

**SOCIAL
INNOVATION
IN HEALTH
INITIATIVE**

**IDENTIFYING SOCIAL INNOVATIONS THROUGH AN OPEN
CROWDSOURCING CALL**

A practical guide prepared based on the experience of implementing the 2015 global south call for social innovations in health.

Written by: Dr Lindi van Niekerk &
Rachel Hounsell

TABLE OF CONTENTS

- 1. INTRODUCTION 3
- 2. RATIONALE 3
- 3. TIMELINE 3
- 4. STEPS 4
 - STEP 1 - Deciding on the challenge and engaging MOH 4
 - STEP 2 - Preparing 4
 - STEP 3 - Communication and Promotion 6
 - STEP 4 - Receiving Nominations 8
 - STEP 5 - Selection 8
 - STEP 6 - Announcement 11
- 5. RESOURCES 12

1. INTRODUCTION

This guide is designed to assist you in conducting an innovation identification process in your country. Within this guide, we present a step-by-step approach of how we did the process as part of the 2014/15 Social Innovation in Health Initiative (SIHI) call for innovations across Africa, Asia and Latin America.

Please note this is merely a guidance and although we would ask you to follow the standardized criteria, you are free to adopt or change the process as you see best. We acknowledge that your country may require adaptations of this process based on your local culture or context.

2. RATIONALE

In Phase 1 of SIHI (2014-15) we started with the innovation identification process as a launching platform upon which to build all further activities e.g. research. It however also served as a very important strategy to mobilise people within countries at all levels to participate in a social innovation process. Identifying local examples of social innovation will also serve as a very important mechanism to engage decision makers. Experience from South Africa has taught us that policy makers within the Ministry of Health only understood social innovation and became interested in it when they could see examples from their own country.

Doing this process well will set you up for very successful work in the future.

3. TIMELINE

Below is a timeline indicating the duration of time we spent on each activity and how the process unfolded. This included the time to prepare the materials and design the process. It is important to leave enough time to disseminate the nomination call to get a good response. However, with the supporting materials provided, some of these other timelines can be adjusted as appropriate for your context.

Dates	Activity	Duration	Outcome
1 November 2014	Preparation – website developed, communication materials developed	6 weeks	
6 January 2015	Launched nomination call	6 weeks	
28 February 2015	Nomination deadline		179 nominations received
13 March 2015	Round 1 - Eligibility shortlisting complete	1 week	150 eligible
25 March 2015	Round 2 -Eligible nominations reviewed by 2 external expert reviewers	3 weeks	150 reviewed
15 April 2015	Feedback from Full Review Panel. Nomination ranking list compiled		
20 April 2015	Round 3 -Core Panel to review scores	1 week	47(scores >3,5)

28 April 2015	Core Panel Feedback on top 30 nominations. Review of nominations proposed to be excluded	2 weeks	30(scores > 3,6)
11 May 2015	Proposes shortlisted nomination portfolio for verification calls. Verification calls to shortlisted nominations	2 weeks	33 selected 33 called
1 June 2015	Round 5 - Review of shortlist & Final selection		25 selected

4. STEPS

4.1. STEP 1 – Deciding on the challenge and engaging MOH

The most productive strategy to finding the right innovations is to decide on a focus or challenge area. In 2014/15 SIHI chose to focus on neglected tropical diseases, malaria and tuberculosis as these were priority focus areas for TDR, WHO. However, you may choose to focus on a priority disease or health systems challenge in your country. Deciding on which challenge the call should be targeting is a good opportunity to engage your Ministry of Health. Being engaged and involved in SIHI from the start will be important to foster engagement in the innovation selection process and build ownership. Your communication and branding efforts could be done in partnership with the MOH. When innovations are finally selected, receiving acknowledgement from the MOH will mean a lot more to the innovators than any financial reward. Most innovators we engaged with in 2015 indicated MOH engagement as a main area they would value support in.

4.2. STEP 2 – Preparing

Getting all your materials and processes prepared before launching the call will help ensure that the window of time when the nomination call is open is as productive and smooth as possible. The following are some key elements to consider and prepare as appropriate based on your context.

Language considerations:

Depending on your local context and targeted groups, you may find it appropriate to translate certain materials into local languages. If you do this, it is important for you to determine with your team what capacity you have to receive nomination calls in different languages. I.e. decide upfront whether you intend to translate the promotional materials only but still require that nominations are submitted in English, or whether you will accept nominations in other languages too. If the latter, make sure that there are members on your selection panel and team that are proficient in these languages or build in time to translate these nomination calls into English for consistency.

Materials for disseminating the nomination call:

Most of these materials are provided in the nomination support pack but may need to be tailored or translated as appropriate.

