3. HOW TO BUILD CROSS-SECTORAL ALLIANCES

Smart Capacitating Investment (SCI) involves **unconventional** investments, **financial or non-financial**, in health promotion and disease prevention. These investments may consist of **new resources or resources reallocated** towards enhancing health promotion and disease prevention. All forms of SCI aim to enhance individual and community capacity for healthier behaviours, address health determinants, and promote **sustainable change** while **reducing health inequalities**.

The implementation of Smart Capacitating Investment (SCI) for health promotion and disease prevention follows seven key steps, each outlined in a dedicated briefing.

1. WHAT IS SMART CAPACITATING INVESTMENT?
2. HOW TO DEFINE THE HEALTH PROBLEM AND CHOOSE THE RIGHT INTERVENTION
3. HOW TO BUILD CROSS-SECTORAL ALLIANCES
4. CONNECTING WHAT PARTNERS VALUE TO OUTCOMES WORTH INVESTING IN
5. ATTRACTING & ENGAGING INVESTORS
6. MEASURING IMPACT & DEMONSTRATING VALUE
7. HOW TO SCALE AND SUSTAIN SCI

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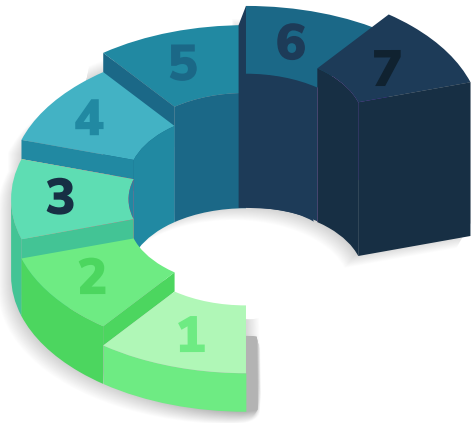

Purpose of this brief

This brief supports decision-makers and practitioners in identifying and engaging the partners necessary to design and deliver Smart Capacitating Investment (SCI) initiatives. It explains how to build alliances that bridge sectors such as health, finance, education, social care, environment, and urban development - ensuring collaboration, fostering trust, shared risks and accountability.

Because SCI models depend on collective investment and co-benefits, success relies on aligning diverse partners with different mandates, incentives, and time horizons - whether that involves two organisations or many. This brief also highlights how to apply ethical principles to partnership design - ensuring fairness, risk-sharing, transparency, and equitable participation of all stakeholders, including communities affected by the intervention.

What you will learn

By the end of this brief, you will understand how to:

- Identify and map key stakeholders, both existing and potential new partners.
- Assess stakeholder influence, interest, and alignment with your initiative's goals.
- Engage "unusual allies" from sectors like finance, housing, or digital innovation.
- Develop ethical and inclusive governance mechanisms for partnership management.
- Communicate shared value and build trust across diverse actors.

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Concepts and rationale

Health promotion and disease prevention depend on many systems - education, employment, housing, urban planning, and environment - that shape health outcomes. Smart Capacitating Investment works by aligning financial, social, and ethical value creation across whichever of these systems are relevant, whether through a targeted partnership between two actors or a broader cross-sectoral collaboration.

Cross-sectoral alliances enable pooling of resources, coordination of action, and shared accountability for outcomes. Yet such collaborations also introduce challenges such as misaligned or differing incentives, power asymmetries, and risks of mission drift. Ethical partnership co-design helps address these challenges by:

- Ensuring transparency around financial interests and decision-making.
- Embedding trust and fairness in governance, benefit- and risk-sharing.
- Including affected communities as legitimate co-creators, not just beneficiaries.

Hence, strong alliances need to accommodate both the technical (well-structured, resourced, and governed) and moral (rooted in fairness, inclusion, and mutual respect) elements in their design.

Practical steps

Once you have defined a clear, context-specific initiative (see **Brief 2** for choosing the right intervention), the next step is to identify who needs to be involved to make it viable, legitimate, and sustainable. Cross-sectoral alliances are not an "add-on" — they are often essential for mobilising broader sources of finance.

