

Multistakeholder Collaboration for Healthy Living Toolkit for Joint Action

Developed by the World Economic Forum's Healthy Living Initiative and
The Pan American Health Organization
In collaboration with Bain & Company

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Purpose of the Document

This document offers support for the implementation of multistakeholder action at the local, national or global level. Stakeholders have called for the creation of guidelines and practical resources to support joint action – recognizing that these collaborations are complex and that resources and experience are often limited.

The toolkit was jointly developed by the World Economic Forum and the Pan American Health Organization, in collaboration with Bain & Company. It incorporates proven project management methodologies from Bain & Company, tailored to the Healthy Living setting based on experience from the World Economic Forum and the Pan American Health Organization.

This toolkit is designed to be a living document and the current version 1.0 will be refined and updated as we garner greater experience with multistakeholder action for Healthy Living.

How to use these materials

The document is designed as a hands-on, practical resource and reference tool for project teams engaged in multistakeholder collaborations.

The document is structured into two parts:

- Part A offers an overview of the Healthy Living challenge and the rationale for multistakeholder action. This section also profiles the World Economic Forum’s work on the Charter for Healthy Living, providing greater context for Healthy Living action.
- Part B introduces and develops the toolkit framework, made up of six building blocks. This section is structured as a “menu” so that stakeholders can choose the most relevant building blocks according to the specific needs of the collaboration. It can be used in the following ways:
 - **To quickly gain an overview** of the building blocks of a successful multistakeholder collaboration: review the framework at the start of Part B and scan the blue boxes for key takeaways
 - **To enhance specific building blocks** of a collaboration: select and apply the tools that are most valuable for your specific setting
 - **To learn about relevant case examples** for each building block: scan the case study boxes at the end of each chapter in Part B for concrete ideas

In addition, the **Annex to the Toolkit** provides project management templates tailored to multistakeholder settings. These templates can help teams to effectively structure the work and focus on critical issues.

For electronic access to this report, please go to www.weforum.org/healthylivingtoolkitforaction

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Part A - Introduction to Multistakeholder Collaboration for Healthy Living

Healthy Living and the Non-communicable Disease Epidemic

Health and well-being are fundamental socio-economic pillars of society. Health is a basic human right and a driver of social and economic development. Decades of health gains are now threatened by the rise of non-communicable diseases (NCDs) like cardiovascular disease, diabetes, respiratory diseases, cancer and mental ill health. NCDs are the leading cause of death today and for the foreseeable future. They challenge our social and economic prosperity with a predicted cumulative output loss of US\$ 47 trillion over the next two decades (1).

Healthy Living involves the creation and maintenance of *health*: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The roots of Healthy Living are multilayered; they are influenced by social and environmental determinants as well as by specific risk behaviours – especially tobacco use, unhealthy diets, harmful use of alcohol and physical inactivity. The lack of access to basic prevention, treatment and care further inhibits Healthy Living. All these factors are interconnected with broader social determinants, and influence people's everyday decisions around the world.

In September 2011, heads of states and political leaders endorsed a political declaration that called for action at the High-Level meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (2). This meeting represented only the second time a health topic was on the agenda of the General Assembly, following HIV/AIDS in 2000, which highlights the level of global concern regarding the societal impact of NCDs. The UN declaration called for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership. At a follow-up meeting at the World Health Assembly in May 2012, members agreed to a resolution that set a voluntary global target of achieving a “25% reduction in premature mortality from NCDs by 2025” (3).

At the World Economic Forum Annual Meeting 2012 in Davos-Klosters, participants called for a multistakeholder approach to address Healthy Living. A paradigm shift towards a more integrated approach to health and Healthy Living had been building during a series of high-level discussions over the previous two years, which inspired the creation of the Forum's “Healthy Living” initiative. The cornerstone of this initiative is the Charter for Healthy Living (www.weforum.org/charterforhealthyliving2013) is a neutral platform for multistakeholder Healthy Living dialogue and action.

The Need for Multistakeholder Action

Given its complexity and the interdependency of its elements, enabling Healthy Living is not just a health agenda; it is an imperative for all of society. For sustained impact, all stakeholders should work together to build environments in which healthy choices are the easiest choices. Multistakeholder collaboration – including public, private and civil society stakeholders – is the only systematic way to comprehensively promote Healthy Living:

- *Since multiple factors influence these behaviours, single-sector or stakeholder actions cannot effectively influence all aspects of Healthy Living.* Each of these influences interacts through a variety of actors, some of which may seem to have little or nothing to do with health, per se. To create the necessary scale of Healthy Living change, all actions will need to comprehensively address each specific influence – and only multiple stakeholders working together have the ability to execute actions of greater value and impact (4).
- *Working together will maximize impact.* Stakeholders often work in silos, unaware of the ambition and activities of other relevant stakeholders. Collaboration – aligning goals, resources and metrics, and working in a coordinated manner – can multiply the impact of individual stakeholders. Moreover, exploring mutually beneficial linkages across stakeholders and programmes can contribute to building organizational capacity, particularly in low- and middle-income countries (2; 5; 6).
- *Resources are limited.* A multistakeholder approach means a pooling of resources, allowing the collaboration to maximize its financial and technical expertise, which is particularly important in fiscally constrained environments.
- *Truly innovative approaches are needed to create the necessary outcomes.* By working together, stakeholders can draw on their

collective core competencies to create a more comprehensive set of capabilities. The digital revolution offers innovative tools for promoting healthy lives; applying these tools will require participation from partners across different sectors.

- *Need to focus on a system return on investment (ROI)*. In many cases, a multistakeholder collaboration is necessary to achieve a positive *system* return on investment for a specific intervention (see section 6.1). For example:
 - A city planner should partner to provide incentives for using urban recreation space, as investment in new infrastructure alone will not lead to a significant increase in physical activity.
 - A single health insurer may need an incentive to invest in prevention, as the return largely depends on local regulations and the distribution of premium income.
 - A food company may be incentivized to invest in healthy food options through tax relief or if the demand for healthy food increases through a national awareness campaign.
 - A healthcare company could support Healthy Living initiatives if demand for its products or services increases in a win-win situation.
 - A school intervention can only be effective and generate a maximum system ROI if health and education bodies collaborate, and if parents can be mobilized to support required behaviour changes.

In a multistakeholder collaboration, each stakeholder brings unique knowledge and resources to support a joint action. Scaling up multistakeholder efforts is critical to reach the 2025 target of a 25% reduction in premature mortality from NCDs and can ultimately lead the world to a new era of health.

Multiple Dimensions and Stakeholders Influence Healthy Living. Selected examples:

- *Family, friends and school* influence lifestyle habits starting in early childhood.
- *The workplace environment* shapes several behaviours – the food we eat at lunch, how much we exercise, how much negative stress we are exposed to.
- *The outside environment* has a significant influence on physical activity and dietary habits – is there an incentive to engage in physical activity and the space to do so? Are healthy food options easily available?
- *The media* have an impact on social norms and behaviours worldwide.
- *The market assortment* influences our purchasing choices; *the consumer products industry* helps define what (and where) products are available.
- *Healthcare systems* influence whether we get regular medical check-ups and if quality care is available and affordable to manage NCDs and prevent complications.

Objective and Outline of the Toolkit for Joint Action

The toolkit was jointly developed by the World Economic Forum and the Pan American Health Organization, in collaboration with Bain & Company, leveraging the collective experience in management and multistakeholder action, with inspiration from existing frameworks for action (7; 8). A draft version of the Toolkit was tested with a multistakeholder audience in Mexico City at a workshop co-sponsored by the Mexico Ministry of Health on 25 September 2012.

This toolkit is relevant for stakeholders from all sectors that wish to engage in joint action to promote Healthy Living. The document aims to provide guidance on, and serves as a resource for, successfully planning, managing and sustaining joint action. It includes proven project management tools, tailored to the needs of multistakeholder collaborations in the NCD context. We cover both “hard” and “soft” factors of making multistakeholder collaborations successful.



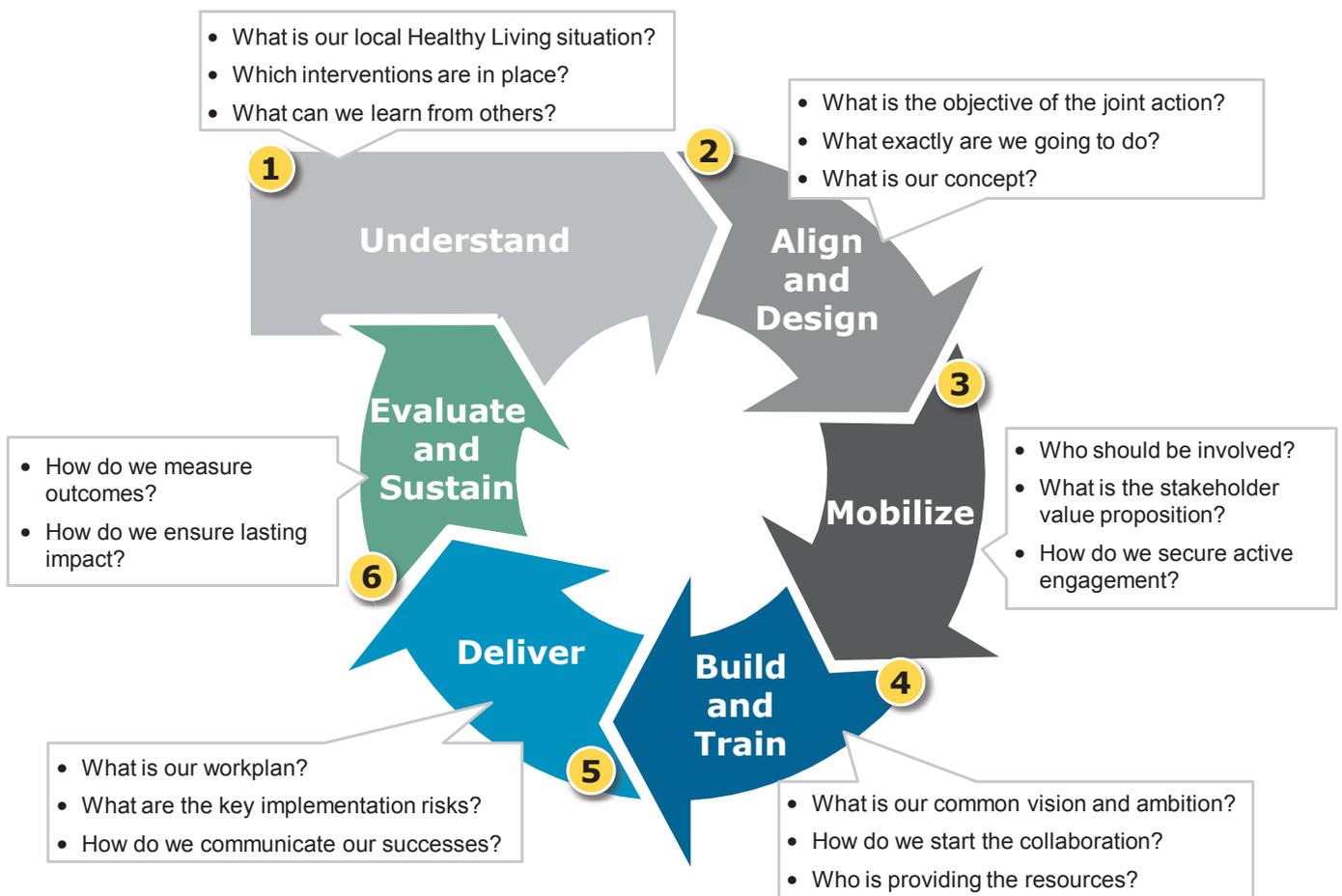
Part B - Building Blocks for Multistakeholder Action

This section outlines and discusses the basic building blocks required to facilitate multistakeholder action and provides a comprehensive set of tools and templates to support implementation. A blue box at the start of each chapter highlights key success factors for each step, and the case study boxes provide relevant case examples of multistakeholder collaborations for Healthy Living.

Framework 1 presents the six critical building blocks of successful multistakeholder collaboration. While all six steps need to be followed to ensure effective action and a constructive working partnership, collaborations may choose to implement some blocks “lightly”, depending on the nature of the action. For example:

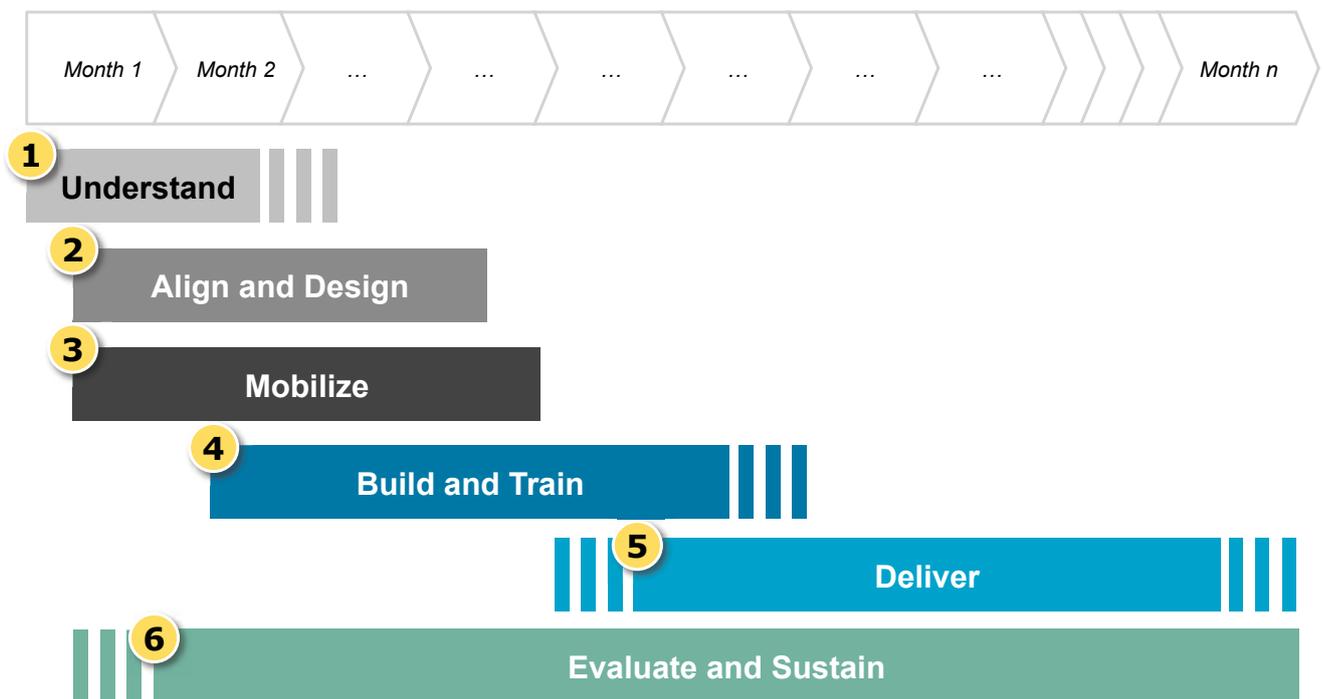
- A profound understanding of the local situation (Block 1 “Understand”) is the foundation for identifying the most urgent areas for NCD and Healthy Living interventions and for tailoring an action to the local culture and environment. If a multistakeholder collaboration is initiated by a stakeholder with interest in and knowledge of a particular area – and has the corresponding funds to support it (e.g. heart disease) – a “light” approach to the situational analysis can be applied, focusing on the targeted segment or risk factor.
- A simple, strong and culturally adapted concept is key to mobilizing partners effectively and gaining buy-in from target groups (Block 2 “Align and Design”). If an initiative involves rolling out an existing intervention in a new region, the project may need only slight modifications of the original concept and consequently only a “light” design.

Framework 1: Six Building Blocks for Multistakeholder Action



While each building block is relevant throughout the project, the required focus on each block will differ by project step along the way. For example, implementing measures for sustained success (Block 6 “Evaluate and Sustain”) will be primarily in focus towards the end of a specific initiative, but needs to be considered in upfront planning and concept design. All metrics should be in place from the outset.

Framework 2: High-level Timeline for Multistakeholder Action



1. Understand

A successful NCD intervention should be based on a deep understanding of the local situation to guarantee a lasting impact, to use resources efficiently and to avoid “reinventing the wheel”. The building block “Understand” is a situational analysis that provides the foundation for relevant and coordinated action. It covers a comprehensive analysis of information, such as prevalence of NCDs and risk factors, benchmarks of the local healthcare infrastructure, as well as an overview of relevant interventions across dimensions. Finally, it provides a prioritization framework to help select the areas with the largest unmet needs and where a specific collaboration is optimally positioned to support.

Building Block: Understand – Key Takeaways

- 1.1 **Assess the local Healthy Living challenge.** Start with analysing the specific situation against benchmarks to identify the most pressing local challenges, as NCD prevalence and risk factors vary widely between regions and population segments.
- 1.2 **Assess the local healthcare infrastructure.** Obtain an overview of the NCD healthcare infrastructure, from prevention to managing care.
- 1.3 **Map the Healthy Living intervention landscape.** Understand the current Healthy Living interventions that are in place (from prevention policies to community care) to learn from them, address gaps and manage interfaces.
- 1.4 **Benefit from the experience of others.** Identify and review other relevant interventions. What has already been done and tested elsewhere can provide valuable lessons.
- 1.5 **Identify priority areas for joint action.** Focus on the Healthy Living interventions that will have the most impact, while taking into account where a particular collaboration is best positioned to support.

Don't.....

- Fall into the “analysis-paralysis” trap. Focus on the most relevant and insightful data and analyses.
- Forget to segment your population, where applicable. Interventions are much more effective when resources are targeted where they are most needed.
- Overcomplicate the analysis. Be pragmatic when sourcing data; for example, use local expert interviews for an overall assessment of the situation, and complement this information with published data.
- Reinvent the wheel. Many interventions have been tried before around the world. Picking up the phone or sending an e-mail can fast-forward your intervention.

1.1 Assess Local Healthy Living Challenge

What are the main Healthy Living issues in the local context?

Assessing the Healthy Living challenge at local, regional or national levels provides benchmarks on NCD prevalence and risk factors, which vary greatly between countries and specific regions (such as urban vs rural) and between population segments (e.g. by socio-economic status or gender). Starting with an analysis of the local Healthy Living challenge will help teams focus on the most urgent issues and relevant segments. Even if a collaboration is focused on a very specific intervention and target segment because resources are available for that topic, it is still very valuable to obtain an in-depth understanding of the local Healthy Living situation. For example:

- For a workplace programme, the project team should know whether diet and exercise are the main problem areas, or if tobacco use is the primary issue.
- A city planner responsible for Healthy Living spaces should understand where recreation spaces and incentives for physical activity are most needed.
- A health authority working on NCD management capacity and healthcare infrastructure will need a granular understanding of prevalence rates by NCD, region and segment.

The depth of analysis will vary depending on the complexity of the targeted intervention and the available resources. At a minimum, a project team should identify the most relevant segments and assess local risk factors against benchmarks, as illustrated in Tool 1.1, to obtain a simple overview of the most critical issues.

The following two exhibits present frameworks to support assessments of the local Healthy Living challenge. The templates are designed to summarize key information for multistakeholder collaborations in a simple and effective format, and should be complemented by relevant backup slides and detail. A more comprehensive set of templates supporting the different building blocks in this toolkit is available in the Annex.

→ Tool 1.1: **Local Healthy Living Challenge**

[Templates to identify key problem areas by segment and analyse the local Healthy Living situation]

For a definition of the Healthy Living risk factors illustrated in Tool 1.1, see Annex – Definition of Healthy Living risk factors.

Tool 1.1 Local Healthy Living Challenge - Segmentation

Region: Country/State/City		Year:													
Dimension		Population segments		18-25		26-50				51-65				>65	
		0-5	6-17	Male	Female	Male		Female		Male		Female		Male	Female
						Low income	Mid/ high income								
Diet	excess calorie intake														
	high salt intake														
	low fruit/veg. consumption														
Physical inactivity															
Tobacco use															
Harmful use of alcohol															
Depression						No data									
Lack of medical screening & care															

Note: For thresholds cf. template instructions in toolkit annex

 Prevalence in line with or below threshold	 No data available
 Prevalence somewhat above threshold	 Not relevant
 Prevalence significantly above threshold/alarming	

Region: Country/State/City		Segment: e.g. gender, age group, socioeconomic status		Year:		
Dimension	Benchmark (Prevalence, %)		Key issues			
Unhealthy diet	Overweight (BMI>25)	35	◆	◆	◆	Comment on main dietary issues (e.g. total calorie intake, salt, fat, sugar, micronutrients)
	Obesity (BMI>30)	12	◆	◆	◆	
Physical inactivity	Insufficient physical activity	31	◆	◆	◆	Comment on drivers for lack of physical activity (e.g. lack of recreation space, lack of bicycle paths, community culture)
Tobacco use	Current daily tobacco smoking	20	◆	◆	◆	Comment on main smoking issues (e.g. smoking habits, prevalence of second-hand smoke)
Harmful use of alcohol	Alcohol consumption (litres/year)	6	◆	◆	◆	Comment on main issues (e.g. prevalence of heavy episodic drinking, most consumed alcoholic beverages)
Depression	Lifetime prevalence mood disorder	8	◆	◆	◆	Comment on main drivers for depression (e.g. work-related stress) and access to treatment
Lack of medical screening & care	Diabetes prevalence	9	◆	◆	◆	Comment on drivers for lack of check-ups, preventive screening (e.g. lack of screening centres, limited access to subsidized medical care)
	High blood pressure prevalence	40	◆	◆	◆	

Local average |
 Global average |
 Global min/ max |
 ◆ ◆

1.2 Assess Local Healthcare Infrastructure

Do we have the right healthcare infrastructure to prevent NCDs and cater to NCD patients?

