ECHoS
Cancer Mission Hubs

Impact Model Methodology version 2.0

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DOCUMENT CONTROL

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1.1	11-03-2024	Bettina Ryll	SIR	Development of the first version
1.2	12-03-2024	Paraskevi Dimakou	SIR	PD from the Department of Entrepreneurship, Innovation and Technology who works on networks and runs the course for social innovation, provided feed-back on the methodology
1.3	14-03-2024	WP3	all	WP discussed during monthly TC- unclarity wrt need for methodology, desire to have a cancer-mission specific community
1.4	15-03-2024	BR	SIR	Motivation section added, other sections revised, Living Document
1.5		Kjetil Widerberg	OUS	comments
1.6	28-03-2024	Habl, Claudia	GÖG	Overall commenting, adding objectives and suggesting a few clarification
1.7		Hugo Soares	AICIB	comments
1.8	17-05-2024	Bettina Ryll	SIR	Integration of relevant feed-back and addition of background
2.0				**public version**

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Abbreviations

Abbreviation	Full Name
ECHoS	Establishing of National Cancer Mission Hubs: Networks and synergies
EMiN	European Mission Network
JRC	Joint Research Centre
NCMH	National Cancer Mission Hub
NGO	Non-Governmental Organisation
OECD-OPSI	OECD- Observatory for Public Sector Innovation
QoL	Quality of Life
UNDP	United Nation Development Program
WP	Work Package

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Executive summary

The Cancer Mission aims to induce fundamental changes in healthcare and beyond to order to reduce the mortality and impact of cancer on societies. As such, the Cancer Mission represents a major system change process.

Cancer Mission practitioners tend to be familiar with the medical, clinical and research aspects of cancer but unfamiliar with the theoretical background, methodology and tools that e.g. innovation agencies, policy makers, NGOs and changemakers use to plan for, monitor and evaluate system change.

The **purpose** of the ECHoS **IMPACT MODELS** is to apply various existing system change tools and frameworks to cancer-specific topics to generate insights and hypotheses, 'models', about how system change and long-lasting impact can be achieved. The current document therefore lays out the **methodology** for the development of **impact models.**

Impact models need to be as unique as the situation they are trying to remedy and can therefore only be generalised at the level of the methodology, not necessarily the impact model itself.

Our approach is therefore **practice-based**, applying established theoretical models, tools, and concepts from innovation and change management to one topic under each of the pillars of I) prevention, II) detection and treatment and III) quality of life and survivorship to generate three impact model as prototypes.

Prototyping will enable exploring methods from theory- of- change frameworks, including stakeholder mapping, sense-making and identification of potential leverage points, design of interventions and action portfolios, evaluation and impact assessments, iteration, and systematic learning.

Particular attention will be paid on ensuring that methods account for the specific **dynamic/ adaptive complexity** in which cancer missions operate are adaptable for multi-stakeholder collaborations in diverse settings and accessible even under **resource-constraints**.

Prototyping will be accompanied by creating a **knowledge base** and appropriate **tooling**, as well as sharing learnings and insights with the wider cancer mission practitioner community, including EMiN, the European Mission Network[1] community and the OECD Mission Action Lab[2].

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The impact models methodology will be a **Living document** that will be regularly updated with new learnings.

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Definitions

Missions

For the purpose of this document, '**missions**' refer to potential actions or projects **addressing complex challenges** under the overarching roof of the EU cancer mission. Missions are therefore to be understood as tools, rather than distinct, identifiable projects labelled as 'mission'.

Impact models

To ensure the desired outcomes and impact in line with the goal and ambition of the overall EU Cancer mission, (sub)missions benefit from a methodological approach that allows actors

1. to design synergistic mission portfolios that involve the necessary stakeholders and address leverage points in systems in line with a theory of change and

2. to evaluate the impact of actions, outputs and outcomes both prospectively and retrospectively.

The approach needs to **account for the complexity of the health care system** and provide actors with **appropriate theoretical background, methods, and tools** to successfully navigate that complexity, here referred to as **IMPACT MODELS**.

Prototypes

Every system is unique in its complexity, the related impact models therefore will be equally unique and need to be co-created by local actors in parallel to their mission. ECHoS will therefore develop **3 concrete impact models as prototypes**, including the necessary methodology and tools.