Step 1. Identify and map stakeholders

Purpose: Understand who influences, funds, delivers, or is affected by the initiative (identified through the problem framing process in **Brief 2**) and how they connect across systems. In practice, many key stakeholders will already have emerged during the problem definition and root cause analysis in **Brief 2** - stakeholder mapping at this stage builds on that foundation.

Ideally, stakeholders should be involved as early as the problem definition stage, not just during implementation. Evidence from practice consistently shows that early engagement fosters ownership, surfaces blind spots, and increases commitment to shared solutions. If this did not happen at the problem definition stage, now is the moment to course-correct.

Start from your specific proposal and ask:

- Who already works on related issues?
- Who controls relevant resources, decisions or infrastructure?
- Who stands to benefit from the intervention — and who may resist?

Some tools you could use:

- **Stakeholder Network Mapping** – to visualise collaboration patterns, interdependencies, and resource flows. (Example)
- **Interest–Influence Matrix** – to assess each stakeholder's power and level of engagement, specific to your initiative.
- **WHO Stakeholder Mapping and Engagement Tool** (2020) – to identify and categorise relevant partners across sectors in reproductive health and family planning service delivery.

Action: List and prioritise stakeholders across public authorities, civil society, community groups, private actors, and potential funders. Include "unusual but relevant allies" such as transport, housing, employment services, urban planning, retailers, public libraries or digital innovators - depending on the systemic drivers identified in **Brief 2**. Use this mapping exercise to prioritise engagement and begin building relationships with potential partners. Invite additional stakeholders into the mapping process and update the stakeholder map iteratively. For each key stakeholder, clarify what they gain, what they risk, and how they should be engaged. The map will form the basis for analysing motivations and incentives in **Brief 4** and identifying potential investors in **Brief 5**.

Step 2. Understand motivations and plan engagement

Purpose: Understand what drives different stakeholders; essentially, "what's in it for them?", and tailor your engagement accordingly. Not every partner will be motivated by health outcomes alone. Some may prioritise cost savings, reputation, regulatory compliance, economic development, or social responsibility. Crucially, not every stakeholder needs to be engaged in the same way or to the same degree.

Some tools you could use:

- **Stakeholder Analysis Matrix** – to analyse interests, potential benefits, and engagement strategies.
- **Stakeholder Engagement Spectrum** – to plan engagement approaches (Inform -> Consult -> Involve -> Collaborate -> Empower).

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Action: For each key stakeholder identified in Step 1, analyse their motivations, expectations, and concerns (financial, social, ethical, or reputational). Use these insights to design engagement strategies and identify areas where interests may align. This analysis prepares the ground for mapping incentives and aligning interests across partners in **Brief 4**, and ultimately for identifying actors who could contribute financially or non-financially to the initiative (see **Brief 5**).

Step 3. Establish transparent and effective governance structures

Purpose: Create structures that support accountability, clarity, and long-term cooperation. As alliances expand, informal coordination is rarely sufficient. Clear governance arrangements help manage expectations, share risk, and prevent misunderstandings.

Some tools you could use:

- TPI **Collaboration Spectrum Framework** – to clarify the type and depth of collaboration across sectors.
- **MIT Partnership Co-Design Toolkit** - offers a disciplined, inclusive, and practical approach to co-creating better value chain partnerships.
- **Nesta's Partnership Toolkit** – for managing innovation partnerships and setting shared evidence expectations.
- **OECD Principles for Public–Private Partnerships** – to guide equitable and effective partnership arrangements.

Action: Where appropriate, develop Memoranda of Understanding (MoUs) or partnership agreements that define roles, resources, and decision-making structures. Establish multi-stakeholder governance bodies, including community or beneficiary representatives. Embed ethical clauses to ensure equity, transparency, and accountability through mechanisms such as public reporting and independent evaluation.

Step 4. Build trust and sustain engagement within partnership

Purpose: Strengthen long-term collaboration through open communication, shared ownership, and transparency. In practice, this involves engaging partners through structured conversations: understanding their priorities and constraints, actively listening to their concerns, and identifying areas of shared interest. Making these perspectives explicit helps build trust and reduces misalignment later. Cross-sectoral work requires time and relationship-building. Differences in language, power, and institutional culture should be expected.

