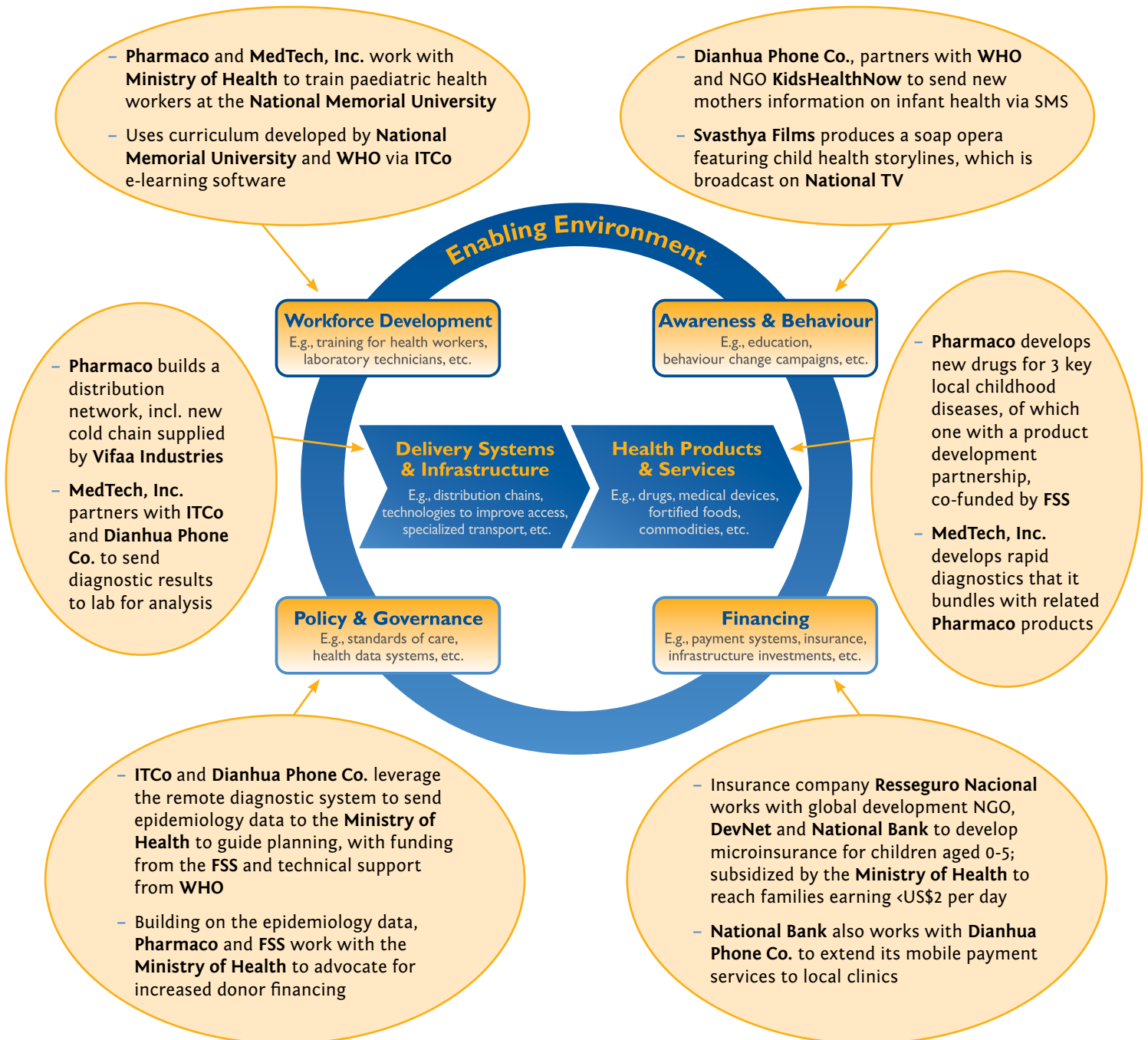
Collective impact for women’s and children’s health: what could be achieved?

