

5-15-2017

A Realist Systematic Review of Cross-Sector Collaboration Implementation in Developing Countries & Mediation as a Useful Instrument

Jessica Kritz

Follow this and additional works at: <https://digitalcommons.pepperdine.edu/drlj>



Part of the [Comparative and Foreign Law Commons](#), and the [Dispute Resolution and Arbitration Commons](#)

Recommended Citation

Jessica Kritz, *A Realist Systematic Review of Cross-Sector Collaboration Implementation in Developing Countries & Mediation as a Useful Instrument*, 17 Pepp. Disp. Resol. L.J. 369 (2017)

Available at: <https://digitalcommons.pepperdine.edu/drlj/vol17/iss2/8>

This Article is brought to you for free and open access by the Caruso School of Law at Pepperdine Digital Commons. It has been accepted for inclusion in Pepperdine Dispute Resolution Law Journal by an authorized editor of Pepperdine Digital Commons. For more information, please contact bailey.berry@pepperdine.edu.

A REALIST SYSTEMATIC REVIEW OF CROSS-SECTOR
COLLABORATION IMPLEMENTATION IN DEVELOPING COUNTRIES
& MEDIATION AS A USEFUL INSTRUMENT

Jessica Kritz¹

INTRODUCTION

We know that we need cross-sector collaboration between multiple sectors of society: governments, communities and citizens, and non-governmental organizations including business and not-for-profit. These diverse entities must collaborate effectively in order to meet the full scope of public need. There has been considerable progress on cross-sector collaboration research in developed countries, with multiple reviews that have served to advance the field. However, no review has systematically explored the state of cross-sector collaboration research in developing countries.

¹ Jessica Kritz is the Director of Initiative on Health and Peace, Assistant Professor at Georgetown University in the Institute for Reproductive Health and the Department of Government's Conflict Resolution Program. She was also the first Editor-in-Chief of Pepperdine University School of Law's Dispute Resolution Law Journal ("DRLJ"). The author would like to thank C.Scott Dorris, MLIS, Digital Information Services Librarian, Dahlgren Memorial Library, Georgetown University, and Michele Malloy, MALIS, formerly of Dahlgren Medical Libraries, Georgetown University, for their guidance and for conducting the systematic searches. The author expresses sincere gratitude to the matrix review team: Claire Anderson, Colin Treverton, Aryn Rajan, and Arianne Malekzadeh of the Conflict Resolution Master's program at Georgetown University, and Rohini Swamy and Audra Gold of the Master's program in Global Health at Georgetown University. The author would also like to thank Jessica Bissett of the Conflict Resolution Master's program at Georgetown University for assisting with manuscript preparation. Finally, the author thanks Victoria Jennings, Ph.D., Director of Georgetown's Institute for Reproductive Health for her advice and draft reviews, and Sophie Huber Savage, Communications Manager at the Institute for Reproductive Health, for graphic design.

This realist systematic review synthesizes evidence on successful cross-sector collaboration implementation in developing (low and middle income) countries. More specifically, this review will explicitly consider interactions between strategy, context, and mechanisms to provide an indication as to how cross-sector collaboration governance helps some cross-sector collaborations succeed, grow, and become sustainable. This paper will also present mediation as a potentially useful mechanism to implement cross-sector collaboration implementation in developing countries.

I. BACKGROUND

Grand challenges require grand strategies. No one organization—including government—can defeat complex development challenges. We know that we need cross-sector collaboration between multiple sectors of society: governments, communities and citizens, and non-governmental organizations including business and not-for-profit. These diverse entities must collaborate effectively in order to impact complex challenges. Previous reviews in this area have concentrated on public-private partnership law, with a focus on contracting. This review explores the policy and informal arrangements that impact cross-sector collaboration governance in low and middle-income countries.

There are a number of strategies and interventions for creating cross-sector collaboration, as well as contextual features that interacted to support these strategies and interventions, and mechanisms activated and created by this work. The value in this synthesis lies in applying the realist review methodology to an under-researched area that is characterized by a high degree of complexity. By explicitly considering the interactions between strategy, context, and mechanisms, this review provides an indication as to how some cross-sector collaborations succeed, grow, and become sustainable.

The field of cross-sector collaboration began to blossom in developed countries in 2006, with an important review by three founders of the field: Bryson, Crosby and Stone.² They define cross-sector collaboration as “the linking or sharing of information, resources, activities, and capabilities by organizations in two or more sectors to achieve jointly an outcome that could not be achieved by organizations in one sector separately.”³ Their 2006 review served as a benchmark for

² John M. Bryson, Barbara C. Crosby & Melissa Middleton Stone, *The Design and Implementation of Cross-Sector Collaborations: Propositions from the Literature*, 66 PUBLIC ADM. REV. 44 (2006).

³ *Id.* at 44.

the study of whether, when, and how cross-sector collaboration may serve as a solution for complex problems. They coalesced fragmentary literature from many fields into a picture that catapulted the field forward, expanding research funding and interest at the U.S. municipal, state and federal levels. The public administration literature on cross-sector collaboration was systematically reviewed in *AJPH* in 2012, with a focus on relevance to public health practice and research.⁴ A scoping review focused on Canada's health policy, and collected the available evidence on health policy collaboration.⁵ In 2015, the Bryson team updated their 2006 review (specifically excluding developing-country literature), painting the picture of the development of the field and how this research, although challenging, has vastly improved working together on complex challenges for the collective good.⁶ Looking at this progress—and there are numerous other examples—gives us new avenues for thinking about how to implement research and practice of cross-sector collaboration around public health in developing countries.

The structural differences between developed and developing countries—including more collective cultures, the available resources, personnel, the role of international and donor organizations and many other factors—warrant the creation of an evidence base drawn from the developing country context. In developing countries, cross-sector collaboration is desired by governments, required by funders and recommended by policymakers. While most fields, including the health fields, work extensively across sectors, memorializing these activities through various types of documentation such as contracts and memoranda of understanding, there is the need for more systematic study.

The 2015 Bryson, Crosby and Stone review divides research and practice of cross-sector collaboration into three domains: design, strategic management, and governance. In this review, these three domains will be used to organize the results. Knowledge syntheses represent an important methodological approach to contextualize and integrate research findings. Within this family are a variety of approaches broadly classified as meta-analytical, realist or narrative in

⁴ See Danielle Varda, Jo Ann Shoup & Sara Miller, *A Systematic Review of Collaboration and Network Research in the Public Affairs Literature: Implications for Public Health Practice and Research*, 102 AM. J. PUBLIC HEALTH 564 (2012).

⁵ See generally Andrea Chircop, Raewyn Bassett & Ellen Taylor, *Evidence on how to Practice Intersectoral Collaboration for Health Equity: A Scoping Review*, 25 CRITICAL PUB. HEALTH 178 (2015).

⁶ John M. Bryson, Barbara C. Crosby & Melissa Middleton Stone, *Designing and Implementing Cross-Sector Collaborations: Needed and Challenging*, 75 PUBLIC ADM. REV. 647, 647 (2015).

nature.⁷ Realist methodology is the most suitable for this review because of the fragmentary state of the literature and the broad range of evidence, both quantitative and qualitative, which is used to understand “what works, for whom, in what contexts, to what extent, and how and why?”⁸

The primary research questions were: Does the literature reflect attention to the design, strategic management, and governance aspects of developing-country cross-sector collaboration? What strategies/interventions, contextual factors and mechanisms have contributed to successfully implementing cross-sector collaboration?⁹ How do strategies/interventions, contextual factors and mechanisms interact to incorporate effective evaluations, providing an evidence base for the achievement of cross-sector collaboration?

II. METHODS

Realist inquiry seeks to understand causality: in order to understand outcomes from a strategy or intervention we need to understand the context, including the characteristics of subjects and the local environment in which the relationships occur, as well as the mechanisms, the mental and emotional patterns that often impact the context and the outcome.¹⁰ The question is: “What is it about cross-sector collaboration that works in this context and why?” This full realist systematic review was based on my decades of research and practice of cross-sector collaboration in developing countries. All members of the review team have subject matter expertise in health and/or conflict resolution in developing countries.

The review was based on the following five iterative steps: clarifying the scope of the review, articulating the relevant underlying theories, searching for and retrieving information, appraising the evidence, synthesizing the evidence, and interpreting the evidence.

Step 1. Clarifying the scope of the review

⁷ R. Pawson et al., *Realist Review--a New Method of Systematic Review Designed for Complex Policy Interventions*, 10 SUPPL 1 J. HEALTH SERV. RES. POL'Y 21, 21 (2005).

⁸ *Id.* at 31.

⁹ This paper will later propose mediation as an instrument that aids successful cross-sector collaboration implementation.

¹⁰ Pawson et al., *supra* note 7, at 21; Pawson et al., *supra* note 8, at 129.

Clarifying the scope involves developing and refining a purpose statement and research questions.¹¹ One possible purpose of a realist review is to review the same theory in comparative settings. This review examined the way that cross-sector collaboration strategies and interventions are implemented in different settings in order to identify design, strategic management and governance features that were attributed to successful cross-sector collaboration.

This review distinguishes “cross-sector” from “intersectoral” although the latter term is often used interchangeably.¹² “Intersectoral collaboration” in health is “most often defined as an alliance between professional experts from several sectors (e.g. agriculture, health, education) working together to achieve a common purpose.”¹³ This meaning is slightly different than the term “cross-sector collaboration” referenced above, which emphasizes the importance of a greater breadth of participation based on the needs of the challenge being addressed through the collaboration. In the same vein, the term “collaborations” is used interchangeably with “partnerships” because of the prevalence of the latter term in the literature. However, there is an important distinction between collaborations and public-private partnerships, which are a particular type of cross-sector collaboration based on formal, contractual relationships between government and other entities.¹⁴ The public-private partnerships we reviewed here are relevant for their focus on collaboration.

To facilitate identification of theories underpinning cross-sector collaboration, I conducted discovery searches of the health and conflict resolution literature in PubMed MEDLINE, Afrobarometer, AnthroSource, CIAO, PAIS International SSRN’s Economic Research Network. Based on the developed country literature and discovery searches, I developed a framework of theories underlying successful implementation of cross-sector collaboration.

Step 2. Articulating the relevant underlying theories

Both cross-sector collaboration theory and implementation science theory recognize that a collaboration implementation process is embedded within many highly dynamic, interacting, complex systems.¹⁵

¹¹ Pawson et al., *supra* note 7, at 21.

¹² Alejandra Dubois, Louise St-Pierre & Mirella Veras, *A Scoping Review of Definitions and Frameworks of Intersectoral Action*, 20 CIENC. SAUDE COLETIVA 2933, 2934 (2015).

¹³ L. Sanchez et al., *Intersectoral Coordination in Aedes Aegypti Control. A Pilot Project in Havana City, Cuba*, 10 TROP. MED. INT. HEALTH 82, 83 (2005).

¹⁴ See generally Bryson et al., *supra* note 3.

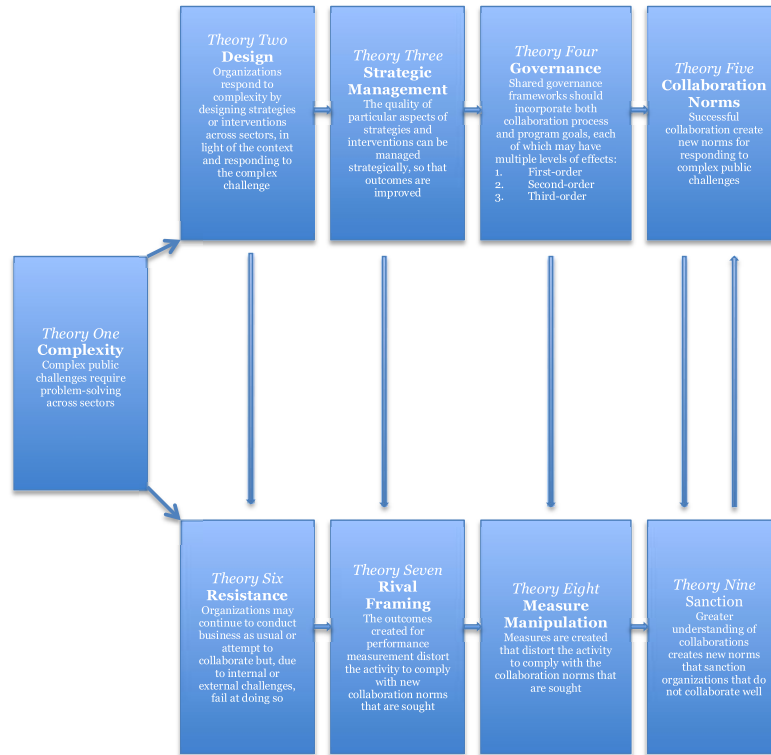
¹⁵ D. Peters et al., *Implementation Research: What it is and how to do It*, 347 B. M. J. 1, 3 (2013); see generally Bryson et al., *supra* note 3.

