How multisectoral collaboration can promote transformative change for health and sustainable development

Multisectoral collaboration is an essential tool for overcoming some of today’s most intractable health and sustainable development challenges. But when is multisectoral collaboration most effective, and what factors enable multisectoral collaboration to contribute to transformative change?

The 12 country case studies described briefly in this document, and published as part of The BMJ series, “Making Multisectoral Collaboration Work”, offer real world responses to these questions. The case studies show how diverse sectors intentionally shape new ways of collaborating and learning, using “business not as usual” strategies to transform situations and achieve shared goals.

Selected from over 300 responses to a global call for proposals, the studies vary in terms of their setting, breadth of scope and time span. They offer fresh insights into what works and into the challenges involved in collaborating across sectors. Collectively, they informed a synthesis paper that sets out key lessons and a model of enabling factors for effective multisectoral collaboration.

Over 500 participants from 12 countries were involved in the development of the series, including authors and contributors to multistakeholder dialogues. Country teams led the case study development process, with support from the Partnership for Maternal, Newborn & Child Health (PMNCH), The BMJ and a Global Steering Committee.

Launched at the Partners’ Forum on 12 December 2018, The BMJ series provides an opportunity to inspire dialogue and collective learning, political interest, and further research and action for multisectoral collaboration. Lessons from the series are highly relevant to other partnerships and collaborative efforts seeking to work better together to achieve positive transformative change.

View the series at: bmj.com/multisectoral-collaboration
QUALITY, EQUITY AND DIGNITY

CAMBODIA
Better data ensure the poorest households are not left behind

To help target services and assistance to the poorest and most vulnerable households in Cambodia (an estimated 2.2 million people), the Government of Cambodia developed a standardized mechanism for identifying households in need. Launched in 2005 under the leadership of the Ministry of Planning, “Identification of Poor Households” (ID-Poor) is a collaborative effort between the health, education, agriculture, interior and social protection sectors, as well as non-governmental organizations and development partners. ID-Poor’s data are used by a wide range of development programmes in Cambodia, many of which focus on improving maternal and child health and development outcomes. Improvements in data provision and utilization are facilitating the effective and efficient reach of services across sectors and increasing equity for poor women and children.

Case study lead: Gesellschaft für Internationale Zusammenarbeit (GIZ) in Cambodia

INDIA
On a mission to rapidly increase immunization coverage

An unprecedented collaboration between India’s Ministry of Health and Family Welfare, 12 other ministries and numerous health and non-health stakeholders aims to reach 90% full immunization coverage of children and pregnant women by 2020, later advanced to December 2018. Intensified Mission Indradhanush (IMI), launched by the Prime Minister of India on 8 October 2017, targeted 173 districts and 17 urban areas with persistently low immunization coverage. In four rounds of IMI, by January 2018, an estimated 5.95 million children and 1.19 million pregnant women had been vaccinated. IMI demonstrated that, although cross-sectoral participation can be effective in reaching and vaccinating the highest-risk children, a number of system and practice changes, particularly in the area of communication, are also needed to reach resistant populations. The strong partnerships built across government departments, drawing on existing staff and governance systems, and the engagement of cross-sectoral partners at all levels, can serve as a platform for strengthening the delivery of routine vaccination services.

Case study lead: Ministry of Health & Family Welfare

GERMANY
Enhancing parental competencies to interact with and care for their young children

Germany’s Early Childhood Intervention (ECI) programme, implemented in 2006, offers prevention-oriented, voluntary psychosocial services to all pregnant women and families with a child aged 0-3 years, and additional psychosocial support to those living in difficult circumstances. The National Centre on Early Prevention was created in 2007 to steer, support and monitor the ECI programme. Cross-sectoral networks between the health and social services sectors have been established across the country, with collaboration at all administrative levels (national, federal state and municipality). The health sector provides access to ECI services in an inclusive and non-stigmatizing manner, while the social services sector offers a broad range of appropriate support measures. The Federal Foundation for Early Childhood Intervention was formed in January 2018, making federal funding for ECI mandatory (approximately €51 million per year). Scientific monitoring and evaluation remain crucial elements of the programme.

