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for Business and Government

# **Guiding Principles for Multisector Engagement for Sustainable Health (MESH)**

**January 2019**

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## **M-RCBG Associate Working Paper Series | No. 106**

This working paper, Guiding Principles for Multisectoral Engagement for Sustainable Development Goal 3 (SDG3) on health and well-being, has been developed by Scott C. Ratzan, Senior Fellow at the Mossavar-Rahmani Center for Business and Government at the Harvard Kennedy School. This is a multi-authored, co-created document, developed to advance the potential for attaining the health-related UN Sustainable Development Goal – “Good health and well-being” with integration of the related “Partnership to achieve the goal” (SDG17). This paper includes support and input from faculty, fellows and research assistants at the Harvard Kennedy School and Harvard T.H. Chan School of Public Health. Dr. Ratzan’s faculty sponsor is Joseph Newhouse, John D. MacArthur Professor of Health Policy and Management at Harvard Kennedy School.

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Suggested Citation: Ratzan, SC et. al. “Guiding Principles for Multisector Engagement for Sustainable Health” M-RCBG Associate Working Paper No. 106. Cambridge, MA: John F. Kennedy School of Government, Harvard University.

## **INTRODUCTION**

### **GLOBAL CALL FOR MULTISECTORAL ACTION**

The transition from the Millennium Development Goals to the Sustainable Development Goals Agenda – broadening the targets, widening the geographic scope, and catapulting associated financing gaps into the trillions of dollars – necessitates a paradigm shift in development action. No longer does the burden of development action and finance rest on national governments and singular philanthropic actors. Rather, the private sector as well as civil society are heralded to join in concerted efforts with governments and others to achieve the ambitious global 2030 agenda. The focus of development has shifted on the eradication of inequalities globally, not just in low- and middle-income countries (LMICs).

The SDGs universality and indivisibility presents a de facto foundational core premise that no single sector has the resources and expertise to achieve the SDGs alone.<sup>1</sup> The final SDG 17 – is termed “Partnerships for the Goals” promulgated by the global community to “Strengthen the means of implementation and revitalize the global partnership for sustainable development.”<sup>1</sup>

With health as the global common currency, SDG3 “Good health and wellbeing” serves as the foundation for prosperity. The integration of health throughout society, economic development, education, and prudent policy can be enhanced with an approach that includes strategic diplomacy with multisector engagement. With the public health field striving to “fulfill society’s interest in assuring conditions in which people can be healthy,” health challenges have transcended borders with a whole of society approach.<sup>2</sup> Non-traditional “health” sectors can also engage for societal well-being, as decisions on health policies and programs are often influenced, and at times created, in sectors other than health. The ideals of integrating multidisciplinary, multisectoral approaches offer a platform for galvanizing innovation, scale, and sustainability. In health and development, from policy to programs, cooperative efforts can advance dialogues and generate solutions to global health challenges.

## **BACKGROUND**

Over the past two decades, multisectoral action has assumed the form of “public-private partnerships” or often shortened to PPPs.<sup>2,3,4,5</sup> The re-invigorated SDG agenda provides an entry point for a renewed and fresh approach to engage the private sector, and as such redefine the traditional ‘public-private partnership.’<sup>7</sup>

PPPs offer the potential to address the looming investment gap for health. The World Health Organization (WHO) estimates annual required investment at up to \$371B in LMICs; while 85% of necessary investment can be met with domestic resources, poorer countries—arguably the very countries for whom SDG3 progress is most critical—will face shortfalls of up to \$54B.<sup>6</sup>

It is estimated that private sector investment of \$8B annually will be needed, though current investment levels are ~\$0.5B, roughly 6% of the required amount.<sup>7</sup> In addition to shortfalls in funding, the world is experiencing increasingly severe social and economic consequences of global health challenges. Even more so, the ongoing epidemiological transition exacerbates the challenges as populations enjoy longer life expectancies, and more advanced levels of health and development. This has influenced the shift in the disease burden from acute infectious diseases to chronic non-communicable diseases (NCDs), posing longer-term and new challenges.<sup>7</sup> Traditional calls for action, and evidence regarding

the cost-effectiveness of prevention, have not been able to close the financing gap for health in LMICs, nor have they kindled investment in the compression of morbidity for long-term fiscal viability of ageing societies of high-income countries.<sup>8</sup>

Even where substantial resources have been galvanized and deployed through effective multisectoral partnerships, new global health challenges pose threats that may reverse these gains. As one example, vaccines – among the leading public health achievements of the 20th Century – are facing reversals in coverage due to growing anti-vaccine sentiments globally. The World Health Organization listed vaccine hesitancy as a top ten threat to global health in 2019.<sup>9</sup> A new agenda for multisectoral engagement that builds upon previous successes is needed, leveraging innovative technologies in order to protect global health gains.

