



## Engaging the Private Sector and Developing Partnerships to Advance Health and the Sustainable Development Goals: Proceedings of a Workshop—in Brief

### DETAILS

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# Proceedings of a Workshop

August 2016

IN BRIEF

## Engaging the Private Sector and Developing Partnerships to Advance Health and the Sustainable Development Goals

Proceedings of a Workshop—in Brief

On June 23–24, 2016, the Forum on Public–Private Partnerships for Global Health and Safety (PPP Forum) held a public workshop titled “Engaging the Private Sector and Developing Partnerships to Advance Health and the Sustainable Development Goals.” Recognizing the importance of the Sustainable Development Goals (SDGs) in setting global development priorities for the next 15 years, the centrality of health across all of the goals, and the need for cross-sectoral efforts to make significant progress, the objectives of the workshop were to

- clarify the central role of health in sustainable economic and social development;
- clarify the value of private-sector engagement in advancing health and the SDGs;
- highlight business strategies and models for engagement in the SDGs; and
- discuss opportunities and overcoming barriers to advance the goals.

The workshop included presentations and panel discussions that explored these four objectives. This Proceedings of a Workshop—in Brief highlights the messages and discussions that emerged from the individual speakers’ presentations and panel discussions and it should not be seen as conclusions or recommendations from the workshop. Statements, recommendations, and opinions expressed are those of individual presenters and participants and have not been endorsed or verified by the National Academies of Sciences, Engineering, and Medicine, and they should not be construed as reflecting any group consensus. The PPP Forum will build on the content and discussions from this workshop with an additional and complementary workshop focused on the development and implementation of partnerships at the country level. Full proceedings of both workshops providing more detail will be published following the second workshop.

### HEALTH, BUSINESS, AND THE SDGs

To open the workshop, co-chairs Jo Boufford from the New York Academy of Medicine and Renuka Gadde from Becton, Dickinson and Company (BD) reflected on the journey in global health and development leading up to the adoption of the SDGs by the United Nations (UN) member states in September 2015. Boufford acknowledged that the SDGs are the second generation of global goals for development, following the Millennium Development Goals (MDGs) established in 2000 and provided a development agenda through 2015. The MDGs focused on advancing social and economic development for low- and middle-income countries (LMICs) and served as a guide for international development assistance. The SDGs are the new set of goals, and they apply to all countries, not just LMICs. The SDGs have established an agenda from 2015 to 2030 that addresses the unfinished agenda from the MDGs as well as new realities. Health is

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1 of the 17 new goals; however, Boufford emphasized there is strong and emerging evidence that health is a critical input into economic and social development, and, considering the broad set of health determinants, the relationship of health to all of the goals should be considered. Reflecting on the MDGs era, Gadde noted that cross-sectoral responses in global public health have been catalytic in addressing the MDGs and the SDGs, particularly Goal 17 calling out the need for partnerships to advance the goals and provide an opportunity to continue to improve health and development through collaborative efforts across the public and private sectors.

David Nabarro, special advisor to the UN Secretary General on the 2030 Agenda for Sustainable Development and Climate Change, echoed Boufford and Gadde's comments on the relevance of health across the goals and the need for collaborative action. During his career as a pediatrician, then a public health professional, and now working on a broad development agenda, Nabarro recognized that to see long-term improvements in the health of populations the underlying causes of morbidity and mortality must be addressed, and addressing them effectively requires work across sectors whether in infectious disease, food and nutrition, noncommunicable diseases, or maternal and child health.

Nabarro noted that the SDGs are the first universally agreed upon secular plan for the future of the planet and all people and are the result of 3 years of negotiation among all 193 member states of the United Nations. Nabarro emphasized that the goals establish a plan for the whole world with the expectation of all countries—high-, middle-, and low-income—to implement them with the engagement of all sectors. In addition to the universality of the goals, Nabarro emphasized that a second characteristic of them is that they are designed as interconnected and indivisible activities.