For many project teams, it will be important to understand the local healthcare infrastructure and the ability of a country or region to address its Healthy Living challenge. This assessment includes a high-level benchmark of the relevant health system as well as information on the availability, accessibility and affordability of NCD prevention, diagnosis and treatment options. This data can then be benchmarked against other countries or regions to help identify priority areas for action with regard to healthcare infrastructure investment and capacity building.

An analysis of beginning-to-end patient experience (including prevention, access to primary care, diagnosis, and the availability and accessibility of treatments and monitoring) can help the team better understand the current choke points from a patient’s perspective. Understanding the roles and decision-making of prevention and treatment schemes can help optimize the quality and cost effectiveness of patient pathways.

- Tool 1.2: **Healthcare Infrastructure for NCD Prevention and Control**
[Template to obtain an overview of relevant healthcare infrastructure and gaps]

1.3 Map Healthy Living Intervention Landscape

What interventions are already in place?

The Healthy Living intervention assessment provides an overview of recent and ongoing actions in a particular country or region (government, private sector or civil society efforts) and helps to identify gaps. It also provides a basis to scale up actions, building on already-established successful interventions, e.g. rolling these out to other parts of the country.

These data should ideally include:

- The number and type of intervention programme by Healthy Living dimension, NCD or risk factor (by government, private sector, civil society efforts and others)
- Setting of the intervention
- Stakeholders involved in each intervention
- Description of target demographic and number of people enrolled
- Qualitative and quantitative impacts of intervention
- Future plans (e.g. roll-out, extension)

Healthy Living project teams should contact stakeholders involved in other relevant interventions to share learnings on progress and results and manage potential interfaces.

- Tool 1.3: **Healthy Living Intervention Landscape**
[Template to capture existing local interventions to build on/learn from/complement]

1.4 Benefit from the Experience of Others

What can we learn from others?

It could also prove valuable to leverage experiences from other regions/countries. Key success factors of established interventions may be transferred and adapted to local conditions. A benefit of this approach is that it can facilitate stakeholder mobilization by sharing concrete case examples with potential partner organizations.

When reviewing and learning from other Healthy Living actions, it is also important to assess the strength of the evidence. For example, an intervention with a proven, long-term impact on Healthy Living risk factors may be more relevant than a case example that does not provide outcomes data.

- Table 1.4a: **Healthy Living Intervention Data Sources**
[List of relevant reports and other data sources]
- Tool 1.4b: **Critical Success Factors for Healthy Living Interventions**
[Success factors based on past experience]

1.5 Identify Priority Areas for Joint Action

In which areas will collaboration be most valuable to promoting Healthy Living?

Based on the respective needs of a country or region, partners can identify practical areas for joint action. Given the multitude of potential Healthy Living interventions, and the fact that resources will always be limited, it is crucial to prioritize the proposed interventions. The prioritization framework should address both a collaboration's expected impact on Healthy Living and its ability to implement the action.

Expected impact on Healthy Living:

- What will be the short-term impact on Healthy Living awareness, knowledge and behaviours?
- What will be the longer-term impact on metrics like blood pressure and body mass index (BMI), or ultimately on NCD prevalence and mortality?
- What is the additional benefit compared to established interventions in the region?
- Are the high-priority segments with the largest need being addressed?
- How cost effective is the action?

Ability to implement:

- How challenging is it to implement the joint action? How complex is the approach?
- Are sufficient resources available? Can additional sources of funding be tapped?
- Is there strong leadership and a committed, influential group of champions that will drive the action?
- Can relevant outcomes be measured?
- Will the action have a sustained impact on Healthy Living?

When prioritizing proposed actions, carefully consider each of these questions. The action prioritization template provides a framework to help select an action and communicate the recommendation.

- Tool 1.5: **Healthy Living Action Prioritization Template**
[Template to prioritize areas for joint action]

Case: UK Salt Reduction

Nationwide initiative to reduce salt consumption

Key Success Factors

- Strong analysis of the base-level salt intake with public health and sociological data
- Methodical evidence-based project planning with short-term targets that promote long-term goals
- Collaboration across sectors with research-based approach to overcome barriers and meet ambitious salt reduction targets



Situation and Approach

In 2003 the UK Department of Health and the Food Standards Agency decided to pursue a salt reduction initiative in reaction to strong public health evidence correlating salt intake with

blood pressure levels and cardiovascular disease. In order to design an effective initiative, the available evidence was analysed to fully understand the pattern and drivers of salt consumption. Using scientific and evidence-based methods, the following questions were investigated:

- How much salt does the average person consume per day?
- What are the sources of salt consumption, and how do they quantitatively contribute to intake levels?
- Who in society are the key “gatekeepers” that facilitate/inhibit salt on the plate?
- What minimum level of reduction would be necessary to meet the recommended amount of 6 grams of salt per day?

Research from the Scientific Advisory Committee on Nutrition and others found that:

- The average daily salt consumption rate was 9.5 grams, significantly over the recommended 6 grams.
- Of that 9.5 grams, approximately 15% was added at the table or in cooking at home and 5-10% was naturally present in unprocessed food; approximately 80% was out of consumers’ hands (restaurants, processed food, etc.).
- The key “gatekeepers” for salt consumption were the food industry that provided high-sodium products on supermarket shelves and the individuals in charge of household purchasing and cooking.
- A 40% reduction would be needed (both for the average consumer and the food industry) to reach the 6 grams per day recommendation (9).

The detailed analysis helped form a strategy to engage both industry and consumers. As the primary source of salt intake was supermarket shelf products, the Food Standards Agency and the Department of Health engaged all sectors of the food industry to reformulate food products. At the same time, an eight-year mass awareness campaign, targeting primarily the gatekeepers, was implemented to educate the public on the health benefits of salt reduction. All sectors of the food industry made over 90 formal commitments, which led to many salt target reductions being met prior to the 2010 goals (10). The awareness campaign also enjoyed successes, with population statistics suggesting that the number of consumers trying to cut down their salt intake increased by one-third, and that 43% of the population was aware of the salt intake recommendation in 2009. Between 2000 and 2011, the mean salt intake reduced from 9.5 to 8.1 grams per day (11).

The UK Salt Reduction initiative used scientific methods to understand the baseline, segment the population and identify key gatekeepers. Their analytical approach helped them focus resources on the levers with the largest impact.

2. Align and Design

Clear objectives for joint action, along with a simple and culturally adapted concept, are the basis of a successful multistakeholder collaboration. With a solid concept and a clear rationale for the collaboration, suitable partners can bring a concept to life and make it successful.

Key Takeaways

- 2.1 Define the concept of multistakeholder action for Healthy Living.** Be innovative when designing the concept, and acknowledge that it is very hard to change Healthy Living behaviours. Consider ways to create conducive environments, change behaviours and involve communities. Innovative solutions, e.g. leveraging new technologies, can help make an impact.
- 2.2 Identify the set of stakeholders required to deliver the action.** Based on the concept and the required inputs, identify the stakeholders required to execute the joint action and the specific roles for each.
- 2.3 Engage different stakeholders to test the concept.** Make sure the concept is properly tested with critical stakeholders and experts and “in the field”. To ensure success, all key stakeholders must be “on board” with the concept.
- 2.4 Articulate the rationale for multistakeholder collaboration.** A clear, mutually agreed-upon rationale can help get partners on board and keep them there when the road gets rocky.

Don't.....

- **Overcomplicate the concept.** Focus on simple and pragmatic approaches that have a chance of being successful.
- **Underinvest in multistakeholder and cross-sector dialogue,** particularly during the “Align and Design” and on-boarding phases.
- **Be afraid to try something new.** Innovative approaches are required to make measurable changes in Healthy Living behaviours.
- **Think purely short term.** Make sure the action will be relevant beyond the current year. When designing the action, focus on the end state.
- **Forget to define metrics to measure impact.** Discuss metrics early on and ensure that they are measurable and relevant.

2.1 Define the Concept for Multistakeholder Action for Healthy Living

What exactly should be done?

An intervention's success depends greatly on whether it has a well-defined concept. The concept should be tailored to the specific local situation and cultural context. It is important to keep it simple and focused on the key elements. Key components of the concept should be defined upfront and details refined as the intervention is rolled out.

While developing the concept, stakeholders should agree at the beginning on the definition of success (for example, a specific increase in level of physical activity) and the metrics to measure success (also addressed in Tools 3.3 and 6.1). Collaborators should set ambitious yet achievable targets that mobilize partners in the collaboration and beyond.

The basic elements of a concept – e.g. location, intervention type and target group – should be defined as well as the differentiating factors that make the concept unique, effective and create enthusiasm. The focus should be on innovation at all levels, given the magnitude of the Healthy Living challenge, the limited availability of resources and the difficulty of changing Healthy Living behaviours. For example, modern digital technologies like SMS services or apps offer cost-effective ways to reach large populations.

Differentiating factors of a Healthy Living action can include:

- a) *Conducive environment:* incorporate ideas of how to design better environments that facilitate Healthy Living. Modify environments that lead to unhealthy behaviours.
- b) *Behaviour change:* apply insights and tools from behavioural science to not only educate the target group but to achieve significant and lasting behaviour changes, for example by integrating an incentives component.
- c) *Community mobilization:* identify opportunities to address individuals and achieve a multiplying effect through word of mouth or new role model behaviours in a community. Involve community groups in delivering the action.

Conducive environments have been recognized as a critical enabler for Healthy Living (13; 14; 15; 16; 17). The Ottawa Charter states that health and health promotion require “a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices” (18).

Environments have both a physical component, such as urban infrastructure or a workplace cafeteria, and a social component, such as local cultural dietary habits and “Healthy Living” norms conveyed at school or in a community setting. When designing a Healthy Living concept, the specific environmental elements need to be carefully considered and tailored according to the underlying challenge.

Behaviour change is particularly hard to achieve in the Healthy Living context. Many people around the world know what they would like to change, like lose weight or give up smoking, but find it very hard to do so. The field of research on behaviour change can be useful in this context (19; 20; 21; 22; 23). An effective concept of a Healthy Living intervention should include tools that both trigger and support behaviour change.

The Antecedent–Behaviour–Consequence (ABC) framework can be helpful in designing behaviour change elements (24; 25; 26; 27). *Antecedents* prompt certain behaviours, such as public infrastructure, role model behaviours, and school and work schedules. *Consequences*, such as incentives and rewards, happen as a result of behaviour and can increase or decrease desired behaviours. Consequences influence behaviours to a much greater extent than antecedents, and can be very powerful elements of Healthy Living concepts.

Community mobilization typically entails multicomponent interventions and programmes, usually applied across multiple settings, which are tailored to the local environment and implemented locally (28). Best-practice principles for designing and implementing community-based interventions include strong community engagement at all stages of the process, careful planning of interventions to incorporate local information and integration of the programme into other community initiatives.

Successful community-based interventions have been implemented, for example, in obesity prevention (28). Those programmes typically have multiple components that are designed for (and implemented according to) the local context. Accordingly, it is not possible to provide a comprehensive, generic list of the components that are likely to form a community-based intervention. On the contrary, a fundamental tenet of best practice for community-based interventions is that the community determines the most appropriate components and settings to suit its particular context; flexibility and creativity should be encouraged.

→ Tool 2.1: **Concept Design**

[Template to describe basic concept elements and differentiators; template to define tools to achieve behaviour change; template to design conducive environments]

2.2 Identify the Set of Stakeholders Required to Deliver the Action

Who should be included in the joint action, and what is their role in the collaboration?

First, identify stakeholders based on the concept of collaboration and the capabilities that are required for success. Stakeholders should be engaged in Healthy Living and have complementary capabilities and resources to support the joint action. Second, define the specific roles and responsibilities of each stakeholder, especially in large, multistakeholder collaborations.

→ Tool 2.2: **Stakeholder Identification and Role Definition**

[Template for identifying a set of stakeholders and defining their roles]

2.3 Engage Different Stakeholders to Test the Concept

What do experts and target groups think about the concept?

It is helpful to discuss the initial scope with experts and collect feedback from target groups “in the field” to serve as a reality check and help refine the initial concept. The external experts can also identify and engage additional stakeholders through their extended professional networks.

The challenge is to identify the ideal experts and/or target groups, as receiving the “right” feedback is critical at this stage and will greatly influence concept design. The “right” group of experts will be highly dependent on the specific context. Ideally, these experts would be:

- Highly committed to making the action a success
- Well informed on the subject matter
- Respected within their peer group and area of expertise
- Diverse and representative of different roles of the broader stakeholder group

2.4 Articulate the Rationale for Multistakeholder Collaboration

What is the motivation for a multistakeholder collaboration?

Clearly define and articulate the rationale for the collaboration. A sharp and transparent rationale can help motivate partners to support the initiative and keep them on board. The rationale should include a compelling problem statement, as well as an explanation of why joining forces is critical for the success of the initiative. It should also describe the benefits for each stakeholder (e.g. financial benefits, capability building or goodwill) in addition to helping address the Healthy Living challenge.

→ Tool 2.4: **Rationale and Value of each Stakeholder**

[Template to define rationale for participation and contribution for each stakeholder]

Case Study: Designed to Move

A global collaboration to get the world moving again

Key Success Factors

- Well-defined concept and rationale for a multistakeholder collaboration based on robust research
- Strong engagement of over 70 stakeholders from different continents and sectors who collaborated to test the initiative's concept
- Simple, unified vision and goals developed by aligning the multistakeholders' interests
- Unbranded initiative – though private sector initiated, the project and its results remain unbranded, reflecting the multisectoral nature of the collaboration



Situation and Approach

In 2010 Nike commissioned the University of North Carolina to conduct independent research on the key economic, social and political forces underlying drastically reduced physical education budgets, the increase in chronic disease rates among children and the proliferation of sedentary screen time. Major insights included:

- There is a strong correlation between economic growth and a rapid decline in physical activity levels – the faster economies grow, the more movement is engineered out of daily life.
- The benefits and ROI of physical activity remain “buried” and underestimated despite robust research. The problem is so widespread that no single actor could solve it alone.

Given these compelling insights, multistakeholder collaboration was clearly needed. Designed to Move was conceptualized as a global investment and advocacy effort with the aim of dramatically increasing populations' physical activity levels through multistakeholder collaboration. Over 18 months, the initiative identified and brought together 70+ experts from different disciplines to test the concept, provide insights into the problem and propose possible solutions. Collaborators agreed that urgent, large-scale investment was imperative. A simplified path forward was equally important. Ultimately, that consensus led to the development of a unifying framework for action that upheld a single vision: “Future generations running, jumping and kicking to reach their greatest potential” (29).

In designing the intervention, there were two “asks”: 1) create early positive experiences for children in physically active play, sports and physical education and 2) integrate physical activity into everyday life.

These two asks became the basis of *Designed to Move: A Physical Activity Action Agenda*, a framework for action co-authored by the American College of Sports Medicine, the International Council of Sport Science and Physical Education, and Nike. The report clearly developed the rationale for multistakeholder collaboration and sought to unify, inspire and enable a broad base of action by a community of champions. To date, a coordinated social media effort has promoted the designedtomove.org website and a video that was viewed by more than 100,000 people in a matter of weeks.

The framework champions are taking concrete steps to adopt the strategies while also engaging others to join the movement. For example, Partnership for a Healthier America has adopted the design filters and has enlisted the US Tennis Association. Architecture for Humanity is engaging partners to rethink the built environment to create physically active places to live, work and play. Sport et Citoyenneté and the International Sport and Culture Association have launched a broad platform of advocacy events including MOVE week, which promotes sporting options in communities throughout the European Union (30).

Designed to Move acts as a framework with evidence-based suggestions on how each sector and discipline can contribute to the vision. It provides successful case examples that span the globe and a clear argument for aligning interests across the education, physical activity, transport, government, community and healthcare sectors.

Nike commissioned independent research to better understand the circumstances of global physical activity levels. Nike developed and tested its initial concept on a large scale across disciplines and brought together diverse stakeholders around a shared vision and objective.

3. Mobilize

Multistakeholder collaborations are complex. Bringing multiple partners together, and aligning and continuously motivating them, requires thoughtful planning and management. A project will benefit from a clearly articulated value proposition for each stakeholder, which mobilizes selected partners and secures their active involvement. Bringing the right partners on board will require commitment and perseverance from a number of specifically dedicated members of the initial working group. Engaging in multistakeholder collaborations and making resources available requires complex decisions for most potential partners, and this process will take time.

Key Takeaways

- 3.1 Set up an initial working group.** In many cases, a smaller working group will support the first phase of a Healthy Living initiative. The composition of this group is important and will greatly influence the broader collaboration.
- 3.2 Develop a compelling vision and shared values.** A common vision can help align interests and pre-empt conflicts. Shared, transparent values will help in day-to-day interactions, project management and handling different points of view.
- 3.3 Frame the joint action and define success.** A clear and compelling success statement can help mobilize and align stakeholders around a common goal. It is useful to specify success in terms of the Healthy Living impact, economic and social benefits, and collaboration “health”.
- 3.4 Select the appropriate stakeholders.** Stakeholders should be selected and managed according to their interest in participating and their power to make an impact on Healthy Living.

Don't.....

- **Undervalue the purpose of a compelling and unifying vision.** It is important that all stakeholders wholeheartedly own and believe in the vision.
- **Choose “available” stakeholders over “ideal” stakeholders.** It is crucial to have the “right” people around the table, particularly when tough decisions need to be made.
- **Underestimate the time required** for mobilization. It will take time to get buy-in and resources from partners in all sectors.
- **Fail to assign one or more team members** to mobilize stakeholders. Past experience from multistakeholder settings has shown that an enormous amount of drive and many discussions are needed to get the right parties to the table.
- **Limit yourself to the obvious stakeholders.** Be creative when developing a long list of potential partners.

3.1 Set Up Initial Working Group

Who should be involved in developing and testing the initial concept?

In many cases, a single stakeholder, or a small group of stakeholders, initiates a Healthy Living intervention. At the very start of a Healthy Living initiative, it can be effective and pragmatic to establish a smaller working group and expand the collaboration as the detailed concept is developed. In any case, it will take time to get a broader group of stakeholders on board.

The initial working group should ideally provide input to the situational analysis (Block “Understand”), the initial concept design (part of “Align and Design”) and the high-level project and collaboration plan (part of “Mobilize”).

The composition of the initial working group requires significant thought, as this group will greatly influence the broader collaboration. It is important to ensure that:

- Key stakeholder groups are represented (e.g. food companies for an intervention on healthy food options)
- Stakeholder groups are balanced and represent the different sectors needed for the action
- A party that is perceived as “neutral” (e.g. from the public sector or an advisory firm) is positioned as the project leader.

→ Tool 3.1: **Checklist for Initial Project Team Meeting**
[Checklist for key agenda items for “kick-off” meeting]

3.2 Define a Compelling Vision and Shared Values

What is our vision? Are we aligned around shared values?

A well-defined, compelling vision aligns all stakeholders. Clearly state the vision in the partnership documentation and discuss and iterate it when setting up the action until all partners have seen (and agree to) the same joint vision.

Establish and agree on shared collaboration values. These might include, for example, respect, dedication, action-orientation, transparency and trust.

→ Tool 3.2: **Shared Values for Healthy Living Collaboration**
[Example of value statement specific to multistakeholder collaboration for Healthy Living]

3.3 Frame the Joint Action and Define Success

What does success look like? How should the scope and smart goals be defined?

An early discussion of “what does success look like?” can help define clear objectives and metrics to measure success. A success statement for a Healthy Living initiative may be structured in four sections:

- *Overall success statement* that summarizes the ambition in an easy-to-remember statement, ideally including quantitative and qualitative targets
- *Healthy Living impact*, which specifies “success” around Healthy Living awareness and knowledge, behavioural changes and potentially physical changes, and/or ultimately the impact on NCD prevalence
- *Economic and social benefits*, i.e. envisioned impact on healthcare costs, productivity and/or quality of care
- *Collaboration success*, e.g. around teaming, stakeholder engagement or collaboration health

A clear scope and SMART (Specific, Measurable, Applicable, Realistic, Timed) goals should be defined and agreed upon to bring the joint action to life. The initial working group, and later the larger collaboration, should discuss the goals in detail to be sure everyone understands and agrees with these common goals.

→ Tool 3.3: **Success Statement**

[Summarizes “what success looks like” for this collaboration]

3.4 Select Appropriate Stakeholders

Which organizations are the best “fit” with the envisioned collaboration?

Use a systematic approach to select the most appropriate partners from the initial long list. Target a balanced representation of stakeholders in order to create the right dynamic for the collaboration. Identify different potential partners for each stakeholder type that should be part of the collaboration. The longer list of stakeholders can then be further assessed to create a shortlist of potential partner organizations by type:

- Stakeholder representatives need to be at the right level within their organization in order to appropriately contribute to the project.
- There should be clear support from the top of an organization.
- The organizational “fit” should be considered on multiple dimensions – mission, culture, management, time, etc. – to ensure productive working relationships.
- An organization’s track record concerning prior multistakeholder collaborations or interventions in the respective field could prove insightful.

