

**cities
for better
health**

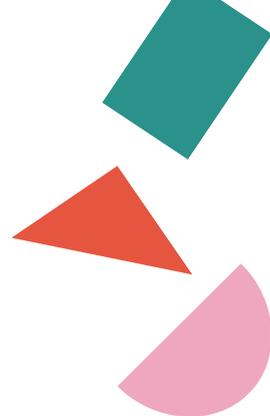
Creating & sustaining

coalitions

for urban health



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About

Cities for Better Health

Cities for Better Health (CBH) is a global network led by Novo Nordisk with over 50 cities committed to addressing the root causes of chronic disease in urban areas, with a focus on children and underserved groups. The programme brings together government, academic and community partners to drive action in schools, communities and city-wide to promote access to nutritious food and inclusive physical activity. We are guided by the core belief that everyone should have the opportunity to live a healthy life, no matter who they are or where they live.

Childhood Obesity Prevention Initiative

The Childhood Obesity Prevention Initiative (COPI) is a multi-year project under CBH launched in 2024. COPI operates in six cities across the world: Campinas (Brazil), Mississauga (Canada), Chiba (Japan), Johannesburg (South Africa), Madrid (Spain) and, most recently, Logan (Australia).

COPI is built on a global framework with design and monitoring and evaluation (M&E) requirements, but coalitions are shaped to fit the local context. COPI designs, tests and scales packages of community-based interventions to improve health and well-being by increasing access to healthy food and opportunities for physical activity, focusing on children aged 6-13. It is implemented in partnership with local governments, academic institutions, non-governmental organisation (NGOs) and communities, with support from Delivery Associates and the Behavioural Insights Team, acting as the Global Implementation Partner (GIP).

Building Blocks for Better Health Series

This resource is the first in a series capturing CBH's operational learnings. It offers practical learning for city leaders, implementers and coalition partners looking to build or strengthen multi-sector coalitions. Drawing on real-world experiences, this edition outlines the core stages of coalition building for urban health initiatives, highlights guiding practices and governance models, and offers key takeaways to help health practitioners navigate common pitfalls. As our programmes are ongoing initiatives with continuous learnings, we are inviting partners, peers and others working on developing coalitions for health to engage in conversation on what works and what does not work when driving community health promotion. Go to www.citiesforbetterhealth.com to stay up to date and engage further.

Executive summary

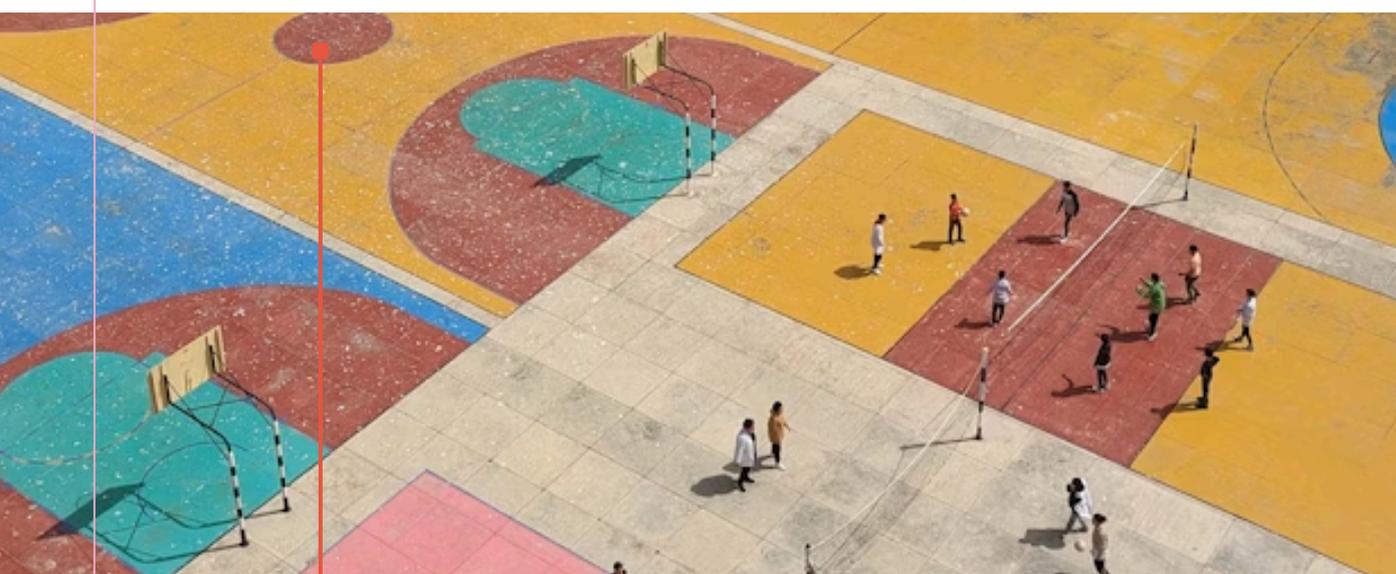
Coalitions as the core of systems change

Urban health challenges such as unequal access to healthy food and opportunities for physical activity are complex and multi-sectoral; no single actor can solve them alone. For Cities for Better Health (CBH), this means that we work to forge cross-sector coalitions in each of our partner cities – bringing together government, academia, community organisations and the private sector – to co-design and implement interventions with shared accountability. **Coalition building is therefore both a method and an output of our work:** the process of forming the coalition strengthens partnerships, and the coalition itself becomes an operational engine for change.

