



Unit 10

Working with partners

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Cover photo: Mujeres Unidas, a cooperative affiliated with Socios En Salud in Carabayllo, Peru, makes alpaca scarves to generate income for local women

Courtesy of Socios En Salud



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“It is clearer than ever that Partners In Health was the right name for our organization as each of our partners brings a set of skills, expertise, and knowledge that complements ours.”

– Ophelia Dahl, Executive Director, Partners In Health

INTRODUCTION

Providing health care and essential accompanying support services in resource-poor settings yields complex challenges that cannot be solved by a single organization. Successful partnering with others can help your organization bring greater benefits and be more relevant to the communities you serve. Public sector entities, other nongovernmental organizations (NGOs), bilateral and multilateral organizations, patients, their families, and communities can provide funding, expertise, guidance, moral and logistical support, and more.

Collaborating with partners has been a cornerstone of PIH’s work for more than two decades, and has enabled us to deliver medicines, food, housing, and other vital forms of support to the people we serve. Community partnerships are among the five key principles that guide our work. The other principles—building public health infrastructure, addressing social and economic needs, providing primary health care, and working with the public sector—also require partnerships, because we would not be able to meet our objectives without the support and involvement of others. In addition, we can address the four key components of our work—service, training, advocacy, and research (STAR)—only through alliances with individuals and organizations who share our goals.

In this unit, we discuss the kinds of partnerships you can develop and how they can support your work. Individuals, NGOs, and government entities can all play an important role in the achievement of your organizational goals. Patients themselves, as well as the community health workers, clinicians, and administrators you work with, are also vital partners. They are the people communicating the goals, needs, resources, and challenges of your organization to you and your allies on a daily basis.

1. ASSESSING ORGANIZATIONAL NEEDS

An assessment of your organization will help identify programmatic and financial needs. These needs can range from the practical—such as the need for storage space for medical supplies—to the less tangible, such as a need to establish acceptance and trust by the surrounding community. Partnering with other organizations will help fulfill some of these needs and, in addition, can demonstrate a stability that can increase your attractiveness to foundation funders. (See *Unit 9: Creating a development strategy* for more on foundation funding.)

Besides clarifying the needs of the organization, this assessment can help determine which of the different kinds of partnerships—with government entities, NGOs, individuals, and groups—will help fulfill those needs. Teams in the field and those in your home country will differ with regard to what resources they have available to them. Maintaining open communication as you assess the needs of both teams will help avoid misunderstandings. For example, a clinician in Haiti may want to partner with a local manufacturer of a pediatric nutritional supplement to lower rates of malnutrition. Meanwhile, the Haiti program manager at the home office in the United States may think that an alliance with a group providing solar panels to clinics in developing countries is vital to solving the problem of sporadic energy supply in Haiti. Although the two partnerships are by no means mutually exclusive, each requires time, energy, and resources. It is therefore important to make decisions transparently and to prioritize needs based on the availability of resources and their level of urgency.

A needs assessment can also include an evaluation of the different programmatic elements that could benefit from a partnership. Some of the different areas to consider are:

- Service needs—see *Unit 7: Improving outcomes with community health workers* and *Unit 11: Addressing the social determinants of health through a program on social and economic rights (POSER)*
- Infrastructure needs—see *Unit 3: Building site infrastructure*
- Human resource needs—see *Unit 5: Strengthening human resources*
- Funding needs—see *Unit 9: Creating a development strategy*
- Policy needs—see *Unit 14: Maximizing impact through advocacy*
- Local knowledge and insight—see *Unit 1: Learning about the local context*

Partnerships can be developed at the international, national, district/state, and local level. They can be formal, with written agreements outlining the roles and responsibilities of each party, or they can function as informal working relationships. Having a variety of partners who work with you at different levels and offer varying points of view can facilitate your organization's delivery of high-quality, comprehensive health care. For example, working with your host country's Ministry of Health (MOH) can provide your organization with valuable insight, information, and resources that working with a faith-based organization from your home country may not, and vice versa. Indeed, a variety of partners—some of which will take on several roles simultaneously—can be more beneficial to your organization than having only one kind. As your work develops, your partners will carry out different functions and take on different roles, and you may also take on new partners.



PIH NOTE

Starting in 2006, in response to Lesotho's soaring HIV and TB rates, PIH, the Clinton HIV/AIDS Initiative (CHAI), and the country's government collaborated to provide health services in Lesotho's mountainous countryside. The Lesotho Ministry of Health and Social Welfare provided staff and other resources for the rural health clinics as we rolled out the programs, while CHAI helped us find additional nurses. Other partners brought additional expertise and skills: Catholic Relief Services set up a program to provide food and clothing to orphans in the mountain communities. The Solar Electric Light Fund installed solar equipment to provide power at the remote clinics, and Mission Aviation Fellowship provided critical logistical support. Irish Aid, the foreign assistance arm of the Irish government, provided crucial funding. Because we worked together, we were able to provide services more quickly and effectively than any one organization working alone.

2. INITIATING WORK WITH PARTNERS

Once you have evaluated your needs, you can seek out other organizations and individuals, respond to requests from others, and begin to assess whether a particular collaboration will be beneficial to both parties. Remember that not all partnerships happen at once—one successful partnership will lead to another and your network will grow. Some partnerships may take longer than expected to coalesce. Patience and the willingness to compromise will be key to forging lasting partnerships.

Potential partners can be found in a variety of ways. Sometimes it happens organically—from a conversation started at a conference to a recommendation by a friend of a friend—and sometimes the process is more deliberate. This is an example of how having a board of directors can be helpful. A member of your board can be a good interlocutor between you and individuals or organizations who may want to partner with your organization; members of your board can make recommendations and introduce you to people or organizations with which they are familiar. (See *Unit 2: Understanding legal matters* and *Unit 9: Creating a development strategy* for more on boards of directors.)

