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Sustainability and Performance Evaluation in Third Sector Partnerships: The Case of Turin Fast Track City

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ABSTRACT

COVID-19 radically changed how public services (activities of general interest) are pursued and administered. The search for resilient models has prompted public administration to test new regulatory approaches and to involve the third sector in the provision of primary services. This study investigates the sustainability and capacity of these models, specifically the implementation of a co-planning and co-design model aimed at measuring the possible creation of value and achieving common objectives. On the basis of an analysis of the development of the Turin Fast Track City project, the study employs a longitudinal method to identify not only the sustainability of the model but also new effective performance measurement tools, such as SIA analysis and integrated social accounting using financial and non-financial elements. The study also highlights critical elements aimed at supporting future investigations.

1 | Introduction

COVID-19 had major consequences for the service sector, including the provision of general interest services—that is, those activities concerning health and socio-medical services, social and educational services, charity, and more generally, all activities with civic, solidarity, and socially useful purposes. One of these consequences is the increased importance of third sector organizations, which appear to be particularly resilient and versatile when dealing with uncertainty (Liñares-Zegarra and Wilson 2024; Parker 2024), as they faced a “perfect storm” during COVID-19 (Hyndman 2020, 588), suffering a reduction in income, whereas the demand for general interest services, of which they are one of the main providers, simultaneously increased.

The complexity created by COVID-19 resulted in a change that involves all stakeholders and requires a more transparent process that must be defined (FitzGibbon 2021). Third sector entities (ETSS) are characterized by the performance of activities of general interest that are similar in purpose to public entities, which, during COVID-19, were no longer able to guarantee such services as they did before, mainly in the health sector (Corvo et al. 2022). Although ETSS took action to meet these needs in an unstructured form during the pandemic period, forms of public–private collaboration (Hodge and Greve 2018) were later formalized, with ETSS representing the main form of collaboration (Steen and Brandsen 2020).

Pandemic shocks, such as COVID-19, generate levels of uncertainty and complexity that even performance and risk

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management systems are unable to grasp; therefore, it is necessary to develop systems and criteria to aid in this regard. Performance measurement models must be modified to capture the increased complexity resulting from COVID-19 and public-private collaborations and to consider sustainability, which is becoming increasingly indispensable. To demonstrate the usefulness of developing such systems and criteria, we studied public performance measurement systems and related COVID-19 pandemic risk management systems, with particular reference to the public sector in three European countries (Germany, Italy, and the United Kingdom) (Mitchell et al. 2021). To cope with these changing contexts and needs, a partnership model known as the co-design and co-production model was created and disseminated in Italy.

As pointed out by Akomea-Frimpong, Jin, and Osei-Kyei (2022), conventional performance measurement systems of public-private partnerships (PPPs) must adapt to the trend of sustainable practices, in order to enable the assessment of sustainable performance accordingly. The consequence is that these public-private collaboration models also need to be evaluated from a sustainability point of view and not only from an economic-financial perspective. This is even more urgent due to the approaching 2030 deadline for the implementation of the Sustainable Development Goals (SDGs). Performance measurement models must therefore also include sustainability assessment tools.

Our study participates in the ongoing debate on the development of a performance and risk management system that could measure continuous change in public administration and public interest services (Rana et al. 2022). The specific objective of this article is to assess the sustainability of the public-third sector partnership model in terms of value creation and distribution to the service users (citizens) that the third sector represents (Mazzei et al. 2020).

To achieve this goal, we analyzed the Turin Fast Track City as a case study. The Fast Track Cities initiative, launched at the World AIDS Conference in 2014, represents a global partnership between cities and municipalities around the world with the goal of ending AIDS and other epidemics by 2030. The four main partners in this initiative are IAPAC, UNAIDS, UN-Habitat, and the City of Paris. It aims to combat AIDS by reducing stigma and discrimination against those infected with the virus. The targets for network member cities to achieve are “95-95-95”: 95% of people with HIV know their status; 95% of people who know their status are on antiretroviral therapy; and 95% of people on therapy achieve viral suppression. This case study is significant because it analyzes the collaboration between the public and the third sectors during a time when accessing primary HIV diagnosis and treatment services was particularly difficult around the world (Iversen et al. 2020).

The first informal network between the City of Turin and a number of ETSs was set up during the COVID pandemic and formalized on October 2, 2020. Through the Turin Fast Track City case study, we intend to evaluate the partnership model that developed following the pandemic, particularly its sustainability and value generation. This model is generalizable because, following the Paris Agreements, it proposes the same model in hundreds of cities around the world.

Our study was guided by two research questions:

- Q1. Is the partnership model between third sector actors and the public sustainable?
- Q2. Is the partnership model between third sector actors and the public able to generate value, or does it absorb it?

In what follows, we analyze performance management, focusing mainly on the third sector. Next, we explain the study's reference framework, focusing in particular on partnerships between actors and analyzing the main forms of partnership that can be adopted in Italy based on the provisions of the Third Sector Code. Subsequently, the methodology is explained and applied to the case study. After contextualizing the theme, the research results are presented. The final section discusses our findings and conclusions.

2 | Literature Review

The subject of performance management and measurement with reference to the for-profit sector and the public sector is widely analyzed in the literature (Mio, Costantini, and Panfilo 2022; Arnaboldi and Azzone 2010; Flynn 1986), but such attention remains limited in terms of the third sector and hybrid forms of collaboration between the public and the third sector. In relation to this last organizational modality, the literature identifies different forms of relationships between public administration and the third sector, including private partnerships, which are a collaborative form. Despite the numerous benefits that can be obtained from partnerships, they represent a little explored field in the literature (Akomea-Frimpong, Jin, and Osei-Kyei 2022; Liu et al. 2014). Therefore, the following section explores the main strands of literature linked to performance measurement in the third sector and the resulting public-third sector partnerships.

2.1 | Performance Management in the Third Sector

According to Lebas (1995), “Performance management creates the context for—and the measures of—performance” and performance is “the potential for future successful implementation of actions in order to reach the objectives and targets” (p. 23). Over the years, numerous authors have investigated the effects of sustainability on performance measurement systems (Zharfpeykan and Akroyd 2022; Mio, Costantini, and Panfilo 2022), emphasizing the extent to which corporate performance cannot disregard non-monetary and qualitative factors, as well as accounting data (Ahmadi-Gh and Bello-Pintado 2022). Performance measurement and management has undergone considerable changes over the years in terms of focus, dimensions, drivers, targets, and desired benefits (Bourne, Franco, and Wilkes 2003), increasingly broadening the scope of application of these methodologies. In this sense, as Modell (2009) points out, the role of performance measurement and management has been one of the most studied topics in the public sector accounting literature in recent decades (Arnaboldi, Lapsley, and Steccolini 2015; Broadbent and Guthrie 2008; Modell 2004). Additionally, the spread of new public management (NPM) (Jansen 2008) has led to a number of changes

and innovations in performance management and measurement (Vosselman and De Loo 2023; Siverbo and Johansson 2006; Lillian Chan 2004).

Although research on performance management in the public sector has been widespread (van der Kolk 2022; Cuganesan, Guthrie, and Vranic 2014; Modell 2009), the same cannot be said for the third sector (Myers and Sacks 2003). According to Hyndman (2020), “More research into how to develop and use performance management frameworks, with a particular focus on indicators of impact/outcome, would assist the steering of charity management” (p. 589). In fact, information relating to impact and results can allow ETs to make better decisions that are more focused on beneficiaries while also supporting external reporting (Yang and Northcott 2018), an element that affects the entity’s legitimacy (Taylor and Warburton 2003). Performance management frameworks can assist ETs with safeguarding the public interest and growth (Hyndman and McConville 2018), operational and financial planning, and reserve policy. The pandemic crisis represents a great opportunity to assess the performance frameworks employed by ETs in terms their impacts on the subjects involved as well as their sustainability and accountability.