Across the cities engaged in the Childhood Obesity Prevention Initiative (COPI), CBH has not pursued a single model for coalition building. **These coalitions are not ad hoc committees; they are purpose-built, multi-sector partnerships** that drive key activities from initial situation analysis to monitoring and evaluation (M&E) and intervention delivery.

Critically, the coalition-centric model brings implementers and decision-makers together to work side by side – creating shared ownership of both challenges and solutions. In practice, **coalitions benefit from an identifiable convener or champion** – an actor (or small set of actors) who can bridge sectors, convene consistently and hold the ‘one team’ line through inevitable friction and change. This underscores a central tenet: **effective urban health solutions require coalitions that bridge sectors and levels of governance.**

We have learned from iterative practice and identifying patterns that can inform more effective and sustainable coalition design.





These lessons can be distilled into five essential learnings:

1. Lay the foundation before you build upward. Anchor the coalition in shared benefits, trust and local identity. Build momentum by ensuring partners see clear relevance to their mandates and are part of creating a unifying local ambition.

2. Provide standard components that can be assembled locally. Define core outcomes and principles to allow partners to interpret and apply them in ways that reflect local realities while maintaining coherence across sites.

3. Set the pillars that hold governance in place. Governance is the structural frame of a coalition. Having a clear convener, who acts as the load-bearing pillar and champions the programme, can sustain momentum and strengthen the overall structure as it enables alignment on decision-making, roles and authority with local mandates and power dynamics to ensure the coalition can hold complexity and adapt without losing coherence.

4. Reinforce learning and adaptation in the structure. Enable coalitions to anticipate challenges, adapt and accelerate progress through ongoing exchanges, simple tracking mechanisms and routine reflection.

5. Design for sustained operation. Selecting partners with long-term mandates, positioning external support as catalytic and integrating interventions into existing systems all contribute to lasting ownership.

Coalitions only matter if they change what happens in the real world, including schools, communities and public spaces. This resource includes practical frameworks for practitioners looking to initiate, strengthen or scale coalitions for urban health.

Think of these as building blocks, not a blueprint.

Whether you are launching a new coalition or refining one already in motion, you can take the pieces that resonate, test them with your own partners, and let your coalitions and the context you work in show what is possible.

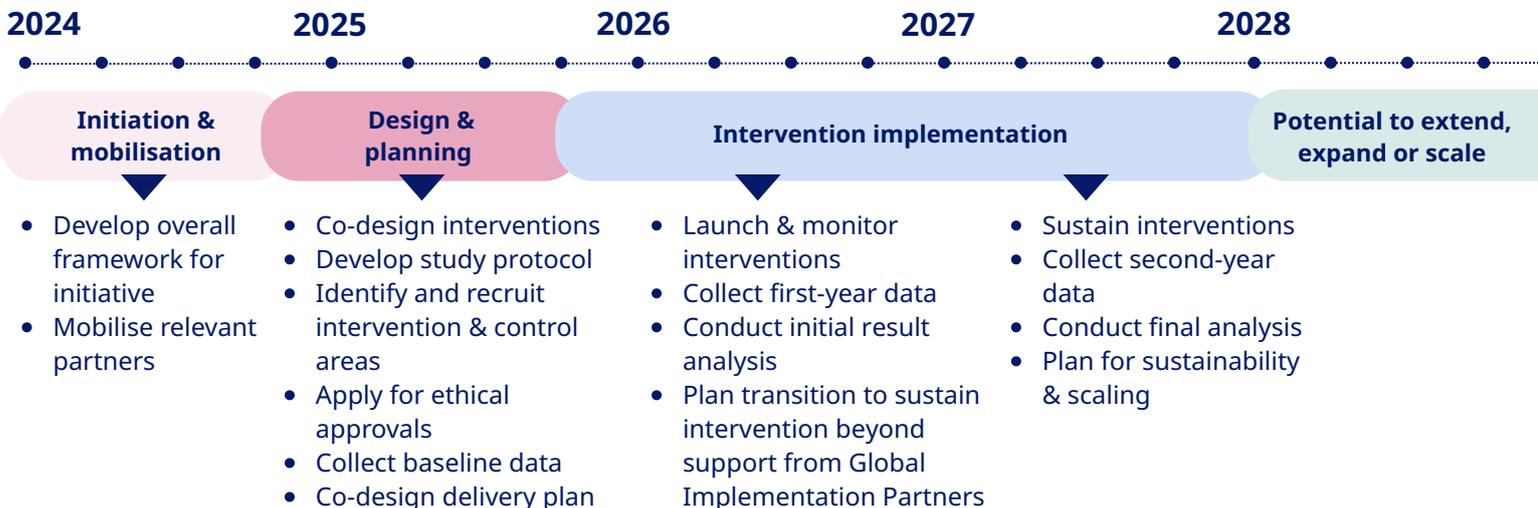
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Principles: The Cities for Better Health approach to coalition building



While forming coalitions is a common strategy in public health initiatives, the approach that CBH has taken in COPI has followed some specific design criteria. These have arisen from noticing patterns at all stages of coalition building and adjusting through an iterative process. COPI has demonstrated how coalition building underpins the entire initiative: within six months, all participating cities had functional coalitions established and intervention planning underway, reflecting the centrality of these partnerships.

