

# EVIDENCE-BASED SOCIAL INNOVATION CONSULTATION: RE-IMAGINING HEALTHCARE DELIVERY IN THE GLOBAL SOUTH

OBJECTIVE 01  
**ALIGN ON A  
FRAMEWORK  
FOR SOCIAL  
INNOVATION**

OBJECTIVE 02  
**DEFINE THE  
STRATEGIES  
TO MAXIMIZE  
IMPACT**

OBJECTIVE 03  
**EXPAND THE  
CONVERSATION  
TO BUILD  
MOMENTUM**

**REPORT ON CONSULTATION  
ANNECY, FRANCE  
AND GENEVA, SWITZERLAND  
DECEMBER 2-4TH 2015**

**SOCIAL  
INNOVATION  
IN HEALTH  
INITIATIVE**

# EXECUTIVE SUMMARY

More than fifty social innovators in health, practitioners, government representatives, funders, and researchers from nineteen countries gathered in Annecy and Geneva from December 2nd to 4th, 2015 for the Evidence-Based Social Innovation Consultation: Re-Imagining Healthcare Delivery in the Global South.

The Objectives of this consultation were to **align on a framework of social innovation in health, define the strategies to maximize impact and expand the conversation to build momentum.**

An interdisciplinary schedule and format engaged the participants: On day one, ten social innovations in health selected as case studies by SIHI were showcased. Expert panellists and the invited social innovators addressed the question of evidence and scale through interactive presentations, videos and group discussions. The focus during that day was two-part: to identify barriers in adopting social innovations and to discuss potential solutions. Discussions revealed an array of important opportunities and challenges including the application for funding, design and implementation of interventions, the impact of technology, the roadmaps to scaling-up and the needs for evidence-based evaluation. On day two, the identified set of emerging challenges guided group work towards collaborative strategy recommendations.

Highlighted strategies included **examining the role of social innovations in response to the sustainable development goals; advocating for a social innovation lens within health systems; creating a fund for operational and implementation research; creating M&E tools to generate evidence and**

**assess the impact of social innovation and disseminating best practices.**

A special public session on the third day at the World Health Organization served to celebrate these approaches and engage the broader health community. **Dr. Marie-Paule Kieny**, the WHO Assistant Director General in Health Systems and Innovations; **Dr. Winnie M-Panju Sumbusho**, the WHO Assistant Director-General for HIV/AIDS, TB, Malaria and Neglected Tropical Diseases; **Dr. Sue Kinn** the Team Leader Human Development in the Research and Evidence Division at the UK Department for International Development (DFID); and **Dr. John Reeder** the Director of the Special Programme for Tropical Diseases Research, and others launched a call for global action on research and capacity-building in the field. The attendees agreed on the value of community-based social innovation in strengthening health systems, particularly in light of the Sustainable Development Goals (SDGs), and acknowledged the corresponding need for coordinated global action in research and capacity strengthening.

**This report summarizes the key insights and strategies** produced over the course of three days. It compliments further SIHI research on social innovations that can be found online at: [www.healthinnovationproject.org](http://www.healthinnovationproject.org)



Consultation hosted at Les Pensières - Fondation Mérieux, Annecy, France.  
Photo Credit: Luis Gabriel Cuervo

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# THE BIG PICTURE

## Advancing Social Innovation in Healthcare Delivery

While the last century has benefited from many great innovations in medical and scientific domains, over 1 billion people globally are still unable to receive the benefits of these and other advances due to the absence of inclusive, effective and affordable healthcare delivery systems. Today, basic systemic, organizational and individual challenges in health access continue to hinder men, women and children from achieving their optimal potential.

For the past several decades, numerous gatherings of international public health leaders have called repeatedly for approaches that improve healthcare delivery by engaging local stakeholders in a collaborative identification, creation and implementation process. But despite these ongoing recommendations, participatory community-based involvement in designing health programmes and influencing practices has not been prioritized. Today, a one-size-fits-all approach to healthcare delivery remains the norm.

But truly transformative change must engage the lived and contextual realities of people and their communities. It must work with local actors across hierarchies and sectors and embrace the particular nuances of people's lives. At its most basic level, healthcare delivery must be adaptable, flexible, inclusive and nimble.

