The power of alliances: the case of the Ugandan Infectious Diseases Institute initiative

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Abstract

Purpose - This paper seeks to focus on describing the type of relationships that involved public, private and non-profit organizations in the visioning, planning and building of a large-scale HIV/AIDS treatment center, stressing the characteristics and role of the partners, with a particular focus on private donors and detailing drivers of alliances that could help in implementing future partnerships in other regions of the World.

Design/methodology/approach - Case study, general review. The findings and descriptions in the paper are based on semi-structured interviews with at least one or more project participants from each key Infectious Disease Institute alliance partner.

Findings - Based on interview with project participants, key enablers of project success are identified in communication, local focus, flexible management of funding, access to key stakeholders and business planning based on private sector standards. Specific project shortcomings are also highlighted (lack of planning for knowledge transfer and long-term sustainability) together with concerns on the ability of similar projects to overcome mis-perceptions (such as stigma and concerns about private involvement in public endeavors).

Research limitations/implications - The paper focuses on one specific approach adopted in one East African country (with unique characteristics). Therefore, the paper suffers from the external validity limitations of case studies.

Practical implications - The paper presents key drivers of a highly replicable experience that could inform and inspire other businesses to pursue similar development and philanthropic initiatives.

Originality/value - This case study calls attention to a devastating pandemic by describing a way to contribute to its solution through alliances and business sectors' higher focus on social responsibility.

Keywords HIV, Philanthropy, Partnership, Uganda

Introduction

The United Nations Program on HIV/AIDS (UNAIDS) estimates that about 39.4 million people worldwide are living with HIV today. This is the highest number ever. Of this number, the year 2004 witnessed a growth of new infections of 4.9 million people (the numbers vary between 4.3 and 6.4 million). In 2004 alone, about 3.9 million people died due to AIDS. Since the beginning of the new millennium, there has been an upward
trend in the estimated number of people living with HIV. In particular, the numbers in Sub-Saharan Africa are very high, with 25.4 million people living with HIV at the end of 2004, an increase of one million people since 2002. Even though the rate appears to be stabilizing, Sub-Saharan Africa is still the worst affected region worldwide. Almost two thirds (64 percent) of all people living with HIV are in Sub-Saharan Africa.

The extent and reach of the HIV/AIDS pandemic requires both local and global interventions. This paper discusses a global initiative based on a close collaboration among public, private and academic partners. It represents an example of efforts in an infrastructure development project in a sub-Saharan country: Uganda. The paper describes key elements and relationships that led to a lasting alliance for development and the drivers of its project success.

The Infectious Diseases Institute initiative
The Infectious Diseases Institute (IDI) – a new multi-donor infrastructure development project – is an example of an attempt to increase the number of facilities that can test, treat, educate and counsel HIV/AIDS patients. The IDI was officially opened on October 2004 at Makerere University in Kampala, Uganda and is expected to play multiple roles in the country, and in the entire region of Sub-Saharan Africa. It functions as an HIV/AIDS clinic, with a facility capable of treating several thousands patients. It also functions as a regional training center for physicians and nurses. It supports research on HIV/AIDS care to devise treatment models that can be extended to other neighboring countries, and other regions of the world that may be affected with similar strains of the HIV virus and its related set of infections. As such, the IDI has the potential to become a knowledge generation center and repository for prevention and treatment approaches.

The IDI project was launched in 2001 by a number of doctors from the Academic Alliance for AIDS Care and Prevention in Africa (the “Academic Alliance Group”). Their vision was to involve a large corporate partner focused on philanthropic initiatives and capable of implementing a rather risky venture. Pfizer Inc. was the key partner donating an initial 11 million US$. Pfizer took the leadership in identifying a non-profit organization (Pangaea, an affiliate of the San Francisco AIDS Foundation) with strong project management experience in developing countries. Key government stakeholders in Uganda contributed to a successful partnership by providing access to local resources, which included fundamental support from the immigration and customs departments, tax-exempted import and export opportunities through the department of finance, as well as assistance in meeting administrative and regional requirements. The synergies and complementary actions of the business, academic and public stakeholders are the unique aspect of this successful implementation, as discussed in the next section.