COPI runs on a cycle that last around 3.5 years, from coalition formation and co-design to implementation and follow-up, building evidence and sustainability across the journey to design and deliver healthier urban interventions.



1. All stakeholders must see clear value in participation

In our experience, coalitions endure and deliver impact when partners understand how the initiative advances their priorities and strengthens accountability.

Building a coalition that lasts starts with giving partners a reason to care and to stay. Including lived experience in the process of building the coalition can help local stakeholders feel more confident that their communities have been consulted and that the initiative will serve them well. One early learning across COPI cities was that **technical plans and evidence alone are insufficient to ensure durable, long-term engagement**.

Establishing mutual benefits with each core partner and aligning the programme directly and explicitly with clear priorities that partners are required to deliver on are also key for commitment and shared accountability. This might be political (demonstrating city leadership on child health), institutional (aligning with a department's mandate or unlocking new resources) or relational (joining a trusted group of actors working towards a common goal). **This value proposition needs to be revisited at key moments in the process** as priorities, constraints and coalition membership evolve, so that it continues to feel worthwhile for everyone around the table.

2. Global evidence should enable – not override – local leadership

This principle allows coalitions to draw on proven frameworks while ensuring that solutions are owned, trusted and shaped by those closest to the communities and systems they seek to change.

Across programmes, **we operate on a dual-path model of co-creation that combines a global framework with locally designed initiatives**. A central coordination team provides a shared evidence-based and technical backbone – including a common theory of change, core design principles, a menu of intervention options and shared evaluation metrics – while city coalitions retain the autonomy to design solutions that fit their context.

For COPI, this has made co-creation easier by giving coalitions an anchor to react to, rather than asking them to start from scratch. For example, some sites have adapted elements of data collection to reflect local priorities by adding optional, locally relevant questions to shared questionnaires, such as questions on 'sense of belonging' in Mississauga and Logan, where this is a core consideration for the local communities being engaged.

At the same time, **there are limits to how far and how often the global framework itself can be changed**. If global requirements were adjusted frequently during delivery, it would create confusion and undermine consistency across cities. Global guidance provides stability and comparability, and local coalitions can shape how that guidance is realised on the ground and generate insights that can inform future iterations of the model.

3. Coalitions should operate as a connected network, not as standalone programmes

In our experience, treating city coalitions as a connected learning network accelerates progress, strengthens outcomes everywhere and reduces duplication while enabling faster and more effective improvement.

This principle is formalised through **regular cross-city exchanges, common tracking tools and a culture of open information sharing**, for example through Teams group chats and monthly meetings. The COPI learning tracker is an example of a structured knowledge-sharing mechanism. Through a shared log of lessons updated monthly by each country team, the global team can identify patterns, respond to emerging issues and disseminate practical tips.

Because the six COPI cities started implementation at staggered times in 2024–2025, some naturally became ‘first movers’ in certain areas. This was deliberately leveraged by having those early movers guide the others. For example, Campinas piloted the coalition governance model (signing the first memoranda of understanding (MoUs) and forming a city steering committee, which became a template for others); Chiba worked with the city on directive co-design workshops with stakeholders, testing ways to shape interventions while relationships and structures were still emerging (Johannesburg later drew on this experience when designing its own co-design process); and Mississauga emerged as a leader in co-design methodology, testing workshop approaches and co-creation tools that were later shared with other city coalitions.

This intentional lateral learning accelerates improvement and prevents each city from having to reinvent the wheel. The payoff is clear: **when one city encounters a challenge, others can anticipate it and adapt proactively.**



4. Governance should follow context, not templates

This principle enables legitimacy, resilience and continuity by aligning leadership and accountability structures with how authority, relationships and change already operate locally.

There is a range of coalition models, each with its own strengths (read more on coalition models on page 20). For example, a coalition anchored in a city government might accelerate institutionalisation and long-term ownership, but decisions can be slower due to bureaucracy and political cycles. In contrast, one led by an NGO might be nimble but may need to invest more effort in securing policy buy-in for sustainability as well as ensure that the initiative is not running in parallel to government initiatives.

By being context-responsive, COPI coalitions have so far avoided forcing ill-fitting governance models that local partners might resist. This flexibility has proved crucial to coalition durability when circumstances changed (e.g., a new mayor or turnover in partner organisations), as the coalition could reconfigure without breaking.

Organisation of the coalition of global and local partners for CBH's Childhood Obesity Prevention Initiative



5. CBH is more than a funder

CBH plays an active partnership role as a convener, facilitator, connector and problem-solver. In practice, this enables us to mobilise relationships, sustain momentum and support collective action while reinforcing local leadership as the primary driver of decisions and delivery.

