



## Editorial

# Social innovation in health: concepts and practice

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Social innovations in health are inclusive solutions that meet the needs of end users through community-engaged, person-centred processes.<sup>1</sup> The term ‘person-centred’ refers to a holistic, contextual approach in which people are the focus.<sup>2</sup> Social innovation and related person-centred approaches have expanded in the past 5 years. Data from randomised controlled trials,<sup>3 4</sup> systematic reviews<sup>5 6</sup> and other data suggest that social innovation in health approaches can be effective, especially in terms of dealing with some social determinants of health.<sup>7 8</sup> Although research reporting guidelines of relevance have been published,<sup>9</sup> agreements and integration of ethical guidance on practical issues of related community-engaged research is lacking.<sup>10</sup>

The purpose of this special supplement is to spur the development and maturation of social innovation in health as an academic field and to broaden multidisciplinary collaboration to this end. Here, contributors describe and analyse the history, concepts, tensions and research evidence of community-engaged social innovations and related person-centred approaches. The overarching goal is to better understand how social innovations can be embedded in health education, training, research, policy, programmes and systems. Ultimately, the special supplement will demonstrate how social innovation contributes towards a holistic approach to health and development.

The concept of social innovation in health has a long ancestry.<sup>11</sup> In 1978, the Declaration of Alma-Ata underlined the importance of community participation, urging health systems to embrace creative solutions and respect local engagement.<sup>12</sup> TDR, the Special

Programme for Research and Training in Tropical Diseases, cosponsored by UNICEF, UNDP, the World Bank and WHO, was established that same year, and since then, has supported research on community-based interventions in low-income and middle-income countries (LMICs). In 2014, this culminated in the launch of the Social Innovation in Health Initiative (SIHI),<sup>13</sup> a global network focused on advancing social innovation in healthcare delivery in LMICs. SIHI provides evidence of what works and what does not, promotes social innovation, creates an enabling environment at local, national and global levels, and strengthens capacity to enhance sustainability. The network now has an independent secretariat at the University of the Philippines, Manila with research hubs in 13 countries. This initiative has supported social innovation in health studies, developed related academic courses and organised training to enhance research capacity to support social innovation in health, built collaborations with state and non-state entities, and helped to define the growing field.<sup>14–16</sup> In this context, researchers affiliated with the hubs have now documented over 40 social innovations collaborating with local communities of for-profit and not-for-profit entities, state actors, universities and local associations in LMICs. Moreover, many social innovations have been instrumental in addressing health system challenges during the COVID-19 pandemic.<sup>17</sup>

Research is critical in establishing social innovation as a field. But there have been relatively few research studies that theorise social innovation in health or address critical conceptual, methodological and ethical issues.<sup>18</sup> Social innovation theory has largely come from entrepreneurship,



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management and business where it can offer nimble solutions to what are often seen as intractable problems.<sup>19</sup> At the same time, it may adopt a neoliberal approach that shifts the responsibility of health away from governments and onto individuals. This is neither possible nor desirable for health systems. However, social innovations have in some cases expanded health services and helped to overcome social determinants in new ways.<sup>20</sup> Research on social innovation in health can be guided by other established theories and conceptual approaches, including community-based participatory research,<sup>21</sup> participatory action research,<sup>22</sup> human-centred design<sup>23</sup> and person-centred research. UNAIDS (Joint United Nations Programme on HIV/AIDS) explicitly used a person-centred approach in its 2020 World AIDS Day report.<sup>24</sup> These conceptual approaches also align with a growing recognition of the urgency to decolonise health research and better understand social determinants of health.<sup>25</sup> Further conceptual research on social innovation is necessary to inform research studies, assist programme leaders and implementers, and build communities of practice.