The IDI case: a key example of alliances at work
With global numbers reaching 40 million individuals living with HIV/AIDS throughout the world, the AIDS pandemic is undoubtedly affecting a large portion of society. Particularly in less developed countries where social stigma and sexually transmitted diseases (STDs) worsen the AIDS prevalence among women, concerned governments and international non-profit organizations cannot be the only fighters against the disease because of a lack of sufficient financial, technical and
humanitarian resources needed to contrast such a large diffusion rate. The private sector is increasingly becoming involved through philanthropic efforts that include the donation of in-kind (such as assets and technical expertise) and in-cash resources to the resolution of urgent social problems. Objections to private involvement in social and philanthropic initiatives abound. However, if one considers that private corporations' resource allocations may largely exceed resources that can be afforded by local governments, the importance of cooperation is once again reinvigorated and strengthened beyond an initial objection or skepticism. Concepts of long-term collaboration and cooperation among competing interests and business units are slowly emerging, driven by the understanding that the complex challenges facing modern societies cannot be solved independently. Gerencser, Napolitano and Van Lee explain this concept by introducing the term "megacommunity." A megacommunity is:

...a larger ongoing sphere of interest, where governments, corporations, NGOs, and others intersect over time. The participants remain interdependent because their common interest compels them to work together, even so they might not see or describe their mutual problem or situation in the same way (Gerencser et al., 2006, p. 82).

Examples of such megacommunities are found in the coalitions for the prevention of the spread of HIV/AIDS in India (initiated by the Global Business Coalition on HIV/AIDS, Booz Allen Hamilton and the Confederation of Indian Industry), the small business vitality program in Harlem (William J. Clinton Foundation), the rain forest conservation project (World Wide Fund and Goldman Sachs), and the energy availability and environmental quality program (Enel SpA) (Gerencser et al., 2006).

The size and trends of private philanthropic contributions presented in this paper support this notion. In addition to the monetary resources, private involvement also brings intellectual capital (in terms of knowledge and core competencies applicable to the fight against HIV/AIDS), in-kind donations (medicines), and can leverage specific business competencies such as logistics, distribution, and technology use (for example, in health information systems). The HIV/AIDS pandemic cannot be dealt any longer only with scarce public resources. In addition, it cannot be overcome only with traditional resort to international aid funding, which may leverage access to trust funds of multiple donating countries. These ad hoc funds, while essential, need to be further integrated with long-term strategic planning of coordinated coalitions of donors. Somewhat frequently AIDS-funding organizations lack interest (and commitment) to coordinating programs within a context of synchronized projects (Campbell et al., 2004). Business techniques and strategies for project portfolios selection and management; consolidated reporting mechanisms for progress tracking; and feasibility analyses for a better understanding of program impacts are industry methodologies critically awaited in the international aid sector. Projects launched with the support of business organizations within the context of philanthropic outreach may close the need for business driven visioning, implementation and accountability.

Review of trends in philanthropy
Several foundations, public and private donors, and large corporations are increasingly involved in supporting social causes in trans-national environments. The 2004 Business Week Special Report on Philanthropy (November 29, 2004) (Conlin et al., 2004) highlights ever-growing trends in philanthropic contributions. These upward
trends, which brought an average increase of US$ 21 million from 2003, may continue
due to decreasing reliance on, and availability of, public resources. In some cases, they
may grow due to an urgent need to free medical research from administrative
constraints tied to slower public funding.

Corporations are increasingly focusing on promoting social growth through
donations (in-cash or in-kind). For example, Pfizer Inc. – one of the players featured in
this case – ranks 8th among the top ten corporate donors, with a total of US$ 83.3
million donated in cash in the Fiscal Year 2003 (Table I). It ranks 7th among the most
generous in-kind givers, with a total of US$ 602.9 million (FY 2003) – or a 1.33 percent
of total revenues (Hempel and Gard, 2004).

