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Master de Santé Publique

Understanding the Role of Pharmaceutical-Led Public–Private Partnerships in Advancing SDG 3.4 in Low- and Middle-Income Countries: A Qualitative Study on Stakeholder's Perspectives

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List of Acronyms

- CSR: Corporate Social Responsibility
- DAH: Development Assistance for Health
- ESG: Environmental, Social, and Governance
- LMIC: Low- and Middle-Income Countries
- M&E: Monitoring and Evaluation
- MoH: Ministry of Health
- NCD: Noncommunicable Disease
- PPP: Public-Private Partnership
- R&D: Research and Development.
- SDG: Sustainable Development Goals
- WHO: World Health Organization

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Abstract

Title: Understanding the Role of Pharmaceutical-Led Public–Private Partnerships in Advancing SDG 3.4 in Low- and Middle-Income Countries: A Qualitative Study on Stakeholder's Perspectives

Background: Noncommunicable diseases (NCDs) are a leading cause of premature mortality in low- and middle-income countries (LMICs), where health systems often face resource and capacity constraints. Pharmaceutical-led public–private partnerships (PPPs) have emerged as a mechanism to expand access to medicines, strengthen health systems, and support national NCD strategies. However, evidence on their effectiveness, sustainability, and governance in LMIC contexts remains limited.

Methods: This qualitative study draws on 17 semi-structured interviews with experts from sectors relevant to PPPs, including the pharmaceutical industry, NGOs, multilateral organizations, academia, government, and health consulting. Participants were selected for their experience in NCD prevention and control in LMICs across sub-Saharan Africa, South Asia, and Latin America. Thematic analysis was utilized to identify recurring themes.

Results: Participants identified improved access to medicines, health system strengthening, and capacity building as key benefits of pharmaceutical-led PPPs. Enabling conditions included strong government leadership, multisectoral collaboration, community engagement, and strong monitoring frameworks. Barriers included misalignment of objectives between public and private partners, governance and accountability gaps, sustainability risks due to short-term funding, and limited measurable impact on mortality. Frequent shifts in national health priorities were also cited as a challenge to long-term engagement.

Conclusion: Pharmaceutical-led PPPs can contribute significantly to advancing SDG 3.4 in LMICs, but their impact is contingent on strong governance, alignment with national priorities and sustainable financing models. Integrating PPPs into national health strategies and investing in prevention and local capacity are critical to transforming short-term projects into sustainable, system-strengthening initiatives.

Keywords: Public–private partnerships, noncommunicable diseases, pharmaceutical industry, LMICs, SDG 3.4, health systems strengthening, sustainability, governance.

Introduction

Noncommunicable diseases (NCDs) are now the leading cause of premature mortality in low- and middle-income countries (LMICs), threatening progress toward Sustainable Development Goal (SDG) 3.4, which aims to reduce by one third the number of deaths from NCDs among adults aged 30–70 by 2030.[1] While the scale of this challenge is well-documented, the pathways to achieving this target remain complex, requiring multisectoral solutions that go beyond the capacities of public health systems alone.[2]

Public–private partnerships (PPPs), particularly those involving the pharmaceutical industry, have emerged as one such approach.[3] By combining the resources, expertise, and reach of the private sector with the leadership and population focus of public actors, these partnerships have the potential to expand access to essential medicines, improve early detection and prevention programs, strengthen health systems, and accelerate progress toward NCD targets.[4,5]

The Burden of NCDs in LMICs

Noncommunicable diseases (NCDs), notably cardiovascular diseases, cancers, diabetes, and chronic respiratory illnesses, are now a major public health burden in low- and middle-income countries (LMICs). Cardiovascular diseases account for ~19 million deaths annually, followed by cancers (~10 million), chronic respiratory diseases (~4 million), and diabetes (~1.6 million).[6] The burden of premature NCD mortality is disproportionately high in LMICs, accounting for nearly 75% of all global NCD deaths and 82% of premature NCD deaths (ages 30–69).[7] Women and men in most LMICs have a higher probability of dying from an NCD before age 70 than from infectious diseases, maternal causes, or nutritional conditions combined.[8,9]

The Sustainable Development Goals (SDGs), adopted in September 2015 by all United Nations Member States as part of the 2030 Agenda for Sustainable Development, serve as a global framework to address pressing health and development challenges. SDG 3.4 specifically aims to reduce premature mortality from non-communicable diseases by one-third by 2030, focusing on adults aged 30–70 years.[10]

This rising burden of NCDs in LMICs is driven by urbanization, dietary shifts, sedentary lifestyles, and limited access to preventive care and diagnostic services.[11] Health systems, already challenged by infectious diseases, often lack the infrastructure, workforce, and financing necessary to respond to the growing challenge of chronic disease. Despite global commitment, current available data published on Our World in Data (2023)[12] and the UN ESCAP SDG Progress

Report (2024)[13] show most LMICs are off track to achieve SDG 3.4, which aims to reduce premature mortality from NCDs by one-third by 2030.

Introducing PPPs as a Strategy to reduce premature mortality from NCDs

Among the various strategies deployed to address NCDs, such as national prevention programs and health promotion campaigns[1], taxation of unhealthy products[14,15], primary care–based screening initiatives[16], and the integration of NCD services into universal health coverage schemes[17], PPPs have emerged as a potentially powerful tool. In health, PPPs are collaborative arrangements between government entities and private sector organizations to design, finance, implement, or evaluate health programs. MR Reich[18] defines a PPP as one that has (i) at least one private for-profit organization and one not-for-profit or public organization, (ii) a shared or common goal for the creation of social value and (iii) mutually agreed on roles and benefits. In addition, it is one that is synergistic and complementary, where each partner contributes to what it does best in order to maximize output.[19] In the context of this study, the focus is on PPPs involving pharmaceutical companies and public health authorities in LMIC, where resource constraints and the growing NCD burdens necessitates innovative approaches.

Pharmaceutical companies contribute to the partnership through medication provision, capacity building, research, and financial support, while public partners (ministries of health, local governments, and public hospitals) provide leadership, regulatory oversight, and access to patient populations. Multilateral organizations, NGOs, and community-based actors often serve as intermediaries, ensuring alignment with public health priorities and facilitating implementation.[20] These multi-actor partnerships leverage the strengths of each party, aiming to address systemic gaps in prevention, diagnosis, and treatment.

Pharmaceutical-led PPPs can play a critical role in advancing SDG 3.4, yet the industry faces multiple challenges in LMICs related to governance and accountability risks[21], sustainability concerns and equity gaps. While existing literature has extensively documented these structural barriers, most analyses remain focused on high-level policy frameworks, financing models, or aggregated outcome metrics. Such studies rarely capture the *operational realities* of PPP implementation, the *relational dynamics* between public and private actors, or the *negotiation processes* that influence how priorities are set and resources allocated.

Moreover, there is limited qualitative evidence from the perspective of stakeholders directly engaged in the design, delivery, and oversight of pharmaceutical-led PPPs—those who navigate daily the tensions between commercial imperatives and public health goals. While quantitative evaluations can measure outputs such as increased screening rates or medicine distribution, they cannot fully explain why certain partnerships succeed in sustaining impact while others stall once initial funding ends.

