

PUBLIC-PRIVATE PARTNERSHIPS: MOBILIZING RESOURCES TO ACHIEVE PUBLIC HEALTH GOALS



**THE CENTRAL AMERICAN
HANDWASHING INITIATIVE
POINTS THE WAY**

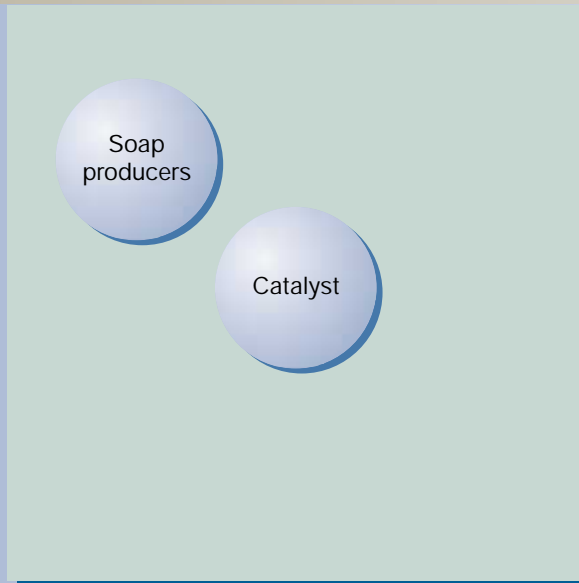


BASICS II



PUBLIC-PRIVATE PARTNERSHIPS ARE DYNAMIC

Initial Founding Partnership, 1996



Evolved Partnership, 1999



In the Central American Handwashing Initiative, the PPP began with the catalyst and the private sector soap producers. In time, the initial founding partnership evolved into a fuller partnership among the private sector, the public sector, international development organizations, the media, and many others. By 1999, the catalyst's role had been phased out and the partners had assumed responsibility for campaign activities, with the soap producers taking the lead.

THE PPP APPROACH GETS RESULTS

Public-private partnerships (PPP) can achieve positive public health results and at the same time meet the individual organizational goals of the partners. Such partnerships allow considerable leveraging of each partner's resources and unique strengths, and results are often attained in less time, at lower cost, and with greater sustainability than efforts by any single partner.

From 1996 to 1999, public, private, and donor organizations in Guatemala, El Salvador, Costa Rica, and Honduras formed the Central American Handwashing Initiative. Together, four soap companies and two projects supported by the U. S. Agency for International Development (USAID) designed an advertising and promotional campaign for effective handwashing with soap aimed at reducing diarrheal disease in children. They collaborated with ministries of health and education and other development organizations in the region to carry out the campaign.

Read on to find out how results like these may be achieved.

Key Results

1. **Improvements in handwashing behavior and decreases in diarrheal disease.**
2. **Significant resources leveraged.**
3. **Sustained involvement of the private sector in social programs.**

Examples of Solutions Provided by PPP

- *Diarrheal disease.* A joint collaboration between producers of oral rehydration salts (ORS) and the Ministry of Health in Pakistan expanded the sustainable commercialization of ORS in that country. This expansion minimized the burden on the government, while ensuring that ORS supply and use were sustained.
- *Malnutrition.* Producers of corn flour, the main ingredient in the tortillas that are a staple food across Central America, agreed to fortify their product with iron in order to prevent iron deficiency in targeted populations.
- *Malaria.* With collaboration from ministries of health and media and communication agencies in six African countries, insecticide and mosquito net producers allied to launch an intervention promoting low-cost insecticide-treated materials for the prevention of malaria.

WHAT IS A PPP?

A PPP—public-private partnership—for health is an approach to addressing public health (and social development) problems through the combined efforts of public, private, and development organizations. Each partner makes a contribution in its area of special competence, bringing in expertise that is often not available in development projects. The partners in a PPP rally around a common cause, while at the same time pursuing some of their own organizational objectives. Public sector organizations—such as ministries of health or education—achieve their objectives in less time, with smaller investments. Private sector organizations—producers of health-related products, for example—are able to expand their markets, develop new marketing techniques, and contribute to the communities in which they do business. Development organizations achieve their strategic objectives in collaboration with others, leverage new resources for public health, and gain experience with a highly feasible and sustainable approach to public health promotion. Most important, the targeted communities and populations benefit from improved health.

