



Training showcase:

The Blueprint for Change Programme – Where economics and health meet: Changing diabetes in Indonesia

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1 Introduction

In order to address the social challenges of our time, cross-disciplinary and intersectoral collaboration in research and innovation is required. Although many would support this claim, it remains to be seen who would put this into practice and what type of results such collaboration could yield. This showcase is based on a case study from a Blueprint for Change case series conducted by Novo Nordisk, a company based in Denmark. It describes key points of collaboration between industry, research, local, and national partners in Indonesia, with the aim of providing insight on putting RRI into practice.

The Blueprint for Change Programme aims to enhance the understanding of how Novo Nordisk creates value through its Triple Bottom Line business principle that take social, financial, and environmental considerations into account when making decisions.

The learning outcomes and key challenges discussed within this showcase are:

- A broader discussion of the definition and meaning of ‘value’ within the context of this showcase.
- How addressing societal issues can lead to measurable and sustainable value creation for the society and all partners involved.
- How to create and sustain long-term cross-sector partnerships.
- How the private sector can be a valuable partner in solving societal issues by taking decisions in a financially, socially, and environmentally responsible way.

1.1 Changing diabetes in Indonesia – rationale for the programme

The Blueprint for Change Programme is a series of business cases that aim to identify what drives shared value creation, measures realised benefits for both society and the organisation, and how to share this information with stakeholders. One of these cases involves Novo Nordisk working on changing diabetes in Indonesia. This showcase is based on the information and the activities that were developed and conducted in Indonesia.

2 Blueprint for Change Programme

2.1 About Novo Nordisk by Novo Nordisk

At Novo Nordisk, we are driving change in order to defeat diabetes and other serious chronic conditions.

Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. This heritage has given us experience and capabilities that enable us to help people defeat other serious chronic conditions as well, such as: haemophilia, growth disorders, and obesity.

Novo Nordisk has its headquarters in Denmark, employs approximately 41,000 people in 75 countries, and markets its products in more than 180 countries.

2.1.1 Our culture – The Novo Nordisk Way

The 'Novo Nordisk Way' is a set of guiding principles, which underpin every decision we make. It describes who we are, how we work and what we want to achieve, and sets a clear direction for our company and our employees. Ultimately, it's a promise we make to each other – and to the millions of patients all over the world who rely on our products to lead full and healthy lives.

In 1923, our Danish founders began a journey to develop products to benefit people with diabetes and so change diabetes care. Today, we have thousands of employees across the world with the passion, skills, and commitment to continue this journey; not only to prevent, treat, and ultimately cure diabetes, but also to improve the lives of those living with other serious chronic conditions:

- Our ambition is to strengthen our leadership in diabetes initiatives.
- Our key contribution is to discover and develop innovative biological medicines and make them accessible to patients throughout the world.
- We aspire to change prospects in haemophilia and other serious chronic conditions where we can make a difference.

- Growing our business and delivering competitive financial results is what allows us to help patients live better lives, offer an attractive return to our shareholders and contribute to our communities.
- We never compromise on quality and business ethics.
- Our business philosophy is one of balancing financial, social, and environmental considerations – we call it 'The Triple Bottom Line'.
- We are open and honest, ambitious and accountable, and treat everyone with respect.
- We offer opportunities for our people to realise their potential.

Every day, we must make difficult choices, always keeping in mind, what is best for patients, our employees, and our shareholders in the long run.

2.2 How we take decisions – The Triple Bottom Line

The Triple Bottom Line (TBL) is a key element of the company's values-based management system formalised in the Novo Nordisk Way. It is how we do business.

We believe that a healthy economy, environment, and society are fundamental to long-term business success, and that it is our responsibility to help create conditions for prosperity. That is why we always take social, financial, and environmental considerations into account when we make decisions and strive for solutions that generate shared value.

