



Institutional embeddedness and opportunities of cross-sector social partnerships

- A case study of Cities Changing Diabetes in Mexico City

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Abstract

This thesis examines how cross-sector social partnerships interact with their institutional context by exploring three different aspects: 1) how the institutional context conditions the formation of cross-sector social partnerships; 2) what constraints the institutional context can pose to governance; and, 3) how some of these constraints can be bridged by cross-sector social partnerships.

While cross-sector social partnerships (CSSPs) comprise an important and increasingly popular frame for the collaboration between sectors, the embeddedness of partnerships in specific institutional contexts is understudied in the literature. This thesis addresses this gap by examining the case of the CSSP Cities Changing Diabetes (CCD) in Mexico City (CDMX).

Through the analysis of our empirical findings, it becomes apparent that CCD in CDMX is conditioned and constrained by the institutional context through barriers in the form of formal and informal institutions. Formal institutional constraints comprise a fragmented health system, few public resources, political discontinuity, and ineffective bureaucracy. Furthermore, the present case demonstrates how informal institutions play a significant role in Mexico and highlights key factors that affect partnerships: a strong orientation towards informal institutions and personal relations, a skepticism towards private actors involved in governance, as well as the fear of and prevalence of corruption.

However, the present case also shows opportunities that CSSPs can present in bridging some of these constraints. By joining different societal actors in cross-sector collaboration, CSSPs can help secure the long-term commitment of the actors involved to the shared objective of the CSSP. As such, it can be argued that CSSPs can reduce the issue of political discontinuity, while simultaneously bridging fragmented health systems by uniting actors from different fields. Additionally, as this has become an adopted practice that is expected to outlast the CCD partnership, it can be argued that CCD has also influenced the institutional context.

Nonetheless, while CSSP governance constellations can as such be a useful tool to overcoming institutional challenges, they cannot overcome all institutional constraints. This indicates that the partnership literature in itself is not always sufficient to understand problems of governance through partnerships. Furthermore, this study raises questions regarding the legitimacy and accountability of governance through CSSPs and argues that there exists a trade-off between accountability and efficiency in CSSPs.

The present study represents an important contribution to the existing CSSP literature by enriching the current understanding of CSSPs. Furthermore, the thesis sheds light on the understudied phenomenon of health CSSPs in Mexico and underlines the importance of the institutional context for CSSPs. As such, with this thesis, we call for a more embedded approach to partnership research henceforth.

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List of abbreviations

ALS	Areas of Limited Statehood
CCD	Cities Changing Diabetes
CDMX	Mexico City
CSR	Corporate Social Responsibility
CSSP	Cross-Sector Social Partnership
FMD	Federación Mexicana de Diabetes
INSP	Instituto Nacional de Salud Pública
NGO	Non-Governmental Organization
Novo	Novo Nordisk A/S
NPG	New Public Governance
NPM	New Public Management
OECD	Organization for Economic Co-operation and Development
PPP	Public Private Partnership
RoH	Rule of Halves
UN	United Nations
WHO	World Health Organization

1. Introduction

The current society is under heavy duress. Not only is the world changing more rapidly than ever before, but societies are also faced with issues that in both scale and complexity surpass previous challenges. Simultaneously, the capacity of the state to respond to these tendencies has decreased following neoliberalist market logic and decades of New Public Management reforms in large parts of the world (Forrer, Kee & Boyer, 2014; Bexell & Mörrth, 2010). As issues are increasingly interlinked and affect all actors in society, they call for broader collaboration across different sectors.

Cross-sector social partnerships (CSSPs) comprise an important and increasingly popular frame for the collaboration between sectors, where the dominant belief is that different sectors and actors can unite their resources, knowledge and perspectives to tackle complex societal challenges (Jørgensen, 2006). The involvement of non-state actors in the formulation and implementation of public policies reveals how governance is no longer confined to the state (Börzel & Risse, 2010; Scherer & Palazzo, 2011). Rather, governance has now also become a matter of non-state actors including both private and non-governmental organizations (NGOs) in a range of ways, aimed at addressing problems spanning from local development and poverty to climate change and organized crime (Crane & Seitanidi, 2014). Partnerships have been praised as the answer to many contemporary problems and are promoted by both private and public actors, including the United Nations (UN), which has incorporated partnerships in the Sustainable Development Goals as well as formed the UN Global Compact to address this (United Nations, n.d.).

However, while partnerships have been studied and praised widely in the literature, only a smaller part of the literature has presented a critique of these governance constellations – addressing amongst others the need for further impact assessment, as well as the risk of involving private actors in governance. Nonetheless, public actor participation is rarely questioned, examined nor evaluated in the literature. The embeddedness of partnerships in specific contexts is, moreover, understudied in the literature, which thereby fails to recognize the importance of different contexts and influence of local institutions on governance through partnerships.

This thesis seeks to address this gap in the existing literature by answering the following research question:

How do CSSPs interact with institutional contexts?

In attempting to answer this, the thesis will examine the following aspects:

- *How are CSSPs conditioned and constrained by institutional contexts?*
- *How can CSSPs bridge institutional constraints?*

These questions will be investigated through a case study of the CSSP Cities Changing Diabetes (CCD) in Mexico City (CDMX). This partnership is between Novo Nordisk (henceforward Novo), the government of CDMX and the Institute of Public Health (INSP) and addresses the rising problem of urban diabetes.

As the partnership literature in Mexico has mainly been concerned with partnerships of a transactional or philanthropical nature, this study will contribute to a better understanding of CSSPs in this institutional context. Moreover, it will address the embeddedness of a partnership in the Global South– a geographical area which is underrepresented in the partnership literature (KS, Chowdhury, Sharma, & Platz, 2016). As such, the CCD case presents an interesting example of a CSSP, which can increase knowledge on several parameters. Furthermore, this might be of additional importance, as partnerships across sectors are believed to represent an emerging source of value in Latin American countries (Austin et al., 2004).

1.1 Structure of the thesis

This thesis will take its point of departure in the governance and partnership literature. Through the literature review, it is revealed that partnerships are an increasingly complex theoretical field, encompassing a variety of constellations that exercise governance to a varying degree. Furthermore, it is demonstrated that the majority of the existing partnership literature fails to take into consideration the embeddedness of partnerships in their institutional setting. Following this, we develop a theoretical framework that highlights institutional features and considerations related to legitimacy in order to understand how the institutional context interacts with partnerships and thereby affects how governance can be provided. This is followed by an analysis where concepts from the theoretical section are applied to our case study of CCD in CDMX to investigate how CSSPs interact with their institutional context. We summarize in our discussion and consider some of the implications of involving private actors in governance, hereunder the issue of legitimacy. Moreover, we discuss the implication of certain underlying assumptions regarding state capacity, as well as the trade-offs between legitimacy and accountability in governance through CSSPs. Finally, in the conclusion we return to the research question, offering our findings across the thesis, and present perspectives on future work on CSSPs in different contexts.

2. Literature Review

This chapter will review the existing literature on governance and partnerships, seeking to understand how governance has changed to involve non-state actors, and how this takes place through partnerships across sectors.

The first section will review the trends and tendencies that have shaped the current understanding of governance. The following section will zoom in on CSSPs, the strengths and objectives behind partnership formation, as well as issues that can arise in partnerships. Moreover, one section will give a brief overview of the limited research that exists on institutional perspectives regarding partnerships. Two sections will then elaborate on partnerships in the Global South and in health respectively, in order to uncover the findings related specifically to partnerships in these fields. Finally, the chapter will present a critical evaluation of partnerships, as well as highlight gaps in the literature relevant to the case of CCD.

2.1 Governance

Governance, in its most general form, refers to all modes of coordinating social action (Risse, 2012). Nevertheless, the term governance is employed in a variety of different disciplines, including business administration, public administration, politics, economics, sociology, law, geography and history (Kersbergen & Waarden, 2004). The use of the concept of ‘governance’ in these distinct fields have three common elements: 1) rather than unicentric systems, governance refers to pluricentric systems; 2) governance is seen in networks between interdependent but autonomous actors – and government is only one of the actors that forms part of these network relations; 3) the focus of governance is not on the structures of government, but rather on the processes of governing (Fenger & Bekkers, 2007).

In line with Fenger and Bekkers (2007), Börzel and Risse (2010) also differentiate between governance as *structure* and governance as *process*, in order to distinguish how governance as a concept is employed differently. Whereas governance as structure concerns institutions and constellations, governance as process is concerned with the modes of social coordination, which can be either hierarchical or non-hierarchical. Hierarchical coordination implies a system of dominating and subordinated actors, hence it is characterized by “*authoritative decisions with claims to legitimacy*” (ibid., p. 115). This process is mostly associated with, but not restricted to, the state. Conversely, non-hierarchical coordination is “*based on voluntary commitment and compliance*” (ibid., p. 115), and actors are recognized as equals. The latter is becoming increasingly common, as the following section will explore more in depth.

2.1.1 Governance and the Changing Role of the State

Traditionally, governance has been associated exclusively with government. As such, the Weberian understanding of the modern state, which has legitimate monopoly on the means of violence and governs hierarchically, dominated the literature (Anter, 2020). However, the governance concept has changed and expanded following tendencies in global politics such as state reforms that condition governments' capacity for governance, as well as an increased understanding of the different levels of capacity and consolidated statehood that the state possesses (Bekkers, Dijkstra, Edwards, & Fenger, 2007; Risse, 2015). These will be elaborated in the following sections.

2.1.1.1 New Public Management and New Public Governance

In the late 1970s, public demands for more transparency and efficiency from the state surged, while a lack of confidence in governments became apparent as well (Forrer, Kee, & Boyer, 2014; Velotti, Botti, & Vesci, 2012). To curb government inefficiency and market restrictions, neo-liberalism was introduced as a policy model, embracing free-market economy, deregulation, and reducing government spending and interference considerably (Connell, Fawcett, & Meagher, 2009). Following these logics, the concept of New Public Management (NPM) emerged in the Global North introducing organizational change as well (Gideon & Unterhalter, 2017). The rationale behind NPM was to decrease the inefficient bureaucracy of the state while decentralizing bureaucratic institutions (Waheduzzaman, 2019). Following neoliberal doctrine, NPM advocated the integration of market mechanisms and private sector management into the public sector (Almqvist, Grossi, van Helden, & Reichard, 2013). Thus, the NPM paradigm reacted with privatization and externalization of services (Johnston & Finegood, 2005).

This was to a high degree done through partnerships with private sector corporations, who were contracted to provide services, build infrastructure, etc. in a more efficient manner. Partnerships were seen as a tool to increase efficiency and effectiveness through contractual principal-agent relationships with the private sector in order to recover citizens' trust in the public sector (Velotti, Botti, & Vesci, 2012). Peters and Pierre (2010) even suggest that partnerships can be seen as the 'crown jewel' of NPM. Nevertheless, apart from costs decrease, the evidence of benefits of this approach is poor (Almqvist, Grossi, van Helden, & Reichard, 2013), and providers are often more focused on quantity than quality (Lapsley, 2009). Moreover, competition between providers, opportunistic behavior, as well as distrust between principals and agents often lead to an increase in transaction costs (Almqvist, Grossi, van Helden, & Reichard, 2013).

In order to address the shortcomings of NPM, New Public Governance (NPG) was introduced as a new movement within public sector management. NPG departs from the principal-agent relations with the private sector, which is instead perceived as a collaborative partner in solving complex problems (Casady, Eriksson, Levitt, & Scott, 2020). The relationship between the public and private sector is here seen as a collaboration between equals, without which some goals would be unachievable (Bovaird, 2004). The approach sought to find a solution to complex or 'wicked' problems with a citizen-centric, multi-actor governance model (Velotti, Botti, & Vesci, 2012; Waheduzzaman, 2019). As such, NPG relationships unite actors with different resources, competencies and knowledge in networks that emphasize common interests and goals and blurs the split between purchaser and provider (Almqvist, Grossi, van Helden, & Reichard, 2013) – an example of this being public private partnerships.

2.1.1.2 Involving non-state actors in governance

Since the 1990s, the literature on governance has expanded to now also include the involvement of non-state actors in non-hierarchical modes of coordination (Börzel & Risse, 2010). The idea that government could solve societal problems and intervene in developments while being detached from society due to a hierarchical and centralized position, was criticized widely (Bekkers, Dijkstra, Edwards, & Fenger, 2007). According to Fenger and Bekkers's (2007) review of the governance literature, the general argument is that governments' capacity to control events within the nation state has been undermined by several developments including: the rise of global markets; the greater access to information; the upwards flow of power from traditional government institutions to supranational and intergovernmental institutions; a shift from central to decentralized forms of governance (subnational, regional and municipal institutions); the growing social complexity; as well as the increasing importance of semi-public and private actors, networks and social partnerships.

Due to these shifts in problem-solving capacity, several authors have proposed modes of governance that might be able to deal more effectively with social problems (Fenger & Bekkers, 2007). Fenger and Bekkers (2007), in their elaboration of the concept, propose five different modes of governance including: 'governance at a distance', 'multi-level governance', 'market governance', 'network governance' and 'societal self-governance' (p. 21-26). What these modes have in common, is that problem-solving capacity is transferred towards other levels or organizations, thus decreasing the role of traditional state institutions. These can therefore be seen as representing different forms of non-hierarchical steering. Hence, other actors in society, like business and civil society, are increasingly engaged in governance activities that were traditionally regarded as government responsibility (Scherer & Palazzo, 2011). Examples of this includes

engagement in social security, public health and education, as well as the protection of human rights (Matten & Crane, 2005).

Several scholars have examined this new role of corporations in society (Scherer & Palazzo, 2011; Bekkers, Dijkstra, Edwards, & Fenger, 2007; Benz, Kuhlman, & Sadowski, 2007). Scherer & Palazzo (2011) point to the new role of corporations being caused by an erosion of the division of labor between the state and businesses, as well as the increased pressure on business from civil society actors. This has led to businesses operating with an extended concept of responsibility or Corporate Social Responsibility (CSR) – which has also spread to the political realm. Thus, corporations have become politicized both in the enlarged understanding of their responsibility, as well as in their role in solving social challenges in cooperation with state and civil society actors (Scherer, Rasche, Palazzo, & Spicer, 2016). This has led to an increased recognition of the role of private actors in governance (Rasche, Morsing, & Moon, 2017). According to Helgesson's (2010) findings, these tendencies can also be observed in the different modes of 'soft' governance which private actors now exercise through self-regulation, e.g. through industry standards, codes of conduct etc.

As such, the literature refers to a shift from a 'government' to a 'governance' paradigm, in which the public sector, which traditionally was placed in the center of societal problems and developments, experienced a shift in the steering paradigm to involve a conglomerate of actors (Bekkers, Dijkstra, Edwards, & Fenger, 2007; Benz, Kuhlman, & Sadowski, 2007).

2.1.1.3 Areas of Limited Statehood

Though the literature on governance has increasingly recognized the involvement and role of non-state actors in governance, some scholars argue that the governance discourse still rests on the assumptions of modernization theory and the 'ideal type' of modern statehood (Risse, 2012), in which the modern state is understood as entailing "*an effective government, the rule of law, human rights, democracy, market economy, and some degree of social welfare*" (Risse, 2012, p. 5). Accordingly, Risse (2012) argues that the governance literature reveals a normative orientation toward fully consolidated, highly developed, democratic statehood – i.e. the Western model (ibid.).

Risse (2012) defers from defining a state through the functions it performs, and instead investigates the conceptualization of statehood, which can be seen as having different degrees. As such, there is a spectrum in which states can enjoy different levels of either limited or consolidated statehood while still being

recognized as a state. With fully consolidated statehood, states can *“authoritatively make, implement, and enforce central decisions for a collective”* (Risse, 2015, p. 155), and furthermore control the means of violence. Furthermore, consolidated states can cast what Börzel and Risse (2010) term a ‘shadow of hierarchy’, meaning that the state capacity is strong enough to implicitly or explicitly threaten to impose binding regulation on private actors.

The opposite is the case in areas of limited statehood (ALS) which can be found in almost any country in the world; these areas can both be sectoral, territorial and temporal (Börzel, Risse, & Draude, 2018). Therefore, the literature often refers to ‘areas’ of limited statehood, rather than entire states, which include *“those parts of a country in which central authorities (governments) lack the ability to implement and enforce rules and decisions or in which the legitimate monopoly over the means of violence is lacking, or both, at least temporarily”* (Börzel & Risse, 2010, p. 118). Hence, states with ALS might enjoy consolidated statehood in certain areas where governance is efficiently exercised, while not being able to provide public goods in other areas. However, even under conditions of limited statehood, effective governance and service provision occur. This can be due to an ‘external shadow of hierarchy’ cast by other consolidated states or international organizations, or because non-state actors face the risk of anarchy if governments are completely absent. This governance often involves new modes of steering and various combinations of state and non-state actors (Risse, 2012). This can amongst others take shape in constellations of partnerships (ibid.).

2.2 Partnerships

2.2.1 Partnerships as governance

The concept of partnerships between the public and private sector emerged in the 1980s in the guise of Public Private Partnerships (PPPs), with the aim of involving private corporations in local economic development (Crane & Seitanidi, 2014). Several scholars argue that partnerships especially witnessed an upsurge due to the management and economic reforms of the 1980s, where downsizing of the public sector, calls for privatization and outsourcing of public services was the dominant discourse (Ruckert & Labonté, 2014; Johnston & Finegood, 2005). Furthermore, international organizations - such as the World Bank and the OECD - started getting increased influence and advocating heavily for a larger involvement of the private sector (Languille, 2017). Later, the UN, a previous sceptic of private involvement, has become one of the main promoters of PPPs - a factor which scholars believe led to a significant increase in collaboration between sectors (Utting & Zammit, 2008). Hence, these tendencies have been ascribed to the

reconceptualization of the roles different sectors can play within public governance (Johnston & Finegood, 2005), and have paved the way for a rapid increase in PPPs (Selsky & Parker, 2005).

Naturally, the concept and understanding of PPPs has also developed over time, owing amongst others to changing public sector objectives in the paradigms of NPM and NPG (Bovaird, 2004), as well as to changing pressures and expectations of private firms from civil society (Scherer & Palazzo, 2011). As a result, the concept of PPP in the literature has evolved to represent a wide range of issues, sectors, and collaborative forms (Crane & Seitanidi, 2014).

2.2.2 Concepts of partnerships in the literature

Cross-Sector Social Partnership (CSSP) is a concept roamed under the broader and more well-known umbrella of PPPs. PPP is a key concept in the literature on partnerships when examining collaboration between the public and private sectors in terms of solving a common challenge, developing new policies, or enhancing efficiency. In the literature, PPPs often share several defining features including: participation from different sectors; non-hierarchical steering; a pooling of resources and risks; shared objectives; as well as outcomes that are public or quasi-public goods or services (Akintoye, Beck, & Kumaraswamy, 2015; Börzel & Risse, 2010; Torchia, Calabrò, & Morner, 2015).

Nevertheless, the concept of PPPs faces the semantic challenge of an absence of a common definition (Torchia, Calabrò, & Morner, 2015; Languille, Public Private partnerships in education and health in the global South: a literature review, 2017; Velotti, Botti, & Vesci, 2012) and has been employed ambiguously in the literature (Johnston & Finegood, 2005). One of the main discussions in terms of the nature of PPPs is whether they should be considered a form of contract, and to what extent a 'partnership' must include collaboration among partners in order to be called so (Klijn & Teisman, 2003). Roehrich, Lewis and George (2014) demonstrate this ambiguity by displaying seven different conceptualizations of PPP with dimensions ranging from the combination of "*contractual governance*" and "*risk allocation*", to PPPs defined by "*inter-organizational relationship*", "*cooperation*", "*power and information sharing*" and "*shared objectives*" (p. 112). This wealth of definitions and distinctions in partnership relations is in line with Austin's collaboration continuum - a spectrum that ranges from "*simple, one-way financial or philanthropic support, through to two-way transactional relationships around specific activities, all the way up to integrative strategic alliances and, more recently, to transformational collaborations*" (Austin in Crane & Seitanidi, 2014, p. 3).

Hence, PPP is currently being used as an umbrella term to describe a very heterogeneous group of arrangements or collaborations between public and private partners (Singh & Prakesh, 2010), including Cross-Sector Partnerships (CSPs), CSSPs, Intersectoral Partnerships, Social Alliances, and Multi-Stakeholder Partnerships (Selsky & Parker, 2005; Languille, Public Private partnerships in education and health in the global South: a literature review, 2017). While some concepts – like CSP – are used interchangeably with PPP in the literature, other concepts – like CSSP – are branches under the concept of PPP and are as such narrower concepts.

2.2.3 Motivations and contributions of actors in CSSPs

The literature on partnerships has been especially attentive towards internal dynamics and motivations for establishing and participating in partnerships across sectors. However, as described above, there are substantial differences in these across the different partnership constellations. This section will elaborate on the motivations and contributions of actors in CSSPs.

Austin et al. (2004) argue that motivational forces for partnering can broadly be distinguished as either altruistic or utilitarian motives. This distinction acknowledges that objectives naturally differ across sectors, and thus, different actors join partnerships for different reasons. Nonetheless, as CSSPs inherently have a social dimension, it is likely that altruistic motives will play a relevant part. Altruistic motives are based on humanitarian values, hence they are concerned with solving community problems, helping people in need and overall contributing to the well-being of society (Austin et al., 2004). On the other hand, utilitarian motives cater to the individual interests of an organization in which efforts have strategic importance. Partners are often motivated by both types, which can coexist. The distinction should not be seen as having a normative character, suggesting that one type of motivation is superior to another. The main argument is that whatever the motivations are, they should be intense and the partnership should serve them. If these criterias are met, the long-term sustainability of the collaboration is more likely to be secured (Austin, et al., 2004).

As public actors are created to serve the public good, altruistic motives naturally form the base of their involvement in partnerships, as the proponents for partnerships argue that involvement of non-state actors can increase efficiency, consequently leading to improved public goods and services and overall societal welfare. Nonetheless, the public sector might also be motivated to join CSSPs with more utilitarian motives as they are increasingly faced with problems such as “*the decreased trust in government ability to solve social problems*” (Vurro, Dacin, & Perrini, 2010, p. 42) as well as fiscal constraints, limited resources and

state capabilities to do so (Reich, 2002). Furthermore, the public sector is facing demands of transparency and less intrusiveness, while at the same time being expected to provide more services and benefits (Selsky & Parker, 2005). Thus, the public sector also sees partnering up with private actors as an opportunity to gain access to more resources, knowledge, and capacity as well as to scale up their operations (Johnston & Finegood, 2005).

In a partnership, the public sector's main contribution is often said to be political legitimacy and political action (Bexell & Mörtz, 2010). As such, the public actor is often the partnerships' chance to change regulation and legislation, hereby ensuring long-term implementation of changes in public service provision or the like. Moreover, the public sector usually operates with democratic accountability ensured by elections, as well as inclusive and bureaucratic processes of involvement (ibid.). Hence, it can be argued that the participation of a public actor indicates some level of representation of public interests in line with what the population prioritizes.

The findings in the partnership literature indicate that private actors are motivated to enter CSSPs in the hope of obtaining increased legitimacy, increased influence and access to policy-makers, public relations, as well as financial benefits such as market penetration or tax breaks (Languille, Public Private partnerships in education and health in the global South: a literature review, 2017; Vurro, Dacin, & Perrini, Institutional Antecedents of Partnering for Social Change: How Institutional Logics Shape Cross-Sector Social Partnerships, 2010). Businesses are increasingly accepting a broader view of CSR, as societal demands for this have increased, but also as it is increasingly used in a strategic manner (Selsky & Parker, 2005; Vurro, Dacin, & Perrini, Institutional Antecedents of Partnering for Social Change: How Institutional Logics Shape Cross-Sector Social Partnerships, 2010). For example, some companies recognize the importance of supporting public health systems and goals for their own future business prospects (Torchia, Calabrò, & Morner, 2015). This can also be seen in several studies that have investigated partnerships as a form of strategic CSR, where for instance the notion of 'creating shared value', as conceptualized by Porter and Kramer (2011), is seen as compatible with partnerships (Senevirathna, 2018; Dalgaard, 2014). With respect to social issues and challenges, businesses might also engage in CSSPs as a type of CSR due to the objective of making themselves more attractive to future and current employees and to generate business through goodwill (Johnston & Finegood, 2005; Jørgensen, 2006).

As such, private actors are oftentimes driven by utilitarian motives in which the participation in a partnership can be leveraged to serve their own objectives. The literature highlights the private contributions to partnerships particularly being their financial resources and the efficient management of time and

resources (Kang, Mulaphong, Hwang, & Chang, 2019). Moreover, expertise and know-how from the industries they operate in can be of substantial value to a partnership trying to navigate in the same context (Guaipatín, 2007). Accordingly, the networks that private companies often have or are a part of can be valuable to uniting stakeholders and exploiting others' experiences and best practices.

Despite having limited financial resources and lacking direct influence on policymaking, NGOs are attractive partners in CSSPs due to their capability of enhancing legitimacy and generating goodwill by association (Johnston & Finegood, 2005). Furthermore, they represent the civil society and can hereby help to increase accountability of partnerships to the public. Inherently, NGOs are driven by altruistic motives, but partnerships also represent an opportunity to serve their own self-interest (Austin, et al., 2004). Their motivation to join CSSPs can stem from utilitarian reasons such as their own limited financial resources, while facing demands of improved efficiency and accountability – both of which the private sector might influence positively (Selsky & Parker, 2005). Additionally, CSSPs can strengthen and improve their status and recognition, which might in turn lead to increased political influence (Jørgensen, 2006).