In most public health initiatives, a private-sector funder might remain at arm's length, providing funding with little direct involvement. In COPI, the financial investment has been central to getting an ambitious, multi-city programme off the ground, but Novo Nordisk affiliates (the local Novo Nordisk teams based in each COPI country) have also taken on responsibilities such as brokering early government relationships, facilitating alignment with national and municipal opportunities, and helping to convene diverse partners around a shared priority. **This hands-on engagement has brought resources and continuity to the coalitions and created opportunities for two-way learning.** At the same time, it has required a delicate balance: the affiliate is a partner, not the owner of the coalition.

It has been crucial to maintain trust by emphasising transparency and consistently reinforcing the primacy of local leadership to ensure that the affiliate's involvement strengthened – rather than overshadowed – local leadership and decision-making. For example, attempts to establish COPI in France were hindered by concerns surrounding private-sector involvement, which made it difficult to build sufficient confidence in the model and ultimately prevented the coalition from being fully established. This experience underlines that **while the combination of funding and facilitation can be powerful, it must be carefully calibrated to local perceptions, histories and norms around public-private collaboration.**



2

Implementation guidelines: From principles to practice

This section provides practical guidance for turning coalition principles into action, organised across three complementary dimensions: **practices**, **process** and **partnerships**.

Practices: Concrete techniques for establishing strong relationships from the outset, creating a genuine sense of collective responsibility and putting in place simple but effective accountability mechanisms that support a 'one team' culture and help coalitions stay aligned through complexity and change.

Process: A flexible, step-by-step framework for moving from early concept to sustained delivery. It offers practical guidance on sequencing activities, balancing global consistency with local adaptation and translating shared ambition into coordinated action.

Partnerships: Different ways coalitions can be led and organised, highlighting the strengths and trade-offs of city-led, distributed and externally supported approaches.



Practices: Building trust, shared ownership and accountability



Building a coalition is fundamentally about relationships. In broad terms, three interrelated elements are critical in building coalitions: establishing **trust** among partners, fostering a sense of **shared ownership** of the project, and implementing **accountability** mechanisms to keep everyone aligned and on track. This is especially critical in coalitions focused on children's health, as children have less agency, outcomes unfold over a lifetime, success depends on community engagement, and progress requires coordinated action across multiple systems simultaneously.

In COPI, these are practices we are still learning to apply consistently across cities, but our experience highlights practical ways to nurture each one.

Trust

Trust is built through ongoing engagement, should be seeded at the very start of coalition formation and needs deliberate nurturing over time.

- **In-person engagement should be prioritised wherever possible** and complemented with regular virtual engagements. Early face-to-face kick-off meetings help partners align on objectives, understand constraints and build a personal rapport that e-mail communication alone cannot create. Building on existing institutional relationships can provide an initial foundation of trust, but this should not be the endpoint.
- **Be practical and creative when ideal or preferred partners are not available.** In our experience, some organisations that seemed critical were not able or willing to formally join at the outset. Rather than halting progress, alternative organisations were identified to play a similar connective role, for example by working through community-based organisations while continuing to engage local authorities for alignment. This kind of route-finding is part of coalition building in complex systems and not necessarily a deviation from it.
- **Keep partners informed.** Share context, explain trade-offs and invite feedback early on, rather than presenting fixed decisions. This was particularly important for adapting global requirements to the local context (see pages 6–10 on CBH’s approach to coalition building for more on this). When partners understand why something is required, they are more likely to trust the process, even if they do not fully agree, and the feedback received can help strengthen local relevance and impact.

Key takeaway: Regularly convene partners in person where possible, use those touchpoints to explain the ‘why’ behind decisions and be creative in finding alternative partners when the ideal ones cannot join. This builds a reservoir of trust that makes difficult moments easier to navigate together.



Ownership

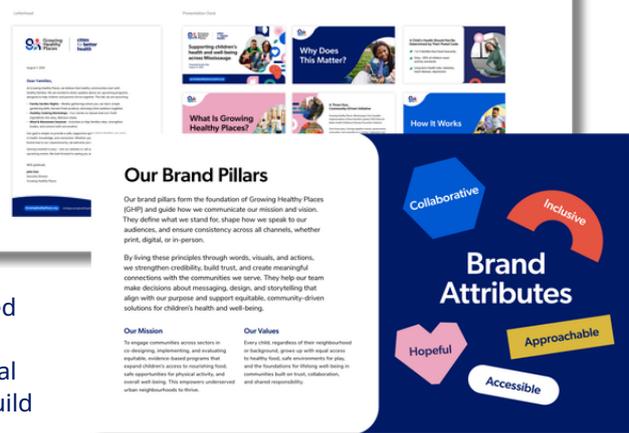
Shared ownership is fostered by avoiding a client-vendor mindset. Coalitions function best when partners see the work as their project rather than someone else's programme.