“BOTH PUBLIC AND PRIVATE SECTORS BROUGHT TO THE TABLE THEIR OWN EXPERIENCES AND STRENGTHS, MAKING THE PARTNERSHIP A SOLID TEAM WITH A COMMON VISION.”

— BAUDILIO LOPEZ, USAID, GUATEMALA

CRITICAL STEPS IN THE PPP APPROACH

The Central American Handwashing Initiative used a highly successful approach to PPP that was developed by USAID through the Basic Support for Institutionalizing Child Survival (BASICS) project. The process evolves in fourteen steps, from selection of a health issue to implementation of a marketing program to address it.

The PPP process is set in motion by a catalyst that provides the “spark” and initiates and guides the process. Catalysts may be supported by a development organization, the private sector, or the public sector.

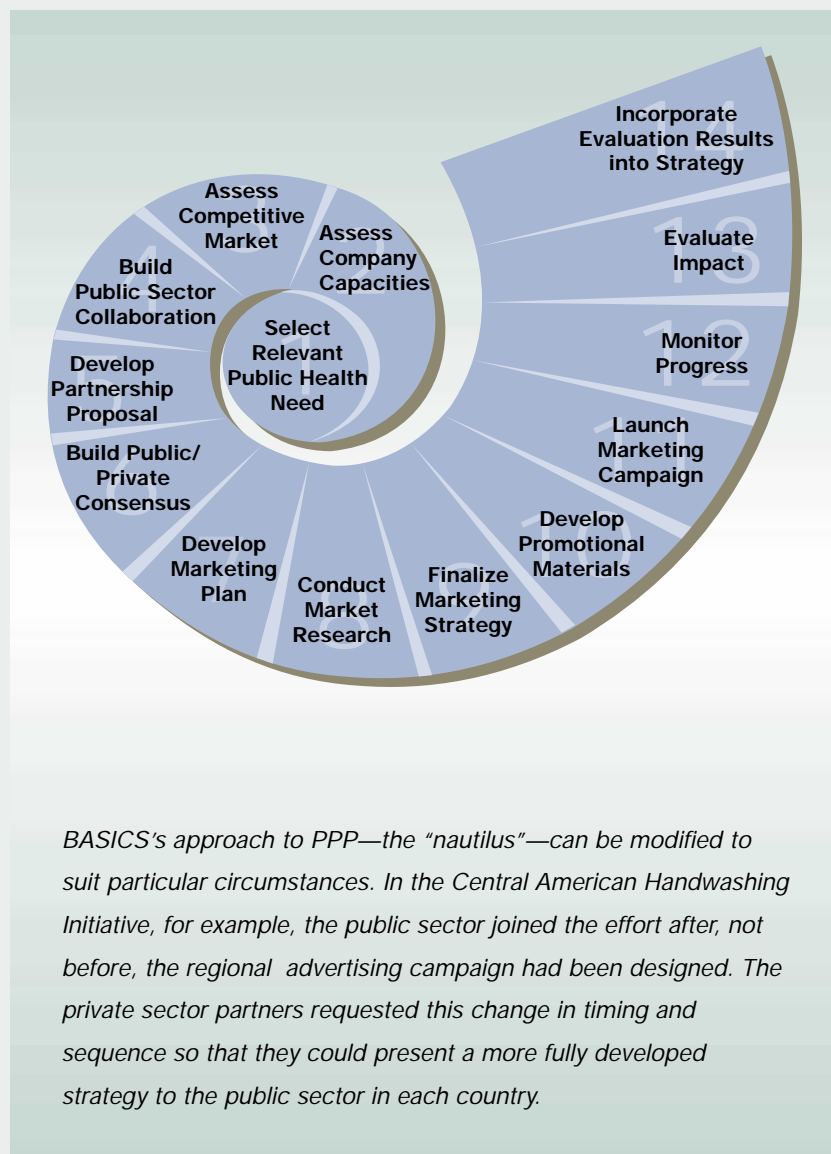
The PPP process has four phases:

Phase One:

Conceptualization and Development of the Partnership (Nautilus Steps 1–6)

The catalyst. . .