This special supplement helps to answer several of these important social innovation research questions in diverse settings. The supplement includes commentaries, original research manuscripts and systematic reviews on several key aspects of social innovation training, research and programmes. From a training perspective, Mier-Alpaño *et al* discuss how to facilitate learning and building a community of practice focused on social innovation in the Philippines.<sup>26</sup> In addition, the same team examined how to measure community engagement in social innovation as part of a broader WHO project.<sup>27</sup> Two manuscripts from the SIHI-Latin America and Caribbean team examined how to build capacity and develop the ecosystem for social innovation within the region.<sup>28 29</sup>

Several manuscripts focused on social innovation research studies. A qualitative analysis of forty social innovations identified by the SIHI Network considered how these met sustainable development goals and engaged local communities.<sup>30</sup> The study protocol from Li *et al* examines the effectiveness of a community-engaged social innovation to increase uptake of HIV pre-exposure prophylaxis among sexual minorities in China.<sup>31</sup> Crowdsourcing open calls from Malaysia,<sup>32</sup> the Philippines,<sup>33</sup> Nigeria,<sup>34</sup> Ghana<sup>35</sup> and the Americas<sup>28</sup> identified social innovations using SIHI regional networks. Crowdsourcing has a group of people solve all or part of a problem, then implements or shares solutions with the public.<sup>36</sup> Another research study used a private sector delivery system to increase coverage of oral rehydration salts and zinc for children with diarrhoea in rural Zambia.<sup>37</sup> Finally, a research study applied a user-centred design process to iteratively cocreate a large mobile health communication programme in partnership with the British Broadcasting Corporation.<sup>38</sup>

The special supplement also provides important insights about social innovation programmes implemented across diverse settings. A case study from Ghana highlights how community engagement can enhance the uptake of cervical cancer screening.<sup>39</sup> Another case study from Colombia shows how social innovation can be used to enhance the prevention of cutaneous leishmaniasis.<sup>40</sup> The SIHI team in the Philippines describes how they were able to institutionalise their social innovation programme through a national level Gelia Castillo Award funded by the government.<sup>41</sup> In addition, the SIHI team in China (Social Entrepreneurship to Spur Health, SESH) organised a systematic review of barriers and facilitators of crowdfunding for research in LMICs.<sup>42</sup> This complements an SIHI/SESH/TDR practical guide on crowdfunding for research.<sup>43</sup>

Social innovation for health holds many other unanswered questions that deserve consideration. Why is now the time to embrace social innovation approaches? What are the boundaries of this emerging field and opportunities for interdisciplinary research? In which contexts might social innovation be inappropriate? What ethical considerations need to be considered in relation to social innovation for health and related research? How can social innovation methods increase health equity and concurrently help to decolonise health research and services? How can we enhance person-centred approaches to facilitate social innovation? How should monitoring and evaluation of social innovation differ from conventional methods? How can communities and governments cocreate social innovations? What is necessary to implement and scale up social innovations? This is only a partial list of the questions, of which some are practical questions that lend themselves to academic analyses. Others, however, are strategic questions that may be important for developing policies, programmes and sustainable interventions in a broad range of settings.

Research is essential to apply the practice and principles of social innovation in health. This special supplement underlines the progress towards making social innovation in health research more rigorous, community-engaged and effective and is intended to spur new thinking and new connections. Likewise, the person-centred approaches in this academic field align well with established priorities like the Sustainable Development Goals (SDGs). For example, these approaches have recently led to social innovations in health to reduce inequalities (SDG 10) related to accessing health services.<sup>44</sup> In an effort to reach these ambitious SDGs and others like them, more research is needed to document the approaches to develop social innovations in health and to assess the relevant health outcomes experienced by beneficiaries as well as other intended impacts. Said differently, the research priorities for this new field centre around documentation for increased transparency, collaboration, and replicability,

as well as assessment to answer important questions including many of the ones listed above. The development of this academic field also has important implications for those who shape policies at local, national and international levels. It is imperative that our policies be created through community-engaged, person-centred approaches as we continue to navigate the COVID-19 pandemic and collectively build towards a healthier and more equitable future. Health policies can and should also be social innovations in health.

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