

Prepared in collaboration with the
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Healthy Cities and Communities Playbook

A white paper by the
World Economic Forum's
Platform for Shaping the
Future of Consumption

JUNE 2021

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ECONOMIC
FORUM



Contents

| | |
|----|--|
| 3 | Preface |
| 4 | Executive summary |
| 6 | 1 Introduction |
| 7 | 2 Forces shaping urban health and well-being |
| 9 | 3 Envisioning holistic health and well-being in cities |
| 14 | 4 Stakeholders' Toolkit: Capability development |
| 17 | 5 City Pathways to healthy living |
| 22 | 6 Going forward |
| 23 | Contributors |
| 24 | Acknowledgements |
| 26 | Endnotes |

Preface



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More than half of the world's population live in urban areas. However, cities often struggle with prioritizing agendas to ensure the physical and mental well-being of their citizens where they live, work, shop and play. In light of COVID-19, the need to empower consumers – **preventatively** – to lead healthy lives is critical because non-communicable diseases are rising faster in cities than elsewhere. City governments cannot solve this challenge alone and need leadership from business, civil society and academia.

We believe that with a collaborative approach, cities have the potential to be centres of innovation and progress. They can empower consumers to achieve an improved state of physical and mental well-being through positive lifestyle choices in their local environments. We believe healthy living is no longer a choice; it is an imperative.

In this context, to build a resilient future for all stakeholders, the World Economic Forum's **Platform for Shaping the Future of Consumption**

aims to forge responsible models of consumption that are equitable, promote societal well-being and protect the planet. Improving consumer well-being, a key transformation goal of the platform, is even more relevant for a post-COVID era to ensure positive benefits for business and society. To advance the goal, the platform's **Healthy Cities and Communities** initiative is a flagship effort driving public-private action in partner cities for better health and well-being outcomes.

To scale efforts across more cities, this **Healthy Cities and Communities Playbook**, developed in collaboration with the Oliver Wyman Forum (MMC), serves as a key guide for the implementation of partnerships in cities. The project team would like to extend its appreciation and gratitude to all of the parties who have played a major role in developing this playbook.

We are confident that our collective efforts will enable people to lead longer, fuller and healthier lives.

Executive summary

Maintaining health and well-being is *the* issue shaping our time. It is the existential challenge of living in the modern world, a challenge that confronts every individual consumer in the face of the numerous pressures and strains of urban life. For instance, our built landscape contains many food deserts, where healthy dietary choices are simply not available to many living in our cities. Young people all too often have poor mental health and are offered little support.

Around the world, in every city, poor lifestyle choices, limited opportunities and inadequate financial security have combined to produce poor nutrition, insufficient physical activity and limited rest. The outcome of such unhealthy living is seen in rising levels of obesity, diabetes, high blood pressure and high cholesterol levels – the root causes of many preventable diseases.

The World Economic Forum's **Healthy Cities and Communities** initiative, launched in September 2019, aims to improve people's well-being holistically by enabling them to live longer and fuller

lives in their local environments. The initiative is proactively advancing public-private partnerships that empower consumers to achieve an enhanced state of physical and mental well-being through positive lifestyle choices. This **Healthy Cities and Communities Playbook** is a key deliverable of the overall initiative, intended to address the current gap in knowledge and experience at the city level to improve health and well-being.

The playbook's objective is to provide city leaders with a toolkit and a roadmap so that they can begin their journey of creating, accelerating and sustaining healthy-living environments in their cities.

The playbook draws from the Healthy Cities and Communities initiative's definition of health and well-being using eight interrelated dimensions of holistic health and well-being: nutrition, sanitation, physical activity, rest, emotional resilience, spirituality, environmental and social well-being, and occupational and financial well-being. Together, these eight dimensions form the basis for assessing the current health of any city's population.



The assessment integrates choices determined broadly by city environments and by society at large, along with those that are almost solely individual choices.

The holistic framework has been reinforced with lessons learned from the Healthy Cities and Communities Pilots run in three global – and very different – cities over the past two years: Jersey City and Austin in the United States, and Mumbai in India. Valuable experience from the three cities has been combined with information derived from

interviews with senior leaders of 35 organizations, to come to one major conclusion: cities alone cannot take forward this opportunity for healthy living.

Partnerships involving all relevant stakeholder groups – business, government, non-profits and academia – are essential. All four stakeholder groups have indispensable roles given their unique capabilities, which when combined create a very powerful force to activate, sustain, replicate and scale the public-private partnerships needed to promote healthy living.

The insights from the pilots and interviews have been strengthened by robust secondary research into healthy-living activities in more than 100 cities around the world, diverse in terms of geographic location, climatic conditions, socioeconomic status, population and demographics and cultures.

Collectively, the extensive research and experience on the ground have resulted in the three tools that form the heart of this playbook – the Healthy-Living Framework, the Stakeholders' Toolkit for capability development, and the City Pathways for public-private partnerships.

The **Healthy-Living Framework** is designed to help city stakeholders assess their city in terms of the different dimensions of healthy living. This metrics-based framework helps gauge the current state of each health and well-being dimension through one or more readily available city-level indicators. The framework forms the basis for prioritizing relevant programmes in local communities to match the most pressing needs.

The **Stakeholders' Toolkit** unpacks successful city partnerships, identifying what each of the different operators – government bodies, private companies, non-profits and academic institutions – can bring to the mix. The aim of the toolkit is to identify the strengths and capabilities that each stakeholder can bring to the partnership in order to maximize the synergy of potential collaboration in promoting healthy living. The toolkit is reinforced with a brief examination of the basic principles underpinning city collaborations.

