



Capacity Building for the  
Transfer of Genetic Knowledge  
into Practice and Prevention



# **CAPABILITY Partner Report Demonstration Project**

## **Florian Meier and Jörg Schmidtke: Public-Private Partnerships in Clinical Genetic Services**

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# PPP in Genetic Services: A High-Low/Middle Income Countries Joint Venture

- very limited public resources in most countries of the developing world
- explore the possibility of attracting private funds
- "private": foundations, private labs, other investors

# PPP in Genetic Services: A High-Low/Middle Income Countries Joint Venture

## Challenges and Chances:

1. Focus on genetic services
2. Combine public and private resources
3. Bridge high and low/middle income countries

# PPP in Genetic Services: A High-Low/Middle Income Countries Joint Venture

## Steps to be taken:

1. **Have a vision: creating a win-win situation**
2. **Assess common needs** (e. g. predictive testing for preventable diseases, diagnostic testing of developmentally retarded/dysmorphic children)
3. **Develop a common goal:**  
**comprehensiveness at the community level**
4. **Make a financial plan: lower costs**
5. **Do it!**
6. **Make it sustainable!**

**A health economic „Gedankenexperiment“: How to create a win-win situation between a partner from an emerging economy (Partner A) and one from an industrialized country (Partner B) in setting up a genetic service. The model takes advantage of currently much lower staff and other running costs in A as compared to B. An investor provides a needed amount, e.g. 1 million Euro, to start up service provider A. This service comprises testing samples of both ist own catchment area and that of Partner B. Partner B ensures personal oversight over laboratory processes in A. Probands in A benefit from this system by paying a discounted premium, e.g. 90% of what they payed before. Probands in A are not charged at all for these services. Partner A, Partner B, and the investor are reimbursed by appropriate quota, e.g. 30% each.**