Collective impact in global health and development is still relatively new – the Beira Agricultural Growth Corridor, one of the more developed examples, is still less than three years old. So, while some efforts are being planned or piloted, including several led by United Nations agencies, research for this guide did not uncover any global health examples involving companies that had reached scale.

However, by considering different innovations currently being pursued by various companies, it is possible to imagine what a collective impact initiative might look like. An example is presented on the next page.

Achieving collective impact in a medium-sized country*

- **Population:** 30 million people
- **GDP (2010):** US\$ 55 billion, growing at 5.5% per year
- **Annual Health Spending:** US\$ 0.6 billion, growing at 9.7% per year; 60% private funded
- **Key Health Issue:** deaths from three key childhood diseases at 5x regional average
- **Industry Partners:** Pharmaco; MedTech, Inc.; ITCo; Dianhua Phone Company; Resseguro Nacional; National Bank Pte. Ltd.; Svasthya Films; Vifaa Industries
- **Public Sector & Civil Society:** Ministry of Health, Fondation Stéphane Soumano (FSS), DevNet, KidsHealthNow, National TV, National Memorial University, World Health Organization (WHO)



*Company names are fictional



“ This guide is a very helpful tool. Now it is important how it will be used and how we’ll catalyse collective action and create shared value together with women and children in the countries. ”

— Julio Frenk,
Dean, Harvard School of Public Health,
PMNCH Board Chair

5. Next steps: the time to act is now

With the 2015 deadline to achieve the Millennium Development Goals fast approaching, **the time to act is now**. To explore and develop options, companies should take three steps:

- 1. Identify opportunities** related to specific needs and markets where they may be well placed to act in support of national health plans;
- 2. Prioritize and build the business case** for the opportunities that make most sense in light of the company's strategy and local health needs;
- 3. Explore partnership opportunities** with complementary industries, government, the United Nations system and/or civil society as needed. In particular, companies should identify whether they can engage with existing efforts before launching a new initiative.

The table below shows the key strategic questions companies need to answer in order to develop an effective approach and useful resources and information sources to get started.

	<i>Key Questions to Answer</i>	<i>Useful Resources</i>
1. Identify opportunities	<ul style="list-style-type: none"> – Which developing country markets are priorities for your company in short- or longer-term? – What are the biggest and most persistent health needs of women and children? What are the priorities set out in the national health plan? – Which of these needs is your company best positioned to address, given your core competencies? 	<ul style="list-style-type: none"> – Section 2 of this guide; – National Health Plans (contact the relevant Ministry of Health); – Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health (see http://portal.pmnch.org); – Countdown to 2015 (www.countdown2015mnch.org), see summary of Women's & Children's Health: Needs & Challenges (annex of this guide); – Priority commodities (see The UN Commission on Life-Saving Commodities for Women and Children).
2. Prioritize and build the business case	<ul style="list-style-type: none"> – What is the size of the market or target population? What are the market dynamics (e.g. public vs. private health spend, etc.)? – What is the state of the health cluster? What critical gaps exist? – What is the scale of investment likely to be required, and how does this compare with potential social and business impact? 	<ul style="list-style-type: none"> – National Health Plans (contact the relevant Ministry of Health); – WHO National Health Accounts (see www.who.int/nha/); – For example GSMA IMEI Database for mobile telephone industry (see http://imei.db.gsm.org); – To learn about other firms' experiences, contact the Innovation Working Group in support of Every Woman Every Child (see www.everywomaneverychild.com/iwg).
3. Explore partnership options	<ul style="list-style-type: none"> – What existing initiatives are operating, which your company may be able to join? – What complementary industries are needed to bridge gaps in the cluster, or to enable implementation of an initiative? – What expertise or competencies from the public sector and civil society are needed? Who could play that role? – Who can broker and coordinate partnerships? 	<ul style="list-style-type: none"> – To connect with other companies and other stakeholders focused on women's and children's health, contact PMNCH (see www.pmnch.org) and join the Innovation Working Group (email: iwg-pmnch@who.int); – For more information on United Nations system and public-private partnerships, contact the United Nations Foundation and the Global Compact (see www.unfoundation.org and www.unglobalcompact.org); – For calendar of key global, regional and local events, see www.everywomaneverychild.org

Whether your company is pursuing a comprehensive shared value strategy around women's and children's health, or contributing in a more modest way, you can register your commitment as part of the Every Woman Every Child effort. New commitments should represent policy, service or product delivery, and new financial commitments should aim to improve women's and children's health and address the needs outlined in the Global Strategy.