Hence, there seem to be a wealth of opportunities and benefits involved for actors participating in CSSPs including augmented resources and capacities, cross-sectoral learning and potential for innovation, as well as increased influence and legitimacy. Effects can be direct or indirect and evident in the short or long term (Selsky & Parker, 2005). Thus, CSSPs have been praised as win-win interactions (Languille, 2017) that simultaneously benefit all partners and reach an outcome that would have been impossible without the partnership, thus outweighing the extra costs of cooperation (Klijn & Teisman, 2003).

2.2.4 Issues when partnering

The literature on CSSPs also warns of losses and trade-offs that can result from these collaborations (Richter, 2004), with the literature being especially critical of private partners in the partnerships (Languille, 2017). Commonly, the concerns are associated with the incentives, power structure, conflicts of interest, and the consequences for the public actor. Often, the private sector incentives are questioned and perceived to be related exclusively to commercial optimization through market access, brand strengthening and increased profits (Johnston & Finegood, 2005). Subsequently, a significant conflict of interest might occur between partners, making the issue of shifts in influence, roles and power imbalances in the partnership ever more important. This is especially the case when the CSSP is concerned with public policy issues (Selsky & Parker, 2005). Moreover, an imbalance in power can often be seen in the Global South, where governments typically play a marginal role in the decision-making structures of CSSPs (Languille, 2017).

Several scholars have studied conflicts that can stem from differing institutional logics (Gray & Purdy, 2014; Vurro & Dacín, *An Institutional Perspective on Cross-Sector Partnership*, 2014). According to Gray and Purdy (2014), institutional logics may be derived from the societal sector, which the partner represents, i.e. the private, public or non-profit sector. However, institutional logics might also originate from a deeply rooted nation-state logic, where differing jurisdictions, national cultures and so forth can lead to different ways of approaching a problem or reaching a solution (ibid.). These taken-for-granted, underlying practices, assumptions and beliefs can cause partners to frame both problems and solutions differently and hence result in conflicts (Gray & Purdy, 2014). Furthermore, as partnerships become larger networks consisting of multiple actors, the challenges related to reaching consensus as well as making sure that all partners are equally heard might also become more prevalent (Forrer, Kee, & Boyer, 2014).

Depending on the nature of the partnership, an issue may arise as governments at times might have to give up control and agree to share power. As Forrer, Kee & Boyer (2014) argue, this is likely to happen in partnerships where the relation is not characterized as a principal-agent one, but is rather a principal-principal relation, meaning that the involved actors are no longer contracted by the government but are involved as equals and given discretionary authority. This might pose a problem to the democratic accountability, as the public sector might be less able to ensure that the public interest is well served (ibid.).

Thus, the partnership literature warns to be careful of the purpose and the impact of including private partners (Richter, 2004), making the private sector participation the main problem and concern regarding CSSP success. Nonetheless, public actor participation is rarely questioned nor examined in the literature. As such, the effects and influence of public participation on collaboration and goal achievement in partnerships have yet to be examined.

2.2.5 Partnerships and institutions

To a large extent, the partnership literature overlooks the embeddedness of partnerships in their broader institutional context, and has as such mainly been examined as occurring in a vacuum (Vurro, Dacín, & Perrini, 2010; Selsky & Parker, 2005). Nevertheless, scholars are increasingly recognizing that CSSPs should be considered in the context they occur (Vurro & Dacín, *An Institutional Perspective on Cross-Sector Partnership*, 2014; Phillips, Lawrence, & Hardy, 2000). Few studies have examined the institutional environment in terms of its influence on establishing partnerships (Hamann, 2014; Sonday & Wilson-Prangley, 2018) and the type of partnership that follows (Selsky & Parker, 2005; Gray & Purdy, 2014), as well as limited aspects of institutional influence on partnership dynamics and collaboration (Vurro & Dacín,

2014; Vurro, Dacin, & Perrini, Institutional Antecedents of Partnering for Social Change: How Institutional Logics Shape Cross-Sector Social Partnerships, 2010; Rufin & Rivera-Santos, 2014). Furthermore, some scholars argue that these types of partnerships can also affect the institutional environment (Phillips, Lawrence, & Hardy, 2000; Lawrence, Hardy, & Phillips, 2002). For example, Phillips, Lawrence & Hardy (2000) argue that there is an interdependence between collaboration and institutionalization, and thus that the ability of members to collaborate is both affected by, but also affects, the institutional environment. As such, CSSPs can also contribute to shaping the institutional context they are embedded in.

Little is known about how partnerships in the Global South work across sectors, and to what extent they obtain the desired results (Languille, 2017). An area that has been investigated concerns the establishment of partnerships in ALS depending on the strength of the given state. Börzel and Risse (2010) as well as Hamann (2014) show that the weak and strong states in ALS are less likely to be interested in forming cross-sector partnerships than other states. Likewise, these scholars show that private companies are also most motivated to enter into CSSPs with weak or strong states.

Hence, the partnership literature does to some degree engage with the institutional context influence on partnerships, though this is mostly related to either the establishment of (different kinds of) CSSPs, or CSSPs in very specific institutional contexts. Nonetheless, the literature fails to properly address the embeddedness of partnerships, including specific formal and informal institutions that affect partnerships.

2.2.6 Partnerships in the Global South

Partnership in the Global South are, from an academic point of view, particularly interesting to examine, as they represent a minority within partnership studies (KS, Chowdhury, Sharma, & Platz, 2016). The predominant countries in publications on partnerships have been the USA and the UK, representing 63% of the total PPP-related articles (Roehrich, Lewis, & George, 2014). Empirical research on partnerships in the Global South, on the contrary, represents a gap in the literature.

Nonetheless, partnerships are prevalent in these regions as well. Since the 1990s, countries in Asia, Latin America and Africa have increasingly begun to rely on partnerships (Kang, Mulaphong, Hwang, & Chang, 2019), though mostly within larger development projects such as infrastructure projects (Hodge, Greve, & Biygautane, 2018), or health and education projects (Gideon & Unterhalter, 2017). There are various reasons for this. In the post-Cold War setting, developing countries were encouraged to adopt principles of free markets and hereby seek participation in the world trade system following the collapse of the

communist regime (Jamali, 2004). In line with this, the involvement of the private sector was highly promoted as well, hereunder the use of partnerships (ibid.). Furthermore, governments in developing countries increasingly rely on partnerships, as they often face fiscal constraints, impeding them from investing in or repairing infrastructure, while the private sector is discouraged to invest due to the expectations of low returns in risky, unstable countries (Kang, Mulaphong, Hwang, & Chang, 2019). As such, partnerships can facilitate a mutual commitment that can make it worthwhile for both parties to engage as risks are then shared.

Empirical data on partnerships in Latin America similarly demonstrates a high prevalence of partnerships within infrastructure, especially road construction, public transportation and water management (Chica, 2017). This is in accordance with KS, Chowdhury, Sharma and Platz's (2016) research, showing that Latin America as a region received the largest share of private infrastructure investments from 1990-2014, compared to other regions in the Global South. However, the inflow of infrastructure investments was especially high in the early 1990s and has been decreasing ever since due to macroeconomic instability and project failures in the region (ibid.).

As such, despite the high prevalence of partnerships in Latin America, academic research on more collaborative and integrative partnerships is scarce as this is still a new phenomenon in most of the region (Austin et al., 2004). A major contribution to this literature is, however, the research carried out by Austin et al. (2004) centering on CSSPs in Latin America. This work draws on 24 case studies from the region in order to uncover similarities and differences in the region internally and as compared to the findings from the partnership literature in general. What the investigation of these case studies shows, is that in many Latin American countries, businesses have traditionally been associated with conducting only business, and hence not with engaging in more philanthropic or altruistic projects. In fact, a general suspicion and concern towards the private sector has been dominating in many countries (ibid.). As such, engaging in integrative collaboration across sectors has been less frequent in the region, especially compared to the US.

Additionally, the findings from the case studies highlight the importance of preexisting relationships in the Latin American context, which is characterized by a personalistic culture. Having good relations and a network is a valuable resource and can often serve as a decisive factor when embarking on a new collaboration, as well as in the choice of which stakeholders to include. Furthermore, the authors concluded that while high degrees of diversity and differences exist between the Latin American countries, the commonalities outweighed the differences, meaning that insights from one country *"often enabled a greater understanding of collaboration processes in another country"* (Austin et al., 2004, p. 331).

Nonetheless, while the work of Austin et al. provides insight into CSSPs in Latin America, their focus is limited to collaborations between businesses and civil society organizations. As such, CSSPs with the public sector in Latin America still represents a significant gap in the literature, thus limiting the understanding of CSSPs in this region in general. Accordingly, the authors call for further investigation into collaborations between the public and private sector in Latin America, and point to their findings indicating a greater influence of government on CSSPs in a Latin American context compared to the US.

The interaction between businesses and society in Mexico has mainly been dominated by philanthropic activities such as donations and sponsorships (Austin, et al., 2004). Partnering across sectors has been less common, but it has in recent years become more frequent between public and private actors, especially with the enactment of the Public Private Partnership Law in 2012, aimed at fostering infrastructure development in Mexico (Toache, Amado, & Ita, 2018). However, partnerships in Mexico have been concerned almost exclusively with transactional partnerships, in seeking to attract private capital (Austin et al., 2004). Despite the hope of increased services and efficient use of public resources, a study by Toache, Amado & Ita (2018) highlights that many of these partnerships have brought with them serious problems of corruption scandals and public indebtedness.

Other, more collaborative arrangements, such as CSSPs, are almost nonexistent in the literature, which is supported by Austin et al. (2004) who argues that the majority of partnerships in Mexico can be characterized as either philanthropic or transactional. The few studies which exist have investigated collaborations within sectors such as local security and food banks (Gravel & Arboleya, 2015; Austin, et al., 2004). Hence, research on CSSPs in Mexico presents an understudied phenomenon, with literature on CSSPs in health being absent.

In conclusion, in the Global South as well as in Latin America and Mexico, the literature on PPPs primarily focuses on partnerships providing a service rather than establishing a collaboration between different sectors and their expertise. This is despite the fact that these kinds of collaborations might results in even larger impacts in developing countries settings, as institutional gaps and societal problems are more common (Kolk, 2014).

2.2.7 Partnerships in health

Within health, Languille (2017) argues that the partnership literature concerning the Global South generally differentiates between three different streams: global health initiatives; partnerships within construction and

maintenance of health facilities; and ‘demand-side financing schemes’. Global health initiatives represent an abundant part of the literature, centered around global initiatives such as the fight against HIV-AIDS and tuberculosis, where the main objective is to develop and distribute vaccines and drugs against infectious diseases (Ruckert & Labonté, 2014). The second stream is concerned with PPPs that are more transactional, where tangible outcomes such as hospitals are the main objectives (ibid.). Finally, ‘demand-side financing schemes’ seek to subsidise health related costs, often targeting vulnerable groups such as women and lower income groups in developing countries (ibid.).

Concerning health partnerships, Johnston & Finegood (2005) furthermore underline the uniqueness present in partnerships targetting non-communicable diseases. The challenges derived from these diseases are inherently complex, and as such they require collaborative efforts to adress the multifaceted root problems and not solely unilateral action from one single actor. This is because the majority of the determinants of Non-communicable diseases lie outside the health sector (WHO, 2012) and include both lifestyle, diet, education and more (Johnston & Finegood, 2005). This logic supports the use of CSSPs, advocating for a broader integration of various partners, both public and private, to design health promotion programs and influence private partners to pursue more health-conscious business models (ibid.).

As is the case with all literature concerning PPPs, there is a high level of variety and complexity as these partnerships involve different actors in different countries working with different health issues. Partnerships within public health are at times even more complex as several additional controversies exist, which are industry-specific. For example, some have been wary of the pharmaceutical industry and their collaborations with governments and the World Health Organization (WHO), as their influence on decision making and regulatory policies are argued to have become too extensive (Utting & Zammit, 2008). Furthermore, past experience with private actor involvement in public health issues, such as the lobbying work of the tobacco industry, has highlighted the many possible conflicts of interest that might exist between commercial interests and public health goals (Johnston & Finegood, 2005). Additionally, critical voices argue that private actors at times have skewed the health agenda towards specific diseases, especially infectious diseases, hereby removing focus from other serious diseases, such as non-communicable diseases (Languille, 2017).

Hence, skeptics fear that CSSPs with a private sector partner will undermine public health initiatives and efforts, and in general weaken and overrule the public sector role, responsibilities and priorities (Gideon & Unterhalter, 2017; Johnston & Finegood, 2005).

2.2.8 Critical assessment of PPPs

In recent years, partnerships have been hailed as the answer to many contemporary global problems, bringing together the ‘best of both worlds’ and being able to target complex, overarching issues. However, a growing literature of skepticism towards PPPs has also emerged after decades of partnership implementation globally, as some benefits have failed to materialize (Gideon & Unterhalter, 2017; Utting & Zammit, 2008). The skepticism often relates broadly to aspects concerning impact assessment, legitimacy, corporate interests, as well as the danger of assuming one-size-fits-all.

Firstly, with regards to impact assessment, research on the actual impact of partnerships has proven difficult to carry out, and consensus on appropriate impact assessment is still missing (Lund-Thomsen, 2008). Moreover, in the examination of some of the most typical evaluation methodologies and frameworks, the OECD points out that *“most focus largely on procedural aspects of partnerships. Not all examine the impact of partnerships and fewer still look at the efficiency aspects”* (OECD in Utting & Zammit, 2008, p. 48-49). Furthermore, studies carried out on partnerships, working specifically with sustainable development, have shown that these have often been inactive or ineffective (Kolk, 2014).

Secondly, the involvement of private actors in partnerships has been heavily questioned. Being accused of accommodating private interests, partnerships are seen as granting the corporate sector significant influence on policy priorities and state actors, ultimately benefitting businesses more than society (Schäferhoff, Campe, & Kaan, 2009). Involving private and non-profit actors, who are not elected by the public, in the provision of public goods and governance, raises questions of their legitimacy as well as accountability. In general, the level of accountability towards stakeholders is low in PPPs, which have been described as a ‘soft’ form of CSR that emerged due to strong business lobbying against harder regulatory approaches like corporate accountability (Utting & Zammit, 2008). When non-state actors are granted the opportunity to engage in authoritative decision-making, a prominent fear is that the public interests are not served properly through these partnerships (Schäferhoff, Campe, & Kaan, 2009).

As previously mentioned, this is a significant concern in the health sector, as well as in the Global South, where partnerships risk reinforcing already existing power imbalances (Utting & Zammit, 2008; Languille, Public Private partnerships in education and health in the global South: a literature review, 2017). Furthermore, a large part of the research concerning partnerships and their potential has been promoted and financed by their main advocates, such as the World Bank and the International Finance Corporation, where commercial interests can be at play (Languille, 2017). Furthermore, it has been argued that the promotion

of partnerships seeks to support the logic of neoliberalism, advocating for the superiority of markets and private companies, and attempting to shift state-market relations (Utting & Zammit, 2008).

Finally, Rein et al. (2005) emphasize the danger of assuming that there is one model of partnership, which is applicable to all contexts and situations, pointing out that their research suggests that “*partnerships need to be built very carefully both on the established good practice and on the constraints of local conditions*” (p. 125). This is amongst others due to the fact that partnerships do not necessarily have a holistic view on the systems they operate in and rely on, and thus lack insights to secure policy coherence. For example, local health systems might be overwhelmed by working with several partnerships that each have their separate demands if system capacity is low or human resources are weak (Caines in Utting & Zammit, 2008).

2.3 Sub conclusion

This literature review has exposed the current state of the partnership literature, both on a broader scale and specifically within the Global South and health. From this, it can be derived that partnerships are becoming more and more widespread, as they represent an opportunity to address increasingly complex problems. As such, they represent a new form of governance involving non-state actors in the traditional state realm.

However, throughout this review, it has become apparent that literature on partnerships is mainly concerned with the internal dynamics of partnerships. In general, the partnership literature to a large extent assumes a ‘one-size-fits-all’ of partnerships. Moreover, the critical perspectives on partnerships focus almost exclusively on impact assessment and the legitimacy of private actor involvement in this new type of governance, while the public actor is not examined nor evaluated. As such, a significant gap in the partnership literature concerns the contextual embeddedness of partnerships, including the institutional environment that can influence the partnership as well as condition the public actor participation. Furthermore, the literature on CSSPs including more collaborative and integrative partnerships in Mexico and Latin America is scarce despite the great potential these types of collaborations are claimed to have in these countries. As such, we argue that it is imperative to understand partnerships within a theoretical framework, which concerns governance, legitimacy and institutional theory.

3. Theoretical Framework

This chapter presents the theoretical framework, which we will draw upon in our empirical analysis. The chapter will more specifically:

1. Define CSSPs and the characteristics of this type of partnership
2. Specify our definition and use of the term governance and how this relates to CSSPs
3. Present institutional theory and specify the main concepts we apply from this
4. Examine the concept of legitimacy and its connection to governance and institutional theory

3.1 Cross-sector social partnerships

An important point when studying PPPs is that these can comprise very different partnership constellations that differ in the main objective of establishing a partnership, the motivations that the actors have for participating in the partnership, as well as the internal dynamics, relations, responsibilities and power dynamics that result from these. Hence, it is important to distinguish the type of partnership referred to, before determining whether the findings can be considered relevant in any specific empirical study.

Austin's collaboration continuum can be especially useful for making these distinctions. Though the continuum was originally conceived to identify stages of collaborative constellations between businesses and non-profit organizations, we argue that it is also a useful spectrum in regard to partnerships involving public actors. This claim is supported by the fact that the continuum is also employed in studies of partnerships with public actors (Crane & Seitanidi, 2014).

While the collaboration continuum is to be seen as a spectrum of different partnership constellations, it is from the literature on partnerships evident that the constellations of partnerships can to a high degree be grouped into the categories used in defining the continuum. For example, the 'transactional relationships around specific activities' constitute the largest part of the PPP literature. These transactional partnerships are founded in the neoliberal market logics and the NPM state structure as described in section 2.1. As such, the objective of these partnerships is often to increase efficiency and decrease costs through the outsourcing of the provision of public services. The most common empirical examples of transactional partnerships in the literature are the outsourcing of building infrastructure, hospitals, etc. (Akintoye, Beck, & Kumaraswamy, 2015).

Integrative and transformational partnerships – more broadly referred to as CSSPs – are more often seen concerning issues of global health and poverty, amongst others (Selsky & Parker, 2005). They, contrary to transactional and philanthropic partnerships, follow the NPG rationale of involving the private sector in governance in order to jointly address complex societal challenges. As such, these types of partnerships often emphasize equality of actors in the partnership, as well as ongoing collaboration. Moreover, the literature on these types of partnerships determine that the motivation for participating in such collaborations differ from philanthropic or transactional partnerships. Rather, it is to be found in the strengths that the other sectors are seen to be able to contribute to the partnership with – and thereby influencing the perception of the other involved partners (Crane & Seitanidi, 2014).

As such, and as previously mentioned in section 2.2.2, PPP has become a concept used to describe a very diverse range of collaborations between partners in society. According to Richter (2004), this heterogeneity in the literature on PPPs constitutes a noteworthy problem for the literature in that *“subsuming such widely differing issues (...) under a common label of PPPs not only makes little sense but obscures important distinctions”* (p. 45).

To minimize the ambiguity, this study employs the narrower concept of CSSPs, which by Selsky and Parker (2005) is defined as *“cross-sector projects formed explicitly to address social issues and causes that actively engage the partners on an ongoing basis”* (p. 850). In this definition, Selsky and Parker (2005) thus exclude partnerships in which there is no active engagement of partners, thereby excluding PPPs that are of a philanthropic nature and hence do not involve ongoing collaboration. Moreover, Selsky and Parker (2005) specify that the concept of CSSPs does not cover *“conventional arm’s-length corporate philanthropy to the nonprofit sector, purchase-of-service contracts between government and the nonprofit sector, or collaborative policy-level efforts that arise periodically to ‘fix’ social ills”* (p. 850). Hence, partnerships that are transactional also cannot be described using the term CSSP. Thereby, the term CSSP excludes the two stages in Austin’s collaboration continuum referred to as ‘simple, one-way financial or philanthropic support’ and ‘two-way transactional relationships around specific activities’. This is in accordance with Crane and Seitanidi (2014), who argue that the concept of CSSP is specifically concerned with the latter two stages of Austin’s continuum: ‘integrative strategic alliances’ and ‘transformational collaborations’ (see figure 1).

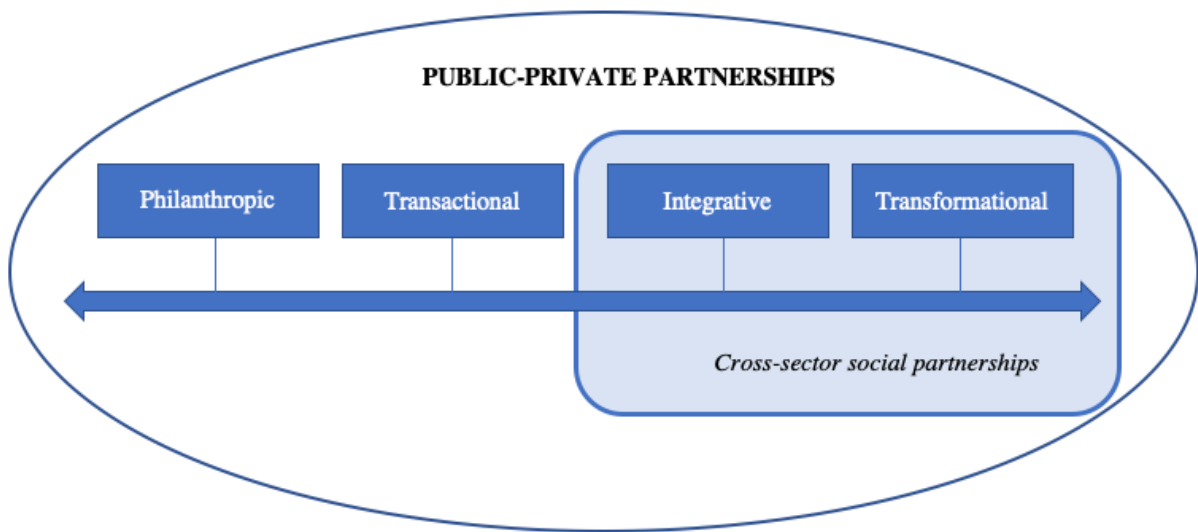


Figure 1, Collaborative continuum, own creation

In summary, the term CSSP is employed in this study in order to delimit the study within the PPP literature, thereby placing the study and its contributions in the literature on integrative or transformational social PPPs – here referred to as CSSPs.

3.2 Governance

This paper follows the definition of governance as according to Börzel and Risse (2010, p. 114): “*the various institutionalized modes of social coordination to produce and implement collectively binding rules, or to provide collective goods*”. Moreover, governance is here understood as confined to intentional action, as following Risse (2012, p. 2), such that it involves the “*intentional provision of rules and collective goods for a particular community*”. Furthermore, as in accordance with the literature on governance, governance refers to the intentional provision of rules or public goods by any actor in society and is thus not only considered a state affair.

As formerly explained in section 2.1.1.2, non-state actors can engage in non-hierarchical coordination, which has emerged as an alternative to governance by government (Börzel & Risse, 2010). As such, governance can take place by, with and without government (ibid.). PPPs are, according to this distinction, an example of governance with governments, where joint decision-making and co-regulation occurs between public and private actors (ibid.).

Following this logic, CSSPs are considered a form of governance in that they by definition aim to solve a societal challenge, and as such unite different actors in the intentional provision of rules or goods in order to do this. Moreover, CSSPs can be argued to be ‘*institutionalized modes of social coordination*’ between the actors involved, as they per definition are constellations of active engagement on an ongoing basis, and as PPPs and CSSPs have become an established way of collaborating.

3.3 Institutional theory

Institutional theory looks specifically at the context in which a partnership takes place, emphasizing the importance of the institutional factors that influence partnerships. Including this perspective in a study of CSSPs is interesting as few studies of CSSPs consider this embeddedness (Vurro, Dacin, & Perrini, 2010). However, we argue that employing an institutional theory perspective can help explain the conditions of, constraints to, and opportunities of CSSP governance.

Stemming from organizational research, institutional theory is concerned with a large, complex body of structures argued to influence the work of an organization (David, Tolbert, & Boghossian, 2019). Whereas several theories look at internal dynamics affecting organizational behavior, institutional theory argues that organizations’ activities are also contingent upon the external environment. The increasing acknowledgement of organizations functioning as components of a larger social system led Nobel Laureate in economics, Douglas North, to declare: “Institutions matter” (Austen & O’Connell, 2015). As such, institutional theory has received scholarly attention from both economic and organizational perspectives.

So, how does one define institutions? A broad and rather vague definition is offered by North, saying they are “*the humanly devised constraints that structure human interaction*” (in Portes & Smith, 2012, p. 2). As Hodgson (2006) argues, institutions generate expected behavior in society by offering consistent form on human activity. Subsequently, institutions both enable and constrain human behavior. Deviations from the accepted institutional order can result in costs that are “*economically (it increases risk), cognitively (it requires more thought), and socially (it reduces legitimacy and the access to resources that accompany legitimacy)*” (Tracey & Philips, 2011, p. 27).

A well-known distinction is suggested by North (1991) who classifies institutions as either formal rules or informal constraints. Nonetheless, Hodgson (2006) argues that the distinction between formal and informal can be ambiguous, and therefore maintains that these terms must be specified.