Efforts to increase and improve realignment of business with the SDGs, such as the formation of the Commission on Business and Sustainable Development, underscore critical thinking around longer-term strategies and sustainability of responsible capital and innovation. Despite the dearth in partnerships, there still exist learning opportunities from previous private sector engagement models. For example, the Global Fund for AIDS, Tuberculosis and Malaria (“the Global Fund”) has created motivation for broader collective action on malaria. The principles and key strategic objectives forging collaboration between business, civil society, academia, and governments can be adapted and applied to other disease burdens, including NCDs, ageing/dementia, and vaccines.

There are multiple efforts to foster better outcomes and multi-stakeholder dialogues for PPPs, including the U.S. National Academies of Sciences, Engineering and Medicine’s Forum on PPPs for Global Health and Safety with a series of publications and workshops.<sup>10</sup> In the realm of NCDs, there is widespread recognition on the part of key stakeholders such as the WHO, World Economic Forum (WEF), NCD Alliance, and others that multisector partnerships are critical: “There is an urgent need to scale up the multiple contributions from the diverse range of private sector entities for the prevention and control of NCDs at national level ... to strengthen regulatory frameworks to better align private sector incentives with public goals”. The global health literature echoes this recognition, affirming that “PPP’s ... may offer ... streams of innovation that can yield future social and financial dividends in enhancing the public’s health more widely”.<sup>11</sup> The 2018 ECOSOC resolution also “called upon the UN Interagency Task Force on NCDs and its members to develop partnerships to achieve public health goals with Governments, non-governmental organizations, relevant private sector entities, academic institutions and philanthropic foundations to support the work of the Task Force at the global, regional and country levels.”<sup>12</sup>

While the inherent nature for social and economic investment in health and prevention is tantamount, there remain challenges in establishing viable cross-sector partnerships.<sup>13</sup> Ongoing efforts throughout the global ecosystem are often criticized by civil society, fostering distrust between various private and public sectors that limit opportunities for embarking on promising value-driven goals.<sup>14</sup> Several recent attempts for partnerships have faced difficulties with conflicts of interest, ensuing damage for public image and trust, and consequent doubts about the overall potential partnerships in achieving global health goals.<sup>15</sup>

## **APPROACH**

It will be critical to advance opportunities for multisectoral partnerships articulating prudent architecture and carefully navigating likely pitfalls so that trust and sustainable action ensues with maximum stakeholder buy-in. Frameworks designed to galvanize action, to generate public value, and to scale collective impact can be leveraged to help create and maintain sustainable multisectoral partnerships for health. While some frameworks exist, they are often developed through ad-hoc mechanisms or through one particular sector's lens, such as business or government. As such, there is the need for a wider set of principles that are co-creative, take into consideration the on-the-ground realities, and have the SDGs advancement agenda at their core.

Realizing the success of the Guiding Principles for Human Rights, and applications employed by the UN Innovative Working Group in support of Every Woman Every Child<sup>16</sup>, the Global Alliance for Vaccines Initiative (GAVI), and the UN Global Compact's Action Platform for Health, these principles can help fill a void to advance the SDG3 spirit widely. These principles can be applied to foster and support enabling environments that frame and catalyze action.

The draft principles – based on a review of the literature, the current PPP landscape, and stakeholder consultation – are intended to serve as a strong frame of reference. These principles marry an approach of idealism and pragmatism. Created with a neutral underpinning and source agnosticism, they provide an opportunity for nimble action, as they are developed outside of any one sector's interest. They are driven by evidence, science, and values that increase progress towards the SDGs (rather than institutional/ideological beliefs), and recognize health as a public good. These tenets are fundamental, with exclusion of actors who do not embrace these principles. As they are jointly developed through participation of a wider range of actors and offer great potential for global impact, there is less of a risk for alienating or honing in on a specific sector. This positions each sector with a role and responsibility for contribution towards the SDGs, allowing for building greater trust and re-establishing trust across partners where it may have been previously damaged.

