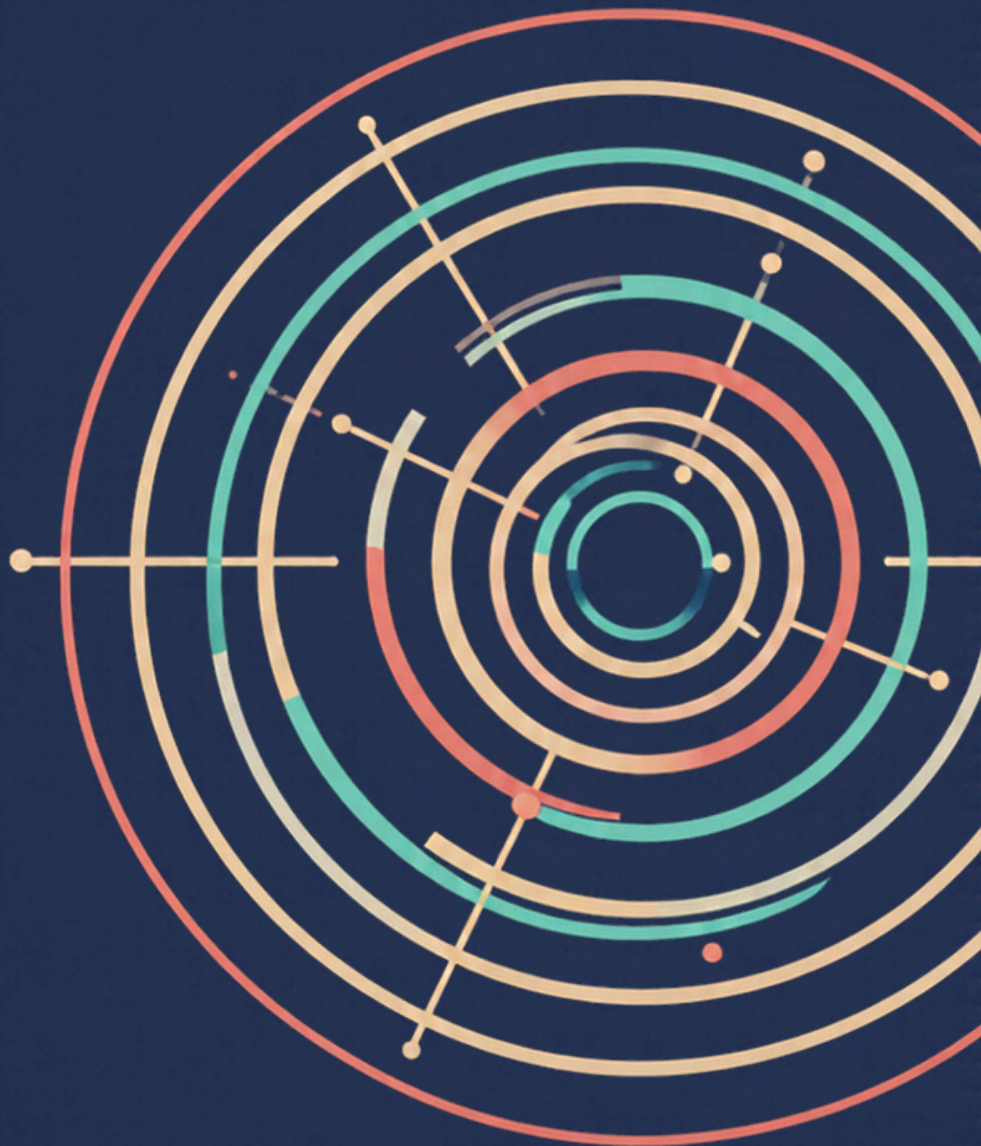


Section 01

Secondary evidence review



Australia, United States, United Kingdom, India, Brazil and South Africa

Purpose and scope

This review is a secondary-evidence audit across six countries including Australia, United States, United Kingdom, India, Brazil and South Africa. The purpose is to identify real gaps before commencing the rest of the project.

The review deliberately uses the same analytical domains across countries: finance and full-cost funding; IT/digital infrastructure; HR and volunteer capacity; CRM/data; communications; governance; regulatory/compliance burden; organisational sustainability; mission opportunity cost; and evidence supporting shared services or shared infrastructure.

