

Collaborating for Healthy Living: From Bottlenecks to Solutions

An Insights Brief from the World Economic Forum Healthy Living Initiative
Prepared in collaboration with Bain & Company

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Executive summary

Addressing the rising prevalence of non-communicable diseases (NCDs) and their risk factors challenges traditional models of work for public, private and civil society stakeholders and puts more pressure on them all to work collaboratively.

However, such collaborations are not without challenges. Under the umbrella of the Healthy Living Initiative, the World Economic Forum has conducted an exercise to map the most common bottlenecks for multistakeholder collaborations. This has included a series of 40+ in-depth interviews with public sector, private sector, civil society and academic experts, input from over 120 participants from four multistakeholder dialogues held in Cape Town, New Delhi, Washington and New York, an extensive literature review and the practical lessons learned from the Healthy Living in India Initiative catalysed by the World Economic Forum in 2013. The most frequently mentioned bottlenecks included: **mistrust, fear of conflict of interest, lack of transparency, lack of leadership and fundamental organizational differences.**

The objective of this brief is not to simply highlight these key bottlenecks, but to provide workable solutions for overcoming them. This will be done by providing practical guidelines for making multistakeholder collaborations successful on the ground (using a “five star” framework for multistakeholder collaboration) and creating a global environment conducive to collaboration (the five “Critical Enablers”). The five star framework included in this document highlights the need for:

1. **Building trust and transparency:** outcomes to work proactively towards
2. **Clear objectives, monitoring and evaluation:** identifying group goals and mechanisms to achieve them
3. **Effective governance:** the backbone of effective, sustainable and flourishing collaborations
4. **Secured resources:** financial, human and technical resources to drive and deliver multistakeholder collaboration
5. **Strong leadership:** invested in the success of a collaboration

Furthermore, the five Critical Enablers for building a global environment that facilitates and promotes multistakeholder collaborations must also be pursued. This requires developing a partnering mind-set, which can be achieved by:

- **Sharing data and disseminating information, tools and evidence**
- **Increasing capacity for implementers to partner** across public sector, private sector and civil society
- **Acknowledging the differences across stakeholders** and building a common language for collaborations
- **Increasing opportunities for solution-oriented dialogue** with stakeholders from sectors beyond healthcare
- **Developing and disseminating guidance** on how to build trust and manage interests

Tackling NCDs is a journey that the global community must travel together. The global community needs to continuously bridge different organizational cultures and “languages” in order to find the space where collaboration will bring different benefits to the stakeholders involved as well as to the target populations. When such opportunities are identified, it is critical to ensure that the public sector, private sector and civil society work together effectively to make an impact.

This brief, in combination with the guidance and templates of the *Multistakeholder Collaboration for Healthy Living – Toolkit for Joint Action* (World Economic Forum, 2013), can help prepare for the journey ahead and act as a “health check” for on-going collaborations.



Can we tackle the NCD challenge using traditional policy models?

Non-communicable diseases (NCDs) are increasingly taking centre stage on the global agenda (see Figures 1 and 2). In order to tackle the complex and multi-causal origins of the NCD epidemic, there are mounting calls for a system-level approach in which stakeholders collaborate across sectors. Yet it is becoming increasingly clear that multistakeholder collaboration is tremendously challenging particularly between business and non-business sectors.

The objective of this brief is to lay the groundwork for successful collaborations. This brief begins by mapping out key bottlenecks in multistakeholder collaboration between business and non-business sectors. It then provides clear and concise recommendations for making multistakeholder collaboration work. This is dealt with on two levels: through the five star framework needed to make collaboration work on the ground and through the Critical Enablers required to build a global environment that facilitates and promotes multistakeholder collaborations.

Tackling NCDs is a journey that the global community must travel together. This brief can help prepare for the journey ahead and act as a “health check” for ongoing collaborations.

NCDs are already the number one cause of premature mortality and disability worldwide, with 36 million deaths per year. The prevalence of diabetes is one example. Already, 45% of US adults (105 million) are either diabetic or pre-diabetic (US Centre for Disease Control and Prevention, 2011). Diabetes prevalence is around 100 million in China and 60 million in India (International Diabetes Federation, 2012). Globally, deaths caused by NCDs are forecast to grow by 15% between 2010-2020 (World Health Organization, 2008) and will cost the global economy a cumulative US\$ 47 trillion in economic output lost by 2030 (World Economic Forum and Harvard School of Public Health, 2011). These numbers, along with the crushing social damage and economic strain they cause, are no longer possible to ignore.

Figure 1: Obesity is a major driver of the NCD epidemic

Note: Obesity defined as BMI >30kg/m² (WHO definition); Asian countries with lower threshold; e.g. Japan BMI >25kg/m²
Source: WHO (2011; 2008 data)