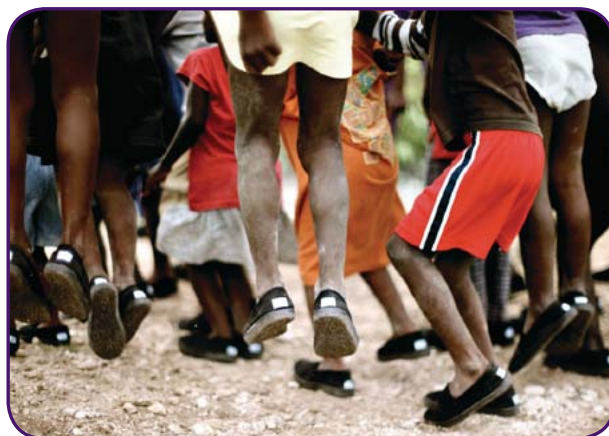


Figure 1: Thousands of Haitian children receive new shoes each year thanks to PIH's partnership with TOMS shoes
Photo: TOMS Shoes

2.1 Assessing potential partners

As you decide whether to engage with a potential partner, think about whether an individual or an organization could help your organization achieve its goals. Specifically, think about the ways a partnership could add value to the activities of both organizations. Because partnerships are based on an exchange of benefits and responsibilities, contemplating what

your organization has to offer and what potential partners can bring to the collaboration will help clarify the decision-making process. While aspects of your mission or certain policies may differ from those of potential partners, there may still be ways to collaborate productively.



TIP: Consider partnering with those who share your goals but bring a different mindset and approach. They can add a wider perspective and invigorate your work.

Determining whether a potential partner is interested in short- or long-term partnerships will also help you evaluate a possible collaboration. Short-term partnerships tend to focus more on a particular project and involve achieving a specific goal, such as constructing a bridge or bringing clean water to a site. Long-term partnerships usually call for an ongoing relationship, often (though not always) with broader objectives, such as providing nutritional support to patients with HIV/AIDS. Long-term partnerships at PIH often start at a single site and over the course of the relationship can grow to involve sites in other countries. At PIH, some short-term relationships have actually blossomed into long-term ones: while we initially worked with the World Food Programme only in Haiti, the collaboration now also includes Peru and Rwanda. Similarly, an institutional donor that helped renovate a hospital in Malawi is now building a facility to produce ready-to-use therapeutic food (RUTF), a lifesaving nutritional supplement used at Zanmi Lasante, our sister organization in Haiti.



Figure 2: PIH partners with the NGO “charity: water” to bring clean water to some of Haiti’s poorest communities

Some of the questions we ask ourselves at PIH as we discuss possible new partnerships are listed below. We use them as guidelines, and we keep in mind that a successful partnership can sometimes be built between organizations with different political, religious, or ideological perspectives on a similar issue. The most important criteria for a partnership are that we share a common goal and believe that we can work together to achieve it. Possible questions to ask yourself and your partners include:

- Are your philosophy, mission, and goals compatible?
- Are you currently working in the same community, district, province, or country?
- What do you know about the potential partner’s reputation among other NGOs, government entities, and local communities? Who are their other partners?
- What specific skills and resources do they possess?
- Do they have good management practices?
- How do they measure success?

3. PARTNERING WITH THE PUBLIC SECTOR

Establishing strong working partnerships with national and local governments is an important first step to strengthening the healthcare capacity in the public sector. (For more on identifying public sector allies, see *Unit 1: Learning about the local context*.) National governments have often identified health priorities for the country and have developed national strategic plans and instituted policies for improving the health and well-being of their citizens. Accordingly, collaborating with the government can help you direct your efforts and resources to where they can ultimately have the greatest impact on the public health.

Working with the public sector in settings of poverty often comes with complex challenges, and it may be tempting to sidestep the government for several reasons, such as a history of corruption or mismanagement of external aid, controversial policies, bureaucracy, or because the government lacks adequate resources. While there are no simple solutions to these potential problems, it is important to consider the possible consequences of not supporting your host country's public systems. For example, NGOs that operate independently of the government may offer higher salaries, better-equipped health facilities, and training opportunities to healthcare workers, all of which draw human resources away from the public sector and create competition for access to resources that are already in short supply. Over the long term, failure to build strong public-private sector relationships may result in mistrust, both from government leaders at all levels and the very populations you intend to serve.



PIH NOTE

PIH has worked in settings of extreme poverty for almost 25 years. During this time, we have invested in the public healthcare system and have worked with public sector authorities at all levels. Fortunately, we have not experienced misuse of PIH funds by these governments, and we continue to ensure that this remains so. We recognize that the financial failings of governments are often a case of limited capacity and experience managing complex financial systems. We therefore work with governments to develop financial systems at PIH-supported public health facilities that are transparent and provide accountability. We do not assume a top-down financial approach; rather we have strong financial systems in place at the local level, in proximity to where patients are receiving services so we can better monitor finances and know where the funds are spent. As with all institutional relationships, we try to establish partnerships that go beyond a single personal connection. Governments can have high turnover rates as administrations change, and ensuring that our collaboration is one that is embedded in the organizational structure has helped it endure political transitions. Finally, we have sought out government partners with whom we can build a mutual relationship of trust and accountability. In fact, some of our public sector allies have not always been the MOH, but rather the Ministry of Justice, Ministry of Social Welfare, or even a local mayor who has helped us deliver health care to the poorest communities.

3.1 The Ministry of Health

The MOH, which may be your most frequent public sector collaborator, establishes the country's health priorities, develops strategies for addressing the health needs of the population, and implements the policies that move the health agenda forward. By delivering services through the public health sector, your organization can help strengthen the country's public health system by helping the MOH achieve its goals. Through frequent contact with different parts of the MOH, you may also have opportunities to fill any gaps in service.

In some cases, engagement can begin with an official invitation from the MOH at the national level to collaborate in-country. In other instances, health professionals who are working in district hospitals or peripheral health centers may request your organization's assistance. Even if your connection is with someone at the district or village level, it is important to find out about national health policies and strategies, how the MOH is organized, the reporting structure, and who does what at national, district, and village levels. (See *Unit 1: Learning about the local context.*)



Figure 3: Inshuti Mu Buzima, PIH's sister organization in Rwanda, partners with the Rwanda Ministry of Health to operate the Rwinkwavu District Hospital

Ministries of health often establish committees composed of their local and national partners. Active participation in these committees can provide information about what others are doing in the area and help you gain access to data often collected at the district level. These meetings also provide opportunities for learning about national health policies and keeping MOH officials informed and up-to-date about your activities. After finding out more about the MOH's goals and how you can contribute to them, you can formalize the partnership through a Memorandum of Understanding (MOU) outlining each partner's role and responsibilities. (For more on MOUs, see *Section 9.2, Partnership agreements* in this unit.)

Working with the MOH may be daunting at first, given its size and complexity. Collaboration will seem much more achievable if you are able to establish good relationships with MOH employees at the local level. Involvement of your local staff in this process is important for several reasons. First, they will be able to explain some of the cultural norms involved in building strong relationships that may not be immediately apparent to a foreigner. Second, the presence of local staff will lend credibility to your organization. MOH officials may take you more seriously if they see that you are truly collaborating with local staff. Finally, collaborating in this way builds local capacity. If your long-term goals include having local residents drive program implementation, giving them a role in partnerships is a good way to start.

