



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

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.¹¹ In 1978, the Declaration of Alma-Ata underlined the importance of community participation, urging health systems to embrace creative solutions and respect local engagement.¹² 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),¹³ 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.^{14–16} 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.¹⁷

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.¹⁸ 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.¹⁹ 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.²⁰ Research on social innovation in health can be guided by other established theories and conceptual approaches, including community-based participatory research,²¹ participatory action research,²² human-centred design²³ 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.²⁴ These conceptual approaches also align with a growing recognition of the urgency to decolonise health research and better understand social determinants of health.²⁵ 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.²⁶ In addition, the same team examined how to measure community engagement in social innovation as part of a broader WHO project.²⁷ 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.^{28 29}

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.³⁰ 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.³¹ Crowdsourcing open calls from Malaysia,³² the Philippines,³³ Nigeria,³⁴ Ghana³⁵ and the Americas²⁸ 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.³⁶ 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.³⁷ 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.³⁸

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.³⁹ Another case study from Colombia shows how social innovation can be used to enhance the prevention of cutaneous leishmaniasis.⁴⁰ 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.⁴¹ 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.⁴² This complements an SIHI/SESH/TDR practical guide on crowdfunding for research.⁴³

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.⁴⁴ 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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REFERENCES

- Halpaap BM, Tucker JD, Mathanga D, *et al.* Social innovation in global health: sparking location action. *Lancet Glob Health* 2020;8:e633–4.
- Salvador-Carulla L, Cloninger CR, Thornicroft A, *et al.* Background, structure and priorities of the 2013 Geneva Declaration on Person-centered health research. *Int J Pers Cent Med* 2013;3:109–13.
- Tang W, Han L, Best J. Crowdsourcing HIV testing: a pragmatic, non-inferiority randomized controlled trial in China. *Clin Infect Dis* 2016;62:1436–42.
- Tang W, Wei C, Cao B, *et al.* Crowdsourcing to expand HIV testing among men who have sex with men in China: a closed cohort stepped wedge cluster randomized controlled trial. *PLoS Med* 2018;15:e1002645.
- Wang C, Han L, Stein G, *et al.* Crowdsourcing in health and medical research: a systematic review. *Infect Dis Poverty* 2020;9:8.
- Pan SW, Stein G, Bayus B, *et al.* Systematic review of innovation design contests for health: spurring innovation and mass engagement. *BMJ Innov* 2017;3:227–37.
- Reeder JC, Kieny M-P, Peeling R, *et al.* What if communities held the solutions for universal health coverage? *Infect Dis Poverty* 2019;8:74.
- Halpaap B, Reeder JC. Social innovation: engaging communities in improving their own health. *Ethiopian Medical Journal* 2019;57:79–81.
- Kpokiri EE, Chen E, Li J, *et al.* Social innovation for health research: development of the SIFHR checklist. *PLoS Med* 2021;18:e1003788.
- WHO. *Ethics in epidemics, emergencies and disasters: research, surveillance and patient care: training manual: who*, 2015.
- Amazigo U, Okeibunor J, Matovu V, *et al.* Performance of predictors: evaluating sustainability in community-directed treatment projects of the African programme for onchocerciasis control. *Soc Sci Med* 2007;64:2070–82.
- WHO. *Declaration of Alma-Ata*, 2020.
- SIHI. Social innovation in health Initiative, 2020. Available: <https://socialinnovationinhealth.org/>
- Ballard M, Tran J, Hersch F, *et al.* Supporting better evidence generation and use within social innovation in health in low- and middle-income countries: a qualitative study. *PLoS One* 2017;12:e0170367.
- Dako-Gyeke P, Amazigo UV, Halpaap B, *et al.* Social innovation for health: engaging communities to address infectious diseases. *Infect Dis Poverty* 2020;9:98.
- Halpaap B, Peeling RW, Bonnici F. The role of multilateral organizations and governments in advancing social innovation in health care delivery. *Infect Dis Poverty* 2019;8:81.
- Reinders S, Alva A, Huicho L, *et al.* Indigenous communities' responses to the COVID-19 pandemic and consequences for maternal and neonatal health in remote Peruvian Amazon: a

