

# Annex

# Multistakeholder Collaboration for Healthy Living Toolkit for Joint Action

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

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# Introduction

Healthy Living involves the creation and maintenance of health; it is 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 multi-layered and influenced by social and environmental determinants, as well as specific risky 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 and influence the decisions we make every day.

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 already emerged in a series of high-level discussions during the previous two years, and as a consequence the World Economic Forum “Healthy Living” initiative was launched. The cornerstone of this initiative is the Charter for Healthy Living, a neutral platform for multistakeholder Healthy Living dialogue and action. Stakeholders will use this Charter to work together to deliver multistakeholder action for Healthy Living.

Recognizing that these collaborations are complex and that resources and experience are often limited, stakeholders called for the creation of guidelines and practical resources to support multistakeholder dialogues and actions. The guidelines, hereafter referred to as the “Toolkit”, consist of two documents:

- The main document: “Multistakeholder Collaboration for Healthy Living: Toolkit for Joint Action”
- The supporting “Annex” to the Toolkit for Joint Action (this document)

These two documents should be used together to support multistakeholder action for Healthy Living. The Annex includes the templates required to design and successfully implement a Healthy Living initiative – from analysing the local situation to implementing a monitoring and evaluation framework.

The Toolkit and Annex were jointly developed by the World Economic Forum and the Pan American Health Organization, in collaboration with Bain & Company. The templates incorporate proven project management methodologies from Bain & Company, tailored to the Healthy Living setting based on the experience of the World Economic Forum and the Pan American Health Organization. This set of templates is designed to be a living document, and the current version (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 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](mailto:Vanessa.Candeias@weforum.org)).

For references, please see the reference list provided in the “Multistakeholder Collaboration for Healthy Living: Toolkit for Joint Action”.



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

### 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

- Define the region to analyse
- Identify data sources for local healthcare infrastructure data; if data are not available, make an estimate or comment qualitatively
- 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 <a href="http://www.who.int/substance_abuse/msbalcstrategie.pdf">http://www.who.int/substance_abuse/msbalcstrategie.pdf</a>
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 <a href="http://www.nrepp.samhsa.gov/">http://www.nrepp.samhsa.gov/</a>
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 <a href="http://www.foodhealthdialogue.gov.au">http://www.foodhealthdialogue.gov.au</a>
	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 <a href="http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx">http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx</a>
	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 <a href="http://www.activelivingresearch.org/node/11835">http://www.activelivingresearch.org/node/11835</a>
Obesity	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 <a href="http://www.oecd.org/health/49716427.pdf">http://www.oecd.org/health/49716427.pdf</a>
	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 <a href="http://www.euro.who.int/__data/assets/pdf_file/0008/98243/E89858.pdf">http://www.euro.who.int/__data/assets/pdf_file/0008/98243/E89858.pdf</a>
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 <a href="http://www.cicloviasrecreativas.org/en/">http://www.cicloviasrecreativas.org/en/</a>
Tobacco control	Framework Convention for Tobacco Control	WHO publication describing potential measures to reduce the demand for, and supply of, tobacco <a href="http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf">http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf</a>
	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 <a href="http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf">http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf</a>
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 <a href="http://cbpp-pcpe.phac-aspc.gc.ca/">http://cbpp-pcpe.phac-aspc.gc.ca/</a>
	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: <a href="http://www.healthycaribbean.org">http://www.healthycaribbean.org</a>

	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 <a href="http://health.mo.gov/data/interventionmica/">http://health.mo.gov/data/interventionmica/</a>
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 <a href="http://www.who.int/dietphysicalactivity/summary-report-09">http://www.who.int/dietphysicalactivity/summary-report-09</a>
	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 <a href="http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf">http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf</a>
	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 <a href="http://www.who.int/dietphysicalactivity/SPF-en-2008.pdf">http://www.who.int/dietphysicalactivity/SPF-en-2008.pdf</a>
	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 <a href="http://epi.ioe.ac.uk/cms/">http://epi.ioe.ac.uk/cms/</a>
	Global Health Observatory (GHO)	WHO database with current and historic information on NCDs and risk factors <a href="http://www.who.int/gho/en/">http://www.who.int/gho/en/</a>
	Global Recommendations on Physical Activity for Health	WHO report on recommended levels of physical activity for different age groups <a href="http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf">http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf</a>
	Global Strategy on Diet, Physical Activity and Health	WHO framework for action on diet, physical activity and health, outlining principles and responsibilities for action <a href="http://www.who.int/dietphysicalactivity/strategy/eb11344/en/index.html">http://www.who.int/dietphysicalactivity/strategy/eb11344/en/index.html</a>
	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 <a href="http://ec.europa.eu/health-eu/index_en.htm">http://ec.europa.eu/health-eu/index_en.htm</a>
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 <a href="http://www.healthypeople.gov/2020">http://www.healthypeople.gov/2020</a>
	Heidi Data Tool (European Commission)	An interactive application to present relevant and comparable information on health within Europe <a href="https://webgate.ec.europa.eu/sanco/heidi/index.php/Main_Page">https://webgate.ec.europa.eu/sanco/heidi/index.php/Main_Page</a>
	STEPwise approach to surveillance (STEPS) – WHO	A simple, standardized method for collecting, analysing and disseminating data <a href="http://www.who.int/chp/steps/en">www.who.int/chp/steps/en</a>
	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 <a href="http://www.who.int/dietphysicalactivity/childhood/Childhood_obesity_modified_4june_web.pdf">http://www.who.int/dietphysicalactivity/childhood/Childhood_obesity_modified_4june_web.pdf</a>