- **Avoid labels that divide implementers and beneficiaries;** instead, use terms like coalition members or core team members for everyone. While this may seem minor, it influences how people show up.
- **Establish joint governance bodies** with representation from all major partners so that key decisions are made collectively (see more on governance models on page 20). Centrally defined requirements and timelines can complicate local ownership, but by inviting stakeholders to opt in through an application or expression-of-interest process, the requirements are experienced as a deliberate choice. Where this is not feasible, invest in socialising the requirements by translating them into a clear narrative that links each one to local priorities and explains the rationale and non-negotiables. When partners see their own goals reflected in the framing, they are more likely to feel genuine ownership.
- **Co-create a shared aspiration or vision with all core partners,** including branding assets such as name and logo that resonate locally. Asking each organisation to contribute signals a shared stake and joint responsibility.



In Mississauga, the local COPI programme is called Growing Healthy Places: Mississauga. Coalition partners co-created shared brand pillars and visual assets, including the name, logo and values, to build shared ownership and a locally resonant identity.

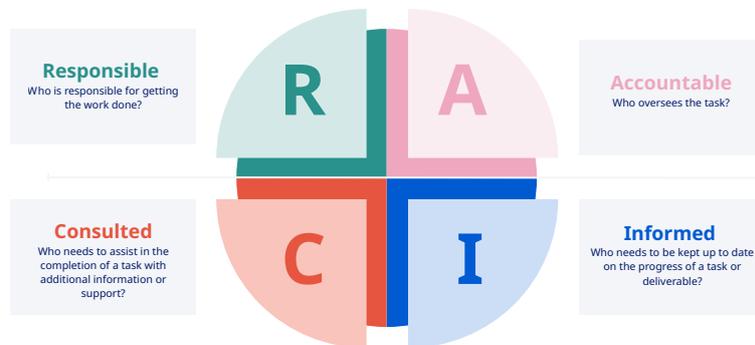
Brand Elements in Use



Key takeaway: Co-create a local ambition and identity with partners, use inclusive language and joint governance structures, and either invite coalitions to opt into the model or deliberately socialise global requirements so they feel locally relevant and owned.

Accountability

While trust and ownership are central to a coalition, accountability is the backbone that keeps it effective.



- **Establish explicit roles and responsibilities**, clearly outlining who leads which activities, what support they can expect and how decisions will be made. Simple tools such as Responsible, Accountable, Consulted and Informed (RACI) matrices or shared responsibility trackers can help keep this visible and up to date.
- **Set up a predictable coordination routine** to create a rhythm for sharing progress, surfacing issues early and tracking follow-up actions. A joint workplan accessible to all partners reduces the risk of tasks falling through the cracks.
- **Recognise differences in capacity and risk tolerance.** Rather than assuming a common baseline, clarify standards upfront and invest in capacity building where needed. During project kick-off, we proactively identify potential risks and define clear mitigation strategies to prevent or reduce their impact. When issues arise, we conduct learning-focused debriefs to understand what happened, identify root causes and adjust as needed.
- **Cultivate a 'one team' culture**, where partners feel responsible not only for their own deliverables, but for the coalition's overall mission. Joint reflection, shared problem-solving and celebrating milestones together can help reinforce this culture over time.

Key takeaway: When formal mechanisms and a 'one team' ethos reinforce each other, accountability feels shared, and coalitions are better able to stay aligned through pressure and change.

Building trust, shared ownership and accountability in a coalition is an ongoing balancing act. Our experiences with COPI showed that it is possible to achieve a strong 'one team' culture across very different organisations, but it requires conscious effort, the right structures and adaptability. In the next section, we explore how to set up a coalition.

Process: Getting started on building a coalition



Our work with coalition building has taught us lessons that can serve as inspiration for programme implementers and others involved in designing and leading coalitions for urban health. A central principle is that **any coalition framework should build in flexibility and be shaped by local realities** and not applied as a rigid template. The framework below distils these lessons into practical steps that can be adapted to different contexts where coalitions are built.

1 Define core cornerstones: Set the foundation for local adaptation

Before establishing a local coalition, **define a set of core programme cornerstones**, such as the theory of change, key outcome measures, and minimum standards for design and M&E, to provide clarity on what is fixed and what is adaptable. Creating these elements centrally ensures coherence. This can include simple tools such as an overall vision of the programme, guidelines for support and funding, and a partnership guide. These tools help clarify roles and decision rights, outline what partners can expect from each other and ensure that core requirements are understood from the outset. **These cornerstones act as standard components that cities can assemble in locally relevant ways while maintaining consistency across sites.**



In COPI, we developed a common theory of change and a global monitoring and evaluation framework with required, pre-specified indicators and required sociodemographic variables that are collected across all sites. Within these shared requirements, city coalitions retain the flexibility to adapt interventions to local realities and can add locally relevant measures while still tracking a consistent set of outcomes.

2 Survey the site before breaking ground: Assess readiness and set shared intent

Once the cornerstones are in place, **conduct a situation analysis and stakeholder mapping**. Ideally, this happens before selecting a focal city or community and informs where the programme is launched. In circumstances where certain constraints mean that a location is chosen before the analysis, the assessment becomes even more important for clarifying how the global framework can best fit local realities. This step operationalises the key learning of laying the foundation before building upward, ensuring partners see clear relevance to their mandates and contribute to shaping a shared local ambition.