Evidence was prioritised in the following order: national government/regulator datasets; large sector surveys; peer-reviewed research; established nonprofit-sector research organisations; and relevant case studies. Patient-organisation-specific evidence was preferred where available, but it is relatively scarce. Where broader nonprofit evidence is used, this is explicitly acknowledged rather than assumed to be patient-organisation evidence.

1. Executive findings

There is substantial independent evidence across all six countries that the structural constraints identified in the attached study are real. However, the quality and breadth of evidence differ substantially between countries.

Australia, the United States and United Kingdom have particularly rich quantitative nonprofit-sector datasets. India now has remarkably strong evidence on the chronic underfunding of organisational infrastructure and indirect costs. South African evidence demonstrates severe funding, workforce and regulatory-capacity constraints, particularly among very small organisations. Brazil has strong evidence concerning the structure, financing and regulation of civil-society organisations, but considerably less published quantitative evidence specifically measuring IT, CRM or administrative time costs.

Across countries, the evidence consistently supports the attached report's interpretation that organisations can be mission-effective while operationally constrained. Small organisations commonly prioritise frontline relationships and immediate community needs over investment in infrastructure.

Cross-country evidence summary

Constraint	Australia	US	UK	India	Brazil	South Africa	Cross-country conclusion
Financial fragility	Very strong	Very strong	Very strong	Very strong	Strong	Very strong	Structural
Underfunded indirect/core costs	Very strong	Very strong	Strong	Very strong	Moderate–strong	Strong	Structural
Volunteer/small workforce dependence	Very strong	Strong	Very strong	Moderate	Moderate	Very strong	Structural, magnitude varies
IT/digital capability constraints	Very strong	Strong	Very strong	Moderate–strong	Moderate	Moderate–strong	Structural but resource-sensitive
CRM/data fragmentation	Strong indirect evidence	Strong indirect evidence	Strong	Moderate	Limited–moderate	Moderate	Likely structural; specific measurement gap
Reporting/compliance burden	Very strong	Very strong	Very strong	Very strong	Strong	Very strong	Universal but nationally determined
Short-term/restricted funding	Very strong	Very strong	Very strong	Very strong	Strong	Very strong	Structural
Mission opportunity cost	Strong	Strong	Strong	Strong	Moderate	Strong	Mechanism well supported
	Strong conceptual evidence	Strong	Very strong	Strong	Moderate	Moderate–strong	Strong rationale; limited patient-org trials
Patient-organisation-specific evidence	Moderate	Moderate	Moderate–strong	Limited–moderate	Limited	Limited–moderate	Major evidence gap

The consistency is important. The existing document proposes that high-system/low-relational functions such as IT, finance and HR are the strongest candidates for shared services, while CRM may require a hybrid model combining common infrastructure with local relationship management. The secondary literature broadly supports that proposition.

Australia

Australia has one of the strongest existing evidence bases and therefore provides a useful benchmark.

Scale, workforce and volunteer dependence

The ACNC's latest national analysis shows that 52.9% of Australian charities operate without paid staff, while charities reported approximately 3.94 million volunteers. Extra-small and small charities each account for about 30% of registered charities (Australian Charities and Not-for-profits Commission [ACNC], 2026).

This is a persistent structural characteristic rather than a temporary anomaly. Earlier ACNC longitudinal analysis found that 88% of extra-small charities operated without staff and that operating and service-delivery costs had increased without equivalent growth in revenue (ACNC, 2024).

The ACNC's dedicated analysis of volunteer-run charities subsequently found that 43% of Australian charities were entirely volunteer-run. It explicitly identified cumulative regulatory compliance and reduced access to government funding as particular problems for these organisations (ACNC, 2025).

Digital capability

Infoxchange's 2025 national study included 824 NFP organisations and shows continuing deficiencies in data, cybersecurity, planning and digital transformation (Infoxchange, 2025).

This supports the existing Amplify finding that Australia's principal IT problem is not necessarily absence of technology, but fragmentation, incremental tool adoption and inadequate integration. The attached report similarly finds persistent CRM and HR constraints among the Australian organisations despite relatively stronger finance and communications capability.

Interpretation

Australia provides very strong evidence without additional patient-group surveying for:

limited workforce capacity; volunteer dependence; inadequate funding of organisational infrastructure; digital capability limitations; compliance burden; and the pressure created by repeated administrative functions.

The main residual gap is precise patient-organisation-specific measurement of CRM fragmentation and hours spent on duplicated administration.

Evidence rating: Very strong.