Tool. 1.4b Critical Success Factors for Healthy Living Interventions

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

<b>Region:</b> Country/State/City <b>Year:</b>	
--	--

H	Ability to implement		<b>Expected impact</b>	<b>Ability to implement</b>
L		L <b>Expected impact on Healthy Living</b> H	Action 1	Action 2

<b>Population impacted</b>	<100	100-1,000	>1,000
----------------------------	------	-----------	--------

Action 1	<ul style="list-style-type: none"> <li>• ...</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; width: fit-content;">             Provide details on short- and long-term healthy living impact and fit with high-priority segments           </div>	<ul style="list-style-type: none"> <li>• ...</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; width: fit-content;">             Provide details on complexity, resource availability and leadership capacity/champions           </div>	Action 2	<ul style="list-style-type: none"> <li>• ...</li> </ul>
Action 3	<ul style="list-style-type: none"> <li>• ...</li> </ul>	<ul style="list-style-type: none"> <li>• ...</li> </ul>	Action 3	<ul style="list-style-type: none"> <li>• ...</li> </ul>

### 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:	
<b>Ambition</b>	• 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

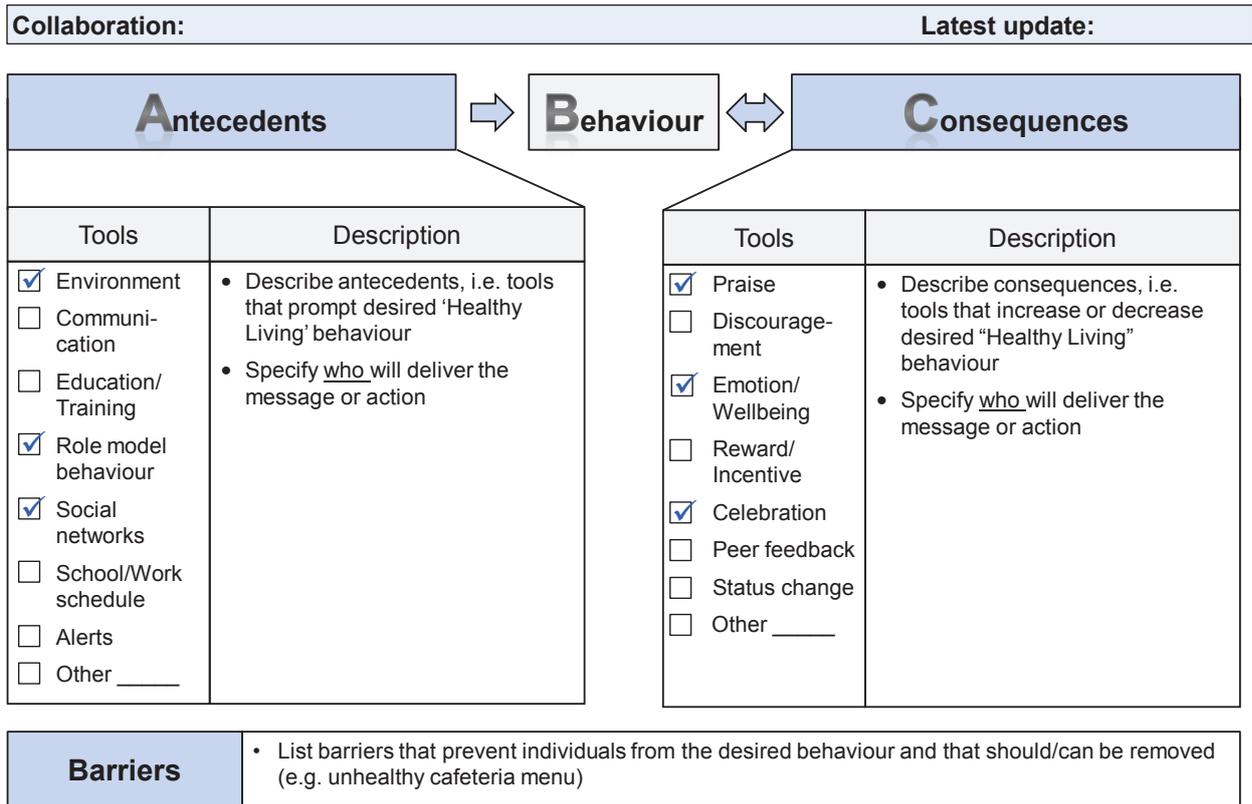
- Develop a well-defined, effective concept for multistakeholder action and obtain the full support of all stakeholders
- Define not only basic elements but also differentiators that will help to really make an impact on Healthy Living