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Prototype topic areas

Each prototype will cover one of the pillars of I. prevention, II. early detection and treatment, III. survivorship and quality of life. Potential topic areas for prototypes that would be relevant to the community were identified for each pillar in a multi-stakeholder event on September 20, 2023, and were described under MS8.

Choice of prototypes

The development of prototypes is time-consuming and requires deep understanding of the problem as well as topic-related expertise. Prototypes will therefore be co-created with interested parties, initiatives and organisations willing to commit the required resources. Development of additional prototypes beyond the initial 3 is highly encouraged.

Cancer Mission practioners/ community of practice

The community of individuals involved in Cancer Mission activities at various levels; target group for educational activities on mission-driven innovation and exchange of learnings and best practices. Synergies with other communities of practice, e.g. EMiN or the OECD Mission Action Lab will be sought but early feed-back indicated that Cancer Mission Practioners valued activities specific to the Cancer Mission and the healthcare context, rather than on mission- methodology in general.

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Motivation and challenge

Missions are intended to mobilise diverse actors to drive change at scale to address societies' fundamental problems. With that, missions show a clear overlap with the intentions of changemaker and social movements, developmental aid programs and social entrepreneurship as well as diverse policy initiatives. Also, there are relevant concepts and methods from the Social Sciences, such as, but not limited to, innovation theory, organisational sciences, and economics, including behavioural economics.

A particular challenge for the Cancer mission is that mission practioners tend to possess cancer-specific expertise as e.g. healthcare professionals but are not familiar with innovation theories nor concepts and methods like a theory of change, stakeholder and systems mapping or impact assessment and system readiness frameworks. At the same time, innovation experts usually lack the required medical and healthcare system understanding. Further, existing methods and tools are often generic and were not developed for healthcare with its unique specificities- e.g. regulatory frameworks to protect human health. The objective of this methodology is therefore to equip Cancer mission practioners with practical concepts and tools from the changemaker/ innovation space to increase the likelihood of positive impact as a result from Cancer mission actions:

Cancer mission practitioners who, in addition to their cancer-related technical expertise, can draw on the learnings, concepts and expertise of other fields concerned with societal change and the behaviour of complex systems and who are then able to adapt methods and tools to the very specific situation of cancer they are trying to address are much more likely to succeed in having the desired impact.

Healthcare systems are both inherently complex and unique. This needs to find reflection in any changemaking attempt, making it as unique as the system it intends to change and prohibiting 'one-size-fits-all' solutions.
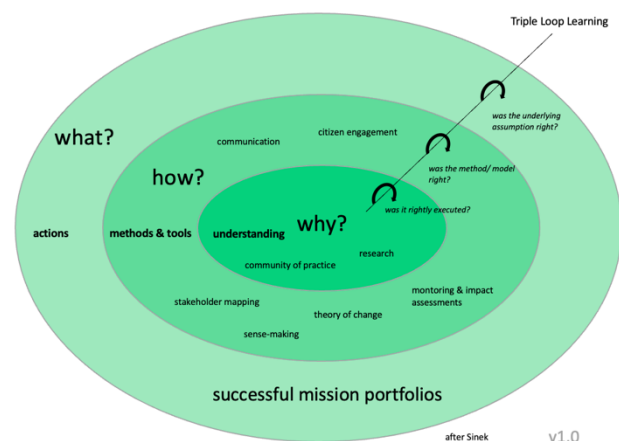
Figure 1 The Why? How? What? of Cancer Missions after Sinek[8]

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However, while the changemaking attempt (the 'what?', figure 1) itself will be ultimately unique and highly tailored to a specific situation, the overall methodological approach ('how?', figure 1) is generalisable to various degrees.

We will develop three concrete **impact model prototypes**, one for each of the mission pillars I) prevention, II) detection and treatment and III) quality of life and survivorship. Each prototype will be co-developed with cancer mission practitioners with expertise in the relevant prototype area and documented as resource and inspiration for the cancer mission community of practice. Methodological learnings and communalities between the prototypes will be summarised. Due to the differences between the various pillars, common as well as pillar- specific themes are to be expected.

Impact is ultimately delivered through a **portfolio of complementary and/ or synergistic actions**. A tool for the design of comprehensive portfolios of actions is presented here. Iterative, triple-loop learning will allow the evaluation of 1. the actions themselves, 2. the applied methods and 3. the validity of the underlying concepts.