The field of implementation science informs the understanding of successful implementation. Implementation science is a growing body of knowledge related to the transfer and replication of evidence-based approaches in dynamic, real-life contexts to guide us in exploring what works and what does not.¹⁶ In order to simplify the analysis in light of this complexity, we created a model built on Bryson, Crosby and Stone's work that would capture the breadth of processes of cross-sector collaboration, in order to identify lessons learned from successful implementation.¹⁷ Our model begins with an acknowledgement that complexity requires planning across sectors, and the way organizations respond to or resist the trend, and how this response or resistance plays out, results (either way) in the creation of new norms around collaboration (Figure 1).

¹⁶ Donna Spiegelman, *Evaluating Public Health Interventions: 1. Examples, Definitions, and a Personal Note*, 106 AM. J. PUB. HEALTH 70, 70 (2016).

¹⁷ See generally Bryson et al., *supra* note 2; Bryson et al., *supra* note 6; Stone et al., *supra* note 3, at 249.

Figure 1



Theory One, Complexity, is about our understanding of public challenges—the broader context in which collaborations are attempted, when it is clear that one entity, even the government, cannot alone resolve complex public challenges. The result is two lines of theory of collaboration success or failure, based on the idea that all interventions either succeed or fail, generating rival or complementary program theories.¹⁸

Theory Two, Three, Four, and Five lays out the theories that have evolved from successful collaboration implementation. *Theory Two* describes that collaboration begins with design: organizations assess whether to attempt collaboration, and create strategies and interventions with the goal of collaboration. *Theory Three*, strategic management, describes that collaboration, as an ongoing effort, requires a commitment to process that goes beyond the initial design. *Theory Four*, governance, includes both governance of collaboration processes, and the creation of increased participation—shared governance around complex challenges, both of which may have first-, second- and third-order effects. Through this activity, *Theory Five*, collaboration norms are created and collaboration improves.

Rival conjectures explain collaboration failure, illustrated by *Theory Six, Seven, Eight and Nine*. As the theory map illustrates, even though organizations may intend to collaborate or design collaborative strategies and interventions, this path may become too difficult, at which point organizations revert to behavior that is not collaborative. In *Theory Six*, resistance occurs when organizations continue with business as usual. In some cases they engage in *Theory Seven*, rival framing in order to reflect outcomes that meet the need for the appearance of collaboration. This activity may lead to *Theory Eight*, measure manipulation, that organizations adopt in order to appear successful. There is *Theory Nine* sanction of organizations that do not collaborate well, which—in turn—supports *Theory Five*, new collaboration norms.

Step 3. Searching for and retrieving information

Our familiarity with collaboration-focused global health and conflict resolution literature suggested that the objects of study, the research methods used, and perspectives are wide-ranging. The definitions, strategies and interventions, mechanisms, and outcomes are subjective and values-driven and vary across disciplines and multidisciplinary fields, as well as research studies and programmatic approaches. Funders increasingly require collaboration in order to leverage scarce resources, involve politically necessary stakeholders,

¹⁸ Pawson, *supra* note 7, at 26.

and create better outcomes. Thus, there is wide usage of the term although it is often not defined or operationalized. I crafted as broad a discovery search as possible in order to give ourselves the best opportunity to understand the landscape of the literature and how best to refine the study.

Based on a scan of the developing country literature, we selected four organizing constructs to structure our discovery search:

- *Definitions* of collaboration: the Bryson, Crosby and Stone definition references research and practice in developed countries, where the term sector is frequently used to distinguish government, business, non-profits, and communities or citizens.¹⁹ For purposes of work in developing countries, the term “sector” may be used in the same way, but is also often used to distinguish between development fields, such as global health, conflict resolution, water or education. In developing countries, robust sub-sectors include development agencies, development agency contractors, universities and international research organizations, international and local non-profit and faith-based/faith-inspired charitable organizations. There is increasing attention on the communities and citizens impacted by the development challenge that research or programming is meant to address.

- *Knowledge and beliefs* about collaboration, as well as associated attitudes and behaviors: within this context, the term “collaboration” also includes information about networks as a collaborative environment; the range of interpersonal skills necessary for effective collaboration; and, collaborative leadership for collective action solutions.

- *Innovations* that would be considered collaboration-oriented: Implementation science uses the term “innovation” to describe a package of interventions—either a new practice or one that is being scaled up.²⁰ An innovation may require, or be explicitly designed to create, collaborations or collaborative activities with related terms such as “alliance,” “partnership,” or “network.” The term “open innovation” is used to describe a paradigm in which an organization uses both internal and external thought and processes to bring their innovation more efficiently to market—a process that is inherently collaborative in nature.²¹

- *Measurable outcomes* of a collaboration that is already operational:²² Innes and Booher describe first-, second- and third-order

¹⁹ Bryson et al., *supra*, note 6, at 648-49.

²⁰ Proctor, Powell & McMillen, *Implementation Strategies: Recommendations for Specifying and Reporting*, 139 *IMPLEMENTATION SCI.* 8, 8-9 (2013).

²¹ P. Dandonoli, *Open Innovation as a New Paradigm for Global Collaborations in Health*, 41 *GLOBALIZATION & HEALTH* 9, 9 (2013).

²² Bryson et al., *supra*, note 6, at 649-51.

positive effects of collaboration.²³ First-order effects are immediate and a direct result of the collaboration process. They may include outcomes such as cooperative agreements, or supportive mechanisms such as social or political capital. Second-order effects are more likely to occur when collaboration has moved forward or may occur outside the formal boundaries of the effort. These effects may include new partnerships; programmatic outcomes that extend beyond the collaborative; and supportive mechanisms such as changes in perception. Third-order effects often come some time later.

Using these constructs, initial discovery searches of the health and conflict resolution literature in PubMed MEDLINE, Afrobarometer, AnthroSource, CIAO, PAIS International SSRN's Economic Research Network. I then further clarified the scope of the review; the intention was to identify the widest possible range of literature. I identified the following matrix of search terms, summarized below (Figure 2). The databases housing the conflict resolution literature did not lend themselves to systematic searches, so PubMed MEDLINE, Embase, Science Direct, Web of Science, ProQuest (including Sociological Abstracts and 57 other databases), and POPLINE were systematically searched, supplemented by bibliographic and grey literature hand searches, with a start date of 1990. English language literature was searched, with data collected in low- and middle-income countries, defined as countries listed among the 2014 and 2015 World Bank developing economies.²⁴

²³ J. INNES & D. BOOHER, *PLANNING WITH COMPLEXITY: AN INTRODUCTION TO COLLABORATIVE RATIONALITY FOR PUBLIC POLICY* (Routledge, 2010).

²⁴ *Countries and Economies*, THE WORLD BANK, <http://data.worldbank.org/country> (last visited Apr. 14, 2017).

Figure 2

Collaboration	Cross-Sector	Health	Developing Countries	Impacting Factors
Keywords	Keywords	Keywords	Keywords	Keywords
collaborat*	cross sector	health*	"developing country"	social inequality
cooperat*	network strengthening	conflict resolution	"developing countries"	
partner*	multi sector	primary health care		
Strategy	multi organization*			
	public-private			
	intersector*			
	community network*			
MeSH	MeSH	MeSH	MeSH	MeSH
Cooperative Behavior	Public-Private Sector Partnerships	Health Plan Implementation	Developing Countries	
Public-Private Sector Partnerships		International Cooperation		
International Cooperation				

The systematic search strategy yielded 27,035 articles. The search strategy was highly non-specific, returning many results that were irrelevant to the focus of the review. Two reviewers initially screened papers by title/abstract for relevance related to collaboration, yielding 1,009 results. These articles were retrieved for full text screening. I also re-evaluated the initial inclusion criteria because it was apparent that many of the articles contained calls for increased collaboration rather than data on collaboration implementation. I narrowed the inclusion criteria to articles with data drawn from *implementation* of one or more steps toward cross-sector collaboration. Two reviewers conducted a full text screening and articles not meeting these criteria were excluded, yielding 330 articles. Full text articles meeting inclusion criteria proceeded to matrix review.

Step 4. Appraising the evidence

I worked with the review team to develop an extraction template that collected data on various factors, including Domain/Subject Matter; Collaboration Type; Design; Planning and Type of Governance Structure; Strategic Management; Effects (First-, Second-, and Third-Order); Evaluation (Qualitative and Quantitative); and, Type of Document (extraction template and reviewer guidance available upon request). Two reviewers completed a series of trial extractions and the reviewer guidance was amended in light of their feedback. The trial extractions highlighted numerous articles where collaboration was stated to be essential to the program success, but a close reading of the article yielded little or no data about the collaboration itself. I instructed the reviewers that this would be the case, but did not attempt to exclude those articles prior to the matrix review.

Each article was matrix reviewed by two reviewers from different disciplines and fields, drawn from conflict resolution and health backgrounds. Realist review looks at quality appraisal in light of each study's contribution to the developing synthesis, based on the relevance and rigor of the study.²⁵ Because this review was focused on what we considered to be an under-researched subject, we did not utilize formal research appraisal tools. Quality appraisal occurred in two phases. In the first phase (relevance), members of our review team worked individually to extract information on collaboration implementation from each study and identify relevant themes, and then worked in pairs to refine their understanding. The test for relevance was whether the study "addressed the theory under test."²⁶ We extracted any available data and analysed

²⁵ Pawson et al., *supra* note 8.

²⁶ Pawson et al., *supra* note 7, at 30.

the value of each article during extraction and again during data synthesis.

In the second phase (rigor) I tested our Design, Strategic Management and Governance theories by applying and weighing the importance and value of each of these theories to the studies we reviewed (the extractions). In the same vein, we weighed the value of each study in light of its adherence to my theoretical framework. All articles were again read and I reviewed the extractions and conducted a hand search. As noted in the trial extraction phase, there were numerous articles where collaboration was stated to be essential to the program success, but a close reading of the article yielded little or no data about the collaboration itself. These articles were excluded.

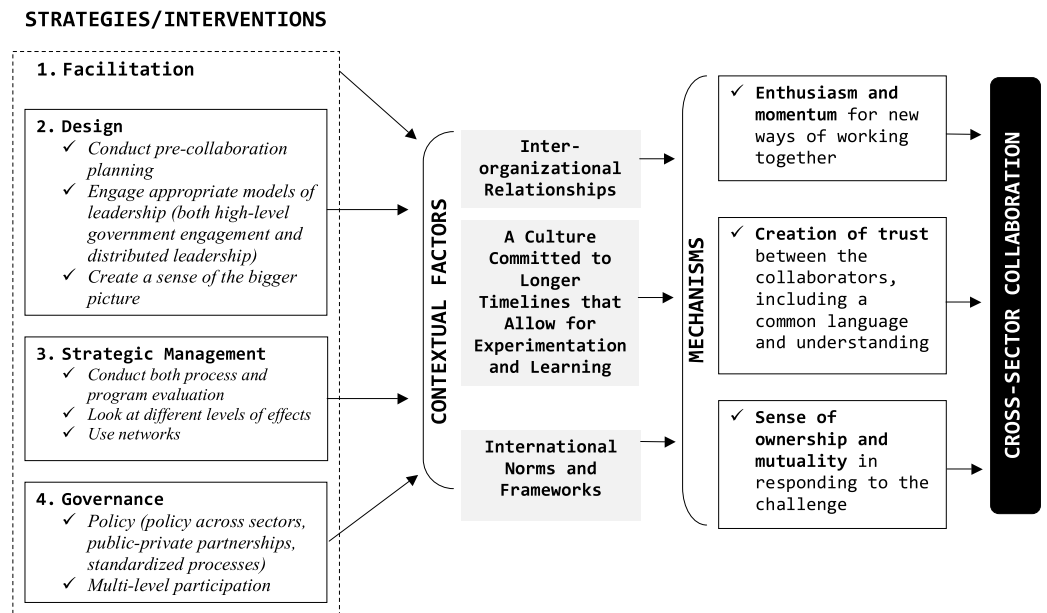
I. RESULTS

This process identified 165 articles for inclusion in this review. The results incorporate the realist review steps of synthesizing and interpreting the evidence. I drafted and review team commented on a detailed outline highlighting strategies/interventions, contextual factors and mechanisms identified in the literature, leading to successful cross-sector collaboration outcomes (Figure 3). This process incorporated concepts from the health literature under review (including suggestions and questions about how to operationalize future research) and concepts from the developed-country cross-sector collaboration literature, which includes other fields of study such as networks, organizational management, systems thinking, and leadership. Initial findings were shared among members of the review team to help identify, select and synthesize potential program theories.