#### 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"/> <b>Availability</b> - 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"/> <b>Local accessibility</b> - Products and/or services are available locally and widely accessible (e.g. access to diabetes screening in rural communities)  <input type="checkbox"/> <b>Affordability</b> - Options are affordable, particularly for vulnerable demographics (e.g. affordable healthy food options in poor city neighbourhoods)  <input checked="" type="checkbox"/> <b>Easy to use and intuitive design</b> - 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"/> <b>Policy development across sectors and at all levels</b> - Community networks - Local municipality - National governments  <input type="checkbox"/> <b>Support for personal and social development</b> - e.g. provide information and education for health - e.g. support to enhance life skills  <input checked="" type="checkbox"/> <b>Local cultural and family norms</b> - 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"/> <b>Appropriate incentives to support the consumer within or across specific Healthy Living dimensions</b>

**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"> <li>e.g. Ministry of Health, Ministry of Education, Municipality</li> </ul>	<ul style="list-style-type: none"> <li>e.g. responsible for development of guidelines, communication, change of school curriculum, infrastructure investment</li> </ul>			
Private sector	<ul style="list-style-type: none"> <li>e.g. food and beverage, pharma, health insurance, sporting goods</li> </ul>	<ul style="list-style-type: none"> <li>e.g. contribute expertise and specific resources, coordinate mass media campaign</li> </ul>			
Civil society & academia	<ul style="list-style-type: none"> <li>e.g. NGOs, community-based organizations, patient organizations</li> </ul>	<ul style="list-style-type: none"> <li>e.g. mobilization of local communities, contribution of expertise, staffing of workstreams</li> </ul>			

**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

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

#### 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)

<b>Collaboration:</b>		
<b>Value</b>	<b>Description</b>	<b>Aligned ?</b>
<b>Respect</b>	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
<b>Dedication</b>	Acting with passion, energy and drive to make a multistakeholder collaboration work and support the promotion of Healthy Living, focusing on measurable outcomes.	Yes
<b>Action orientation</b>	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
<b>Trust</b>	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
<b>Transparency</b>	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
<b>Open &amp; honest communication</b>	Truthfully exchanging information with other stakeholders. Candidly sharing perspectives and feedback when required, even when the message is difficult to deliver.	Yes
<b>Evidence-based approach</b>	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
<b>Innovation</b>	Highly novel and creative approaches to designing, resourcing and executing multistakeholder actions. Open to novel methodologies, novel resourcing mechanisms and fresh ideas.	Yes
<b>Shared learning</b>	Articulating, capturing and sharing experiences and lessons with the immediate Healthy Living collaboration, with peers and the broader global community.	Yes
<b>Perseverance &amp; long-term commitment</b>	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