Given these two characteristics, Nabarro suggested realizing the goals will require all sectors to think, act, and organize differently. Any individual or organization focusing on one goal or one target within a goal should recognize that these efforts affect all the other goals, just as that one goal or target will be influenced by what happens in all the other areas. Using Goal 3, promoting health and well-being, to illuminate this point, Nabarro noted the importance of access to drinking water and sanitation to improving health encompassed in Goal 6, and the relevance of sustainable consumption and production to health encompassed in Goal 12. The ability to think laterally across the goals, Nabarro recognized, is different from how most sectors have operated and will be challenging but also necessary.

Looking forward, Nabarro encouraged the forum members and workshop participants to think about new models to enable more collaborative thinking and shared analysis of challenges in engaging business, civil society, governments, academics, and international organizations to work together on health issues. He acknowledged that there are issues, both real and perceived, with public–private collaboration in health, and he encouraged the forum to undertake a political analysis to better understand these challenges. Nabarro suggested looking at opportunities for stakeholders to work together through precompetitive arrangements that often are free from conflict-of-interest issues that arise when collaboration is discussed. He acknowledged there has been more progress in some other sectors, such as agriculture and sanitation, from which health might learn. Finally, reflecting on responses to global health challenges over the years, Nabarro has learned there are three critical elements for success—people, products, and procedures—with people being the most critical element. Adequate products and procedures are necessary; however, where Nabarro has seen the most success is when the people most affected are engaged as stakeholders early in the process.

## **CORPORATE STRATEGIES TO ADVANCE THE SDGs**

Kate Dodson, moderator of the workshop panel on corporate strategies to advance the SDGs, noted that Nabarro's comments reflect a call to action for all individuals and organizations to see the SDGs as their own framework to deliver the future they want. Her own organization, the UN Foundation, sees this call to action as its core mission. Building on the opening comments and her viewpoint from the UN Foundation on the SDGs, Dodson asked the panelists in this session to share how companies and other organizations are using the SDGs to stimulate new ways of working to deliver on the SDGs.

To encourage investments and collaboration between government and the private sector, Kate Maloney from KPMG suggested framing global health challenges in terms of economic development and shared value opportunity. To illuminate these opportunities through the SDGs, KPMG partnered with the UN Global Compact to produce a matrix that examines the opportunities for shared value creation in each of the SDGs and offers examples of companies that are advancing the goals through their core business (see <https://home.kpmg.com/xx/en/home/about/citizenship/global-goals-sustainable-development.html> [accessed July 20, 2016]). She noted that given the interconnected nature of the goals and relevance of health across them, there are entry points across the goals for companies, irrespective of the type of industry group, to advance health. Because businesses, foundations, and the financial sector are all looking to engage in the SDGs, an ecosystem that is ripe for partnership is being created, and mapping current efforts provides a better understanding of the opportunities for engagement.

Two more companies shared their approaches to engaging in the SDGs. Allison Tummon Kamphuis from Procter & Gamble (P&G) noted that the original purpose and values set forth by the company still guide its strategies and aspects of its purpose and values are mirrored in the SDGs, such as governance, ethical responsibility and behavior, transparency, health improvement, and environmental protection. Instead of realigning efforts already under way, she explained that the company has chosen to incrementally add value to those efforts that support targets within the SDGs, particularly those that are being undertaken through partnerships. While P&G is engaging by adding incremental value to its standing initiatives, Allison Goldberg from Anheuser-Busch InBev shared how her company has taken a different approach by launching a new initiative core to its business in alignment with the SDGs' targets. The company's Global Smart Drinking Goals is a \$1 billion commitment over the next decade to reduce harmful alcohol use globally. Goldberg emphasized that making meaningful contributions to the global health targets requires monitoring and evaluation that is robust, yet practical and adaptive, as well as collaborative key players. Tummon Kamphuis and Goldberg both emphasized the critical role of public–private partnerships (PPPs) in their initiatives to be able to reach target populations and scale.

