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It is important to acknowledge at the outset that partnership is often absurdly complicated. Organizations have to compete for scarce funding, and funders are often interested in supporting outcomes promised in a short time frame rather than in the longer-term work of creating partnerships, which can take years to come to fruition. There can be historical, organizational, and personal barriers, which require patience and time to overcome—two commodities in short supply for most of us. While we know that global health problems will be solved through innovations that come out of the creative convergence of partners from a broad range of sectors and backgrounds, partnerships often don’t reach their full potential or fail altogether.

However, as global health issues become increasingly complex and the resources to address them scarcer, the reality is we have to find ways to work more productively together.

Our hypothesis is this: global health efforts will improve more lives by activating diverse partners in strategic ways and, when appropriate, speaking with a collective voice to advocate for greater resources to do the work.

While much can be done virtually, we believe that physical proximity can play a critical role and that the key strategic advantage of regional alliances lies in the fact that members are able to develop strong personal and professional relationships built on a foundation of trust—the cornerstone of successful partnerships. Within a defined geographical region, an alliance can serve as a catalyzing agent while also being a neutral platform around which strategic connections are made, both within the global health ecosystem and across other sectors.

In Washington State, with the leadership and support of the global health community and the broader business, civic, and government sectors, Washington Global Health Alliance (WGHA) has developed an effective model for regional global health collaboration. Our mission is to connect and champion our state’s sector for greater global health impact; the primary ways we achieve this are by spurring partnerships and strengthening our region’s global health network.

Now in our ninth year, and with the support of the Robert Wood Johnson Foundation, we have the opportunity to reflect on our journey, documenting and sharing some of our strategies, stories, and lessons learned—and what’s worked and what hasn’t.

This report also reflects the candid insights of global health leaders from across the country. In March 2016, we invited leaders from Georgia, the Research Triangle in North Carolina, Massachusetts, Maryland, Washington, DC, and New York to explore the potential for regional
alliances to maximize the impact of their work. Two months later, leaders from California convened on the Stanford campus to do the same. I am deeply grateful to these individuals for giving their time and talents to the idea of regional health alliances.

This report is meant to help regional leaders within and outside the United States determine whether a global health alliance would serve to strengthen your work. We hope that our experience will inspire and inform your effort. Most importantly, I hope that by sharing our lessons learned, we can save you time by learning from our mistakes as well as our successes.

We at WGHA welcome your input and are happy to serve as a resource.

Best wishes,
Lisa Cohen
Executive Director, Washington Global Health Alliance
By all accounts, WGHA has increased interconnectivity among global health entities as well as the broader community in Washington State. This has yielded stronger partnerships and higher impact by building awareness of the field, fostering a dynamic network of colleagues to solve problems no one entity can do alone, and maximizing program and scientific expertise. WGHA hopes that by sharing its experience, leaders from other regions will consider the benefits of establishing an alliance to strengthen their global health communities.

This report is an overview of the components crucial to building an alliance. This is a blueprint outlining what has worked for WGHA, what hasn't worked, and why. Case studies provide context throughout. This report is intended to serve as a guide to help ask the right questions up front, learning from WGHA’s experience. While many of WGHA’s lessons learned can be generalized, each region will have its own unique set of opportunities and challenges.

This report is designed for global health leaders interested in increasing collaboration among their region’s global health community and bringing together partners from the business and civic communities, public and economic development sectors, and other entities to work together toward greater global health equity. This report is for regions exploring the feasibility of creating an alliance, as well as for established collaborative efforts seeking to be more effective.
Guiding Principles

Guiding principles keep an alliance focused on its mission and vision. They are the touchstones an alliance should reflect back on when evaluating progress and impact and in setting priorities. While each region’s approach will be unique, WGHA believes the principles outlined here are core to its success. Following each are related stories and reflections, followed by what WGHA learned along the way.

WGHA’s Four Guiding Principles:

- Cultivate Champions
- Demonstrate Value
- Serve as a Neutral Party
- Build a Network of Diverse Relationships

Cultivate Champions.

These are the essential, bedrock supporters of an alliance. WGHA’s initial champions were the six top-tier leaders of Washington State’s major global health organizations. Their early commitment and willingness to bring others along was a major leap of faith and investment of time. They brought credibility and, as leaders of their own organizations, were skilled executives who brought with them management acumen and a willingness to take risks. WGHA would not have succeeded without the substantive contributions, counsel, and connections of each of these leaders. For WGHA, it was important that these champions be high-ranking organizational leaders with decision-making and budget authority.

WGHA Champions: An Early Example

In 2007, while WGHA was still exploring the feasibility of creating an alliance in Washington State, a briefing on global health was scheduled with Washington Governor Christine Gregoire. Seizing this opportunity, WGHA asked the global health and university leaders who would be attending to gather just prior to the meeting to float the notion of establishing a formal alliance. Although these leaders did not know each other well and had never met as a group, they were quickly drawn together around the idea and potential of a formal collaborative effort. Even without a plan in place, getting on the same page prior to the discussion with the governor helped present a more compelling and cohesive case for support.
At the meeting, the governor was impressed by what she heard but asked for data to help her publicly support a “global health sector.” The provost from the University of Washington agreed to conduct an economic impact analysis, the results of which the governor used to advocate on behalf of the Alliance. The governor’s voice got the attention of other key organizations, catalyzing recognition of the sector and accelerating the formation of WGHA.

**WGHA’s Key Lessons Learned**

WGHA had little time to get the leaders to agree to convene but knew the chance to have this particular group meet with the governor was a rare opportunity. Because the individuals at the meeting were very senior, they were able to make institutional commitments quickly. In retrospect, it was risky to suggest proposing an alliance just in advance of the meeting, but given the group’s experience and ability to take calculated risks, they saw the strategic opportunity and embraced it. The key lesson here was to be opportunistic and strategic with leadership in order to cultivate them as early champions of the initiative.

The other lesson relates to the requirement for data. Leaders, especially elected officials, need hard data to back up programs or initiatives they are asked to advocate on behalf of. Stories are important, but they are not enough.

**Demonstrate Value.**

An alliance is, first and foremost, accountable to its members, and from the start, WGHA adopted an operating principle to focus only on activities that add real value to members and key stakeholders. WGHA established a discipline of regularly asking itself, “Are we adding value to our members and how do we know this?” This practice has helped keep the needs of members at the forefront and ensure that the Alliance’s finite resources are spent strategically for greatest impact.

WGHA surveys its members on a regular basis, asking, “What are your priorities? What are your challenges? What does success look like? How can we add value to your work?” WGHA is a nimble organization and continually listens for opportunities to limit redundancy. What WGHA hears from its members enables the Alliance to be forward-thinking and creative with its resources. In addition to providing assurance that the Alliance is bringing real value to its members, this focused and transparent approach has created a culture of openness and trust between WGHA and its membership.

**WGHA’s Key Lessons Learned**

There is a balance to strike whereby an alliance is responsive to member requests while also identifying and introducing members to new opportunities that benefit the global health community. In the early
years, WGHA was, at times, overly responsive to the requests of its members and, like any start-up company, it experimented with a variety of programs and products to determine what best met the needs of its market. It was also open to a broad range of opportunities based on available funding, not unlike many nonprofits. This was a delicate balance and stretched staff capacity and diffused focus.

Two specific examples of this broad-brush approach: at the request of members, WGHA launched a global health curriculum in high schools and partnered on a monthly global health lecture series. Both seemed like reasonable programs that would enrich the global health community and engage the next-generation workforce. In reality, the high school program served the needs of a few communities but lacked scalability due to the funding environment. The lecture series featured remarkable global health luminaries but repeatedly drew meager crowds, likely due to location and timing. In both cases, WGHA found that moving in the direction of one member meant inadequately serving the needs of the broader community.

Based on member input, WGHA focused its efforts on what members said would be most valuable to them: exploring collaborations, making connections to new funders and key stakeholders, and presenting a more unified global health voice to media and policymakers.

It is important to note, however, that member priorities can and do shift over time; what isn't the right idea now might be worth reconsidering in a year or two.

After several years of operating in start-up mode, it became clear that prioritizing programs with cross-member appeal was critical to the Alliance’s effectiveness and sustainability. Now WGHA makes a concerted effort to gather input from multiple sources before launching new efforts. The staff evaluates new opportunities using strict criteria that map to the organization’s work plan. WGHA now has a staff role dedicated to membership stewardship and throughout the year the organization is more intentional about communicating when it’s added value.

