

WORKSHOP REPORT – CO-CREATING A RESEARCH GUIDANCE FOR SOCIAL INNOVATION IN HEALTH



BLANTYRE, MALAWI
30 – 31 MAY 2018

Credit: L van Niekerk, Malawi, 2017

**SOCIAL
INNOVATION
IN HEALTH
INITIATIVE**



**LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE**



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1. BACKGROUND: SOCIAL INNOVATION IN HEALTH

Significant advances have been made with regard to innovation in drugs, diagnostics and vaccines while innovation in the care delivery process has been neglected. The Sustainable Development Goals call for a renewed focus on addressing issues hindering societies from thriving. An inclusive paradigm is required to achieve universal health coverage.

Communities and actors across all sectors have a role to play in developing new solutions with the potential to transform systems and structures. Social innovations provide creative and unconventional approaches to more inclusive, effective and affordable healthcare delivery for all people. It has the potential to improve the health and wellbeing of people and it has a transformative and resilience-enhancing potential for health systems.

SIHI, the Social Innovation in Health Initiative, is a global network of individuals, organizations and institutions passionate about advancing community-based social innovation in health through research, capacity and influence. The network was initiated in 2014 through joint efforts of the Bertha Centre for Social Innovation and Entrepreneurship at the University of Cape Town, the Skoll Centre for Social Entrepreneurship at Oxford University, the London School of Hygiene and Tropical Medicine, and TDR, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

In 2017, the SIHI network expanded to include additional low- and middle-income countries: University of Malawi College of Medicine in Malawi; Makerere University School of Public Health in Uganda; University of Philippines Manila College of Medicine; Social Entrepreneurship to Spur Health initiative in China; and Centro Internacional de Entrenamiento e Investigaciones Medicas (CIDEIM) in Colombia in collaboration with ICESI University and the Pan American Health Organization. In addition, SIHI is collaborating with several organizations such as the Fondation Mérieux, the Ahimsa Fund, the WHO Department of Service Delivery and Safety, the United Nations University-International Institute for Global Health, and United Nations International Children's Emergency Fund (UNICEF).

SIHI has been active in identifying and studying social innovations in health across low- and middle-income countries. This foundational work emphasised the valuable contribution social innovations could make in addressing health system challenges. It has also illustrated the need to embed more research in social innovation initiatives to inform their development, enable effective monitoring and evaluation and to sustain and scale up their impact where appropriate. Research in social innovation could help to better understand what works and what does not, and share lessons learnt.

Over the past three years, SIHI has convened an array of stakeholders (social innovators, government decision-makers, academics, international actors and funders) to mobilize and gain support to advance social innovation through research. The consultations highlighted the need to develop a guidance in an effort to support the embedding of research into each stage of the social innovation development process and to provide the necessary evidence to inform an innovation's development, implementation and scale-up. On 30 - 31 May 2018, 46-stakeholders from 11-countries convened in Blantyre, Malawi, to inform the development of the research guidance and to give insight into factors for consideration in this process.

2. WORKSHOP OVERVIEW: CREATING A RESEARCH GUIDANCE FOR SOCIAL INNOVATION

The workshop was co-hosted by the College of Medicine, University of Malawi and TDR, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

Participants represented ministries of health (Malawi and Uganda), international agencies, universities, research institutions, SIHI partners and community-based social innovators. The workshop adopting a user-centred design approach, framed as an 'Expedition into the New World' and centred around four social innovation in health initiatives: Chipatala Cha Pa Foni (Malawi), Kuanda Community Health Insurance Initiative (Malawi), Kyaninga Child Development Centre (Uganda) and Action for Women and Awakening in Rural Environments (Uganda), [see Annex 1 for the list of workshop participants]

- To share and discuss the value of research in social innovation, including in informing policy and decision-making.
- To develop a collective vision on how to embed a culture for research in social innovation.
- To develop research strategies for the invited social innovators.
- To discuss the key elements of a supportive guidance to embed research in social innovation
- To develop strategies to facilitate evidence from social innovation to inform universal health coverage and the sustainable development goals.