This aim of this thesis is therefore to understand how PPPs between pharmaceutical companies and public health actors in LMICs operate, including the conditions and mechanisms that lead to effective collaboration. More specifically, the research seeks to identify the key success factors and governance mechanisms underpinning effective pharma-led PPPs, and to examine the perceived benefits of such partnerships for NCD prevention, treatment, and health system strengthening. By capturing these insights, this study contributes to filling a gap in understanding the mechanisms, contextual influences, and stakeholder priorities that underpin effective pharma-led PPPs, ultimately informing more sustainable, equitable, and impactful models of collaboration. The study thus aims to provide recommendations for governments, NGOs, and industry stakeholders to enhance the impact of PPPs in reducing premature NCD mortality and accelerating progress toward global health targets.

Methods

Study Desing

This study employed a qualitative research design to explore the dynamics, challenges, and perceived benefits and risks of public-private partnerships involving the pharmaceutical industry and public partners (ministries of health, local governments, and public hospitals) in low- and middle-income countries. Open-ended interviews were conducted by the researcher with key informants from the public sector, private sector, and global health organizations, selected for their knowledge or experience with PPPs in LMIC settings.

Semi-structured interviews with stakeholders directly engaged in, or affected by, pharma-led PPPs, such as public health officials, pharmaceutical representatives, NGO actors, and implementing partners, offer a unique opportunity to explore these dimensions in depth. These actors bring first-hand experience of operational bottlenecks, resource constraints, governance gaps, and enabling conditions rarely documented in formal evaluations and lacking in existing

literature. Their perspectives can also serve to reveal unanticipated barriers, identify overlooked success factors, and highlight trade-offs between public health objectives and private sector priorities.

Sampling Procedure

Participants were recruited using a combination of purposive and snowball sampling strategies to ensure both diversity and depth in the data collected.

First, purposive sampling was employed to deliberately select professionals with relevant expertise in public–private partnerships and health systems, ensuring variation in geographic context, organizational type, and years of professional experience. Participants were identified through the researcher's professional networks, including: (i) contacts facilitated by the researcher's current supervisor during her internship at International SOS Consulting, which has extensive connections with NGOs, global health companies, and multilateral organizations; (ii) the researcher's own professional background as a surgeon, working in public setting, which provided access to medical doctors and individuals working in the pharmaceutical industry; and (iii) recommendations from colleagues in the field of public health. Personalized email invitations were sent to these contacts, providing an overview of the discussion topics and requesting their participation in a brief, qualitative interview.

Second, snowball sampling was used, whereby initial interviewees recommended additional experts who met the inclusion criteria and could provide complementary insights relevant to the study's objectives. This approach allowed for the identification of key informants who might not have been accessible through formal channels alone.

Participants were considered eligible if they were:

- Professionals from pharmaceutical companies involved in access, policy, or CSR programs
- Officials from ministries of health or regional health agencies
- Experts from NGOs, multilateral organizations, and global health consultancies
- Academic or policy researchers
- Frontline healthcare practitioners, such as general practitioners or specialists, providing clinical care for NCDs and able to share insights on how PPPs translate into service delivery and patient access.

Additionally, participants were eligible if they had at least five years of relevant professional experience in fields related to public health, pharmaceutical access, or noncommunicable disease

control. Participants were also required to have either current or recent (within the last five years) professional involvement in low- and middle-income country health systems, whether through policy work, program implementation, clinical practice or research.

Participants were selected for their direct involvement in PPPs or related NCD initiatives, as well as their ability to provide informed perspectives on governance, sustainability, and equity in LMIC health systems. All insights shared were based on their professional experiences and expertise, and do not represent the official position or policies of their organizations.

Upon confirmation of interest from participants, video call invitations were sent via email, utilizing the Microsoft Teams platform for the interview sessions.

Data Collection

The semi-structured interviews were all conducted virtually by the researcher and lasted between 30 and 50 minutes, depending on participant availability. They were carried out in English, Spanish, or French, depending on the participant's linguistic background.

The semi-structured interview guide was developed through a combination of a review of the literature and personal observations derived from the researcher's internship experience. Insights gathered through informal conversations with senior health consultants, public health physicians, and global advisors on noncommunicable diseases (NCDs) and health systems within International SOS provided additional context for refining the research focus and shaping the interview questions, ensuring their relevance to PPPs in LMICs.

The interview guide (see appendix A) was designed to be flexible and adaptable to the unique perspectives and experiences of each participant. While the structure provided a framework for the interviews, there was also room for spontaneous exploration of emergent themes and ideas that arose during the conversations. The guide allowed for open-ended discussion and follow-up questions to capture rich, context-specific perspectives.

The interview guide was developed to explore:

- The participant's role in the health sector
- Their previous exposure to public-private initiatives, with focus on those involving the pharmaceutical industry
- Examples of collaborations with pharmaceutical companies that have positively contributed to NCD prevention or control.

- Perceived roles of the pharmaceutical industry in NCD control or NCD mortality reduction
- Effective types of collaboration between public actors and pharmaceutical companies
- Risks and concerns associated with engaging the pharmaceutical sector in public health initiatives
- Key success factors enabling effective and sustainable PPPs
- Recommended governance and policy measures to safeguard the public interest in such collaborations
- Identification of under-engaged sectors that could enhance efforts for NCD control

All interviews were audio-recorded with participants' consent, transcribed verbatim, and anonymized. Given the limited number of experts and the increased risk of identification, data anonymization was carried out rigorously.

Ethical Considerations

All participants provided informed consent prior to the interviews. Ethical considerations guided the development of the interview guide, with questions carefully phrased to remain non-intrusive and non-judgmental, ensuring participant comfort and confidentiality throughout the process. Participants were informed of their right to decline answering any questions and were reminded at both the start and the conclusion of each interview that the transcripts and all information used in the study would be fully anonymized and kept confidential. Particular attention was given to preserving the anonymity of individuals, organizations, and companies mentioned during the interviews.

Data Analysis

Verbatim statements were coded, allowing general themes to emerge and contributing to a conceptual model reflecting the shared experiences, practices, and perspectives of participants. When necessary, verbatim statements were translated from French and Spanish to English**.**

Thematic analysis was performed following an iterative coding process:

1. Open coding to identify emerging concepts from interview transcripts.
2. Development of a coding framework based on recurring themes.
3. Axial coding to identify relationships between themes and the enabling conditions for PPP effectiveness.
4. Synthesis of findings into overarching themes supported by direct quotations from participants.

Manual coding in Excel was used to manage data, and triangulation with existing literature and organizational reports was employed to enhance credibility. Codes were developed based on recurring themes and patterns identified within the transcripts. These codes were applied to the data, allowing for the organization and categorization of key themes and concepts related to public–private partnerships involving the pharmaceutical industry for NCD prevention and control in low- and middle-income countries (see Table 1- Appendices).

