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# Collaboration Unlocks Global Health Solutions



By Rachael Noyes , INSEAD

**Business is a force for good in global healthcare when partnered with academia and non-profits.**

*“The first wealth is health.” – Ralph Waldo Emerson*

Under the picturesque glass roof of the Grand Palais (and under the shadow of COVID-19), academics, executives and representatives from non-profits gathered at the ChangeNOW Summit to discuss the problems that afflict global health and what can be done at the **Business and Society Annual Forum on Health**. Panellists presented examples of multi-stakeholder collaborations in Africa, Europe and beyond.

Paul Polman, Co-Founder and Chair, IMAGINE, opened the forum by thanking André Hoffmann (INSEAD MBA '90D), Chairman of the Hoffmann Institute Advisory Board, “for helping to make the world a better place”. The UN Sustainable Development Goals are not only goals in themselves, but according to Polman also “a moral framework”. This forum was in the spirit of collaboration of **SDG 3**: Good Health and Well-Being.

“Our food system is severely broken,” he declared. Too many starving or obese people around the world combined with often wasteful food production without regard for climate considerations all add up to a food system that “serves neither the people nor the planet”, Polman said. Aligning business models to improve nutrition and provide sustainable **food systems**, using artificial intelligence (AI), is one option.

## **Fitting all the puzzle pieces together**

Panels at the forum were a mix of academics, executives, doctors and NGO workers. Topics included food, children’s physical activity, health for gig economy workers, health in emerging markets, how health is delivered, AI and health implications and health innovations.

INSEAD Professor **Pierre Chandon** spoke about how academia and business can work together to improve our food choices. He summarised his work with **healthy nudges**, which shows that those that directly influence behaviour, such as placing nutritious choices under the nose of the consumer or changing **portion sizes**, are more effective than those that inform, like nutrition labels. He was joined by Sharon Bligh, Director of the Health & Wellness Pillar at **The Consumer Goods Forum**, a CEO-led organisation that helps the retailers and consumer goods manufacturers to collaborate to drive positive change. They presented their **common project**: the **Collaboration for Healthier Lives** which is implementing healthy-eating nudges in 20 supermarkets around Lyon, France for one year, in partnership with Danone, Carrefour, the greater Lyon local authorities, and 30 other organisations.

INSEAD Professor **Kaisa Snellman**, recently named to the **Thinkers50 Radar** Class of 2020, spoke about research into children’s lack of physical activity and how it contributes to worldwide obesity. Her **work** examines the link between obesity and social class. She finds that while the obesity rate has declined for children from educated families, children from less educated families are getting increasingly obese. One of the reasons behind these trends is a growing class gap in physical activity; just ten minutes of daily physical activity seems impossible for kids whose parents have a lower educational background as compared to those with better educated parents.

Getting everyone to move more (because kids aren’t the only ones glued to their phones), combined with better nutrition, can slow down the obesity crisis. Joana Ungureanu, the Move More Manager for Paris 2024 Olympic

Games, said, “We don’t have to look for the biggest solution. We just have to start with the first step.” She spoke about different schemes used in countries around Europe:

- Scotland’s **Daily Mile**, which works a 15-minute burst of physical activity into the school day and has been taken up as a model worldwide.
- In Finland, kids have to move at least 45 minutes every day at school.
- **Le Grand Défi Vivez Bougez** in France, which challenges kids to one hour of physical activity a day.

Ungureanu also cited the mental health benefits of physical fitness. Children who are more active are in better health and generally have better self-esteem.

The stress and anxiety felt by Uber drivers due to their irregular earnings was touched on in the panel chaired by INSEAD Professor **Mark Stabile**. INSEAD Professor **Alexandra Roulet**’s work on self-employment and health considers the possibility of a selection effect, that is, perhaps independent workers are in better health to start compared with those in traditional employment.

There are now one billion independent workers worldwide, remarked Vikas Chharia, Managing Director for Digital Platforms & Partnerships at AXA Next. This pool of independent workers varies from nation to nation, with more unemployed signing up to drive for Uber in France (25 percent), for example, than in the US (8 percent) where gig work was more likely to be additional income than a salary to live on.

“We are committed to creating a safety net for independent workers,” commented Mayya Layt, Head of Driver Growth for France, Switzerland & Austria at Uber, whilst describing the creation of **partnerships** that reflect a commitment to drivers.

### **Partnership for growth**

In places without a safety net or without adequate healthcare, we need to look at innovative solutions. In emerging markets, “people are their own insurers” who pay for healthcare services out of pocket, said Benoît Claveranne, CEO of AXA International and New Markets. For example, in Egypt, AXA is **building clinics** and digital services to offer affordable

solutions for patients to take charge of their own healthcare.