To find out more about making a commitment to Every Woman Every Child, please visit the website at:

www.everywomaneverychild.org

Methods

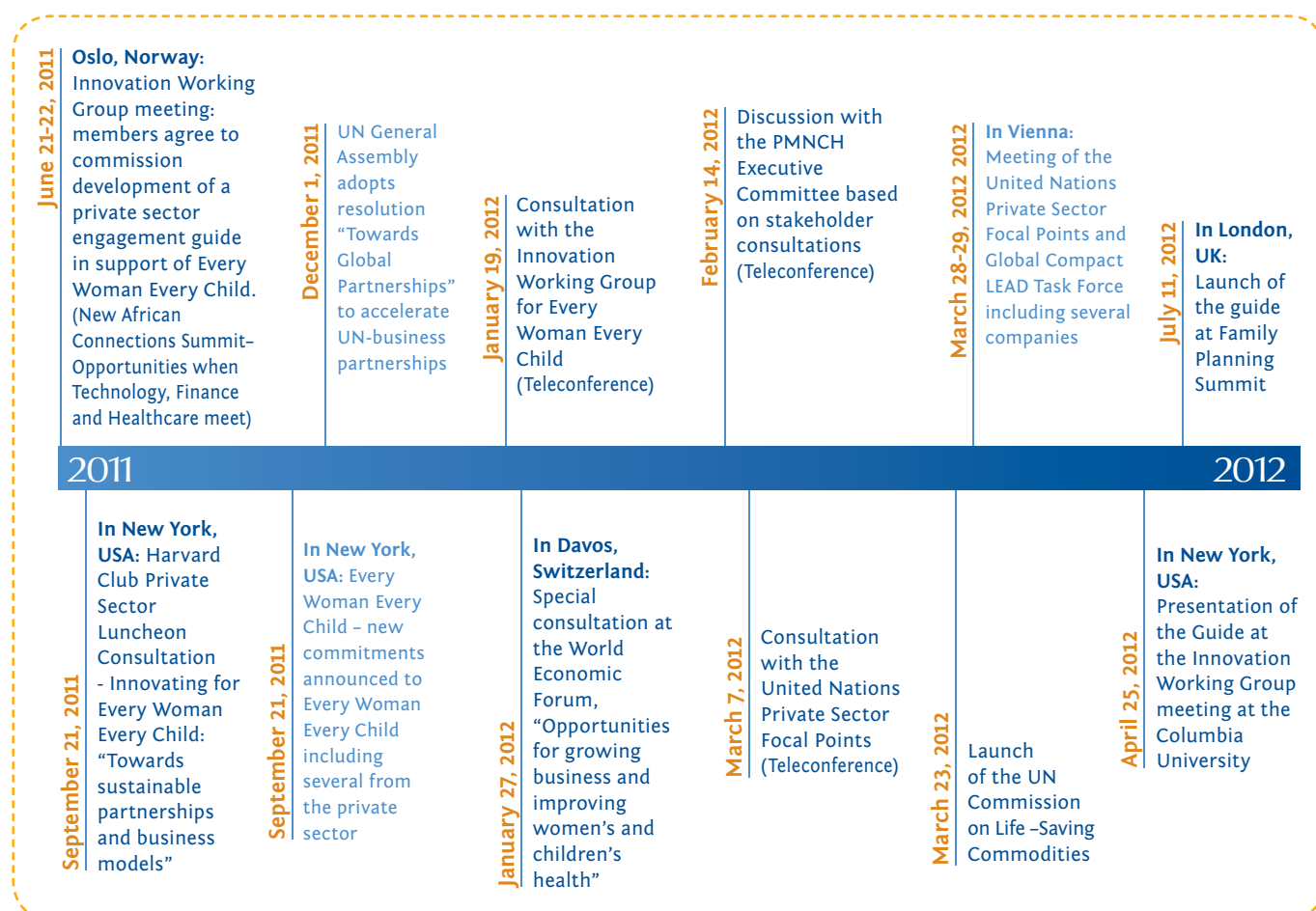
This document was discussed and developed based on interviews with 41 stakeholders drawn from 28 international companies, governments, foundations, multilateral organizations, NGOs and academia, who are actively engaged in global health and development or made commitments to the Every Woman Every Child effort.