Scott (1995) suggests a different definition of institutions: “*Institutions are multifaceted systems incorporating symbolic systems – cognitive constructions and normative rules – and regulative processes carried out through and shaping social behavior*” (p. 33). Thus, he classifies institutions in three pillars, namely the regulative, the normative and the cultural-cognitive. Here, the regulative pillar refers to laws, regulations, policies and other enforcement mechanisms sanctioned by the state (Puffer, McCarthy, & Boisot, 2010). As formal institutions refer to the political system in place, the regulatory environment and the economic system, they set the ‘rules of the games’ in terms of what is possible and legal. The normative pillar consists of norms and values, hence it refers to what behavior is perceived as being preferred or desired in society, while the cultural-cognitive pillar is concerned with underlying, taken-for-granted beliefs, resting on a society’s culture (ibid.).

In this paper, we mainly work with the distinction between formal and informal institutions. Nonetheless, we draw on Scott’s classification to minimize the ambiguity related to the definition of formal and informal institutions. In this paper, formal institutions are thus understood as the regulative pillar of Scott’s framework, comprising amongst others the laws, as well as the state set-up and structure. Informal institutions is on the other hand understood as both the normative and the cultural-cognitive pillars, thus referring to societal norms, fears, beliefs and values. Hence, formal institutions are understood as rules and structures that are written down and created through official channels, whereas informal institutions have a less transparent origin – according to Helmke and Levitsky (2006) making them more resistant to change.

While formal institutions constitute a very concrete framework to operate in a given context, informal institutions can also condition how an organization or partnership function in a specific setting. This is particularly relevant within the context of developing countries, where informal institutions play a significant role as formal institutions, such as well-functioning official entities and rule enforcement mechanisms, are at times weak or even absent (Holtbrügge & Baron, 2013).

When applying an institutional lens on real phenomena it is important to be aware of the fact that the different pillars can be overlapping, competing or complementary (Helmke & Levitsky, 2006). In some instances, informal institutions substitute formal institutions, while in others they undermine them. An example of such an institution is that of corruption. Corruption, embedded in tacit norms and beliefs, is a competing informal institution which undermines formal rules and institutions (Helmke & Levitsky, 2006). Although it is publicly condemned by the majority of society, it is often de facto tolerated or expected. Furthermore, informal institutions such as social norms are likely to shape the design and implementation

of formal institutions such as laws, regulations etc. And likewise, formal institutions can shape what is deemed legitimate in a society (Hodgson, 2006).

3.4 Legitimacy

As legitimacy of CSSP governance is a significant consideration in the partnership literature, the following will briefly examine and introduce the understanding of legitimacy employed in this paper.

As is the case with governance, legitimacy was formerly exclusively related to matters of the state and the processes of democracy, but the concept has evolved to also be relevant in terms of non-state actors (Karlsson-Vinkhuyzen, 2016). For instance, legitimacy is now also commonly used in the literature concerning private actors, amongst others as an objective when companies engage in corporate social responsibility. As demands towards companies have increased, it is becoming clear that operating without legitimacy can hinder a company's activities and success.

3.4.1 Approaches to legitimacy

Besides the amplification of the use of the concept, this also bears evidence of the different approaches to the concept of legitimacy. According to Scott (1995), legitimacy is treated differently depending on whether a resource-dependent or an institutional perspective approach is employed:

“In a resource-dependent or social exchange approach to organizations, legitimacy is sometimes treated as simply a different kind of resource. However, from an institutional perspective, legitimacy is not a commodity to be possessed or exchanged but a condition reflecting cultural alignment, normative support, or consonance with relevant rules or laws” (p. 33).

As such, according to the resource-dependency approach, it is suggested that legitimacy can be viewed as a resource of an organization, one that can be acquired, accumulated, lost and restored (Suddaby, Bitektine, & Haack, 2017).

Nevertheless, following the institutional perspective approach, legitimacy refers to the general notion of accordance with established norms, rules and procedures. Hence, legitimacy is understood as a dynamic concept. In this regard, the concept follows Suchman's (1995) definition of legitimacy as *“a generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions”* (p. 574). Hence, as Suchman's definition suggests, legitimacy is concerned with more normative elements as well, in which legitimacy is

based on a community's recognition, support and/or accept of a certain activity or entity (Suchman, 1995; Bekkers, Dijkstra, Edwards, & Fenger, 2007). Thereby, legitimacy stems from adhering to the regulative and normative institutional environment, as well as the cognitive norms and expectations (Scott, 1995). Thus, though legitimacy is often equated with legality, the latter is a more narrow concept referring only to compliance with a legal framework and law abiding capabilities (Bekkers, Dijkstra, Edwards, & Fenger, 2007). Nevertheless, an activity or company can very well be considered illegitimate, even if it is an act that is considered completely legal.

While these approaches present different views on the concept of legitimacy, it can also be argued that they are interconnected. In fact, to obtain legitimacy, it is widely acknowledged that organizations must adapt to the institutional context in which they operate (Corciolania, Gistrib, & Pace, 2019). As such, it can be argued that the institutional perspective focuses on the framework for obtaining legitimacy, while resource-dependency focuses on the resource that an organization can possess as a result of having achieved the community's recognition, support and/or accept, though this of course is subjective to constant reevaluation.

This dual understanding of legitimacy is how the concept is employed in the present paper. This is also in accordance with Karlsson-Vinkhuyzen (2016) who claims that *"The emerging literature on legitimacy in contexts of governance draws on both these strands of literature"* (p. 197). Hence, while legitimacy as a resource is especially relevant when considering the motivations for different actors to engage in CSSPs, the understanding of legitimacy as living up to societal norms is relevant when we discuss the legitimacy of involving private actors in governance.

3.4.2 Sources of legitimacy

Legitimacy is a complex concept, which comprises a variety of aspects regarding what can be said to be legitimate, or how legitimacy can be obtained. For example, Bexell and Mörtz (2010) argue that potential sources of legitimacy include *"democratic procedures; legal (formal) standing or adherence; knowledge/expertise, moral standing; and efficiency/ goal achievement"* (p. 12).

When evaluating legitimacy, it is often analyzed using the concepts of input and output legitimacy. While the first is concerned with democratic procedures, inclusion of stakeholders, transparency, legal standing, and moral authority, the latter relates to goal achievement, efficiency and results in general (Bexell & Mörtz, 2010; Mena & Palazzo, 2012). As such, these terms are sometimes understood as 'governance by the people' and 'governance for the people' respectively (Bexell & Mörtz, 2010).

Though input and output legitimacy can be difficult to distinguish from each other in practice, we argue that they are useful tools for analysis and discussion. Moreover, some scholars argue that there at times exist trade-offs between output and input legitimacy seen amongst others in trade-offs between deliberation and efficiency, as well as between inclusion and accountability (Bexell & Mörtz, 2010). This further speaks for a separation of the concepts to facilitate analysis.

4. Methodology

This chapter will present the methodology of the study, including the philosophy of science and research approach, the case study design, data collection and analysis, as well as a reflection on the data quality.

4.1 Philosophy of science

To increase one's understanding of the different research philosophies, it is important to recognize the underlying ontology and epistemology. Generally, ontology refers to assumptions about the nature of reality, while epistemology refers to assumptions concerning the nature of knowledge and truth (Moses & Knutsen, 2010). Methodologically, one typically differentiates between the two extremes of positivism and interpretivism. However, these two should be seen as end points on an imaginary continuum, both representing ideal types which do not exist completely independently in the real world (ibid.). These methodologies rest on different ontology and epistemology. Whereas positivists believe in an independent, objective reality regardless of the individual's perspective or belief, interpretivists argue that reality is multiple and relative, highly influenced by individuals' perceptions of it, and thus socially constructed.

These differing ontological views lead to different epistemological assumptions. Positivists will seek to acquire knowledge through scientific methods from which 'objective' facts and law-like predictive relationships can be derived (Hempel, 1965). They will often employ quantitative data and large samples with the aim of testing theory or enhancing generalizability. Moreover, positivists assume that the researcher is separate from the study and does not affect the outcome. This is in opposition to the interpretivists who claim that humans construct knowledge through interpretation of subjective actions and meanings of subjects, as in accordance with their own frame of reference (Williams, 2000). They believe that the researcher is part of the research as well, as the researcher's interpretations will inevitably influence the study. Interpretivists typically employ qualitative methods that provide the possibility for thorough description and interpretation.

Another research philosophy, which has become popular in case study research, is critical realism. Critical realism shares characteristics with the epistemology and ontology of positivists as well as interpretivists, as critical realism originates from these research philosophies. Whereas critical realism, in line with positivism, to a certain extent acknowledges an ontology in which a reality exists independent of observers, it relies on different epistemological reasoning. This is, as Bhaskar (in Easton, 2010) claims, because critical realism has a stratified rather than flat ontology, which has epistemological implications. This aspect is elaborated by Bhaskar and Fletcher (2017), who explain that ontology in critical realism is stratified into

three levels: The empirical level in which we make sense of observations and events; the actual level in which the events take place regardless of our interpretation or experience of them; and the real level in which causal mechanisms generate events (Fletcher, 2017). As such, critical realism asserts that a reality exists independently of human social construction, following positivist thinking, while the empirical level is socially conditioned by human interpretation, following interpretivist thinking. Moreover, the 'real level' emphasizes critical realism's focus on causal mechanisms and explanation, which however differs from the positivist focus on prediction. Critical realism is relatively tolerant in its preferences in terms of methods and data types, providing researchers with great flexibility.

This project finds inspiration in critical realism. The term 'inspiration' highlights that the project does not strictly adhere to this philosophy, though the critical realist research philosophy influences the majority of our assumptions and methodological choices. Amongst others, to make meaning of the different perceptions at the empirical level, we believe that it is imperative to understand the larger picture in which the CCD partnership is embedded (Easton, 2010). The critical realism approach is thus evident in this study given the importance assigned to the context and the institutional environment. Hence, this is in conformity with a critical realist approach which seeks to understand the underlying causes and mechanisms, which shape everyday life (Saunders, Lewis, & Thornhill, 2019).

This study also emphasizes the interpretivist element of critical realism of individuals being social actors who interpret and understand the world subjectively. Therefore, knowledge of reality is socially conditioned and cannot be understood independently of the social structures and actors that form the context. This is relevant in this study, since the empirical data centers on rather diffused concepts such as partnerships and institutions, which are subject to individuals' perception of these. Furthermore, we acknowledge, as highlighted by interpretivism, that we as researchers cannot be seen as independent of our research. Hence, our own experiences and meaning shapes the knowledge produced, as we interpret the interpretations of our interviewees.

These elements of critical realism and interpretivism have been evident in our approach to the empirical data and analysis. Concretely, this can be seen as we have assigned a great deal of importance to the different stakeholders' perceptions and constructions of meaning. These perceptions have then by us been understood as reflections of a larger, structural context in order to understand the causal mechanisms at play. An example is that the majority of actors in the partnership perceive the Ministry of Health to lack commitment to the partnership, while the Ministry itself expresses great enthusiasm and dedication. However, when the different interpretations are compared, and when causal mechanisms in the context are explored, we argue that these perceptions might in fact be the result of the institutional structure conditioning the participation

of the Ministry in the partnership. Furthermore, another example is how different stakeholders perceive the current Mexican government and ascribe different meaning to it in relation to the partnership. We have then argued that these interpretations relate to the institutional environment in Mexico and the political context.

4.2 Research approach

Generally, research approaches are distinguished as either deductive, inductive or abductive. The deductive approach takes its initial stance in established theory, wherefrom a hypothesis is formulated, and compared to observation to either confirm or reject the original theory. On the contrary, the inductive approach will originate from an observation, leading to the construction of an initial hypothesis and subsequently the creation of new theory. The third approach, abduction, has commonly been referred to as a combination of deduction and abduction, as it comprises characteristics from both the deductive and inductive approach. Nonetheless, abduction is a research approach in its own right, which emphasizes the value of focusing the study throughout the entire research process by moving continuously between theory and empirical observations. As such, abduction provides a flexible approach that can enhance the researcher's ability to discover new things, and subsequently explore them further in the data collection as well as in the literature.

The research approach of the present study has been abductive, following Dubois and Gadde's (2002) approach of systematic combining. Abduction has enabled us to do what Dubois and Gadde (2002) term 'matching': to continuously go back and forth between theory, empirical observations and analysis, allowing us to interpret accordingly and thereby focus the research as we went along. For example, the abductive approach is seen in how the main focus of the study and findings was gradually redirected as interviewees highlighted the importance of local challenges in Mexico, leading us to go back to both the literature on CSSPs and the Mexican setting in order to uncover current knowledge of this, and subsequently employ this new knowledge of the theory in further empirical exploration of the theme. As such, the abductive approach facilitated a gradual learning, which could be implemented into the process in order to better inform subsequent interviews, data collection, the understanding of the theory, and the findings to be presented in the analysis. This gradual, iterative process and learning led to uncovering the importance of the institutional environment in Mexico for the CSSP governance, thereby contributing to the literature on CSSPs by emphasizing the role of institutions in Mexico as a conditioning factor for governance. Therefore, the abductive approach has, in line with Dubois and Gadde's (2002) claims, facilitated changes to the theoretical framework due to empirical findings and theoretical insights that were gained as we got a deeper (practical) understanding of the theory and a more (theoretically) informed analysis of our observations.

Nonetheless, the abductive approach has also been the result of a research process in which we were not fully aware of what we were looking for from the start. As such, the initial interviews particularly present many interesting data findings that have in the end not been included, as the focus was redirected later. There are several paths that could have been pursued with this data and with the focus on the partnership literature – and we chose the one that we felt could contribute most to the literature, and which comprised the most important findings.

Abduction also fits well with the interpretivist social science, as abduction allows for continued reflection, interpretation, probing and altering of focus or questions, as described above. Thus, the flexible process facilitates an in-depth understanding and allows for the following part of the research process to be informed by this. There is thus a lot of opportunity for interpretation and understanding of the context, and these form the foundation for the exploration to come.

4.3 Research design

4.3.1 Case study

In order to explore how CSSPs interact with the institutional context, the research design chosen for this project is a case study. As Yin (2018) explains, a case study is preferred when the study entails little control over external events and focuses on contemporary phenomena. As further elaborated by Saunders, Lewis and Thornhill (2009), a case study is appropriate when “*you wish to gain a rich understanding of the context of the research and the processes being enacted*” (p. 146). Furthermore, Yin (2018) highlights the importance of including important contextual conditions in the study. Hence, the case study offers an in-depth, holistic method aiming at understanding contemporary phenomena in their contextual setting. With this in mind, the case study is suitable for this research project, as we seek to increase our understanding of a real life, contemporary CSSP within the context of Mexico. By including an institutional perspective on the matter, this project is particularly concerned with the interaction between a phenomenon and its context, which is best understood through a case study (Dubois & Gadde, 2002).

Yin (2018) distinguishes between single versus multiple case study, as well as holistic versus embedded. Since the project centers around the CCD program in CDMX and does not draw comparisons between multiple cases, this study is a single case. Furthermore, as the CCD partnership in CDMX will be treated as a holistic entity it will not be analyzed as a part of or compared to the global CCD initiative. Moreover, the case study is cross-sectional, as the data collection is conducted within a short period of time. Nevertheless, our secondary data as well as our interviews with several partners that have been part of the

partnership since its establishment in CDMX allow for some insights into the development of the partnership. Hence, the present case study is a single, holistic, cross-sectional case study, enabling us to go into depth with the case in its own right.

When carrying out a case study, it is important to define the boundaries of the case since the real world has “*no natural borders*” (Dubois & Gadde, 2018, p. 260). Hence, the researcher must seek to set up certain limits to the case studies, these being concerned with factors such as time (the time period you are investigating), geography/space (the country or region you are focusing on) and object of the research (whether the study is investigating a specific firm, industry or part of an organization). As such, to limit the scope of our research, this project looks specifically into the partnership CCD in CDMX from its initial phase in 2014 up until now, 2020, at the time of writing.

Case studies have been used by both positivist and interpretivist researchers (Saunders, Lewis, & Thornhill, 2019), hence it may refer to various epistemological stands. However, Perry (in Tsang, 2014) argues that “*critical realism should be the preferred philosophical perspective for guiding case study research*” (p. 177), which is in accordance with other scholars (Wynn & Williams, 2012). As critical realism is concerned with causation, it seeks to investigate why things are as they are, which suits the case study’s aim to answer ‘how’ and ‘why’ questions (Yin, 2018). Within critical realism, the focus is on describing causality by “*detailing the means or processes by which events are generated by structures, actions, and contextual conditions involved in a particular setting*” (Wynn & Williams, 2012, p. 789). Hence, it can be argued that the case study method is a suitable approach in order to explore the interaction of events, structure and context.

As such, this research design is well in line with the aim of this thesis, as CSSPs are placed in the wider context of Mexico, thus emphasizing the importance of the contextual and particularly the institutional effect on governance through CSSPs. The case study methodology allows us to explore the influence of the Mexican setting, as well as the in Mexico relatively new way of collaborating between sectors.

Moreover, as the literature review has exposed, there is currently a significant gap within the study of CSSPs in Mexico. As such, this case represents an opportunity to reveal insights and explore the understudied phenomenon of CSSPs in Mexico. Furthermore, as CDMX was the first city to join the CCD program, it arguably contains the richest amount of information because of the longer existence of the partnership.

The value of the case study method is increasingly recognized as offering potential for theoretical contributions (Dubois & Gadde, 2017). However, it is often met with criticism in terms of whether it does truly represent a proper scientific method. This critique is, however, disputed by Bent Flyvbjerg (2006), arguing that arguments concerning value of case studies and their contribution are based on misunderstandings. Instead, he claims, the points of critique could in fact be considered strengths of the research method. For instance, he disagrees with the notion that general, theoretical knowledge is more valuable than concrete, practical knowledge.

4.3.1.1 Generalizability

The above highlights one of the biggest issues often underlined in the case study method, namely the issue of generalizability (Tsang, 2014). The lack of generalizability is often raised by positivists as a concern, but due to the interpretivists' focus on subjectivity and context-dependency, they argue against definite, universal 'laws' that are broadly applicable. Hence, generalizability is not the aim of qualitative case studies. Rather, it is to create new, richer understandings of the social world and contexts. This is in accordance with the inherent value of a detailed and contextual case study, which several scholars argue can become overshadowed by the need to generalize (Peattie in Dubois & Gadde, 2018). Flyvbjerg (2006) similarly argues that generalization is overvalued while 'the force of the example' is undervalued.

Nonetheless, Stake in Brinkmann and Kvale (2015) discusses the possibility of generalization from case studies, mentioning three different types: naturalistic, statistical and analytic. Whereas naturalistic generalization rests on personal experience and leads to expectations rather than formal predictions, statistical generalization can be made by selecting a random, representative sample and quantifying the results. These are not applicable to this project. However, analytical generalization can be made upon a reasoned judgment of to what extent the findings of one particular study can be used as an indicator of what might occur in other situations (Brinkmann & Kvale, 2015). This kind of generalization is the one we will employ when considering the possibilities of generalizing from the current case to other cases or partnerships.

4.4 Data collection

4.4.1 Secondary Data

We initiated the data collection by collecting documentary secondary data on the CCD partnership in general and on the partnership in Mexico City in particular. This was done in order to obtain a basic

understanding of the partnership prior to conducting interviews. This initial secondary data was primarily collected through the website for the partnership, www.citieschangingdiabetes.com. The website provided us with substantial knowledge of the program, the challenges of diabetes and obesity in Mexico City, as well as the insights obtained throughout the CCD initiative. Moreover, the website facilitated an understanding of the global partnerships under CCD, and thereby also enabled an understanding of how Novo Nordisk usually participates in partnerships as well as their intention and agenda with the program as a whole.

After an initial meeting with the CCD team in Novo's Mexican affiliate, we were sent additional documentary secondary data comprising both published and non-published material. This included a briefing book on the global CCD program from 2017 including a section on the partnership in CDMX; a digital briefing presentation of CCD and the challenge of diabetes and obesity in CDMX; results of the CCD data collection and research in CDMX; interviews conducted in 2015 with key stakeholders in the CCD partnership in CDMX at the time; as well as an impact review report from October 2017, which was conducted by an impact assessment team at Novo Nordisk supported by Steno Diabetes Center Copenhagen and University College London, and published by the global CCD partnership.

Moreover, following an interview with the Novo Nordisk manager who was in charge of establishing the CCD partnership locally in CDMX, we were sent further secondary data on the partnership including an official description of the partnership; another description of the challenge of diabetes in CDMX and CCD; as well as a summary of the diabetes challenge in CDMX elaborated in collaboration with a range of relevant stakeholders in CDMX.

The secondary data provided us with an in-depth understanding of the challenge the partnership set out to address, the partners involved, the research findings, as well as their own evaluation of the program thus far. Hence, it enabled a more informed questioning and probing in the primary data collection that followed. Furthermore, the findings from the secondary data combined with the literature on CSSPs enhanced our ability to address more specific themes, as the basic understanding of the partnership was already established. It also provided an opportunity for data triangulation of findings, and especially the interviews conducted in 2015 gave us the possibility of comparing opinions from that time to those of today – one interview was even conducted with the same interviewee in 2015 and by us now in 2020. However, though a triangulation of data is done, it is also important to acknowledge that the authors of the secondary data are either Novo Nordisk or the CCD partnership as a whole. As such, this secondary data does not

necessarily provide us with another perspective, but nonetheless presents a picture that has been agreed to by the stakeholders involved.

Though all the material refers to relevant sourcing, only the impact review report goes into more detail concerning the methodology employed. Nevertheless, though the team conducting the report, the process, as well as the representativeness of interviewees are described, further detail as to the exact choice of interviewees and the questions posed is not provided. In general, we cannot be sure of the validity of these data sources in reflecting interviewees' and stakeholders' opinions. Neither can we guarantee the appropriateness of the methodological design and process. Moreover, most of the secondary data is from 2017 or older, and thus does not necessarily reflect the current situation of the partnership. As such, we are aware of the limitations and risks that secondary data sources entail. A further discussion of data quality will be undertaken in the following sections.

Furthermore, secondary data was collected in order to enhance our knowledge of the Mexican context, institutional quality, etc. These sources included reports and statistics from international organizations such as the OECD, the World Bank, the World Health Organization, as well as Mexican national institutes. Moreover, newspaper articles concerning contemporary issues were included. One challenge was focusing the case on the Mexican context, prioritizing what had relevance to our research question. As the study is exploratory and focuses on the institutional context, this was a long process of researching in order to gain a broad as well as deep understanding of the context. Subsequently, we needed to focus the chapter on Mexico continuously as we gained insights from the empirical data that allowed us to sort out contextual factors and keep the ones that could be paired with our empirical findings.

4.4.2 Primary data

The primary data comprises 11 interviews in total with a range of stakeholders that have been involved in the CCD partnership in CDMX. The data collection took place in the period between March and July 2020. A table of interviews as well as a table providing relevant background information on each interviewee can be found in appendix C and D.

An initial list of interviewees was developed based on preliminary meetings with the local Novo affiliate in CDMX, which was our main contact in the project. An employee from the CCD team sent out an e-mail to these relevant interviewees on our behalf in order to establish contact and introduce the study. This e-

mail comprised a description of the study written by us, as well as greetings and formalities from the Novo employee to the given stakeholder. The e-mail is attached in appendix G.1.

Moreover, following the interview all interviewees were asked who they thought it would be relevant for us to talk to, which led to approximately half of the selected interviewees. These individuals were then contacted by us directly over e-mail. Two examples of these inquiries are attached in appendix G.2 and G.3.

The interviews were all semi-structured and thus revolving around specific themes and a number of potential questions, while leaving room to follow the flow of the conversations and the issues addressed. Moreover, the semi-structured approach allowed us to probe answers in order to get interviewees to go more in depth with answers or to make sure that we understood them correctly (Saunders, Lewis, & Thornhill, 2019). As such, we continuously summarized their points for confirmation and asked questions when in doubt about the meaning assigned to specific statements. Furthermore, this approach led us to discover the factors that were most important to the interviewees, as there was room for them to elaborate and draw the interview in other directions as well. Hence, the interview guides prepared served as overarching themes, while the questions listed were often posed in another order than initially intended, and a few were deliberately left out as a result of the learnings in the interview. Also, the exploratory and abductive approach enabled us to continuously adapt interview guides to the new insights gained, and thus allowed us to address points from previous interviews for confirmation, elaboration or protest. As we increasingly were able to focus the study more and more, the focus in the interviews also shifted. Two main examples of interview guides for current and former Novo employees as well as local Mexican stakeholders respectively are attached in appendix F.1 and F.2 in order to enhance transparency of the interview process. Audio files of the interviews are also attached in the appendix H.1-H.11.

The majority of the interviews were conducted online via Skype or Teams. This was done as the COVID-19 pandemic forced us to return from CDMX to Denmark early, and therefore we scheduled the remainder of the interviews online instead of face to face. As several stakeholders confirmed, this might have had a negative influence on our ability to interview the Mexican stakeholders. Two interviews were conducted face to face in CDMX, with the exact location determined by the interviewees in order to ensure that they felt comfortable and relaxed. The rest of the interviews were conducted electronically. The majority of the interviews lasted around an hour and were carried out in either Danish, English or Spanish, in accordance with the preferences of the interviewee. The intent of this was to decrease the language barrier as much as

possible, and also to make the interviewees feel as relaxed and at ease formulating their thoughts as possible. However, this might have slightly affected our ability to understand idioms, figures of speech and the like.

