



DCCC

Digital Connected Care Coalition

Effective digital health partnerships: Understanding each other's drive, role and capabilities is key to build synergies



About the DCCC

The Digital Connected Care Coalition (DCCC) (www.digitalconnectedcarecoalition.org) is a global multi-stakeholder coalition committed to accelerating the digital transformation of healthcare. These efforts are part of a larger strategy to achieve universal health coverage in low- and middle-income countries by 2030. DCCC aims to enable the environment and infrastructure for digital health transformation across such countries by finding new ways for public and private organizations to partner. As part of this process, DCCC connects stakeholders in the digital health landscape, fast-tracks on-the-ground digital health initiatives, and shares knowledge and insights.

Disclaimer: This document provides a framework that aims to facilitate a better understanding of potential partners. The framework is based on experiences of facilitating action-oriented projects of the Digital Connected Care Coalition and existing literature on cross-sector collaboration that is applied to digital health partnerships. The document was co-produced by Dr. Jeroen Maas (Philips) and Stella Pfisterer (Rotterdam School of Management).

Multi-stakeholder collaboration is needed for the digital transformation of health...

The digital transformation of health involves numerous interconnected health systems, processes, and data, making it a highly complex endeavor. Effective collaboration among stakeholders is necessary to ensure that different elements of the healthcare system are integrated seamlessly. Multi-stakeholder collaboration, and the use of common standards and protocols that enable data exchange and interoperability allows for scaling. It also allows digital health solutions to be effective, patient-centered, and accessible to all, ultimately should lead to improved healthcare outcomes.¹

What are transformative partnerships?

Multi-stakeholder collaborations come in many forms and shapes. We focus on collaborative relationships between multiple key stakeholders that aim to transform health systems. Such “transformative” partnerships are not construed around purely contractual exchange relationships; they move beyond bilateral relationships between organizations. They aim to engage multiple actors needed for creating change on a long-term basis, focus on jointly determined goals, are governed by collaborative and consensus-based decision-making; focus on synergistic interaction among partners and create shared accountability for outcomes and results between partners. The strength of such collaborations is born out of relationships between stakeholders from public sector (e.g. policymakers), private sector (e.g. insurer, healthcare providers), civil society (e.g. NGOs), funder/investor (e.g. development agencies, private foundations) and academia (e.g. universities, research organizations). All these stakeholders have different backgrounds and capabilities but often with a shared goal – providing high quality healthcare to all. Collaboration combines and leverages resources and core comparative capabilities of stakeholders in an effective way, so that collaborative advantage is created, i.e. the outcomes of partnerships are expected to exceed those of any actor acting in isolation.

Sources: Brinkerhoff, 2002; Austin & Seitanidi, 2012; Huxham & Vangen, 2005

... but understanding each other is easier said than done!

Even though everyone agrees with the need of multi-stakeholder collaboration for realizing healthcare system changes, realizing joint actions is challenging. Effective collaboration is often hampered by conflicting priorities, values, approaches, and expectations between stakeholders.² Aligning organizations that traditionally operate independently, with different value systems, on different timelines, and with distinctly economic incentives, is a process that requires time and understanding of respective core capabilities and strengths. Negotiating roles and contributions is experienced as highly time-consuming; assigned or decided-on roles may not align with core responsibilities of an organization and in some cases, partners fill gaps by taking on roles that do not match their core complementarities.

In this discussion paper, we focus on an essential component of the alignment process: **creating understanding between potential partners**. We argue that a better (and more critical) understanding of respective core capabilities and strengths, contributions and risks of potential partners organizations is a

1 <https://www.weforum.org/agenda/2022/02/digital-health-open-inclusive-and-patient-centred/> (sourced 18.02.2024)

2 Ford et al. 2021

boundary condition for a more effective alignment process. It helps to better build on the responsibilities of organizations in collaborations, by defining realistic and appropriate roles. Ultimately, this should support the collaborative project to make best use of core strengths of individual actors for creating collaborative advantage.