ECHoS impact models need to account for the following system characteristics:

Open ecosytems

Unlike the NASA moonshot, the Cancer missions operate in **open ecosystems** without a single problem owner and where no stakeholder group has the mandate over others; alignment in such a configuration is therefore especially initially by voluntary adherence and only later via indirect pressure or long-term over laws and standards.

Complexity

Missions operate in **complex dynamic/ adaptive systems** and need to account for the typical properties of these systems such as non-linearity, adaptability, and emergence REF, e.g. in the design and evaluation of mission portfolios, by iterative and shared learning in a community of practitioners and short planning cycles with sufficient budget and executive flexibility.

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Technicality and scalability

Due to its impact on human health, the health ecosystem is a **highly regulated ecosystem** and relies on **technical and professional expertise** in many areas. For relevance and scale, cancer missions should therefore leverage the insights and expertise of those closest to any given problem and **enable and empower communities to help themselves** to ensure scalability.

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Methodology

In a practice-based approach, an **impact model prototype** will be co-developed for a concrete example under each of the pillars: I) prevention, II) detection and treatment and III) quality of life and survivorship with interested communities with the relevant technical expertise. The primary focus of the impact model prototype exercise will be the development of appropriate **impact assessment frameworks** as communities are already actively involved in projects with the relevant stakeholders. The process will allow to evaluate the usefulness of the proposed approach, highlight areas that require adaption for the cancer/health space (many tools were developed for other areas) and show communalities and differences between the different pillars. In parallel, we will initiate a community of cancer mission practitioners that follows and contributes to the overall approach.

Ideally, each impact model prototype should answer the following questions for a concrete scenario belonging to one of the three pillars, with a specific focus on impact assessment frameworks (bold below):

- who are the relevant stakeholders involved?

- what are the respective interests and motivations for these stakeholders and how do these interact?

- what are potential points for intervention (leverage points)?

- how can one design a comprehensive action portfolio addressing leverage points and taking into account diverse stakeholders?

- **how does that lead to impact and how does one (self)-monitor progress and (self)-assess impact**?

- how does one ensure consistent ('triple loop') learning?

- how does one ensure that learnings are shared?

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Stakeholder mapping, Sense- making and Leverage points

Developed after the OMIDYAR's Systems Practice Journey map[3], existing tools and methods, e.g. for the mapping of stakeholders, sense-making and the identification of leverage points will be used and applied to three concrete scenarios, one under each of the 3 pillars I) prevention, II) detection and treatment and III) quality of life and survivorship (Figure 2). The resulting three Impact Model prototypes as well as the process of their generation will be documented and serve as example for NCMHs and the Cancer Mission community of practice.
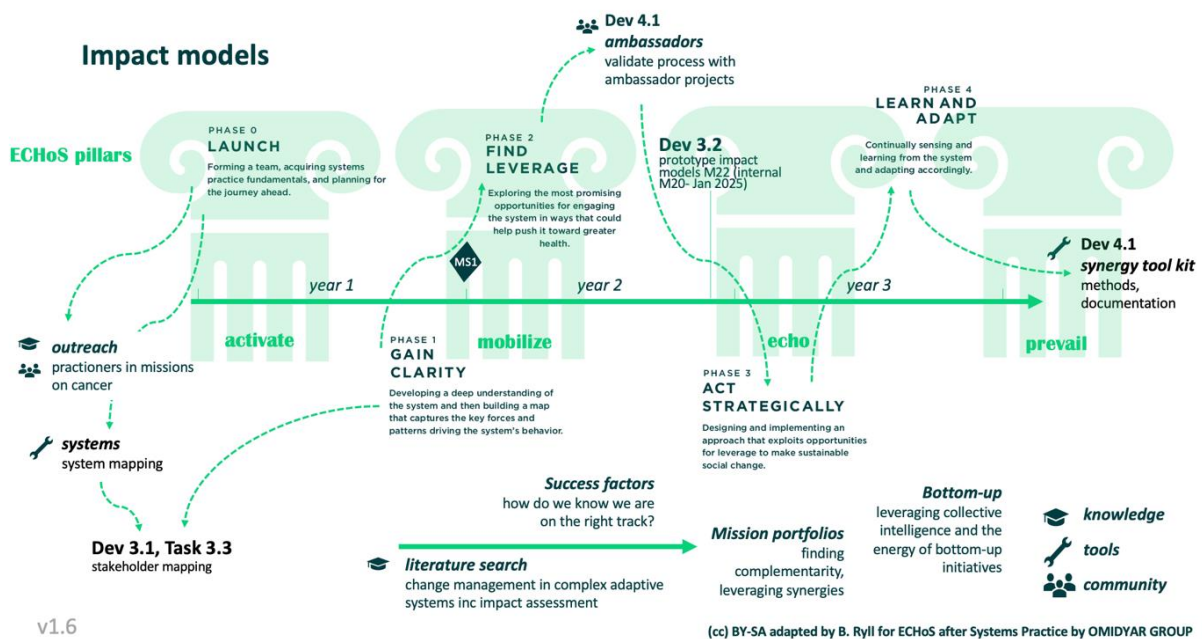
Figure 2 Timeline ECHoS Impact Model development based on OMIDYAR's System's Journey map[3]