- Nomination platform: The nomination platform will stand alone but be accessible through a link on the main SIHI website with a dedicated page for each country partner, which will be tailored to each country's specific challenge focus and context.
- Emails requesting support disseminating the call to be sent to organisations with existing contact lists, newsletters etc. See Step 3.
- Nomination flyer explaining the call, focus disease(s) or key challenge, timelines, eligibility criteria, benefits of participation
- Motion graphic for generating interest, engaging stakeholders and encouraging eligible programmes to submit a nomination
- Social media: there is a pack of social media sized images that can be used as part of an awareness raising campaign for the nomination call. If you engage with your respective communities via social media, it is useful to prepare a set of posts to go out in stages throughout the open call period.

Clarifying benefits of participation:

It is important to be clear on what the benefits of participation are for those innovations selected during the nomination call. Such benefits could include exposure and recognition by national and global health policy makers, a case study with TDR, WHO, a communications package prize, and _____ (list any other country specific incentives you decide to offer). Make sure to only communicate benefits you are sure to be able to fulfil so as not to create false expectations.

Setting up the selection panel:

It is important to identify and approach potential selection panel members as early as possible. You can continue to add members during the phase when the call is live but it is beneficial to initiate this process prior to launching.

Identifying potential selection panel members: When identifying potential members, try find a range of people who can bring unique but relevant perspectives to the selection process. This could include academics, social innovators, people with a business background, healthcare professionals and community leaders. Consider the specific challenge focus for the call when identifying possible panel members. If you are focusing on a particular disease or set of diseases, make sure you have people on your panel who have experience with these diseases. Similarly, if there is a health system focus, approach people who have a background connected to this. It is okay to approach people from outside your country if they bring a specific set of experiences but do also make sure there are enough people on the panel who understand the local context, challenges and constraints. This is important as nominations need to be assessed based on the innovativeness and impact on the context within which they operate. It is also important to make sure there are no conflicts of interest and that all panel members are committed to impartiality in the selection process.

Approaching potential panel members: Give them an overview of the background of SIHI, the current nomination call you are running and what in particular you think each could add to the process (i.e. why are you approaching them specifically). As many of these people will be busy and have a lot of demands on their time, it is important to be clear upfront on what you are asking them to do (i.e. read and score xx nominations), how much time you anticipate this will take and in what time frame it will happen (give them the dates in which the selection process will occur). The amount of time required from each will depend on the number of members you manage to get onto the selection panel.

Creating a core review panel: the selection panel will independently review and score eligible nominations. However, in addition to this it is valuable to have a core review panel who you can turn to for guidance or to help when a final, independent decision is needed. This group can be a subset of the selection panel and would ideally have two to three members who are willing to be more intensively involved in the whole process. If you can include academics who are able to provide support during the case study phase, that would also be helpful and create continuity across the process.

4.3. STEP 3 – Communication and Promotion

The success of all subsequent steps depends on you receiving a range of relevant, high quality nominations to select from. The primary way to achieve this is to make sure the call is widely distributed and accessible to those you are targeting.

Utilising existing distribution channels and databases:

A valuable approach will be to use information distribution networks that already exist within your country, region or appropriate international bodies. A key element of the nomination call will therefore be to identify such organisations who have mailing lists and extensive readerships and disseminate the call through those avenues. Posting information in newsletters, circulars, online notice boards and bulletins, social media accounts etc that are sent out from different organisations will enable a much broader reach than we would otherwise be able to achieve. In the resources section of this document we have a template of an email used to ask for the support of such organisations in disseminating the call. It is important to make it as easy as possible for them to do so by including example text for the to share, as well as relevant attachments and links clearly laid out.

Who to contact:

Below is a table of the process we followed when communicating about the nomination call in 2015. As we were targeting nominations from any countries across Africa, Latin America and Asia, we had a strong emphasis on international and regional organisations so we could disseminate the call as widely and swiftly as possible. With the specific country focus of the 2017 nominations call, not all of the organisations listed in Wave 1 will be relevant but it is still worth considering which of the larger bodies may be useful to target, especially if there are disease specific ones that match the priority challenge of your call. The Wave 2 and Wave 3 target audiences will be especially important to approach in order to get the reach of your call thorough as possible within your country.

Communication Waves	Target Audience	Geographical focus	Tailored for intended outcome
Wave 1	RELEVANT GLOBAL/NATIONAL NETWORKS <ul style="list-style-type: none"> • WHO –Regional • International Development organisations • International Think tanks • NTD Global Networks • Disease specific networks (e.g. TB and Malaria) • Innovation Networks • Experts in NTDs/Specific diseases/ Innovation • Global health networks 	General Region	<ol style="list-style-type: none"> 1. To receive name & contact details of an organisation doing innovative work 2. To spread the word
Wave 2	COUNTRY LEVEL ORGANISATIONS <ul style="list-style-type: none"> • Ministries of Health/Policy Makers • Universities • Regional research networks • Innovation networks • Advocacy groups 	Countries in Latin America, Asia and Africa	<ol style="list-style-type: none"> 1. To receive name & contact details 2. To spread the word 3. To receive a nomination
Wave 3	DISTRICT LEVEL INNOVATORS <ul style="list-style-type: none"> • Healthcare facilities • NGO networks, public health communication channels • District level health departments • Educational organisations/schools • Innovation Labs • Technology organisations • Student networks 	Within countries * Capital cities <ul style="list-style-type: none"> - Universities - Local health governing units 	<ol style="list-style-type: none"> 1. To receive a nomination 2. To spread the word

