

Wharton Health Care Management Department

HCMG 868 - 001:

“Private Sector Participation in Global Health Development”

Spring 2011

As of January 18, 2011

NOTE: CLASSES START ON MONDAY, JANUARY 24. ALL CLASSES ARE ON MONDAYS FROM 4:30 to 6:00 PM THROUGH THE FULL SEMESTER

This is a 0.5 cu course

Instructor: Steve Sammut

Senior Fellow and Lecturer, Wharton Health Care Systems and Entrepreneurship

Office hours: Sign-up sheet posted on webcafe or by special appointment

Location: Vance Hall – Room # 428

Classes: Mondays throughout the semester: 4:30 to 5:50 PM

E-mail: smsammut@wharton.upenn.edu

By snail mail or over-night courier: please sign to authorize “drop-off:

300 East Lancaster Avenue, Suite 1002

Wynnewood, PA 19096

Course Units: 0.5 cu

Prerequisites: General knowledge of Health Care Systems or life sciences and an interest in global health

Eligible Students: Students in graduate or professional programs University-wide. Instructor welcomes undergraduate and graduate students from all Schools of the University who are passionate about the challenges of global health

Course materials: Bulk Pack and Web Café Postings

Learning Objectives:

The purpose of this course is to describe entrepreneurial and business approaches that the private sector can implement in addressing the issues of global health, especially in developing countries. In particular:

1. The course does not attempt to duplicate a conventional international public health course, but builds upon what is conventionally known and taught in such courses from a managerial perspective. The course will address a range of means of managing medical services and related businesses—public and private—in underserved areas for underserved populations in emerging markets and developing countries, and where appropriate, in underdeveloped parts of developed countries.
2. The descriptive focus will be on how these services currently are managed or otherwise handled, especially with regard to care for or control of key disease such as malaria, HIV/AIDS, tuberculosis, parasitic diseases, or other indigenous diseases that have broad debilitating and destabilizing social and economic effects.
3. It is the case that best practices and equitable, effective access to care are largely non-existent. Students and participating faculty will collaborate in the discovery and creation of service models. Field-testing of these models will depend on available grant resources or collaborations developed with USAID, World Bank, the World Health Organization, or other NGOs or foundations, such as the Bill & Melinda Gates Foundation, The Wellcome Trust, The Rockefeller Foundation, Doctors of the World, and others. The class will develop a system of benchmarks and other measures to determine effectiveness.
4. Examination of the criteria used by international development agencies for the allocation of resources to different regions and the possible conversion of these distributions into the capitalization, funding or advance purchase contracts for entrepreneurial enterprises.
5. Origination and launch of structured programs and effective organizations: the determinants and role of public and private entrepreneurship, public-private partnerships and other approaches to addressing the issues.
6. Creation and development of specific entrepreneurial solutions to such needs as drug manufacture and availability, the management and tracking of drug distribution, health finance and insurance, cost-effective services, health systems optimization and the like.

The above topics will be explored through a series of specific themes that will be addressed in separate sessions, often by a guest speaker. The themes are:

- **Private Sector Role in GH**
(The intersection of GH needs and private sector initiatives)
- **Private Public Partnerships**
- **Health Care Financing in the Developing World**
 - o Global Fund / PEPFAR
 - o Int'l Agencies/Foundations (USAID/Gates)
 - o Insurance Programs
 - o Domestic Governments
- **Medical Tourism**
- **Globalization and Health Care:**
(Assess cross-border risks/opportunities in securing health)
 - o Trade Policies
 - o IP issues: Licensing of products to the developing world
 - o Bioprospecting
- **Economics of Essential Medicines**
(Define essential meds - e.g., childhood vaccines, HIV/TB/Malaria meds)
 - o Pricing
 - o Distribution
 - o Wastage
- **Access Barriers Beyond Price**
 - o Distribution: Channels, cold chains, wastage
 - o Provider education/supply
 - o Follow-up to care and long-term coverage
- **Innovation in Global Health**
 - o Private Sector Initiatives to address Unmet Medical Needs
 - o Funding Innovation
 - o AMC's
 - o VC's / PE's
 - o Innovative Capabilities of Developing Countries
- **Health Technologies for Developing Countries**
(Consumables, Medical Devices, Diagnostics)

Course Requirements:

Grading will be based on:

- Class discussion and course blog postings: 20%
- Individual Take-Away submission: 10%
- Course Project (individual or team): 70%

Class Discussion Criteria:

Active contribution and enrichment of class discussion, e.g. by drawing upon and sharing your professional, field and clinical experiences and relating these to the subjects at hand. The webcafe will include a special blog for contributions – postings will factor into the class contribution grade.

