A Successful Public-Private Partnership Model

The control of onchocerciasis (river blindness) is widely acknowledged to be one of the major public health achievements of recent decades in Africa. Lessons from the implementation of the Onchocerciasis Control Programme (OCP) led to a stronger partnership approach in the African Programme for Onchocerciasis Control (APOC).

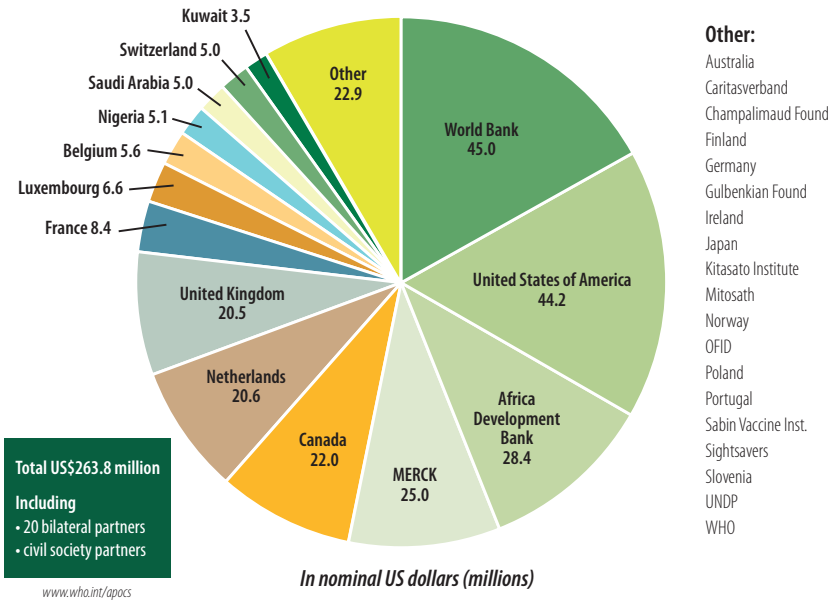
A key contributor to the success of APOC is the diversity and depth of its public-private partnership, which has brought together communities, policymakers and health workers in endemic countries, UN organizations, multilateral and bilateral agencies, donors, private foundations, and non-governmental development organizations (NGDOs) to successfully deliver preventative medication donated by Merck & Co., Inc. The program, which serves and facilitates this partnership, has helped the governments of 20 endemic countries to sustain the periodic ivermectin treatment that controls river blindness. The World Health Organization (WHO) serves as the implementing agency, working with countries and NGDOs while the World Bank, working with other development partners, is the program's fiscal agent.

The WHO APOC Secretariat: Playing Many Roles

APOC is one of the few programs that the WHO Regional Office for Africa implements directly, in this case through the APOC Secretariat in Ouagadougou, Burkina Faso. As the implementing agency of APOC, WHO is responsible for developing procedures to implement community-directed treatment with ivermectin (CDTi), approving funding to countries, maintaining surveillance and ensuring monitoring and evaluation. The implementing agency supports governments directly in this role, aided by a group of 15 NGDOs operating nationally, regionally and internationally.

The APOC Secretariat is also responsible for initiating the budget process; taking the lead in preparing a multi-year Plan of Action for APOC and using this to develop an indicative budget to implement the multi-year plan. To aid financial planning, a detailed budget is prepared on a two-year basis and provided to the Committee of Sponsoring Agencies (CSA) for the next step in the budget process. The biennial Plan of Action and Budget is subject to scrutiny by the CSA, and a final version, agreed on by the CSA and the APOC Secretariat, is presented for formal approval to the Joint Action Forum (JAF). The JAF comprises Ministers of Health of 20 participating governments as well as representatives of more than 20 contributing development partners, co-sponsoring agencies and 15 NGDOs.

