Public health partnershipsauthors name research paper example

Health & Medicine, Healthcare



\n[toc title="Table of Contents"]\n

\n \t

- 1. <u>Abstract \n \t</u>
- 2. Public health partnerships \n \t
- 3. Different types of partnerships \n \t
- 4. <u>Two different public health partnerships \n \t</u>
- 5. Purposes, Structure, Goals of Each of The Organizations \n \t
- 6. Measuring Their Success \n \t
- 7. Funding that went to either non-government organization. \n \t
- 8. <u>Conclusion</u>\n \t
- 9. <u>References \n</u>

\n[/toc]\n \n

Abstract

The aim of the paper is to provide practical details in using health care research resources effectively and the need of public health partnerships. Global health problems require global solutions based on public-private partnerships. With limited financial resources, complex behavioral problems, as well as reduced state responsibilities, have led the organizations to realize the importance of public health partnerships to achieve the long-term goals, and shoulder the broader view of social responsibility.

Public health partnerships

Introduction

The rising costs of health care are forcing the health care industry to look for

ways and means to lower those costs without compromising on the quality of health care facilities. Public health partnerships are proving to be an essential tool for stretching out those limited resources when providing public health services. Efforts are being made to progress competence and effectiveness of the health care services via partnership. The Health Officers stress the concerns and the need to focus on such Partnership for a national approach to public health. These partnerships should have clearly defined roles as well as responsibilities.

The major problems faced by society realign to health pertain to community life and the right actions for disease prevention, as well as, health promotion. The objectives of health reforms and practices still remain distant and challenging. There is no denying that those early public health interventions did improve patterns of mortality and morbidity significantly. But, with new risk factors growing in the physical, social and economic environment, we need to follow new approaches to find solutions for our evolving communities (Adams, Lin, 1998). The recognition of public health issues and health improvement at local and global level are grabbing the attention of community health centers, general practitioners, child health centers, as well as other providers of health care services.

Today, people are experiencing new infections and environmental threats, along with those chronic and degenerative diseases. New solutions to public health problems have to be sought, and the urgency is than ever before. Under the ensuing factors and conditions, it seems that a partnership approach offers the best solutions, from the perspective of the national effort in public health. Currently, we find many weaknesses in our health care systems, as the vertical programs have made rigid boundaries between countries and programs. Successful strategies need to apply more broadly across nations and public health activities. Because of a lack of responsibilities and clear roles, there is always a risk of unnecessary duplication and inefficiency.

Many public health issues like food borne diseases, HIV/AIDS are growing in complexity and need to strengthen the capacity, so as to respond to problems in a collaborative complementary. There is a strong need to advance our public health knowledge and skills for further health system development with new changes in policy and strategic directions. Healthcare policies and systems have no doubt undergone a sea of change, and public health's neglect was believed to be a thing of the past. Still, this view is simplistic, and the reality shows a need for comprehensively rethinking for the public health system. Rising costs and dwindling state revenues have led the health officials to make way for new preparedness and responsibilities. It is time to take public health issues outside its current box and deal with the problems in a different way. A robust solution lies in creating partnerships between public health agencies and business on certain and specific issues as workplace injuries, disease surveillance, etc. Trillions of dollars are spend on supporting public health efforts, and millions are lost due to lower productivity. The business community can immeasurably strengthen the public health agenda by building strategic partnerships, so as to minimize wastage of resources and exercise optimum efficiency. The public too should be asked to play an active role and involve them actively in the public health dialogue.

Different types of partnerships

The complexities in today's world and the rapid pace makes it difficult for different companies and organizations to do things alone. The rise of sophisticated technology, as well as rising costs, has led to some institutional partnerships that may take different forms. These partnerships get formed between multinational companies, private and public companies, government clinics, private physicians, etc. Partnerships can also vary in terms of financing and various models.

There was a time when private and public sector were completely independent. Today, the scenario is completely different, and we find private health sectors in every country affected by government regulations and laws. This interdependence of private sector and the public sector has led to a variation in the partnerships as well as the relations between the two. The type of partnerships get defined by the concept behind and the common objective (Shaw, 2000). When partnerships arise between two or more public organizations within the same country, we find them active and functioning on a larger scale. These partnerships can also develop at different levels. Partnerships can develop between communities, NGOs and trade unions. We also come across international partnerships among countries with higher income, and another country with a lower income. The partnerships in public health care get more varied as the pressures of globalization, cost control, and reputation continue to get stronger. Partnerships, no doubt are powerful tools that can help shape the health care needs in the future, and lead to higher efficiency and improvements, but they still cannot be relied upon to be a cure-all for all the challenges that we face in the health care industry.