Photo: Dr Charles Olaro, Dr John Reeder, Dr Sarah Byakika, Ms Fiona Beckerlegge; Dr Roy Mayenga; Ms Grace Luomo; Dr Phyllis Awor; Ms Julie Nabirye (left to right)

EXPEDITION INTO THE NEW WORLD.

Innovators are the explorers of the 21st century. They go where no man has gone before and move the human race forward. Within the landscape of social innovation, research plays a critical role, but has not yet been fully explored or integrated into this world. By using the analogy of exploring, we hope to uncover and create pioneering pathways by which the world of social innovation can be navigated and experienced.

To do so, we asked the following questions:



(Session 1)

Why is it important to explore this new world?



(Session 2)

What are the characteristics of this New World?



(Session 3)

Which skills do we need for this expedition?



(Session 5)

Who are the key players?



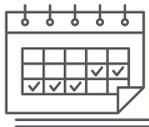
(Session 4)

What are the components of an effective and productive expedition?



(Session 3 & 5)

How do we enhance the overall experience of the expedition?



(Session 7)

What are the obstacles, unknowns and challenges to building new pathways (ie. conducting research) in this New World?



(Session 8 & 9)

How do we best navigate the landscape together?



(Session 10 & 11)

What are the next actions we take, to embed research into this new environment and ensure it informs policy and practice?

Day 1 We set the collective vision we would like to achieve on this expedition. It was an opportunity to share and learn from each other about actions our respective organisations have taken in order to accomplish this vision.

Day 2 We translated the discoveries from Day 1 into practical strategies for embedding research in the world of innovation. We discovered how this may be achieved within the collective, individual and institutional spheres.

3. WORKSHOP INSIGHTS AND FINDINGS: RESEARCH AS A COMPASS FOR SOCIAL INNOVATION IN HEALTH

During the workshop, the overarching analogy of research in social innovation was described as that of a compass. Research as a compass is required to navigate the journey of social innovation, through the successful moments but also during times when things do not turn out as expected.

'Embedding research allows other people to understand what is working and what is not, it guides and optimizes, and in the end, it helps answer hard questions, so that we make a difference.' Dr John Reeder, Director WHO, TDR

Continuing the analogy of 'research as a compass for social innovation' highlighted during the workshop, this report has been structured accordingly. The four social innovation initiatives represented at the workshop, and included in this report, provided insight into each of the four thematic directions that emerged in the discussions. These directions will inform the development of subsequent research guidance for social innovation.

EMBEDDING RESEARCH IN SOCIAL INNOVATION: Opportunities & Challenges



3.1. DUE NORTH: EMBEDDING RESEARCH IN SOCIAL INNOVATION

SOCIAL INNOVATION INITIATIVE- KAUNDA COMMUNITY BASED HEALTH INSURANCE, Malawi



Description:

In Dedza East District, a community-owned and managed health insurance fund is preventing costly and crippling out of pocket health expenditure. In this area, the only primary health centre is a fee-for-service centre. Through community members investing a small amount monthly for each member of their household, out of pocket expenditure is reduced to 20% of the consultation fee. The insurance is fully operationalised by health surveillance assistants with oversight by a community management committee. The insurance fund has assisted the health centre to appoint additional staff and in so doing, improved service delivery.

Opportunities & Challenges:

This community initiative has been operational since 2016. To date, no formal research has been conducted, despite the interest generated in the model as an exemplar for the implementation of the national health insurance scheme in Malawi. The lack of evidence is hindering further national discussions on expansion and scale-up.

The implementation team has resource and technical limitations, preventing them from engaging in research. The project is paper-based, with no computers to support data collection and analysis. The team requires guidance to define the current most important research question with health systems value, amidst all the potential questions to answer in the start-up stage. A collaborative partnership with academics would be of great value.



Through a lively first discussion session on the qualities of research and social innovation, differences but also similarities were uncovered. Both ‘research’ and ‘social innovation’ can be daunting depending on one’s role in the ecosystem. Some people may not even be aware that the work they are doing ‘to solve problems in different ways’ is socially innovative. Some social innovators do not realise that they are playing the dual role of being a researcher through collecting and analysing data that inform the adaptation and growth of their solution over time.

