SOCIAL INNOVATION IN HEALTH INITIATIVE

SOCIAL INNOVATION IN HEALTH INITIATIVE PARTNERS' & STAKEHOLDERS' WORKSHOP

8-10 October 2019

Speke Resort, Munyonyo, Kampala, Uganda

Contents

* *The asterisk sign marks comments/points that were highlighted/repeated during workshop.*

Executive Summary and Action Items

Social innovation can be a powerful tool to create more effective and equitable health systems. The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) Social Innovation in Health Initiative (SIHI) organized a workshop on social innovation in health in Kampala, Uganda (October 8th to 10th 2019). The participants included representatives from the SIHI hubs and partners at the Makerere University, SESH, University of the Philippines, Centro internacional de Entrenamiento e Investigaciones Médicas, University of Malawi, University of Cape Town and the Mérieux Foundation. The objectives of this network meeting were to: improve the capacity of SIHI hubs to design, implement, and evaluate their own crowdsourcing projects; test and provide feedback for the Philippines social innovation in health module; and to discuss collaborations and partnerships focused on social innovation, with a focus on Uganda. All partners agreed that there was strong potential for future collaboration through organizing conference symposia, joint grant applications, and programmatic cooperation. One prominent cross-cutting theme was youth social innovation and the potential for young people to embed social innovation in health systems. In terms of SIHI coordination during the 2020-2021 period, we agreed that a separate call among selected implementing hubs would be reasonable. Action items organized by SIHI hubs and partners include the following:

1) SIHI-Uganda Hub – Lead a symposium application for the HSG health systems conference to be held in Dubai in 2020; lead a TDR SIHI application on youth social innovation
2) SIHI-China (SESH) Hub – Lead a symposium at the ASTMH conference and consider the Skoll Forum; lead an opinion piece on social innovation in health alongside the ASTMH symposium; assist SIHI-Uganda in the writing the youth social innovation proposal; complete a manuscript describing the crowdsourcing consensus process and outcomes
3) SIHI-Philippines Hub – Lead a symposium application for the "Towards Unity for Health" conference to be held in Mexico City in 2020; continue helping with communications and consider applying for communications/coordination roles.
4) SIHI-Bertha Centre – Lead a symposium application for the "Unite for Sight" conference in 2020.
5) SIHI-LAC and SIHI-Malawi Hubs – Consider ways to collaborate with other hubs and join symposia described above.
6) Merieux Foundation – Collaborate in the organization of other hub workshops, including the management of workshop resources with access via a simple website and workshop online evaluation. Consider support to hub's projects.
7) All – complete TDR LOI and second phase applications; consider ways to work together on areas of shared interest (e.g., social innovation education, crowdsourcing, and other topics).

Workshop Background and Objectives:

The Social Innovation in Health Initiative (SIHI) held a network meeting and stakeholders' workshop at the Speke Resort Monyonyo, Kampala, Uganda.

The SIHI network gathered for an initial two-day meeting, held on October 8th to 9th, 2018. The participants included representatives from the SIHI hubs and partners at the Makerere University, SESH, University of the Philippines, Centro internacional de Entrenamiento e

Investigaciones Médicas, University of Malawi, University of Cape Town and the Mérieux Foundation. The objectives of this network meeting were to:

1. Improve the capacity of SIHI hubs to design, implement, and evaluate their own crowdsourcing projects;
2. Test and provide feedback for the Philippines social innovation in health module'
3. Discuss collaborations and partnerships.

On October 10th, SIHI in partnership with Makerere University School of Public Health organized and held a SIHI & Ugandan Stakeholder's workshop. The participants included SIHI partners and Uganda delegates from diverse backgrounds in academics, social innovation and health policy. The objectives of this workshop were to:

1. Showcase the SIHI Initiative to key stakeholders in Uganda;
2. Strengthen collaborations and partnerships related to social innovation in health.

This report provides a summary of workshop proceedings and action items.

SIHI Network Workshop

SIHI Module and Crowdsourcing (Part 1)

<u>Philippines Social Innovation in Health Module</u>

Introduction to Social Innovation in Health

- o Focuses on design thinking and human-centered design (HCD) concepts and principles in relation to SIHI; through hands-on activities with students.
- o Distinguishes social innovations in health from other interventions;
    - o Definition of social innovation, including its characteristics: stimulus, actors, process and sectors (cross-sectorial).
    - o The types of social innovation in health: process, product and practice.
- o Looks at stages and forms on how SIHI develops;
- o Explores individual learning scenarios; identifies potential areas where SIHI can take place;
    - o Example: Buzz group activity and discussions.
- o Practices and applies SIHI principles using their municipality/area's health challenge.

Community-Centered Actions for Human Centered Design Thinking

- o Looks at barriers to creativity and innovation, where failures are also discussed.
- o Provides definition of design thinking and human centered design.
    - o It starts with people and ends with solutions.
- o Provides overview of design-thinking characteristics.
- o Facilitates design thinking practice through activities, such as the "Ideal Wallet Design Challenge"
    - o Prototype a wallet that provides the best experience for partners, where partners are interviewed, in order to build the appropriate wallet model, and also questioned about their experiences.
- o Explores design thinking process: from inspiration, to ideation, to implementation, and then reiteration.