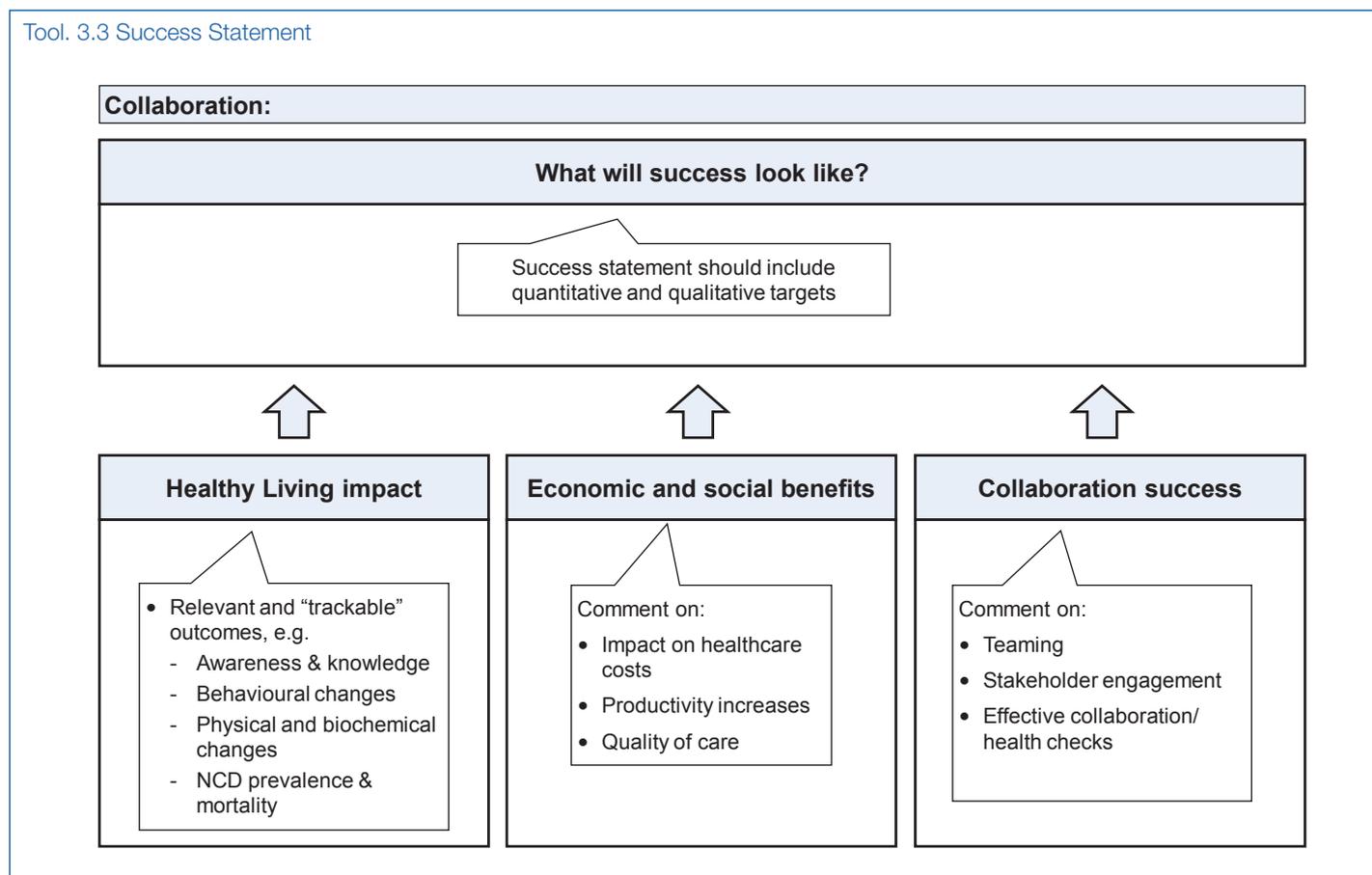
1. Review the list of values above and tailor it to the collaboration
2. Describe each value in detail and discuss with all stakeholders whether they are aligned with each value