General principles to consider:

- Use online databases of health networks to identify and contact individuals and organisations who may be aware of innovations in their surrounding environments as well as to access innovators directly.
- Identify and contact individuals with specific interest and involvement in the field of social innovation in health or specific diseases (work or research).
- Encourage a snowballing technique where individuals and organisations who have been contacted, suggest others to connect with.
- Use social media to connect and spread the word
- Do iterative cycles of nomination calls so that the process of expanding the search continues throughout the nomination period.
- Send follow up messages to the networks as a reminder to encourage action and participation.

Using diverse communication approaches:

In order to disseminate the nomination call as widely and accessibly as possible, we suggest you explore different avenues to communicate through. The list below shows some of the ones we used previously

but do not be limited by this. If there is a channel in your country that is effective at reaching people, use it!

There is a trade-off in the time and costs involved in some of these avenues, so do consider which are likely to be most effective in your context and then utilise as many of them as possible.

- Websites (your institution or department websites, the SIHI website, websites and online noticeboards that publish different calls)
- Social media (the wider this gets spread the better so try identify and approach organisations with active social media followings to engage)
- Emails and newsletters (as discussed above, this is an effective way to reach many people who you may not otherwise have access to)
- Noticeboards (in universities, local healthcare facilities, community centres etc. – once again there is a time trade-off in putting up physical notices but it may make the call more accessible to those who may not have regular access to internet-based services)
- Local newspapers and radio – once again an avenue that does not rely on regular access to internet.

4.4. STEP 4 – Receiving Nominations

Receiving nominations:

The web-based nomination platform has been designed to facilitate the receiving, storing and processing of nominations. A user manual is provided for the platform and the LSHTM support team will also be able to assist with any queries about it.

Communicating to applicants:

Upon submission of their nomination, each applicant should receive an automatic notification acknowledging receipt of the nomination, giving them a unique identification number and outlining the next steps (what the timelines are, when and how they will be contacted, what the process is if they are shortlisted or selected). If at any point the timelines or process changes, this must be communicated directly to the applicants. This is important as SIHI has an approach of being as personal as possible and valuing the individuals we engage with. Making sure each applicant feels recognised, informed and valued is therefore central. Wherever possible, address applicants directly (by name) rather than in group emails. It takes more time but is a worthwhile investment that really helps develop the people-centred culture SIHI aims for.

4.5. STEP 5 – Selection

During the nomination call, much of the work of receiving and storing nominations will be encompassed into the web platform. Therefore, the next process will be to review the nominations. There will be three phases of the review process, done by three different teams.

1. **Shortlisting:** The main implementation team will shortlist the nominations using objective exclusion criteria as described in Step 4.

2. **External assessment and rating:** For the actual nomination assessment, a separate External Selection Panel must be found (this should already have begun during the preparation phase). These reviewers should consist of people with a range of expertise in infectious disease, innovation, public health and who have a deep awareness of the local context from where these innovations may arise. It is envisioned that each nomination be reviewed by 2 members of the panel, adjudicated based on the selection criteria. This would be a one-time commitment.
3. **Final review and selection:** The final selection will be made with the help of another, smaller Core Review Panel. Members of the Core Review Panel would provide more long-term support in finalizing nominations and future consulting.

1. Shortlisting of nominations based on exclusion criteria

The primary implementation team is responsible for reviewing all nominations received and shortlisting for review those that are eligible based on the following exclusion criteria:

- Application is incomplete (has insufficient information for a fair review)
- The solution is a medical, scientific or advanced device innovation
- The solution has been operational for less than 1 year
- The solution is not implemented in the targeted geographical region or specified country

The applicants whose nominations have been excluded should be emailed directly to be informed that their nomination did not meet the eligibility criteria. These emails should be personalized as far as possible.

The shortlisted, eligible nominations will next be reviewed by the external selection panel. It is important to make sure that the nominations that get sent to reviewers are eligible and in a reasonable state to facilitate a smooth review by the panel. If you have elected to receive nominations in different languages, this is the point at which they will need to be consolidated and translated as appropriate. It is important that the review process is equitable, unbiased and transparent, hence a careful consideration of the inclusion and handling of different languages is important.

In the 2015 nomination call, we found that the information provided by a vast number of applicants was not of sufficient quality to allow for a detailed assessment. A second opportunity was thus provided for shortlisted applicants to bolster their nomination. Where it was not clear if the exclusion criteria were initially met, the nomination was given the benefit of the doubt and the applicant was asked for more information. Where additional information was not received, nominations were still put forward to selection panel if the eligibility criteria were met. The structure of the 2017 nomination form has been designed to get all the necessary information upfront, without needing to do a second round (see resources at the end of this document). However, you may find that at some point in the process, more information would be beneficial and a similar process can be followed.