Introductory Module on Social Innovation in Health

- o Focuses on training doctors.
- o Provides a training evaluation, where participants are able to rate content of training and also provide feedback from improvement.
    - o Positive feedback included an appreciation for the material, content, and activities which provide opportunities to think outside-the-box and realize self-potential and capabilities, to work with people and the community.

- o They also proposed areas for improvement including the need to increase the time allotted for training.

Crowdsourcing Sharing: Hubs' Challenges, Successes and Barriers

China

- o * Cautiously frame the kind of questions asked in entries, including their framework and format, because they influence the kinds of solutions received.
- o Different avenues must be utilized to solicit solutions; to be cognizant of the advantages and disadvantages of online submission vs. in-person submissions (Hackathons/Designathons), including the analysis methods required for them.
- o Promotion is important; social media is one way to improve submissions.

Philippines

- o Hackathons offers immediate feedback for the audience/target population as well as steering committee.
- o *There is a need to select a more focused call topic to prevent the submission of broad and scattered solutions.
- o Having facilitators to help people to submit allows for a broader reach, and makes calls more inclusive. Within Philippines, they found that facilitators were able to really focus and interpret the questions for the participants.
- o * Length of forms for call entries can become a challenge that hinders participants' submissions. Consider asking short and necessary questions in early forms; more information can be asked during second phases, on a smaller group of participants.
- o Consider different submission platforms: online submissions, in-person writing; in-person calls.

Uganda

- o Endeavor to reach everyone with available communication platforms within country, including: media, radio, newspaper in *different languages.

Latin America and the Caribbean

- o * Expectation campaigns are very useful; they allow people to prepare and get ready for calls.
- o Explore different dissemination strategies including: the voice of the community, the voice of the innovators, and the voice of the instructors.
- o Contact and involve different stakeholders for outreach.
- o *Have people register so that you can follow-up with them, when they do not submit

- For Evaluation, an interview can be conducted with innovators to understand their initiatives and clarify confusions.
- Lessons learned include: innovators being able to call and recognize themselves as social innovators; calls serving as avenue for encouragements about scalability and sustainability for the innovations.
- A challenge for this hub is not having a good baseline about social innovation in Latin America, both as a theory and a concept.

Nigeria

- Initiated a global antimicrobial resistance (AMR) call.
- Utilized numerous online platforms: emails, social media, websites, blogs...
- Had a good steering committee, from different regions, was very beneficial.
- Limitations included:
  - Asking numerous and broad questions that limited the participants' response
  - * The timing of the entry which collided with another with another call, focused on their target audience.

Malawi

- More attention needs to be given to the language used to communicate call messages, given the nuances that exist within a given country.
- It is important to consider in-person communication; it makes the audience believe that you are invested in them.
- The timing of the call is important because it might be confused with another advertisement exploring a similar but different topic.
- Consider more flexible deadlines, if needed.

Crowdsourcing Clinic

- Discussed the initiation of the Crowdsourcing Clinic.
- Highlighted the availability of the TDR Practical Guide to Crowdsourcing.
- Explored crowdsourcing clinic and its website, which provides access to templates, tools and open access resources to increase capacity for crowdsourcing in health and health research, in low and middle income countries (LMICs).

Hub Workshop

Crowdsourcing and Joint Proposal (Part 2)

Stages in Crowdsourcing

Selecting crowdsourcing

- Before a crowdsourcing contest is initiated, one must determine whether crowdsourcing is an appropriate approach including ensuring that:

- There is a mechanism for engaging diverse networks of individuals;
- There are advocates for the cause within the community;
- The contest is feasible.
- There are different types of crowdsourcing; they have benefits that might allow for one to work better than the other, depending on different contexts:
  - Contests
    - **Note**: Crowdfunding is a bit controversial and is not a major focus of SIHI; many propose that it be removed.
  - Designathons/Hackathons
  - Online Collaboration Systems
- There are also available resources on public contests for health, in literature and online.

Organizing Steering Committee

- The committee must come from diverse backgrounds, with defined roles and responsibilities.
- They provide leadership and guidance and help clarify the purpose, the structure, rules of the contest and the judging criteria.
- Also, they help establish a prize structure that is appropriate.

Promoting Challenge Contests

- There are numerous benefits that come with promoting crowdsourcing contests, including increasing the pool of participants, providing clarifications, engaging community and increasing awareness.
- Crowdsourcing can be promoted via:
  - In-person activities: This helps build trust and understanding through didactic and feedback sessions. However, it is limiting in its reach and requires more investment.
  - Social media promotion: It is able to reach a broader range of audiences, but does not provide room for questions and clarifications, and leaves out people who do not utilize social media.
    - Examples: infographics, videos…

Public Engagement with Infographics

- Public engagement is important. Often, the public are overlooked/neglected in health research initiatives. However, engaging the public can help: improve the quality of a research, consolidate external support, enhance dissemination, expand readership and boost impact.
- There are several ways the public can be included:
  - Co-creation: Iteratively working with public whether online or in-person.
  - Infographics: Non-expert images that are clear and easy to read and follow.
  - Videos: For people who are unable to read; subtitles, with respect to cultural contexts, should be provided.