A landscape scan can gauge political commitment, institutional capacity, partner diversity and data availability, while highlighting where additional central support may be needed and which global requirements add the most value. It is also important to clarify the value proposition: what each partner can and is willing to contribute, what incentives matter to them and what they stand to gain – so that coalition goals connect directly to stakeholder priorities and delivery mandates.

A key outcome is identifying likely anchor institutions for the coalition. While building on existing relationships can provide stability, balancing continuity with diversification helps avoid groupthink and extends the coalition's reach beyond established networks.



In **Johannesburg**, an interactive session with the local steering committee – which included multiple levels of government and different sectors – was used to map how COPI's goals linked directly to government priorities. This helped position COPI as a vehicle for advancing existing local strategies and offered a clear overview of the necessary roles in the steering committee.

3 Put the structure in place before the work begins: Translate intent into a coalition model

With key players identified and interest gauged, **the next step is to establish a governance and coalition structure tailored to the local context**. This step builds on the key learning of setting the pillars that hold governance in place by clarifying who convenes, how decisions are made, and how authority aligns with local mandates and power dynamics. There is no one-size-fits-all model; structures should reflect local political dynamics, institutional mandates and existing coordination mechanisms, and may need to evolve as the coalition matures.

A learning from COPI is the importance of designing the structure intentionally from day one, rather than onboarding partners first and addressing governance later. Partnership documents such as MoUs or letters of intent help cement commitments and create a shared understanding of how the coalition will function.

It is also critical that **stakeholders are represented at the right level**, whether as implementers, technical experts or decision-makers, rather than expecting one person to fill all roles. Inclusivity remains important but should be balanced with effectiveness. This typically involves forming a core working group or steering committee, defining sub-teams for key workstreams and formalising roles so that partners are clear on decision rights and commitments across phases.

In **Campinas**, governance arrangements have evolved across phases to remain functional despite high workloads and city government turnover, showing that governance models may need to shift as the coalition matures while maintaining a strong relational foundation. For example, in Mississauga, well-connected local NGOs often play a central convening role, while in Chiba, city officials have a stronger formal role, reflecting local governance norms.



4 Move from plans to practice: Operationalise the coalition and manage delivery

With structures and agreements in place, the coalition moves into action. This stage focuses on establishing a clear local identity and shared narrative. **Co-creating a local vision and developing a locally resonant name and branding** can strengthen ownership, pride and visibility, signalling that the initiative belongs to the city rather than external partners (see the example on page 14).

Activation also involves putting governance routines into practice, such as regular coalition meetings and reporting channels, and linking implementation teams and community partners through clear coordination. These routines enable the key learning of reinforcing learning and adaptation in the coalition's operating model rather than treating them as add-ons.

Strong communication is essential. Establish clear channels, such as e-mail lists, shared folders or dashboards, and messaging groups – and agree on how each will be used. With COPI, we realised that it was important to agree early that sensitive information, including data, is only shared through formal and pre-agreed channels, while informal channels such as WhatsApp are reserved for small operational tasks and quick coordination. **Being explicit about these norms reduces confusion and protects data and relationships.**

At this stage, the coalition should also initiate co-design discussions to brainstorm and vet potential interventions. **Be clear about the trade-off between timely delivery and meaningful participation** by setting timelines that maintain momentum while still allowing partners and communities space to shape priorities and design.

As the coalition moves into delivery, it is also important to **build in simple feedback routines early on**, so that small issues are surfaced and addressed before they become structural problems. This can include brief after-action reviews at key milestones and structured reflection moments that help teams adjust co-design and delivery approaches without losing momentum or sight of core goals.



In **Mississauga**, the local coalition operationalised delivery through a phased, partner-led roll-out, coordinating engagement in pilot schools. They aligned timelines via joint planning and group info sessions to clarify roles and responsibilities, launched an [Information Hub website](#) and designated central points of contact. During co-design, they held monthly internal checkpoints to stay aligned on emerging learnings and next steps.

5 Design for sustainability and resilience: Transition from a funded project to a city-led ecosystem

This stage reflects the key learning of designing for sustained operation by selecting partners with long-term mandates, positioning external support as catalytic and embedding interventions into existing systems. One approach is to **partner with institutions that have long-term mandates**, such as city departments, universities and well-established NGOs. External resources should be used as start-up support to pilot ideas, with partners jointly committing to secure long-term funding.

Multi-sector partnerships also help distribute responsibilities and reduce dependence on a single funder. Having multi-sector partners allows responsibilities and resourcing to be distributed across institutions and reduce dependence on a single funder.

Another strategy is to **institutionalise coalition activities within existing systems**, for example by integrating successful interventions into municipal programmes or school curricula. Capacity building is equally critical: over time, local partners should be trained and mentored to assume full ownership.

A final pillar of sustainability is securing ongoing visibility, political support and institutional legitimacy by **embedding coalition oversight in formal city or national structures** and creating regular feedback loops of project updates, success stories and results for decision-makers and potential future owners. Cultivating a broad base of champions and communicating early wins help buffer against shifting political priorities and keep funders, officials and communities engaged over the long term.