In an online multi-stakeholder consultation event on September 20, 2023, facilitated by WP3 task-leads and reported in detail as MS8, 3 working groups identified topics of relevance for each pillar. To ensure the required technical expertise and understanding of a field of work and by that, the potential relevance of the resulting impact model prototypes, development will occur in co-creation with interested external stakeholders in an area of expertise identified by the initial multi-stakeholder consultation. Whenever possible, work will build on ongoing

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projects or initiatives to ensure that the **prototypes are 'anchored in reality'**, can be directly applied and therefore be tested and developed over time.

Mission portfolios, theory of change and impact assessments

Impact in missions in the form of system improvement needs to be achieved by concrete, complementary and synergistic actions, and interventions, a 'mission portfolio' (Fig3). Mission portfolios need to be appropriately designed based on a coherent theory of change in order to deliver the desired outcomes and ultimately, impacts.
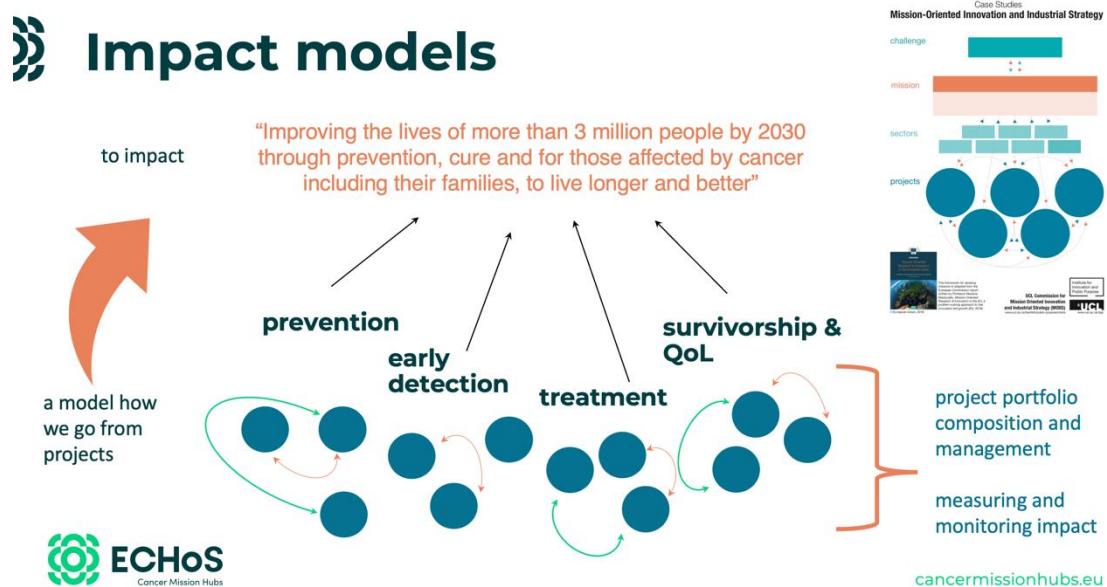
Figure 3 Designing and managing mission portfolios for impact