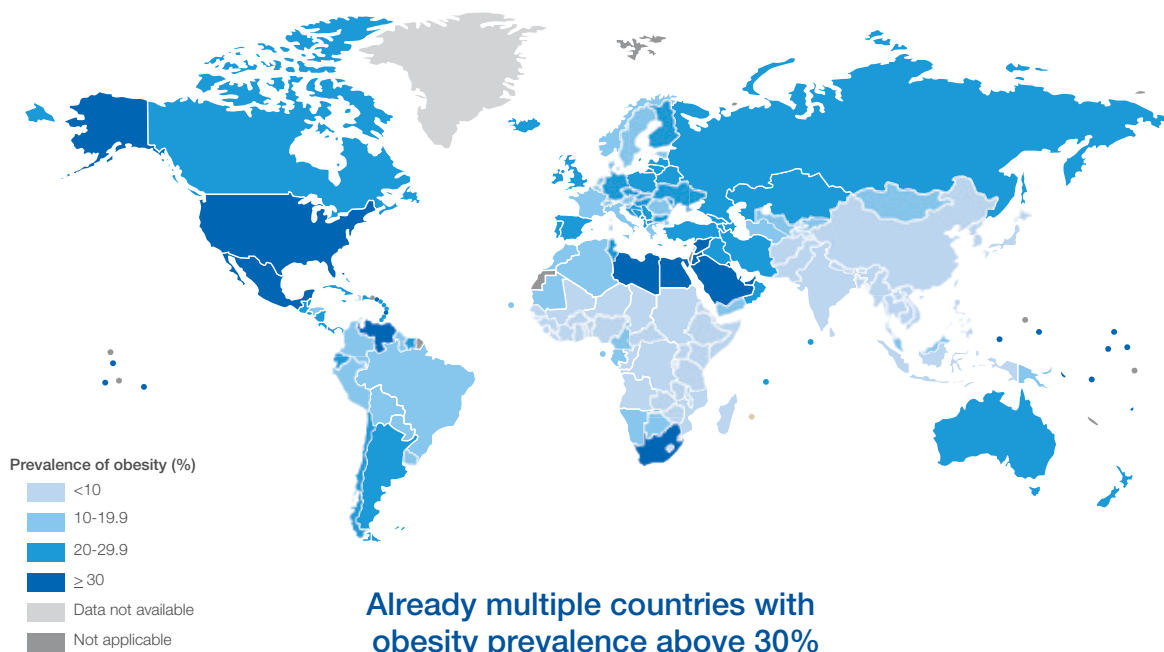
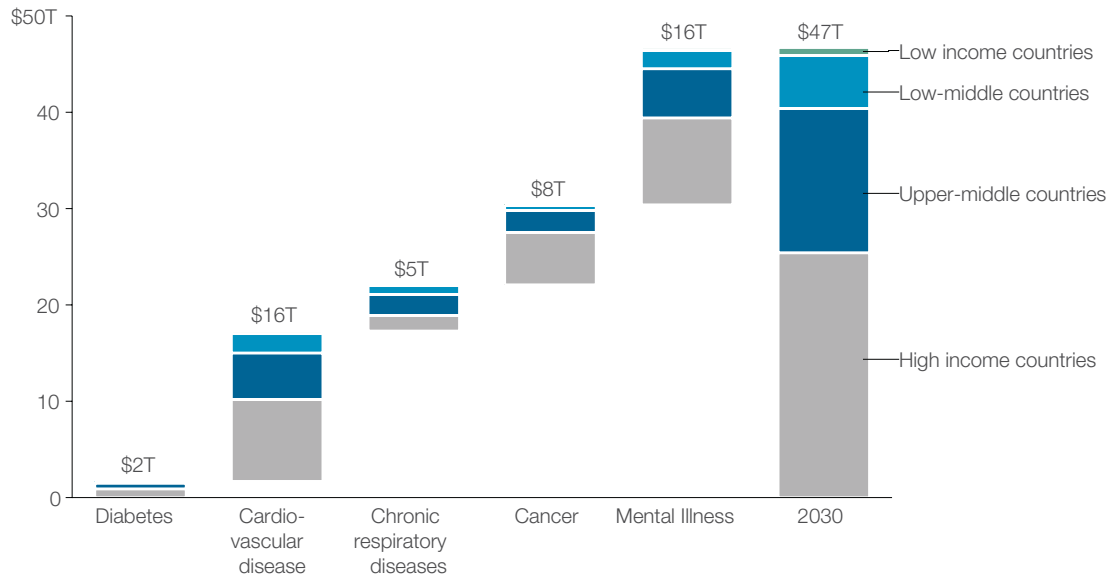


Figure 2: The NCD epidemic will cost the global economy US\$ 47 trillion over the next two decades – up to 5% of global GDP in 2030

Note: Includes direct personal care costs as well as lost productivity due to mortality and disability

Source: The Global Economic Burden of Non-communicable Diseases (World Economic Forum and Harvard, 2011)

Economic burden of NCDs by country income group (2011-2030, US\$ T)



The roots of NCDs are multi-layered and complex, connecting four key influencers: (1) the social determinants of health (e.g. poverty, unemployment, lack of education); (2) changing global megatrends (e.g. increased economic instability, ageing, increased urbanization); (3) the growing prevalence of risk factors (e.g. physical inactivity, unhealthy diets, harmful use of alcohol, increased tobacco consumption); and (4) insufficient access to screening, early diagnosis and overall healthcare.

Such complexity challenges traditional models of work for public, private and civil society stakeholders and puts pressure on all of them to work collaboratively. It requires complementary responses: a short-term response to treat acute sicknesses such as strokes, and a long-term approach to change the environment, culture, value of health and the behaviours of individuals, families and communities. This cannot be achieved by working solely within the traditional boundaries of healthcare systems. It highlights the urgent need to involve stakeholders across a variety of sectors, including health, education, food production and distribution, urban planning, development and poverty alleviation.

What are the main bottlenecks for public, private and civil society collaboration?

There have been examples of successful partnerships in the global health arena. Historically, these have focused on infectious diseases as well as maternal and child health issues (Buse & Harmer, 2007).

Given how complex addressing NCDs is proving to be, policy-makers have also called for a more integrated and collaborative approach to preventing and managing these conditions (United Nations, 2011).

In an assessment survey conducted by the World Health Organization, nearly 86% of member states reported that some partnerships or collaborations were in place to tackle NCDs at the country level. According to this survey, these collaborations included not only other ministries but also other UN agencies, academia and (mainly in upper-middle and high income countries) the private sector (see Figure 3). These collaborations most often targeted tobacco use (83% of countries), diabetes (81%), unhealthy diet (77%), cancer (77%), physical inactivity (75%) and hypertension (72%) (World Health Organization, 2012).

It is a positive sign that countries are reporting these collaborations among public/government entities, private/commercial entities and civil society, as they can improve population health by combining the different skills and resources of various organizations in innovative ways.

However, more needs to be done to ensure these collaborations are effective and delivering on the targeted health outcomes so that they can reach global impact.

Nonetheless, implementing collaborative actions does not come without risks and challenges. All stakeholders need to consider these challenges before engaging in the collaborative process. Once the collaboration has been defined, stakeholders need to work continuously to identify potential problems to delivering results that make an impact.

As part of the Healthy Living Initiative, the Forum has mapped the most common bottlenecks faced by the public sector, private sector and civil society in the process of delivering joint action towards a common goal. This mapping exercise included:

- More than 40 in-depth interviews with public, private, civil society and academic experts across sectors
- Input from over 120 participants from four multistakeholder dialogues held in Cape Town, New Delhi, Washington and New York
- Literature review
- Practical lessons learned from the Healthy Living in India Initiative catalysed by the World Economic Forum over the course of 2013

Figure 3: Proportion of member states collaborating with other stakeholders (World Health Organization, 2012)