Beyond the need to ensure international cooperation of private, civil society, and public actors in supporting global health and well-being, any achievable success will need to be sustained. The hope is that the final “set” of guiding principles and the subsequent framework and tools, developed at Harvard by MESH (Multisector Engagement for Sustainable Health), will be adopted to address existing gaps, broker knowledge and information sharing, and serve as a bridge to delineate the best spaces and actors for multisectoral action.

## **METHODS**

This Harvard working paper of “Guiding Principles for Multisector Engagement for Sustainable Health, (MESH)” has been developed through the Mossavar-Rahmani Center for Business and Government at the Harvard Kennedy School (HKS), with support from the Harvard T.H. Chan School of Public Health (HSPH). As the principal author began this effort as part of the Senior Fellowship, the process included review by a Harvard selection committee, discussions at the Senior Fellows research meeting (led by co-directors Richard Zechauser and John Haigh), and guidance from faculty members (Professor Joe Newhouse serves as the principal faculty sponsor); Professor John Ruggie offered guidance as well as his book *Just Business: Multinationals and Human Rights* which outlines his development of Guiding Principles for Human Rights.<sup>17</sup>

Following an iterative and collaborative process with formal and informal discussions at HKS, HSPH, the U.S. Council for International Business Foundation Board, the National Academies of Science, Engineering and Medicine Board of Global Health, the Takemi Fellows seminar at HSPH, and ideals shared during public health events in Boston, London, Rome, New York and Washington DC, these principles have been developed into a draft Working Paper incorporating expertise from multiple sectors using the methodology described below.

First, a preliminary analysis of the landscape was conducted to better understand the challenges and opportunities of public-private partnerships (PPPs) in the global development space, with a focus on health and well-being. Example of where PPPs have excelled and failed, and lessons learned from conventional public-private silos informed the motivation of this working paper<sup>18</sup>.

In addition, MESH convened Harvard Study Groups in Cambridge and New York, engaging with high-level stakeholders from the UN and other international organizations, civil society, the private sector, and academia. For example, “Unlocking Synergies for Multisectoral Action and Financing for SDG3”, a UN General Assembly side event on September 28, 2018, garnered expert input from individuals from UNICEF, UNDP, UN Global Compact, GAIN, WHO, Unilever, NCD Alliance, Novartis Foundation, and McCann Global Health. Key insights from these Study Groups with ideas validated amongst Harvard faculty, fellows and peers served as the foundation for this Working Paper. A zero draft of the Working paper also was widely circulated via a variety of LinkedIn groups where many stakeholders were offered opportunities for input into the Guiding Principles with direct contact via email to the principal authors.

In parallel, a thorough review of the literature was conducted on PPPs, principles, and frameworks for multisectoral engagement. A wide variety of primary and secondary literature sources were examined to generate a comprehensive set of guiding principles. The table below provides examples of the categories of literature reviewed.

Type of Literature	Example
Existing Guiding Principles/Frameworks	UN Guiding Principles on Business and Human Rights (2011), UNICEF Children’s Rights and Business Principles (2005)
Policy Papers	UNDP Policy on Due Diligence and Partnerships with the Private Sector (2013)
Strategy Documents/Briefs	WHO Towards a Global Action Plan for Health and Well-being for All (2018), FSG Advancing Strategy (2017)
Academic Journal Articles	BMJ Global Health Supplement Governing Multisectoral Action for Health in Low- and Middle-Income countries (2018)
Meeting Proceedings	U.S. National Academies of Sciences, Engineering and Medicine’s Forum on PPPs for Global Health and Safety; Engaging the Private Sector and Developing Partnerships to Advance Health and the Sustainable Development Goals (2017)

Throughout the process, many people have offered ongoing support including those who have indicated interest in serving as external expert advisers, and working with the core working team have developed; this includes other senior fellows (M. Sidibe), visiting scientists (A. Feigl) and doctoral candidates (G. Christie) and research assistants (co-authors). Key stakeholders continue to be consulted for review and to provide expertise for subsequent iterations of the guiding principles. The engagement of these stakeholders at the regional, national, and global level encourages a comprehensive approach to public well-being and health care delivery, with a motivating actionable path forward. As such, this dynamic and co-created development process brings together expertise for the common goals of promoting positive health outcomes and sustainable health systems across the globe.