Individual Take-Away Submission:

This is a brief written analysis of a key class theme as it is covered by a given speaker and corresponding readings. It must be completed individually. You will discuss and assess a topic (e.g., Private Public Partnerships) by drawing on points from at least 1 speaker and at least 2 readings.

Process: Sign up on Webcafe for the theme you would like to cover. There are the following 8 themes and each theme can be chosen by a maximum of 5 students:

1. Private Public Partnerships
2. Health Care Financing in the Developing World
3. Medical Tourism
4. Globalization and Health Care
5. Economics of Essential Medicines
6. Access Barriers Beyond Price
7. Innovation in Global Health
8. Health Technologies for Developing Countries

Length: 1-2 pages

Content: Must cite specific points from at least 1 speaker and at least 2 readings.

Due date: To be announced

Course Project: Guidelines and Submission Schedule

Students—alone or in teams—will be free to propose their own relevant projects to the instructor. These projects should in a major way address private sector solutions to global health. *Generally, the instructor is happy to accept a deliverable built around a Wharton Health International Volunteer Project. Students expecting to participate in a winter break or spring break project should consult with the instructor **prior to the start of the field project**. Teams should have no more than 4 people per team. The final paper is to be a maximum of 20 double-spaced pages, excluding exhibits.*

The following deadlines are to help the students manage their time throughout the semester and must be met accordingly.

By Session 3: E-mail to the professor your project proposal and names of team members (if any). This should simply be one paragraph describing the project.

Between sessions 3 and 5 the instructor will meet with teams to discuss the projects, determine scope and define the deliverables

By Session 5: Upload a two page detailed, annotated outline with bibliography to the appropriate webcafe folder.

By Session Saturday, April 23, 11:59 PM: Upload a succinct PowerPoint summary of the project that you will present on the final day of class, Monday, April 25th. The standard length and allowed time for each presentation will be announced to the class by mid-semester once the final number of projects is determined (though will probably be about 5 to 10 minutes per presentation).

Final Project Due-Date: Wednesday, April 27, 2011 by 5:00 PM.

Post your final project to the Final Project Folder on WebCafe.

Reading Materials

Bulk Pack from Reprographics/Study.net

Scientific American Lives: New Answers for Global Health (will be distributed for free in first class)

There is no required textbook.

The instructor has selected case studies, articles, book chapters and monographs that address the issues in the course provided in the Course Pack.

One or more readings are designated as preparation for each session. The instructor will announce the appropriate reading module as the speaker schedule is solidified. The number of readings is long for each module and the amount of reading voluminous. Students **ARE NOT** expected to read all articles for each session.

Remember that you must select readings for the “Individual Take-Away Submission” reports (10% of grade) as described above.

The Reading Modules are designed to tie-in with the themes. The modules are:

1. The Scope of the Problem
2. The Context of Global Health and Private Sector Involvement
3. Public Private Partnerships
4. Health as a Human Right, Ethics and Health Equity
5. Health Care Finance in the Developing World
6. Globalization and Health Policy
7. Essential Medicines Availability
8. Innovative Capability of Developing Countries
9. Funding Innovation for Global health Needs
10. Trade Policies, Intellectual Property and Bioprospecting
11. Programs and Interventions

Instructor Biography:

Mr. Sammut is Senior Fellow, Wharton Health Care Systems and Entrepreneurship, and Venture Partner, Burrill & Company, a San Francisco based life science venture capital fund and merchant bank. At Burrill & Company, Mr. Sammut focuses on Asian and Middle Eastern venture activity, with a special focus on global health venturing.

At the Wharton School, and periodically in the University of Pennsylvania School of Applied Science and Engineering, School of Law and School of Medicine, he teaches venture capital management, corporate development, mergers and acquisitions, biotechnology entrepreneurship, intellectual property strategy, and private equity in emerging markets, and a special seminar on private sector participation in international health. He works

actively with a student-alumni organization called the Wharton Health International Volunteer Program that provides *pro bono* consulting services to public health services and clinics in the developing world.