The limited literature on performance management in terms of impact in the third sector includes McMullin (2021), who analyzed how the different public management models of France (Lyon), England (Sheffield), and Canada (Montreal, Quebec) determine the relationship between public and private (third sector) from the perspective of citizen involvement in co-production and, marginally, in performance management. In particular, he identified and analyzed the characteristics of the three models of public management—Neo-Weberian state (NWS) in France, NPM in England, and New Public Governance (NPG) in Quebec—and highlights their core values (NPM: “Competition, efficiency, performance”; NPG: “Openness, collaboration”; NWS: “Enlightened bureaucracy; increased responsiveness to citizens”) and the role of the state (NPM: “Decreased”; NPG: “Facilitator/moderator”; NWS: “Primary actor”) and the third sector (NPM: “Contracted to provide services, activism limited”; NPG: “Equal partners in policy-making and service delivery”; NWS: “Providers of services/arm of state—highly regulated”) (p. 10). McMullin’s study did not include Italy. Furthermore, although the author identified tools that can be used for relationship management, he did not consider how these can impact the value created by the PPP, nor how this value can be measured.

McEwen, Shoesmith, and Allen (2010) and Dawson (2010) went into more detail about performance measurement systems, although they focused exclusively on the third sector and not on hybrid forms of collaboration with the public sector. McEwen et al. (2010, 586) used a case study to demonstrate the importance of communicating the positive impacts for users of third sector entities. They also highlighted the benefits and challenges that third sector entities face, including those related to performance measurement and management systems. In more detail, the authors proposed an “outcome monitoring tool (OMT)” as a model for highlighting the impact of a charity’s services on the people who use those services. Dawson (2010) studied the performance measurement system of a third sector body and proposed changes to improve their effectiveness and impact

assessment based on the identified areas of weakness. Moreover, the author demonstrated how “an organisation can use both impact assessment and the BSC performance management system together” (Dawson 2010, 530).

Mook (2020) identified four phases associated with performance evaluation: The first linked to social impact assessment with the review of externalities and intangible assets, the second related to the triple bottom with the introduction of environmental and social elements along with the financial ones, the third associated with the use of shared standards such as the GRI and SDGs, and the fourth linked to the collective impact. Although it might be difficult to identify a clear line that traces change, the evolutionary stages of the outlined performance evaluation support identifying the elements and the approach within the case study. The study highlighted a relationship in the transition between the third period of performance assessment of the United Nations 2030 Agenda’s SDGs and the fourth step, which, through the Integrated Social Accounting (ISA) model, identifies the elements of the interdimensional process among four interconnected dimensions: resources/capital; value creation/destruction; internal systems and processes; and organizational learning, growth, and innovation.

On the basis of these contributions, there is an evident gap in the literature regarding performance evaluation systems in the context of third sector and particularly in the context of various organizational methods of collaboration between the public and the third sectors. This gap is important to address, especially considering that these forms have spread greatly during the pandemic period. Such collaboration presents elements of even greater complexity than the evaluation of the public sector and the third sector, considered individually, as collaboration between actors belonging to the first (public) sector and the third sector leads to a mix of critical factors that require performance and impact measurement management systems with typical characteristics of both sectors. Not only must collaborations be based on sustainability, but also the performance measurement systems must consider this aspect.

2.2 | Partnerships Between the Public Sector and the Third Sector

According to Coston (1998), there are eight types of relationships between public administration and the third sector—“repression,” “rivalry,” “competition,” “contractual,” “third party,” “cooperation,” “complementarity,” and “collaboration”—each of which differs in relation to multiple variables, including the government’s acceptance of or resistance to institutional pluralism, the connection between government and the third sector, the power relationship of the subjects, the degree of formalism, and other characteristics. If the first form of relationship (repression) provides for the absence of connections and unilateral relations, rivalry begins to consider a weak form of bilateral relationship. In competition, the government turns from unfavorable to neutral; subsequently, in contracting, we arrive at the government’s acceptance of institutional pluralism and the use of the contract as a formal instrument for the division of labor. In third party relationships, the government continues to occupy a position of supremacy but begins to be influenced by the

third sector, which acquires greater discretion. In cooperation, when there is little connection between the third sector and the government, the role of the non-profit becomes increasingly broad until it becomes a symmetrical power relationship in complementarity. Collaboration represents the most recent type of relationship between the public and the third sector; it is characterized by a high level of connection between the public and private sectors and a sharing of information and resources, as well as joint action. Furthermore, the third sector participates in planning, design, and implementation. PPPs and co-production strategies, therefore, belong to the latter form of relationship.

Partnership represents an alternative mode of competition based on market logic (Smith and Grønberg 2006)—“market-based or competitive governance” (Enjolras 2009, 274)—whereby different actors deliver services of primary importance through forms of collaboration—“civic-based or partnership governance” (Enjolras 2009, 274). These include PPPs in the context of NPG (Casady et al. 2020). NPM supports increasing collaboration and partnership between public administration, citizens, and other social actors (the media, the academic world, the private sector, and the third sector) (Vigoda 2002). The delivery of services to people often depends on the creation of social partnerships that could be considered hybrids (Evers 2005; Sanzo-Pérez and Álvarez-González 2022) rather than belonging to a single well-defined sector, a “cross-sectoral partnership” (Chaney and Fevre 2001, 131; Jørgensen and Hannibal 2023, 1). Partnerships are based on the idea that governments lack the knowledge and skills needed to deliver essential public services on their own (Lawther and Martin 2005). For their part, ETSS develop forms of collaboration with other actors (including public administration) to obtain two results: increase the resources available (Halseth and Ryser 2007) and increase the ability to satisfy the corporate mission (Proulx et al. 2014). Despite the advantages, according to Cairns and Harris (2011), public bodies and third sector bodies face a number of challenges related to the creation of new organizational structures or governance systems when trying to develop partnerships (Chaney and Fevre 2001).

Although partnerships have developed considerably in recent years (Shi et al. 2020; Kang et al. 2019) and lead to considerable benefits, as demonstrated in the literature (Young 2000; Vogel et al. 2022), they still represent unexplored ground, especially in terms of sustainability. Akomea-Frimpong, Jin, and Osei-Kyei (2022) attempted to systematize the literature on the topic of sustainability in the performance measurement of PPP projects, from which 33 articles were derived. In this case, however, the objective was to highlight the integration of sustainability in PPP projects, rather than the analysis of the sustainability of PPPs.

Particularly important are partnerships involving public bodies and ETSS (Bode and Brandsen 2014; Chapman et al. 2010; Zimmer 2010), which can take on different connotations depending on national legislation. In the literature, partnerships are linked to so-called collaborative agendas (Sinclair 2011; Lowndes and Skelcher 1998), from which collaborative advantages emerge (Vangen and Huxham 2005) through relational coordination (Gittell 2006). Co-production is a primary form of collaboration (Proulx, Bourque, and Savard 2007). The topic of PPPs is also analyzed in terms of the role that these forms of collaboration play as drivers of sustainable development, but the measurement

systems are not included in these studies (Cheng et al. 2021; Wang and Ma 2021).

Forms of public-private collaboration have some elements in common with the public sector and others with the private sector. With reference to the first, some literature explores governments' creation/destruction of public value, but there is little about PPPs. Furthermore, as highlighted by dos Reis and Gomes (2023), these studies often focus only on the quality-price ratio and economic performance criteria (Hodge and Greve 2017; Grimsey and Lewis 2005), without employing a 360-degree vision of value, which also includes social value (Quélin, Kivleniece, and Lazzarini 2017). Therefore, considering their expertise in the provision of services of general (and public) interest, it is appropriate to analyze the creation/destruction of social value in the evaluation of PPPs (Lazzarini 2020; Cabral et al. 2019).