### 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

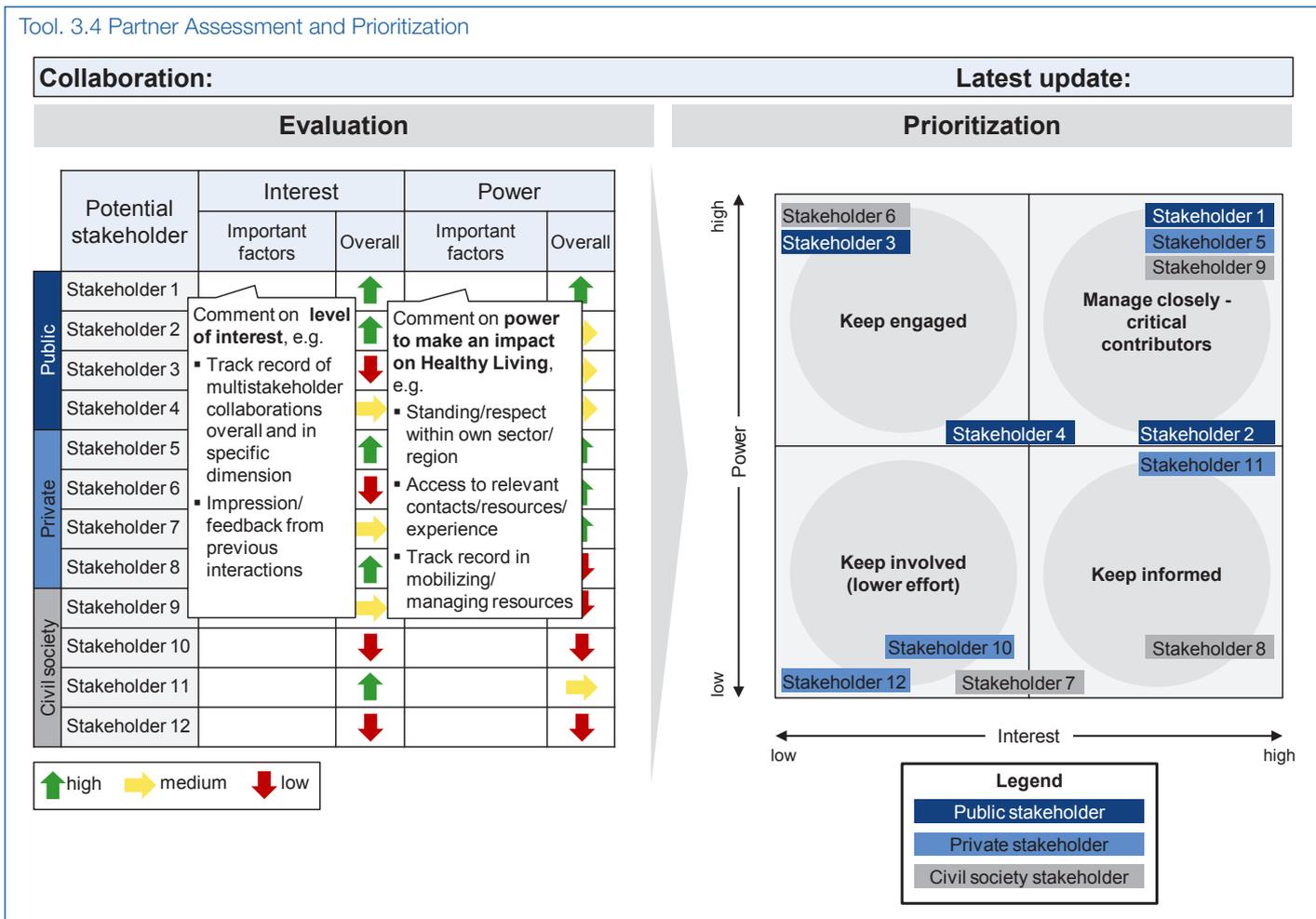
1. Discuss jointly with all stakeholders what success means – overall and on each relevant dimension
2. Review the success statement at regular intervals to check whether the collaboration is still on track to meet the overarching objectives