Receiving and Evaluating Contest Contribution

- o Receiving contributions: Contributions can be received online, offline, or a combination of the two. There are limitations to these approaches such as time and accessibility.
- o Organizing received contributions: They can be organized into categories such as time, source... This might provide information for future contests, such as which platforms to post contests.
- o Evaluating contributions: The judging panel should be from diverse backgrounds, and must have a judging criteria provided by the steering committee. Also, depending on the contest, the panel can be gender sensitive.
  - o The typical stages of judging are: eligibility screening, crowd judging and panel judging.
- o Determining finalists: The steering committee assesses the scores and identifies the contest finalists.

Recognizing Participants

- o Setting Expectations: Providing recognition draws upon the contributors, serves as an incentive to motivate them, and also facilitates engagement.
- o Recognizing the contributors as well as the organizers can come in different forms:
  - o Contributors: They can be given a prize, public recognition, acknowledgement in publications...
    - These different forms of recognition have different advantages. For example, public announcements can help a contributor market their talents.
  - o Organizers (steering committee and judges): You should ask them what they want; they can be given certificates or included in publications.

Sharing Outputs from Crowdsourcing

- o There different reasons why it might be advantageous or disadvantageous to share contests outputs.
  - o Main reasons for sharing: acknowledgement, giving back to the community, ethical obligations...
  - o Main reasons for not sharing: fear of disclosing personal information, potential interference with randomized control trials, and effects on rights to future publications.
- o The stages of sharing outputs include: establishing purpose of contest, identifying target audience, exploring relevant sharing platforms, and sharing and receiving feedback.
- o The types of sharing are: publishing, informing policies, and implementing and piloting outcomes.

Crowdsourcing Delphi Survey

Major changes made to the crowdsourcing Delphi survey include questions on:

- o Considering Crowdsourcing:
  - ▪ The division of "feasible and realistic" in what organizers of crowdsourcing should ask for in a contest, into two questions.
- o Organizing Crowdsourcing Activities:
  - ▪ A more explicit and expansive definition was developed for the steering committee, including a list of diverse stakeholders such as opinion and network leaders and non-voting observers.
  - ▪ An agreement that the description on the call for entry should not provide examples. Rather, it could provide a case study that shows the process of innovation and how it can come from bottom-up.
- o Promoting Crowdsourcing Activities:
  - ▪ Broadened the advantages of in-person activities in building trust, to a general statement of initiating and engaging in promotion activities that build trust, depending on local contexts.
  - ▪ The limitations of using social media for promotion was also highlighted.
  - ▪ Statements on eligibility and inclusivity were separated into two questions.
  - ▪ Expanded on the flexibility of deadlines.
- o Assessing Crowdsourcing Contributions
  - ▪ Criteria for selecting judges was made equivalent to the criteria for selecting the steering committee.
- o Recognizing Contributors
  - ▪ The statement on scoring and ranking was removed, to prevent confusion.
  - ▪ It was clarified that the steering committee will select finalists based on a pre-specified criteria.
  - ▪ Also, it was agreed upon that, personalized announcements need to be sent first to all participants before public ones.
  - ▪ To prevent overburdening the judges, feedback will not be sent to all participants.
- o Sharing Contribution from Crowdsourcing Activities
  - ▪ It was made clear that permission should be sought form finalists before their ideas are distributed widely.

Joint Proposal

A collaborative endeavor by all the hubs to receive TDR funding, where the hubs' strengths are brought to the forefront. In addition, a cross-hub research project will garner greater credence and force to influence the implementation of solutions, including changing policies and the development of global guidelines.

Key points about the needs of the hubs:

- o **Academic construction about social innovation in health as a concept and method**: A social innovation implementation and research is needed; this can build on the Malawi meeting and the Social Innovation Monitoring and Evaluation.
- o **Internship of innovators between the hubs**: Innovators from one country can potentially travel to another country. The logistics such as duration and finance will have to be worked out. Also, the hubs could develop cross-country innovators coffee sessions.
- o **Mapping out social innovators in health, and their profiles**: Develop a website that provides information about innovators in the respective countries of the hubs.

- o **Quarterly conversations about social Innovation in health at a systems level**: This can be initiated through virtual coffee sessions.
- o **Generate papers that cut across hubs**: Publish papers that have one authoritative evidence and strength, on a common theme.
- o **Student participation**: Have an open call for high school students and at partner institutions/universities.
- o **More governance and management**:
  - o SIHI Uganda offers to be a secretariat for the network of hubs.
  - o SIHI Philippines offers to assist on coms and governance.
  - o All hubs should think about developing an advisory committee.
- o **Financially sustaining hubs**: Since TDR does not fund past five years, the hubs need to start looking for research grants, institution funding, consider crowdfunding, and explore funds for different purpose but have links to social innovation.