Figure 1: Contributions by APOC Development Partners to the Africa Regional Trust Fund for River Blindness, 1995 to present



Centralized Financial Management: The Role of the World Bank and other Development Partners

For over 40 years, the World Bank has played a key role as the fiscal agent for OCP and then for APOC. In managing the APOC Trust Fund, the World Bank's experience with fiscal governance has helped to channel the contributions of more than 30 donors including national governments, multilateral development organizations, bilateral development partners, foundations, individuals, and the private sector. The multidonor trust fund serves as a central funding mechanism through which multiple donors can co-finance international development projects. Channeling all contributions into a single trust fund has enabled APOC to select priorities on the basis of overall needs—a practical example of financial harmonization.

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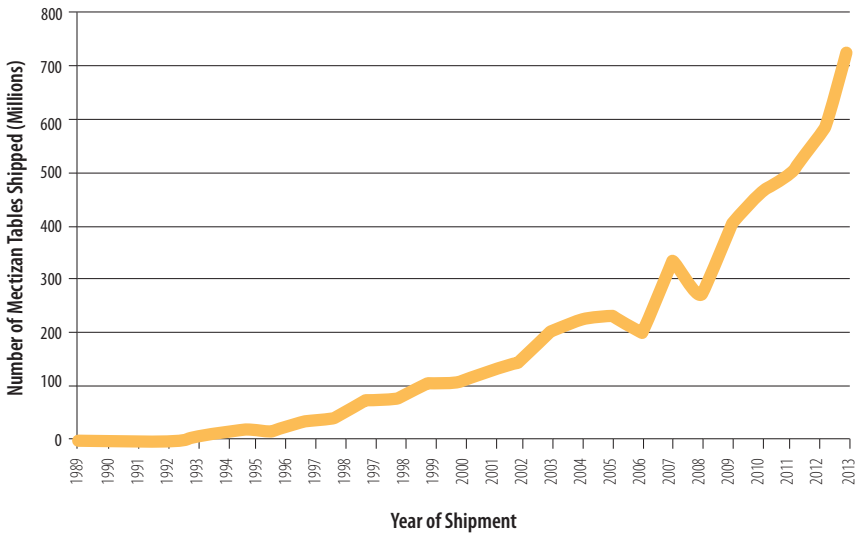
In the APOC model, the World Bank as fiscal agent receives, holds, and invests funds from development partners and, on request, transfers these funds to the WHO, which is responsible for implementation. From the WHO, funds flow to the participating countries and the APOC Secretariat. The World Bank ensures that the pooled trust fund has an adequate amount to cover the scheduled withdrawal requests from the WHO, reports to the APOC governing bodies on the flow of funds for the program, and helps ensure that these flows respond to the approved multi-year Plan of Action and Budget.

The World Bank also plays a role, in collaboration with the other APOC partners, in resource mobilization—leading a partnership effort to identify income and pledges of income for the duration of the Plan of Action and Budget. Throughout the duration of the OCP and APOC Trust Funds, both programs have benefited from the committed support of multiple development partners. The APOC Trust Fund is supported entirely through voluntary contributions from development partners that have been formally admitted as contributors to the Program. Both the World Bank and WHO are also contributors to the trust fund. Overall, 32 development partners have contributed to the effort and the OCP and APOC Trust Funds have managed more than US$1.2 billion in support of river blindness control over the last 40 years.

The World Bank and WHO make no charges on the Trust Fund; all services are supported directly by the World Bank budget. The World Bank does not levy any overhead on the income to the Trust Fund and therefore 100 percent of the contributions enter the fund. In fact, the held funds typically augment, pending transfer to WHO, as the World Bank Treasury invests the funds prudently as permitted by donors, as part of its overall management responsibility.

Figure 2. Total Mectizan Shipped from 1998 to 2013



To date, APOC funds have accrued an additional US$9.6 million in income from these investments.

Sponsoring Agencies: The Evolving Role of the UN System and Multilateral Partners

WHO and the World Bank had specific roles in the development of OCP and APOC, as described above. The list of sponsoring agencies has changed during the development of the programs, reflecting the different needs of the programs as they evolved. At the beginning there was a clear focus on development, with the health goals seen as contributing to the overall economic and social development of communities. Unsurprisingly, the UNDP was a key partner in establishing this development perspective. Similarly, Food and Agriculture Organization (FAO) provided a perspective on how treating endemic and much feared diseases that occurred in well-irrigated arable land might contribute to enhanced agriculture and increased food production. In more recent years, with a focus on sustainable national programs, the African Development Bank has become an important sponsoring agency.