Because of the fragmentary literature on contextual factors and mechanisms, I organized the results around the design, strategic management and governance themes and highlighted contextual factors and mechanisms where possible. Design strategies and interventions include conducting pre-collaboration planning, engaging appropriate models of leadership (including both high-level government engagement and distributed leadership) and creating a sense of the bigger picture. Strategic management strategies and interventions include both process and program evaluation, looking at different levels of effects and creating and utilizing existing networks. Governance strategies and interventions included policy (policy across sectors, public-private partnerships, standardized processes and procedures) and multi-level participation. Contextual factors for success include international norms and frameworks, inter-organizational relationships and a culture committed to longer timelines that allow for experimentation and learning. Potential mechanisms activated by strategies and contextual factors include enthusiasm and momentum for new ways of working

together, a sense of ownership and mutuality in responding to the challenge, and creation of trust between the collaborators including a common language and understanding.

Figure 3. Cross-Sector Collaboration in Developing Countries (2016)



The reviewed studies included a broad range of sectors and health topics. It is worth noting that a few articles meet nearly all of the initial criteria that I identified (we did not discuss these criteria in detail because they were mostly unmet). These studies used mixed methodology including interviews, focus groups and/or questionnaires, and observation; designed successful strategies and interventions responding to a high degree of contextual complexity, involving multi-level participation including grassroots community organizing, non-governmental and governmental organizations; and captured

mechanisms activated by their interventions.²⁷ Two of these studies evolved theoretical frameworks.²⁸

1. FACILITATION

The role of a competent, committed researcher,²⁹ “catalyst,”³⁰ “link,”³¹ “bridging agent,”³² “broker,”³³ “intermediary,”³⁴ “coordinator,”³⁵ “convenor,”³⁶ “facilitator,”³⁷ or “facilitating agency,”³⁸

²⁷ See C. Campbell, Y. Nair & S. Maimane, *Building Contexts that Support Effective Community Responses to HIV/AIDS: A South African Case Study*, 39 AM. J. COMMUNITY PSYCHOL. 347, 352-60 (2007); Shafiul Azam Ahmed & Syed Mansoor Ali, *People as Partners: Facilitating People's Participation in Public-Private Partnerships for Solid Waste Management*, 30 HABITAT INT'L 781, 789-95 (2006); Sanchez et al., *Aedes Aegypti*, *supra* note 13; L. Sanchez et al., *Intersectoral Coordination, Community Empowerment and Dengue Prevention: Six Years of Controlled Interventions in Playa Municipality, Havana, Cuba*, 14 TROP. MED. INT'L HEALTH 356, 1357-59 (2009)[hereinafter Sanchez et al., *Dengue Prevention*]; Pat Pridmore et al., *Tackling the Urban Health Divide Through Enabling Intersectoral Action on Malnutrition in Chile and Kenya*, 92 J. URB. HEALTH 313, 314-17 (2015).

²⁸ See Campbell, Nair & Maimane, *supra* note 27, 349-50; Stephan Manning & Daniel Roessler, *The Formation of Cross-Sector Development Partnerships: How Bridging Agents Shape Project Agendas and Longer-Term Alliances*, 123 J. BUS. ETHICS 527 (2014).

²⁹ Campbell, Nair & Maimane, *supra* note 27; Sanchez et al., *Aedes Aegypti*, *supra* note 13; Pridmore et al., *supra* note 27.

³⁰ C. SAADÉ, M. BATEMAN AND D. BENDAHDANE, THE STORY OF A SUCCESSFUL PUBLIC-PRIVATE PARTNERSHIP IN CENTRAL AMERICA: HANDWASHING FOR DIARRHEAL DISEASE PREVENTION (2001), http://www.chproject.org/PDF/Joint_Publications/JP001CentAmHandwash.PDF.

³¹ K. Kielmann et al., *Balancing Authority, Deference and Trust Across the Public-Private Divide in Health Care: Tuberculosis Health Visitors in Western Maharashtra, India*, 9 GLOB. PUB. HEALTH 975 (2014).

³² Manning & Roessler, *supra* note 28.

³³ M. Sablah et al., *Thriving Public-Private Partnership to Fortify Cooking Oil in the West African Economic and Monetary Union (UEMOA) to Control Vitamin A Deficiency: Faire Tache D'Huile En Afrique De L'Ouest*, 33 FOOD NUTR. BULL. S310 (2012).

³⁴ K. J. Murthy et al., *Public-Private Partnership in Tuberculosis Control: Experience in Hyderabad, India*, 5 INT. J. TUBERC. LUNG DIS. 354 (2001); A. Probandari et al., *Life of a Partnership: The Process of Collaboration between the National Tuberculosis Program and the Hospitals in Yogyakarta, Indonesia*, 73 SOC. SCI. MED. 1386 (2011).

³⁵ Nattaya Thaennin, Parichart Visuthismajam & Pongthep Sutheravut, *Participation in Agri-Food Safety Collaborative Network: An Example from Songkhla Province, Thailand*, 16 INT'L J. MGMT & INFO. SYS. 331 (2012); C. Brooke-Sumner, C. Lund & I. Petersen, *Bridging the Gap: Investigating Challenges and Way Forward for Intersectoral Provision of Psychosocial Rehabilitation in South Africa*, 10 INT'L J. MENT. HEALTH. SYS. 21 (2016).

³⁶ Bingqin Li et al., *Motivating Intersectoral Collaboration with the Hygienic City Campaign in Jingchang, China*, 27 ENVIRON. URBAN 285 (2015).

³⁷ S. G. Rangan et al., *Tuberculosis Control in Rural India: Lessons from Public-Private Collaboration*, 8 INT. J. TUBERC. LUNG DIS. 552 (2004); M. G. Wessells, *Bottom-Up Approaches to Strengthening Child Protection Systems: Placing Children, Families, and Communities at the Center*, 43 CHILD ABUSE & NEGL. 8 (2015)

³⁸ Ahmed & Ali, *supra* note 27.

is essential to collaboration success. One multi-country study even focused exclusively on the role of bridging agents.³⁹ Through consultative meetings and creating platforms for discussion between differently-resourced organizations with different capacities, facilitators can create better relationships and access that promote cross-sector understanding.⁴⁰ Collaboration “sustainability is influenced by the facilitating agency’s capacity, strength and length of support.”⁴¹ In two cases, government employees even appropriated the teaching-learning tools introduced by the facilitators and applied these tools more broadly.⁴²

2. DESIGN

The developed country frameworks advocate for “a design approach to cross-sector collaboration,” beginning with the end in mind and building and refining processes and structures so that outcomes will be achieved.⁴³ Collaboration design strategies and interventions include conducting pre-collaboration planning; engaging appropriate models of leadership (both high-level government engagement and distributed leadership); and, creating a sense of the bigger picture.

3. PRE-COLLABORATION PLANNING

A number of studies focused on preparation for successful collaboration. Some were designed to analyse feasibility and assess strategies,⁴⁴ and others were designed to advance our understanding of

³⁹ Manning & Roessler, *supra* note 28.

⁴⁰ Ahmed & Ali, *supra* note 27; Manning & Roessler, *supra* note 28; Probandari et al., *supra* note 34.

⁴¹ Ahmed & Ali, *supra* note 27, at 794.

⁴² Sanchez et al., *Aedes Aegypti*, *supra* note 13; Pridmore et al., *supra* note 27.

⁴³ Bryson et al., *supra* note 6, at 647.

⁴⁴ See Yugi Nair & Catherine Campbell, *Building Partnerships to Support Community-Led HIV/AIDS Management: A Case Study from Rural South Africa*, 7 AFRICAN J. AIDS RESEARCH 45 (2008); K. Ae-Ngibise et al., *Whether You Like it Or Not People with Mental Problems are Going to Go to them': A Qualitative Exploration into the Widespread use of Traditional and Faith Healers in the Provision of Mental Health Care in Ghana*, 22 INT'L REV. PSYCHIATRY 558 (2010); H. A. Duc et al., *Potential Collaboration with the Private Sector for the Provision of Ambulatory Care in the Mekong Region, Vietnam*, 5 GLOB. HEALTH ACTION 1 (2012), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3339447/pdf/GHA-5-10126.pdf>; U. Anyaehie et al., *Constraints, Challenges and Prospects of Public-Private Partnership in Health-Care Delivery in a Developing Economy*, 4 ANN. MED. HEALTH SCI. RES. 61 (2014); V. Campbell-Hall et al., *Collaboration between Traditional Practitioners and Primary Health Care Staff in South Africa: Developing a Workable Partnership for Community Mental Health Services*, 47 TRANSCULT. PSYCHIATRY 610 (2010); J. Gomez-Jauregui, *The Feasibility of Government Partnerships with NGOs in the Reproductive Health Field in Mexico*, 12 REPROD. HEALTH MATTERS 42 (2004); B. B. Kaboru et al., *Communities' Views on Prerequisites for*

implementation.⁴⁵ Studies often described both supportive and unsupportive contextual factors.⁴⁶ Several studies looked explicitly at the role of culture.⁴⁷ Some studies analysed mechanisms potentially supporting collaboration, such as positive perception of potential partners.⁴⁸

Intersectoral organization of government offices was analysed and positively impacted collaboration scalability and program outcomes in

Collaboration between Modern and Traditional Health Sectors in Relation to STI/HIV/AIDS Care in Zambia, 78 HEALTH POLICY 330 (2006) [hereinafter Kaboru, *Communities' Views*]; B. B. Kaboru et al., *Can Biomedical and Traditional Health Care Providers Work Together? Zambian Practitioners' Experiences and Attitudes Towards Collaboration in Relation to STIs and HIV/AIDS Care: A Cross-Sectional Study*, 4 HUM. RESOUR. HEALTH 16 (2006) [hereinafter Kaboru, *HIV/AIDS Care*]; S. Skeen et al., *'Mental Health is Everybody's Business': Roles for an Intersectoral Approach in South Africa*, 22 INT'L REV. PSYCHIATRY 611 (2010); Ayesha De Costa, Eva Johansson & Vinod K. Diwan, *Barriers of Mistrust: Public and Private Health Sectors' Perceptions of each Other in Madhya Pradesh, India*, 18 QUAL. HEALTH RES. 756 (2008); Zaid Ibrahim Al-Shqairat et al., *Assessing the Planning of Public Private Partnership (PPP) in E-Government Implementation Experience in Jordan*, 9 INT'L J. BUS. & MGMT 124 (2014); Iram Ejaz, Babar Shaikh & Narjis Rizvi, *NGOs and Government Partnership for Health Systems Strengthening: A Qualitative Study Presenting Viewpoints of Government, NGOs and Donors in Pakistan*, 11 BMC HEALTH SERV. RES. 122 (2011); A. Kalk & J. Konig, *NGO and State: Co-Operation between a Leprosy Relief Association and Other Institutions in South America*, 73 LEPR. REV. 160 (2002); Brooke-Sumner, Lund & Petersen, *supra* note 35; Dandonoli, *supra* note 21.

⁴⁵ See Ae-Ngibise et al., *supra* note 44; Campbell-Hall et al., *supra* note 44; Kaboru et al., *Communities' Views*, *supra* note 44; Kaboru et al., *HIV/AIDS Care*, *supra* note 44; Skeen et al., *supra* note 44; Al-Shqairat et al., *supra* note 44; Ejaz, Shaikh & Rizvi, *supra* note 44; Brooke-Sumner, Lund & Petersen, *supra* note 35; Marcos Warschauer & Yara Maria de Carvalho, *The Concept of "Intersectorality": Contributions to the Debate from the Leisure and Health Program of the Prefecture of Santo Andre/SP*, 23 SAUDE E SOCIEDADE 142 (2014).