Major brainstorming points about possible collaborative research topics:

- o ***Youth Innovation**
  - o Develop a new module; come up with an approach on how we can engender youth.
  - o Collaborate on a theme for youth innovation.
    - ▪ SIHI can tap into Philippines' module.
    - ▪ Malawi has the resources and connections; it was able to bring together five universities from different fields, and taught students about innovation.
    - ▪ Uganda's Makerere University has a Big Idea Group that the SIHI hubs can learn from.
    - ▪ Major question is: "How do we get youth innovators to implement?"
- o **China-Africa Big Data Hackathon**: This can facilitate the development of AI technologies, to tackle the big health problems in the global south.
- o **The World Mosquito Program/ Multisectoral Vector-Born Disease Control Project (WHO)**
  - o Focus on vector-born control project that develops solutions to help protect against malaria.
  - o The Dengue Fever project in Indonesia can be considered.
  - o All hubs can develop potential call focus on their specific country needs.
  - o This might have the potential to influence a WHO guideline; find out the standard procedure for guideline development.
- o **A potential expansion of Uganda's Drugstore Initiative**
  - o It will provide a way to set up basic primary care services, scale up, and push for Universal Health Care (UHC).
  - o It is a widely used niche in healthcare, that is a common source of care for children. Training services can be offered on rapid diagnostic testing and treatment, to improve childcare.
  - o In China, there is access to online hospitals; a platform for pharmaceutical stores, where patients are connected to doctors, and can discuss their symptoms. In addition, decentralized self-testing in China might offer evidence.
  - o The future of this initiative is going to be expanded to Tanzania; Nigeria might also consider drugstore project due to high maternal deaths in the country.
  - o Some concerns include issues that adaptation of Drugstore Project will require evidence be generated for specific country.
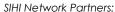- o **Hackathon to strengthen primary care:**

- o Explore pilot examples that have been implemented in local countries.
- o A three-day hackathon across the global south (2/3 sites from different regions).
- o There can be independent hackathons, focused on country-specific issues, then group of finalists can be connected across hubs.
- o Prizes could include money to implement pilot in country or to help facilitate meeting with policy leaders.
- o Some challenges include finding ways to share resources that other hubs lack such as mentors.
- o **Barriers in the facilitation and implementation of innovation (focused on innovators' journey)**
  - o A main challenge for this potential research project is: finding and accessing shared information on innovators and their shared experiences. Is there data? Also, prior research needs to be done to explore what has already been done by others.
  - o For this research, the hubs can:
    - Look at case studies about innovators; it might help develop a hypothesis.
    - Publish a review on social innovation in health that is specific to country
    - Discuss the hubs' big wins.
    - Look at characteristics that define our expertise as hubs involved in social innovation.
    - Explore SIHI's policy influence. For example: Uganda's drugstore initiative.

On TDR Report, all hubs can:

- o Consider adding section in report about challenges and success of sustainability of hubs and programs.
- o Add letter of Intent (LOI) for all the hubs to showcase strengths.
  - o **Theme-Youth Innovation:**
    - Objective 1: Identifying youth innovation in specific regions;
    - Objective 2: Build capacity among youth innovators;
    - Objective 3: Build capacity among youth Innovators to crowdfund.

Symposia and Conferences

- o Health Systems Global (Uganda, South Africa, Malawi, Philippines)
- o Towards Unity for Health (Philippines)
- o Skoll World Forum (China)
- o Unite for Sight (South Africa)

SIHI Stakeholders' Workshop

Panel Discussion

Uganda National Health Consumers' Organization

There is a need:

- o To work on practices and policies that reflect needs of people, and for people to own services.
- o To develop health service provider communication, particularly on listening and responding.
- o For health system resource utility, including accessing knowledge, material resources, and the power of the community.
- o For the community to support health systems, to push government policies and big stakeholders.
- o To bring together service providers and community through the indication of:
    - ▪ Access
    - ▪ Health workers' behaviour
    - ▪ Working Hours
    - ▪ Sanitation
    - ▪ Communications
- o To bring innovation to the community so that they realize that they have power and can wield that power.

Uganda National Council of Science and Technology

The ethics committee is working to:

- o Review protocol, including community concept in clinical trial protocols, for a better buy-in, for the recruitment and retention of participants.
- o Develop a study analysis of community involvement in research.
- o Build capacity between institutions.
- o Build monitoring and evaluation framework.

Assistant Commissioner of Innovations & Intellectual Property Management, Ministry of Science Technology and Innovation (MoSTI)

The MoSTI:

- o Is interdisciplinary, and works to promotes STI policy, research, and innovation.
- o Also focuses on telemedicine.
- o Explores innovation in a contextualization and cultural considerations manner, to effectively introduce them into communities.
- o Is working on guidelines for the development of Social Innovation, including intellectual property development.
- o Has a new program on research & development (R&D) under development, and needs a bit of lobbying to make it a reality.

Technical Advisor SIHI Uganda

- One major question to explore is: "How do you know that something that is an innovation?"
  - Most are realized based on hindsight reflection, when we have allowed innovation to fall aside.
- Example of Innovation that was appreciated later include:
  - The community directed distribution of IVM (medication) (CDTI) to community directed Interventions (CDI), that can be used for other diseases.
  - A community managed school nutrition program which identified community women who can come cook for their children.
    - A main focus was to listen to communities which in turn, increased coverage.
  - We need to include social innovation by community; where communities select the best, document, and show innovations.

