SOCIAL INNOVATION AND ENTREPRENEURSHIP IN HEALTH DELIVERY

There is something very attractive about the field of social entrepreneurship. In many ways social entrepreneurship is a young field but has successfully attracted the attention of multiple sectors. Perhaps, it has to do with the fact that there is something inherently inspiring, appealing or admirable about what these ‘entrepreneurs’ do and the incredible stories they share about the whys and hows of what they do. We are attracted, entertained and most certainly inspired by their unique ideas and their drive to influence social change, often times against the odds. I think this transformational drive or inherent imperative to impact lives which lies at the heart of social entrepreneurship is exactly what inspires us.

Attending the “Social Innovation and Entrepreneurship in Health Delivery” session at the World Health Summit Regional Meeting Asia, left me with feelings of admiration, inspiration and connectedness that I suspect most people in the room may have felt during this session. The first speaker was Antonio Meloto (Tony), the founder of Gawad Kalinga (GK), a well known Filipino poverty alleviation and nation-building development foundation. GK is a home-grown initiative born in many ways from Tony’s own childhood experience near poverty. Mr Meloto succeeded in very quickly connecting the audience to his vision. GK’s work is largely focused on building healthier communities. Mr Meloto shared how urban slums were growing fast in the Philippines, fueled by unregulated urban-to-rural migration which was resulting in a slew of public health and development challenges, exacerbating the battle to alleviate poverty in his country. Over the past two decades, the organization has grown from one small community house to a movement of over seven diversified programs, building along the way an incredible following across the whole country. His talk highlighted the important roles played by rural-urban migration in disease transmission and gender-based violence in poverty as well as highlighted the need for a multi-stakeholder approach to effectively alleviate poverty.

The next speaker was Mr. Jack Sim, founder of the World Toilet Organization. Otherwise known as Mr Toilet, Mr Sim shared how his quest to “live a useful life” gave birth to the WTO. A successful businessman he exited the corporate world at the age of 40 and decided to devote the rest of his life to development. He quickly wooed the audience by his story and life-long commitment to ‘shit’. Mr Sim’s infectious sense of humor is what makes his marketing strategy so unique. By successfully using his humor he has managed to connect and share his commitment to improve sanitation with diverse audiences from Russia to Africa. For instance, Mr Sim markets his campaigns by often showcasing himself sitting on the ‘pot’, wrapped in toilet paper or even flashing a stellar smile through the hole of a toilet seat! Through a number of extremely amusing videos and photos, he effortlessly
conveyed his three main take home messages: 1) Create a movement, not a project, 2) Make something new out of something old and 3) Leverage: everything is possible, if you can get others to do it.

Rounding up the panel was Mr Amit Jain, President & CEO of Healthpoint Services India who spoke with a quiet charisma and warm tone. Healthpoint Services India’s E-Health Point (EHP) model has charged ahead of the game and changed it by building partnerships for ICT-based last-mile healthcare, catering to the primary health care and clean drinking water needs of rural populations in India. In response to rural communities’ understaffed clinics, lack of diagnostics and quality drugs, access limitations, and quality of care and service challenges, the EHP model was introduced. The model is thoughtful, efficient, and effective – it offers rural dwellers a convenient stop where they can access telemedical consultations, basic diagnostics, pharmacy services, and clean drinking water at affordable prices.

The model is both inspiring and clever, as it considers population health and wellness in tandem with one another, and as such addresses both challenges simultaneously. This understanding of health and healthiness as a holistic and dynamic state of being has also given rise to EHP’s many-pronged collaboration strategy: it has obtained the buy-in and support of government, international aid organisations, development agencies, communities at ground-level, private sector healthcare providers, pharmaceutical companies, diagnostic companies, and research institutions. One of EHP’s great strengths in that regard is realising that in order to make a difference in population health as a social enterprise, it is impossible to act alone – and it is important to forge partnerships in order to preserve the model’s sustainability and success in the long term.

How has he done it? “Good ideas naturally attract support,” insisted Mr Jain of the success of EHP. “Do not start from a point of limitation; start instead from a point of resolution and determination. Then funding will come because you are focused on the problem and how to solve it. If you start with an idea, social impact investors who believe in this will throw their support behind it.”

Mr Jain is not one to rest on his proverbial laurels; he has plans to scale the EHP model up to go beyond primary care and to begin to address chronic conditions such as diabetes and anemia, and to play a role in nutrition and supplementation in the communities it serves. The EHP model’s success is also arguably underpinned by its founder’s humility and dedication to service. When asked about the EHP model’s numerous accolades and awards, he simply said that greater international recognition meant his company’s increased accountability to the communities benefitting from the model and greater responsibility to keep the model going for many years into the future.
When the session came to a close I couldn’t help but think about where social entrepreneurs fit in today’s dynamic development landscape. Not long ago it was a given that the richer, industrialized countries gave to the poorer, less industrialized nations. Of course the picture is no longer as straightforward anymore and many would argue that it never was. Financial uncertainties stemming in part from the financial crisis, has put pressure on public agencies and politicians to justify aid budgets and change development aid strategies all together. The development landscape has changed considerably and today we see an increasing number of foundations, channeling private philanthropy monies. Pure charitable giving has transformed into strategic philanthropy or forms of social entrepreneurship that seek to maximize social and environmental returns on philanthropic investments. As the need for development aid grows, there is a clear demand for strategic social entrepreneurship to meet this gap. While politicians and governments debate budgets and politics and restructure and redefine their organizations, poverty deepens and health development challenges continue to intensify on the ground. In such a climate, social entrepreneurs have a great opportunity to create massive impact through (less contested) personal funds. Oftentimes these individuals are also equipped with the much needed knowledge of local context and customs.

Unfortunately, the flip side of all this is that as more and more smaller organizations step up to fill in the gaps on the ground; an already diverse development landscape is becoming increasingly fragmented. As we know that large scale change requires broad cross sector collaboration, how can we bring together social entrepreneurs to ensure that we are maximizing collective impact? What are the conditions for collective success? As we look ahead, we need to continue to understand how to build synergy among the many ongoing efforts in development, to minimize waste and collaborate for the biggest impact.

Contributed by:

**Joan Thomas**, Research Associate at the Saw Swee Hock School of Public Health, National University of Singapore

and

**Ong Suan Ee**, Masters of Public Health student and Research Officer at the Saw Swee Hock School of Public Health, National University of Singapore.