Both social innovators and researchers attending the workshop agreed that their intention and motivation are to meet a need in the community, find solutions and approaches, and to make a unique contribution that can foster resilient health systems. Processes for both were both described as participatory in that they seek to involve different actors from ministries of health, communities, private sector, local health centres and health workers, community leaders and community members. Depending on the type of research, research could be as flexible and adaptive as social innovation if the correct methods are employed.

Participants agreed that embedding research in social innovation could provide guidance to innovators to better understand the enabling and limiting factors of their innovation. Limitations in resource and technical capacity were acknowledged as practical barriers hindering research, despite the willingness of innovators to engage in research. A lack of research makes it difficult for funding agencies to know which projects to support and which projects Ministries of Health could consider supporting on a national scale. Participants highlighted the fact that the research process needs to be pragmatic and sustainable, while building existing efforts in countries and fostering links with community health systems.

‘Previously we did not have much control on type of research that was being done. Then about 5 years ago, a National Research Agenda was developed by all key stakeholders to help organize research happening in country and focus it on health priorities.’

Dr Sarah Byakika, Ugandan Ministry of Health.



Photo: Dr Atupele Kapito-Tembo; Dr Roy Mayenga (foreground)

KEY POINTS TO INFORM GUIDANCE DEVELOPMENT

1.

Raising awareness among researchers, social innovators and other health system actors about the value of research in social innovation is critical.

2.

Research needs to support social innovations and play the role of a 'compass' guiding social innovators and stakeholders on the way forward.

3.

Research should be embedded in social innovation from an early stage to inform the social innovation's development journey (innovation development, sustainability, and scale-up as relevant towards health system integration).

4.

The importance of a national research agenda developed by all stakeholders and including social innovation research could provide further national support.

5.

Practical tools are needed to support social innovation actors and guide them in answering priority questions in a pragmatic manner.

3.2. DUE SOUTH: COLLABORATIVE PARTNERSHIPS FOR RESEARCH AND SCALE-UP OF SOCIAL INNOVATION

SOCIAL INNOVATION INITIATIVE – CHIPATALA CHA PA FONI (CCPF), Malawi



Description:

CCPF is an mHealth initiative with two main components. It provides a toll-free hotline where callers can speak with trained health workers (nurses) who provide information on a wide range of health issues, triage calls to doctors, and refer callers displaying “danger signs” for further care at a health facility. It also provides a mobile message service for personal text or voice messages on maternal and child health topics, customized to a woman’s month of pregnancy or a child’s age.

Fostering Collaborative Partnerships:

This social innovation has been pioneered by VillageReach in partnership with the Malawian Ministry of Health. Several other partners have been essential in supporting the scale-up of the project to nine-districts in Malawi. By July 2019, CCPF will have fully transitioned to the Malawian Ministry of Health (MOH). Embedded from the outset, research has been important in providing the evidence the MOH required in order to adopt this social innovation. An impact evaluation will be conducted in 2018 to guide the national scale up efforts. VillageReach has been providing expert technical capacity to support the MOH in transitioning CCPF for full health system integration.

Website: www.villagereach.org



Workshop discussions highlighted that partnerships are key to improving the experience of research in social innovation and promote the uptake of research findings. Organizations including VillageReach, Dignitas International and the African Institute for Development Policy (AFIDEP), shared their experiences of how a partnership with ministries of health (MOH) has been essential in the scaling-up of social innovations into policy and practice. From the perspective of these organisations, social innovation is born out of collaboration and the impact is more important than individual ownership.

Dr Alinafe Kaysiya, Deputy Director, VillageReach, emphasised the importance of being willing to compromise and relinquish control if strong respectful partnerships are to be fostered. ***"To really move forward in social innovation, you have to be ready to let [your organization] go and lose visibility...what's important is the impact you will be making."***
Alinafe Kasiya.

It was highlighted that successful partnerships early on between researchers, the ministry of health and innovators have the potential to expedite uptake and growth and increase the viability and sustainability of social innovations. The role that social innovators and organizations supporting social innovation can play is to collaboratively create a research plan with partners, to provide relevant evidence that can inform policy and to support the capacity for uptake of the results.