4.5 Data analysis

In order to conduct our data analysis, preparation and ‘cleaning’ of data was initially necessary. Firstly, our interviews were transcribed shortly after undertaking them in order to ensure that the recordings could be supplemented with our recollection of the interviews. In order to avoid misunderstandings and other transcription errors, both researchers were involved in transcribing the interviews. Furthermore, when using specific quotes in our analysis, fragments of the recording were reheard by both researchers in order to guarantee that the words and meaning were as accurate as possible.

However, before using the empirical data for analysis, we carried out coding and categorization. As Saunders, Lewis and Thornhill (2019) state, the parts of the text you choose to include in your categorization depends on your research question. Hence, other researchers with other objectives might categorize and code differently and derive other meaning from the data. This highlights the role interpretation plays, as also underlined by interpretivists. As Schreier (2012) argues, data does not have a specific meaning; we *construct* meaning. This was done through coding in order to condense the empirical material to different categories and themes. Moreover, we both coded independently, and the coding was then subsequently reviewed together in order to ensure that we were aligned in the vision of what each code meant. Check-coding was also employed after setting up the first draft of a disposition for the analysis in order to check the codes in the light of the most recent insights (Miles & Huberman, 1994). Furthermore, this allowed for another round of coding of the interviews, which led to the identification of more relevant data blocks as a result of the increased and slightly altered focus of the paper (Saldaña, 2016).

Coffey and Atkinson (1996) distinguish between coding to simplify data and coding as a conceptual device. For this project, both activities were conducted in which the data was firstly coded and then segmented into simple, general categories, and hereafter used to “*expand, transform and reconceptualize data*” (Coffey & Atkinson, 1996, p. 29). To create meaningful categories, both deductive (concept-driven) and inductive (data-driven) approaches were undertaken. Parts of the categories were created based on theoretical concepts from the literature on CSSPs, hence these were formed by a more deductive approach. These categories included “motivations for partnering” and “partnership solving problems”. Other categories were created more inductively in which the categories emerged from our empiric material. These were for example “challenges in Mexico” and “future prospects and sustainability of the partnership”. The unitizing

of data thereafter consisted in attaching codes from the data to the relevant categories. An overview of the categories can be found in appendix E.

This process helped simplify our substantial amount of qualitative data and to describe the meaning of it more systematically. Furthermore, during this process it became apparent that not all categories would help in answering our research question, hence these categories were discarded. This facilitated our analysis. However, as Brinkmann and Kvale (2015) highlight, it is important to keep an open mind to the creation of new categories throughout the process. Hence, as in line with a more abductive approach, we did data coding and categorization throughout the entire research process to revise existing and create new categories. Moreover, as we started initial coding already following the first few interviews and then continuously after each subsequent interview, coding also came to drive the ongoing data collection and analysis as it sharpened our perspectives of relevant issues that emerged throughout the process (Miles & Huberman, 1994). Nonetheless, this might have made other aspects less perceptible to us.

4.6 Limitations

An important limitation for the present paper was the COVID-19 pandemic, which led to our untimely return to Denmark from our field research trip in CDMX. This limited our ability to conduct interviews face to face with relevant stakeholders and posed an additional barrier to accessing relevant interviewees. As several of our interviewees explained, it is often easier to get in contact with people if you have the opportunity to be physically present. As such, the fact that we were geographically located in Denmark and trying to arrange interviews online might have proved a disadvantage to our data collection. Time difference posed a further challenge to this set-up.

Furthermore, the COVID-19 pandemic might have influenced the availability of relevant stakeholders to participate in interviews. Especially in Mexico, there has been a significant focus on the connection between diabetes and the health prospects when contracting COVID-19. As the CCD partnership engages a wide range of stakeholders within diabetes care and prevention in CDMX, these persons have been very busy during the pandemic in Mexico. Hence, this might have proved a significant limitation to our access to interviews. For example, we would have liked to conduct interviews with more stakeholders from the Ministry of Health, the National Institute of Public Health, as well as the Minister of Health from the old government of Mexico City, who was involved in the establishment of the partnership in CDMX. We acknowledge that a larger proportion of interviews with these stakeholders would have enriched our data collection and analysis further.

4.7 Delimitations

4.7.1 Delimitation of study

The study is delimited to the case of the CCD partnership in CDMX. Moreover, the study is delimited to examining the institutional embeddedness of the partnership, and the constraints the institutional context can provide to CSSP governance, as well as how some of these can be bridged by a CSSP. The study is thus delimited from examining other dynamics, motivations or influences in the partnership.

4.7.2 Conceptual delimitation

One difficulty presented itself in regard to the literature review: In attempting to investigate the current literature on PPPs, it became evident that this area in the literature comprises a wide range of different arrangements with different objectives and different structures. This presented a significant challenge in terms of focusing our literature review on the findings that were actually relevant in placing the current study.

For this reason, in the theoretical framework we narrowed our study to the conceptual context of CSSPs. This is thus a conceptual delimitation that we chose in order to narrow the focus to relevant research. Moreover, in the active choice of focusing solely on CSSPs, we have also limited the paper from contributing to the literature concerning other (similar) types of partnerships. Nevertheless, while the term does in fact exclude some partnerships that could also have been characterized as PPPs, CSSP is still a concept used for different combinations between sectors; global, national, regional and/or community levels; as well as in different contexts. Furthermore, there exists a wealth of other concepts that may by some be described in a similar manner as CSSPs, while by others they differ in significance. For this reason, it has been a challenge to sum up the literature in the field in a manner that allows us to conclude on the gaps existent in the literature. Hence, there might exist relevant findings concerning partnerships in a Mexican context, but which we have failed to address and draw upon due to this delimitation. Therefore, when we present gaps in the literature regarding for instance CSSPs in health in Mexico, these gaps refer exclusively to literature on CSSPs.

4.8 Data quality

A central matter of any research is related to ensuring the reader of the trustworthiness and quality of the study (Eriksson & Kovalainen, 2008). Widely, researchers refer to two concepts in order to assess the data

quality, these being reliability and validity. The former is concerned with the extent to which replicability of a study will yield the same results. The latter refers to the issue of whether or not an indicator that is designed towards measuring a certain element actually measures it. However, within qualitative research, debates of validity and reliability and their relevance in qualitative studies exist. It is argued that these concepts stem from a positivist approach to research “*that hamper a creative and emancipatory qualitative research*” (Brinkmann & Kvale, 2015, p. 244).

4.8.1 Validity

As Schreier (2012) argues, validity is nonetheless of crucial importance in qualitative research, though it needs to be understood differently than described above. In the course of time, there has been various suggestions to modifying the concept of validity to be more appropriate in the evaluation of qualitative research (Dubois & Gadde, 2014). Kvale and Brinkmann, for example, present a broader conception of validity following Pervin’s definition of validity as “*the extent to which our observations indeed reflect the phenomena or variables of interest to us*” (in Kvale and Brinkmann, 2009, p. 246). Kvale and Brinkmann (2009) specify that “*a valid inference is correctly derived from its premises. A valid argument is sound, well-grounded, justifiable, strong, and convincing*” (p. 246). This study follows this understanding, and thus deems that validity in qualitative research concerns whether the study gives a trustworthy description of the phenomena studied (Lincoln & Guba, 1985), presents transparent research procedures, and has convincing, evident arguments (Kvale & Brinkmann, 2009).

Hence, we have sought to design and incorporate methodological strategies in order to increase the validity of our findings. These considerations include interviewing stakeholders from the different organizations involved in the CCD partnership in order to get the most comprehensive picture of the partnership. Prior to interviews, participants were informed of our research objective and guaranteed anonymity in order to secure a safe and honest dialogue where participants could speak freely. Furthermore, we both attended all interviews and conducted the analysis together, which led to more probing questions and discussion of findings due to our different perceptions. Finally, we have performed triangulation to get a more comprehensive set of findings.

However, we recognize that certain elements of validity might have been comprised during the interviews. While we sought to secure the most comfortable environment for our interviewees, elements of cultural norms as well as taboos can have played a part. For instance, with several interviewees we discussed the issue of corruption related to the CCD partnership, especially within the public sector. This can be a

sensitive subject to discuss openly, especially for those interviewees who work with or in the Ministry of Health. Furthermore, interviewees were given the chance to criticize the partnership if they thought it relevant, but this might be seen as controversial or inappropriate by some.

This might have been enhanced due to the fact that our contact to relevant Mexican stakeholders was initiated with the help from Novo. As such, this could have given the impression that we in some way represented or were employed by Novo, and thus could not be viewed as an independent, objective part. We tried, however, to minimize this issue by emphasizing that we did not work for or report to Novo, securing all interviewees full anonymity and leaving out certain quotes if interviewees expressed concern.

4.8.1.1 Triangulation

Triangulation refers to the use of multiple methods, data sources, or investigators in the study of the same phenomenon (Saunders, Lewis, & Thornhill, 2019). Triangulation can be seen as a strategy to increase validity of qualitative research by relying on different sources and methods. Using triangulation does not necessarily imply cross-checking data, but rather that the researcher seeks to increase the level of knowledge about something as well as strengthening the researcher's standpoint from various aspects. From an interpretivist standpoint, triangulation can help add depth, complexity and richness to the research. Additionally, critical realism favors the use of multiple sources (Easton, 2010).

To strengthen this project triangulation was applied. This has been carried out by including various sources of data collection. Our primary data was both compared to and supplemented by secondary data such as impact reports, briefing booklets and quantitative data from Novo and the CCD partners in order to increase our understanding of the partnership, its stakeholders and activities. Furthermore, the empirical findings regarding the Mexican institutional context were compared to secondary sources such as OECD reports, national surveys and newspapers to broaden our understanding of the local context and its implications for the partnership. These sources contained both qualitative and quantitative data.

4.8.2 Reliability

Reliability is mostly relevant when conducting quantitative research as this is concerned with the extent to which replicability of a study is possible (Kvale & Brinkmann, 2009). Following the critical realism approach with an emphasis on interpretivism, this is however epistemologically counter-intuitive, as the researcher is believed to affect the research, and subjectivity will affect both the way in which research is

conducted and how it is interpreted. Moreover, a strong focus on increasing the reliability of interview findings might counteract variability, as well as the contextual richness and in-depth understanding of the case (Dubois & Gadde, 2014). As such, it can be argued that there is an inherent conflict between striving for validity and reliability in qualitative research, which is in accordance with Miles (in Dubois and Gadde, 2014, p. 1281): “... *the former [validity] is what fieldwork is specially qualified to gain, and increased emphasis on reliability will only undermine that unique function*”.

In our research we have emphasized the importance of contextual understanding and interpretation. As such, we have valued qualitative validity over reliability and reproduction. This is amongst others seen in our approach to data collection: We took a point of departure in interview guides created prior to the interviews, but these were not followed rigidly as new questions emerged during the interviews, others were discarded, and many were probed, clarified or elaborated. Hence, it would be difficult for other researchers to replicate this research process. However, by including detailed accounts of our methods, data collection and philosophical considerations in the above, we have sought to enhance transparency for other researchers, making the process traceable and documented.

4.8.3 Other concepts to assess data quality

Some qualitative researchers entirely abandon the terms of validity and reliability, and instead advocate for the use of terms such as trustworthiness, comprising considerations of credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Others propose increased attention to reflection about the researcher’s contribution to the production of knowledge, in order to handle the consequences of the flexibility of qualitative research such as case studies (Dubois & Gadde, 2014). This entails a reflexivity and an attempt to gain insight into the prejudices that enable us as researchers to understand something, and write about these when relevant (Kvale & Brinkmann, 2009).

In the present paper, such presuppositions could amongst others concern a possible eurocentrism in our approach to the state’s responsibilities and functionality, which in the Western world in general is quite extensive. As such, our prejudices about the institutional ‘constraints’ to the partnership governance might to some degree also be anchored in a distinct understanding of the state. Additionally, we have throughout the research process been aware of our own personal frame of reference and meaning, and how our interpretation of the world shapes the way in which we interpret the data.

5. Case introduction

This chapter will introduce the case studied in this thesis. Hence, it will describe the CCD partnership, as well as the private actor who initiated the partnership, Novo Nordisk, and the context for the partnership, Mexico.

5.1 Cities Changing Diabetes

This thesis examines the partnership Cities Changing Diabetes in CDMX, a partnership between the international pharmaceutical firm Novo Nordisk, the Government of CDMX, the Ministry of Health in CDMX, and the National Institute of Public Health (INSP) of Mexico. This partnership focuses on health promotion policy as well as on strengthening the formal health system (Cities Changing Diabetes, 2019b). The CCD program in CDMX has been concerned with an extensive research concerning urban diabetes in the city, laying the groundwork for informed local policy interventions. Furthermore, the partnership has established a diabetes clinic in an underserved area of CDMX, Iztapalapa, and expanded efforts in an existing program enabling health professionals to visit people in their homes in underserved areas (Cities Changing Diabetes, 2019c). Moreover, the partnership holds inter-institutional meetings every second month, which are attended by the founding partners of CCD as well as actors from a wealth of institutions and organizations that work with diabetes and obesity, but also areas such as schools, urban infrastructure and other fields that are relevant to health promotion in CDMX. The central actors include representatives from the Mexican NGO La Federación Mexicana de Diabetes (FMD); the diabetes clinic in Iztapalapa; the Municipality of Mérida, which has been integrated in CCD; as well as the Royal Danish Embassy in Mexico, which helped establish the partnership and helps facilitate the Danish-Mexican health collaboration.

The partnership in CDMX forms part of a global public-private partnership between Novo Nordisk, University College London and Steno Diabetes Center Copenhagen, where CDMX was the first city to join the CCD program in 2014. The CCD program focuses on addressing urban type 2 diabetes as an increasing global concern through research, sharing knowledge on urban diabetes challenges and solutions, as well as driving and supporting action to fight diabetes. The partnership aims to build capacity in local healthcare systems, involve and empower communities in health initiatives, as well as increasing focus on and the priority of healthy foods and health-promoting urban planning. The program currently includes collaborative initiatives in 26 different cities around the world (Cities Changing Diabetes, 2019a). Regular

summits with all the cities that have CCD programs are held in order to share experiences and learnings, thus enabling an international collaboration on solving the challenge of increasing urban diabetes.

5.2 Novo Nordisk

Novo Nordisk A/S is the largest pharmaceutical company in Denmark and a global leader in diabetes. The company currently employs more than 43,000 people globally and markets their products in 170 countries (Novo Nordisk, 2020a). With the foundation of Nordisk Insulinlaboratorium in 1923, Novo became the first to manufacture and sell insulin in Scandinavia (Novo Nordisk, 2020b). Ever since, the company has been a pioneer within the treatment of diabetes. In 1989, Nordisk Insulinlaboratorium merged with Novo Terapeutisk Laboratorium to form Novo Nordisk and has since then expanded rapidly, innovating, producing and selling products within diabetes and obesity care, haemophilia and hormone therapy (Sindbæk, 2019).

The outset for the company is, according to themselves, the Novo Nordisk Way, which underpins everything they do (Novo Nordisk, 2020c). These guiding principles are, amongst other, concerned with the Triple Bottom Line (evaluating performance based on financial, social and environmental measurements). The commitment to larger societal and environmental issues has a long history within the company. In 1993, Novo Nordisk was the first Danish firm and one of the first companies worldwide to prepare environmental reporting (Sindbæk, 2019). Furthermore, in the same year the company published its first report on corporate social responsibility (ibid.).

As part of their objective of doing business responsibly, Novo believes in preventing and ultimately curing diseases such as diabetes and other chronic diseases (Novo Nordisk, 2019). In order to advance disease prevention, Novo is involved in several PPPs where they engage with a broad variety of international stakeholders (Novo Nordisk, 2019). Examples of these partnerships include: Partnering for Change, a partnership with the International Committee of the Red Cross seeking to secure access to medicine in humanitarian crisis; Changing Diabetes in Children with UNICEF; as well as CCD.

The company operates within the pharmaceutical industry, which is characterized as being research-driven, highly regulated and very dynamic. A variety of laws and regulations govern the testing, safety, patenting and marketing of drugs. Various controversies have also appeared within the pharmaceutical industry over the years, leading to increased scrutiny. Due to the inherent nature of their products, which are essential for many patients' survival, pharmaceutical companies face several ethical issues (Lo, 2018). These include

agreeing on appropriate pricing mechanisms, R&D priorities and patent rights, especially in developing countries (Kremer, 2002). Hence, pharmaceutical companies have had mixed relationships with stakeholders.

5.3 Mexico

The following section will describe the political and economic context of Mexico as well as explore the current health system in place and its challenges. Finally, it will involve a section specifically on the capital, Mexico City. This will provide a more in-depth understanding of the institutional context in which the CCD partnership is embedded.

5.3.1 Politics and demographics

Mexico is the second-largest economy in Latin America and has a population of almost 130 million people (The World Bank, 2019). Mexico is made up of 32 states, including the federal district of the capital, CDMX. The capital consists of more than 20 million people, making it one of the most densely populated cities in the world (Danmark i Mexico, n.d.). Mexico is known for its rich history and culture, dating back all the way to 9000 BC and has ever since been populated by several indigenous communities (Fryba, 2017).

Despite the country's long history, it is still a relatively young democracy. Even though Mexico achieved democracy in 1917 after the Mexican Revolution, the country has been dominated by a single party for more than 71 years, namely the center-right party, Partido Revolucionario Institucional (PRI). What started as a revolutionary project determined to restructure society, led to what Nobel prize winner in literature, Mario Vargas Llosa, named the "perfect dictatorship" (Ontiveros, 2019). During the twentieth century, the authoritarian rule of the government was subject to criticism and controversies. Conflicts such as the Tlatelolco massacre, where hundreds of students were killed in a large demonstration in 1968, or the election fraud in 1988, resulted in the loss of the government's legitimacy (ibid.). This, combined with slower growth and rising poverty, meant that by the end of the 20th century, a political discontent was widespread. The election in 2000 of president candidate Vicente Fox from the party Partido de Acción Nacional thus represented a break with decades of single-party rule and a transition toward democracy.

5.3.1.1 Institutional context in Mexico

It can be argued that Mexico is still in the process of developing its formal institutions (World Bank Group, 2019). Mexico displays a high prevalence of perceived corruption, a weak rule of law, as well as high

homicide rates – factors that according to the OECD (2019c) are symptoms of weak institutions. Also, according to the OECD (2019c), the institutions in Mexico compare poorly against the OECD, other Latin American countries as well as Asian economies. Moreover, the World Justice's Rule of Law Index, an index which ranks 126 countries according to their adherence to the rule of law, ranked Mexico at a 99 out of 126 (World Justice Project, 2020). Here, Mexico especially scored low on factors such as 'Absence of corruption', 'Criminal Justice', and 'Order & Security' (ibid.).

The issue of quality formal institutions can also be seen in national surveys carried out in Mexico. The National Institute of Statistics and Geography (INEGI) developed the National Survey of Quality and Government Impact (ENCIG), which amongst others looked at societal trust. Here, it is indicated that the lack of trust in formal institutions is widespread in Mexico (see appendix A). As such, the survey showed that the lowest amount of trust was ascribed to the federal government (25.5%), chamber of deputies and senators (20.6%) and political parties (17.8%). Conversely, the highest amount of trust was given to families and relatives (87.3%), followed by public universities (76.8%), primary schools (74.5%) and neighbors (69.8%). Thus, it can be argued that the significance of informal institutions, such as relatives and neighbors, cannot be understated in Mexico.

Various factors in Mexico can help to explain the lack of trust in the government. One factor lies in the issue of security. The country has for many years battled with intense drug trafficking and gang wars, visible by the high homicide rates (24,8 rate per 100,000), leaving Mexico in the top 20 of countries in the world with the highest rates (BBC News, 2020). This has negatively influenced the Mexican people's perception of the government as well as its ability to secure citizens' security (Simser, 2011). Studies have shown that perceived insecurity and crime amongst citizens result in a further reduction in trust since they perceive the system as being inefficient (Blanco, 2013). Additionally, scholars argue that longstanding discontent with formal institutions can lead to an overall distrust in the system and in democracy (Easton D. , 1975). If society does not perceive the political system and its institutions as legitimate, democracy cannot be consolidated (Blanco, 2013; Bateson, 2010).

Moreover, when examining trust in institutions, bureaucracy is also a relevant formal institution to consider. Mexico faces significant issues with bureaucratic institutions where long waiting time and inefficiency are prevalent (Inter-American Development Bank, 2018). Furthermore, according to Peeters et al. (2018), bureaucracy presents a high probability of encountering barriers that limit or complicate access to rights and benefits. As such, dysfunctional bureaucratic procedures can hinder equal and fair access to rights and services for citizens, which can in turn diminish citizens' trust in the state, as they cannot rely on public

bureaucracies to ensure their rights. This also influences equality in society, as groups with lower social, financial, and human capital are more likely to be excluded due to the inability to surmount challenges of administrative burdens or the lack of trust that benefits and services can be obtained (ibid.). On the contrary, citizens with more resources and contacts can seek informal ways of securing preferential treatment, either through hiring counseling to overcome complex procedures; by pressuring local authorities through unions, business elites, civil society or personal networks; or through bribery and other types of fraud (ibid.).

This leads us to another explaining factor of the lack of trust in institutions in Mexico: the issue of corruption. Corruption is a recurring theme in Mexico, which has the highest level of perceived corruption in the OECD (OECD, 2019c). According to Transparency International's Corruption Perceptions Index, Mexico ranks 130th out of 180 countries worldwide (Transparency International, n.d.). Even though the perception of corruption is not equivalent to corruption itself, other studies show similar tendencies. The ENCIG survey also showed that in 2017, Mexicans considered corruption to be the second-most important national concern, just below security (INEGI, 2017). Furthermore, the annual report by the Mexican Institute for Competitiveness estimates that 5% of Mexican GDP is lost yearly to corruption, while other reports place it closer to 9% of GDP (OECD, 2017b).

Several scholars argue that corruption has a long historical record in Mexico, arguably being a historical legacy from the colonial rule (Nieto, 2014; Lopez & Perry, 2008). Despite the transition to democracy in 1917, it is argued that power and wealth were kept concentrated in the hands of a small societal elite as had been the case during the Spanish rule. During the sole regime of PRI, this tradition was sustained by relying on corruption and clientelism in which personal relations and favorable treatment in exchange for influence dominated (Peeters, et al., 2018; Ackerman, 2019). As such, state corruption has become institutionalized, affecting both norms and culture in Mexico (Ackerman, 2019).

Hence, Mexico suffers a distrust of formal institutions in society, as these institutions are considered inadequate or unable to ensure citizens' security, rights and access to services. Moreover, the country's long history with corruption and the perception that corruption is still a widespread, institutionalized problem, further decreases trust in government and democracy. For these reasons, trust in – and arguably legitimacy of – formal institutions and government is low. This also emphasizes the importance of informal institutions, which are attributed a significantly higher amount of trust.

5.3.1.2 Neoliberalism in Mexico

Following years of clientelism and corruption in Mexico, neoliberalism reforms relying on free-market principles were proposed as an alternative to inefficient and undemocratic procedures. Economists, originating from the US and the UK, argued that these reforms would reduce opportunities for rents and corruption within the system. This culminated in 1989 with the so-called Washington Consensus, consisting of ten guiding policy reforms that were deemed necessary to implement (Gwynne, 1998). As such, and as Ackerman (2019) states, the turn towards more democratic practices coincided with the rise of neoliberalism – hence, neoliberalism became synonymous with democracy, claiming that privatization would dismantle existing corrupt networks (Gwynne, 1998; Ackerman, 2019).

Nonetheless, as Velasco (2012) argues, the institutions of the old regime in Mexico prevailed despite the new reforms. Hence, the elites maintained their power, and corrupt practices continued: *“Old forms of corruption have been fitted into new economic and political frameworks”* (Velasco, 2012, p. 130). Not only did corruption continue, it now involved private sector actors as well, tempted by the guarantee of privileged access to government contracts for outsourced services (Ackerman, 2019). Thus, while neoliberalist reforms were introduced to combat existing challenges such as corruption and clientelism, these practices continued under the new institutional setting with private actors now being involved in these practices as well.

Moreover, several reports argue that since the introduction of the neoliberal reforms, Mexico has minimized government spending, resulting in less provision of social welfare; a lower redistribution of wealth; and a liberalization of the flow of commodities and foreign capital, thereby increasing the influence of foreign companies and affecting domestic industries (Evans, 2017; Gasparini, Cruces, & Tornarolli, 2011).

5.3.1.3 Political landscape today

Currently, the founder of left-wing party Morena, Andrés Manuel López Obrador, mostly referred to by his initials AMLO, serves as the president of Mexico (Romo, 2019). He took office in December 2018 after winning a landslide with 53% of the votes with a political program focused on overhauling the government budget, eradicating corruption, and striving for social justice by, amongst others, introducing programs to help farmers, the elderly and students (Romo, 2019; Sheridan, 2019). The president has especially denounced former neoliberal reforms and frequently, he has displayed his skepticism towards the private sector, referring to business people as “traffickers of influence” (Martin, 2019).

AMLO formerly served as mayor of CDMX, where he enjoyed high approval ratings (Strategic Comments, 2018). However, after a few years in power, critical voices have become more prevalent. His anti-establishment approach and failure to deliver on his political promises have resulted in accusations of being populist while Mexico is facing increasing crime rates and an economic recession (Abdalla, 2020; Bloomberg, 2020).