Several companies listed in Table I belong to what Austin (2000) from Harvard
University classifies as “philanthropic players.” Many others (Merck, Pfizer, Citigroup,
etc.) are moving to solidified and established models where the level of engagement
goes beyond the in-cash donations. The models embed high levels of managerial
support, multi-year resource commitments, and the inclusion of donation programs in
the strategic company framework.

The IDI partnership is an example of what Austin (2000) names “the collaboration
imperative”. Austin studied over 15 large alliances providing a framework to
understand the power of collaboration and how to transform traditional philanthropic
relationships into long-lasting strategic alliances. There are a number of drivers that
“conspire” in bringing together cross-sector partners. Macro-level forces – such as
social forces – of which the HIV/AIDS pandemic is a leading example; and, micro-level
factors – such as economies of scale. Non-profit-organizations (NPOs), for example,
may partner with other organizations to exploit synergies, obtain funding (rather than
compete for funding), and reach economies of scale and scope. Austin further notes that
corporations may partner with other players for reasons such as strategy enrichment,
human resources relationship enhancement, culture and recognition building within
the internal and external community, and finally, opportunities for business generation
in the form of network expansion, building goodwill, or providing a framework for
testing innovation. The level of the engagement, the importance of the program
vis-a-vis the company mission, the scope of the activity and the managerial complexity
are as some of the drivers of the transition from Level One to Three of social
engagement programs (Table I).

A closer review of the relationships among the partners of the Ugandan initiative
shows an evolution towards the integrative level of engagement (Level Three) also in
the IDI case.

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Wal-Mart Stores</td>
<td>176.0</td>
<td>J.P. Morgan Chase</td>
<td>85.0</td>
</tr>
<tr>
<td>Ford Motor</td>
<td>120.0</td>
<td>Bank of America</td>
<td>85.4</td>
</tr>
<tr>
<td>Altria Group</td>
<td>114.9</td>
<td>Pfizer</td>
<td>83.3</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>99.0</td>
<td>Wells Fargo</td>
<td>83.0</td>
</tr>
<tr>
<td>Exxon Mobil</td>
<td>97.1</td>
<td>Citigroup</td>
<td>81.4</td>
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Table I. Total donations in cash
The IDI network of donors

The IDI project had a number of key direct players involved in strategic planning and execution, as well as some supporting stakeholders. The Academic Alliance Group established the vision for the project and solicited donors' funds; Pfizer acted as major donor; Pangaea received the donated funds and other contributions via an affiliated organization (San Francisco AIDS Foundation), and was responsible for definition, execution, accounting, and project management. Supporting stakeholders were Makerere University and the Ugandan Government (Figure 1).

Other donors provided either in-kind or cash contributions to the project. While Pfizer was the largest donor, several others provided resources and technical assistance. The Bill and Melinda Gates Foundation provided over three million US$ in grant money for prevention and outreach; other companies provided laboratory equipment (Abbott Laboratories donated diagnostic equipment); computer and communications equipment, software and other technical services (Data Inc., Microsoft), and other educational materials (Elsevier Science).

The IT equipment costs for a reliable IT infrastructure totaled over two million US$. These costs include redundant power supplies; data back up systems; and additional equipment for a continued data and power access in the IDI center. A large number of companies and other organizations contributed to the project, including academic and governmental institutions.

<table>
<thead>
<tr>
<th>Relationship stage</th>
<th>Level One philanthropic</th>
<th>Level Two transactional</th>
<th>Level Three integrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of engagement</td>
<td>Low</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Importance to mission</td>
<td>Peripheral</td>
<td>Strategic</td>
<td></td>
</tr>
<tr>
<td>Magnitude of resources</td>
<td>Small</td>
<td>Big</td>
<td></td>
</tr>
<tr>
<td>Scope of activities</td>
<td>Narrow</td>
<td>Broad</td>
<td></td>
</tr>
<tr>
<td>Interaction level</td>
<td>Infrequent</td>
<td>Intensive</td>
<td></td>
</tr>
<tr>
<td>Managerial complexity</td>
<td>Simple</td>
<td>Complex</td>
<td></td>
</tr>
<tr>
<td>Strategic value</td>
<td>Modest</td>
<td>Major</td>
<td></td>
</tr>
</tbody>
</table>

Source: Austin (2000, p. 35)

Figure 1. Network of partners
partners - Microsoft (US), Cisco (Europe offices), Oracle (US); Skyscape; HP (European Office); SAS (European Office) – contributed equipment donations. Pfizer Information Technology (IT) Department managed the project, designed the IT architecture, assembled donors, installed equipment, and provided the necessary coordination for the data center realization.

