

Turning collective
ambition
*into coordinated
action*

ACT I

The Moment

The Response

Proof

Infrastructure

The Future

Fragmentation.

Ambition.

Misalignment.

In an era of polycrisis, every sector is overflowing with ambition

– from health and climate to data, democracy, and technology: declarations of participation, sustainability, equity, and innovation. But even when the what is clear, the how remains elusive.

The challenges we face today are deeply interconnected, **yet our responses remain fragmented.**

We set bold global targets, but too often momentum stalls at the point of implementation. **Part of the reason lies in how systems are organised:** institutions, companies, agencies, and NGOs are built to deliver within their own verticals.

With clear mandates, budgets, and lines of accountability, they excel at managing discrete tasks. **But when progress depends on collaboration across systems – where no single actor is truly in charge – these same structures struggle to adapt, leaving the gaps between sectors unbridged.**

We build the connective tissue: the shared tools, frameworks, and neutral platforms that allow coalitions to co-create, scale, and succeed. We act as incubators, orchestrators, and enablers of progress – in health, in data ecosystems, in innovation systems, and increasingly in the broader civic spaces where society must learn to govern together.

LETTER FROM THE EXECUTIVE TEAM

Where inter-governmental processes reach their limits, inter-sectoral collaboration must take over. And that kind of collaboration requires shared spaces, structured methods, and the invisible glue that holds collective progress together.

- In the following pages, you'll find examples of what this looks like in practice:
- how patient engagement became structured and scalable across regions and sectors
- how new frameworks are shaping investment and innovation in diagnostics
how neglected voices are gaining not just airtime, but influence
- and how mapping systems – not just symptoms – is helping us move from fragmentation to flow

We share this report to make these pathways visible – and to spotlight what becomes possible when the invisible work of coordination is done with care, intention, and humility.

We hope it inspires new questions, new ways of seeing what's possible, and renewed energy for the systems-level work still ahead.

With thanks,
Nicholas, Helena, Quentin, Amanda



Nicholas Brooke



Helena Harnik



Quentin Clermont



Amanda Bok

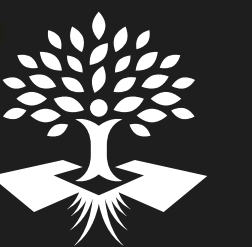
Ambition is not the problem. *Alignment is.*

Across every field — health, climate, data, AI, democracy — the world is facing problems too interconnected for any one actor, institution, or government to solve alone.

We have bold goals, but our systems were not built to work collectively. Multilateral processes are slowing. Public trust is fracturing. And yet the challenges we face increasingly spill across borders, sectors, and mandates.

WHY NOW

Progress now depends
on a different kind of power:
Sovereignty that is shared.



ACT II

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Bringing collective sovereignty
to fruition

We are a *think-and-do tank* that *works* with and through others.

Our role is to strengthen collective sovereignty — the ability of people, organisations, and systems to act together with shared intent.

What makes us different is the shared spaces we create: neutral, structured environments where actors who normally operate apart can align around the same challenge, build trust, and move with one rhythm. This is the network effect we cultivate — many becoming capable of acting as one.

Bold targets inspire.
Shared pathways deliver.

— The Synergist Way

OUR MODEL: THE SYNERGIST WAY

People come to us when they recognise a problem that no single organisation can solve alone.

In those moments, we become both the conceptual engine and the practical backbone that turns multiple actors into one intentional system.

We bring the how — the architecture, methods, and rhythm that *make collective action possible*.



WE THINK

Designing Systems.

Map **systems**, power, incentives, and interdependencies

Identify **patterns**, blockers, and leverage points

Learn across sectors to spot what's **resusable**



WE DO

Making it operational.

Build coalitions and co-creation spaces.

Develop shared tools, frameworks, and governance.

Operationalize, resource, and sustain collective efforts.



When collaboration takes root.

This rhythm — thinking to design better systems and doing to bring them to fruition — is how we strengthen collective sovereignty in practice. It's how collaboration becomes infrastructure, and how many actors become capable of moving as one.



ACT III

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Health as our first laboratory.

We often see the individual pieces. Synergy is born when we *start to see the whole.*

— The Synergist Way

Health has been our first laboratory — the place where ambition meets complexity and collaboration must become infrastructure. Each initiative is a think-and-do experiment in collective sovereignty: a question framed, a system mapped, a method co-created, an outcome brought to fruition.