Remember that differences can exist between operational levels: in some areas district and local levels can have a great deal of latitude in making decisions. Although goals and policies may be set at the national level, MOH officials at the local and district levels are often the ones who implement the policies that will have an impact on your services.



TIP: *Developing relationships with officials at the district and local levels and attending their planning sessions can help clarify expectations about your programs and foster increased support for your organization.*

Once you establish relationships with MOH staff at different levels, opportunities may arise for advocating for specific policies, strategies, or treatment protocols. These discussions may result in disagreements and difficult conversations. In some cases disagreement may be a matter of clinical judgment, such as whether certain interventions are optimal for treating pediatric malnutrition. In others it may be about competing priorities, such as whether the MOH should devote resources to treating multidrug-resistant tuberculosis (MDR TB). There are also matters of policy—you may want to pay community health workers, while the MOH may think of them as volunteers. In some cases, PIH has influenced MOH policy when we have made a strong argument for change; in other situations we have had to respect the Ministry's priorities and worked within those boundaries.

3.2 Other public sector partners

Many governments have cross-cutting initiatives or poverty-reduction strategies that integrate work across sectors, and they may establish coordination committees to oversee them. Participating in these committees provides a good opportunity for learning about new initiatives and how the different parts of the government—such as the Ministry of Education and the Ministry of Social Welfare—work together. It also offers the chance to see places other than MOH facilities that could benefit from health interventions. For example, you can forge partnerships with schools and community centers by offering materials such as school supplies or uniforms or by offering health education and prevention activities that the public sector may want to provide but cannot due to lack of resources.



PIH NOTE

In some cases, the Ministry of Justice might be interested in receiving support for care of prison inmates, in the hope that they will not spread communicable diseases to the general population if they are released. PIH has formed such a partnership with the Russian Ministry of Justice, providing support for people with MDR TB in the prison of the Siberian city of Tomsk. Inmates there are separated into 14 wards by medical status, with MDR TB patients assigned their own dormitory and exercise areas. All patients who have not finished their two-year course of treatment by the time they leave prison receive follow-up services, including medical and nutritional support upon their release. Through this partnership, PIH is providing further training to MDR TB program managers and clinicians throughout the former Soviet Union, and has received a \$10.8 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria to improve prevention, diagnosis, and treatment of TB and MDR TB in Tomsk.

3.3 Local government officials and local leaders

Local and district government officials are another group of key partners who can provide practical support. At the outset, they may provide land for new facilities, provide housing for staff, or help with hiring local people to work at the site. Village chiefs, for example, can be your allies, encouraging acceptance of services and mobilizing support for your work within the local community.



Figure 4: A group of men gather at a *pitso*, or village parliament, in the mountains of Lesotho to learn how they can help fight HIV/AIDS



PIH NOTE

*Shortly after starting work in Lesotho, PIH staff noticed that only a small number of men were asking to be tested for HIV. At the same time, many of the married women receiving treatment for HIV hadn't disclosed their HIV-positive status to their partners for fear of being subjected to violence, stigmatization, or divorce. Some husbands even objected to their wives getting tested for HIV. Because our staff works closely with village chiefs, or headmen, we were able to launch an initiative to educate men about HIV/AIDS and offer them voluntary testing and counseling about the disease at the mountain clinic in Bobete. To ensure the men's participation, we consulted the village chief, who was the key decision maker. He supported the idea and called a *pitso*, or "village parliament," a traditional men-only meeting where important community issues are discussed. During the meeting, we were able to gain acceptance for HIV testing from the chief and the older men in the group, whose approval was critical for the rest of the men. As a result, many of the attendees were tested on the spot, with many others scheduling appointments at the clinic in the following days.*

4. PARTNERING WITH NONGOVERNMENTAL ORGANIZATIONS

NGOs, both in your home country and abroad, can be key partners. NGOs exist at every level: they can be large, international organizations, or they can be small, community-based groups representing local constituencies. They can also be faith-based organizations, professional associations, or groups of people organized around a cause or issue. Partnerships with other NGOs often vary greatly in both nature and content. With some partners, service will be the focus, with each party sharing responsibility for program implementation. Other partnerships are more engaged in advocacy efforts or providing technical expertise and local knowledge. Some NGOs may provide solutions to administrative problems, such as sharing office space or transportation. Collaborating with older, more established NGOs can help your organization with matters such as registering as an NGO and drawing up employment contracts.

Partnering with NGOs that offer expertise your organization lacks is a good way to stretch resources. Two important questions PIH considers as we contemplate entering into partnerships with other NGOs are whether the collaboration would contribute to the public sector and whether it would make efficient use of resources. Because our goal is to add to rather than divert resources from the public sector, we try to enhance the existing system instead of building a parallel one. This approach often means that we renovate MOH facilities rather than constructing private health centers and that we give salary support to employees of the MOH rather than hiring people away from it.



Figure 5: Families displaced by Haiti's earthquake fill containers with clean water from a filtration system installed by Operation Blessing



TIP: Partnerships can sometimes take up more time and effort than originally anticipated, so it is important to plan who will manage them and how the work will be integrated into your programs.

4.1 Community-based NGOs

Partnerships with local NGOs can increase your organization's impact. Bear in mind, however, that it is important to choose partners wisely, because partner organizations' reputations will be linked to some extent. Working with a trusted community-based NGO can instill confidence in your organization; being associated with a respected community organization will encourage local residents to also trust in your organization. As with local leaders and government officials, community-based organizations (CBOs) can offer valuable information, including advice regarding logistics, key players in the community, and local needs, customs, and norms. They also help ensure that the interests of the people and communities being served are represented. They can mobilize local resources and help provide social and economic support. In addition, an already established NGO may provide vital institutional resources during the start-up phase of your work. Many partnerships are mutually beneficial, providing a helpful exchange of resources between the groups. For example, when PIH first started operations in Malawi, a local organization contributed storage space in a partially constructed warehouse in exchange for our support in completing construction.



Figure 6: PIH partners with Catholic Relief Services in Lesotho to support keyhole vegetable gardens for people living with HIV/AIDS

The structure and role of CBOs vary across countries and cultures. In some places they function primarily as advocacy groups, while in others they actively provide services to the community. In Malawi, CBOs function at the village level and are able to support the implementation of independent projects, such as goat farming, weaving initiatives, and community-based child-care cooperatives. PIH supports these organizations with financial resources and technical assistance. Although they are not specifically PIH projects, they provide our patients with important economic and social opportunities, and encouraging community-based development activities is a key part of our mission.

