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# PUBLIC-PRIVATE PARTNERSHIPS AND CORPORATE SOCIAL RESPONSIBILITY IN THE HIV RESPONSE

## DESK REVIEW

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

**AUGUST 2010**

This publication was produced by the AIDS Support and Technical Assistance Resources (AIDSTAR-One) Project, Sector I, Task Order I, USAID Contract # GHH-I-00-07-00059-00, funded January 31, 2008.



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The AIDS Support and Technical Assistance Resources (AIDSTAR-One) project is funded by the U.S. Agency for International Development under contract no. GHH-I-00-07-00059-00, funded January 31, 2008. AIDSTAR-One is implemented by John Snow, Inc., in collaboration with Broad Reach Healthcare, Encompass, LLC, International Center for Research on Women, MAP International, Mothers 2 Mothers, Social and Scientific Systems, Inc., University of Alabama at Birmingham, the White Ribbon Alliance for Safe Motherhood, and World Education. The project provides technical assistance services to the Office of HIV/AIDS and USG country teams in PEPFAR non-focus countries in knowledge management, technical leadership, program sustainability, strategic planning and program implementation support.

### **Recommended Citation**

Peterson, Jamine, and David S. Hausner. 2010. *Public-Private Partnerships and Corporate Social Responsibility in the HIV Response, Desk Review*. Arlington, Va.: USAID | AIDSTAR-One Project, Task Order 1, 2010.

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# ACRONYMS

ART	antiretroviral treatment
BMGF	Bill & Melinda Gates Foundation
CII	Confederation of Indian Industry
CSR	corporate social responsibility
GBC	Global Business Coalition to Fight HIV and AIDS
GHI	Global Health Initiative
GoI	Government of India
IBA	India Business Alliance
IBT	Indian Business Trust
L&T	Larsen & Toubro Limited
MARP	most-at-risk population
NGO	nongovernmental organization
PPP	public-private partnership
STI	sexually transmitted infection
TTL	Tata Tea Limited
USAID	US Agency for International Development
USG	U.S. Government
WEF	World Economic Forum



# PURPOSE

The purpose of this document is to provide a broad overview of public-private partnerships (PPPs) in India. Corporate social responsibility (CSR) initiatives, though not typically categorized as PPPs, often are a result of PPPs and thus are included in this document. The paper highlights challenges, opportunities, models, and guidelines that Private Sector Technical Working Group can take into consideration while developing a strategy for U.S. Agency for International Development (USAID) to engage the private sector.



# PUBLIC-PRIVATE PARTNERSHIPS

## BACKGROUND

PPPs are a relatively new phenomenon in India, yet they are increasingly seen as playing a critical role in improving the performance of health systems worldwide by bringing together the best characteristics of the public and private sectors to improve efficiency, quality, innovation, and health impact of both private and public systems. While partnerships can be an effective force toward achieving these results, they are not a magic solution to the many problems that now face health systems around the world. If partnerships are to be effective in addressing the issues of poverty reduction and equity, quality improvement, and cost containment, considerable work will need to be done to develop the accountability and transparency, the legal and regulatory framework, and the mutual trust that is necessary for partnerships to succeed. In many countries, PPPs are now a central feature of ongoing efforts to modernize public services and infrastructure (Mitchell 2008; Research Republic LLP 2008).

The private sector plays a crucial role in providing health care in India, contributing to almost 4.2 percent of the gross domestic product of the country's total health expenditure (Mathiyazhagan 2005). Between 60 and 70 percent of Indians seek medical services from the private sector, more than 75 percent of users of oral contraceptives and condoms obtain them from the private sector, and 71 percent of the women who seek treatment for reproductive health problems do so in the private sector (Annigeri et al. 2004). As the rates of communicable diseases climb, the role of the private sector will be crucial in providing care and treatment (Narian 2008). As the private sector's role continues to increase, it is imperative that the public and private health sectors work together to achieve maximum coverage and provide quality care.