#### 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

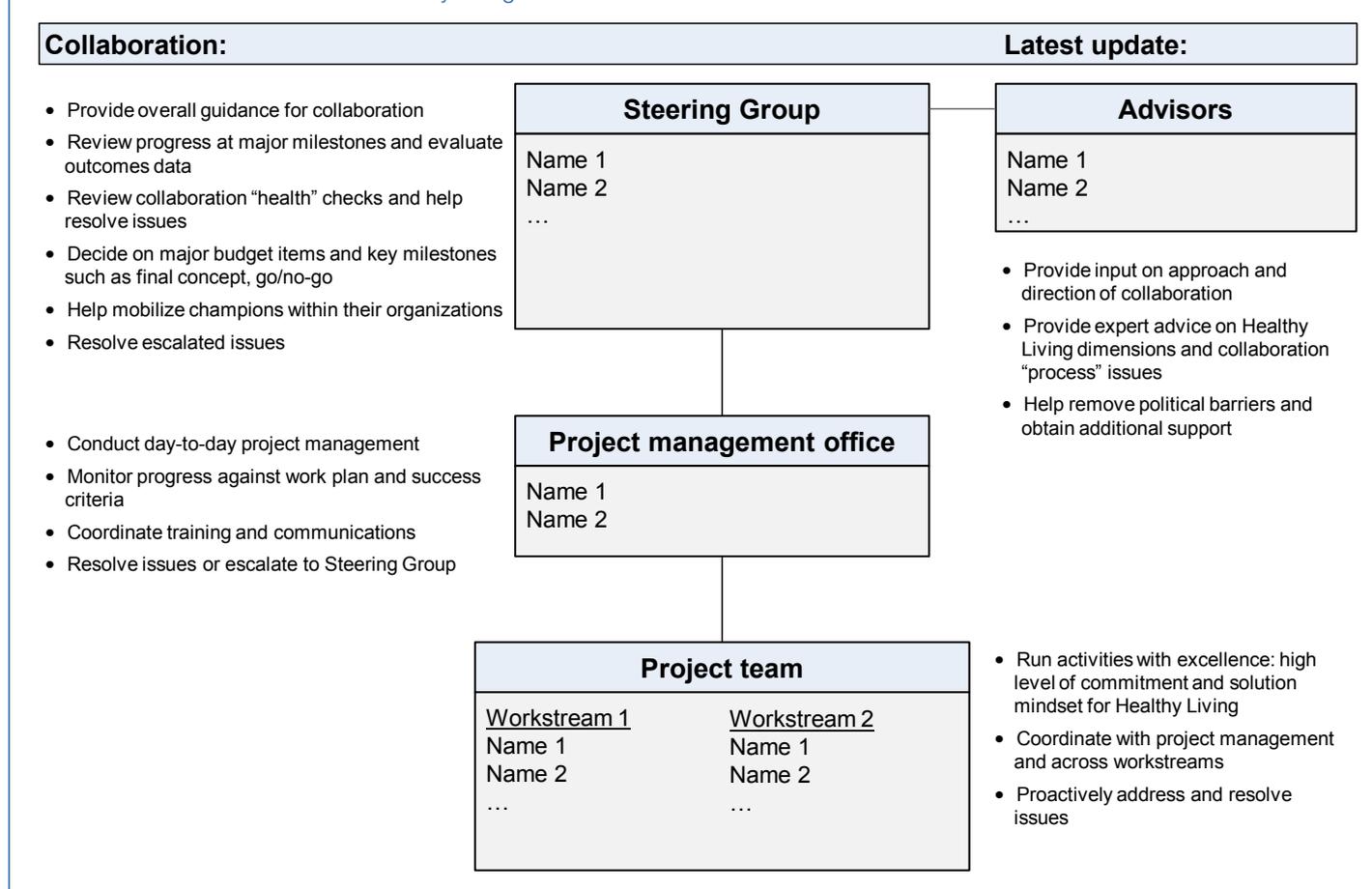
#### Notes

- 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"> <li>• ...</li> <li>Describe roles and responsibilities of champions; e.g.:               <ul style="list-style-type: none"> <li>• Communicate project progress, provide positive and constructive feedback</li> <li>• Act as role models</li> <li>• Review "health" checks and discuss relevant issues, celebrate good scores</li> <li>• Celebrate examples of inspirational stories, celebrate successes</li> </ul> </li> </ul>	
				• ...		
				• ...		
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**
<b>Financial</b>	(US\$ XK)						(US\$ XK)	(US\$ XK)	(US\$ XK)
<b>Headcount</b> • Project mgmt. • Team	(FTE)						(FTE)	(FTE)	(FTE)
<b>Other, e.g.</b> • Expertise • Knowledge • Products • Services • Infra-structure • Education						e.g. medical services, drugs, food samples, team room			
<b>Special contractual arrangements:</b> (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"> <li>Are the objectives of all stakeholders well understood, especially across public/private sector and civil society?</li> <li>Is there a mechanism to address culture and language differences in Healthy Living collaboration?</li> </ul>	<ul style="list-style-type: none"> <li>Schedule sufficient time to allow stakeholders to articulate their perspective, especially at the start of a Healthy Living collaboration</li> </ul>	
Mistrust	<ul style="list-style-type: none"> <li>Do partners openly communicate their interests and goals in the collaboration?</li> <li>Is there a shared set of values specific to Healthy Living collaborations?</li> </ul>	<ul style="list-style-type: none"> <li>Regularly ask each stakeholder to openly communicate their interests and goals</li> <li>Establish shared values</li> <li>Openly discuss red flags across sectors</li> </ul>	
Mismatches of power	<ul style="list-style-type: none"> <li>Are operational responsibilities and decision-making power distributed in a way that is aligned with all stakeholders?</li> <li>Are all sectors fairly represented?</li> </ul>	<ul style="list-style-type: none"> <li>Provide clarity on governance structure and decision rights, and align with all stakeholders</li> </ul>	
Misallocation of costs and benefits	<ul style="list-style-type: none"> <li>Does every partner benefit in a win-win scenario in this partnership?</li> <li>Are costs and benefits distributed fairly among all stakeholders?</li> </ul>	<ul style="list-style-type: none"> <li>Transparently review cost and benefit split with all stakeholders</li> </ul>	
Mismatched partners	<ul style="list-style-type: none"> <li>Do stakeholders have matching goals and visions for Healthy Living action?</li> <li>Do stakeholders have complementary skill sets, strengths and needs?</li> </ul>	<ul style="list-style-type: none"> <li>Review each stakeholder's vision and goals vs. the collaboration objectives</li> <li>Conduct a skill gap analysis</li> </ul>	
Misalignment of time horizons	<ul style="list-style-type: none"> <li>Are all stakeholders committed to the collaboration in the long term?</li> <li>Are there plans in place to keep up the momentum?</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that collaboration is well equipped on the capabilities/assets that matter most</li> <li>Maintain right culture and operating model</li> </ul>	

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"> <li>Plus meetings to provide specific expert advice on Healthy Living or address political barriers or collaboration issues</li> </ul>					
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"> <li>Plus meetings as needed, e.g. for continued guidance or to resolve escalated issues</li> </ul>					
Project Team	<ul style="list-style-type: none"> <li>Weekly/bi-weekly meetings/calls and ad hoc as needed</li> </ul>					