Serve as a Neutral Party.

Neutrality is absolutely critical for an alliance. Impartiality allows WGHA to facilitate strategic connections that might not otherwise be possible. Because there isn’t a specific agenda other than supporting members and the sector as a whole, the Alliance provides a nonpartisan space for meeting and learning. This has allowed WGHA to bring together organizations regardless of ideology, including faith-based organizations, the military, universities, traditional NGOs, and potential corporate partners.

One recent example illustrates the power of this role. Early in 2016, one of WGHA’s executive members asked about connections with others working on antimicrobial resistance (AMR). In less than two weeks, WGHA gathered more than 25 AMR experts who agreed to create a statewide AMR coalition to address this major global and local health challenge.
The creation of the coalition was important, but it is the diversity of the participants that is more telling. In addition to NGOs and academics, the coalition includes leaders from local hospitals and research institutes, military researchers, and state and county departments of health. They are working to secure funding to address AMR with strategies ranging from drug development to global surveillance. Importantly, several new partnerships were forged as a result of this one meeting. If the organization had tried to convene this meeting alone, some of the participants likely wouldn’t have participated because of concerns about competing agendas or other barriers to partnership.

In WGHA's Experience...

When officially forming in 2007, WGHA chose a secretariat model for its initial organizational structure, and one of Seattle’s largest and most influential global health organizations stepped up to serve as its host. While the benefits of this arrangement far outweighed the drawbacks, it was only natural that WGHA was perceived as an extension of this organization. For organizations who decide to adopt secretariat models, this can be one of the challenges.

WGHA’s Key Lessons Learned

To overcome this perception, WGHA was proactive in creating opportunities to talk and answer questions about the new niche it was occupying in the region. It made a special effort with organizations that were influential but didn’t yet have direct connections to the global health community—for example the Chamber of Commerce and the City of Seattle’s Office of Economic Development. Engaging stakeholders both within and beyond the global health sector around topics that were applicable to its member organizations and also resonated with the interests of the broader stakeholder community allowed WGHA to gradually establish its independent identity and its neutrality. The director was a visible presence in the community, speaking at meetings, moderating panels, and participating in community initiatives that helped clarify WGHA's mission and raise its visibility. Now, WGHA is approached regularly to host meetings with diverse stakeholders that benefit from the neutrality WGHA provides.

Build a Network of Diverse Relationships.

Relationships are the fuel that powers an alliance, and they are far and away WGHA's most valuable asset. Relationships built on trust are the foundation for everything WGHA has accomplished. This takes intention, and it takes time. WGHA is strategic and thoughtful about creating space for members to get to know each other one-on-one. This may seem obvious, but it’s necessary to be intentional about allocating time for this. The same is true for events; opportunities to socialize and network can sometimes be as important as the program itself. Because WGHA is focused on networking in the global health community and creating strategic connections between it and a broader network of collaborators, this approach should be applied across the board in order to develop the diverse partnerships needed to succeed. Building relationships and credibility at all levels is essential.

In WGHA's Experience...

Global health leaders want to be with other global health leaders. At the start, WGHA engaged with a very small and influential group of global health luminaries. Their presence drew other global health leaders to the Alliance. Over time, these kinds of relationships built a foundation of trust. For WGHA, it has been equally important to cultivate relationships at all levels of member organizations.
WGHA’s network has grown, and continues to grow, because of the value WGHA places on individual relationships in the global health community. The importance of WGHA’s broad network came into play in 2015, when the CDC’s Ebola response team came to Seattle for a day. WGHA arranged several meetings for CDC leaders, allowing them to get a big-picture view of the wide-ranging efforts in its region while making the most of their limited time. That morning, WGHA brought together more than 50 leaders from NGOs; research institutes; federal, state, and local elected officials and representatives; companies such as Microsoft; and organizations whose work ranged from drug discovery to interventions in the field. Later in the day, WGHA convened another group focused on implementation. Participants included field health workers, disease modelers, architects designing emergency operations centers, and partners on other CDC and USAID projects. Dr. Tom Kenyon, then director of CDC’s Center for Global Health, commented that he had never had a similar experience. The meetings made their visit efficient and several new partnerships were borne out of the relationships established that day.

An Additional Learning

It is imperative to reach beyond the leadership in any organization. WGHA cultivates relationships within its member organizations with communication leads, human resources directors, program leaders and staff, researchers, operations leads, and executive assistants. Having strong ties with a mix of key constituents within these organizations—who are well connected and have decision-making authority ranging from scheduling to sponsorship commitments—helps WGHA operate efficiently and smartly, as these are the organizational influencers whose areas of expertise intersect with WGHA’s interests. WGHA nurtures these relationships and uses the time and resources of these partners judiciously.
Building Your Global Health Alliance

While each region will be different, it is helpful to think about five stages of development that alliances will likely go through as they become established (see Table 1). It is important to note that the process is not strictly linear; the timeline and action items outlined will vary depending upon priorities outlined by alliance leadership. The time spent in each stage is based on WGHA’s experience: keep in mind that the global health community is far more connected now than it was in 2007, when WGHA was just getting started, and therefore it is likely your efforts may proceed more quickly.

As an alliance moves from one stage to the next, it will be beneficial to ask, “What does success look like?” and “How do we assess whether we are making progress toward our goals?” to ensure continued alignment with mission and objectives. It’s important to address the key tasks in each stage before moving into the next.

Table 1 – Stages of formation of Washington Global Health Alliance

<table>
<thead>
<tr>
<th>Stage</th>
<th>Getting started (0–6 mos)</th>
<th>Scoping (6–12 mos)</th>
<th>Formalizing (~1 year)</th>
<th>Establishing (~5 years)</th>
<th>Maturing (by year 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this stage:</td>
<td>Value proposition</td>
<td>Stakeholder</td>
<td>Organizational</td>
<td>Mapping 2.0 and</td>
<td>Strategic refresh</td>
</tr>
<tr>
<td></td>
<td>Core champions</td>
<td>assessment</td>
<td>structure</td>
<td>economic impact</td>
<td>Strategic partnerships</td>
</tr>
<tr>
<td></td>
<td>Areas of focus and</td>
<td>Hire staff or</td>
<td>Mission and vision</td>
<td>Connections with</td>
<td>Strengthen</td>
</tr>
<tr>
<td></td>
<td>objectives</td>
<td>consultant</td>
<td>Strategic framework</td>
<td>nontraditional partners</td>
<td>infrastructure</td>
</tr>
<tr>
<td></td>
<td>Respected individual</td>
<td>Identify gaps and</td>
<td>Executive committee</td>
<td>Programs and early</td>
<td>Measurement and</td>
</tr>
<tr>
<td></td>
<td>takes leadership role</td>
<td>opportunities</td>
<td>Mapping 1.0</td>
<td>partnerships</td>
<td>evaluation</td>
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Stage 1: Getting Started

As you imagine different scenarios for a regional alliance, a lot of “what if” conversations have likely taken place. You may already be developing back-of-napkin budgets and beginning to expand the pool of people to whom you are vetting the idea of an alliance. Your core working group is highly engaged, and it may be as small as two or three people. What’s most important at this stage is that this core group is fully committed.

You’ll know you’re in this phase when:

- The working leadership group shows up to meetings motivated and excited to be sitting at the same table.
- Leaders are engaged and offering ideas that transcend their own organizations.
- Leaders follow up on commitments in a timely manner, from making important connections to providing resources from their respective organizations.
In this phase you’ll work to accomplish the following:

1. Crystallize your value proposition  
2. Cultivate your core champions  
3. Define your area(s) of focus and key objectives

**Crystallize Your Value Proposition**

There tends to be a moment or event that brings people together around the idea of forming an alliance, such as a funding opportunity, major announcement, or meeting.

Whatever it is that prompts your region to consider forming an alliance, it’s important to take the time now to make sure you are clear on what you hope to achieve in the long run.

What became clear early on in WGHA discussions was that while other sectors in the state were highly visible and as such had the support of the private and public sectors to grow and deepen their impact, the global health sector was very under the radar. While the founding members did not know exactly why this was so, they agreed that bringing more resources to global health was critical for greater global health impact. It recognized that increased visibility could influence state policies that would benefit the entire regional sector and grow a community of individual and corporate donors as well.

Out of these discussions, the group decided its early value proposition was in raising the visibility of the sector, which would lay the foundation for a broader range of partners and investments in the region’s global health sector down the line.