## DEFINITION

There are many ways of defining the terms *public* and *private*. In general, however, the public sector includes organizations or institutions that are financed by state revenue and that function under government budgets or control. The private sector comprises those organizations and individuals working outside the direct control of the state. In the health sector, for-profit providers may include individual physicians, diagnostic centers, ambulance operators, blood banks, commercial contractors, polyclinics, nursing homes, and hospitals of various capacities. They may also include community service extension of industrial establishments, cooperative societies, and professional associations. The for-profit private health sector encompasses the most diverse group of practitioners and facilities. Likewise, the character of not-for-profit organizations varies in terms of size, expertise level, and geographical spread.

Although widely used, the term *partnership* is difficult to define. Some definitions in the literature are so ambiguous that they cover practically any type of interaction between public and private actors.

Yet partnership is often used to describe a range of inter-organizational relationships and collaborations. Some of the useful definitions of public private partnership are<sup>1</sup>:

- “...to bring together a set of actors for the common goal of improving the health of a population based on the mutually agreed roles and principles” (World Health Organization 1999)
- “...a variety of co-operative arrangements between the government and private sector in delivering public goods or services provides a vehicle for coordinating with non-governmental actors to undertake integrated, comprehensive efforts to meet community needs...to take advantage of the expertise of each partner, so that resources, risks and rewards can be allocated in a way that best meets clearly defined public needs” (Axelsson, Bustreo, and Harding 2003)
- “...a partnership means that both parties have agreed to work together in implementing a program, and that each party has a clear role and say in how that implementation happens” (Blagescu and Young 2005)
- “...a form of agreement [that] entails reciprocal obligations and mutual accountability, voluntary or contractual relationships, the sharing of investment and reputational risks, and joint responsibility for design and execution” (World Economic Forum [WEF] 2005)

Three fundamental themes emerge from these definitions. First, a *relative sense of equality* between the partners; second, there is *mutual commitment to agreed objectives*; and third, there is *mutual benefit* for the stakeholders involved in the partnership. Partnership is therefore a collaborative effort and reciprocal relationship between two or more parties with clear terms and conditions, clearly defined partnership structures, and specified performance indicators for delivery of a set of health services in a stipulated time period. In other words, the core elements of a viable partnership are beneficence (joint gains), autonomy (of each partner), joint-ness (shared decision-making and accountability), and equity (fair returns in proportion to investment and effort) (Raman and Bjorkman 2006).

## **CHALLENGES OF PUBLIC-PRIVATE PARTNERSHIPS**

The following are as cited by the private sector against the public sector:

- The public sector often wants the private sector to bear the entire financial burden.
- Lack of detailed policy documents with accompanying procedures, protocols, regulations, incentives, and mechanisms to support partnerships
- Lack of capacity and orientation of government functionaries to promote such partnerships
- Lack of single-window clearance facilities within the government for various statutory requirements that the private partners need before investment and implementation can begin.

The following are as cited by the public sector against the private sector:

- They use illegitimate or unethical means to maximize profit.
- Less concern toward public health goals

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<sup>1</sup> Definitions and citations are from Raman and Bjorkman, 2006.

- Lack of interest in sharing clinical information
- Creating brain drain among public sector health staff
- Lack of regulatory control over their practices.

Given these challenges, both private and public entities are wary of working with one another; however, advocates argue that the public and private sectors can potentially gain from one another in the form of resources, technology, knowledge and skills, management practices, cost efficiency, and even a makeover of their respective images. (Raman and Bjorkman 2006).

## **BENEFITS OF PARTNERSHIPS**

Some benefits of PPPs are as follows:

- Financial (increase resources or reduce costs)
- Transfer of technical knowledge
- Publicity
- Legitimacy
- Research
- Enhanced influence
- Access to commodities
- Advance public health strategies and policies
- Enable companies to meet public health needs, strengthen their brand, and penetrate new markets (Mitchell 2008; WEF 2005).