- qualitative study based on routine programme supervision. *BMJ Open* 2020;10:e044197.
- 18 Farmer J, Carlisle K, Dickson-Swift V, *et al.* Applying social innovation theory to examine how community co-designed health services develop: using a case study approach and mixed methods. *BMC Health Serv Res* 2018;18:68.
 - 19 Nicholls A. *New frontiers in social innovation research*. Houndmills, Basingstoke Hampshire; New York, NY: Palgrave Macmillan, 2015.
 - 20 Srinivas ML, Yang EJ, Shrestha P, *et al.* Social innovation in diagnostics: three case studies. *Infect Dis Poverty* 2020;9:20.
 - 21 Minkler M, Wallerstein N. *Community based participatory research for health*. San Francisco, CA: Jossey-Bass, 2003.
 - 22 Kindon SL, Pain R, Kesby M. *Participatory action research approaches and methods : connecting people, participation and place*. London ; New York: Routledge, 2007.
 - 23 Shrier LA, Burke PJ, Jonestask C, *et al.* Applying systems thinking and human-centered design to development of intervention implementation strategies: an example from adolescent health research. *J Public Health Res* 2020;9:jphr.2020.1746.
 - 24 UNAIDS. *Prevailing against pandemics: putting people at the center*. Geneva, Switzerland: UNAIDS, 2020.
 - 25 Gautier L, Karambé Y, Dossou J-P, *et al.* Rethinking development interventions through the lens of decoloniality in sub-Saharan Africa: the case of global health. *Glob Public Health* 2022;17:1–14.
 - 26 Mier-Alpaño JD, Cruz JRB, Fajardo MS, *et al.* Facilitating learning exchange and building a community of practice to accelerate social innovation in health. *BMJ Innov* 2022;8:155–60.
 - 27 Bayugo YV, Labarda M, Cruz JRB, *et al.* Description of global innovative methods in developing the who community engagement package. *BMJ Open* 2022;12:e063144.
 - 28 van Niekerk L, Echavarría MI, Alger J, *et al.* Building the social innovation for health ecosystem in Latin America: experiences and learning from SIHI-LAC. *BMJ Innov* 2022;8:224–33.
 - 29 Duque-Paz LF, Castro-Arroyave D. Identification of social innovation in health criteria in Latin America. *BMJ Open* 2022.
 - 30 Moscibrodzki P, Ahumuza E, Li J. Social innovation in health, community engagement, financing and outcomes: qualitative analysis from the social innovation in health Initiative. *BMJ Innov* 2022;8:216–23.
 - 31 Li C, Xiong Y, Muessig KE, *et al.* Community-engaged mHealth intervention to increase uptake of HIV pre-exposure prophylaxis (PreP) among gay, bisexual and other men who have sex with men in China: study protocol for a pilot randomised controlled trial. *BMJ Open* 2022;12:e055899.
 - 32 Tan RKJ, Mpofu R, Kay P, *et al.* Audio innovation and songs to Spur change in global health: evidence from a national Crowdsourcing open call for youth social innovation in Malaysia. *BMJ Innov* 2022;8:199–206.
 - 33 Ulitin A, Mier-Alpaño JD, Labarda M. Youth social innovation during the COVID-19 pandemic in the Philippines: a quantitative and qualitative descriptive analyses from a crowdsourcing open call and online hackathon. *BMJ Innov* 2022;8:161–8.
 - 34 Ekwunife OI, Onubogu CU, Aribodor OB. Approaching healthcare delivery through a new lens: a crowdsourcing challenge to identify health-related social innovations to increase universal health coverage in Nigeria. *BMJ Innov* 2022;8:207–15.
 - 35 Dako-Gyeke P, Asampong E, Opoku-Mensah K, *et al.* Social innovations to increase health coverage: evidence from a crowdsourcing contest in Ghana. *BMJ Open* 2022;12:e063119.
 - 36 Tucker JD, Day S, Tang W, *et al.* Crowdsourcing in medical research: concepts and applications. *PeerJ* 2019;7:e6762.
 - 37 Ramchandani R, Berry S, Berry J. Emulating value-chains of fast-moving consumer goods to improve uptake of co-packaged ORS and zinc for childhood diarrhoea: evaluation of the ColaLife trial. *BMJ Innov* 2022;8:169–82.
 - 38 Chamberlain S, Dutt P, Mitra R, *et al.* Lessons learnt from applying a human-centred design process to develop one of the largest mobile health communication programmes in the world. *BMJ Innov* 2022;8:240–6.
 - 39 Glozah F, Asampong E, Tabong PT-N, *et al.* Creating interventions to transition long-lasting insecticide net distribution in Ghana. *BMJ Open* 2022;12:e063121.
 - 40 Agudelo Paipilla K, Castro-Arroyave DM, Guzmán Grajales L, *et al.* Social appropriation of knowledge and its contributions to the prevention of cutaneous leishmaniasis in rural contexts. *BMJ Innov* 2022;8:234–9.
 - 41 Cruz JRB, Mier-Alpaño JD, Mier AR. Institutionalisation of social innovation in health research: the Philippine Gelia Castillo Award. *BMJ Innov* 2022;8:149–54.
 - 42 Kpokiri E. Crowdfunding for health research: a global systematic review, qualitative evidence synthesis and TDR pilot for low- and middle-income country researchers. *BMJ Global Health* 2022.
 - 43 WHO/TDR/SESH/SIHI. *Public engagement and crowdfunding in health research: a practical guide*. Geneva, Switzerland: WHO, 2021.
 - 44 Nijagal MA, Patel D, Lyles C, *et al.* Using human centered design to identify opportunities for reducing inequities in perinatal care. *BMC Health Serv Res* 2021;21:714.