Results

A total of seventeen qualitative interviews were conducted for this exploratory study. The thematic analysis found five interconnected themes, capturing cross-cutting patterns and new insights into the dynamics of public–private partnerships involving the pharmaceutical industry for NCD control in LMICs. These themes reflect both expected and emergent findings from the data, including:

(1) the perceived benefits of PPPs as catalysts for expanding NCD prevention and control;
(2) the structural and operational barriers that undermine their sustainability and equity;
(3) the enabling conditions for effective PPPs;
(4) the role of pharmaceutical companies in shaping PPP outcomes;
(5) the under-engaged sectors and actors whose greater involvement could unlock untapped potential for prevention, access, and long-term financing.

Before developing these main themes, the characteristics of the participants are described below:

Participants' Socio-Demographic Characteristics

Participants represented a range of sectors relevant to public–private partnerships for NCD prevention and control, including the pharmaceutical industry, international NGOs, private international health service organizations, multilateral organizations, health consulting firms, academia, and government agencies. Geographically, 12 out of 17 participants, were based in or had professional experience working across low- and middle-income countries, including sub-Saharan Africa, South Asia, and Latin America, with some based in high-income countries but engaged in LMIC-focused programs. Figures 1, 2, and 3 summarize the participants' demographic characteristics, including sector, geographic distribution, and gender balance.

Figure 1: Gender distribution of study participants (n = 17)

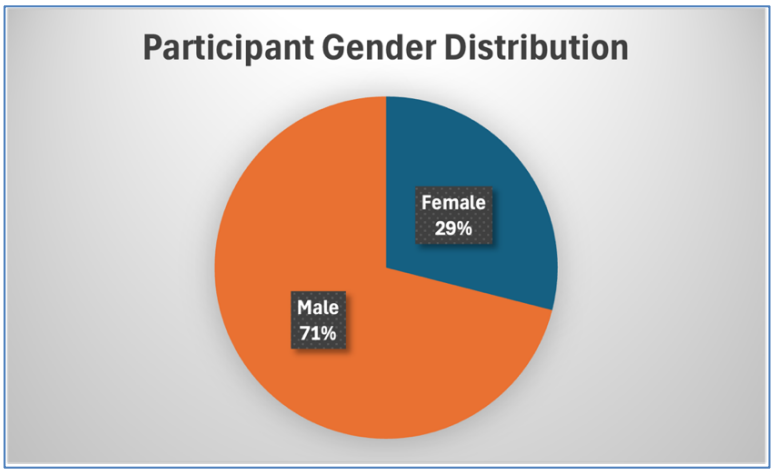


Figure 2: Geographic distribution of participants (n = 17)

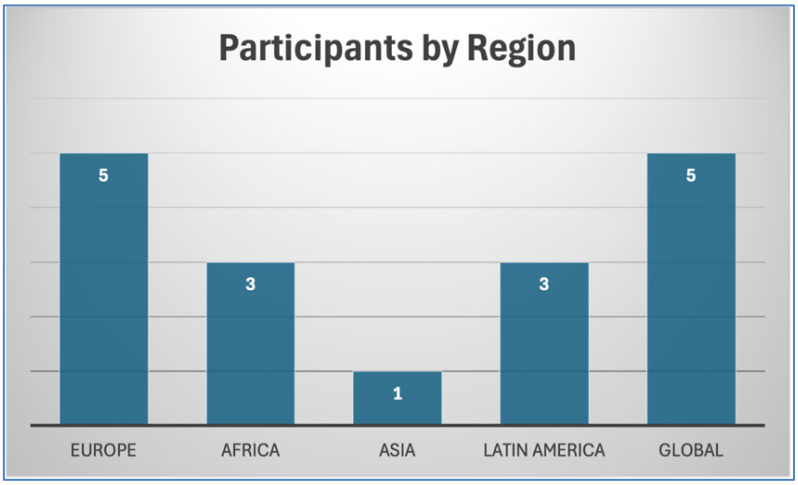
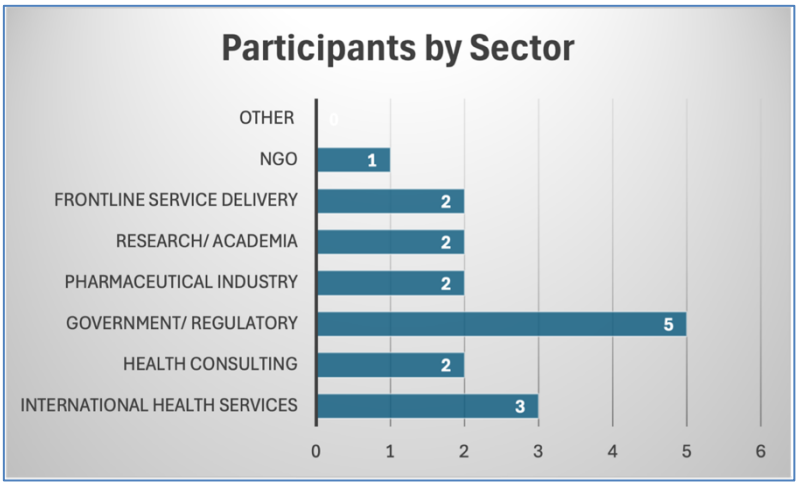


Figure 1: Distribution of participants by sector (n = 17)



All participants held senior or expert-level positions, such as director, head of department, senior medical advisor, or regional program manager, within their respective organizations. Their responsibilities spanned policy design, program implementation, strategic partnerships, research, and frontline service delivery.

Table 2 below presents the key characteristics of the experts interviewed, providing contextual information on their professional roles, organizational affiliations, geographic scope, years of experience in the field, and interview conditions.

The perspectives shared by these 17 participants provide a multifaceted view of how PPPs operate for NCD control in LMICs, shaped by their diverse professional backgrounds and geographic experiences. Together, their insights capture both common patterns and unique challenges encountered across contexts. The following sections present the main themes that emerged from the analysis, beginning with the perceived benefits of PPPs before examining barriers, enabling conditions, the role of pharmaceutical companies, and the potential of currently under-engaged sectors.