## **CHARACTERISTICS OF SUCCESSFUL PARTNERSHIPS**

The following are characteristics of successful partnerships:

- Clearly specified, realistic, and shared goals
- Clearly delineated and agreed roles and responsibilities
- Distinct benefits for all parties
- Transparency
- Active maintenance of the partnership
- Equality of participation
- Meeting agreed obligations (Mitchell 2008).

# PUBLIC-PRIVATE PARTNERSHIP MODELS IN INDIA

The following are some PPP models in India:

- **Up-gradation and professional management of one or two departments/services within public owned hospitals:** Tamil Nadu has done this in Stanley Medical College Hospital.
- **Outsourcing specialized medical procedures and diagnostic services:** Madhya Pradesh has done this in several district hospitals, while Himachal and Rajasthan states have also permitted their hospital societies to do so. The government of West Bengal is going to pilot a network of diagnostic centers run by private operators. Andhra Pradesh government has invited proposals from the private sector to partner in setting up more than a hundred diagnostic centers in government health centers across the state.
- **Handing over entire hospitals/health centers to private partners to re-equip, upgrade, and manage:** Maharashtra state has experience of handing over health centers in Karnataka and West Bengal to nongovernmental organizations (NGOs) for management.
- **Health insurance and community health financing operations:** Several states, such as Karnataka and Gujarat, have experience of community health financing models. Union governments are actively working on developing a health insurance scheme for poor people. The governments of Madhya Pradesh, West Bengal, and Rajasthan are actively negotiating with insurance companies to start health insurance schemes for poor with elements of cross-subsidization by higher premiums from the rich.
- **Management of procurement storage, distribution, and pharmacy operations in government hospitals/health centers:** The Department of Family Welfare, Government of India (GoI), has published a policy paper that is accompanied by an invitation to the state government to develop PPPs in this area. The PPPs will be kick-started with GoI grants and operational costs which will be supported through a mark-up allowed by GoI on all central supplies handled by the network. It is a real and current opportunity for the private sector. The government of West Bengal is going to pilot a parallel drugs and supplies network of pharmacies run on a fair-shop basis in government hospitals by private partners.
- **Social marketing of health care products/supplies and social franchising of health care services:** There has been a well-established system in place for more than 10 years, and it has been reviewed recently, as a result of which a revamped strategy for closer and longer lasting partnerships will be coming with a greater role for state governments.
- **Partnerships to operate emergency transportation of patients:** The government of West Bengal is preparing to pilot the concept with a grant from Kreditanstalt für Wiederaufbau of Germany (Bhandari n.d.).

# CORPORATE SOCIAL RESPONSIBILITY (AN HIV AND AIDS PERSPECTIVE)

## DEFINITION

There is little consensus on the definition of CSR; however, most definitions describe CSR as a concept whereby companies integrate social and environmental concerns in their business operations and in their interactions with their stakeholders on a voluntary basis. The “Karmayog CSR Study and Ratings of Indian Companies” states that CSR is about two aspects:

1. “The steps taken by the company to neutralize, minimize, or offset the negative effects caused by its processes and product-usage”
2. “The further positive steps a company takes using its resources, core competence, skills, location, and funds for the benefit of people and environment” (Karmayog, 2009).

The World Business Council for Sustainable Development defines CSR as “the continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the work force and their families as well as of the local community and society at large” (Collage Article 13, 2007).

In KPMG’s “International Survey of Corporate (Social) Responsibility Reporting” (2005), which surveyed more than 1,600 companies worldwide and documented the top 10 motivators driving corporations to engage in CSR for competitive reasons, the following emerged:

- Economic considerations
- Ethical considerations
- Innovation and learning
- Employee motivation
- Risk management or risk reduction
- Access to capital or increased shareholder value
- Reputation or brand
- Market position or share
- Strengthened supplier relationships
- Cost savings.