The final tool of the playbook focuses on the city's partnership journey. The **City Pathways** framework is based on cities' differing states of readiness for partnership, providing three broad pathways to collaboration in healthy living. The three pathways result from extensive research and analysis of cities representing varying levels of economic, political and cultural significance. Each of the three pathways is defined by the resources and capabilities available to the city – the city's "state of readiness" – and how this is likely to shape the city journey in terms of three very different models of public-private partnership. The framework will help city leaders locate their starting point, understand the challenges they face and prioritize the actions they need to take to catalyse and sustain public-private partnerships in healthy living.

The playbook is being published in the early stages of the World Economic Forum Healthy Cities and Communities initiative, whose ambition is to bring lessons learned and best practices from its pilot cities and the playbook to many more cities. The initiative aims to scale its efforts to multiple global cities through a **City Peer Network**. The network will not only serve to exchange knowledge and lessons learned between cities but will also cultivate innovative ideas for new programmes in collaboration with business, civil society and academia that can be activated, replicated and scaled among diverse cities around the world.

The initiative continues to aspire to a healthier, happier future for consumers in cities the world over.



Introduction

Good health and well-being are two sides of the same coin. Their connection is underlined by the World Health Organization: good health is “a state of complete physical, mental and social well-being and not merely an absence of disease and infirmity”. Much of today’s health burden is due to non-communicable diseases, which currently account for 71% of all deaths worldwide.¹ Poor mental health is also one of the greatest challenges of our time: one in four people suffer from mental or neurological health issues at some point in their life. The economic impact of poor health and well-being is also immense, costing the global economy more than \$1 trillion annually.²

In developing and developed countries alike, shared shortcomings in lifestyle choices, such as poor nutrition, lack of access to hygienic sanitation facilities, insufficient physical activity, limited rest and stresses at work and in the community have all been shown to contribute to this growing burden. Too often, the focus has been on curing a given condition or ailment. Improving health and well-being requires a very different focus, one that makes cure less central.

The COVID-19 crisis has underlined with great clarity the structural weaknesses in our health systems, especially when paired with inadequate healthy-living mechanisms that fail to meet the needs of the most vulnerable in society. It has highlighted how improved consumer choices need to be combined with proactive community interventions in order to drive better health and well-being. The challenges are complex, so the solutions are unlikely to be simple.

The Healthy Cities and Communities initiative was launched in 2019 with the vision of improving people’s well-being holistically by enabling them to live longer and fuller lives in their local environments. The initiative focuses on health and well-being in our cities, home to those who collectively represent the growing majority of the human population.

City inhabitants are also the consumers of goods and services in the communities where they live, work, shop and play, and improved choices at the individual and community levels can contribute directly to healthy living. Cities thus have a clear incentive to encourage local residents to change their habits and behaviours to those that foster improved collective health and well-being. As crucibles of economic growth and the nexus of creative and productive human activity, cities are the chosen locus for holistic innovation in healthy living for the initiative.

This Healthy Cities and Communities Playbook, a key deliverable of the overall initiative, aims to guide private- and public-sector leaders in shaping effective partnerships that promote healthy living in cities. By proactively understanding the needs of local communities, prioritizing the most critical dimensions for action, mapping the right private and public stakeholders for collaboration and then bringing such diverse stakeholders together to enable effective collective action, cities big and small can be well positioned to empower consumers to achieve the enhanced state of physical and mental well-being needed to promote healthy living.

Forces shaping urban health and well-being

The health and well-being of any city's population is interdependent with the nutritional, environmental, macroeconomic, technological and social forces that shape our societies at large. This playbook

begins by focusing on the five most significant of these forces, those that are certain to have an increasingly transformative impact on the health and well-being of city residents.

2.1 Healthy food choices

There have been major challenges in terms of access to and affordability of healthy food choices. The urban hearts of many of the world's leading cities have become "food deserts", where foodstuffs of high nutritional quality are scarce and/or sold at much higher prices than products of lower nutritional value. In the US, the Department of Agriculture identifies ~10% of the approximately 65,000 census tracts in the United States as food deserts, with 13.5 million people in these areas having low access to sources of healthy food.³ When combined with consumers' poor understanding of better food choices, this results in very significant community health inequalities in many of today's urban environments.

Food and nutrition are critical to healthy living. Good nutrition is key to preventing many of the world's most common ailments. Worldwide, the leading risk factors in preventable illness are elevated blood pressure, being overweight or obese and raised blood glucose. The food and lifestyle choices individuals make determine the likelihood of their suffering from a wide range of

preventable diseases, from diabetes (1.5 million deaths worldwide) to respiratory diseases (4.1 million deaths), atherosclerosis and heart disease (17.9 million deaths globally).⁴ A healthy diet is also needed for a healthy brain, which further supports mental well-being.⁵



2.2 A changing planet

Climate change is radically altering the physical world we inhabit. Average global temperatures are rising and rainfall levels are becoming more unpredictable. Drought, high winds, flooding and other extreme weather events are becoming more frequent and severe. This is resulting in an increasingly harsh physical environment that threatens agricultural productivity, diminishes quality of life and creates greater uncertainty in our day-to-day lives, negatively affecting all aspects of human health and well-being.

Unsustainable resource consumption, pollution, deforestation and habitat destruction harm the global ecosystem. The interconnected nature of the human biome and the global ecosystem ensure these changes will produce further challenges to human health and well-being, including the emergence of new infectious diseases and reduced resilience.

2.3 Increasing urbanization

Disruptions to traditional rural livelihoods as a result of the changing physical environment and the promise of better economic opportunities in urban areas are driving high levels of rural-to-urban migration globally.⁶ More than 55% of the world's population now live in cities and this percentage is expected to increase to 68% by 2050.⁷

The growing influx of migrants to cities around the world propels the growth of informal settlements

in many city peripheries. Existing housing and sanitation infrastructures are being overwhelmed, forcing new residents to construct makeshift housing in undeveloped areas that lack access to adequate nutrition and even basic city services, such as running water and sanitation. Today, nearly a billion people live in informal settlements worldwide, and this is expected to double to roughly 2 billion people by 2050.⁸

2.4 Shifting demographics

The global human population is ageing. By 2050, 1 in 6 people will be over the age of 65, almost doubling the proportion of 2019, when it was 1 in 11.⁹ Due to their age, older consumers often face greater health and well-being vulnerability than younger people. In parallel, changing societal norms and the erosion of community cohesion continue to eliminate traditional sources of care and support for elderly people.