**The Social Innovation in Health Initiative (SIHI) was launched with the aim of unlocking local capacity to foster innovative approaches to healthcare delivery.** Over the past year, we have travelled across 3 continents to witness valuable work being done in the front lines of healthcare delivery. In swaths of disease burden, resource constraints, and political and economic instability, we also found pockets of hope,

areas of transformation, and people who embody the possibility of a future different from the present.

**SIHI promotes a vision for healthcare that drives and embraces innovation through systems to reach individuals.**

We believe that collaborating with local actors and communities to identify transformative and creative solutions enables more inclusive, effective, and affordable healthcare. Ultimately, SIHI aims to advance community-based social innovation, through south-south-north collaborative research, practice and influence.



Photo Credit: SIHI, Lindi van Niekerk

# Our Journey Thus Far: A Timeline

SIHI's journey began in October 2014, when we established a vision and mission through a partnership united in the value of social innovation in health systems. We began by conducting a preliminary landscape analysis of social innovation in health. Most exciting was the breadth and creativity of work currently being done. Yet, there was little consensus on the definition and terminology of the approach and its contours. Additionally, there were few metrics to measure the quality of the data available and the impact it was having. We believed this was obscuring the field's potential.

Following our analysis, SIHI committed to filling these gaps in order to promote the value and demonstrate the promise of social innovation in health worldwide. We embarked on a journey to identify high impact healthcare delivery innovations. **Over the course of a year, we identified social innovations happening across the Global South, conducted visits with actors leading these interventions, and mobilized a broader community movement of people interested in social innovation.**

