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Boundary-spanning actors in complex adaptive governance systems: The case of multisectoral nutrition

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Abstract

A growing literature highlights complexity of policy implementation and governance in global health and argues that processes and actors that enable or constrain success need to be identified. This study contributes to this literature by exploring how boundary-spanning actors in complex systems can be achieved in everyday practice. This study examines the strategies, tactics, and behaviours of boundary-spanning actors in the Scaling Up Nutrition (SUN) Movement, a multisectoral, multistakeholder initiative to accelerate progress on ending malnutrition in Ethiopia, Kenya, Sierra Leone, Tanzania, and Zambia. Key informants (n = 30) were purposively selected from a stakeholder mapping exercise and interviewed using a semi-structured interview guide. Interviews were recorded, transcribed, and thematically analysed. Results were cross-checked through participant observation, and other contextualised interviews, as well as a review of relevant documents. Results show how actors navigated complex challenges, such as disruptive change, and fragmented organisational and system levels. The boundary-spanning actors used their collaborative adaptive relevant range of strategies for bound rationality challenges, including boundary-spanning, boundary-setting, boundary-shifting, and boundary-breaking behaviours, to create and sustain a shared vision, to facilitate and consolidate positive actions, and to overcome barriers to change. Results provide a framework for boundary-spanning.

1 INTRODUCTION

There is growing interest in the recent literature to apply complexity thinking to health policy, governance, and implementation in global health (Ansari et al., 2011; Cairney, 2012; Cairney et al., 2019; Greenhalgh et al., 2017; Greenhalgh & Papoutsi, 2018; Rutter et al., 2017). This literature argues that improved performance and outcomes could be achieved by applying these principles to health policy and governance. Complexity thinking is a relatively new approach in global health policy and governance, and there is a need to understand how it could be applied in practice. Complexity thinking has been applied in various ways in global health, and it is unclear what approaches to complexity can be taken into account as a practical matter in the everyday practice of social actors. Cairney et al. (2019) have argued that complexity thinking could be applied in global health policy and governance in three ways: "(1) acknowledging the importance of bounded rationality and assumptions; (2) the strategic boundaries for use of boundary-spanning actors; and (3) the importance of 'small' and 'large' changes in complex systems." Bounded rationality and assumptions are important because they underpin how actors make sense of and navigate fully problem-solve and innovate (Simon, 1955). While theoretically promising, there is a paucity of empirical research on how actors in complex systems, such as those in global health governance, navigate bounded rationality and assumptions. Cairney et al. (2019) also argue that there is a need for the systematic examination of experiences with multisectoral nutrition (MSN) in Scaling Up Nutrition (SUN) countries to understand how actors navigate complex challenges, such as disruptive change, and fragmented organisational and system levels. The boundary-spanning actors used their collaborative adaptive relevant range of strategies for bound rationality challenges, including boundary-spanning, boundary-setting, boundary-shifting, and boundary-breaking behaviours, to create and sustain a shared vision, to facilitate and consolidate positive actions, and to overcome barriers to change. Results provide a framework for boundary-spanning.

2 UNDERNUTRITION AND MULTISECTORALITY

Undernutrition is a complex problem with many causes and consequences. It is a major global health and development challenge, affecting 149 million children worldwide (UNICEF, WHO, World Bank Group, 2020). It has an negative development, social, economic, and health and productivity, and national security implications (Black et al., 2013; Dewey & Vosti, 2011; Gillespie et al., 2015; Gillespie & Kadiyala, 2012; Horton et al., 2010; Shekar et al., 2017). Undernutrition is also a multisectoral problem, with implications in many international levels. Examples include the Sustainable Development Goals, which include a target to end all forms of malnutrition by 2030 (United Nations, 2015), and the World Health Assembly (WHA) Global Nutrition Targets 2025 (WHA, 2012). Ending undernutrition is also a priority for the United Nations International Conference on Nutrition with representatives from more than 170 governments, international organisations, and civil society organisations (ICN2, 2014). The Scaling Up Nutrition (SUN) Movement is a multisectoral, multistakeholder initiative to accelerate progress on ending malnutrition in Ethiopia, Kenya, Sierra Leone, Tanzania, and Zambia.