Mr. Sammut is also Founder and Chair of the International Institute for Biotechnology Entrepreneurship, a non-profit organization offering intensive training programs throughout the world for managers of biotechnology companies. He actively conducts research under a grant from the Bill & Melinda Gates Foundation, in collaboration with the McGlaughlin-Rotman Center for Global Health at the University of Toronto on the capability of emerging market countries in the biotechnology and pharmaceutical industries. He is also on the faculty of the World Intellectual Property Organization/UN executive education program.

Mr. Sammut has been involved in the creation or funding of nearly 40 biotechnology, Internet, and information technology companies globally. He is on numerous Boards of Directors and Advisory Boards including Doctors of the World USA, Mitsubishi Corporation Life Sciences Business Group, the Royal Bank of Canada Technology Venture Fund, the Cornell University Research Foundation, Combinent BioMedical Systems, Dynamis Pharmaceuticals, Gentis, Biowizard.com, the International Finance Corporation Bioethics Advisory Board (World Bank), the Center for Medicine in the Public Interest, Red Diamond Capital (a mid-market buyout fund), the Asia-Alpha Venture Fund, and several other organizations. He is also on the editorial board of the European Venture Capital Association Publications, The Private Equity Review, the Journal of Commercial Biotechnology and the Biotechnology Business and Law Journal.

Mr. Sammut previously held the positions of Vice President of Development of Teleflex Incorporated where he created and managed acquisitions and alliances, and at S.R. One, Ltd., GlaxoSmithKline's venture capital fund. He was also Managing Director of Access Partners, a venture fund focused on formation of companies around university technologies and capitalized by corporate strategic investors.

Earlier in his career, he was Managing Director of the Center for Technology Transfer at the University of Pennsylvania, where he spun out over one dozen companies over a two-year period. He held a similar position at Jefferson Medical College. He is also co-founder and former CEO of the Philadelphia Organ Transplant Program, the largest transplant organ bank in the United States. He holds degrees in biology and humanities from Villanova University, attended Hahnemann Medical College for two years and holds an MBA from the Wharton School of the University of Pennsylvania.

SPEAKER SCHEDULE AS OF January 18, 2011
Wharton HCMG 868: The Private Sector in Global Health
Prof. Steve Sammut

smsammut@wharton.upenn.edu

Mondays, 4:30 to 5:50 PM

Huntsman Hall, Locust Walk between 37th Streets and the “Bridge”

Session	Date	Guest and Topic	Preparation and Readings
1	Jan 24	Course Introduction and Lecture on Scope of the Issues	Read articles in Module 1: Scope of the Problem This is a large amount of reading. Focus on Items 1, 2 and 3. Review the others if you have time.
2	Jan 31	Stephen Sammut Lecture on Strategic interventions	Read Course Pack Module 2
3	Feb 7	Neal Nathanson, MD, Penn School of Medicine – The Problems of Global Health	Course Pack Module 4: Articles 17 through 20
4	Feb14	Julian Harris, MD, MBA, Partners in Healthcare AIDS Intervention: A Case Study	Download and read the Case Study on the webcafe
5	Feb 21	Zeeha Johar Executive Director, International Centre for Technologies in Public Health	Read Course Pack Module 8
6	Feb 28	Arnab Ghatak Managing Director, Health Care Group McKinsey & Company	Read Course Pack Module 5 From the Course Pack, review the McKinsey Report on Health Care in Africa. This is a large document – read portions of the greatest interest to you.
7	March 14	Lecture/ Interim Project Discussions	
8	March 21	Christopher Dickey, MD, MBA Founder Healthpoint Services Global, Inc.	Read Course Pack Module 11
9	March 28	Omer Imtiazuddin, VP, Health Care Investments, Acumen Fund and Tzamert Fuerst, Founder and CEO Circ Med Tech	Read Course Pack Module 9

10	April 4	Greg Alton, Executive VP, Corporate & Medical Affairs, Gilead Sciences, Inc.	Read Course Pack Module 7
11	April 11	Seth Berkeley, CEO, IAVI <i>To be confirmed</i>	Read Course Pack Module 3
12	April 18	Stephen Sammut Lecture on Capacity Building	Read Course Pack Module 10
13	April 25	Projects discussion	