In **Johannesburg**, as part of a future strategy, COPI's delivery routines will include a quarterly multi-stakeholder stocktake with the City of Johannesburg and relevant government departments in order to review progress and confirm sustainability actions, alongside a planned biannual Sustainability & Transition Planning Session (starting mid-2026) to support the long-term handover of ownership, funding and delivery to local systems.



The above framework was used as a guiding template – but not a recipe – in COPI cities. CBH's model pairs global guidance with strong local leadership at each stage – an approach we explore more in the next section.

Partnerships: Coalition and governance models

When deciding on a governance and coordination model, it can be worth keeping the following in mind:

Competing priorities among institutions

When multiple agencies are involved, their priorities do not always align. The lesson is to surface any priority misalignments early on and find compromises or complementary approaches.

In Chiba, it was identified early on that requiring sign-off from several municipal departments could slow down implementation. This is being mitigated through workshops and forums that bring stakeholders together to align on a shared ambition and mission before decisions are made.

Varying technical capacity and risk awareness

Good governance is not just about structure, but also about ensuring everyone clearly understands protocols and expectations. Governance routines can incorporate capacity building by using coalition meetings for knowledge sharing and alignment. Rather than assuming that each partner is starting from the same baseline, programmes should be adapted to meet partners where they are and then build capacity over time.

In Mississauga, a weekly forum with local delivery partners, global implementation partners and Novo Nordisk Canada, named the Project Operational Table (POT), was established to track progress, manage risks, resolve issues and ensure accountability. The group aligned ways of working and quarterly plans early on, then refined roles and responsibilities through regular reviews, allowing ownership to shift with each project phase while keeping expectations clear.

Clarity of roles vs local power dynamics

Even with MOUs and organisation charts, real-world power dynamics play a large role in coalitions. Governance has to account for formal roles and informal influence. The learning is to continuously check that the official governance structure is not being undermined by unspoken hierarchy or politics, and to adjust accordingly. This might mean, for instance, creating a separate advisory board to give a voice to political stakeholders who are not in daily operations, or explicitly empowering a quieter partner by assigning them leadership of a sub-committee so that they have a platform to assert their perspective.

In Johannesburg, the COPI team recognised that formal governance structures did not fully reflect the operational realities of school engagement. District officials, rather than provincial leaders, had the relationships needed to coordinate effectively with schools. After selecting 22 schools, district officials were engaged and positioned as visible champions. This helped signal district endorsement, building trust and credibility.

Three types of governance models

1. Government-steered model

In this model, the coalition is essentially housed in or led by a city's municipal government, embedding the initiative into existing city governance. In Campinas, Chiba and Madrid, decision-making largely flows through municipal channels, and the coalition's activities are integrated with official city health strategies. **This embedded model provides clear authority and sustainability** – the city 'owns' the initiative, aiding scale-up and institutionalisation of successful elements. **The challenge with this model can be slower processes, bureaucracy, political shifts and administrative procedures that may delay action.** Also, in a city-led structure, non-governmental partners might feel secondary if they are not actively included in agenda-setting and decision-making. COPI coalitions have sought to build other voices into municipal-led processes by involving academics, technical experts and NGO partners in advisory and working groups, thereby complementing government leadership with a wider set of perspectives.

Decision making

Responsibilities: Ongoing approval of project materials and decisions

- Chiba City Government and relevant departments

Advisory

- Academics
- Principals groups
- Individual schools

Programme management

Responsibilities: Day to day Materials Agreements Overall coordination

Link to global programme to ensure alignment & shared learning

- Novo Nordisk Japan
- Global Implementation Partners (GIP)
- Academic partner (M&E)

Intervention delivery

Responsibilities: Deliver the interventions

- Private-sector organisations working together through a cross-organisation group to share insights and support implementation

In **Chiba**, the coalition uses an embedded, city-led governance model where the municipality makes final decisions on intervention and engagement in consultation with a core implementation team that brings in technical expertise, schools' perspectives and core delivery partners, and supports information sharing and workshopping sessions.

2. Committee-led model

In this model, no single entity is the sole leader. Instead, a **coalition steering committee or working group – with representatives from different organisations – shares coordination responsibility.**

Johannesburg illustrates this distributed model – the coalition governance involves provincial, district and city government stakeholders and the Novo Nordisk affiliate, with implementation and M&E partners supporting delivery and providing input through regular steering committee engagement. They formed a local steering committee with members from each institution who sign off on major decisions, ensuring each stakeholder has a voice.

The advantage is broad ownership – it taps the strengths of multiple institutions and can be very resilient. **The challenge is that coordination can become complex.** Decision processes might become cumbersome or could blur accountability, and there is a risk of low engagement if no one institution feels a strong sense of ownership. This can, in turn, affect sustainability if there is no clear pathway for long-term leadership. The solution is to clearly delineate roles through partnership agreements and tools such as RACI matrices. In other words, even if coordination is shared, it must still be clear who is driving what on behalf of each sector.

