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Public-Private Partnerships and CDC

# CDC's Guiding Principles for Public-Private Partnerships:

A Tool to Support Engagement to Achieve Public Health Goals



Centers for Disease Control and Prevention  
Office of the Associate Director for Policy

[www.cdc.gov/policy](http://www.cdc.gov/policy)

# Table of Contents

- I. INTRODUCTION ..... 2
  - Definitions and Policies ..... 2
- II. WHY PARTNER?..... 3
  - Extend Public Health’s Reach to Save Lives..... 3
  - Speed Innovation for the Public Good..... 3
  - Impact Industry..... 3
  - Build Internal Capacity..... 3
- III. GUIDING PRINCIPLES FOR PARTNERSHIPS ..... 4
  - Initial Assessment ..... 4
  - Additional Considerations ..... 4
- IV. COMMUNICATING VALUE TO THE PRIVATE SECTOR ..... 5
  - Understanding a Private Sector Audience ..... 5
  - Benefits to Partners..... 6
- V. HOW TO ENGAGE..... 6
  - Deciding to Continue ..... 6
  - Knowing When to Pull Back ..... 6

# CDC's Guiding Principles for Public-Private Partnerships

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## I. INTRODUCTION

Public-private partnerships are hardly a new concept, and the federal government prioritizes enhancing its ability to build these types of partnerships as a means to address the nation's most pressing problems.<sup>1</sup> Federal agencies like the Environmental Protection Agency, the Department of Defense, the U.S. Agency for International Development, and the Veterans Administration actively leverage these types of partnerships.<sup>2</sup> As government budgets shrink, public-private partnerships help federal agencies do more with less, build on the capabilities of others, leverage collective action, improve performance, and realize cost savings.<sup>1,2</sup>

The purpose of this document is to provide guidance to CDC staff to build mutually beneficial public-private partnerships through a framework that maximizes the health impact of such partnerships. This document replaces previous guidelines for collaborating with the private sector.

### Definitions and Policies

*Private sector partners* include: for-profit businesses, professional organizations that represent businesses, philanthropies, and private individuals/groups.

*Public-private partnerships* may involve financial considerations, but they can extend far beyond resource sharing. For the purpose of this document, public-private partnerships are defined as relationships between CDC and the private sector that are formal and informal in nature where skills and assets are shared to improve the public's health and each partner shares in the risks and rewards that result from the partnership.<sup>3,4</sup>

Often, a Memorandum of Understanding or Memorandum of Agreement (MOU/MOA) is created. Read more about MOU/MOAs in Section V of this document and by accessing CDC's "[Development and Execution of Memoranda of Understanding and Memoranda of Agreement](#)" Operational Policy. The policy includes a template.

Based on [guidance from the White House](#), partnerships can provide access to more resources, goods, services, intellectual capital and expertise, cutting-edge technology, audiences, networks, physical presence and infrastructure, markets, financial capital, venture funding, and capabilities, creating opportunities for greater health impact, cost reductions, and efficiencies to accelerate health impact.<sup>1</sup> They can also provide public or professional education, applied research or evaluation, or public health services.

Public-private partnerships are powerful tools that can help CDC:

- Extend the reach of messages and programs;<sup>1,5</sup>
- Speed up response and innovation cycles;<sup>1,6,7</sup>
- Connect with organizations that share CDC's goals;<sup>1,8</sup>
- Gain insight and perspective from businesses and other private sector organizations;
- Solve problems through new technology;<sup>6,7</sup>
- Develop CDC's workforce;<sup>7</sup>
- Raise awareness about CDC's lifesaving work.<sup>1</sup>

The guiding principles put forth in this document are meant to facilitate sound planning for programs and serve as a resource for staff operating with a variety of partnership arrangements. This document does not replace or supersede any organizational policies, and staff must maintain awareness of, and abide by, all



### III. GUIDING PRINCIPLES FOR PARTNERSHIPS

There are many things to consider when first approaching a partnership opportunity, and it can be a bit overwhelming to decide if, or when, to proceed. The first step is to conduct background research—consider the potential partner’s areas of interest, image and motivation for partnering, track record for social and environmental responsibility, and financial soundness. Detailed questions to assist with this background research can be found in "[Building Partnerships: A Best Practices Guide](#)," published by the 2013 White House Community Partnerships Interagency Policy Committee.