## TIMELINE

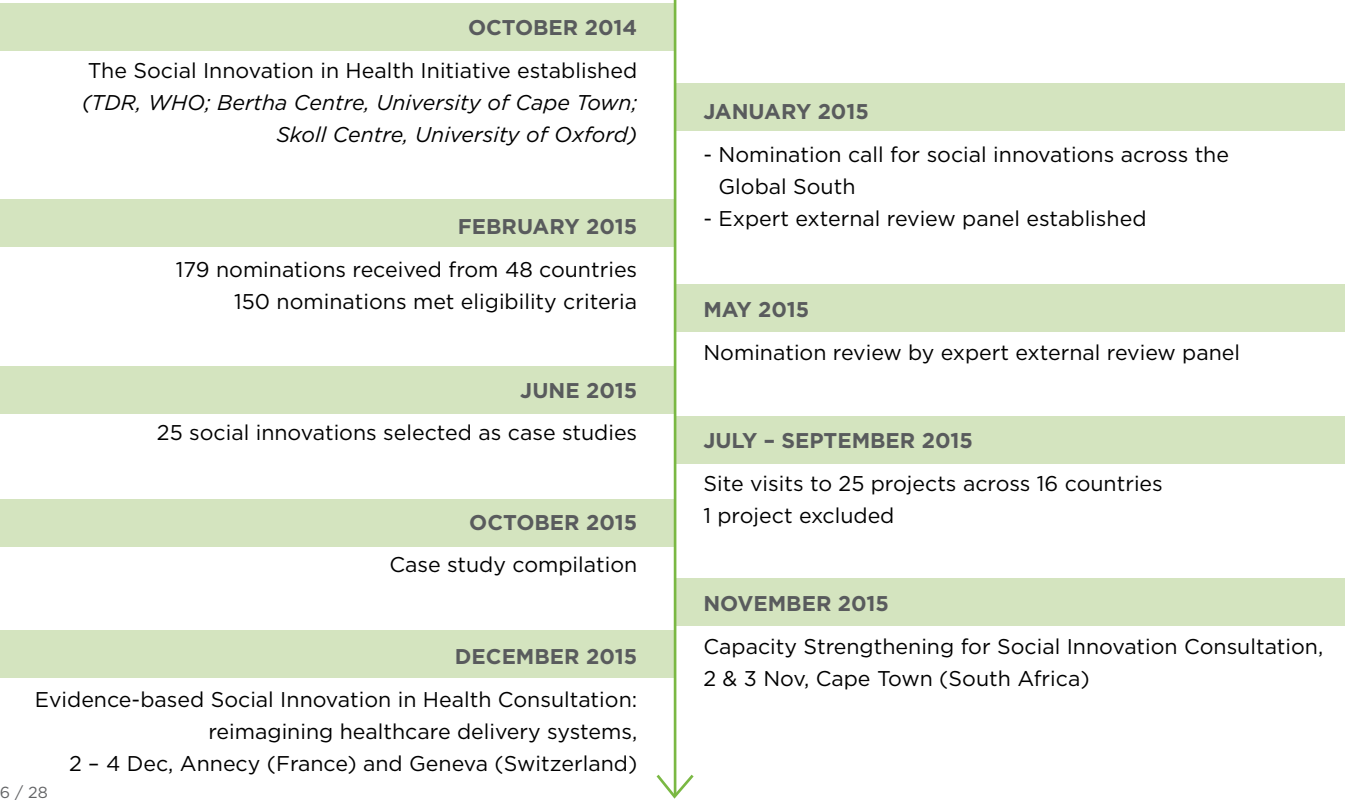




Photo Credit: SIHI, Lindi van Niekerk

# CONSULTATION OVERVIEW

The Objectives: Align, Define, Expand

## DAY 01 **ALIGN ON A FRAMEWORK FOR SOCIAL INNOVATION**

Building a composite view of Social Innovation in Healthcare, moving from the individual perspectives of each participant, towards thinking about systematic value and impact.

## DAY 02 **DEFINE THE STRATEGIES TO MAXIMIZE IMPACT**

Identifying strategies to build the capacity and the evidence needed to globally scale Social Innovation in Healthcare Delivery.

## DAY 03 **EXPAND THE CONVERSATION TO BUILD MOMENTUM**

Sharing the insights and strategies from the workshop at WHO headquarters in Geneva.

## The Agenda

### DAY 01

#### **MORNING**

FRAMING THE VALUE OF  
SOCIAL INNOVATION IN HEALTHCARE

#### **AFTERNOON**

SHARING THE LESSONS  
FROM SOCIAL INNOVATORS

### DAY 02

#### **MORNING**

CO-CREATING STRATEGIES TO  
BUILD CAPACITY & EVIDENCE

#### **AFTERNOON**

BUILDING A SIHI COMMUNITY  
AND FUTURE ROADMAP

### DAY 03

#### **12.00 - 14.30**

SHARING SOLUTIONS,  
STRATEGIES & PERSPECTIVES





# SOCIAL INNOVATION IN HEALTH

Francois Bonnici  
Bertha Centre for Social Innovation  
and Entrepreneurship

Bertha, a partnership between the Bertha Foundation and the University of British Columbia, 2 & 3 Oct. 2015, Annapolis

# KEY INSIGHTS

The SIHI Journey and December convening revealed several **EVIDENCE** and **CAPACITY**-based needs required to unlock the promise of social innovation.

## INSIGHT 1

### EVIDENCE FOR A FIELD

**The definitions, terminology, and criteria of evidence for social innovation in health must be defined.**

Although social innovation in health is not a new field, many people responsible for the solutions do not consider themselves to be doing something new or different. As a result, their work often goes unnoticed and unacknowledged. Agreeing on a definition and set of values can reveal emerging models and approaches to support legitimate opportunities.

The SIHI consultation kicked off day one with a scene-setting exercise in which the participants explored various definitions of social innovation and agreed on the various ways it adds value to health systems: by improving access to health services, addressing inequities, empowering communities, generating alternative delivery models, improving health outcomes and having the potential to transform healthcare systems.



Photo Credit: SIHI, Rachel Chater

## INSIGHT 2

### EVIDENCE FOR SOCIAL INNOVATION

**The different ways in which local actors use and assess evidence must be appreciated and elaborated.**

Different actors within the system understand and use evidence in different ways. Spreading social innovation as a methodology, and providing evidence for its application, must therefore be appropriate to many diverse sectors and areas.

The ten social innovators that shared their experiences reflected this variability. They pointed to the misalignment between the required rigor and standard of randomized-control trials and their local capacity to undertake such time and resource-intensive evaluations. They also identified tensions and discrepancies between the types of evidence that donors, governments, and partners wanted to see or needed. A research paper presented by SIHI partners, illustrated further structural barriers in building relevant evidence such as the lack of funding and incentives for academics to undertake specific implementation research.