3 | Method

One of the main practical forms of partnership in Italy (Corvo et al. 2022; Brandsen and Pestoff 2006) was introduced in Article 55 of the Third Sector Code (Legislative Decree 117/2017): co-planning (paragraph 2) and co-design/co-production (paragraph 3). Although these forms were initially disregarded in the face of a ruling by the Council of State, a recent ruling by the Constitutional Court (2020) confirmed their constitutional validity. In response to this ruling, guidelines (Ministerial Decree 72/2021) were drawn up in 2021 to facilitate their adoption and application in the emergency context of COVID-19. Although the Italian Public Contracts Code (Legislative Decree No. 50 of April 24, 2016) provides that private entities must compete with each other for contracts of any kind with the Public Administration (e.g., for the assignment or concession of a service), the Third Sector Code assumes that the aims pursued by third sector bodies are homogeneous (but not lucrative) and that their activities converge with those carried out by the Public Administration (activities of general interest). Consequently, for the stipulation of contracts between the third sector and the public sector, it is not necessary that there is some form of competition between the third sector bodies; instead, a form of active involvement is required.

According to Article 55, co-planning “is aimed at the identification, by the proceeding public administration, of the needs to be met, the interventions required for this purpose, the modalities for their implementation and the available resources” (paragraph 2), whereas co-design/co-production “is aimed at defining and possibly implementing specific service or intervention projects designed to meet defined needs, in the light of the planning instruments referred to in paragraph 2” (paragraph 3). On the basis of the aforementioned ministerial guidelines, co-planning consists of a “participatory and shared investigation,” in which “the framework of knowledge and representation of the possible actions to be undertaken is the result of the collaboration of all the participants in the procedure” (p. 8). The first phases of both procedures involve the initiative of the public body or, alternatively, the third sector body. The Italian situation, following McMullin's (2021) study, is similar to NPG and with relationship management characteristics approaching NPM and the NWS.

Our analysis is carried out through a longitudinal approach that considers literature and empirical data to measure the context and change. Although the context can be a limiting element for the generalization of results in longitudinal analyses (Schneider 2006), this case study highlights how the definition of policies linked to Fast Track City and the objectives defined by the network are common to the global context. Moreover, longitudinal analysis has already been adopted in the literature to represent case studies (Argento et al. 2020; Grossi et al. 2021). Longitudinal analysis allows the measurement of change performances within the context of an objective measurement of results based on long-term data (Wond and Macaulay 2011; Pollitt 2003). The abductive process (Dubois and Salmi 2016) uses different methodologies, sources, and resources to overcome interpretative gaps. Ramberg (2017) provided a method for defining the longitudinal elements, considering performance measurement, and evaluating managerial impacts.

This study consisted of four phases (Table 1, Figure 2). The first phase involved a case study analysis using the Social Impact Assessment (SIA) method. SIA has been suggested as a remedy for mapping the partnership process (Biancone and Secinaro 2020; Becker 2001), supporting impact analysis by considering relationships between actors and stakeholders (Vanclay 2003). The impact assessment phases included input (resources), activities (transformation of inputs), outputs (goods and services), outcomes (effects on beneficiaries), and impact (community change) (Hervieux and Voltan 2019; Branch 2019). The second phase provided a chronological overview of interviews and public value interventions based on empirical data from documentation and workshops. The interventionist approach was conducted through meetings that began 3 months before the partnership's start and ended 1 month after the co-design. Interviews with key participants (e.g., Director of the Regional Healthcare System, City Councilor, association presidents) helped define measurement tools and methodologies (Baard 2010; Kastberg 2016). Meetings and interviews averaged 1 h and 45 min for partners and 2 h and 47 min for public and third-party participants, gathering information to evaluate relationship effectiveness and efficiency. On the basis of the project's 95-95-95 objective, the interviews were determined to be an integral part of the co-design and co-planning phases. Although the use of the interviews adopted was instrumental to the research, it was also critical to the model formally shared between the third and public sector bodies involved in this project. The interventionist approach supported direct collection.

The third phase linked empirical results with the measured impact of the hybrid organization, a core concept of the theoretical framework. Data were made accessible online for replicability (Brescia et al. 2022). An impact certification procedure by a European-certified third party involved an interventionist approach applied by two authors from the University of Turin Spin-Off, following guidelines from "Torino Social Impact" and accredited by "CEPAS" (Torino Social Impact 2021; CEPAS 2021). The City of Turin adopted a performance analysis process based on guidelines from the Turin Chamber of Commerce (Turin Chamber of Commerce and Turin Social Impact 2019). The fourth phase involved descriptive statistical analysis to answer the research question. On the basis of Champenois et al. (2012), data regarding HIV and syphilis testing were collected via a risk

assessment questionnaire that was standardized by the COBAT-EST network (Reyes-Urueña et al. 2019). The questionnaire includes sections on data collection, user information, behavioral factors, previous vaccinations, and test reactivity. Data processing determined the effectiveness and efficiency of activities, highlighting sample consistency, positivity rates, perceived quality, and statistical cost impact (Bert et al. 2018; Mocroft et al. 2013; Foglia et al. 2013; Rutstein et al. 2017). A descriptive analysis of the sample was adopted to analyze the input and subsequently evaluate the return and behavior of the subjects that had already been tested. STATA 16.1 software was adopted. The differentiation between knowledge and performance behavior between those never tested, those tested within 12 months, and those tested beyond 12 months was carried out with Fisher's test (Sprenst 2011); the evidence has already been offered in Brescia et al. (2021, 2022). Instead, the savings based on the evidence of Marcellusi et al. (2021) generated by the Markov model allowed the cost reduction to be interpreted based on the CD4 of the sample. User feedback was gathered through a 7-question survey on service effectiveness, professionalism, information clarity, accessibility, safety, and continuous offer effectiveness (Brescia, Caratù, and Scaiola 2019; Tradori et al. 2017). The survey was administered via QR code for anonymous and autonomous completion.

Figure 1 represents the time axis associated with the co-planning and co-design phases and the methods adopted in the study.

4 | Results

4.1 | Case Study

For several years, the City of Turin has seen the active presence of various Third Sector Organizations dealing with the prevention of HIV and STIs and the stigma of HIV+ people. Among these are Casa Arcobaleno, Abele Onlus Group, Italian Red Cross—Turin Committee, Turin Section Anlaids, Lila Piemonte, Giobbe Association, and Arcobaleno AIDS. The pandemic crisis that arrived in Italy in February 2020 led the Italian Government to establish a lockdown period on March 11, which led to the closure of all centers for the treatment and prevention of infectious diseases (including HIV and other STDs), converting them into COVID diagnosis and treatment centers (Iversen et al. 2020). Only the ETSS that dealt with health and social health activities during the lockdown could continue to operate in the area. During the lockdown period, therefore, the ETSS already involved in the administration of rapid HIV and syphilis tests took action to respond to citizen demand and fill the gap created by the health system, which continues to operate without direct user access today. The ETSS continued their activities during this period through self-financing. Recognized as efficient and effective in a pandemic crisis, this activity has led the City to commit itself to carrying out the activities envisaged by the Paris Agreement to promote testing in the City and region. On September 15, 2020, the City signed a resolution of the City Council n. 01907/130: an Agreement among the City, ETSS, and the international network Fast Track Cities, launched at the World AIDS Conference in 2014.

That moment defined the start of a co-planning process, which led to the presentation of a pilot project financed by the Italian Ministry of Social Policies to test the sustainability of the proposed

TABLE 1 | Table of agreement among research questions, methods, documents, and subjects of Fast Track City co-planning and co-design.