⁴⁶ See Nair & Campbell, *supra* note 44; Ae-Ngibise et al., *supra* note 44; Duc et al., *supra* note 44; Anyaehie et al., *supra* note 44; Gomez-Jauregui, *supra* note 44; Kaboru et al., *Communities' Views*, *supra* note 44; Kaboru et al., *HIV/AIDS Care*, *supra* note 44; Kielmann et al., *supra* note 31; E. Sinanovic & L. Kumaranayake, *The Motivations for Participation in Public-Private Partnerships for the Provision of Tuberculosis Treatment in South Africa*, 5 GLOB. PUBLIC HEALTH 479 (2010); Ejaz, Shaikh & Rizvi, *supra* note 44; Brooke-Sumner, Lund & Petersen, *supra* note 35; Warschauer & de Carvalho, *supra* note 45; A. Edefonti et al., *A Comprehensive Cooperative Project for Children with Renal Diseases in Nicaragua*, 74 SUPPL. 1 CLIN. NEPHROL. S119 (2010); L. Dugdill & C. M. Pine, *Evaluation of International Case Studies within 'Live.Learn.Laugh.': A Unique Global Public-Private Partnership to Promote Oral Health*, 61 SUPPL. 2 INT'L DENT. J. 22 (2011); E. Beser, *Community Intervention Studies with Intersectoral Collaboration*, 12 J. ENVTL. PROTECTION & ECOLOGY 1883 (2011).

⁴⁷ See Ae-Ngibise et al., *supra* note 44; Campbell-Hall et al., *supra* note 44; Augustine Adomah-Afari, *The Contribution of Community Leadership upon the Performance of Mutual Health Organisations in Ghana*, 29 J. HEALTH ORG. & MGMT. 822 (2015); Timothy H. Jung et al., *The Role of Stakeholder Collaboration in Culture-Led Urban Regeneration: A Case Study of the Gwangju Project, Korea*, 44 CITIES 29 (2015).

⁴⁸ See Duc et al., *supra* note 44; Ae-Ngibise et al., *supra* note 44; Anyaehie et al., *supra* note 44; Campbell-Hall et al., *supra* note 44; Gomez-Jauregui, *supra* note 44; Kaboru et al., *Communities' Views*, *supra* note 44; Kaboru et al., *HIV/AIDS Care*, *supra* note 44; De Costa, Johansson & Diwan, *supra* note 44.

Cuba's health sector,⁴⁹ China's competitive campaigns for city improvement,⁵⁰ and India's program design for key country priorities over a ten-year period.⁵¹ Similarly, three studies focused on the importance of integrating different fields.⁵²

Technical communities can provide a context for increased collaboration. Pre-collaboration studies focused on developing public-private partnership for service delivery in areas such as reproductive health,⁵³ HIV/AIDS,⁵⁴ tuberculosis,⁵⁵ ambulatory care,⁵⁶ technology,⁵⁷ or understanding of and receptivity to public-private partnership generally.⁵⁸ An interesting group of studies looked at the possibility of collaboration between traditional and Western medical providers and/or the public health system.⁵⁹

4. APPROPRIATE MODELS OF LEADERSHIP—HIGH-LEVEL AND DISTRIBUTED

The literature highlights that cross-sector collaborations require many styles of leadership and leadership roles. Facilitative leadership is important for organizational support, including facilitation and project management.⁶⁰ There is a need for organizations and individuals to play

⁴⁹ Sanchez et al., *Aedes Aegypti Control*, *supra* note 13; J. Spiegel et al., *Intersectoral Action for Health at a Municipal Level in Cuba*, 57 INT'L J. PUB. HEALTH 15 (2012).

⁵⁰ Li et al., *supra* note 36.

⁵¹ V. M. Aguayo, K. Paintal & G. Singh, *The Adolescent Girls' Anaemia Control Programme: A Decade of Programming Experience to Break the Inter-Generational Cycle of Malnutrition in India*, 16 PUB. HEALTH NUTR. 1667 (2013).

⁵² See E. Nakimuli-Mpungu et al., *Implementation and Scale-Up of Psycho-Trauma Centers in a Post-Conflict Area: A Case Study of a Private-Public Partnership in Northern Uganda*, 10 PLOS MED. e1001427 (2013); Lianne Gonsalves et al., *Integrating Population, Health, and Environment Programs with Contraceptive Distribution in Rural Ethiopia: A Qualitative Case Study*, 46 STUD. FAM. PLANN. 41 (2015); Catherine Kansime et al., *Community Perceptions on Integrating Animal Vaccination and Health Education by Veterinary and Public Health Workers in the Prevention of Brucellosis among Pastoral Communities of South Western Uganda*, 10 PLOS ONE 1 (2015).

⁵³ Gomez-Jauregui, *supra* note 44.

⁵⁴ Nair & Campbell, *supra* note 44; Kaboru et al., *Communities' Views*, *supra* note 44.

⁵⁵ Kielmann et al., *supra* note 31; A. N. Zafar Ullah et al., *Government-NGO Collaboration: The Case of Tuberculosis Control in Bangladesh*, 21 HEALTH POL'Y PLAN. 143 (2006); S. Chugh, *IMA GFATM RNTCP PPM JIMR DOTS Project*, 106 J. INDIAN MED. ASS'N 36 (2008).

⁵⁶ Duc et al., *supra* note 44.

⁵⁷ Al-Shqairat et al., *supra* note 44.

⁵⁸ Anyaehie et al., *supra* note 44; De Costa, Johansson & Diwan, *supra* note 44; Ejaz, Shaikh & Rizvi, *supra* note 44.

⁵⁹ Ae-Ngibise et al., *supra* note 44; Campbell-Hall et al., *supra* note 44; Kaboru et al., *Communities' Views*, *supra* note 44; Kaboru et al., *HIV/AIDS Care*, *supra* note 44; Kielmann et al., *supra* note 31.

⁶⁰ Nakimuli-Mpungu et al., *supra* note 52; Li et al., *supra* note 36.

a leadership role in bridging between new partners.⁶¹ Supporting distributed leadership and engagement requires financial investment in the cross-sector collaboration itself, including creating accountability through linking the collaboration to specific roles and responsibilities within organizations.⁶² The literature also highlights the importance of champions who advocate for the cross-sector collaboration,⁶³ including internal and external advocates.⁶⁴

High-level leaders are important for developing supportive policy contexts, either within one sector or among several sectors.⁶⁵ High-level policy leadership is effective when it engages multiple organizations to ensure that plans are congruent with local contexts.⁶⁶ Some studies explored organizational differences and power imbalances impacting collaboration between developing country organizations and international multilateral or non-governmental organizations.⁶⁷

Several articles analysed the importance of informal, traditional or faith leadership.⁶⁸ Leadership goes beyond organizations, and the

⁶¹ Campbell, Nair & Maimane, *supra* note 27; Manning & Roessler, *supra* note 28; S. M. Matsudo & V. R. Matsudo, *Coalitions and Networks: Facilitating Global Physical Activity Promotion*, 13 *PROMOT. EDUC.* 133 (2006).

⁶² M. Ali, C. Miyoshi & H. Ushijima, *Emergency Medical Services in Islamabad, Pakistan: A Public-Private Partnership*, 120 *PUB. HEALTH* 50 (2006); Gabriel Patrón Coppel & Klaas Schwartz, *Water Operator Partnerships as a Model to Achieve the Millenium Development Goals for Water Supply? Lessons from Four Cities in Mozambique*, 37 *WATER S. A.* 575 (2011); C. Cancedda et al., *Enhancing Formal Educational and in-Service Training Programs in Rural Rwanda: A Partnership among the Public Sector, a Nongovernmental Organization, and Academia*, 89 *ACAD. MED.* 1117 (2014); Thaennin, Visuthismajarn & Sutheravut, *supra* note 35.

⁶³ R. J. Njau, F. W. Mosha & D. De Savigny, *Case Studies in Public-Private-Partnership in Health with the Focus of Enhancing the Accessibility of Health Interventions*, 11 *TANZAN J. HEALTH RES.* 235 (2009).

⁶⁴ Manning & Roessler, *supra* note 28; J. N. Newell et al., *Leadership, Management and Technical Lessons Learnt from a Successful Public-Private Partnership for TB Control in Nepal*, 9 *INT'L J. TUBERC. LUNG DIS.* 1013 (2005).

⁶⁵ S. Ashraf et al., *Overview of a Multi-Stakeholder Dialogue Around Shared Services for Health: The Digital Health Opportunity in Bangladesh*, 13 *HEALTH RES. POL'Y. SYS.* 74, 79 (2015); Brooke-Sumner, Lund & Petersen, *supra* note 35.

⁶⁶ Sablah et al., *supra* note 33; V. A. Curtis, N. Garbrah-Aidoo & B. Scott, *Ethics in Public Health Research: Masters of Marketing: Bringing Private Sector Skills to Public Health Partnerships*, 97 *AM. J. PUB. HEALTH* 634 (2007); Cancedda et al., *supra* note 62; Matsudo & Matsudo, *supra* note 61; Moenieba Isaacs, *Multi-Stakeholder Process of Co-Designing Small-Scale Fisheries Policy in South Africa*, 16 *REG. ENVTL. CHANGE* 277 (2016); Li et al., *supra* note 36; Ali, Miyoshi & Ushijima, *supra* note 62; Campbell, Nair & Maimane, *supra* note 27.

⁶⁷ *Id.*; Emma-Louise Aveling & Graham Martin, *Realising the Transformative Potential of Healthcare Partnerships: Insights from Divergent Literatures and Contrasting Cases in High- and Low-Income Country Contexts*, 92 *SOC. SCI. MED.* 74 (2013); Y. Lu & J. Xu, *NGO Collaboration in Community Post-Disaster Reconstruction: Field Research Following the 2008 Wenchuan Earthquake in China*, 39 *DISASTERS* 258 (2015).

⁶⁸ See Kielmann et al., *supra* note 31; Manning & Roessler, *supra* note 28; Ellis Adjei Adams & Leo Charles Zulu, *Participants Or Customers in Water Governance? Community-Public*

literature consistently identifies the importance of supporting existing community leadership.⁶⁹ This engagement might involve communities in the pilot testing of projects, in giving feedback into policy processes, or in service delivery through interviews or focus groups to allow administrators or policymakers to view projects or facilities from the perspectives of the community or citizens.⁷⁰

5. CREATING A SENSE OF THE BIGGER PICTURE

Facilitative leaders expose stakeholders to other kinds of organizations across sectors to better understand the bigger picture.⁷¹ Thus, stakeholders begin to appreciate the unique contributions and important roles for other organizations.⁷² This perspective activates mechanisms such as confusion, openness, and creativity that support a shared vision between unusual partners and creative partnerships.⁷³ The big picture is empowering when combined with action research including steps for creating new collaborative goals that reflect the increased understanding.⁷⁴

Partnerships for Peri-Urban Water Supply, 65 GEOFORUM 112 (2015); Adomah-Afari, *supra* note 47; Laura R. Murray et al., *Strange Bedfellows: The Catholic Church and Brazilian National AIDS Program in the Response to HIV/AIDS in Brazil*, 72 SOC. SCI. MED. 945 (2011).

⁶⁹ Campbell, Nair & Maimane, *supra* note 27; Sanchez et al., *Aedes Aegypti*, *supra* note 13; T. T. Hien et al., *Effectiveness of a Capacity-Building Program for Community Leaders in a Healthy Living Environment: A Randomized Community-Based Intervention in Rural Vietnam*, 23 HEALTH PROMOT. INT'L 354 (2008).

⁷⁰ Campbell, Nair & Maimane, *supra* note 27.; Sanchez et al., *Aedes Aegypti*, *supra* note 13; S. M. Ndiaye et al., *Polio Outbreak among Nomads in Chad: Outbreak Response and Lessons Learned*, 210 SUPPL 1 J. INFECT. DIS. S74 (2014).

⁷¹ Ali, Miyoshi & Ushijima, *supra* note 62; Matsudo & Matsudo, *supra* note 61; Ahmed & Ali, *supra* note 27; Manning & Roessler, *supra* note 28.

⁷² Ahmed & Ali, *supra* note 27; Curtis, Garbrah-Aidoo & Scott, *supra* note 66.