The survey also cited *challenges* of CSR as stated by human resources staff:

- “CSR is picking up now as an area where companies are showing interest. However, it is limited to the big players; if the small players are doing it...there is not enough publicity. Unless more visibility is given to these programs, it would be difficult to make it popular amongst corporates.”
- “Social consciousness is not a priority for most corporates. To most organisations, it is a cosmetic tool to ward off regulatory scrutiny. Organisations which believe in it, however, will vouch that it has stood them in good stead.”
- “Organisations are getting competitive in whatever they do. Moreover, companies are being closely monitored under provisions like corporate governance and [Right to Information] Act which bind organisations towards ethics and transparency. In such a scenario, the future looks healthy and people in general can expect to derive benefits out of it.”

## **INDIAN-SPECIFIC CHALLENGES**

Some challenges include the following:

- A huge and growing population
- Mass urbanization
- A move away from a traditional, agricultural-based economy
- Massive poverty alongside increasing and booming wealth, with the specter of HIV and AIDS alongside diseases
- How to balance the needs and wants of a growing economy with the scale of the issues above (Collage Article 13, 2007)?

## **WHY CORPORATE SOCIAL RESPONSIBILITY**

Businesses worldwide have found that the most important spur to developing their own HIV and AIDS programs has been the impact of the disease on their bottom line. Numerous studies from Kenya and South Africa conducted by companies such as Daimler Chrysler and De Beers have shown that direct business action in preventing and treating HIV and AIDS cases ensures benefits that influence the company balance sheet and protect their greatest resource: their people. The productivity of workers who are living with HIV and who are not on medication invariably falls over time, and these workers are forced to take sick leave and in most cases leave their work permanently (Mitra 2006).

## **CORPORATE SOCIAL RESPONSIBILITY IN INDIA**

Private-sector involvement in the fight against AIDS has attracted the attention of some of the largest Indian conglomerates and business organizations, but few programs have taken shape. Only a handful of companies, like Tata Iron and Steel Company and Reliance, have set up care and treatment programs for their employees. The Tata Iron and Steel Company has been a national leader in establishing workplace programs in Jamshedpur (Tatanagar) that reach out into the larger community. Ratan Tata, chairman of the Tata conglomerate, has also been the country's principal

business leader in developing and implementing a set of standards under the auspices of the Confederation of Indian Industry (CII). Among foreign companies in India, both Daimler-Chrysler and Ford are in the process of making the employee-oriented programs they pioneered in Africa into mandatory elements in their worldwide operations, so they will be establishing programs in India as well (Mitra 2006).

## **CORPORATE SOCIAL RESPONSIBILITY INITIATIVES IN INDIA**

### **ADITYA BIRLA GROUP**

The Aditya Birla Group operates in 25 countries and is the world's largest aluminum rolling company, one of the biggest primary producers of aluminum, and is the fastest growing copper company in Asia. Additionally, they are a leading player in life insurance, retail, garments, and mobile technology. Aditya's CSR initiatives lie within the Aditya Birla Centre for Community Initiatives and Rural Development. Their focus is on the all-around development of communities around their plants, which are located mostly in distant rural areas and tribal belts. Aditya's focus areas include health care, education, sustainable livelihood, infrastructure, and espousing social causes. Specifically in the area of health, Aditya operates mobile clinics; holds medical camps, health trainings, and awareness campaigns; promotes sanitation and safe drinking water; and is a champion for mother and child health and reproductive health. In addition to the rural outreach, Aditya runs the Aditya Birla Memorial Hospital, a 500-bed, multidisciplinary health care facility located near Pune.

### **APOLLO TYRES**

Apollo Tyres is India's largest tire maker, producing the entire range of automotive tires for ultra- and high-speed passenger cars, trucks, buses, and farm and industrial equipment. The bulk of Apollo's community initiatives revolve around the awareness and prevention of HIV and AIDS. Three key stakeholder groups—commercial vehicle customers, the trucking community, and employees and business partners—are addressed directly through Apollo's HIV and AIDS program. Apollo has 12 health care centers situated across 13 large transshipment hubs that focus on targeted interventions. Apollo has a robust workplace policy regarding HIV and AIDS, and it reaches beyond its immediate stakeholders to train their downstream partners in the supply chain about HIV issues.