Research question	Methods	Documents and sources	Subjects
Q1. Is the partnership model between third sector actors and the public sustainable? Q2. Is the partnership model between third sector actors and the public able to generate value, or does it absorb it?	Social Impact Assessment (SIA)	Pilot project balance sheet and reporting of the pilot project realized during co-planning activity; SIA of the project, budget defined during the co-design	Municipality of Turin, Department for Social Policies of the Piedmont Region, related ETSS, Spin-off of the University of Turin
Q1. Is the partnership model between third sector actors and the public sustainable?	Semistructured interview	Transcription of the answers and minutes prepared by the Social Services and Equal Opportunities Office of the City of Turin	Director of the Regional Healthcare System (ASL Città di Torino), the Councilor for Equal Opportunities and Health of the City of Turin, and the presidents of ETSS (Casa Arcobaleno, Abele Onlus Group, Italian Red Cross—Turin Committee, Turin Section Anlaids, Lila Piemonte, Giobbe Association, and Arcobaleno AIDS)
Q1. Is the partnership model between third sector actors and the public sustainable? Q2. Is the partnership model between third sector actors and the public able to generate value, or does it absorb it?	Torino Social Impact framework (common approach, methods, and language)	Project report, minutes, knowledge and language of the actors, statistical data on the reference context, formalized processes for co-planning and co-design	Municipality of Turin, Department for Social Policies of the Piedmont Region, related ETSS
Q2. Is the partnership model between third sector actors and the public able to generate value, or does it absorb it?	Descriptive statistical analysis (user behavior and perception of service using software STATA 16.1); comparison between groups of users based on the behavior of the tested users divided into three groups: tested before 12 months, within 12 months, and never tested (with Fisher's test) based on key variable (Brescia et al. 2021, 2022); and the relationship between the CD4 number of the reactive detected and the associated/saved healthcare cost (Marcellusi et al. 2021)	Questionnaire of risk assessment (COBATEST) and quality questionnaire of service	795 users of the testing service

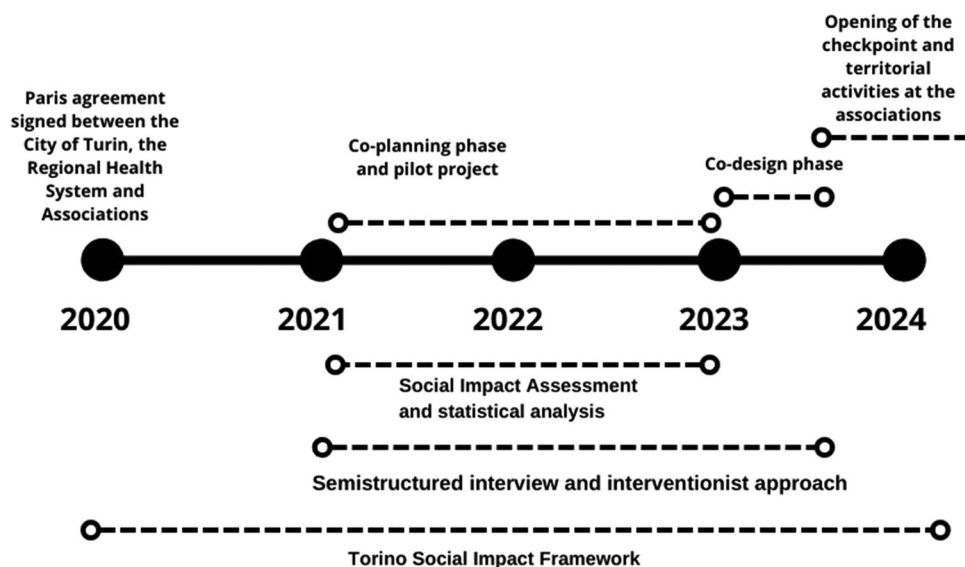


FIGURE 1 | Timelines of the study.

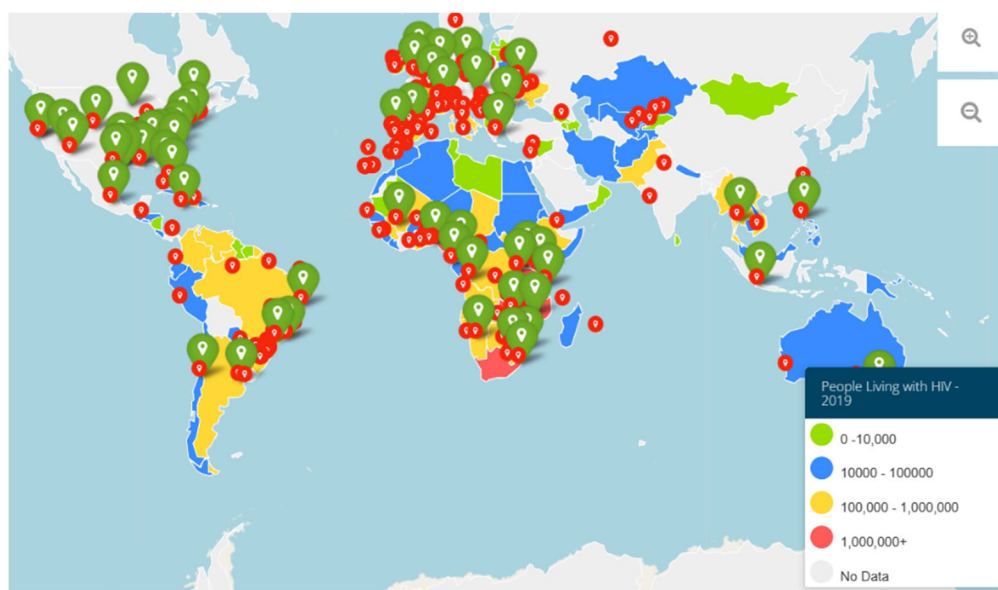


FIGURE 2 | People living with HIV in 2019 and dissemination of the initiative. *Source:* Fast Track Cities' website. [Colour figure can be viewed at wileyonlinelibrary.com]

model and the partnership between subjects. The pilot project included the involvement of the academic spin-off of the University of Turin's Department of Management to determine the most appropriate tools to measure the impact generated and build an appropriate SIA model. After an initial co-design phase, the design and implementation phase of the pilot project took place between 2021 and 2022. The co-design envisaged four meetings to define the common objectives and the needs of the area, including the testing, prevention, and establishment of checkpoints to reduce the cases of late access to diagnosis. The co-design process envisaged, including third sector subjects, who joined the City of Turin in the process and identifying a co-production system based on the representation of users through the ETSS that have collected their members' and users' specific needs. Mazzei et al.

(2020) stated that this type of representation is legitimized by the subjects; experience, which leads to a direct relationship between those who provide the service and those who receive it. The pilot project, defined as co-design testing, involved the creation of rapid HIV and syphilis tests at the headquarters of the ETSS, framing the actions according to the following objectives defined by the SDGs:

3.3—By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-related diseases, and other communicable diseases;

3.8—Achieve universal health coverage, including protection against financial risks, access to essential quality health care

services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all;

16.6—Develop effective, accountable, and transparent institutions at all levels.

On October 2, 2023, the final co-design agreement was signed, mutualizing input-activity-output and measurement of the impacts (outcome and impact) implemented in the co-design phase with the evaluation carried out on the project data and activities of the pilot project developed in the co-planning phase. The activities led to the effective opening of a new checkpoint in Turin in 2024, where it is possible to carry out HIV rapid tests, and the continuity of the testing activity in satellite locations in the area.