"It is important to think about the key players and stakeholders and involve them in the process early on to enable future scaleup, uptake and sustainability" Workshop participant

As shared by ministry of health representatives, both from Malawi and Uganda, partnerships are welcomed. Ministries of Health are enthusiastic about cost-effective, evidence-based solutions created in participatory ways with community members. Social innovators can play a role in answering key questions and research priorities of the country as they 'connect reality with research'. Policy-makers are looking for data that will inform them on the design of new community health systems, advance community engagement and social accountability. However, as illustrated by VillageReach, a partnership with the Ministry of Health needs to go beyond just delivering research findings and also provide support to the ministry on adopting the findings and integrating the proven solutions within the existing health system structures.

"Today there is political will, just we must be able to connect data to improved delivery"
Juliana Lunguzi, Member of Parliament & Chair of Parliamentary Health Committee, Malawi

Social innovators and ministry of health representatives shared the importance for them of including community members in the research process. Social innovations and associated research need to be based on the holistic needs of a community. Research needs to go beyond just treating community members as 'research subjects' and welcome their participation in the research process.

"Innovators are bringing change at community level, but it is through the involvement of many partners especially the Ministry of Health that a larger systems scale change can be achieved" Workshop Participant

KEYPOINTS TO INFORM GUIDANCE DEVELOPMENT

1.

Effective partnerships are critical to bring all actors together in conducting research in a collaborative way and fulfilling their respective needs.

2.

Strong leadership skills are required to build robust partnerships, nurturing partners' ownership.

3.

Community members should be engaged in the research conducted and be informed of the results. They should not be seen as the 'subjects of research' but rather as active participants.

4.

Early engagement of governments is critical to enhance uptake in the health system. Innovators, researchers and other actors equipped with the necessary skills to report evidence in systematic and usable formats can guide decision-makers.

5.

Collaborative research platforms and mechanisms are needed to connect and provide an interface between social innovators, academics and policy-makers to support the dissemination of evidence to national, district and community levels.

3.3. DUE WEST: SUPPORTING AND ENABLING STRUCTURES

SOCIAL INNOVATION IN HEALTH - KYANINGA CHILD DEVELOPMENT CENTRE (KCDC), Uganda



Description:

KCDC provides an innovative and holistic approach to the care and management of children with disabilities. The programme offers cost friendly rehabilitative services and free community-based programmes and trainings to individual homes, orphanages, schools and local health centres. Through the peer support programme, families have an opportunity to share experiences which increases their knowledge and skills when caring for a child with disabilities. KCDC has developed an innovative revenue generation scheme of making goat cheese to ensure sustainability of the programme.

Supportive and Enabling Structures for Research:

KCDC has assisted over 1500 children in the Rwenzori region in Uganda and monthly demand is growing for its services. KCDC has thus opened a second centre in a another district in Uganda to address the community needs as formal health system services supporting children with disabilities in Uganda are very limited. To date, all staff and resource capacity has been invested in service delivery and no formal research has been conducted. To engage in research, a supportive partnership with a research institution is required to bring the necessary funding, expertise and staff capacity. This will enable the programme to generate much needed evidence but not at the cost of service delivery.

Website: www.kyaningacdc.org



The discussions between social innovators and researchers highlighted a need for greater understanding and empathy of the contexts and ways of operating.

Social innovators shared their focused pursuit on delivering services to meet the demand and extensive needs of the communities within which they are based. Observing this daily need drives them to do more and use their limited time, staff and financial resources to reach the most people. The resource-constrained contexts within which they operate make even the simplest form of data collection challenging. For the Kaunda Community Health Insurance Initiative, no technological data collection tools are available and even basic writing utensils are unavailable at times. For organizations such as Kyaninga Child Development Centre (KCDC), all staff capacity is invested in providing rehabilitative services and many staff members are already working overtime and weekends to meet the demand. Social innovators challenged the extent of researchers' appreciation of the day-to-day reality of running a social innovation in a resource poor setting.

Researchers attending the workshop wanted to raise awareness among social innovators that the research process aids in two ways. Firstly, to develop knowledge that could enhance implementation and secondly, to generate evidence that could inform the ministry of health as to which social innovations could be scaled up to a national-level.