United States

The US evidence strongly confirms that nonprofit operating infrastructure and indirect costs are not peripheral expenditure but fundamental organisational costs.

Financial sustainability

The Nonprofit Finance Fund's 2025 *State of the Nonprofit Sector Survey* obtained responses from 2,206 organisations. It found that:

- 85% expected service demand to increase;
- 36% ended 2024 with an operating deficit;
- 86% reported inflation-related cost pressures;
- 52% had three months or less cash available; and
- 18% had one month or less (Nonprofit Finance Fund [NFF], 2025).

These findings strongly support financial fragility as a structural constraint rather than an isolated management problem.

Urban Institute's *National Survey of Nonprofit Trends and Impacts* provides nationally representative evidence across US public charities and explicitly captures workforce, finances, fundraising, volunteers and government relationships. The associated longitudinal research shows that financial health and workforce sustainability remain among nonprofit leaders' dominant concerns (Urban Institute, 2026).

Indirect costs

The US has particularly strong evidence concerning the problem of underfunding back-office infrastructure.

Historical national research found that more than half of nonprofit government contractors were subject to limitations on indirect-cost reimbursement. Among those with caps, three-quarters recovered 10% or less and approximately one-quarter received no indirect-cost reimbursement (National Council of Nonprofits, n.d.).

This problem has been significant enough to drive federal reform. Revised US Office of Management and Budget guidance introduced a 15% de minimis indirect-cost rate in 2024 and sought to streamline funding notices and reduce unnecessary application and reporting burden (National Council of Nonprofits, 2024).

The National Council of Nonprofits explicitly describes finance, HR, audit and IT as essential infrastructure, not optional overhead (Hoshaw, 2024).

That terminology is directly transferable to Amplify Impact.

Shared infrastructure and consolidation

The US also provides an interesting contemporary patient-sector example.

In 2026, the Patient Advocate Foundation and PAN Foundation combined their operations, explicitly describing the merger as a mechanism to simplify support, broaden patient access and bring complementary capabilities together (Patient Advocate Foundation, 2026).

This is not equivalent to the shared-services model proposed here—the organisations merged rather than simply sharing back-office systems—but it is useful evidence that patient organisations themselves are recognising duplication, fragmentation and the potential value of integrated infrastructure.

Implications

The US evidence is sufficient to establish: financial fragility - under-recovery of indirect costs - constrained organisational infrastructure - need for common/efficient operating capability.

What is less well quantified is CRM fragmentation specifically among small condition-specific patient advocacy organisations.

Evidence rating: Very strong.

United Kingdom

The UK has perhaps the clearest combination of evidence concerning small-charity vulnerability, volunteer dependence, administrative burden and digital capability.

Small-charity finances

The Charity Commission's 2024 annual-return analysis covers more than 170,000 registered charities in England and Wales.

Charities with income below £500,000 collectively recorded an operating deficit of approximately £290 million. Among charities with income of £100,000 or less, about 41% spent more than they received. Across the sector, only 47.6% of charities reported paid workers, while approximately 69% used volunteers; charities reported 6.28 million volunteers (Charity Commission for England and Wales, 2026).

The regulator therefore explicitly identifies smaller charities as operating on particularly narrow margins (Charity Commission for England and Wales, 2026).

Administrative burden

NCVO's 2025 *Power of Small* research is particularly relevant because it focuses on organisations with income below £1 million.

It identifies four recurring constraints: broken funding systems; practical capability/support problems; limited policy influence; and structural power imbalances.

Small organisations reported disproportionate funding applications, restricted and short-term funding, difficulties navigating governance and digital support, and substantial time spent looking for funds and managing reporting requirements (NCVO, 2025).

This very closely resembles the Amplify hypothesis.

Digital capability

UK government research into digital tools for volunteer-involving organisations found that small and medium charities frequently lack specialist digital transformation skills because they cannot afford to employ specialist staff. It also identified uncertainty around procurement, data protection, security, training costs and the direct price of digital systems.

Significantly, the research cited evidence that 54% of small charities identified finding money for devices, software and infrastructure as their leading digital challenge (Department for Culture, Media and Sport, 2024).

This provides strong independent support for treating technology as a potential shared-infrastructure function.

Existing shared-services policy precedent

The UK Charity Commission explicitly recognises collaboration between charities as potentially encompassing: administration, resource sharing, cost streamlining, service delivery and fundraising while allowing organisations to remain legally independent (Charity Commission for England and Wales, 2024).