### **BAJAJ GROUP**

Bajaj Group is among the top 10 business houses in India. Its footprint stretches over a wide range of industries, spanning automobiles, home appliances, lighting, iron and steel, insurance, travel, and finance. Bajaj supports the Kamalnayan Bajaj Hospital in Aurangabad, a 150-bed super-specialty tertiary-care hospital with 60 full-time doctors and 150 staff as well as the Bajaj-Yeshwantrao Chavan Municipal Hospital Antiretroviral Treatment (ART) Centre for HIV and AIDS in Pimpri. The ART center is the largest center run by an industry under a PPP. Apart from two doctors and six supporting medical staff, the ART center has added audiovisual facilities for group counseling. As a result of this, the ART center registration has reached 1,900 clients, and the unit is now recognized as one of the best ART centers in the country.

## **GODREJ GROUP**

The Godrej Group consists of seven major companies with interests in real estate, industrial engineering, appliances, furniture, security, electronics, information technology, motors, and other areas. Godrej supports the Godrej Memorial Hospital, which runs an ART center. Godrej also carries out workplace interventions to dispel myths about HIV and AIDS, support medical research for leprosy, and support the Smile Train Foundation, an organization that operates on children with cleft lips free of charge.

## **HINDUSTAN LATEX LIMITED**

Through the Hindustan Latex Family Planning Promotion Trust, Hindustan Latex Limited, a leading producer of contraceptives and other health care products and services, carries out numerous community-based HIV and AIDS interventions that aim to reach out to the most vulnerable and high-risk populations in four states. In partnership with agencies such as the Bill & Melinda Gates Foundation (BMGF), the National Aids Control Organization, the Department for International Development, USAID, and various other state AIDS control societies, the Trust provides technical support to NGOs and prisons about HIV prevention for most-at-risk populations (MARPs). They support community care centers for people affected by and living with HIV and AIDS, conduct social marketing campaigns surrounding male and female condom usage, and support HIV and AIDS prevention programs for MARPs and rural and tribal youth.

## **JK TYRE**

JK Tyre is the number one tire brand in India. JK Tyre supports three clinics along the National Highway in Indore, Dhanbad, and Vishwa Karma Nagar to provide services to truckers and their helpers, who are considered to be highly vulnerable to HIV and AIDS. JK Tyre supports the work being done by the BMGF in collaboration with the Transportation Corporation of India Foundation. The main objective of this project is to create HIV and AIDS awareness as a means to prevent the disease. They also participate in the “Infotainment Melas” that are held near these clinics, where entertainment is combined with spreading HIV messages.

## **LARSEN & TOUBRO**

Larsen & Toubro Limited (L&T) is a technology, engineering, construction, and manufacturing company. L&T's CSR portfolio includes building healthy communities through several health care initiatives with a focus on HIV and AIDS awareness and mother and childcare. All L&T locations, including construction sites, have in-house AIDS awareness programs. Five additional mother and childcare centers were setup in 2006–2007. In partnership with local NGOs, these centers benefit children of commercial sex workers, street children, and tribal communities.

## **MODICARE FOUNDATION**

An independent, nonprofit, NGO, the Modicare Rai Bahadur Gujarmal Modi Foundation was set up in 1996 with the commitment to prevent the spread of HIV and AIDS, enhance awareness, and erase the myths and misconceptions surrounding HIV and AIDS. The Foundation provides a supportive platform for individuals and organizations to strengthen the resolve to combat HIV and AIDS, reduce the suffering and remove the stigma surrounding persons living with AIDS, promote the means of spreading awareness about the infection and its treatment, and advance the underlying desire to make a difference.