**Cultivate Your Core Champions**

As described in the Guiding Principles section, an alliance’s champions are its essential, bedrock supporters. Having these individuals on board will ensure your alliance is not only accepted but also welcomed into your community. Their endorsement and active involvement will ensure your early steps are well received and will boost your alliance’s credibility. Take the time to cultivate the key global health influencers in your region you will need on board to garner support and attract others to join. Realistically, you will need to enlist several leaders from your region’s top global health institutions as core champions; once they have signed on, the majority of other global health organizations in your region will join. Other champions from smaller organizations may also have influence, although in different areas. Each region will differ, although it is important that an alliance’s leaders have the wherewithal to make and follow up on organizational commitments, including but not limited to putting in time and ensuring their organization’s financial support.

During this stage, WGHA brought together the leaders of Washington State’s six major global health organizations: Fred Hutchinson Cancer Research Center, PATH, the University of Washington, Washington State University, the Center for Infectious Disease Research (formerly known as Seattle Biomedical Research Institute), and the Bill & Melinda Gates Foundation. Together they formed WGHA’s first steering committee. Once WGHA was established as a secretariat, these leaders transitioned to serve as WGHA’s first executive committee. While not a formal governance board, this committee
supported and guided all major decisions in the Alliance's early formation, including its strategy development and fundraising efforts. Later, when WGHA became an independent 501(c)(3), some of these leaders continued on as members of the board of directors, and all continued as members of the Executive Roundtable. (The Executive Roundtable has evolved into a mechanism that brings CEOs together for specific purposes such as meeting with the governor, meeting with international leaders, or exploring common challenges and opportunities.)

It is important to give each of these leaders ample time to get to know one another. In meetings, allow time for them to share the work of their respective organizations. WGHA’s founding leaders met every two or three months for the first six months, allowing time to explore what could be achieved together and develop some tangible milestones. Regular, structured, in-person meetings are essential for keeping everyone engaged. This took a great deal of planning given travel schedules but was an investment that reaped real benefits. Most importantly, it allowed them to collaboratively develop WGHA’s shared vision.

Nine years ago, focusing early attention exclusively on the top global health leaders was the right approach. Now, since the sector has evolved, WGHA recommends casting a wider net at the earliest stages of formation. While working with Georgia, California, and Melbourne to explore the creation of regional alliances, WGHA has recommended their efforts include additional stakeholders in the early outreach meetings and in the meeting outlining the value proposition. This creates early buy-in and generates a level of excitement. A small core group of leaders emerges out of these meetings; this group forms the steering committee and plays an active role in moving the initiative forward. These additional stakeholders should be strategically involved as the alliance matures and gains momentum in roles that best suit their skills, capacity, and positioning.

**Define Your Primary Area(s) of Focus and Key Objectives**

Once WGHA staff and the steering committee identified the Alliance’s primary goal, which was to gain the support and engagement of a much broader range of stakeholders to increase global health impact, it needed to refine strategies and tactics it would pursue to achieve this.

Come up with small wins that allow you to test your approaches and that also give the alliance a sense of success.
As WGHA went through the process of defining its area of focus, it considered three areas of potential focus, which are outlined in Table 2.

<table>
<thead>
<tr>
<th>Table 2 – Selecting a Primary Area of Focus</th>
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<tbody>
<tr>
<td><strong>Raise awareness</strong></td>
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<tr>
<td><strong>Facilitate global health connections</strong></td>
</tr>
<tr>
<td><strong>Promote policy and advocacy</strong></td>
</tr>
</tbody>
</table>

At the outset, WGHA prioritized raising awareness, followed by facilitating connections within the global health community and beyond. This is because at that time, leaders in the region were hungry to find better ways to support collaboration both across and beyond the sector. They knew raising awareness of the importance and relevance of the sector was foundational to this work and that it would eventually serve to support all of the other areas of focus they had outlined.

As planning began, WGHA realized that the global health community itself was highly siloed and that fostering broader collaboration would first require connecting the global health community itself. If WGHA members themselves did not have a clear view into how they could work together, how could they bring along leaders beyond the sector to partner for global health impact? This led to the development of the first Strategic Mapping Portfolio, later called the Landscape Study. Once a comprehensive view of the global health landscape existed, the next step was to reach beyond to the public and private sectors, which required different strategies and tools and which will be discussed in later sections.

**What It’s Taken: Establishing the Georgia Global Health Alliance**

Mark Rosenberg, retired, President and CEO, Task Force for Global Health, and Co-founder, Georgia Global Health Alliance

Home to the CDC, CARE, Emory University, the Carter Center, and the Task Force for Global Health, some of the world’s leading global health institutions, Georgia seems a natural place for a global health alliance. However, earlier efforts to establish one never fully succeeded. Now, the newly established Georgia Global Health Alliance (GGHA) has launched. Mark Rosenberg, a founder and core champion of GGHA, reflects here on what he thinks didn’t work before and why he believes the current alliance is positioned to succeed.

**Why do you think earlier efforts to establish a Georgia global health alliance didn’t take off?**

In the early 1990s, Bill Foege [credited with leading the CDC team to eradicate smallpox] saw the extraordinary levels of interest and resources in global health in Atlanta and brought together five nonprofits and the CDC to create an Atlanta global health coalition. But despite sharing a deep respect for Bill Foege and strong interest in working more collaboratively, the coalition did not succeed. One reason for this was that at the time we thought that the key to organizing our coalition was finding one common project in which all of the organizations could participate. While we did, in fact, find some projects in which two or three of our organizations could play a role, we never found one that all organizations could be involved in. The second reason was that, with...
the exception of the CDC, only nonprofits were invited to be a part of the coalition. As we know, most nonprofits struggle mightily under a burden of an ambitious vision and markedly insufficient resources. As a result, the participating organizations didn’t have the bandwidth and resources to devote to the coalition.

During the second iteration of our global health coalition, we came together with a broader base that included more academic organizations and some for-profit organizations. However, we lacked sufficient funding to establish the infrastructure needed to organize, manage, and grow our coalition. We tried to get seed money from the State of Georgia Office of Economic Development, and although we were able to successfully demonstrate a high degree of interest in global health and the potential to develop a statewide global health industry, the state ultimately decided to invest in attracting new factories to the state rather than in the global health sector.

What have you done differently in forming the current Georgia Global Health Alliance that has made the difference?

To organize the GGHA, we did several things differently. First, we formed a core group that included people with deep experience in forming and running successful businesses. They not only bring to the table business and management expertise, they have strong business contacts and have helped recruit organizations from the business sector to join our alliance. They realize that we have to be able to demonstrate the value that GGHA will add to members individually and to people around the world we all hope to serve. Second, we developed a strategic plan and solicited input from a broad-based advisory board to review and improve our plan. Third, we had a little bit of start-up funding from two of our partners who were working to establish the National Health Museum, and this allowed us to hire a professional fund-raiser. And finally, through serendipity and Bill Foege’s connections, I met Lisa Cohen from the Washington Global Health Alliance, who provided invaluable counsel and guidance for our activities based on WGHA’s own experience. WGHA also included us as a partner in their Robert Wood Johnson Foundation grant, expanding the level of technical support they gave us and providing some additional start-up funding that enabled us to hire our first executive director and administrator.

WGHA gave us expert advice on just about every aspect of forming, strengthening, and sustaining our alliance, including who to include in our core group, how to mobilize financial support, and why we needed to begin with a mapping exercise and how to go about doing that. In addition to invaluable technical guidance, they gave us moral support and provided a positive example of success. WGHA’s director, Lisa Cohen, encouraged us to keep moving forward, despite numerous occasions when we might have otherwise given up. And their example of what success looked like gave heart to both those of us working to create GGHA and those we needed to join our effort as partners and members.

Do you have any additional thoughts on why you believe GGHA is positioned to succeed?

In addition to everything I mentioned earlier, having the resources to hire a part-time executive director and professional fund-raising consultant has been extremely beneficial. This has given us the capacity and expertise to get in place the critical elements we need to be successful. These five elements are (1) identify the overriding shared goal, (2) clarify a strategy to reach that goal, (3) identify and recruit core members, (4) develop strong support infrastructure, and (5) manage the Alliance’s projects, meetings, and coalition well.