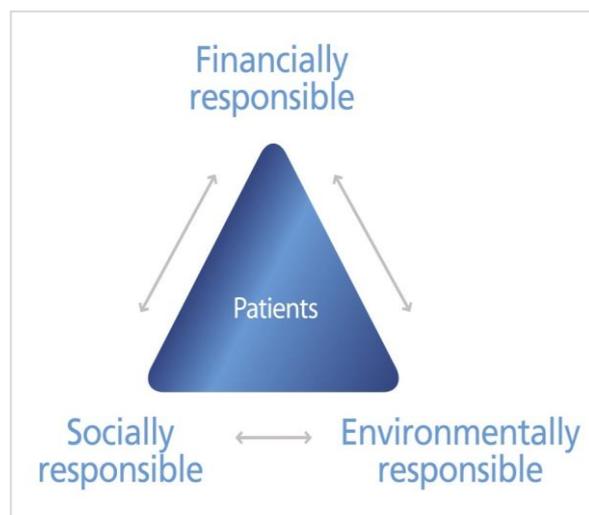


Figure 1: The Triple Bottom Line

Being financially responsible is about managing the business in a way that secures growth and prosperity. This includes delivering solid financial results for shareholders and contributing to socio-economic welfare. The way money is earned is equally important. Ethical business conduct, and transparent and responsible business practices lie at the heart of financial responsibility.

Being socially responsible is about caring for people. This applies to the people who depend on our products as well as applying to our employees. Driven by our aspiration to defeat diabetes we invest in finding better methods of preventing, detecting, and treating diabetes, through activities such as, healthcare professionals' and patients' education, and healthcare capacity building.

Being environmentally responsible is a way to help preserve scarce natural resources and proactively address sustainability challenges throughout the value chain. As our business grows, Novo Nordisk seeks to reduce the consumption of natural resources and manufactured inputs at each stage of the value chain. In addition, there is also a focus on minimising outputs in the form of emissions such as CO₂ and waste.

Novo Nordisk is one of only a handful of companies in the world who have integrated sustainability into their company bylaws.

2.3 Measuring impact – The Blueprint for Change Programme

One of the key challenges of embedding responsible and sustainable business practices is measuring the link between such efforts and the value to both society and the organisation. This is why Novo Nordisk has created the Blueprint for Change Programme; to better understand, communicate, and optimise the shared value that has been created through the Triple Bottom Line business approach.

The Blueprint for Change Programme is a series of business cases that aim to enhance the understanding of how Novo Nordisk creates value through its Triple Bottom Line business

principle. This is achieved by identifying the drivers of shared value creation, measuring realised benefits for both society and the organisation, and sharing this information with our stakeholders. Based on that, the company optimises its value creation and inspires others to make sustainability-driven business decisions.

One of the cases that was conducted involves Novo Nordisk working on changing diabetes® in Indonesia. This case study is based on the information and the activities that were developed and conducted in Indonesia.

2.4 Changing Diabetes in Indonesia

"I know very little about diabetes. I just know that I urinate a lot, and I am tired all the time. That is it."

Person living with diabetes in Indonesia

"There were 50 doctors. I give a piece of paper and write on it, 'How do you diagnose diabetes?' Only seven good answers."

President of the Indonesian Diabetes Association

"You know that if all the people are aware of their health and they would go to the health system, we will be bankrupt."

Former President of the Indonesian Society of Endocrinology

2.4.1 What is diabetes?

There are two main types of diabetes: type 1 and type 2. Type 1 diabetes often occurs at a young age. It is a lifelong disease where the body no longer produces insulin. More common is type 2 diabetes, which accounts for around 95% of all cases of diabetes. People with type 2 diabetes may still produce insulin, but either they do not produce enough or the body cannot use the insulin correctly. Insulin helps sugar to enter the cells; failing this, sugar builds up in the bloodstream. Most of the long-term health complications associated with diabetes are due to persistently high blood sugar levels, which can result in a number of severe complications.