5.3.2 Economy

Mexico's economy mostly relies on the export of oil, manufactured goods, electronics and silver with their main export partner being the U.S. (World Bank Group, 2019). Mexico is a member of OECD and was the first of the Latin American countries to enter the organization. Throughout the 1960s and 70s, the Mexican economy experienced significant growth, especially due to the discovery of large oil fields. However, the growth has stagnated for several decades - a tendency that is expected to continue in 2020 (Zaga, Trujillo, & Ortiz, 2019).

Today, Mexico is a complex country with high inequality and poverty rates. Currently, individuals in the top 20% earn 10 times more than those in the lowest 20%, and 41,9% of Mexicans live in either "moderate poverty" or "extreme poverty" (OECD, 2017a; BBVA Research, 2019). Especially in the rural areas of the country, in states such as Oaxaca and Chiapas, poverty is prevalent, and specifically, indigenous people represent a vulnerable group (World Bank Group, 2019). Recently, an OECD report showed that the middle class in Mexico is much smaller than the OECD average, representing 45% of the population compared to an average of 61% in the OECD (OECD, 2019a).

Furthermore, a high rate of the Mexican population works in the informal sector, where especially street vendors and informal food stands are highly common. It is estimated that around 56% of total employment is in the informal economy, with great variations between states (World Bank Group, 2019). This for one means lower tax revenues to be collected by the government, which collects relatively little when compared with other Latin American Countries or the OECD, and as such has very limited resources available (OECD, 2019c). Moreover, it has consequences for the national social provisioning, which has been characterized as "dualistic" (ibid.), referring to how social services are highly inaccessible for informal workers, as they do not have social insurance through their jobs. In fact, evidence suggests a bilateral relationship between informal jobs and social protection, where quality or lack of social protection drives informality, while informality reduces public social spending due to lower contributions to social protection and insurance

(OECD, 2016). All in all, these factors lead to many citizens lacking proper coverage when it comes to health care and pension funds and reflect the influence of economic disparities on health status (ibid.).

5.3.3 Health care in Mexico

Mexico is among the OECD countries with the lowest health care expenditure, amounting to 5.5% of GDP in 2016 (OECD, 2016). Moreover, coverage for a core set of health services is at 89.3% also the lowest in OECD and exists alongside insurance coverage gaps for vulnerable populations (ibid.).

In general, Mexico's health system is facing several challenges - amongst others the fragmentation and inefficiency of the current public system (World Bank Group, 2019). The public system is operated by the national health secretary, Secretaría de Salud, but each of the 32 Mexican states also has its own Secretaría. The fragmentation of the system is seen in the distinct social security options individuals have depending on their current employment status (OECD, 2016). As such, the health system consists of a cluster of different social security sub-systems including Instituto Mexicano del Seguro Social (IMSS), covering all private salaried formal sector workers and their families; Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE) covering federal as well as some state workers and their families; as well as sub-systems covering smaller groups of the population (like PEMEX covering Petroleum of México workers, SEMAR covering the Navy, and SEDENA covering the army) (OECD, 2016). Furthermore, a publicly-subsidized health insurance plan, *Seguro Popular*, was introduced in 2004, seeking to secure national health coverage to those who fall outside of the other social security systems but choose to be affiliated (ibid.) This insurance plan changed name to Instituto de Salud para el Bienestar (Insabi) by January 2020, and covers primary and secondary care levels, while more complicated health issues are still subject to fees (Lopez, 2020). Nevertheless, Insabi covers all inhabitants in Mexico as long as they are not already covered by other health insurance and can present proof of residency (Gobierno de México, 2020). This differs from the *Seguro Popular* in which it was necessary to register in order to be covered.

Nevertheless, these health insurance schemes have a very low level of coordination, which has resulted in the highest administrative costs in health in the OECD, comprising 10% of total health spending (OECD, 2019c). This lack of coordination is seen in the fact that the health sub-systems function and operate as distinct health systems, with each system replicating the fundamental health system activities. These include but are not limited to revenue raising, purchase of services and operation of clinics and hospitals. The health sub-systems also have distinct financing models, drawing in different ways on funding from employees, employers, and/or the federal government (OECD, 2016). Similarly, the health schemes have different costs

and outcomes related to insurance association, as well as result in different levels of out-of-pocket spending on health care - an amount which is already amongst the highest when compared to other OECD countries (World Bank Group, 2019). While citizens from marginalized areas are already facing significant challenges in accessing local Community Health Clinics due to distance, traffic and infrastructure (Cities Changing Diabetes, 2019b), the higher out-of-pocket spending leads to further disproportionate impacts on the poorest households. The households often struggle with family illness collectively, which thus affects the whole family.

5.3.3.1 Obesity and Diabetes

Significant burdens on the health system are on the rise with Mexico facing vast problems in terms of public health and obesity. Recent reports show that obesity has become a great national issue with 72.5% of adults in Mexico being either overweight or obese (OECD, 2019b). These tendencies start at a young age, which means that childhood obesity is also highly prevalent - with Mexico ranking the highest in the world for childhood obesity (Cities Changing Diabetes, 2015). Moreover, overweight and obesity have, aside from social and individual consequences, significant societal costs, which according to the Mexican Institute for Competitiveness (IMCO) in 2015 amounted to approximately 5.25-6.25 billion US dollars (ibid.).

Obesity can lead to several chronic diseases, amongst others type 2 diabetes. Compared to the OECD average, in 2017, more than double the number of Mexicans had diabetes, amounting to 13% of the population (OECD, 2019b). It is also the second biggest mortality cause after heart diseases in Mexico (Federación Mexicana de Diabetes A.C., 2018). Moreover, diabetes is poorly treated in Mexico, where almost 75% of diabetics are at high or very high risk of complications such as heart attacks, strokes, loss of vision or renal failure (OECD, 2016).

This led the Ministry of Health to declare the epidemic of diabetes a national emergency in 2016 (World Health Organization, 2017). As Pablo Kuri-Morales, current Undersecretary of Prevention and Health Promotion in the Secretariat of Health, explained at the time, by declaring a public emergency it will allow officials to reinforce preventative care and control measures for diabetes (López, 2016). Furthermore, he emphasized that this problem is not only the government's responsibility but also that of the private and the public sector in general. According to OECD (2016), the definition of packages of care should also include and draw on international experience in preventive and primary care.

5.3.3.2 Culture concerning diabetes and health

When examining the challenge of obesity and diabetes in Mexico, the culture influencing the individual's perception and understanding of diabetes represents an important consideration. Amongst others, culture influences the choices individuals have to make when limited resources force them to prioritize between needs, e.g. between food on the table or medicine (Cities Changing Diabetes, 2015). Lack of resources and habit to consume adequate food and medicine, to consult a medical professional, as well as to understand educational material, impedes both the prevention and management of diabetes (Whittemore, et al., 2019). Moreover, very few acknowledge the role of exercise, which is also further impeded by barriers such as lack of time, and the absence of appropriate and safe places to do exercise.

Furthermore, there is a poor understanding of diabetes and the cause and treatment of the disease in Mexico, limiting the ability of personal care of diabetes (Cities Changing Diabetes, 2015). Moreover, Weller, Baer, Garcia and Rocha (2012) found that patients that had participated in diabetes educational programs still had beliefs about diabetes that were closer to those of the lay community than those of physicians. This emphasizes the strength and importance of the local cultural beliefs concerning diabetes, which in Mexico is to a large degree influenced by myths regarding the causation and treatment of diabetes. Amongst others, there exists a wide belief that fear and other strong negative emotions can cause diabetes, thus posing a barrier to treatment, as it is regarded as a psychological issue (Weller, Baer, Garcia, & Rocha, 2012). Moreover, it is a common belief that diabetes can be treated with herbal remedies (Weller, Baer, Garcia, & Rocha, 2012), that insulin can cause blindness, and that diabetes is not something controllable (Whittemore, et al., 2019).

5.3.4 Mexico City

“There is no question about it: diabetes is the number one health challenge in Mexico City.”
- Miguel Ángel Mancera Espinosa, Former Mexico City Mayor (Cities Changing Diabetes, 2019c).

Diabetes and obesity comprise great health challenges in the more than 20 million people megacity of CDMX. In 2017, it was estimated that 2.3 million inhabitants of CDMX had diabetes, equaling 15.7% of the population (Cities Changing Diabetes, 2019c). Nevertheless, only 71% are diagnosed (ibid.), of which 86% receive care, and only 25% of these achieve treatment targets (Cities Changing Diabetes, 2015). This is referred to as the rule of halves in diabetes (see Appendix B).

The low numbers of diagnosis and treatment provide further societal challenges, as undiagnosed diabetes increases the risk of developing complications (Cities Changing Diabetes, 2019c). Furthermore, the costs associated with poor treatment are five times higher than those associated with proper handling of diabetes (Appendix H.1). Diabetes-related costs already amounted to 1.8 billion dollars in 2015 for Mexico City (Cities Changing Diabetes, 2015).

The Diabetes Projection Model projects that by 2040, 22.2% of the adults in CDMX will have diabetes, amounting to more than 6.3 million people, and resulting in costs equal to 4.6 billion dollars (Cities Changing Diabetes, 2015). This is especially due to the increasing rate of overweight and obesity, with the number of obese adults in CDMX already amounting to 34.7% of the population (Cities Changing Diabetes, 2019c). Moreover, it is estimated that 19.8% of the adult population has what is commonly referred to as prediabetes (impaired glucose tolerance) (Cities Changing Diabetes, 2015).

Some of the main challenges to diabetes prevention and care in CDMX are related to socioeconomic vulnerabilities including lack of trust in institutions and lack of resources, which ultimately leads to non-engagement with or inaccessibility to healthcare services (Cities Changing Diabetes, 2019c). Thus, national inequality and lack of trust in institutions are also reflected in the health care system in Mexico City.

5.3.5 Sub conclusion

The above displays several important characteristics of the current Mexican system and institutional framework. Despite it being a democracy, Mexico contains various institutional weaknesses stemming from a low rule of law, high crime rates and insecurity, perceived inadequacy to ensure rights and service, as well as significant levels of corruption. These factors can help to explain the low trust in the government and the formal institutions which exists in society, as well as the importance of informal institutions in Mexico.

Though neoliberal reforms were introduced to combat the challenges of corruption and clientelism, these practices continued under the new institutional setting with private actors now being involved in the practices as well. Nonetheless, neoliberalism has meant a significant reduction of the state and state resources, limiting the ability to overcome societal challenges such as poverty and inequality. Moreover, due to the large size of the informal sector, Mexico furthermore struggles with collecting taxes, leading to a lack of resources for the coverage of basic needs for citizens – needs such as health care.

This problem is exacerbated as the Mexican health system is extremely fragmented, thus presenting an uncoordinated response to the proclaimed epidemic of diabetes and the rising levels of obesity in Mexico as well as in CDMX.

6. Analysis

This chapter seeks to examine how CSSPs interact with their institutional context by drawing on our theoretical framework in the analysis of our empirical findings. The institutional context is examined in terms of how it enables and conditions governance through CSSPs, as well as how formal and informal institutions can present constraints to governance as well as question CSSP legitimacy. Finally, this chapter will examine the opportunities CSSPs can provide for bridging or overcoming institutional constraints.

6.1 Institutional context conditioning CSSP governance

Similar to other Latin American countries, the size of the Mexican state has diminished since the 1980s. Governance in Mexico came to involve non-state actors, in order to combat perceived corruption and undemocratic leadership, thereby legitimizing private sector involvement in governance (Ackerman, 2019).

The reduction of the Mexican state helps to explain how the government's ability to deal with wider societal problems, like the increasing rate of diabetes, prediabetes and obesity, has diminished. Furthermore, the declaration of diabetes as a national epidemic made it evident that the Mexican state was unable to address this problem single-handedly. Following the characteristics of the Mexican health system as described in section 5.3.3, it can be argued that though the provision of public goods within health is formally secured, it is *de facto* not enforced, and large portions of the public are not covered with adequate health care. As in line with Börzel, Risse & Draude (2018), one could argue that statehood within the health sector in Mexico is, therefore, less consolidated. The state's lack of provision of this public good created the opportunity for the CCD partnership, seeking to address this gap. This amounted to a partnership, characterized by non-hierarchical coordination, where governance is exercised *with* the government (Börzel & Risse, 2010).

Thus, diabetes proved an issue in which collaboration with the private sector based on a transactional relationship was no longer sufficient. Instead, following the CSSP logic, a broader collaboration involving different sectors in society was needed to address this complex social problem. This is now a strong conviction among the stakeholders in the CCD partnership. A representative from FMD articulates:

“We are now all sure that a single actor is not sufficient. I mean, the pharmaceutical industry alone is not adequate, it needs to be in alliance with the health authorities. The health authorities realized that all actors need to be involved, and civil society has also realized that we cannot only be working within our organizations - we must be in alliance with everyone. Only well-coordinated actions can curb the immense risk we have of continuing to develop new cases of type 2 diabetes”¹ (Appendix H.5a, own translation, 30.15).

Hence, the actors involved in the diabetes agenda have realized that it is necessary to unite all relevant stakeholders in the governance and prevention of the challenge. This involvement is different from the typical type of collaboration between the public and private sectors in Mexico, which has been dominated by transactional, principle-agent relations in which the state following NPM logic outsources jobs to private companies. This is evident from our case study, where a representative from the Ministry of Health explains:

“There has always been rapprochement from many laboratories [pharmaceutical firms]. But more than anything their support was to give us training, or the promise to train the personnel to use and manage the product we bought from them. But a strategy like Novo Nordisk – they do it very differently”² (Appendix H.11, own translation, 29.40).

The CCD partnership is instead described as presenting a new way of involving non-state actors in governance building on collaboration between equal partners concerned with working together to solve the societal challenge at hand. This type of collaboration is better explained by the rationale of NPG. This is also evident from Novo’s approach to the partnership:

¹ *Ya estamos seguros todos que un solo actor no va a poder, me refiero a que la industria farmacéutica sola no va a poder, necesita estar en alianza con las autoridades de salud. Las autoridades de salud se dieron cuenta de que se necesitan involucrar a todos los actores, y la sociedad civil también ya se dio cuenta que no solamente podemos estar trabajando desde nuestras organizaciones, sino que tenemos que estar en alianza con todos. Solamente acciones bien coordinadas pueden frenar el inmenso riesgo que tenemos de continuar desarrollando nuevos casos de diabetes tipo 2.*

² *De muchos laboratorios, siempre ha habido acercamiento. Pero más que nada su apoyo era para darnos capacitación, o el producto que se les compraba, y ellos se comprometieron a capacitar al personal a su uso y el manejo de ese producto. Pero una estrategia, así como Novo Nordisk - hacen una estrategia muy diferente.*

“I don't want a quid pro quo. If you do this, I do that. That is not a public-private partnership. That is a transaction. I think a good public private partnership is a situation where everybody brings theirs to the table, and thereby you get synergies. If we go into a situation where I do this, and then you do that for me, then it is a transaction” (Appendix H.6, 21.00).

Thus, for Novo, a true partnership follows the CSSP logic that all actors in the partnership can contribute with competencies and resources.

Nevertheless, the different actors initially had different perceptions of what a partnership consisted of, as well as different expectations regarding the roles that each organization should play. Novo already had extensive experience with CSSPs partnerships, whereas the Mexican partners were, as mentioned above, more accustomed to corporate involvement being either philanthropical or transactional. This is perhaps also what shaped expectations initially. A Mexican Novo employee specifies: *“That's the big issue with Mexican partnerships: that the private part of the partnership is really expected to just inject money to drive things”* (Appendix H.10, 20.35).

Hence, instead of the mutual collaboration, Novo had imagined, it seemed that Novo was now to be the main driver as well as a financier of the program. A Novo employee explains:

“Unfortunately, we very quickly realized that as soon as we tried to distance ourselves just a tiny bit, the initiative as a whole just stuttered. So that's also something that we discussed even with Global, with the global team, because they had a very valid concern. Like, we cannot just keep putting money, money money, organizing, organizing, because in the long run, this is not sustainable” (Appendix H.10, 20.35).

However, while Novo was convinced that a philanthropic or transactional partnership was inadequate for this situation, there was some internal disagreement in Novo in terms of motivations for establishing the partnership, as well as over how Novo could ensure the sustainability of the project. As a former Novo employee in Mexico states:

“From the very beginning, headquarter had an idea of what they wanted to do about the project. I think locally we shaped it towards making sense from a commercial perspective, which then allowed us to really buy into the project. Because it is not only about you as a local market receiving

funding for projects and having a lot of visibility internally and externally, I think it makes sense only if it also generates sales” (Appendix H.3, 10.50).

Thus, the local office was focused on the utilitarian aspects related to the positive effect on public relations and leveraging the program to increase sales. Nonetheless, the global office had slightly different motivations, aiming at obtaining increased legitimacy and to put diabetes on the agenda for good. Moreover, the headquarters had the ambition to help improve the Mexican health care system – thereby creating shared value for the Mexican society, resulting in better future prospects for Novo’s business in the country:

“That is the big macro-story of why we had to do it - it’s bad for people, it’s bad for societies but it’s also bad for us as a company. We thrive in well-functioning health care systems, that’s where we can bring our newest innovations and make our profits so we can continue innovating kind of new and better solutions for people in need” (Appendix H.6, 00.38).

Hence, while the local office was more concerned with commercial gains, the global office seemed to have both utilitarian and altruistic motives when joining CCD.

Since the starting phase of the partnership, however, it appears that an increased streamlining of motivations for participating in CCD has occurred among Novo employees. These have generally moved in a more altruistic direction, following the global office’s original vision. Moreover, and more importantly, it seems that the partners involved in the CCD partnership in CDMX now share the same perception and expectation of the partnership. As such, the partners now seek to collaborate on equal terms and have thus become partners in solving the complex challenge of diabetes in CDMX: *“At the end of the day, we have with the company [Novo Nordisk] earned a position as a preferred partner to the government”*³ (Appendix H.8, 32.22). As such, the Novo employees interviewed perceive that they are now recognized as being a ‘partner in diabetes’.

As such, Novo actively takes on a governance role in which they aim to be more ‘catalytic’ (Appendix H.6, Appendix H.9). Hence, Novo’s involvement in public health matters in Mexico is a strategic and deliberate choice, in which Novo seeks to exercise governance. Thus, it is in line with Börzel & Risse (2010)’s

³ *Al final del día hay una posición que hemos ganado con la compañía como un socio preferente al gobierno*

conception of governance being an intentional action related to the provision of public goods for a particular community.

6.2 Institutional constraints to governance

Having established the conditioning factors for the CCD partnership and its type of governance in CDMX, the following will investigate how the CCD partnership interacts with its institutional context, namely how governance is constrained by the existing institutions in Mexico. By employing an institutional theory perspective, this section will analyze how relevant formal and informal institutions shape the CCD partnership and the governance it can provide, arguing that these same structures can inhibit certain progress.

6.2.1 Formal institutions

The following will elaborate on formal institutions in Mexico, following the understanding of formal institutions as introduced in section 3.3. The formal institutions that are examined do not comprise all formal institutions that could potentially influence CSSPs – rather these are the formal institutions that have proved relevant to CCD in CDMX as according to the stakeholders involved in CCD.

6.2.1.1 Health sector fragmentation

Several of the stakeholders involved in the CCD partnership point to the fragmentation of the health system in Mexico providing a significant constraint to proper action on the diabetes issue. As expressed by a Mexican employee at Novo: *“The issue of the lack of communication that existed between our national system and our local system is remarkable”*⁴ (Appendix H.8, own translation, 10.22). The stakeholders explain that inter-institutional coordination and communication has not been customary in Mexico within the health system and that the federal and local health authorities do not communicate efficiently - thus impeding adequate, coordinated action. According to our empirical findings, this is in part due to the decentralization of the health system, where the federal, state and municipality levels have very little mutual coordination though they operate in interconnected fields.

These tendencies are intensified due to the curative approach to diabetes in Mexico, in which the system is structured to work with diabetes exclusively as a health concern and is not geared to preventative measures.

⁴ *El tema de la descomunicación que existía entre nuestro sistema nacional y nuestro sistema local es impresionante.*

Thereby, health has been the responsibility of the federal and state level only. Nonetheless, while health is not dealt with at a city or municipal level, other factors related to the prevention of obesity and diabetes are. This means that a lack of collaboration between the different authorities at the federal and local levels impede a coordinated governance effort aimed at prevention.

Furthermore, as mentioned in section 5.3.3, the Mexican health insurance consists of various schemes with a low level of inter-coordination, where the health sub-systems function and operate as their own distinct health systems. This fragmentation results in higher individual costs for each system, which ultimately reduces the amount of money they can spend on health initiatives for their populations. As a representative from the Danish Embassy in Mexico voices:

“It [the health system] is completely fragmented and they do not talk to each other at all (...) I think they have six to seven important, different health care institutions here that all offer the same thing”⁵ (Appendix H.2, own translation, 17.20).

The fragmented health system with its lack of coordination reveals that there does not exist an institutionalized practice of collaboration or communication between neither institutions within health at different levels in the country, nor between different sectors that might be relevant for the promotion of health. Thus, this might also have implications for the difficulty of uniting actors from different sectors, as they have very limited prior experience with working together. Nonetheless, the potential of uniting them could be significant, as best practice has not previously been shared.

6.2.1.2 Resource constraints

The resource constraints facing the public sector in Mexico is another major factor hindering further action, as expressed by various stakeholders involved in CCD. As elaborated in section 5.3.2, the Mexican state faces resource scarcity as a consequence both of the reduced government budget and the lack of proper tax collection. This issue was voiced by a Novo employee: *“I have spoken many times with the Health*

⁵ *Det er fuldstændigt fragmenteret, og de snakker ikke sammen på kryds og tværs overhovedet (...) Jeg tror de har seks-syv forskellige vigtige sundhedsinstitutioner her, som allesammen tilbyder det samme.*

Secretary, and it's not that they don't want to use resources there, it's that they don't have any. Or what they have, they have to distribute among everything”⁶ (Appendix H.8, own translation, 49.15).

Moreover, this resource scarcity is seen in the Mexican state’s struggle with financing sufficient doctors, appropriate equipment, etc. A representative from the Ministry of Health points out: *“What happens is that we have a very big problem. That in Mexico, and surely in some Latin American countries, the resources are not enough. We don't have enough doctors, we don't have enough nurses, teams, units”⁷* (Appendix H.11, own translation, 08.10).

As such, the public sector is in health quite limited in what they can do, which might therefore increase dependency on other actors in the provision of public health services. Moreover, the lack of resources means a harder prioritization between services, leaving some areas within health with less consolidated statehood.

6.2.1.3 Lack of political continuity

Furthermore, a significant constraint to CSSPs can be ascribed to the political system and tradition in Mexico in which many political initiatives and plans tend to have a six-year period (amounting to the presidential term). Hereafter, if the political party changes, plans are often abandoned or repealed by the new government. As one interviewee articulates: *“Mexico is well known for pretty much having like these six-year loops of things, and when government leaves and the new government starts, it is pretty much as going back to square one”* (Appendix H.10, 13.21). Thus, though diabetes and prevention of diabetes is an issue that needs to be addressed in a long-term effort, it is difficult to implement projects with long-term prospects.

The lack of political continuity can amongst others be attributed to the presidential system, as it concentrates strong budgetary powers, control of the administrative division of the country, as well as tax regulation initiatives with the president (Siavelis & Field, 2015). As such, a strong presidential system entails the concentration of power in the president and other political leaders, often leading to the personalization of politics (ibid.). And with a strong personalization of politics combined with the strong polarization of

⁶ *He hablado muchas veces con el Secretaria de Salud, y no es que no quieran emplear recursos allí, es que no tiene. O lo que tienen, tienen que distribuir entre todo.*

⁷ *Lo que pasa es que tenemos un problema muy grande. Que en México, y seguramente en algunos países de Latinoamérica, los recursos no son suficientes. No tenemos suficientes médicos, no tenemos suficientes enfermeras, equipos, unidades.*

political parties in Mexico, new executives and governments will rarely wish to continue former policies if these are associated with the former government and its success:

“There's also this feeling in Mexico that everything that was started by the previous government, you would probably want to kill because then even the media and the public opinion and so, they would say ‘oh but that project was initiated by the previous government, that's not your success, right?!’” (Appendix H.10, 26.10).

Many of the interviewees stated that this tendency has been even more profound with the latest change of government, as the Morena party differs substantially in its politics compared to the PRI party. Furthermore, as President AMLO has repeatedly accused the Peña Nieto government of corruption and mishandling of public funds, the need to distance himself from their initiatives has been even more evident.

The CCD partnership witnessed first-hand how the public sector involvement in the partnership decreased abruptly when the new government came into place. Due to the transition period in Mexico between governments, a long period of inactiveness disrupted the work. Furthermore, it is commonplace in Mexico to change a large percentage of the administrative workforce within the public administration, meaning Novo had to initiate contact and reintroduce the CCD partnership. As one Novo employee describes: *“Really, a year and a half went by without anything happening, nothing. And it wasn't until August 2019 that we managed to have the workshop with the Health Secretary at the ambassador's house”*⁸ (Appendix H.8, own translation, 43.10). Nonetheless, the CCD partnership at last succeeded in involving the AMLO government in the initiative.

Hence, the lack of political continuity can amongst others be ascribed to the formal institutions comprising the political set-up and the presidential system. However, these institutions have led to the establishment of informal institutions such as the culture of personalization of politics and the resulting norm of discontinuation of former governments' policies and projects. As such, both formal and informal institutions associated with the political system present constraints to the long-term governance and efforts through CSSPs.