#### Initial Assessment

At the earliest stages, conducting an initial assessment will help determine potential viability of longer term discussions and negotiations. The following questions may be reviewed at the earliest stages before proceeding with detailed project discussions. They should also be revisited throughout the lifecycle of a partnership:

- Do mutual benefits exist for all potential partners? If so, they must be explicit and transparent. <sup>10</sup>
  - Would the benefit to society be greater than the benefit to either partner?
  - Is there a well-defined and substantial public health benefit based on sound science and public good? <sup>11</sup>
- Is there mission alignment? Can shared objectives and/or mutual programmatic goals be established? <sup>1</sup>
- Is there a clear, identifiable, substantial leadership role for CDC, and is there a designated lead and champion within the agency? <sup>11</sup>
- Could partnering with the private entity present a conflict of interest (real or perceived)? [\(see below for further detail\)](#)
- Would the potential partner receive direct monetary benefit from the partnership? If so, consult the Office of the General Counsel.
- Do the potential benefits outweigh the risks associated with a partnership? (see Kraak's <sup>12</sup> benefit-risk decision-making pathway for further assessment)

#### Additional Considerations

If the initial informal assessment reveals this to be a viable opportunity with demonstrable value to the public’s health, you are ready to more formally consider the following factors:

##### *Impact/Value*

- The partnership should have a large impact relative to the resources required.
- There is opportunity for return on investment for public health, CDC, and its partners. <sup>11</sup>
- Expected benefits are clearly defined and made explicit by all potential partners. <sup>11</sup>

##### *Feasibility*

- CDC is able and willing to devote staff time and funding to support the partnership process. <sup>1</sup>
- Activities have been outlined that have a manageable size and scope with specific timelines and milestones ([CDC Foundation Guiding Principles for Partner Collaboration](#)).

##### *Conflicts of Interest*

- CDC's independence of scientific judgment, credibility, and reputation is retained. The potential donor has expressed no issues in deferring to CDC's final judgment on all matters of scientific findings, facts, or recommendations. <sup>11</sup>

- No conflict of interest or appearance of a conflict exists. Conflicts to be considered include: <sup>1, 15</sup>
  - Whether a potential donor has pending business before any agency that would be involved in a partnership, including contracts or grants, the size, timing, or nature of which would give rise to an appearance that the potential partner is trying to influence the outcome of that government action;
  - Whether a potential donor is regulated by the agency that would be involved in the partnership;
  - Whether a potential donor has recently met with an agency or has such meetings scheduled in the near future concerning other matters on which the potential partner is seeking favorable agency action such that the timing of a partnership arrangement would present the appearance of a conflict of interest;
  - Whether such a partnership creates the appearance of favoritism, undermines CDC’s integrity or any CDC decision-making process;
  - Whether a potential donor benefits from work performed by CDC, such that they can use it to promote their business;
  - Whether a potential donor has interests that may be substantially affected by performance or nonperformance of an employee’s official duties;
  - Whether a potential donor tenders a gift in order to secure an implied or direct endorsement;
  - Whether a potential donor expresses, directly or indirectly, an expectation of receiving a future benefit, such as a contract award from CDC.

#### IV. COMMUNICATING VALUE TO THE PRIVATE SECTOR

Once you have determined that a partnership should be pursued, preparing effective communication strategies can ensure clarity of expectations and establish a foundation of trust and open dialogue. This is critical in establishing a platform for transparent communication going forward.

##### Understanding a Private Sector Audience

In addition to researching individual private entities, it is important to demonstrate awareness of their culture, similar to when engaging with a new population. Awareness of the fundamental differences between the public and private sectors (Table 1) will create more effective interactions. Each partner brings its own unique culture, values, mode of operation, responsibilities, and constituents.<sup>6</sup> Understanding, accepting, and clearly communicating core differences (as early as possible) can lead to more rewarding and effective partnerships through which all partners’ needs are addressed. Transparent, deliberate communication is key and will help build trust in the long term.

	Culture and Values of Private Entities and CDC		
	Accountability	Core Principles	Organizational Culture
Private Sector	<ul style="list-style-type: none"> <li>• Answers to <i>shareholders</i> for financial gains and losses</li> </ul>	<ul style="list-style-type: none"> <li>• Activities should advance the company's <i>commercial interests</i></li> <li>• Corporate social responsibility priorities usually align with commercial interests</li> </ul>	<ul style="list-style-type: none"> <li>• Innovation</li> <li>• The expected timeline for results may be shorter</li> </ul>
CDC	<ul style="list-style-type: none"> <li>• Answers to <i>American citizens, Congress, the HHS Secretary, and the President</i> for public health impact</li> </ul>	<ul style="list-style-type: none"> <li>• Activities should advance <i>public health impact</i></li> <li>• Maintains transparency of work and processes</li> <li>• Scientific and programmatic decisions must remain independent of any partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Adheres to U.S. government systems, procedures, and protocols, which may be perceived as rigid and cumbersome by businesses</li> </ul>

Table 1. Adapted from PEPFAR’s Public Private Partnerships 101 presentation. <sup>13</sup>

## Benefits to Partners

The benefits of partnering with a federal agency may not always be obvious, and/or the prospect of dealing with a bureaucracy may be off-putting to the private sector. To assist in articulating the value of a partnership with CDC, consider highlighting some of the following benefits to the private sector.