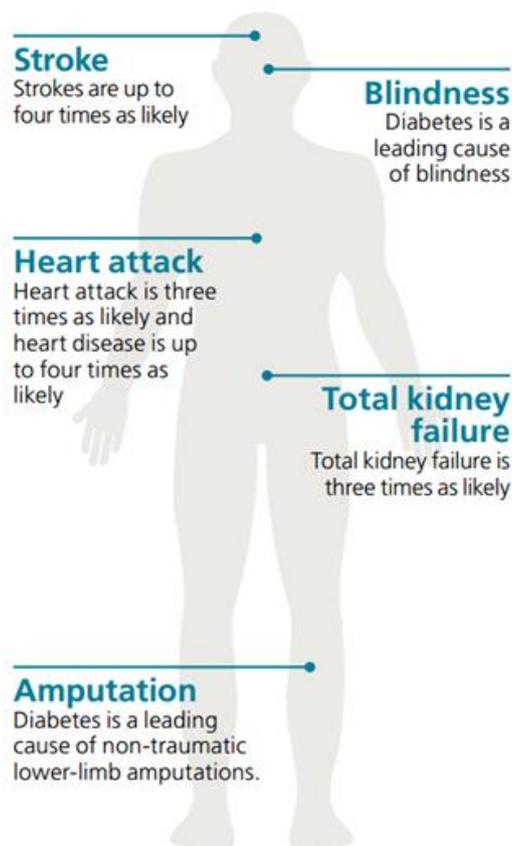


Figure 2: health complications associated with diabetes

2.5 Indonesia – a country facing a growing burden of diabetes

The context

Indonesia is a country with sound economic fundamentals, an improving standard of living and – unfortunately – a growing diabetes epidemic. Barriers to accessing appropriate diabetes care prevent many people from living a healthy and productive life, which threatens to negatively affect the Indonesian society.

As is true in many developing nations, healthcare in Indonesia has largely focused on infectious diseases. As incomes, living standards, and life expectancy increase, so will the number of people living with chronic diseases such as diabetes. Indonesia is the fourth most populated country with 242 million people and is among the top 10 countries in regards to the number of people living with diabetes in the world. Today, 7.6 million people in Indonesia are living with diabetes, while another 12.6 million have prediabetes.

By 2030, the number of people with diabetes in Indonesia will top 11.8 million; – a 6% annual growth that by far exceeds the country’s overall population growth.

Moreover, fewer than half of those with diabetes are aware of their condition, and while the vast majority of those who are aware receive care, only a handful – less than 1% – achieve treatment targets (Figure 3).

The disability, loss of life, and loss of productivity resulting from the complications from undertreated diabetes may negatively affect the Indonesian economic progress. In addition to the economic impact, diabetes and its related complications also place a big human burden on the people and families of those who live with diabetes.

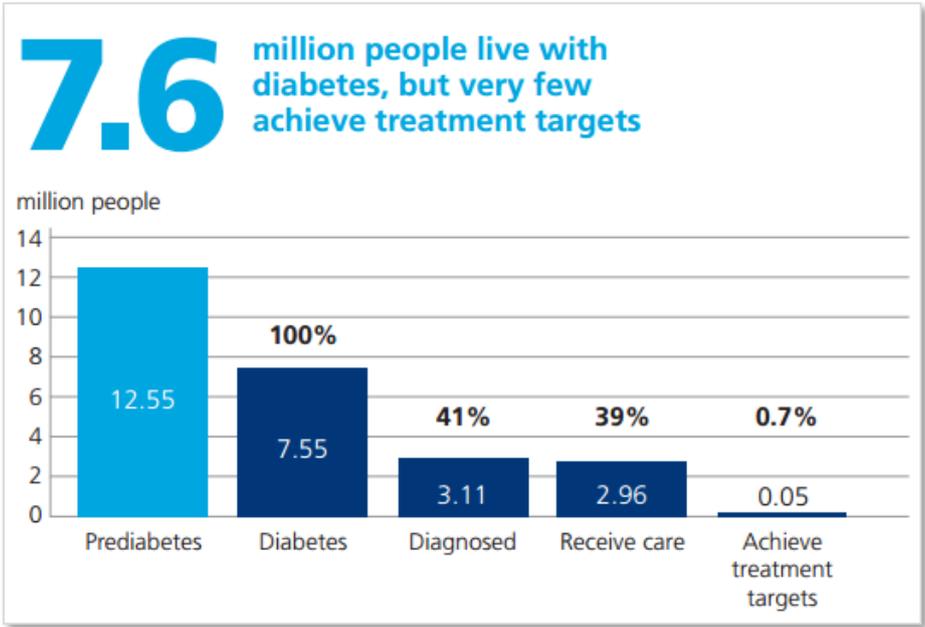


Figure 3 Prediabetes and the diabetes rule of halves in Indonesia

Barriers to diabetes care

Acknowledging the growing burden and the need to put the diabetes challenge on the public healthcare agenda, the Indonesian government has established a special diabetes unit under the Ministry of Health and appointed *Sari Star* to lead this work.