To mobilize stakeholders for joint action, there should be a convincing and transparent value proposition for each partner organization. This applies especially to stakeholders for whom the value proposition is less clear, or for whom there are complex cost-benefit considerations. The value proposition could entail “soft factors” such as networking options, knowledge sharing, public visibility/corporate social responsibility or being a frontrunner on the “right side of history”.

→ Tool 3.4: **Partner Assessment and Prioritization**

[Tool to help identify the best-suited partners by stakeholder group]

To secure the engagement of the most appropriate stakeholders, plan and reach out to partners well in advance. The mobilization plan should include “who” to approach, “how” and with “what kind” of information and detail on “how to secure” their engagement. Leveraging the contacts of existing partners in the group can be useful.

Case Study: Isfahan Healthy Heart Programme

A multidimensional community programme for Healthy Living in the Islamic Republic of Iran

Key Success Factors

- Engaged representatives from all relevant sectors and at the right “level” to ensure the appropriate power and reach to affect health progress
- Holistically responded to the local Healthy Living Challenge using 10 separate dimensions across risk factors and age groups, and demonstrated impressive improvements in health metrics



Situation and Approach

In late 1999, the director of the Isfahan Cardiovascular Research Centre, Dr Nizal Sarrafzadegan, initiated the Isfahan Healthy Heart Programme (IHHP). It was a 5-6 year multilevel community programme combating cardiovascular disease (CVD)-induced morbidity and mortality by addressing key risk factors. Two intervention cities, Isfahan and Najaf-Abad, and one control city, Arak, were selected based on their similarities in socio-economic status, demographics and health profiles (31). A clear long-term vision was developed: “to decrease the incidence, disability and mortality of CVD”. The short-term goals were to increase the community’s health literacy, create positive health attitudes and health behaviours and to train health professionals on the causes and outcomes of CVD (32).

After conducting a baseline survey to assess the Healthy Living challenge in the three study cities, the Isfahan University of Medical Science identified 10 projects to address Healthy Living from multiple levels and risk factors (31):

- Healthy Food for Healthy Community – education on healthy food, food reformulation and the introduction of healthy menus at restaurants and shops
- Isfahan Exercise and Air Pollution Control Project – education, training and advocacy for physical activity, use of public transport and bicycle lanes
- Women Healthy Heart Project – healthy lifestyle training for women’s health
- Heart Health Promotion from Childhood – healthy lifestyle outreach engaging children, parents, health professionals, schools and kindergarten staff on physical activity and healthy diets
- Youth Intervention Project – awareness and outreach on Healthy Living to the military, university students and youth volunteers of local non-governmental organizations (NGOs)
- Worksite Intervention Project – occupational health training for worksite physicians and implementation of screening systems, health messages and physical activity in the workplace
- NGO and Volunteers Project – training for health workers in cities and villages, empowering health volunteers on healthy nutrition and stress management
- Health Professionals Education Project – training physicians and nurses in seminars and educational assemblies on Healthy Living
- Health Lifestyle for High-Risk Groups – providing healthy lifestyle training to high-risk individuals
- Healthy Lifestyle for Cardiovascular Patients Project – providing training for CVD patients

To ensure the success of the IHHP, the Isfahan Cardiovascular Research Centre and the broader Isfahan University of Medical Science reached out to a long list of potential stakeholders across all the relevant sectors. They garnered the support of key stakeholders within schools, the healthcare sector, mass media and the food industry and engaged business and market leaders, key NGO staff and local political decision-makers. All were heavily involved in planning and implementation through a High Council, a Coordination Committee and a Scientific Advisory Committee. Furthermore, the right level of stakeholder representative was engaged. The IHHP involved the mayors, governors and governor-generals of both intervention cities and were able to win the support of the National Organization of Budget and Management of Iran (31; 33).

Metrics on diet, physical activity, smoking behaviour and stress management were tracked over four years. Those practicing a healthy diet in Isfahan increased from 18%-40% over the four-year period and from 14-31% in Najaf-Abad (compared to no significant change in healthy diets in the control city). Though all cities all saw a progressive decline in total physical activity, the difference was significantly smaller for the intervention vs control cities. Finally, health professionals significantly increased their knowledge of healthy lifestyles in Isfahan and Najaf-Abad, indicating that there was an effective knowledge transfer.

The Isfahan Healthy Heart Programme was impressive for its ability to rally representatives at the community and national level around a clear long-term goal. The group of engaged stakeholders supported the implementation of short-term goals over a sustained five-year period and produced significant health behaviour change within a low-resource setting.

4. Build and Train

Although there is no “one-size-fits-all” approach for building successful multistakeholder collaborations, it is useful to understand the key elements of building and delivering results using a collaborative approach. Clear governance and collaboration agreements are core elements of successful collaborations. Resource and benefit-sharing mechanisms also need to be clearly defined upfront and transparently adapted as needed along the way.

Key Takeaways

- 4.1 Define governance structure and roles and responsibilities.** Effective project governance and clearly defined roles are essential and should be defined in advance.
- 4.2 Establish a championship spine** in all key stakeholder organizations. Champions collect and review “health” check data and help keep the collaboration going during rocky phases.
- 4.3 Establish collaboration agreements.** Collaboration agreements will define the cornerstones of a relationship.
- 4.4 Define resource mechanisms and benefit sharing.** Explore new and innovative ways to resource the joint action, e.g. by leveraging the core competencies of existing partners. Take a broad approach, as many stakeholders are affected by Healthy Living issues and may be willing to contribute.
- 4.5 Manage conflicts of interest.** Multistakeholder collaborations are complex, so conflicts will certainly emerge. Anticipate conflicts and proactively align interests.
- 4.6 Develop a training plan.** A relevant and well-designed training program is fundamental for effective execution and lasting impact.

Don't.....

- **Leave roles and responsibilities unclear or vague.** Each partner should be consulted about the desired role and responsibility, and these roles and responsibilities should be clearly articulated and transparent for all stakeholders.
- **Underestimate the importance of an effective governance structure.** Given the complexity of multistakeholder collaborations, governing bodies must have clear roles and responsibilities and be equipped to help steer the project and solve escalated issues.
- **Avoid the discussion around conflict of interest.** Conflict of interest topics are a key risk for any multistakeholder collaboration and need to be analysed, discussed and addressed.
- **Underinvest in training.** Build sufficient training sessions and repetitions into the plan to foster lasting change.

4.1 Define the Collaboration Governance Structure, Roles and Responsibilities

How will the collaboration be managed?

Effective governance is particularly critical in multistakeholder collaborations, as partners will need to align multiple interests and incorporate feedback from many different parties. Conflicts of interest and escalation of day-to-day issues will also be more common than in single-organization project settings, and governance bodies need to be equipped to deal with such scenarios.

Effective governance:

- Provides guidance and coaching to those involved in the change
- Ensures that the project is executed against pre-defined milestones
- Resolves critical issues
- Improves the way people make decisions and manage the execution of change
- Holds programme leaders and teams accountable for their performance
- Creates alignment on the critical decisions at each step of the process

Establish the governance structure early during the partnership and gain the agreement of all parties. When designing the governance structure, it is important to have a fair representation of the different stakeholders and organizations involved in the partnership; these representatives should be truly engaged in the multistakeholder action. Governance bodies need to have relevant decision rights.

It is also important to define the roles and responsibilities of member organizations to ensure efforts are not duplicated across the collaboration. A clear understanding of roles also helps to avoid delays in execution and unnecessary conflicts.

- Tool 4.1: **Governance Structure for Healthy Living Action**
[Template to define governance structures including roles and responsibilities]

4.2 Establish Championship Spine

Who are the multistakeholder collaboration champions and how can they contribute?

It is important to have strong individual supporters within all stakeholder organizations (and at all relevant levels) that form a “spine” throughout the collaboration and partner organizations. This group of people can be referred to as “champions”. Being a champion is an active role that demands significant time and commitment from leaders, requiring them to:

- Provide the right context within their organization and peer group
- Establish clear roles for their organization and/or employees
- Secure the necessary resources
- Build commitment and manage resistance

Given this highly committed role and considerable responsibilities, champions cannot be appointed at random but must be selected based on their commitment and enthusiasm. Champions should be selected from all levels of the partnership, including those “on the front line”.

→ Tool 4.2: **Championship Spine**
[Structure of “champions” within the collaboration and beyond]

4.3 Establish Collaboration Agreements

What are the cornerstones of the collaboration?

Codify participants’ commitment to the project in some form of collaboration agreement. Depending on its design, this may or may not be a legally binding contract. However it is critical to define the key parameters of the collaboration to pre-empt confusion on key issues and to prevent anticipated conflicts. Both the representative in the partnership and the organization as a whole should commit to the collaboration agreement to ensure clarity and continuity in case of changes.

Several elements specific to multistakeholder situations should be included in collaboration agreements. These elements ensure transparency and the proactive alignment of interests by setting the “playing field”. It is important to note that collaboration requirements will vary based on geography and the focus of the project. Collaboration agreements need to be designed with the involvement of legal departments.

Examples of potential elements of collaboration agreements include:

- Roles and responsibilities of each partner
- Duration of collaboration
- Common and individual visions, goals and objectives
- Funding arrangements
- Joint operational plan
- Principles of collaboration
- Reporting and communication framework
- Governance structure
- Grievance mechanisms to resolve differences

4.4 Define Resource Mechanisms and Sharing of Benefits

What resources could be tapped? How will benefits be shared?

Identify and agree up front on a resource mechanism (tapping into funds and other non-financial resources). Depending on the scope of the joint action and the stakeholders involved, different resource mechanisms can be considered. Financing can include public sources, public-private partnerships, donations or sponsoring. Resourcing includes using the existing core competencies of each partner, leveraging expertise, logistics and implementation capacity.

Stakeholders can receive different types of benefits from a collaboration, such as access to patient data, a boost in product sales, reduced absenteeism or marketing exposure via product placement. The sharing of benefits should be determined up front and made transparent to all stakeholders.

→ Tool 4.4a: **Resource Mechanisms**
[Overview of different resource mechanisms]

→ Tool 4.4b: **Benefit Sharing**
[Template that defines the benefits for each stakeholder]

4.5 Manage Conflicts of Interest in Collaborations

How can potential conflicts of interest be managed without endangering the joint action?

Any partnership involving stakeholders from multiple sectors will have to align the differing interests that naturally exist between each sector. Conflict within partnerships can arise for a multitude of reasons, but can typically be attributed to six core differences between stakeholders (34):

- Misunderstanding – when partners fail to understand and respect sector-specific differences
- Mistrust – lack of trust and understanding, and potentially pre-conceived impressions of individual stakeholders and/or sectors
- Mismatches of power – when a sector or stakeholder dominates the leadership and direction of the joint action
- Misallocation of costs and benefits – managing costs and distributing benefits
- Mismatched partners – unequal representation of partners or stakeholders
- Misalignment of time horizons – changing stakeholder interests over time

→ Tool 4.5: **Managing Potential Sources of Conflict**

[Template to help identify potential areas of conflict]

The key to successfully managing any conflicts of interest is to acknowledge and address these conflicting interests in an open, transparent and collaborative manner. Without frank discussion, the partnership and joint action is vulnerable to breakdown, particularly in the implementation phase of the project. There are three key ways to effectively manage conflicts of interest:

1. *Trust and Open Communication*

The foundation of any partnership is built upon trust and open communication. Trust may develop for varying reasons – some partners may have naturally aligned interests, while others may respect and trust the reputation of previously unfamiliar stakeholders. Regardless, stakeholders must approach the project with an external and internal understanding that there may be disagreement on sector-specific goals and values. To that end, it may be beneficial for stakeholders to:

- Communicate openly about expectations, strengths and needs. Each stakeholder must understand the value and strengths they bring to the table (e.g. financial, knowledge or networks)
- “Agree to disagree” in order to focus on the overall goals of the partnership
- Rely on joint problem-solving tasks to align interests and illuminate assumptions and inherent differences
- Realign expectations and invest in partnership identity building with shared values, common interests – and possibly even a newly defined language – to facilitate clear communication

2. *“Rules of the Game”*

Governance and a transparent partnership structure are hugely important. The building blocks within this toolkit support the creation of a detailed framework, but it is equally necessary for partners to regulate their own behaviour and adhere to the framework and rules. At a minimum, a framework should have clear methods of information exchange, partnership exit and acceptance rules as well as a protocol for managing conflict. These rules must be equal for (and respected by) all partners, regardless of sector.

Communication should be used as a tool not only to update partners but also to encourage discussion and dialogue on different perspectives. Don't ignore or avoid conflict; accept it as an inevitable by-product of collaborative work. Rather than focusing on individual relationships or the sector-specific nature of conflicts, encourage stakeholders to focus on the “task aspect” of the conflict (i.e. the aspect of the conflict that involves the joint action and the collaboration framework itself). A group can find and develop solutions to continue moving forward with a joint action or to repair and sustain the framework of a collaboration, but solutions cannot be developed to change a stakeholder or the nature of a sector. Stakeholders should take a creative approach to identify win-win situations or avenues that avoid or minimize these types of conflict of interest.

3. *Bridging Intermediary*

An intermediary – a brokering individual, group of individuals or neutral platform – can be a key way to bring stakeholders together. This intermediary should ideally have the support and high-level trust of most, if not all, the sectors represented in the partnership. Ideally, it should be a neutral member who is not subject to conflicting forces, such as representing their organization's interests or being accountable to third parties. The bridging intermediary is thus able to gain an overview of the interests and align and negotiate them collaboratively, while supporting and maintaining the relationships among the partners. The intermediary fulfils four core roles within the partnership framework:

- Translator – facilitates knowledge transfer and fosters connections among disparate stakeholders across the knowledge domains and culture of each sector
- Coordinator/relationship builder – must have strong networking and communication skills
- Negotiator – must understand power and be able to negotiate between different levels of the group to preserve mutual trust and respect
- Bilateral broker – can identify mutual benefits and value propositions for each stakeholder by having background conversations with individual stakeholders to gain their perspective and bring that to the forefront in a neutral manner

4.6 Develop Training Plan

What type of training programme is required to ensure effective execution and lasting impact?

Training is a critical element of any collaboration, but it is particularly important for long-term projects in which individuals and stakeholders may change. An effective training programme will not only help achieve the short-term goals, but it will also facilitate a continuous learning loop whereby stakeholders can learn from their own experiences. Training will take time and resources. An effective training plan should be designed for the long term and should incorporate repetitions and refreshers for the most relevant collaboration and operational topics. For cost effectiveness, groups should leverage modern tools such as e-learning modules.

Broadly, the two types of training are:

- *Collaboration training*: a training programme for stakeholders involved in the joint action. New stakeholders will require an on-boarding training to understand the origin and cornerstones of the joint action. A continuous learning programme may also be included as part of the project team sessions.
- *Operational “field” training*: a largely technical training session for field staff that addresses the specific skills required for execution with target populations. For example, trainings may include management guidelines for a particular NCD and/or guidelines for working with a specific target population.

→ Tool 4.6: **Training Plan**

[Overview of potential training initiatives]

Case Study: Ensemble Prévenons l’Obésité Des Enfants (EPODE) Community-based childhood obesity prevention programme

Key Success Factors

- Community-level multistakeholder action involving day care centres, primary schools, catering services, sports groups, parent groups, supermarkets, local companies, producers and retailers
- Clear governance and coordination structure at central and local levels
- Evidence-based and following national guidelines on nutrition, diet and physical activity with a social marketing approach

Situation and Approach

EPODE is a framework developed using the results of a long-term pilot program in France called Fleurbaix Laventie Ville Santé.

The programme demonstrated that engaging an entire local community to deliver diet and physical activity-related messages over the course of several years to children and families led to a significant decrease in the rate of childhood obesity (35).

From its pilot study origins, EPODE has operated with a Central Coordination Team (CCT), supported by multiple stakeholders from all sectors, an independent expert Advisory Committee composed of experts and academics, as well as a local project manager who is assigned by the community mayor. Both the CCT and the local project manager were responsible for establishing a championship spine. The CCT ensured the legitimacy of the project by involving key supporters in public positions and scientific organizations, while the local project manager and mayor created a multistakeholder Steering Committee capable of implementing local action and generating interest at the local level. This structure ensured that key decision-makers and supporters were involved in both ground-level action and higher-level policy change. The team addressed conflicts of interest by obtaining commitment from the project’s private partners not to interfere with expert content or associate the programme’s brand with the promotion of their own product brands. At the local level, each community and its constituent stakeholders agreed to consistent implementation of the key success factors and evidence-based programming. The CCT also trained local project managers using methodological, mobilization and communication tools informed by best practice (36).

With initiatives such as special lessons on nutrition and physical activity, distribution of healthy breakfasts at schools and the endorsement of local doctors and teachers who are incorporating healthy eating and exercise into their curriculum, EPODE has seen success in preventing obesity in 10 French towns and has since spread to 226 French towns as well as internationally to Belgium, Greece, the Netherlands and Spain (35).



EPODE not only incorporates evidence-based programming but clearly lays out the framework and roles and responsibilities for multistakeholder planning and action. It has created a structure to avoid conflicts of interest and to build up the necessary political and academic support.

5. Deliver

The “Deliver” building block is about achieving results in an effective and efficient manner. Clear decision rights are key to moving the collaboration forward in complex settings.

Key Takeaways

- 5.1 Define the approach to the joint action.** Define work packages and key milestones.
- 5.2 Make a conscious “go/no go” decision.** Ensure that all the necessary elements are in place to deliver according to plan.
- 5.3 Manage the work and track progress.** Use best-in-class project management tools. A multitude of project management tools can be used; choose a simple, milestone-based and action-oriented approach.
- 5.4 Ensure a decision-driven approach.** Make sure key decisions are taken effectively and efficiently using the RAPID® framework.
- 5.5 Actively manage internal communications.** Assign a responsible person for communication within the collaboration and frequently communicate to ensure transparency and foster enthusiasm.

Don't....

- **Make it too complicated.** Project monitoring and tracking should be simple and focus on addressing key issues, leveraging proven project management tools.
- **Be too ambitious** in terms of scope and timing. Develop a realistic plan that can be met with the available resources, and reserve time for alignment with stakeholders ahead of key decisions.
- **Allow key decisions to be endlessly delayed or badly taken.** Identify critical decisions up front and assign decision rights.
- **Underestimate the power of communication.** Good communication around the joint action can go a long way towards keeping stakeholders on board, mobilizing new stakeholders or even entire communities.

5.1 Define Milestone-based Approach to Joint Action

What does the overall project approach look like and what are the key milestones?

Based on the intervention concept, define specific work packages at this stage. When designing the overall approach, be sure to define milestones and agendas for key meetings early in the process. Key milestones include a review of the situation analysis, prioritization of actions and selection of the high-level concept, agreement on the final concept with a go/no go decision on implementation and regular reviews of outcome evaluation.

- Tool 5.1: **Milestone-based Output Strategy**
[Framework for defining outputs and deliverables for Steering Group and other key meetings]

5.2 Take Go/No Go Decision

Is the collaboration ready to launch?

The final component of this phase is a “go/no go” assessment of the joint action, which includes assessing whether there is a defined and sizable unmet need, sufficient available resources, and willing and engaged stakeholders. This is a critical decision point in the “Deliver” building block to ensure that all the required elements have been thoughtfully considered.

- Tool 5.2: **Go/No Go Decision Point**
[This checklist speaks to the critical few elements that need to be in place before a major investment or implementation decision is taken]

5.3 Manage the Work and Track Progress

How to manage the project with best-in-class tools

Use your agreed-upon workplan, including activities, roles and responsibilities, key milestones, and key meetings and deliverables, to monitor progress. Several templates are available to ensure that both long-term goals and short-term actions are executed and maintained according to plan. Key interdependencies and “hard deadlines” should be identified and highlighted.

In designing the workplan, a few best-practice rules should be considered:

- Work backwards from the end state to build the plan
- Start with a high-level “master plan” with clearly defined milestones, then fill in the detail
- Involve key stakeholders throughout the planning process to secure buy-in
- Consider interdependencies throughout the workplan and make adjustments as necessary
- Look for opportunities to build and maintain momentum
- Ensure the transformation plan is achievable, i.e. all potential capacity constraints have been addressed
- Keep implementation and transition plans flexible to incorporate mitigation activities for newly discovered risks
- Schedule regular check-ins (for example, regular “pulse checks”) for regular monitoring and reporting
- Ensure simple and visual progress updates are provided, which focus on key issues

Document the project well in order to make the results of the collaboration visible to partners supporting the collaboration and so that others can learn from the initiative. Monitor progress and results against previously agreed-upon metrics.

→ Tool 5.3a: **Integrated Master Workplan**

[Workplan in one-page format across all workstreams to maintain “big picture” view of overall project and interdependencies]

→ Tool 5.3b: **Tracking Sheet**

[Template to track progress vs workplan]

5.4 Ensure a Decision-driven Approach

How to ensure that key decisions are taken efficiently and effectively

In managing the work, it is important to have a clear view of the key decisions that are essential to the project’s success. Research shows that the highest performing organizations are “decision-driven”, making high quality decisions quickly, fully executing the decisions, while exerting the appropriate amount of effort.

For these key decisions, roles in the decision-making process should be clearly defined using the RAPID® framework (Note: RAPID® is a registered trademark from Bain & Company) (37; 38; 39).