HCMG 868: The Private Sector in Global Health
Bulk Pack Table of Contents by Module (Numbered for Convenience)

These modules will be assigned as background readings according to the schedule of guest speakers. Instructor will announce the appropriate module as the speaker schedule is solidified. **The articles in each Module are listed in order of importance; read what you can unless specified in the Syllabus (webcafe) as required.**

For the first class, please read the material as shown in the Module 1: The Scope of the Problem (First Box). All materials below are posted on study.net. If you have articles or book chapters to add to either study.net or the webcafe, please notify the instructor.

Readings Module 1: The Scope of the Problem

FOR THE FIRST SESSION, READ ITEMS 1, 2 and 3

1. Definition of Global Health – from *The Lancet*

2. *Global Health Primer* from BioVentures for Global Health

3 .Source: Koop et al. *Critical Issues in Global Health*. Josey Bass, 2002.

Chapter 1: The Future of World Health by Gro Brutland

Pages 3 – 11

4. Source: Farmer: *Infections and Inequalities: The Modern Plagues*. University of California Press, 1999.

Chapter 2: “Rethinking Emerging Infectious Disease”

Pages 37 – 58

5. Source: Farmer: *Infections and Inequalities: The Modern Plagues*. University of California Press, 1999.

Chapter 7: “The Consumption of the Poor: Tuberculosis in the Late Twentieth Century”

Pages 184 - 210

6. Source: Romanucci et al. *The Anthropology of Medicine from Culture to Method*. 3rd Bergin & Garvey, 1997.

Chapter 7: “Zoonoses and the Origins of Old and New World Viral Diseases: New Perspectives” by van Blerkom

Pages 143 – 168

Readings Module 2: The Context of Global Health and Private Sector Involvement

7. Source: Koop et al. *Critical Issues in Global Health*. Josey Bass, 2002.

Chapter 45: The Role of Business by William Steere, Jr.

Pages 399 – 405

8. Source: Lodge and Wilson. *A Corporate Solution to Global Poverty: How Multinationals Can Help the Poor and Invigorate their own Legitimacy*. Princeton University Press, 2006.

Chapter 2: The Legitimacy of Business

Pages 21 – 41

9. Source: Lodge and Wilson. *A Corporate Solution to Global Poverty: How Multinationals Can Help the Poor and Invigorate their own Legitimacy*. Princeton University Press, 2006.

Chapter 7: The Options for Business Contributions

Pages 137 – 154

10. Source: Ellerman. *Helping People Help Themselves*. University of Michigan Press, 2006

NOTE: In study.net this is listed as “Introduction and Overview”

Chapter 1: Introduction and Overview

Pages 1 – 24

11. Source: Brainard. *Transforming the Development Landscape: The Role of the Private Sector*. Brookings Institution Press, 2006.

Chapter 1: The Private Sector in the Fight Against Global Poverty by Brainard and LaFleur

Pages 1 – 28

12. Source: Lee, Buse and Fustukian, *Health Policy in a Globalizing World*. Cambridge University Press, 2002.

Chapter 4: “Global Approaches to Private Sector Provision: Where is the Evidence?” by Brugha and Zwei, Pages 63 – 77

Readings Module 3: Public Private Partnerships

13. Source: Koop et al. *Critical Issues in Global Health*. Josey Bass, 2002.

Chapter 47: Business in Partnership with the Nonprofit Sector by Ralph Larsen

Pages 414 – 422

14. Source: Lee, Buse and Fustukian, *Health Policy in a Globalizing World*. Cambridge University Press, 2002.

Chapter 3: “Globalization and Multilateral Public-Private Health Partnerships: Issues for Health Policy” by Buse and Walt

Pages 41 - 62

15. Source: Koop et al. *Critical Issues in Global Health*. Josey Bass, 2002.

Chapter 43: Shaping the Future of Health through Global Partnerships by Richardson and Allegrante

Pages 375 – 383

16. Source: Granville. *The Economics of Essential Medicines*. The Royal Institute of International Affairs, 2002.

Chapter 14: Successful Public-Private Partnerships in Global Health: Lessons from the Mectizan Donation Program by Jeffrey Sturchio and Brenda Colatrella
Pages 256 – 274