Photo Credit: SIHI, Rachel Chater

**“No one solution fits all:** Malawi has tested this one solution. Other approaches may include intermittent parasite clearance, as done in Mali, or screening and treatment as done in Kenya. Different solutions are needed dependent on the context and evidence are required in each setting.” - **Austin Mtali**, Save The Children Malawi

“A great opportunity for SIHI research is to find out how to **make innovations more productive** and how to **link innovation and scaling** explicitly.” - **Christian Seelos**, Stanford University



## INSIGHT 3 EVIDENCE FOR IMPACT

**SIHI, its collaborators and networks must measure change and progress in the field of social innovation in health.**

There is a need for a robust set of monitoring and evaluation tools and methods for assessing the impact of innovation within SIHI's activities and in the field at large. Such evidence will both legitimize the field and help the social innovators on the ground.

The social innovators spoke of several gaps and challenges in generating and feeding the evidence required to demonstrate the impact of their innovations in health. Some were structural, such as the lack of funding, while others were more knowledge-based, such as the lack of capacity for data collection and analysis. Other experts pointed to the potential harm and unintended consequences that often go unmeasured and therefore ignored. Participants spoke of the trade-offs associated with capacity building for evidence generation within their organizations such as the risk of losing monitoring and evaluation specialists once they have been trained.



Photo Credit: SIHI, Lindi van Niekerk

## INSIGHT 4 EVIDENCE FROM TECHNOLOGY

**We must advance and support safe and inclusive technology platforms for evidence generation.**

Digital health technologies are increasingly being integrated into health systems to improve access, coverage, quality, and financing of health interventions. These tools offer knowledge of community needs that go beyond traditionally uni-dimensional data. By changing the face of research, they also stratify the numbers and types of sectors and players involved in the intervention.

However, we must ensure that technology is integrated into social innovation projects in a manner that is safe and regulated. Attendees stressed that no technology is a magic bullet. Social innovators described a lack of accurate and unbiased data, leading to difficulties in showing impact. They emphasized that evidence generation using these technological tools cannot be considered outside of the broader public health system and policy frameworks.



Photo Credit: SIHI, Lindi van Niekerk





Photo Credit: SIHI, Lindi van Niekerk

## INSIGHT 5 CAPACITY FOR SEEDING INNOVATION

**We must support the conditions that “seed” social innovation ideas.**

A social innovation does not result from a brilliant idea alone. It develops in a long, slow, and iterative process spanning multiple stages. This development is critical to the idea’s ultimate sustainability and often requires transcendence of disciplinary silos. Seeds for social innovation ideas must be sustained through the maintenance of places and conditions for multi-disciplinary and multi-sectoral engagement. Social innovators explained the importance of the “human element” to an organization, the need for an engaged, informed and receptive community at the outset and the importance of “apprenticing” with the problem to design and implement the most appropriate solutions.

## INSIGHT 6 CAPACITY FOR GROWING INNOVATION

**There must be infrastructure and resources that enable local community actors to scale-up into multi-community or national interventions.**

The personal connection between an social innovator and their community is a powerful asset to the intervention’s success and continuation. Often, it is the specificity of this match that enables the vision and trust required. In discussions on the growth and scale-up of their solutions, social innovators emphasised the importance of an internal capacity-check to ensure that the workforce can evolve to deliver the same quality to other beneficiaries. There was consensus that failures, as well as good practices in capacity-building, should be shared with others and inform policy.

## INSIGHT 7 CAPACITY FOR INTEGRATING INNOVATION

**We must strengthen the tools required to embed, expand, and sustain social innovations into broader health systems networks.**

Ensuring successful uptake of social innovations into health policy and practice requires a birds-eye view. Supply and demand mechanisms must be addressed, key policy actors must be connected, and potentials for risk must be mediated. These important players must be equipped with the micro- and macro-viewpoints, as well as the communication and leadership skills, critical to integrating innovations and tradition. Social innovators specifically highlighted the role and importance of partnerships with government, schools, community and youth organisations, and local businesses for support and program design, particularly at the early stages, but also throughout the evolution of the effort. An emerging role for monitoring and evaluation specialists was also confirmed.

**“Conventional systems of care do not reach people who are excluded by location, gender, income and ethnicity. Social innovation aims to redress inequality.” - Lenore Manderson, University of the Witwatersrand**

# KEY STRATEGIES

On day two of the consultation, participants delved deeper into the gaps and challenges of enabling, evaluating, and scaling community-based social innovations in health.