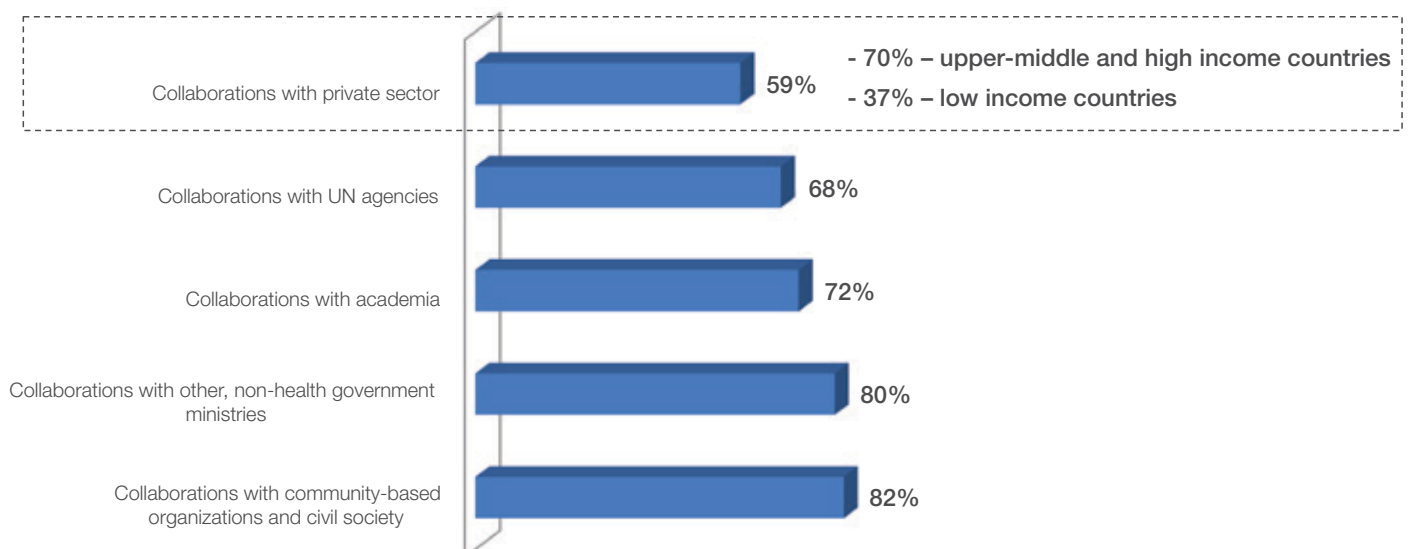


Figure 4: Main bottlenecks in the public, private and civil society collaboration process

Source: Quantified analysis from World Economic Forum’s structured interview process



Figure 4 summarizes the findings of this process and, following a quantitative analysis of the results of the mapping exercise, highlights the commonalities of the bottlenecks listed by each stakeholder group.

The assessment repeatedly mentioned five main bottlenecks when stakeholders from the public sector, private sector and civil society collaborate:

1. Mistrust – Relationships among public sector, businesses and civil society stakeholders have been marked by events that led to poor trust and reinforced suspicion regarding the motivations for collaboration. This came across in all interviews and multistakeholder dialogues. Misinformation communicated by the media and journalists was seen by many interviewees as a potential aggravating factor in this mistrust.

2. Conflict of interest – Overall, a conflict of interest may arise when a party’s judgement is influenced by a secondary set of undisclosed interests (financial, ideological or organizational) leading to the benefit of one (or more) collaboration entities to the detriment of the collective goal. The majority of interviewees stressed that diverse interests can and should be transparently managed as part of effective collaborations. The fear of reputational damage from entering into collaborative efforts was also frequently highlighted.

3. Organizational differences – Each organization has its own identity, culture, speed of work, language and legal and internal procedures. Being transparent about these differences and acknowledging them upfront in a constructive manner is critical to build trust, shape a comfortable way of working and move forward with jointly defined actions.

4. Poor governance – Respondents frequently identified lack of clear governance, transparency and accountability mechanisms within existing systems as major bottlenecks for effective collaboration. Most interviewees stressed that opaque and unaccountable governance mechanisms lead to increased suspicion across stakeholders, with resources more likely going astray and activities increasingly hijacked for secondary purposes.

5. Lack of leadership and resources for collaborative work – The interviews and dialogues consistently highlighted the need for strong leadership, commitment to the success of the jointly defined goals and dedicated resources for successful collaboration.