The current pressures on our societies result in many younger working adults facing significant challenges

to their mental health. These pressures result from the fragmentation of community and the increasing demands of daily life, including those in the workplace and at home, and general financial insecurity.

Across all age groups, there is a growing divide between the haves and the have-nots, between the salaried and the precariat, which produces more discontent, more instability and greater physical and mental health vulnerabilities. Poor lifestyle and nutritional options are exacerbated by these disparities.

2.5 Accelerating technology change

New digital technologies are changing the fabric of everyday life. Digital devices and social media have empowered consumers to make better choices, including more actively managing their own well-being. At the same time, consumers have become more vulnerable to misinformation and partisan viewpoints. This has polarized communities and increased mistrust of experts, eroding community

support networks and confidence in public health recommendations.

Digital technologies encourage an “always-on” culture for one’s digital persona. These pressures perpetuate long working hours and a predominately sedentary lifestyle, producing significant challenges to mental and physical well-being.

These five forces will continue to exacerbate pre-existing, systemic vulnerabilities, while creating entirely new challenges to healthy living.

While an adequate response will require national/international regulatory and policy interventions to mitigate risks and negative consequences, at a

city level, a positive vision for healthy living can be developed. The vision will prioritize and accelerate action towards healthier living choices at a community and individual level. The dimensions and a framework to enable such a journey are discussed in the next sections.

Envisioning holistic health and well-being in cities

3.1 Dimensions of physical and mental health and well-being

The Healthy Cities and Communities initiative (and this playbook) defines health and well-being in holistic terms that integrate factors determined by our city environments and society at large, as well as those that are largely individual choices. The great advantage of this approach is that it creates a full picture of the built environment, showing how individuals and communities function within it in terms of their health and well-being.

The visualization below is created from eight interrelated dimensions that encompass the totality of physical and mental well-being. Each dimension is examined in terms of the choices the city presents to its consumers.



01 Nutrition

Encourages varied diets that are calorically sufficient and rich in essential nutrients to prevent conditions such as obesity and diabetes



02 Sanitation

Establishes safe water, sanitation and hygiene practices



03 Physical activity

Promotes a non-sedentary lifestyle, with regular movement and exercise that develop physical fitness



04 Rest

Encourages regular and adequate periods of rest, relaxation and sleep



05 Emotional resilience

Fosters the capacity to realize one's own ability to cope with the stresses of life



06 Spirituality

Creates opportunities to live with meaning and purpose by enabling connectedness with oneself and others, as well as art, music, literature, nature or a power greater than oneself



07 Environmental and social well-being

Provides safe, supportive physical environments, green spaces and social communities that produce opportunities for exercise and improved well-being, including for life to be lived in harmony with oneself, other people and nature



08 Occupational and financial well-being

Ensures self-sufficiency, enabling individuals and households to earn a living and feel financially secure

These eight dimensions together create a vision for individual well-being that can readily be projected onto the community at the city level. Their absence or insufficiency records inadequacy in the city's provision of health and well-being choices.

The following section uses a simple framework to identify opportunities for addressing health and well-being in the urban context.

3.2 Healthy-Living Framework








Cities are extremely diverse hubs of urban living, differing from one another in population size, demographics, geography, local climatic conditions, socioeconomic development and governance, among other attributes. Nevertheless, all cities have the opportunity to encourage holistic health and well-being through local collaboration, regardless of their unique circumstances. The starting point is to assess the city in terms of the different dimensions of healthy living and to prioritize relevant programmes in the context of each of these needs.

To help a city's stakeholders make such assessments, this playbook has produced a metrics-based Healthy-Living Framework, as shown below. This gauges the current state of each health and well-being dimension (note that emotional resilience and spirituality are placed together in the table) through one or more readily available city-level indicators. Each of these factors has a profound impact in shaping the local health and well-being outcomes of the individual city.

The framework is illustrative alone and is not meant to encourage cities to aspire to a particular formula of success. It is designed solely to guide direction, since each and every city is shaped by many factors unique to its existence and local circumstances. The framework will help cities gain a foothold on their journey, providing them with a first glance at a holistic view of healthy living for their denizens, helping identify their current position and priorities.

The framework also assesses how uniformly distributed each dimension is across the city using a measure of local disparity, the **Gini coefficient**: Higher Gini values are associated with greater vulnerability to preventable diseases among more disadvantaged groups. The Gini coefficients for a city are readily calculated from census tract data wherever this is available. This also helps flag the areas in which even more inclusivity is needed for any programme, perhaps in specific neighbourhoods or communities within the city.

TABLE 1 Healthy Living Framework for cities

| Metrics | |
|--|---|
| Disparity | Gini coefficient |
|  Nutrition | Prevalence of obesity |
| | Prevalence of diabetes |
|  Sanitation | Prevalence of substandard sanitation facilities |
| | Prevalence of substandard drinking water |
| | Prevalence of substandard hygiene facilities |
|  Physical activity | Prevalence of inactivity |
|  Rest | Average time in bed, hours |
|  Emotional resilience/ Spirituality | Prevalence of mental/substance abuse disorders |
| | Suicide rate relative to global average |
|  Environmental and social well-being | Availability of green space |
|  Occupational and financial well-being | Unemployment rate |
| | Literacy rate |
| | Prevalence of tertiary education |

The above framework has been applied in the context of the three pilot cities that have engaged with the Healthy Cities and Communities initiative in 2019–2021: Jersey City and Austin in the United States, and Mumbai in India.