4.2 Health sector NGOs

Meeting with other NGOs that provide healthcare services in the area or in the country, particularly during the early stages of program implementation, can provide you with insight into critical health issues, how the healthcare structure works, who makes decisions, and where the bottlenecks are—all information that can help you avoid costly or embarrassing mistakes. Other NGOs may suggest community organizations as potential partners or offer services that are difficult for you to provide because of staff or budget limitations. Sharing local staff, such as community health workers or traditional birth attendants, or combining resources to provide training sessions can also help alleviate staffing shortages.



PIH NOTE

At Zanmi Lasante (Creole for “Partners In Health”) in Haiti, we work closely with the Haitian Group for the Study of Kaposi’s Sarcoma and Opportunistic Infections, (GHESKIO). Both organizations provide treatment and care for HIV/AIDS and have worked together for many years, particularly in supporting and training clinicians. The partnership has been collaborative rather than competitive, in part because each group has a well-defined role and concentrates its work in different geographic areas. Contractual agreements have also helped clarify how we can work together most effectively.

Even in cases where collaboration may not be immediately possible, it always helps to know what other health-related NGOs are doing in the area where you are working. Governments often set up committees to coordinate NGO activities regarding particular health issues (such as HIV/AIDS), and attending these meetings is a good way to avoid unnecessary duplication of effort and to scout for potential partners.

4.3 Faith-based organizations

Faith-based organizations are private, nonsecular groups whose mission is rooted in a particular religious heritage. These groups have played an increasingly large role in global health over the last decades. They can be important partners, even if your organization does not subscribe to a specific religious belief system. Catholic Relief Services and Mission Aviation Fellowship are two examples of faith-based organizations that have been key partners to PIH. In addition, we have found that church groups have been effective

partners in taking on long-term commitments, such as supporting a specific clinic or providing funding for a specific initiative.

Religious organizations can also be useful partners in-country. Religious leaders are often influential members of their communities and, like the village chiefs, can be key allies in fostering changing attitudes about a disease among their people. In Malawi, we work with local ministers, priests, and imams to support disease-prevention activities and educational activities.



Figure 7: Through our partnership with Mission Aviation Fellowship (MAF), PIH brings supplies and staff to our remote mountain clinics in Lesotho

4.4 Professional organizations

Professional organizations are groups of people who work in the same field or engage in the same professional activity. People of many professional backgrounds—such as doctors, nurses, teachers, engineers, accountants—come together to promote common interests, to further knowledge in the field, to pursue training, or to advance humanitarian causes. These groups can bring important expertise and skills to your organization, often free of charge. Raising their awareness about the health and needs of the communities you serve may lead to additional support for your work.

Many professional organizations have specific departments dedicated to international work or service, and it may be worthwhile to contact them directly. These groups can help advocate for your work, as well as raise money and provide professional skills.

4.5 Service organizations

Many service organizations also make good partners. Groups such as Rotary International or the Lions Club often have national branches or clubs that can serve as potential partners. These clubs can receive matching grants from other clubs outside of their country to help carry out projects. For example, the Rotary Club in Mirebalais, Haiti, arranged a grant with a club in the United States and then used it to support work at Zanmi Lasante, buying a vehicle for the nutrition and agricultural program and funding the composting latrines described in the next section. Other national or local business and commercial groups may be willing to provide financial or logistical support. Health officials often know about local branches of service organizations and may be able to introduce you to them.

5. PARTNERING WITH TECHNICAL EXPERTS

Individuals and organizations that provide specific technical skills can be critical for establishing and maintaining operations in places with limited technical expertise. Partnering with technical experts can also provide specialized medical skills that are less common in resource-poor settings. For example, in the immediate aftermath of the 2010 earthquake in Haiti, PIH partnered with hospitals across the United States to send orthopedic surgeons, anesthesiologists, and plastic surgeons to perform emergency surgery on survivors. Since then, occupational and physical therapists have helped with the rehabilitative care these patients need. Because these specialties are in short supply in Haiti, such partnerships provided critical services for needs that would otherwise have gone unmet.



PIH NOTE

A small NGO called Sustainable Organic Integrated Livelihoods (SOIL), builds dry composting latrines (which do not require water and transform human waste into fertilizer) and has become a key PIH partner in Haiti. The capacity to generate fertilizer was particularly appealing, because Zanmi Lasante's Cange site is situated in Haiti's Central Plateau, where the soil is very poor as a result of severe deforestation and where commercial fertilizer is too expensive for the majority of subsistence farmers who live there. Sanitation facilities are also scarce, and many of the communities have limited water supplies. SOIL was invited to Cange, where its experts worked with our engineers to build a demonstration site near a garden and tree nursery within the complex. Patients' families pitched in with the sanding and painting of the toilet seats. The results were new latrines for the site and fertilizer for the farmers. The group also worked with the community health workers to help promote safe sanitation.

It can be challenging to find partners with high levels of technical expertise who are willing to work in difficult, remote settings, so it is worth looking for partners whose mission and goals are aligned with yours. For example, solar electric systems are often the only reliable power option for sites located in isolated rural areas, but setting them up requires specific technical skills and experience. An international NGO, Solar Electric Light Fund (SELF), converted hospitals and health centers to solar power at the PIH-supported sites in Haiti, Rwanda, and Lesotho. This is a successful partnership between two nonprofit organizations with different but overlapping agendas: one delivers health care to the poor and the other provides sustainable energy to the developing world.



Figure 8: Solar Electric Light Fund (SELF) installs solar panels at the hospital at Boucan Carré in Haiti.



TIP: Encourage technical experts to train a local counterpart in their specialty. This builds local capacity and allows the work to continue once the experts have left.

6. PARTNERING WITH FUNDERS

Groups and individuals who are able to provide financial support or goods and services are also important partners. Partnerships with funders may differ from others in that the exchange of resources can be more one-sided than with organizations where programmatic responsibilities are shared. As a result, it is very important that partnerships with these groups are ones in which each partner feels its contribution and ideas are valued. (For more on establishing relationships with funding partners, see *Section 9, Developing strategies for working with partners* in this unit, as well as *Unit 9: Creating a development strategy*.)