Through facilitated group-work, they brainstormed solutions and strategies globally needed to overcome barriers to evidence and capacity in social innovation practices in health. Strategies fell into three main pillars: **EVIDENCE**, **CAPACITY**, and **INFLUENCE**.



## EVIDENCE

### A Fund for operational and implementation research to bolster evidence-based information.

In response to the discussed gaps in evidence generation, attendees proposed **the creation of a Fund for operational and implementation research.**

The objective of the Fund would be to stimulate a global cross-disciplinary effort to evaluate complex health interventions. By centralizing the grants, the Fund would encourage transparency within the innovations and would also enable the standardization of research tools, metrics, and best practices that would benefit both researchers and practitioners.

As the main users of this Fund, social innovators, donors and academics would need to be consulted in its creation. Some relevant existing initiatives in networks such as JPAL and the Rockefeller Foundation could be leveraged in the design of the Fund and its operational approach. A database that allows easy access to an overview of projects within a country or institutions would be necessary.

Once running, an evaluation would examine the funding mobilized, the number of studies published and journals leveraged. The perceived outcome of such a fund would be a large scale system change and adoption of evidence-based innovation by governments and others.

### Encourage the use of evidence-based technologies.

Participants agreed on the need to promote **the use of evidence-based digital technologies to both bolster evidence and act as a tool in capacity building.**

To that end, participants suggested developing and agreeing on a set of digital tools that would increase the availability and use of actionable data related to social innovation in health, facilitate better use of data-driven analysis of emerging market opportunities and social return on investment and increase private investment in the field.

Enablers for this strategy included the use of a white label to standardise this approach across various geographies and the promotion of financial tools such as syndicated loans to enable engagement of a wider range of stakeholders, attracting private investment into the field. The outcome of this strategy would be to strengthen government capacity to effectively leverage data and technology for improved health outcomes. Participants discussed novel methods for ensuring accountability through inclusion of civil society and media in participatory methods and feedback mechanisms. A number of related initiatives, including the Bloomberg-backed Data for Health, Health Enabled and the Global Partnership for Sustainable Development Data, could be leveraged for a coordinated multi-level approach.

## CAPACITY

### Create Monitoring and Evaluation tools to generate evidence and assess the impact of social innovations.

Attendees agreed that the capacity and knowledge to conduct monitoring and evaluation activities limited the growth and integration of the social innovations, and the dissemination of good practices. They suggested supporting **the creation of M&E tools and frameworks that can be used by social innovators**. Some relevant metrics that were suggested included monitoring health, social and economic impact measurements, access to innovation and research-specific funding, scale and growth of supported innovations and endorsement by stakeholders.

### Share what works and what does not work.

To promote relevant scalable and sustainable practices in the field of social innovation, **findings and lessons from monitoring and evaluation, both good and bad, should be disseminated within the community**. These findings will serve to inform government policy, donor funding, research agendas for academics and best practices amongst the innovators.

### Create Social Innovation Hubs to advance social innovation in health.

Attendees suggested **the creation of Social Innovation Hubs to develop mentorship networks and skills training modules** for social innovation actors and facilitate discussion and experience exchange between them, academics, governments donors, and other actors. A form of capacity-strengthening vehicle, these Hubs could act as a first-stop resource for social innovation actors to consult at an early stage in their journey but can also be streamlined to host resources for social innovators at the growth, scaling and integration stage of their innovations. Attendees felt that several existing initiatives were already operating in this domain but that their offerings needed to be **leveraged and extended to include public actors**. Social innovators supporting this strategy felt that the requirements to access the support need be kept simple so the services could be taken on at various stages and by organizations of different sizes.

# INFLUENCE

Advocate for a social innovation lens within the health systems.

Attendees advocated the need **to promote social innovation models in the health system strengthening agenda.** They recognized the need to bring people and communities to work alongside state actors and other stakeholders. **Solutions need to come from people in the community.** Research is key to learning how to do this well. Attendees also emphasized the need to share knowledge and evidence on what works and what does not by globally disseminating good practices.

Examine the role of social innovation in response to SDGs.