⁸ *Realmente pasó año y medio sin que nada pasaba, nada. Y fue hasta agosto 2019 que logramos tener el workshop con la secretaria de salud en la casa del embajador.*

6.2.1.4 Bureaucracy

As described in section 5.3.1.1, bureaucracy can result in inefficient and cumbersome processes thus posing barriers to rights and services. This is empirically confirmed by an employee from the Secretary of Health:

*“There have been administrative barriers and limitations. (...) And that has made it difficult for us to do everything that we want to do. But we are in this process. Doing different things is always a big challenge - and more so in a country like Mexico, where there is a lot of bureaucracy and many administrative things that make it difficult”*⁹ (Appendix H.4, own translation, 12.30).

As such, bureaucracy can present a challenge to the initiatives proposed in the partnership, thereby constraining the governance that can be exercised through the CCD program. Moreover, according to a representative from the Ministry of Health, the AMLO government has only exacerbated the challenges of bureaucracy in their attempt to eradicate corruption through centralization:

*“(...) A single body called the Sistema de Compra Básico was created at the national level, which is now the only one that can buy medicines. And any of the public institutions that we have, they have to do the calculation of the drugs they need, pass it on to this institution, and it is then the one [the Sistema de Compra Básico] that decides what to buy. (...) But this whole process, in which one plans the order and then another institution makes the purchase, goes through periods of 6 months, a year or more, and during that time is when we run out of medicines, without sales, without equipment, (...) and without hiring people”*¹⁰ (Appendix H.11, own translation, 26.10).

Thus, bureaucracy can significantly constrain action and access to resources, which can paralyze the entire system. This is also seen in CCD, where action is limited or delayed due to cumbersome processes internally in the Ministry of Health. As such, bureaucracy showcases a very concrete example of how formal institutions condition the public sector participation in CSSPs, which in turn affects the governance and opportunities of the entire partnership.

⁹ *Ha habido barreras y limitantes administrativas. (...) Y eso ha dificultado que nosotros podamos hacer todo lo que nosotros quisiéramos hacer. Pero bueno, estamos en este proceso. Hacer cosas distintas siempre es un reto grande – y más en un país como México, donde hay mucha burocracia y muchas cosas administrativas que lo dificultan*

¹⁰ *Se creaba a nivel nacional un solo organismo que se llama el Sistema de Compra Básico, que ahora son los únicos que pueden comprar medicamentos. Y cualquier institución de todas las públicas que tenemos, tienen que hacer que será el cálculo de medicamentos que necesitan, pasarlo a esta institución, y es el que decide que se va a comprar. (...) Pero todo ese proceso en el que uno programa y después otra institución hace las visitaciones de compra, pasa por periodos de 6 meses, un año o más, y ese tiempo es en que nos quedamos sin medicamentos, sin vendidos, sin equipos (...) y sin contrataciones de gente”*

6.2.1.5 The influence of formal institutions on CCD

The above has showcased the most important challenges associated with formal institutions, as emphasized by the CCD partners. And while the CSSP governance constellation can facilitate a different approach and thereby have an impact on for example the fragmentation of the health system, other of the formal institutional constraints cannot be overcome by the CCD partnership. These structural constraints, seen in the resource scarcity as well as the political system, condition the public sector's involvement in the partnership, limiting the actions and resources they can dedicate to the collaboration.

Nonetheless, the involved actors in CDMX express satisfaction with the results as well as the collaboration. However, Novo employees display a more critical evaluation of the CCD partnership and the collaboration, as they feel that a form of inactiveness or lack of commitment from the public side is observable. As voiced by a Novo employee: *"What has Mexico City done? Nothing. They continue with 'Médico en tu casa', they continue with a strong program of prevention and identification of the diagnosis of diabetes. Things continue, but nothing new is added. And there is always more [that can be done]"*¹¹ (Appendix H.8, own translation, 41.43). Hence, different evaluations of the partnership are evident, which might influence how the partnership advances in the future.

Currently, it is Novo's perception that the partnership is very dependent on their participation, their coordination and their investments, and that the partnership would not be able to be developed further if Novo withdraws: *"When we draw out an investment or we remove ourselves from the project, then it in most likelihood will be terminated"* (Appendix H.9, 32.18). Thus, the majority of Novo employees believe that CCD cannot survive without Novo there to drive it.

Nevertheless, while the majority of interviewees believe that CCD in CDMX will end with the withdrawal of Novo from the program, the representative of the Ministry of Health thinks otherwise: *"Surely we would have to continue making a big effort. The activities cannot be stopped. We will keep working, we will keep using each other"*¹² (Appendix H.11, own translation, 24.25). Hence, here the continued efforts are perceived as being independent of Novo, thus revealing some discrepancies in perceptions.

¹¹ *Que ha hecho la Ciudad de México? Nada. Sigue con 'Médico en tu casa', sigue con una fuerte programa de prevención y de identificación de diagnóstico de diabetes. Las cosas siguen, pero no hay nada más que añadirle allí. Que siempre hay.*

¹² *Seguramente tendríamos nosotros que seguir haciendo un esfuerzo grande. Las actividades no se pueden detener. Vamos a seguir trabajando, vamos a seguir usándonos*

When discussing the future of the partnership, several interviewees agree that the public sector needs to play an important part in solving the problem of diabetes in CDMX. As a Novo employee expresses:

“We are not going to be able to bend the curve alone. We cannot implement public policies to incentivize healthier lifestyles, physical activation (...) So we cannot do much if the government doesn't want to really take the lead. So that's where I see the limitation: we can initiate stuff, we can initiate the discussions, we can raise issues, but we cannot fix those problems, like in the root of the problem” (Appendix H.10, 50.52)

Thus, Novo stresses that the initiative and the effort to prevent diabetes can only be successful if the CDMX government commits completely to the partnership and assumes ownership of the efforts: *“It's great that we can initiate the discussion. But ultimately, it needs to be owned by the partners, primarily the governments”* (Appendix H.10, 7.28). Nonetheless, this commitment is what is perceived to be lacking.

Hence, the CSSP formation presents certain opportunities of overcoming some of the institutional challenges evident in Mexico. Nevertheless, it is evident that the CSSP is still constrained by the institutional context in which it is embedded, resulting in a perceived inactiveness of the public actor in the partnership, which affects the entire collaboration.

6.2.2 Informal institutions

The following section will examine informal institutions in Mexico that have been revealed throughout the data collection. Here, we understand informal institutions as described in section 3.3, and thus examine the culture, norms and values in society regarding CSSP governance. These in particular pose important considerations regarding the perceived legitimacy of this governance constellation.

6.2.2.1 Culture surrounding health and diabetes

As formerly addressed, a certain culture surrounding health and diabetes exists in Mexico. These approaches to health rest on both normative and cognitive pillars in society. Lack of understanding of diabetes and fear of the disease can arguably be seen as stemming from underlying beliefs. Some of these beliefs might be reinforced by families and communities, representing an important informal institution in Mexico, which enjoys higher levels of trust than most of the public sector.

The existence of certain ‘myths’ and beliefs around diabetes is also apparent in our empirical data, as one interviewee explains: *“There are lots of myths associated with diabetes here, people get diabetes here and almost think they are going to die. Life is over, there is no need to change their habits or anything, because they will die anyway”*¹³ (Appendix H.2, own translation, 3.00). Or as a Mexican employee at Novo expresses: *“We are a country where we think that diabetes it comes because you got frightened and you will become blind because you use insulin”* (Appendix H.3, 9.30).

Hence, these misunderstandings among other factors result in certain norms and behaviors in which either inactiveness or alternative medicines are chosen over proper medication and a focus on lifestyle choices. Thus, this represents a significant barrier to action on diabetes as the initiatives proposed by the CCD partnership might not be perceived as relevant or useful. Subsequently, if citizens do not follow the proposed recommendations, the CCD program will face additional barriers to bending the curve on diabetes.

Furthermore, the cultural aspect described above emphasizes the importance of informal institutions in Mexico. The myths surrounding diabetes, which were confirmed empirically, are important institutions that at times compete with instead of complement the formal institutions and the recommendations of these. This is supported by Weller, Baer, Garcia and Rocha’s (2012) study, introduced in section 5.3.3.2 that found that patients that had participated in diabetes educational programs still had beliefs about diabetes that were closer to those of the lay community than those of physicians. Hence, the cultural perspective on diabetes showcases the higher importance of and trust in informal institutions as compared to formal institutions. This can also be argued to have implications for the legitimacy that is ascribed to the formal institutions such as the health system and the state, as they are seemingly deemed untrustworthy.

6.2.2.2 Preexisting relationships

The value of preexisting, personal relationships described in section 2.2.6 is also visible in the present case. As a former Novo employee, who was responsible of initiating CCD in CDMX, explains, the local office in Mexico was dependent on their preexisting network when approaching the stakeholders concerning the establishment of CCD (Appendix H.3). Especially their good relations with the sitting government of CDMX was emphasized as an enabler when establishing the partnership. As such, networks can serve as an important way of lowering barriers to partnering in Mexico, which accordingly means that a lack of

¹³ *Der er masser af myter tilknyttet diabetes her, folk får diabetes her og tror nærmest, at de skal dø. Livet er færdigt, der er ikke nogen grund til at lave om på deres vaner eller noget som helst, for de kommer til at dø alligevel*

network can pose a barrier to establishing collaboration. This case indicates that Novo has enjoyed a privileged access to certain stakeholders, which arguably facilitated the process of establishing CCD.

However, having preexisting relations might also determine who are ultimately included in the collaboration. When choosing a patient organization to involve, Novo chose to approach FMD – perhaps due to their preceding collaboration with the World Diabetes Foundation, which was founded by and still has close ties to Novo. As such, the inclusion of FMD can be argued to be the result of preexisting relations. However, the election of FMD might de facto mean an exclusion of other patient organizations:

“And here [in Mexico] the patient associations, they have not been considered an important voice. There are patient associations, and there are lots of them. And you know, in Denmark, there are lots of patient associations [too], but then you have ‘Danske Patienter’, which is an umbrella organization that represents them all. (...) Here they are all fighting against each other, because they all need funding from the same places. So, you do not have some united approach to representing patients”¹⁴ (Appendix H.2, own translation, 52.23).

Hence, the preexisting relations as well as the general structure of the institutional context might have affected the choice of stakeholders to be involved in CCD. As such, this informal institution can be argued to pose relevant considerations in regard to participation, legitimacy and accountability of the partnership.

Moreover, it is evident that relationships often condition collaborations in Mexico, thus constituting an informal institution that can pose barriers to the formation of CSSPs in cases where stakeholders do not enjoy preexisting relations with relevant stakeholders. This might further be argued to be a result of how trust in institutions in Mexico tends to favor informal relations over formal institutions. Additionally, the existence of many different NGOs that have no mutual coordination might also be a factor in the institutional context that poses a barrier to involving all relevant stakeholders.

¹⁴ Og her der har patientforeninger, de har jo ikke haft en vigtig stemme i hvert fald. Du har patientforeninger, og du har masser af dem. Og du ved i Danmark, der har man masser af patientforeninger, men så har du Danske Patienter, som er sådan en paraplyorganisation, der repræsenterer dem allesammen (...) Her ligger de alle sammen og kæmper mod hinanden, for de skal allesammen have finansiering fra de samme steder. Så du har ikke en eller anden samstemt tilgang til det at repræsentere patienterne

6.2.2.3 Skepticism of the private sector

A considerable constraint to governance through CSSPs can also be argued to stem from the legitimacy perceived in society of including private actors in governance – and thus in traditional state affairs. In Mexico, like many other Latin American countries, there exists a skepticism concerning the private sector motivations for getting involved in governance. As in accordance with CSSP literature, this case study also displays a fear that Novo as a private actor is motivated mainly by increased profits and benefits. This is voiced by a representative of FMD: *“There is some resistance from the government towards working with private companies for reasons that seem cultural to me. In Mexico, when the government works with a company, they have the idea that it is only to obtain profits etc.”*¹⁵ (Appendix H.5b, own translation, 26.56). Hence, private actors are still not accepted completely as legitimate governance actors in Mexico – there is a suspicion that the private actor has an agenda related to profits and thus foreign to the common challenge addressed by the CSSP. This of course also hinders the legitimacy of Novo as a governance actor and thereby limits the extent to which they can legitimately be involved in governance.

Moreover, as addressed previously, the public institutions are especially critical of the pharmaceutical industry and health collaborations with private actors due to previous scandals, as elaborated by a representative of the Danish Embassy in Mexico:

*“In general, the pharmaceutical industry does not have the best reputation globally. Many of these authorities are also involved in the work of organizations such as WHO or PAHO locally, and there have been lots of scandals over time. Many remember the GSK scandal with the epidemic in China that caused an outcry all over the world. And there has always been the sense that you should have an arm's length principle to the industry within healthcare. (...) And it has meant that people were very skeptical about having the industry involved in what affects the public health care system, very simply as a result of all these scandals that have been”*¹⁶ (Appendix H.2, own translation, 24.47).

¹⁵ Hay cierta resistencia del gobierno de trabajar con empresas privadas por cuestiones que me parecen de cultura. En México, cuando el gobierno trabaja con alguna empresa, se tiene la idea de que solamente va a ser para obtener beneficios etc.

¹⁶ Helt generelt har farmaindustrien jo ikke det bedste ry på globalt plan. Mange af de her myndigheder de er også med i det arbejde i organisationer som WHO eller PAHO lokalt set, og der har været masser af skandaler i tidens løb. Mange husker GSK skandalen med epidemien i Kina, der gav ramaskrig i hele verden. Og der har altid været en følelse af, at man skal have et

As such, various factors affect the perception of pharmaceutical firms and their involvement in public health governance. Thus, the history of scandals related to pharmaceutical firms have shaped the cognitive beliefs and associations of this industry and its conduct, which has resulted in norms on engaging with pharmaceutical firms.

This normalized skepticism towards engagements with the private sector has additionally led to a norm of being less transparent regarding collaborations with corporations, which can be argued to further delegitimize the involvement of private actors in governance. As one actor states: *“There has previously been a lot of squeamishness about promoting something like this. It may be that you have received some funds from the private sector, but you have definitely not promoted nor been completely transparent about where you got the money from. Definitely not”*¹⁷ (Appendix H.2, own translation, 22.54).

6.2.2.4 The issue of corruption

According to our empirical data, the main reason for this lack of squeamishness and legitimacy is that collaboration with the pharmaceutical sector is cognitively associated with corruption. A representative from the Ministry of Health explains: *“The truth is that there has been a lot of corruption of institutions when making these agreements with the laboratories”*¹⁸ (Appendix H.11, own translation, 26.10). Moreover, health care services and medicine has been a field with a low level of control of corruption, meaning that pharmaceutical firms have gotten away with corrupt behavior such as false contracts and charging for services for years (Appendix H.2). Therefore, partnerships in health are often met with skepticism and suspicion of corrupt behavior, decreasing the perception of the legitimacy of this governance form. A Mexican Novo employee articulates: *“Whenever a big public-private partnership is announced, there's always this perception like, okay, there's probably like a business going on under the table or something like that”* (Appendix H.10, 16.34).

Hence, corruption in Mexico has contributed to the delegitimization of private actor governance in health, as private actors like Novo are per default expected to be corrupt and exclusively oriented towards their own good. A representative of the Danish Embassy specifies: *“Private actors who want something to do*

armslængdeprincip til industrien inden for sundheden. (...) Og det har gjort at man var meget skeptisk over for at have industrien involveret i det, der berører de offentlige sundhedssystem, meget simpelt som et resultat af alle de her skandaler, der har været.

¹⁷ Førhen har man været meget berøringsangst med at promovere sådan noget. Det kan godt være du har fået nogle midler fra erhvervslivet, men du har dælmme ikke gået og promoveret og været helt transparent omkring hvor du har fået det penge fra. Det har du godt nok ikke.

¹⁸ La verdad es que ha vivido mucha corrupción de instituciones para hacer estos acuerdos con laboratorios.

with the public sector, it stinks of corruption here. It stinks of people being bribed, and I think that in particular has been the reason for the fear of engaging with the private sector”¹⁹ (Appendix H.2, own translation, 28.47).

This tendency has been enhanced under the current government, which has been very vocal in their fight against corruption, while also linking privatization – and thus indirectly collaboration between the public and private sector – to corruption (Ackerman, 2019). Therefore, the current government is even more skeptical of partnerships with the private sector – not least with the pharmaceutical industry. As a former Novo employee expresses: *“They feel that we have contributed, as an industry, to corruption in this country. They don’t trust public officials, don’t trust the administrations, and they don’t trust us.”* (Appendix H.3, 41.18).

Nevertheless, what has become apparent through the empirical findings in this case study is that the issue of corruption is within the partnership largely associated with the public sector. As voiced by an employee under the Ministry of Health: *“I think the problems [of corruption] are more internal to the Ministry of Health. (...) for the financial support [from institutions like the World Diabetes Foundation] to really get to where it should go, is generally when things get complicated”²⁰* (Appendix H.4, own translation, 35.00).

In general, the CCD partnership and Novo seem to have a strong ethical focus on transparency and avoiding corruption. By the other actors, Novo is praised for their ethics in the partnership and is deemed a valuable partner: *“I think Novo Nordisk's attitude has been noble, and everything that we have participated in with them has been very acceptable. We are very pleased to be able to work with laboratories of the quality of Novo Nordisk”²¹* (Appendix H.11, own translation, 07.54). Furthermore, several actors emphasize that they have experienced no hidden agenda or other objectives from Novo regarding the partnership: *“What Novo Nordisk stated on one occasion was that there was a freedom of action, it had nothing to do with the*

¹⁹ *Private aktører, der gerne vil have noget med det offentlige at gøre, det skrider langt væk af korruption her. Det skrider af folk der bliver bestukket, og det tror jeg særligt er det, der har været udslaget for den berøringsangst*

²⁰ *Yo creo que son problemas más internos del Ministerio de salud. Muchas de las veces el apoyo que este tipo de instituciones como la fundación da es desafortunadamente, y eso es un problemático que tiene otros lugares también, pero para que el apoyo realmente llegue a donde debe llegar, es generalmente es cuando se complica las cosas*

²¹ *Yo creo que ha sido noble la actitud de Novo Nordisk, y es muy aceptable todo lo que hemos participado con ellos. A nosotros nos complace muchísimo poder trabajar con laboratorios de la calidad de Novo Nordisk*

commercial aspect, that is, the sale of insulin, and it also had nothing to do with offering a project in exchange for something else”²² (Appendix H.5a, own translation, 15.15).

However, according to several employees at Novo, they are very aware of the culture of corruption in Mexico and of that culture in the collaboration between the private and public sector (Appendix H.1, Appendix H.8, Appendix H.10). Nonetheless, several employees agree that Novo has established its unwillingness to participate in corrupt practices. As one employee states:

“What I do think, and I'm quite proud to say that, I do feel that especially the Mexico City Government, at some point, they were expecting us to ask something in return. Primarily, ‘we want you to buy more products from us, or we want you to give us a bigger contract’ or things like that. Because again, unfortunately, that is a lot of how Mexico works. (...) And actually, even that, that happened once with us, we were talking about a project and the Health Minister actually said to us, ‘well I'm really happy to work with you guys because you’ve never asked for something in return’. Aside from commitment ‘let's do this, let's sign papers, let's push for the project’, but nothing like, ‘now it's time for you to buy more of our products or for you to help us drive our business agenda’” (Appendix H.10, 16.34).

As such, the CCD partnership shows that the challenge of corruption is substantial in the Mexican context, while allegedly absent in this particular partnership. If relevant to the partnership, the actors involved agree that corruption is more associated with or feared in relation to the public sector and not to Novo. However, while this might shift some of the legitimacy issues or perceptions of these within the partnership, the partnership – and thus governance through the CSSP – can still be associated with corruption, if the public sector involved is believed to be corrupt.

Moreover, as stated in section 5.3.1.1, lack of trust in formal institutions, including political actors, is a significant issue in Mexico, which following Bexell and Mörth (2010) can be argued to result in declining perceived legitimacy of the state to provide governance. Hence, the existence of corruption can be a factor

²² *Lo que NN expuso en aquella ocasión fue que había una libertad de acción, no tenía nada que ver con el aspecto comercial, es decir la venta de insulina, no tenía tampoco nada que ver con ofrecer un proyecto a cambio de otra cosa*

that undermines the legitimacy of state governance by decreasing trust in the state. Thus, the government is not necessarily able to guarantee the legitimacy of governance through CSSPs.

A public sector employee emphasizes that between public and private actors, there is a risk of corruption, whereas it is the inclusion of the NGO FMD in CCD which guarantees the absence of conflicts of interest in the CSSP:

“But the FMD was also participating, which as an organization somehow rubber-stamped [the partnership]: That the alliance was good, that there were no conflicts of interest, that it was not looking for any other purpose than to help, without any other type of financial commitment, which was what would definitely have been impossible [with FMD forming part of the partnership]. If Novo had put some kind of condition, then it would have never been possible. So somehow, the presence of FMD made it clear that the alliance was free of conflicts of interest”²³ (Appendix H.7, own translation, 10.21).

As such, it is argued that the involvement of the FMD in the CCD program increases the legitimacy of the partnership, by guaranteeing that the institutional challenges with corruption do not occur in this collaboration. Though the literature on partnerships emphasizes that NGOs contribute to partnerships with legitimacy, civil society representatives might thus be even more important in partnerships in countries where the state possesses a lower level of legitimacy and trust from the population.

6.2.3 Sub conclusion

Employing an institutional perspective on the constraints to governance which are related to the institutional context has revealed that both formal and informal institutions in Mexico present barriers to governance through the CCD partnership. In terms of formal institutions, our findings emphasize the issue of the fragmented health system, resource scarcity, inefficient bureaucracy, as well as lack of political continuity. With regards to informal institutions, it is evident that these are extremely important in a Mexican context. A lack of trust in formal institutions in Mexico has enhanced the orientation towards as well as the

²³ Pero también estaba participando la FMD, que como organización de alguna manera daba este bueno: De que era de buena manera la alianza, no estaba teniendo ningún conflicto de interés, no estaba buscando otra finalidad más que ayudar, sin ningún otro tipo de compromiso económico, que era lo que, que es lo que definitivamente hubiese sido imposible. Si Novo hubiese puesto como algún tipo de gancho, pues nunca hubiese sido posible. Entonces de alguna manera, la presencia de FMD hizo de que de alguna manera esa alianza era libre de algún tipo de conflicto de interés.

importance of informal institutions such as friends, family and the local community. This might have led to the norm of relying on personal relations when establishing partnerships. Moreover, widespread corruption as well as the low level of trust in formal institutions is reflected in the skepticism of collaboration between the public and private sectors that exists in society.

6.3 Opportunities that CSSPs can provide

This section will analyze how CSSPs can bridge some of these institutional constraints. This will be done by examining the opportunities and outcomes of the CCD partnership, and thus focusing on the results that have been made possible due to Novo's involvement and the unification of various actors. The following will thus examine resources and investment, expertise and international network, as well as cross-sector collaboration.

6.3.1 Resources and investment

As the literature concerning CSSPs argues - and as confirmed in this case - the public sector often faces challenges in terms of resource deficits and the management of resources in general (Reich, 2002). Similar constraints are not as prevalent in the private sector, and thus, private actors are able to draw on their own funds to invest in specific projects. This was especially apparent in the initial phases of the CCD partnership, where Novo willingly posted vast resources into it. As CDMX was the first city to become involved in CCD, the project was able to attract a substantial investment from Novo.

These investments amounted to different projects. Firstly, an essential objective to Novo was to collect data on the CDMX population, as data on diabetes prevalence did not yet exist in Mexico. Hence, the exact extent of the problem was not yet clear to the Mexican government, prohibiting them from taking proper action on the matter. Creating data and mapping the challenge therefore became the first concrete task, which was financed by Novo, while the research was undertaken independently by the Mexican National Institute of Public Health (INSP). This task was, among others, done by screening citizens at metro stations around the city in order to target the vulnerable part of the population as well, which has more limited access to medical check-ups.

The data showed worrying tendencies: 15.7% of the CDMX population had diabetes, equaling 2.3 million inhabitants (Cities Changing Diabetes, 2019c). Of these, only 71% were diagnosed, of which 86% received care, and only 25% of these achieved treatment targets (ibid.). Hence, once the data was created, the challenge facing CDMX could not be denied, thereby underlining the need for concrete action and justifying

the creation of a partnership such as CCD. Moreover, the data came to form the foundation for how to approach the challenge of diabetes in CDMX. One of the main findings was that while the level of diabetes was significant, a bigger challenge yet presented itself in the high level of obesity and prediabetes found in the population - not least in children. Furthermore, the research made clear the significantly higher costs related to the treatment of complications from undiagnosed diabetes, compared to diagnosis and treatment. This determined the focus of the partnership to deal with the prevention of diabetes rather than treatment.

The research also revealed that the most significant challenge was to be found in one of the city's poorest neighborhoods, Iztapalapa, where a high percentage of the population was not aware of having diabetes. Subsequently, the World Diabetes Foundation decided to invest in a specialized diabetes clinic in the neighborhood, offering health care under the Seguro Popular and later Insabi health scheme, which is free to all residents who do not possess other insurance, with the aim of increasing focus on prevention (Appendix H.4). CCD highlighted the need for such a clinic, which led to the investment from the World Diabetes Foundation, a foundation originally founded by Novo. As the coordinator of the clinic explained, the clinic has since its establishment in 2016 been able to offer a five-month-long program to 1000 people, as well as provide shorter consultations at the clinic to an additional 1000 people.