During her time on the first EU cancer mission board, Bettina Ryll developed the first mission portfolio tool that allows for a systematic analysis whether a strategy or a cancer mission portfolio holistically covers the full spectrum of prevention-
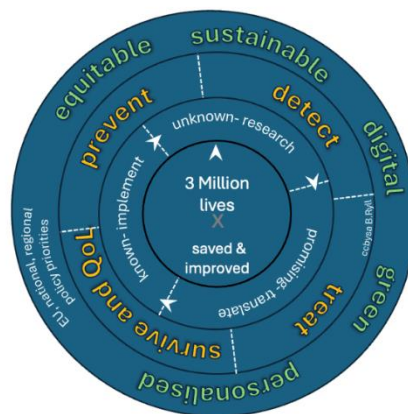
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early detection- treatment- QoL and survivorship in a life cycle approach of research- translation- implementation. The present tool further adds to the initial proposal relevant policy priorities such as equity, sustainability, digital, green, personalised to check portfolios for policy alignment (Fig.4). The tool can be printed for self-assembly to provide a tangible object and is available under a creative commons licence (cc-by-SA).

Figure 4 Tool for cancer strategy and portfolio design and evaluation

As described by Natasha Joshi in 'Plotting Impact Beyond Simple Metrics', Figure 5[4] based on the analysis of 80 non-profit/ philanthropic organisations, outcomes and impacts can be tangible (e.g. an awareness campaign, a policy change, Figure 3, lower half) or intangible (e.g. increased understanding, collaborations, Figure 3, upper half) and show effect along different timelines (emerging fast or slow, horizontal axis, Figure 5). Mission portfolios need to include these different types of activities and outcomes and impact measures appropriately designed to be sensitive enough to capture relevant progress as outcomes such as 'increased mutual understanding' or 'increased collaboration' might be difficult to capture with simplistic quantitative measures.
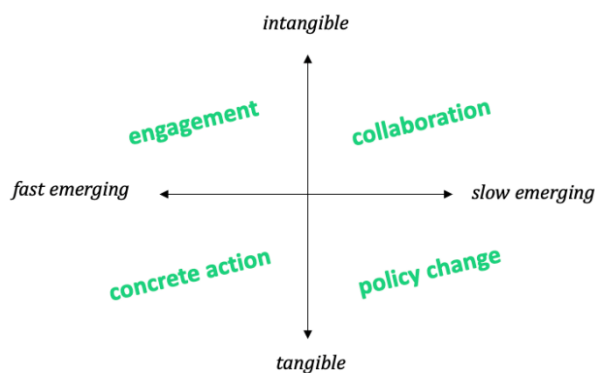
Figure 5 Different natures of impact *after 'Plotting Impact Beyond Simple Metrics' N. Joshi*[4]

Toolkit mission portfolio design and evaluation

Missions critically rely on engagement and proactivity where *'coalitions of the willing'* assume responsibility and take action. Experiences from mission-driven innovation ecosystems in health such as Vision Zero Cancer/ Sweden show that these coalitions are also context-dependent. Coalitions that are very willing and effective in one context might be entirely unwilling or ineffective in another.

Also, opportunities cannot be scheduled but might present themselves at random moments and in unexpected forms. While inbuilt operational flexibility allows to leverage these opportunities; distinguishing opportunities from distractions requires a strategic framework against which to evaluate them.

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Monitoring, Evaluation, and Impact (self-) assessment

Particular attention will be paid on how to monitor progress and assess the resulting impact in the specific context of cancer missions, with a **focus on self-monitoring and self-assessment** to allow broad uptake even in low-resource settings where it might be unfeasible to hire a consultant to conduct an impact assessment. Further, self-monitoring will provide cancer mission practitioner communities with the critical ability to iteratively close learning loops with Fig 6, regards to activities, portfolios, and underlying assumptions ('triple loop learning',) and to take corrective action or strategically leverage new opportunities, ensuring overall mission impact.

Iteration and triple-loop learning

Figure 3.1 Three different levels of learning

source: Assumptions and triple loop learning, T. Aston, 2020[5]

See also: Argyris, 1977[6]; Argyris and Schön 1992[7]; Sinek, 2009[8]; Ramalingam et al. 2009[9]; Roche, 2010[10]; Ørnemark, 2015[11]; Prieto Martin et al. 2017[12]; Cabaj, 2019[13]

In a complex system with 'unknown unknowns', learning itself becomes an important objective. Learning thereby should not only **inform the action** itself ('are we doing the thing right?') but also the appropriateness and efficacy of an action with regards to **contributing to an objective** ('are we doing the right thing?') and the underlying **assumptions and hypothesis** ('are we believing the right thing?'), often described as **'triple-loop learning'**. We will therefore plan for systematic reflection and processes to integrate learnings into subsequent planning cycles.