- *Recommend*: the person in this role leads the process. He or she is responsible for obtaining and evaluating the relevant facts and other inputs and then proposing alternative courses of action.
- *Agree*: people who must agree to a recommendation are those who must sign off on it before it can move forward – executives with legal or regulatory compliance responsibilities, for instance.
- *Perform*: the final role in the process involves the individual or group who will perform or execute the decision. It’s this party’s job to implement the decision promptly and effectively.
- *Input*: people with input responsibilities provide the data that is the basis of any good decision. They also offer their own judgments about the proposals. They have the right to provide input to a recommendation, but not to veto it.
- *Decide*: eventually, one person will decide – many RAPID® users say that this person “has the D”. Giving the D to one individual ensures single-point accountability.

Furthermore, decision processes and disciplines need to be clearly defined for key decisions (i.e. when is the decision being taken? when/how is it executed? etc.). Last but not least, align behaviours through collaboration governance, communication and training.

→ Tool 5.4: **Decision Rights – RAPID®**

[Tool to assign decision rights for critical decisions and make them transparent]

5.5 Actively Manage Internal Communication

How to best communicate within the collaboration, to ensure transparency and foster enthusiasm

Given the complexity of multistakeholder collaborations, it is important to communicate progress and key issues frequently (and in a timely fashion) within the collaboration. This will help keep stakeholders on board and avoid delays due to long feedback loops and alignment rounds. Communicate successes and design communications in a positive and creative manner to foster enthusiasm and engagement.

Assign one responsible person for internal communication and use effective channels. For example, consider posting short videos with feedback “from the field” on a central site.

Case Study: Agita São Paulo, Brazil

Regional mass media campaign to increase population levels of physical activity

Key Success Factors

- International multistakeholder collaboration with an Executive Board involving more than 150 strong institutions from education, sports, health, industry, commerce and services (40)
- Evidence-based approach using public health recommendations and social science research
- Culturally relevant messaging and events tied to local values of fun, humour and national holidays
- Multilevel intervention across society spanning multiple environments (the home, the workplace, the leisure area) and multiple age groups (youth, working age, elderly)



Situation and Approach

In 1995 the State Secretary for Health in São Paulo requested that the Physical Fitness Research Center in São Caetano do Sul (CELAFISCS), an independent non-profit scientific institution, develop a statewide programme in response to emerging data on the high prevalence of physical inactivity. CELAFISCS headed a two-year planning process to develop an evidence-based programme in consultation with the Pan American Health Organization, the US Centers for Disease Control and Prevention, the UK Health Education Authority and the Institute for Aerobics Research in Dallas, Texas. The programme was launched in December 1996 with an international Scientific Board and an Executive Board comprised of partners from the public sector, private sector and civil society (40). With the simple goal of increasing knowledge about and participation in the physical activity recommendation of 30 minutes at least five times a week, the Agita São Paulo programme has clearly delivered in terms of the implementation of its projects. A mass media campaign targeted students, workers and the elderly in three settings: home, transport and leisure (41). Using promotional materials that were culturally adapted to Brazilian values of fun, dance and humour, and by planning mega-events with the engagement of multiple stakeholders, the programme was able to reach more than 6 million students and their communities and over 5 million workers from different industries. They were also able to engage around 640 state cities in the first five years. Research indicates more than half the population know about the programme and its message, and the number of active individuals has increased by 10.2%, with 54.8% of the people reaching the recommended level of physical activity (41). The programme model has since spread internationally to form culture-specific national programmes in Colombia, Argentina and Uruguay, for example.

After evidence-based deliberation and multistakeholder planning, Agita went on to deliver on its two-year planning for successful events and messaging campaigns. These projects have further led to measurable results among the population and to international scale-ups.

6. Evaluate and Sustain

An initiative can only achieve long-lasting impact if this is planned for up front, and if the continued engagement of key stakeholders is ensured.

During the course of the joint actions, both the “health” of the collaboration and the dynamics of the partnership should be assessed regularly. These checks can provide valuable insights and help identify potential conflicts of interest, which can then be managed accordingly. Some situations may require dealing with the transition or exit of partners. At the end of a project phase, employ tools to sustain the impact of the collaboration and, where relevant, bring the project to the next level.

Key Takeaways

- 6.1 Define metrics and how to track them.** Align the stakeholders on how to measure project outcomes.
- 6.2 Identify and manage implementation risks** early in the project to proactively address any problems that may arise.
- 6.3 Check the “health” of the collaboration.** “Health” checks provide valuable feedback and create the opportunity to constantly improve the joint action.
- 6.4 Communicate with the community and a broader set of stakeholders.** Focus on a small number of key messages and communicate through different channels.
- 6.5 Sustain the collaboration.** Put a process in place for the long term by securing an effective team, long-term funding, effective and repeatable processes, and continuous learning.
- 6.6 Capture learnings** to share with other multistakeholder collaborations.

Don't.....

- **Be vague or theoretical when defining metrics.** Choose simple and measurable metrics that really reflect the progress and impact of the intervention.
- **Rely solely on lagging indicators.** If possible, select and measure leading indicators to help identify and manage potential issues before they present challenges.
- **Ignore partnership “health”.** The cohesion and “happiness” of the partnership is essential to delivering the partnership outcomes.

6.1 Define Metrics and How to Track Them

What are the most important metrics, and how should they be measured?

It is best to evaluate project outcomes at defined milestones against previously agreed-upon metrics. This helps collaborators decide whether a specific initiative is effective and should be continued or if refinement is needed. An effective series of metrics should be able to identify risks early, recommend course-corrective actions, track outcomes and drive decisions.

Sets of potential metrics include:

- **Process metrics**
 - Short-term, easy-to-measure metrics such as the reach of a campaign or Healthy Living awareness within a target group
 - Short- to mid-term metrics linked to behaviour change (e.g. consumption of sugary beverages or levels of physical activity)
- **Outcome metrics**
 - Mid- to long-term outcome metrics linked to risk factors (e.g. obesity or high blood pressure)
 - Longer-term outcome measures that demonstrate an impact on NCD prevalence and mortality

When designing metrics, three “golden rules” should be considered:

- Select only a few vital metrics that matter and will help inform partnership decisions
- Use a combination of leading and lagging indicators to create a holistic risk framework
- Develop a regular reporting rhythm to ensure that the information is reviewed and acted upon

It is important to note that other organizations have developed metrics that may be applicable. At the time of publication, the World Health Organization is developing a global monitoring framework and voluntary targets (42).

→ Tool 6.1: Monitoring and Evaluation Design

[Templates to support the selection of metrics, design of output formats and analysis of benefits, costs and System-ROI]

6.2 Identify and Manage Implementation Risks

What are the main implementation risks and how can they be addressed?

Early in the project, conduct an implementation risk assessment to identify any risks that might arise during the course of the project. Systematic risk assessment is important in order to anticipate barriers and predict risks.

The risk assessment survey should cover the following main dimensions, tailored to each Healthy Living collaboration:

- *Lasting value*: is the Healthy Living action designed to have a long-term impact?
- *Robust financials and operations*: are the financial and operational plans robust?
- *Committed team*: are the right leaders and champions on board? Are culture and capabilities proactively addressed?

→ Tool 6.2: **Implementation Risk Assessment for Healthy Living Action**
[Template that helps identify implementation risks along several dimensions]

6.3 Check the “Health” of the Collaboration

How to secure the “health” of the collaboration

Joint actions usually take place over a long period of time, with many ups and downs. They are typically complex, given the number and diversity of stakeholders involved, and there may be insufficient opportunity for frequent meetings in person. Thus, it is useful to conduct regular “pulse checks” to test partners’ overall satisfaction and collect suggestions for changes to the collaboration. Insights from these pulse checks can help address critical issues, such as a dissatisfied stakeholder, and improve the collaboration through a continuous learning process.

Partnerships require time and energy from all partners involved. Partnership dynamics should be carefully managed in order to prevent any disruption to the partnership, such as passive, free-riding or domineering partners.

→ Tool 6.3: **Collaboration “Health” Check**
[Sample questionnaire]

6.4 Communicate with the Community and a Broader Set of Stakeholders

What should the outside world know about the collaboration?

As a general rule, project teams should develop only a few powerful key messages for communication, to be delivered repeatedly throughout the course of the intervention. Being succinct and clear is very important to ensure messages are easy to understand. However, different communication channels can and should be considered. The first announcement should be timed to maximize impact and ensure buy-in from all relevant stakeholders.

→ Tool 6.4: **Communication Plan**
[Template for an external communication plan]

6.5 Sustain the Collaboration

How to sustain the collaborative effort

After an initial joint action is completed, put a process in place to guarantee its sustainability (or self-sustainability). An overall long-term aim of the collaboration could be to undergo the transition from experiential learning to embedding a highly repeatable process.

The process of embedding is not easy and takes time. It should be taken into consideration at the outset of a Healthy Living action, when stakeholders get on board and when the concept is developed. It can be thought of as drafting a sustainability plan and a long-term projection.

Four dimensions are critical to achieving a lasting impact:

- *An effective team* with the right capabilities, committed and capable leaders, a broad championship spine and a programme that ensures the health of the long-term collaboration
- *A revised governance* structure and redefined roles and responsibilities, if required as the collaboration evolves
- *Long-term funding* with adequate financial (and non-financial) resources and transparent reporting
- *Effective processes* that are designed and documented to allow repeatability and transferability (e.g. an online platform where resources are easily accessible or an automated tracking and reporting system)
- *Continuous learning* through feedback loops and response mechanisms that allow solutions to evolve as required

→ Tool 6.5: **Lasting Impact on Healthy Living**
[Checklist to ensure lasting impact]

Planning ahead can help deal with the transition or exit of partners, which can happen due to the overall (e.g. national) context, the collaboration itself or even for reasons within the partner organization. While each situation requires different measures, developing and managing a detailed transition/exit plan is important. Furthermore, partners should handle the process in a transparent, inclusive and patient manner.

To integrate new partners into the collaboration, it is important to:

- Invest heavily in a comprehensive on-boarding and handover process to make sure the new organization comes up to speed
- Facilitate the transition with a tailored integration plan based on the new partner's current understanding and proposed role
- Ensure there is a clear understanding of the rationale and context for the partnership and the decisions made to date (both the “what” and the “why”)

6.6 Capture Learnings for Future Collaborations

What did the joint action learn and achieve?

After the completion of the collaboration, it can prove helpful to summarize the experience, both in terms of progress and alignment. This summary can bring partners together to reflect on the joint action and can produce valuable learnings. However, simply “learning” from the experience is insufficient to produce the desired step-change. It is essential to share, develop and improve the key lessons learned, which entails communicating across countries or regions and across competing organizations. The objective is to foster multistakeholder collaboration for Healthy Living across the whole of society.

→ Tool 6.6: **Learnings for Future Healthy Living Collaborations**

Case Study: Discovery's Vitality Programme

Consumer-focused, incentive-based health insurance programme that fosters Healthy Living

Key Success Factors

- Incentive programme based on social science that has generated significant positive outcomes
- Private sector-initiated multistakeholder approach that has expanded through public and civil partnerships into evidence-based programmes and health promotion initiatives for all people, not just paying members
- Multifactorial approach that addresses all risk factors for NCDs and all stages of life
- Innovative, financially-sustainable, consumer-based model that has been adapted for international settings



Situation and Approach

In 1993, Discovery, a South African-based financial services and health insurance company, pioneered a consumer-focused health insurance product, “Vitality”, which used the novel approach of paying customers for health (43). Using an incentive-based scheme, Vitality makes healthy lifestyles easier by providing low-cost access to gyms, significant discounts on healthy foods and rewards including discounts on holidays, flights and consumer products for practicing healthy lifestyle behaviours. Programme members complete an initial health assessment that calculates a “vitality” age, showing the consumer the number of years of life lost based on their risk factor profile for BMI, cholesterol level, level of physical activity, etc. They are then given an individualized plan to improve their health based on their risk factor profile.

Since the implementation of Discovery's Vitality, independent academic and research bodies have conducted impartial evaluations of the programme's effects. Not only has its success contained health insurance premiums for Discovery, but research indicates that their programme leads to fewer hospital admissions, shorter hospital stays and lower costs per patient. The admission rates were also 7.4% lower for cardiovascular disease, 13.2% lower for cancers, and 20.7% lower for endocrine and metabolic diseases (44).

Discovery has successfully partnered with private businesses (grocery, pharmacy and sport equipment chains, gym and health clubs, travel agencies and airlines, telecom companies, movie theatres and retailers), public agencies such as the Department of Education and international research institutions like the Harvard School of Public Health, Utrecht University, Carnegie Mellon and the University of Cape Town. Since its inception, it has maintained the health of its collaboration with external partners and has expanded by building upon this collaboration. Using the findings from their initial programme, Discovery has expanded through PruHealth in the UK, HumanaVitality® in the United States and Ping An in China, and they have broadened their scope in South Africa to include (43):

- HealthyFood, a partnership with Pick n Pay that marks HealthyFood items on grocery receipts using dietary guidelines set by a nutrition panel
- Healthy Active Kids Report Card, a health promotion activity for school-aged children
- Vitality Schools, an initiative with the Department of Education that provides educational materials for healthy lifestyles for teachers, parents and children
- Wellness conventions for health professionals, which provide information packages and trainings on issues such as child obesity
- A Healthiest City competition that fosters awareness and action for cities to improve their health profiles
- The Healthy Company Index Survey and Vitality WellPoint, a programme to help companies improve their employees' health and reduce absenteeism (45)

One of the few initiatives able to link its activities in a causal relationship with health outcome metrics, Discovery's Vitality also used the metric results and implementation learnings to great effect. They have been able to use their metrics to successfully broaden their scope locally and scale up internationally.

This document, as well as the templates in the Annex report, will be further enhanced over time as we gain more experience in supporting future multistakeholder collaborations for Healthy Living. If you have any feedback or learnings you would like to share, please do not hesitate to contact the World Economic Forum.

Annex

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How to use these materials

The templates in this document are designed to summarize key data and information for Healthy Living collaborations in a simple and effective format. The one-page-per-topic format will help teams effectively prepare for project meetings and focus the discussion on key issues.

These templates can be complemented by additional detail around priority areas such as a certain Healthy Living dimension, a key component of the intervention concept or a specific collaboration issue.

Teams using these templates should tailor the frameworks to their specific collaboration, but still aim to address all Healthy Living dimensions and all aspects of a well-functioning collaboration.

A PowerPoint version of the templates can be obtained from the World Economic Forum (Vanessa.Candeias@weforum.org).

1. Understand

1.1 Assess the Local Healthy Living Challenge

Tool 1.1 Local Healthy Living Challenge - Segmentation

Region: Country/State/City		Year:														
Dimension		Population segments	0-5	6-17	18-25		26-50				51-65				>65	
					Male	Female	Male		Female		Male		Female		Male	Female
							Low income	Mid/ high income								
Diet	excess calorie intake															
	high salt intake															
	low fruit/veg. consumption															
Physical inactivity																
Tobacco use		⊗														
Harmful use of alcohol		⊗														
Depression		⊗														
Lack of medical screening & care																

■ Prevalence in line with or below threshold No data available
■ Prevalence somewhat above threshold ⊗ Not relevant
■ Prevalence significantly above threshold/alarming

Objectives

- Highlight the largest local Healthy Living challenges as a basis for designing and prioritizing actions
- Establish a shared view on population segmentation and key challenges to tackle with multistakeholder collaboration
- Enable an integrated view across Healthy Living dimensions and identify factors that may influence each other

Steps

1. Review segmentation framework and tailor to local situation (e.g. add relevant dimensions around diet or modify income groups)
2. Identify data sources for local data; if data are not available, make an estimate or comment qualitatively
3. Apply colour code for qualitative assessment: green if average segment value is at or below threshold, yellow if somewhat above threshold, red if significantly above threshold
4. For the most important segments marked red, identify key issues (e.g. through local interviews) and summarize in comment boxes

Notes

- Population segments should be relevant, actionable and have an appropriate level of granularity.
- Healthy Living dimensions may be tailored to the local situation. However, all dimensions are interconnected and should be addressed using a comprehensive approach.
- Depression has been added as a separate dimension, as this is highly linked with other Healthy Living factors and is a major cause of productivity loss.
- Quantitative segment data may not be available on the local level. Where data is scarce, conduct market, expert or physician interviews to assess the challenge and understand the key issues.
- Complement this summary template with additional detail as needed, focusing on the most relevant local Healthy Living dimensions and population segments.
- Apply the following metrics and thresholds, which can be modified according to the local context (suggested thresholds apply to adults; values for children should be lower).
 - Excess calorie intake: green if prevalence of obesity is at (or close to) global national minimum values (1%; or 8% if considering 'overweight' category) (46)
 - High salt intake: green if average salt consumption is at (or close to) 5 grams per person per day (46)
 - Low fruit and vegetable consumption: green if average fruit and vegetable consumption is close to five total servings (400 grams) per day (46)

1.2 Assess the Local Healthcare Infrastructure

Tool 1.2 Healthcare Infrastructure for NCD Prevention and Control

Region: Country/State/City		Year:	
General infrastructure	Benchmarks	Key issues	
Physicians per 1K population		<ul style="list-style-type: none"> • Comment on physician availability, trend and relevant qualifications 	
Nurses per 1K population		<ul style="list-style-type: none"> • Comment on nurse availability, trend, relevant qualifications and role in NCD prevention & control 	
Hospital beds per 1K population		<ul style="list-style-type: none"> • Comment on number of hospital beds and key gaps for relevant areas 	
NCD-specific infrastructure	Key issues		
Access to NCD screening	<ul style="list-style-type: none"> • Comment on key issues preventing diagnosis of NCDs and risk factors (especially high blood pressure, blood sugar, cholesterol) 		
Access to NCD treatment	<ul style="list-style-type: none"> • Comment on availability, quality and cost effectiveness of infrastructure for NCD prevention and control, e.g.: <ul style="list-style-type: none"> – GP availability/qualification; NCD clinics – Other medically/NCD trained staff (nurses, paramedics, etc.) – Specialists such as endocrinologists, cardiologists, nutritional experts – Mental health professionals – Oncology centres; cath labs 		
Access to medicine	<ul style="list-style-type: none"> • Comment on patient access (financial/geographical) to medicine (generic, innovative) for main NCDs and risk factors 		

Objectives

- Understand how well the local healthcare system is equipped to deal with the non-communicable disease (NCD) epidemic and identify the largest gaps for NCD prevention and control
- Identify key issues around screening and treatment of NCDs and NCD risk factors, and major opportunities to optimize patient pathways

Steps

1. Define the region to analyse
2. Identify data sources for local healthcare infrastructure data; if data are not available, make an estimate or comment qualitatively
3. Identify key issues for each dimension (e.g. through local interviews) and summarize key healthcare infrastructure gaps

Notes

- Global minimum and maximum data are actual country data from the WHO (50).
- Potentially split “physicians per 1,000 population” into general practitioners and specialists; comment on availability of key specialists for NCD treatment, such as endocrinologists and cardiologists.
- For “Access to NCD screening” and “NCD treatment”, also comment on cost-effective models that use new technologies or non-physician medically trained staff.
- Under “Access to medicine”, also comment on pharmacies and qualifications of pharmacy personnel.
- Complement this summary template with additional detail as needed, focusing on the most important NCD-specific healthcare infrastructure gaps. For example, describe access to NCD prevention, screening and treatment for each NCD and risk factor.
- Also comment on roles and decision-making to understand how the system really works.

1.3 Map the Healthy Living Intervention Landscape

Tool 1.3 Healthy Living Intervention Landscape

Region: Country/State/City		Year:		
Dimension	Key interventions	% target population effectively reached (estimate)	Key stakeholders	Key gaps
Diet	1. (e.g. healthy lunch in 70% of schools) 2. ... (e.g. various diet counselling programs)		(e.g. Dept. of Education, parents)	(e.g. access to healthy food options at workplace)
Physical activity	1. ... 2. ... 3. ...			Describe key gaps that are not addressed by current interventions
Tobacco	1. ... 2. ... 3. ...			
Harmful use of alcohol	1. ... 2. ... 3. ...			
Depression	1. ... 2. ... 3. ...			
Medical screening & care	1. ... 2. ... 3. ...			

Provide 'one liner' for key interventions for each dimension, including e.g. target groups, setting and approach (details can be provided on additional slides)

Objectives

- Provide an overview of ongoing Healthy Living interventions in the target region to share learnings and avoid duplication of (or conflict with) ongoing initiatives
- Establish a shared view on the effectiveness of ongoing interventions and key gaps for each Healthy Living dimension

Steps

1. Define the region to analyse
2. Identify and describe key Healthy Living interventions in the region, e.g. through press searches and local interviews
3. Identify main gaps that are not addressed by ongoing interventions
4. Agree on a high-level estimate of the target population that is effectively reached with Healthy Living interventions for each dimension

Notes

- The estimate “% effectively reached” can help compare the reach and impact of interventions across Healthy Living dimensions. It can be displayed as a harvey ball or percentage (share of the target population). Delete this column if it is hard to develop and/or agree on an estimate.
- Refer to the red boxes in Tool 1.1 to understand the gaps for different population segments for each dimension.
- Complement this summary template with additional detail as needed, focusing on the most relevant Healthy Living interventions in the target region and beyond. Comment on key learnings from other interventions and potential interfaces.