Mapping partners’ roles
The IDI initiative was made possible by a network of key partners, as well as a large number of participating contributors. The relationship among the key partners could be characterized as an “integrative relationship (Level Three in Table II),” the relationship with some of the key players (such as the Government of Uganda) can be mapped to a “transactional relationship (Level Two);” and the role played by the major and minor contributors fits a more traditional “philanthropic” relationship (Level One). These relationships can be seen in the context of an evolutionary continuum in which the partners move from an initial stage of limited and peripheral involvement to a broader interaction, complexity, and strategic purpose. In the IDI project, the evolution of the network of key and minor donors maps this transition from a philanthropic endeavor to the building of a lasting integrative relationship.

In terms of the Austin’s matrix (Austin, 2000), the “integrative” dimension of the partners’ relationship dominates the IDI project. A shared sense of commitment existed since the very beginning of the project, with the Academic Alliance providing a vision for an effort that required a shared understanding. The partners showed a high level of strategic alignment in their commitment to fighting the HIV/AIDS epidemic as a key component of their mission (Pfizer’s philanthropic unit already focused on several similar projects in North America). The players involved by each of the partners were in fact key leaders of each organization. The management of the relationship required a continued and frequent involvement to achieve decision-making, and canalize next steps. Key organizational players and champions were members of a strategic steering committee and they were constantly informed of the activities of a tactical committee. Table III further adapts Austin’s (2000) matrix to the context of the key players earlier described, and presents the different roles played by the partners to promote the integrative relationships success. It shows partners’ actions and alignment along the key integrative dimensions.

None of the individual partners listed in the table could have achieved the success of this project without the coordination and commitment of each of the other players. In particular, the support of the local government to rapid deployment; the competency and commitment levels of the parties involved create the necessary synergy for the favorable project management outcome.