Some of the highlights of these active pilots are showcased below, demonstrating practical examples of healthy-living initiatives in action. Many of these examples have the potential to be replicated and scaled both within and beyond the city, country or region.

3.3 Spotlight on pilot cities

Over the past two years, the Healthy-Living Framework has been tested across cities of varying sizes and then applied directly in three city pilots. Each of the cities is diverse in terms of ethnicity, demographics, scale and economics. Each has acted as a “living lab”, incubating health and well-being innovations, piloting interventions and demonstrating tangible impact through improved healthy-living choices.

In each of the three cities, city officials and other stakeholders from the public and private sectors used the framework to kick-start their thinking about the specific interventions they need to make to promote healthy living in their city. The framework enabled them to select the priority areas, helping to identify the neediest localities and communities for targeting. In their role as incubators, each

of the cities piloted programmes in a variety of areas. Among their pilot interventions, cities used innovative programmes to target access to food and nutrition; sanitation and hygiene; emotional and social well-being; and occupational and financial well-being.

Each of the pilots has produced a significant number of lessons, notably that a city government needs to convene multiple stakeholders – from business to non-profits and academia – whose partnership is essential for successful and sustainable health outcomes. These lessons have in turn contributed to the Stakeholders’ Toolkit that forms the next section of this playbook. The toolkit outlines what each of the actors can bring to the partnership to enhance the effectiveness of healthy-living interventions.



Jersey City, New Jersey, USA, is a city of more than 260,000 people within the metro New York City region. Its prioritization of health and well-being under the leadership of Mayor Steven Fulop and the Department of Health and Human Services has taken a number of forms. Through improved access to better nutrition options, as well as better sanitation and hygiene, the municipality is enhancing the physical and mental well-being of its residents.

With this innovative policy approach to public health, Jersey City entered into a partnership with AeroFarms, a pioneer tech start-up in urban farming. This first-of-its-kind relationship in the US is implementing municipally driven vertical farm installations to provide local residents struggling with food insecurity with regular access to fresh, locally grown greens as a vehicle to improve individual food choices. This has the potential to revolutionize the nutritional quality of the diets of those living in areas that display higher rates of obesity, heart disease, diabetes and high blood pressure. The programme currently envisions

vertical farms to be located at 10 key sites in the city and expects to deliver approximately 19,000 pounds of fresh produce to residents every year, free of charge.

A second notable initiative for health and hygiene is the city’s rollout of two multifunctional mobile units or “health buses” that draw inspiration and borrow practices from successful cases in India, which the Healthy Cities and Communities initiative facilitated. The Health Buses provide a wide range of services targeting the needs of the most vulnerable, including its homeless and housing-insecure populations. Basic services include showers, washer/dryer facilities and a consulting space for screening and testing services. In addition, the buses will offer counselling options to help improve mental health and well-being, as well as coordinating placements with housing agencies, making these services more readily accessible to affected populations.



Austin, Texas, USA, is a city of nearly 1 million people. The Austin Healthcare Council (AHC)¹⁰ was set up with support from the Mayor's office to develop partnerships to improve the city's profile and performance in health and well-being. Based on the directive of the city government, the AHC prioritized early years interventions and life skills enhancement for the city's vulnerable population.

In one notable programme, the AHC has been working in partnership with the Austin Department of Public Health and United Way to scale the Family Connects Texas¹¹ programme. As part of this programme, a community health and well-being worker visits households with newborns in the three weeks after birth to ensure that every baby gets a healthy start in life. The programme is holistic in nature and connects infant and parental health with key aspects of well-being such as good nutrition, sleep, social connectedness, employment

and income. More than 1,600 families have been served in the Austin City and Travis County area, including "virtual visits" during COVID-19. In 2020 alone, 800 families were reached and expansion is planned in 2021.

In a second programme, AHC, in partnership with IBM and its "SkillsBuild" digital learning platform,¹² is helping jobseekers and business owners learn the skills they need to thrive in the booming local digital and wellness industries. IBM is working with a local partner to customize the curriculum for Austin, and the programme is extremely scalable. The programme aims to give every adult in need of a job the opportunity to develop technology and professional skills regardless of background, education or life experiences, thereby ensuring inclusivity across all socioeconomic and demographic segments. This is part of AHC's drive to make Austin a centre for health and well-being excellence.





Mumbai, Maharashtra, India, is a sprawling megalopolis of more than 20 million people. The city sees innovation as key to healthy living, with a prime focus on improved hygiene and sanitation.

The Additional Commissioner of the Municipal Corporation of Greater Mumbai has engaged with the India chapter of the Toilet Board Coalition (TBC) to help improve basic sanitation services.¹³ Via partnerships, TBC is developing self-sustained, scalable business models that can bring water, sanitation and hygiene (WASH) facilities where they are needed most. One such business model is Hindustan Unilever's *Suvidha* initiative, which develops affordable, long-term WASH facilities in Mumbai's largest informal settlements to address severe local shortcomings in hygiene and sanitation. Four more *Suvidha* centres have been developed since the launch of the initiative, with each centre offering 25–50 toilets, purified drinking water ATMs (similar to bank ATMs, except that money is inserted in return for water), washing machines and showers for holders of affordable monthly or single-

use passes. The centres currently serve ~13,000 people every day and have saved 25 million litres of water already. Opportunities are being explored for scaling, including planning a centre in one of Asia's largest informal settlements, Dharavi (~1 million people) in Mumbai.

In parallel, in a second partnership, TBC, Hindustan Unilever and Johnson & Johnson have been working with Invest India, an entity of the national government of India, to launch "Innovation Challenges". The programmes target inventors, technologists, local entrepreneurs and research institutions, with the aim of identifying innovative solutions in the areas of WASH and mental health.

Through the Healthy Cities and Communities initiative, efforts started locally in Mumbai have now gained visibility and support at the national level, including from the prime minister's "Swachh Bharat" (Clean India) Mission, the Ministry of Housing and Urban Affairs and the Office of the Principal Scientific Adviser to the Government of India.

