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The need for private-public partnerships

Two articles in this issue of *Nature Medicine* emphasize the need to establish and implement models for private-public partnerships to promote the dissemination of biomedical research discoveries and improve public health. On page 487, we report that a new pharmacogenetics network created by the National Institutes of Health (NIH) could benefit from collaboration with the pharmaceutical industry. And on page 491, we reveal that the institutional framework of the World Health Organization (WHO) may once again prove a stumbling block to the development of an effective global health partnership.

The NIH hopes to further expand its genomics effort by investing in research to uncover the genetic basis of how different people respond to medications. Although the NIH consulted pharmaceutical companies in the planning stages of the program, it has not established a formal collaboration between with any of the companies whose drugs it plans to test. This is a pity, considering that some companies have already invested large amounts of time and money in pharmacogenetic analyses of their drugs. Industrial contributions of experience and samples could expedite this research, leading to the development of safer, more-effective drugs.

But before joint programs can be contemplated, the details of what resources will be contributed and who stands to gain from any discoveries must be determined. For example, if certain polymorphisms are found to be associated with an effective response to an asthma drug, is this information patentable? Will the pharmaceutical researchers that contributed to the finding be able to make use of the information before it is released to the public? And if the information leads to an improvement in a pharmaceutical product, does industry owe some of its profits to the government or should it feel a moral obligation to reinvest some of that money

in academic research?

Defining ways for industry and academia to work together in the post-genomic era is a relatively new problem, but the predicament facing the new secretariat established to deal with the global problem of tuberculosis—called Stop TB—is somewhat of an old chestnut: Non-governmental organizations, donors and others have always found it difficult to construct effective partnerships with WHO because of the complicated nature of its internal decision-making. That same hurdle faces Stop TB, because the WHO's legal structure will not allow participation in a partnership that is not run under WHO policies and procedures. A means of accommodating the WHO and pleasing all partners must be found if the group is to have an effect on the global burden of TB.

Bringing members of the public and private sectors together is a challenge, as each is often suspicious of the other's motives and goals. The private sector often believes that public organizations are inefficient bureaucracies that view access to all medical research information as a public right; and the public sector thinks that private industry is interested solely in profiteering.

But both views are extreme. Whereas pharmaceutical companies have a fiduciary obligation to their shareholders to make a profit, this still leaves room for charitable acts. Take, for example, the vaccine supplies, valued at US\$150 million, donated to the Global Alliance for Vaccines and Immunizations by four pharmaceutical companies (*Nature Med.* 6, 238; 2000). However, donations of this sort must be carefully planned, as giving away a drug can prove more difficult than selling one when the infrastructure for its distribution and assessment does not exist. An example of a pharmaceutical donation program that has overcome these hurdles is Merck's gift of ivermectin for 'river blindness', which was facilitated through

the Task Force for Child Survival and Development, a composite of the WHO, UNICEF, the World Bank and the Rockefeller Foundation.

And it is equally unfair to dismiss all public groups as ineffective. Amie Batson and Peter Evans of the Children's Vaccine Initiative (CVI) Task Force on Situation Analysis revolutionized global vaccine distribution with the development of a grid system identifying those countries that would benefit most from financial aid and those where funds would be wasted. Despite the problems that led to CVI's downfall, it was one of the few agencies to provide its public servants with enough flexibility to improve cooperation between the public and private sectors.

So models of successful partnerships do exist, yet new cooperation paradigms are needed to cope with new members of the public health arena, such as The Bill & Melinda Gates Foundation, which is changing the face of public health initiatives the world over with its munificence. On World TB Day alone (24 March), the foundation announced grants totaling more than \$133 million. Such massive cash injections allow issues to be added to public health agendas that were never considered in the past and that will require careful global administration.

Fortunately, the need to improve private-public partnerships is being addressed. Last month, Michael Reich of the Harvard School of Public Health hosted a meeting to examine which partnerships work, which fail and why. Papers from that meeting will soon be available on Harvard's website at <http://www.hsph.harvard.edu/partnerships/>.

Thus, valuable precedents have been set for cooperation between organizations with different values, objectives and world views and health organizations from all nations should make an increased effort to learn from these accomplishments.