## **TATA TEA LIMITED**

Tata Tea Limited (TTL) is a global tea company with significant presence in over 35 countries worldwide. TTL's workplace HIV and AIDS programs currently cover 29 southern tea estates. TTL decided to implement an HIV and AIDS program after experiencing an increase in HIV- and AIDS-related deaths. In order to maximize the impact of the efforts and share the costs, a PPP was created to implement portions of the project. The goal of the program is to reduce the spread of HIV and AIDS and other sexually transmitted infections (STIs) in the workforce and the local community, to provide care and treatment for those who have STIs or HIV, and to reduce the business impact of HIV and AIDS. TTL's programs are heavily weighted toward education, prevention, and awareness. They also provide voluntary counseling and testing for employees, dependants, and community members on request as well as wellness programs for employees and dependants. TTL codified its HIV and AIDS workforce policies in 1999 (WEF 2002).



# EXISTING RESOURCES

The following are organizations or networks that the U.S. Government (USG) could work with to identify potential partners:

1. The **WEF** is an independent, international, Swiss not-for-profit foundation committed to improving the state of the world by engaging leaders in partnerships to shape global, regional, and industry agendas in areas such as climate change, energy, health, humanitarian relief, sustainability, and poverty. The WEF's **Global Health Initiative (GHI)**, which is different from the USG's GHI initiated a few years later, was launched in 2002 to improve global health through three key activities: advocacy, dialogue, and partnerships. Its focus has been on Africa, India, and China and on communicable diseases (HIV and AIDS, tuberculosis, and malaria). Through GHI, the **India Business Alliance (IBA)** was formed. IBA member companies implement disease control activities in their workplace and through community initiatives; each partner focuses on their strengths and collaborates in their areas of expertise (WEF 2002).
2. The **Global Business Coalition to Fight HIV and AIDS (GBC)** seeks to mobilize the Indian business community's response to HIV. Members include Tata Industries, Bajaj Auto, Modicare, Premier Medical Corporation, Ranbaxy, RPG Industries, RRR Industries, and SRF Limited. GBC is also trying to establish a relationship with CII to engage the Indian business sector. CII, in fact, is beginning to play the role of GBC's local partner in India by collecting and publicizing information on best practices in HIV and AIDS programs and playing a leadership role in mobilizing corporate interest in the fight against the disease (Mitra 2006).
3. **The Indo-U.S. HIV/AIDS Private Sector Corporate Initiative** was launched in 2006 in order to establish an HIV and AIDS corporate sector fund that would accept donations from the private sector. Its goal is to develop projects that will help to expand corporate initiatives, support innovative projects for small- and medium-size enterprises, and foster linkages and partnerships with U.S. and Indian businesses. In addition, USAID, the lead agency behind this initiative, wants to document and publicize industry best practices (Mitra 2006).
4. **CII/Indian Business Trust (IBT) for HIV and AIDS** is a nongovernment, nonprofit organization playing a proactive role in India's development process. Its mission is to create and sustain an environment conducive to the growth of industry in India, partnering industry and government alike through advisory and consultative processes. They developed a Standardization of the CII HIV and AIDS Workplace Program which specifies requirements for an HIV and AIDS management system for all types of employment. IBT was developed in 2000 to provide a comprehensive response to the HIV and AIDS threat on behalf of the business sector. IBT acts as a focal point for organizations implementing HIV and AIDS programs, providing leadership and direction and advocating for standardizations of practice and policy.
5. The **International Labour Organization** is devoted to advancing opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security, and human dignity. Its main aims are to promote rights at work, encourage decent employment opportunities, enhance social protection, and strengthen dialogue in handling work-related

issues. Specifically related to HIV and AIDS, they provide training for master trainers, development training material, assist with policy development, and foster PPPs.