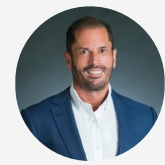
10 Years

of community building moving
from 0 to 10 000 plus people

60+

organisations integrating
PE frameworks

“We’ve built a structure that doesn’t just make the work possible — *it makes it lasting.*”



– Randall Rutta, National Health Council

THE QUESTION

How do you make patient engagement more than good intention?

THE THINKING

Map the full system — practices, incentives, power, actors, and barriers — to design shared frameworks everyone can use.

THE DOING

A decade of co-creation across regulators, industry, and patients created a new infrastructure for participation. And the development of a community bringing patient engagement to life day to day and pushing it further.

THE RESULT

Patient engagement is increasingly structured, measurable, and governable — with shared frameworks now guiding company practices and regulatory thinking.

3000+

uses of PFMD tools and guidance

Cited by EMA, FDA, and WHO

“Made with Patients” Awards expanding across regions

Want to know more? See PFMD’s 10 years impact report [here](#).

Over

30+

good practice resources and
evidence assets developed.

More than

50

local champions co-developed an FT3
Advocacy Roadmap.

REFRAMING VALUE IN PRECISION MEDICINE

THE QUESTION

What does “value” mean when medicine becomes personal?

THE THINKING

Build a shared understanding of value – across diagnostics, payers, patients and healthcare professionals – that centres relevance, access, and experience rather than only technology.

THE DOING

Convened a global community of PM “champions” and multi-stakeholder groups to co-create tools such as the Patient Experience Data integration, Access Barriers Cause-Effect Canvas, and educational resources to drive local adoption.

Launched country-pilot programs (e.g., Spain, Hungary, Philippines) that adapt global learning into local systems.

Facilitated cross-discipline forums, mapping resources (e.g., “Precision Medicine Synapse” network) and building shared ecosystems.

THE RESULT

A shift in how precision medicine is framed – from purely scientific and technological innovation to a system that emphasises access, patient experience, ecosystem readiness, and sustainability.

IMPACT

In Nigeria and other adapted contexts, **70%** of surveyed patients reported increased awareness of targeted therapies.

mapped **605** individuals

mapped **852** organisations

launched over **1,300** shared resources

across **135** disease areas.

CTDN - REBUILDING TRUST IN CLINICAL DATA

THE QUESTION

Why does so much valuable clinical trial data still sit in silos when it could help make research faster, fairer, and more patient-relevant?

THE THINKING

Everyone recognised the problem – fragmented systems, duplicated studies, missed learning opportunities – but no one actor could fix it alone.

THE DOING

That's how the Clinical Trials Data Network (CTDN) began – as a shared effort to design the conditions that make trustworthy data re-use possible.

We helped the community map the system, build a common governance model, and develop the shared language that could connect regulators, sponsors, researchers, and patient groups around a single vision: data that moves with purpose and consent.

When leaders from across the research ecosystem came together to confront the “clinical data problem,” they turned to The Synergist to help design the neutral space, rhythm, and governance that would allow collaboration to take root.

CTDN - REBUILDING TRUST IN CLINICAL DATA

“We didn’t need another data system. They needed a way to *trust one another again.*”

— The Synergist field note

THE RESULT

A new blueprint for how richer and better structured clinical trial data can flow safely and ethically across studies, accelerating learning and reducing waste.

CTDN is not a database — it’s a collaboration architecture.

OUR ROLE

To build the conditions for progress — the invisible architecture of trust, alignment, and shared accountability that makes this network possible.



IHI READI - TURNING HEALTH DATA POLICY INTO PRACTICE



THE QUESTION

How can clinical research better include and represent underserved and under-represented populations?

THE THINKING

Rethink flow – from data extraction to mutual benefit – ensuring inclusion, transparency, and trust in how data is used for research.

THE DOING

As part of this EU-funded initiative, The Synergist leads the co-creation, engagement, and communication work, connecting policymakers, researchers, patients, and data experts to turn the European Health Data Space vision into practical reality.

THE RESULT

A living blueprint for trustworthy, patient-centred data ecosystems – making participation more representative, research more inclusive, and policy more actionable.

THE QUESTION

What stands between discovery and patient access?

THE THINKING

Reveal the system – connecting clinicians, regulators, payers, patients, and technologists around shared evidence, standards and pathways for biomarker-driven care.

THE DOING

Through GUIDE.MRD, we are part of a European consortium defining reference standards for ctDNA-based minimal residual disease testing, benchmarking current assays, and mapping clinical pathways and stakeholder alignment. [IHI Innovative Health Initiative+2BE-EBCP+2](#).

THE RESULT

A common agenda for equitable access and adoption across oncology systems.

PEPS - BUILDING A PROFESSION AROUND ENGAGEMENT



THE QUESTION

If engagement is expected, who's equipped to lead it?