Representatives from ministries of health raised concerns about the lack of engagement by researchers in aligning the design, strategy and impact of research projects with the priorities of the ministry of health, as well as needs of the existing social innovations. Limited coordination mechanisms between ministries of health, research and social innovators can often result in the duplication of efforts.

Collaboration between social innovators, researchers and ministries of health were highlighted as of fundamental importance by all participants. With an appreciation of research, social innovators can better commission research that will be realistic and useful to them. Through establishing supportive collaborations with research institutions, researchers can work alongside social innovators to provide vitally needed capacity.

Opportunities exist to address the afore mentioned challenges in constructive ways. Universities with a special interest in social innovation or established centres for social innovation research can play a critical role in building much-needed capacity and fostering greater collaboration within the ecosystem. According to participants, social innovation university centres can be ideally positioned to be an interface between policy-makers, academics and social innovators. They have the best vantage point to effectively disseminate information, facilitate communication, encourage research around national health research priorities, help the ministry of health stay abreast of evidence-based innovations, and inform research strategies, based on the needs of innovations and the priorities of the ministry of health.

To undertake this role successfully, social innovation academic centres will need to be truly multi-disciplinary, by expanding beyond the health faculty, and be strengthened with effective communication platforms to keep all stakeholders informed.

“The role of social innovation centres is to connect, more than to provide.”

Workshop participant.

KEY POINTS TO INFORM GUIDANCE DEVELOPMENT

1.

Collaborative research platforms, such as social innovation university centres, play an important role in fostering collaboration among all stakeholders.

2.

Research strategies are to be informed by the unique physical and operational resource constraints experienced by social innovations. It is important to adapt the research process to the needs/ limitations of the environment and meet some of the basic resource requirements to enable research.

3.

Communication platforms are desired (e.g. national research reporting systems, e-health systems).

3.4. DUE EAST: NOVEL SKILLS AND METHODS TO PROMOTE AND IMPLEMENT RESEARCH IN SOCIAL INNOVATION

SOCIAL INNOVATION IN HEALTH ACTION FOR WOMEN AND AWAKENING IN RURAL ENVIRONMENTS (AWARE), Uganda



Description:

AWARE aims to advance the health, social, cultural and economic wellbeing of women and girls in Karamoja using a holistic approach to empower women and advocate for their rights in the community. Women are equipped with agricultural and business skills and are sensitized on their rights. AWARE has established a multi-purpose women's centre, which has a maternity waiting house where expectant mothers can receive health care services and life skill training.

Novel Skills to Implement Research:

This social innovation consists of complex social dynamics, with strong cultural and community-driven components that drive and inform the success of AWARE. Five research methodologies were identified to ensure efficient assessment of this social innovation's success: 1. verbal autopsy; 2. sisterhood study method; 3. interviews with community leaders; 4. focus group discussions; and 5. social autopsy. By assessing not only the quantitative, but also the qualitative impact on the community and culture, we arrive at more accurate, holistic measures of success.

Website: www.awareuganda.org



Discussions highlighted that due to the dynamic, responsive nature of social innovation, more traditional research methods will not always provide the necessary flexibility and speed that is needed to provide value in such environments. Participants shared how they used research more flexibly to inform their programmes.

Dr. Monique van Lettow, from Dignitas International, explained how a more action-orientated, 'on-the-go', research approach was employed in two of their innovation projects in Malawi. Starting with a pilot study to test for safety and efficacy, once it was clear that the project had some efficacy and posed no overt dangers, the respective country government was informed and the project was rolled out into the community. During the implementation process, research continued to monitor the most important variables, acting like a compass to ensure that projects stay 'on course'. By prioritizing safety and effectiveness as the initial key research questions and allowing for fast implementation and roll-out, this research approach enabled the innovations to remain responsive to the ever-changing needs of the beneficiaries, and grow while data was collected throughout the process.

During a break-away group sharing session, participants shared a range of other methods that they have employed in their innovations. Research methods were also borrowed from other fields. From journalism, participants borrowed interview-based processes and from UX-design participatory approaches were borrowed to engage beneficiaries in the research process.