# GLOBAL DEVELOPMENT ALLIANCE ASSESSMENT AND RECOMMENDATIONS

In November 2009, the Global Development Alliance sent a team to India to assess the environment and opportunities in order for USAID to develop partnerships in the areas of health, climate change, and food security. The team's primary recommendation was that the USG should target a few strategic partners and consider the leverage of networks, technologies, geographical reach, and expertise as criteria for selection. The partnership models with the greatest impact in India will consider working with aggregators and in coalition, focus on rural reach, and will be catalytic investments. The following is a list of criteria to consider when choosing a partner:

- Geographical coverage
- Reach into targeted populations (e.g., rural farmers or urban slums)
- Innovative products and services relevant for the target population
- Technologies that promote scale
- Access to new networks critical for USAID programs
- Credibility of the partner
- Additional cash resources
- Testing of new partnering models
- Total market approach (ensuring quality products at different price points to suit various income and aspiration levels).

Additionally, the team provided a list of the USG's comparative advantages in the area of private partnerships that should be highlighted when entering into or developing partnerships. They are as follows:

- Providing credibility to a project or new model
- Helping to work out the issues in a new model during its experimental stage
- Linking together U.S. and/or local expertise and technologies with private sector actors in India
- Bringing together a wide range of actors to discuss a particular topic
- Acting as an "honest broker" to bring together competing companies to discuss an issue of common concern
- Investing in platforms or institutions that address an industry-wide challenge

- Tapping into USAID knowledge networks, training, and research capacities
- Coordinating parallel projects to support new private sector initiatives and approaches that benefit the base of the pyramid

## RECOMMENDATIONS

The opportunities for PPPs within the health sector are ripe; however, given the challenges preventing the private sector from partnering with the public sector and vice versa, much work needs to be done to foster and maintain these relationships. *A potential role for the USG is to assist the development of these relationships.* The USG can target a few strategic partners such as CII and other coalitions or confederations in order to maximize its reach and effectiveness.

Major CSR initiatives are being carried out by some of India's largest conglomerates and businesses. Although many of the programs are trickling down to the corporation's supply chain, in most cases medium and small businesses are not partaking in CSR. *Another potential role for the USG is to assist medium and small companies to develop CSR models.* These relationships can be established with the assistance of CII, IBT, and other similar organizations.

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# INTERNET RESOURCE LINKS

**Aditya Birla Group:** [http://www.adityabirla.com/social\\_projects/overview.htm](http://www.adityabirla.com/social_projects/overview.htm)

**Apollo Tyres:** [http://www.apollotyres.com/india\\_community\\_aids.htm](http://www.apollotyres.com/india_community_aids.htm)

**Bajaj:** <http://www.bajajauto.com/csr.asp>

**Confederation of Indian Industry/Indian Business Trust:** <http://www.cii.in/>

**World Economic Forum Global Health Initiative:**  
<http://www.weforum.org/en/initiatives/globalhealth/index.htm>

**Godrej Group:** <http://www.godrej.com/godrej/Godrej/passitforward.aspx?id=1&menuid=1163>

**Hindustan Latex Family Planning Promotion Trust:** <http://www.hlfppt.org/>

**The Indo-US HIV/AIDS Private Sector Corporate Initiative:**  
[http://www.usaid.gov/in/our\\_work/ppp/ppp\\_corp\\_fund.htm](http://www.usaid.gov/in/our_work/ppp/ppp_corp_fund.htm)

**International Labour Organization, India Office:** <http://www.ilo.org/newdelhi/lang--en/index.htm>

**JK Tyre:** <http://www.jktyre.com/AboutJKTyre/CSR.aspx>

**Larsen & Toubro:**  
[http://www.larsentoubro.com/lntcorporate/common/ui\\_templates/HtmlContainer.aspx?res=P\\_C\\_ORP\\_AABT\\_DCOR](http://www.larsentoubro.com/lntcorporate/common/ui_templates/HtmlContainer.aspx?res=P_C_ORP_AABT_DCOR)

**Modicare Foundation:** <http://www.modicarefoundation.com/Default.aspx>

**TataTea Limited:**  
<http://www.weforum.org/en/initiatives/globalhealth/Library/Case%20Study%20Library/TataTea Limited>

**World Economic Forum:** <http://www.weforum.org/en/index.htm>



For more information, please visit [aidstar-one.com](http://aidstar-one.com).

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