Figure 9: PIH distributes food for patients in Rwanda provided by multilateral partners
Photo: Beth Collins

There are several different kinds of funding partners. Multilateral funding organizations are agencies funded by different governments and nongovernmental sources that provide assistance to a variety of countries. Bilateral funding organizations have similar objectives but are agencies of a single country. Bilateral funding generally comes from special assistance agencies in donor countries (such as the U.S. Agency for International Development or the Department for International Development in the United Kingdom). These organizations provide funding for specific programs or diseases and are different from an individual who wants to personally contribute financial support to your organization.

Multilateral organizations such as Global Fund to Fight Against AIDS, Tuberculosis and Malaria (GFATM) can provide much-needed funds while also providing a platform for advocacy and policy change, often before an international audience. Understanding how multilateral organizations are structured and who makes decisions on the issues that affect your work can help you target the most relevant people within them. In addition, maintaining contact with individual program officers, attending meetings, and contributing materials and documentation all increase your opportunities to influence policy. (For more on how to influence policy, see *Unit 14: Maximizing impact through advocacy*.)

Bilateral funding can also provide a platform and lend credibility to your organization. These agencies often maintain offices in the countries receiving assistance, and a review of their documentation can clarify their priorities and funding process. NGO partners and ministry and government contacts can also help you determine whether these agencies could be potential partners. (For more on bilateral and multilateral funding, as well as on relationships with individual funders, see *Unit 9: Creating a development strategy*.)

The size of these agencies makes it likely that your primary relationships will be with individuals who are assigned to your organization. Likewise, private foundations and corporations may assign a program officer or grant officer as your main point of contact. Establishing frequent communication with this person can help with routine grant implementation matters or resolve any problems that arise, such as delays in reporting or trouble accessing grant funds.

With individual funding partners, the relationship is with the person who is providing the funds, as opposed to a representative of a larger organization. These partners can fill gaps left by major institutional donors who may limit their funding to a specific intervention or project. Individual funders are also less likely to have policies requiring them to limit their support to a certain category. They can be a good source of unrestricted funds, which are vital for covering general operating costs. They can also introduce new individuals who go on to become your supporters and partners.

7. PARTNERING WITH VOLUNTEERS

Volunteers can be among your most important partners both at your home office and in the field. Working with volunteers allows organizations to dedicate more financial resources directly to patients, while simultaneously educating people and raising awareness about the importance of global health. Volunteer clinicians can provide services at your site, and people at home can help with mailings and office-based administrative work. When PIH brings patients in need of treatment to the United States from the sites through the Right to Health Care (RTHC) program, doctors from Boston-area hospitals volunteer their time and services and local residents provide housing for their families. In addition, summer interns are assigned to specific projects for about ten weeks each summer at the PIH home office. (See *Unit 14: Maximizing impact through advocacy* for more on the PIH internship program.) PIH also coordinates with volunteers from other organizations, including groups of technical experts or faith-based organizations mentioned in this unit.



Figure 10: PIH's Right to Health Care patients from Haiti receive free surgical care and rehabilitation from physicians and supporters in the United States

7.1 Individual volunteers

PIH has found that the best volunteer experiences are usually those that are well managed, with clear expectations and goals on the part of both the host organization and the volunteer(s). Finding tasks that are compatible with a volunteer's skills and interests has been an important aspect of a successful volunteer experience, and these usually consist of assignments that paid staffers are unable to do, owing to a lack of time, skills, or other resources. However, there are limitations of what can be accomplished by volunteers. For example, if a task requires a great deal of institutional knowledge or a long-term time commitment, a volunteer may not be the best person to assign to the task. In addition, think about your organization's ability to recruit, manage, and supervise volunteers. You will want to be able to provide enough guidance to make their efforts rewarding for both the volunteers and the organization.

7.1.1 Recruiting and managing volunteers in your home country

Small organizations often recruit volunteers informally, through word of mouth or a general request for help posted on a website. However, as an organization grows, volunteer recruitment, screening, and training will require a more formal process. It may make sense to designate a specific person to be responsible for fielding volunteer inquiries. Depending on the size and workload of your staff, the individual could be an office manager, a program manager, or anyone ready to take on the task.

As with other organizational needs, an assessment is a good mechanism for determining those areas in which you will most benefit from the work of a volunteer. Below are some main categories in which volunteers tend to help, and some issues to consider as you determine whether to fulfill organizational needs with volunteers:

- **Fundraising:** Volunteers can be helpful in planning or assisting with fundraising events. (See *Unit 9: Creating a development strategy* for more on engaging volunteers in fundraising activities.) Some issues to consider are:
 - The volunteer’s willingness and ability to organize an event
 - The volunteer’s level of understanding of your work and ability to articulate it to others when holding an event on your behalf
 - The volunteer’s familiarity with fundraising and the general responsibilities it entails
- **Administration:** Simple administrative duties can be carried out by qualified volunteers. Clear instructions and active supervision are essential to ensure that relevant tasks are done correctly and do not have to be repeated. Some issues to consider are:
 - The organizational skills of the volunteer and his or her ability to follow through the task
 - The availability of paid staff to perform certain tasks
 - The consistent availability of the volunteer



PIH NOTE

At PIH, people interested in volunteering at the Boston office are asked to complete a volunteer application form detailing their experience and skills, as well as their availability and the time commitment they are able to make. The office manager, who is responsible for volunteer activities in Boston, maintains a running list of requests that staff members have made for volunteer assistance. If there is a good match between the potential volunteer and staff needs, the person is contacted and brought in to speak with the office manager or the staff person requesting help. The staff member then works directly with the volunteer. When assistance with general office work is needed, the volunteer works under the general supervision of the office manager, who assigns tasks as needed.

7.1.2 Recruiting and managing volunteers in the field

Bringing volunteers to work in the field can be rewarding for local and expatriate staff as well as for the volunteers. Field experience is valuable for anyone hoping to make a career in global health, and many people are eager to help in order to gain firsthand knowledge of such work. Volunteers with some knowledge of the local language and culture are most likely to be successful in the field, though in many cases a willingness to learn and to contribute to the work is just as important.

If you have a website that receives a lot of traffic, you could post an international volunteer opportunity there. Other websites with international volunteer postings could post it as well. Colleges and universities—especially graduate programs—are good places to find people with the specific skills you are seeking, as well as the ability to commit a prolonged amount of time in the field (see *Section 8, Partnering with academic institutions* in this unit for more). As always, word of mouth, particularly among past or present volunteers, is also an effective way to find people committed to your organization's goals.