2. Assessment and rating by at least two members of review panel for each nomination

Allocation of nominations to selection panel: During the first nomination call, we allocated each nomination to two reviewers in two distinct ways. The first was a targeted allocation where we matched each nomination to a reviewer that had some expertise in the focus topic of the solution being presented. The second was a random allocation. This dual approach was used to help ensure the selection process

was both relevant and fair. Where there is a conflict of interest in the allocation, the nomination should be reassigned.

Sending nominations to selection panel: Each nomination will receive a unique identification number upon application. A list of these numbers will be assigned to each panel member, matching the batch of nominations they have been allocated to review. They will be able to read the nomination and do the scoring via the online platform. A comprehensive explanation of the process should be sent to each reviewer (see resources).

Scoring process by selection panel: Once the review panel has been organized, they can begin the process of scoring nominations. This process will be built into the web platform, so it will be more unified and transparent. The nominations will be looked at by two reviewers each, who will score them on a scale of 1 – 5 in 0.5 increments (see rating scale below). A score will be applied for each of the evaluation criteria shown below. The weights assigned to each evaluation criteria are standardized across the scoring sheet and applied automatically.

Evaluation Criteria		Weight
Appropriateness of the solution to the need	The approach addresses a healthcare delivery challenge that specifically deals with an infectious disease of poverty or could be applicable to this disease group.	10%
Degree of innovativeness	The approach is new, different or a significant improvement within the context to which it is being applied.	25%
Inclusiveness	The approach has the potential to be used by a large number of people, enhancing equity and access.	15%
Affordability	The solution is affordable by the poor who are otherwise excluded in the local context or the solution is more cost-effective than the status quo.	10%
Effectiveness	The solution has a demonstrated positive outcome on the health of the local population.	15%
Scalable	Within and across cultural, resource and environmental contexts, the solution can be applied to reach many more people.	10%
Sustainable	The financial, organizational and market aspects of the solution are sustainable.	15%

Rating Scale	
Description	Range
Outstanding	4.5 / 5.0
Excellent	4.0
Very Good	3.0 / 3.5
Ordinary	2.5
Needs more thought	1.5 / 2.0
Flawed	1.0

3. Final review and selection

Ranking of scored nominations and review verification: Once all scores have been received from the full selection panel, the two scores for each nomination should be averaged. The full list of nominations must then be ranked by these average scores. The full ranking list is submitted to the Core Review Panel for verification. The Core Panel should reassess any nomination where the allocated reviewer has not completed the scoring for all the criteria as well as where there was a discrepancy of more than 40% between the two scores.

Review of top scoring nominations: In 2015, the highest scored 30 nominations were assessed and the Core Panel was asked to verify the score made by the previous 2 reviewers and propose whether the nomination has potential for inclusion for further study. While you may not need to do this for such a large subset of the nominations, it is a useful step in the quality assurance of the selection process. If you are only going to be doing 2-5 case studies, you may only need to do this final review process for the top 15 scoring nominations. The Core Panel should provide recommendations for each of the highest scoring nominations (achieving at least > 3.5), as to whether the nomination should be included for further study as a potential high-impact innovation. The Core Panel makes these recommendations based on two considerations:

- The potential of the nomination to be an example of best-practice social innovation and from which there are multiple lessons to be shared with the wider global-south community.
- The nomination's position within a well-balanced case portfolio based on geographical distribution, type of innovation and nationality of founder (the balance of the portfolio of cases you select will depend on the challenge identified for the call).

Verification calls: In 2015, verification calls with the guidance of a standardised interview schedule, were conducted by the implementation team with each of the final shortlisted applicants. The verification calls served as a due diligence process during which further information was gathered. During this call, each applicant was asked for verbal permission to participate in the research and data collection phase of the project should they be selected. It is valuable to record these calls (with permission from the applicant).

Final selection: A summary of the final shortlist as well as updated information from the verification calls should be collated and presented to the Core Review Panel. At this point it may be helpful to hold a conference call or have a meeting with the implementation team and the Core Review Panel where any questions can be asked or difficult cases discussed. Ultimately, it is the role of the Core Review Panel to make the final selection.

4.6. STEP 6 – Announcement

Once the final selection has been concluded and before a public announcement is made, each applicant should be directly contacted with the outcome of the decision (i.e. was or was not selected). As with all other communication, these emails should be a personalized as possible, especially for those whose nominations had been shortlisted but did not make the final cut. You may want to consider how you as a team could involve these applicants in the social innovation community you are building or link them into your hubs in some way based on your capacity and upcoming activities. Remember that you are not just interested in a final few case studies but gathering together a broader community of social innovators in

your country! The way you interact and engage with those who have submitted nominations will influence the success of this.