- with the relevant public health authority, selects problem to be addressed.



- identifies potential areas of common interest to public- and private-sector partners.
- contacts potential partners (public and private) to gauge their interest.
- selects participants according to agreed upon criteria.
- forms and participates in Task Force.
- facilitates goal setting and development of a work plan.
- facilitates definition of partner roles and responsibilities.
- formalizes the partnership.

Phase Two: Planning and Development (Steps 7–10)

The Task Force...

- develops a marketing plan.
- plans and coordinates market research.
- guides the advertising agency in elaborating creative strategies.
- develops and tests communication materials.

“WE GENUINELY BELIEVED IN THE CAMPAIGN AND ITS CAUSE. THIS ALLOWED US TO KEEP IN MIND AT EVERY MOMENT THAT WE WERE PERHAPS SAVING A LIFE.”

— JORGE MARIO LOPEZ, LA POPULAR, GUATEMALA

Phase Three: Implementation (Step 11)

The Task Force . . .

- plans the campaign launch event, using partners’ combined resources and networks.
- joins forces to implement the common strategy, with each partner playing its unique role.
- enlists new partners to expand and strengthen the effort.
- looks for opportunities to continue project activities beyond the formal campaign.

Phase Four: Assessment and Dissemination (Steps 12–14)

The catalyst . . .

- monitors implementation.
- evaluates results.
- draws lessons learned for further planning.
- shares information with all actual and potential

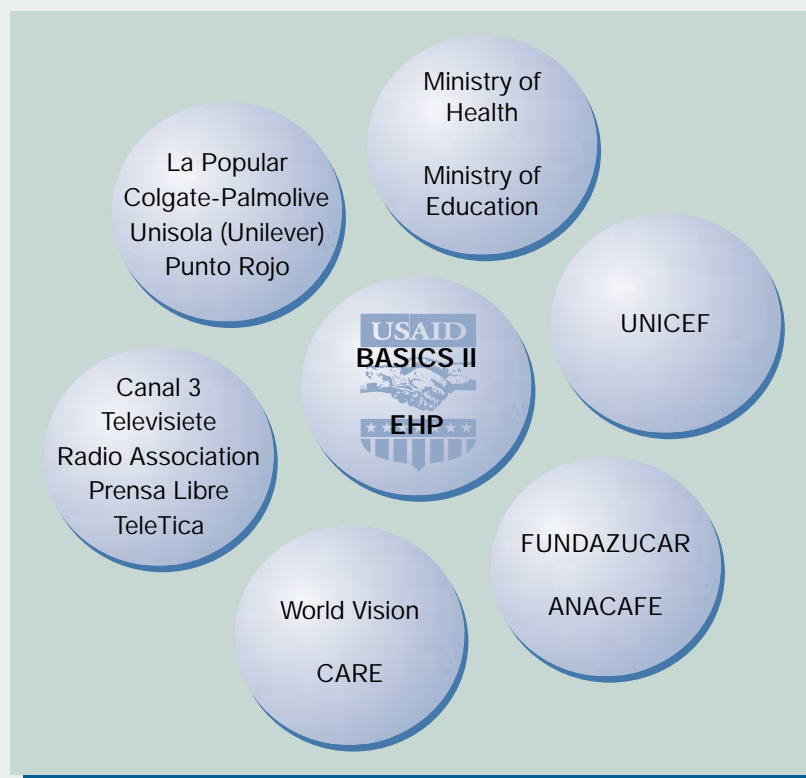
The Central American Handwashing Initiative

THE CENTRAL AMERICAN HANDWASHING INITIATIVE

Diarrheal disease is a serious threat to child survival in Central America. In fact, it is the most frequent significant illness among children under the age of five worldwide. Diarrhea is also a major contributor to childhood malnutrition, which in turn increases the severity of other childhood diseases. In 1995, a year before the beginning of the Central American Handwashing Initiative, diarrheal disease caused 19 percent of under-five mortality in Honduras, 23 percent in Nicaragua, 20 percent in El Salvador, and 45 percent in Guatemala.