Identifying the success factors of the making of the IDI
Methodology
The method of data collection used in this research is based on interviewing and document review within the analytical framework of an interpretive case study (Klein and Myers, 1999; Walsham, 1993). Members of the program committee for the leading project organizations were interviewed with the objective of identifying unique themes and experiences that could fairly represent the success factors of the project. Affiliates of the participating teams were selected from the list of partners and
<table>
<thead>
<tr>
<th>Collaboration mind-set</th>
<th>Integrative characteristics</th>
<th>Academic Alliance Group</th>
<th>Pfizer Inc.</th>
<th>Pangaea</th>
<th>Uganda Government</th>
<th>Makerere University</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>We mentality in place of us versus them</td>
<td>Close cooperation of int'l. researchers</td>
<td>Serious involvement of resources and public image</td>
<td>Focused on building a project leveraging local resources</td>
<td>Open co-operation with donors</td>
<td>Close support in hosting IDI as part of the University</td>
</tr>
<tr>
<td>Strategic alignment</td>
<td>Broad scope of activities</td>
<td>Involved in a number of R&amp;D and intervention projects in developing countries</td>
<td>Clear commitment to fighting HIV/AIDS epidemics; multiple initiatives</td>
<td>Core mission is the fight against HIV/AIDS</td>
<td>Substantial effort in the fight against HIV/AIDS (with decreasing national incidence)</td>
<td>Same objectives as all players. Strong shared beliefs</td>
</tr>
<tr>
<td>Collaboration value</td>
<td>Shared values</td>
<td>Several physicians devoted time and resources for vision and training</td>
<td>Several high level resources involved full-time for multiple years</td>
<td>Entire staff focused on project Temporary ownership of IDI building</td>
<td>Donation of VAT write-offs and access to admin resources/permits</td>
<td>Shared equity and long-term ownership of IDL</td>
</tr>
<tr>
<td>Relationship management</td>
<td>Projects identified and developed at all level of the organization, with leadership support</td>
<td>Mgt of key players and identification of additional funding opportunities</td>
<td>Very strong leveraging and cross-fertilization of people involved in the project (both in training and construction phases)</td>
<td>Managed local partners; particularly at the tactical and execution levels</td>
<td>Some influence; focus on determining a cultural shift from perceiving HIV/AIDS as a social stigma</td>
<td>Focus on learning to be able to manage IDI with local human resources</td>
</tr>
<tr>
<td>Source</td>
<td>Adapted from Austin (2000, pp. 36-7)</td>
<td>Partner mgt role</td>
<td></td>
<td></td>
<td></td>
<td>Closely aligned with the Academic Alliance</td>
</tr>
</tbody>
</table>
stakeholders that had been involved and financed the project (either in kind or in-cash). The list included a total of seven key partners and about 60 major contributors. The selection of interviewees was based on a non-random purposive sampling technique, defined as "expert sampling" (Trochim, 2001) based on a hierarchy of participants' involvements in the project. Organizations that had contributed limited funds and person-time to the project were considered of marginal priority for the identification of project deployment roadblocks. These organizations had not experienced the roadblocks nor tried to overcome them. Since the objective of this preliminary analysis is that of identifying success elements that may impact replicability by other organizations, the author selected interviewees that had a 360° experience in the project, including having physically visited the ID1 center in Uganda to better understand local issues and cultures. This purposive sampling approach yielded a focus on key program stakeholders from Pfizer, Pangea, and the Academic Alliance. Information about government commitment was gathered through secondary data in video-transcripts of conference interviews (such as the AIDS-World Conference) of Ugandan key officials, including President Museveni (2004) (McKinnel, 2004).

The face-to-face and the phone interviews were supplemented by and extensive review and transcribing of interview records and documents from the key participating stakeholders. For example, the project managers and other Pangea employees interviews were supplemented with transcripts from publicly available discussion of project results and were included in the content analysis review (Global View Talk Radio, 2004). In addition, selected internal data (such as partnership videos and other documentation) were made available by the project partners and/or collected at partnerships meetings that the authors accessed as observers. Eight key stakeholders were directly interviewed through the use of semi-structured questions, and the interview transcripts were supplemented with the aforementioned conference video and audio transcripts.

Findings

The interpretation of the data collected through the interviews, observations of partners' interactions at local fundraising events (such as the Pfizer's partnership celebration event) and the use of the secondary data suffers from the limitations associated with exploratory and interpretive research of case studies. Firstly, it suffers for external validity limitations that may hinder the generalizability of the findings beyond Uganda. Secondly, it is influenced by the author's interpretation and observation of the findings. As such, the solutions and critical success factors listed below do not represent a "one-size-fits-all" formula. Conclusions from the analysis do not intend to support normative guidelines (Boudreau and Robey, 2005); rather they focus on highlighting the practical implications and the contextual elements that played a critical role within the framework and settings of the Ugandan initiative. These include:

- Flexible management of funds: For Barbara Lawson (Pangaea), a key element for success was the opportunity to use the grant allocation "flexibly." The grant had to be allocated to three items: training, clinical program and building construction. While most of the budget had been carefully allocated in the preliminary planning phase, the ability to shift money among budget items provided a key element in addressing some of the infrastructure needs and
changing circumstances. This flexibility is difficult to achieve in public grant funding.

- Communication: Julia Martin (the local Pangaea coordinator who organized the training programs, managed the temporary clinic activities, and brought together a large number of local and international HIV experts in charge of content delivery) and Donna Ryan-Rose (Pfizer Engineering) agree that a key ingredient for success is communicating.