Readings Module 4: Health as a Human Right, Ethics and Health Equity

17. Source: Mann, Gruskin et al. *Health and Human Rights*. Routledge, 1999.

Chapter 1: “Health and Human Rights” by Mann Gostinn, Gruskin et al
Pages 7 – 20

18. Source: Koop et al. *Critical Issues in Global Health*. Josey Bass, 2002.

Chapter 49: Philanthropy and Global Health Equity by Chen, Evans and Wirth
Pages 430 – 440

19. Source: Mann, Gruskin et al. *Health and Human Rights*. Routledge, 1999.

Chapter 23: “Research and Informed Consent in Africa – Another Look” by Ijsselmuiden and Faden
Pages 363 – 372

20. Source: Mann, Gruskin et al. *Health and Human Rights*. Routledge, 1999.

Chapter 28: Medical Humanitarianism and Human Rights: Reflections on Doctors without Borders and Doctors of the World by Renee Fox, Pages 417 - 435

21. Source: Smith, Beaglehole et al. *Global Public Goods for Health: Health Economic and Public Health Perspectives*. Oxford University Press, 2002.

Chapter 1: “Global Public Goods and Health: Concepts and Issues” by David Woodward and Richard Smith,
Pages: 4 -29

22. Source: Smith, Beaglehole et al. *Global Public Goods for Health: Health Economic and Public Health Perspectives*. Oxford University Press, 2002.

Chapter 14: “Global Public Goods for Health: From Theory to Policy” by Richard Smith, Robert Beaglehole et al.
Pages 269 – 280

23. Source: Feingold et al. *Bioindustry Ethics*. Elsevier Academic Press, 2005.

Chapter 6: Diversa Inc.: Ethical Issues in Bioprospecting Partnerships
Pages 127 – 166

Readings Module 5: Health Care Finance in the Developing World

24. Source: Gottret and Schieber. *Health Financing Revisited*. The World Bank, 2006.

NOTE: In study.net this is listed as “Overview”

Chapter – “Overview”

Pages 1 – 22

25. Source: Preker and Carrin. *Health Financing for Poor People: Resource Mobilization and Risk Sharing*. The World Bank, 2004.

Chapter 1: “Rich-Poor Differences in Health Care Financing” by Preker, Carrin, Dror et al.
Pages 3 – 51

26. Source: Brainard. *Transforming the Development Landscape: The Role of the Private Sector*. Brookings Institution Press, 2006.

Chapter 9: Financing for Global Health by Rajiv Shah and Sylvia Matthews
Pages 124 – 133

27. Source: Dror and Preker *Social Re-Insurance: A New Approach to Sustainable Community Health Financing*. World Bank 2002.

Chapter 4: “From Microfinance to Micro Health Insurance” by Bernd Balkenhol and Craig Churchill
Pages: 75-102

28. Source: Dror and Preker *Social Re-Insurance: A New Approach to Sustainable Community Health Financing*. World Bank 2002.

Chapter 12: “Linking Ability and Willingness to Contribute to Microinsurance” by Logan Brenzel and William Newbrander
Pages 293 - 302

29. Source: Gottret and Schieber. *Health Financing Revisited*. The World Bank, 2006.

Chapter 1: “Health Transitions, Disease Burdens, and Health Expenditure Patterns”
Pages 23 – 44

30. Source: Gottret and Schieber. *Health Financing Revisited*. The World Bank, 2006.

Chapter 7: Financing Health in Low Income Countries
Pages 209 – 248

Readings Module 6: Globalization and Health Policy

31. Source: Lee, Buse and Fustukian, *Health Policy in a Globalizing World*. Cambridge University Press, 2002.

Chapter 1: “An Introduction to Global Health Policy” by Lee, Fustukian and Buse
Pages 3 – 17

32. Source: Lee. *Health Impacts of Globalization: Towards Global Governance*. Palgrave Macmillan Ltd, 2003.

Chapter 2: “A Global Political Economy Approach to AIDS: Ideology, Interests and Implications” by Kelly lee and Anthony Zwi

Pages 13 – 32

33. Source: Lee, Buse and Fustukian, *Health Policy in a Globalizing World*. Cambridge University Press, 2002.

Chapter 5: “Regulation in the Context of Global Health Markets” by Kumaranayake and Lake