1.4 Benefit from the Experience of Others

Tool. 1.4a Healthy Living Intervention Data Sources

The table below lists a number of relevant sources that provide an overview of Healthy Living interventions. Many interventions are being implemented around the world, and this table is by no means comprehensive. Rather, it is a starting point so that teams can familiarize themselves with relevant, successful intervention examples.

Dimension	Report / database / website	Description
NCD and Healthy Living specific actions		
Harmful use of alcohol	Global Strategy to Reduce the Harmful Use of Alcohol	WHO guidelines for addressing and managing different components of the harmful use of alcohol http://www.who.int/substance_abuse/msbalcstrategie.pdf
Cancers	Research-tested Intervention Programs (US)	A database of cancer-control interventions and programme materials for planning and implementing evidence-based initiatives. Includes descriptions of programmes, independent research integrity, intervention impact and dissemination capability scores
Diabetes	EXGENESIS Project (European Commission)	Project involving 27 partners across 13 EU states. Primary goals are to understand the benefits of exercise and identify genetic and environmental factors that increase the risk of developing diabetes, especially during periods of physical inactivity
Mental health and mental disorders	SAMHSA's National Registry of Evidence-based Programs and Practices (US)	US registry of evidence-based programmes and interventions to address mental health promotion, substance abuse prevention, and mental health and substance abuse treatment http://www.nrepp.samhsa.gov/
Healthy diets	Food and Health Dialogue; CSIRO Literature Review (Australia)	Review of national and international initiatives addressing dietary habits, consumer messaging and food reformulation; food innovation workshop materials http://www.foodhealthdialogue.gov.au
	Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation	Comprehensive overview of the drivers of obesity, strategies for change and different potential actions http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx
Obesity	Community Healthy Living Index: A Tool to Create a Healthy Environment	Presentation outlining the Community Healthy Living Index: how it was developed and how it can be used to prevent obesity http://www.activelivingresearch.org/node/11835
	Obesity Update	Seven-page report that discusses the global obesity epidemic and explores multiple dimensions of the problem; includes information on preventing chronic diseases related to obesity http://www.oecd.org/health/49716427.pdf
	The Challenge of Obesity in the WHO European Region and the Strategies for Response	Outlines a range of obesity interventions: potential national and regional policies for promoting health and preventing disease http://www.euro.who.int/__data/assets/pdf_file/0008/98243/E89858.pdf
Physical inactivity	Ciclovias Recreativas	The temporary closure of streets to motorized traffic to allow and encourage physical activity in these areas, initiated in Columbia in 1995. The website offers comprehensive information on programmes across the Americas http://www.cicloviasrecreativas.org/en/
Tobacco control	Framework Convention for Tobacco Control	WHO publication describing potential measures to reduce the demand for, and supply of, tobacco http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf
	2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs	Provides a framework for action on NCDs and specifically addresses the different behavioural risk factors http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf
Combination	Canadian Best Practices Portal	A database of effective health promotion and chronic disease prevention programmes, evidence-based tools for initiative planning and implementation, strategies and guidelines, and current international public health policies on chronic diseases http://cbpp-pcpe.phac-aspc.gc.ca/
	Healthy Caribbean Coalition website	Healthy Caribbean Coalition is an established civil society alliance to tackle NCDs in the areas of advocacy and coalition building, public education and media campaigns, improved provision of services, and monitoring and evaluation. Detailed information can be found on their website: http://www.healthycaribbean.org

	Intervention MICA – Building Healthy Communities (Missouri)	Intervention MICA is a web-based resource for planning, implementing and evaluating interventions to improve the health of a community. The website includes material on nutrition, physical activity, tobacco use, diabetes, colorectal cancer, etc http://health.mo.gov/data/interventionmica/
Combination	Interventions on Diet and Physical Activity: What Works (2009)	Review and scoring of 395 peer-reviewed studies of interventions across channels, such as school, workplace and mass media; 48-page report and online evidence tables http://www.who.int/dietphysicalactivity/summary-report-09
	Scaling up Action Against NCDs: How Much Will It Cost?	A financial planning tool developed to help low- and middle-income countries scale up a core set of interventions to tackle NCDs http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf
	School Policy Framework: Implementation of the WHO Global Strategy on Diet, Physical Activity and Health	Practical intervention ideas and guidelines for implementing healthy diet and physical activity actions in schools http://www.who.int/dietphysicalactivity/SPF-en-2008.pdf
	Seattle Healthy Living Assessment and Pilot Implementation Report	Report developed through collaboration between Healthy Communities Consulting and the City of Seattle Department of Planning and Development. This report outlines a Healthy Living assessment tool, the implementation and outcomes of its pilot, and recommendations for future use
Data sources and other resources		
	EPPI's Health Promotion and Public Health Workstream (published reviews by topic)	Maintains a collection of links to published reviews for health promotion on various topics, including incentives for health-promoting behaviours, obesity, healthy eating and physical activity http://epi.ioe.ac.uk/cms/
	Global Health Observatory (GHO)	WHO database with current and historic information on NCDs and risk factors http://www.who.int/gho/en/
	Global Recommendations on Physical Activity for Health	WHO report on recommended levels of physical activity for different age groups http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf
	Global Strategy on Diet, Physical Activity and Health	WHO framework for action on diet, physical activity and health, outlining principles and responsibilities for action http://www.who.int/dietphysicalactivity/strategy/eb11344/en/index.html
	Health-EU (European Commission)	Collection of sources, reports, recommendations and indicators focused on Healthy Living topics from nutrition and tobacco use to infectious diseases and long-term care http://ec.europa.eu/health-eu/index_en.htm
General	Healthy People 2020 (US)	US Health Department website with a set of goals and objectives for 10-year targets designed to guide national health promotion and disease prevention efforts. Healthy People 2020 provides links to evidence-based programmes, intervention reviews and public health findings from international science and health journals http://www.healthypeople.gov/2020
	Heidi Data Tool (European Commission)	An interactive application to present relevant and comparable information on health within Europe https://webgate.ec.europa.eu/sanco/heidi/index.php/Main_Page
	STEPwise approach to surveillance (STEPS) – WHO	A simple, standardized method for collecting, analysing and disseminating data www.who.int/chp/steps/en
	Prioritizing areas for action in the field of population-based prevention of childhood obesity: a set of tools for Member States to determine and Identify Priority Areas for Action	WHO tool for stakeholders, designed to help identify priority areas for action in the field of population-level prevention of childhood obesity http://www.who.int/dietphysicalactivity/childhood/Childhood_obesity_modified_4june_web.pdf

Tool. 1.4b Critical Success Factors for Healthy Living Interventions

Collaboration:		Latest update:
Success factors	Met?	Comments
Intervention design and execution		
1. Address factors that really matter , responding to population needs		Comment on estimated impact on risk factors and NCDs
2. Set clear goals and targets , define success		"Success" is ...
3. Adapt intervention to the cultural and environmental contexts		Cultural fit: ... Environmental fit: ...
4. Integrate multiple components to achieve lasting behaviour changes (incl. incentives)		Key components to achieve behaviour change: ...
5. Use creative and cost-effective approaches (new media/ technologies, ...)		Creative approach: ... Cost effective because ...
6. Mobilize communities using existing social structures (e.g. schools, sports clubs)		Community mobilization approach: ...
7. Measure and evaluate		Key metrics: ... Evaluation milestones: ...
Collaboration effectiveness		
8. Involve multiple stakeholders and align interests around win-win scenarios		Describe win-win scenario and/or comment on need to better align interests
9. Engage the right leaders and champions ; involve role models		Comment on potential gaps in project leadership and/or team
10. Leverage strengths and core competencies of all participants		Comment on key competencies for the collaboration

Objective

- Agree on critical success factors for the specific Healthy Living collaboration based on experience from other interventions

Steps

1. Review relevant interventions that the collaboration can learn from (see table in Tool 1.4 for sources)
2. Discuss the initial list of critical success factors in the collaboration team and modify/enhance the template as needed
3. Potentially contact stakeholders involved in similar interventions to learn first-hand from their experiences and/or involve them as advisers
4. Regularly assess how your collaboration scores against the critical success factors

Notes

- The critical success factors in this template have been identified based on a review of Healthy Living interventions and a number of expert discussions.
- Both intervention design/execution and collaboration effectiveness must be addressed when analysing critical success factors.
- This template can be used in conjunction with Tool 3.3, a more detailed success statement for a specific collaboration and in conjunction with Tool 5.2, a checklist for critical go/no go decisions.

1.5 Identify the Priority Areas for Joint Action

Tool. 1.5 Healthy Living Action Prioritization Template

Region: Country/State/City Year:													
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Ability to implement</div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> H </div> <div style="display: flex; justify-content: space-between; width: 100%;"> L H </div> <p style="margin-top: 5px;">L Expected impact on Healthy Living H</p> </div> </div> <div style="margin-top: 10px; border: 1px solid black; padding: 5px;"> <p>Population impacted</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p><100</p> </div> <div style="text-align: center;"> <p>100-1,000</p> </div> <div style="text-align: center;"> <p>>1,000</p> </div> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="width: 20%;"></th> <th style="width: 40%;">Expected impact</th> <th style="width: 40%;">Ability to implement</th> </tr> </thead> <tbody> <tr style="background-color: #4CAF50; color: white;"> <td style="text-align: center; vertical-align: middle;">Action 1</td> <td> <ul style="list-style-type: none"> • ... <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: small;">Provide details on short- and long-term healthy living impact and fit with high-priority segments</div> </td> <td> <ul style="list-style-type: none"> • ... <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: small;">Provide details on complexity, resource availability and leadership capacity/champions</div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Action 2</td> <td> <ul style="list-style-type: none"> • ... </td> <td> <ul style="list-style-type: none"> • ... </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Action 3</td> <td> <ul style="list-style-type: none"> • ... </td> <td> <ul style="list-style-type: none"> • ... </td> </tr> </tbody> </table>		Expected impact	Ability to implement	Action 1	<ul style="list-style-type: none"> • ... <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: small;">Provide details on short- and long-term healthy living impact and fit with high-priority segments</div>	<ul style="list-style-type: none"> • ... <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: small;">Provide details on complexity, resource availability and leadership capacity/champions</div>	Action 2	<ul style="list-style-type: none"> • ... 	<ul style="list-style-type: none"> • ... 	Action 3	<ul style="list-style-type: none"> • ... 	<ul style="list-style-type: none"> • ...
	Expected impact	Ability to implement											
Action 1	<ul style="list-style-type: none"> • ... <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: small;">Provide details on short- and long-term healthy living impact and fit with high-priority segments</div>	<ul style="list-style-type: none"> • ... <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: small;">Provide details on complexity, resource availability and leadership capacity/champions</div>											
Action 2	<ul style="list-style-type: none"> • ... 	<ul style="list-style-type: none"> • ... 											
Action 3	<ul style="list-style-type: none"> • ... 	<ul style="list-style-type: none"> • ... 											

Objectives

- Prioritize the potential Healthy Living actions that could be implemented by the collaboration
- Evaluate the expected impact on Healthy Living and the ability to implement

Steps

1. Define the region and actions to analyse
2. Rate all actions based on "Expected impact on Healthy Living", "Ability to implement" and estimate of the impacted population (qualitative or semi-quantitative scoring approach, along the dimensions listed under notes)
3. For top actions (located at the top right of the matrix), provide additional details on the right-hand side of the template

Notes

- Actions can be rated on "Expected impact on Healthy Living" and "Ability to implement" using a scoring system that addresses the two components of each dimension.
- When evaluating actions for "Expected impact on Healthy Living", consider:
 - Short-term and long-term impacts on Healthy Living behaviours and metrics
 - Effect on population segments with high unmet needs (red segments in Tool 1.1)
 - Benefits vs existing programmes
- When evaluating actions for "Ability to implement", consider:
 - Simplicity of approach
 - Resource availability
 - Leadership and champion capacity
 - Possibility of measuring outcomes

2. Align and Design

2.1 Define the Concept for Multistakeholder Action for Healthy Living

Tool. 2.1 Concept Design - Basic Elements and Differentiators

Collaboration:		Latest update:	
Ambition	• Describe short-/medium-/long-term ambition		
BASIC ELEMENTS		DIFFERENTIATORS	
Dimension	Concept	Dimension	Concept
Location	• Region/city or organization (e.g. school, workplace)	Conducive environment	• Environmental design elements that facilitate behaviour change
Risk factor	• e.g. unhealthy diet, physical inactivity, tobacco use, harmful use of alcohol	Behaviour change	• Tools applied to achieve lasting behaviour changes
NCD	• e.g. cardiovascular disease, diabetes, COPD, cancer	Community mobilization	• Individuals or groups to involve • Channels for community mobilization and assessment of effectiveness
Target group(s)	• e.g. age, gender, income, risk factor, sub-segment (e.g. pregnant women)	Innovative approaches	• e.g. new technologies, new media, involvement of role models
Intervention type	• e.g. education, capacity building, incentive program, access to healthcare, mass media campaign		
Setting	• e.g. school, workplace, care facilities, public environment		

Objectives

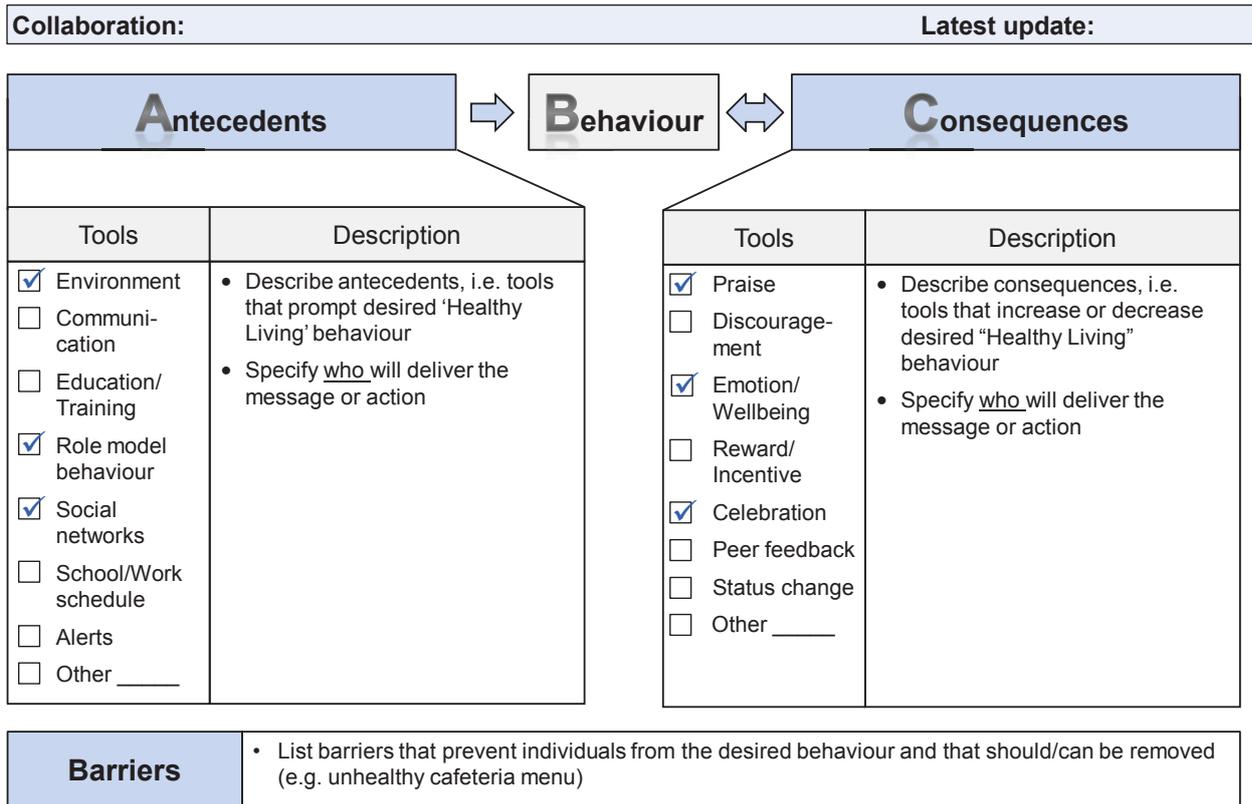
- Develop a well-defined, effective concept for multistakeholder action and obtain the full support of all stakeholders
- Define not only basic elements but also differentiators that will help to really make an impact on Healthy Living

Steps

1. Briefly summarize the overall ambition of the concept
2. Describe basic concept elements
3. Develop and summarize differentiating concept elements, e.g. approach to behaviour change, conducive environment design, community mobilization and innovative components that can help make the concept compelling, impactful and cost effective

Notes

- This summary template should include additional details on the approach to behaviour change (cf. next template), community mobilization and conducive environment design.
- Don't develop the concept purely on the whiteboard, but involve relevant experts. For example, for the differentiating elements you may require discussions (and potentially partnerships) with experts from the technology sector or members of targeted communities.



Objective

- Achieve significant and lasting behaviour changes by integrating behavioural science-based tools into the concept

Steps

1. Define antecedents that will be addressed through the action and describe how they will impact Healthy Living behaviours
2. Define consequences that are part of the concept; build in sufficient tools on the "consequences" side, as they are believed to be four times more effective than antecedents in achieving behaviour change
3. Specify *who* will deliver a message or action, as the impact will be greatly influenced by the messenger
4. List barriers that stand in the way of behaviour change that can realistically be removed

Notes

- Both rational and emotional thinking systems must be kept in mind.
- Behavioural science is a broad field that provides many insightful case studies and can be a great source of inspiration when designing a Healthy Living intervention. Selected examples include:
 - *Emotional and rational thinking*: our thinking is influenced by two systems. System 1 is fast, intuitive and emotional and is based on heuristics (rules of thumb). System 2 is slower, more deliberative and more logical (51).
 - *Obedience to authority*: individuals are highly likely to obey authority, even if they are uncomfortable with the consequences (52).
 - *Conformity*: people often follow the behaviour of others, highlighting the role of peer influences and social norms on behaviours (53).
 - *Prospect theory*: avoidance of losses is considered more important than making gains (54).
 - *Overconfidence*: people see their own abilities in an unrealistically positive light (55).
 - *Frame theory*: the way information is structured and communicated shapes how it is received (56).
 - *Bystander effect*: groups are less likely to raise an alarm than individuals (57).

Collaboration: _____ **Latest update:** _____

Which components need to be addressed to create an enabling environment?

Physical environment	<i>and/or</i>	Social environment
<i>e.g. high-quality Healthy Living products, services and/or infrastructure</i>		<i>e.g. social and cultural norms that promote Healthy Living</i>
<input checked="" type="checkbox"/> Availability - Healthy Living products (e.g. healthy food options, preventative medicine, etc.) are available - Healthy Living services or infrastructure (e.g. medical screening and diagnostic services) are available <input type="checkbox"/> Local accessibility - Products and/or services are available locally and widely accessible (e.g. access to diabetes screening in rural communities) <input type="checkbox"/> Affordability - Options are affordable, particularly for vulnerable demographics (e.g. affordable healthy food options in poor city neighbourhoods) <input checked="" type="checkbox"/> Easy to use and intuitive design - When given the choice, consumers prefer using the Healthy Living alternative (e.g. network of user-friendly bike paths that cover entire cities)		<input checked="" type="checkbox"/> Policy development across sectors and at all levels - Community networks - Local municipality - National governments <input type="checkbox"/> Support for personal and social development - e.g. provide information and education for health - e.g. support to enhance life skills <input checked="" type="checkbox"/> Local cultural and family norms - Local diets (e.g. traditional foods with high salt or fat content) - Culturally accepted behaviours (e.g. socially acceptable tobacco consumption) <input checked="" type="checkbox"/> Appropriate incentives to support the consumer within or across specific Healthy Living dimensions

Note: Template will need to be tailored according to the specific Healthy Living dimension of interest

Objectives

- Identify and define *how* the environment (physical and social) influences a specific dimension of Healthy Living
- Consider the environment – and identify environmental barriers – when designing the concept

Steps

1. Use the template to identify aspects of the environment that do not support Healthy Living - it is important to consider the local environment (e.g. suburb or local school) as well as the larger national environment
2. Ensure all components of the environment are considered
3. Make sure the Healthy Living concept addresses all components of the physical and social environment

Notes

- This template will need to be tailored for different Healthy Living dimensions. Not all aspects of the physical and social environment may be relevant for every intervention.
- Be comprehensive and creative when considering relevant environmental influences.
- Do not underestimate the role of the social environment, as it is critical to ensuring the long-term sustainability of Healthy Living actions.

2.2 Identify the Set of Stakeholders Required to Deliver the Action

Tool. 2.2 Stakeholder Identification and Role Definition

Collaboration:		Latest update:			
	Stakeholder type	Description of role in partnership	Role definition		
			Primary	Secondary	Advisory
Public sector	<ul style="list-style-type: none"> e.g. Ministry of Health, Ministry of Education, Municipality 	<ul style="list-style-type: none"> e.g. responsible for development of guidelines, communication, change of school curriculum, infrastructure investment 			
Private sector	<ul style="list-style-type: none"> e.g. food and beverage, pharma, health insurance, sporting goods 	<ul style="list-style-type: none"> e.g. contribute expertise and specific resources, coordinate mass media campaign 			
Civil society & academia	<ul style="list-style-type: none"> e.g. NGOs, community-based organizations, patient organizations 	<ul style="list-style-type: none"> e.g. mobilization of local communities, contribution of expertise, staffing of workstreams 			

Are all of the right stakeholders involved, with the right roles?