Our arguments are based on experiences of facilitating action-oriented projects of the Digital Connected Care Coalition¹ and existing literature on cross-sector collaboration that we apply to digital health partnerships. Our aim is to provide a framework that helps to better understand the institutional logics of each societal sector and a set of guiding questions that can facilitate gaining a better understanding of potential partners.

Why it is so difficult to understand each other?

Collaborations and partnerships make use of complementary competencies of organizations needed for addressing a complex health challenge. These competencies can include tangible resources like money or materials as well as managerial or technical skills, information, contacts, and credibility. While each actor has its unique portfolio of assets and skills, public, private, civil society, academia, international donors have their own comparative advantages.²Based on the presumed comparative advantage, actors are often prescribed potential roles. For example, national governments can provide important legal and institutional frameworks and fund primary healthcare systems; civil society organizations often play an important intermediary role in partnerships; the private sector can contribute technical and managerial resources and invest in implementation at scale; and international donors can fulfill a facilitating role in addition to providing financial and technical support.³ The benefits of collaboration are based on combining these comparative strengths for a joint goal: pooling expertise and resources, sharing of risks, jointly achieving results that are more sustainable than individual solutions; increase capacity to find solutions to complex problems; creating scope for involving the relevant stakeholders; and learn across and within organizations.⁴

Linking partner's strengths is not as easy as counting 1+1=3. It requires a precise understanding of what each partner can bring to the table and what drives and prevents them to fulfil their roles. It requires understanding the primary responsibility, source of legitimacy and risks for a specific actor as these so-called "institutional logics" of actors influence the collaboration – positively or negatively.

1 <https://www.digitalconnectedcarecoalition.org/>

2 Brinkerhoff, 2002

3 Brinkerhoff, 2002

4 Brinkerhoff, 2002

Institutional logics

The concept of “institutional logics” can help to better understand how partnerships can make best use of the strengths of each collaborator’s comparative advantage. Institutional logics refer to the socially constructed, historical patterns of practices, assumptions, values, beliefs, and rules that guide and shape the behavior of individuals within a particular institutional context. These logics help explain why different societal actors may operate in distinct ways, even when they are faced with similar challenges or opportunities. These logics can be thought of as different “rules of the game” that prescribe what is considered legitimate, appropriate, and effective in a particular context. For example, a business organization may operate under a market logic that prioritizes profit maximization, while a civil society organization may operate under a social welfare logic that emphasizes social impact over profits.

Source: Thornton & Ocasio, 2008

Partnerships can get challenged if the partners assume roles and responsibilities that may be incompatible with their own logics.¹ For instance, civil society organizations are linked to civic values; the market mechanism forces businesses to act in their own economic interest; governments are responsible for the public good and need to consider implementation gaps. Such societal identities of actors are restricted; therefore, their roles and responsibilities in a partnership should be aligned to their core complementary competencies. Each societal actor represents different interests, power bases and organizes itself differently. In addition, the institutional logics of organizations result in different reward systems what may result in different success perceptions and output focus.²

Each “societal sector” has its own strengths and risks for collaborating

This all reads obvious, but we often experience when facilitating collaborations, that institutional logics create challenges for actors to speak a “similar” language, to define collaborative objectives and to recognize and act upon each other’s needs and concerns in a collaboration. To foster a better understanding of the institutional logics of each societal sector, we compiled a framework (table 1). In digital healthcare collaborations, collaborators would usually be representative individuals of national and local governments, civil society organizations, businesses, academia, and impact investors.³ The framework provides an overview of each type of actor, its motives to enter collaborations, presumed comparative advantages they bring in, the possible challenges it poses and its potential benefits and risks from collaboration. The profiles do not describe accurately and completely the reality of any particular organization; rather they represent sector tendencies.⁴ The specific logics may vary based on e.g. regulatory environments and the maturity of the digital health market in a particular location. Still,

1 Van Tulder & Pfisterer, 2014

2 Drost & Pfisterer, 2013

3 We recognize that patients are central to the healthcare ecosystem, and their input is invaluable in designing and implementing digital health solutions. Businesses, CSO’s an governments all work with patient(representative)s. With regards to partnerships, we recognize -and emphasize- that partnerships are always formed by individuals who represent their organizations.