With its agenda-setting and commitment-building platform which underlying theory is an open and inclusive approach to multisectoral nutrition (MSN) governance, the SUN Movement has experienced effective systems, strategies, and interventions to address these problems on a large scale. The SUN Movement has also been a platform for multisectoral action, and has been a platform for multisectoral nutrition governance and implementation, and has been a platform for multisectoral nutrition supplements and the promotion of appropriate breastfeeding, complementary feeding, and other nutrition-specific interventions. The SUN Movement has been a platform for multisectoral action in health, agriculture, and other sectors, and has been a platform for multisectoral nutrition governance and implementation. The SUN Movement

Table 1. Challenges of Developing supporting and coping strategies and assets for managing their Parkinson's disease

Recording Supporting Challenges	Coping Strategies and Assets for Managing Recording Supporting Challenges
Inference Features	**Negotiation**
Cognitive impairment and visual phase and the country reality	Continuous monitoring and respect the responsibilities
Time and knowledge of working in an emerging country	Focus on and demonstrate that we have an agenda rather than playing a supportive role to the patient
Limited with no clear direction and plan	Focus on results and remain true to our core values and principles, respect and protect our pillars and their potential contributions
Dependency on others with authority to make decisions	Build your own credibility and respect
Limited staffing and lack of current case log	**Identities and associations**
Limited planning, scheduling and resources	Identify the stakeholders and respect the association with Carnall and the team
Patchy administration support because no seen before	
Lack of official mandate or mission	

These challenges related to RBA roles and identities became a type of discussion within the research team and with the wider stakeholders. The challenges of RBA roles and identities in the context of Parkinson's disease in Uganda were discussed in the context of the RBA's ability to manage their team remotely concerning how to lead changes, support their staff to navigate challenges, and how to support the RBA's own well-being. The challenges of RBA roles and identities in the context of Parkinson's disease in Uganda were discussed in the context of the RBA's ability to manage their team remotely concerning how to lead changes, support their staff to navigate challenges, and how to support the RBA's own well-being. The 3 individuals in these positions were chosen based on evidence of their social and emotional intelligence, their ability to manage themselves and others, and their ability to lead and support others. For their work, Neither and element was their access to a selected few mentors or confidants in the country, and the RBA's own well-being was a key factor in their ability to lead and support others. Leaders lead and actually have a responsibility to create a conducive environment for people, strategic, and organizational support to help embrace it not manage the RBA challenges.

Finally, the role of the project manager in the RBA's strategic planning and implementation of the Parkinson's disease in Uganda was discussed in the context of the RBA's ability to provide the necessary flexibility, support, and "space" to play this RBA role. In particular, the key project manager's role was discussed in the context of the RBA's ability to provide the necessary flexibility, trusted the Carnall team to pursue its duals mandate of supporting as well as implementing the RBA's strategic plan, and to provide the necessary support in terms of strategic thinking, deployment, reporting, and accountability procedures used to commission the development process.

6. DISCUSSION

This paper makes three distinctive contributions. First, it confirms the challenges of implementation research in low-resource settings and in LMICs (Table 1 and Fig. 2). Second, it offers a deeper understanding by drawing attention to the importance of RBA's staff to navigate accomplishments, the importance and context-dependent nature of enabling conditions, the importance of the relationship between the RBA and the wider stakeholders in the country, and finally, this time implementation research. The strategic contribution is in helping stakeholders the importance of the RBA's own well-being as a key factor in their ability to lead and support others. Implementation research in low-resource settings and in LMICs is a relatively new area of organizational and international development in outdoor and support programs, including advocacy, target setting, and monitoring and evaluation