4.2 | Context

According to data collected by the Regional Reference Service of Epidemiology for the surveillance, prevention, and control of infectious diseases (SeREMI) (2022), 137 new diagnoses of HIV infection were reported in Piedmont in 2021, equal to an incidence rate of 3.2 cases per 100,000 inhabitants. From 2019 to 2021, there were 365 total reports; the figure recorded in 2020 (85 cases) is the lowest in the last 15 years (2007–2021). From 2019 to 2021, there were 119 new HIV diagnoses in people born outside Italy, equal to 33% of the total. Depending on the geographical areas of origin, there are differences in terms of gender, age, and method of transmission. Seventeen new diagnoses in young people under 25 were reported from 2019 to 2021, equal to 5% of the total; 11 of the 17 cases were young foreigners. In the last 3 years, compared to the previous 2, the frequency of young people (15–24 years and 25–34 years) has decreased, whereas the proportion of diagnoses in older age groups (over 45 years) has increased. For almost 20 years, the dominant transmission mode of HIV infection in Piedmont has been unprotected sexual intercourse, with a frequency that grew from 70% in the early 2000s to 87% in 2021. From 2019 to 2021, the proportion of diagnoses made in the advanced stage of HIV infection is 45% of the total cases in Piedmont. The value recorded in these 3 years is higher than that observed in the previous 2, equal to 39% from 2016 to 2018 and 35% from 2013 to 2015. In 2020, there was a sharp (23%) drop in both the number of HIV tests carried out and the subjects tested. In 2021, although the frequency of the adult population tested remained lower than the values recorded in the pre-pandemic era, it exceeded 3% again, with a percentage increase of 9% compared to 2020. The forecasts for 2022, based on data relating to the first 9 months of the year, estimate a further growth in HIV tests of at least 6%. The SeREMI confirms the difficulty of the surveillance system following COVID-19's impact on services and access to early diagnosis.

The study was conducted within the City of Turin, which has developed a table on social entrepreneurship that has primarily involved the third sector and that has led to the sharing of a series of shared approaches and tools aimed at measuring the impact on the context since its establishment in 2019. This formal network is called Torino Social Impact (<https://www.torinosocialimpact.it/>), and it highlights a thriving context for new performance measurement systems.

4.3 | Findings

On September 15, 2020, the City of Turin signed an agreement with the ETSS to achieve the objectives shared with the Fast Track City network. The signing of the agreement marked the start of a co-planning process that revealed the following practical problem in the first declarations of the Councilor of the City of Turin: “As a city, we do not have the competencies to objectively define the needs of citizens and the knowledge to build a community-based system based on ETSS to respond to these needs.” At the same time, the delegate of the Regional Health Service declared:

Our service is efficient; we are able to follow the users' care process, but in this period, we have difficulties in reactivating a direct process of taking charge of users and reaching of all users who do not normally turn to our service, we have the necessary knowledge for diagnosis, but the hospitals where we provide the service are not attractive and do not allow users access at certain times even with a reservation.

On the basis of the declarations, the City and the Regional Health Service launched a working table involving seven ETSS already active in the City.

Safeguarding the public interest linked to early diagnosis and access to treatment and identifying the resources necessary to effectively set up a partnership, as well as the policies to be adopted, led the ETSS involved to collaborate with institutional partners that could test the elements introduced in the co-planning and co-design phases. The president of the Italian Red Cross and coordinator of the project highlighted, on the one hand, the organizations' management capacity in terms of design, planning, and implementation of the services, and on the other hand, the absence of a shared approach aimed at defining a common performance evaluation system within the partnership. In this phase, the spin-off of the University of Turin was involved in supporting the shared assessment of the impact and the measurement tools, thanks to the favorable context generated by Torino Social Impact. The pilot project, financed by the Region through a tender from the Ministry of Social Policies, supported the experimental application of the impact assessment system. Furthermore, the adopted SIA framework supported the common language and approach between the public sector and the ETSS.

Implementing the pilot project led to determining SIA based on inputs, activities, outcomes, outputs, and measurement of the final impact. The inputs identified the economic resources required to realize the project, which include the €25,067 (20.22%) co-financing by the ETSS, the rapid HIV and syphilis tests (59.84% of the total costs), first aid medical supplies (7.34% of the total costs), website and promotional materials (9.97% of the total costs), biological waste disposal service (12.60% of the total costs), planning activities related to administrative management costs (4.99% of the total costs), insurance costs to protect volunteers (5.26% of the total costs), three association offices (Casa Arcobaleno, Croce Rossa, and Gruppo Abele), 20 volunteers, 9 doctors, 4 nurses, 4 counselors, consumables, and the agreement with the City of Turin and the Regional Health System for the communication of the availability of the rapid test

in an extra-hospital context when any reactivity is detected. The activities specifically envisage the creation informed consent and risk assessment questionnaires suitable for statistically detecting user behavior, the administration of the test every month at various city checkpoints, the responsibility of the Regional Health System to follow up regarding any reactivity with the detection of confirmation of blood tests, and the CD4 count of each subject. At the beginning of the project, the activity also included training and coaching new volunteers to acquire skills in administering the risk assessment questionnaire and providing information to users. Furthermore, at the start of the project, a dedicated promotional site was to be created, and the posters were to be disseminated on social media and institutional sites supported by the City of Turin. The administrative activity, the holding of alignment meetings between the subjects, and the processing of data were to run parallel to the entire duration of the pilot project (co-planning). The outputs identified by the project included the number of tests carried out, the hours of service, the locations available, the press releases associated with the number of tests administered in collaboration with citizens, the number of users informed about HIV and STI, the ways in which the activities of Torino Fast Track City sensitized against the stigma of these medical conditions, and the number of publications and reports produced.

The first statistical analysis of the sample describes the subjects involved and their behavior in the period of co-planning. The main outcomes are the number of reactive users (795) whose state of health was impacted by starting treatment, the number of users (291) who changed their behavior with repeated access to the test over time, the growth of operators' skills regarding awareness of the stigma against HIV+ people, and the provision of risk assessment questionnaires and information. The further output consists of the number of subjects reactive to the HIV and syphilis test out of the total. In this case, four subjects were reactive to the HIV test and four to the syphilis test. The major detectable impacts are related to the increased awareness of users with repeated access to the testing service, the reduction of opportunistic infections against HIV+ and syphilitic subjects, the reduction of new infections caused by unaware subjects, and the reduction of healthcare costs. The effective adoption of the partnership model proposed by ETSS and the Municipality finds its impact in sharing the model adopted in the co-programming phase. The project to identify the impact and sustainability envisaged the adoption of a risk assessment questionnaire and membership of the COBATEST network (<https://cobatest.org/en/>), which supports the collection of personal data and user behavior through a common database among ETSS.

Marcellusi et al. (2021) determined valid elements for measuring social and economic impact. On the basis of previous studies (Mocroft et al. 2013; Foglia et al. 2013; Rutstein et al. 2017), Marcellusi et al. (2021) used the Markov model to determine the savings produced in the Italian healthcare system through the Markov model. The statistical analysis was accompanied by the economic analysis (Marcellusi et al. 2021; Mocroft et al. 2013; Foglia et al. 2013; Rutstein et al. 2017), supporting the attribution of the value generated in the early identification of HIV+ subjects based on the CD4 count and the probability of acquiring opportunistic infections, which would lead to an increase in costs for the healthcare system. Our study, using confirmed 4 HIV+

cases and CD4 counts provided by the healthcare system at the time of hospital receipt and blood testing, supported the savings assessment based on estimates determined by Marcellusi et al. (2021). Furthermore, the estimate of the cost of volunteers and activities carried out free of charge by doctors was attributed on the basis of Esposito et al.'s (2021) findings and national medical price lists, determining the unpaid value generated in the area for the provision of the service.

The statistical analysis of the subjects highlights that 795 rapid HIV tests (Determine 1/2 Alere-Abbott) and 610 syphilis tests (DETERMINE) were administered during the co-planning periods. Most tests were administered in November 2021, June 2022, and October to December 2022. At least one HIV test date was provided each month in at least two sites at a time. The questionnaire was elaborated on the basis of the indications provided by COBATEST Tool—COBATEST NETWORK and previous projects carried out by Odv Casa Arcobaleno, Arcigay, Arcobaleno AIDS Odv, the Ministry of Health, and ISI Spallanzani of Rome (Scognamiglio et al. 2018). Out of the total number of tests administered, 488 questionnaires were collected, of which 246 came from Odv Casa Arcobaleno (50.4%) and the remainder from different association offices declared by the project, including at the mobile office during the Torino Pride event, as envisaged by the project pilot. The questionnaires that were not found to be suitable because they were incomplete or not filled in correctly were excluded. The data were extracted from the total sample; 32.8% of the included participants were under 25, whereas 67.2% were older or equal to 25.