Partnerships get formed to create a positive influence in the health industry. The primary challenges that all health care partnerships have to face are to maintain quality, curb costs and equity (Hall, Lethbridge, Lobina, 2005). Although partnerships do help in ushering in capital and expertise into the health system, they still need to keep in view all those challenges. Global health problems need global solutions, and partnerships among both private and public organizations are increasingly called on to offer these solutions. Although partnerships success in delivering the desired outcome, they also bring their own problems.

Two different public health partnerships

The two different partnerships looked into are International Trachoma Initiative (ITI) and Malaysian Malaria Control Program. International Trachoma Initiative We will discuss an example of International Trachoma Initiative (ITI) that is made of two core partners, the Edna McConnell Clark Foundation, which is a private foundation, and Pfizer, the private for-profit pharmaceutical company. There are more partners in ITI, such as private foundations, national governments, as well as, non-governmental organizations. The aim of the partnership behind the International Trachoma Initiative that was founded in 1998 was in response to the World Health Organization enterprise to eliminate trachoma by 2020. The founding partners, Edna McConnell Clark Foundation and Pfizer, realized the need for the elimination of blinding trachoma, and in order to achieve that objective, the two patterns team up with governmental and nongovernmental agencies at international, national and local level to implement the recommended

strategies by WHO. The SAFE strategy depends on a number of partnerships in different sectors such as sanitation, water, and education to eliminate Trachoma completely (Kumaresan, 2005). Edna McConnell Clark Foundation is a New York-based institution that makes large, long-term investments in partnership with other funders, so as to meet the vital needs of disadvantaged young people. EMCF concentrates its resources on the organizations serving economically disadvantaged young people and enhances the effectiveness of programs. Pfizer is located in New York City, and the American multinational pharmaceutical corporation is one of the biggest pharmaceutical companies by revenues globally. It develops and produces medicines for a wide range of medical disciplines, in order to promote wellbeing and improve health at every stage of life. The medicines and vaccines in the company's global healthcare portfolio boast of some of the -known consumer healthcare products. Pfizer products face the challenges of some of the most feared diseases of our time. The innovative biopharmaceutical company collaborates and partners with other healthcare providers and local communities to improve and expand access to affordable healthcare. Partnership between Malaysian Malaria Control Programme and private plantations

The malaria control programs in the Asia Pacific region face substantial challenges in the fight against malaria. The mobile migrant populations and the diversity of vectors, as well as, breeding behaviors are difficult to follow and control. National collaborations with commercial partners can help address those challenges and help support malaria control activities (William, Rahman, Jelip,, Ibrahim, Menon, Grigg, Barber, 2013). These

Page 8

partnerships prove to be a useful tool in supporting malaria elimination goals.

The partnership between Malaysian Malaria Control Programme and private plantations of palm oil, rubber and acacia, is proving to be effective in controlling malaria and accessing high-risk populations. Managing such partnerships with plantations needs a considerable time and resource commitment by the Malaria Control Programme. MCP officers work with plantation daily to management discuss vector control strategy, how to screen migrant workers and other health promotion activities. MCP also works closely with the Plantations with clinics and every plantation is visited by district officers each week. Communications between partners occur on a daily or weekly basis and are informal.

Purposes, Structure, Goals of Each of The Organizations

International Trachoma Initiative partnership manages the distribution of Pfizer-donated Zithromax and collaborates with national Ministries of Health, partner organizations, governmental and nongovernmental agencies and ensure that the antibiotics get to where they are needed on time. The partnership offers logistical and technical assistance to countries, and other partner organizations for monitoring and evaluation of trachoma control programs. It is responsible for mobilizing resources for trachoma control programs. It also aims for an improved access to clean water, good sanitation and higher education to improve the lives of women and children. The U. S. Fund for UNICEF also works with Pfizer and ITI to eliminate blinding trachoma.

