

IDENTIFYING COMMUNITY-BASED SOCIAL INNOVATIONS IN HEALTH THROUGH CROWDSOURCING



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INTRODUCTION

Significant gains have been achieved in improving the health of the people in the past century. However, despite these advances in health care, wide disparities in health and socio-economic status remain in many places. In the Philippines, access to quality health services persists especially in geographically isolated and disadvantaged areas (GIDAs). These gaps were caused by failure to understand the complexity of the health systems that hinder efforts to achieve better and more equitable health outcomes.

A new way of thinking for health system innovation is needed to address the complexity of these challenges. Interventions that are grounded on the contextual realities of the people at the grassroots level must be identified, recognized and pursued. Social innovation is a new lens to approach the transformation of the health systems. Traditionally, social innovation models are often not found in literature review, as most social innovations are designed and implemented by non-academics.

This study presents crowdsourcing methodology as a new approach to identify socially innovative models that country policy makers can learn from, adopt or scale successfully as part of policy and practice.

DISCUSSION

Four (4) projects emerged as outstanding examples of socially innovative solutions that address priority health issues in the country such as health financing, improve access to health services, and health governance. Figure 3 provides a brief description of these projects.



Figure 3. 2017 Top Socially Innovative Solutions for Health in the Philippines

Benefits and challenges of crowdsourcing

Crowdsourcing methodology provided us a range of community-based solutions developed by local innovators as a response to a specific health need. Their innovation stories highlighted not only the “what” solved the problem but the detailed “how to” that can serve as a guide for other communities to scale and sustain. Crowdsourcing is beneficial to those with fewer resources, who wants simplified logistics but would want to capture knowledge across a wider and more diverse population.

However, reliance to Internet connectivity is one of the challenges in implementing a completely online crowdsourcing. Philippines has the lowest average Internet in the world with 4.5 Mbps. In addition, most of the innovators who submitted found the online forms intimidating and too cumbersome to complete. Another key issue with crowdsourcing is data protection of personal sensitive information of individuals who contributed their solutions. Oftentimes, individuals are not comfortable to publicize their full name, contact information, sex, and address among others.

CONCLUSION

1. Crowdsourcing is a feasible tool to engage innovators outside the traditional boundaries of academia. The projects that we gathered provide rich lessons where communities with similar context can learn from.
2. Simplify the data collection or nomination forms to encourage more submissions. A telephone interview or on-site validation may be considered to gather more details if necessary.
3. Data protection policies must be defined, and strict data sharing protocol must be enforced. Secure the consent of the innovator before sharing personal information and/or specific details of the project.
4. Internet connectivity may not be reliable all the time. Other channels to gather nomination forms must be established such as regional or provincial submission hubs or an option to submit via courier.

REFERENCES

Benatar, S. R., Gill, S., & Bakker, I. (2011). Global health and the global economic crisis. *American journal of public health*, 101(4), 646-653.
 Adam, T., & de Savigny, D. (2012). Systems thinking for strengthening health systems in LMICs: need for a paradigm shift. *Health policy and planning*, 27(suppl_4), iv1-iv3.
 Herbert, C. P., & Best, A. (2011). It's a matter of values: partnership for innovative change. *Healthcare Papers*, 11(2), 31-37.
 Mulgan, G. (2006). The process of social innovation. *Innovations: technology, governance, globalization*, 1(2), 145-162.
 Schenk, E., & Guitard, C. (2011). Towards a characterization of crowdsourcing practices. *Journal of Innovation Economics & Management*, 1(1), 93-107.
 Halder, B. (2014). Evolution of crowdsourcing: potential data protection, privacy and security concerns under the new media age. *Revista Democracia Digital e Governo Eletrônico*, 1(10), 377-393.
 PhilStar Global (May 2017). Retrieved from <https://www.philstar.com/headlines/2017/05/22/1702506/philippines-has-lowest-internet-speed-report-says>
 Halder, B. (2014). Measuring Security, Privacy and Data Protection in Crowdsourcing.

Crowdsourcing comes from the contraction of the word “crowd” and “outsourcing”. It is an approach of obtaining information from a large number of people through an open call mostly through Internet. This methodology was used by the SIHI Philippines in identifying local socially innovative projects. The crowdsourcing contest followed a systematic process as explained in Figure 2.