CDC offers:

- An effective outlet for corporate social responsibility; <sup>1, 9</sup>
- Increased ability to achieve greater outcomes; <sup>14</sup>
- Exposure to new markets, market share, and ability to attract new investors; <sup>1</sup>
- Access to specific populations or professional groups;
- Opportunities to create and test new products to meet unmet social or individual needs; <sup>1</sup>
- Improved supply chains for products and services; <sup>1</sup>
- Improved operational or workforce efficiencies; <sup>1</sup>
- Reduced business risks; <sup>1</sup>
- Enhanced reputation, brand loyalty, and goodwill. <sup>1</sup>

### MOU/MOA:

A fiscally non-obligating and legally non-binding document.

Describes in very broad terms, the mutual understandings, concepts, goals, and plans shared by the parties.

## V. HOW TO ENGAGE

Think you are ready for initial discussions? Be sure to do the following before scheduling a meeting:

1. Consider how the contribution of a private partnership will advance CDC's public health mission;
2. Conduct initial background research about potential business incentives for partner(s);
3. Gain a sense of potential mutual benefits to discuss;
4. Review potential partners using Section III of this document, "[Guiding Principles for Partnerships](#)."

### Deciding to Continue

Creating partnerships is a process—the first phase is exploratory, which entails having informal conversations with potential partners and compiling background information about them. This is followed by development, commitment, and then careful support and management of the partnership until its conclusion. After the exploratory phase, you may want to consider developing an MOU/MOA. Part of the value of these documents lies in the process of creating them with partners. At any time, if you are unsure if an MOU/MOA is required and/or the nature of your partnership begins to change, consult your Office of General Counsel designee.

### Knowing When to Pull Back

As you get to know each other, and discussions become more specific about a potential project or collaboration, you should continue to review the "[Guiding Principles for Partnerships](#)" section of this document. Sometimes, new information can alter the viability of a partnership. This does not imply a mistake or that the potential partner intentionally misrepresented itself. It does, however, require federal employees to pause discussions and take steps to ensure the partnership is still worth pursuing. Leadership from Centers, Institutes, and Organizations (CIOs) should be informed throughout the process and, ultimately, will need to approve partnership agreements. You can also consult the Office of General Counsel along the way to help you consider the value and parameters of a partnership.

## Box 1. When Not to Engage

- CDC has an oversight function that would be in conflict (or perceived conflict) with a partnership;<sup>1</sup>
- Potential partner represents any product that exacerbates morbidity or mortality when used as directed;<sup>11</sup>
- Potential partner's goal is product endorsement or the appearance of product endorsement (CDC co-branding only with the approval of CDC review committee for this purpose);<sup>11</sup>
- Potential partner's main focus is donor recognition.<sup>11</sup>

Multiple tools are available to help guide you through the partnership lifecycle. A full tutorial on how to navigate the partnership process is beyond the scope of this document; however, at a minimum, review and ensure that you are following applicable [CDC policies listed in Section I](#). In addition, the following resources provide useful information to help you carry out your partnership work.

## Box 2. Helpful Partnership Guidance

### CDC:

- Office of Public Health Preparedness and Response, Office of Policy, Planning, and Evaluation. [A Structured Approach to Effective Partnering: Lessons Learned from Public and Private Sector Leaders](#).
- Centers for Disease Control and Prevention Advisory Committee to the Director (ACD). [Ethical Considerations for Public Private Partnerships Workgroup Summary Report](#).

### External:

- The White House, Community Partnerships Interagency Policy Committee. [Building Partnerships: A Best Practices Guide](#).
- CDC Foundation. [Guiding Principles for Partner Collaboration](#).
- CDC Foundation. [Public-Private Partnerships and Conflict of Interest Guidelines](#).

<sup>1</sup>The White House, Community Partnerships Interagency Policy Committee. (2013). *Building Partnerships: A Best Practices Guide*. Retrieved October 27, 2016 from [https://colorado.feb.gov/wp-content/uploads/2015/09/white\\_house\\_-\\_building\\_partnerships\\_best\\_practices.pdf](https://colorado.feb.gov/wp-content/uploads/2015/09/white_house_-_building_partnerships_best_practices.pdf)

<sup>2</sup>The National Council for Public-Private Partnerships. Retrieved October 27, 2016 from <http://www.ncppp.org/ppp-basics/top-ten-facts-about-ppps/>

<sup>3</sup>The National Council for Public-Private Partnerships. (2012). *Testing Tradition: Assessing the Added Value of Public-Private Partnerships*. Retrieved October 27, 2016 from <http://www.ncppp.org/wp-content/uploads/2013/03/WhitePaper2012-FinalWeb.pdf>

<sup>4</sup>Majestic, E. (2009). Public Health's Inconvenient Truth: The Need to Create Partnerships with the Business Sector. *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, 6(2), 1-8. Retrieved October 27, 2016 from [http://www.cdc.gov/pcd/issues/2009/apr/08\\_0236.htm](http://www.cdc.gov/pcd/issues/2009/apr/08_0236.htm)

<sup>5</sup>National Health Council Board of Directors (1999). *Partnership for Prevention: Guiding Principles for Corporate Relationships*.