Objectives

- Identify all stakeholder types that are needed to deliver a Healthy Living action and specify their roles
- Involve stakeholders across sectors to enable whole-of-society change and maximize access to resources

Steps

1. List all stakeholder types that need to be involved to make the collaboration a success
2. Describe the role of each stakeholder type in the collaboration

Notes

- The *public sector* must be involved to ensure that local policies support the planned Healthy Living action. Public sector agencies can also play a role in communicating Healthy Living initiatives or investing in relevant infrastructure, for example.
- *Private sector* companies must be involved to contribute expertise and financial and non-financial resources. Private sector companies can also play a strong role in designing and executing mass media campaigns or providing Healthy Living products and services, for example.
- *Civil society* must be involved to help mobilize local communities. Non-governmental organizations may already be working on similar initiatives and can contribute expertise or help to staff certain workstreams, for example.
- *Academia* must be involved for access to relevant knowledge and methodologies. Research groups can contribute to broader studies or help develop the outcomes measurement methodology, for example.

2.3 Engage Different Stakeholders to Test the Concept

No templates are provided for this section as the format (e.g. survey or focus group) will highly depend on the concept. Teams should engage both experts and members of the target population in concept testing.

2.4 Articulate the Rationale for Multistakeholder Collaboration

Tool. 2.4 Rationale for and Value of each Stakeholder

Collaboration:		Latest update:	
	Name of potential stakeholder organization	Rationale for participation	Value
Public sector	e.g. Ministry of Health, Ministry of Education, Municipality	e.g. in line with objectives of public body; synergies with existing/planned initiative	e.g. development of integrated NCD policy or unifying framework for action; public awareness campaign; funds, infrastructure
Private sector	e.g. food and beverage, pharma, health insurance, sporting goods	e.g. opportunity to build the brand; generate new business opportunities; in line with sustainability objectives	e.g. expertise, products and services, workforce programs, media campaigns, financial resources, human resources
Civil society & academia	e.g. NGOs, community-based organizations, patient organizations	e.g. in line with objectives or existing/planned initiative; opportunity to raise additional funds	e.g. expertise, resources, network of contacts, community communication

Objectives

- Anticipate how likely specific stakeholder organizations are to participate, and how they may be convinced to join by describing the potential rationale for participation for each stakeholder
- Define what each stakeholder could add to the process

Steps

1. For each required stakeholder type identified in Template 2.2, list specific stakeholder organizations (by name) that may be involved
2. Describe the potential rationale for participation for each stakeholder, with a broad view of why an organization may participate
3. Define the value that each stakeholder could add to the collaboration

Notes

- Several names for each required stakeholder type should be identified; mobilizing stakeholders will not be easy, and it may not be possible to get certain “target organizations” on board.
- The focus should be on stakeholder organizations that are both likely to participate and that can make a significant contribution.
- It is important to tap into the expanded network of the initial working group to identify stakeholders that may participate and convince them to do so.

3. Mobilize

3.1 Set Up Initial Working Group

Tool. 3.1 Checklist for Initial Project Team Meeting

Collaboration:		Date:	
<div style="display: flex; justify-content: space-between; align-items: center;"> 1 <input checked="" type="checkbox"/> Project team introduction </div>			
<div style="display: flex; justify-content: space-between; align-items: center;"> 2 Background </div> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Overall Healthy Living context and objectives <input checked="" type="checkbox"/> Personal/individual objectives <input checked="" type="checkbox"/> Scale & scope <input checked="" type="checkbox"/> Challenges 	<div style="display: flex; justify-content: space-between; align-items: center;"> 3 Workplan </div> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Deliverables & timeline <input checked="" type="checkbox"/> Progress & results tracking <input checked="" type="checkbox"/> Project team structure/ governance <input checked="" type="checkbox"/> Roles and responsibilities 	<div style="display: flex; justify-content: space-between; align-items: center;"> 4 Logistics </div> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Key meetings, Jours fixes <input checked="" type="checkbox"/> Calendar management <input checked="" type="checkbox"/> E-mail distribution list <input checked="" type="checkbox"/> Records/file management 	
<div style="display: flex; justify-content: space-between; align-items: center;"> 5 <input checked="" type="checkbox"/> Project team operating principles </div>			
<div style="display: flex; justify-content: space-between; align-items: center;"> 6 Next steps </div> <ul style="list-style-type: none"> <li style="width: 33%;"><input checked="" type="checkbox"/> Setting a compelling vision for Healthy Living action <li style="width: 33%;"><input checked="" type="checkbox"/> Engaging the right people in the right roles (expertise & buy-in) <li style="width: 33%;"><input checked="" type="checkbox"/> Assigning responsibilities for key tasks 			

Objective

- Ensure an effective “kick-off” for the collaboration by thoroughly preparing for the first project team meeting

Steps

1. Define the agenda for the meeting
2. Prepare a high-impact presentation and discussion materials for the first meeting, which address all points in the above template

Notes

- Schedule sufficient time for the first project team meeting.
- Reserve time to review the overall Healthy Living context and to explore the personal/individual objectives of project team members.
- Combine the initial meeting with a social event so that team members develop personal relationships early on.

3.2 Define a Compelling Vision and Shared Values

Tool. 3.2 Shared Values for Healthy Living Collaboration (Example)

Collaboration:		
Value	Description	Aligned ?
Respect	Esteem for the role of each individual stakeholder and each individual contribution, be it small or large, monetary or non-monetary. In addition, respect for individuals addressed through Healthy Living initiatives.	Yes
Dedication	Acting with passion, energy and drive to make a multistakeholder collaboration work and support the promotion of Healthy Living, focusing on measurable outcomes.	Yes
Action orientation	Relentless focus on driving implementation of planned initiatives. Taking a pragmatic approach that is evidence based and aligns interests around a common goal without getting lost in endless iterations.	Yes
Trust	Shared, profound belief that all stakeholders in a collaboration pursue the same primary objective of making an impact in the fight against NCDs, that all stakeholders act with honesty and fairness, and that potential conflicts of interest will be constructively addressed and solved.	Yes
Transparency	Sharing of (and facilitating access to) relevant information for the promotion of Healthy Living while respecting individual privacy and institutional confidentiality. Openly stating interests and concerns and avoiding "hidden agendas".	Yes
Open & honest communication	Truthfully exchanging information with other stakeholders. Candidly sharing perspectives and feedback when required, even when the message is difficult to deliver.	Yes
Evidence-based approach	Using the best available scientific and experiential evidence when making decisions. Using research and scientific studies as a basis for determining the best practices.	Yes
Innovation	Highly novel and creative approaches to designing, resourcing and executing multistakeholder actions. Open to novel methodologies, novel resourcing mechanisms and fresh ideas.	Yes
Shared learning	Articulating, capturing and sharing experiences and lessons with the immediate Healthy Living collaboration, with peers and the broader global community.	Yes
Perseverance & long-term commitment	Maintaining a long-term perspective on Healthy Living interventions. Persisting despite challenging circumstances.	Yes

Objective

- Agree on a set of shared values to align working styles and priorities and to pre-empt potential sources of conflict

Steps

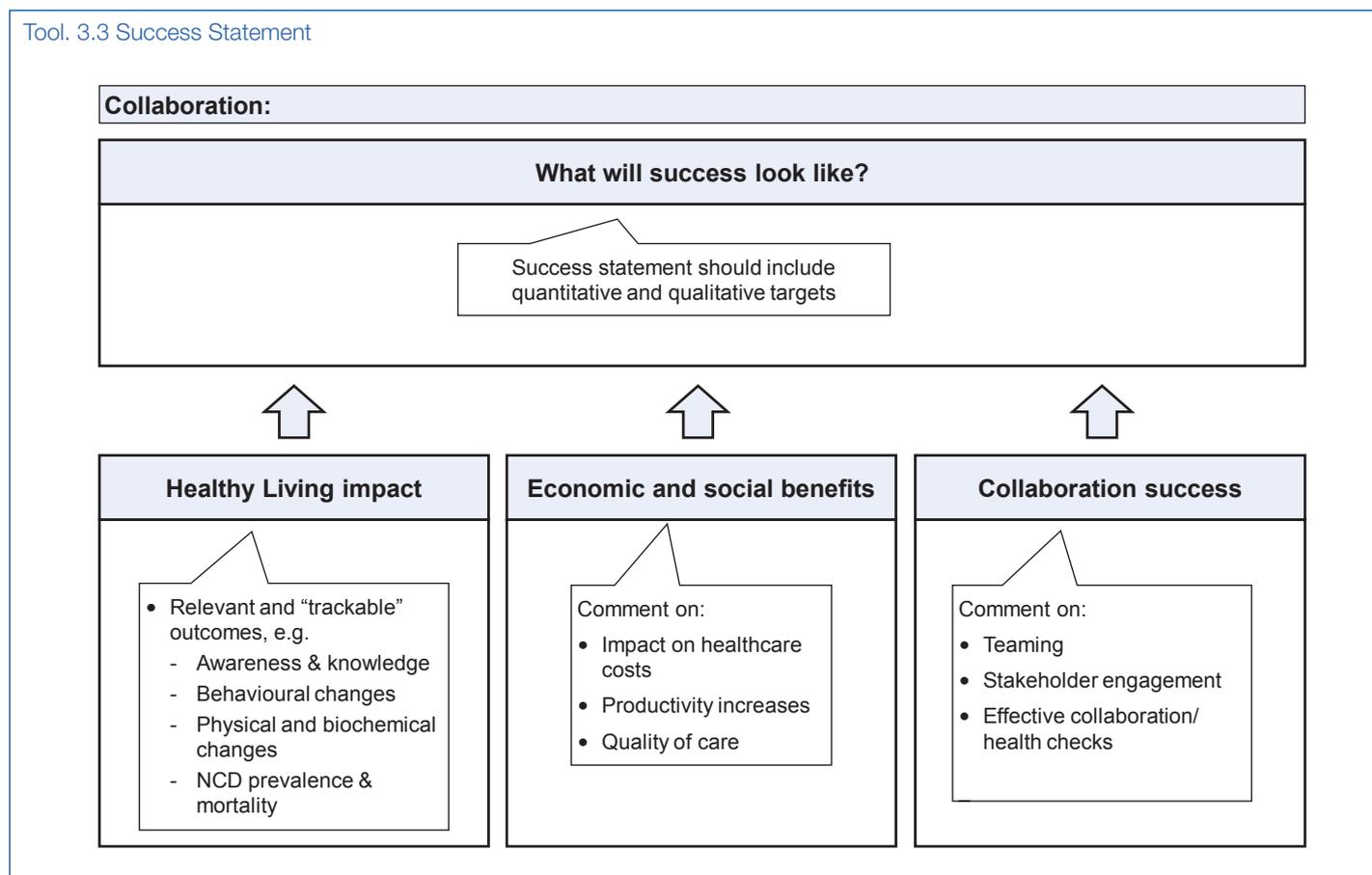
1. Review the list of values above and tailor it to the collaboration
2. Describe each value in detail and discuss with all stakeholders whether they are aligned with each value

Notes

- The above list of values has been tailored to multistakeholder collaborations working on Healthy Living actions, but may be modified to match a specific intervention or local context.
- Develop shared values with the initial working group and review them as additional stakeholders join.
- Consider making the shared values visible, for example on a poster in the team room or on cards.

3.3 Frame the Joint Action and Define Success

Tool. 3.3 Success Statement



Objective

- Align stakeholders around a clear and joint definition of “success” that addresses the aspired impact on Healthy Living, desired economic and social benefits, and collaboration “health” and effectiveness

Steps

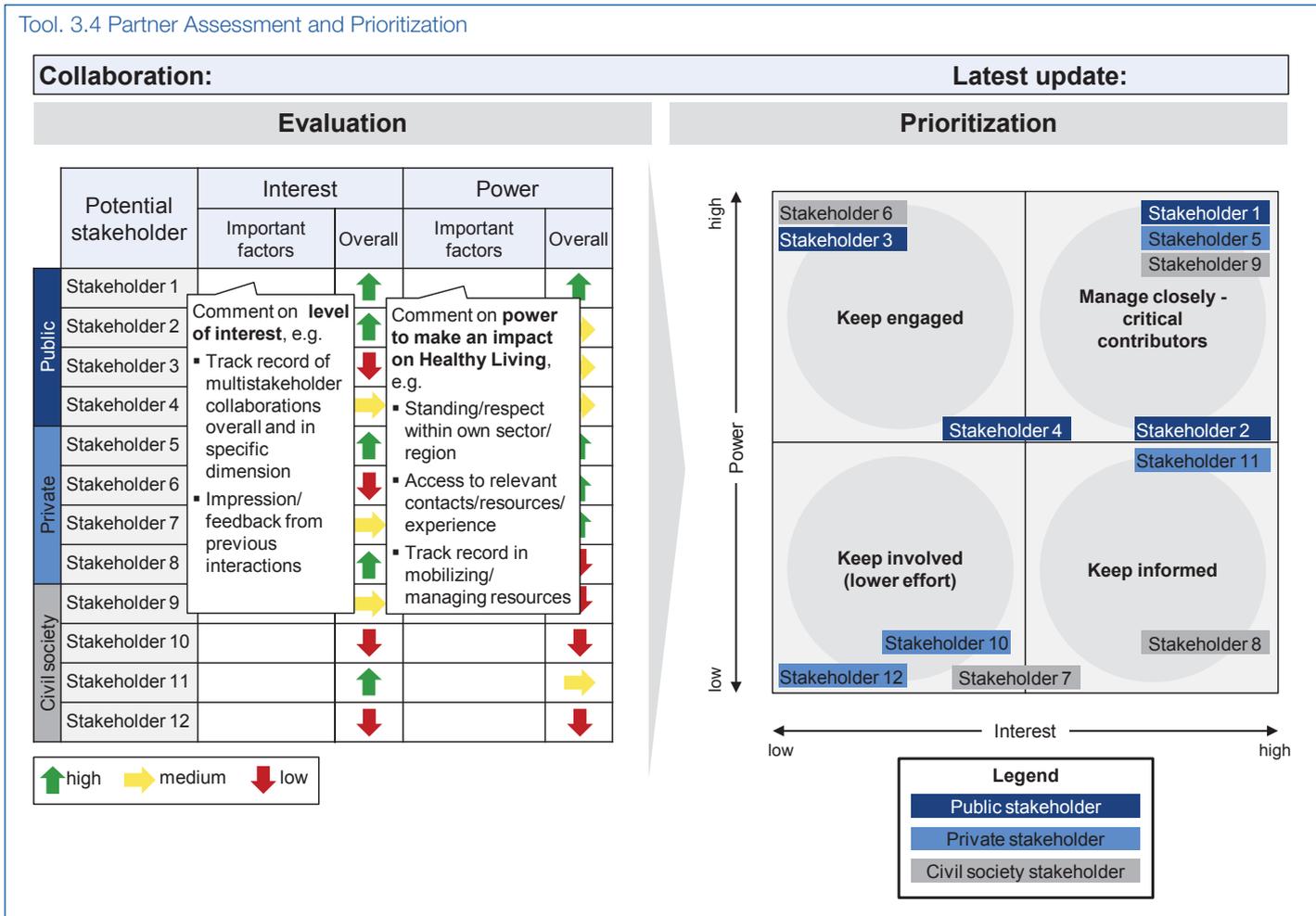
1. Discuss jointly with all stakeholders what success means – overall and on each relevant dimension
2. Review the success statement at regular intervals to check whether the collaboration is still on track to meet the overarching objectives

Notes

- Develop a success statement with the initial working group, and review as additional stakeholders join.
- For “Healthy Living impact”, also refer to Tool 6.1a (Monitoring and Evaluation Design – Metrics).
- For “Economic and social benefits”, also refer to Tool 6.1c (Monitoring and Evaluation Design – Benefits, Costs, System-ROI).
- For “Collaboration success”, also refer to Tool 6.3 (Collaboration “Health” Check).
- Also refer to Tool 1.4 (Critical Success Factors for Healthy Living Interventions).

3.4 Select Appropriate Stakeholders

Tool. 3.4 Partner Assessment and Prioritization



Objectives

- Select partners for the collaboration according to their appropriate interest in the planned Healthy Living action(s) and their respective ability to make an impact
- Involve and manage stakeholders according to their interest level and power in the Healthy Living field

Steps

1. For each stakeholder, evaluate their interest in the planned Healthy Living action(s) and their power to make an impact
2. Plot stakeholders on the right-hand side of the matrix according to interest and power
3. Define stakeholder involvement based on their position on the matrix

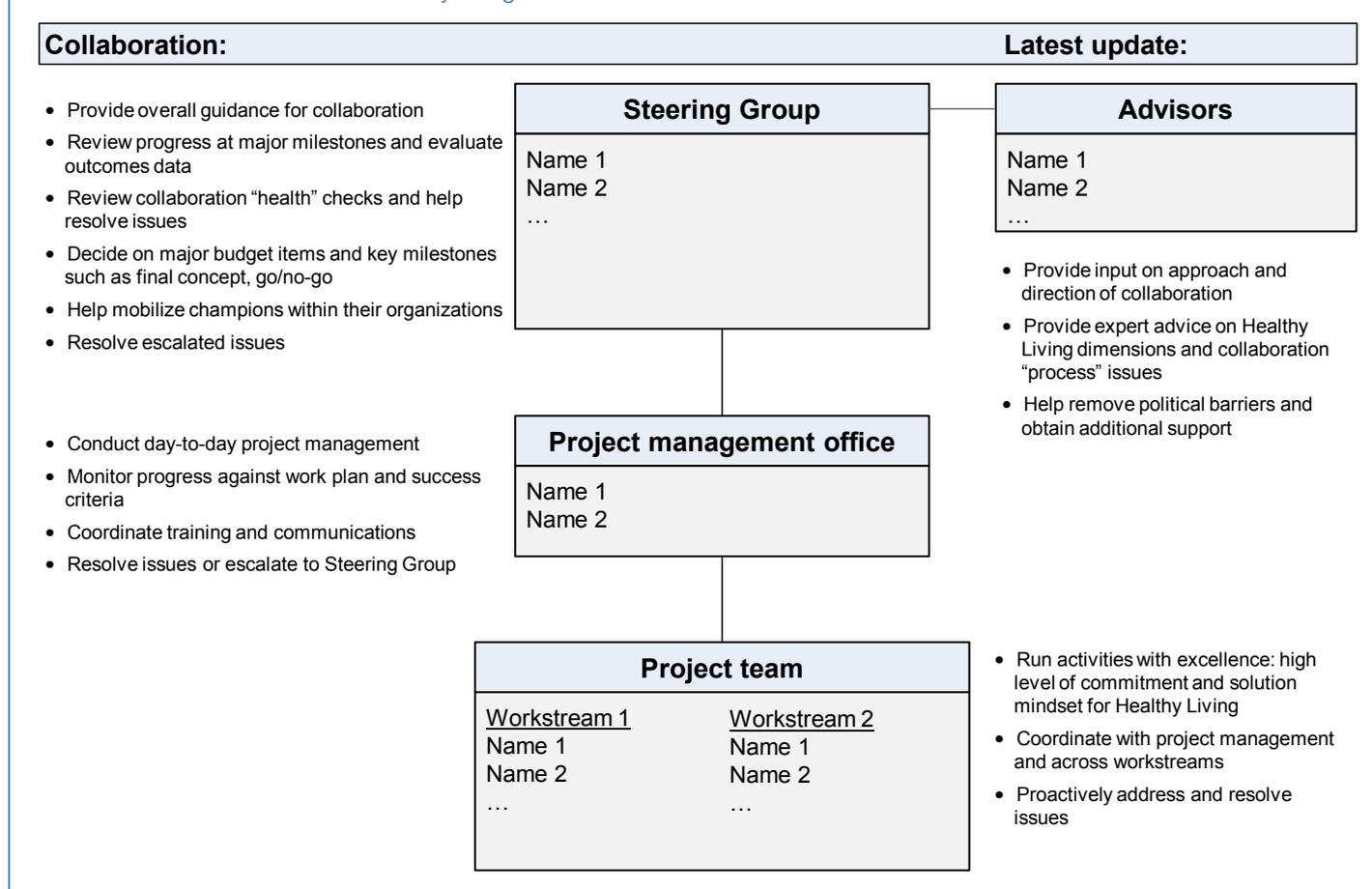
Notes

- For final stakeholder selection, also consider factors such as organizational “fit” with other partners to ensure productive working relationships and high-level support from an organization.
- Start early to identify, assess and contact stakeholders – getting them on board will take time.
- Be sensitive when communicating partner assessments and prioritization – do not trigger negative reactions when prioritizing certain stakeholders over others.
- Take a broad approach to involving stakeholders, but differentiate them by roles and responsibilities to keep the collaboration effective.