Table 1: Summary of bottlenecks identified by specific stakeholder groups

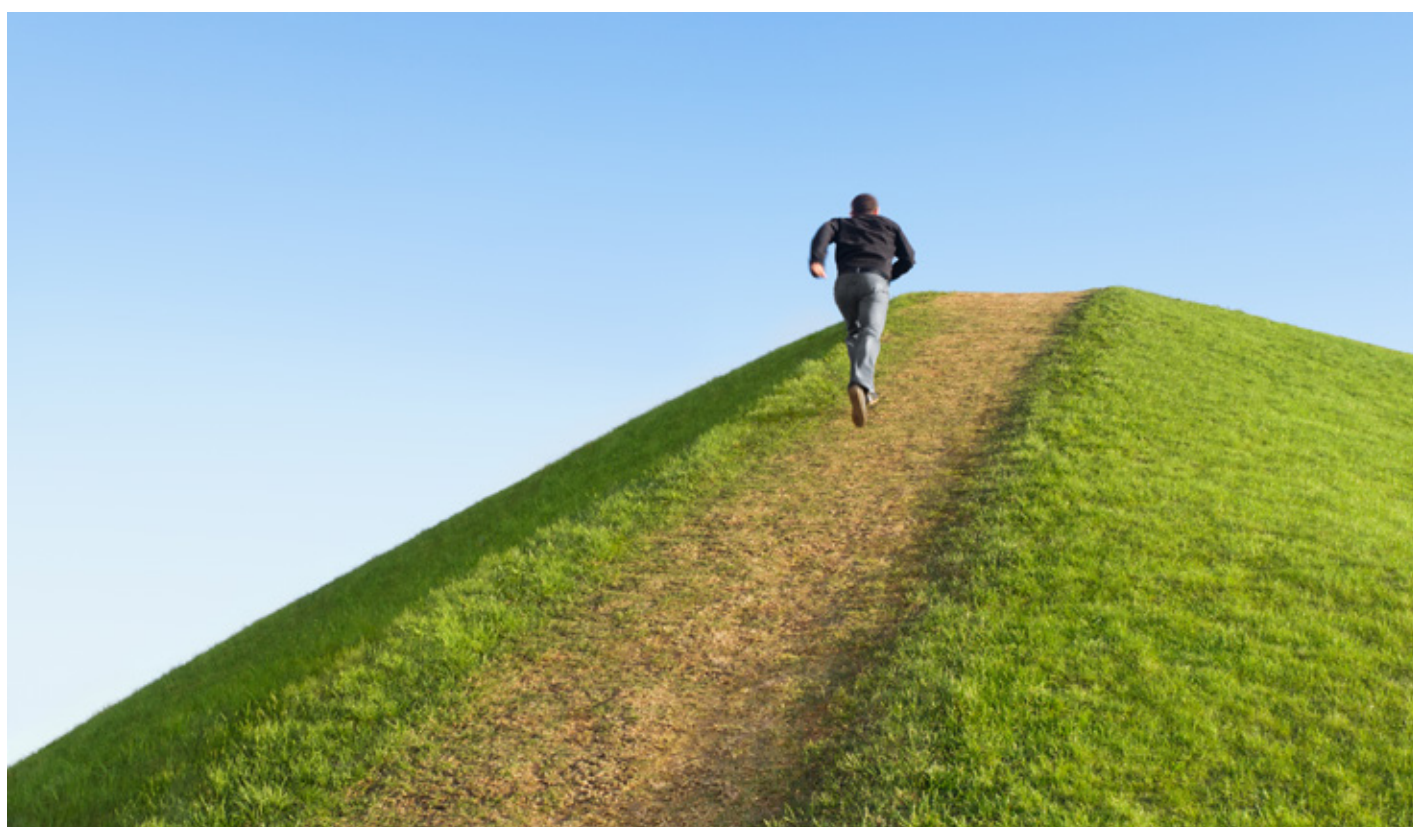
Bottlenecks in the collaborative processes identified by business stakeholders	Bottlenecks in the collaborative processes identified by public sector, civil society and academic stakeholders
<ul style="list-style-type: none"> – Unwillingness of public sector to consider different sources of data and information – Resistance from public sector to let private sector be systematically involved in dialogue – Inconsistency or lack of metrics to evaluate the collaborations – Mismanagement of partner expectations – Different partnering mind-sets across industry sectors and stakeholders – Absence of reward mechanisms to encourage positive changes or pioneering actions by private sector – Lack of pragmatism in goals proposed by non-business actors 	<ul style="list-style-type: none"> – Unwillingness of private sector to share data and information – Lack of regulatory frameworks for collaborating – Insufficient evidence on effectiveness of partnerships – Involving too many stakeholders may bring the discussion level down to the lowest common denominator – Power imbalances and unacknowledged power dynamics within the collaborations – Inconsistency within private sector between high-level business leadership and middle management or country practices – Lack of transparency regarding the benefits of each organization collaborating

Notably, and in spite of the specificity of the bottlenecks listed above, the public sector, private sector and civil society face similar difficulties when trying to collaborate.

1. It is often necessary for one or more partners to **bridge different organizational cultures and languages** to find the space where collaboration will bring different benefits to the stakeholders involved as well as to the target populations.
2. There is a need to **create platforms and processes** where data and information from a variety of sources can be shared, translated into evidence and utilized for decision-making by all stakeholders.

3. Each stakeholder uses different indicators and ways to monitor and evaluate their actions within collaborative efforts. Pulling these together to have **consistent monitoring and evaluation frameworks** will help overcome some of these bottlenecks and build more effective partnerships.

The mapping exercise suggested that real progress towards improved population health would benefit from transparent dialogues among these stakeholders, particularly on neutral platforms where such dialogues can take place at global, regional and local levels.



From bottlenecks to solutions: how can we lay the groundwork for successful multistakeholder collaborations?

Tackling the challenge posed by the growth of NCDs cannot be solved just through increased financial or technical support. It requires working together in a way that is mutually beneficial. Overcoming the common bottlenecks assumes even greater importance as the need for collaboration becomes increasingly apparent and as policy-makers look for relevant opportunities for collaboration.

We must address two distinct levels to create successful multistakeholder collaborations for healthy living:

The Imperatives: A five star framework

To ensure a multistakeholder collaboration is effective and has impact, it should be built around five features:

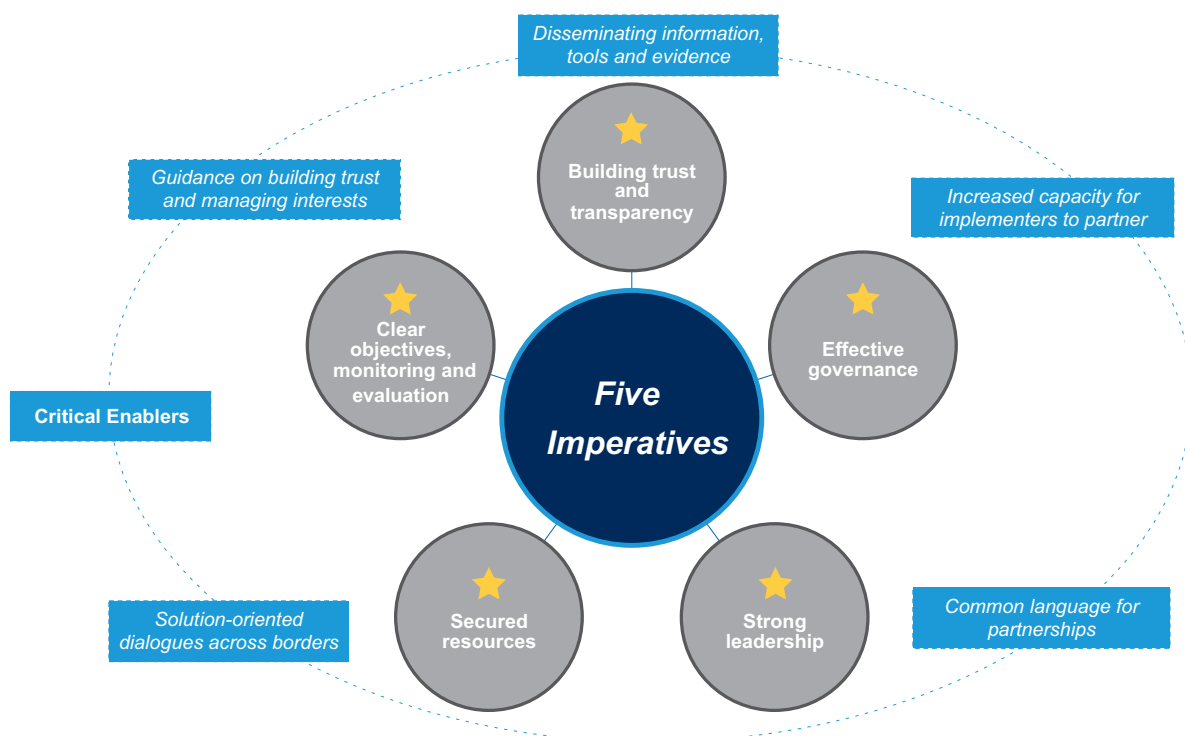
1. Trust and transparency
2. Clear objectives, monitoring and evaluation
3. Effective governance
4. Secured resources
5. Strong leadership