For those who have been selected, the next steps regarding what to expect should be clearly conveyed. This group of applicants should have some idea that they were likely to be selected as they would have received a verification call from one of the team members.

5. RESOURCES

At the end of this document you will find a collection of materials and tips we have used previously. Feel free to use and modify based on your context and call. The content and focus will need to be adapted to fit your specific country innovation call.

APPENDIX A: INNOVATION CALL PARTICIPANT TEMPLATE

SECTION 1: Health Innovator (Personal Details)

Name				Title (Mr, Mrs, Dr etc)	
Job Title/position			Nationality		
Place of Work			Country		
Contact Details	Telephone:		Email		
Background <i>Please write a short paragraph explaining your current position, professional background and highest level of qualification, nationality, current country of residence and why are you doing this work. Please do not include a full CV (300 words)</i>					

SECTION 2: Implementing Organisation Details

Name of Innovation/Solution					
Organisation (if different from above)			Size (number of people working on your solution)		
Affiliations (if any)			Founding Year of Organisation		
Website (if applicable)			Link to external content (video, pictures) if applicable		
Country(s) of operation					
Telephone:		Email			
Target Population and Location					
What is the focus of your solution? (e.g. prevention of disease, access to care, quality of care, community engagement, affordability)					
Organisational Structure (e.g. government agency, hospital, university, non-governmental organisation, social enterprise, charity, community-based/ voluntary organisation, company)					
Business model (e.g. for-profit, not-for-profit, non-government organisation, hybrid)					
Sector (e.g. private, public, third-sector)			Funding sources (primary, secondary) (e.g. revenue, grants, government subsidies)		

SECTION 3: The Healthcare Innovation

What problem is your solution solving and how big is the problem in your country? (300 words)

In your answer you may find it useful to consider the following:

1. Are you addressing a specific disease (e.g. TB, Malaria or a neglected tropical disease)?
2. What is the prevalence of disease in the community/region/country you are working in?
3. What are the most common barriers to receiving care for these diseases in the population you are targeting?
Please mention all that apply, from most to least important and say how they apply.

- Lack of access to healthcare services (including treatment)
- Shortages of human resources for health in your country
- High costs associated with receiving healthcare
- Problems in distribution eg. drug distribution
- Low quality of care
- Insufficient data for decision making
- Poor management or leadership

Describe your health solution (500 words)

In your answer you may find it useful to consider the following:

1. Please describe the solution you have developed in detail - including the various processes or products associated with it.
2. Who was responsible for the creation of your solution?
3. Who are the beneficiaries of your solution?
4. How does your solution reach the beneficiary and how do they pay for it or receive it free?
5. When did you start implementing your solution and how long has it been in existence?
6. Who is responsible for delivering this solution?

How is your solution different and unique in your context? (300 words)

In your answer you may find it useful to consider the following:

1. Who are your biggest competitors in this space/who else provides a similar service?
2. How do you differentiate yourself from these?

Describe the positive impact your solution has achieved in improving healthcare (please provide any measurable data or evaluation studies if available) (500 words)

In your answer you may find it useful to consider the following:

1. How do you measure the impact of your solution - how do you know it is working?
2. How many people have you reached so far?
3. How has your solution improved access to or quality of care?
4. What has been the outcome on the health of the people whom your solution serves?
5. Provide 1-2 *individual stories about people* who have been impacted by this solution or provide us with some data you have collected

Describe the affordability of your solution (300 words)

In your answer you may find it useful to consider the following:

1. How does the cost of your solution compare to an existing alternative in your country?
2. How many people are employed in the delivery of your solution and what is the annual cost of providing this solution?
3. If there isn't an existing alternative, how affordable is your solution compared to a standardised income metric (for example the minimum daily wage for the community in question)?

Describe how your solution is sustainable (300 words)

In your answer you may find it useful to consider the following:

1. What process did you follow to create your solution? (who did you engage with, who influenced the creation?)
2. Is your solution dependent on grants, donations or do you have a revenue stream?
3. If you have a revenue stream, please describe it.
4. How has your solution been integrated into the community or adopted in other settings?

What aspects of your solution might be successfully implemented in other communities? If so, how and where - nationally, to other developing countries or to developed countries? (300 words)

In your answer you may find it useful to consider the following:

1. Has your solution been implemented in more than one setting? If yes, please expand.
2. What are the key components that you would require to scale up your solution? (contacts, networks, resources, knowledge)
3. What are the basic requirements of the country's health system if they would like to adopt your solution? need to be in place to make your solution work? Please mention ALL that apply
 - (a) Adequate number of healthcare workers or well-trained healthcare workers
 - (b) Healthcare infrastructure including hospitals, primary care clinics etc.
 - (c) Efficient delivery channels including pharmacies etc.
 - (d) Good governance
 - e. High middle-income community
 - (e) Other (please specify):

APPENDIX B: EMAIL TEMPLATES

Draft Email for National Organizations to Spread the Word:

Hello,

At the Social Innovation in Health Initiative (SIHI), we recognise that there already exist many health solutions/innovations across (*continent or country name*) and we would like to document, acknowledge and support these. This will form an integral part of a wider project looking at solution-creating individuals and organisations working with infectious and tropical diseases across the Global South. The project is in collaboration with the Special Programme on Research and Training in Tropical Diseases (TDR) at the World Health Organization (WHO).

