

Integrating social entrepreneurs into the “health for all” formula

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This month’s theme “Knowledge translation in global health” offers an opportunity to highlight the overlooked but dramatic impact of social entrepreneurs in the health sector and to detail ways in which their knowledge, innovations and enterprise can add strength and utility to systems ripe for change.

The global health sector and its corporate, academic, governmental and philanthropic partners are fully engaged in efforts to improve basic and applied research, deliver networks and resources for more timely and better care, and design more effective mechanisms to bridge the gaps between knowledge and practice.

This is an ambitious agenda of growing urgency, with daunting challenges. Kwok-Cho Tang et al. provided the context,¹ noting that since the 1986 Ottawa Charter for Health Promotion new patterns of consumption and communication, urbanization, environmental changes and public health emergencies — along with accelerating social and demographic changes to work, learning, family and community life — have become critical factors influencing health.

Over the same period, Ashoka: Innovators for the Public began a global search for individuals with ideas for changing systems to make them capable of bringing about vastly improved outcomes in education, human rights, environment, economic development, civic engagement and health.² Ashoka recognized these people as “social entrepreneurs” and led a change in the ways that foundations and other investors analyse opportunity and measure impact, that business schools prepare students for careers in the fast-growing citizen sector, and that corporate and community leaders create opportunities for meeting their goals.³

Drawing on Ashoka’s 25 years of experience with 1700 social innovators in 70 countries, including some 400 in the health sector, its Changemakers

Initiative designed a global sourcing methodology — a mapping tool called a “mosaic” — that provides a scan of a particular field: a snapshot of its action principles likely to ensure success, its principal barriers to change, and a selection of mini-profiles of innovative practitioners.⁴ The mosaic for health was the conceptual centrepiece of an online collaborative competition at Changemakers.⁵ An open engagement with contestants brought together investors, policy experts, academics and citizen activists in a global process.

“Cross-pollination” between sectors is desirable if sustained progress towards health for all is to be a reality, and cross-sectoral success stems from the ownership that develops when various stakeholders participate in developing action and policy.⁶ Changemakers follows this model of collaboration and ownership by engaging health competition finalists and other key participants in policy and investment deliberations.

The competition attracted 139 entries from 40 countries — a mix of organization size, growth stage, profit motivation and complexity. Ideas and products were arrayed uniformly in an online forum for peer review. The most striking common factor in the competition entries is the presence of a strong individual with a new idea — what Claire Bahamon et al. deem all-important to changing service delivery practices in health: “a dedicated internal change agent ... taking responsibility for change”.⁷ The change agent in question is social entrepreneur Fazle Abed,⁸ founder of BRAC (formerly Bangladesh Rural Advancement Committee), the world’s largest citizen sector organization, whose contributions to improving health for underserved populations is legendary.

Challenging the health sector in their inventive, opportunistic way, social entrepreneurs are particularly good at identifying and engaging the entire cast of characters necessary to effect

change on a scale that develops its own momentum and staying power. According to David Bornstein, “What business entrepreneurs are to the economy, social entrepreneurs are to social change. They are the driven, creative individuals who question the status quo, exploit new opportunities, refuse to give up — and remake the world for the better.”⁹

The archetypal social entrepreneur in health was Florence Nightingale: she changed hospital practices completely and established the framework and practices of professional nursing through her uncommon determination and meticulous attention to detail, even in the face of fierce opposition from experts and authorities.⁹ Such drive is typical of social entrepreneurs around the world¹⁰ working in myriad fields within or alongside the health sector, such as ageing, disability, HIV/AIDS, reproductive rights, and mental health, technology, post-trauma care, rehabilitation and prevention.

Elsewhere in the *Bulletin*, Molyneux et al.¹¹ and Haines et al.¹² have expressed the need for simple, low-cost solutions to improve health care and to heal the fragmentation between policy-makers and ground-level solutions. This fragmentation has been a long-standing barrier to the implementation of new solutions and suggests there is the potential for social entrepreneurial strategies to bridge the gap between action and policy. The limited time, money, programmes and personnel available to cope with health concerns further point towards — and recommend — the opportunity to bridge the “know-do gap” with the innovative solutions that social entrepreneurs are pioneering and via online platforms such as Changemakers.net. ■

References

Web version only, available at: <http://www.who.int/bulletin>

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