Providing an example of a partnership that is promoting the SDGs, Nand Wadhvani shared how HealthPhone in India is promoting health education through the use of mobile phones. HealthPhone is a PPP and was formed with key organizations, including the Indian Academy of Pediatrics, the government of India, Vodafone, and UNICEF to deliver knowledge directly into the hands of mothers via short instructional videos. By partnering with Vodafone, HealthPhone has access to the company's customer base of 185 million in India.

Dodson posed three additional questions to these panelists: How do companies create a culture of SDGs? How do companies create a culture of partnerships? How can geography be used as a tool to make the case for both at all levels of the company? Goldberg responded in part that internal and external support was essential to move the Anheuser-Busch InBev initiatives forward. Tummon Kamphuis commented that the issue of geography is seen in the competing influence between the global headquarters and the local stakeholders. She argued that champions within the company must recognize when to refrain from leading and instead advise on building trust in the relationships. Maloney added that the next generation of the workforce is already tuned in to the argument for the social impact of business, so corporate leadership is being pushed to make this a part of the culture. Adding on to these points, Dodson stated that there is a new era of mutual accountability where citizens and beneficiaries will hold stakeholders accountable for progress, and technology will be key in enabling the assessment of that progress.

## MODELS FOR BUSINESS ENGAGEMENT IN THE SDGs

Companies operationalize their engagement in global health and the SDGs through different models and several speakers shared how their company is engaging the SDGs and discussed the associated challenges and opportunities.

Gary Cohen of BD described four different methods by which a company can positively affect society: (1) corporate philanthropy, (2) corporate social responsibility, (3) advocacy and policy alignment, and (4) shared value creation. During his discussion of the relevance of each of these models and how companies can engage in all of them, he noted that shared value creation provides the best opportunity for scaling. The SDGs offer opportunity for companies to engage through these models in areas that have been defined in the goals and are relevant to their areas of technology and competency.

Susanne Stormer of Novo Nordisk briefly described how Novo Nordisk translates its commitment to sustainable development through the Triple Bottom Line approach. The Triple Bottom Line approach guides the company to be

- financially responsible—focused on long-term business results and balancing financial goals with the economic interests of stakeholders;
- socially responsible—considering the interests of employees, communities, and the people whose medical needs the company serves; and
- environmentally responsible—minimizing the use of natural resources.

At the core of the Triple Bottom Line approach, she said, are the individuals and communities served.

Ann Aerts from the Novartis Foundation described how the company is working to increase its impact in global health through collective impact models. Collective impact is defined by partnerships in which stakeholders bring together their complementary skills and resources for a common agenda with shared measurement defined by mutually reinforcing activities, continuous communication, and strong leadership. Through this model the Novartis Foundation is exploring opportunities to address complex global health challenges that can carry pilot programs and isolated initiatives to sustainable health outcomes.

## MARKET-BASED SOLUTIONS AND INNOVATIONS TO FINANCE THE SDGs

Market-based solutions and innovations may provide opportunities to advance progress on the SDGs that are both sustainable and scalable, and engagement of different sectors and organizations can facilitate the successful development and implementation of such solutions and innovations.

Peter Singer from Grand Challenges Canada (GCC) stated that GCC's fundamental model is to integrate science and technology with social, business, and financial innovation. GCC focuses on bringing innovation to scale to achieve sustainable benefits through the concept of integrated innovation. This model is premised in part on the belief that while it is possible to source innovation without the private sector, the private sector is critical for bringing it to scale. For Singer the question is not whether to engage the private sector but how, and there are several ways through which GCC interacts with the private sector: social enterprise, financial innovations, and multinational corporations. Elaborating on partnerships with multinational companies, Singer shared some examples of how GCC provides public finance to encourage private investment to bring innovations up to scale; through such efforts, GCC cushions the risks and decreases barriers to grant financing so private companies are more confident in investing in innovations. Ultimately these innovations need to be supported through budgeting by domestic governments. Singer noted that although there are some examples that demonstrate success in this process, the path from idea to effect is often extremely inefficient, and it is critical to learn from both successes and failures. He emphasized that failure is okay if something is learned to enable progress.