Table 2: Characteristics of Participants Interviewed

Code Name	Position	Affiliation	Gender	Years in the Field	Country/Region	Language	Duration
P1	**Senior Health Official- Drug Evaluation Department (DED)**	Independent Public Health Authority	M	5	France	French	30 min
P2	**Managing Director Global Health Development**	International Health Services Organization	M	10	Global (UK Based)	English	35 min
P3	**Director of Public Health**	International Health Services Organization	F	22	Africa-focused	English	45 min
P4	**Head of Supply Chain**	Multinational Pharmaceutical Company	M	8	Czech Republic / Slovakia	English	30 min
P5	**Senior Medical Director Global Health**	International Health Services Organization	F	17	Global (Melbourne Based)	French	30 min
P6	**Senior Health Official- Drug Evaluation Department (DED)**	Independent Public Health Authority	M	8	France	French	30 min
P7	**Senior Director Clinical Development**	International Vaccine Institute	F	25	Asia- Focused	English	35 min
P8	**Director Translational Medicine and Drug R&D**	Pharmaceutical Research Institute	M	5	Global / Switzerland	English	35 min
P9	**Global Medical Director Health Consulting**	International Health Consulting Firm	M	26	Global / France	English	35 min

P10	**Secretary of Public Health**	Municipality - Public Health Department	M	13	Argentina	Spanish	30 min
P11	**Senior Global Health and Hospital Quality Expert**	International Humanitarian NGO	M	20	Belgium	French	50 min
P12	**Technical Officer**	United Nations Specialized Agency for Health	M	10	Global	Spanish	30 min
P13	**General Practitioner**	Public Sector/ Frontline Service Delivery	M	12	Uganda	English	30 min
P14	**Specialist Physician (Ophthalmologist)**	Public Sector/ Frontline Service Delivery	M	7	Guatemala	French	40 min
P15	**Public Health Official**	Ministry of Health	F	5	France	English	30 min
P16	**International Consultant on NCDs**	Multilateral Health Organization	M	21	Latin America (Peru based)	Spanish	40 min
P17	**Country Medical Director – Angola**	International Health Services organization	M	10	Angola	English	30 min

Benefits of PPPs

Participants consistently recognized public–private partnerships as important enablers of NCD control. One of the most tangible benefits identified was the improved availability of NCD medicines at both hospital and community levels, as stated by eleven participants. A pharmaceutical director explained:

> *"In many cases, our contribution is ensuring that the right drugs actually reach the people who need them, in the right condition and at the right price."* (Participant 8).

Another expert added:

> "*Through these partnerships, drugs for hypertension and diabetes that were previously unavailable or too expensive have started to reach public hospitals and even primary care facilities."* (Participant 4).

Beyond medicine supply, nine of the consulted stakeholders also highlighted the role of PPPs in strengthening health systems. Partnerships were credited with supporting treatment protocols, diagnostics, and monitoring tools that improve the organization of national NCD responses. Examples included the provision of blood pressure monitors and glucometers, standardization of treatment pathways, and, in some cases, digital tools to support patient follow-up—particularly valuable for under-resourced clinics, as suggested by this global health consultant:

> *"These partnerships are not just about providing products. They help countries organize their NCD response better—through training, protocols, and sometimes even digital tools for patient follow-up."* (Participant 2).

Another global health expert observed:

> *"What makes a difference is when a PPP invests in the system itself [...] training, diagnostic tools and patient tracking, not just in the commodities."* (Participant 5).

The contribution of PPPs to capacity building and knowledge transfer was another recurrent theme expressed by ten interviewees. In LMICs, where health professionals may have less frequent exposure to chronic disease management, such initiatives were seen as critical for developing local capacity and ensuring sustainability beyond the lifespan of individual projects. By accelerating workforce development and embedding new competencies within local health systems, PPPs were perceived as leaving a legacy that extends well beyond the immediate program cycle. A government officer stressed:

> *“Without the support of private partners, it would have taken years to train our teams on comprehensive NCD management. The PPP accelerated this process and made it sustainable.”* (Participant 10).

The medical director of an international health consulting organization pointed out:

> *"A good partnership is one that leaves behind stronger structures—better supply chains, better-trained staff, better protocols—so the country can continue without external help." (Participant 9).*

Overall, stakeholders viewed these benefits as reinforcing pillars that contributed to more effective and sustainable NCD control, thereby advancing progress toward SDG 3.4 in LMICs. While respondents acknowledged the value of PPPs, they also underlined that these gains are not guaranteed. Without specific safeguards and aligned incentives, partnerships can encounter significant obstacles that compromise their long-term effectiveness.

Challenges and Barriers to Effective PPPs

While participants recognized the potential of PPPs to contribute to NCD control, they also identified several challenges limiting their effectiveness in LMICs. A central concern for ten of the respondents was the persistent difficulty in aligning public and private interests. Pharmaceutical companies often operate with commercial objectives, while public health authorities prioritize equity and long-term sustainability. This misalignment, compounded by unclear legal frameworks and limited regulatory capacity, makes it difficult to monitor performance and enforce accountability. In some contexts, the absence of solid governance structures leaves partnerships vulnerable to drifting away from public health priorities:

> *“Pharmaceutical companies may have commercial goals, while public health authorities prioritize equity and long-term sustainability. Aligning these interests is not always straightforward.”* (Participant 16).

A public health official mentioned:

> *“We need to make sure that we* [public and private actors] *have the same goal. If we do not, things might get tricky because someone will be trying to put profit over health outcomes.”* (Participant 15).

Indeed, one contributor warned of the risks posed by insufficient regulation of the PPPs when it comes to misalignment between public health priorities and private sector objectives, referring to his experiences in sub-Saharan Africa:

> *"For me, the private sector, if regulated, could play a major role. But if it is not, as is currently the case in many countries, I can tell you it’s a disaster. [...] From a health point of view, I think it’s a disaster. [...] If you look at pharmaceutical*

> *companies, which are all private enterprises, their main objective is to make a profit, because that is what shareholders want…In a private system, if you do not have a very well-controlled system, it is impossible to implement private involvement without adopting the profit objectives of the private sector."* (Participant 11).

Sustainability was another recurring issue, particularly in relation to funding dependency. Eight respondents stressed that many partnerships rely heavily on external financing, whether from donor agencies or corporate social responsibility programs. While such support can provide an important initial boost, participants noted that activities often falter when private-sector engagement decreases and governments are unable to take over financing. For chronic disease management, where continuity over decades is essential, this reliance on short-term funding poses a significant risk to lasting impact:

> *“Many PPP projects are like a boost for a few years, but if the government cannot take over financing, the activities often stop.”* (Participant 2).

Given private companies’ financial objectives and obligations, there are no guarantees that funding will persist:

> *"In that sense, I think... the purely for-profit private logic seeks to make money. If something costs, they stop. Or if something doesn’t bring in revenue, they stop."* (Participant 11).

The medical director of an international health consulting organization stated*:*

> *“The closer the project is to the company’s core activity and values, the more likely it is to be sustainable [...] In the short term, these programs can work very well, but if there is no plan for governments to gradually take over financing, they risk collapsing when the private partner leaves."* (Participant 9).

Finally, six respondents emphasized the difficulty of linking PPP activities directly to reductions in NCD mortality. While initiatives may increase screening rates, improve medicine availability, or train health workers, these outputs do not automatically translate into measurable decreases in premature deaths, particularly in the short term:

> *“We can see more screenings and some treatment availability, but proving that these partnerships reduce deaths is much harder.”* (Participant 8).

This disconnect underscores the need for robust monitoring and evaluation frameworks capable of tracking not only immediate outputs but also long-term health outcomes. Two other actors stated:

> *"We tend to measure outputs—how many patients screened or treated—but not the ultimate impact on mortality, which is much harder to capture."* (Participant 2).

> *"For NCDs, you can't expect a measurable mortality drop within the short cycle of most PPPs—it's a long-term investment."* (Participant 11).

Overall, these challenges suggest that there are certain enabling conditions that ought to be in place to encourage effective public-private partnerships.