THE THINKING

Define a new professional identity and shared competency framework.

THE DOING

Founded the Patient Engagement Professionals Society – a global peer network for those operationalising change inside companies.

THE RESULT

A profession that turns collaboration from side-role to skillset.

PATIENT MOVEMENT CATALYST - CATALYSING COLLECTIVE SOVEREIGNTY



**Patient Movement
Catalyst**

Building the health we need.

THE QUESTION

How do movements sustain participation beyond advocacy?

THE THINKING

Explore participation as shared governance, not just consultation.

THE DOING

Through dialogues at the World Health Summit and beyond, PMC is bridging patient participation with global policy, digital rights, and climate action.

THE RESULT

A prototype for collaborative leadership that extends well beyond health.

PEOF - FROM EVENT TO ECOSYSTEM



THE QUESTION

How can dialogue itself become infrastructure?

THE THINKING

Build rhythm, not noise – design a forum where people return to build, not just talk.

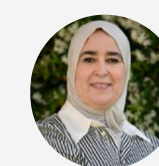
THE DOING

Patient Engagement Open Forum evolved from an annual event to a continuous ecosystem linking over 2,000 participants each year.

THE RESULT

Real-time co-creation shaping EMA consultations, WHO resolutions, and national reforms.

“PEOF has now become an unmissable annual event... more than just a forum, it’s a collective movement, a space for learning, sharing, discovering new developments, and exchanging best practices.”



– Bahija Gouimi, AMAL, Morocco

ACT IV

The Moment

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When collaboration becomes structural.

“Intergovernmental limits don’t need to mean dead ends. They can be the space for *intersectoral beginnings.*”

— The Synergist field note

At the World Health Summit, The Synergist convened voices from multiple domains — from WHO’s social participation resolution to sustainable data ecosystems — demonstrating how collective sovereignty can guide system redesign across climate, democracy, digital participation, and health.

It's where shared learning
becomes shared
infrastructure — a living
system of knowledge *built by
the community, for the
community.*

SYNAPSE: THE COLLABORATION ENGINE

Our think-and-do model is powered by Synapse, the global collaboration hub connecting 16,000+ practitioners across health, tech, and policy.



“Synapse is the largest PE network I know — full of valuable contacts, stakeholders, and resources. For anyone starting work with patient communities, *it’s an indispensable resource.*”



— Oleks Gorbenko, Global Patient Affairs Director, Ipsen

Synapse now supports use cases from precision medicine and digital health to women’s health, climate and health, and humanitarian data ecosystems — proving that the conditions for collective action can be scaled across issues.

Behind every coalition
that lasts is someone
tending the stage *so
others can lead.*

— Lessons in leading from behind

PARTNERS SAY IT BEST

“Think about *how far we’ve come in just 10 years* versus centuries and centuries of having health done to us.”

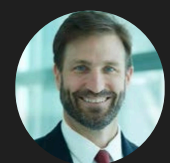


— Marc Boutin

“This is more than facilitation — *it’s ecosystem design.*”

— Policy Advisor, GUIDE.MRD

“FT3 feels like the catalyst, not just for engaging the patient advocacy community, but for bringing together the wider community that sees *real-world evidence and outcomes that matter to patients as integral to the ecosystem.*”



— Alan Balch, Patient Advocate Foundation

OUR PRESENCE AT THE 2025 EDITION OF THE WORLD HEALTH SUMMIT

Progress needs **shared intent**, not parallel efforts.

Leaders are looking for spaces that connect **practice, policy, and evidence**.

Communities bring intelligence systems can't generate alone.

Collective sovereignty is emerging as a **practical requirement – not an abstract idea**.

What we heard across sessions was remarkably aligned: people want stronger participation, clearer pathways for innovation, and more neutral spaces where policy, evidence, and practice can meet.

Many recognised that progress now depends on **collective sovereignty – the ability of different parts of the system to act with shared intent instead of in parallel**.

Our contribution was to offer that perspective: that collaboration becomes possible not when one actor leads, but when **the environment helps everyone move together**.

ACTV

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Expanding the frontier of
collective sovereignty.

In 2026, we will:

No single actor is sovereign. True sovereignty is *what we create together*.

Open Synapse to sectors and leaders seeking collective sovereignty: climate & health, sustainable finance, and data sovereignty.

Apply our co-creation methods to policymaking, helping governments and investors embed collaborative design into regulation and funding.

Grow our coalition-building capability to incubate new alliances – from women's health to sustainable data ecosystems – bringing the how of progress wherever it's needed.