The Mectizan Donation Program: A Groundbreaking Effort by the Private Sector

Pharmaceutical industry donations have made elimination of neglected tropical diseases (NTDs) a realistic goal for poor countries. It is probable that the APOC program came into existence largely because of the donation program. The Mectizan Donation Program (MDP) was established in 1987 to oversee Merck's donation of ivermectin (Mectizan®) for the control of river blindness worldwide. This was accelerated and expanded when Merck made a groundbreaking announcement in 1987: it would donate ivermectin, completely free of charge, as much as needed and for as long as needed, for the elimination of river blindness as a public health problem in all endemic countries.

The success of ivermectin for river blindness control and elimination can be attributed to the partnerships that developed as a result of the donation.

The donation initiated the use of mass drug administration as a major strategy to control and eliminate river blindness. Between 1987 and 2013, the ivermectin provided was enough to administer more than 1.3 billion treatments for river blindness in Africa, Latin America, and Yemen. Since the inception of the program, river blindness has been virtually eliminated in the Americas. New strategies to eliminate the disease are being implemented in Africa and Yemen.

Ivermectin for river blindness is donated to Ministries of Health, mostly through NGDOs, and distributed by country programs and NGDO partners primarily through the Community Directed Treatment with Ivermectin (CDTi) strategy which APOC adopted in 1997. APOC, its member countries, and NGDO partners currently reach up to 100 million people annually.

The success of ivermectin for river blindness control and elimination can be attributed to the partnerships that developed as a result of the donation. The donation led to donations of other medicines by other pharmaceutical companies, many of which are now donated through the WHO.

In addition to drug donations, pharmaceutical partners also provide technical and often additional financial resources to address specific problems encountered on the ground. Merck remains committed to the program, in the hope that by 2025, the MDP will have achieved much more than was expected 25 years ago.

NGDOs: The Backbone of the Partnership

The river blindness story is a leading example of the contribution of NGDOs to operational research and improvements in treatment strategies and policies. The partnership between the international, multinational, government institutions and the NGDO Coordination Group was the

backbone of APOC's structure and facilitated progress and scale-up of treatment programs. While OCP and APOC provided leadership, the NGDOs worked with the national health authorities to advocate for the CDTi methodology and help it to evolve. This ensured a sustainable method to deliver ivermectin and also strengthened community health systems.

In 1988, OCP introduced large-scale ivermectin treatment to supplement aerial spraying. Initially, health workers would visit endemic communities to treat patients. It was the NGDOs which began to involve communities in managing the program, with community volunteers distributing medicines. From 1989, NGDOs independently worked with national health services to initiate mass distribution of ivermectin and pioneer community-based strategies. The improvement in coverage and compliance caused OCP to adopt the CDTi methodology and gave increased credence to the importance of devolving authority to the community.

CDTi was formally adopted by APOC in 1997 as its principal strategy. Since NGDOs were and remain uniquely positioned to work in partnership with communities and governments of endemic countries, they spearheaded the scale-up of this new strategy. They not only built the capacity of health workers and communities to deliver ivermectin but also developed CDTi guidelines. NGDOs have supported national and international programs to control and eliminate some of the NTDs affecting the 'bottom billion'—the poorest and most vulnerable people in the world—for over 20 years.

NGDOs have continued to work in partnership with each other, governments of endemic countries, international and bilateral agencies, drug donation programs for specific diseases and with the communities affected by NTDs. NGDOs offer inputs such as financial and technical support, training and program strategy and implementation, operational research, and production of health education materials and program management manuals. At the national and international levels, NGDOs are advocates for disease control, encouraging other agencies to participate, and ensuring that high coverage is achieved and maintained in endemic areas, and that all program components are addressed.

In the early 1990s, a group of seven NGDOs began to work together to support river blindness control. Today, more than 50 international and national NGDOs work together to control or eliminate five priority diseases affecting the world's poorest people. NGDOs work worldwide to respond to the challenge of scaling up support for these efforts.