- Business planning and implementation based on private sector standards: business planning; project monitoring; and control measures and methods typical of the corporate world were adopted to manage the IDI construction. While some of the business elements had to be relaxed (particularly the delay between planning and execution; and timeframes needed to be adjusted accordingly), the merging of strategic planning and project management approaches built upon corporate methods was a plus. The use of a transparent financial management system and the full accountability of expenses and outcomes are among the advantages derived from using business requirements.

- Planning: a careful planning process enabled the success of such large-scale operation. René Durazzo, Pangaea’s Director of Global Programs, believes that this thorough planning process can be replicated in multiple countries: for example, a five-month planning effort in South Africa led to the opening of a clinic in St Mary’s hospital only a few months after the planning phase was concluded (Global View, 2004).

- Local focus: the IDI initiative occurred in an environment that respected, learned from, and adapted to local conditions. While the construction company in charge of the building was from Manchester-England, most of the workers were local (trained in construction and safety procedures by the UK contractor, Parsons Brinkerhoff Constructors Ltd). Steve Labkoff, in charge of I/T implementation (Pfizer), mentioned in an interview that also the installation of I/T systems had a local focus. Several software programs used in the clinic were re-developed by a local software development company to meet the standards of the local users.

- Last but not least, access to key decision makers: the project had high-level champions that supported and sponsored the vision, and also facilitated connecting with key local players and staff. Access to the banking sector was assisted by a network of connecting partners in the business sector as well as in the non-profit and government arenas. The government played a pivotal role in championing the project and transferred a clear understanding of the project priorities.

Problems still open
Investing in infrastructure in a poor economy is a rather high cost/high risk venture. The Uganda partnership shows that implementing large-scale infrastructure development projects is a viable proposition. It is also a lasting response to long-term sustainability that goes beyond in-cash donations.

While the IDI concept generation and project execution are a success story, a number of open issues needs to be addressed to transform a successful start into a sustainable model capable of driving similar programs throughout the African
Continent and in other regions of the World. In particular, further steps could be taken in knowledge and lessons learned formalization and re-use; in planning and executing a feasible long-term financial and operational sustainability; in defining and further tracking performance measurements; in contributing to the resolution of social problems such as stigma, skepticism on private involvement, and difficulty of coordinating donors.

Re-using lessons learned
It may be important to replicate the IDI implementation model in other countries which are currently served by a number of international organizations such as the United Nations, the World Bank, the OECD, the European Union and other development institutions. Building a knowledge repository of lessons learned or a toolkit for re-deployment in other developing would be invaluable. Chuck Wilson (Pangaea Project Manager) noted that it is not possible to use "cut & paste" solutions and models, and adapting to local customs and needs is a key project requirement. However, having access to a well-documented set of experiences and tools utilized in this environment could greatly decrease the chances for errors and omissions in launching similar efforts elsewhere. Such knowledge toolkits and repositories are already largely adopted by many of the aid organizations listed earlier, with the understanding that significant local adjustments need to complement generalized processes and methodologies. The toolkit approach is extensively used also in the manufacturing industry to shorten the life-cycle and activities associated with the opening of new operations and plant facilities in other countries.

Supporting long-term sustainability
There are some concerns regarding Makerere University's ability to support the IDI operations long-term. This is why the Academic Alliance planned to establish an endowment. Dr Ellner (Academic Alliance) notes that:

At the start of the project, the Academic Alliance – being formed of a large number of academics – thought that the different faculty members would bring grants that would support the infrastructure. However, most of the available grants are for research, and there is a very limited access to infrastructure and operation funding. Certainly Makerere University, and the country, do not have the resources to support the operations, and this is why the Academic Alliance decided to form the Foundation. There is no institution in Africa that has a similar regional endowment for support.

There is a lot of uncertainty on international cooperation projects, but local and other international institutions will continue to work with the IDI, possibly through USAID and National Institute of Health (NIH has already been involved as a donor). However, there is still a long-way to achieve long-term sustainability.