The Critical Enablers

Building a global environment that facilitates and promotes multistakeholder collaborations calls for a “partnering mindset”:

- Sharing data and disseminating information, tools and evidence
- Increasing capacity for implementers to partner
- Common language for partnerships
- Solution-oriented dialogues across borders
- Guidance on building trust and managing interests

Figure 5: Levers for multistakeholder collaborations



The Imperatives: creating a five star multistakeholder collaboration

★ Building trust and transparency – outcomes to work proactively towards

Building trust is a journey that must be travelled during the multistakeholder collaboration. Trust is not necessarily a prerequisite to embarking on a multistakeholder collaboration. It must, however, be an explicit goal for any successful collaboration.

Building trust when collaborating can be systematically pursued in a number of effective ways:

- **Carefully managing the expectations of all partners involved** – over-promising and under-delivering can often destroy trust. Ensuring that all partners are clear regarding objectives, deliverables, roles, responsibilities and timelines is essential to avoid these problems
- **Consistently delivering on jointly defined deliverables and outcomes** – identifying discrete tasks that can be delivered in a joint manner is crucial, particularly at the beginning of the collaboration. These joint deliverables can increase in scope and complexity as partners become more comfortable working together
- **Investing in developing and maintaining personal affinity** – scheduling time for detailed introductions and informal breaks is essential to allow participants to bond on a personal level. These bonds often translate into a better understanding of one another's positions, which creates a level of personal affinity that can often help overcome institutional frictions

These mechanisms to build trust must begin with **transparency among stakeholders in the collaboration.**

Outward-oriented transparency also needs to be pursued in order for the collaboration to be successful.

Figure 6: Benefit sharing (World Economic Forum, 2013)

Collaboration:		Latest update:				
Sector	Stakeholder	Benefit				
		Proprietary data or know how	Partnerships	Economic/ financial	Marketing benefits	...
Public	Stakeholder 1					
	Stakeholder 2	e.g. patient data, insights on Healthy Living behaviours	e.g. access to partners that can be leveraged for other activities	e.g. increased sales, new business opportunities, less absenteeism	e.g. increased brand awareness from Healthy Living campaign	
	Stakeholder 3					
	Stakeholder 4					
Private	Stakeholder 5					
Civil society & academia	Stakeholder 6					
	Stakeholder 7					
	Stakeholder 8					
	Stakeholder 9					
	Stakeholder 10					

Increasing transparency in procedures (particularly concerning financial aspects), the decision-making process and most importantly in the interests and expectations are critical elements to address through the entire collaboration. Communication is an essential tool for increased transparency.

One of the most frequently cited roadblocks to multistakeholder collaboration is conflict of interests – both actual and perceived. A first step in overcoming the fear of actual and perceived conflicts of interest includes acknowledging that different organizations will take part in multistakeholder collaboration because they have an inherent interest in doing so. These interests can range from the altruistic to the transactional. For successful collaboration, it is important to establish a culture of transparency where clear processes help to identify and systematically manage all interests in a partnership.

Overcoming conflicts of interest requires **open, consistent and continuous communication.** To avoid suspicion it is recommended that every single partner state upfront what their interests are in participating in the collaboration and share with all participants what they believe they will gain from the collaboration. Throughout the process, this open, consistent and continuous dialogue must be maintained as collaborations are dynamic processes in which conflicting interests may well arise throughout the lifespan of the project. If necessary, the stakeholders involved may choose to engage a partnership broker – an individual who coordinates and facilitates dialogue and understanding across sectors (Ruuska & Teigland, 2008; Bauer, Boles, & Stibbe, 2010).

A strong governance framework and a good understanding of each organization's culture and way of working are essential for this process. This framework should also promote regular and open communication where stakeholders can share their concerns, their changing needs and information about expected benefits (Taut, 2008; Global Knowledge Partnership, 2003).

Figure 7: Managing potential sources of conflict (World Economic Forum, 2013)

Source: Adapted from Berger, Ida E., “Social Alliances: Company/ Nonprofit Collaboration”

Collaboration:		Latest update:	
Topic of conflict	Questions to identify potential conflicts	Potential approach	Status
Mis-understandings	<ul style="list-style-type: none"> - Are the objectives of all stakeholders well understood, especially across public/private sector and civil society? - Is there a mechanism to address culture and language differences in Healthy Living collaboration? 	<ul style="list-style-type: none"> - Schedule sufficient time to allow stakeholders to articulate their perspective, especially at the start of a Healthy Living collaboration 	●
Mistrust	<ul style="list-style-type: none"> - Do partners openly communicate their interests and goals in the collaboration? - Is there a shared set of values specific to Healthy Living collaborations? 	<ul style="list-style-type: none"> - Regularly ask each stakeholder to openly communicate their interests and goals - Establish shared values - Openly discuss red flags across sectors 	●
Mismatches of power	<ul style="list-style-type: none"> - Are operational responsibilities and decision -making power distributed in a way that is aligned with all stakeholders? - Are all sectors fairly represented? 	<ul style="list-style-type: none"> - Provide clarity on governance structure and decision rights, and align with all stakeholders 	●
Misallocation of costs and benefits	<ul style="list-style-type: none"> - Does every partner benefit in a win -win scenario in this partnership? - Are costs and benefits distributed fairly among all stakeholders? 	<ul style="list-style-type: none"> - Transparently review cost and benefit split with all stakeholders 	○
Mismatched partners	<ul style="list-style-type: none"> - Do stakeholders have matching goals and visions for Healthy Living action? - Do stakeholders have complementary skill sets, strengths and needs? 	<ul style="list-style-type: none"> - Review each stakeholder’s vision and goals vs. the collaboration objectives - Conduct a skill gap analysis 	○
Misalignment of time horizons	<ul style="list-style-type: none"> - Are all stakeholders committed to the collaboration in the long term? - Are there plans in place to keep up the momentum? 	<ul style="list-style-type: none"> - Ensure that collaboration is well equipped on the capabilities/assets that matter most - Maintain right culture and operating model 	○

★ **Clear objectives, monitoring and evaluation – identifying group goals and mechanisms to achieve them**

A common unambiguous vision about what success will look like for the collaboration should build on a credible mechanism for monitoring and evaluation.