To bring such best practices to other cities around the world, the Healthy Cities and Communities initiative is in the process of inviting other cities to join its **City Peer Network** to exchange knowledge

on how multi-actor partnerships can be initiated, replicated and scaled around the world. The capabilities the different partners bring to such partnerships is discussed in the following section.



Stakeholders' Toolkit: Capability development

The Stakeholders' Toolkit is drawn from the experiences gleaned from interventions made in the three city pilots in combination with extensive research among the various stakeholder groups. During this work, it was demonstrated time and again that city administrations cannot go it alone and that other parties are needed to ensure that healthy-living interventions are successful. This initiative's research and experience have shown that each party – whether city mayors, governments and other policy-makers, businesses, civil society or academic bodies – has a unique role to play in

terms of the capabilities and capacities it brings to city partnerships.

City leaders have asked how they should set about building such a partnership. While there is no one-size-fits-all answer to this question, this section of the playbook is intended to help city leaders start asking the right questions. The following section, on City Pathways, provides further guidance in the light of cities' different characteristics, on the basis of which a city may determine its roadmap to enable healthy living.

4.1 Role of government: local, state, national and regional governing bodies

City governments usually play a central role in convening healthy-living initiatives. Leaders in the most successful city governments – often city mayors but sometimes senior figures from within the city administration – are ideally placed to inspire action. City governments understand the local population's health vulnerabilities and what drives them better than anyone and can underpin the resources needed to sustain and scale healthy-living initiatives. City governments can play the following key roles:

- **Develop a vision that articulates clear goals and targets for healthy living:** Successful cities identify health and well-being as a major priority within the city plan. They define the priorities that shape interventions at a citywide level to ensure that interventions are focused, effective and cohesive. They put in place ambitious targets to address the drivers of healthy living at the local level.
- **Invest in the right people:** Successful partnerships are ultimately about bringing the right people together and equipping them with the resources necessary to produce the desired outcomes. City government plays an essential role in ensuring that the partnership is designed

to endure, weaving the partners into the overall pattern of the programme while providing the necessary resources.

- **Ensure processes are flexible and agile:** Companies and other private operators sometimes find it tough to engage with the slower pace of government bodies, which can result from the rigid application of protocol. Successful partnership administrations are flexible, regularly re-evaluating internal processes while realizing that although established practice is a good place to start, it need not be followed blindly, especially in new industries and technology applications.
- **Create buy-in to ensure long-term commitment:** City governments with lasting partnerships build strong buy-in from their employees. While elected officials, partners and company leaders might come and go, it is usually public employees who ensure consistency in direction and participation over the long term. To ensure the partnership's success over the longer term, the various departments responsible for city health combine their efforts and reinforce commitment through active knowledge transfer and professional exchange programmes.

4.2 Role of the private sector: large and small private for-profit entities

The private sector is ideally positioned to drive pilot interventions through its depth of expertise in innovation, programme design and execution. The sector brings strengths in strategic thinking, financial resources and accountability mechanisms that help ensure the job gets done. By aligning commercial objectives with positive societal outcomes, organizations can match their mission-oriented purpose to the needs of healthy city partnerships. Businesses, large and small, global and with local footprints, can play the following key roles:

- **Align core business with social impact causes:** A corporate aligns health and well-being objectives with its core business imperatives and integrates this into its corporate structure at the brand or regional level. Its commitment to health and well-being fully complements and sustains its broader purpose in terms of brand, mission, values and even products. It defines and regularly measures key performance indicators (KPIs) that track progress to help ensure transparency in the allocation of resources.
- **Identify viable, self-sustaining solutions that can be scaled elsewhere:** Scaling, while second nature to business, is often a real challenge for the other partners. Corporates ensure extensive room

for experimentation and innovation, recognizing that every city and community situation is unique. They help identify what can be replicated elsewhere, how it can be replicated and, just as importantly, what cannot be reproduced in another context. Their plans identify their medium-term and long-term goals, as well as their immediate targets.

- **Focus on robust, quantifiable outcomes:** Robust metrics are the lifeblood of business and are central to success. Corporates bring this same clarity of purpose to the table when addressing healthy living, identifying KPIs and measuring performance on a regular basis. They ensure interventions are outcome-oriented and possess clear metrics that assess impact.
- **Engage employees to increase momentum:** Involving employees from the earliest stages in healthy city efforts provides much-needed momentum and engagement in the collaborative programme. Employee engagement is managed carefully to ensure those involved have the requisite domain knowledge and strong understanding of the challenge area. Extensive internal communication is used to ensure that employee engagement continues to be at its most productive.

4.3 Role of civil society: non-governmental, non-academic, non-profit entities

Non-profits bring a unique set of local trusted relationships and community expertise to partnerships. Those that work closely with local communities are ideally placed to speak up on behalf of these communities and to identify and communicate their needs to the broader set of partners. This connectedness enables them to deliver solutions in the last mile, where relationships are vital. Civil society can play the following key roles:

- **Build presence across communities:** Non-profits in successful city partnerships build the capability to scale up their delivery. While initiatives frequently start with a single community, they seek to scale up the intervention across the city. Scaling is much less of a challenge for larger regional or global non-profits than for smaller entities, which can be brought together in coalitions to provide the necessary capacity.
- **Ensure transparency about the operating and funding structure:** Non-profits in

successful partnerships are transparent in their reporting, funding structure and operating model. Partners are able to easily track the execution and impact of their collaboration.

- **Focus on clear goals and robust reporting:** Non-profits ensure buy-in from their partners by measuring and reporting their impact in a robust and quantified manner. A common root cause of why private-public partnerships run into difficulties can be traced back to the failure to track impact effectively.
- **Commit to support longer-term relationships:** Non-profits in successful city partnerships engage with the broad spectrum of public and private institutions in their local city. Non-profits play a vital role in building trust between the various actors in city health through their long-term relationships with their partners. Resilient partnerships are notable for non-profits' networks of collaboration with their partners, ensuring that no relationship is dependent on a single individual.