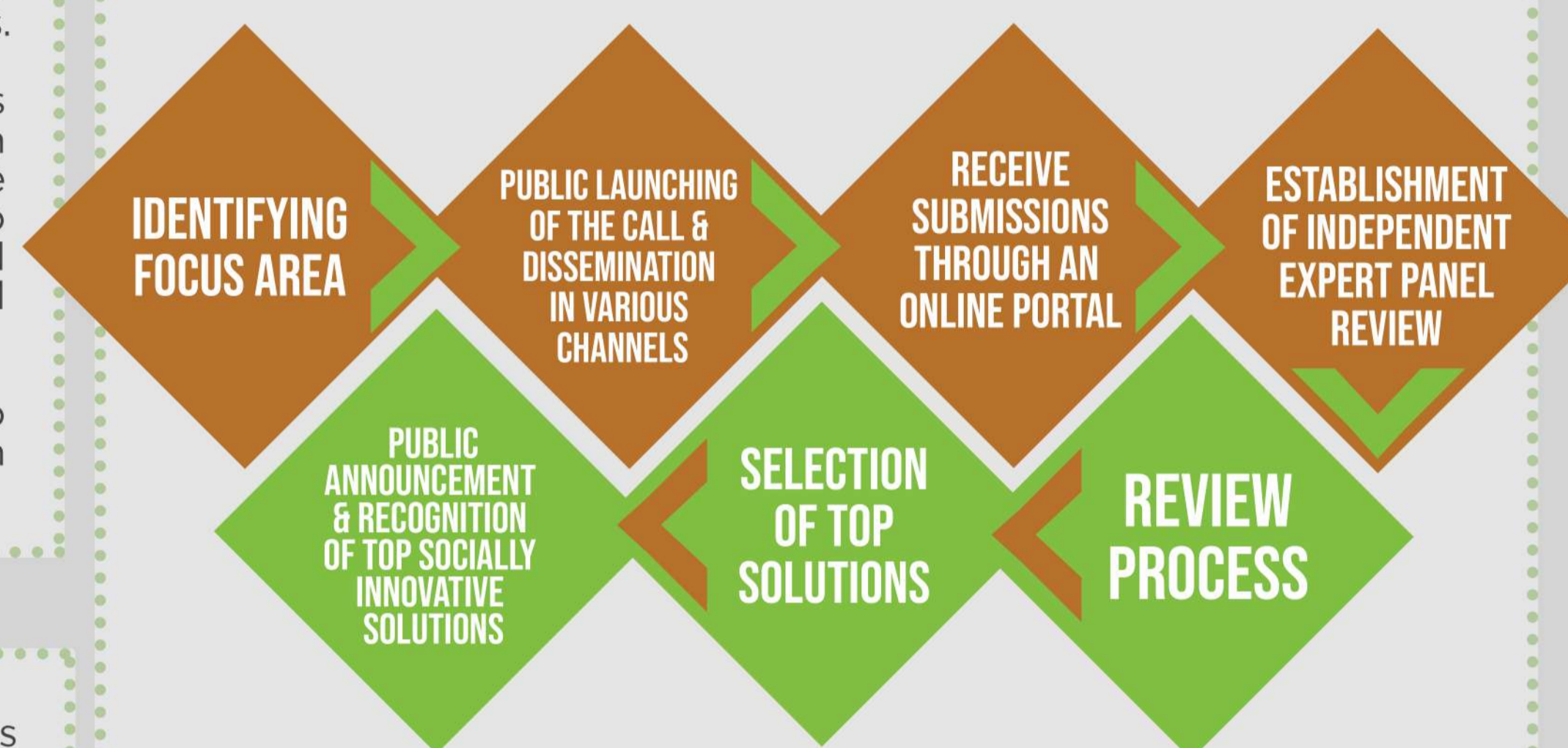


Figure 2. SIHI Philippines Innovation Call Crowdsourcing Process Flow

A call for innovation was launched in June 2017 and we searched for initiatives that focused on, but not limited to, infectious diseases of poverty including Tuberculosis, HIV and AIDS, patient safety, and interventions that improve affordability, equity, and access to healthcare. A broad range of stakeholders which include community organizers, business owners, students, government workers or organizations were invited to nominate solutions online or through email. The call was marketed and promoted extensively online and in various in-person events. A nomination portal at <http://socialinnovationshare.org> was made available to receive submissions. The call ran for 10 weeks from June 1 to August 11, 2017. The Hub received a total of 17 projects and 16 were shortlisted for expert panel review. During the review, the shortlisted projects were evaluated based on the generic criteria used in the global SIH innovation call and a country-specific criteria set by and voted on by the panel of 10 experts. Table 1 describes in detail the criteria and the weight for each criterion.

GENERIC CRITERIA			COUNTRY-SPECIFIC CRITERIA		
SELECTION CRITERIA	DESCRIPTION	WEIGHT	SELECTION CRITERIA	DESCRIPTION	WEIGHT
Degree of innovativeness	The solution provides a novel approach to address a systemic health challenge within the context. It provides an alternative to the status quo	25%	Health need	The solution addresses a health priority of the Philippines (as defined by the National Unified Health Research Agenda), or a priority in a more localized level such as prevalent, yet neglected health problem in a town or a marginalized group/ethnic group	10%
Inclusiveness	The solution has the potential to be used by a large number of people, enhancing equity and access	15%	Participatory & Co-owned	Participatory approach is evident in the development, implementation, and evaluation of the innovation (i.e. contributions from various stakeholders: the patients/families, local health personnel, local leaders, other sectors).	10%
Affordability	The solution is affordable to the poor who are otherwise excluded in the local context or the solution is more cost-effective than the status quo.	15%	Integration/Scale	Feasibility for the solution to be applied, replicated and scaled-up to other communities with similar problems.	10%
Effectiveness	The solution has a demonstrated positive outcome on the health challenge it is addressing	15%			

OBJECTIVES & PURPOSE

This study is aimed at identifying existing social innovations developed by the public as a response to their health need through a crowdsourcing innovation contest. We present the feasibility crowdsourcing as a mechanism to encourage public participation in solving health challenges within their contextual realities. Identifying them allowed us to understand how and why social innovations are impactful, the factors enabling their success and the lessons that can be gleaned from their experience to scale it more broadly in the larger health system.

PROJECT & PROCESS DESCRIPTION

This project was made possible through the Social Innovation in Health Initiative (SIHI). The Initiative is a global network of individuals and organizations that aims to advance SIH through research, capacity and influence. SIHI was launched in 2014 by the World Health Organization – Special Programme for Research and Training in Tropical Diseases (WHO-TDR). SIHI also pioneered the first social innovation in health global call using the crowdsourcing methodology in 2015. In 2017, WHO-TDR expanded the network to other countries in the global south which includes Colombia, Malawi, Philippines, and Uganda. The SIHI – Philippines Hub is hosted by the University of the Philippines Manila – College of Medicine. Figure 1 illustrates the SIHI global partners network.



Figure 1. A map of growing initiative on Social Innovation in Health