Sari Star is aware that tackling the diabetes challenge will require a range of different and interconnected issues to be addressed. These include:

- *Lack of awareness about diabetes in the general public, people with diabetes, and among some healthcare professionals and policy makers.*

For many Indonesians, the inability to recognise symptoms or complications of diabetes means that they see a doctor far too late. As it is historically focused on infectious diseases, the country's healthcare system has not made chronic conditions such as diabetes a priority. This is reflected in the rates of diagnosis; in Indonesia, 59% of people living with diabetes are unaware of their condition. In rural areas, where clinics are scarce, undiagnosed diabetes may be as high as 70%.

The Ministry of Health has previously worked on addressing health issues in rural areas through an initiative called Pos Pelayanan Terpadu (integrated service post in Indonesian), known by its acronym Posyandu, which is a nationwide monthly clinic for children and pregnant women, providing vaccinations and nutritional supplements. There are thousands of Posyandu posts across the country, which are mainly run by volunteers. Posyandu was successful in promoting the value of maternal healthcare in the country.

- *Inequity of healthcare supply and demand resulting from an expanding patient population and too few diabetes specialists*

In a country where almost 7.6 million people live with diabetes, access to diabetes care is extraordinarily poor. The total of 64 endocrinologists in Indonesia ranks last in Asia and equates to one endocrinologist for every 118,000 people with diabetes. Internists, general practitioners (GPs) and other healthcare professionals (HCPs) can help to alleviate the imbalance between supply and demand, but many of them may not have the skills and time to provide proper care.

- *Lack of resources in the public healthcare system and among the Indonesian population*

Lack of resources represents a major impediment to better diabetes care and outcomes in Indonesia. On the surface, the primary factors are simple enough to grasp: per-capita public healthcare spending remains stagnant, while health insurance coverage is fragmented.

- *Too few people receiving proper treatment or insulin, resulting in poor quality care*

Seven out of every 10 people who live with diabetes in Indonesia develop complications that can reduce the quality of life and lead to death. Follow-up care tends to be inadequate, if it occurs at all. Insulin can be essential for many people living with diabetes. Insulin utilisation in Indonesia, however, is unsatisfactory by any professional standard; only one in eight people who need insulin treatment actually receive it. This may be related to the fact that GPs in primary care rarely prescribe insulin.

Together, these issues lead to poor quality of care, poor treatment outcomes, and poor quality of life for people with diabetes.

Sari Star is eager to tackle the growing challenge of diabetes in Indonesia. However, she also acknowledges that resolving the issues is a complicated task that requires the cooperation efforts of multiple private- and public-partners in order to be successful.

2.6 Novo Nordisk in Indonesia

At the same time, *Sandeep Leader*, general manager of Novo Nordisk Indonesia was also contemplating how to best address the diabetes challenge in Indonesia.

Novo Nordisk established its affiliate in Indonesia in 2003 and considers the country to be one of its key future strategic markets seen in light of the growing rates of diabetes and the

country's economic growth. Since then, Novo Nordisk together with partners is actively addressing barriers to diabetes care in Indonesia, with a focus on patient and HCP education.

"I wish to invest in the market and the customers, not the home office. Our impact on providing care to people with diabetes makes employees proud to be a part of Novo Nordisk"

Sandeep Leader

It is important to *Sandeep Leader* that the investments in Indonesia reflect Novo Nordisk's approach to doing business, which is guided by the company's values-based management system, the Novo Nordisk Way. One of the key elements of the Novo Nordisk Way is the Triple Bottom Line business principle, which means that the company is obliged to consider the financial, environmental, and social impact of its business decisions.

However, *Sandeep Leader* also realises that the complexity inherent in changing diabetes in Indonesia means that healthcare companies cannot expect to enter the market with the usual model. Many of the diabetes challenges in this island nation are unique to Indonesia – a place where HCPs with specialised diabetes training are spread too thinly to serve a burgeoning diabetes population. *Sandeep Leader* knew that the approach to expanding access to quality care would have to stay attuned to market needs by potentially creating cross-sector partnerships with stakeholders.