4. Build and Train

4.1 Define the Collaboration Governance Structure, Roles and Responsibilities

Tool. 4.1 Governance Structure for Healthy Living Action



Objective

- Ensure transparent and effective project governance for the Healthy Living action with clearly defined roles and responsibilities

Steps

1. Select a Steering Group, involving representatives from key stakeholder organizations with a high level of interest and power to make an impact (cf. Tool 3.4)
2. Identify advisers who can provide expert advice on Healthy Living and/or support implementation of the action, e.g. by removing political barriers or mobilizing additional resources
3. Assign a project manager who is seen as “neutral” and supported by all key stakeholder organizations; the project manager should have significant project management experience and skills required to align multiple interests in a complex collaboration
4. Assign additional resources to the project management office
5. Define and staff workstreams
6. Define roles, responsibilities and meeting cadence

Notes

- Meeting cadence may vary depending on the collaboration and phase, and can take place in person (preferred) or as a call (if logistically required). The following meeting frequency is recommended:
 - Steering Group: every 4 to 6 weeks and ad hoc, if needed, to resolve issues
 - Advisers: quarterly, prior to key milestones and ad hoc as needed
 - Project management office: weekly or bi-weekly and ad hoc as needed
 - Project team: weekly and as needed

4.2 Establish the Championship Spine

Tool. 4.2 Championship Spine

Collaboration:				Latest update:		
	Championship spine across collaboration partner organizations			Names of champions	Roles and responsibilities	
	Organization 1	Organization 2	Organization 3			
Internal stakeholders				• ...	<ul style="list-style-type: none"> • ... Describe roles and responsibilities of champions; e.g.: <ul style="list-style-type: none"> • Communicate project progress, provide positive and constructive feedback • Act as role models • Review "health" checks and discuss relevant issues, celebrate good scores • Celebrate examples of inspirational stories, celebrate successes 	
				• ...		
				• ...		
External stakeholders					• ...	• ...

C = Champion

Objectives

- Identify Healthy Living champions across multiple organizations, within the collaboration and beyond, and secure their support and active involvement in the Healthy Living action
- Involve champions in mobilizing their organizational unit and personal network to create broad momentum for Healthy Living action and to identify and mitigate implementation risks

Steps

1. Create a list with potential champions (by name and function) for all partner organizations and relevant stakeholders beyond the collaboration
2. Define roles and responsibilities for the champions, such as communication of project progress within their organizational units and network, joint review of "health" checks and support in solving implementation issues
3. Obtain each champion's commitment to explicitly take on this role within his/her organization or network
4. Define mechanisms on how best to communicate with champions, such as regular (e.g. monthly) joint calls or a specific e-mail box and distribution list
5. Update the champion list as individuals move on or new stakeholders come on board

Notes

- Champions are individuals who strongly believe in, and proactively support, multistakeholder collaboration for Healthy Living and/or a specific Healthy Living action.
- Champions exist at all levels of organizations. They should be proactively identified and mobilized in organizational units that are critical for delivering an action.
- When selecting champions, consider the following questions:
 - Does the champion openly communicate his/her dissatisfaction with the status quo and espouse the vision for the future?
 - Is the champion willing to make sacrifices to ensure the success of the collaboration?
 - Is the champion powerful within his/her organization and network?
 - Can the champion engage and inspire others?

4.3 Establish Collaboration Agreements

No templates are provided for this section; collaboration agreements need to be developed with the involvement of legal departments and tailored to the local context and specific collaboration.

4.4 Define Resource Mechanisms and the Sharing of Benefits

Tool. 4.4a Resource Mechanisms

Collaboration:						Latest update:			
Resource type	Resource need					Description	Contribution		
	Q1*	Q2*	Q3*	Q4*	Total		Public **	Private**	Civil**
Financial	(US\$ XK)						(US\$ XK)	(US\$ XK)	(US\$ XK)
Headcount • Project mgmt. • Team	(FTE)						(FTE)	(FTE)	(FTE)
Other, e.g. • Expertise • Knowledge • Products • Services • Infra-structure • Education						e.g. medical services, drugs, food samples, team room			
Special contractual arrangements: (e.g. public-private partnership, risk-sharing agreements)									

*Replace with relevant time periods **Replace with relevant stakeholder groups

Objectives

- Ensure the availability of sufficient resources for the Healthy Living action
- Define resource needs in detail over time (financial, headcount, other) and define each stakeholder's contribution

Steps

1. Define financial, headcount and other resource needs for relevant time periods (e.g. per quarter)
2. Define the contribution of each stakeholder and summarize in relevant categories (e.g. by public sector, private sector, civil society or showing the contribution of key stakeholders separately)
3. Identify and evaluate innovative financing mechanisms such as public-private partnerships or risk-sharing agreements
4. Set up a financial management and reporting system for the Healthy Living action with monthly reviews of spend vs budget

Note

- This summary template should include additional details as needed, such as a bottom-up forecast of resource needs for relevant workstreams or activities, accompanied by a more granular overview of contributions from each stakeholder.

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					
Private	Stakeholder 6					
	Stakeholder 7					
	Civil society & academia	Stakeholder 8				
Civil society & academia	Stakeholder 9					
	Stakeholder 10					

Objectives

- Highlight the different types of benefits that will result from the Healthy Living action and assess how these benefits are split across stakeholders
- Motivate stakeholders to stay engaged and continue contributing by emphasizing the benefits

Steps

1. List all stakeholders involved in the collaboration
2. Identify sources of benefits from the collaboration (such as economic/financial benefits, data or know-how, access to partnerships or marketing benefits)
3. Define what each stakeholder gains from the collaboration

Note

- This template can be used to facilitate a discussion of how to create win-win situations for different stakeholders. It is important to not only focus on financial or economic benefits, but to also highlight non-financial, less tangible benefits that result from a Healthy Living collaboration.

4.5 Manage Conflicts of Interest in Collaborations

Tool. 4.5 Managing Potential Sources of Conflict

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 	

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

Objective

- Enhance the effectiveness of collaboration and chances of success by proactively identifying, anticipating and managing potential sources of conflict

Steps

- Review potential sources of conflict (as listed on the above template) at the start of a collaboration and at regular intervals with the project management team
- If a critical source of conflict is identified, jointly develop potential mitigation approaches with the relevant stakeholders
- Implement measures to pre-empt or solve the conflict and track the implementation of those measures

Notes

- Multistakeholder collaborations are highly complex, and conflicts will certainly occur. Focus on identifying solutions rather than discussing the conflict itself.
- Refer to Berger et al (reference 34) for additional detail on the different types of conflict.

4.6 Develop the Training Plan

Tool. 4.6 Training Plan

Collaboration:		Latest update:
	Initiation and preparation	Execution and roll-out
Collaboration training	<input checked="" type="checkbox"/> Introduction to multistakeholder collaboration <input type="checkbox"/> Fundamentals of making multistakeholder Healthy Living action work <input checked="" type="checkbox"/> Shared values <input type="checkbox"/> Collaboration “health” checks <input type="checkbox"/> Championship spine <input type="checkbox"/> Decision-making (RAPID®) <input type="checkbox"/> Other tool-specific trainings (e.g. NCD analysis, cost/benefit analysis) <input type="checkbox"/> ...	<input checked="" type="checkbox"/> Collaboration training (refreshers) <input type="checkbox"/> Regular collaboration “health” check review <input type="checkbox"/> Regular project review and discussion of key learnings <input checked="" type="checkbox"/> Trainings targeted at specific issues that emerge in “health” check or risk assessment (e.g. communication) <input type="checkbox"/> ...
Operational training	<input checked="" type="checkbox"/> Introduction to multistakeholder collaboration <input type="checkbox"/> Specific frontline roles and responsibilities <input type="checkbox"/> Concept testing <input type="checkbox"/> Execution preparation (by workstream) <input type="checkbox"/> ...	<input checked="" type="checkbox"/> Operational training (refreshers) <input checked="" type="checkbox"/> Regular project review and discussion of key learnings <input type="checkbox"/> Trainings targeted at specific issues that emerge in “health” check or risk assessment <input type="checkbox"/> ...

Note: RAPID® is a registered trademark of Bain & Company

Objective

- Ensure the successful implementation of a Healthy Living action by preparing a comprehensive training plan early on and developing and delivering high-quality trainings

Steps

1. Lay out the project timeline
2. Define trainings that will help successfully design, prepare and implement the Healthy Living action: include both collaboration trainings (i.e. to ensure effective collaboration) and operational trainings (i.e. to ensure competent; high-quality implementation)
3. Specify the targeted audience for both types of trainings

Notes

- Trainings will be critical to delivering a Healthy Living action.
- Do not underestimate the time and resources required for trainings.
- Consider novel training methodologies like online training.

5. Deliver

5.1 Define Milestone-based Approaches to Joint Action

Tool. 5.1 Milestone-based Output Strategy

Collaboration:		Latest update:				
	Month 1	Month ...	Month ...	Month ...	Month ...	Month x
Advisors	 Review situation analysis	 Review high-level concept		 Review final concept		 Review outcome evaluation
	<ul style="list-style-type: none"> Plus meetings to provide specific expert advice on Healthy Living or address political barriers or collaboration issues 					
Steering Group	 Review situation analysis Review collaboration concept	 Select high-level concept Review collaboration structure		 Agree on final concept Go/no go decision Review collaboration health		 Review outcome evaluation and adapt programme as needed
	<ul style="list-style-type: none"> Plus meetings as needed, e.g. for continued guidance or to resolve escalated issues 					
Project Team	<ul style="list-style-type: none"> Weekly/bi-weekly meetings/calls and ad hoc as needed 					

Objective

- Effectively manage the Healthy Living action towards key project milestones

Steps

1. Schedule Steering Group meetings/calls and define key agenda items and decisions for each meeting upfront
2. Schedule adviser meetings working “backwards” from Steering Group meetings at which major decisions need to be taken; ensure that relevant expert advice is available for Steering Group meetings
3. Schedule weekly or bi-weekly project team meetings, depending on the type and phase of the Healthy Living action
4. Regularly review key milestones and progress against project team milestones

Note

- Working towards clear and pre-defined milestones will help the team and different workstreams stay aligned and focused on the most critical deliverables.

5.2 Take Go/No Go Decision

Tool 5.2 Go/No Go Decision Point

Collaboration:		Latest update:
Healthy Living impact	<input checked="" type="checkbox"/>	Do we address a highly relevant Healthy Living issue in a target segment with unmet need?
	<input checked="" type="checkbox"/>	Will we achieve a significant behaviour change in our target group? Are we clear about the main drivers that will lead to behaviour change?
	<input checked="" type="checkbox"/>	Is the concept well defined and tested ?
	<input checked="" type="checkbox"/>	Do we have agreed-upon metrics and a monitoring system in place?
Economic and social benefits	<input checked="" type="checkbox"/>	Will the intervention decrease healthcare costs or lead to a productivity increase for the targeted population in the long term?
	<input checked="" type="checkbox"/>	Will the intervention have a positive impact on the quality of life and/or the quality of healthcare of the targeted population?
Collaboration success	<input checked="" type="checkbox"/>	Have we considered how to work effectively as a team ?
	<input checked="" type="checkbox"/>	Have we thought about how to solve potential conflicts ?
	<input checked="" type="checkbox"/>	How likely are we to be able to keep up the commitment and momentum in the long run?

Objectives

- Pursue a structured and transparent approach when making major decisions such as whether to implement a Healthy Living action
- Consider all relevant dimensions, including the expected Healthy Living impact, economic and social benefits, and the success of the collaboration itself

Steps

1. Review the above list of key elements for a go/no go decision and tailor it to your Healthy Living action as needed: make sure to address all major dimensions – Healthy Living impact, economic and social benefits, and collaboration success
2. Go through the checklist and identify any unmet criteria
3. If any decision criteria remain unchecked, discuss and implement ways to solve the issue. In extreme cases, this may require redesigning the concept for a Healthy Living action.

Notes

- Addressing and documenting all relevant elements of why a key decision is taken will help make high-quality decisions that “stick”, i.e. that are not opened up for discussion later.
- When making go/no go decisions, it is a good idea to review Tool 1.4 (Critical Success Factors for Healthy Living Interventions).

5.3 Manage the Work and Track Progress

Tool. 5.3a Integrated Master Workplan

Collaboration:		Latest update:				
Activity/task	Month 1	Month ...	Month ...	Month ...	Month ...	Month x
Steering Group	▲ Date	▲ Date		▲ Date		▲ Date
Workstream 1 • Task 1 • Task 2 • Task 3	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> One-page format across all workstreams to maintain a "big picture" view of the overall project and interdependencies </div>		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Comment on critical issues or interdependencies </div>			
Workstream 2 • Task 1 • Task 2 • Task 3						
Workstream 3 • Task 1 • Task 2 • Task 3 • Task 4 • Task 5						
Workstream 4 • Task 1 • Task 2 • Task 3 • Task 4						

Today

Objectives

- Obtain a convenient "big picture" overview of the overall project and interdependencies
- Break the project down into relevant and actionable workstreams and tasks, and plan for the entire length of the project

Steps

1. Define the project's distinct workstreams.
2. Break the workstreams down into tasks.
3. Estimate how long it will take to complete each task given the resources available, and map the timing onto the project plan
4. Point out any critical issues or interdependencies using call-out boxes
5. Plot key meetings on the top row and ensure that the timing of the workstreams is in line with Steering Group meetings according to the milestone-based approach (Tool 5.1)

Notes

- Ensure that all relevant issues are addressed by a workstream
- This one-page format will be convenient for project team discussions to monitor whether the overall project is on track, and which key issues need to be addressed.

Collaboration:		Latest update:	
Workstreams / tasks	Status	Timeline	Responsible
Workstream 1			
• Tasks 1	●	• Day/month	• ...
• Tasks 2	●	• Day/month	• ...
• Tasks 3	●	• Day/month	• ...
Workstream 2			
• Task 1	○	• ...	
• Task 2	○		
• Task 3	○		
Workstream 3			
• Task 1	○	• ...	
• Task 2	○		
• Task 3	○		
• Task 4	○		
• Task 5	○		
Workstream 4			
• Task 1	○		
• Task 2	○		
• Task 3	○		
• Task 4	○		

Objective

- Track project progress on an individual task level in a simple and visual format

Steps

1. List workstreams and tasks with associated timelines, and the resources necessary for completing a task
2. Mark the status of completion with traffic light colours (red, yellow, green)
 - Green: if a task is on track to be completed on time
 - Yellow: if there is a risk that a task will not completed on time with the required result
 - Red: if a task is not on track to be completed on time
3. For tasks marked red, create a back-up slide that details the key challenges and proposed solutions

Note

- Another format that project management may find helpful is a list showing key tasks completed over the last week or two (since the last review) and immediate next steps to be addressed until the next review.

5.4 Ensure a Decision-driven Approach

Tool. 5.4 Decision Rights - RAPID®

Collaboration:		Latest update:							
		Steering Group	Advisors	External stakeholder 1	Project management	Team member 1	Team member 2	Team member 3
Key decisions	e.g. final concept	D	I			R			
	e.g. go/no go for implementation	D		I					
	...				D	A			
	...	D	I				R		
	...	D	I				R		
	...				D				
	...					D	P	P	P
	...	D	I				R		

Identify critical decisions for the Healthy Living collaboration upfront

R ecommend: Recommend a decision or action

A gree: Formally agree on recommendation – must be consulted, should not be ignored

P erform: Be accountable for performing a decision once made

I nput: Provide input to a recommendation – must be consulted, may be ignored

D ecide: Make final decision – “commit the organization to action”

Note: RAPID® is a registered trademark of Bain & Company

Objective

- Define decision rights for critical decisions to fast-track the Healthy Living action

Steps

1. Identify the critical decisions for the Healthy Living collaboration overall and for specific actions; start with the most important 3-5 decisions and potentially add other decisions later on
2. Frame decisions appropriately; split into sub-decisions if necessary
3. Assign decision roles (R, A, P, I, D)
4. Install a structured decision process: design and specify interactions, critical meetings/committees, closure and commitment, feedback loops
5. Create a timeline for decision and execution, including key milestones
6. Consider creating a decision calendar for ongoing, interconnected decisions

Notes

- **R** (Recommend): there is only one R – should be with the individual/group who does 80% of the work to develop the recommendation.
- **A** (Agree): should be assigned sparingly – usually for extraordinary circumstances relating to regulatory or legal issues.
- **P** (Perform): there may be multiple Ps – in some cases P may also be an Input.
- **I** (Input): there can be multiple Is – but avoid too many; assign only to those with valuable, relevant information to potentially change the decision.
- **D** (Decide): there is only one D – locate the D at the senior level of the collaboration, where the decision needs to be made. Teams that use RAPID often refer to “who has the D” (i.e. who is the decision-maker).

5.5 Actively Manage Internal Communication

No template is provided for this section, but you can adapt the external communication plan (Tool 6.4) to design internal communications.

6. Evaluate and Sustain

6.1 Define Metrics and How to Track Them

Tool. 6.1 Monitoring and Evaluation Design - Metrics Selection

Collaboration:		Action:			
	Process	Awareness & knowledge	Healthy Living dimension	Biomarkers	NCD prevalence & mortality
Potential metrics	<input checked="" type="checkbox"/> Expert advisory mechanism with representation from all key sectors and disciplines <input checked="" type="checkbox"/> Publication of collaboration MOU <input type="checkbox"/> Number of full-time staff dedicated to working on the intervention <input type="checkbox"/> Number of meetings of the coordinating mechanism per year <input type="checkbox"/> Launch and reach of a certain intervention/campaign	<input checked="" type="checkbox"/> Awareness of risk factors for certain NCD, e.g. - Obesity increases risk of diabetes - Harmful alcohol consumption increases risk of cardiovascular diseases <input type="checkbox"/> Awareness of measures to reduce NCD risk, e.g. - Regular physical activity reduces the risk of obesity/ cardiovascular diseases <input checked="" type="checkbox"/> Knowledge about consequences of a certain NCD <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Diet – fruit, vegetable, oil and fat consumption, e.g. - Weekly fruit consumption per capita - Preference of a healthy food option over an unhealthy food option <input type="checkbox"/> Physical activity, e.g. - Median level of physical activity - % of target population with low levels of activity <input type="checkbox"/> Tobacco, e.g. - % of target population that smokes daily - Average daily/ weekly consumption <input type="checkbox"/> Medical screening & care, e.g. - % of population with check-ups according to national plan <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Overweight/obese, e.g. - Mean body mass index - % of overweight and obese target population <input checked="" type="checkbox"/> Blood pressure, e.g. - % of target population with raised blood pressure - Mean systolic blood pressure <input type="checkbox"/> Blood glucose, e.g. - % of target population with elevated blood glucose <input type="checkbox"/> Cholesterol, e.g. - % of target population with raised cholesterol <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Cardiovascular disease prevalence and mortality within certain target group <input type="checkbox"/> Diabetes prevalence and mortality within certain target population <input type="checkbox"/> Cancer prevalence and mortality within certain target population <input checked="" type="checkbox"/> Chronic respiratory disease – prevalence and mortality within certain target <input checked="" type="checkbox"/> Depression, e.g. - % diagnosed with (threshold-) depression and/or anxiety <input checked="" type="checkbox"/> Other _____
	Methodology	Method: Sample size: Frequency: Start date:	Method: e.g. survey, statistical data, medical examination Sample size: absolute and % of target population Frequency: Frequency Start date: monthly, quarterly, annually	Method: Sample size: Frequency: Start date:	Method: Sample size: Frequency: Start date:

Objectives

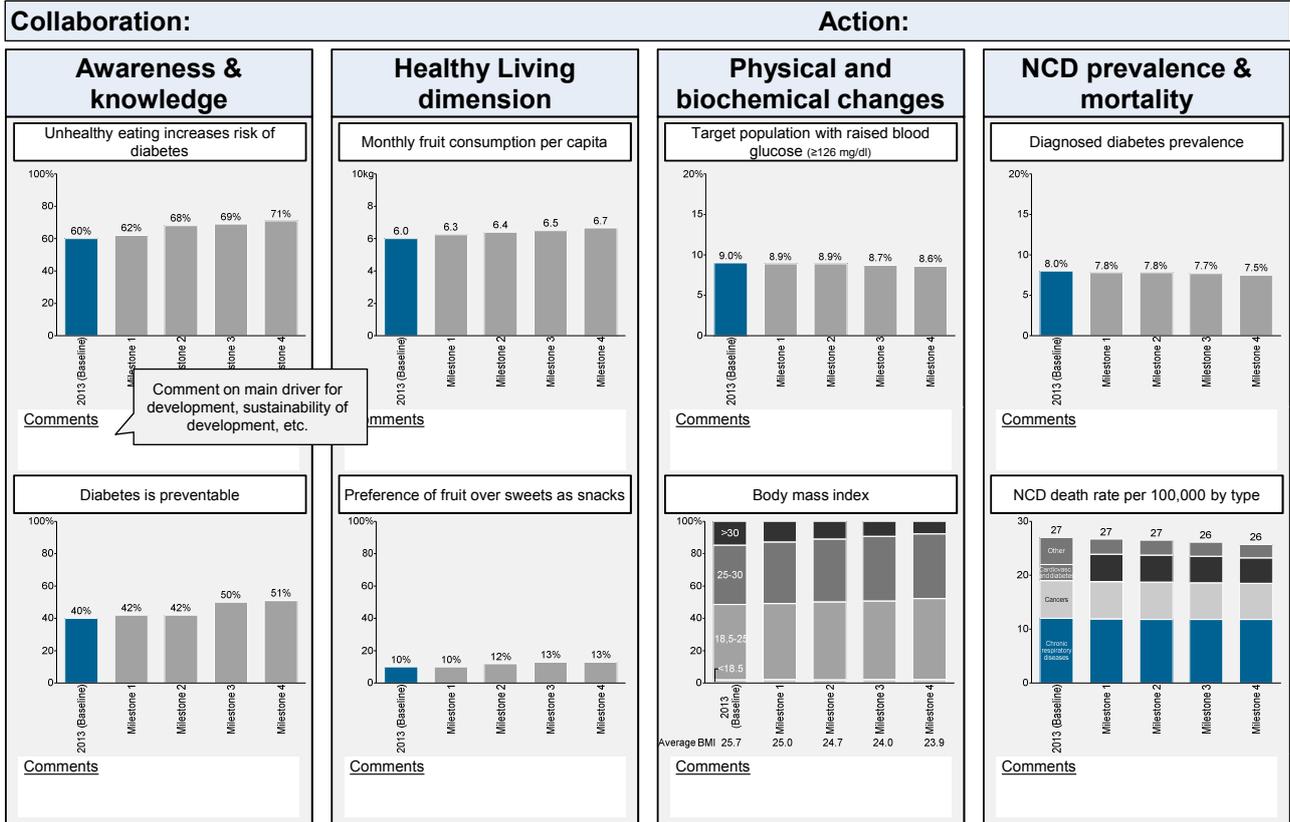
- Ensure that the effectiveness of the Healthy Living action is monitored and evaluated
- Regularly review outcomes and adapt the Healthy Living action as needed

Steps

1. Go through the checklist and choose metrics that are relevant for the intervention
2. For the metrics selected, identify the methodology to measure them (method, sample size, frequency)

Notes

- Five main categories of metrics for Healthy Living action should be considered when selecting metrics:
 - Process: this is particularly important during the early stages of the collaboration, when outcomes have not yet been realized. However, collaborations should not *only* use process metrics, but should also focus on action impact.
 - Awareness and knowledge
 - Changes in Healthy Living dimensions
 - Biomarker changes
 - NCD prevalence and mortality
- Several metrics may be hard to measure, especially those related to changes within a particular Healthy Living dimension. Consider using proxies to assess the relevant dimensions (e.g. a survey instead of measuring actual physical activity).
- The summary template should include additional details focusing on the metrics that matter most and the methodology to measure them.
- Consider involving experts, e.g. academic research centres, to develop scientifically valid evaluation approaches where useful or needed.