## **GUIDING PRINCIPLES FOR MULTISECTOR ENGAGEMENT FOR SUSTAINABLE HEALTH (MESH)**

The Guiding Principles for Multisector Engagement for Sustainable Health are seven principles intended to facilitate strong cross-sector partnerships for global health. Based on a review of the literature, the current multisectoral and PPP landscape, and ongoing stakeholder consultation, the principles are intended to provide a frame of reference for multiple stakeholders – government, business, non governmental organizations (NGOs), agencies, academia, and others – to achieve SDG3.

### **GUIDING PRINCIPLES**

#### **MULTISECTOR ENGAGEMENT FOR SUSTAINABLE HEALTH (MESH)**

1. **MISSION:** Agree on shared mission and goals in alignment with targets identified in health related SDG targets
2. **INTERESTS:** Ensure alignment of interests related to the SDG target(s) including identification and management of actual or potential conflicts of interests
3. **LEGITIMACY:** Establish credibility and strengthen coordination with key actors
4. **RESOURCES:** Clarify contributions with financial, technical and in-kind support with each parties' contribution
5. **GOVERNANCE:** Commit to ethical communication with transparent, accountable, and just systems
6. **MEASUREMENT and EVALUATION:** Create an evaluation plan with adequate support and independence to report progress on key metrics internally and externally
7. **SUSTAINABILITY:** Advance long-term stewardship for sustainable social change through partnership structure and terms of collaboration

## **GUIDING PRINCIPLES FOR MULTISECTOR ENGAGEMENT FOR SUSTAINABLE HEALTH (MESH)**

### **1. MISSION: Agree on shared mission and goals in alignment with targets identified in SDG3**

UN SDG 17 specifically identifies “shared vision and goals” as a vital component of the foundation for effective multi-sector engagement. For a partnership to produce substantial impact, defining a shared mission and agreeing on specific goals is essential. Multisectoral action should be grounded in the basic shared premise of health and public good, and the commitment to do no harm in the course of the proposed intervention(s).

Identification and delineation of alignment at the outset of a partnership can also help to establish a strong foundation. Downstream decision making can reference the core values that were established *a priori*, and difficult decisions can be better documented and informed, allowing for greater public accountability as well as internal trust among different actors. Participants in the activities also should explicitly agree on a common understanding of the core guiding evidence/science supporting proposed intervention(s) as well as a strategic diplomacy approach needed in order to meet relevant SDG3 targets.

### **2. INTERESTS: Ensure alignment of interests including identification and management of actual or potential conflicts of interest**

Multisectoral partners should provide full disclosure of any actual and potential conflicts of interest of a financial or non-financial nature that could be perceived as biasing work or inappropriately influencing professional judgment. Such conflicts include any financial ties to, obligations to, or personal relationships with the other parties or stakeholders such as grants, contractual relations, consultancy fees for scientific, government or legal services, honoraria, or equity in private-sector entities such as corporations.

For an “actor” to engage and be a “party” in the multisectoral engagement, a due diligence “checklist” (in development in the future framework) covering a comprehensive range of possible conflict of interest areas, including criteria on responsible leadership, human rights, labor, community, and environment (e.g. the UNDP Risk Assessment Tool for the Private Sector) should be conducted. The idea of a checklist follows the UNDP Policy on Due Diligence and Partnerships with the Private Sector, which notes, “Partnerships should seek to minimize the administrative and financial burden they impose on [respective] partners i.e. in principle should be reciprocal.”<sup>19</sup> This transparent and ethical foundational checklist will be valuable for compliance as well as the multisectoral collaboration or “partnership” being better positioned to manage risks from any actual, potential, or perceived conflicts of interest. As conflict management is dynamic, ongoing disclosure amongst parties at agreed intervals (updating the checklist if there is a change) will be important.

The criteria that determine whether an entity should be engaged in governance or excluded from key decisions should be transparent with exclusionary criteria agreed upon the embarking on the multisectoral engagement. Conflicts of interest among parties can be managed with a sound organizational structure and operating procedures (e.g. voting and leadership positions) among engagement from multiple actors and sectors. However, there are some conflicts that cannot be mitigated that may limit engagement of some parties as the risks may be sufficiently substantial that could thwart sustainable progress toward the agreed mission and the public good.