It is also clear to *Sandeep Leader* that there lies a social obligation and a business opportunity in uplifting knowledge about diabetes among patients, healthcare systems, and health authorities, ensuring that more people get diagnosed and treated, so they can lead healthy lives with diabetes. In this island nation reaching out to people in rural areas is challenging and important in regards to equality.

2.7 Impact measurement

The assessment of value creation to make the business case for the Triple Bottom Line principle is based on a model developed by Novo Nordisk in collaboration with Accenture.

Shared value is created by maximising the upside and minimising the downside for both Novo Nordisk and society. Maximising the upside means revenue in the short term and intangible value in the long term. The path to maximising the upside involves broadening awareness; improving the accessibility, availability, and affordability of diabetes care; and increasing the quality of care.

Minimising the downside means cost reduction in the short term and mitigating risk in the long term. The path to minimising the downside involves reducing diabetes costs and prevalence; and mitigating other risks for businesses and society. Initiatives that create value for both Novo Nordisk and society are perceived to create shared value.

2.8 Data collection

The business case is the product of an inductive research approach in which the hypotheses are formed based on empirical data. The next step is to discover patterns in the data to identify issues and challenges, enabling the evaluation of how Novo Nordisk can address these through the Triple Bottom Line principle.

To test and validate the hypothesis in addition to measuring the impact, Novo Nordisk collects empirical data for analyses, mainly from qualitative interviews supplemented with a quantitative survey, in addition to internal data collection and an in-depth literature review.

3 Blueprint for Change Programme from an RRI perspective

This section will reflect on the Blueprint for Change Programme from the perspective of the concept of RRI. Novo Nordisk bases its programme on the Triple Bottom Line business principle that ensures that the company is conducting its business in a way that is financially, socially, and environmentally responsible. In addition, it builds upon the concept of shared value. The central principle behind the Creating Shared Value concept is that the competitiveness of a company and the health of the communities around it are mutually dependent and this is in close alignment with the main processes and requirements developed in the framework of RRI Tools.

3.1 Reflection on the process criteria

Diversity and Inclusion

The Blueprint for Change program case studies are always executed by a consortia of stakeholders in order to consider the interests of patients and other stakeholders: policy makers, patients, payers, suppliers, and other business partners. Novo Nordisk supports these stakeholders in their efforts to improve outcomes for people with diabetes – and thereby maximise value for society, Novo Nordisk, and all the partners involved. To ensure the sustainability of the efforts there must be value created/gained for all involved.

Though social diversity was not considered in the programme's development, stakeholders from different groups were represented. The programme's case studies have focused on social diversity by working within different 'types' of countries; rich and poor, with different health problems, and very different understandings of diabetes.

Anticipation and Reflection

Stakeholders are included very early in all processes so that strategies are designed according to local needs, cultures, and challenges. Novo Nordisk believes that the company's actions affect society and that they therefore must be responsible for these effects. Reflection and awareness are seen as key to promoting ethics and sustainability.

Openness and Transparency

The goal of the [Blueprint for Change](#) Programme is to create transparency and to communicate Novo Nordisk's values and working process. The company website provides a clear and understandable explanation of the programme and the process leading to it. Information about all cases studies is also available for stakeholders as short pamphlets, short movies, and more thorough reports.

Responsiveness and Adaptive Change

The Blueprint for Change Programme uses an holistic model for looking at and analysing the barriers to high quality diabetes care and how value is created and measured beyond the financial value. The programme fuels collaborations, developments, and innovations in health. It aims to identify potential fields for business markets and for societal improvements.

3.2 Learning Outcomes from this showcase

Regarding openness and transparency: the value creation gained from this business approach is made visible through communicating the processes and outcomes of the Triple Bottom Line business principle. This visibility makes the value creation comprehensible to shareholders and other stakeholders and thereby sustainable as well as a source for inspiration.

Regarding anticipation and reflection: The focus on collaboration and local needs ensures that strategies fit specific needs and can be adapted according to the needs of local stakeholders to avoid risk of unforeseen challenges such as cultural or political resistance.