Acting Commissioner of Health Education & Promotion, Ministry of Health (MOH)

- One main question posed is: "How can communities participate more?"
- Ways to tackle this include:
  - Through policy and guidelines development as well as health promotion, where you look at other sectors and connect them with other stakeholders.
  - Focusing on health promotion and prevention, where we pay-up workforce at community level, to mobilize and work with healthcare services.
  - Financing health promotion initiatives and also working on health promotion and disease prevention; a portion of MOH budget must be allocated to this, given that there is a lack of donor investment in promotion.
  - A national conference on Health Promotion and Disease Prevention, with the mission of empowering communities to take charge of their own health.
  - Reorienting healthcare professionals to explore beyond clinical views on patients and understand core problems at community.
  - Working on making communities understand that they have a stake, and finding innovative ways to involve key populations including the youth.
  - The department of health education' work and promotion of the following guidelines on:
    - Community Engagement
    - Health Communication
    - Health sector communication strategy

Manager Bertha Centre UCT

- Community focused health systems are needed.

Director of Clinical Health Services, MOH

We need to:

- Explore ways we can get cultural, religious and private sectors on board
- Look at key determinants of health
  - Example: the availability of medicine and its impact on health.
- Look at what is already working, so that the wheel is not reinvented.
- One suggestion is to get an atlas of innovations, so people can easily access them.

Comments

- How can the MOH make National Innovation Funds that is open and transparent (MOH)?
  - Some of the major challenges to achieving this include making communities that know they can do more to promote health and prevent disease.
  - Ways to overcome these challenges and gain more transparency is to:
    - Encourage interdisciplinarity in STI, where there is a steering committee that will represent different sectors.
    - Look at education system and re-orient it into a platform for skill enforcement, through hands-on development programs.
- Why is there a gap in Africa's education system and how can we remedy this?
  - There is a lack of guidelines and regulations, in schools and medical technology production.
  - There should be more investment in actionable resources.
  - A system of support (guidance and finance) should be implemented, to encourage innovation, including ideation as well as failures.
- Is worth it to go back to old innovations?
  - Yes, further discussion to be had with the Ministry of Science, Technology and Innovation.

<u>Hubs' Presentations and the Mérieux Foundation</u>

Uganda

- SIHI is a global network involve in social innovation in health—which transforms systems, offers new lens in healthcare delivery as well as inclusivity, collaboration, effectiveness and affordability.
- SIHI Uganda's approach includes: identifying innovation, researching and advocating, capacitating and convening diverse actors.
- Its main mission is to create platforms and provide multi-sectoral expertise.
- Examples of Innovations in Uganda:
    - Action for Women and Awakening in Rural Environment
    - Bwindi Mothers' waiting hostel
    - Imaging the world Africa
    - Drug Shop Integrated management of childhood illnesses
    - Living Goods, Uganda
    - Mamatoto Approach - Health child Uganda
    - Kyaninga Child Development Centre
    - Medical Concierge Group
- Future Plans include: partnering with stakeholders to support and upscale social innovation into health policies and programs; finding financial support; working with the Ministry of health to identify, rank, and categorize innovations.

South Africa

- Defines social innovation as a way of achieving social equality by overcoming and addressing social and environmental challenges.
- South Africa is a nation greatly divided by social and wealth inequality with limited access to health, including barriers in physical accessibility, financial affordability and acceptability.
- The Bertha Centre works to increase inclusivity through social innovation in health, where health collaborative solutions that are not bound, are pioneered to respond to health needs of people, particularly vulnerable populations.
- Examples of such solution are: Iyeza express, Village Reach, Kihef, Umthombo, Last Mile Health.
- There is a need for collaboration between the government and local stakeholders to bring grassroot projects to the forefront to change health systems through equity, access and accountability.
- Major comments:
    - Why are there AI developments in places like Japan but not Africa?
        - Africa is influenced by our cultural and local, which sometimes hinder our acceptance of new technologies in health.
        - There will be concerns about job loss in healthcare.
    - How can people realize they are producing innovation/or are innovators?
        - Utilize organizations like SIHI to find and highlight these innovators.
        - Consider introducing and explaining innovation to the government, who have to buy in.

Malawi

- o Mission: To work with innovators to forward what they are doing to improve universal health coverage.
    - o They provide platforms for all stakeholders to collaborate, share, learn, advocate and pool resources.
        - For Learning: They initiate innovation calls, case study research and advocacy.
            - o Examples:
                - Chipatata Cha Pa Foni
                - Kaundu Community-Based Health Insurance
                - A Sustainable and Affordable Rural Healthcare System – Rural Healthcare Prototype
                - Learners Treatment Kit
        - For Connecting: They disseminate platforms, hold innovators/private sector meetings, and advocacy.
        - For Supporting: They provide project management and M & E courses, cross university cases, and initiate competitions.

Latin America and the Caribbean

- o Mission: To support Social Innovation in health, through the generation and social appropriation of knowledge, to transform communities.
- o Objectives: To identify and invest in social innovation; convene and guide research institutions; promote the scalability and sustainability of the innovations.
- o Activities Include:
    - o Social innovation calls
    - o Internship programs
    - o Building networks such as the ALACISS ():
- o Examples of Innovations from Calls:
    - o Mosquitiamed: acortando distancea
    - o Centre for development of scientific research
    - o Indigenaous health agent professionalization programme in the alto rio negro region
    - o Modelo integral de *atención* en salud para la ruralidad
    - o Mamás del Río
- o Plans include:
    - o Creating a node in Central America
    - o Collaborating research projects
    - o Building capacity in innovators
    - o Working Calls and Publishing
    - o Collaborating on E-Learning with the University of Washington
    - o Holding International conferences

Philippines

Mission: To identify social innovation, enhance capacity in scalability, connect stakeholders, and work on institutionalization of social innovation in health.