Zithromax[®] is required to restore the health of the affected families worldwide and till date, Pfizer has donated more than 220 million treatments for Zithromax in about 20 countries and remains committed to remaining active in many more. EMCF Foundation has given more than \$750 million in grants since 1970. Looking at the efforts of Malaysian Malaria Control Programme, we find that the malaria-endemic countries in the Asia Pacific region account for almost 30 million malaria cases, and make for more than 80% of global malaria cases outside Africa. Despite major challenges, many countries have been successful in decreasing incidences of malaria. Partnerships between plantations and MCP get formed for primarily two reasons, occurrence of an outbreak and high levels of ongoing malaria transmission. The clinic employees and plantation management are strongly in favor of such partnerships to control malaria, but the roles and responsibilities of such partnership structures take about a year to establish. There are several reasons for the collaborations with the commercial sector, and one of them is that the plantations are often located in remotely geographic areas that are very problematic to access. Moreover, the plantations often hire immigrants who carry high risk for malaria (Sanders, Rundi, Jelip, Rashman, Gueye, Gosling, 2014). The partnerships offer both financial and human resources to control malaria. Plantation workers are usually foreign migrants from endemic areas of the Philippines and Indonesia, and these populations may import malaria from their country. These workers are spread across wide geographic distances in highly remote areas and work at variable hours. The solution lies in developing strong partnerships with the government so as to provide the migrants with

Page 10

adequate health care via government services or on-site by plantation clinics.

Consistent interactions between MCP officers and the migrant community were essential to building trust, and help make the program successful. The MCP provides support to fund malaria control interventions and many plantations rely on the control program currently. Because of the long expanses and the time required to travel to rural areas, the malaria control officers struggle to meet deadlines.

Measuring Their Success

International Trachoma Initiative (ITI) was co-established in 1998, by Pfizer and the Edna McConnell Clark Foundation, as a not-for-profit organization on admission to eliminate blinding trachoma. Pfizer funds a major portion of ITI's activities worldwide. ITI has donated more than 225 million Zithromax® treatments worth more than \$5 billion USD to treat advanced cases of trachoma. Morocco became the first country to achieve its trachoma elimination goals with the support of Pfizer, ITI and the Edna McConnell Clark Foundation. Three countries - Gambia, Ghana and Vietnam, are on track to eliminate blinding trachoma. Implementation of the complete SAFE strategy depends not only the partnership between the two, but also on multiple partnerships in different sectors. ITI's Vision is a world free of blinding trachoma and eliminates blinding trachoma by 2020. The key responsibilities of the partnership are to manage the supply and distribution of Zithromax. It also collects data and manages knowledge on trachoma, as well as, advocates the importance of trachoma elimination at the global, regional, and country levels. ITI works with partners at the national, international and local levels and implements SAFE strategy recommended by the World Health Organization.

Lookism at Malaysian Malaria Control Programme, we find that managing partnerships between government entities and the private corporations can be complex and challenging. The objectives and needs of the different parties need substantial time to allay the competing priorities. The plantation management too needs to be educated on the significance and advantages of malaria control. MCP needs to dedicate an important amount of time to supervise partnerships. Many times, the officers experience resistance when looking for additional logistical support from plantations or accessing agreedupon transportation. Plantations find it challenging to provide logistical support and vehicles needed for plantation work.

Recent studies conclude that the partnership has been fruitful in contributing financial and human resources toward malaria control efforts. There are challenges of managing the partnerships between private corporations and government entities. The successes of the partnership depend on a common understanding that the elimination of malaria will be mutually beneficial for the public as well as the general public (Bhatia, Rastogi, Ortega, 2013). The partnership efforts included developing offices for malaria control on-site, consistent communication, involving commercial plantations to offer and human resources, as well as, developing new worker screening programs. This example of partnerships between the public and commercial is a good one to study the successes and challenges associated with such partnerships. These examples can be applied to other sectors that commercial projects in hard to reach areas and where migrant workers are employed. Both sides point that the other partner should give in more time and be responsible for the resources to the partnership. Plantation participants expect the government to provide major resources regardless of nationality, as well as, additional malaria control officers. There is always a request for providing a formal health education to workers regularly. MCP officers feel that it is the responsibility of the plantation to make for the additional resources.