Regarding responsiveness and adaptive change: It is vital that a company and its programmes are adaptable to changes in regards to legislations and other external factors. Through case studies and in-depth understanding of societal issues and value creation, opportunities are identified for more value creation. Drivers of change are understood, communicated, and leveraged for the benefit of all partners involved.

Regarding diversity and inclusiveness: When Novo Nordisk addresses societal issues, it identifies opportunities for innovation and opportunities for collaboration, creating synergies with current and potential partners. This in turn helps build trust with customers by strengthening their value chain and potentially opening up new opportunities for long-term business success.

From the perspective of Novo Nordisk shared value means that what is good for patients, employees, and communities are good for Novo Nordisk. Expressed in a general term this means in order to make inclusiveness sustainable all included stakeholders must gain some kind of value from the collaboration, either financial, social, environmental, or other.

3.3 Creating Shared Value

Companies create shared value by creating economic value and societal value simultaneously.

Business and society have been pitted against each other for too long. That is in part because economists have legitimised the idea that to provide societal benefits, companies must temper their economic success.

In 2011, Michael Porter, and Mark Kramer from Harvard Business School and FSG came up with a new idea, adding a process to shared value, calling it '[Creating Shared Value](#)' (CSV). Kramer and Porter's approach is that societal needs, not just conventional economic needs, define markets, and social harms can create internal costs for firms.

Porter and Kramer identify three levels where companies can create shared value:

1. by reconceiving products and markets.
2. by redefining productivity in the value chain.
3. by enabling local cluster development.

Porter and Kramer have received wide acceptance of the idea not only from the private sector, but also from NGOs, social enterprises, and other public and private institutions.

Today, many stakeholders in society have heightened expectations of business when it comes to demonstrating genuine initiative, innovation, and leadership on some of the world's most pressing sustainability challenges such as climate change, poverty, health, and nutrition. A growing number of business leaders now recognise the importance of embedding sustainability in their operations if they are to thrive, attract the best employees, build a strong customer base, and enhance their licence to operate.

Creating shared value is an idea that many companies have embraced as a strategy for successful expansion. As the philosophy goes, societal needs define markets, and companies that do business in a way that benefits society can create a profitable cycle for both. Before Harvard Professors Michael Porter and Mark Kramer coined the term, Novo Nordisk had hardwired shared value creation into both its culture, through the Novo Nordisk Way, and its business practices, through the Triple Bottom Line principle.

In Novo Nordisk, the company puts stakeholder needs at the centre of the business. This is how it aims to build a sustainable business. Through our Triple Bottom Line principle, it has institutionalised this practice. The Blueprint for Change Programme is how the company measures the progress, and the case studies demonstrate that Novo Nordisk is creating shared value – which is the idea that what is good for our customers is also good for our business. Novo Nordisk strives to do more, to make value creation enduring and sustainable. The guiding star is sustainable value.

Many companies work with CSR and sustainability, however, for many it has been difficult to integrate sustainability thinking into the core of the business, as sustainability language does not always resonate with the language and definition of value among conventional investors. Some scholars believe that shared value can be a lever to bring sustainability into business thinking.

Read more about [Sustainability and Creating Share Value at Novo Nordisk](#).

3.4 Conclusion – what this showcase raises for RRI

3.4.1 Reflection on the effects, controversies, and challenges

The programme has facilitated ten case studies, all of which are described on its webpage. The case studies focus on solutions to diabetes-related challenges. They focus on how creating shared value has improved diabetes prevention and care. Furthermore, they explore the interrelationship between climate and health, specifically regarding how CO₂ reduction strategies can generate value for business and society in a sustainable way.

This programme exemplifies how RRI standards in business practices can promote sustainable, profitable business as well as benefits for society. If industry understands how their practices influence and create value for society, they will be able to identify how to create more value (financially, environmentally, and socially). This lesson can be easily used by other businesses and organisations, which is one of the purposes of the programme – to inspire more shared value creation.