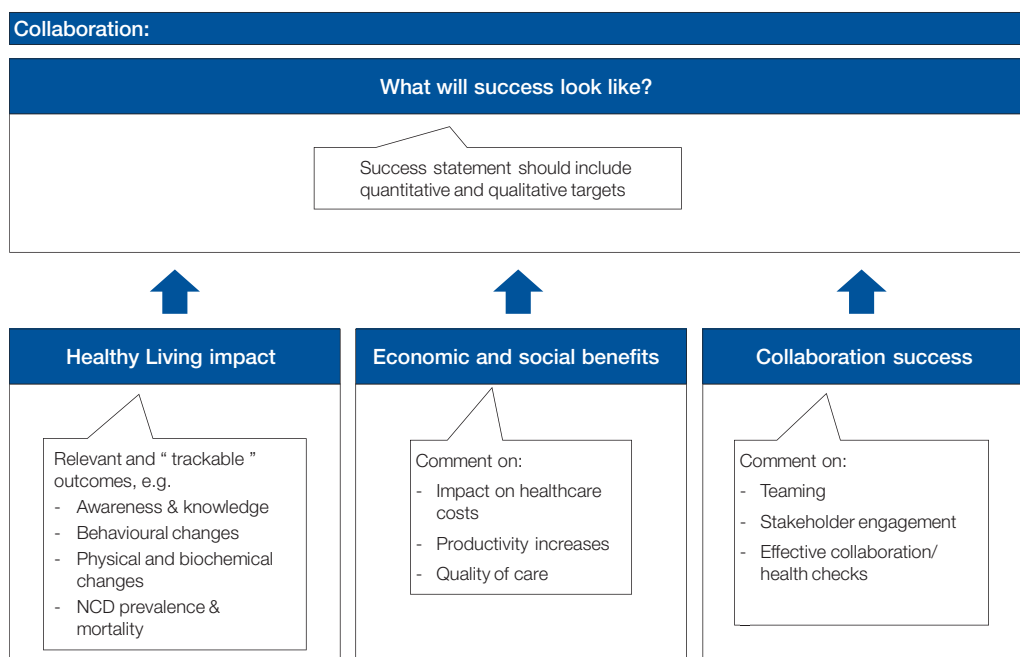
Once the channels of communication and interests are established, the collaboration must rally all stakeholders around the vision and objectives. The objectives of a multistakeholder collaboration must gather maximum commitment from all participants and should be:

- **Inspirational** – participating in a multistakeholder collaboration can be a complicated and energy-consuming activity. The objective of a multistakeholder collaboration must reflect the different benefits that a multistakeholder collaboration can have, as well as being framed in terms of the systemic issues that are the reason for the collaboration
- **Clear, achievable and demonstrable** – the objectives of the collaboration must be unambiguous. This reduces the chance of misunderstanding, which can cause friction. They must also be achievable and demonstrable so that those collaborating can verify that they have achieved a stated goal

- **Acceptable to each and every participant** – each participant must not only want to achieve the goal for its own end, but also to be willing to work with all other participants in achieving this objective



Figure 8: Success statement (World Economic Forum, 2013)



Once these objectives are established, the mechanisms to monitor and evaluate progress and results are essential. This is often the first great challenge of a collaboration and a significant proportion of time should be allocated to its successful completion. Whilst monitoring and evaluation will differ by type of collaboration, there are three principles that are essential:

- **Evidence-based** – the monitoring and evaluation framework must be based on existing international literature
- **Transparent and formal process** – the design process should be transparent and open to input from all participants while retaining a formal governance process for resolving potential conflicts and finalizing the methodological design
- **Credibility of framework** – the final results should be tested and validated from both a scientific and interest-based point of view. If necessary, an independent actor can be involved throughout the process or brought in to review the agreed-upon design

★ **Effective governance – the backbone of effective, sustainable and flourishing collaborations**

At the core of any successful multistakeholder collaboration is an effective and comprehensive governance structure. This should be a priority to complete at the very beginning of a partnership. The governance structure must be defined through the involvement and agreement of all parties and should ensure a fair representation of the different stakeholders involved in the collaboration.

The governance must set out a series of structural decisions that form the shape of the collaboration:

- Clear stakeholder selection criteria and processes for including/excluding participants
- The governance bodies within the collaboration and their compositions
- The rules for election to each of these bodies
- The roles and responsibilities for each participant, including a clear set of decision-making rights

Roll Back Malaria, the Stop TB Partnership and the GAVI Alliance are a few examples of public-private partnerships created to tackle specific health topics. Each was created with an effective governance structure that lays out a clear framework in which participants can collaborate successfully (Roll Back Malaria, 2012; Stop TB Partnership, 2012; GAVI Alliance Board, 2010; GAVI Alliance, 2012).

Key to operationalizing the governance of the collaboration is a careful definition of the critical decisions to be made during the project. These must be individually examined in order to pre-assign the decision-making rights to a particular governance body. It is also important to include escalation mechanisms to be followed should the group not be able to come to a mutually suitable agreement. Pre-assigning these decision-making rights allows each participant and governance body to understand clearly where they stand and is therefore critical in avoiding conflict or confusion. Clearly defined roles and responsibilities for each stakeholder will also prove instrumental in avoiding duplication of roles and implementation delays.

★ **Secured resources – financial, human and technical resources to drive and deliver a multistakeholder collaboration**

It is important at an early stage of the collaboration to secure commitments from each and every participant. Gathering these resources is critical for two reasons:

- **Getting things moving** – the commitment of resources allows participants to move the project forward at a fast pace
- **Ensuring commitment** – committing resources is key to ensure that participants have a vested interest in the successful completion of the project

A further factor to address is how to ensure the sustainability and repeatability of the model being used. Collaborations are often created in a phased approach in which the initial phase is conducted as a proof of concept with the purpose of being scaled or repeated. Dialogues about how to create a collaboration that is “built to last” are critical in the initial stages of the process. It is vital to open up discussions about resourcing early on in the project so that participants will know that the medium-term to long-term goals can actually be met.

These objectives require that all participants agree to contribute to the collaboration in either an in-kind (e.g. technical expertise) or financial manner. Each participant

organization should pursue a stand-alone business case for participating in the collaboration so they can decide whether and to what extent they should contribute to the collaboration.

There are multiple ways to resource a collaborative project. Table 2 provides an overview of these mechanisms: grants-based, participation by key capability, tiered membership levels and the investment-based model.