JOIN THE MOVEMENT

If you're working on something complex and collective, you don't have to figure it out alone.

Synergy is about making others visible.

WHO THIS IS FOR

CHANGEMAKERS

Co-create better systems.

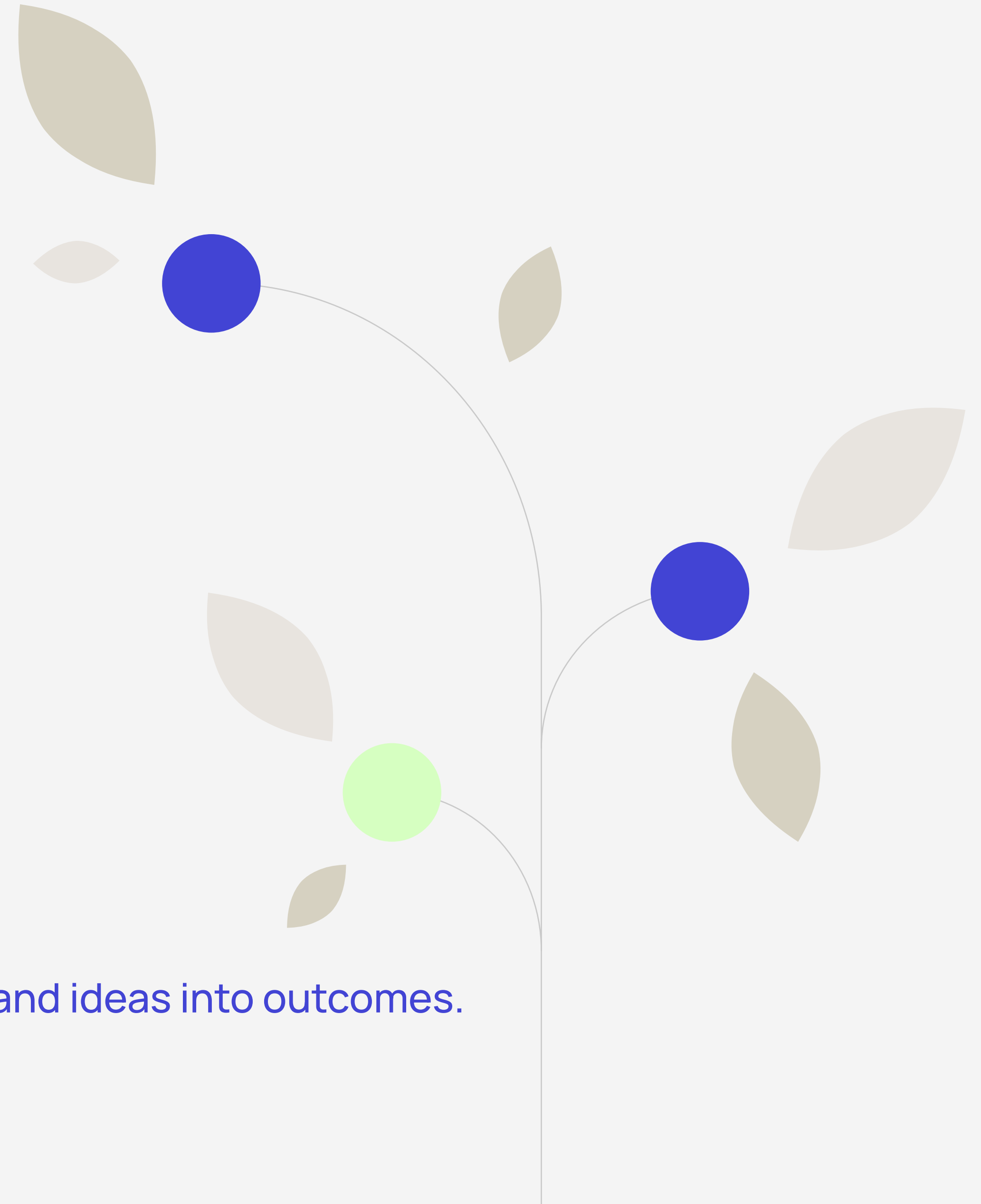
FUNDERS

Invest in collaboration infrastructure.

USERS

Use and share the tools that make progress scale.

Join us to turn fragmentation into flow, ambition into architecture, and ideas into outcomes.



Solving the most urgent societal issues collectively: *An invitation to approach our world differently*

[Explore The Synergist Manifesto](#) >



Bringing Structure to Life. *Empowering a Movement.*

Join the movement

<https://www.thesynergist.org/>

<https://collectivechange.synapseconnect.org/>

[Linkedin](#) | [Bluesky](#)