Enabling Conditions for Effective PPPs

Stakeholders identified several key conditions that enable public–private partnerships to function effectively in the prevention and control of NCDs in LMICs. Central to these was strong government leadership and clear policy alignment. Eleven individuals observed that when ministries of health take the lead, defining national strategies and setting the priorities, private-sector contributions are more likely to align with long-term public health goals. This kind of leadership helps prevent fragmentation and ensures that partnerships are integrated into broader national NCD programs rather than existing as isolated, donor-driven initiatives., One actor pointed out:

> *"Public authorities should define the <u>what</u>; the private sector brings the <u>how.</u>"* (Participant 5).

In other word, governments determine the "what" in terms of health objectives, while the private sector can bring the "how" through innovation, resources, and technical expertise: This was confirmed by an official representing the Ministry of Health:

> *"The ministry must be in the driver's seat. When the government defines the strategy and the private partner aligns with it, the partnership has a chance to last."* (Participant 1).

Multisectoral collaboration was also referred to as a critical enabler by ten interviewees. Effective PPPs were seen as those that engage a wide range of actors, including government agencies, pharmaceutical companies, NGOs, academic institutions, and multilateral organizations. Such collaborations draw on complementary strengths, enabling more resilient and far-reaching interventions. Data sharing among partners was viewed as particularly important for avoiding duplication, improving transparency, and ensuring that progress can be measured in a meaningful way. The key ingredient is capitalizing on each of the partners' strengths:

> *"The most effective partnerships are those where ministries, private companies, NGOs, and sometimes even academic institutions work together. It's the diversity of perspectives that strengthens the response."* (participant 5).

As noted by a senior technical officer at a UN health agency:

> *"When you combine the strengths of pharma, government, and NGOs, you get a much more resilient response. Data sharing is key to avoid duplication and to monitor real impact"* (Participant 12).

A Ministry of Health officer stated:

> *"As soon as we have the same objective, each partner brings their added value… Working in silos is never good."* (Participant 6).

Another enabling factor highlighted by six interviewees was the presence of a neutral mediator or moderator to facilitate dialogue between sectors with different priorities. Such an intermediary can help maintain trust, keep discussions focused and constructive, and ensure that all partners work toward mutually agreed objectives. As one global health director explained:

> "*A neutral convener helps bridge the cultural and operational gaps between public and private actors. They keep everyone at the table and aligned on the shared goal.*" (Participant 5).

Similarly, another expert noted that PPPs often benefit when *"there is someone in the middle who can translate between the public health language and the corporate language [...] otherwise, misunderstandings slow down progress."* (Participant 9).

By serving as trusted facilitators, mediators can strengthen accountability, maintain momentum, and ensure that partnerships stay focused on jointly agreed objectives:

> *"Partnerships work better when there is a mediator, someone who can speak both public and private sector language. That's where international health organizations and NGOs play a role.." (...) "You need someone in the middle who understands both sides, public and private. Without that mediator, misunderstandings grow, and the partnership can stall."* (Participant 17).

Community engagement emerged as another cornerstone of successful PPPs. Nine respondents stressed that involving local leaders, health workers, and community members from the outset fosters trust, supports local adaptation, and increases the likelihood that initiatives will be sustained over time:

> *“If the community is not involved, the project will be seen as external. But when local health workers and leaders take ownership, it becomes sustainable.”* (Participant 3).

In some cases, this also meant extending workplace-based NCD programs to employees’ families and surrounding communities, ensuring that health promotion and lifestyle interventions reach beyond the immediate target group, as explained by this public health expert:

> *“You cannot tell your staff to do the right things from a lifestyle perspective, and then they go home and mommy cooks and wife cooks and you can’t tell her that you can’t eat that if they haven’t been educated themselves. So, the role of private sector is partially on funding, but it’s also on implementing NCD programs in the workplaces and in the extended communities. This includes workplace, dependents and the communities surrounding them.”* (Participant 3).

By embedding initiatives in the social fabric, partnerships can bridge the gap between pilot projects and broad population-level impact.

> *"You need that triangle—public sector, private sector, and civil society—to make something stick. Without one of the three, it doesn’t last."* (Participant 2)

Finally, robust monitoring, evaluation, and learning mechanisms were seen as essential for ensuring that PPPs remain effective over time. This was suggested by seven of the contributors. Continuous feedback loops, built on relevant indicators, such as medicine availability or patient follow-up rates, allow programs to adapt before problems escalate. As a pharmaceutical access manager explained:

> *“Partnerships need feedback loops. If we track the right indicators—medicine availability, patient follow-up—we can adjust the program before it fails.”* (Participant 4).

Strong M&E systems not only help improve performance but also enhance the credibility of PPPs, making them more attractive for sustained investment and policy support. Two public health experts further emphasized this:

> *"Without proper monitoring, you can’t know if what you’re doing is working or needs adjusting. It’s not enough to deliver—we have to measure and learn."* (Participant 5).

> *"M&E systems are key. If you don't have data, you can't show impact, and without evidence, the partnership won't attract sustained investment."* (Participant 16).

Overall, these enabling conditions were described as the foundations for transforming PPPs from short-term projects into long-term catalysts for NCD prevention, equitable access, and health system strengthening in LMICs. Many of these enabling conditions are directly linked to the way pharmaceutical companies engage in partnerships. Respondents provided insights into both the scope of their contributions and the frictions that can emerge when commercial priorities intersect with public health goals.

Role of Pharmaceutical Companies

A dominant theme across the interviews was the critical yet nuanced role that pharmaceutical companies play in public–private partnerships targeting NCDs in LMICs. Eleven of the experts recognized that pharmaceutical companies are often the primary enablers of medicine availability in these partnerships:

> *"Without pharma's involvement, these medicines would remain unaffordable or simply absent in public hospitals. Their supply chains are the backbone of these partnerships."* (Participant 8).

As this pharmaceutical executive suggests, pharmaceutical companies' global supply chains form the "backbone" of drug distribution, and in some cases, pricing reductions or donation models have improved access for low-income populations. However, these initiatives were often implemented as time-limited corporate social responsibility programs rather than integrated, long-term strategies. A general practitioner from an LMIC mentioned:

> *"In some cases, companies have agreed to reduce prices or donate essential medicines, which makes a real difference for low-income patients."* (Participant 13).

Beyond the supply of medicines, seven participants referred to the non-commercial contributions of pharmaceutical partners to community-based NCD interventions. These included awareness campaigns, mobile screening units, and prevention workshops. As described by this health consultant:

> *"Beyond medicines, some companies have supported blood pressure and diabetes screening days, which help detect patients early and bring them into the health system."* (Participant 7).

Such activities were seen as increasingly important in advancing SDG 3.4, especially in contexts where public health systems have limited capacity to conduct large-scale preventive outreach:

> *"We've seen companies introduce diagnostics and treatments adapted to local contexts, which is something that would not happen without their involvement."* (Participant 14).