#### 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 <b>highly relevant Healthy Living issue</b> in a target segment with unmet need?
	<input checked="" type="checkbox"/>	Will we achieve a significant <b>behaviour change</b> in our target group? Are we clear about the main drivers that will lead to behaviour change?
	<input checked="" type="checkbox"/>	Is the <b>concept well defined and tested</b> ?
	<input checked="" type="checkbox"/>	Do we have agreed-upon <b>metrics</b> and a <b>monitoring system</b> in place?
Economic and social benefits	<input checked="" type="checkbox"/>	Will the intervention <b>decrease healthcare costs</b> or lead to a <b>productivity increase</b> for the targeted population in the long term?
	<input checked="" type="checkbox"/>	Will the intervention have a positive impact on the <b>quality of life</b> and/or the <b>quality of healthcare</b> of the targeted population?
Collaboration success	<input checked="" type="checkbox"/>	Have we considered how to <b>work effectively as a team</b> ?
	<input checked="" type="checkbox"/>	Have we thought about how to <b>solve potential conflicts</b> ?
	<input checked="" type="checkbox"/>	How likely are we to be able to <b>keep up the commitment and momentum</b> 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
<b>Steering Group</b>	▲ Date	▲ Date		▲ Date		▲ Date
<b>Workstream 1</b> • 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>			
<b>Workstream 2</b> • Task 1 • Task 2 • Task 3						
<b>Workstream 3</b> • Task 1 • Task 2 • Task 3 • Task 4 • Task 5						
<b>Workstream 4</b> • 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
<b>Workstream 1</b>			
• Tasks 1	●	• Day/month	• ...
• Tasks 2	●	• Day/month	• ...
• Tasks 3	●	• Day/month	• ...
<b>Workstream 2</b>			
• Task 1	○	• ...	
• Task 2	○		
• Task 3	○		
<b>Workstream 3</b>			
• Task 1	○	• ...	
• Task 2	○		
• Task 3	○		
• Task 4	○		
• Task 5	○		
<b>Workstream 4</b>			
• 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"/> Awareness of risk factors for certain NCD, e.g. - Obesity increases risk of diabetes - Harmful alcohol consumption increases risk of cardiovascular diseases	<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 checked="" type="checkbox"/> Overweight/obese, e.g. - Mean body mass index - % of overweight and obese target population	<input checked="" type="checkbox"/> Cardiovascular disease prevalence and mortality within certain target group
	<input checked="" type="checkbox"/> Publication of collaboration MOU	<input type="checkbox"/> Awareness of measures to reduce NCD risk, e.g. - Regular physical activity reduces the risk of obesity/ cardiovascular diseases	<input type="checkbox"/> Physical activity, e.g. - Median level of physical activity - % of target population with low levels of activity	<input checked="" type="checkbox"/> Blood pressure, e.g. - % of target population with raised blood pressure - Mean systolic blood pressure	<input type="checkbox"/> Diabetes prevalence and mortality within certain target population
	<input type="checkbox"/> Number of full-time staff dedicated to working on the intervention	<input checked="" type="checkbox"/> Knowledge about consequences of a certain NCD	<input type="checkbox"/> Tobacco, e.g. - % of target population that smokes daily - Average daily/ weekly consumption	<input type="checkbox"/> Blood glucose, e.g. - % of target population with elevated blood glucose	<input type="checkbox"/> Cancer prevalence and mortality within certain target population
	<input type="checkbox"/> Number of meetings of the coordinating mechanism per year	<input type="checkbox"/> Other _____	<input type="checkbox"/> Medical screening & care, e.g. - % of population with check-ups according to national plan	<input type="checkbox"/> Cholesterol, e.g. - % of target population with raised cholesterol	<input checked="" type="checkbox"/> Chronic respiratory disease – prevalence and mortality within certain target
	<input type="checkbox"/> Launch and reach of a certain intervention/ campaign		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Depression, e.g. - % diagnosed with (threshold-) depression and/or anxiety
					<input checked="" type="checkbox"/> Other _____
Methodology	Method:	Method: <span style="border: 1px solid black; padding: 2px;">e.g. survey, statistical data, medical examination</span>		Method:	Method:
	Sample size:	Sample size: <span style="border: 1px solid black; padding: 2px;">absolute and % of target population</span>		Sample size:	Sample size:
	Frequency:	Frequency: <span style="border: 1px solid black; padding: 2px;">Frequency: monthly, quarterly, annually</span>		Frequency:	Frequency:
	Start date:	Start date:		Start date:	Start date:

