PERSPECTIVES

# SOCIAL INNOVATION: ENGAGING COMMUNITIES IN IMPROVING THEIR OWN HEALTH

Beatrice Halpaap, MPH, Pharm D[1*], John C. Reeder, PhD[1]

One billion people around the world still lack access to basic healthcare services, despite the development of novel technologies (1). Providing quality health care and getting medicines, vaccines and diagnostics to those who need them most is a great challenge. Most health systems in low- and middle-income countries fail to reach all of their populations, in particular the most marginalized and those in greatest need remain neglected.

### Community engagement to achieve universal health

The 2030 sustainable development agenda recognizes health as a critical factor for wellbeing and aims to address the healthcare delivery gap. It places universal health coverage at the heart of the Sustainable Development Goals, in order to reach the most vulnerable populations and leave no one behind (2). To achieve this we need to shift our culture of working and develop innovative approaches. We need to work increasingly in partnership with the various sectors involved in order to bring diverse disciplines and broaden our perspectives and knowledge. We need to place people at the centre of health services and engage healthcare users in taking control of their own health. Community engagement is one of the key factors in driving this culture shift. The importance of community participation in primary health care had already been recognized in the declaration of Alma Ata back in 1978 and since then has been demonstrated in many examples in Africa (3). The critical role of community engagement was shown during the 2013-2016 Ebola virus outbreak, where a good understanding of the local culture and the relationship and the trust built with the community members were important factors in allowing an effective response (4). Achieving universal health coverage requires a new paradigm, placing community engagement at the core of our efforts (5).

### Social innovations to engage communities and leave no one behind

Social innovation provides innovative solutions to address the healthcare delivery gap, engaging communities and the various health system actors in different sectors. It is defined by Phyllis and co-authors as "the process of inventing, securing support for, and implementing novel solutions to social needs and problems" (6). Social innovations occur in many parts of Africa. They are led by individuals who often would not call themselves "innovators", but see that they can play a role in addressing the health care challenges they face through simple and affordable solutions.

The example of Chipatala Cha Foni (CCPF) in Malawi illustrates how communities can play a key role in improving their own health and in working in partnership with the government and nongovernmental organizations to sustain and scale up their efforts. In remote and rural communities in Malawi, distance often prevents people from seeking healthcare when they need it. "When I submitted my idea, I believed that it would save lives and improve access to healthcare. People get discouraged to go to hospitals because of the type of care that they expect to get and when you add the misinformation going around, a lot of myths going around that lead to a lot of deaths in infants. I believe technology can help bridge that" says Suyapi Mumba (7), a social innovator. His idea became reality through the establishment of CCPF, the health centre by phone. CCPF is a toll-free hotline that provides reliable health information and referrals on demand. It was initiated in one district in 2011 in collaboration with the Ministry of Health, Concern Worldwide, village chiefs and the private sector. CCPF was expanded by the nongovernment organization VillageReach and now operates in nine districts and is accessible to more than five million people, enhancing their knowledge on health and access to referral. AWARE, the Action for Women and Awakening in Rural Environment in Uganda, is another example that shows the role that community members can

[1]UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), World Health Organization, Geneva, Switzerland.
*Corresponding author, halpaapb@who.int

play in taking control of their own health and life (8). AWARE aims to advance the health, social, cultural and economic wellbeing of women and girls in Karamoja. Women are equipped with business skills and are sensitized to their rights. A multi-purpose women's centre has been established which provides a maternity waiting house where pregnant women can receive healthcare services and life training. Past programme beneficiaries become active providers of services to new beneficiaries, addressing issues around gender-based violence. They work with all community members, including men and children, which is imperative to the success of the initiative.

### *Research, a compass to guide innovators and catalyse a culture shift*

Many social innovations have been established in Africa and other parts of the world. Unfortunately, not all have been successful, even some that are initially are not always able to sustain or replicate. Many of these innovations do not collect data on their activities and document the situation that they seek to improve. As a consequence there is no evidence on why they work, why they fail, or how to replicate or scale up their models. Research is needed for three main reasons. First, we need research to provide understanding and knowledge to the social innovators: like a compass guides a sailor in all weather, research guides innovators on the way forward. Second, we need research to learn from these innovations and explore potential adaptation, replication or scale up of their respective approach as relevant. Third, we need research to share the good news and change the culture of approaches to healthcare delivery and wellbeing.

As Chipatala Cha Foni embedded research in the planning and implementing stages, they could assess their work and better understand the enabling factors and barriers to their success. Community members engage in collecting health data and are well aware of the reasons to do so. They provide essential information required to ensure that solutions address their local challenges and are effectively implemented. When evaluation studies demonstrated effectiveness of the innovation, the Ministry of Health adopted the intervention and integrated it into the health system. Lessons learnt have been shared and other countries have expressed interest in introducing the health centre by phone approach in their communities.

More research is needed for social innovations in low- and middle-income countries. Lessons learnt from Papua New Guinea highlight the need to engage the community as a research partner; the need to build a trustful relationship based on transparency and understanding, feeding-back the research findings, and highlighting fair benefits (9).

### *SIHI, an initiative to advance social innovation through research*

In 2014, TDR launched the Social Innovation in Health Initiative (SIHI) to advance social innovation in healthcare delivery through research. SIHI was established in collaboration with the Bertha Centre for Social Innovation and Entrepreneurship at the University of Cape Town Graduate School of Business, the Skoll Centre for Social Entrepreneurship at Oxford University, and the London School of Hygiene and Tropical Medicine. Since then the initiative has expanded to include SIHI country hubs in Colombia, Malawi, the People's Republic of China, Philippines, South Africa and Uganda.

With support from TDR, SIHI country hubs play a leadership role in advancing social innovation in health through research, advocacy and capacity strengthening. They regularly engage in a process to identify, showcase and study local community-engaged and citizen-led social innovations in health. To date more than 200 social innovations have been identified in low- and middle-income countries and 40 case studies, more than half in Africa, have been conducted. SIHI country hubs provide a platform to convene social innovators, government and community representatives, researchers and other stakeholders in order to create an enabling environment for social innovation to thrive. They build capacity and embed research in social innovations to enhance their effectiveness and identify the mechanisms to replicate or scale them up. Importantly, they engage with key partners at country level to institutionalize social innovation in the national systems (10, 11).

***Country leadership in shifting the culture***

TDR's vision in supporting social innovation is to see a growing number of research institutions playing a leadership role in promoting and advancing community-engaged social innovations. Partnerships will be established increasingly with governments and key stakeholders in countries to create system change and integrate the social innovation approach into the national health agendas.

Attaining universal health coverage cannot rely only on the formal health sector. Community engaged- innovation will be vital in attaining this ambitious goal. We must work to open up the opportunities for social innovation and to equip innovators with the skills necessary for success. Countries must lead the culture shift needed for this new paradigm of action, ensuring that no one is left behind.

## ACKNOWLEDGEMENT

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