We do have one more struggle, but even in dealing with this, we think that current support from WGHA will help us get by this. Our struggle is how to raise adequate resources to be able to hire the initial bare-bones staff we need to get started. Nonprofits just don’t have much money to be able to put toward a collective global health effort so they can’t put it together in a way that will be supportive and sustaining—no matter how much good we will bring to the effort. Commercial for-profit organizations are interested in investing in the GGHA because it will be profitable for them. But their motivations are usually for profit and they don’t generate the trust on the part of the other members that is needed to be able to act as a trusted convener. Thus there is a need for funds that can help a nonprofit assume the role of convener. This dynamic was not clear in the early days of the GGHA but “we can see clearly now, the clouds are gone..."
Funding – Stage 1

During this stage, your efforts need to be on raising the start-up funding to carry out the next phase: scoping. The scoping phase, as you will learn in the next section, will give you the information you need to determine whether an alliance in your region is wanted and is feasible. At a minimum, WGHA strongly recommends raising enough funding to bring on a .5 director or high-level person who is the alliance’s visionary and who can keep the working group motivated and engaged. This will require a substantial amount of administrative and project management, and therefore funding for a .5 project manager or assistant to support the director is ideal.

Questions:

- Does your community have a critical mass of global health players—researchers, biotechs, funders, academics, and NGOs—to form an alliance? Of these players, who should be at the table?
- Do you anticipate challenges in meshing the culture of the global health sector (scientific, independent) with that of an alliance (relationship oriented, collaborative, neutral)?
- Do you have the commitment of time and resources of a core group of global health leaders in your region? Is everyone clear on what commitment to an alliance means?
- Which of the three areas of focus above most aligns with the needs of your region? What is secondary? (Confirm with leadership group.)
- What are the unique resources in your region to tap for seed funding? Is there an individual funder who might be willing to support your scoping phase?
- What problem will the alliance solve? Can your organizing group articulate the value proposition in a compelling manner to funders and other leaders?
Stage 2: Scoping

The scoping phase determines whether establishing an alliance is a viable proposition. Essentially the “go-no-go” determination, the work in this phase is to assess whether there is sufficient interest in the region to form an alliance and if there are enough resources available to support it. Commitment from leadership and key organizations remains essential. This is the time to build upon the progress made in the first six months with a deeper dive into the opportunities and challenges for the region’s global health sector and a broadening of the pool of stakeholders.

You’ll know you’re in this phase when:

- You and the steering committee can clearly articulate why you are establishing a regional alliance with a resonant value proposition for the region.
- You have a strong sense of who you need to talk with and can tailor your talking points to the priorities of that specific audience.
- You are sufficiently staffed to conduct the scoping work and coordinate the activities of the steering committee.
- Members of the steering committee are ready to lend their credibility by activating their networks and using their influence to connect the director and/or project manager with the right leaders. They are prepared to meet with business and community leaders themselves and continue to attend meetings regularly and stay actively engaged.

In this phase you’ll work to accomplish the following:

1. Identify the opportunities and gaps in the region’s global health ecosystem
2. Understand the broader landscape in which the global health ecosystem operates
3. Build your broader coalition

Identify the Opportunities and Gaps in the Region’s Global Health Ecosystem

This is a period of intensive listening to the members of the global health community in the region. The qualitative and quantitative data collected will surface key opportunities an alliance might build upon and identify gaps it could potentially fill. These may be specific to an organization or applicable to the broader global health sector.

The meetings also begin to build a cohesive global health community, with important relationships established along the way. Meet with as many C-suite-level leaders as possible, as well as senior-level individuals in external relations and other influential individuals who are well respected within their organizations. WGHA used a series of questions to ensure it was gathering the right information. See the example questions in Table 3.
Table 3 – Building Your Global Health Community

These initial meetings are extremely important as they will be instrumental in shaping your organization and its vision. Start with people within the global health community and expand from there.

<table>
<thead>
<tr>
<th>Use a set of standard questions and be sure to include open-ended ones to capture more nuanced data. Here are a few suggestions:</th>
<th>To what degree (past, present, and future) is partnership and collaboration with other entities (public, private, not-for-profit, for-profit, traditional, and nontraditional) important for achieving your organization’s mission and goals? How have you used collaboration to further your mission? If not, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What are your organization’s challenges, and is there a role for a neutral third-party organization to help solve them?</td>
</tr>
<tr>
<td></td>
<td>How could a global health sector more strategically align with your state’s economic or international relations priorities so both will benefit?</td>
</tr>
</tbody>
</table>

Understand the Broader Landscape in Which the Global Health Ecosystem Operates

What is the level of understanding about global health across the business, government, and civic sectors in the region? Who might benefit most from a connection to global health? What resources exist that could be tapped to support the sector and the work of an alliance? Creating a baseline understanding of your region’s assets and decision-making landscape is important as you move forward.

Putting as fine a point as possible on this analysis early on will help you map out who should be approached to be part of a broader coalition. In addition to the business and public sectors, look carefully at faith-based and academic and corporate communities to assess their current engagement with global health and what role an alliance can play in strengthening it. Get very clear on the broader narrative of your region, and figure out how global health can be inserted into it. For example, right now in Seattle there is a lot of talk about being a “globally competitive city.” WGHA is at the table for these discussions, which helps business leaders see the Alliance as a strategic partner rather than a philanthropic activity.

WGHA was fortunate to have data from the economic impact analysis performed by the University of Washington to support these discussions. If this information is not available yet, ask your steering committee members about data they may have within their organizations to help build the case for the economic impact of the global health sector. Data can also be collected from global health stakeholders through a simple online survey.

As you meet with leaders across the region, take note of regional economic trends that may present opportunities or challenges. Go into these meetings without preconceived outcomes in mind, leaving ample room for new ideas to bubble up. There will likely be a wide range of knowledge about global health among the people you meet with, so be prepared to start with a simple definition of global health. Look for the gaps where an alliance may be in a unique position to add value.

Government and some corporate leaders might be most interested in the impact of global health on the region’s economy: how many good jobs it creates, the products produced and the return on investment for the region, or the multiplier effect of the sector. You will need to present the case for global health in a way that resonates with the
audience you are speaking to. The Washington Global Health Landscape Study has been a vital study for WGHA to reference in conversations and presentations due to the economic benefit of the sector on Washington State. Only in the past few years have Washington’s governor and the media begun to refer to Washington State’s “global health sector.”

### Build Your Broader Coalition

WGHA continued to develop its champions throughout the scoping phase. The steering committee met quarterly to assess progress, follow up on leads, and help the staff identify potential funding sources.

Nine years ago when WGHA was forming, the global health community was more fractured than it is today. Microsoft had a small team focused on disaster response, but otherwise there was very little crossover with the corporate community. That is clearly not the case today. At the meeting WGHA recently assembled in California, representatives from Johnson & Johnson and Genentech were on hand along with D-Rev, IDEO.org, and Facebook. The ecosystem is expanding, so the potential stakeholder list for a new alliance will be much broader.

It’s important to expand the circle of key supporters to include people from constituencies such as the Chamber of Commerce, individuals from the region’s offices of economic development, representatives from city, county, and state government, and, as mentioned above, business leaders who have a stake in the success of the global health sector. These conversations lay the groundwork for support and engagement. Although formal “asks” of individuals were not made by WGHA during this stage, it was clear that many stakeholders were interested in becoming involved in an alliance.

Keep the original steering committee members informed and engaged at the right level throughout this phase. Meetings should be focused on making decisions that keep the momentum of the alliance moving forward. It’s likely that several new members will be added to the committee during this phase. Leave time in meetings for members to get to know one another and share about their respective organizations. During this phase, this group’s most important contribution is making introductions to key leaders—across all sectors—within their networks. The more time steering committee members invest in the alliance, the more committed they will become.

### Funding – Stage 2

The scoping phase isn’t the time for active fund-raising; the dynamics of a funder–grantee relationship may get in the way of developing a partnership among equals. WGHA invested a significant amount of time meeting with community and business leaders to educate them about the potential of the sector. With a total of one full-time staff member (two .5 staff), meeting with the right people was important, as the relationships created during this time began to build the trust that laid the groundwork for future conversations about financial support. Plan to meet with staff at foundations and corporations who you can follow up with at a later date with a formal funding request. Approach these appointments in the same manner as your other stakeholder meetings, focusing your efforts on learning and creating early buy-in. As new steering committee members are being considered, let them know that an organizational contribution is required. Future funders will want to see this commitment when you get to the formal fund-raising stage.
Questions:

- Which leaders and influencers in your region should be consulted during the scoping phase, and can steering committee members make introductions?
- Given the assets of the global health sector in your community and its areas of expertise, where is there alignment with the goals, initiatives, and priorities of other leaders in the business, civic, and faith-based communities?
- How will you engage those leaders and influencers who express an interest in being involved but who are not the right fit for the steering committee? What other skills and value can they bring to the table?
- What other companies, agencies, and philanthropic organizations should be approached?
- Is your presentation (or “pitch”) accessible to a range of audiences who will have varying degrees of knowledge and different priorities? Is the value proposition clearly articulated and reflective of what you have learned from your constituents’ needs?