#### Objectives

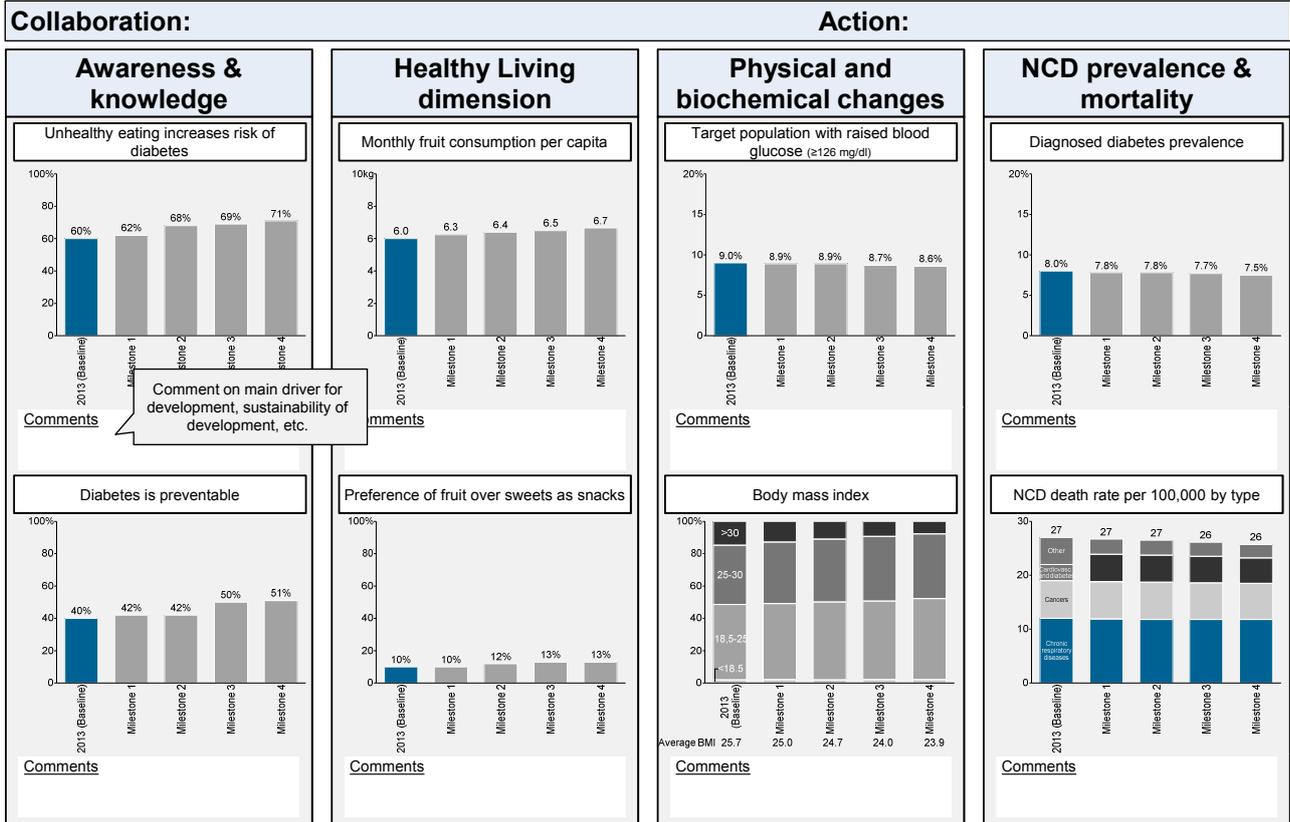
- Ensure that the effectiveness of the Healthy Living action is monitored and evaluated
- Regularly review outcomes and adapt the Healthy Living action as needed

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



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

### 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

<b>Collaboration:</b>	
<b>Block</b>	<b>Learnings</b>
<b>Understand</b>	<ul style="list-style-type: none"> <li>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"</li> </ul>
<b>Align &amp; Design</b>	<ul style="list-style-type: none"> <li>e.g. "Integrating tools aimed at changing behaviours ... has allowed us to come up with an innovative concept that will really make a change"</li> </ul>
<b>Mobilize</b>	<ul style="list-style-type: none"> <li>e.g. "Investing time in identifying the right set of stakeholders has really paid off, as ..."</li> </ul>
<b>Build &amp; Train</b>	<ul style="list-style-type: none"> <li>e.g. "A structured approach to identify and leverage champions across multiple organizations has helped to engage broad groups and amplify the impact"</li> </ul>
<b>Deliver</b>	<ul style="list-style-type: none"> <li>e.g. "Establishing transparent decision rights has significantly accelerated our decision-making, despite the complex collaboration structure"</li> </ul>
<b>Evaluate &amp; Sustain</b>	<ul style="list-style-type: none"> <li>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, ..."</li> </ul>

### 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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