Figure 6 Triple Loop Learning, source[5]

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The approach will build on **Principle-based or Developmental evaluation,** e.g.[14] that was developed specifically with the needs of complex dynamic/ adaptive system in mind and pay attention to intangible outcomes (see section above) as well as emergence and learning (Fig 7). Principle-based evaluation allows to maintain a consistent focus on achieving overall objectives, while maintaining operational flexibility: informed by iterative learning, shorter planning cycles allow to better react to emerging opportunities and to mitigate threats more effectively.

UNDP- re-thinking monitoring and evaluation in complex systems when learning is a result in itself[15]

Need to learn and adapt: Because we don't know up front how to best help solve complex problems such as transitioning our economy to a circular model, we need to continuously learn and adapt what we do based on learning.

Adopt longer time-horizons: We need to better deal with the fact that it takes a long time for substantive change (higher-level results) to materialize, and that we do not necessarily know up-front what such change will look like. This makes it difficult to know if we are on track and whether we should do anything differently.

Capture impact in the aggregate: We cannot evaluate individual interventions in isolation because we usually tackle systems challenges through portfolios of interconnected interventions.

Focus on contribution over attribution: We should focus on capturing our contribution to bigger change processes rather than seek to directly attribute change to our own work. 'In reality, contribution is not singular and additive; instead, multiple interacting causes make an effect more likely. Recognizing this, we should shift the lens from the "amount" of contribution a single actor makes to an understanding of the typologies of the different actors and how they combine to contribute to change.' (Coe and Schlangen).

Figure 7 UNDP- monitoring and evaluation in complex systems, source[15]

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Knowledgebase, toolkits, and a community of practice

Existing resources and tools will be used whenever possible and adapted for the specific needs of the cancer community. Rather than being prescriptive, ECHoS will develop principles how to identify suitable tools and provide cancer mission practitioners with a range of options to choose from, depending on individual needs and preferences, e.g. availability in a given language. Practitioners will be encouraged to test different tools and share their learnings with the community for cross-validation, suitable tools will form part of the ECHoS toolkits and made available as knowledge based through suitable channels, e.g. the ECHoS website or the network of mission practitioners. We will seek to engage with researchers from the Social Sciences, e.g. economics, organisational sciences, entrepreneurship to contribute to the theoretical underpinning of our work.

Workplan and timeline

03- 2024 methodology

04-2024 prototype for pillar II: precision medicine implementation, 22- 24th April 2024, Stockholm

06-2024 prototype for pillar I - *Cluj-Napoca, at General Assembly- tbc*

autumn 2024 prototype for pillar III - *survivorship/ financial toxicity/ insurability- NL- tbc*

01- 2025 Deliverable 3.2, M22

2025 the development of further prototypes will be encouraged

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Next steps

- Development of 3 impact model prototypes (see workplan and timeline)

- Define how to make resources available long-term/ ensure maximal reach within available resources

- Initiation of a cancer mission community of practice, format to be determined, potential linkage with other mission practitioner communities such as EMiN and OECD Mission Action Lab

- Define how to share mission-related resources. e.g. Horizon results platform, JRC, other

- Define how to reach out to other knowledge communities in e.g. innovation, social sciences for collaboration and theoretical underpinning of our work

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Prototypes per pillar as planned

Pillar detection and treatment

Prototype precision medicine implementation

22nd- 24th April 2024, Stockholm

joint event with 2 ECHoS ambassador projects (PCM4EU, PRIME-ROSE) and the Precision Medicine Forum.

Pillar prevention

to come

Pillar QoL and survivorship

to come

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Resources

This task will focus on identifying and testing relevant resources and tools on e.g. missions, change management, impact assessment (examples below) to support Cancer Mission practitioners in the implementation of the Cancer Mission. Relevant organisations and initiatives e.g. TRAMI, EMiN, OECD-OPSI, UNDP will be encouraged to proactively contribute to the knowledge base to ensure that the cancer mission practitioner community can build on existing expertise and further adapt it for the cancer setting. Practitioners are expected to make their learnings available to the wider community in return.