There is also substantial shared-services experience within the NHS. For example, Lancashire and South Cumbria organisations have pursued shared corporate and nonclinical functions to standardise transactional activity, achieve economies and allow organisational boards to focus on core functions (Healthcare Financial Management Association, 2026).

Again, NHS trusts are not small patient charities. However, this provides implementation precedent for the operating principle, rather than evidence about patient organisations themselves.

Interpretation

The UK's secondary evidence is sufficiently developed that broad primary audits asking whether small organisations experience finance, staffing, digital and administrative constraints would add little.

The more useful question is whether those organisations would use a shared platform and what services should sit within it.

Evidence rating: Very strong.

India

India is particularly important because the secondary evidence directly tests the **"true cost" problem** at considerable scale.

Size and funding fragility

Dasra's 2025 national nonprofit study surveyed approximately 400 NGOs. Ninety-one per cent had annual expenditure below ₹10 crore, while **72% reported a funding deficit** and only 22% reported having a corpus fund (Dasra, 2025).

The 2026 Dasra report extends this evidence through a survey of 438 nonprofits plus expert interviews and highlights the distinctive role of micro and small organisations in hyperlocal and community-focused work (Dasra, 2026).

Indirect-cost funding

The strongest Indian evidence comes from Bridgespan's *Pay What It Takes* research.

Its original study surveyed 388 NGOs and conducted detailed financial analysis of 40 relatively well-funded organisations. It found that:

- 83% struggled to secure funding for indirect costs;
- more than half had fewer than three months' reserves;
- about half had recorded no operating surplus for three years;
- only 18% believed they invested adequately in organisational development; and
- actual indirect costs ranged from 5% to 51% of total organisational costs, averaging approximately 19% (Venkatachalam et al., 2021).

Among organisations with an indirect-cost shortfall, actual indirect costs averaged approximately 22%, while major programme funders provided around **9%**, leaving an average 13-percentage-point gap (Venkatachalam et al., 2021).

A subsequent study found a striking mismatch between funders and NGOs. While 68% of funders believed their policies allowed flexible support for administrative and support functions, 83% of NGOs reported difficulty securing that funding (Venkatachalam et al., 2022).

Recent evidence suggests improvement but not resolution. Bridgespan's 2026 study surveyed 460 nonprofits and interviewed 51 sector stakeholders, finding greater willingness among funders to support operational/core costs, although persistent gaps remained in organisational development, reserves and support for smaller/non-metropolitan organisations (Rastogi et al., 2026).

Regulatory/compliance environment

India differs from Australia, the UK and US because the regulatory environment itself can place strict limits on administrative expenditure. Foreign-funded NGOs are subject to FCRA requirements, including restrictions around the proportion of foreign contributions used for administrative expenses. This makes organisational infrastructure not merely a funding issue but also a regulatory one.

The important comparative point is therefore: Shared services may have strong economic logic in India, but their design must be substantially more sensitive to funding source, permissible administrative expenditure and compliance structures than in Australia or the UK.

Shared capacity

The Indian evidence strongly supports building common organisational capability. The Pay-What-It-Takes programme has itself developed organisational-development tools with Dasra, Dhvani Foundation, Samhita, Sattva and toolbox INDIA, demonstrating an existing ecosystem of intermediaries designed to augment the operating capacity of individual NGOs (Bridgespan, n.d.).

Interpretation

India provides perhaps the strongest quantitative confirmation outside Australia that underfunding organisational infrastructure systematically constrains mission delivery.

The evidence is already strong enough that surveying another ten NGOs about whether core costs are difficult to fund would have little value.

The research gap is instead: what common infrastructure can be legally, economically and operationally shared by small health/patient organisations?

Evidence rating: Very strong for finance/organisational capacity; moderate for CRM-specific evidence.

Brazil

Brazil presents a somewhat different evidentiary situation. There is extensive research and public infrastructure concerning organizações da sociedade civil (OSCs), philanthropy, partnerships with government and regulatory accountability, but much less quantitative evidence specifically measuring administrative hours, CRM fragmentation or digital capability among small organisations. This means we need to distinguish absence of evidence from absence of the constraint.