Figure 11: A volunteer at Socios En Salud, Peru
Photo: Socios En Salud

Volunteers not only contribute their skills, but they can also pass them along to full-time staff by training people, either formally or informally, in their area of expertise. Although some volunteers may be at the site to help with training activities, all volunteers should be ready to teach new skills whenever and to whomever it is appropriate. Below are some of the areas in which volunteers can be useful:

- **Service delivery:** A volunteer may have expertise in a specialty unavailable at the site or may be able to help with a busy program. However, understanding the limitations of being a short-term clinical volunteer is also important. Issues to consider are:
 - Licensing laws for foreigners practicing medicine in the host country
 - The availability of necessary supplies and equipment if the clinician is a specialist performing procedures not normally done at your site
 - The availability of human, material, and financial resources for postoperative care if surgery is involved
- **Administrative work:** While much administrative work will be done in your home country, there are daily administrative tasks at the site such as scheduling and correspondence that the volunteer can help with. Issues to consider are:
 - The volunteer's organizational and follow-up skills
 - Whether there is a local staff person with the same skills and interest needed to complete the tasks asked of the volunteer

- **Research:** Volunteers can help with the fieldwork and data collection necessary for research. This kind of research support is a good opportunity for the volunteer to gain experience in the field, and it allows the principal investigator to focus on other aspects of the study. It is critical, however, for the volunteer to understand his or her responsibilities and to have the background necessary to complete the work ethically and without disrupting service delivery on site. Issues to consider are:
 - The volunteer’s background and previous research experience, including familiarity with ethical considerations
 - The volunteer’s understanding of role of research at the site

When considering the logistics of hosting volunteers in the field, be aware that you may have legal responsibility for volunteers even if they are required to arrange their own housing and meals (see *Unit 2: Understanding legal matters*). You may also want to think about whether you have sufficient office space and equipment to accommodate a volunteer, because local employees should not have to sacrifice their work space to make room for a foreign volunteer. In addition, instituting a minimum time commitment for anyone coming to the site allows volunteers to integrate more fully into the team in the host country. Longer stays give the local team more opportunity to recognize a volunteer’s skills and help him or her use them to the benefit of the organization.

Bear in mind that welcoming volunteers to the site has budget implications. Determining whether there are resources for providing certain services (particularly if you are in a rural area with few housing options) may clarify whether it is feasible or worthwhile to bring volunteers to the site. Some potential costs to consider are:

- Housing near the site
- Meals
- International health insurance
- Evacuation insurance
- Air travel to and from the site
- Ground travel at the site



TIP: *To broaden the base of people able to volunteer, consider providing for basic needs such as room, board, and travel expenses. Doing so will make it easier for those with fewer economic resources to spend a significant amount of time performing unpaid work.*

Managing volunteers also requires having guidelines about acceptable and unacceptable behavior. Unacceptable behavior can include publishing inappropriate information in a public blog or other format, failure to observe confidentiality agreements, or showing a lack of respect for the staff, patients, or local culture. Although such occurrences are not common, being prepared will enable you to deal with them immediately. Outlining which behaviors could cause a volunteer to be sent home will help you manage these situations easier.

Volunteers can also benefit from:

- orientation in your home country before he or she leaves for the site
- training and orientation to volunteers upon their arrival in-country
- a volunteer handbook

7.1.3 Supervising volunteers

Once volunteers are selected, supervision and management of their activities will be critical to making the most of their presence in the field and in your administrative offices. Regular meetings between volunteers and their supervisors help encourage open communication. These meetings can be informal “check-ins” or more deliberate presentations of goals met and assignments yet to be realized. If your organization is providing room and board to volunteers at the site, these meetings are also a good way to verify that the volunteer is comfortable with his or her housing situation.



PIH NOTE

At PIH, volunteer supervision is different at each site. In Peru, the centralized Volunteer Selection Committee (VSC) is responsible for recruitment and general supervision of volunteers. Although volunteers are assigned to specific projects and have an on-site mentor to whom they report daily, the VSC convenes monthly meetings for all volunteers, and it is through this committee that all housing, food, transportation, and other issues are resolved. At other sites, volunteers work primarily with their individual supervisors and there is no central administrative body. In both cases communication and trust between supervisors and volunteers is important. It becomes even more critical if a volunteer is struggling to complete his or her assignment or is not adapting well to the environment. Addressing the issue immediately is the best course of action if it becomes clear that a volunteer has been placed in a position inappropriate for his or her skills and experience.

7.2 Student volunteer organizations

As with other social movements, students and young people are often at the forefront of building a healthcare movement. Working as volunteers and as part of campus groups, students can build awareness for, and extend the reach of, an organization with limited time and resources. (See *Unit 14: Maximizing impact through advocacy* for more on movement building.) PIH has found that the relationships most likely to persevere through leadership changes and evolving priorities are those made with the volunteer organization as a whole, rather than with specific individuals within it. PIH has established long-term relationships with student groups dedicated to increasing health care in resource-poor countries: FACE AIDS at Stanford University provides support to sites in Rwanda; young graduates from GlobeMed and Global Health Corps have become active supporters of our work. Other student groups can offer specific skills that may be lacking at your site. The unit of Engineers Without Borders at Virginia Technical University, for example, has helped construct a vital bridge providing access to a health facility at Zanmi Lasante. Establishing institutional partnerships with these groups helps you harness their skills, enthusiasm, and energy so that they can continue to collaborate on projects over the long term.



Figure 12: FACE AIDS sponsors a bike ride to support PIH's work in Rwanda

8. PARTNERING WITH ACADEMIC INSTITUTIONS

With resources such as research funding, access to institutional review boards (IRB), and active student groups, academic institutions both in your home country and at the site can be valuable partners. They are particularly useful for organizations that are building research or training programs. PIH has benefited from partnerships with the Harvard Medical School Department of Global Health and Social Medicine (DGHSM) and the Harvard School of Public Health (HSPH) to produce the research that impacts our service delivery and advocacy efforts. Likewise, the Division of Global Health Equity (DGHE) at Boston's Brigham and Women's Hospital supports PIH training and service programs through clinical support and through the Global Health Equity (GHE) residency.

Partnerships like these can be developed by seeking out allies among faculty and clinicians at universities and teaching hospitals, even if your organization is not directly connected to such institutions. In this kind of partnership, as in others, it is important that both your organization and your academic partner understand each other's roles and responsibilities, including the ethical implications of any research or intervention that is performed. (See *Unit 13: Conducting research* for more on academic research.)