We are hoping that through your work at (*organisation name*) you may be able to help us find individuals or organisations in (*continent*) who have made a positive impact in healthcare surrounding infectious diseases of poverty (*replace with specific challenge focus*). We wish to identify those who are having a positive impact in this space and showcase what they are doing. After the nomination process, a panel of experts will review all nominations and select 25 for our case studies (*input number of nominations to be selected*).

The project will provide these organisations and individuals with a unique opportunity to achieve widespread recognition and support. Specific opportunities include: **(this will need to be tailored!)**

Exposure and recognition by national and global health policy makers

Case study with TDR/Being featured in an international publication on healthcare solutions in infectious diseases.

A communications package built specifically for your organization

How you can help:

Please forward this information to those in your network who may be interested or in a position to spread the word.

If you know of someone who has been doing this work – please send us the name, contact person and contact email.

The nomination form can be completed online on our website at www...

For more details on the project, please refer to the attached information sheet and nomination form or follow *this link* to the project webpage.

We greatly value your support in this given your experience and knowledge of (*context or person specific details*). Many thanks!

All the best,

< Insert name >

Draft Email for Regional Organizations to spread the word:

Hello,

The Social Innovation in Health Initiative is **searching for innovative healthcare delivery solutions that have improved the lives of those across the (region/country)**. The Social Innovation in Health Initiative is trying to reach as many people with this message as possible in order to identify those individuals and organisations who are having an impact on (list challenge area).

The **initiative will provide selected organisations and individuals with a unique opportunity to achieve widespread recognition and support** through: *(tailor!)*

Exposure and recognition by national and global health policy makers

Case study with TDR/Being featured in an international publication on healthcare solutions in infectious diseases.

A communications package built specifically for your organization

The selection process takes place through an active nomination call where solutions and projects can be submitted online (link) until _____ after which an independent review panel will select (xx) organizations for our case studies.

We are hoping that through your work and networks you will be able to help us find individuals or organisations that have developed these innovative solutions. We would greatly appreciate your assistance in this and would value the chance to connect with you over how this may be possible. Some suggestions are included below.

How can you help us:

Connect us: Please send us the name and contact details of an individual or organisation that is doing pioneering work to improve healthcare delivery for people affected by *(list specific challenge)*. Encourage anyone you know who is eligible to submit a nomination.

Spread this announcement through your network: Please share this flyer (link) with your network and/or direct people to our website *(include link)*

Share via social media *(give examples of specific tweets or images or links they can share, include the motion graphic)*

If you have any questions or comments, please email us at _____.

We look forward to hearing from you!

Kind regards,

Draft Email for Individual Nomination Request:

Hello,

The Social Innovation in Health Initiative is **searching for innovative healthcare delivery solutions that have improved the lives of those across the (region)**. The Social Innovation in Health Initiative is trying to reach as many people with this message as possible in order to identify those individuals and organisations who are having an impact on (list challenge area).

The **initiative will provide selected organisations and individuals with a unique opportunity to achieve widespread recognition and support** through:

Exposure and recognition by national and global health policy makers

Case study with TDR/Being featured in an international publication on healthcare solutions in infectious diseases.

A communications package built specifically for your organization

The selection process takes place through an active nomination call where solutions and projects can be submitted online (link) until _____ after which an independent review panel will select 25 organizations for our case studies.

We are hoping that through your work and networks you will be able to help us find individuals or organisations that have developed these innovative solutions. We would greatly appreciate your assistance in this and would value the chance to connect with you over how this may be possible. Some suggestions are included below.

How can you help us:

Connect us: Please send us the name and contact details of an individual or organisation that is doing pioneering work to improve healthcare delivery for people affected by (*list specific challenge*). Encourage anyone you know who is eligible to submit a nomination.

Spread this announcement through your network: Please share this flyer (link) with your network and/or direct people to our website (*include link*)

Share via social media (*give examples of specific tweets or images or links they can share, include the motion graphic*)

If you have any questions or comments, please email us at _____.

We look forward to hearing from you!

Kind regards,

Draft email for approaching reviewers:

Dear xx

<Personal intro>

(Your organisation) has partnered with the Special Programme on Research and Training in Tropical Diseases (TDR) at the World Health Organization (WHO) to work on a very exciting project: The Social Innovation in Health Initiative.

This Initiative ([link website](#)), with its many global partners, aims to foster a research-driven agenda for social innovation in healthcare delivery in the global south. We believe new knowledge can be generated on high impact social innovations addressing *(list challenge focus)* and capacity can be developed to support frontline innovators and organisations.