Picking up on Singer's comments, Alan Staple from the Clinton Health Access Initiative (CHAI) shared how CHAI is addressing market failures that prevent scalable implementation and impact from health care technologies. CHAI's approach focuses on improving market dynamics for medicines and diagnostics by creating access programs that lower the cost and price of treatment. CHAI works alongside governments and other partners to negotiate access agreements that lead to savings and an expanded market for important new products. Staple described this model as simultaneously engaging the demand side and the supply side of the economic equation. Staple said the demand side has been the most difficult area for the private sector, and many well-intentioned efforts have been stymied from a misunderstanding of fundable demand and creating the appropriate product definition. CHAI has a network of offices that work closely with the ministries of health in LMICs to better understand the priorities on the ground, what will get funded, what is the ability to expand capacity, or what is the need to build capacity before a particular innovation can be used. On the supply side, CHAI analyzes the cost of globally developing specific innovations in a dynamic forecasting process that considers changes in volume, design, and procurement among many other factors.

Glenn Rockman from the Global Health Investment Fund described its model for bringing to market promising global health innovations that are in the development pipeline. The fund invests in innovations that can generate investment return while simultaneously making material measurable social impact. These investment opportunities include high-volume and low-margin opportunities for bulk purchasing of medicines or technologies with low margins; opportunities to participate in existing government incentive mechanisms, such as the U.S. Food and Drug Administration's (FDA's) priority review voucher program designed to reward funders who support the development of neglected tropical disease treatments and rare pediatric interventions; and dual-market opportunities for technologies that can be used to improve health in both high-income and low- and middle-income settings.

Reflecting on these models from different sectors for spurring market-based solutions and innovations to finance health and the SDGs, Singer suggested the financing of innovations in health can be thought of as a relay race: the first leg of the relay race is supporting the development of innovation and is run by development agencies and private philanthropy; the second leg is handing off the innovation to companies that can serve as scaling platforms; and then ultimately the third and final leg is handing off to domestic governments whose significant financial involvement will allow the innovation to scale. On the sidelines of the relay are organizations such as CHAI and the Global Health Investment Fund supporting the runners and the handoffs. Singer emphasized that with this relay model, all the runners become a team running the same race with the same ultimate objectives.

## DEVELOPING PROGRAMMATIC APPROACHES TO ADDRESS THE SDGs: PERSPECTIVES FROM DIFFERENT SECTORS

Paul Clyde of the Ross School of Business and Kathleen H. Sienko of the Departments of Mechanical and Biomedical Engineering, both at the University of Michigan, provided information on how the William Davidson Institute (WDI) and the University of Michigan are involved in global health. Clyde said that WDI's Healthcare Initiative works across the health care value chain to enable well-functioning markets, strengthen supply chain systems, and improve health care service delivery. Sienko briefly described the Global Health Design Initiative (GHDI) at the University of Michigan and noted that GHDI focuses on training a new generation of engineers to collaborate with stakeholders to define problems and develop and implement solutions to address essential health care challenges through engineering design. She

presented an overview of the initiative and noted that students gain global learning experiences that emphasize cocreative design principles by engaging end users throughout the entire design process.

Mariarosa Cutillo of the United Nations Population Fund (UNFPA) mentioned that the UNFPA's work focuses on improving the lives of millions of women and young people in developing countries and in humanitarian crises. She said that like other UN agencies, the platform on which UNFPA operates is Goal 17, to revitalize the global partnership for development. She noted that donations and philanthropy alone are not enough to achieve the SDGs, and stated that core competencies in partnerships with the private sector are as important as money. She cautioned that care must be taken to avoid overlapping in partnerships whenever possible. There are a number of ways to engage the private sector, she said, but a common language has to be found.

Rich Lamporte and Stuart Merkel at Jhpiego, an international, nonprofit health organization affiliated with Johns Hopkins University, both provided information on the nongovernmental organization perspective on PPPs, how to create effective programs through PPPs, and some trends that will affect how we go about PPPs in the future. They noted that the ultimate goal of Jhpiego is sustainability, and they achieve this by building local capacity to strengthen health systems through advocacy, policy development, and performance improvement approaches. This is done through partnerships with a broad spectrum of international, national, and community-level groups. Lamporte and Merkel said that effective partnerships and effective program approaches are about (1) alignment of interest and being honest about that alignment, and (2) trust.