Defining measurements
Follow up measurements on actual results and long-term impact on the mortality rate and epidemics can only strengthen what started as a successful endeavor. In particular, performance indicators should be identified and monitored closely. For example, these indicators would need to track research productivity (are we able to advance knowledge of ARVs impact?); clinical results (patients treated and outcomes); educational outcomes (number of graduates and their reach); and technical equipment
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performance (network and laboratory equipment). Performance and accountability should be based on these types of indicators, among others. Making these outcomes and measurement systems publicly available (for example, on an IDI Center website) would help identify performance gaps and help solicit and drive additional funding efforts. Efforts are currently underway to institutionalize the annual performance review reporting and data collection mechanisms, said Souleyemane Martial L. Barry, a Ugandan Medical Doctor working with Social & Scientific Systems in Uganda (Griffey, 2006).

_Dealing with the stigma problem_

One of the performance areas that could be investigated is also related to some fundamental qualitative impacts such as the reduction of local perceptions that HIV/AIDS discovery and testing are to be avoided because they will entail a societal rejection of the individual who will result infected. This “stigma” problem is one of the most deadly enemies of HIV/AIDS treatment. It is important to campaign against the belief that HIV/AIDS is a disease of social misbehavior. The presence of the IDI could help broaden the understanding that HIV/AIDS can be treated, bringing in a clear, visible message of the power of treatment and can indirectly spread the message that it is possible to fight against the disease.

_Overcoming concerns on the role of private donors_

A potential problem that may impact the long-term sustainability of the IDI is the difficulty of having multiple international agencies work together in the same country. Problems in coordination exist because such coordination is expensive, and difficult to manage. Pfizer took a business-driven approach to coordination, and used tracking and control performance tools that guaranteed the high level of synergy. Pfizer’s coordination of multiple donors might play a best practice role if properly emulated. Last but not least, and another key point in the IDI approach, donors must have a plan to support local empowerment in managing the initiatives once the funding ends.

_Overcoming concerns on pharmaceuticals_

Testing innovations and data collection for research endeavors is what tends to be regarded as problematic in the context of healthcare, and when the players are as large as Pfizer Inc. There might be a ripple (or even negative) social perception of Pfizer’s involvement in HIV/AIDS projects in a developing country, particularly when one of the operational missions of the IDI includes collecting data and conducting operational research on the impact of ARVs on African patients.

Interviewees and project stakeholders emphasized that the presence of Pfizer was not perceived as a conflict with the philanthropic focus of the initiative. Pfizer has been playing an increasing large role in supporting philanthropy. For example, the company is successfully involved in a number of initiatives, including providing free access to medicines, such as Diflucan® (fluconazole), to patients in developing countries that have developed HIV/AIDS associated fungal infections (Cryptococcal meningitis and esophageal Candidiasis). These donations help establishing long-term credibility.

To use the words of McKinnell (2004), Pfizer Inc. Chairman and CEO, “if the pharmaceutical industry is not part of the solution in Africa, then we are part of the problem.” These words witness a shift away from a view of business based on the
"stockholder theory" (corporations viewed as agent of the stockholders responsible only for a legitimate increase in profits) to the more extensive theory of "social contract" and "social responsibility" towards the stakeholders, whereby corporations exist to enhance the economic satisfaction of consumers and employees, and the larger societal groups that may be affected by the activity (or inactivity) of the enterprise. This altruistic approach enhances stakeholders' satisfaction. The companies surveyed in the Business Week Special Report 2004 testify increased levels of employees' loyalty, better reputation, and better hiring opportunities. An improved public image (and brand) is the result and the driver of these philanthropic engagements.

A number of authors (Campbell et al., 2004) discuss the problems associated with private interest involvement in public enterprises. The key ingredient for fighting wrong perceptions has been a clear definition of the boundaries, a thorough disclosure of the relationship, and careful accounting and reporting. The IDI project closed at lower costs, with only a six-week delay from the plan (in a developing country) contributed to building credibility and accountability.

Collaboration beyond Uganda
The IDI experience has taught that selecting the right mix of partners is a key factor for success. In particular, the public, private and NPOs partners need to complement each other through a clear alignment of strategic objectives, implementation strategies, and structured relationship management efforts.