### **3. LEGITIMACY: Establish credibility and strengthen coordination with key actors**

For a partnership to be effective, it is important to identify and coordinate with sources of legitimacy in the sphere of operations and influence. Given the UN vision of governments' central role in health and wellbeing, particularly for Universal Health Coverage, as well as government being the competent authority in nearly all countries health activities, a government partner at one or more levels (local, regional, national, global) is a *sine qua non* of any successful SDG3 partnership. Further engagement with parties in both public and private sectors as well as with bona fide academic competence preferably at the local level should be developed.

Beyond inherent credibility of the partnership itself, legitimacy measures are often taken to address specific areas of partnership activities: liaising with relevant authorities to ensure regulatory compliance; establishing mechanisms for dispute resolution and arbitration, including contingencies for termination of funding or other unanticipated events; and registration of any required legal entities associated with the partnership for purposes of legal, regulatory, and tax compliance, actual execution of partnership activities, and protection against legal challenges and liability.

All dialogue does not require public disclosure. Parties can agree upon appropriate standards of reporting with communication for the public and stakeholders. Legitimacy is built upon a governance structure and communication with accountability of parties as well as the management of data; ownership of the outputs or results of the partnership (which may include intellectual property, publications, logos or branding); and agreement on how these assets may be used (UN Global Compact).

### **4. RESOURCES: Clarify contributions with financial, technical and in-kind support with each parties' contribution considering synergies**

Resource plans should be developed early in the process with transparent procedures, tools, and measurements to ensure financial integrity is in place. In keeping with the spirit of the UN Global Compact Guiding Principles, sustainable multisectoral impact for health requires resources commensurate with the 2030 agenda employing ethical guidelines sustainability. Hence, innovative ideas should be explored with the application of objective criteria and standards (such as the OECD Green Finance / Green Investment principles) to foster exploration of novel financing mechanisms such as social impact or longevity bonds, or non-conventional investors such as pension funds.

Partners should be able to appropriately co-develop a transparent and clearly articulated funding plan which includes monetary and in-kind resources. In case of pre-existing relationships or an unequal contribution of resources, the governance structure should be transparent so that resource contributions do not provide preferential treatment, unfair advantage, or exclusivity.

### **5. GOVERNANCE: Commit to ethical communication with transparent, accountable, and just systems.**

Transparency, accountability, and clear and ethical communication are cornerstones of robust governance for strong multisectoral collaboration. Partners should create a mechanism that supports mutual transparency and a clear articulation of each parties' interests and constraints (UN Global Compact), and benefits and shared risks as a result of the engagement.

This could include (but is not limited to) the development of decision-making procedures. While each party may have access and participatory opportunities to articulate interests, they may not be involved in all decisions. A Chairperson or rotating position should follow a transparent process so that the activities advance, yet parties that may have a perceived disproportional share of voice (such as a major funder, holder of IP or product manufacturer, market share or science) are appropriately excluded from voting (if a majority is required) or blocking a consensus.

The criteria that determine whether an entity should be engaged in governance or excluded from key decisions should be transparent with exclusionary criteria agreed upon while embarking on the multisectoral engagement. Ethical communication and actions link the values amongst constituencies advancing “transparent practices form[ing] the basis for enhanced accountability” as noted in the Busan Partnership for effective Development Co-Operation.<sup>20</sup>

## **6. MEASUREMENT AND EVALUATION: Create an evaluation plan to measure progress on key metrics.**

In order to measure progress and evaluate impact, established goals and objectives in accordance with broader SDG targets should be articulated. Ideally, monitoring and evaluation should be done by a competent third party with rigor commensurate with SDG3 goals. The overall measurement and evaluation design should take into account the partnership’s conceptual theoretical framework and strategic diplomacy approach in order to prioritize a specific set of process indicators, metrics, required data, level and frequency of data collection/reporting.

Measurement and evaluation structures can serve as powerful tools for governing multisector action as the joint development of these monitoring systems enables joint accountability for shared outcomes.<sup>21</sup> However, monitoring and tracking progress, particularly of the SDGs, will require moving beyond measuring inputs and outputs to tracking societal impact.<sup>22</sup> This may require further investment, resources, and costs for the entire assessment process, particularly due to the data challenges across sectors and countries. Balancing the thoroughness with the feasibility of conducting the evaluation provides both a challenge and opportunity.