Pharmaceutical companies were also perceived as catalysts for innovation, bringing new diagnostics, treatments, and digital health tools adapted to LMIC realities. Six individuals highlighted that some partnerships facilitate the introduction of simplified drug regimens, low-cost monitoring devices, or telemedicine solutions that would otherwise not be available locally:

> *"Innovation doesn't just mean a new drug; it can be digital platforms to follow up with patients, or diagnostic kits that work without electricity. Those are game-changers in our setting."* (Participant 9).

As explored earlier, by training health workers and sharing technical knowledge, these companies can contribute to long-term capacity building and health system strengthening. As one pharmaceutical R&D director noted:

> *"These partnerships are a bridge for innovation—bringing clinical research, simplified drug regimens, and sometimes telemedicine solutions that would not exist locally otherwise."* (Participant 8).

However, as previously mentioned, eight of the experts cautioned that the alignment of commercial incentives with public health priorities was an ongoing challenge:

> *"The values of the companies matter. If their engagement is purely about visibility or market access, the partnership will not last. But when they truly share the public health objective, you see a different level of commitment."* (Participant 9).

Four of the experts particularly mentioned the underinvestment in prevention-focused NCD interventions and the need for robust evidence to secure sustainable financing. As one public health expert noted:

> *"…There is a very strong case for the return on investment on NCDs in terms of the return you get for interventions and especially on prevention. But what the countries face generally is that the World Bank will not lend that money without having some set of data proving that this country can actually achieve their objectives and the return on investment."* (Participant 3).

Yet, many countries face barriers to mobilizing resources, as financial institutions like the World Bank may require concrete data demonstrating the feasibility and expected impact before committing loans. This underscores the need for PPPs to not only deliver health outcomes but also generate robust evidence that can unlock sustainable financing for NCD control.

Although pharmaceutical companies and health-focused NGOs dominate the current PPP landscape, all of the experts consulted observed that there is a clear opportunity to diversify partnerships and bring in sectors that can influence prevention, access, and sustainability.

Under-Engaged Sectors and Actors in PPPs

Interviews revealed that while pharmaceutical companies and health-focused NGOs dominate current PPPs for NCD control in LMICs, other key sectors remain under-engaged. These under-represented actors present untapped opportunities for expanding partnerships and enhancing program effectiveness:

> *"To address NCDs effectively, you need an intersectoral approach. Health alone cannot solve it: you need education, urban planning, agriculture, finance, and communication sectors engaged."* (Participant 16).

Technology companies, particularly those involved in digital health, were cited by three participants as having transformative potential:

> *"We have the drugs, but not the systems to follow patients in rural areas. Partnering with tech or mobile operators could completely change the game."* (Participant 5).

Media and communication platforms represent another opportunity, as suggested by two interviewees. Partnerships with both traditional and digital media could significantly amplify prevention and awareness campaigns:

> *"If we want prevention to work, we need media partners. They can normalize screening, fight stigma, and reach young populations."* (Participant 2).

The agribusiness and food industries were also identified by four individuals as critical but under-involved stakeholders, as suggested by this global health expert:

> *"As long as we will have [...] sugary drinks and chips in our cupboards, we will have a lot of work on our tables."* (Participant 3).

Given that diet-related risk factors remain major drivers of cardiovascular disease, diabetes, and obesity, greater engagement from food producers and distributors could help align product formulation, marketing, and availability with public health objectives:

> *"We will not solve the NCD problem without involving the food industry—salt, sugar, and processed foods are part of the challenge."* (Participant 16).

The most frequently mentioned underutilized group was patients and local communities themselves, cited by seven participants. Their early and sustained involvement is essential to building ownership and ensuring that interventions are responsive to real needs:

> *"If the community is not involved from the beginning, the project is seen as external and it will fade when the funding ends."* (Participant 11).

Community-driven approaches can increase acceptability, reduce program attrition, and help integrate NCD prevention into daily routines:

> *"It's absolutely essential that these programs don't remain confined to public–private spheres, but that they are truly integrated into the real needs of people and actually deliver results."* (Participant 9).

Finally, three participants referred to financial institutions and insurers as largely absent from current PPP configurations. Banks, microfinance institutions, and insurance providers could offer mechanisms to improve financial access to care:

> *"Finance is absent from most of these partnerships, but without it, we cannot talk about long-term sustainability. Health insurance schemes and microfinance can support continuity of care."* (Participant 11).

These insights suggest that broadening PPPs beyond the health and pharmaceutical sectors can unlock new financial, technological, and behavioral levers to accelerate progress toward SDG 3.4. Strategic inclusion of technology, finance, media, agribusiness, and community actors could enhance prevention, access, and sustainability, turning PPPs into whole-of-society initiatives for NCD control.

Discussion

This thesis explored the dynamics, benefits, challenges, and enabling conditions of public-private partnerships (PPPs) involving the pharmaceutical industry in low- and middle-income countries (LMICs), with a focus on their contribution to the prevention and control of noncommunicable diseases (NCDs) in alignment with SDG 3.4. The findings align with existing literature identifying PPPs as critical mechanisms for expanding access to medicines and strengthening health systems in resource-constrained settings.[22,23] However, the study also confirmed well-documented gaps in PPP effectiveness, including governance and accountability challenges, sustainability risks due to dependence on short-term corporate or

donor funding, and impact measurement. These findings echo the challenges identified in prior analyses of global health PPPs, which stress the need for strong public stewardship and long-term integration into national health strategies.[24,25]

This study further highlights the dual nature of pharmaceutical engagement. While private companies are essential enablers of access and innovation, their commercial interests can limit equitable coverage or sustainability if not guided by solid governance frameworks. Participants emphasized that misaligned objectives and weak regulatory structures are persistent drawbacks in PPP implementation. WHO and other reviews consistently emphasize that the private health sector remains under-governed in many LMICs, with weak policy frameworks and limited engagement between public and private actors[26]. Another key challenge is the frequent change in national health priorities, often driven by shifts in political leadership or evolving public health agendas, which creates uncertainty for long-term private-sector engagement. This volatility can disrupt program continuity, deter investment, and make it harder to align PPP initiatives with sustained national strategies. These factors increase the risk that partnerships remain project-based and donor-driven, rather than fully integrated into health systems, ultimately limiting their long-term sustainability and impact.[27]

Such over-reliance on short-term corporate or donor funding is another concern, potentially undermining continuity when initial program cycles end. Without sustainable co-financing models, transition plans, or local production capacity, many PPPs risk premature discontinuation, limiting their potential to drive long-term reductions in NCD mortality. This challenge is exacerbated by the recent decline in development assistance for health, particularly a 21% drop in development assistance for help (DAH) between 2024 and 2025[28], as major contributors like the United States reduce funding[29]. Emerging mechanisms such as social impact bonds, outcome-based financing, and public health trust funds are being proposed to address these gaps. While the private sector alone cannot close the funding shortfall, it can be instrumental in unlocking innovation and scale—if aligned with national policy priorities and reinforced by sustainable financing frameworks.[30]

Finally, given that the private sector and public health organizations often operate with different priorities, this misalignment hinders effective collaboration. One the one hand, pharmaceutical companies invest in high-cost research and development, while on the other hand governments seek to lower drug prices and increase accessibility. A 2023 Harvard Global Health Institute study[31] found that only 25% of private health investments in LMICs were aligned with national health priorities, leading to inefficiencies and fragmented health interventions.