8.1 Postgraduate medical training

Collaboration with medical schools or residency programs can provide your organization with access to recent graduates seeking international experience. These partnerships are vital both to service delivery and to training the next generation of global health practitioners.

If your organization is able to partner with a residency program, physicians will have the opportunity to complete some of their training at the site, allowing them to learn from experienced practitioners and to pass their knowledge on to others. The partnership benefits the site, which is given additional clinical resources free of charge, as well as the residents, who gain important clinical experience and mentorship from qualified physicians.

For example, residents at Brigham and Women's Hospital who are interested in global health have the option of applying to the GHE program during their second year of postgraduate training. Those who are accepted are then mentored by PIH clinical staff and perform rotations at PIH-supported sites. Several residents further their training each year, learning firsthand about how to treat conditions that, while rare in countries like the United States, are much more common in the developing world. These residents are able to attend to children afflicted with both malnutrition and HIV, and they can gain experience in treating diseases such as malaria and typhoid. They are also able to see the importance of providing comprehensive services, including nutritional and housing support. When they graduate, many of these residents go on to work full time at PIH or at other global health organizations, while some will start their own NGOs.



PIH NOTE

Because of the training they received at Zanmi Lasante, our sister organization in Haiti, and at other PIH-supported sites, past and current GHE residents were crucial to PIH's clinical response to the earthquake that struck Port-au-Prince in January 2010. A member of the inaugural class who had been deeply involved in Zanmi Lasante since he was a medical student and then became one of the primary expatriate physicians working there was among the first to respond after the quake hit. Meanwhile, current residents were able to play a large role in coordinating efforts at the general hospital in Port-au-Prince and helped accompany volunteer physicians who were not accustomed to working in such difficult circumstances. Their presence in the city allowed Zanmi Lasante doctors to remain at the facilities outside the capital and treat the thousands of patients who had fled to safety in the countryside. Were it not for the experienced residents, our response would have been much delayed and less effective.

8.2 Academic instruction in global health

The field of global health has become increasingly popular among both undergraduate and graduate students. These classes can be excellent places for recruiting potential volunteers and faculty sponsors. For example, PIH works closely with Harvard Medical School, the Harvard School of Public Health, and Harvard Business School, all of which offer classes in Global Health Delivery (GHD), an emerging academic discipline that focuses on the implementation of high-quality health care in resource limited settings. PIH supplies examples for case studies that are used as academic tools and contributes to the discussions held on the schools' websites.

8.3 Local institutions

Like academic institutions in your home country, those in the countries where you work can also be valuable partners. They can provide training resources in the local language, assist with research projects, and help with recruiting on-site staff. These partnerships can also give local residents who are part of these academic communities exposure to less-well-off members of their own society and inspire them to work to provide health care to the poor.



PIH NOTE

In Haiti, medical students graduating from public universities are required to complete a year of service in an MOH clinic; they often complete this year of service at PIH-supported facilities where they are provided with a small stipend, food, and lodging. This partnership provides PIH with additional clinical capacity each year, and those who excel in the program are often hired by PIH. In fact, some graduates are now in senior leadership positions both at Zanmi Lasante and at other PIH-supported sites. One former Haitian medical student became the country director in Malawi after spending two years as a staff clinician in Lesotho.

8.4 Other academic partnerships

Partnerships with non-medical institutions can also contribute to your overall organizational goals. Schools of nutrition, agriculture, engineering, architecture, and others all have the potential to enrich your ability to implement comprehensive programs with all of the technological advantages of the developed world.

Some of PIH's academic partners include:

- The Friedman School of Nutrition Science and Policy at Tufts University, for work on nutrition policy and support for patients
- The International Institute for Food, Agriculture, and Development at Cornell University, for work on nutrition and agriculture policy and support for patients
- The Regenstreif Institute at the University of Indiana, for work on developing an open-source electronic medical records system



PIH NOTE

Students from the University of Agriculture, Technology, and Education in Kibungu, Rwanda, were interns at the PIH-supported site in Rinkwavu, working to help patients improve their agricultural skills. As a result, patients were able to grow their own soy and other products for their families' consumption. The experience was valuable not only for the patients—it also allowed the students to see a practical implementation of their education and the impact it could have on their fellow Rwandans.

9. DEVELOPING STRATEGIES FOR WORKING WITH PARTNERS

The most successful partnerships are those in which both parties are engaged and have invested time and energy. Often, these relationships are developed and strengthened over many years. They are built through conversations and shared experiences, as well as through tangible progress and success with specific projects. While some partnerships will be limited to very specific projects or geographic areas, others will expand over time, and together you may be able to do more than you originally anticipated. Revisiting the nature of the partnership as it evolves will help keep expectations current. If the relationship grows, each organization may expect more of the other. If it becomes more limited in scope, you will also have to revise your expectations.

9.1 Managing partnerships over time

In some circumstances a formal partnership agreement (described in the next section) may be appropriate. Documenting the activities to be realized and the responsibilities of each party will help avoid misunderstandings about each organization's role. On other occasions, open communication and trust are the primary ways in which you will ensure

that expectations are being met. In both cases, being accountable to the expectations of your partners and devoting time and effort to the relationships will help you work together successfully.

In an established relationship with a group or individual, you may at times be asked for a favor or receive a special request. Some of these requests will be easy to accommodate: writing a letter of recommendation or introducing one partner to another are two simple ways that we have been able to support our partners and contribute to building a healthcare movement. However, you may also receive requests for something you are unable to do. When that happens, try to explain the reasons it cannot be done (such as practical limitations or conflict of interest), and try to find another way to be helpful. Creating realistic expectations and being both cooperative and pragmatic in interactions with partners will limit these situations.