To address this important public health problem, BASICS and the Environmental Health Project (EHP)—another USAID project—played the role of catalyst in the Handwashing Initiative. The Initiative—whose mission was to reduce diarrheal disease among children under five by promoting effective handwashing with soap—was a partnership among the catalyst team, four soap companies, the ministries of health from participating countries—Guatemala, El Salvador, and Costa Rica—and numerous NGOs and development organizations. Representatives from the various partner organizations formed a Task Force that met periodically to guide the effort.

Partners in the Central American Handwashing Initiative



Targeted Strategy

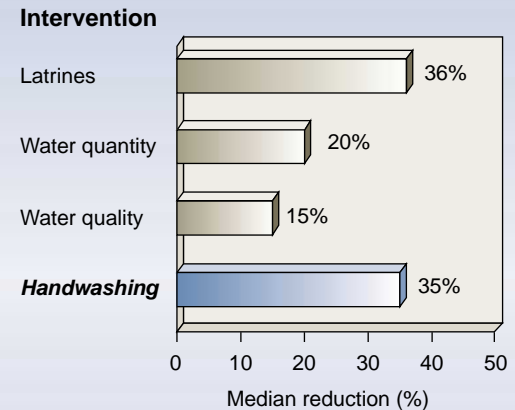
The basic approach of the Initiative was to get soap companies to agree to promote correct handwashing in advertisements targeted to low-income families whose children are at high risk of diarrheal disease. Through participation in the Task Force, partners developed a slogan for the campaign and a generic advertising concept that soap producers could adapt in their “branded” campaigns. The advertisements and other promotional materials focused on motivating consumers—particularly mothers—to wash their hands at appropriate times, using the correct technique.

Campaign Activities

The campaign was launched in March 1998 in Guatemala, Costa Rica, and El Salvador, and included:

- *Extensive use of television, radio, and newspaper advertisements.* Television stations in Guatemala, Costa Rica, and El Salvador donated free air time for campaign commercials that were broadcast nationwide, and two Guatemalan radio stations aired over 6,300 radio spots in Guatemala City and the Altiplano. A Guatemalan newspaper donated space for vignettes about handwashing for over eight months.
- *Distribution of posters, banners, brochures, and video- and audiotapes.* In Costa Rica, Punto Rojo worked with the U.S.-based private voluntary organization World Vision and the Office of the First Lady of Costa

Effectiveness of Interventions to Reduce Diarrheal Disease Morbidity



Source: S. A. Esrey *et al.* 1991. "Effects of Improved Water Supply and Sanitation on Ascariasis, Diarrhoea, Dracunculiasis, Hookworm Infection, Schistosomiasis, and Trachoma," *Bulletin of the World Health Organization* 69(5):609-621 and S. R. A. Hutley *et al.* 1997. "Prevention of Diarrhoea in Young Children in Developing Countries," *Bulletin of the World Health Organization* 75:163-174.

Handwashing is among the four top measures to prevent diarrheal disease in children under five.

Times and Technique for Correct Handwashing Behavior

Three components of correct technique:

- Wash both hands with water and soap.
- Rub hands together at least three times.
- Dry hands hygienically.

Three critical times:

- Before cooking or preparing food.
- Before eating or before feeding children.
- After defecating and after changing or cleaning babies.



The slogan adopted by the Handwashing Initiative was “I wash my hands for health.”

“AT A LOCAL LEVEL, THE CAMPAIGN HAD A GREAT IMPACT. PEOPLE WERE EVEN SAYING, ‘I WASH MY HANDS FOR MY HEALTH.’”

**— ALMEDA AGUILAR,
MINISTRY OF HEALTH, GUATEMALA**

Rica to print and distribute 6,600 campaign posters. In El Salvador, Unisola/Unilever distributed videotapes of the television advertisement to 3,500 schools and audiotapes of the radio spots to 31 health posts.

- *Community activities.* Two U.S.-based private voluntary organizations, CARE and World Vision, and a Guatemalan foundation, Fundazucar, strengthened their hygiene programs in communities through use of generic campaign materials.
- *Participation in school hygiene programs.* In El Salvador, Unisola/Unilever bolstered that country's Healthy Schools Program through donation of 25,000 soap samples and other materials. In Guatemala, Colgate-Palmolive developed handwashing kits and other school program materials (coloring books, flyers, games) in addition to donating soap samples to schools.