Jeffery Blander at the U.S. Department of State's Office of the Global AIDS Coordinator provided information on the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and its philosophy of partnerships, including the financial models and mechanisms. He said that PPPs are a priority element of PEPFAR and that PEPFAR defines PPPs as collaborative endeavors that combine resources from the public sector with resources from the private sector to accomplish HIV/AIDS prevention, care, and treatment goals. He explained that the key to these relationships is the identification of on-the-ground social entrepreneurs, as well as partnerships with local governments to ensure that the solutions make sense for, and are owned by, the communities. In terms of SDGs, he said, PEPFAR's portfolio has a direct impact on health, education, gender equality, reducing inequalities, promoting peaceful and inclusive societies, and partnerships.

## **PUBLIC–PRIVATE COLLABORATION TO ADDRESS NATIONAL SUSTAINABLE DEVELOPMENT PRIORITIES**

The SDGs, as described by Nabarro, are universal; however, Simon Bland from UNAIDS noted that progress on them will be driven at the national and local level. Geir Pedersen, Permanent Representative from Norway to the United Nations, provided a country-level perspective on how Norway is approaching the goals and the role of the private sector in attaining them. Norway is one of the first countries to have its national sustainable development plan reviewed at the High-Level Political Forum held in July 2016. As a high-income country, Norway's strategy is focused both on its own national-level development priorities and its approach to development assistance. The priorities for Norway regarding national development are related to challenges associated with consumption patterns and climate change, health issues including noncommunicable diseases and mental health, completion rates in compulsory education, and violence against women. Regarding development assistance, Pedersen suggested that Norway and other high-income countries have a responsibility to help LMICs in their development to advance appropriately and in alignment with the SDGs.

Pedersen remarked that Norway's progress in developing its national plan has been aided by several factors: the country's small size has made debate and discussion easier, civil society is strong, the private sector recognizes the need to adopt and change to be successful in the long term, and the goals are supported by top public-sector leadership. Elaborating on this last point, Pedersen noted that the prime minister has been highly engaged since very early in the process, which has helped mobilize the ministries to prioritize the goals.

While the SDGs provide an agenda for all sectors, Pedersen emphasized that government has the responsibility to create an environment for change and demonstrate leadership. Governments can design smart regulations to create positive incentives for business practices that will promote the SDG agenda, he suggested, and good examples of public-sector leadership across countries of all income levels can help spur more action and progress on implementing the goals. He noted that market-based public–private collaborations, such as the Gavi Alliance and the Coalition for Epidemic Preparedness Innovation, provide a mechanism for governments along with other sectors to advance the global health and development agenda in alignment with the SDGs.

## POLICY AND REGULATORY ENVIRONMENT

Mary Lou Valdez from FDA stated that weak regulatory systems are an underlying threat to achieving many of the SDGs. In health as well as other sectors, effective and efficient regulatory systems are often a necessary precursor for economic development and attracting private-sector investment. Regulatory authorities and systems can help to drive science-based approaches, data, and transparency for decision making and actions. Effective regulatory systems, she emphasized, are essential for the success and sustainability of global health investments from all stakeholders across civil society, business, government, and international organizations. Valdez noted that while regulatory systems are not always thought of as the drivers for change, if a strong regulatory system is not there, many investments toward achieving the SDGs may ultimately not be effective, and the cost of not strengthening these systems can be detrimental to any country's overall viability and wellness, especially in the long run.