Simultaneously, Novo managed to integrate an already existing political initiative into the diabetes and prevention agenda. The initiative 'Médico en tu Casa', initiated by former mayor Miguel Ángel Mancera in CDMX, sought to increase access to medical assistance, especially for the most vulnerable part of the population, by offering medical visits in patients' own home. This program was expanded to include diabetes detection during the visits, as well as to collect data on diabetes prevalence in this group (Appendix H.8).

6.3.2 Expertise and international network

Uniting different sectors in the CSSP governance constellation has additionally led to other, less tangible outcomes, among these added resources and knowledge stemming from Novo's expertise in the field and their international network and experience. Their longstanding presence around the world has enabled Novo to gain knowledge of diabetes in different contexts as well as establish networks of organizations working with the same agenda.

One of these networks, which can be leveraged in the CCD partnership in CDMX, is that of Cities Changing Diabetes. Through CCD, the partners are able to access an international network consisting of cities all over the world – a network that is continuously expanded as new cities join the initiative. Forming part of the CCD initiative are regular, global summits with this network, bringing together city mayors, patient

organizations, researchers, urban planners, etc. in order to leverage experiences from other cities and thereby improve their own initiatives locally. A representative from the FMD expresses: *“The participation in the Summits help you to get to know the experiences, for example the experience of Rome was very interesting for us”*²⁴ (Appendix H.5a, own translation, 20.00). And this opportunity of being able to draw on a network with experiences and best practices of preventing urban diabetes is deemed extremely valuable by the Ministry of Health: *“I think what is worth it, is that they keep adding countries [to the program CCD]. That the initiative continues to grow, so that it reaches the whole world. And that regions be made so that countries with similar problems can deal with them together”*²⁵ (Appendix H.11, own translation, 35.33). As there in Mexico existed very little data on urban diabetes prior to CCD, the value of these learnings is emphasized further.

Besides the networks that companies in the field can provide access to, another critical resource of private actors in CSSPs is their inherent knowledge and expertise within their industry. Being one of the global leaders within diabetes care and innovation, Novo possesses unique expertise in diabetes as well as the handling and prevention of diabetes, which can be leveraged in a partnership. What has become apparent from the empirical findings is Novo’s insight in and insistence on addressing the issue of diabetes with a holistic view. As the focus is on prevention, the factors involved go beyond traditional health and treatment concerns to include social, economic and nutritional factors.

These factors have traditionally not been considered relevant when dealing with diabetes in Mexico. In fact, the promotion of health has been largely absent, as the focus has been on putting out fires and treating diabetes rather than initiatives or guidance to prevent it: *“The majority of the universities that offer a medical degree educate doctors more than anything in curing diabetes, but there is no specific module on promotion of health or a specific module on diabetes education (...) Here in Mexico it is more curative compared to other countries which are more preventive”*²⁶ (Appendix H.5b, own translation, 07.05). Hence, more preventive measures, including lifestyle choices and diet, have arguably not been sufficiently accounted for within the Mexican health system.

²⁴ *La participación en los Summits te ayuda mucho a conocer las experiencias, por ejemplo, la experiencia de Roma fue muy interesante para nosotros.*

²⁵ *Yo creo lo que vale la pena es que siguen sumando países. Que se sigue haciendo más grande la iniciativa, para que llegue a todo el mundo. Y que se hagan regiones para que problemas de similitud en algunos países - tratarlo con esos países.*

²⁶ *La mayoría de las universidades que dan la carrera de medicina se educan más que nada a los médicos para que curren la diabetes, pero no hay módulo específico de promoción de la salud o un módulo específico sobre educación en diabetes (...) Aquí en México es una ... más curativa comparado con otros países que es más preventivo*

Nevertheless, some of the interviewees underlined that the multifaceted nature of diabetes has become more apparent within the Mexican health system – perhaps due to the new holistic way of regarding prevention of diabetes that Novo and CCD introduced: *“I think now, fortunately, more universities have more careers focused on promotion of health, in terms of nutrition, other types of medicine. There are even some universities that have careers as such in promotion of health”*²⁷ (Appendix H.5b, own translation, 26.56). Moreover, small CCD initiatives have also become apparent throughout the city, these including city bikes, exercise machines in parks as well as restrictions to restaurant display of salt on tables:

*“Here in Mexico City, you cannot have salt on the table. You can ask for salt, then they’ll give you the saltshaker, but you can’t just have it standing out. If you have salt on the table, then people have a tendency to use it. And that’s not very good if you’re in a situation where you suffer from overweight or obesity or have reached the diabetes stage, then it’s just not very good to use salt”*²⁸ (Appendix H.2, own translation, 2.42).

Thus, a broader perspective on the prevention of diabetes has manifested itself in society with initiatives aiming at enabling healthier lifestyles for the population of CDMX.

6.3.3 Cross-sector collaboration

This holistic understanding of diabetes and the prevention of diabetes was previously lacking in Mexico, in which diabetes has been the sole responsibility of health authorities. However, CCD has helped to change the perception of the problem and has facilitated the inclusion of other fields in the agenda emphasizing the need for cross-sector collaboration. In general, the CCD partnership, the creation of data, as well as Novo’s experience in the prevention of diabetes, has created an understanding and consensus that prevention of diabetes should not only be addressed from a health perspective:

“It has to be multidisciplinary - we cannot just work from a health perspective. We need to take into account and think of the context: How do people live? How do they get to work? How much

²⁷ Yo creo que ahora afortunadamente es que más universidades tengan más carreras enfocados a promoción de salud, en cuestión de nutrición, otro tipo de medicina. Incluso hay algunas universidades que tienen la carrera como tal de promoción de la salud

²⁸ Her i Mexico City, du må ikke have salt stående. Du må gerne bede om noget salt, så kommer de og giver dig en saltbøsse, men du må ikke bare have det stående. Hvis du har salt stående på bordet, så har folk en tendens til at bruge det. Og det er ikke særlig godt, hvis du er i en eller anden situation, hvor du lider af overvægt eller fedme eller er nået til diabetes-stadiet, så er det bare ikke særlig godt at bruge salt.

time do they spend? Do they have time to exercise too? Do they have the resources to also think about eating varied and healthy?”²⁹ (Appendix H.2, own translation, 39.34).

As such, though multidisciplinary, collaboration and coordination between sectors and institutions in Mexico has previously been limited, the CCD program has emphasized the need to further this in order to deal with the increasing challenge of diabetes in society. Hence, CCD has managed to involve more actors in the diabetes agenda and create a common understanding that diabetes is not only a health problem but a societal problem that needs to be dealt with in unison. As a representative from the Danish Embassy in Mexico states:

“That was one of the first things that really changed here in Mexico. This program, it helped to open the eyes of a lot of Mexicans and see that this is not just a health problem, it is a societal problem. It's something we all need to contribute to, and we can all bring some competencies into play that will benefit some Mexicans”³⁰ (Appendix H.2, own translation, 2.42).

When discussing the future of the CCD partnership, several interviewees expressed that even if the partnership would cease to exist, this cross-sector and inter-institutional approach would continue. While the actors involved have different predictions as to the lifetime of the CCD program, they agree that the way they work with diabetes in Mexico has changed for good – it needs to be done in cross-sectoral collaboration. As stated by a representative from the Ministry of Health: *“We now know the way. We know that we have to work together all of the institutions, join resources and educate more people”³¹ (Appendix H.11, own translation, 24.25).* Hence, as expressed by a representative from FMD, the learnings and relations between sectors have made the foundation for continued collaboration between relevant stakeholders – even if the CCD framework was to cease to exist: *“Whether the alliance is there or not, I think it has allowed the continuation of the actions”³² (Appendix H.5b, own translation, 34.26).*

²⁹ Det skal være multidisciplinært - vi kan ikke bare arbejde ud fra et sundhedsmæssigt perspektiv. Vi bliver nødt til at tage hensyn til og tænke i konteksten: Hvordan lever folk? Hvordan kommer de på arbejde? Hvor lang tid bruger de? Har de tid til også at motionere? Har de resurser til også at tænke over det med at spise varieret og sundt?

³⁰ Det var noget af det første, som det virkeligt ændrede på her i Mexico. Det program her, det var med til at åbne øjnene for rigtig mange mexicanere og se, at det her det er ikke bare et sundhedsproblem, det er et samfundsproblem. Det er noget vi alle er nødt til at bidrage til, og vi kan allesammen bringe nogle kompetencer i spil, som kommer til at komme mexicanere til gode.

³¹ Ya sabemos cual es el camino. Sabemos que tenemos que trabajar en equipo todas las instituciones, sumar recursos, capacitar a más gente.

³² Que esté la alianza o que no esté, yo creo que ha permitido que se continúe las acciones.

A notable example of this is that the CCD has resulted in the creation of an inter-institutional group that meets every two months. This group comprises 30-40 representatives from a wealth of different fields that in some way can be involved in the prevention of diabetes:

“Of course, there are a lot of people who work with health as their core competence [at these meetings], but it is just as much people who work with the army and the military, who have their own health systems; people who work with culture, who have a grip on a lot of ordinary citizens; people who are in public transport. A lot of perspectives are included in these groups. And it was a very concrete initiative that came as a result of CCD”³³ (Appendix H.2, own translation, 19.20).

Uniting actors from different fields also has the consequence that more actors buy into the agenda, and that the commitment to the cause thereby also becomes a commitment to the other actors involved. According to one actor, this also secures the continuity of the initiative, as it can as such survive changing governments, due to the public commitment to civil society:

“When some programs at times are constructed only by the government, what happens is that the administrations change – the mayor or the governor changes - and the initiative disappears with that administration. However, when it involves some type of civil society, in the form of some organization or association or even with a company, as it happens with Novo, some of these programs can guarantee its continuity in the government. It does not matter that the government is done - the next administration will inherit the commitment to the civil society to continue the program.”³⁴ (Appendix H.7, own translation, 09.00).

³³ Der sidder selvfølgelig rigtig mange folk, der arbejder med sundhed som deres kernekompetence, men det er lige så meget folk som arbejder med hæren og militæret, som har deres egne sundhedssystemer; folk der arbejder med kultur, som har fat i rigtig mange af de almindelige borgere; folk der er i kollektiv trafik. Alt muligt er med i de her grupper. Og det var et helt konkret initiativ som kom som resultat af CCD.

³⁴ En cuando algunos programas a veces se construyen únicamente desde el gobierno, lo que pasa es que cambia la administraciones - cambia el alcalde o cambia el gobernador - y la iniciativa se va con la administración. Pero, cuando hay involucrada algún tipo de sociedad civil, en forma de algún organización o asociación o a veces hasta con una empresa, como lo que pasa con Novo, pues de alguna manera esos programas puedan tener o puedan garantizar esta continuidad a través del gobierno. No importa si el gobierno se acabó - la siguiente administración adquiere un compromiso con la sociedad civil de continuar un programa.

As such, CCD has become an initiative that has gone beyond simple interest from politicians, and a branding project they may see as their opportunity to get reelected, to an initiative that is apolitical, which shifting governments are committed to by civil society and businesses involved in the partnership. This thus contributes to overcoming the problems of political discontinuity.

Moreover, the stakeholders involved argue that the multidisciplinary way of working with the prevention of diabetes has been manifested in the Mexican institutional context, in which different institutions and sectors are collaborating, coordinating and joining resources in order to solve the common societal challenge of increasing diabetes in CDMX. This can arguably be seen as an example of CSSPs shaping the institutional context they are embedded in, as proposed by Phillips, Lawrence & Hardy (2000) in section 2.2.5. This has the potential to lead to longstanding change of practices which goes beyond the work of CCD. Furthermore, the partnership might be able to reduce the fragmentation of the health system by ensuring collaboration between relevant stakeholders permanently.

6.3.4 Sub conclusion

As shown above, the CCD partnership bears witness of several opportunities that a CSSP can lead to. Novo has contributed with resources such as an initial investment, international experience and network, as well as an expertise in the field that has enabled partners to develop a holistic view of health promotion in regard to diabetes. Moreover, the CCD partnership has successfully united different societal actors in a cross-sector collaboration that has been extended beyond the framework of CCD to become anchored in the way they work with the prevention of diabetes in CDMX. Due to these factors, the actors involved believe that the new inter-institutional and cross-sectoral coordination and collaboration has helped secure the long-term commitment of the actors involved to the agenda of preventing diabetes.

Nevertheless, the concrete results and improvements for the population in CDMX caused by CCD are arguably few and are limited to the establishment of clinics, legislation on salt on the tables, and the like. Thus, though both the literature and the stakeholders involved in the present partnership are enthusiastic about CSSPs, it can be questioned how big a difference this constellation of governance can actually provide. Moreover, it is difficult to evaluate the success of the partnership, as there are no concrete goals, and as it works with a very long time-horizon in the battle to reduce obesity and diabetes. Moreover, this type of ‘wicked problem’ – as it is often described in the CSSP literature – often does not have defined solutions and targets, thus arguably making it difficult to evaluate success.

6.4 Sub conclusion of empirical analysis

This chapter has examined how CSSPs interact with the institutional context by investigating the conditioning factors for CSSP governance, what constraints the institutional context can pose to governance, while also highlighting how some of these constraints can be bridged by a CSSP. By employing an institutional perspective, the constraints to governance became apparent concerning both formal and informal institutions in Mexico. However, the CCD partnership bears witness of several ways in which CSSPs can bridge some institutional constraints. For example, the actors involved believe that unifying different societal actors in CCD has helped secure a long-term commitment to the agenda of preventing diabetes. As such, it can be argued that the CCD partnership has helped to reduce the issue of political discontinuity, while also helping reduce the fragmentation of the health system by uniting actors from different fields relevant to the efforts. Thus, as this has now become an adopted practice which is expected to outlast the CCD partnership, it can be argued that CCD has influenced the institutional context. Moreover, resource constraints can possibly be overcome, if the private actor is willing to finance initiatives of the partnership. Nonetheless, the partnership is still constrained by the institutional context in which it is embedded, which is amongst others seen in the constraints that the institutional context imposes on the Ministry of Health in the form of inefficient bureaucratic practices and their inaccessibility to sufficient resources.

These bureaucratic measures, however, might have been adopted in order to reduce corrupt practices and increase accountability and legitimacy. Our data indicates that this is needed due to the low trust in formal institutions and the state, a high reliance on personal relations, the prevalence of corruption, and the skepticism of collaboration between the public and private sector. As such, there are significant considerations related to the legitimacy of governance through CSSPs that are important to consider in the Mexican context.

7. Discussion

As evident through the analysis, CSSPs can present a valuable tool for overcoming institutional constraints. However, it is important to consider the implications of involving other actors in governance. Following the empirical analysis, this chapter will therefore discuss why some institutional constraints cannot be overcome, as well as what the trade-offs of involving private actors in overcoming these entails. As such this discussion will 1) discuss the key findings in relation to the literature; 2) consider some of the assumptions of state role and capacity that fail to recognize state diversity; and 3) discuss the trade-offs of including non-state actors in governance through CSSPs.

7.1 Comparison of the findings with the literature

Our empirical findings correspond with the literature on CSSPs on a number of parameters, among others seen in the motivations for entering into the collaboration and the resources that private actors can contribute to partnerships with. Furthermore, the case demonstrates the opportunities that a CSSP such as CCD presents, and the various results that have been made possible due to this type of collaboration. These results have been enabled by drawing on the experience, resources and expertise of the private actor - hereby bridging some of the institutional constraints present in CDMX. Furthermore, as Phillips, Lawrence and Hardy (2000) argue, partnerships have the potential to shape their institutional context, which the findings from CCD also indicate has happened in Mexico regarding inter-institutional collaboration.

Moreover, as highlighted in the literature, this collaboration has also encountered skepticism towards private actor involvement, which is here primarily related to fears and cultural assumptions of corrupt behavior. Nonetheless, the data has demonstrated that corruption is allegedly absent from the collaboration, and several CCD stakeholders from both the public and private sectors emphasize that the involvement of the public sector is perceived to contain the biggest risk in terms of corruption. As such, the CCD case does not explain the strong focus on and skepticism of the private sector in the CSSP literature. On the contrary, the empirical findings present several institutional conditions that limit or constrain the public actor in the partnership. These include a fragmented health system, issues of corruption, resource constraints and extensive bureaucracy. Thus, whereas the literature has mostly been concerned with the issues arising from private actor involvement in CSSPs, our findings emphasize that attention must be given to the possible issues that can occur from public sector involvement due to the institutional structure that condition their participation and action in a partnership.

7.2 Capacity and role of the state

While some of the institutional constraints can be bridged with the CCD partnership, there are also constraints that cannot be overcome, which affect the partnership and its actions. This demonstrates that the partnership literature in itself is not always sufficient to understand problems of governance in partnerships. The reason for this can, amongst others, be found in that the literature builds on certain assumptions regarding state capacity.

As is the case with a large part of the governance literature, the majority of the CSSP literature rests upon assumptions about consolidated statehood, with which states have the capacity to implement and enforce central decisions (Risse, 2012). Thus, there is a normative orientation towards Western states, which come to serve as a benchmark (Börzel, Risse & Draude, 2018). However, as we have seen in the present case focusing on the Mexican state, these characteristics cannot be taken for granted. While statehood can be consolidated in some areas, it can simultaneously be limited within certain territories or sectors, as witnessed in the health sector in Mexico. For example, the implementation and enforcement of rules can be restricted due to few public resources, extensive bureaucracy, political discontinuity, and corruption. As such, the assumptions of consolidated statehood, transferred uncritically to a country like Mexico, fail to recognize the diversity of states and their capacity to implement and enforce central decisions, and thus their different prerequisites for engaging in CSSPs. This can ultimately affect the results that partnerships are able to achieve if the partnership as a whole is constrained by the public sector involvement.

Furthermore, as assumed in the partnership literature the public sector is a legitimate actor, with one of its main contributions to partnerships being political legitimacy. Nevertheless, the legitimacy of the Mexican state can be argued to be low due to low trust in the government and political actors, and a high level of perceived corruption, which leads the citizens to question whether their interests are being met. This decreases the public sector's ability to guarantee the legitimacy in partnerships (Bexell & Mörtz, 2010). This arguably contradicts the partnership literature, which claims that the state's role in partnerships is to ensure legitimacy through representation and accountability to the public. However, ensuring representation and accountability might require a certain level of capacity from the public actor, which not all countries enjoy. This raises further questions of legitimacy in settings such as developing countries, where state capacity is at times lower. Therefore, it might be necessary to treat partnerships in contexts with low state capacity with extra caution.

Also, as the literature underlines, partnerships can significantly skew power imbalances in favor of the private actor, leading to a loss of autonomy for the public actor. This might especially be worrisome when companies from the Global North undertake partnerships in the Global South. Though the private actor in this case, Novo, allegedly has not engaged in questionable conduct, the importance of power imbalances should not be underestimated - especially when working in a developing context. If an already troubled public sector with considerable resource deficit is offered a chance to receive foreign investment in research and local hospitals, it is unlikely that said government would turn it down, despite there being ulterior motives involved. This power imbalance can therefore grant the private partner with substantial influence in the partnership as well as on the government.

On the other hand, having an outside actor instead of a local actor coming from another context with, perhaps, another set of business guidelines, principles and institutional logic might also help to avoid troublesome conduct. For example, it can be argued that Novo when operating in Mexico is still held accountable to Danish law and Danish consumers. Hence, Novo might act more responsibly than what is the general norm in Mexico, as they try to protect their reputation in other contexts with other norms. As such, it can be argued that an external shadow of hierarchy exists, committing Novo to exercise governance in a responsible manner.

Moreover, it can be discussed whether the assumptions of the partnership hold: Do CSSPs constitute the solution to complex societal problems that the public sector is not able to solve single-handedly? And ultimately, how much can private actors do in a state like Mexico, which to a high degree has consolidated statehood – but where ALS still exist? At the end of the day, private actors cannot change the structure of the health system and its institutions, nor how they work with public health or the resources they have available. Private firms can put things on the agenda, they can help shed light on a specific challenge and the scope of it - but they cannot take over core state responsibilities nor implement public policy. This can only be done through CSSPs insofar that the public actor is capable of supporting and contributing to the work of the CSSP, thereby again emphasizing the importance of the institutional context.

As such, we argue that the institutional context is important to examine in order to determine the institutional influence on the partnership - both in terms of formal institutional barriers constraining (political) action, as well as informal institutions that can have an impact on the perceived legitimacy of the partnership. Moreover, this emphasizes the institutional context and state capacity as a foundation and condition for public participation in partnerships. Hence, though the partnership literature emphasizes many important dynamics when examining CSSPs, it might not always be sufficient to examine and understand

the effects of public participation and the influence of the institutional context. In addition, the institutional context might also have implications for the power private actors possess in partnerships as well as their ethical behavior, which depends both on the local state capacity and possibly also on external shadows of hierarchy. A more contextually embedded approach, and a focus in its own right on the institutional set-up, framework and statehood of the public actor are needed to complement current knowledge.

7.3 Legitimacy of involving non-state actors in governance

7.3.1 Partnership legitimacy and accountability

The legitimacy of involving non-state actors in governance is an inevitable discussion when considering partnerships as a solution to overcoming complex challenges. As discussed in section 4.4, there are different sources through which an actor or a partnership can obtain legitimacy. Furthermore, there are several choices regarding input and output legitimacy that the partners must make, which can further enhance or decrease legitimacy, such as inclusiveness of all relevant stakeholders versus efficiency and result achievement. It is, thus, not easy to adequately assess whether the CCD partnership is legitimate, nor if CSSPs or the involvement of non-state actors in governance in general can be considered legitimate.

Partnerships are often perceived to be legitimate due to the expectation that they are efficient – and thus they rely on output legitimacy (Bexell & Mörth, 2010). Hence, the notion of partnerships being legitimate insofar that they are efficient, signals that their justification is contingent upon their problem-solving capacity: If they work well at addressing complex social problems and achieve goals that are in a given society considered important, they are considered legitimate. However, does this mean that input legitimacy is not relevant for the legitimacy of partnerships or that it is less important? Can output legitimacy compensate for the lack of input legitimacy? And with input legitimacy being less of a focus, who decides what is most important and what stakeholders get to decide that in the absence of democratic legitimacy?

The questions above relate to the issue of input legitimacy, i.e. legitimacy through participation. This type of legitimacy is concerned with the involvement of those who are being governed, mainly the citizens. This legitimacy is often secured in democracies with elections that grant the state legitimate power to govern. Nonetheless, private actors are not elected by the population, and their involvement in governance is thus not subject to democratic accountability. This can pose substantial democratic problems.

Partnerships are as such faced with a significant challenge in terms of legitimacy, in that they unite actors from different sectors of society, and thereby bring different expectations of legitimacy into the partnership.

For example, where private actors are most often deemed legitimate as a result of output and efficiency, the public sector is subject to expectations of input legitimacy regarding democratic representation and accountability. This is difficult to live up to in a partnership constellation, not least because accountability can mean strict control and extensive bureaucracy, which in turn limits flexibility, efficiency and innovation (Steets & Blattner, 2010).

As such, it could be argued that since private actors do not need public consensus when making decisions, they can overcome some of the efficiency problems which the state faces. Therefore, there exists to some extent a trade-off between accountability, ensured by inclusiveness and bureaucratic measures, and efficiency, which perhaps exists to a higher degree in the private sector exactly due to the lack of these traditional, democratic accountability mechanisms. However, as partnerships involving the public sector do involve the allocation of public resources and employ public authority, there is a need for some level of accountability to the population. Hence, partnerships should try to find the sweet spot in which the public sector has enough power to ensure proper representation and conduct, while the private sector should be left enough freedom to exercise efficiency and innovation.

7.3.2 Issues of private actor involvement in partnerships

The rise of partnerships can be seen as forming part of a larger tendency in which the involvement of private companies in governance has become normalized. This involvement is justified by market logic, neoliberalism and NPM governance. However, it could be argued that the assumptions underlying these logics should not be accepted without further ado. Though market logic promises increased efficiency, it simultaneously shifts power from the state to private actors where other objectives are potentially at play. The possibility of private companies pursuing their own commercial interests through e.g. partnerships, while disguising it as benefiting the public, represents a substantial concern. In general, conflicts of interest provide a considerable risk, which emphasizes the importance of the power distribution in partnerships between the public and private. Similarly, partnerships can grant private actors with significant influence on public actors and policy implementation, and hereby be used as a tool for lobbying.

Furthermore, involving private actors in affairs formerly treated as state responsibility might lead to an increase of dependency on these actors. This can be argued to have serious implications in a long-term perspective. For example, there is a possibility that partnership governance comes to substitute public health governance, if the public sector starts to rely on the partnership to provide governance. And as argued previously, cutbacks in public expenditure and reduction of the state already enhance dependency on private

capital. Nevertheless, there exists no guarantee that private actors will continue their commitments on a long-term basis. As in accordance with Austin et al. (2004), the motivations for participating – these being utilitarian, altruistic or both – must be present in partnerships in order for them to keep collaborating. However, as seen in the CCD case, this might be problematic for the sustainability of partnerships, if altruistic results are limited and utilitarian value diminishes over time. If value is not generated or strategic objectives are no longer met, private actors can easily withdraw without facing costs, leading to institutional vacuums.

This is an interesting point in regard to the CCD partnership, as it has been running for six years, and, according to Novo, is currently not adding any new value to their operations in Mexico. Moreover, the results that have been possible since the change of government in CDMX have also been limited. As such, both utilitarian and altruistic motivations can be argued to still exist to some extent, while both seem to have diminished significantly from what they constituted at the outset of the partnership. Due to these reasons, there are different opinions as to whether it makes sense for Novo to continue in the partnership, and whether they can obtain new value from the partnership. Hence, the case presents an example of value decreasing over time, thus questioning the sustainability of CSSPs as a long-term governance form.