Participants highlighted how the research landscape has changed. People are more connected, and this puts a demand on research to be readily available, accessible and responsive. Students need to be trained in alternative research methodologies and skills, such as participatory research, action research and methods of behavioural research, and they need to be empowered with social science skills as well as capacity for ambiguity and complexity.

“We need to be promiscuous with research methods. We have to be brave – there is too much risk aversion.” Prof Pascale Allotey, Director of International Institute for Global Health at the United Nations University

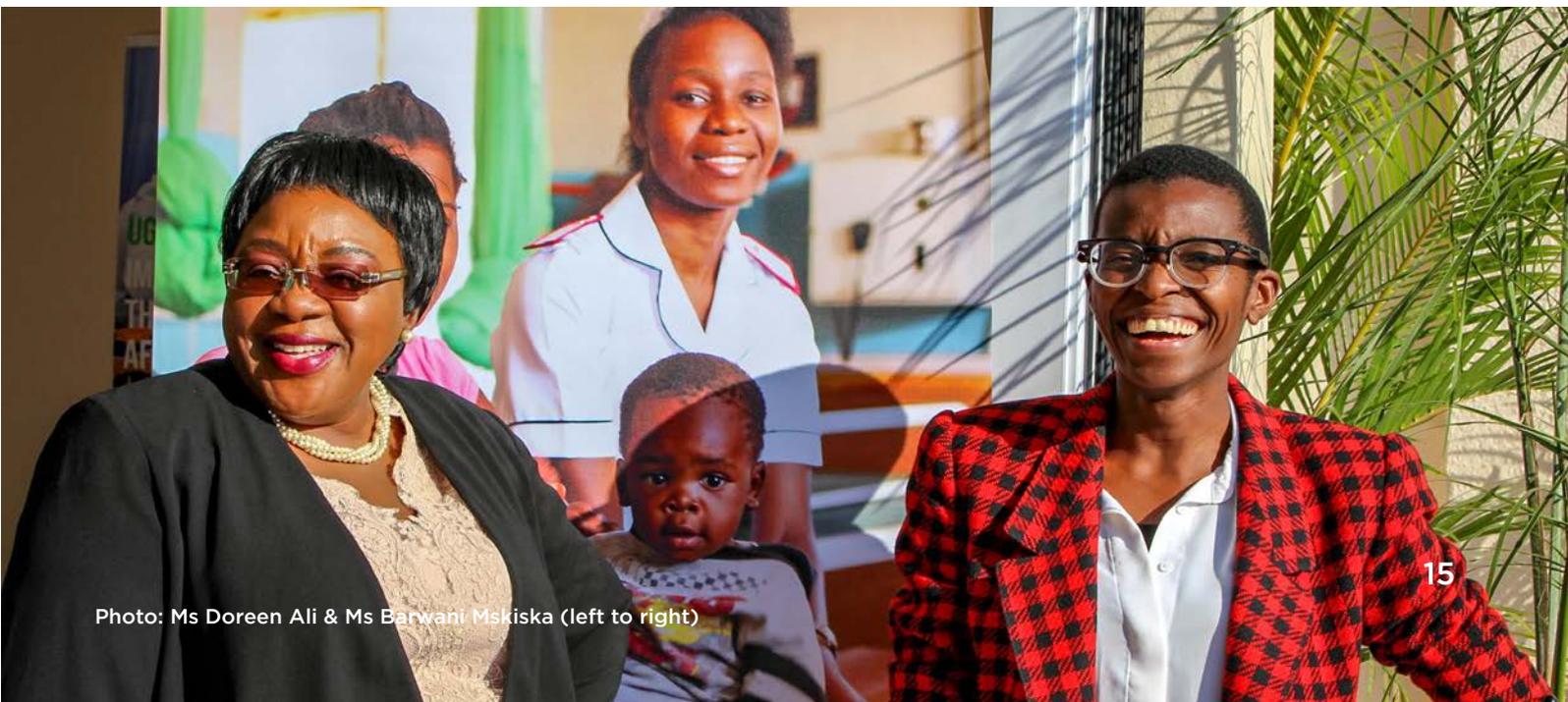


Photo: Ms Doreen Ali & Ms Barwani Mskiska (left to right)

KEY POINTS TO INFORM GUIDANCE DEVELOPMENT

1.