Funding and organisational sustainability

Brazilian civil-society literature has long identified financial and institutional sustainability as significant challenges. ABONG's work on regulatory and financing arrangements describes OSC sustainability as being affected both by financing conditions and by the institutional/regulatory framework governing their relationships with public authorities (Associação Brasileira de Organizações Não Governamentais [ABONG], 2014, 2018).

More recent philanthropic data provide additional insight into the funding architecture. GIFE's Census is a biennial quantitative survey of private social investors and their structures, resources and grantmaking practices. Its 2022–23 round involved 137 participating organisations, and the 2024–25 round increased to 138 respondents (GIFE, 2023, 2026).

Particularly relevant is the distinction between project funding and institutional/core support.

Analysis of GIFE data has shown that support tied to programmes or predefined initiatives has historically been more common than unrestricted organisational support. In the 2020 Census, approximately 47% of respondents provided institutional support, despite growth from 30% in 2018 (GIFE GrantLab, 2023).

This produces a pattern analogous to the Australian and Indian "full cost" problem: money is more readily attached to activities than to the underlying organisational capability required to deliver them.

Regulatory and reporting requirements

Brazil's *Marco Regulatório das Organizações da Sociedade Civil* (MROSC), established principally through Law No. 13.019/2014 and Decree No. 8.726/2016, governs many relationships between OSCs and government.

The fact that the federal government provides dedicated training specifically covering partial and annual accountability, financial execution reports, programme implementation reports, sanctions and special accountability procedures indicates the substantial administrative requirements attached to public partnerships (Escola Nacional de Administração Pública, n.d.).

Recent federal activity continues to focus on implementation and accountability under MROSC, including audit and public-selection requirements for partnerships (Secretaria de Gestão e Inovação, 2024).

Brazilian academic work has similarly examined how accountability requirements imposed on OSC-government partnerships affect information and justification requirements (Bach et al., 2021).

Data and digital infrastructure

This is where the evidence base becomes thinner.

Brazil has increasingly sophisticated sector-level information infrastructure, including philanthropy datasets and platforms such as GIFE's Mosaico. However, there is insufficient current national evidence demonstrating how many small OSCs rely on disconnected spreadsheets, which CRM platforms they use, how much duplicate data entry occurs, or what digital skills constraints cost them.

Consequently, Amplify should not report Brazilian CRM or IT inefficiency as quantitatively established to the same degree as Australia or the UK.

The attached study's empirical organisational observations can remain part of the evidence base, but they should be distinguished from national sector-level evidence.

Interpretation

For Brazil, secondary evidence is already sufficient to support:

- funding sustainability problems;
- predominance of project-focused over unrestricted organisational support;
- significant public-partnership reporting/accountability requirements;
- need for organisational-development support; and
- potential benefits from common infrastructure.

It is not yet sufficient to quantify CRM/data inefficiency or potential digital-system savings.

Evidence rating: Strong for finance/regulation; moderate for operational infrastructure; limited for patient organisations specifically.

South Africa

South African evidence strongly demonstrates how financial, human-resource and regulatory constraints can combine.

Scale and funding

South Africa had approximately 295,000 registered NPOs by September 2024, illustrating the size and fragmentation of the sector (Trialogue, 2024). Trialogue's 2024 survey included 149 NPOs and provides contemporary evidence on funding sources and organisational finances.

Smaller organisations are particularly vulnerable to inconsistent grant funding and capacity shortages. Recent qualitative research involving NPO founders in Durban identified continuing difficulties with funding

sustainability, human resources, regulatory compliance and organisational capacity, including organisations operating in health and community development (Bhulaye et al., 2025).

Compliance burden

South Africa provides unusually stark evidence about regulatory capability.

In February 2025, the Department of Social Development reported that 203,279 organisations faced potential deregistration for failure to submit required annual reports, that 41,787 notices of non-compliance had been issued, and that 6,221 NPOs had already been deregistered (Department of Social Development, 2025).

These figures should not automatically be interpreted as evidence of poor management. They also demonstrate the scale of the compliance-capability challenge across a sector containing very large numbers of small organisations.

More recent South African research into the effects of financial-regulatory reforms provides even more direct evidence. Inyathelo reports that:

- 51.9% of surveyed NPOs were micro-organisations with only 1–5 staff;
- 37.5% reported no human capacity in critical areas such as finance, tax compliance or governance;
- almost 30% said increased reporting requirements had directly reduced their ability to access funding; and
- digital barriers and limited access to online systems were also identified (Inyathelo, 2026).