4.4 Role of academia: private or public academic, and research-oriented entities

Academia is an invaluable source of public health expertise. Academic institutions bring extensive research capabilities, are data- and science-driven and bring profound insight into the root causes of unhealthy living. They can also offer in-depth understanding of a city's particular health challenges and a working knowledge of what has worked well in the past and what has not, providing vital context when crafting potential solutions. Local as well as national academic institutions can play the following key roles:

- **Contribute to intervention design, ensuring its measurability:** Academic researchers are experts in measurement and take on the lead role in designing and measuring impact. They ensure that the data is sufficiently robust to inform the design of future programmes, defining KPIs as well as identifying areas for improvement and prioritizing where additional focus is required. Academic institutions can play a vital role in data collection due to their position as a neutral intermediary.
- **Actively build expertise to better engage the private sector:** Not every academic institution

is familiar with and adept at working with the private sector. One successful approach is to create a forum of experts drawn from the private sector who volunteer to provide guidance and help bridge potential gaps in trust and expertise. This provides reassurance for private-sector operators in the initial stages of partnership.

- **Explore opportunities to reduce the time taken from proposal to research:** Researchers find ways to engage private-sector partners on terms that are suitable to both parties. They explore opportunities to reduce the time it takes them to turn a research proposal into an end product.
- **Incorporate collaborative and community outcomes in incentive models:** Academic institutions with health expertise can incorporate incentives into their hiring and compensation mechanisms to actively encourage collaborations to improve local healthy-living outcomes. One possibility is to compensate academics based on their institution's contribution to and effectiveness in tackling local health disparities.

Based on the unique role of each operator, working together in partnership will bring innovative as well as effective programmes to a city, which benefit from each other's strengths and capabilities. Five basic principles for city partnerships are summarized for successful outcomes:

- **Prioritize local community needs in collaboration with potential partners:** Focus on areas of critical need where interventions have the potential to dramatically increase opportunities for healthy living.
- **Focus on robust, quantifiable outcomes, while remaining responsive and flexible:** Jointly define outcome-oriented interventions with well-defined measures of impact, while always remaining open to new possibilities.
- **Dedicate the right people to the task:** The most effective city partnerships are led by people with conviction and competence who can bring together diverse stakeholders from disparate partner organizations, aligning around common goals and overcoming potential roadblocks.
- **Ensure transparency on financial resourcing:** Ensure transparency around funding to enable partners to plan costs. This builds trust and helps sustain viability over the longer term.
- **First deliver quick wins to build momentum, then inspire for long-term commitment:** Focus first on achieving and communicating quick wins to build early momentum and justify further investment. Over-communicate how the partnership brings real benefits to the entire city to underpin ongoing commitment.

City Pathways to healthy living

This playbook has so far examined how city leaders can assess the needs of their city using the Healthy Living-Framework, as well as how they can galvanize a truly synergistic partnership using the Stakeholders' Toolkit. One piece is still missing for a complete picture, however – the nature of the journey itself.

There are three city paths to healthy living – the **Three City Pathways** – identified in the playbook. The three paths are correlated with the resources the city devotes to improving healthy living, as well as the capabilities available within the city for forming partnerships. These elements are characterized as the city's "level of prioritization" and its "partnership capability".

This playbook views *all cities* as having the opportunity to foster holistic health and well-being through local collaboration, regardless of their particular circumstances. The City Pathways do not prescribe what the city must do, but rather describe the opportunities available. By identifying its likely pathway, the city will be better able to learn from what cities have done elsewhere.

This framework is designed to help city leaders locate their starting point on the journey to healthy living, to better understand the challenges they face and how these might relate to those of other comparable cities. Once the city has identified its likely pathway, it should be in a strong position to prioritize the actions necessary to start improving health and well-being for all.

5.1 Level of prioritization

Local government very often plays a key role in prioritizing healthy living. The degree to which this is prioritized can be thought of as reflecting the level of the city's commitment. The playbook treats city expenditure on preventative health and preventable mortality as proxies for measuring the extent of the city's commitment. This has two components:

- **Preventative health:** Public expenditure on the major drivers of prevention, such as education and social welfare. Oxfam's *Commitment to Reducing Inequity Index* (2018) provides a credible source of an aggregated measure, ranking 157 countries and territories in terms of their expenditure on education, social protection and healthy living. Additional state-level per capita expenditure in each of these areas, where available, has been used to establish the variation between cities.
- **Preventable mortality:** Population-level mortality by cause of death. The focus is on preventable causes of death, as identified by public health experts as being avoidable through improved quality of care or lifestyle interventions. The University of Washington's *Healthcare Access and Quality Index* (2018) provides one source of this data. It examines mortality for 32 such causes of death, assigning aggregate scores for 195 countries and territories, including subnational ratings for several countries. The index also measures the annual rate of change in health outcomes from 1990 to 2016. This data has been used to reflect changes to the longer-term health trajectories.

5.2 Partnership capability

The second critical dimension underlying a city's state of readiness for public-private partnerships in healthy living is its capacity to enter into the broad array of inputs required to develop and sustain partnerships. This capacity has been measured in terms of three

components: the city's activation potential, its available asset base and its potential trajectory.

- **Activation:** This summarizes the city's current circumstances in terms of its capabilities to

facilitate, convene and execute partnerships as articulated by metrics such as the quality of life, gross domestic product (GDP) based on purchasing power parity (PPP), the Gini coefficient (i.e. the representation of income inequality), government effectiveness and the ease of doing business.

- **Asset base:** This aspect summarizes the resources and expertise available to the city to support partnerships, as reflected by metrics such as labour productivity, employment in tech

jobs, the presence of global companies, foreign direct investment, venture capital investment and the tertiary education rate.