To guide us in finding such solutions in *(list country)*, we launched an open call for nominations at the beginning of February 2015 *(tailor with your timeline as appropriate)*. This call is being circulated across *(country)* and will close *(list nomination deadline)*. *(List any support from MOH or noteworthy information about the call)*.

Based on your xxx expertise and experience, we would like to invite you to be a part of our Expert Selection Panel. The panel consists of people with a range of expertise in infectious disease, innovation, public health and who have a deep awareness of the local context from where these innovations may arise. It is envisioned that each nomination be reviewed by 2 members of the panel, adjudicated based on the selection criteria and for (xx) to be selected to be approved by the panel as a whole.

We would greatly value your support and we are conscious of your time. To ensure it is as time-efficient for the reviewers as possible, each reviewer will receive 10 – 15 nominations for review, consisting of 3-5 pages with set questions answered by each innovator. You will have to give a score to each section and complete a brief comment section. We expect that the time investment would be +/- 2 hours.

Thank you for your consideration.

Kind regards,

< insert name >

Details for reviewers (to include in an email to reviewers ahead of the selection process):

With the work of this Initiative in 2015-16, as well as the plans to continue in 2017 through more in-depth research and the establishment of a Global South Network, we ultimately hope to achieve three goals:

To identify the opportunity gap for a broader range of cross-cadre and trans-sectoral actors to contribute to strengthening healthcare systems

To accurately identify high impact healthcare delivery solutions that have the potential to be translated and replicated successfully across contexts and systems

To further the field of social innovation in health by catalysing a global conversation on research-driven social innovation within academic and policy circles

Our request to you is to keep the above-mentioned goals in consideration as you review each of the submitted nominations. Based on your assessment, our team will conduct due diligence site visits to each of the organisations to study their implemented solution, the organisation and the creator in greater depth. Through applying both a social innovation and a health systems lens during our case-study research, we hope to make a contribution that will ultimately allow for better care delivery to people affected by infectious diseases of poverty.

Nomination Assessment will occur between _____. The nominations we have provided you with are the shortlisted nominations. There were _____ nominations total, which have now been cut down to _____ based on our objective exclusion criteria.

We would like to ask you to evaluate each of your allocated nominations against each of the 7 criteria below. This should be done on the website platform.

Evaluation Criteria		Weight
Appropriateness of the solution to the need	The approach addresses a healthcare delivery challenge that specifically deals with an infectious disease of poverty or could be applicable to this disease group.	10%
Degree of innovativeness	The approach is new, different or a significant improvement within the context to which it is being applied.	25%
Inclusiveness	The approach has the potential to be used by a large number of people, enhancing equity and access.	15%
Affordability	The solution is affordable by the poor who are otherwise excluded in the local context or the solution is more cost-effective than the status quo.	10%
Effectiveness	The solution has a demonstrated positive outcome on the health of the local population.	15%
Scalable	Within and across cultural, resource and environmental contexts, the solution can be applied to reach many more people.	10%
Sustainable	The financial, organizational and market aspects of the solution are sustainable.	15%

The following rating scale is to be used in scoring each of the nominations.

Rating Scale	
Description	Range
Outstanding	4.5 / 5.0
Excellent	4.0
Very Good	3.0 / 3.5
Ordinary	2.5
Needs more thought	1.5 / 2.0
Flawed	1.0

We have requested the support of three of the members of the Expert Review Panel to assist us with the review of the assessments done in Step 2 and to make the final decision on the solutions to be included for further study. Transparency will be ensured in this process and each of the members of the Core Review Panel will have access to all the rating scores as received from the External Review Panel. This process will be conducted through means of _____.

Email to final selected cohort with details on what to expect: *(this will need to be tailored but is included to give you an example of how we approached it)*

Good day everyone,

The SIHI team would like to take this opportunity to congratulate and welcome you to the next phase of the project and introduce you all to each other.

The 25 selected innovations cover a variety of approaches, disease areas and geographical areas and we are very excited to come visit each of you and learn more about your work. Of the 25, 17 are from Africa, 6 from Asia and 2 from Latin America. 14 deal directly with primary care, 4 focus on NTDs, 4 on malaria and 3 on TB. In terms of organisational structure 13 are NGOs, 6 are companies, 3 are university initiated and 3 from government agencies.

Although most of you will have started making contact with the team member conducting the trip, we would like to give you a better sense of what to expect and plan for.

Attached are two documents:

- Overview of the selected 25 innovation

- An information sheet and consent form for the visits

Consent:

Please would you read the attached information and consent sheet and return it signed (page x and x). This will need to be done by someone with authority within your organisation who can confirm that your involvement and our visit is formally agreed to. We need this as soon as possible to complete some internal processes before travel.

Visit objectives:

The output from our visit to your organisation is twofold (more information can be found in the attached document).