In addition, we conducted an in-depth literature search of key publications related to women's and children's health and the role companies have in this space. As part of this process, we reviewed more than 70 corporate initiatives in women's and children's health, and utilized various databases, case studies and resources to draw on information within the public domain (see references for more information).

This guide was further informed by extensive consultations with businesses and all other key stakeholder groups in global health (see Acknowledgements). The consultation held during the 2012 World Economic Forum in Davos, Switzerland, brought together over 25 leaders from the private sector, NGOs and United Nations agencies to provide feedback on the first draft of this guide. Others consulted included the members of the Innovation Working Group in support of Every Woman Every Child, the United Nations Private Sector Focal Points from UNICEF, WHO, UNFPA, UNAIDS and UN Women and the United Nations Global Compact. The draft guide was then shared with the executive-committee Board Members of the Partnership for Maternal, Newborn & Child Health (PMNCH) and with representatives of the seven PMNCH key constituencies (representing the 460+ members).

This guide was written and prepared for publication in July 2012 and the information contained was believed to be accurate at that time. Any opinions stated are those of the authors, unless otherwise indicated.

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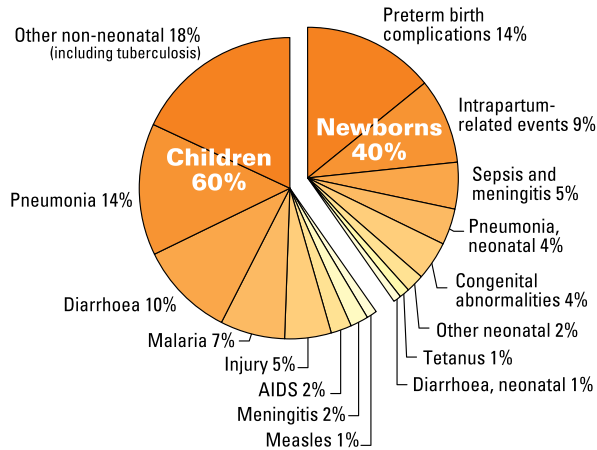
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Annex - Women's and children's health: needs and challenges

MAIN CAUSES OF DEATH

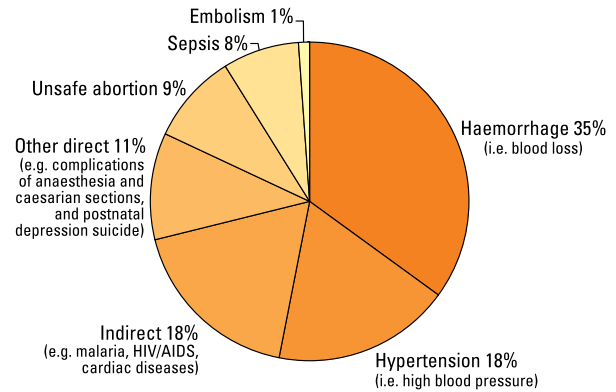
Causes of deaths in children under 5 years

(7.6 million deaths every year/ around 21,000 preventable deaths every day)