- **Trajectory:** This aspect summarizes the city's past momentum and rate of improvement using metrics such as the rates of change in GDP per capita and government effectiveness, wherever consistent historical data is available. This metric acts as a proxy for the city's resources for realizing systemic change over a short period.



5.3 The Three City Pathways

Based on the different states of readiness discussed above, three broad pathways to healthy living have been identified in this playbook that can help city leaders locate their starting point, understand the challenges they face and prioritize the actions they will need to take.

The three pathways result from extensive research and analysis of more than 100 representative cities and the three city pilots. This sample includes major cities of all sizes and stages of development from all parts of the world, cities of varying levels of economic, political and cultural significance.

City-level data has been used wherever possible. In certain cases, where data is either unavailable or inconsistent at the city level, country-level data has been substituted. The cities have been selected in part to maximize geographical representation and diversity, with one city included per region. In exceptions to this rule, where several cities have been included from the same country to illustrate the wide diversity within the country, the metrics have been enriched using state- or province-level data that differentiates the various cities in the national sample.



PATHWAY 1:
LEADING CITIES



PATHWAY 2:
PROGRESSING CITIES



PATHWAY 3:
ENTERPRISING CITIES

Summary of pathway**

** Additional details below

Exhibit high level of government investment in preventative health. Both business and non-business operators have strong capabilities and track records of driving complex, large-scale public-private partnerships that effect change.

Exhibit growing government commitment to prioritizing preventative health. They have solid capabilities in both local public and private operators that are necessary for driving partnerships, albeit on a somewhat smaller and more contained scale than integrated collaborators.

Exhibit greater reliance on the capabilities of local private operators to drive partnerships, as government prioritization of preventative health is constrained by competing priorities and limited resources.

REGIONAL BREAKDOWN OF THE 100+ SAMPLE CITIES ACROSS THE THREE PATHWAYS

| | | | |
|----------------------------------|--|---|---|
| North America | Atlanta, Austin, Boston, Calgary, Chicago, Cleveland, Dallas, Denver, Detroit, Greater New York City, Houston, Los Angeles, Miami, Minneapolis, Montreal, Nashville, Ottawa, Philadelphia, Phoenix, Pittsburgh, Portland, Raleigh, San Francisco, San Jose, Seattle, St. Louis, Toronto, Vancouver, Washington, DC | Mexico City | |
| Central and South America | | Bogota, Brasilia, Buenos Aires, Curitiba, Lima, Rio de Janeiro, Santiago, Sao Paulo | |
| Europe | Amsterdam, Barcelona, Berlin, Brussels, Cologne, Copenhagen, Dublin, Edinburgh, Frankfurt, Hamburg, London, Lyon, Madrid, Milan, Munich, Paris, Prague, Rome, Stockholm, Vienna, Warsaw, Zurich | Istanbul, Moscow, St Petersburg | |
| Middle East and Africa | Abu Dhabi, Dubai | Cape Town, Johannesburg, Riyadh, Tel Aviv | Cairo, Lagos, Nairobi |
| Asia Pacific | Auckland, Beijing, Busan, Guangzhou, Hangzhou, Hong Kong, Melbourne, Nagoya, Osaka, Seoul, Shanghai, Shenzhen, Singapore, Sydney, Taipei, Tokyo | Bangkok, Chengdu, Chongqing, Hanoi, Ho Chi Minh City, Kuala Lumpur | Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Jakarta, Kolkata, Manila, Mumbai, Pune |



Pathway 1: For leading cities

The following characteristics typify the cities in this pathway:

- **High government investment in preventative health.** Local authorities typically have a long-running commitment to improving health and well-being citywide, as reflected by long-standing low levels of mortality associated with preventable conditions.
- **Large number of private organizations** located within the city. Private enterprise possesses the capabilities necessary to help drive change in healthy living as part of active public-private partnerships. The leadership is able to realize large-scale health interventions.

- **Smaller cities** are on average more likely to fall into this pathway, their manageable scale giving them an advantage when leaders seek to mobilize local resources that match to needs in healthy living.
- **Able to manage partnerships of high complexity on multiple dimensions** of health and well-being. They are able to do so at scale by involving many collaborators. These cities are well suited to citywide interventions focusing on the multiple dimensions of holistic healthy-living outcomes.



Pathway 2: For progressing cities

The following characteristics typify the cities that fall into this pathway:

- **Growing government prioritization of preventative health.** Both the city government and enterprises are actively involved in the prioritization of preventative health. However, to achieve substantially reduced mortality rates associated with preventable conditions, the city requires further engagement and resources.
- **Sufficient collective private resources to support the government.** Private resources

and expertise are readily available to support the government where necessary and private partners are able to step in to fill gaps identified.

- **Well suited to interventions of moderate complexity.** Cities in this pathway focus on a single or limited number of dimensions of holistic healthy living. Their ambition is more contained and community-level, rather than citywide and includes a more limited set of interventions and partners than seen in Pathway 1.



Pathway 3: For enterprising cities

The following characteristics typify the cities that fall into this pathway:

- **Private organizations take the lead in forming partnerships.** Private enterprise has the resources and expertise to lead health and well-being interventions, while the city government often supports and encourages their efforts. Ultimately, the city governments are often more hands-off in such cities due to the competing priorities and limited resources available to them.
- **Larger population.** These cities are often very large and frequently located in the world's developing regions. The number and magnitude

of local challenges is inevitably greater than in many locations, while resources are more constrained, limiting the scope for direct government intervention.











- **Well suited to targeted, localized partnerships.** Due to this combination of factors, city partnerships in Pathway 3 tend to focus on a single dimension of holistic health, with private operators taking the lead.


Once a city has identified the place from which it is starting out, the next step is for it to prioritize its health and well-being objectives. While the Three City Pathways inform the nature of the likely journey, the city can revisit this during the course of its journey.