Social innovations are complex interventions. Research methodologies need to be adapted and relevant to the specific innovative environment. Research also needs to be more accessible to enhance the ownership and participation of all innovation actors.

2.

Multi-disciplinary research with multiple methodologies is needed. Related skills need to be strengthened.

3.

Innovative tools such as picture books, short vignettes, flip cards and short films could help to guide social innovation actors.

4.

Capacity strengthening approaches, such as coaching and workshops, can support social innovators.

4. NEXT STEPS: GUIDANCE DEVELOPMENT

This workshop was the fourth step towards developing the guidance for research in social innovation in health. The workshop built upon on three prior steps already undertaken to inform this development.

First, the need for a research guidance document was identified during a SIHI-ESSENCE consultation meeting, 'Funding agencies join forces to advance social innovation' held in November 2016 in France . Participants from funding agencies, international agencies, universities and social innovation organizations, explored priority areas for further action and investment in social innovation and made key recommendations. A mapping exercise was then conducted in 2017 to identify existing research methodology and tools that could be applicable and support social innovation research. In March 2018, informal consultations were conducted with experts and stakeholders on the approaches and tools they use to generate evidence in the social innovation activities they support.

The workshop provided a great opportunity to engage with four social innovators, their interlocutors in respective ministries of health, academics and other stakeholders. It allowed participants to better understand each other's needs, capacities and constraints and discuss the factors influencing the embedding of research in the social innovation process.

Key elements gathered during the discussions and captured in this report will guide the development of the research guidance and tools to help embed research in social innovation. Such tools will then be tested in 2019 in collaboration with social innovators and relevant stakeholders.



Photo: Workshop Participants

ANNEX 1: WORKSHOP PARTICIPANTS

Dr Albert Viljoen	Workshop Facilitator
Dr Atupele Kapito-Tembo	University of Malawi
Dr Alinafe Kasiye	VillageReach (Chipatala Cha Pa Foni)
Ms Barwani Msiska	University of Malawi
Dr Beatrice Halpaap	TDR, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
Dr Charles Olaro	Uganda Ministry of Health
Dr Damson Kathyola	Malawi Ministry of Health
Dr Don Mathanga	University of Malawi
Ms Doreen Ali	Malawi Ministry of Health
Dr Emma Rhule	United Nations University
Ms Fannie Kachale	Malawi Ministry of Health
Ms Ewen Liu	University of Malawi / University of North Carolina
Ms Fiona Beckerlegge	Kyaninga Child Development Centre
Ms Grace Luomo	Action for Women and Awakening in Rural Environments
Dr Harroun Wong	University of the Philippines
Dr John Reeder	TDR, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
Dr John Pukha	University of Malawi
Ms Juliana Lunguzi	Malawi National Assembly / Parliament
Ms Juliet Nabirye	Makerere University
Ms Katusha de Villiers	University of Cape Town (Bertha Centre)
Dr Larry Han	Social Entrepreneurship to Spur Health
Dr Lindi van Niekerk	Workshop Facilitator / London School of Hygiene and Tropical Medicine
Mrs Liz Charles	ocial Innovation in Health Initiative
Mr Luis Enrique Vacaflor	Centro Internacional de Entrenamiento e Investigaciones Médicas (CIDEIM)
Mr Matthews Simbi	Kuanda Health Centre
Ms Martha Kwaitane	Boabab Health Trust
Dr Monique van Lettow	Dignitas International Malawi
Dr Noel Juban	University of the Philippines
Ms Nyembezi Kayira	Kaunda Health Centre
Prof Pascale Allotey	United Nations University
Dr Phyllis Awor	Makerere University
Ms Priyanka Shrestha	Social Innovation in Health Initiative
Ms Rachel Hounsell	Social Innovation in Health Initiative
Dr Rebecca Hanlin	AfricaLICS
Dr Rose Oronje	African Institute for Development Policy
Prof Rosanna Peeling	London School of Hygiene and Tropical Medicine
Dr Roy Mayega	Reslience Africa Network, Uganda
Dr Sarah Byakika	Uganda Ministry of Health
Dr Teresa Soop	Swedish International Development Agency
Dr Ulrika Baker	United Nations International Children's Emergency Fund
Dr Vincent Jumble	University of Malawi