Stage 3: Formalizing

During this phase, your ideas and the input you have assembled are transformed into a formal organization. Because WGHA’s steering committee had been highly engaged throughout the scoping phase, creating a formal alliance was the natural next step rather than a decision that required intensive deliberation. Steering committee members convened at the Pacific Health Summit, which all were attending. A side meeting took place at which the committee confirmed WGHA’s high-level goals; each founding member also pledged a financial commitment. Although it was not required given WGHA’s secretariat model, the group voted on the formation of WGHA.

You’ll know you’re in this phase when:

- Most major global health organizations in your region have committed to the alliance, and there is at least one champion within each of these organizations to advocate for the alliance.
- Based on the information collected during the scoping period, you believe sufficient opportunities exist in the region for an alliance to add value.
- The funding needed to establish and sustain an alliance are present in the region, and you have confidence that the value proposition is something that people/organizations will pay for.
- A broad range of stakeholders are receptive; many are interested in being involved in some capacity.

In this phase you’ll work to accomplish the following:

1. Establish the operational structure of the alliance
2. Approve formal vision and mission statements and a strategic framework
3. Build the infrastructure of your alliance
Establish the Operational Structure of the Alliance

How to structure your alliance should be based on the goals and priorities of the alliance and a realistic assessment of resources. Fully engage the steering committee in weighing the pros and cons of forming an independent nonprofit organization, a secretariat within a global health organization, or another approach that fits the needs of the alliance. Funding could be the deciding factor in selecting your structure. These are highlighted in Table 4.

<table>
<thead>
<tr>
<th>Secretariat</th>
<th>501(c)(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance can incubate over time</td>
<td>Alliance immediately establishes itself as a separate, neutral organization</td>
</tr>
<tr>
<td>Access to the global health networks of the host organization, including invitations to meetings and events</td>
<td>Independent brand is perceived from the outset</td>
</tr>
<tr>
<td>Access to operational support (e.g., IT, legal, marketing)</td>
<td>Although the initial investment is greater, start-up costs will not need to be incurred later on</td>
</tr>
<tr>
<td>Governance model is advisory only, which may be attractive to busy global health leaders</td>
<td>Independent tax-exempt status may simplify fundraising</td>
</tr>
<tr>
<td></td>
<td>The board of directors makes a longer-term commitment to the alliance</td>
</tr>
</tbody>
</table>

Because establishing WGHA was an early experiment without precedent, WGHA’s leadership decided to adopt a secretariat model instead of forming a 501(c)(3). The main reason for this was prudence on the part of the executive committee (formerly the steering committee), which wanted time to test the viability of the Alliance. The original proposal was to have each organization host the Alliance for a period of two to three years; this proved unrealistic as it would have involved the costs of moving, accounting practices, changing employee benefits and payroll systems, and educating operations teams at host organizations about the new “outside” organization that was going to be independent within their walls.

PATH hosted WGHA as a secretariat from 2007 to 2012, which provided stability, credibility, and access to its global health network. WGHA paid for its space and had its own web domain, but the staff were technically employees of PATH, and WGHA had the operational and legal backup of a well-established organization.

While this provided tremendous advantages, it also created confusion. People thought WGHA was part of PATH, and other members occasionally felt that WGHA gave preferential treatment to PATH. In reality, WGHA was closely aligned with PATH largely due to proximity and PATH’s vice president was WGHA’s tireless champion.

WGHA’s long-term plan envisioned the shift to a 501(c)(3) once it was determined the regional alliance model was viable. After the incubation period at PATH, WGHA moved to another location, became an independent 501(c)(3), and formed a governance board of directors consisting of members of the global health and business community. While WGHA leased space from a member organization, it had distinct signage and an office area that was physically separate. In 2014, the Alliance moved to its own office space for the first time.
Create Vision and Mission Statements and a Strategic Framework

In WGHA’s first year, the executive director worked with the steering committee to develop a mission statement and strategic framework that outlined the Alliance’s goals, objectives, and high-level strategies for the first three years.

In 2008, WGHA’s mission was to strengthen Washington State’s capacity to reduce health disparities globally and locally by leveraging the collective intellectual, technical, and organizational resources of the state’s global health community. The process of applying for funding helped WGHA sharpen its goals and objectives. For example, when WGHA applied for a grant to the Bill & Melinda Gates Foundation early on, the grant-writing process highlighted areas where greater clarity was needed. It also helped WGHA articulate desired outcomes to prioritize, which had been a challenge as there was no shortage of good opportunities to invest in. This grant proposal, especially its milestones, was a key document as the search for funding expanded.

Build the Infrastructure of Your Alliance

WGHA had a light infrastructure in place at this point: the executive committee—one .5 executive director and one .5 executive assistant, both supported by membership dues. The executive director was the person who first proposed the notion of an alliance. She was motivated to volunteer a significant amount of time to socialize the idea. She did not have deep global health expertise. This was intentional because to be sustainable, an alliance’s staff needs to be small, and as such it is important that each team member be able to take on a broad range of roles. While WGHA’s staff has grown to five, no staff member has deep expertise in a global health focus area. Rather, WGHA hires for operational and partnership expertise with the most critical component being a deep desire to create partnerships and be strategic.

WGHA developed its infrastructure in stages and based it on priorities and resources available at various points in time. Listed below in Table 5 are some of the tools WGHA has developed as it matured as an organization.

<table>
<thead>
<tr>
<th>Stakeholder Assessments:</th>
<th>These are sets of questions WGHA regularly asks stakeholders to understand the community’s strengths and areas of growth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landscape Study:</td>
<td>This can include an overview of the depth and breadth of the global health sector and/or its impact on the state’s economy.</td>
</tr>
<tr>
<td>Governance:</td>
<td>A board matrix helps to ensure a diverse and well-rounded group.</td>
</tr>
<tr>
<td>Membership:</td>
<td>A tiered membership model allows for scaling of dues and benefits and the inclusion of organizations external to the global health sector.</td>
</tr>
</tbody>
</table>
Funding – Stage 3

During this stage, set your sights on raising sufficient funding to take you through the next two to three years. Work closely with your executive committee and other stakeholders who have expressed a willingness to make connections in identifying which funders to approach. Ask your executive committee members to attend meetings at which funding requests will be made whenever possible. You will have made initial contact with many potential funders during the scoping phase; because you have kept them informed, and perhaps even actively engaged, they will likely be ready for your ask of support.

It is important to note that foundations rarely give general operating grants for membership organizations, so you will need to find ways to fund the operating costs of your alliance as you develop new programs. Membership dues will compose a significant portion of your budget but will not be enough to support all of your costs. One option WGHA has used is developing programs that align both with the Alliance mission and with the priorities of foundations or private entities, building operating costs into these budgets. For example, a large bank funded WGHA’s 2015 Global Health Landscape Study.

Fund-raising can be difficult for start-up nonprofits, and it takes a lot of time and patience.

On several occasions WGHA believed it was on the verge of a significant funding opportunity, only to have the funder’s strategy change or a key advocate within an organization leave.

Over time, WGHA became more comfortable with the vicissitudes of the fund-raising process and with taking calculated risks, knowing that in the long run it would meet its fund-raising goals.

