

## **Business Sector Engagement to Address Global Health Needs: From HIV & AIDS to Maternal, Newborn & Child Health**

One way to assess just how far a journey has progressed is to take a look back to the starting place. For many companies that today are deeply involved in helping address a wide range of unmet global health needs among resource-limited populations, the HIV & AIDS pandemic was where their journey began.

The origins of collaborative business engagement in the HIV & AIDS pandemic can in part be traced back to 1997, when meetings began between four large pharmaceutical companies, the Financial Times and MTV Networks, in what became known as the “Global Business Council.” Membership grew to over 20 companies, and meetings were held in Davos, Switzerland. The focus of these meetings was establishing best practices and getting member companies to commit to an AIDS strategy, both internally and externally. Sir Richard Sykes, then Chairman of Glaxo served as the first chair, and Bill Roedy, then Chairman and CEO of MTV International Networks assumed the role of chair in 1999.

Advancements in anti-retroviral therapy (ART) in the 1990’s increasingly enabled HIV to be managed as a chronic disease rather than becoming a certain cause of death. But an enormous disparity emerged in access to ART among people living in developed versus developing countries. In particular, HIV prevalence rates were highest in southern Africa (representing approximately 75% of the global HIV burden at the time), yet access to ART in Africa was essentially non-existent at the turn of the millennium in 2000.

This enormous, life and death disparity prompted an unprecedented level of civil society activism. World leaders began to prioritize HIV & AIDS at the top of the global development agenda, prompted in part by an unprecedented meeting of the UN Security Council in January 2000 focused on the impact of AIDS in Africa. This meeting was led by then-U.S. Ambassador to the United Nations Richard Holbrooke. In 2001, Ambassador Tim Wirth (former U.S. Senator and the first President of the UN Foundation) and Peter Piot (first Executive Director of UNAIDS) suggested that Ambassador Richard Holbrooke assume the helm as president and CEO of the Global Business Council, which soon after was renamed the Global Business Coalition on HIV/AIDS (GBC). This proposal was supported by UN Secretary General Kofi Annan, who was among world leaders that recognized the importance of engaging the business sector in the battle against HIV & AIDS, particularly for the purpose of substantially expanding access to ART drugs, which at the time were priced too high to enable broad access in developing countries.

Holbrooke was well known for his diplomatic yet forceful personality. Having served as primary negotiator on behalf of the U.S. government for ending the war in Bosnia, Holbrooke was experienced in taking on big challenges. He also had private sector experience as a senior adviser to Lehman Brothers and vice chairman of private equity firm Perseus LLC. Holbrooke moved quickly to establish GBC as the leading force engaging the business sector in the HIV & AIDS pandemic, expanding membership to over 225 companies.

Among GBC’s first private sector engagement initiatives was actively soliciting member companies to change their workforce policies in order to destigmatize HIV & AIDS and extend access to health services, including ART, for their employees, families and communities. Companies such as Anglo American and Chevron, which employed very large workforces in sub-Saharan Africa, emerged as early leaders in this effort.

In this same time frame, a substantial movement was underway to raise massive levels of funding for the HIV & AIDS response, with particular focus on dramatically expanding access to HIV rapid tests for diagnosis, ART drugs for treatment and contraceptives (condoms) for prevention. By 2003, two new

funding mechanisms were established, the Global Fund to Fight HIV, TB and Malaria, a multi-lateral aid program headquartered in Geneva, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), a bilateral aid program based in Washington, DC.

A key area of focus for health officials and policymakers was to substantially reduce the cost of ART drugs in order to support massively expanded access. The Clinton HIV/AIDS Initiative (CHAI for short, today the Clinton Health Access Initiative) was particularly instrumental in this effort. CHAI leaders understood that the most feasible way to achieve massive increases in access and manufacturing scale was to help companies establish sustainable business models with volume commitments that enabled a sufficient profit to be earned at drastically reduced prices. CHAI negotiated pricing and volume agreements with both branded and generic ART manufacturers. CHAI leaders also recognized that scale-up of sophisticated laboratory tests, particularly CD4 count and viral load, would be necessary to support efficacious initiation and monitoring of ART, and they engaged in negotiations with manufacturers of these diagnostic tests, similar to the approach taken with ART manufacturers. For example, BD (Becton, Dickinson and Company) entered into an access pricing agreement with CHAI that reduced the price of the company's CD4 tests by up to 75%. This access price was extended to 55 developing and emerging countries. BD also worked collaboratively with CHAI and other partners to train over 8000 laboratory technicians in these countries on proper procedures for conducting CD4 tests, contributing to substantial expansion in diagnostic testing capacity throughout the developing world, particularly in sub-Saharan Africa. This agreement was signed in January 2004.

One month prior, in December 2003, GBC CEO Holbrooke and then-U.S. Secretary of Health and Human Services Tommy Thompson personally led a delegation of approximately 100 health and business leaders on a visit to four countries in sub-Saharan Africa for the purpose of in-depth and first-hand study of the HIV & AIDS pandemic. This delegation included a literal "who's who" of health leaders such as JW Lee of the World Health Organization (WHO), Peter Piot of UNAIDS, Julie Gerberding of the U.S. Centers for Disease Control and Prevention (CDC), Elias Zerhouni and Anthony Fauci of the National Institutes of Health (NIH), Louis Sullivan, former U.S. Surgeon General, Richard Feacham, newly appointed Executive Director of the Global Fund, and Randall Tobias, newly appointed as Ambassador of the U.S. Office of the Global AIDS Coordinator responsible for PEPFAR. The delegation also included business leaders from global companies such as Gilead, Pfizer, GalaxoSmithKline and Bristol Myers Squibb, as well as leaders of non-government and faith-based organizations.