ANNEX 2: WORKSHOP AGENDA



DAY 1

Setting the collective vision

OBJECTIVES

1. Share the value of research in social innovation
2. Develop a collective vision on how to shift the culture for research in social innovation
3. Learn from each other on experiences to embed **research in social innovation and how it has informed policy and decision makers**

AM

- 08:45 - 09:00** **INNOVATOR VOICES**
Four innovators share their personal stories with us.
- 09:00 - 09:30** **WELCOME**
A welcome by the meeting and country hosts. They explain why we are gathering.
- 09:30 - 10:10** **SESSION 1: THE VALUE OF RESEARCH IN SOCIAL INNOVATION**
Sharing the background on SIHI and why research is required to advance social innovation
- 10:10 - 11:00** **SESSION 2: OUR COLLECTIVE VISION**
An invitation to participants to engage in envisioning how might we shift the culture of research such that research can be more embedded within social innovation.
- 11:00 - 11:30** **TEA**
- 11:30 - 13:00** **SESSION 3: FOSTERING MULTI-ACTOR COLLABORATION FOR RESEARCH AND POLICY**
A 3-part panel discussion to explain how the respective SIHI Hubs in Malawi and Uganda have created a collaborative research environment with governments and other actors.

PM

- 19:30 - 22:00** **GROUP DINNER**
- 18:00 - 19:15** **COCKTAIL RECEPTION: LEARNING MORE ABOUT SIHI HUBS**
Participants gather around the SIHI Hubs to learn more about their activities and future plans.
- 17:00 - 17:30** **SESSION 6: DAY 1 REFLECTION & CLOSE**
We review the themes that emerged during Day 1 and participants again contribute by sharing some ideas about what practically can be done to achieve the vision
- 16:00 - 17:00** **SESSION 5: THE FUTURE GENERATION OF RESEARCH**
SIHI Hubs & organisation share how they have been engaging the next generation in social innovation research
- 15:30 - 16:00** **TEA**
- 14:00 - 15:30** **SESSION 4: EXPLORING ENGAGEMENTS IN SOCIAL INNOVATION AND RESEARCH**
Participants have the opportunity to listen to representative organisations sharing how they have engaged with research in social innovation.
- 13:00 - 14:00** **LUNCH**



DAY 2

Designing guiding strategies to embed research in social innovation

OBJECTIVES

1. Develop a research strategy for invited social innovations
2. Discuss the format and key elements of the guidance
3. Develop strategies to embed research in different sectors **and ensure that it will inform policy towards universal health coverage and sustainable**

AM

- 08:00 - 08:20** **WELCOME**
A morning welcome, recap of Day 1 and providing guidance on Day 2.
- 08:20 - 09:00** **SESSION 7: EXPERIENCES: OPPORTUNITIES AND CHALLENGES EMBEDDING RESEARCH IN SOCIAL INNOVATION AND POLICY**
A discussion synthesising grassroots and top-level challenges and opportunities in engaging with research in social innovation.
- 09:00 - 09:15** **TEA**
- 09:15 - 12:30** **SESSION 8: EMBEDDING RESEARCH THROUGH COLLABORATION: WHAT DOES IT TAKE**
A practical work session to inform the development of the guidance, participants gather in multi-actor groups around our innovation cases.

PM

- 16:45 - 17:00** **NEXT STEPS & CLOSE**
We discuss our individual and collective next steps. Participants complete meeting evaluation. Final thanks and official close of meeting.
- 15:45 - 16:45** **SESSION 11: REPORT BACK**
Participants share back from their discussions & we discuss the reflections of the 2-days.
- 15:00 - 15:45** **SESSION 10: SHIFTING YOUR SPHERE [Tea]**
Participants from the same sector gather to discuss what they can do to achieve a change and embed more research in their own sphere of influence including for the advancement of global and local health priorities.
- 13:30 - 15:00** **SESSION 9: REPORT BACK**
Groups shares their feedback on the work session and we derive key lessons and experiences across the groups.
- 12:30 - 13:30** **LUNCH**

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