Regardless of the resourcing method, it is important to be clear and transparent about the source of the contributions, the process through which they are donated and accountability about how they are used.



Table 2: Summary of resourcing methods for multistakeholder collaborations

	Grant-based model	Participation by key capability	Tiered membership levels	Investment-based model
Description	Applying for grants from different sectors : <ul style="list-style-type: none"> – Public sector – International development agencies – Philanthropic institutions – Academic research institutions – Other 	Contribute through: <ul style="list-style-type: none"> – In-kind resources of core capabilities – Financial support towards interventions and/or project management office – No public differentiation between participants and equal access to benefits of collaboration 	Tiered membership, e.g.: <ul style="list-style-type: none"> – Contributing member: Only open to non-business. No financial/in-kind contribution – Implementing/ leadership member: Contribute towards total cost of initiative – Different benefits for each tier, e.g. tiered public recognition 	<ul style="list-style-type: none"> – Creation of a replicable model that can be “bought” by any organization – Package includes strict rules on content and governance of the programme – Package include strict rules of engagement for each sector
Pros	<ul style="list-style-type: none"> – Simpler and easier to plan – Avoids potential source of resources conflicts 	<ul style="list-style-type: none"> – Benefit from core capabilities of partners – Creating “buy-in” effect 	<ul style="list-style-type: none"> – Simpler and easier to plan – Interventions publicly “owned” by one partner 	<ul style="list-style-type: none"> – Easily replicable and scalable model
Cons	<ul style="list-style-type: none"> – Often lengthy/bureaucratic processes – No leveraging of core capabilities of participants 	<ul style="list-style-type: none"> – No differentiation of benefits – Increased complexity of resourcing 	<ul style="list-style-type: none"> – Does not fully leverage core capabilities of participants 	<ul style="list-style-type: none"> – Weaker implementation oversight – Less dynamic due to programmatic nature
Example	<ul style="list-style-type: none"> – GAVI Alliance 	<ul style="list-style-type: none"> – Healthy Living in India Initiative 	<ul style="list-style-type: none"> – Urban Initiatives 	<ul style="list-style-type: none"> – EPODE International Network

★ **Strong leadership – invested in the success of the collaboration**

Identified leaders (individuals or organizations) must have the acknowledged credibility to be able to engage with all participants from different sectors.

The identification and empowerment of the right leaders is one of the most crucial factors in the success of the collaboration. These leaders must display the following characteristics:

- **Passion** – the leaders must live and breathe the vision of the collaboration and be aligned with the objectives of the collaboration at a personal and professional level

- **Deliverables-driven** – leaders must be willing and able to clearly and consistently state objectives, fairly allocate tasks to be completed, and use soft power to motivate others to achieve the goals of the collaboration
- **Accountability and integrity** – leaders must be willing to be accountable for failures in the collaboration. Being visible champions of the collaboration means that factors such as slow progress or the dissatisfaction of a particular stakeholder must be brought back to the leaders to deal with in a forthright manner
- Active leadership with regular communication and visible progress markers will build commitment. Leaders must be empowered with resources and relevant decision-making rights to move the collaboration forward.

It is crucial to have the right leaders around the table, particularly when tough decisions need to be made.

Applying the five star framework: the Healthy Living in India Initiative

A multistakeholder collaboration in New Delhi led by the World Economic Forum

Overview

Initiated at the World Economic Forum on India in November 2012, the Healthy Living in India Initiative is a multistakeholder collaboration that brings together over 20 organizations from the public sector, private sector and civil society. The objective of the collaboration is to promote healthy living and prevent type 2 diabetes in 18 schools in the New Delhi Capital Region.

The initiative is expected to impact over 35,000 children and their parents

The six-month intervention is a systematic programme that includes educational, environmental and technological components with a strong monitoring and evaluation overlay. The programme will be launched in the 2014 academic year with a view of scaling up after 2014.

★ **Building trust and transparency** – the initiative builds trust by implementing a series of actions. This includes managing participant expectations by taking collaborative and sequential steps to move the initiative forward, setting up discrete tasks to be completed by working together and allocating sufficient time during working sessions for building personal relationships. Transparency is created through open, consistent and continuous dialogues to raise issues and agree upon mutually acceptable solutions.

★ **Clear objectives, monitoring and evaluation** – the initiative dedicated two full and specific working sessions, with all potential participants, in order to discuss and jointly develop a vision and specific objectives to tackle. This co-ownership plays a critical role in ensuring buy-in from a hugely varied group of participants and is the reference point from which all decisions are taken. The objectives are made up of various components and are multi-targeted, with the aim of producing a programme that is first class, leverages the latest technological components and is scalable and sustainable. From this basis, a monitoring and evaluation mechanism was developed using internal experts and seeking input, compromise and agreement from all stakeholders.

★ **Effective governance** – the initiative is built on a governance framework with explicit roles and responsibilities and defined decision-making rights. The governance model was composed through a time-intensive and iterative process that required contribution from all participant organizations. It is divided into four governance bodies: a partnership board, which includes all participants, a steering board, which is composed of a subset of representatives from all sectors, a project management office, which leads the programme on the ground, and four workstreams composed of 20 organizations that bring their expertise and passion to the collaboration.

★ **Secured resources** – the initiative dedicated specific time at the start of the programme to discuss different funding methods and settled upon a “contribution by capability” model in which each single participant agreed to contribute in some form to the partnership – either by in-kind or financial contributions.

★ **Strong leadership** – the initiative has benefitted from the committed and passionate leadership of both participants and their global networks of colleagues. A core group of initiative “Champions” was critical in catalysing action, ensuring the necessary advocacy and compromise to build the initiative, and capability and resources to advance the initiative.

The Critical Enablers: building a culture of collaboration

In order for multistakeholder collaborations to prosper and deliver improved health outcomes for the population, a culture of collaboration needs to emerge. This will require exceptional coordination across multiple stakeholders. Collaborations for the promotion of healthy living will benefit from strengthening a series of elements at global, regional and national levels:

- 1. Capacity building:** there is a pressing need to increase the capacity for partnerships across the public sector, private sector and civil society. An effective international capacity-building programme will help achieve the goal of building a stakeholder group that is well equipped to collaborate, and will facilitate a process where stakeholders can continue learning from each other's experiences.
- 2. Guidance on building trust and managing interests:** disseminating credible and useful tools to build trust and manage interests will enable stakeholders to address bottlenecks more effectively. Various tools are currently available including the *Multistakeholder Collaboration for Healthy Living - Toolkit for Joint Action* that was developed by the World Economic Forum and the Pan American Health Organization in collaboration with Bain & Company (World Economic Forum, 2013).
- 3. Common language:** building a common language for partnerships will allow participants to overcome their differences and accelerate the path towards trust. A common language can be developed through regular meetings and interaction with stakeholders, joint publications, conferences and the sharing of best practices.