Objective

- Report outcomes in a simple, clear and compelling manner as a basis to continuously assess and optimize the Healthy Living action

Steps

1. Define when each metric will be measured
2. Design a graphical reporting format, leveraging ideas from the above sample formats
3. Plot and review outcomes with project management, advisers and at regular intervals with the Steering Group

Note

- The charts on the above version of the template serve as illustrative examples. To present real data, each of these charts should be presented on full slides.

Collaboration: **Action:**

Financial & social benefits	Long-term output	Proxy measurement	Value of proxy per person per annum	% of target population positively impacted	Period of benefits	
					Start time	Duration
Decreased Healthcare cost	# of doctor visits per year	US\$ X	%	20XX	X	years
	Cost of alcohol addiction					
Increased productivity	# of sick days					
	Income earned					

For each long-term output, think about what would be an easily measurable approximation
 Ensure that the proxy is "monetizable"
 Use multiple proxies if necessary but ensure they are mutually exclusive

Estimate the number (or percentage) of participants that could achieve each outcome
 Assume one year of the intervention
 Do not consider participants who would have achieved these outcomes without the intervention

Net present value (NPV) of benefits; i.e. what would all the future benefits be worth in today's dollars?

$$SROI = \frac{NPV(\text{financial} + \text{social benefits})}{NPV(\text{total costs})}$$

Net present value (NPV) of all costs; i.e. initial set-up costs + ongoing costs in today's dollars

Cost of intervention	Costs	Description	Amount
	Fixed annual costs	...	
Variable costs			
Total costs			US\$ XK

Note: SROI = System Return on Investment

Objectives

- Highlight the financial and social benefits of a Healthy Living action and the costs required to generate those benefits
- Compare different Healthy Living actions using a single metric (the System-Return on Investment (SROI)) to choose the most effective intervention among different options

Steps

1. Design an Excel spreadsheet that captures the benefit and cost projections of a Healthy Living action in line with the above template
2. Estimate the financial and social benefits of the collaboration; use proxies where needed
3. Capture the variable and fixed costs of designing and implementing the Healthy Living action
4. Calculate the SROI using the above formula
5. Discuss numbers within the collaboration and seek opportunities to optimize the benefit or cost side
6. Share your benefit/cost assessment with other collaborations and compare SROIs to help identify the most effective Healthy Living actions and to learn for future collaborations

Notes

- Financial and social benefits may be hard to define; use estimates and proxies related to reduced doctor or hospital visits, reduced absenteeism and higher share of full-time work.
- It may be helpful to plot benefits and costs over time in one graph to provide a break-even point to illustrate the gap between investment and "monetized" benefits.
- SROI is a novel metric that compares the effectiveness of various Healthy Living actions; consider it an optional metric, as it is not broadly established and not easy to calculate.
- Consider partnering with academic research centres if you would like to use SROI (or a similar metric) to assess the financial and social benefits of a Healthy Living action.

6.2 Identify and Manage Implementation Risks

Tool. 6.2 Implementation Risk Assessment for Healthy Living Action

Collaboration:		Latest update:	
Lasting value	Intent	<ul style="list-style-type: none"> Is there a clear vision? Do we have alignment on goals and ambition? 	<p>●</p> <p>●</p>
	Design	<ul style="list-style-type: none"> Is the action designed to have long-term impact? Is the design of the action evidence based? Do we have tools defined to achieve behaviour change? Does the action leverage innovative and technology-enabled solutions? 	<p>●</p> <p>○</p> <p>○</p> <p>○</p>
Robust financials & operations	Financials	<ul style="list-style-type: none"> Do we have sufficient resources? Do we have a transparent financial reporting system? 	<p>○</p> <p>○</p>
	Operations	<ul style="list-style-type: none"> Do we have an achievable and sustainable plan in place? Do we have clear roles and responsibilities? Do we have clear decision rights? Do we have a mechanism to resolve conflicts of interest? 	<p>○</p> <p>○</p> <p>○</p> <p>○</p>
Committed team	Leadership/champions	<ul style="list-style-type: none"> Do we have an effective and committed leadership team? Do we have an effective championship spine in place? Is the leadership team aligned on design and deployment? 	<p>○</p> <p>○</p> <p>○</p>
	Culture and capabilities	<ul style="list-style-type: none"> Is there a training and communication program? Do we regularly run team “health checks”? Are we motivated and passionate about the tasks ahead? Do we have the necessary capabilities to deliver with excellence? 	<p>○</p> <p>○</p> <p>○</p> <p>○</p>

Note: Actual questions to be tailored to each Healthy Living collaboration

Level of risk		
● High	● Medium	● Low

Objective

- Use a risk management approach to ensure the successful implementation of the Healthy Living action; this helps identify and address critical issues early on

Steps

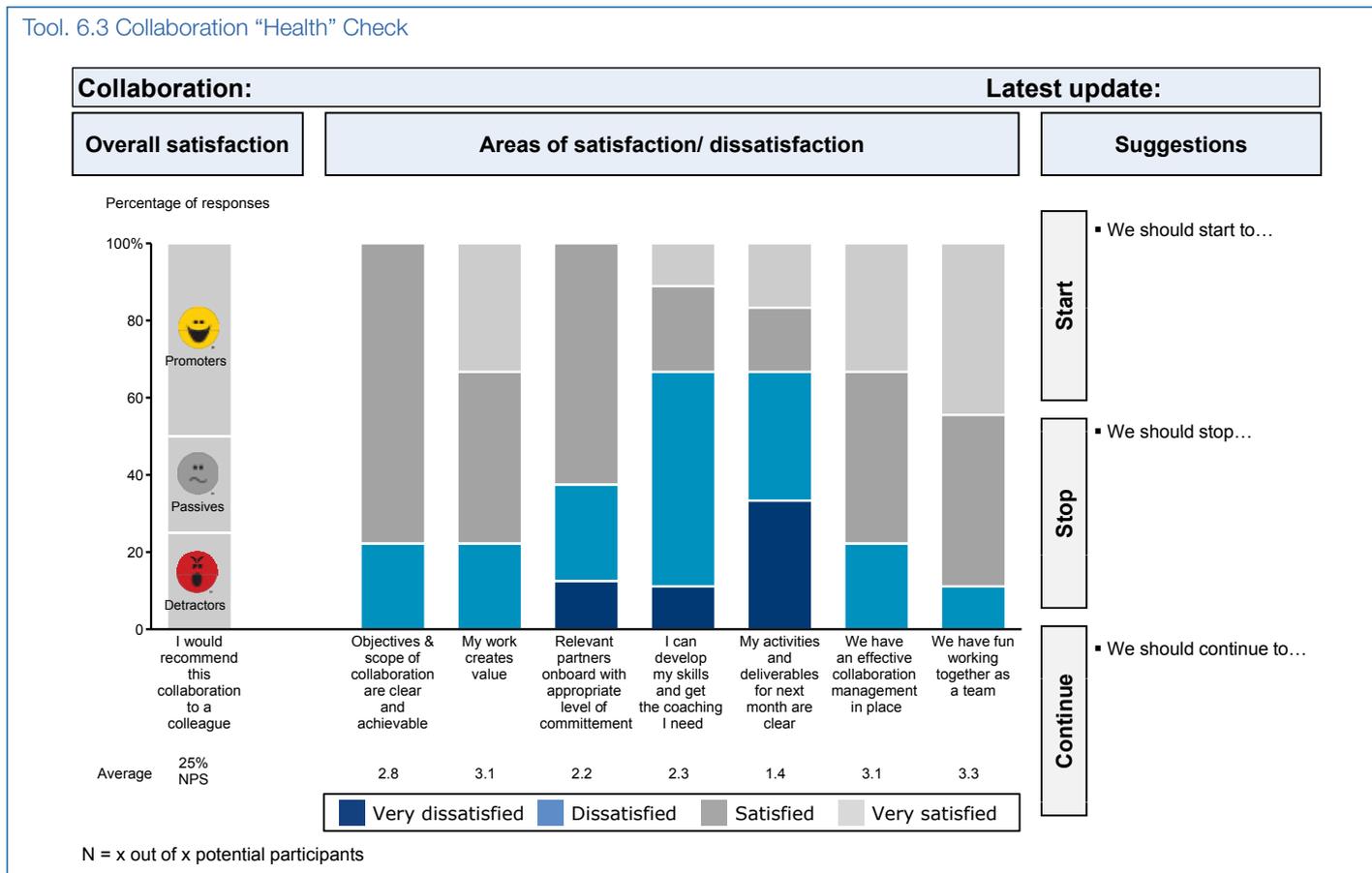
1. Tailor the above risk assessment questions to your specific collaboration; make sure to address the dimensions “Lasting value”, “Robust financials & operations” and “Committed team”
2. Distribute the risk assessment questions as a survey to key stakeholders in the collaboration
3. Assess the level of risk for each dimension using traffic lights
4. Discuss high-risk areas with the project team and identify and implement risk mitigation measures
5. Repeat the survey at relevant intervals

Note

- The risk assessment summary template should include additional details specifying mitigating actions for high-risk areas.

6.3 Check the “Health” of the Collaboration

Tool. 6.3 Collaboration “Health” Check



Objectives

- Understand how satisfied/dissatisfied stakeholders in the collaboration are at a given time during the Healthy Living action as a basis for managing collaboration “health” and effectiveness
- Identify specific “pain points” in the collaboration

Steps

1. Distribute a survey to all key stakeholders in the collaboration, incorporating elements from the above template; tailor specific statements to the collaboration if necessary
2. Incorporate a question to define the Net Promoter Score (NPS) (63): “On a scale from 0 to 10, how likely are you to recommend this collaboration to a friend or colleague?”
3. Calculate the NPS: split responses into promoters (9 to 10), passives (7 to 8), and detractors (0 to 6) and subtract % of detractors from % of promoters
4. Capture consolidated responses in the above summary template
5. Repeat the “health” check at pre-defined intervals

Notes

- The NPS is a pragmatic and widely used measure to assess overall satisfaction levels with one simple metric.
- Involve champions (see Tool 4.2) in reviewing the results and defining and implementing corrective actions.
- Maintaining the “health” of the collaboration is one of the most important factors that can make a Healthy Living action a success. Stakeholders should invest sufficient time and resources in tracking and building the collaboration’s “health”.

6.4 Communicate with the Community and a Broader Set of Stakeholders

Tool. 6.4 Communication Plan

Collaboration: _____ **Latest update:** _____

Key messages: What are the 3-4 messages we want to communicate throughout the Healthy Living action?

- ...
- ...
- ...

Comms piece	Date	Audience	Objective	Channel	Messenger	Owner	Details/ watch outs
	When will this communication take place?	Who do we want to communicate to?	What do we want this communication to achieve?	How will the message be communicated?	Who will deliver the message?	Who is responsible for creating the communication and ensuring that the message is delivered?	What else needs to be considered? What could go wrong? Is the communication recurring?

Objective

- Communicate the Healthy Living action broadly to build awareness of the action itself and momentum for Healthy Living in general

Steps

1. Define 3-4 compelling key messages to communicate throughout the Healthy Living action
2. Assign one responsible person for external communication
3. Plan communication pieces and define details according to the above template

Notes

- It may also be helpful to plot communication pieces over time to ensure they are planned around key events (such as the start of implementation) and that there is a continuous flow of communication.
- Effective communication should be concise, clear, brief and positive. Keep the following critical criteria in mind:
 - Limit the number and length of messages
 - Use simple language
 - Recognize the time limitations of individual attention spans
 - Avoid negative language
- A message map can be helpful in designing a communication piece; it includes key messages at the top (ideally not more than three at a time), three supporting facts for each key message and three details (proof points) for each supporting fact.

6.5 Sustain the Collaboration

Tool. 6.5 Lasting Impact on Healthy Living

Collaboration:		Latest update:	
Effective team	Leadership and champions	<ul style="list-style-type: none"> Committed and capable leaders in all stakeholder organizations Broad base of active and influential champions Mechanisms to get new leaders onboard and champions in place 	<div style="display: flex; justify-content: space-around;"> ● ● ● </div>
	Culture and capabilities	<ul style="list-style-type: none"> Effective training and communication programme Collaboration health checks operational Required capabilities in place 	<div style="display: flex; justify-content: space-around;"> ○ ○ ○ </div>
Long-term funding	Resources	<ul style="list-style-type: none"> Long-term funding secured (financial and non-financial) 	○
	Reporting	<ul style="list-style-type: none"> Transparent reporting established 	○
Effective processes	Repeatability	<ul style="list-style-type: none"> Process design and documentation that allows repeating the intervention in an effective and efficient manner Monitoring systems in place to anticipate change 	○
	Transferability	<ul style="list-style-type: none"> Process design allows for easy transfer of information to other local entities 	○
Continuous learning	Operations	<ul style="list-style-type: none"> Continuous review and improvement of operational efficiency and effectiveness 	○
	Collaboration	<ul style="list-style-type: none"> Continuous review and improvement of collaboration effectiveness 	○

Objective

- Design and execute the Healthy Living action for lasting impact

Steps

1. Evaluate the collaboration and the specific Healthy Living action using the above success criteria
2. Update designs and/or execution plans accordingly to enable a lasting impact
3. Repeat the assessment at pre-defined intervals

Notes

- Four main dimensions are critical for lasting impact: an effective team, long-term funding, effective processes and continuous learning.
- The summary template should include additional details specifying mitigating actions for areas marked red.

6.6 Capture Learnings for Future Collaborations

Tool. 6.6 Learning for Future Healthy Living Collaborations

Collaboration:	
Block	Learnings
Understand	<ul style="list-style-type: none"> e.g. "Segmentation of the population has allowed us to focus our limited resources on the segments with the largest need and highest potential for impact"
Align & Design	<ul style="list-style-type: none"> e.g. "Integrating tools aimed at changing behaviours ... has allowed us to come up with an innovative concept that will really make a change"
Mobilize	<ul style="list-style-type: none"> e.g. "Investing time in identifying the right set of stakeholders has really paid off, as ..."
Build & Train	<ul style="list-style-type: none"> e.g. "A structured approach to identify and leverage champions across multiple organizations has helped to engage broad groups and amplify the impact"
Deliver	<ul style="list-style-type: none"> e.g. "Establishing transparent decision rights has significantly accelerated our decision-making, despite the complex collaboration structure"
Evaluate & Sustain	<ul style="list-style-type: none"> e.g. "Agreeing on the right metrics took us some time. However, ultimately our set of metrics was highly valuable to monitor outcomes and optimize our approach. For example, ..."

Objectives

- Review learnings related to all building blocks to optimize the collaboration going forward
- Share learnings with other collaborations to contribute to Healthy Living around the world

Steps:

1. List key learnings from your collaboration for each building block and review with relevant stakeholders
2. Potentially conduct a brief survey to capture individual learnings from different stakeholders
3. Share learnings with other collaborations within your region and beyond, e.g. by posting on a website

Notes

- This one-page summary template can include a more detailed case study of one or more building blocks to share with other collaborations.
- Potentially share outcomes data with other collaborations.

Appendix – Definition of Healthy Living Risk Dimensions

This Appendix defines six examples of Healthy Living dimensions (unhealthy diets, physical inactivity, tobacco use, harmful use of alcohol, depression and lack of medical screening and care). These dimensions are not comprehensive, but rather were chosen to exemplify Healthy Living. These definitions are largely based on WHO publications, but governments or public health bodies may have different recommendations. When defining the relevant Healthy Living dimensions, please consult all local and relevant references.

Unhealthy Diet

Many people around the world do not adhere to healthy diets. According to the WHO, a healthy diet consists of the following components (40):

- *Calorie intake*: achieving a balance between energy intake from food and energy expenditure from physical activity to maintain a healthy weight
- *Salt intake*: limiting sodium consumption from all sources (less than 5 grams per person per day on population level) and ensuring that salt is iodized
- *Fruit/vegetable consumption*: increasing the consumption of fruits, legumes, whole grains and nuts; at least five total servings (400 grams) of fruit and vegetables per day
- *Fat intake*: limiting energy intake from total fats (not to exceed 30% of total energy intake), and shifting fat consumption away from saturated fats to unsaturated fats, and moving towards eliminating trans fatty acids from diet
- *Sugar intake*: limiting intake of free sugars

Furthermore, a healthy diet should include an appropriate amount of vitamins and minerals (59).

Physical Inactivity

Individuals are considered to be physically inactive if they do not meet the WHO recommendations for physical activity (60; 61), summarized below:

- 5-17 years old: a minimum of 60 minutes of moderate to vigorous physical activity daily, mostly aerobic and incorporating at least three vigorous training sessions per week, including those that strengthen muscle and bone
- 18-64 years old: at least 150 minutes of moderate aerobic physical activity, or 75 minutes of vigorous aerobic physical activity, or an equivalent combination of both of them throughout the week, including muscle-strengthening activities on two or more days per week
- 65 years old and above: same amount of physical activity as 18-64 years old; when adults of this age group cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow

Tobacco Use

According to the WHO Framework Convention on Tobacco Control (62), member states are “determined to protect present and future generations from tobacco consumption and exposure to tobacco smoke”. In 1998, the WHO established the Tobacco Free Initiative to focus attention, resources and action on tobacco use.

Harmful Use of Alcohol

The WHO defines harmful use as “a pattern of psychoactive substance use is damaging to health” (63). The damage may be physical (e.g. hepatitis following injection of drugs) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Harmful use commonly, but not invariably, has adverse social consequences; social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use.” Harmful use of alcohol is particularly difficult to define. It generally encompasses drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with an increased risk of adverse health outcomes (64). Some countries have guidelines for alcohol consumption, and these guidelines could be useful when defining relevant thresholds.

Depression

This example dimension reflects Healthy Living as it relates to mental health. The WHO states that there are insufficient resources to diagnose, treat and prevent mental disorders, given global spending on mental health of less than US\$ 2 per person per annum and less than US\$ 0.25 in low-income countries (65)

According to the WHO, depression is a relatively common mental disorder and may significantly impact one’s ability to function at work. The WHO defines two forms of diagnosed depression (66):

- *Unipolar depression (also known as major depressive disorder)*: In their typical depressive episodes, the person experiences depressed mood, loss of interest and enjoyment, and reduced energy leading to diminished activity for at least two weeks. Many people with depression also suffer from anxiety symptoms, disturbed sleep and appetite, and may have feelings of guilt or low self-worth, poor concentration and even medically unexplained symptoms. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate or severe. An individual with a mild depressive episode will have some difficulty continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, it is very unlikely that the sufferer will be able to continue with social, work or domestic activities, except to a very limited extent.
- *Bipolar mood disorder*: This type of depression typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep.

The above definition does not include “minor depressive disorder” or undiagnosed short-term depression, which means that the real levels of depression in a society are difficult to ascertain.

Lack of Medical Screening and Care

The lack of medical screening and care is a dimension that will vary significantly based on the specific Healthy Living concern. For example, if an intervention addresses diabetes, one could consider access to diabetes screening clinics and/or primary care physicians. Alternatively, an intervention on mental health should consider access to skilled professionals and support systems.

By means of illustration, below are some examples of common definitions:

- Screening rate (for a particular condition) per 1,000 population (e.g. mammography and cervical cancer screening per 1,000 females)
- Number of practicing mental health specialists per 1,000 population
- Percentage of patients with access to necessary NCD medicines (e.g. percentage of diabetes patients with access to necessary treatments)
- Number of primary care physicians/nurses per 1,000 population
- Number of hospital beds per 1,000 population

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