Steering committee

Responsibilities: Ongoing steer of project direction

- Representatives from city government & provincial government
- Representatives from programme management team

Advisory

Responsibilities:

Share learnings and provide input and strategic advice

- Local and global organisations that have implemented or evaluated similar initiatives

Programme management

Responsibilities: Day to day Materials Agreements Overall coordination

Link to global programme to ensure alignment & shared learning

- Novo Nordisk South Africa
- Global Implementation Partners (GIP)
- Local implementation and M&E partners

Intervention delivery

Responsibilities: Oversees physical activity and nutrition interventions District liaison

Coordinates with schools

Community gatekeeping

Delivery partner support

- Coordination:
 - District officials and community engagement officers
- Operational:
 - Physical activity partner
 - Nutrition partner
 - M&E partner

In **Johannesburg**, the coalition uses a distributed, committee-based governance model where a multi-institution steering committee (including provincial, district and city government stakeholders, alongside the Novo Nordisk affiliate) signs off on key decisions, supported by a core implementation team and technical advisors to guide delivery and evaluation and strengthen intervention development.

3. Locally anchored model

In this model, **a non-governmental entity (or a dedicated project team) leads coalition coordination initially, with a plan to hand over to local institutions over time.** In COPI, this has often taken the form of community-led governance, where NGOs with deep local roots and strong relationships play a central role. Mississauga is an example of this. Ophea, an NGO specialising in healthy, active living in schools and communities, and 8 80 Cities, another NGO creating active, accessible public spaces (both with strong community ties), have been closely involved in coordinating the design and delivery of interventions with the local school board as well as public health, community and city partners, drawing on their existing relationships and technical expertise. The intent is that as the value and feasibility of the approach are demonstrated, the local partners will be better positioned to assume ownership and integrate the work into the school district and municipal systems.

The externally led model brings speed and agility, leveraging an experienced external partner to accelerate start-up. The risk, however, revolves around long-term ownership: if the coalition is too closely identified with an external actor, will local institutions fully embrace it once that actor steps back? Could an external lead inadvertently sideline government ownership? We managed this risk by embedding city stakeholders, such as relevant city departments and school board representatives, in governance even when they are not leading, and by having an explicit timeframe and plan for transitioning leadership to local entities.

Strategic oversight

Responsibilities:

Access to organisational resources

Project approvals

Alignment

- City of Mississauga
- Peel region school board
- Peel region public health

Programme management

Responsibilities: Overall coordination Intervention development

Co-design & community alignment

- Local NGO partners
- Global Implementation Partners (GIP)
- Novo Nordisk Canada
- City of Mississauga rep
- Peel region school board rep
- Academic partner (M&E)

Intervention delivery

Responsibilities: Oversees, trains and implements

- Local NGO partners
- Community partners

In **Mississauga**, the coalition reflects an externally supported, community-led coordination model where local NGOs (Ophea and 8 80 Cities) anchor day-to-day implementation and community engagement, while the school board as well as city and public health partners provide local insight and support through formal engagements (e.g., CBH-funded secondments) and help position the work for longer-term local ownership.

Across these models, we maintained a layer of central coordination and support that interacted with local governance. The Global Implementing Partner, Novo Nordisk HQ and Novo Nordisk affiliates provided a form of meta-governance and support to local coalition building: setting common standards, providing technical and financial backing, helping to build capacity among local partners, facilitating cross-city learning and ensuring quality control. Importantly, this central role was supportive, not directive.

In short: use your initial landscape scan to identify a governance model that fits your context, and then be proactive in shoring up its weaknesses through clear agreements, routines and perhaps hybrid elements. **Coalition governance may not follow a neat organogram: in COPI it became more networked and iterative than originally envisioned.** That flexibility is okay – in fact, it is desirable, because coalition building is a learning process: needs might change and governance needs room to evolve with it.



Conclusion

Building and sustaining coalitions for urban health is challenging, but immensely rewarding. The COPI experience across six cities has not produced a perfect model, and we do not have all the answers. What we do have are early lessons from an ongoing process: practices that have helped the city coalitions move forward, and missteps that have sharpened our understanding of what it takes to work across sectors, institutions and communities. Coalition building in COPI has been less about following a blueprint and more about continuous adjustment – testing ideas, learning from what does and does not work, and refining structures and routines over time. The reflections in this resource are offered in that spirit. They point to a few recurring ingredients: clarity on shared benefits, a global–local framework that is stable but adaptable, governance models that fit local realities, deliberate attention to learning and planning for sustainability from the outset. None of these elements is unique to COPI, but together they have helped COPI coalitions turn the complexity of multi-sector engagements from a hindrance into a strength, generating solutions that are more multi-dimensional, contextually appropriate and broadly supported.

As the **Building Blocks for Better Health Series** continues, future resources will delve into other core pillars of the CBH model – such as data-driven decision-making, community engagement strategies and systems thinking in programme design – all informed by the same city evidence base. Coalition building, however, is the foundation that underpins them all. Our hope is that city practitioners, urban health experts and decision-makers can use these insights as prompts to review their own context, adapt the stages and governance options outlined here, and experiment with coalition models that make sense for their contexts. **We also see this as an invitation to peers to share their experiences – including where approaches have failed or needed to change – so that, collectively, we can continue to improve how coalitions are built and sustained for better urban health.**



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our health**

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