Impact of the Bill & Melinda Gates Foundation

People sometimes assume that WGHA has succeeded because of the support of the Bill & Melinda Gates Foundation. Of course there is no doubt the Gates Foundation, now and in WGHA’s early years, has been a major factor in WGHA’s success. However, WGHA feels strongly that an alliance does not need one major funder like the Gates Foundation to establish itself. In fact, relying on one major funder can put an alliance at risk should the funder decide to discontinue its support, or funding is lost because an alliance is not able to deliver on its grant requirements. Had WGHA not had the support of the Gates Foundation, it surely would have done less and devoted more of its limited time and resources to fund-raising, but WGHA would have moved forward and found other ways to support its new organization.

continued
Several Gates Foundation global health directors were recently asked to comment on their views about WGHA and the Gates Foundation's early support. All agreed that although there was interest in the Alliance, there was also skepticism about the value it would offer. Even with the support of the Gates Foundation's then president of global health, WGHA's grant application to the Gates Foundation in 2007 took eighteen months to come to fruition, and when it was ultimately approved, the level of funding was significantly less than WGHA had applied for. Gary Darmstadt of the Stanford University School of Medicine explained, “I was at [the] Gates Foundation during the development of WGHA, and while we did provide funding, the vision, trust-building, partnership development and launching of activities that added value to the global health community in Washington were really driven by WGHA and its broad set of partners.”

Today, the then director of advocacy at the foundation who approved that early grant serves on WGHA's board of directors. She said recently that she did not initially recognize the potential role WGHA could play in advocacy efforts or its potential to catalyze nontraditional partnerships.

Another early champion commented that WGHA served in its start-up years as a kind of local counterbalance to the outsized influence of the Gates Foundation, which in Washington State had rapidly become a center to which all global health roads were leading. WGHA offered a platform for connection that was closely allied with, but also outside of, the sphere of the Gates Foundation. One of WGHA's early leaders commented, “WGHA helped us realize that we didn’t need the Gates Foundation to talk to one another.”

It is worth noting that the contributions of the Gates Foundation to WGHA were not simply financial. It stepped up and used its influence and reputation to bring others on board. For example, a senior foundation administrator stepped up to cochair the Seattle Chamber conference that was so pivotal to launching WGHA at the outset. The Gates Foundation also made sure WGHA was included in meetings where it would meet influential individuals and learn about the sector.

Today the Gates Foundation’s support is on par with other executive members, and it is represented on WGHA's board of directors and Executive Roundtable. The Gates Foundation continues to be a consistent funder of WGHA, with dues and contributions accounting for about 10 percent of WGHA's annual budget.

Questions:

- How important is building a separate brand identity for your alliance to establishing credibility and fund-raising?
- If you are considering the secretariat model, which two or three organizations would you consider good candidates, and why?
- Which potential funding sources did you identify during the scoping period that you can now go back to with a formal ask of support?
- What kinds of programming and outcomes are required to be attractive to those funders? Do you have the appropriate staffing to deliver on them?
Stage 4: Establishing

Building a sustainable alliance requires bringing stakeholders along on the journey of formation, and doing so is a process of education and cultivation. It takes years to establish the broad sweep of community awareness and engagement needed to sustain an alliance, but without the buy-in of the broader community, an alliance will not be successful in the long run.

An alliance needs to be flexible so it can respond to the changing trends in the sector and to members’ priorities. While goals and objectives are important guideposts, it is important to leave room for new ideas and pathways to emerge, especially in the early years. Being open to refining the value proposition based on constituent feedback will create an organization that meets members’ needs while also being relevant to the challenges facing the sector.

You’ll know you’re in this phase when:

- Your governing body has approved your strategic framework.
- You have filed to become a 501(c)(3) or have become a secretariat.
- Your alliance has an office, a staffing and membership structure, a budget, a formalized governance model, and a communications platform (website, regular email communications).
- You are ready to approach potential funders.

In this phase you’ll work to accomplish the following:

1. Connect the global health community in your region
2. Engage the broader community
3. Build programs based on the strengths and gaps you have identified

Connect the Global Health Community in Your Region

At this point, you will have the major global health organizations in your region on board. This, however, is not enough to drive an alliance’s programmatic work. You will need a mechanism to connect and activate this community in meaningful ways.

WGHA achieved this by creating the first regional Global Health Strategic Mapping Portfolio in 2009. This report captured data for nine of WGHA’s executive members, identifying global health projects nationally and globally and surfacing 480 projects in 92 countries. The research also included a description of each project, its location, any partners involved, and the project’s key point person. Prior to this, many of the Alliance’s members had not collected this information internally; once they saw this cumulative data and realized its value, many developed new tracking processes that have helped break down silos within organizations.
Figure 1 illustrates the network of partnerships within Washington State's global health sector. It shows for the first time the compelling depth and breadth of the state's global health work, which has been a powerful tool in advocacy efforts with state and federal lawmakers.

**Figure 1 – 2009 Strategic Mapping Portfolio: Connections Within Washington State’s Global Health Sector**

Mapping Portfolio’s Unexpected Value

As WGHA was developing the first Strategic Mapping Portfolio, it envisioned a tool that would spark greater collaboration among Alliance members. WGHA's premise was that researchers would use this data to find partners. In fact, researchers didn’t use the data as envisioned, so the intended purpose for the portfolio didn’t prove to be its most valuable use. Rather, the portfolio became a key tool for convincing stakeholders outside of the global health arena, especially lawmakers, of the impact of the sector and encouraging them to support it.

WGHA learned also that the portfolio could help it identify gaps in the global health network so the Alliance could more effectively introduce potential new partners. For example, the first portfolio highlighted work Washington State University was doing in animal health that human health researchers at the University of Washington had been unaware of, and vice versa. This resulted in WGHA taking a contingent of global health leaders from Seattle to Pullman, Washington, which led to a new, project-based relationship between the two universities.
Subsequent projects in 2011 and 2015 greatly expanded the number of organizations reflected, and improvements have been made to highlight the most useful data. In 2015 WGHA added an economic impact assessment component—this collective body of work is now known as the 2015 Washington Global Health Landscape Study. The most recent landscape study provided a platform for a number of earned media stories that increased the profile of global health to the region’s business leaders. WGHA members contributed not only data but also key messages to the 2015 study. The study also provided an opportunity for briefing policymakers and educating them about the sector. In the two months following the launch of the 2015 study, WGHA staff had briefings with nearly a dozen domestic and international economic development organizations and lawmakers. This exposure has not only increased awareness of its region’s work in this arena but also provided opportunities for new connections and collaborations worldwide.

Engage the Broader Community

Bringing the business, civic, and public sectors on board is critical, although it can be challenging given the limited capacity of an alliance. Build on the relationships you established during the scoping phase to develop a list of targets for engagement beyond the global health sector to help prioritize your audiences. Keep in mind that many in these communities will have little to no knowledge of global health, so you may need to start with a basic introduction of global health and build from there.

Creating a compelling value proposition for regional stakeholders, especially policymakers and business leaders, is imperative. Leaders need language and information that addresses their priorities: how many jobs the sector creates, the investments the sector makes in the region, and the multiplier effect across the state and how this work connects with broader economic development priorities, including trade. Knowing about the work itself is important, but showing its impact on the local economy is what will get their attention.

Look for opportunities in your region where you can reach out to larger groups of leaders and influencers. Think about major annual events or milestones taking place in your region that you can leverage. WGHA found such an opportunity in 2008 when the Seattle Chamber of Commerce agreed to make global health the focus of its annual three-day Regional Leadership Conference in Eastern Washington. The goals and outcomes of this gathering are summarized in Case Study: Raising the Profile of Global Health.

Getting Global Health Out in the Community

WGHA developed a series of tours and special meetings to raise the visibility of the global health sector in Washington State.

Here are some examples:

- Collaborating with the Puget Sound Regional Council, business leaders were taken on tours of several major global health organizations, where they visited with scientists in their labs.
- During a Chamber of Commerce learning trip to the UK, leaders were introduced to key players in London’s global health sector and Washington State leaders were highlighted in a discussion at Parliament.
- A permanent exhibit on global health was included in Seattle’s Museum of History and Industry.
- Presentations were given to state legislators and economic committees tailored to their interests and levels of global health understanding.
Build Programs Based on the Strengths and Gaps You Have Identified

Staying true to the vision and mission is always essential, but as you move into the programmatic stage, it is even more so. For WGHA, there was no shortage of new ideas and opportunities to pursue; the ongoing challenge was to prioritize them given limited capacity and resources. WGHA invested significant time early on to get clarity and buy-in on the value it sought to bring and the goals and strategies it would employ to deliver it.

With this grounding, WGHA developed a core set of programs that laid the foundation for collaboration and connection. Briefings introduced the global health community to potential new private- and public-sector partners, tours of global health organizations raised awareness with local leaders and government officials, and public programs helped to raise broader awareness and put a face on global health to the broader community.