- *Participation in markets and fairs.* In El Salvador, Unisola/Unilever distributed banners that were displayed at 150 health fairs. In Guatemala, La Popular printed 5,000 posters and distributed posters and banners to local markets.

The generic advertising concept: “one, two, and three.” The three critical times and the three aspects of handwashing technique are illustrated, the image of the mother is upbeat and cheerful, and both the image and the setting are appropriate for the target audience. Television and radio advertisements used the same concepts.



PPP ACHIEVES SUSTAINABLE RESULTS

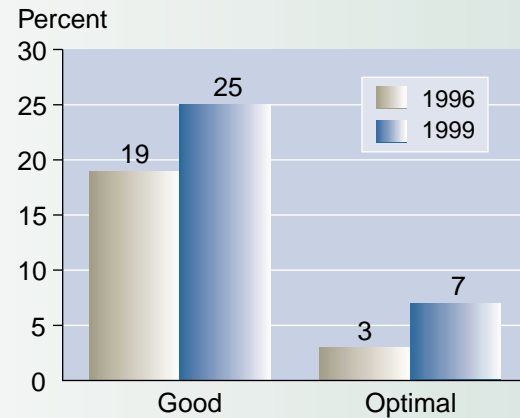
A major benefit of the Central American Handwashing Initiative was the awareness it built among the private sector that public health objectives are compatible with business opportunities. The new approaches and techniques introduced during the project continue to influence the activities of soap companies and other partners, pointing to the sustainability of the PPP approach.

Key Result #1

Improvements in handwashing behavior and decreases in diarrheal disease. Ten percent of mothers in the study sample in Guatemala improved their handwashing practices, and the percentage of mothers using optimal practices (correct technique at all three critical times) more than doubled. In addition, the number of mothers using good handwashing practices (correct technique at one or more of the critical times) increased by more than 30 percent. In Guatemala, which has an estimated 1.8 million children under the age of five, improvements in handwashing behavior during the first year of the campaign were associated with an estimated 4.5 percent overall reduction in diarrhea risk for children under five years of age in the two lowest socioeconomic groups, resulting in an estimated:

- 14,500 fewer children with diarrhea during any two-week period during the rainy (high diarrhea) season
- 7,000 fewer children with diarrhea during any two-week period during the dry (low diarrhea) season
- 322,000 fewer cases of diarrhea a year
- 1,287,000 fewer days of diarrhea a year

Improvements in Handwashing Practices



Changes in mothers' handwashing practices after the 12-month campaign in Guatemala (n=1500). The number of mothers with "good" handwashing practices increased by over 30 percent from 1996 to 1999. The number of mothers using "optimal" handwashing practices more than doubled in that period.



Key Result #2

Significant resources leveraged. A total catalyst investment of \$389,000 leveraged private-sector contributions of nearly \$615,000 in promotional expenditures alone in the first year of the campaign. These contributions helped stretch public sector and donor resources farther.

Key Result #3

Sustained involvement of the private sector in social programs. Catalyst involvement in the formal campaign ended in 1999, but promotional activities inspired by the Handwashing Initiative were still ongoing in 2001:

- Unilever, the Ministry of Health in El Salvador, and BASICS mounted a diarrhea prevention campaign in the aftermath of the massive earthquake in January 2001. The market research, creative concepts, and dissemination techniques of the Initiative were adapted to this special situation in record time.

- Colgate-Palmolive is adopting the messages of the Handwashing Initiative to advertise its antibacterial soap (“Protex”) to the general public in Central America.
- Colgate-Palmolive developed a new region-wide school program targeting elementary school children in Guatemala, El Salvador, Panama, and Costa Rica. This program reached 450,000 school children in 2001.
- Using the “one, two, and three” message of the Initiative, health workers in Guatemala strengthened their skills in communicating handwashing messages, a sustainable change in health workers’ behavior. Similarly, UNICEF/Guatemala incorporated elements of the Initiative in its ongoing community-level hygiene programs.