- 4. Solution-oriented dialogues:** at the global and regional levels, more dialogues are necessary to advance collaborations and allow the emergence of clearly identified areas for joint action. These dialogues should be inclusive, contribute to building trust among stakeholders and enable shared learning. It is essential to articulate, capture and then share experiences and lessons with others in the collaboration and broader global community. A mind-set of shared learning and continuous improvement will help raise the quality of multistakeholder action.
- 5. Disseminating information, tools and evidence:** leveraging the best available scientific and experiential evidence when making decisions is also critical, as is designing and executing interventions that will help drive multidimensional, long-lasting change. It will be helpful to collect data and information on the effectiveness of partnerships vs. other non-collaborative approaches, case studies of how bottlenecks were addressed successfully, and the different gains from purposeful and targeted multistakeholder collaborations.

Global movement fostering collaboration and coordination is already taking place. For example, in 2013, at the time of the endorsement of the World Health Organization Global NCD Action Plan 2013-2020, the World Health Assembly called for the establishment of a global coordination mechanism. This can provide a first step towards a more coordinated approach to the diverse ongoing efforts to prevent NCDs (World Health Organization, 2013). At the time of the Rio+20 Conference, various governments called for an inclusive and transparent intergovernmental process open to all stakeholders, with a view to developing the Sustainable Development Goals which will be agreed by the UN General Assembly (United Nations, 2013).

Conclusion and outlook

The increase of NCDs and the cross-sectoral approach required to tackle the challenge means that the need for multistakeholder collaborations will keep growing.

We must all play our part in making this happen – and we must begin now. The challenge has been left unanswered for too long. As a society, this is a journey that we must embark on together. Historical grievances and current bottlenecks must be overcome in order to make the essential changes required to tackle the multi-causal challenge of NCDs.

There are three critical elements that must be pursued in parallel:

- **Get the global environment right** – policy-makers and leaders in the private sector must work together to ensure that the Critical Enablers for multistakeholder collaboration can facilitate and promote these partnerships
- **Get the collaboration right** – it is incumbent on the participants and leaders in multistakeholder projects to get the collaborations right and to share their results and lessons learned with the global community (e.g. the Imperatives of the five star multistakeholder collaboration)
- **Get moving** – these problems will not solve themselves. Waiting for global agreements that may not arrive is a relinquishment of responsibility. It is the passion and understanding of actors throughout the world that will begin the process of tackling this great challenge

This brief, used in conjunction with the *Multistakeholder Collaboration for Healthy Living - Toolkit for Joint Action* (World Economic Forum, 2013), can help you on your journey.



References

- Bauer, K., Boles, O., & Stibbe, D. (2010) *An all-of-society approach involving business in tackling the rise in non-communicable diseases (NCDs)*. United Kingdom: International Business Leaders Forum. <http://publications.thecommonwealth.org/commonwealth-health-ministers--update-2010-818-p.aspx>
- Buse, K., & Harmer, A. (2007) Seven Habits of Highly Effective Global Public-Private Health Partnerships: Practice and Potential. *Soc. Sci. Med.*, (67) 259-271. http://www.sps.ed.ac.uk/staff/social_policy/andrew_harmer
- EPODE (2012) *epode international network*. Retrieved December 18, 2013, from <http://www.epode-international-network.com/>
- GAVI Alliance (2012) *Governing GAVI*. Retrieved December 2013, from <http://www.gavialliance.org/about/governance/>
- GAVI Alliance Board (2010) *GAVI Alliance Strategy 2011-2015*. GAVI Secretariat.
- Global Knowledge Partnership (2003) *Multi-Stakeholder Partnerships*. Retrieved from <http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/2117.pdf>
- International Diabetes Federation (2012) *Diabetes Atlas*. Retrieved from http://www.idf.org/sites/default/files/DA6_Regional_factsheets_0.pdf
- Roll Back Malaria (2012) *RBM Mechanisms*. Retrieved from <http://www.rbm.who.int/mechanisms/index.html>
- Ruuska, I., & Teigland, R. (2008) Ensuring project success through collective competence and creative conflict in public-private partnerships: A case study of Bygga Villa, a Swedish triple helix e-government initiative. *International Journal of Project Management*, (27) 323-334.
- Stop TB Partnership (2012) *Governance structure*. Retrieved from http://www.stoptb.org/assets/documents/countries/partnerships/6-Governance_structure.pdf
- Taut, S. (2008) What have we learned about stakeholder involvement in program evaluation? *Studies in Educational Evaluation*, (34) 224-230
- United Nations (2013) *Sustainable development goals*. Retrieved from United Nations Sustainable Development Knowledge Platform: <http://sustainabledevelopment.un.org/index.php?menu=1300>
- United Nations General Assembly, Sixty-sixth session. Agenda item 117 (2011) *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*. Retrieved from http://www.un.org/ga/search/view_doc.asp?symbol=A%2F66%2FL.1&Lang=E
- Urban Initiatives (2012) *Urban Initiatives Partners*. Retrieved December 2013, from <http://www.urbaninitiatives.org/partners/>
- US Centre for Disease Control and Prevention (2011) *National diabetes fact sheet: national estimates and general information on diabetes and pre-diabetes in the United States*. Retrieved from http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
- World Economic Forum (2013) *Multistakeholder Collaboration for Healthy Living – Toolkit for Joint Action*. In collaboration with Bain & Company. Retrieved from http://www3.weforum.org/docs/WEF_HE_HealthyLiving_Toolkit_2013.pdf
- World Economic Forum and Harvard School of Public Health (2011) *The Global Economic Burden of Non-communicable Diseases*. Geneva.
- World Health Organization (2008) *Burden: Mortality, morbidity and risk factors*. Retrieved from http://www.who.int/nmh/publications/ncd_report_chapter1.pdf
- World Health Organization (2012) *Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases*. Retrieved from http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf
- World Health Organization (2012a) *Global Database on Body Mass Index*. Retrieved from <http://apps.who.int/bmi/index.jsp>
- World Health Organization (2013) *Global Action Plan for the Prevention of Noncommunicable Diseases, 2013-2020*. Retrieved from http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf



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