The case study of Changing Diabetes in Indonesia is an example of how the inclusive approach of important stakeholders leads to a reflective way of working with diabetes and an anticipatory way that is adaptive to local needs and changes. It also shows that communicating this reflective process can help change the understanding of doing business. Changing focus from a single bottom line to focusing on different kinds of value creation and how this might help create solutions that benefit all partners and thereby can be considered sustainable.

3.4.2 Key challenges

Some of the key challenges of measuring, communicating and driving value through the Blueprint for Change Programme:

- Measuring outcomes is difficult, and not everything can be measured in quantitative terms.
- Identifying what to measure and why to measure it is critical, to make sure that what you measure is what would drive more efficient decision making and better activities and efforts.
- Partnerships can be challenging and it is critical to ensure not only that partners' interests are aligned, but also that roles, responsibilities, and expectations are aligned.

4 Workshop Training Exercises

4.1 The problem statement for the participants

Creating the foundation for collaboration

It was clear that *Sari Star* and *Sandeep Leader* had a common objective to change diabetes in Indonesia and a meeting was therefore planned between the two to discuss potential solutions. At the meeting they hoped to be able to discuss the following questions:

- What can be done to improve public awareness about diabetes and its consequences in Indonesia?
- How can people in rural areas be reached?
- How can we ensure that people get properly diagnosed, treated, and cared for?
- Who should be involved in an initiative and why?
- What impact or value created from this initiative could be for all parties involved?

4.2 Workshop description

Introduction to workshop

At the start of the workshop a plenary briefing will be held to (re-) introduce the concept of RRI to the participants. Then Novo Nordisk is presented and participants are introduced to the case study ('Blueprint for Change Program' and 'Changing Diabetes in Indonesia') and problem statement with the help of a PowerPoint presentation (Novo Nordisk + Novo Nordisk in Indonesia). The following workshop agenda description is a guideline for inspiration as to how a workshop could be conducted and under what kind of timeframe. This is also briefly presented in the PowerPoint presentation. A list of key stakeholders in the diabetes space in Indonesia is included after the exercise template.

We suggest that when designing the entire workshop this case study should be used to support 2 – 3 learning outcomes that are defined by the facilitators and made clear to participants during the workshop. Note that learning outcomes and key challenges are introduced on page 3 of this document under the introduction.

Workshop agenda

20 min: PowerPoint presentation about Novo Nordisk and (video) introduction to the case study and problem statement.

30 min is given to the participants to discuss the case study and come up with solutions to the problem. (The groups are given a template to fill in that also serves as a guide for the discussion – see example below.)

20 min: The participants are asked to present their solutions to the problem statement.

15 min: Novo Nordisk presents the solution that the company actually implemented.

20 min: Reflection on how this programme and suggested solutions relate to RRI.

Workshop format:

- Pre-read materials will be sent out to the participants before the workshop including part 2 – pages 5-14 of this document ‘Blueprint for Change Programme’ and page 23 ‘Key stakeholders in the diabetes space in Indonesia’.
- At the workshop, the case study will be presented and participants will be asked to come up with a solution to the presented problem statement.
- Participants are split into two groups or more. Half of the groups will represent Novo Nordisk and the other half will represent the Indonesian society.
- Ideally, it would be great to have one facilitator at each group table to guide the discussion. See below for suggestions for facilitation questions.
- The participants will be given a template to fill in (see below). It will serve as a help and guidance.
- Each table will be asked to choose a representative from the team to present the solution in a plenary session.
- At the end, Novo Nordisk will present its solution to the problem statement.
- Plenary reflection on the discussions and possible solutions and how these relate to RRI. See below for suggestions for facilitation questions.

Exercise template:

For group discussion on solutions to problem statement

 Name of the initiative	
 Purpose	Please describe the initiative and its key purpose/objectives
 Partners	Please elaborate on who could or should be involved in your initiative
 Impact	Please discuss what the impact or value created from this initiative will be (for all parties involved)

Key stakeholders in the diabetes space in Indonesia

Partner: Ministry of Health (MoH)

Role: Policymaking and coordination

The ministry has overall responsibility for healthcare policy, including the NDP. Individual provinces have a high degree of decision making authority, which influences implementation of policies. An MoH sub-directorate deals exclusively with diabetes. With a focus on prevention and early diagnosis, it also has a coordination role among stakeholders committed to changing diabetes in Indonesia.