Pages 78 – 96

Readings Module 7: Essential Medicines Accessibility

34. Source: Granville. *The Economics of Essential Medicines*. The Royal Institute of International Affairs, 2002.

Chapter 15: Street Price: A Global Approach to Drug Pricing for Developing Countries by Anna Thomas

Pages 275 – 300

35. Source: Granville. *The Economics of Essential Medicines*. The Royal Institute of International Affairs, 2002.

Chapter 7: The Pharmaceutical Sector: The Generics Development Trajectory by Brigitte Granville and Carol Scott Leonard

Pages 137 – 160

Readings Module 8: Innovative Capability of Developing Countries

36. Source; “Health Biotechnology Innovation in Developing Countries ” from Collection of Articles from *Nature Biotechnology*, December 2004

Pages DC 1 - DC 52

Readings Module 9: Funding Innovation for Global Health Needs

37. Source: Brainard. *Transforming the Development Landscape: The Role of the Private Sector*. Brookings Institution Press, 2006.

Chapter 6: Venture Capital for Development by Alan Patricof and Julie Sunderland

Pages 74 – 84

38. Source: Bailey, Zapol and Wirrth. “Venture Capital and Global Health” (Manuscript)

Readings Module 10: Trade Policy, Intellectual Property and Bioprospecting

39. Source: Lee. *Health Impacts of Globalization: Towards Global Governance*. Palgrave Macmillan Ltd, 2003.

Chapter 11: “Trade Policy, the Politics of Access to Drugs and Global Governance for Health” by Caroline Thomas Pages 177 – 203

40. Source: World Trade Organization. “Doha Work Programme: -- The Outstanding Implementation Issue on the Relationship between the TRIPS Agreement and the Convention on Biological Diversity. Communication from Brazil, India, Pakistan, Peru, Thailand and Tanzania

41. Source: World Trade Organization. The Patent System and Genetic Resources. Communication from Japan

42. Source: Abbott and Puymbroeck. *Compulsory Licensing for Public Health: A Guide for Implementation of the Doha Declaration*. The Word Bank, 2005.

Chapter 1: The Doha Declaration and the Paragraph 6 Decision – A Concise Explanation Pages 7 – 12

43. Source: Granville. *The Economics of Essential Medicines*. The Royal Institute of International Affairs, 2002.

Chapter 1; A Market Perspective on Recent Developments in the TRIPS and Essential Medicines Debate by Owen Lipper Pages 4 – 31

44. Source: PG Sampath. *Regulating Bioprocessing: Institutions for Drug Research, Access and Benefit Sharing*. United Nations University Press, 2005.

Chapter 1: Bioprospecting for Drug Research: An Overview Pages 1 – 11

45. Source: PG Sampath. *Regulating Bioprocessing: Institutions for Drug Research, Access and Benefit Sharing*. United Nations University Press, 2005.

Chapter 3: International Policy Dimensions of Bioprospecting Pages 34 – 62

46. Source: PG Sampath. *Regulating Bioprocessing: Institutions for Drug Research, Access and Benefit Sharing*. United nations University Press, 2005.

Chapter 5: Intellectual Property Rights on Traditional Medicinal Knowledge: A Process Oriented Perspective Pages 102- 126

Readings Module 11: Programs and Interventions

47. The Business of Health Care in Africa: Partnering with the Private Sector to Improve People’s Lives

McKinsey & Company for the International Finance Corporation

48. Source: Lee, Buse and Fustukian, *Health Policy in a Globalizing World*. Cambridge University Press, 2002.

Chapter 10: “The Globalization of DOTS: Tuberculosis as a Global Emergency” by Porter, Lee and Ogden
Pages 181 – 194

49. Source: Romanucci et al. *The Anthropology of Medicine from Culture to Method*. 3rd Bergin & Garvey, 1997.

Chapter 8: “Malaria, Medicine, and Meals: A Biobehavioral Perspective” by Etkin and Ross
Pages 169 – 209

50. Source: Gostin. *Public Health Law and Ethics: A Reader*. University of California Press, 2002.

Chapter 14: “Vision and Challenges: Case Studies on Emerging Infections, Bioterrorism, and Public Health Genetics”
Pages 447 – 485