The sample is particularly significant considering the regional trend collected at the MST/IST centers (SEREMI 2022). Of the subjects tested, 59% returned to carry out the HIV test, demonstrating the attractiveness of semi-permanent centers in the community-based area (managed by third sector bodies), where it is possible to test oneself at an unconventional time and asset (place). The effectiveness increases in the sample of MSM (men who have sex with men), where the percentage of subjects who return to test increased to 81.97. At the end of the pilot project, four HIV-reactive subjects were identified, of which three were MSM and one was heterosexual. The trend highlights and confirms the regional epidemiological trend. All subjects received confirmation of their serological status. The reactive subjects received assistance with direct access to the Amedeo di Savoia Hospital in Turin—Asl Città di Torino (Part of Regional Healthcare System). Due to an active agreement and continuous collaboration, it was possible to confirm reactivity and get the CD4 count. The CD4 cells (also known as helper T lymphocytes) in the blood define the state of the immune system; if untreated, HIV attacks CD4 lymphocytes and replicates, increasing its viral load and simultaneously causing a decrease in CD4 cells, which results in immunodeficiency over time (Masur et al. 1989).

The data confirm the trend in the average age of new diagnoses in the Piedmont Region (SEREMI 2022). The CD4 count of HIV+ confirmed subjects at the hospital breaks down as follows: –1 less than 200 CD4 and –3 between 350 and 500 CD4. The data show that only one diagnosis was in an advanced stage. At the same time, the other cases represent possible recent infections, which could significantly impact possible new infections. On the basis of scientific evidence, the number of reactive tests is

cost-effective compared to the total number of tests administered (1.5 reactive tests every 300) (Bert et al. 2018; Brescia et al. 2019). In addition, four cases of syphilis reactivity were identified. Subjects, who were syphilis positive at the time of the rapid test, were not also HIV+. As evidenced by studies, syphilis can increase the possibility of contracting HIV up to seven times, as well as causing permanent long-term damage to various soft organs (e.g., brain and heart) without the possibility of regeneration (Zetola and Klausner 2007; Buchacz et al. 2004).

The previous paragraph highlighted how previous studies support the analysis of the cost saving to the healthcare system and, therefore, of the specific value generated by each HIV+ user detected before the onset of comorbidities or opportunistic infections linked to the progression of immunosuppression. Marcellusi et al. (2021) found that by treating the level of opportunistic infections associated with CD4 levels immediately (Mocroft et al. 2013; Foglia et al. 2013), it is possible to reduce healthcare expenditures by €8444 (€2111 for treatment of opportunistic infections). The study by Mocroft et al. (2013), based on 200,000 HIV+ subjects in Europe, highlighted how the CD4 number affects the onset of opportunistic diseases and how the decrease in CD4 affects parallel the effectiveness of antiviral therapies, with an increase in the number of therapies required. On the basis of the evidence and mathematical models of Mocroft et al. (2013), Foglia et al. (2013) analyzed the costs associated with the treatment of each opportunistic pathology that, in probabilistic terms, arises in Italy based on the decrease in HIV+ patients' CD4 count, defining standard costs based on the CD4 count for patient access to the healthcare service. The study by Foglia et al. (2013) also demonstrated the healthcare system savings associated with patient access, supporting the savings generated by early access associated with each CD4 count based on standard healthcare system costs. Finally, Marcellusi et al. (2021) updated the costs to 2020 and, based on the pandemic period in Italy, estimated the costs associated with the average annual cost of treatment, costs for the healthcare system associated with CD4 level, and the loss of productivity linked to the HIV+ pathology. On the basis of epidemiological data, the models described, and the reference sample, Marcellusi et al. (2021) estimated the savings in Italy provided by access to therapies and the decrease in the average cost of treatment when detection occurs before immunodeficiency. Immediate diagnosis guarantees access to antiviral therapies that increase the number of CD4s and reduce associated expenditures (Rutstein et al. 2017; Marcellusi et al. 2021) by €3841. The reduction in expenditures is equal to the difference between expenditures for $CD4 < 200$ €6.343 and expenditures for $CD4 \geq 500$ €2.502. The savings for 4 subjects taken care of by the healthcare system equals €8444 + €15,364 (average reduction in prospective treatment costs compared to the time frame with the assumption of antiviral drugs), for a total savings of €23,808. The direct economic evaluation is possible considering the impact of volunteering, which has yet to lead to a monetary quantification despite the professional commitment in each association's office. The pilot project considers an average of 10 volunteers and 4 doctors in each location for an average of 13 dates. The value of volunteering (Esposito et al. 2021), as shown in Table 2, is based on the cost that a cooperative would have to bear to carry out the same activity. The cost per hour for professionals was based on the professional services defined by the national price list of the medical association for equivalent

medical services, and for volunteers, it was determined by the Ministry of Social Policies and considered project co-financing. However, the element is currently being eliminated, which makes the scientific evaluation of the parameter less clear.

In total, the activity recorded a savings, including professional and non-professional volunteering hours, equal to €30,796.80. The value generated by the volunteer activities and the professionals involved and the healthcare savings measured on the basis of taking care of positive subjects is considerably higher than the economic contribution associated with only some reportable costs. Summing up from the analysis of the outcome, the value associated with healthcare savings guaranteed by HIV+ subjects' early identification and access to the healthcare system was €23,808/person, to which is added €30,796.80 of the value of voluntary activities not recognized as an economic contribution, for a total of €54,604.80.

The impact and value generated can be analyzed in two ways: financial and non-financial. The social return on investment (SROI), already adopted in the third sector (philanthropic bodies) (Bosa 2022), does not represent a methodological novelty but a generally shared and approved approach to measuring financial aspects. The SROI, defined by the value produced by the outcome of the investment, generates the socio-economic return for each euro invested. In the case study, the SROI is equal to €54,604.80/€25,067.52 for a value equal to 2178, which increases further if we consider only the public financing (without third sector co-financing), which is equal to €54,604.80/€20,000, for a value equal to 2730. According to Scognamiglio et al. (2018), these non-financial indicators serve as evidence of the effectiveness of the positivity rate, measured as the ratio of individuals with reactive test results to the total number of individuals tested (effectiveness associated at 1 positive on 200 tests provided), and its linkage to care, measured as the ratio of individuals attending the referral clinical center linked to the project for confirmatory testing and their first visit to the number of people with reactive testing. Additionally, the study highlights knowledge of pre-exposure prophylaxis ([PrEP] involves HIV-negative people taking anti-HIV drugs) and other prevention tools and behavior based on when they were last tested and returned to the center to be tested. The project shows the presence of 4 HIV+ subjects out of 795 tested. All HIV+ subjects were taken care of by the healthcare system with a confirmatory test and CD4 count at the start of therapies. According to Fisher's Test, there is a correlation between knowledge of PrEP and the use of condoms or more careful behavior in subjects who have carried out HIV tests for less than 12 months (Brescia et al. 2021); in a sample where 59% of subjects returned to test a second time, this demonstrates the effectiveness of the communication offered by the volunteers. Furthermore, 40% of the tested subjects had never taken a test, which supported the communication process and increased the subjects' awareness.

The partnership defined the co-planning phase in 2022 and began the co-design phase with the reproduction of the pilot project model in 2023. During the co-planning meetings, it was possible to observe that the organization had taken on the objectives and priorities of the ETSS. Some significant elements are highlighted before summarizing the conclusions of the co-planning phase with some statements from partners.

TABLE 2 | Recognition of the volunteering activities.