Attendees recognized the need for international partners, the WHO, academic institutions, innovators and funders to consider **the potential of social innovation in health as a systems approach to responding to SDGs.** They advocated to hold regular consultations with a broader set of innovators and experts to facilitate exchange and ensure that policy-related items are being communicated concisely and effectively to governments and funding bodies to act on. Innovators supporting this strategy highlighted the importance of engaging communities and the youth in educational outreach to achieve impact, sustainability and scalability.

“Communities should not be the subjects of research, and most certainly should not be the only people the research findings are applied to. **They have to be involved in the generation of research if we want solutions to be sustainable.**” - Dr. John Reeder, Director of TDR

# A CALL FOR GLOBAL ACTION

## A Public Session at the World Health Organization

The two-day meeting culminated with a public session held at the World Health Organization in Geneva that celebrated the value of social innovation in health, highlighted the main recommendations from the two-day convening in Annecy, and built momentum to engage global action in advancing community-based social innovation.

**Dr John Reeder**, the Director of TDR, the Special Programme for Research and Training in Tropical Diseases, introduced the session by highlighting TDR's continuing commitment to promote and amplify community-based efforts in health. **Dr Winnie Mpanja-Shumbusho**, the WHO Assistant Director-General for HIV/AIDS, TB, Malaria and Neglected Tropical Diseases, further reflected on supporting an inclusive innovation process in policy-making, suggesting that the recent Ebola crisis provided lessons on the importance of local community engagement. Throughout the public session, participants agreed on the desire for inclusivity: "Innovation needs to respond to needs which come from the people themselves... not health directives that come from above." **Dr Marie-Paule Kieny**, the WHO Assistant Director-General for Health Systems and Innovation.

Sustainability in funding social innovation in health was another topic of panel discussion. **Dr Sue Kinn**, Team Leader Human Development in the Research and Evidence Division at the UK Department for International Development (DFID), spoke of current financial support provided by the agency for community-based social innovation programmes and the desire to have access to more examples of evidence, both of success and failure, to inform funding priorities. **Dr François Bonnici**, Director of Bertha Centre for Social Innovation and Entrepreneurship at the University of Cape Town highlighted the importance of partnerships with the public system "We intend to achieve large scale impact [...] by seeking actors that are supporting and complementing the main actor which is the public sector" and **Dr Pamela Hartigan** from the Skoll Centre for Social Entrepreneurship at the University of Oxford closed the panel discussion by emphasizing the value of leadership for such impact.

It is in response to these needs that the World Health Organization and TDR, the Special Programme for Research and Training in Tropical Diseases, have called for a global collaboration on generating evidence to enhance social innovations in health delivery.





Photo Credit: Luis Gabriel Cuervo

“Not everything is successful. **This is the value of this initiative [SIHI] to put in place a system** and to put the emphasis on fact that these innovations should be evaluated. There are plenty of new ideas that go nowhere. These innovations should be dropped and there should be a **distillation of the innovations that work with the goal of bringing them to scale.**” - Dr Marie-Paule Kieny, Assistant-Director General of Health Systems and Innovation at the World Health Organization 21 / 26



Photo Credit: SIHI, Lindi van Niekerk



# MOVING FORWARD

In 2016/17, the SIHI partners will work towards strengthening the capacity of health system actors to advance the application of social innovation in health in the Global South.

The recommendations and discussions from this consultation are informing SIHI partners' future plans. While the partners will not be in a position to implement all strategies highlighted, they will contribute to these as relevant through three main areas:

## 1 RESEARCH

The outcome of the case study learning and collaborative consultation in December 2015 **will guide us to the future research agenda for social innovation and where further evidence is required.** We will ask the global community to contribute the evidence they have developed on the field and facilitate its sharing.

## 2 PRACTICE

To truly strengthen capacity of local health systems, we will **embark on a country-embedded approach.** In 2016, we will **focus on better understanding the needs of academic institutions, social innovators and ministries of health** across the Global South. In 2017, we will collaborate with two to three countries to **unlock the capacity of their local actors to catalyse, grow and integrate social innovation locally.**

## 3 INFLUENCE

This effort is only one part of the global innovation ecosystem. **SIHI partners will advocate for new partnerships to be formed, for further research to be undertaken and for resources and policies to support social innovation to be harnessed and mobilised.**

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# SOCIAL INNOVATION IN HEALTH INITIATIVE

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