Case study lead: National Centre on Early Prevention

EARLY CHILDHOOD DEVELOPMENT

CHILE
Combining universal and targeted approaches to early child development

Chile Crece Contigo (Chile Grows with You, ChCC) is a comprehensive social protection policy aimed at ensuring equal opportunities for all children to grow up healthy and reach their full development potential, regardless of their socioeconomic status. In its first 10 years (2007-2017) ChCC focused on the prenatal period and on children aged 0-4 years, providing coordinated universal services to all women and children entering the public health system, as well as targeted support for vulnerable children and their families. ChCC is coordinated and managed by the Ministry of Social Development in collaboration with the Ministries of Health and Education. The multisectoral collaboration includes a shared vision and one budget, is underpinned by strong political leadership, and is delivered by local municipality networks. Entirely financed by the public sector and guaranteed by law, annual budget allocations for ChCC have increased more than tenfold since 2007, reaching US$ 81 million in 2017.

Case study lead: Universidad de Santiago de Chile

Case study lead: National Centre on Early Prevention
INDONESIA
Delivering essential nutrition interventions through schools

Anaemia is a public health concern for adolescent girls in Indonesia. Recognizing that adolescent girls had low access to nutrition and preventative health services through the health system, the Ministry of Health decided that schools were the best delivery platform for weekly iron and folic acid supplements. The Ministry of Health, in collaboration with Nutrition International, worked with the Ministries of Education, Religious Affairs and Home Affairs, through the established platform of the Healthy School Programme, to design and implement a school-based project to offer adolescent girls weekly iron and folic acid supplementation and nutrition education and counselling. The demonstration project was conducted from 2015-2018 in two districts in the West Java Province and included training and advocacy meetings for teachers, health centre staff and key officials. The project reached 52,000 adolescent girls in 244 schools and may have contributed to preventing 4,071 cases of anaemia. It is now in the scale-up phase.

Case study lead: Nutrition International

UNITED STATES
Advancing policies to improve the health of all children

Voices for Healthy Kids was created in 2013 by the American Heart Association and the Robert Wood Johnson Foundation to help all children achieve a healthy weight. The initiative engages, organizes and mobilizes people in changing public policies to improve children’s access to healthy foods and safe places for physical activity. Its collaborative framework includes: a strategic advisory committee of organizations across sectors; a coalition model connecting over 140 organizations working to advance policy in school, community, out-of-school-time and early child-care settings; a national media team; and a research policy network. From the beginning, the initiative has been committed to addressing inequities in obesity prevalence. By August 2018, Voices for Healthy Kids had supported 142 “policy wins” at local and state levels in the areas of social justice, physical activity, nutrition, education, transportation, food access, school health and other sectors.

Case study lead: American Heart Association

MALAWI
Toll-free hotline giving easy access to health and nutrition information

In rural areas of Malawi, where 84% of the population lives, the nearest health centre is often hours away and the average consultation with a health-care professional can last just 2 minutes. The rapid rise in mobile phone ownership presented an opportunity to help address these challenges. Chipatala Cha Pa Foni (Health Centre by Phone, CCPF), created in 2011 by VillageReach in close collaboration with the Ministry of Health and Concern Worldwide, provides individualized health and nutrition information through a toll-free hotline staffed by trained health workers, along with individualized tips and reminders messages. Since 2011, the hotline has been available on any Airtel phone at no cost to the caller; in 2015, Airtel began zero-rating calls, paving the way for eventual government ownership. Initially a maternal and child health service, CCPF expanded to cover nutrition and youth-friendly content, such as age-appropriate sexual and reproductive health information. CCPF is now accessible nationwide, with full transition to the government planned for 2019.