For cities in Pathways 2 and 3, prioritization using the Healthy-Living Framework will be essential in order for it to match the capabilities of its partners and the resources it has available against the most

pressing issues and neediest locations. Because cities in Pathway 1 can take a more holistic approach, tackling the full range and complexity of the challenges of healthy living once they have identified the initial priorities, their ongoing task will be to ensure their focus continues to evolve in line with improving outcomes.

By way of illustration, the Healthy-Living Framework has been applied to Berlin (Pathway 1), Bogota (Pathway 2) and Bengaluru (Pathway 3). See below.

| | |  Berlin Leading |  Bogota Progressing |  Bengaluru Enterprising |
|---|--|--|--|--|
| Metrics | | | | |
| Disparity | Gini coefficient (higher value = greater inequality) | 0.29 | 0.54 | 0.37 |
|  Nutrition | Prevalence of obesity | 24% | 18.7% | 43% |
| | Prevalence of diabetes | 10% | 8.1% | 22% |
|  Sanitation | Prevalence of substandard sanitation facilities | <1% | 7% | 28% |
| | Prevalence of substandard drinking water | <1% | <1% | 4% |
| | Prevalence of substandard hygiene facilities | – | 27% | 20% |
|  Physical activity | Prevalence of inactivity | 36% | 63.2% | 65% |
|  Rest | Average time in bed, hours | 7.2 | 6.5 | 6.4 |
|  Emotional resilience/ Spirituality | Prevalence of mental/substance abuse disorders | 15% | 10% | 15% |
| | Suicide rate relative to global average | -1.1 | -6.5 | +6.4 |
|  Environmental and social well-being | Availability of green space | 12% | 5% | 14.1% |
|  Occupational and financial well-being | Unemployment rate | 11% | 21% | 0.4% |
| | Literacy rate | 99% | 94% | 88% |
| | Prevalence of tertiary education | 39% | 22% | 20% |

 Priority dimension

In Berlin, Germany, the framework highlights that any new partnership should prioritize interventions in nutrition, emotional resilience, spirituality and occupational and financial health, owing to the elevated values for the underlying metrics.

In Bogota, Colombia, the framework makes it clear that a new partnership should not only prioritize dimensions with elevated metrics but also focus on the disparities underlying these dimensions. Given the city's fairly high Gini coefficient, certain segments

of Bogota are likely to bear a disproportionate share of the city's health vulnerabilities. Inclusiveness is crucial for successful outcomes.

And in Bengaluru, India, the framework demonstrates that a new partnership can pick from a larger number of priority dimensions compared to Berlin and Bogota, which reflects not only the greater challenge enterprising cities face but also the greater opportunity private actors have to make a difference.

Going forward

The Healthy Cities and Communities Playbook demonstrates how effective public-private city partnerships can play a vital role in tackling the growing challenges to physical and mental health and well-being by bringing together diverse actors to work together in innovative city partnerships. These pathways reshape outcomes and improve the choices that underpin healthy living in our cities and communities.

Looking to the future, the Healthy Cities and Communities initiative aims to achieve scale by establishing a **City Peer Network** united by a shared commitment to fostering healthy living through partnerships. Bringing business, NGOs and

academic experts to cities, and also connecting citizen leaders, the network will leverage this playbook and other best-in-class resources to facilitate regular exchange of best practices and bring more partner cities to the mix. The convening power of the World Economic Forum will enable this network, providing city stakeholders with a global community to cultivate innovative ideas that can be activated, replicated and scaled across diverse cities of the world.

The initiative will continue to aspire to a healthier, happier future for consumers in cities the world over in the post-COVID world.



Contributors

The World Economic Forum's Future of Consumption Platform project team would like to acknowledge and extend its sincere gratitude to the project collaborator, the Oliver Wyman Forum (Marsh McLennan), as well as the broad community of contributors from partner companies, start-ups, non-profits, governments and academia who provided valuable input and helped shape this publication.

We would also like to acknowledge the champions of the **Healthy Cities and Communities** initiative for programmes in Jersey City, Austin and Mumbai, and whose commitment, energy and expertise have been crucial in activating the innovative partnerships that provided inspiration for this publication.

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A special acknowledgement for **Elizabeth Caputo, Sriram Gutta, Aparna Sudhakar, Ritwija Darbari** from the World Economic Forum for their valuable contributions in catalysing partnerships for pilot cities.

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Acknowledgements

Proprietary research

This work is resourced by the following proprietary research:

- Interviews with senior leaders of 35 organizations across business (cross-industry), government, civil society and academia
- Quantification of city-specific level of prioritization and partnership capacity (and underlying subdimensions) for 100+ cities around the world through aggregation of various publicly available metrics including:
 - University of Washington's *Healthcare Access and Quality Index* (2018)
 - Oxfam's *Commitment to Reducing Inequity Index* (2018)
 - City-, state- and country-level metrics relating to Activation, Asset Base and Trajectory from national statistics offices, the World Bank, the United Nations, the World Health Organization and others

Organizations whose leaders provided inputs to this playbook

- | | |
|---|------------------------------------|
| – AeroFarms | – The Live Love Laugh Foundation |
| – American Heart Association (AHA) Austin | – Natura |
| – Austin Healthcare Council | – Novo Nordisk |
| – Bayer | – Omada Health |
| – Boston University School of Public Health | – Pentland Group |
| – City of Jersey City | – PepsiCo |
| – The Consumer Goods Forum | – Philips |
| – Dabur | – Reckitt Benckiser Group |
| – Dell Medical School | – Royal DSM |
| – Fitbit | – Sanofi |
| – Godrej Consumer Products | – Singapore Health Promotion Board |
| – The Graduate Institute Geneva (IHEID) | – Sport England |
| – Grundfos Foundation | – Thrive Global |
| – Jefferson Health | – UNICEF WASH |
| – Johnson & Johnson | – Unilever |
| – The Human Needs Project | – Wakefern Food Corporation |
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