The analytical framework developed for this study was applied to all LMICs. This decision reflects both the literature review and interview findings, which indicate substantial commonalities in the enabling conditions, governance challenges, and structural barriers shaping PPPs for NCD control across LMICs, regardless of geographic region.[32] Common features include limited domestic health financing, reliance on donor support, weak regulatory capacity, and similar obstacles to integrating partnership outputs into national health systems.[33] From West Africa to South Asia and Latin America, participants described recurring themes, such as the need for clear contractual frameworks, trust-building between partners, and alignment with national health strategies, that were not bound to a specific political or cultural setting. While operational details such as legal frameworks or cultural attitudes toward the private sector vary, these findings suggest that the overarching principles for effective pharmaceutical-led PPPs are widely applicable across LMIC contexts.

Framing the analysis at the LMIC level therefore maximizes the policy relevance of the study for global health actors such as WHO, UNITAID, and international NGOs, while still acknowledging that specific country-level application will require contextual adaptation. The transferability of these findings to individual national settings should thus be interpreted with caution, and further country-specific research is warranted.

Recommendations for Strengthening PPPs

The following recommendations are aimed primarily at policymakers, public health authorities, and international health organizations seeking to design, implement, and oversee pharmaceutical-led public–private partnerships for NCD control in low- and middle-income countries. They are also relevant to private-sector partners and donors engaged in global health collaborations.

1. Enhancing Governance and Accountability

A key recommendation is the establishment of clear frameworks and solid accountability mechanisms to ensure PPPs remain aligned with public health priorities rather than drifting toward purely commercial objectives. Standardized agreements should clearly define roles, responsibilities, performance indicators, and reporting requirements. Such structures would help safeguard public interests, improve transparency, and provide measurable outcomes.

2. Integrating PPPs into National NCD Strategies

Embedding PPPs into national NCD strategies is seen as essential to improving ownership, coordination, and efficiency. When partnerships are aligned with government-led priorities and integrated into official health plans, they are more likely to avoid duplication, strengthen existing systems, and facilitate the scaling of successful models. This alignment not only

ensures that PPPs reinforce rather than compete with public health structures but also increases the likelihood that communities will adopt and sustain the initiatives.

3. Leveraging Neutral Mediators to Strengthen Collaboration

The involvement of a neutral mediator or moderator, such as an international health organization, NGO, or multilateral agency, can significantly improve the functioning of PPPs. Mediators bridge communication gaps, facilitate constructive dialogue, and help balance differing priorities between public and private actors. This function is particularly important in contexts where differing institutional cultures or power imbalances could otherwise hinder progress.

4. Expanding Preventive and Early Detection Components

Prevention should become a cornerstone of PPPs, moving beyond medicine provision to include community outreach, awareness campaigns, and early detection initiatives. Integrating screening programs, lifestyle interventions, and public education into partnership activities would address upstream risk factors for NCDs and contribute to reducing the long-term burden on health systems. Current investment patterns remain skewed toward treatment, but shifting resources toward prevention could deliver more sustainable reductions in NCD mortality and align more closely with the objectives of SDG 3.4.

5. Building Local Capacity and Ensuring Sustainability

Investing in the local health workforce and institutional capacity was identified as critical to reducing dependency on short-term external support. The most successful partnerships are those that leave behind lasting assets, such as trained teams, local production capacity, or functioning digital systems, so that benefits persist well beyond the project cycle.

Limitations of the Study

While this study provides valuable insights into the dynamics and perceived impact of pharma-led PPPs for NCD control in LMICs, several limitations must be acknowledged.

1. Qualitative Scope and Generalizability: The study was designed as a qualitative exploration, focusing on expert perspectives. As such, the findings are context-specific and cannot be generalized to all LMICs or PPP models. The insights, however, provide a rich descriptive understanding that can inform future research and program design.
2. Sample Size and Selection Bias: Interviews were conducted with 17 participants selected through purposive and snowball sampling. While this approach ensured that key stakeholders (from government, private sector, NGOs, and multilateral organizations)

were represented, it excluded voices from frontline health workers and patients who have experienced the direct impact of PPPs.

3. Indirect Assessment of Mortality Outcomes: The study does not measure NCD mortality reduction directly. Instead, it focuses on perceptions of PPP contributions to health system strengthening and service delivery. While these are critical enabling factors for SDG 3.4, they do not provide immediate causal evidence of mortality reduction.
4. Geographic Scope: The analysis was framed to include all low- and middle-income countries. This broad scope, while intended to identify overarching patterns and common characteristics of PPPs, may have reduced the ability to fully account for regional or country-specific factors influencing PPP design and implementation. Political, economic, and cultural differences across LMICs mean that some findings may not be directly transferable to every setting.
5. Potential for Response and Confirmation Bias: As many interviewees were professionals engaged in or familiar with PPPs, their responses may reflect institutional perspectives or advocacy positions. To mitigate this, interviews were triangulated with literature and organizational reports, but the potential for bias remains.
6. Data Translation and Interpretation: Several interviews were conducted in French or Spanish and then translated into English for analysis. Although careful translation and verbatim transcription were performed, minor nuances may have been lost in translation.
7. Researcher positionality: The researcher's background as a medical doctor in public hospitals and current professional involvement in health consulting may have influenced data interpretation. Reflexivity was maintained throughout the research process to mitigate potential bias.

These limitations highlight that the study's findings should be interpreted as exploratory and descriptive rather than conclusive. Future research could combine qualitative insights with longitudinal program data to assess direct links between PPPs and NCD mortality reduction.

Conclusion

This thesis examined the dynamics, perceived benefits, challenges, and enabling conditions of pharmaceutical-led public–private partnerships for noncommunicable disease prevention and control in low- and middle-income countries, with a focus on their contribution toward achieving SDG 3.4. Drawing on seventeen semi-structured interviews with experts from government, the private sector, multilateral agencies, NGOs, and academia, the study offers

qualitative insights into how such partnerships function in practice, and the contextual factors that shape their outcomes.

Findings confirm that PPPs can play a pivotal role in improving medicine availability, strengthening health systems, and building local capacity, core prerequisites for sustainable NCD control. At the same time, the study highlights significant challenges that threaten their long-term impact, including governance and accountability gaps, dependency on short-term or donor-driven funding, inequitable distribution of benefits, and limited alignment with national strategies. These challenges underscore the need for strong government leadership, multisectoral engagement, and clear monitoring frameworks to ensure that private-sector contributions advance public health goals rather than purely commercial interests.

While the decision to frame the analysis at the broader LMIC level enabled the identification of cross-cutting themes and structural patterns relevant across diverse contexts, it also means that certain country-specific dynamics could not be fully captured. Political, economic, and cultural variations influence PPP implementation in ways that require further in-depth, context-specific research.