This is extremely relevant to Amplify Impact. It demonstrates the exact mechanism hypothesised in the project: small workforce - specialist administrative requirements - insufficient internal capability - compliance burden - impaired funding access - further organisational fragility.

Mission consequences

The effects are not restricted to administrative performance. When organisations lose funding access, delay service agreements or expend scarce staff resources navigating compliance requirements, the consequences reach beneficiaries.

South Africa's patient and health advocacy sector also demonstrates the value of preserving local relational capability. The Treatment Action Campaign provides a well-established example of community-based advocacy and service coordination in HIV, illustrating how strong community relationships and patient mobilisation can complement formal health delivery (Department for International Development, 2009).

The lesson for Amplify is not that TAC demonstrates shared services; it does not. It demonstrates why administrative consolidation should not undermine locally embedded advocacy and trust.

Interpretation

South Africa strongly supports a hybrid shared-services model: centralise or collectively provide difficult specialist functions such as regulatory guidance, finance systems, IT support and perhaps common reporting infrastructure, while retaining community engagement and advocacy locally.

Evidence rating: Very strong for capacity/compliance; moderate for CRM/digital; limited patient-organisation-specific economic evidence.

Cross-country synthesis

The six-country review allows the initial hypothesis in the attached report to be tested against a substantially larger independent evidence base.

Constraint 1: Small organisational scale is consistently associated with limited infrastructure

The evidence is clearest in Australia, UK and South Africa. Australia has more than half of charities operating without paid staff (ACNC, 2026). In England and Wales, fewer than half of charities report paid workers, while volunteers outnumber paid workers by approximately 3.8 to 1 (Charity Commission for England and Wales, 2026). In the recent South African regulatory study, more than half of NPO respondents were micro-enterprises with only 1–5 staff (Inyathelo, 2026).

The precise organisational structures differ, but the economic implication is the same: the organisation becomes smaller; the minimum requirement for bookkeeping, compliance, cybersecurity, data management and governance does not fall proportionately. This is fundamental to the shared-services economic argument.

Constraint 2: Funding systems systematically privilege programmes over infrastructure

This pattern is especially well demonstrated in Australia, the US and India, with corroborating evidence from Brazil and the UK.

India provides perhaps the cleanest empirical illustration: actual indirect costs averaged around 19% among the organisations financially analysed, while many funders restricted indirect expenditure well below actual organisational requirements (Venkatachalam et al., 2021). US policy reforms requiring minimum indirect-cost reimbursement arose from the same structural problem (National Council of Nonprofits, 2024). Brazilian philanthropy evidence similarly shows institutional/unrestricted support remaining less universal than project-related support (GIFE GrantLab, 2023).

The cross-country conclusion is therefore strong: underinvestment in back-office capability frequently reflects the architecture of funding, rather than an organisational decision that these functions have little value.

That substantially strengthens the attached report's argument that inefficiency should not automatically be characterised as management failure.

Constraint 3: Regulatory complexity disproportionately affects small organisations

The specific regulation varies dramatically, but the underlying mechanism appears everywhere.

Australia: cumulative regulatory requirements disproportionately burden volunteer-run organisations (ACNC, 2025).

United States: federal reform has explicitly sought to simplify funding notices, reduce duplication and improve indirect-cost reimbursement (National Council of Nonprofits, 2024).

United Kingdom: small organisations identify application and reporting requirements as significant drains on capacity (NCVO, 2025).

India: funding regulation and restrictions on administrative expenditure can directly affect how organisational infrastructure is funded.

Brazil: MROSC creates formal accountability processes for public partnerships.

South Africa: very large numbers of organisations have struggled to maintain formal reporting compliance (Department of Social Development, 2025).

Compliance is globally relevant but cannot itself be globally standardised. This supports the attached report's proposed division: globally common infrastructure + locally specific regulatory/compliance delivery.

The report already distinguishes potentially global functions such as CRM/data and IT from locally adaptive functions such as governance and regulatory compliance.

Constraint 4: Digital capability is a recurrent structural issue

Evidence strength varies, but the overall pattern is consistent. Australia has strong national NFP digital data through Infoxchange. UK government research explicitly finds that small charities often cannot afford digital-transformation specialists and may struggle with procurement, data protection and implementation (Department for Culture, Media and Sport, 2024). US evidence identifies continuing digital and data-skills limitations across the nonprofit sector, while technology-support organisations operate precisely because smaller organisations cannot individually develop these capabilities at scale. South African research identifies digital barriers alongside compliance capability deficits. India and Brazil have less directly comparable national evidence, but broader organisational-capacity evidence suggests similar constraints. Therefore, IT infrastructure is one of the strongest candidates for shared provision internationally.