Items	Activity evaluation	Recognized time value	Final value
Activists and volunteers	10 volunteers with at least 4 h of activity per month over 13 months = 520 h	€17.11/h (5th level)	€8.897.20
Professionals by date of administration	At least 20 min per test identifies services equal to 1060 h of medical activity based on the presence of four volunteer doctors	€20.66 (7.75 capillary blood sampling + 18.08 clinic visit)	€21.899.60

From the interview with the Councilor of the City of Turin for Social Policies and acts related to healthcare treatments, it is noted: “Many associations present in the municipal area are active with the administration of rapid HIV tests but do not have the strength to give stable continuity to the service and ask for support for a shared activity with the signing of the Paris Agreement by the City ... we don’t know the targets, and we are not able to provide the testing service independently.”

The Director of the City of Turin ASL (Healthcare Local Service System) declared: “The health service offers a constant service, but we do not have the possibility of reaching the community directly. We can only take care of the subjects who turn to the service directly of testing offered by hospital facilities.”

Association 1 declared, “We have been administering tests for 15 years, first rapid HIV saliva tests and now blood tests. We have carried out the activities with self-financing by members or through projects, but we are unable to provide the service with certainty of continuity.”

Association 2 also declared during one of the meetings, “We have the knowledge for counseling and a community-based approach that institutions do not have, and we are able to administer the test in particularly high-risk contexts such as drop-in (education and administration of sterile material to reduce the risks of venous use and sexually transmitted diseases in subjects who use narcotic substances).”

Three ETSs declared, “We are used to providing training (health and sexually transmitted disease prevention) in schools and during public events and for our volunteers.”

At the end of the co-programming, the Assessor of the City of Turin shared the objective of activating extra-hospital services based on community-based activities organized by the third sector in the area, noting the need to find the inputs to respond to this need. Meanwhile, the Director of the Regional Health Service of the area shared the need to involve the third sector in carrying out activities that involve those population segments that the institution cannot reach by making staff and rapid diagnostic tests available. Dr. Picco, Director of the City of Turin ASL (Healthcare Local Service System), joined the co-production phase by identifying the effectiveness of the currently implemented satellite service activities in each association’s structure. The planned activities align with what is defined in the project and provide for the City of Turin to open a checkpoint in collaboration with the ETSs that decide to join the co-production phase. To this end, there is the possibility of jointly providing

rapid tests to users who request them in collaboration with each association belonging to Fast Track City through the staff and resources of the Multidisciplinary Centre for Sexual Health. The Ce.Mu.S.S.’s involvement in the co-planning phase revealed the effective assignment of inputs aimed at guaranteeing long-term continuity to achieve the objectives of general interest shared between institutions and the third sector. Nonetheless, Arcobaleno AIDS and Gruppo Abele highlighted a difficulty in the effectiveness of the co-planning and co-planning process in two public declarations that identified excessive extension of the co-activities’ implementation times as problematic. Furthermore, their declarations indicated that there has been little attention to some needs identified by the ETSs, such as the reactivation of direct access to services without a reservation.

However, all subjects agreed on the effectiveness of the pilot project based on the priority of unifying resources and skills and defining measurement tools, as well as the sustainability of the model. The co-design phase started in 2023, with three meetings that included eliminating the limitations relating to direct access and taking charge of reactive subjects. At the same time, the co-design process included the construction of a shared budget structured with the same elements of the pilot project, the assignment of medical personnel and tests by the health service, and a new shared management structure by the ETSs for carrying out the test. At the same time, the Casa Arcobaleno office, already active for several years, remains active and is administering rapid tests in specific events held at ETS offices or particular public events. The costs of redeveloping the headquarters are not part of the economic model, but the city has distributed them to the ETSs belonging to the network as a co-financing activity to support shared activities.

Several declarations were recorded through interviews during the co-design phases:

According to Association (1), “It is not correct that the City shared the value of the economic sustainability of the project in terms of savings for the healthcare system and value generated for the volunteers’ activities but did not recognize these items in the budget.”

Association (4) clarified, “The activity of covering the expenses of the structure granted by the Municipality should be the responsibility of the Municipality and not of the Associations that already make knowledge and hours available.” “The health structure has made staff available for the tests in the open checkpoint but is not able to cover the activities carried out in the other association offices with staff.”

The opening of the checkpoint took place in Via Mazzini 44/E in Turin (Italy) on December 15, 2023. In the first meeting of the control room, which is made up of the public and the third sectors, the effectiveness of the activities was highlighted.

5 | Discussion and Conclusion

This study demonstrates how third sector organizations have developed resilient models during COVID-19, as defined by the ability of third sector organizations to respond to needs, ensuring sustainability, efficiency, and effectiveness. According to the statements of the subjects involved in the co-planning and co-design phases (presidents of ETSs and representatives of public bodies), these models are sustainable and capable of generating value (Lazzarini 2020; Cabral et al. 2019). Using the pilot project during the co-planning phase highlights SROI 2.73, the value of public investment and the multiplier offered by specific voluntary activities. At the same time, dedicated non-financial indicators, such as the number of reactive and supported subjects and information effectiveness with an impact on behavior and awareness, strengthen the purely economic-financial element of sustainability. With financial support and the involvement of the public subjects, the ETSs will be able to involve users effectively and sustain long-term service (Hodge and Greve 2017; Grimsey and Lewis 2005). The conclusion of the co-design phase with the opening of a checkpoint and the overcoming of obstacles recorded in the co-planning phase demonstrate this, whereas the effectiveness a few months after the opening highlights the model's sustainability.

At the same time, public bodies need help to achieve their foreseen and planned objectives. The hybrid partnership generated between the third sector and public subjects (Evers 2005; Sanzo-Pérez and Álvarez-González 2022; Esposito et al. 2021) in this case study demonstrates the ability of such subjects to pursue common interests that often coincide, leading to a greater ability to overcome the limitations that a single subject encounters during the implementation of activities and production processes (Proulx et al. 2014; Coston 1998). The case study revealed how co-planning could overcome gaps in planning and implementing policies thanks to the partnership between public institutions and the third sector. Through the new co-design, it is possible to collect all the inputs sufficient to generate a service with long-term impact. The pilot project demonstrated the reliability of the authors' deductions. The sustainability of the collaborative agenda (Sinclair 2011; Lowndes and Skelcher 1998; Gittel 2006; Vangen and Huxham 2005) paved the way for the need to identify performance tools suitable for measuring the effective functioning of public models and third sector institutions. At the same time, the new approach provides a significant novelty in measuring performance and risk management within the process of public administration change (Rana et al. 2022).

The study demonstrates the effectiveness of co-planning and co-design tested through SIA analysis. It confirmed that the performance evaluation of public-third sector partnerships must be based on new shared governance systems that bring together financial (monetary) and non-financial elements (qualitative) (Ahmadi-Gh and Bello-Pintado 2022); in this, the SIA analysis plays a decisive role. The process highlights a drive toward impact

assessment generated by the SDGs and a sharing of the project's mission and sustainability, which can be read through integrated social accountability (Mook 2020). Analyzing the four elements that make up the SIA model of ISA led to a measurement of sustainable resources to achieve efficient and effective objectives in line with the SDGs. It was possible to measure value creation and the absorption of necessary resources. The SDGs have guided the approach and guidelines for measuring sustainability and implementing the shared activities. Finally, both the municipality and the ETSs identified and learned about their internal strengths and weaknesses while developing a functional process for making the checkpoint project stable.