The recommendations derived from this study provide actionable guidance for policymakers, public health authorities, global health agencies, and private-sector partners. They call for stronger governance, a greater emphasis on prevention, investment in local capacity, and the integration of PPPs into national NCD strategies. By addressing these priorities, PPPs can evolve into more equitable, sustainable, and impactful mechanisms, helping LMICs accelerate progress toward SDG 3.4 and ultimately reduce the burden of premature NCD mortality.

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Appendices

Appendix A: Interview Guide for Stakeholders

Consent Statement: "This interview is voluntary and confidential. Your responses will be anonymized and used solely for academic research purposes. You may withdraw at any time. Do I have your consent to proceed?"

Interview Questions:

A. Background and Perspective

1. Could you briefly describe your role and your work in the health sector?
2. Have you ever observed or interacted with public-private initiatives aimed at improving health outcomes?

B. Views on NCD Prevention and Control

3. In your opinion, what are the main challenges your country (or region) faces in achieving SDG 3 (NCD-related mortality)?
4. Have you seen examples where collaboration between public actors and the pharmaceutical industry has made a positive contribution to any of these areas? Could you describe them?

C. Public-Private Collaboration

5. From your perspective, what is the potential role of the private sector (in this case the pharmaceutical industry) in reducing the burden of NCDs?
6. Are there specific types of collaboration you believe are particularly effective
7. In your view, what are the main risks/concerns associated with engaging private actors in national or global health agendas?

D. Enabling Conditions and Impact

8. In your view, what factors help make cross-sector partnerships effective in public health?
9. Are there specific policy frameworks or governance features you believe should be in place to safeguard the public interest?

E. Reflections and Advice

10. Based on your knowledge or experience, what would you recommend to governments or NGOs looking to engage with the private sector?
11. Are there any under-engaged sectors or actors that you believe could or should play a greater role in these partnerships?

Thank you!

Table 1: Codes used for thematic Analysis

Theme	Code Name	Definition
Perceived Benefits	MED_AVAIL	The participant describes how PPPs improve the availability of essential NCD medicines.
	SYST_TRAIN	The participant describes PPPs as contributing to strengthening health systems beyond medicine supply (protocols, diagnostics, digital follow-up tools).
	CAP_BUILD	The participant describes capacity building and knowledge transfer as central PPP benefits.
Challenges	ALIGN_INT	The participant describes the challenge of aligning private interests and public health goals.
	SUSTAIN	The participant describes sustainability concerns, of dependency on short-term corporate and/or donor funding.
	LINK_MORT	The participant describes the difficulty of linking PPP activities directly to NCD mortality reduction.
Enabling Conditions	GOV_STEER	The participant mentions strong government leadership and/or policy alignment and/or integration into national strategies as an enabling condition.
	MULTI_COL	The participant mentions multisectoral collaboration as an enabling condition.
	MED_MOD	The participant mentions the present of a moderator or mediator as an enabling condition.
	COM_ENG	The participant mentions the value of community engagement as an enabling condition.
	MON_EVAL	The participant describes robust monitoring and evaluation as enabling conditions.
Role of Pharma	PHAR_ROLE	The participant describes the critical role of pharmaceutical companies in NCD PPPs.
	NON_COMM	The participant describes non-commercial contributions from pharmaceutical partners.
	INNOV	The participant describes pharmaceutical companies as catalysts for innovation.
	COMM_INCENT	The participant describes concerns about aligning commercial incentives with public health priorities.
Under-Engaged Sectors	TECH	The participant describes technology companies and digital tools as under-engaged sectors.
	AGRI_FOOD	The participant describes the agribusiness and food industry as under-engaged sectors.
	LOC_COMM	The participant describes local communities and patients as under-engaged sectors.
	FINANCE	The participant describes financial institutions and/or insurers as under-engaged sectors.
	MEDIA	The participant describes media and communication platforms as under-engaged sectors.

Table 3: Participants' Socio-Demographic Characteristics

Characteristic		**n**
Total participants		17
Gender		
	Female	5
	Male	12
Key Sector		
	International Health Services	3
	Health Consulting	2
	Government/ Regulatory	5
	Pharmaceutical Industry	2
	Research/ Academia	2
	frontline service delivery	2
	NGO	1
	Other	0
Country/ Region		
	Europe	5
	Africa	3
	Asia	1
	Latin America	3
	Global	5

Résumé

Titre : Comprendre le rôle des partenariats public–privé dirigés par l'industrie pharmaceutique dans la réalisation de l'ODD 3.4 dans les pays à revenu faible et intermédiaire : une étude qualitative des perspectives des parties prenantes.

Contexte: Les maladies non transmissibles (MNT) sont l'une des principales causes de mortalité prématurée dans les pays à revenu faible et intermédiaire (PRFI), où les systèmes de santé sont souvent confrontés à des contraintes de ressources et de capacités. Les partenariats public–privé (PPP) dirigés par l'industrie pharmaceutique se sont imposés comme un mécanisme permettant d'élargir l'accès aux médicaments, de renforcer les systèmes de santé et de soutenir les stratégies nationales de lutte contre les MNT. Toutefois, les données sur leur efficacité, leur durabilité et leur gouvernance dans les contextes des PRFI restent limitées.

Méthodes: Cette étude qualitative repose sur 17 entretiens semi-directifs réalisés avec des experts issus de secteurs en lien avec les PPP, notamment l'industrie pharmaceutique, les ONG, les organisations multilatérales, le milieu universitaire, les administrations publiques et le conseil en santé. Les participants ont été sélectionnés pour leur expérience en matière de prévention et de contrôle des MNT dans les PRFI en Afrique subsaharienne, en Asie du Sud et en Amérique latine. Une analyse thématique a été utilisée pour identifier les thèmes récurrents.

Résultats: Les participants ont identifié l'amélioration de l'accès aux médicaments, le renforcement des systèmes de santé et le développement des capacités comme principaux bénéfices des PPP dirigés par l'industrie pharmaceutique. Les conditions favorables relevées comprenaient un leadership gouvernemental fort, une collaboration multisectorielle, l'engagement communautaire et des dispositifs solides de suivi et d'évaluation. Les obstacles incluaient un manque d'alignement des objectifs entre partenaires publics et privés, des lacunes en matière de gouvernance et de redevabilité, des risques pour la durabilité liés au financement à court terme, ainsi qu'un impact mesurable limité sur la mortalité. Les changements fréquents de priorités nationales de santé ont également été cités comme un frein à l'engagement à long terme.

Conclusion: Les PPP dirigés par l'industrie pharmaceutique peuvent contribuer de manière significative à la réalisation de l'ODD 3.4 dans les PRFI, mais leur impact dépend de la qualité de la gouvernance, de l'alignement avec les priorités nationales et de la mise en place de modèles de financement durables. L'intégration des PPP dans les stratégies nationales de

lutte contre les MNT et l'investissement dans la prévention et le renforcement des capacités locales sont essentiels pour transformer des projets de court terme en initiatives durables contribuant au renforcement des systèmes de santé.

Mots-clés : Partenariats public–privé, maladies non transmissibles, industrie pharmaceutique, PRFI, ODD 3.4, renforcement des systèmes de santé, durabilité, gouvernance.