Funding – Stage 4

By now you should have funding in place to carry you through the first two to three years of operation. Now is the time to develop a longer-term fund-raising strategy. Think beyond your current base of funders and explore the unique resources in your region. Look closely at its strengths and assets and analyze how these can be connected to global health and the goals of a regional alliance.

Here are some of the strategies that have worked well for WGHA:

- A tiered membership model. WGHA has grown from seven members to seventy, with dues accounting for 20 percent of its 2015 budget.
- Fund-raising events that can serve the dual purpose of building community and highlighting the achievements of organizations and individuals in your region. WGHA hosts an annual dinner and auction where it presents the Pioneers of Global Health Awards. Some 200 people attend, and the net proceeds raised through sponsorship and individual giving account for about 10 percent of WGHA's annual budget.

continued
Questions:

- Before you begin, determine your primary goals for this project. Is it more important to map the global health ecosystem or measure economic impact for external stakeholders? Do you have the resources to do both?
- What are the findings that surface from the Mapping Portfolio/Landscape Study, and how can you involve the global health community in articulating these effectively?
- What programs can you establish to address the gaps and opportunities you’ve identified?
- What type of membership model will work for you at this stage?

Stage 5: Maturing

With your infrastructure established and your programmatic goals in place, your alliance has reached maturation. WGHA reached this point at about year six, following an especially intensive year of external activity. At that point, the Alliance was able to take a step back to reflect on what had been accomplished, reevaluate priorities, and make sure the right pieces were in place to sustain the Alliance into the future. For WGHA, having the capacity to undergo this level of deep reevaluation was a key indicator that it had reached a new level.

You’ll know you’re in this phase when:

- You have clarity on your highest value contributions.
- The alliance has a solid reputation and is approached as a credible resource for global health regionally and nationally.
- You have created broad community buy-in through a robust network of reliable relationships across the global health community and the broader business, civic, and government sectors.
- You have the capacity to undergo a deep reevaluation of your mission, work, and organization.

Two decisions were made as WGHA entered this phase:

1. WGHA became an independent 501(c)(3) and expanded the board to include members who were not part of the global health community. Along with this came a renewed focus on strengthening WGHA’s infrastructure to make the model more sustainable.
2. While the value proposition remained the same, the priority area of focus shifted from raising awareness to forging stronger strategic connections.
In this phase you’ll work to accomplish the following:

1. Hone your audiences
2. Create new strategic partnerships
3. Focus on measuring impact
4. Fine-tune your strategic framework

Hone Your Audiences

In the initial phase of alliance building, it is valuable to cast a wide net. Because there was so little awareness of global health in Washington State when WGHA first established in 2007, gaining broad visibility was important. Although a great deal of effort went toward outreach to leaders and influencers in business, civic, and governmental realms, WGHA also designed programs and initiatives to reach young professionals, high school students, and the general public. This increased visibility led to heightened interest within the broader community, and as a result, there were many one-off requests to meet with individuals and organizations interested in the sector.

One example was the development of an event to raise global health awareness of millennials called Party with a Purpose. The event took place annually for several years, attracting between 550 and 1,000 young adults who were exposed to global health issues for the first time. Although the event attracted attention in the media and created a palpable buzz in the community, WGHA determined that an awareness-raising event—as with the high school curriculum program—was not financially sustainable and decided to refocus its efforts on programs that more directly served its members.

As WGHA’s focus sharpens, paying attention to audience is critical. Now that a high level of community buy-in has been attained, WGHA channels its external efforts more strategically. WGHA’s primary audience is its members, global health influencers including policymakers, and the aligned business community; and its secondary audience is funders. Audience segmentation has enabled WGHA to tailor messages to each of these different groups as appropriate.

Every alliance will approach audiences with a different lens and a different set of priorities. The main point is to ensure that communications resources are directed toward the audience(s) that will help the alliance reach its goals.

Create Strategic Partnerships

WGHA believes its most important role is to foster collaboration among people and organizations who might not otherwise have connected.

An alliance can provide the neutral space and the right kind of support to enable people with similar goals or problems, and with different approaches and resources, to work together.

There is no one-size-fits-all formula for creating successful partnerships; they run the gamut from highly structured business arrangements to informal forums around a particular topic and, as mentioned earlier, they help catalyze coalitions where appropriate. WGHA thinks flexibly about the idea of partnerships, with some developing into long-term joint initiatives and others that set out to achieve a specific goal and disband quickly.
In recent years, WGHA has been more proactive about asking members to participate in planning forums and extending the invitations. Letting the people who are motivated by the topic and excited to have the conversation take the lead gives more credibility to the gathering and helps attract the right people to participate.

Table 6 outlines some of the different types of partnerships WGHA has developed over the years.

<table>
<thead>
<tr>
<th>Type</th>
<th>Example</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmatic</td>
<td>Global to Local: A pilot project to improve health outcomes in low-income domestic communities using global health strategies</td>
<td>WGHA catalyzed the partnership that created this initiative, which is now an independent 501(c)(3).</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Mapping the activity and impact of Washington’s global health community</td>
<td>The Washington State Legislature approved a $1 million fund to support the commercialization of global health technologies.</td>
</tr>
<tr>
<td>Cross-sector</td>
<td>Briefing at Madigan Army Medical Center, attended by leaders of WGHA member organizations</td>
<td>A formal research agreement was reached between Madigan Army Medical Center and Seattle Children’s Research Institute.</td>
</tr>
<tr>
<td>Operational</td>
<td>Forums on topics such as early-stage Ebola research, Big Data, human resources, and communications</td>
<td>Shared professional development and leveraging of influence and audiences for impact and programming is ongoing.</td>
</tr>
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Naturally not every attempt at bringing people together will result in a partnership. However, as an alliance defines its unique niche and value add, potential partners will approach it to host and facilitate important discussions that benefit from the neutrality and specialized support an alliance provides.

Identifying the common problem or opportunity that everyone at the table has a stake in is key to creating the environment for a potential partnership. WGHA approaches these discussions with a Venn diagram in mind. Rather than spending time on all the elements that keep organizations from partnering—culture and competition for funding are two common reasons—WGHA facilitates the discussion to focus on the areas of alignment, no matter how narrow. An alliance serves as a moderator, keeping conversations focused and creating opportunities for new ideas to surface while making sure the group or specific individuals don’t lose sight of the larger goal.
Focus on Measuring Impact

Is an alliance really making a difference? How can impact be measured when so much of the work can take years to come to fruition? The global health sector as a whole has been grappling with issues of measuring impact for years, and it can be especially challenging for alliances, whose work is often to serve as a connector at the outset and which relies on members to take the project or partnership forward.

Recently, WGHA started tracking the type and number of meetings it holds as well as the partnerships it facilitates. The greater challenge is circling back and measuring outcomes months and years down the line. That said, it is important to gather as much data as possible and define markers against which an alliance can gauge progress. WGHA surveys its members and stakeholders regularly to gather quantitative and qualitative input on its effectiveness, but with the understanding that these results are proxies for longer-term impact.

WGHA has had some success measuring the impact of specific programs, as each program is designed with well-defined and measurable goals. As the organization has matured, the focus has shifted from outputs (numbers of attendees) to outcomes (what action happened). WGHA realizes there is much work to be done to develop more sophisticated evaluation strategies, and it continues to try new strategies to gather more in-depth and nuanced data to effectively measure impact.

The fact that WGHA is only now making a concerted effort to standardize practices for measuring its impact is a weakness of the organization. A best practice is to measure impact along each stop of an alliance’s developmental spectrum. Measurement is a key area where sharing lessons will help each organization and the sector as a whole. WGHA encourages you to share your ideas and experiences so all will benefit.

Fine-Tune Your Strategic Framework

Now is the time to take stock of what your alliance has accomplished and look to where you want the organization to be in five to ten years. Up to this point in its life span, WGHA has been very externally focused. With its initial goal of building a broad base of community ownership within the region’s global health sector, looking outward had been essential. But to remain relevant, organizational reflection was required.

As WGHA entered this phase, it held a series of individual in-depth interviews with its leaders and important stakeholders. Here are some of the key findings:

- **We can’t be everything to everybody.** WGHA needed to spend more time understanding and serving the needs of its primary audience: WGHA members.
- **A small staff has its limits.** The staff were devoted, but they had been pushing hard for years and signs of burnout were beginning to show. It was time to focus on a few high-impact projects rather than many short-term events, meetings, and informational interviews.
Another senior staff member was needed. WGHA had a seasoned executive director and the rest of the staff comprised talented but more junior-level individuals. It was time to add a deputy director to help take the organization to the next level.