⁷³ B. Colatrella, *The Mectizan Donation Program: 20 Years of Successful Collaboration - a Retrospective*, 102 SUPPL 1 ANN. TROP. MED. PARASITOL. 7 (2008); K. Collins, *Profitable Gifts: A History of the Merck Mectizan Donation Program and its Implications for International Health*, 47 PERSPECT. BIOL. MED. 100 (2004); Dima Jamali & Tamar Keshishian, *Uneasy Alliances: Lessons Learned from Partnerships between Businesses and NGOs in the Context of CSR*, 84 J. BUS. ETHICS 277 (2009); S. Khawaja et al., *Evaluating the Health Impact of a Public-Private Partnership: To Reduce Rotavirus Disease in Nicaragua*, 8 HUM. VACCINE IMMUNOTHER. 777 (2012); Murray et al., *Strange Bedfellows: The Catholic Church and Brazilian National AIDS Program in the Response to HIV/AIDS in Brazil*, 945 ; Saadé, Bateman & Bendahmane, *supra* note 30; K. C. Sanders et al., *Eliminating Malaria in Malaysia: The Role of Partnerships between the Public and Commercial Sectors in Sabah*, 13 MALAR J. 24 (2014); S. TULADHAR, CHLORHEXIDINE IN NEPAL: A PUBLIC-PRIVATE PARTNERSHIP CASE STUDY, (2013), http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=13821&lid=3; Karol Čarnogurský et al., *Practical Importance of CSR in Cross-Sector Cooperation*, 34 PROCEDIA ECON.& FIN. 244 (2015).

⁷⁴ Pridmore et al., *supra* note 27, at 315-16.

6. STRATEGIC MANAGEMENT

Strategic management, the practice of setting long-term goals and managing toward those goals over time, is essential to cross-sector collaboration success.⁷⁵ Setting goals requires looking at a variety of effects that the collaboration would like to achieve over time, both internally, regarding the collaboration process as well as externally, related to programs that the collaboration is implementing.⁷⁶ Strategic management includes both process and program evaluation; looking at different levels of effects; and, the role of networks in beginning and facilitating cross-sector collaboration.

7. PROCESS AND PROGRAM EVALUATION

While setting standards for and evaluating a collaboration creates shared accountability, which in turn may support stronger program outcomes, program and collaboration timelines may differ.⁷⁷ Despite this complexity, a number of studies operationalized collaboration process evaluation as a component of program evaluation, demonstrating the interplay between process and program outcomes.⁷⁸ Some studies

⁷⁵ T. Abuya et al., *Importance of Strategic Management in the Implementation of Private Medicine Retailer Programmes: Case Studies from Three Districts in Kenya*, 10 SUPPL 1 BMC HEALTH SERV. RES. S7 (2010); A. B. Oyediran et al., *A Public-Private Partnership for Malaria Control: Lessons from the Malarone Donation Programme*, 80 BULL. WORLD HEALTH ORGAN. 817 (2002); Sanders et al., *supra* note 73.

⁷⁶ Ali, Miyoshi & Ushijima, *supra* note 62; Sablah et al., *supra* note 33; J. Damonti et al., *HIV/AIDS in African Children: The Bristol-Myers Squibb Foundation and Baylor Response*, 31 HEALTH AFF. 1636 (2012); Nakimuli-Mpungu et al., *supra* note 52; Thaennin, Visuthismajarn & Sutheravut, *supra* note 35; Čarnogurský et al., *supra* note 73.

⁷⁷ CORE GROUP AND WORLD RELIEF, COMMUNITY APPROACHES TO CHILD HEALTH IN MALAWI: APPLYING THE C-IMCI FRAMEWORK 10 (2009), http://www.coregroup.org/storage/documents/Case_Studies/Case_Study_community_approach_es_CH-malawi.pdf; ABT ASSOCIATES PRIVATE SECTOR, PARTNERSHIPS ONE, THE PRIVATE SECTOR PARTNERSHIPS-ONE PROJECT. END OF PROJECT REPORT 2004-2009 28 (2001), <http://www.shopsproject.org/sites/default/files/resources/PSP%20One%20EOP%20Report.pdf>; I. Ramiah & M. R. Reich, *Building Effective Public-Private Partnerships: Experiences and Lessons from the African Comprehensive HIV/AIDS Partnerships (ACHAP)*, 63 SOC. SCI. MED. 397 (2006) [hereinafter Ramiah & Reich, *Public-Private Partnerships*]; Edefonti et al., *supra* note 46; Wessells, *supra* note 37.

⁷⁸ Ahmed & Ali, *supra* note 27; Campbell, Nair & Maimane, *supra* note 27.; Sanchez et al., *Aedes Aegypti*, *supra* note 13; Sanchez et al., *Dengue Prevention*, *supra* note 27; L. Sanchez et al., *Testing the Effectiveness of Community-Based Dengue Vector Control Interventions using Semiparametric Mixed Models*, 12 VECTOR BORNE ZOONOTIC DIS. 609 (2012) [hereinafter Sanchez, *Community-Based Dengue Vector Control*]; Murthy et al., *supra* note 34; Nakimuli-Mpungu et al., *supra* note 52; Rangan et al., *supra* note 37; Saadé, Bateman & Bendahmane, *supra* note 30; R. Shrestha, K. Baral & N. Weir, *Community Ear Care Delivery by Community Ear Assistants and Volunteers: A Pilot Programme*, 115 J. LARYNGOL. OTOL. 869 (2001).

analysed collaboration process separate from program outcomes.⁷⁹ One group of studies illustrated that positive program outcomes do not necessarily indicate that processes went smoothly or were perceived positively by all stakeholders.⁸⁰ And several studies focused on collaboration process, without looking at program outcomes.⁸¹

8. DIFFERENT LEVELS OF EFFECTS

Many articles detail multiple levels of effects of cross-sector collaboration.⁸² Some articles detail how these effects positively impacted different categories of stakeholders, including the public and private sectors and citizens.⁸³ Effects also may include mechanisms: supportive mechanisms such as trust and commitment were identified as cross-cutting themes in multiple case studies.⁸⁴

⁷⁹ Ali, Miyoshi & Ushijima, *supra* note 62; S. E. Meredith, C. Cross & U. V. Amazigo, *Empowering Communities in Combating River Blindness and the Role of NGOs: Case Studies from Cameroon, Mali, Nigeria, and Uganda*, 10 HEALTH RES. POL'Y SYS. 16 (2012); L. David Brown & Darcy Ashman, *Participation, Social Capital, and Intersectoral Problem Solving: African and Asian Cases*, 24 WORLD DEV. 1467 (1996); Dugdill & Pine, *supra* note 44; Richard Franceys & Almud Weitz, *Public-Private Community Partnerships in Infrastructure for the Poor*, 15 J. INT'L DEV. 1083 (2003).

⁸⁰ P. A. Clark & K. O'Brien, *Fighting AIDS in Sub-Saharan Africa: Is a Public-Private Partnership a Viable Paradigm?* 9 MED. SCI. MONIT. ET28 (2003); N. Dreesch et al., *Public-Private Options for Expanding Access to Human Resources for HIV/AIDS in Botswana*, 5 HUM. RESOUR. HEALTH 25 (2007); I. Ramiah & M. R. Reich, *Public-Private Partnerships and Antiretroviral Drugs for HIV/AIDS: Lessons from Botswana*, 24 HEALTH AFF. 545 (2005)[hereinafter Ramiah & Reich, *Lessons from Botswana*]; Ramiah & Reich, *Public-Private Partnerships*, *supra* note 77.

⁸¹ Matsudo & Matsudo, *supra* note 61; Probandari et al., *supra* note 34; Esmeralda Ricks et al., *Experiences of Managers and Healthcare Personnel Involved in a Functional Healthcare Public Private Partnership*, 23 J. PSYCHOL. AFR. 297 (2013); Sanders et al., *supra* note 73; Thaennin, Visuthismajarn & Sutheravut, *supra* note 35; Carolyn Anne Bell et al., *Stakeholder Perceptions of a Pharmacy-Initiated Tuberculosis Referral Program in Cambodia, 2005-2012*, 27 ASIA-PAC. J. PUB. HEALTH NP2570 (2015); J. H. Corbin, M. B. Mittelmark & G. T. Lie, *Mapping Synergy and Antagonism in North-South Partnerships for Health: A Case Study of the Tanzanian Women's NGO KIWAKKUKI*, 28 HEALTH PROMOT. INT'L 51 (2013).

⁸² Campbell, Nair & Maimane, *supra* note 27.; Ahmed & Ali, *supra* note 27; Sablah et al., *supra* note 33; Corbin, Mittelmark & Lie, *supra* note 81; ABT ASSOCIATES PRIVATE SECTOR, *supra* note 77; Probandari et al., *supra* note 34; Sanders et al., *supra* note 73.

⁸³ Ahmed & Ali, *supra* note 27; Ali, Miyoshi & Ushijima, *supra* note 62; Sablah et al., *supra* note 33; Curtis, Garbrah-Aidoo & Scott, *supra* note 66; L. O. Andrade et al., *Public Health Policies as Guides for Local Public Policies: The Experience of Sobral-Ceara, Brazil*, SUPPL 3 PROMOT. EDUC. 28 (2005).

⁸⁴ Njau, Masha & De Savigny, *supra* note 63; Ricks et al., *Experiences of Managers and Healthcare Personnel Involved in a Functional Healthcare Public Private Partnership*, 297 ; P. Billig et al., *Innovative Intersectoral Approach Reduces Blood Lead Levels of Children and Workers in Romania*, 5 INT'L J. OCCUP. ENVIRON. HEALTH 50 (1999); Probandari et al., *supra* note 34; Rangan et al., *supra* note 37.

One important long-term project stood out because it resulted in a series of articles yielding important learning about systems change in both participatory process and dengue prevention aspects of a program.⁸⁵ This work began with an exploratory study on community ideas regarding dengue control.⁸⁶ The researchers then worked with the government—already organized in intersectoral teams—and the community to conduct a pilot project, a teaching-learning intervention with a quasi-experimental research design.⁸⁷ This phase trained existing public health officers in participatory methods, mentored them through the process of creating community engagement in dengue control, and looked at both process outcomes and public health outcomes.⁸⁸ Building on the program's success, they conducted a cluster randomised controlled trial with sixteen intervention and sixteen control clusters.⁸⁹ They added a participatory strategy, as a horizontal component to the existing vector control program.⁹⁰ The participatory strategy consisted of four components: setting up of organization and management structures; entomological risk surveillance; capacity building at grassroots and intermediate levels; and community work for vector control.⁹¹ The researchers drew the conclusions from their cluster randomized controlled trial based on their analysis of converging evidence including level of participation, changes in preventive behaviors, and entomological outcome.⁹²

9. NETWORKS

Two themes were reflected in the cross-sector collaboration literature on networks. One theme is the use of networks as a conceptual model to analyse collaboration. These results included using social network analysis to understand the strength of existing networks and

⁸⁵ Marta Castro et al., *A Community Empowerment Strategy Embedded in a Routine Dengue Vector Control Programme: A Cluster Randomised Controlled Trial*, 106 *TRANS. R. SOC. TROP. MED. HYG.* 315, 315 (2012); Lizet Sánchez et al., *Participación Comunitaria En El Control De Aedes Aegypti: Opiniones De La Población En Un Municipio De La Habana, Cuba*, 15 *REVISTA PANAMERICANA DE SALUD PÚBLICA* 19 (2004) [hereinafter Sánchez et al., *Participación Comunitaria*]; D. Perez et al., *Process-Oriented Fidelity Research Assists in Evaluation, Adjustment and Scaling-Up of Community-Based Interventions*, 26 *HEALTH POLICY PLAN.* 413 (2011); Sanchez et al., *Community-Based Dengue Vector Control*, *supra* note 78.

⁸⁶ Castro et al. *supra* note 85, at 316.

⁸⁷ *Id.* at 316-17.

⁸⁸ *Id.*

⁸⁹ *Id.*

⁹⁰ *Id.* at 316.

⁹¹ *Id.*; See also Perez et al., *supra* note 85, at 415.