Some tools you could use:

- **Tool for Assessing Intersectoral Partnership Functioning** – a checklist for intersectoral partnerships for health promotion by WHO Collaborating Centre for Health Promotion Research
- **Other Partnership support tools**

Action: Invest time in relationship-building and joint learning. Create safe spaces for dialogue and negotiation, acknowledging and addressing power imbalances. Communicate progress and early successes openly to reinforce credibility and commitment among partners. Trust is often a precondition for unlocking innovative or blended financing mechanisms.

Step 5. Align stakeholder engagement with financing and implementation

Purpose: Ensure that your partnership structure supports a realistic and sustainable financing approach. Not every initiative requires blended or innovative finance. However, the way roles, responsibilities, and value are distributed within your alliance will influence how the intervention can be funded - whether through public budgets, grants, outcome-based mechanisms, or other arrangements.

Action: Together with your partners, clarify

- Who is expected to pay, commission, or allocate resources?
- Which partners might contribute financial resources, in-kind assets, data, or infrastructure?
- Where could risk be shared or reduced through collaboration?
- What value does each partner expect in return?

Summarising this in a simple overview (e.g. who contributes, who benefits, and who carries risk) can help structure financing discussions. This reflection creates a clear bridge to **Brief 5**, where different financing structures and engagement strategies are explored in more detail.

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Example 1: The Brabant Outcomes Fund (Netherlands)

The Brabant Outcomes Fund (BOF) brings together the provincial government, social entrepreneurs, and private investors to co-finance projects that improve social inclusion, employment, and sustainability. By aligning interests through shared outcome targets and transparent governance, the Fund demonstrates how cross-sector partnerships can mobilise capital for preventive, equity-focused initiatives.

Example 2: Projeto Familia (Portugal)

In Porto, a social impact bond called Projeto Família was used to prevent child institutionalisation by supporting vulnerable families through early, community-based intervention. The initiative brought together a civil society provider, philanthropic and private investors, a public social innovation intermediary, and the national social security authority, which oversaw the project. Financing was tied to the achievement of agreed social results, aligning incentives across sectors and creating joint accountability for impact. This structure enabled partners to pool resources, share risks, and coordinate expertise.

Key messages and next steps

- **Many prevention initiatives cannot be financed or delivered in isolation**, particularly those addressing systemic or social drivers of health. Cross-sectoral alliances are often essential in these cases, as identified through the problem framing process in Brief 2.
- **Start from a clearly defined initiative.** Partnerships should be built around a well-framed problem and intervention, not around abstract collaboration.
- **Shared value builds durable alliances.** Understanding different motivations, incentives, and constraints is key to sustained cooperation and long-term viability.

Once key partners are identified and engaged, the next challenge is ensuring that goals, rewards, and risks are aligned across actors.

See **Brief 4**: Aligning Incentives Across Sectors to explore how to design win–win arrangements that support implementation and sustainability.

If you are exploring how to strengthen or mobilise financing for prevention and health promotion and would value personalised support, please contact us.

See also:

The EuroHealthNet

Guide for Financing Prevention and Health Promotion

www.financing-guide.eurohealthnet.eu

About Invest4Health

The Invest4Health project developed alternative business and finance models for health promotion and disease prevention, including new ways of creating value, financing, governing, collaborating, and scaling. Together, the seven briefs aim to support policymakers, practitioners, and investors in understanding and applying Smart Capacitating Investment (SCI) to expand prevention and strengthen population health.

Read more about the project on www.invest4health.eu.

About these briefs

These briefs were developed under the Invest4Health project. Each dedicated briefing sets out the seven steps of implementing Smart Capacitating Investment (SCI) for health promotion and disease prevention.

Up next: **Brief 4** - How to connect what partners value to outcomes worth investing in

Find all Invest4Health briefs at eurohealthnet.eu/i4h-briefs

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