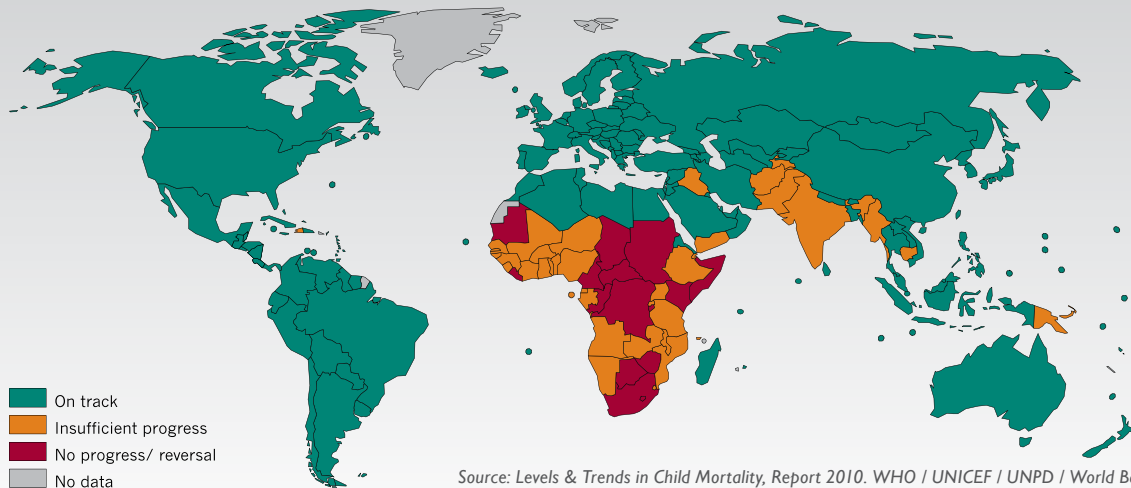
Causes of maternal deaths

(287,000 deaths every year/around 1000 preventable deaths every day)

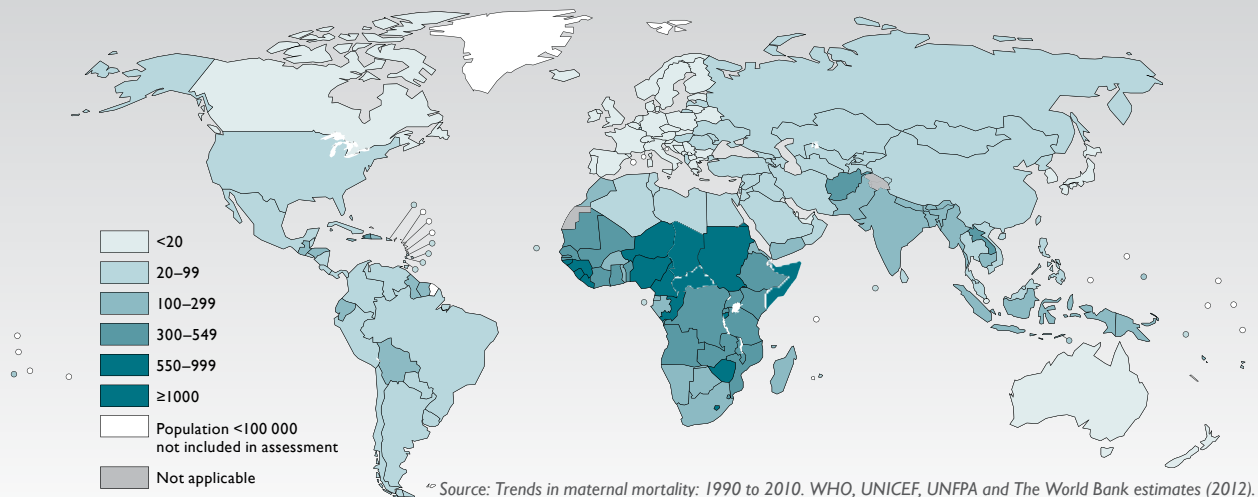


Adapted from: Countdown to 2015, Building a Future for Women and Children, The 2012 Report (2012) and Trends in maternal mortality: 1990 to 2010. WHO, UNICEF, UNFPA and The World Bank estimates (2012).