4 Building on Brinkerhoff, 2002; Van Tulder & Pfisterer, 2014; Hingle et al, 2019.

the framework can help to define roles of societal actors in a transformative partnership for digital health.

	Business	Government	Civil society	Academia	Impact investors
Motives for collaboration	Improved access and provision of healthcare; Market development; Innovation & technology; Data access; Image and branding; Social license to operate; Pooling investments; Customer engagement; Research & development opportunity;	Improved access and provision of healthcare; Cost containment; Health equity; Quality improvement; Public opinion & satisfaction; Stimulating investments and innovation	Improved access and provision of healthcare; Resource mobilization; Expanded reach; Enhanced service delivery; Health education and awareness; Capacity building; Health equity; advocacy and policy influence; Community engagement	Societal impact; Research opportunity; Innovation & technology development; Educational innovations; Access to resources; Funding and grants; Institutional reputation; Input for health policy and strategy.	Improved access & provision of healthcare; Health system strengthening; Innovation & technology transfer; Efficiency & effectiveness of funding; Pooling investments.
Comparative advantage	Investment for solutions development; Innovation & technology; Agility; Standards & business practices; Know-how & expertise; Efficient scaling practice; Customer-centric approach; Risk taking capacity	Healthcare funding resources; Regulatory oversight; Healthcare infrastructure; Public health expertise; Population-level impact; Interagency coordination; Control over resources; legitimacy; Health education and promotion	Community access and outreach; Advocacy & awareness; Operational expertise; Implementation capacity; Credibility; Local focus & expertise; Health education & behavior change	Research excellence; Innovations and idea generation; Independence; Access to talent; Educational programs; Data and analytics; Dissemination; Ethical oversight; Critical thinking; Long-term focus; Global cooperations	Investment & funding; Convening power & legitimacy; Capacity & knowledge; Global health diplomacy; Technical assistance; Alignment with development goals/policy; Research & evaluation
Important rewards	Turnover; Market share; Sales	Public perception; Votes	Funding; Increased member-base	Publications; Citations; Awards	Public good outcomes; Public perception & reputation
Collaboration risks /challenges	Reputation; Transaction costs; Distraction from core-business; Market uncertainty; Financial risks	Lack of partnering capacity; Political and public perception; Bureaucratic procedures; Changing policies and priorities; Loss of independence.	Mission drift; Capacity constraints; Loss of independence; Reputational risks; Dependency from funding.	Loss of independence & autonomy; Time constraints; Data privacy; Publication and dissemination restrictions.	Additionality of funding; Political & regulatory restrictions; Coordination with other funders; Reputation risks.

Table 1: Framework of societal actor's institutional logics

Recommendations: How to create a better understanding of potential partners?

Understanding and taking into consideration the institutional logics of societal actors is a needed basis for assigning realistic roles in collaborations, to maximize the benefits of collaboration and minimize the risks to actors, some of which are based on their sectoral origins and traditional role in society. An open mind and an equally open dialogue are necessary to ensure that all parties understand, and respect comparative advantage, benefits and risks of potential partners.

Based on our experiences within Digital Connected Care Coalition, we recommend that exchange needs to happen in a safe environment to foster understanding about each other's core capabilities, needs and risks. For facilitating a better understanding of each other, questions can be reflected upon that facilitate organizations to transparently share and discuss their interests, expectations, capabilities and needs for complementarity:

- What is our motivation to enter a certain partnership? What is the motivation of our potential partners?
- What are the competencies that we can bring into the collaboration? What can our potential partner bring to the table what we lack/what is missing to achieve the objective?
- What are risks and challenges for us when entering the collaboration? What are risks for the potential partner?
- What are metrics for success for our organization? How does our potential partner understand success?

An experienced facilitation network such as the Digital Connected Care Coalition can support organizations in the process of creating a better understanding of each other that builds the fundament of their partnership.

If your organization is interested in getting a better understanding of other eco-system stakeholders, DCCC can support you in this endeavor. Please contact us for your feedback and requests: info@digitalconnectedcarecoalition.org.

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