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## SUMMARY

**Social Responsibility and HIV/AIDS:  
Reaching across the Public/Private Divide  
Summary of a Roundtable Discussion  
Organized by the Geneva Social Observatory  
Geneva, 19 April 2005**

A dialogue on “Social Responsibility and HIV/AIDS: Reaching across the Public/Private Divide” was convened by the Geneva Social Observatory on 19 April 2005, at facilities made available by the World Health Organization. This was the second roundtable in the GSO series on “Social Responsibility and HIV/AIDS.” Katherine Hagen, Managing Director of the GSO, introduced the meeting by describing the continuing challenges associated with connecting private sector HIV/AIDS initiatives with public programs. Following the initial GSO roundtable on 24 February 2005, which focused on “The Current State and Prospects for Public/Private Partnerships”, the participants had identified a number of the main issues for further discussion in the GSO series.<sup>i</sup> The following issues from that list were intended to form the basis of the second roundtable:

- How to overcome the barriers to involvement of the private sector in funding from the Global Fund (and other sources)
- Dealing with the tensions and mistrust between public and private sectors,
- Dealing with the tensions and mistrust between business and NGOs

This second session focused on the role of co-investment as well as a number of other constructive efforts at building partnerships. As explained by representatives of the Global Fund, co-investment is a process through which the public sector, NGOs and corporations can leverage their HIV/AIDS interventions through efficient cooperation. The roundtable participants were encouraged to share their views on what these initiatives tell us about reaching across the public/private divide and how this might contribute to the development of improved policies on public/private partnerships. The group heard from the Global Fund, the World Bank, a bilateral donor, and individual companies, as well as UNAIDS, WHO, ILO, various NGOs, labour unions and trade associations.

Numerous models for partnership were presented – direct partnerships of a company with a government to develop a national health infrastructure for HIV/AIDS or to combine public and private services for a more coherent community-wide effort; working with NGOs to implement specific programs together; developing sectorally based programs; involving trade unions and employers’ associations; and linking up with new for-profit HMOs or other health delivery mechanisms. As for the barriers to integrated programs, some participants expressed the view that the private sector has not done enough soon enough, but others suggested that the private sector has not been welcome to be recipients or even conduits of funding through the CCMs and

the Global Fund. Some suggested that the private sector needed to mobilize more of its own resources to fight the epidemic, while others suggested that more efforts should be made through the private sector and private initiatives.

Experimentation at the local community level is showing how the private sector might at least work with other Global Fund recipients. There is considerable business momentum to participate in community-based cooperative programs, as well as to explore newer strategies linking up the larger companies with their contractors and suppliers. Aspects of this involve the capacity and expertise acquired by individual companies on prevention programs, voluntary testing strategies, and implementation of care and treatment programs that can be shared with local communities provided there is a mutual benefit, as, for example, through access to reduced drug prices. Some of this is also driven by a search for alternatives to an inadequate public health infrastructure, either through the encouragement of alternative (and sometimes subsidized) health insurance schemes – or, in the case of one major experiment, a public/private partnership that is exclusively oriented to building up a better public health infrastructure for HIV/AIDS. The question of trust remains an important hurdle to make these kinds of partnerships work.

The examples discussed by the group were almost exclusively ones in which large multinational companies had a leading role, although there were a few accounts of employers associations and trade unions reaching out to their networks, albeit with very limited funds. The issues discussed in today's session clearly merit further consideration to promote a better mapping of initiatives as well as further consideration of a set of possible solutions for overcoming the barriers to improved public/private partnerships. In the course of this series of roundtables, the GSO will seek to develop these aspects of a better information exchange.

Meanwhile, there are as yet unanswered question on how to get a wider variety of parties involved, and especially the SMEs and the workers in the informal economy. The third GSO roundtable will focus on this question - "Connecting with SMEs and the informal economy"- to be held on Tuesday, 31 May.

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<sup>i</sup> The list of issues identified at the first roundtable event included:

- How to overcome the barriers to involvement of the private sector in funding from the Global Fund (and other sources)
- Dealing with the tensions and mistrust between public and private sectors,
- Dealing with the tensions and mistrust between business and NGOs
- The challenge of networking with SMEs and the informal sector
- The changing dynamics of drug pricing
- The changing dynamics of public/private cooperation in developing a health infrastructure and capacity-building in general
- Applications of best practice in country-specific circumstances
- Engaging the diverse perspectives from international organizations, donors, the private sector, NGOs, trade unions, and host governments for which the Geneva setting is well situated.