⁹² *Id.*; Castro et al., *supra* note 85, at 317; Perez et al., *supra* note 85, at 417.

collaborations,⁹³ utilizing network analysis to assess the strength of intersectoral collaboration,⁹⁴ and analysing public-private partnerships from a network organizations perspective.⁹⁵

The second theme is activating existing networks as an important strategy for working across sectors.⁹⁶ Networks reduce duplication of services, leverage resources, create a space for the capacity of different agencies to be employed most efficiently, and allow for shared learning and capacity development.⁹⁷ Networks can be activated to support policy development; advocacy; and community mobilization.⁹⁸ Networks activate a number of mechanisms including joint interest and enthusiasm as well as a sense of shared responsibility, which supports

⁹³ R. C. Brownson et al., *Assembling the Puzzle for Promoting Physical Activity in Brazil: A Social Network Analysis*, 7 SUPPL 2 J. PHYS. ACT. HEALTH S242 (2010).

⁹⁴ N. Pagliccia et al., *Network Analysis as a Tool to Assess the Intersectoral Management of Health Determinants at the Local Level: A Report from an Exploratory Study of Two Cuban Municipalities*, 71(2) SOC. SCI. MED. 394 (2010); Spiegel et al., *supra* note 49.

⁹⁵ Avantika Singh & Gyan Prakash, *Public-Private Partnerships in Health Services Delivery*, 12 PUB. MGMT. REV. 829 (2010).

⁹⁶ Sanchez et al., *supra* note 27, at 82 ; Lance W. Robinson & Fikret Berkes, *Multi-Level Participation for Building Adaptive Capacity: Formal Agency-Community Interactions in Northern Kenya*, 21 GLOBAL ENVIRON. CHANGE 1185 (2011); A. Kalita et al., *Empowering Health Personnel for Decentralized Health Planning in India: The Public Health Resource Network*, 7 HUM. RESOUR. HEALTH. 57 (2009); Matsudo & Matsudo, *Coalitions and Networks: Facilitating Global Physical Activity Promotion*, 133 ; A. G. Knuth et al., *Description of the Countrywide Physical Activity Network Coordinated by the Brazilian Ministry of Health: 2005-2008*, 7 SUPPL 2 J. PHYS. ACT. HEALTH. S253 (2010); A. Kamara, *Developing a Network: The PMM Process*, 59 SUPPL 2 INT. J. GYNAECOL. OBSTET. S27 (1997); A. Kamara, *Lessons Learned from the PMM Network Experience*, 59 SUPPL 2 INT. J. GYNAECOL. OBSTET. S253 (1997); Murray et al., *Strange Bedfellows: The Catholic Church and Brazilian National AIDS Program in the Response to HIV/AIDS in Brazil*, 945; Thaennin, Visuthismajarn & Sutheravut, 331; Charles R. Salmen et al., *"Wan Kanyakla" (we are Together): Community Transformations in Kenya Following a Social Network Intervention for HIV Care*, 147 SOC. SCI. MED. 332 (2015).

⁹⁷ Kalita et al., *Empowering Health Personnel for Decentralized Health Planning in India: The Public Health Resource Network*, 7 HUMAN RESOURCES FOR HEALTH 57 (2009); Kamara, *Developing a Network: The PMM Process*, 59 SUPPL 2 INT. J. GYNAECOL. OBSTET. S27 (1997); Kamara, *Lessons Learned from the PMM Network Experience*, 59 SUPPL 2 INT. J. GYNAECOL. OBSTET. S253 (1997); Knuth et al., *Description of the Countrywide Physical Activity Network Coordinated by the Brazilian Ministry of Health: 2005-2008*, 7 SUPPL 2 J. PHYS. ACT. HEALTH. S253 (2010); Matsudo & Matsudo, *supra* note 61; Thaennin, Visuthismajarn & Sutheravut, *supra* note 35, at 331.

⁹⁸ Matsudo & Matsudo, *supra* note 61; I. Hodgson et al., *Only Connect--the Role of PLHIV Group Networks in Increasing the Effectiveness of Ugandan HIV Services*, 24 AIDS CARE 1368 (2012); Kalita et al., *supra* note 97; Knuth et al., *supra* note 97; Robinson & Berkes, *Multi-Level Participation for Building Adaptive Capacity: Formal Agency-Community Interactions in Northern Kenya*, 21 GLOBAL ENVIRON. CHANGE 1185 (2011); Sanchez et al., *supra* note 13; Thaennin, Visuthismajarn & Sutheravut, *supra* note 35.,

network members and each network member's effort toward the overall goals.⁹⁹

10. GOVERNANCE

The literature looked at governance in two distinct yet related ways. One perspective focused on the governance of the cross-sector collaboration itself, as an entity.¹⁰⁰ Another perspective focused on the work of the collaboration as a means of creating shared governance.¹⁰¹ The governance themes that we identified include policy, multi-level participation and agency.

11. POLICY

High-level policy and legal frameworks can significantly advance the work of cross-sector collaboration.¹⁰² The literature identified three primary strategies by which government policy supports cross-sector collaboration. The first strategy is through creating policy across sectors. Eighteen articles analysed a cross-sector policy creation process responding to international norms and frameworks for working across sectors and through that process, creating sectoral policy or program

⁹⁹ Matsudo & Matsudo, *supra* note 61; Murray et al., *supra* note 68; Thaennin, Visuthismajarn & Sutharavut, *supra* note 35; Salmen et al., "Wan Kanyakla" (we are Together): Community Transformations in Kenya Following a Social Network Intervention for HIV Care, 147 SOC. SCI. MED. 332 (2015); Sanchez et al., *supra* note 13.

¹⁰⁰ J. Amo-Adjei, *Conforming to Partnership Values: A Qualitative Case Study of Public-Private Mix for TB Control in Ghana*, 9 GLOB. HEALTH. ACTION 28000 (2016); Beser, *supra* note 46; A. L. Buffardi, R. Cabello & P. J. Garcia, *Toward Greater Inclusion: Lessons from Peru in Confronting Challenges of Multi-Sector Collaboration*, 32 REV. PANAM. SALUD PUBLICA 245 (2012); D. H. Peters & T. Phillips, *Mectizan Donation Program: Evaluation of a Public-Private Partnership*, 9 TROP. MED. INT. HEALTH A4 (2004); Probandari et al., *supra* note 34.

¹⁰¹ Adams & Zulu, *supra* note 68; Campbell, Nair & Maimane, *supra* note 27; Isaacs, *supra* note 66.

¹⁰² Seife Ayele & David Wield, *Science and Technology Capacity Building and Partnership in African Agriculture: Perspectives on Mali and Egypt*, 17 J. OF INT'L DEV. 631 (2005); Abdul Basit, Musarrat Riaz & Asher Fawwad, *Improving Diabetes Care in Developing Countries: The Example of Pakistan*, 107 Diabetes Res. Clin. Pract. 224 (2015); E. Chanda et al., *An Overview of the Malaria Control Programme in Zambia*, 2013 ISRN PREV. MED. ARTICLE ID 495037 (2013); Curtis, Garbrah-Aidoo & Scott, *supra* note 66; Shams El Arifeen et al., *Community-Based Approaches and Partnerships: Innovations in Health-Service Delivery in Bangladesh*, 382 THE LANCET 2012 (2013); K. Lolley et al., *Inter-Sectoral Partnerships to Ensure Comprehensive Tobacco-Control Legislation in Suriname*, 81 ANNALS OF GLOBAL HEALTH 96 (2015); Peters & Phillips, *supra* note 100; H. E. Restrepo et al., *Healthy Municipios in Latin America*, 29 BULL. PAN AM. HEALTH ORGAN. 272 (1995); Sablah et al., *supra* note 33; E. Sidaner, D. Balaban & L. Burlandy, *The Brazilian School Feeding Programme: An Example of an Integrated Programme in Support of Food and Nutrition Security*, 16 PUB. HEALTH NUTR. 989 (2013).

plans across sectors.¹⁰³ Five articles made a significant contribution through creating and/or tracking the process of cross-sector policy development that included both top-down and bottom-up participant identification.¹⁰⁴

Second, government policy can reinforce social norms in support of cross-sector collaboration through creating public-private partnerships.¹⁰⁵ Public-private partnerships are formed in order to

¹⁰³ Aguayo, Paintal & Singh, *supra* note 51; Andrade et al., *supra* note 83; Ashraf et al., *supra* note 65; Basit, Riaz & Fawwad, *supra* note 102; Z. Batsukh et al., *One Health in Mongolia*, 366 . CURR. TOP. MICROBIO. IMMUNOL. 123 (2013); Chanda et al., *supra* note 102; Curtis, Garbrah-Aidoo & Scott, *supra* note 66; C. Hanson & D. Kibuga, *Effective Tuberculosis Control and Health Sector Reforms in Kenya: Challenges of an Increasing Tuberculosis Burden and Opportunities through Reform*, 4 . INT. J. TUBERC. LUNG DIS. 627 (2000); R. Jenkins et al., *Mental Health Policy and Development in Egypt - Integrating Mental Health into Health Sector Reforms 2001-9*, 4 . INT. J. MENT. HEALTH. SYST. 17 (2010); Z. Jiang et al., *Integrated Response Toward HIV: A Health Promotion Case Study from China*, 26 . HEALTH PROMOT. INT. 196 (2011); S. M. Kerstens et al., *A New Approach to Nationwide Sanitation Planning for Developing Countries: Case Study of Indonesia*, 550 . SCI. TOTAL ENVIRON. 676 (2016); A. Kurniati et al., *Strengthening Indonesia's Health Workforce through Partnerships*, 129 . PUBLIC HEALTH 1138 (2015); R. Lencucha, J. Drope & J. J. Chavez, *Whole-of-Government Approaches to NCDs: The Case of the Philippines Interagency Committee-Tobacco*, 30 Health Policy Plan. 844 (2015); Li et al., *supra* note 36; Xinping Liu & Lei Zheng, *Cross-Departmental Collaboration in One-Stop Service Center for Smart Governance in China: Factors, Strategies and Effectiveness*, Government Information Quarterly (2015), available at <http://www.sciencedirect.com/science/article/pii/S0740624X1530023X>; Tolib N. Mirzoev et al., *Research-Policy Partnerships - Experiences of the Mental Health and Poverty Project in Ghana, South Africa, Uganda and Zambia*, 10 Health Research Policy and Systems (2012); S. Nishtar, *Prevention of Non-Communicable Diseases in Pakistan: An Integrated Partnership-Based Model*, 2 Health. Res. Policy. Syst. 7 (2004); R. J. Njau et al., *Implementation of an Insecticide-Treated Net Subsidy Scheme Under a Public-Private Partnership for Malaria Control in Tanzania--Challenges in Implementation*, 8 Malar J. 201 (2009); D. J. Roux et al., *Improving Cross-Sector Policy Integration and Cooperation in Support of Freshwater Conservation*, 22 Conserv. Biol. 1382 (2008); Tuladhar, *supra* note 73; I. Askew and others, *A Multi-Sectoral Approach to Providing Reproductive Health Information and Services to Young People in Western Kenya: Kenya Adolescent Reproductive Health Project*, USAID (June 2004), http://pdf.usaid.gov/pdf_docs/Pnada289.pdf.

¹⁰⁴ Andrade et al., *supra* note 83; Batsukh et al., *supra* note 103; Pridmore et al., *supra* note 27; Roux et al., *supra* note 103; Wessells, *supra* note 37.