It was time to strengthen the organizational infrastructure. WGHA needed to find ways to streamline and formalize its systems.

WGHA continues to work hand in hand with its leadership to make sure it remains relevant and true to its mission and that it grows sustainably.

The Alliance continues to ask these core questions: “Are we making an impact? Are we adding value to our region’s global health ecosystem? What would happen if we went away?”

### Funding – Stage 5

With a successful track record of nine years, WGHA is well positioned to diversify its funding base. When the organization was less mature and well known, it was difficult to secure program-specific grants and pursue corporate sponsorships. The landscape has shifted significantly since WGHA’s formation, and donors now have a far better understanding of the sector and the potential impact of an alliance. Cultivating and managing these relationships, however, took years and a lot of learning along the way. With membership dues accounting for about 20 percent of the annual budget, and with some ongoing grant support in place, WGHA now has more leeway to pursue new sources of revenue to ensure sustainability. However, funding is, and will always be, a challenge for an organization of this type.

### Questions:

- Who are your most important audiences, and how will you gather feedback from them to ensure your programs are meeting their needs?
- What are the untapped cross-sector partnership opportunities in your region?
- Are you able to articulate the impact of your work? How do you share this with your members?
- Is your alliance listening to its members to stay updated on trends? Do you take this information into account as you update your strategic plan?
When considering creation of an alliance, the funding question is inevitably raised within the first discussion. There is no one model that will work for all alliances, as funding environments will vary depending on the unique landscape of each region. And, of course, the amount of funding an alliance needs to raise will depend on a range of variables, including the operating model an alliance chooses, programs offered, and the level of pro bono services an alliance is able to procure, to name a few. As a point of reference, the annual operating budget in WGHA’s first years ranged from $250,000 to $300,000 to cover the cost of staffing, facilities, marketing and communications, bookkeeping, meetings, and legal expertise.

Seed Funding

As mentioned earlier in the Getting Started section, establishing an alliance requires funding from an entity or entities fully committed to the principle of the alliance as a neutral convener. In alignment with this, it is helpful to have a portion of this funding from a source that is itself neutral to the alliance, such as a foundation or an individual donor who does not have a financial stake or any direct involvement in the alliance’s formation.

Founding organizations should be required to contribute seed funding, and ideally each will contribute the same amount so that all players have an equal investment in the success of the endeavor and equal influence. It is key that founding members of the alliance have no financial stake in its success, as this can get in the way of building the level of trust that is essential to an alliance’s success. This early-stage funding is crucial; but so is the source of the funding.

Once an alliance is established and the foundation of trust is established, members can (and will be expected to) contribute at different levels. And, as WGHA has done, a tiered membership model with different levels of services offered provides a transparent way for members with different interests to contribute.

The recently launched Georgia Global Health Alliance received seed funding from the National Health Museum, in-kind support from Georgia Bio, and funding from the Robert Wood Johnson Foundation. The new global health alliance in Melbourne, Australia, raised initial funding from the University of Melbourne and the Fred Hollows Foundation. In North Carolina, the Triangle Global Health Consortium

Some places to consider seeking seed funding:

- **Global health organizations.** Asking your core champions to step up with a financial commitment is critical. If organizations are invested, they are more likely to be engaged and accountable for a successful outcome. These pledges were considered WGHA’s first membership dues. Per above, each organization should attempt to contribute the same amount.

- **Local foundations.** Think about the foundations where one or more of your core champions has a relationship.

- **State and local government and industry-sector groups.** These groups may develop a vested interest in the success of the alliance as it aligns with economic development strategies and provide support through grants or partnerships.

- **Individual donors.** Are there people in your community—especially entrepreneurs, or philanthropists interested in making a gift that will establish a lasting legacy—you can approach?
funded its start-up costs through member contributions and in-kind support from its incubator organization, the North Carolina Biotechnology Center.

For WGHA, the funding model evolved. At the outset, membership made up a large portion of the budget, although membership alone is not sufficient to support the necessary infrastructure, salaries, and benefits. The balance can be procured through one or more grants and sponsorships for events and forums. As mentioned earlier, WGHA was fortunate to have early support from the Bill & Melinda Gates Foundation, but a significant grant is not essential to success. Membership financial commitment combined with modest grants can be just as effective. As an alliance gains credibility and critical mass, program-specific grants and individual fund-raising can help address growing staff and programmatic needs. Note that fund-raising includes board donations, individual donations, and for WGHA, its annual fund-raising event, Pioneers of Global Health Awards Dinner and Auction. Figure 3 illustrates the breakdown of WGHA’s funding sources in 2015.

**Figure 3: Washington Global Health Alliance’s 2015 Funding Sources**

Program-specific grants, which can cover direct program expenses as well as a portion of an alliance’s operating budget, will make up an increasing percentage of revenue. For WGHA, program grants ranged from funding for the addition of a senior staff person, to support for the Landscape Study and economic impact work, to funding for model analysis. WGHA is careful to guard against “following the money” and instead seeks grants in alignment with its board-approved strategic plan.

An area of potential growth for WGHA is corporate sponsorships. The value of WGHA membership is reflected in a tiered pricing structure. Members who wish to consider getting more value are encouraged to sponsor events and forums. Members are given first right of refusal for sponsorship opportunities.

Another source of revenue to consider is earned income. As a mature organization, WGHA has gained valuable expertise in areas that the market values. It is currently exploring the feasibility of establishing a consulting arm, where it would leverage its expertise to help guide others in a range of areas such as creating effective strategic partnerships, performing a landscape study, and helping other regions establish an alliance.
Questions:

- What are your budget priorities for your first year?
- What is your strategy for fund-raising (grants vs. membership dues vs. individual donors)?
- Looking at the critical mass of your region’s global health community, what is a realistic expectation for revenue generated by membership dues?
- What are the unique assets/resources in your community that could provide start-up funds?
- Are there corporations or individuals who might be interested in contributing unrestricted funding for start-up costs?
- Consider nontraditional funding partners, such as local champions, to pay for specific projects (mapping study, first economic impact assessment, etc.).
Conclusion

WGHA believes that regional global health alliances can have a meaningful and measurable impact on global health efforts around the world. In Washington State, the global health community is dynamic and strong, and its leaders believe deeply in the power and potential of the alliance to strengthen their work.

Currently, transnational health issues such as Ebola and Zika have brought more attention to global health, a record number of young people are studying global health and pursuing it as a career, and the business community recognizes the importance of the sector and is more receptive to finding ways to use its expertise and capital to improve health around the world.

These are the questions that inform WGHA’s work: “What is changing in global health, in Washington State and more broadly, and how should WGHA adjust its strategy in response? What are the trends five, ten, fifteen years down the road that a regional alliance, in its role as a neutral convener, can help address?”

WGHA must regularly assess how it adds value for its members. WGHA believes its greatest challenge will be to serve its members while also anticipating and responding to challenges and opportunities that continually reshape the global health landscape.

An alliance, by its nature, needs to be lean and nimble, but given its limited capacity it also needs to stay focused on a set of strategies to be stable and sustainable. These tensions are healthy, but they require strong and consistent leadership at both the board level and the organizational level.

While WGHA still has much to learn, it knows that what it’s built in Washington State has helped its members achieve greater impact. WGHA believes a collection of regional alliances, not only in the United States but also around the world, will allow organizations committed to the importance of addressing the health needs of the most vulnerable to act more effectively and efficiently toward the ultimate goal of health equity.

Additional Information:

WGHA welcomes the opportunity to share these lessons learned with other regions. For more information please contact Tina Vlasaty at 206.456.9616 or tvlasaty@wghalliance.org.
Additional Reading

Hughes, Jonathan and Jeff Weiss. 
**Simple Rules for Making Alliances Work.**

Kania, John and Mark Kramer. 
**Collective Impact.**

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**Embracing Emergence: How Collective Impact Addresses Complexity.**

Kanter, Rosabeth Moss. 
**15 Steps for Successful Strategic Alliances (and Marriages).**

Kanter, Rosabeth Moss. 
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Kanter, Rosabeth Moss. 
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Rosenberg, Mark L., Elisabeth S. Hayes, Margaret H. McIntyre, and Nancy Neill. 
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**Understanding the Value of Backbone Organizations in Collective Impact: Part 1.**