The lessons learned and successes in the IDI construction (one story of within-budget and within-time project) lay the groundwork for replicating this cooperation scheme beyond Uganda. While we commend the many initiatives focused on bringing anti-retroviral medicines to less developed economies, it is expected that most of long-term the HIV/AIDS impacts will take place when we educate, train, and visibly support the populations affected by the pandemic. Building a state of the art hospital in a local University is one "visible" way to instill new hope.

The presence of the IDI could help broaden the understanding that HIV/AIDS can be treated, bringing in a clear, visible message of the power of treatment. It indirectly spreads the message that it is possible to fight against the disease.

However, this is only one success story and more could be done. In particular, several other collaboration efforts could be undertaken by partnership of public and private donors to replicate the Ugandan experience throughout Sub-Saharan Africa and in other countries that may present similar environmental, political and economic characteristics. Sub-Saharan Africa HIV/AIDS numbers call for intervention beyond Uganda. Two thirds of all people living with HIV are in Sub-Saharan Africa. To make things worse, HIV/AIDS is increasingly discriminating among sexes. Three quarters (76 percent) of all women aged 15-24 live with HIV (for a total 57 percent of the adult population living with HIV) (UNAIDS, 2004, p. 4). Dr Kathleen Cravero, Deputy Executive Director of UNAIDS, wrote:

Young women are almost an endangered species in southern Africa for several reasons. In some places, the main HIV risk factor for a woman is the fact that she is faithful to a husband with previous or current sex partners.

Many women have no access to education or jobs. They are often economically dependent on men. Teenage girls are contracting the virus from older men. Violence
against women also makes them more vulnerable to infections. In this context, replicating the Uganda experience it is not only desirable but also a moral imperative. Attending to this moral call for action is also extremely rewarding. As Donna Ryan-Rose (Pfizer Engineering) explains, the commitment to the IDI project was a remarkable learning opportunity:

I have learned a lot about the human spirit, I have learned a tremendous amount about people's willingness to have faith in the face of what is a devastating situation for them. It has been a tremendous opportunity, and I believe that I echo the sentiment of anyone who has been involved with it when I say that I have never been involved in a project that has turned out to personally touch so many people. From that perspective, it has been an amazing experience and I consider myself privileged to have been a part of it.

Pfizer's involvement with Uganda brought public image, social responsibility and employee-satisfaction returns. Other pharmaceutical companies, such as Merck, have also been increasingly involved with in-kind (medicines) donations and philanthropic initiatives in Africa (Austin et al., 2001). Many Sub-Saharan countries, including South Africa, would benefit from new infrastructure projects that build long-term sustainability and self-reliance. Tremendous contributions could be made, for example, by companies in the telecommunications business by providing free access to low-cost communication capabilities that leverage cellular connectivity to address emergency needs, reach and training of the African natives. Recent International Telecommunication Union (ITU, 2006) and United Nations data (UNCDAT Secretariat, 2005) show unprecedented mobile penetration growth rates for the African Continent. From 2000 to 2006, African cellular growth has exceeded every other region of the world. Opportunities for data exchange, communication, emergency response and remote treatment may begin to emerge through this increased connectivity. For example, the telecommunication operators already involved in the African continent could replicate the IDI experience by donating funds to further the connectivity needs of less-developed regions.

Conclusions
This case highlights some concerning trends in the HIV/AIDS pandemic but also brings hope through describing the planning and making of a successful effort. A number of questions can summarize future challenges:

- How can the Ugandan IDI program learning be leveraged by other developing economies?
- How can the IDI experience reach the entire country, and Sub-Saharan Africa as a whole, and make an impact also on the negative social perception of HIV/AIDS patients?
- How can we further involve private donors – such as other pharmaceutical companies – coordinate their efforts, and overcome fears of “private interests in social endeavors?”

When coordination is successfully managed, the case highlights the role that many partners – led by a private organization – can play in providing the right managerial, financial and human resources. Private and public partnerships are blossoming into
more lasting alliances for development. The rewards for such endeavors are multifaceted: business, social, but also (and foremost) ethical.

References


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Further reading

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