Case study lead: VillageReach

MALAYSIA
On the fast track to universal coverage of HPV immunization

Cervical cancer is the second most frequently occurring cancer among women aged 15-49 in Malaysia. To reduce this burden, the Government decided in 2009 to fully subsidize human papillomavirus (HPV) immunization as part of the national immunization programme. The Ministry of Health had less than one year to prepare before starting to immunize the estimated annual cohort of 250,000 13-year-old girls. Rapid and successful implementation was the result of a wide collaborative process involving the Ministry of Education, the private sector, religious authorities, the media and parents. HPV immunization became part of the School Health Service. To increase its acceptability, teachers and parents were engaged; religious authorities assisted by issuing a fatwa declaring its use permissible under Islamic law. Each year, more than 80% of 13-year-old girls are immunized. In 2012, the Ministry of Women, Family and Community Development offered a complementary programme of HPV immunization to women aged 18 and those attending university, until the first cohort of 13-year-olds reached age 18.

Case study lead: Ministry of Health
EMPOWERMENT OF WOMEN, GIRLS AND COMMUNITIES

GUATEMALA
Monitoring by health service users improves quality of care

To improve the delivery of timely, quality services that respect the rights and dignity of Guatemala’s 3.5 million indigenous people, the National Alliance of Indigenous Women’s Organizations for Reproductive Health and Nutrition (ALIANMISAR) monitors a range of public health services, including interventions related to family planning, vaccines and micronutrients, and the provision of care to users of childbirth services. The monitoring is accepted by the Ministry of Public Health and Social Welfare and the Nutrition and Food Security Agency. The collaboration includes the Office of the Ombudsperson for Human Rights, women’s, men’s and human rights organizations, community leaders and the private sector. Increased political dialogue and community engagement with national, departmental and municipal authorities has contributed to improved quality of care for indigenous people and increased investment in culturally relevant public health services.

Case study lead: ALIANMISAR and Health and Education Policy Plus (HEP+)

HUMANITARIAN AND FRAGILE SETTINGS

AFGHANISTAN
Scaling up health services

After decades of war and instability had left most of Afghanistan’s population without access to primary health services, the Ministry of Public Health developed the Basic Package of Health Services in 2003. Now implemented in all of Afghanistan’s 34 provinces, and reaching a population of around 35 million, this collaboration between different ministries within the Government of Afghanistan, working together with multilateral development partners, bilateral agencies, donors, non-governmental organizations, academia and local communities has encouraged the alignment of agendas and strengthened relationships between partners. Despite persistent turmoil and instability, the collaboration has contributed to increased access to quality essential health services – including services related to maternal and child health, immunization, nutrition, water, sanitation and hygiene – and improved overall population health indicators.

Case study lead: Aga Khan University

SOUTH AFRICA
Tackling HIV by empowering adolescent girls and young women

Adolescent girls and young women face a disproportionate burden of HIV in South Africa, compounded by issues such as teenage pregnancy, school dropout, sexual and gender-based violence, and limited opportunities for economic independence. In June 2016, South Africa’s government launched She Conquers to address these burdens in a holistic way by aligning policy and programmatic initiatives. Moving beyond a focus on disease transmission and associated stigma, She Conquers aims to empower the country’s adolescent girls and young women to claim their rights and take control of their future. The standing Deputy President provides high-level leadership and young people participate in all aspects of the campaign. By collaborating across all relevant sectors and stakeholder groups (government departments, non-governmental organizations, the private sector and donors, among others) She Conquers is breaking down programmatic barriers, improving the effectiveness of programmes and reducing duplication of efforts.

Case study lead: National Department of Health

SIERRA LEONE
Participatory radio programme supports children and their communities during the Ebola crisis

During the 2014 Ebola crisis in Kailahun District, eastern Sierra Leone, an existing community-based education programme was redesigned to address the challenges emerging from the Ebola crisis, including maintaining children’s access to education, and tackling the district’s gender and child protection issues. Child to Child and Pikin-To-Pikin, in collaboration with district offices of the Ministries of Education, Health and Social Welfare, established Pikin to Pikin Tok (PtPT), a child participatory radio educational project. Child-friendly content, co-created by children, was broadcast by a community radio station and discussed in child-friendly listening groups and panel discussions. PtPT helped to: increase academic performance and children’s ability to continue learning while schools were closed; improve life skills, such as handwashing to stop the spread of disease; and increase understanding about the importance of education, especially for girls. Building on the success of PtPT, a new radio series, Fambul Tok (Family Talk) is informing parents and caregivers about the importance of early childhood development.

Case study lead: Child to Child