As a delegate on that trip representing BD, I can personally attest that the first-hand experience on the impact of HIV & AIDS was transformational. We visited Zambia, Rwanda, Kenya\* and Uganda, adhering to a very demanding and rigorous schedule. We engaged personally with patients in health facilities and in their homes, spoke with leaders of new programs established to expand ART, and met with government officials responsible for planning the scale-up of ART for their populations.

One particular experience stood out. In Uganda, we met with a woman infected with AIDS named Margaret Achieng. Margaret's husband had died from AIDS. Her son also died. She lived in a small home with no electricity, running water or sewage access. There were more children than we could count on Margaret's property, and they were all in her care, at least up until the point when AIDS made her too weak to walk. Then Margaret's oldest daughter had to assume responsibility for the children. Margaret referred to this daughter as "her angel."

Margaret had another angel, a young woman who, working for a US government-funded program named TASO, traveled by motorbike to deliver free ART to people living with HIV & AIDS, bringing these drugs directly to their homes. This young woman accompanied us during our visit.

\*Due to a report of a terrorist threat in Nairobi only a few members of the delegation traveled to Kenya. This threat was later determined to be unsubstantiated.

Four members of the delegation and two reporters visited with Margaret. Tony Fauci, who many consider to be the world's leading physician-researcher on HIV & AIDS, was part of this small group. We listened to Margaret as she explained every detail of her therapy. She had a precise knowledge of her condition and treatment. She was aware of her CD4 count. In fact, Margaret was remarkably articulate about everything she discussed with us. We learned that she was university educated; a teacher before being disabled by AIDS.

Upon leaving Margaret's simple home, Dr. Fauci told me that his "...paradigm of HIV treatment in Africa just fundamentally changed." He continued to say, "My associates in the U.S. have told me that you can't administer ART to patients in this type of setting because they won't know the time of day to take their drugs. And then here's Margaret, who knows more about her therapy than my average patient in Washington, DC." These comments typified the transformational experiences of all the delegates who joined this trip.

As a direct outcome of this trip and the influence of GBC and other private sector mobilization efforts in 2003 and 2004, companies substantially scaled up their engagement in the HIV & AIDS response. By way of example, within two months following the trip, BD established a new HIV & AIDS function, charged with mobilizing the company's HIV-related initiatives across business units and geographies. This new company function, soon after renamed BD Global Health, accomplished its mission by initiating public-private partnerships (PPPs) focused on specific health goals, such as establishing "Wellness Centres" to strengthen health workforces by addressing the testing and treatment needs of clinicians and their families. In 2007, BD, PEPFAR and CDC initiated a new laboratory strengthening partnership focused on strengthening systems and skills necessary to improve diagnostic testing capabilities for HIV, TB and other diseases such as diabetes. This partnership, now known as "Labs for Life", enabled laboratories in sub-Saharan Africa and India to progress towards internationally recognized accreditation standards, supporting scale-up of national laboratory standards and systems in Ethiopia, Uganda, Kenya, Mozambique and India. Peer-reviewed papers describing the measurable outcomes of this public-private partnership were recently published in the Journal of Infectious Diseases.

Fast forwarding from the prior decade to today, companies have expanded upon their engagement in HIV & AIDS to help address unmet needs in other areas such as maternal, newborn and child health, non-communicable and neglected tropical diseases, and emerging epidemics such as Ebola and Zika. Initiatives such as Merck for Mothers and Helping Babies Breathe (which includes Johnson & Johnson and other partners) demonstrate substantial levels of investment and commitment from the business sector. Traditional methodologies utilized by the private sector to positively impact global health such as philanthropy and corporate social responsibility are being supplemented by newer "social innovation" methods such as *shared value creation* (initiatives specifically intended to achieve both positive social and commercial outcomes) and *blended finance* (combining public, foundation and private capital to increase investment and share risk in bringing global health initiatives to scale).

There is also a substantial increase in innovation activities among inventors, academic institutions, start-up companies and larger corporations for the purpose of addressing global health needs, catalyzed by initiatives such as Saving Lives at Birth: A Grand Challenge for Development. Saving Lives at Birth is a competition for groundbreaking innovations that can leapfrog existing products and conventional approaches to address deaths among mothers and newborns, almost all of which occur in low and middle income countries, especially in sub-Saharan Africa and South Asia where access to quality care is the most limited. To date, this competition has awarded 'seed grants' and 'transition to scale grants' in five rounds, from 2011 to 2015. The funding partners for Saving Lives at Birth are USAID, the Norwegian Ministry of Foreign Affairs, the Bill & Melinda Gates Foundation, Grand Challenges Canada, UKaid and KOICA (Korea International Cooperation Agency). The World Bank is an affiliate.

All of these activities can, in some way, trace their origin back to the business engagement in the HIV & AIDS response, to a time when most companies were just beginning to understand the broader role they could - and were expected - to fulfill in addressing the leading infectious disease of our time. Between then and now, companies have substantially advanced the breadth and depth of their engagement in global health, and barriers to private sector involvement that existed in prior decades, such as reluctance among some public sector agencies and leaders to partner with the private sector, have diminished. This progress better prepares all sectors to work together to address unmet health needs among high burden, low resource populations in the coming years, such as those articulated in Sustainable Development Goal number 3, including the “90-90-90” targets for diagnosis, treatment and viral suppression of HIV & AIDS.

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