The study shows that malaria incidence have certainly declined ever since such partnerships were developed. CP officers and plantation management have felt that the partnerships played a key role in reducing malaria incidence and prevent further outbreaks in Sabah. Comparing And Contrasting the Two Partnerships When comparing and contrasting the two partnerships, we find many similarities as well as differences. The major difference is that International Trachoma Initiative is made of two key partners- Edna McConnell Clark Foundation and Pfizer Inc, along with other partners in the private sector, and teams up with international organizations and local NGOs to fight trachoma. The SAFE strategy currently works in Africa and Asia. This is a non-governmental organization with an aim to eliminate trachoma by 2020. The partnerships are based at international, national and local levels. Malaysian Malaria Control Program, on the other hand, is focused in Southeast Asia with an aim to decrease malaria incidence. The partnership here is between the public and commercial sectors in Sabah and primarily involves the government and the plantations. We find that it is more challenging for Malaysian Malaria Control Program to

get funds and resources as compared to International Trachoma Initiative. The reasons are primarily because of the nature of partners and the initiative of each of the partners in designing and implementing the goals of the partnership. The ultimate source of efficient services have led many donors to favor

Funding that went to either non-government organization.

In both the partnerships, we find almost all governments relying on private sector for equipment and pharmaceutical needs. The governments today are more aware and rigorous in their regulations relating to medical care and types of treatments. The private sector too has learned to work within the framework set by the government.

Conclusion

The success demonstrates that informal public-private partnerships too can be successful in their objectives and can serve as a good example for other malaria control and elimination programs. However, there is a need to develop a legal framework to support such partnerships. It has become essential to surge the number of these partnerships, based on a well-defined structure. Through increased communications between the partners, MCP and plantations, these relationships could be further optimized (Mattig, 2010). A regular analysis of plantation sites and in nearby communities is needed to make quantification of the effectiveness of such partnerships and for better target of resources.

There is a need of partnerships in the public, private and civil halt sectors with amps of common interest and based on a trusting relationship. The

partnerships have well defined goals and principles jointly. Moreover, there is a clear division and sharing of tasks, responsibilities and risks. These partnerships can take different forms, and the involvement of each can be to varying degrees. These partnerships should match with ethical guidelines of health promotion and can take different forms. Every partnership has to face certain challenges, and these could arise due to different and conflicting strategic goals and ethical values. Often mentioned problems include the lack of long-term interests and disparity in the return on investment. Any change in business strategy of the partnership can lead to losses and risks. Partnerships should carry a clarity of purpose and mission. They should be able to bond with the masses, creating value and encourage continuous learning. Easy communication between partners and their commitment to the partnership is very important to achieve the common goals successfully.

References

Adams, T., & Lin, V. (1998, Partnership in public health. World Health Forum, 19, 246. Retrieved from http://search.proguest.com/docview/212144124? accountid = 10598Jean G Shaw. (2000). Partnerships in health information. Health Libraries Review, 17(3), S6David Hall, Jane Lethbridge, Emanuele Lobina. (2005) Public-public partnerships in health and essential services Retrieved from http://www. equinetafrica. org/bibl/docs/DIS23pub. pdfKumaresan J. Can blinding trachoma be eliminated by 20 20? Eye. 2005; 19: 1067-1073. William, T., Rahman, H. A., Jelip, J., Ibrahim, M. Y., Menon, J., Grigg, M. J., . . . Barber, B. E. (2013). Increasing incidence of plasmodium knowlesi malaria following control of P. falciparum and P. vivax malaria in

sabah, malaysia. PLoS Neglected Tropical Diseases, 7(1), e2026. doi: 10. 1371/journal. pntd. 0002026Sanders, K. C., Rundi, C., Jelip, J., Rashman, Y., Smith Gueye, C., & Gosling, R. D. (2014). Eliminating malaria in malaysia: The role of partnerships between the public and commercial sectors in sabah. Malaria Journal, 13(1), 24-24. doi: 10. 1186/1475-2875-13-24 Bhatia, R., Rastogi, R. M., & Ortega, L. (2013). Malaria successes and challenges in asia. Journal of Vector Borne Diseases, 50(4), 239. Mattig, Thomas, (2010) Public Private Partnerships in Health Promotion Retrieved from http://www. equinetafrica. org/bibl/docs/DIS23pub. pdf