## **7. SUSTAINABILITY: Advance long-term stewardship for sustainable social impact beyond 2030 through partnership structure and terms of collaboration.**

As the SDGs are cross-cutting and require a concentrated effort across all sectors – that is, the health sector is not solely responsible for SDG3 – a sustainability plan supporting long-term multisectoral collaboration and commitments is required. While partnership models and durations may range from catalytic engagements to multi-year relationships, they should be designed with sustainability as a core consideration. The governance structure of the partnership with *a priori* governmental participation allow for implementation science to course correct and tailor to context-specific needs.<sup>23</sup> This includes the Universal Health Coverage -UHC 2030 Global Compact ideas that positions governments as the stewards for ensuring availability, accessibility, acceptability, and quality of healthcare delivery for all.<sup>24</sup>

## **IMPLICATIONS AND NEXT STEPS**

These Guiding Principles for MESH have been developed to establish a common global platform for action, on which cumulative progress can be built, step-by-step, without foreclosing any other promising longer-term developments.” As in the case of the endorsement of the UN Guiding Principles on Business and Human Rights by John Ruggie, academic proponents and opponents will likely generate discussion and literature. As the authors have experience with conceptual and theoretical understanding of strategic diplomacy as well as developing multisectoral partnerships and engagement in health and well-being, further papers and applied research will be generated.

A careful consideration to develop these Guiding Principles and the subsequent framework can advance the architecture for successful MESH. The first follow-up with the launch of these Guiding Principles will be on novel financing ideas for the broad category of NCDs including mental health and dementia. This paper aims to offer opportunities to develop ways to “get to success” as few multisector platforms focus specifically on the financing of SDG3 and behavior & social change communication for health. Interested stakeholders should apply these Guiding Principles and the respective framework, when engaging with other actors across sectors.

Another area for application of the Guiding Principles will be in addressing vaccine acceptance and demand through multisectoral efforts. This will include a specific focus on the role of trusted health intermediaries, including traditional health care providers and competent authorities, employers, companies that research, manufacture and distribute vaccines, hospitals, insurers, pharmacists, retail operations and the media industries with platforms that deliver health (mis)information. These efforts will be developed in concert with other global activities by GAVI, UNICEF and others engaged in vaccine education and delivery.

Health determinants cut across sectors, and a sustainable, sufficiently financed prevention-oriented health agenda needs to build on multisector platforms, rooted in common understanding, values, and goals. The Harvard-initiated Multisector Engagement for Sustainable Health project (MESH), through which these principles were developed, is at the initial stage for the application of these Guiding Principles and subsequent application with frameworks for action. Concomitantly, collaborating with stakeholders on key health challenges such as vaccine acceptance/demand, Alzheimer’s/dementia awareness and action, NCDs and universal health coverage to further leverage these principles in advancing cross-sectoral partnerships is sought. Three cross-sector taskforces are in development to chart potential activities for impact on SDG3: innovative health financing, marketing/behavior and social change communication, and digital health & technological innovation.

Particularly as countries continue to progress towards universal health coverage and face epidemiological transitions and emerging health challenges, these three areas serve as strong entry points for evidence-based action. In addition to progress in key areas fundamental for progress such as vaccinations, addressing anti-microbial resistance, pandemic preparedness and NCDs, these taskforces will help elucidate best practices for operationalizing the partnerships themselves, through all phases of their life cycle: launch, growth, and long-term governance and sustainability.

## **ACKNOWLEDGEMENTS**

The authors would like to acknowledge and thank the following people who have offered input and advice at varying stages through this first phase of the Multisectoral Engagement for Sustainable Health Guiding Principles development. Many may be involved in further elucidation in publications and/or and development of activities:

### ***Harvard Kennedy School***

- John Haigh, Co-Director of the Mossavar-Rahmani Center for Business and Government
- Jane Nelson, Director of the Corporate Responsibility Initiative
- Joe Newhouse, John D. MacArthur Professor of Health Policy and Management
- John Ruggie, Berthold Beitz Professor in Human Rights and International Affairs
- Richard Zechauser, Frank P. Ramsey Professor of Political Economy

### ***Harvard T.H. Chan School of Public Health***

- Rifat Atun, Professor of Global Health Systems
- Barry Bloom, Joan L. and Julius H. Jacobson Research Professor of Public Health

### ***Harvard Fellows***

- Camilla Cavendish, Senior Fellow, M-RCBG, Harvard Kennedy School
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