<sup>6</sup>McDonnell, S., Bryant, C., Harris, J., Campbell, M.K., Lobb, A., Hannon, P.A., Corss, J.L., Gray, B. (2009). *The*



Private Partners of Public Health: Public-Private Alliances for Public Good. *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, 6(2), 1-8. Retrieved October 27, 2016 from <https://www.ncbi.nlm.nih.gov/pubmed/19289012>.

<sup>7</sup> Ezezika, O.C., Deadman, J., Murray, J., Mabeya, J., Daar, A.S. (2013). To Trust or Not to Trust: A Model for Effectively Governing Public-Private Partnerships. *AgBioForum*, 16(1), 27-36. Retrieved October 27, 2016 from <https://mospace.umsystem.edu/xmlui/bitstream/handle/10355/37355/ToTrustNotToTrust.pdf;sequence=1>.

<sup>8</sup> The United States Agency for International Development, Office of Innovation and Development Alliances/Global Partnerships. (2012). *Partnering with USAID: A Guide for Companies*. Retrieved October 27, 2016 from <https://www.ncbi.nlm.nih.gov/pubmed/19289012>.

<sup>9</sup> Buse, K. & Waxman, A. (2001). Public-private health partnerships: a strategy for WHO. *Bulletin of the World Health Organization*, 79(8), 748-754. Retrieved October 27, 2016 from <https://www.ncbi.nlm.nih.gov/pubmed/11545332>.

<sup>10</sup> Mitchell, M. (n.d.). An Overview of Public-Private Partnerships in Health. Retrieved October 27, 2016 from <http://www.hsph.harvard.edu/ihsg/publications/pdf/PPP-final-MDM.pdf>

<sup>11</sup> Centers for Disease Control and Prevention Foundation. Guiding Principles for Partner Collaboration. *Cdcfoundation.org*. Retrieved October 19, 2016 from <http://www.cdcfoundation.org/content/public-private-partnership-policies-and-guidelines>

<sup>12</sup> Kraak, V.I., Harrigan, P.B., Lawrence, M., Harrison, P.J., Jackson, M.A., Swinburn, B. (2011). Balancing the benefits and risks of public-private partnerships to address the global burden of malnutrition. *Public Health Nutrition*, 15(3), 503-517. Retrieved October 27, 2016 from [https://www.researchgate.net/profile/Mark\\_Lawrence3/publication/51734202\\_Balancing\\_the\\_benefits\\_and\\_risks\\_of\\_public-private\\_partnerships\\_to\\_address\\_the\\_global\\_double\\_burden\\_of\\_malnutrition/links/0046351aebc8033a38000000.pdf?origin=publication\\_detail](https://www.researchgate.net/profile/Mark_Lawrence3/publication/51734202_Balancing_the_benefits_and_risks_of_public-private_partnerships_to_address_the_global_double_burden_of_malnutrition/links/0046351aebc8033a38000000.pdf?origin=publication_detail).

<sup>13</sup> The U.S. President's Emergency Plan for AIDS Relief. (January 2014). *Public Private Partnerships 101* [PowerPoint slides]. Slides not publicly available.

<sup>14</sup> Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response, Office of Policy, Planning and Evaluation (n.d.). *A Structured Approach to Effective Partnering: Lessons Learned from Public and Private Sector Leaders*. Archived on March 1, 2017 at [https://web.archive.org/web/20170301161643/https://www.cdc.gov/phpr/partnerships/documents/a\\_structured\\_approach\\_to\\_effective\\_partnering.pdf](https://web.archive.org/web/20170301161643/https://www.cdc.gov/phpr/partnerships/documents/a_structured_approach_to_effective_partnering.pdf)

<sup>15</sup> Centers for Disease Control and Prevention. Administration of Gifts to CDC. [https://www.cdc.gov/maso/Policy/ADMINISTRATION-OF-GIFTS\\_Policy\\_20170329\\_Version-for-CDC-gov\\_508.pdf](https://www.cdc.gov/maso/Policy/ADMINISTRATION-OF-GIFTS_Policy_20170329_Version-for-CDC-gov_508.pdf)