Examples:

- o Inter-Island Health Service Boat Project
- o National Telehealth System
- o P6.60 Everyday Family Health plan
- o Seal of Health Governance

CHINA (SESH)

- o Mission: To design a more creative, equitable, and effective health services using crowdsourcing contests.

  - o Crowdsourcing background: definition, types, context, settings…

- o Steps in a crowdsourcing challenge contests– organize, engage, evaluate, recognize, share.

- o Evidence to support crowdsourcing – RCTs, quasi-experimental studies, observational studies.

- o Examples include:

  - o Pay-it-forward

  - o Hackathon to design gay-friendly physician finder app…

- o Plans: Facilitate more crowdsourcing in the global south

Merieux Foundation

- o Mission: Strengthen capacities to fight infectious diseases that affect vulnerable populations, such as displaced people and refugees, in developing countries across the globe.
- o Main focus include:
  - o Strengthening laboratory capacity and quality of clinical laboratory platforms.
  - o Enhancing local applied research capabilities by training.
  - o Encouraging knowledge-sharing and public health initiatives.
  - o Improving conditions for mothers and children, in global health.
  - o Building structural and human capacity.
- o Defines social innovation as a solution (process, product, practice, market, mechanism) developed by a range of actors in response to a systemic health challenge within a geographic context.

Ugandan Innovation Talks

Session 1

1. **Progressive Health Partnerships**
   - o Focus: Politicians, and strengthening their background and skills.
   - o Challenges: Absenteeism; lack of technologies; struggle between technical vs. structural interventions.

- o Solution: Systems strengthening via structural approach, where they work with local governance in a community-centered development project. They do this through:
  - Citizen-leader meetings
  - Leader training
- o Implementation:
  - Citizen-chairperson meetings: quarterly community and council meetings.
  - Chair person's skills training: on monitoring local facilities and on topics of responsibilities.
  - Focus on accountability: through a provision of manuals and training guides.
- o Impact
  - Behaviour change by people
  - Behaviour change by politicians
  - Positive feedback
  - Quality Health, from the merging of capital, labor and institutions.

2. **Save the children (Response for Innovation lab)**
   - o Focus: Leveraging tech expert, connecting problem holders and solution holders, in difficult settings, and helping local innovators put forth ideas.
   - o Process
     - Convening: mapping out innovators in database
     - Providing matchmaker services: connecting solution holders with problem holders
     - Supporting: accompanying innovators on journey and supporting them.
   - o Example from Iraq (PHarx)
     - Challenges: Lack of transparency; bad doctor handwriting; lack of instructions; collusion between pharmaceutical and health sectors; patient dependency on black market for medication.
     - Solution: App that helps patients easily find affordable medicine.
     - Impact: Open access to medicine, a more standard market; transparency between doctors, patients, and pharmacists.

3. **Platform for the Needy**
   - o Focus: Health and advocacy.
   - o Challenge:
     - Many districts lack disposable income.
     - Lack of quality healthcare.
   - o Solution
     - Mobilizing community members who formed an insurance group; to minimize health expenses against preventable diseases.
     - Activities: Monthly meetings; provision of medical coverage, with the exception of preventable diseases such as malaria.
   - o Implementation
     - Monthly members contributions.
   - o Impact
     - Growth of membership.
     - Health workers visit to share medical information, which is in turn shared within the communities.

- ▪ Improvement of hygiene practices.
- ▪ Increased knowledge about preventable diseases, due to drama show.

4. **The Uganda Academy for Health Innovation and Impact**
   - o Focus: Low tech solution for health, including increasing sanitation; elderly people and their perception of health; drone for ART delivery; E- learning...
   - o Challenge
     - ▪ HIV as a growing chronic disease in Uganda
   - o Solution
     - ▪ Collaboration with AIDS Support Organizations to develop HIV exhibition detailing history of HIV in Uganda.
     - ▪ Activities: Testing, treatment and advocacy for HIV.
   - o Implementation
     - ▪ Archiving history of HIV/AIDS in Uganda.
     - ▪ Collecting and exhibiting materials in cinemas, artwork...

Discussion Points

- o Progress Health Partnerships:
  - ▪ They help close gaps in lack of accountability, through training and providing skills to elected citizens.
  - ▪ They maintain neutrality and are non-partisan; their work with politicians is guided by standard guidelines, training and ground rules. Additionally, they perform preparation visits to set common expectations.
- o Save the Children: Response for Innovation Lab
  - ▪ Their supported projects are often short lived; funds can come from government and other organizations.
  - ▪ They work with innovator via a comprehensive approach including providing access to experts and training programs.
- o Platform for the Needy
  - ▪ They have the potential to scale this project, since it is low cost.
  - ▪ Dependency on and collaboration with government, might be unstable since governments often have shifting priorities.
- o The Uganda Academy for Health Innovation and Impact
  - ▪ This project, highlight the increase in new HIV cases.