He was joined by Hoffmann, who reminded the participants about the importance of partnerships for growth. “Don’t forget the SDGs. We have an historical opportunity,” Hoffmann said. Indeed, working with the [Clinton Health Care Initiative](#), Roche has created a revolutionary HIV test done with a card, a pinprick of blood and a mobile phone. South Africans no longer need to be tested at a clinic (with the associated stigma) but can do their own test at home and receive results via text. Hoffmann referred to this as a leapfrog opportunity thanks to the reach and penetration of mobile phones.

The importance of supply chains on global health was brought home by INSEAD Emeritus Professor [Luk Van Wassenhove](#) who has extensive experience advising large organisations with supply chains in [Djibouti](#) and NGOs in [Africa](#) (among many other activities). His panel included INSEAD Professor [Prashant Yadav](#) who said, “business as usual will not solve our supply chain problems”. Disparate groups (like academia, governments and business) face certain hurdles, like uneven data reporting and the lack of a common terminology to help stakeholders cooperate. Yadav stressed the importance of being close to the problem on the ground and working closely with distribution channel innovators. Once a basic blueprint for collaboration is set, instead of having a high level meeting of bigwigs in Geneva or DC, a WhatsApp group with local experts can impart more meaningful change.

For another panellist, Philippe François of the [Global Fund](#), medical solutions need to be “tailor made to local needs” and require more partnerships. The Global Fund’s purpose is to end epidemics, specifically AIDS, malaria and tuberculosis. Serial entrepreneur Rudi Pauwels, Founder & President of Praesens Foundation, pointed out that if we don’t control outbreaks, “The question is not whether we can afford to do more diagnostics and surveillance, the question is whether we can afford NOT to do so.”

On a panel about risk and regulation in AI, INSEAD Professor [Theos Evgeniou](#) reminded the forum that technologies similar to AI have been around for more than 100 years – an airplane’s autopilot is an early example. Regulators such as the US Federal Aviation Administration can lend their expertise, while the US Food and Drug Administration works towards regulating AI medical devices.

In spring 2019, the [OECD Principles on AI](#) were released. These ten principles build a common framework for not only the OECD countries but for the G20 as well. The goal was “standards that would stand the test of time”, according to Karine Perset, Administrator of the OECD AI Policy Observatory. Echoing other panellists, Perset highlighted the importance of working with partners, like the OECD’s [AI Policy Observatory](#) platform. Stéphane Guinet, CEO and founder of Kamet Ventures, spoke about a number of AI innovations in healthcare as well as differences across countries in how AI start-up ecosystems are developed.

INSEAD Professor [Stephen Chick](#) and the Global Head of Diagnostics Information Solutions at Roche Tim Jaeger discussed the importance of assessing proposed innovations in health to determine if they create value. Jaeger mentioned that to stay up to date with all current literature, a doctor would have to read [29 hours a day](#). While this is of course not possible for a human, it could be for a bot. Chick noted that the current mechanisms for clinical trials focus on statistical criteria and ignore important features such as the prevalence of disease or cost effectiveness which are incorporated in technology adoption decisions. He proposed [value-based and highly adaptive trials](#) as mechanisms to improve the speed, cost and efficiency of the health innovation pipeline while retaining patient safety. Chick and Jaeger spoke of novel mechanisms for health data collection by payers, providers and patients to inform better decision making at a clinical level while remaining sensitive to patient health.

## **SDG lessons**

“A minimum dignity to everyone” is required when considering global health, Polman said in his keynote. Without clean facilities, our health problems will seem unsurmountable. Polman gave the example of [Domestos](#) and the purpose built into that brand. Through its support of UNICEF and education, the toilet cleaning product is an example of collaborating for health. He laid down a challenge: “Any brand has a responsibility to adhere to the SDGs.”

Ungureanu suggested that parents “lead by example”; once parents are active, children are more likely to follow. Businesses may heed this advice too, taking the first step in their corner of the world, reaching out to governments or academia to find solutions to pressing health problems.

Working across different teams within a single organisation with the same culture is difficult enough, so enabling teams from academia, government



organisations and business to communicate effectively is even trickier. [SDG 17](#) concentrates on global partnerships to achieve the goals. The contributors to the Business and Society Annual Forum on Health are among the vanguard in healthcare partnerships. They lead by example in reaching out to others with different backgrounds and expectations to meet the enormous task of ensuring healthcare is available on a global scale.

***[Business and Society Annual Forum on Health](#): INSEAD's [Hoffmann Global Institute for Business and Society](#) and [Healthcare Management Initiative](#) partnered with [AXA](#), a world leader in health insurance, to bring together a multidisciplinary group of faculty and practitioners to address a range of topics in health at the [ChangeNOW Summit](#) in Paris.***

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#### **About the author(s)**

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