- Research & lesson-sharing: We will produce a case study based publication that will capture your work and the learnings from it to share with the social innovation, policy making and global health communities.

- Widespread exposure: Although the publication and dissemination of research will have a substantial reach, we would like to showcase your work and the stories behind it on a much larger scale. This will be done through the film component of the project. Each of you will have a 1 - 3 minute film made that captures and showcases your story. We will use this film to give broad exposure to your work but additionally, you would be able to use the film for your own purposes.

Visit details:

To support us in better understanding how your project/ programme/ solution has been able to improve care and to gain insights about how your organisation has successfully implemented it, we would like to spend a few days with the organisation at it's different levels of operation (head office, field offices, sites of operations). As you know your work much better than we do, it would be great if you could suggest the best way for us to spend our time with you to get the most complete understanding of what you do. This would ideally include, where appropriate, visits to your various sites of operation as well as interview time with the founder if possible and some members of the organisation. It would also be good if we could connect with some beneficiaries of your work.

Film component:

We would need 2-3 hours on one of the days to interview a few people within your organisation. These people should be comfortable talking in front of a camera. We would like to find someone in your organisation who is comfortable talking in front of a camera as well as get some general footage that captures the general surroundings and work your organisation does.

Some logistics:

Our team will be in touch with each of you directly to discuss specific logistics related to our visit (travel, permissions, timing etc). We have consent forms that people involved in the film or research will need to sign to be included or interviewed. However, these also give them the opportunity to opt out at any point.

If you have any questions on any of this, please do feel free to get in touch! We look forward to receiving the signed forms and continuing to prepare for our trips with you.

Kind regards,
<insert name>

APPENDIX C: STRATEGIES TO PROMOTE YOUR INNOVATION CALL

REMEMBER: Your goal is to reach as many people, from different backgrounds and sectors as possible. The success of your call will be in the yield you get in (number of submissions) but also in the diversity of submissions. You are trying to understand what social innovation in health looks like in your country!

Target audience:

- Ministry of Health (MOH) and different departments
- Hospitals and health workers, from primary, district, tertiary care level – public and private.
- Private sector & Business community
- NGOs & FBOs – possibly reaching out to churches if mission hospitals play an important role in your country
- Universities – different universities, faculties, students and academics
- International agencies in your town/ country eg. UNICEF, UNDP, Clinton Health Access

1. **Poster advertisements**

Putting up posters advertising the call has been effective during an innovation identification call in South Africa. These were placed in the university but also in hospitals. Many frontline health workers do not receive regular email communication from the MOH, nor have time to check emails. A catchy poster in the ward or tea room does elicit participation. Make sure to have a mobile number listed where they can get hold of you.

2. **Social Media**

This is a good strategy for engaging the young people especially students. Send out messages about inviting people to apply to the call via setting up your own social media presence or advertising it on the university social media page. Leverage organisations with big social media followings.

3. **Emails**

Identify email lists from key organisations eg. across the university; MOH email lists; Queen Elizabeth Hospital email list etc
You may also want to write a personal email to selected influential individuals, telling them about the call. Personal emails in South Africa has had a much higher yield than just general advertising emails. Remember to put the link to the call video in your email.

4. **Presentations**

Finding forums or opportunities to present a quick 5 – 10 minute presentation to people is a great way. Enthusiasm from you encourages participation. Remember to show the little video we created especially for this purpose Find some students who could be ambassadors and show the video quickly before the start of their lectures.

5. **Events (in-person or virtual)**

To continue building momentum or to give people an opportunity to ask questions after the call is launched, you can hold a small ‘cocktail’ or lunch hour event. You can also do this virtually via hosting a webinar so people can dial in who can’t come to the event.

6. **Engagement with community leaders**

Who are the community leaders in your country? These could be village health committees or church leaders. Making a phone call to them could go a far way to encourage them to spread the word.

7. Engagement with existing in country networks

Get in touch with any established networks or big organisations in your country and ask for them to advertise the call in their next newsletter.

- NGO networks
- UNICEF / UNDP – organisations with regular newsletters

8. Radio

Africans are not as obsessed with electronic communication as in Europe. Spoken word goes a far way. Reach out to some radio stations asking for an interview. This is a great opportunity to explain the project, the hub you are building and how the innovation call is the first way to identify Malawians doing great work.

9. Newspaper

A press release in a newspaper can also engage a different audience. Identify national level newspapers or even smaller community newspapers.

YOUR CHALLENGE: These are all strategies that we have found has worked before, however we don't know what will reach the ordinary Malawian living in the community. It is your task to help us all understand better how community-participation in health can be elicited.

ITS NOT ONCE OFF: Being active during the 6-week period of the innovation call is crucial. You will have three groups of people:

- The early adopters, who will immediately apply.
- Then those who may think about it but then forget if they are not reminded – communication must be ongoing – weekly!
- Those who don't think it is for them but over the 6-week period, build up some confidence to share their work with us. These are usually the diamonds!