Session 2

5. **The Medical Concierge Group**
   - o Challenge: Rise in non-communicable diseases; high mortality/morbidity rates.
     - ▪ Driving factors include: lack of physical accessibility; time; shortage of literature; lack of health support systems...
   - o Solution
     - ▪ Digital technologies
       - • 24/7 call-in center: Provide teleconsultations services with medical professionals.
       - • Delivery of prescription and lab requests.

- Impact: Higher access to medical services, including rise in teleconsultations, annual prescriptions and laboratory requests.
- Contributions
  - Timed and patient centered care
  - Affordable health services
  - Centralized data

6. **Kigezi Healthcare Foundation**
   - Focus: Providing medical, dental, maternal and child care, as well as community development and capacity building.
   - Challenge
     - Mother-child HIV transmission; maternal deaths from birth related complications
   - Solution
     - Provide portable ultrasound, used to examine mothers.
   - Impact
     - Increase in the provision of antenatal care (ANC) services.
     - Increased HIV testing of mothers.

7. **Uganda Village Project**
   - Challenge
     - High number of women (200,000 in Uganda) affected with obstetric fistula every year, which can lead to chronic infection, social isolation and unemployment.
   - Solution
     - Provide a holistic rehabilitation program, including safe space for women to heal, skill-based education and business training.
   - Impact
     - Assisted about 50,000 women in eastern Uganda in 2018.
     - Also, has trained women in skills that generate income.

8. **SINA: From Marginalized Youth to Social Entrepreneurs**
   - Challenge
     - High youth unemployment; increased refugees in Uganda; faults in educational system.
   - Solution
     - Develop Social Innovation Academy that provides the environment, education and support systems that offer the platform for youth to solve issues in their society.
   - Implementation
     - Scholars are invited to the academy. They: unlearn limiting believes; learn hands-on applications; self-teach and self-learn; have mentorship and life-coaching support.
     - They develop a scholar project.
   - Contribution
     - Generated and implemented SINA scholar projects in local communities.
       - Examples: Our Roots; Kimuli fashionability

- Output of contributing members of society, who would otherwise be potential school drop-outs, orphaned or unemployed.

Discussion Points

SINA: From Marginalized Youth to Social Entrepreneurs
- Duration of time at academy ranges from 1 to 4 years, based on individual.
- Have Social Innovation Award to encourage women.

The Medical Concierge Group
- Cost of services is about10,000 Uganda shilling
- Funding for the group is covered by donors, and people who need their services.
- It has the ability to scale up but, it would require data on the proof of concept as well as partnerships and the involvement of stakeholders in health, which they are developing.

Uganda Village Project
- Males are involved in project as ambassadors.
- Challenges of taking mothers away are overcome by seeking initial permission from family so that arrangements are made.

Kigezi Healthcare Foundation
- Are working to continue tracking progress on the utilization of ANC services; they are searching for more partners to facilitate this.
- Kigezi is different from MScan.
- In the future, they plan on working to collect more concrete data that is not shadowed by potential confounding variables.

Annex 1: Workshop agenda

SOCIAL INNOVATION IN HEALTH INITIATIVE PARTNERS' WORKSHOP

Oct 8- 10, 2019

Speke Resort Munyonyo, Kampala, Uganda

Day 1 (Tuesday, 8 October 2019): SIHI Module and Crowdsourcing

Time	Agenda	Speaker
08:00-8:15	Self-introductions	All
8:15 – 10:45	Updates from each hub (30 min each)	TBD
10:45-11:00	Tea break	
11:00-12:30	Social innovation in health module – Philippines SIHI Hub	Dr. Noel Juban
12:30-13:30	Lunch and poster viewing	All

13:30 – 14:30	Social innovation in health module – Philippines SIHI Hub	Dr. Noel Juban
14:30-15:00	Crowdsourcing sharing: SIHI Hubs share about previous contests – Challenges, barriers, experiences	Each hub to share
15:00-15:15	Tea break	
15:15-15:30	Crowdsourcing clinic (CC) introduction	Dr. Joseph Tucker
15:30-16:00	CC: Crowdsourcing Delphi Survey Results	Dr. Weiming Tang
16:00-16:30	CC website	Mr. Vibhu Ambil
16:30-17:00	CC: Selecting crowdsourcing (step 1)	Ms. Huanyu Bao
17:00-19:00	Joint proposals and collaboration	All
19:00	Group dinner (supported by The Mérieux Foundation)	All

Day 2 (Wednesday, 9 October 2019): Crowdsourcing Part 2 and Joint Proposal

Time	Agenda	Speaker
08:30-09:00	Breakfast	
09:00-10:15	CC: Steering committee (step 2) and promotion (step 3)	Dr. Joseph Tucker & Dr. Weiming Tang
10:15-10:30	Tea break	
10:30-12:00	CC: Receive contributions (step 4), recognize people (step 5), share solutions (step 6)	Mrs. Shufang Wei Dr. Tiarney Ritchwood Dr. Eneyi Kpokiri
12:00-13:30	Lunch and Learn: Crowdsourcing skills workshop 1: Infographics and video	Dr. Joseph Tucker
13:30-15:00	Crowdsourcing wrap-up at each hub: Plans for next steps moving	Small group work
15:00-15:30	Final Delphi survey	Dr. Weiming Tang