Communications appears different

CRM/data is the most important unresolved empirical question in relation to shared resources. The international evidence also reinforces the attached report's finding that communications should not be treated like CRM, IT or finance.

Smaller organisations often remain highly effective at communications and advocacy because these functions depend heavily on: relationships, lived experience, credibility, local knowledge and responsiveness.

Accordingly, the proposed shared-services model should distinguish: communications infrastructure - potentially shared, from, communication voice and relationships - retained locally.

Shared resources might include websites, mailing systems, accessibility, design templates, analytics, cybersecurity and technical support. Condition-specific content, advocacy positioning, patient stories and community relationships should remain organisational.

Which findings are now sufficiently established?

Strong enough that primary research is not needed merely to confirm them

1. Small organisations disproportionately lack dedicated organisational infrastructure.
2. Volunteer-dependent organisations have fewer specialist resources available internally.
3. Indirect/core organisational costs are routinely difficult to fund.
4. Short-term and restricted funding contributes to organisational fragility.
5. Administrative and reporting requirements consume scarce organisational resources.
6. Small organisations face disproportionate difficulty accessing specialist finance, HR, IT and governance capability.

7. Digital capability and system integration are recurring challenges.
8. Underinvestment in organisational infrastructure can constrain mission delivery and scalability.
9. These patterns are not unique to a particular disease area.
10. The fundamental problem occurs across very different national nonprofit environments.

Those conclusions can now be supported by external evidence.

What remains genuinely unknown?

The international review reduces the remaining empirical questions to a relatively small number.

A. Patient-organisation CRM architecture

We still cannot say reliably:

"X% of small patient organisations internationally use multiple disconnected stakeholder databases."

This remains a meaningful evidence gap.

B. Administrative hours by function

There is little comparable international evidence dividing small patient-organisation administrative time between:

finance / grant reporting / CRM / IT / HR / regulatory compliance.

C. Actual duplicate expenditure

We do not yet know exactly what multiple organisations are simultaneously paying for:

software licences, accountancy, payroll, cybersecurity, website infrastructure, databases, CRM systems, HR platforms or consultant support.

D. Actual cost of a shared model

This is principally an **economic/market analysis question**, not a patient-survey question.

E. Acceptability

No amount of secondary evidence can answer:

Would patient organisations trust and use this model?

or:

Which functions would they be willing to share?

That is the principal reason eventually to engage organisations.

Overall conclusion

The international review substantially strengthens the central proposition of the existing document.

There is now good independent evidence from six very different nonprofit environments that the administrative and infrastructure constraints experienced by small organisations, not condition-specific and unlikely to be explained primarily by poor organisational management.

Across Australia, the United States, United Kingdom, India, Brazil and South Africa, the recurring mechanisms are:

- restricted/core funding deficit
- small organisational scale
- limited specialist capacity
- fragmented or underdeveloped systems
- administrative/compliance burden
- organisational fragility and mission opportunity cost

National context then modifies the expression of the problem. In Australia, the problem is often fragmented systems and volunteer dependence. In the US, under-recovery of indirect costs and government-grant administration are particularly visible. In the UK, small-charity funding, workforce and digital-capability constraints are especially well documented. In India, underfunding of organisations' true costs is exceptionally well quantified. In Brazil, project-oriented funding and regulatory/accountability structures are clearer than digital/CRM evidence. In South Africa, limited internal capacity intersects particularly strongly with compliance requirements and funding access.

The strongest common candidates for collective infrastructure are therefore: IT, digital infrastructure, cybersecurity, selected finance functions, specialist administrative capability and common data/CRM platforms.

HR/volunteer systems, evaluation, reporting and communications infrastructure appear suitable for hybrid arrangements. Governance, compliance interpretation, patient engagement, advocacy and condition-specific communication require more substantial national or local control. This means the next stage of Amplify Impact does not need to be another problem-identification exercise.

The evidence now supports moving to cross-country economic modelling and design of the shared-services solution. The remaining patient-organisation engagement can then be deliberately small, respectful and focused on acceptability, governance and design, rather than asking already stretched organisations to generate evidence about structural problems that have now been demonstrated repeatedly.

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