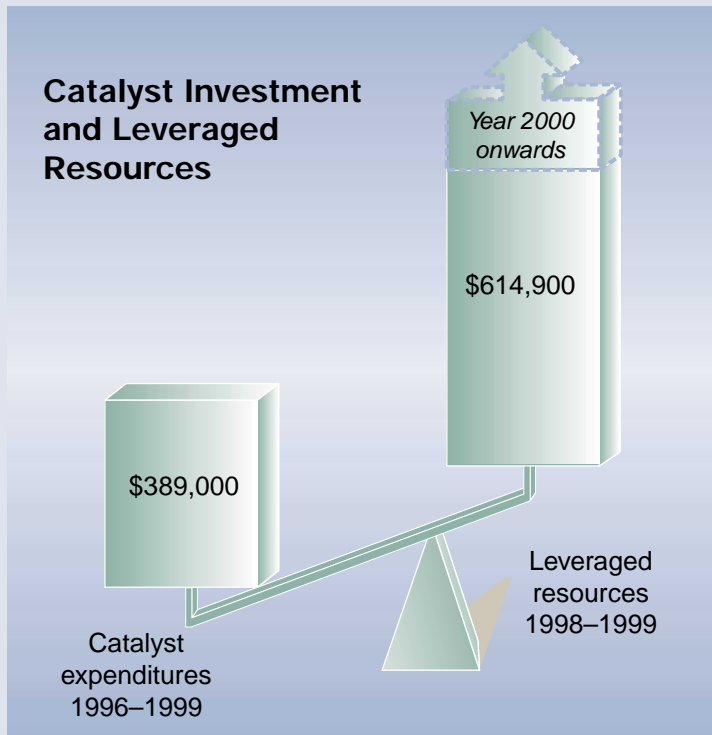


Colgate-Palmolive’s school program includes a classroom poster with teaching aids (shown here), a board game, and a take-home calendar for monitoring daily handwashing. A handwashing story is told by Manolo, the program’s octopus mascot.

PPP: A PROVEN APPROACH THAT BENEFITS PUBLIC AND PRIVATE PARTNERS

A PPP begins when an organization decides to take on the catalyst role and bring public and private organizations together to tackle a specific social problem.

The catalyst's investment makes it possible for public and private organizations to join forces and apply their strengths to achieve specific health goals. This investment may be relatively modest, but it unleashes considerable energy and commitment. PPP is a practical option that uses existing resources to address health and social problems. And, as shown in the table below, all partners contribute and all benefit.



In the Central American Handwashing Initiative, the catalyst team invested \$389,000 over four years. This investment covered technical assistance (approximately 330 person days over four years), travel expenses, Task Force meetings, contracts for a baseline and a follow-up market survey, and a contract with an advertising agency. This modest catalyst investment leveraged \$614,900 in just one year from the various partners. But this is only part of the story: the catalyst contribution continues to leverage resources as promotional activities inspired by the Handwashing Initiative continue.

WHAT PARTNERS CONTRIBUTE TO A PPP AND HOW THEY BENEFIT

<i>PARTNER</i>	<i>CONTRIBUTIONS</i>	<i>BENEFITS</i>
Private sector	<ul style="list-style-type: none"> ■ Assigns personnel for planning and championing the effort. ■ Implements strategy using own resources. ■ Continues to use new techniques and approaches. 	<ul style="list-style-type: none"> ■ Increases sales; improves market share. ■ Leverages resources to achieve organizational goals. ■ Receives kudos/media recognition for public service. ■ Creates new alliances with public sector and other organizations. ■ Learns new methods of market research and marketing for behavior change. ■ Shares risks of market development.
Public sector	<ul style="list-style-type: none"> ■ Assigns personnel for planning and coordination with the private sector. ■ Provides health expertise to the private sector. ■ Assists in implementing the strategy. ■ Motivates involvement at the local level. 	<ul style="list-style-type: none"> ■ Improves public health in less time and with less investment. ■ Improves and strengthens its programs. ■ Leverages resources to achieve organizational goals. ■ Learns new techniques for social marketing. ■ Reinforces healthy behavior at the household and community level. ■ Enlists new, “nontraditional” partners in public health.
Catalyst	<ul style="list-style-type: none"> ■ Facilitates partnership. ■ Provides technical assistance. ■ Guides development of the strategy. ■ Monitors implementation. ■ Disseminates information about results. 	<ul style="list-style-type: none"> ■ Leverages resources to achieve organizational goals. ■ Brings about sustainable, public-health oriented changes in private sector approaches. ■ Demonstrates the benefits of PPP. ■ Provides a proven approach other organizations can use.