Time	Agenda	Speaker
15:30-15:45	Tea break	
15:45-16:15	Joint proposal discussion	All
16:15-16:30	Tea break	All
16:30-18:00	Planning next steps, sharing feedback by topic (e.g., UHC, TDR call)	
19:00	Dinner & Entertainment	All

Day 3 (Thursday, 10 October 2019): SIHI Uganda Stakeholders' Workshop

Time	Agenda	Speakers
08:45-09:30	Keynote on Social Innovation in Health	Ms. Katusha de Villiers SIHI South Africa
09:30-10:30	Panel Discussion on the Role of Social Innovation in improving health outcomes in Uganda	SIHI Uganda advisory committee; MoH and MoST policy makers; Social Innovator; Researcher/Evaluator
10:30-11:00	Tea break (poster viewing)	
	SIHI Network Partners	
11:00-11:15	SIHI Uganda	Dr. Phyllis Awor
11:15-11:30	SIHI Malawi	Dr. Don Mathanga
11:30-11:45	SIHI South Africa (UCT Bertha Centre)	Ms. Katusha de Villiers
11:45-12:00	SIHI Latin America and the Caribbean	Dr. Diana Maria Castro
12:00-12:15	SIHI Philippines	Dr. Noel Juban
12:15-12:30	Social Entrepreneurship to Spur Health (SESH)	Dr. Joseph D. Tucker
12:30-12:50	The Mérieux Foundation	Dr. Valentina Picot
12:50-13:50	Lunch	

Ugandan Innovation Talks - Innovators and partners		
14:00-14:15	Governance, Citizenship and Accountability: Community-Centered Development in the Ugandan health Sector	Joshua Greenberg (Progressive Health Partnership)
14:15-14:30	Bahemuka health Sure; improving health through community action	Sam Mugisha (Platform for the Needy)
14:30-14:45	Affected or Infected; An exhibition showcasing the history of HIV in Uganda	Nalunga Ruth (The Uganda Academy- Infectious Disease Institute)

14:45-15:00	Response Innovation Lab, Uganda	Charlene Cabot (Save the Children)
15:00-15:15	Building end-to end technology enabled healthcare: telemedicine, laboratory, pharmacy	Dr. Louis Kamulegeya (The Medical Concierge Group)
15:15-15:30	The innovative use of mobile portable ultrasound technology to improve antenatal care and prevention of mother to child transmission of HIV services in rural communities in Kigezi region of Southwestern Uganda	Dr. Geoffrey Anguyo (Kigezi Healthcare Foundation)
15:30-15:45	Obstetric Fistula Social Reintegration	Edmund Okiboko (Uganda Village Project)
15:45-16:00	From marginalized youth to social entrepreneurs	Nakawuki Stella (Social Innovation Academy)
16:00-16:15	Promoting patients-provider engagement to increase skilled	Ms. Robinah Kaitiritimba (Uganda National Health Consumers' Organization)

Annex 2: Participants' Information

SOCIAL INNOVATION IN HEALTH INITIATIVE PARTNERS' & STAKEHOLDERS' WORKSHOP

Oct 8- 10, 2019

Speke Resort Munyonyo, Kampala, Uganda

PARTICPANTS

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Members of Panel Discussions

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7. Dr. Katusha de Villiers, *Manager Bertha Centre UCT*, katusha.devilliers@gsb.uct.ac.za

Ugandan Innovators

No.	Name of Innovator (Organization)	Innovation name	Email address
1.	Edmund Okiboko (Uganda Village Project)	Obstetric Fistula Social Reintegration	edmund@ugandavillageproject.org
2.	Sam Mugisha (Platform for the Needy)	Bahemuka health Sure; improving health through community action	mugishasami@gmail.com
3.	Nalunga Ruth (The Uganda Academy-Infectious Disease Institute)	Affected or Infected; An exhibition showcasing the history of HIV in Uganda	rnalunga@idi.co.ug
4.	Charlene Cabot (Save the Children)	Response Innovation Lab, Uganda	charlene@responseinnovationlab.com
5.	Dr. Louis Kamulegeya (The Medical Concierge Group)	Building end-to end technology enabled healthcare: telemedicine, laboratory, pharmacy	louis@tmcg.co.ug
6.	Dr. Geoffrey Anguyo (Kigezi Healthcare Foundation)	The innovative use of mobile portable ultrasound technology to improve antenatal care and prevention of mother to child transmission of HIV services in rural communities in Kigezi region of Southwestern Uganda	ganguyo@gmail.com

7.	Joshua Greenberg (Progressive Health Partnership)	Governance, Citizenship and Accountability: Community-Centered Development in the Ugandan health Sector	jordan@proghealth.org
8.	Nakawuki Stella (Social Innovation Academy)	From marginalized youth to social entrepreneurs	stel2muku@yahoo.co.uk
9.	Ms. Robinah Kaitiritimba (Uganda National Health Consumers' Organization)	Promoting patients-provider engagement to increase skilled attendance using SMS in Kamuli and Luwero districts	rkitungi@yahoo.com