Juergen Voegelé from the World Bank suggested that worldwide achievement of the SDGs will not be possible without addressing the policy, legal, and regulatory environment within each country. Recognizing the high variability of these environments across nations—ranging from very little regulation and poorly designed laws to overregulation and too many laws but no implementation, and everything in between—Voegelé emphasized it will be necessary to analyze the environment in each country to understand what needs to be done to strengthen the environment and thus attract investments. The World Bank is bringing sectors together in the precompetitive space to identify systematic upstream approaches to strengthening these environments. Voegelé also shared that while he does not believe there will be new sources of public money for financing the SDGs, through restructuring of existing subsidies there are opportunities to redirect current public funding toward the public good in alignment with the SDGs, including investments in regulatory systems. Realizing these opportunities, he suggested, will require changing traditional narratives to understand that subsidies can be powerful tools for positive change and creating win–win solutions. Using the example of agriculture, Voegelé noted that currently 80 percent of the world subsidies in agriculture are directed to only five crops, and this narrow focus on the types of crops is detrimental to nutritional outcomes. Shifting to subsidizing diversified agriculture would be good for nutrition as well as reduce risks for farmers through diversification of their investments. Voegelé emphasized that such a shift does not require changing long-standing policies regarding the allocation of subsidies to specific sectors, but rather a strategic redirection that creates a win–win solution.

Raajeev Venkayya from Takeda Pharmaceuticals suggested that the global public health community should look at areas where there have been successful collaborative responses to market failures to extract lessons about the interactions between the private and public sectors, including the regulatory authorities. Three examples are biodefense, the needs of low-income countries where market opportunities historically had been limited, and health emergencies. When it comes to regulatory issues, Venkayya suggested that accountability for safety and efficacy of products is shared among four categories of entities: practitioners who administer the products, companies that produce them, the authorities responsible for evaluating safety and efficacy, and additional bodies or technical advisory groups that evaluate benefit and risk in specific populations. What is industry looking for in order to be an effective partner in this arena? First, he said, is predictability; understanding what the rules are in order to secure regulatory approval in a given market is imperative. Second, is the regulatory authority must have the capacity necessary to swiftly evaluate safety and efficacy and issue a decision on whether the product will be approved. Third, ideally, some level of convergence of regulatory expectations across authorities must occur.

Dan Hartman from the Bill & Melinda Gates Foundation shared that the foundation is working to improve regulatory systems in low-resource settings by supporting harmonization efforts. Harmonization focuses on developing regional approaches to pooling resources together and intelligently building sustainable capacity. Using the example of the African Medicines Regulatory Harmonization, Hartman said its goal is to create regions for regulatory harmonization around economic areas. They have started in East Africa where they have created harmonized standards, joint regional reviews, work sharing, pooling of resources, and streamlined decision-making processes. From a regional product registration perspective in East Africa, companies are now able to submit a single dossier that is reviewed by six East African community regulatory authorities. Based on the experience from the harmonization process in East Africa, Hartman shared several elements that he feels were necessary for its success and can likely be applied to principles of successful partnerships more broadly: building trust, aligning with government and other in-country stakeholders, transparency, and approaching with kindness.

Reflecting on the panel discussion, Derek Yach from Vitality commented that in addition to capacity issues, regulatory philosophy is also changing in that the intent of regulation is not just to solve social problems but also to mobilize market forces in a positive way by incentivizing better policies.◆◆

**Forum on Public–Private Partnerships for Global Health and Safety**

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**PLANNING COMMITTEE FOR ENGAGING THE PRIVATE SECTOR AND DEVELOPING PARTNERSHIPS TO ADVANCE HEALTH AND SUSTAINABLE DEVELOPMENT GOALS: A WORKSHOP SERIES\***

**Jo Ivey Boufford** (*Co-Chair*), The New York Academy of Medicine; **Renuka Gadde** (*Co-Chair*), Becton, Dickinson and Company (BD); **Rajesh Anandan**, U.S. Fund for UNICEF; **Caroline Barrett**, United Nations Foundation (until May 2016); **Simon Bland**, UNAIDS; **Bruce Compton**, Catholic Health Association of the United States; **Kate Dodson**, United Nations Foundation (from May 2016); **Ben Hoffman**, GE Energy; **Allison Tummon Kamphuis**, Procter & Gamble; **Mary Lou Valdez**, U.S. Food and Drug Administration

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For additional information regarding the meeting, visit [www.nationalacademies.org/PPPForum](http://www.nationalacademies.org/PPPForum).

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