MDG 4: CHILD MORTALITY RATES - NEED TO ACCELERATE PROGRESS IN AFRICA AND ASIA



MDG 5: MATERNAL MORTALITY RATIO STILL UNACCEPTABLY HIGH IN MANY COUNTRIES



Acknowledgements

We would like to thank all those who contributed their time and insights to inform this report. The report was developed with a broad range of stakeholders listed below who provided their time and expertise and have contributed significantly through various consultations and iterations for the creation of this report.

I. List of Interviewees

45 minute interviews were held with leaders in improving women's and children's health from all stakeholder groups: private sector (international companies from high-, middle- and low-income countries), NGOs, foundations, governments, multilateral organizations and academic institutions.

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Ongoing support was provided by the PMNCH Secretariat and Consultants: **Carole Presern**, **Shyama Kuruvilla**, **Andrés de Francisco**, **Lori McDougall**, **Marta Seoane**, **Henrik Axelson**, **Kadi Toure**, **Stephen Nurse-Findlay**, **Nick Green** and **Marie Renaux**.

About the Innovation Working Group in support of Every Woman Every Child

The Innovation Working Group serves as a catalyst for innovation and sustainable public-private partnerships for Every Woman Every Child. It is co-chaired by the Government of Norway and Johnson & Johnson and has over 40 members, including strong private sector representation. The secretariat is hosted at PMNCH.

About PMNCH

The Partnership for Maternal, Newborn & Child Health (PMNCH) brings together more than 460 members with the aim of catalysing collective action to improve women's and children's health. Among its members the Partnership counts a growing private sector constituency in addition to governments, multilateral organizations (including WHO, UNICEF, UNFPA, UNAIDS and The World Bank), non-governmental organizations, health-care professional associations, academia and donors and foundations.

The Secretariat of the Partnership for Maternal, Newborn & Child Health is hosted and administered by the World Health Organization.

About the United Nations Foundation

The United Nations Foundation links the United Nations' work with others around the world, mobilizing the energy and expertise of business and nongovernmental organizations to help the United Nations tackle issues including global health and women's and children's health, poverty eradication, energy access and peace and security.

About FSG

FSG is a nonprofit social enterprise specializing in strategy, evaluation and research that partners with foundations, corporations, nonprofits and governments around the world to develop more effective solutions to the world's most challenging problems.

Editing and production

Editing: Taylor-made Communications

Design: Roberta Annovi

Web: Anne-Marie Cavillon and Jacqueline Toupin

Printed in France

Photo credits: cover, WHO/Christopher Black, UN Photo/Kibae Park, UN Photo/David Ohana, UN Photo/Eskinder Debebe; page 6, UN Photo/Martine Perret; page 10, UNICEF/NYHQ2011-2197/Patricia Esteve; page 13, WHO/Jim Holmes; page 14, WHO/Christopher Black; page 16, WHO Thailand/Chadin Tephaval; page 20, UNICEF/NYHQ2006-0779/Shehzad Noorani; page 26, UNICEF/NYHQ2005-1566/Giacomo Pirozzi; page 30, WHO/Christopher Black.

“ We need to work more closely with business. This guide shows it is important to ensure that all partners share the same long-term perspective, and have aligned interests. ”

– *C.O.Onyebuchi Chukwu,*
Honourable Minister of Health, Nigeria,
PMNCH Board Member

“ Private Enterprise for Public Health is an essential roadmap for companies to address maternal, newborn and child health needs, in a manner that will establish new markets while helping to advance achievement of the Millennium Development Goals. ”

– *Gary Cohen,*
Executive Vice President, BD (Becton, Dickinson and Company)

“ This engagement guide provides a critical framework for collaboration between private and public sectors. Demonstrating a shared value will create greater opportunities for scale and sustainability, ultimately impacting the lives of millions of women and children. The time to act is now. ”

– *Craig Friderichs,*
Director of Health, GSMA,
PMNCH Board Member



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