7.3.3 CSSPs broadening participation

Within the partnership literature, the abovementioned critique of non-state actor involvement is only one end of the spectrum. At the other end, it is argued that partnerships represent substantial democratic potential, as they can challenge the free market and expand governance to also include community actors and civil society organization (Grossman, 2012), hereby increasing democratic participation and accountability (Börzel & Risse, 2005). For partnerships, input legitimacy is thus most relevant in terms of broadening participation to allow for the representation of affected stakeholders and providing arenas for deliberation (Bexell & Mörtz, 2010).

As seen in the analysis, the CCD program has facilitated the inclusion of civil society actors such as the patient organization, FMD. As such, the CCD program has created a forum in which FMD has direct access to policymakers and other relevant actors in the field and can make their voices heard – thereby broadening participation and representing patients. This could be ascribed an especially high value in contexts where states are not perceived to be able to guarantee legitimacy.

However, broad participation is not in itself sufficient to gain legitimacy – rather, the partnership needs to represent all relevant stakeholders, and grant all stakeholders equal rights and influence on decision-making (Mena & Palazzo, 2012). As mentioned in section 7.2.2.2 of the analysis, numerous patient organizations exist in Mexico, but only FMD was chosen to be included in the CCD partnership. While partnerships have the potential to involve a broad range of stakeholders, it can however be questioned how much democratic participation is ensured if only a selected few are invited. As Bexell and Mörtz (2010) argue, partnerships can often also be seen as primarily empowering the partners involved and other elites. This is also supported by the empirical findings that indicate that preexisting personal relations have been crucial to the creation of CCD, and that they might have influenced who was elected as partners. This can in turn be argued to decrease the legitimacy of the constellation, as it is then no longer just a collaboration between different sectors – but rather a partnership of friends that exclude other stakeholders in the agenda.

8. Conclusion

This thesis has examined how CSSPs interact with the institutional context by exploring three different aspects: 1) how the institutional context conditions the formation of CSSPs; 2) what constraints the institutional context can pose to governance; and, 3) how some of these constraints can be bridged by CSSPs.

As is evident from this case study of CCD in CDMX, CSSPs can be leveraged to tackle complex societal challenges that the state cannot solve on its own. While the complexity of current issues has only increased, states' capacity to handle them has simultaneously decreased. This is amongst others due to the changing role of the state and well as state capacity, the multifaceted nature of the issues, and growing involvement of non-state actors in governance. As such, CSSPs have come to represent a new form of governance involving non-state actors in the traditional state realm, seeking to address issues collaboratively across different sectors. Nonetheless, as has become evident from this case study, the institutional setting plays a key role in defining why and to what extent CSSPs can exercise governance.

The case of CCD in CDMX shows that this CSSP is affected by the institutional context in that it is constrained by both formal and informal institutions. The constraints that are posed by formal institutions comprise a fragmented health system, few public resources, political discontinuity, and ineffective bureaucracy. Furthermore, the present case demonstrates how a lack of trust in formal institutions in Mexico has enhanced the orientation towards as well as the importance of informal institutions such as friends, family and the local community. Moreover, this might have increased reliance on personal relations when entering into collaborations. The low trust in formal institutions as well as widespread corruption is also reflected in the skepticism of collaboration between the public and private sectors that exists in society. These informal institutions must be considered when engaging in CSSPs as they can ultimately influence the perceived legitimacy of governance through CSSPs.

However, as seen from the present case, CSSPs can also present opportunities of bridging some of these constraints. By joining different societal actors in cross-sector collaboration, CSSPs can help secure the long-term commitment of actors involved in the shared objective of the CSSP. As such, it can be argued that CSSPs present an opportunity to reduce the issue of political discontinuity, while simultaneously bridging fragmented health systems by uniting actors from different fields relevant to the efforts. Additionally, as this has now become an adopted practice that is expected to outlast the CCD partnership, it can be argued that CCD has influenced the institutional context. Nonetheless, while CSSP governance

constellations can help bridge some of these challenges, partnerships can still be constrained by the institutional context in which they are embedded. In the present case, this is among others seen in the constraints that the lack of resources as well as inefficient bureaucratic practices impose on the public actor. This demonstrates that the partnership literature in itself is not always sufficient to understand problems of governance in partnerships.

As this study has shown, CSSPs provide a promising form of governance that can present opportunities in complicated institutional settings. Furthermore, CSSPs can broaden participation by expanding the inclusion of relevant stakeholders such as NGOs, which might be of additional value in contexts where states are not perceived to be able to guarantee legitimacy. Nonetheless, there are important considerations related to state capacity and role, and the legitimacy of involving private actors in governance, questioning the sustainability of CSSPs as well as the accountability mechanisms present in CSSPs. Hence, this study indicates that there exists a trade-off between accountability, ensured by inclusiveness and bureaucratic measures, and efficiency, which perhaps exists exactly due to the lack of these traditional, democratic accountability mechanisms. In addition, these reflections regarding the legitimacy of governance should relate to the institutional context in which the CSSP is embedded in order to better understand the capacity and conditioning factors of state participation.

The present study represents an important contribution to the existing CSSP literature and helps to enrich the current understanding of CSSPs. Furthermore, this study has helped shed light on the understudied phenomenon of health CSSPs in Mexico and can thus serve as a valuable point of departure for future research in this field. Finally, this study underlines the importance of the institutional embeddedness of CSSPs, as it is imperative to fully understand the opportunities and constraints to CSSP governance. As such, with this thesis, we call for a more embedded approach to partnership research henceforth.

9. Future research

As this thesis has conducted explorative research while centering on a specific case study, the results deducted from this are context-dependent which means that future research is needed to complement the findings of this thesis.

The thesis has uncovered the importance of considering the institutional context for CSSP governance and action in a Mexican context. Nonetheless, while this complements current knowledge of CSSPs by indicating an important dimension to fully understanding CSSPs, further research is needed to understand how different institutional contexts influence CSSPs, as well as to what extent distinct institutional contexts affect partnerships.

The present case has indicated that especially the public actor participation is conditioned by the institutional context, which accordingly can affect other partners' perceptions of the collaboration as well as influence the public actor's actions. To further understand the role of the public actor in CSSPs overall, we therefore argue that future research should critically investigate public participation in CSSPs, looking into the context and foundation for public sector participation. Moreover, future research should examine the influence of public sector participation on CSSP dynamics and governance.

While the present study increases knowledge of CSSPs within health in Mexico and thereby might indicate relevant tendencies to examine further, it cannot be used to generalize over other contexts. On the contrary, the thesis indicates the need to include an examination of the specific context in studies of CSSPs. Nonetheless, as other research indicates strong similarities between the CSSPs in Latin America, further research should examine whether tendencies similar to those found in this study can be observed in other Latin American countries. Moreover, since CSSPs between governments and non-state actors in Latin America represent an understudied phenomenon, future research in general is called for in order to better understand this type of collaboration, as well as the opportunities and risks CSSPs present in Latin American countries.

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<https://www2.deloitte.com/us/en/insights/economy/americas/mexico-economic-outlook.html>

Appendix A-H

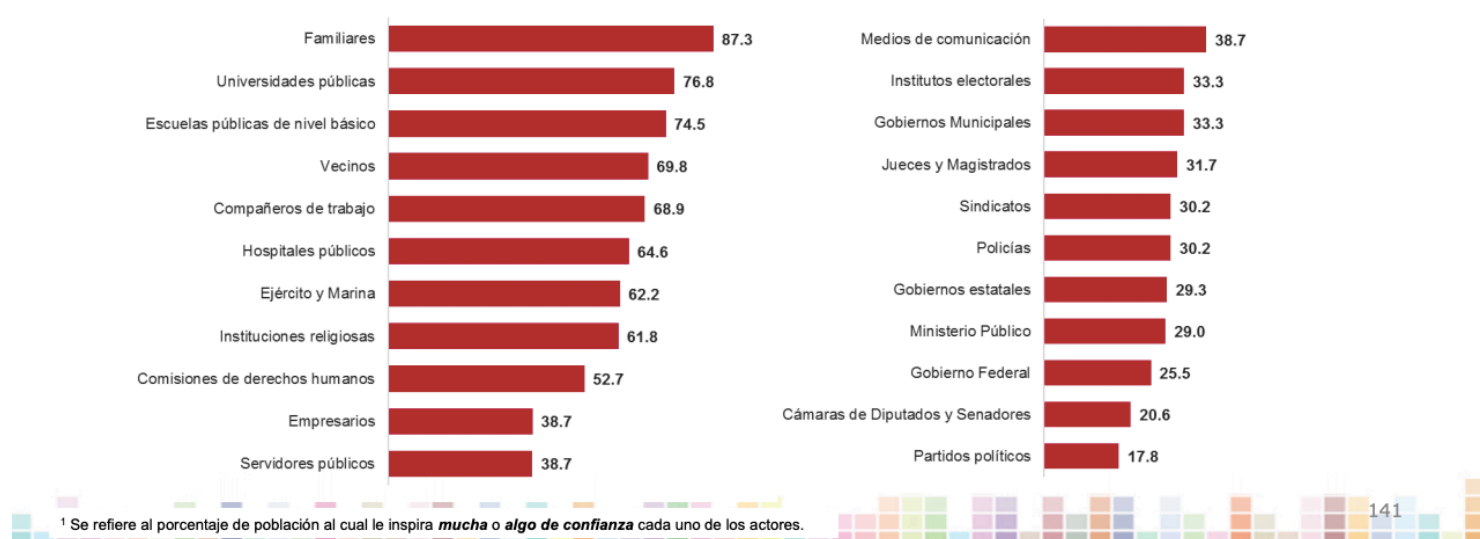
Appendix A - The National Institute of Statistics and Geography (INEGI): the National Survey of Quality and Government Impact (ENCIG)

Confianza en Instituciones o actores de la sociedad

ENCIG 2017

Nivel de confianza en personas del entorno más cercano, instituciones o actores de la sociedad. A nivel nacional, **87.3%** de la población de 18 años y más identifica a **familiares** como los actores que mayor confianza inspiran. Por otro lado, **17.8%** identifica a los **partidos políticos** como instituciones que inspiran confianza.

Nivel de percepción de confianza de la sociedad en instituciones o diferentes actores¹

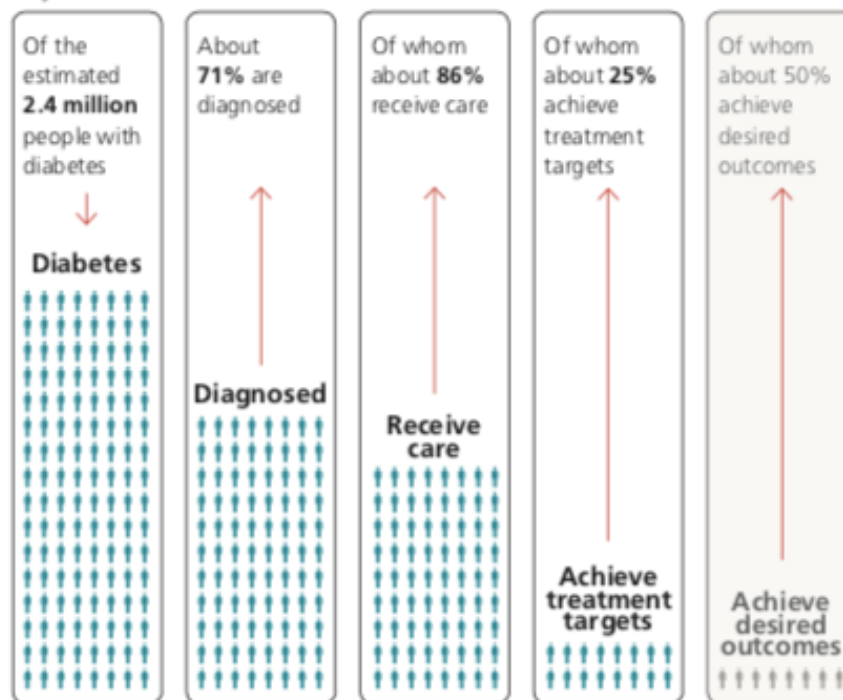


Source: INEGI. (2017). *Encuesta Nacional de Calidad e Impacto Gubernamental (ENCIG) 2017*.

Instituto Nacional de Estadística, Geografía e Informática.

FIGURE 1 RULE OF HALVES FOR MEXICO CITY

The Rule of Halves for Mexico City is based on new research performed among people with type 2 diabetes between the ages of 20 and 69, living in Mexico City.¹³



NOTE: The last pillar is estimated based on the general Rule of Halves due to lack of data.

Source: Cities Changing Diabetes. (2015). *Reports*. Retrieved August 2020, from Cities Changing Diabetes: <http://www.citieschangingdiabetes.com/publications/reports.html>

Appendix C - Overview of interviews

Date	Place	Title	Organization	Type of organization	Appendix
3rd of March	Novo Nordisk HQ in CDMX	Public Affairs Senior Manager	Novo Nordisk (Mexico)	Private company	H.1
6th of March	Café: Chilpa in CDMX	Former Commercial Advisor	Royal Danish Embassy in Mexico	Embassy	H.2
18th of March	Virtual interview	Former Market Access and Public Affairs Director	Novo Nordisk (Mexico)	Private company	H.3
18th of March	Virtual interview	Chief Director	Clínica Especializada en Diabetes en Iztapalapa	Public Clinic	H.4
23rd of March	Virtual interview	Executive Director and Academic Manager	Federación Mexicana de Diabetes, AC	Patient organization	H.5a and H.5b
13th of May	Virtual interview	Director of Cities Changing Diabetes	Novo Nordisk (Global HQ)	Private company	H.6
14th of May	Virtual interview	Chief of Nutrition Department	Municipality of Mérida	Public institution	H.7
21st of May	Virtual interview	Public Affairs Manager	Novo Nordisk (Mexico)	Private company	H.8
2nd of June	Virtual interview	Senior Project Manager – Global Public Affairs	Novo Nordisk (Global HQ)	Private company	H.9
12th of June	Virtual interview	Former Public Relations and Public Affairs Manager	Novo Nordisk (Mexico)	Private company	H.10
18th of June	Virtual interview	Coordinator of Home treatment	Ministry of Health in Mexico City	Public institution	H.11

Appendix D – Background information regarding interviewees

Interviewee	Background information
Appendix H.1	The public affairs senior manager at the Novo Nordisk affiliate in Mexico City. Currently the manager in charge of CCD at Novo in Mexico and has been working with the program since he moved to the Mexican affiliate in 2017. Also, he has prior experience with cross-sector collaboration in Latin America, and he has been with Novo Nordisk for 12 years.
Appendix H.2	Former employee at the Danish Royal Embassy in Mexico as a commercial advisor from August 2015 to November 2019. The Danish Embassy has been an important facilitator and ally in the CCD program, why this interviewee has been involved to a high degree in the partnership as well as the inter-institutional meetings held every second month. Due to his previous position at the Embassy, he has a substantial understanding of the political and institutional environment in Mexico.
Appendix H.3	Former Market Access and Public Affairs Director for Novo from November 2012 till December 2016. He was thus in charge of establishing CCD in CDMX. He now works for the American Chamber of Commerce of Mexico.
Appendix H.4	Director of the specialized diabetes clinic in Iztapalapa that was funded by the World Diabetes Foundation. He thus works under the Ministry of Health in CDMX.
Appendix H.5a	Executive director of the Mexican NGO Federación Mexicana de Diabetes. She has been a part of the CCD partnership in CDMX since its initiation and has previously collaborated with the World Diabetes Foundation.
Appendix H.5b	Academic Manager at the Mexican NGO Federación Mexicana de Diabetes. At the time of the interview, she was newly employed at FMD, but had some general insights into the collaboration between sectors in Mexico.
Appendix H.6	Was at the time of the interview the Director of CCD in the headquarters of Novo in Denmark. He was thus involved in the CCD partnerships in all the different cities worldwide and was continuously in contact with different stakeholders in these partnerships. Moreover, he would weekly send out updates on the program as a whole with specific updates in different cities. He has thus had a finger on the pulse, and has been extremely involved in CDMX, as this was the first city to join the CCD program and where the data foundation was formed.
Appendix H.7	Chief of the Nutrition Department in the Municipality of Mérida. She was involved in starting CCD in Mérida after having observed and evaluated the initiative and partnership in CDMX.
Appendix H.8	Public Affairs Manager at Novo's affiliate in CDMX and is one of the most operational Novo employees working with CCD in CDMX.
Appendix H.9	Was part of Novo's CCD team in Denmark which originally started the initiative. He has been working with CCD from headquarters for several years and has also worked half a year with CCD in CDMX.
Appendix H.10	Formerly worked at a consultancy bureau in CDMX, which initially helped Novo start the initiative in CDMX. He later worked for Novo and with CCD in Mexico in the Public Affairs department and is currently still an employee at Novo.
Appendix H.11	Coordinator of home treatment in the Ministry of Health in CDMX. He has worked for the Ministry and been part of the CCD program since its initiation – thus being one of few employees that continued in office after the new government took office.

Appendix E – Coding table

Codes	Categories
Access to stakeholders; Network; Generate data; Access to data; Improvement of reputation; Branding tool; Increase sales; Increase legitimacy and credibility; Create shared value; CSR; Pilot project; Strategic objectives; Partner in diabetes; Put diabetes on the agenda	Motivation for Novo
Reduced costs; Investment in health; Access to international academia and international experience; International recognition; Generation of data; Political capital	Motivation for Mexico City government
Ability to represent the patients; Access to legislators; Access to other countries' experiences; Focus on prevention; Increase knowledge of diabetes; Access to resources; Network	Motivation for other partners
Skepticism towards private companies; Responsive health system not preventive; No culture of prevention in civil society; Shift in government; Fragmented health system; Decentralized system; Lack of continuity; Bureaucracy; Fear of corruption; Lack of resources; Corruption; Inactivity	Challenges in Mexico
Inter-institutional collaboration; Cross-sector collaboration; Multidisciplinary approach; Commitment of politicians; Continuity of initiatives; Increased knowledge of diabetes in the population	Partnership solving problems
Less prioritized from Novo; Without Novo, the partnership might end; CCD strategy has changed to include more cities; Should not solely depend on Novo; CDMX taking ownership; Changing public policies depend on CDMX; Some activities not dependent on CCD	Future prospects and sustainability of the partnership

Appendix F – Examples of interview guides*

**Interview guides were continuously adjusted throughout the process following new insights. Nonetheless, the following interview guides demonstrate main themes and questions that were posed in many interviews.*

F.1 – Example of interview guide for current and former Novo employees

Background

- How would you shortly describe CCD in Mexico City?
- What is the main focus of the partnership in Mexico City?
 - What are the ambitions with the partnership?
 - What are the short- and long-term objectives of the partnership collectively?
- What are the different stakeholders' roles in the partnership?

Current state of CCD in Mexico

- What is currently happening in the program?
- What is currently Novo's role in the partnership?

Initiation of the program

- What was the objective for Novo in initiating CCD in Mexico?
- What was the situation in Mexico when initiating the program?
 - How hard was it to initiate?
 - What was the reaction/attitude from the Mexico City government towards the idea?
 - Is the political/institutional framework different today?

Future

- What direction do you see the partnership developing in?
- Is there a timeframe on the collaboration?
- Do you see the partnership still existing in 10/15/20 years?
 - What could be a reason that it would cease to exist?
 - Could new political conditions mean the end of the collaboration?
 - Under what conditions would Novo choose to discontinue the partnership?

F.2 – Example of interview guide for local Mexican stakeholders

El inicio de la alianza

- ¿Podría Usted explicar brevemente un poco sobre su trabajo en su organización? ¿Y cuál ha sido su papel en la alianza Ciudades Cambiando Diabetes?
- ¿Por qué fue relevante para Ustedes participar en esta alianza? ¿Cuáles eran los objetivos por su parte?
- ¿Era un problema que la alianza fue iniciada por una empresa (internacional)?
- ¿Cómo ha sido trabajar con Novo Nordisk para ustedes?
- ¿Cuál ha sido el papel de Novo en la alianza? ¿Cuál ha sido la responsabilidad de Novo?
 - ¿Ha cambiado desde el inicio su papel?
- ¿Cuáles han sido las expectativas de involucrar a Novo en ese trabajo con la diabetes?
- ¿Cuáles han sido los papeles de los otros actores, incluyendo Ustedes?
- En su percepción, ¿han sido todos los actores en la alianza igualmente activos en la colaboración?
- Teniendo en cuenta el contexto político e institucional en México, ¿había algún tipo de desafíos o retos para establecer la alianza?
- ¿Tenían experiencia en trabajar con el sector privado de esta manera antes de la alianza?

La alianza hoy en día

- Según Usted, ¿añada todavía valor para su organización formar parte de la alianza?
- ¿Ha impactado la alianza la manera de trabajar en su organización?
- ¿Qué ha significado el cambio de gobierno?

El futuro de la alianza

- ¿En qué dirección cree usted que está desarrollando el trabajo la alianza?
- ¿Qué significaría para su organización si no continuara la alianza?
- ¿Ha cambiado la manera de colaborar en el sector de salud en general? ¿Cómo?
- ¿Cuál podría ser el factor que significaría que la alianza terminara?

Appendix G – Interview inquiries

Appendix G.1 – Example of e-mail inquiry for local CCD partners through Novo Nordisk Mexico

Querida [REDACTED],

Espero te encuentres muy bien, quiero contarte que tenemos de visita a un par de estudiantes de la universidad de Copenhagen quienes están realizando su tesis de grado sobre Ciudades Cambiando la Diabetes, y les interesa mucho platicar contigo

Aquí una pequeña descripción del trabajo que tienen planeado para su tesis:

Anine y Signe, ¿Quiénes somos?

Somos dos estudiantes de Copenhagen Business School que estamos estudiando un posgrado en Negocios y Estudios de Desarrollo con un enfoque en América Latina. Actualmente, estamos terminando nuestro grado, haciendo nuestra tesis sobre la alianza público-privada Cities Changing Diabetes en México.

La alianza es muy interesante desde el punto de vista académico, ya que concierne a varios actores diferentes en un contexto latinoamericano que trabajan hacia un objetivo común: mejorar la vida de los mexicanos con diabetes.

Nuestra tesis examinará el marco en el que trabaja Cities Changing Diabetes. Por lo tanto, exploraremos el marco institucional y político en el sector de la salud en la Ciudad de México, así como otros factores que podrían influir en la alianza. El objetivo de la tesis es descubrir los factores que influyen en dicha colaboración, y lo que esto podría significar para la viabilidad de la alianza y, por lo tanto, el trabajo colectivo de mejorar la vida de las personas con diabetes en la Ciudad de México.

Como usted ha participado en esta colaboración, sus puntos de vista sobre el tema son de gran importancia para nuestro proyecto. Estaremos en la Ciudad de México durante todo marzo, y, por lo tanto, le agradeceríamos mucho si pudiera dedicar una hora para una entrevista sobre el asunto. Por supuesto, podremos encontrarnos donde sea conveniente para Usted.

Un saludo,

Anine Bundgaard & Signe Christensen

Copio a las chicas para que puedan tener comunicación directa contigo y poder coordinar una reunión, de antemano te super aprecio el apoyo a las chicas y una tesis que será muy interesante para nosotros

Saludos,

■

Appendix G.2 – Example of e-mail inquiry for Novo employees referred to by other interviewees (Danish)

Kære ■

Vi er to kandidatstuderende ved Copenhagen Business School, der er ved at skrive speciale om Cities Changing Diabetes i Mexico City. Vi var derfor i februar og marts måned i Mexico City og interviewe nogle nøglepersoner involveret i partnerskabet. Vores kontakt i projektet er ■, som har hjulpet os med god indsigt og relevante kontakter til interviews. Det kunne dog også være rigtig interessant for os at få et indblik i CCD set fra Global's perspektiv.

Vi læser til daglig en kandidat i Business and Development Studies på CBS. Med vores speciale ønsker vi at undersøge rammerne for CCD partnerskabet, både set fra Novo Nordisks side såvel som med et blik for den mexicanske kontekst. Vi er derfor meget interesseret i at høre mere om hvordan og hvorfor initiativet startede op, hvilke overvejelser Novo gjorde sig, hvilke rammer, der er for den fremtidige deltagelse, mv.

Da flere har nævnt dig som en vigtig person at snakke med, ville vi være meget taknemmelige, hvis vi kunne høre dine tanker om dette. Ville du have tid og mulighed for at deltage i et virtuelt interview inden for den næste måneds tid?

Vi ser meget frem til at høre fra dig,

Bedste hilsner,
Signe Christensen og Anine Bundgård

Appendix G.3 – Example of e-mail inquiry for Novo employees referred to by other interviewees (English)

Dear [REDACTED],

We are two graduate students at Copenhagen Business School, who are currently writing our thesis on Cities Changing Diabetes in Mexico City. We were therefore in Mexico City in February and March, interviewing some key stakeholders involved in the partnership. Our contact in the project is Bjørn von Wurden, who has helped us with good insights and relevant contacts for the interviews.

At CBS we are studying a degree called Business and Development Studies. With our thesis, we want to explore the framework of the CCD partnership, both from Novo Nordisk's perspective as well as taking into consideration the Mexican context. [REDACTED] mentioned that you were involved in CCD in Mexico City as well, and that your perspectives could be very useful to our current work.

We would therefore highly appreciate it if you might have the time and opportunity to participate in a virtual interview in the course of June?

We look forward to hearing from you,

Best wishes,

Signe Christensen and Anine Bundgård

Appendix H – Audio recordings of interviews. See attached audio files H.1-H.11