Examples, non-exhaustive

TRAMI and The European Mission Network EMiN https://www.trami5missions.eu/

OECD Mission Action Lab https://oecd-missions.org/key-topics/oecd-mission-resource-library/

Healthy Ageing Challenge Community of Practice- https://iuk.ktn-uk.org/programme/healthy-ageing-community/

UNDP e.g. sandbox on evaluation https://medium.com/@undp.innovation/how-to-do-m-e-when-youre-working-with-complex-problems-b922ebc9b2

Vinnova Handbook on mission-oriented innovation https://www.vinnova.se/en/publikationer/mission-oriented-innovation---a-handbook-from-vinnova/

Danish Design Centre https://ddc.dk/tools/missions-playbook-a-design-driven-approach-to-launching-and-driving-missions/#

Theory of change

Background https://medium.com/@thomasmtaston/changing-theories-e857aa8fba05

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Summary https://evaluationinnovation.org/wp-content/uploads/2013/11/Pathways-for-Change.pdf

Handbook https://www.tipconsortium.net/wp-content/uploads/2022/02/MOTION-Handbook-180222.pdf

Causal power for change https://www.resqstudy.com/mechanismdatabase

Leverage points https://donellameadows.org/archives/leverage-points-places-to-intervene-in-a-system/

Portfolio approaches https://medium.com/@undp.innovation/3-things-that-are-enabling-the-undps-shift-to-portfolios-874a6183decd

Portfolio entry points https://medium.com/@undp.innovation/re-framing-of-challenges-in-portfolio-based-approaches-for-system-transformations-55cf30f5725c

Developmental evaluation https://www.youtube.com/watch?v=sKyCn2NSgMQ

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Appendix

*for reference- **potential areas for prototypes highlighted***

Consultation event 20th September 2023

In a consultation event on September 20, 2023, leaders from Task 3 invited ECHoS partners to consider how multistakeholder cooperation, as proposed in the Mission approach, could positively impact areas within cancer care where dominant designs are missing. The objective was to foster bottom-up thinking and tap into the experience that participants have accumulated within their own ecosystems. Discussions also addressed possible challenges in building capacity among NCMHs in facilitating multistakeholder engagement and collaboration. A total of n=33 partners joined the online workshop and were split into three working groups according to their primary area of interest collected beforehand through a survey: prevention and early detection, diagnosis and treatment or quality of life. Each group was assigned a moderator, a note-taker and a rapporteur who was in charge of sharing the main insights in the plenary session following the group work. See Figure 1 for an example on how working groups conducted their discussions.

Prevention and early detection

The discussion within this working group revolved around advancing and refining strategies for primary cancer prevention, particularly considering the disparities that exist across various European regions. Romanian partners contributed insights from a project in Eastern Europe, drawing attention on disparities in vaccination coverage and smoking rates between the Balkans and Western countries as an example. The **group underscored the importance of enhancing communication around primary prevention to be more inclusive and effective**, emphasizing the need to also address misinformation and disinformation in the informational space. The conversation also touched upon the necessity of translating project findings into actionable policies. Several takeaways around secondary cancer prevention are also inspired from panel discussions in the World Cancer Series Europe.

Key takeaways on priority areas

1. **Improving communication and information flow on primary prevention**

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- Funding research and implementation projects to improve the understanding and management of information flow – for instance through network analysis, with a focus on **combating misinformation and disinformation** related to cancer prevention.
- Developing **inclusive and effective communication strategies** to ensure that cancer prevention messages and recommendations reach all population groups, including communities with different languages and lower inclusion.

2. **Leveraging technology and multimodal data for cancer prevention**
   - Further exploring and implementing the **use of technology**, social media, and digital tools to optimize cancer prevention strategies and interventions for different population groups.
   - Integrating **multimodal data in cancer prevention, within and beyond health**, for example by combining genetic/epigenetic aberrations with environmental exposure data (chemicals, pollution, etc) to give more accurate representation of at-risk individuals.

3. **Defining an economic model for cancer screening**
   - Developing **incentives for private investment** to expand access to screening or use of innovative technologies, and ultimately to contribute to reducing cancer mortality rates through earlier detection. These incentives could take various forms, such as funding through private-public partnerships, subsidies or fast-tracked regulatory approvals for companies investing in innovative screening technologies.