¹⁰⁵ B. B. Adsul et al., *Health Problems among Migrant Construction Workers: A Unique Public-Private Partnership Project*, 15 Indian. J. Occup. Environ. Med. 29 (2011); Ali, Miyoshi & Ushijima, *supra* note 62; Ahmed & Ali, *supra* note 27; C. A. Bell et al., *supra* note 81; Chanda et al., *supra* note 102; M. L. Chirwa et al., *Promoting Universal Financial Protection: Contracting Faith-Based Health Facilities to Expand Access--Lessons Learned from Malawi*, 11 Health. Res. Policy. Syst. 27 (2013); Cuellar CJ, Newbrander W and G. Price, *EXTENDING ACCESS TO HEALTH CARE THROUGH PUBLIC-PRIVATE PARTNERSHIPS: THE PROSALUD EXPERIENCE* (2000); PROSALUD, *Una organizaci3n De Servicios De Salud no Lucrativa En Bolivia Fue Construida Por La Idea, energ3a Y visi3n De Muchos l3deres Dedicados. no Solo Ha Cambiado La Forma En Que Los Servicios Son Prestados, Sino Que Ha Inspirado a Otros Alrededor Del Mundo a Ver Y Pensar m3s all3; De Los Sistemas Establecidos Para prestaci3n De Servicios De Salud. Este Libro Examina Que Hay Debajo De La contribuci3n De PROSALUD Para Encontrar El Medio pr3ctico Para Mejorar La Salud. Esto fu3 Realizado Viendo Las Necesidades E Intereses De La Comunidad, Esquivando Las ret3ricas impr3cticas De Derechos, Y Adoptando La sabidur3a pol3tica*

increase collaboration around priority areas (these kinds of formal legal agreements are particularly important when non-governmental entities are performing what would, otherwise, be governmental functions).¹⁰⁶ In particular, domestic cross-sector collaboration was supported by international policies on onchocerciasis eradication,¹⁰⁷ vaccines,¹⁰⁸ malaria,¹⁰⁹ and tuberculosis.¹¹⁰ There is a growing body of important

Para Traer Los Puntos Fuertes De La Comunidad, Como Son El Sector p blico Y El Privado Boston, Massachusetts, Management Sciences for Health MSH], 2000,[2000]); Franceys & Weitz, *supra* note 79; Z. Haq, W. Khan & A. Seita, *Promoting Public-Private Mix for TB-DOTs: A Multi-Country Study from the WHO Eastern Mediterranean Region*, 18 *East. Mediterr. Health J.* 410 (2012); Suhaiza Ismail & Fatimah Azzahra Haris, *Rationales for Public Private Partnership (PPP) Implementation in Malaysia*, 19 *Journal of Financial Management of Property and Construction* 188 (2014), available at <http://search.proquest.com/docview/1634006551?accountid=11091>; Suhaiza Ismail, *Critical Success Factors of Public Private Partnership (PPP) Implementation in Malaysia*, 5 *Asia - Pacific Journal of Business Administration* 6 (2013), available at <http://search.proquest.com/docview/1317660132?accountid=11091>; Dima Jamali, *Success and Failure Mechanisms of Public Private Partnerships (PPPs) in Developing Countries: Insights from the Lebanese Context*, 17 *The International Journal of Public Sector Management* 414 (2004); Saad , Bateman & Bendahmane, *supra* note 30; J. L. Sturchio & G. M. Cohen, *How PEPFAR's Public-Private Partnerships Achieved Ambitious Goals, from Improving Labs to Strengthening Supply Chains*, 31 *Health. Aff. (Millwood)* 1450 (2012); A. I. Wertheimer, T. M. Santella & H. J. Lauver, *Successful Public/Private Donation Programs: A Review of the Diflucan Partnership Program in South Africa*, 3 *J. Int. Assoc. Physicians AIDS Care (Chic)* 74 (2004); K. Miles et al., *Public-Private Partnerships in the Response to HIV: Experience from the Resource Industry in Papua New Guinea*, 14 *Rural Remote Health*. 2868 (2014); P. Ganguly et al., *Considerations of Private Sector Obstetricians on Participation in the State Led "Chiranjeevi Yojana" Scheme to Promote Institutional Delivery in Gujarat, India: A Qualitative Study*, 14 *BMC Pregnancy Childbirth* 352 (2014); Abt Associates Private Sector, *Partnerships One*, *supra* note 77.

¹⁰⁶ C. CAMPBELL, LETTING THEM DIE: HOW HIV/AIDS PREVENTION PROGRAMMES OFTEN FAIL (2003); Ali, Miyoshi & Ushijima, *supra* note 62; Andrade et al., *supra* note 83; Batsukh et al., *supra* note 103; Bell et al., *supra* note 81; Chanda et al., *supra* note 102; Kalita et al., *supra* note 97; Kurniati et al., *supra* note 103; Robinson & Berkes, *supra* note 98; Roux et al., *supra* note 103.

¹⁰⁷ K. Gustavsen, A. Hopkins & M. Sauerbrey, *Onchocerciasis in the Americas: From Arrival to (Near) Elimination*, 4 *PARASIT VECTORS* 205 (2011).

¹⁰⁸ R. Hanlin, J. Chataway & J. Smith, *Global Health Public-Private Partnerships: IAVI, Partnerships and Capacity Building*, 36 *SUPPL AFR. J. MED. MED. SCI.* 69 (2007); N. Thacker et al., *Civil Society Organizations, the Implementing Partners of the Global Vaccine Action Plan*, 31 *SUPPL 2 VACCINE B97* (2013).

¹⁰⁹ Chanda et al., *supra* note 102; Njau et al., *supra* note 103; Sanders et al., *supra* note 73.

¹¹⁰ Amo-Adjei, *supra* note 100; M. Ardian et al., *A Public-Private Partnership for TB Control in Timika, Papua Province, Indonesia*, 11 *INT. J. TUBERC. LUNG DIS.* 1101 (2007); Bell et al., *supra* note 81; Haq, Khan & Seita, *supra* note 105; S. Kane et al., *Large-Scale Public-Private Partnership for Improving TB-HIV Services for High-Risk Groups in India*, 14 *INT. J. TUBERC. LUNG DIS.* 1066 (2010); Newell et al., *supra* note 64; Barr D. Padarath, *The Stop TB Partnership in South Africa: A Review*, Durban, South Africa, Health Systems Trust, 2004; Probandari et al., *supra* note 34; Rangan et al., *supra* note 37; Sinanovic & Kumaranayake, *supra* note 46.

research focused on cross-sector collaboration practice at municipal or lower levels of governance.¹¹¹

Third, governments can develop and measure standardized processes, procedures, and professional standards around programs that are developed through cross-sector collaboration.¹¹² These activities require leadership and funding structures that support working across sectors as a fundamental role within an agency, thereby creating accountability for collaboration outcomes.¹¹³ This accountability can also flow to supporting local and distributed leadership and shaping program design, strategic management and governance so that collaborations are responsive to local contexts.¹¹⁴

12. MULTI-LEVEL PARTICIPATION

Governance norms are shifting and governments, non-governmental organizations and citizens are redefining public participation.¹¹⁵ Some studies looked at participation in the cross-sector collaboration as an entity, describing the methodology for initial stakeholder identification and the process of expanding the group of stakeholders over time.¹¹⁶ One study identified multiple strategies for building participation

¹¹¹ Campbell, *supra* note 106; Andrade et al., *supra* note 83; Billig et al., *supra* note 84; M. I. Gonzalez Fernandez, E. Orozco Nunez & E. Cifuentes, *Policy Analysis of the Dengue Control Program in Mexico*, 44 REV. SAUDE PUBLICA 1079 (2010); Gonsalves et al., *supra* note 52; Matthew T. Klick, *The Effect of State-Local Complementarity and Local Governance on Development: A Comparative Analysis from Post-War Guatemala*, 82 WORLD DEV. 1 (2016); Kurniati et al., *supra* note 103; Li et al., *supra* note 36; Lidia Mayangsari & Santi Novani, *Multi-Stakeholder Co-Creation Analysis in Smart City Management: An Experience from Bandung, Indonesia*, 4 PROCEDIA MANUFACTURING 315 (2015); Newell et al., *supra* note 64; Ana Paula Pimentel Walker, *Self-Help Or Public Housing? Lessons from Co-Managed Slum Upgrading Via Participatory Budget*, 55 HABITAT INTERNATIONAL 58 (2016); Restrepo et al., *supra* note 102; Robinson & Berkes, *supra* note 98; Sidaner, Balaban & Burlandy, *supra* note 102; Spiegel et al., *supra* note 49; Jung et al., *supra* note 47.

¹¹² Adsul et al., *supra* note 105; Aguayo, Paintal & Singh, *supra* note 51; Batsukh et al., *supra* note 103; Chanda et al., *supra* note 102; Ganguly et al., *supra* note 105.

¹¹³ Aguayo, Paintal & Singh, *supra* note 51; Batsukh et al., *supra* note 103; Campbell, Nair & Maimane, *supra* note 27; Chanda et al., *supra* note 102.

¹¹⁴ Aguayo, Paintal & Singh, *supra* note 51; Andrade et al., *supra* note 83; Chanda et al., *supra* note 102.

¹¹⁵ Ali, Miyoshi & Ushijima, *supra* note 62; Andrade et al., *supra* note 83; Billig et al., *supra* note 84; Campbell, Nair & Maimane, *supra* note 27; Chanda et al., *supra* note 102; Robinson & Berkes, *supra* note 98; Thaennin, Visuthismajarn & Sutheravut, *supra* note 35.

¹¹⁶ Ahmed & Ali, *supra* note 27; Ali, Miyoshi & Ushijima, *supra* note 62; Jones Lewis Arthur, *Role of Public Participation in Achieving Development Agenda of Developing Countries: The Case of Communities Affected by Surface Mining of Gold in the Asutifi District of the Brong Ahafo Region of Ghana*, 1 African Journal of History and Culture 60 (2009); Batsukh et al., *supra* note 103; Buffardi, Cabello & Garcia, *supra* note 100; Campbell, Nair & Maimane, *supra* note 27; M. Oteng-Ababio, *Private Sector Involvement in Solid Waste Management in the Greater Accra Metropolitan Area in Ghana*, 28 WASTE MANAG. RES. 322 (2010).

through internal cross-sector collaboration governance standards, including selecting representatives, balancing membership and leadership across sectors, and negotiating conflict and role transitions.¹¹⁷

A number of studies looked at the work of the collaboration and described multi-level participation between communities, non-government organizations and the government.¹¹⁸ Two solid waste management articles stood out because they reflected best practices from the developed-country literature, and identified additional contextual factors and mechanisms enabling success.¹¹⁹ These included the government agency's strong links to the top management, independence in decision-making, and strong facilitation and commitment that bridged the gap between organizations with a series of successful consensus building exercises. Mechanisms such as strong rapport with stakeholders and a demonstration of commitment were cited as possibly leading to success. In addition to the role of the facilitating agency, additional factors that added complexity but increased sustainability and effectiveness included support from citizens and elected representatives, and a formal governance arrangement, rather than informal arrangement.

Cross-sector collaboration can support innovative responses that create benefit at the community level.¹²⁰ Community involvement is an important facet of multi-level participation.¹²¹ Community-based action research often includes multiple levels of data collection (interviews, focus groups and observational study), enriching the study of cross-sector collaboration through a focus on context, mechanisms (such as love for family members and willingness to support other community members), and process as well as program outcomes.¹²² Some studies

¹¹⁷ Buffardi, Cabello & Garcia, *supra* note 100. *See infra* Part IV.

¹¹⁸ Aguayo, Paintal & Singh, *supra* note 51; Ahmed & Ali, *supra* note 27; Ali, Miyoshi & Ushijima, *supra* note 62; Jutta Gutberlet, *More Inclusive and Cleaner Cities with Waste Management Co-Production: Insights from Participatory Epistemologies and Methods*, 46 HABITAT INT'L 234 (2015); Manning & Roessler, *supra* note 28; Pridmore et al., *supra* note 27; Campbell, Nair & Maimane, *supra* note 27; Sanchez et al., *supra* note 13.

¹¹⁹ Ahmed & Ali, *supra* note 27; Gutberlet, *supra* note 118.

¹²⁰ Campbell, *supra* note 106; Andrade et al., *supra* note 83; E. D. Adinma et al., *Effect of Government-Community Healthcare Co-Financing on Maternal and Child Healthcare in Nigeria*, 30 WEST AFR. J. MED. 35 (2011); Franceys & Weitz, *supra* note 79; Robinson & Berkes, *supra* note 98;

¹²¹ Gonsalves et al., *supra* note 52; Robinson & Berkes, *supra* note 98.

¹²² Campbell, *supra* note 106; Campbell, Nair & Maimane, *supra* note 27; S. H. AbdelRahman et al., *BDN Programmes and the Effect of Medical Students' Interventions to Promote Child Health in Sudan*, 13 EAST. MEDITERR. HEALTH J. 1319 (2007); Adomah-Afari, *supra* note 47; Walid El Ansari & Ceri J. Phillips, *Interprofessional Collaboration: A Stakeholder Approach to Evaluation of Voluntary Participation in Community Partnerships*, 15 J. OF INTERPROFESSIONAL CARE 351 (2001); Wessells, *supra* note 37; CORE Group and Plan International, *Community Approaches to Child Health in Cameroon: Applying the Community-Based Integrated Management of Childhood Illness (C-IMCI) Framework* (January 2009), http://www.coregroup.org/storage/documents/Case_Studies/CORE_Cameroon_final.pdf.

explicitly focused on building contexts as an element of a theoretical model.¹²³ Theoretical models also incorporated technical expertise into action research, responding to community challenges in areas such as child welfare,¹²⁴ nutrition,¹²⁵ healthy living,¹²⁶ HIV/AIDS,¹²⁷ and the Basic Development Needs approach to community development.¹²⁸

Community participation ensures that collaborations meet the needs of the community, thus increasing the likelihood of intended outcomes and sustainability.¹²⁹ The literature highlights that creating more open government processes through introducing participatory methods to engage the community activates mechanisms such as trust and openness.¹³⁰ Some community-based action research projects build on their initial community-focused efforts by reporting on efforts to create linkages with outside agencies.¹³¹ This sort of growth can feed back enthusiasm into other levels of the collaboration, creating the impetus for systems change.¹³²

II. DISCUSSION

This synthesis identifies evidence that supports the initial theories that we developed (Fig. 1) regarding implementation of cross-sector

¹²³ Campbell, Nair & Maimane, *supra* note 27; Salmen et al., *supra* note 99; CORE Group & Plan International, *supra* note 122; CORE Group & World Relief, *supra* note 77..