9.2 Partnership agreements

If you have a variety of partners, the agreements that you have with them will vary as well. Formal agreements are generally between partners who share responsibility for program implementation or funding. Those partnerships often include a contract or Memorandum of Understanding (MOU). These documents clarify the purpose, content, and sometimes time frame of the agreement. Formal proposals that include a scope of work statement or a work plan can also function as partnership agreement, even if they are not called an MOU or a contract. These agreements are important in ensuring that both partners understand their responsibilities, and they serve as a useful resource if there is ever confusion regarding the nature of the partnership. Contracts or MOUs are not usually used to define a partnership with an individual donor, although someone planning a large gift over several years may want to document the terms of the gift in writing. While the gifts are technically from individual donors, these documents are often called “grant agreements” and simply outline the donor’s expectations regarding how the money will be spent. (For more on contracts and MOUs, see *Unit 2: Understanding legal matters.*)

9.3 Visits from partners

Visits to sites are a common tool for building or maintaining partnerships with both organizations and individual supporters. They provide an opportunity for partners to see firsthand the impact the work is having and enable you to discuss how they can be meaningfully involved in accomplishing your long-term goals. Adequate planning for these trips includes developing an agenda (while maintaining flexibility about activities) and establishing clear expectations about what can and cannot be accomplished during the trip. For example, if a partner wants to observe a surgery, but the local staff do not feel comfortable with that, be clear beforehand that you will not be able to accommodate the request. Advance planning and communication will save your guest from disappointment during the trip. Goodwill gestures such as providing a recommended packing list and offering advice about passing through immigration/customs will also be appreciated by your visiting partner—or any guest. (For more on site visits, see *Unit 9: Creating a development strategy.*)

CONCLUSION

Because no one organization can fully address the needs of the poor and underserved, the most effective community-based care draws on a wide array of partnerships—from public sector entities and NGOs to academic institutions and individual volunteers. These relationships can take a variety of forms, but have at their core a mutual benefit and a shared investment in stated goals. They can develop and deepen over time, and can come to have great influence on your organization’s mission, as well as on the health of your surrounding community. To succeed and grow over time, partnerships like these must be tended to carefully, with clear and frequent communication among all parties.



Unit 10

Resources

SELECTED RESOURCES

Building a Partnership

Bartel, D., Igras, S., & Chamberlain, J. (2007). **Building partnerships in conflict affected settings: A practical guide to beginning and sustaining inter-agency partnerships.** CARE.

<http://www.rhrc.org/resources/BuildingPartnershipsforHealth.pdf>

This guide introduces basic concepts of inter-agency partnerships. It is organized to correspond to the stages of setting up and managing a partnership, taking into consideration the political, social and cultural dynamics that are unique to an organization and setting.

Butterfoss, F.D. (2007). **Coalitions and partnerships in community health.** San Francisco: Jossey-Bass.

This step-by-step guide for building durable coalitions to improve community and public health contains useful approaches to challenges, recommendations for action, resources for further study, and examples from actual coalition work.

The Center for the Advancement of Collaborative Strategies in Health

<http://www.cacsh.org/>

The website includes a Partnership Self-Assessment Tool to assess how well a collaborative process is working, as well as to identify specific areas to focus on to improve the process.

The Community Toolbox

<http://ctb.ku.edu/en/tablecontents/index.aspx>

The toolbox contains 46 chapters of practical, step-by-step guidance in community-building skills.

Employers Organisation for Local Government

<http://www.lgpartnerships.com/>

This website is from an agency based in the United Kingdom that provides tools for assessing and enhancing partnerships.

The Foundation Center. Nonprofit Collaboration Database.

<http://collaboration.foundationcenter.org/search/searchGenerator.php>

The database provides information about the ways that nonprofit organizations can collaborate to achieve their missions, including case studies.

Lankester, T. (2007). **Setting up community health programmes: A practical manual for use in developing countries.** London & Oxford (U.K.) MacMillan Education.

<http://www.hesperian.org/>

The book provides practical information on developing working partnerships with communities and government agencies such as ministries of health. Of specific interest are Chapters 2 and 20, Working as Partners in the Community, and Cooperating with Others. The book is also available in the U.S. directly from Hesperian.

PACT

<http://www.pactworld.org/>

The website assists with network strengthening to forge linkages among government, business, and civil society to achieve social, economic, and environmental justice. See the Institutional Strengthening section for information about partner-building services.

The Primer

<http://researchtoolkit.org/home.html>

The site provides a Building Collaboration Toolkit for establishing and engaging partnerships, as well as other useful tools.

Tennyson, R. (2003). **The partnering toolbox.**

<http://thepartneringinitiative.org/>

This downloadable guide offers practical information on developing partnerships, covering basic principles, processes, obstacles, resource mapping, commitment, and accountability.

Turning Point-Collaborative Leadership Tools

http://www.thepartneringinitiative.org/publications/Toolbooks/The_Partnering_Toolbook.jsp

This website includes tools, resources, and training information about collaborative leadership, with a special focus on developing public health leaders.

U.S. Agency for International Development. (2009). **Building alliances series: Workforce development.**

http://www.usaid.gov/our_work/global_partnerships/gda/workforce_guide/workf1.html

The website provides practical tips for building public-private partnerships.

World Health Organization. **Partnerships Management.**

<http://www.who.int/management/partnerships/en/>

This resource offers information on working with a variety of partners, including the community, other NGOs, and private providers, as well as links to useful resources and publications.

Partnering with Funders

The World Bank. (2003). **Guide to resources for NGOs and other organizations of civil society.**

<http://siteresources.worldbank.org/CSO/Resources/GuidetoResources2003.pdf>

The guide describes how to find information about donors' priorities, and includes links to funders' websites and grants available from the World Bank.

Partnering with Volunteers

Health Volunteers Overseas

<http://www.hvousa.org/>

This website includes a volunteer toolkit with forms and information used to prepare volunteers for overseas service.

Idealist

<http://www.idealists.org/info/Nonprofits/#FAQ>

The “Nonprofit FAQ” section includes information about how volunteers can contribute to and fit into your organization.

Partners in Implementation

Partners In Health. **Global Health Delivery Project.**

http://model.pih.org/global_health_delivery_cases

The website offers case studies that demonstrate partnerships in practice.

Public-Private Partnerships

Asante, A.D. & Zwi, A.B. (2007). **Public-private partnerships in global health equity: Prospects and challenges.** *Indian Journal of Medical Ethics*, 4(4): 176–180.

<http://www.ijme.in/154ie176.html>

This paper examines the viability of public-private partnerships for improving global health equity and highlights some key prospects and challenges. The focus is on global health partnerships and excludes domestic public-private mechanisms.

Tutu, D. (2008). **The role of partnerships in health equity.** *Journal of Public Health Management and Practice*, 14(6): S3–S4.

<http://www.nursingcenter.com/pdf.asp?AID=819661>

The article details the importance of building strong partnerships among various sectors for true health equity.

United States National Institutes of Health. **Public Private Partnership Program.**

<http://ppp.od.nih.gov/>

The program aims to facilitate collaborations to improve public health through biomedical research.

United States President’s Emergency Plan for AIDS Relief (PEPFAR). **Public-Private Partnerships.**

<http://www.pepfar.gov/press/79673.htm>

This article reports on PEPFAR’s use of public-private partnerships in HIV/AIDS prevention.