Diagnosis and treatment

This working group kicked off the discussions by focusing on the **implementation of precision medicine,** with specific examples from Norway, Luxembourg, and Czech Republic. The group highlighted the variations in healthcare systems and economy among European countries, emphasizing the potential challenges these differences could create in accessing diagnostics and treatments in certain areas. The dialogue also underscored the importance of fostering public-private partnerships to deliver innovative solutions to patients, as well as encouraging greater collaboration across countries to guarantee a more uniform access to

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cancer treatments. This point was illustrated by referencing the collaborative efforts observed during the COVID-19 pandemic. The potential of AI and advanced tools and the need for high-quality data were also stressed by several participants. Discussions continued in the plenary session to identify topics, beyond precision medicine, that could benefit from the Cancer Mission framework.

Key takeaways on priority areas

1. **Enhancing accessibility and participation in cancer clinical trials**
   - Streamlining **patient access and raising awareness about the value and availability of clinical trials**, especially for underrepresented populations and regions with limited clinical trial infrastructure.
   - Supporting **decentralize clinical trials and leveraging telemedicine and remote monitoring** technologies to allow broader participation.

2. **Bridging the gap in applying novel diagnostic technologies in clinical practice**

   - Accelerating the adoption of new diagnostic technologies in clinical practice. Despite the availability of highly effective digital pathology solutions for instance, there is a **lag in transitioning from traditional to digital pathology laboratories**. Discussions underscore the necessity of creating robust financial frameworks that can facilitate this transition.
   - Promoting research on **transparent and understandable AI systems within Oncology**, as the current "black box" nature of these technologies hinders their integration into regular clinical workflows.

Quality of life

The working group on Quality of Life (QoL) highlighted the growing relevance of QoL in cancer care as the number of cancer survivors continues to grow. Discussions emphasised the crucial role of psycho-oncology care, including in patient-related outcomes, and the need to empower patients in making informed decisions about their cancer care journey. Participants discussed the necessity of addressing often overlooked non-medical needs and highlighted disparities between countries in this regard. The group stressed the **importance of implementing the "right to be forgotten" universally, outlining its economic**

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advantages and its contribution to the financial independence of survivors. Finally, the discussion highlighted the Cancer Mission framework's potential to facilitate a holistic approach to QoL, emphasizing the importance of involving government departments and in incorporating QoL considerations into national can.

Ongoing Master project SIR: Effects of accountability in open ecosystems

Joint participation towards a sustainable future for Vision Zero Cancer

Self-description by Master students

Multi-stakeholder ecosystem organizations, such as missions, where diverse actors collaborate towards a shared goal, are increasingly thought tools by policy makers in efforts to tackle grand challenges and create social impact. Using Vision Zero Cancer as an empirical example, our master thesis study – conducted at the Stockholm School of Economics – aims to better understand how such organizations are effectively coordinated and steered. In doing so, the study will improve our understanding of the role of accountability in such inter-organizational settings and provide actionable insights that can contribute to the long-term sustainability of Vision Zero Cancer.

To investigate the effects of accountability and how to manage such, we will draw on interviews with different representatives from the Vision Zero Cancer ecosystem. By participating in this study, you will contribute to advancing our general understanding of accountability dynamics in ecosystem organizations. Your involvement will allow us to examine how accountability is organized as well as how it impacts participation, thereby increasing the organization's comprehension of how accountability dynamics influence the ecosystem and the impact it creates. The semi-structured interview will last 45-60 min. and serve as an opportunity to reflect on the workings of Vision Zero Cancer and potentially uncover ways to enhance its effectiveness.

Brief introduction of us we, Johanna Baek and Yasin Ayranci, are master's students at the Stockholm School of Economics (Handelshögskolan), currently pursuing our master's degree in Accounting, Valuation, and Financial Management. We come from diverse backgrounds with various experiences from a plethora of industries. However, we have a common interest in societal questions and find the work towards grand challenges, such as advancing healthcare, fascinating. It is this

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shared vision that has led us to collaborate with Vision Zero Cancer. Our goal is to offer insightful contributions that serve not only Vision Zero Cancer but also enrich academic discussions on accountability and its effect on performance and participation. The contact person and sponsor for this research project within Vision Zero Cancer is Bettina Ryll, with the supervisor being Lukas Goretzki, Professor at Stockholm School of Economics.

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