¹²⁴ Wessells, *supra* note 37.

¹²⁵ Pridmore et al., *supra* note 27.

¹²⁶ Gonsalves et al., *supra* note 52; Hien le et al., *supra* note 69; Naheed Ahmed, Rupali J. Limaye & Sarah V. Harlan, *A Multilevel Approach to Knowledge Sharing: Improving Health Services for Families and Children*, 39 ANN. ANTHROP. PRACT. 192 (2015); Restrepo et al., *supra* note 102.

¹²⁷ Campbell, *supra* note 106; Campbell, Nair & Maimane, *supra* note 27; Salmen et al., *supra* note 99; T. Wheeler et al., *Learning about Scale, Measurement and Community Mobilisation: Reflections on the Implementation of the Avahan HIV/AIDS Initiative in India*, 66 SUPPL 2 J. EPIDEMIOLOG. COMMUNITY HEALTH ii16 (2012).

¹²⁸ AbdelRahman et al., *supra* note 122; M. Asadi-Lari et al., *Applying a Basic Development Needs Approach for Sustainable and Integrated Community Development in Less-Developed Areas: Report of Ongoing Iranian Experience*, 119 PUB. HEALTH 474 (2005).

¹²⁹ Ahmed & Ali, *supra* note 27; Ali, Miyoshi & Ushijima, *supra* note 62; Brown & Ashman, *supra* note 79; Meredith, Cross & Amazigo, *supra* note 79; Wheeler et al., *supra* note 127; CORE Group & World Relief, *supra* note 77; CORE Group & Plan International, *supra* note 122. .

¹³⁰ Billig et al., *supra* note 84; Sanchez et al., *supra* note 13; CORE Group & Plan International, *supra* note 122. .

¹³¹ Campbell, Nair & Maimane, *supra* note 27; CORE Group & Plan International, *supra* note 122; Shrestha, Baral & Weir, *supra* note 78; K. Sivhaga, B. Hlabano & P. O. Odhiambo, *Using Partnership Approach to Reduce Mortality and Morbidity among Children Under Five in Limpopo Province, South Africa*, 13 Suppl 1 PAN AFR. MED. J. 14 (2012).

¹³² Adinma et al., *supra* note 120; Ali, Miyoshi & Ushijima, *supra* note 62; Billig et al., *supra* note 84; CORE Group & Plan International, *supra* note 122.

collaboration. There is congruence with the earlier reviews of developed country literature on cross-sector collaboration generally,¹³³ as well as the reviews focused on intersectoral action¹³⁴ and intersectoral health policy.¹³⁵ As in the developed countries, developing-country cross-sector collaboration practice is moving ahead of the research. There are few theoretical articles and empirical studies looking directly at how to do cross-sector collaboration in a developing country. However, the results of this review highlight a number of strategies and interventions for creating cross-sector collaboration, the contextual features that interacted to support these strategies and interventions, and mechanisms activated and created by this work. By explicitly considering the interactions between strategy, context, and mechanisms, this review provides an indication as to why some cross-sector collaborations succeed, grow, and become sustainable.

The value in this synthesis lies in applying the realist review methodology to an under-researched area that is characterized by a high degree of complexity. The realist methodology was essential to identify what is known and to shape my future practice and research. “The developed-country theoretical frameworks do not consider deeply the effects of the broader technical and institutional environments on collaboration, including the effects of adjacent and often competing social fields, and in the same vein how collaboration might differ depending on the nature of the issue or task to be dealt with.”¹³⁶ This research priority is also particularly applicable to the study of developing-country cross-sector collaboration, given the sectoral organization and technical orientation of international development agencies and the way that these agencies’ priorities and funding lines interact with governance in developing countries. These findings have relevance for development professionals who create, deliver and fund policies and programs addressing disease prevention and health promotion.

The literature suggests several other potential research priorities, building on interaction between strategies and interventions, contexts and mechanisms, that are signalled in the literature but not explicitly stated. For example, government actions such as high-level policy statements, in contexts with distributed leadership models and community engagement, seem to create agency among collaboration participants and generates a level of enthusiasm that almost always achieves a high degree of success. Similarly, public-private partnerships

¹³³ Bryson et al., *supra* note 3; Bryson et al., *supra* note 2.

¹³⁴ Dubois, St-Pierre & Veras, *supra* note 12.

¹³⁵ Chircop, Bassett & Taylor, *supra* note 5.

¹³⁶ Bryson et al., *supra* note 3.

that are created in a context of collaborative goal-setting generally succeed in expanding stakeholders' agency and thus improving program outcomes. These findings also exemplify the importance of a supportive government context for creating agency and thereby sustaining cross-sector collaborations. Given the large number of public-private partnerships with faith organizations, they were surprisingly absent from the literature we identified. This conclusion was echoed in a recent Lancet series on faith and health that made recommendations for strengthening partnerships between the public and faith sectors.¹³⁷ Finally, the small but important body of literature related to municipalities is extremely promising, and warrants further attention. The findings support the development of clear accountability frameworks for cross-sector collaboration within municipal governmental and non-governmental organizations, and speak to the value of educating policy and program actors in light of the high degree of collaborative activity in development.

i. Strengths and Limitations

The evidence presented in this review has strength in drawing upon 165 studies from a broad and inclusive search process. There are also limitations to much of the research that was reviewed. First, the relationship between strategies and interventions, contexts and mechanisms are generally not identified or defined in the literature, and when mechanisms are mentioned, there is little if any data backing up the analysis. As a result, these relationships are theorized and examined where possible. Second, few studies examine the views of multiple levels of stakeholders, and even fewer integrate the opinions of multiple levels of stakeholders as feedback into cross-sector collaboration processes. Third, many of these studies make assertions of the importance of collaboration to the program that was studied, but based on poor quality research. Realist synthesis is important in that this research can be used as data to support or refute the propositions we created out of the developing country literature. Fourth, there are few studies examining structural issues that then go on to examine solution-oriented collaboration processes. There are, however, many examinations of structural issues that call for collaboration, and also collaboration studies that do not deeply examine structural issues. Few studies do both. Fifth, many studies use interviews and/or surveys as their primary data collection methods. This enables exploration of what collaborators say they do, but less what actually happens in practice. There is a clear need for observational studies, which requires a different

¹³⁷ Jean F. Duff & Warren W. Buckingham, *Strengthening of Partnerships between the Public Sector and Faith-Based Groups*, 386 THE LANCET 1786 (2015).

level of resources and trust than the present level of research. Sixth, there is no universal definition of “collaboration” that incorporates power imbalances and structural issues, which means that assertions of collaborative activity are not subject to rigorous evaluation in light of actual relationships between stakeholders.

The synthesis is presented in a narrative form to properly delineate the scope and fragmentary nature of the available literature. The current state of fragmentary data reflects that more research needs to be conducted, in order to fill in the gaps and analyse methods that are consistently effective for cross-sector collaboration in developing countries. While the data is fragmentary it can still be used as a tool to facilitate cross-sector collaboration. In the health arena, this synthesis can be utilized in myriad environments by using the principles of design, strategic management, and governance that are explained throughout the synthesis.

III. MEDIATION

The evidence on how to facilitate successful cross-sector collaboration is nascent. As this review notes, facilitators play a variety of roles. Mediation is an important strategy for facilitators to employ in cross-sector collaboration development in the context of developing countries.¹³⁸ Mediation helps lay the necessary foundation from which there can be a successful cross-sector collaboration: the common ground.

Mediation is a form of alternative dispute resolution (ADR) through which a third party neutral assists parties in their attempts to agree to a solution to their problem and helps “organize and direct a discussion among a larger group of stakeholders.”¹³⁹ In a cross-sector collaboration, the facilitator serves as a mediator by working with a “network of stakeholders to build consensus around the elements of a specific plan, permit, or policy proposal.”¹⁴⁰ Mediation focuses on the stakeholders’ interests rather than their “positions” by identifying each stakeholder’s basic human and organizational needs.¹⁴¹ For example, instead of focusing on the different locations at which each stakeholder wishes to install a latrine in an urban slum, a facilitator focuses stakeholders’ attention on the public need—improved sanitation—they

¹³⁸ See Lisa Blomgren Bingham, *Collaborative Governance: Emerging Practices and the Incomplete Legal Framework for Public and Stakeholder Voice*, 2 J. DISP. RESOL. 269, 282 (2009). (stating that the ADR movement developed in large part because governments were not able to meet the needs to resolve conflicts after World War II).

¹³⁹ Bingham, *supra* note 138, at 303.

¹⁴⁰ Bingham, *supra* note 138, at 299.

¹⁴¹ Bingham, *supra* note 138, at 303.

are trying to fulfil. Through mediation, a facilitator prompts stakeholders to come to a consensus by helping them to identify their key similarities and subsequently their common ground.¹⁴² A facilitator might also help the stakeholders understand and trust each other by using certain tools from mediation, for example, “active listening techniques such as paraphrasing and restating.”¹⁴³

Mediation serves as a useful instrument in facilitating cross-sector collaboration where challenges are complex because mediation allows representatives from different groups of organizations and community members to work together to perceive the problem the same way, so that they can then design a solution. This process is crucial because problems cannot be solved where stakeholders do not agree on the problem. When there is an agreement on the problem, stakeholders are able to divide the challenge into projects for which there are technical solutions.

i. Case Study: Accra, Ghana

My current research in Accra, Ghana illustrates the importance of the role that mediation plays in creating a shared vision. This research project included a facilitator who assumed many of the same roles as a mediator. For example, the facilitator was responsible for linking, bridging, brokering, and serving as an intermediary. Throughout the stakeholder discussions, the facilitator created a platform for discussions between different stakeholders to identify and prioritize community issues and develop solution strategies. This, in part, allowed different stakeholders to reach common ground in developing a sanitation management strategy and establish their newfound goal to install latrines. This common ground allowed different stakeholders to utilize their respective roles in supporting community development.

These solutions would not have been possible if the stakeholders were not able to reach a consensus on how to work together as a team, towards a common goal. The facilitator’s use of mediation helped establish a shared language that reflects the cultural value placed on working together.

In order for different sectors to overcome community challenges together, stakeholders must have common goals while “working across boundaries in multi-sector relationships.”¹⁴⁴ However, where the stakeholders fail to agree on defining their challenge and common goal,

¹⁴² Bingham, *supra* note 138, at 301.

¹⁴³ Bingham, *supra* note 138, at 300.

¹⁴⁴ Lisa Blomgren Bingham et al., *Frameshifting: Lateral Thinking for Collaborative Public Management*, in *BIG IDEAS IN COLLABORATIVE PUBLIC MANAGEMENT* 3 (Lisa Blomgren Bingham & Rosemary O’Leary eds., 2008).

cross-sector collaboration cannot take place. Mediation serves as a useful instrument: it can bring out the common ground so different stakeholders can view and tackle the problem from the same perspective.

CONCLUSION

This realist review has highlighted some of the strategies/interventions, contexts and mechanisms that support cross-sector collaboration in developing countries. Realist review represents an effective tool in the study of cross-sector collaboration because it allows for effective analysis of a complex evidence base, in an understudied area. Results demonstrate that cross-sector collaborations are powerful strategies by which systems change may be effected. Using the foundations created by the developed country literature, governments, non-governmental organizations, communities and citizens may come together in cross-sector collaboration to resolve complex development challenges.

This review also proposed mediation as a useful instrument through which different stakeholders may reach common ground, which serves as a necessary foundation for cross-sector collaboration.