Partner: PERKENI

Role: Access to care and HCP capacity

The Indonesian Society of Endocrinology provides expertise and a professional network of diabetes specialists. It advises the MoH on diabetes-related issues and policy development.

PERKENI establishes clinical practice guidelines so that doctors who treat people with diabetes provide consistent treatment. PERKENI also trains HCPs, enhancing their expertise in treating people with diabetes.

Partner: PERSADIA

Role: Increasing local awareness

The Indonesian Diabetes Association brings together patients, doctors, and other stakeholder groups to create awareness and to develop the knowledge base about diabetes in Indonesia. The group also advises the government on various aspects of the diabetes challenge.

Partner: STENO Diabetes Centre

Role: Supporting quality of care improvement

STENO is a diabetes research centre focusing on dispersing knowledge and improving patient outcomes around the world. STENO research studies seek to understand and improve patient education, prevention, and health promotion. With a cross-disciplinary focus, STENO translates research into care and prevention.

Partner: World Diabetes Foundation (WDF)

Role: Programme funding

Novo Nordisk established the World Diabetes Foundation in 2001 with the purpose of supporting projects that improve diabetes care in developing countries. The foundation provides grants for fundamental diabetes care and professional education programmes. Through WDF-funded activities, more than 3.7 million people in Indonesia have received diabetes care and prevention services.

Facilitation questions

For case study group discussion:

- What might be the purpose of such a solution? What value will it create?
- What do you think people in the community will get out of this solution?
- What about the local authorities? The society in general?
- Why do you think Novo Nordisk might be interested in investing in this solution?
- What other private companies could be interested in investing in the initiative?
- How can the sustainability of this initiative be ensured without private investments?
- Can it be replicated into other areas? Can it be scaled up?

For plenary reflection discussion:

- How does this programme fit into an RRI context?
- What RRI process requirements can you identify in this case study?
- Which learning outcomes are most prominent?
- How does the implementation of these requirements help make the work of Novo Nordisk more responsible and why?
- And which learning outcomes will you take with you from this workshop?

Other resources needed:

- A screen that can show the PowerPoint presentation and the video.
- The template for the group discussion should be printed out and on the table.
- Pens should be available on the table.
- Tea and coffee.

5 Useful resources

Novo Nordisk:

- (1) [About Novo Nordisk](#)
- (2) [About the Novo Nordisk Way](#)
- (3) [About our sustainability work](#)
- (4) [About the Triple-Bottom-Line](#)
- (5) [The Blueprint for Change Programme](#)
- (6) [Changing Diabetes in Indonesia – showcase](#)
- (7) [Our work on access to care](#)
- (8) [Creating Shared Value in Novo Nordisk](#)

Creating Shared Value concept:

- (9) [Creating Shared Value, FSG](#)
Bockstette & Stamp, *Creating Shared Value: A How-to Guide for the New Corporate Revolution*, FSG. (weg.org)
- (10) [Creating Shared Value concept](#)
Kramer & Porter, *Creating shared value – How to reinvent capitalism -and unleash a wave of innovation and growth*, Harvard Business Review, January-February 2011. (hks.harvard.edu)
- (11) [Criticism to the Creating Shared Value concept](#)
Crane et al, *Contesting the value of 'Creating Shared Value'*, University of California, Berkeley Vol 56, No 2 Winter 2014 (cmr.berkeley.edu)
- (12) [Measuring Shared Value](#)
Porter et al, *Measuring Shared Value: How to Unlock Value by Linking Social and Business Results*, FSG, 2011 (commdev.org)

Other:

- (13) [The Triple Bottom Line](#)
Triple Bottom Line –it consists of three Ps: Profit, people, and planet. The Economist, 17 November 2009 (economist.com)

(14) [Collective impact](#)

Kania & Kramer, *Collective impacts*, Stanford Social Innovation Review, Winter 2011 (c.ymcdn.com)

(15) www.rri-tools.eu/-/blueprint_insp_practise

Link to 'Blueprint for Change' at RRI Tools:

Training showcase: The Blueprint for Change Programme – Where economics and health meet: Changing diabetes in Indonesia