“WE ARE WORKING WITH BUSINESSES TO ENHANCE OPPORTUNITIES FOR THE POOR, TO DEVISE MORE EFFECTIVE SOLUTIONS FOR THE DELIVERY OF SERVICES, AND TO ENSURE MORE EQUITABLE ACCESS TO DEVELOPMENT GAINS. MOBILIZING RESOURCES AND EXPERTISE FROM BOTH (PRIVATE AND PUBLIC) SECTORS TO FOCUS ATTENTION AND PROMOTE ACTION ON THE NEED FOR SANITATION AND HANDWASHING IN POOR COMMUNITIES ONLY MAKES SENSE.”

— NIGEL TWOSE, MANAGER, WORLD BANK
BUSINESS PARTNERSHIP & OUTREACH GROUP



“THE UNIQUE BENEFIT OF PARTNERSHIPS BETWEEN CORPORATIONS AND NON-PROFIT ORGANIZATIONS IS THE ABILITY TO FOCUS ON A FUNDAMENTAL HUMAN NEED THAT HAS SOCIETAL BENEFITS OF IMPORTANCE TO BOTH ORGANIZATIONS AND SOCIETY AS A WHOLE.”

— DIANA GRINA, DIRECTOR,
PERSONAL CARE PRODUCTS, COLGATE-PALMOLIVE

In a PPP, participants redirect their resources and expertise, using existing networks and processes. A variety of partners contribute according to their strengths to increase the overall level of effort and effectiveness.

Critical Success Factors

The following factors proved to be essential to the Central American Handwashing Initiative's success and will generally be key to any PPP endeavor:

- **Presence of a catalyst.** A catalyst can bring partners together, contribute resources, and offer expertise in a wide range of technical areas.
- **Public sector backing.** Enthusiastic support from the public sector lends reassurance to private sector firms that participation in a PPP campaign is worthwhile.
- **Existence of a vibrant private sector.** The private sector must have the capacity to effectively market to the targeted population.
- **Commitment of private sector decision-makers.** Invested private sector decision-makers can also encourage integration of PPP elements in their company's corporate strategy, ensuring sustainability into the future.
- **Conducive environment for behavior change.** In the case of the Handwashing Initiative, this meant wide availability of soap and easy access to water.
- **Behavioral research.** Market surveys provide information vital to designing effective advertising strategies and establishing a baseline for measuring progress.
- **Road map.** Having a well-defined approach to a PPP gives all partners a clear idea of the sequence of events and helps keep activities on track.
- **Ownership.** Fostering ownership in participants ensures long-term sustainability.
- **Understanding roles, responsibilities, expectations.** Clearly defined and agreed upon goals, expected outcomes, and roles and responsibilities of partners provide structure and guidance to a PPP campaign.

Opportunities abound for forging PPP's. In fact, PPP's are already being implemented all over the world in areas as diverse as health, nutrition, education, and the environment. Increasingly, decision-makers in the public and private sectors are embracing the PPP approach and adapting it to their strategic objectives.

GETTING STARTED

Other publications are available to help you learn more about how PPP could help your organization or business contribute to the achievement of key public health goals:

The Story of a Successful Public-Private Partnership in Central America: Handwashing for Diarrheal Disease Prevention by Camille Saadé, Masee Bateman, and Diane B. Bendahmane. Available from the organizational contacts below or downloadable from www.EHProject.org

Mobilizing the Commercial Sector for Public Health Objectives: A Practical Guide by Sharon Slater and Camille Saadé, downloadable from http://www.basics.org/publications/abs/abs_mobilizing.html

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Credits

Photos: Cover photo, Servicios Estrategicos; page 11, Colgate-Palmolive Guatemala; page 6, UNICEF/90-0008/Ellen Tolmie; page 14, Colgate-Palmolive Senegal

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