The analysis highlights how, unknowingly, the adoption of co-planning and co-design led to an evolution of the administration and ETSs toward a fourth phase of performance evaluation, contributing to the literature related to collective impact (Mook 2020). The study confirms that the mission, resources, and capital are a starting point. As highlighted by the pilot project, the SDGs associated with the objectives and resources are identified in this phase. The activities' process requires an accountability system that evaluates financial and non-financial performances (configured through the accounting system and the Cobatest questionnaire and database supported by discussion tables between cities and ETSs). The process triggers a change in the information system from the co-design phase both in the public body and in the ETSs by sharing the performance measurement system and a continuous comparison of the metrics based on common objectives. The constant comparison during co-production and the collection of the first results through the performance evaluation system led to adjustments and modifications. For example, the evaluation of effectiveness and efficiency often stops at the sole assessment of the output in both the public and the third sector, but this element supports the process of internal study and collaborative learning of new metrics for measuring outcome and impact. This process, which involved the various subjects, effectively led to a declination of the input, activity, and output process for each resource toward defining outcome and impact and the sharing of a common language and approach (Turin Social Impact). The third step measures the creation of value in terms of value generated (or absorbed) in the territory (SROI) and an increase in the level of well-being and health (measured by awareness of behavior between tested and non-tested subjects and a potential reduction in the stigma of HIV+ subjects in the population and greater understanding of their serological status with early access to treatment). The approach changed strategically during co-production and, subsequently, the continuity of the service (through the checkpoint and the remote administration sites and the system for direct care of HIV+ patients). Measuring the value generated (or destroyed) highlights the efficient and effective use of resources by defining long-term metrics for measuring sustainable objectives and important criteria to guarantee the correct use of common capital.

Although the project development context is ripe for implementing these new tools on a general level, more knowledge of measurement tools that require the involvement of third parties among the generators of knowledge, such as universities, is needed. First, the authors observe that co-production systems that provide for high engagement and low inclusion (Mazzei et al. 2020) can be considered sustainable. ETSs have a greater

ability than healthcare institutions to directly detect needs and respond immediately in informal contexts with an approach that is efficient and effective. Second, through the pilot project, it is possible to measure the coverage of direct costs (mainly formed by the purchase of rapid tests and the insurance of volunteers). The performance evaluations observed by McMullin (2021) and Dixon (2021) are integrated in the proposed approach, which not only measures costs and direct value but also the actual impact generated on the territory (Hyndman 2020, 589), thus expanding the theoretical and practical knowledge of sustainability and accountability. The study highlights the possibility of focusing outcome and impact indicators through partnerships (Akomea-Frimpong, Jin, and Osei-Kyei 2022). In addition, it contributes to Mook's (2020) theory regarding the association between elements of SIA evaluation phases and the adoption of the co-design and co-production phases and sustainable performance indexes (Akomea-Frimpong, Jin, and Osei-Kyei 2022). It also highlights how the definition and measurement of financial and non-financial indicators associated with the SDGs in project contexts is particularly complex but possible. Nonetheless, only with continuous dialogue between actors and pilot projects is it possible to define the performance measurement metrics in a detailed and in-depth manner. This element, therefore, requires interrogating the skills necessary for constructing and evaluating complex aspects—in this case, supported by a university spin-off, but that might require other specific technical skills in another case. Furthermore, the approach adopted highlights the ability to measure the resources absorbed to generate greater value; the measurement system grows and is perfected thanks to the collaboration between the public body and the third sector in the co-design and co-planning phases, guaranteeing traceability of the performance measurement result (Mazzei et al. 2020).

Co-planning and co-design can put knowledge, tools, and resources into a system to generate an inter-dependent approach. However, it is necessary to understand whether or not this relationship leads to real transparency in the long term and whether or not it is also shared with users. The study provides important evidence, approaches, and tools to support public technicians in adopting and sharing a new vision. It offers the same for politicians who are managing the institutional change driven by COVID-19 and are committed to rediscovering processes for carrying out public activities and defining effective and efficient policies. Although such changes involve collaboration between the public and the third sectors, more research is required to identify the role and drive of volunteers involved in collaborative activities envisaged by law but carried out during office hours (subject to payment), as well as the different drives of politicians (creators) and public managers (implementers) involved in the co-planning and co-design processes. Scholars should investigate the real sustainability of collaborative processes where the value of intangibles, such as knowledge, work, and processes, is entirely borne by the third sector or the private sector to achieve public interest objectives.

Although this study demonstrated the effectiveness and efficiency of the model, the latest declarations collected during the co-design phases demonstrate how the ETSSs currently determine the actual financial-economic value within the budgets and report the real impact of the commitment. Although 72.44% of direct costs (of tests and disposing of biological waste) are

currently borne by public entities, the cost of the volunteers in the branch offices cannot be valued, representing a limitation of the co-design and co-planning model. A budget that takes these factors into account would show that the majority of the activities are financed by volunteers. In addition, the City selected a structure for the premises that required renovation activities, which were carried out by the ETSSs. Although the ETSSs contributed to the renovation and bringing the systems up to standard, according to the co-planning provisions, they will only be able to use the property for 3 years. Thus, the investment in the property owned by the City is to its advantage and to the detriment of the ETSSs, which will not be able to formally use the property in the long term.

The study highlights the absence of recognition of the value of volunteering and of the knowledge and skills made available in economic-financial terms; the current co-planning and co-design model implemented by public institutions during the pandemic appears to benefit the public through a lack of regulation and budget schemes that must be theorized and regulated in the future to avoid overburdening community-based organizations in the third sector. In particular, the budget schemes adopted by public bodies (Legislative Decree 118/2011) and the budget schemes adopted by third sector organizations in Italy (Legislative Decree 117/2017) are different from each other; this element of discrepancy is not regulated in the processes of co-design and co-production and analysis of financial results, although it can be standardized. Therefore, in the co-design and co-production process, non-profit entities enhance the public administration's financial returns, creating a difficulty in the accounting approaches used. Nonetheless, the element is important in the NPM process, where information flows uniformly into the performance measurement and evaluation process between subjects. The language adopted to estimate the value of the project and the shared measurement approach in the co-design and co-planning phases are both that of Torino Social Impact. Nonetheless, the current approach adopted by the City of Turin does not consider the economic and social impact on the territory, limiting the process to a bureaucratic fulfillment. The study highlights how the use of a common language and measurement approach generated by the ecosystem supports the communication and performance system between the subjects involved. On the basis of interviews, the workshops and periodic meetings are tools for improving the performance measurement system and exchanging key concepts.

This study contributes to understanding the overall performance measurement of third sector entities (Myers and Sacks 2003), guiding the measurement of the value they create. In addition, the analysis focuses on a hybrid organizational mode (itself made up of two interrelated phases) that presents considerable elements of complexity. In the literature, the subject of PPPs has been analyzed from various angles, but performance measurement and management systems are predominantly focused on economic-quantitative elements. An evaluation system such as the one identified in our study could overcome the lack of such systems, specifically for partnerships involving both a co-planning and a co-production phase (Mook 2020).

In conducting this case study, the authors encountered some difficulties that can support future investigations. First, contrary to what Taylor and Warburton (2003) found, the ETSSs involved

already feel legitimized to carry out services of general interest more than the institutions sometimes are, thanks to their proximity to the community and ability to collect the necessary information. It is precisely the ETSS' closeness between the co-planning and co-design phases that led to a conflict with the institutions. First, when the implementation takes too long, it drifts away from realizing shared objectives in the short term. Second, the institution needs to be faster in responding to the population's specific needs and is unable to change its approaches in the short term. Therefore, future studies should investigate the systems for reporting and sharing the results of the performance measurement system not only among the subjects adhering to the partnership but also with external subjects. In addition, future studies should test the sustainability of the model based on the new performance measurement systems in different contexts to validate the evidence provided. Future investigations should also be carried out on the critical elements identified. This analysis was conducted on a specific case involving an internationally shared network model. Nevertheless, the legislation, the level of bureaucratization of each country, and the reference context could condition the result by providing new study perspectives. Future studies should investigate whether the introduction of SIA analysis in other contexts and projects can better support the public administration in choosing co-design and co-planning with the third sector, with a view to involving and directly listening to users. Nonetheless, the study provides evidence and applicable methodologies to measure the model's impact and sustainability in all Fast Track City realities on all continents.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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