SENAP F2F Health, Nairobi April 9th to 11th 2019

Reporting part 1: Innovations for health

The overall goal of the F2F was to enhance effectiveness, coherence and relevance of health programmes within SENAP countries and regions of concentration by fostering exchanges and collaboration between COOFs, but also between COOFs and HQ.

Specific objectives:

- **Share experiences and deepen understanding on challenges and successes related to innovations for health.**
- **Deepen knowledge of various possible types of modalities and approaches for innovation.**
- **Develop a shared understanding on what "innovation for health" means for the SONAP region.**

Introduction
Gerhard Siegfried, Head of SENAP Division HQ

In the current landscape, health as a theme within the SDC thematic portfolio, needs a boost. It is not given that any SDC-sector will be maintained as in the past years. This Face to Face shall contribute to boost the theme and to maintain "innovation" high on the agenda of the SENAP division. Combining innovation and health has brought in the past, in the presence and will bring in the future spectacular health results. Without throwing away what has been achieved so far, we must work hard and do better than others using our knowledge, experience, networks and communication skills. Being a relevant, honest and reliable partner, SDC must get out of its comfort zone to find new partners and new modalities of working. This includes taking risks and accepting failures.

The biggest challenge is to balance the Swiss and global politics in a smart and clever way. The Swiss internal political landscape remains an important reality as our Parliament is responsible for SDC's priorities and budgets, but sometimes, the global agenda is moving in other directions. We have to accept this and must be smart in handling it.

Generally speaking, what we are talking about in this F2F is about quality in the health sector, access but also about quantity, relevance, and massive and (not tiny) improvements of the health outcomes for disadvantaged populations in Sub-Saharan Africa. Activities at the micro level will increasingly be left to the NGO partners. Our ambition, as an official governmental agent, should go beyond that: quantity and systemic changes must be at the center.

Discussion on the future of health in Africa and the role of innovation
Dr. Githinji Gitahi, Group CEO AMREF Health Africa

Dr. Githinji was born in Kenya and many of the challenges and successes of Africa are reflected in his own life. The Africa continent is unique and so is the African Health Agenda. The agenda falls under the umbrella of the global health agenda, but it is unique and different. There are differences by countries and communities within those borders. *Anecdote: Roaming doesn't start when you go to Europe or the US, it starts when you leave Kenya and go to Uganda. Same for Visa.*

<u>Sub-Sahara Africa context</u>:

Demographic shift with small economy (GDP) > Africa accounts for only 3% of the global GDP output

- population is growing
- economy is growing but not adequately
- huge dependency ratio (around 50% of Africa's population is under 15 years)

By 2050 Africa will have a bigger youth labor force than China and India combined.

<u>Very unique challenges in Africa:</u>

- highest under five mortality
- transition from primary to secondary education is low > many girls get pregnant > lack of access to SRH services
- Very young population are more likely to be unstable.
- Fertility rate is above global average of 4.8 children per woman.
- In African countries, people achieve only 50% of their full potential when they reach 18 years old. It is estimated that it will take more than 110 years for an African newborn to have the same change of survival as a newborn child born in a high income country.
- UHC agenda is not about equality, it's about equity, rethinking the health system and making the last first. Is it achievable by 2030? In September a high level meeting on UHC will take place in New York > mobilize political commitment to achieve this equity driven and people centered UHC.
  1. political leadership beyond health and rights > promote peace, stability, gender, youth
  2. equity means that those who have less deserve more also with regards to law, therefore the government must take responsibilities and do regulations
  3. quality of care is not necessarily about excellence, it's about adequacy. For that to happen you need more financing, domestic resource mobilization, local money and better financing coordination of donors > private and public sector, academia, youth, civil society in a coherent way
- Africa is unique for its fragmentation, but the global health agenda asks for homogeneous response. How do you see African countries imposing their agenda making themselves heard? There is potential for harmonization like for the social protection scheme, medical product regulation harmonization, free trade zone, African passport…

Role of innovation

Hospitals, health centers and clinics are currently the setup for our health systems. They will not deliver UHC. We must think about how we adapt this set up to a more people friendly health system that provides health closer to where people live and work. It must be centered on prevention and promotion. Institutionalize CSO and community health workers. We have to adapt our mindset, innovation is the rapid expansion of new African bred approaches to people centered health systems. Innovation is already happening in our communities. The question is: how do we find it and help the community to scale it?

See concrete examples of innovations in the Annex 1.1

Update from HQ on innovation
Carmen Thönnissen, SENAP Focal Point Innovation at HQ

What is innovation?

- Smart utilization of past inventions (new purpose, context, etc.)
- a dynamic process (to innovate) with focus on creation and implementation of new or improved products and services, processes, positions and paradigms
- Successful innovations are those that result in improvements in efficiency, effectiveness, quality or social impacts
- Disruptive innovations have the potential to destroy the competitive advantage of established players => Larger scale – higher speed – lower cost
- Disruption is not predictable => try new things

Innovation requires a shared vision and a common goal, involves a diversity of players, is non-hierarchical, participatory, sustainable, and favors entrepreneurship > anybody can have a good idea. How to move into the unknown? Check value chain upstream and downstream: challenges and opportunities, present and future => ability to move fast and take risks (flexibility!) How do you identify a new product? You have to be curious, have skills and take risk. There is a tendency to outsource innovation for example by buying start-ups > once you bought it, they function differently.

How to be innovative? Put yourself in the mind of a disruptor:

- Innovation and disruption requires a genuine interest of customer's life: what is it like? What are the pinpoints/bottlenecks that no one is addressing? And is there a business idea for me there?
- Tool: business model canvas. Map everything and then study closely because disruptive innovation can happen in each of the cells, but you cannot predict disruption.

Innovation in development cooperation:
The objective is to meet beneficiaries' needs/ interests faster, better, and at lower cost. Why innovation in development? Development funds are limited, complexity of challenges is increasing, intervals become shorter => identify, recognize and promote innovation, where appropriate.

SDC innovation – how to go about it?
- Innovation is not a technology, but rather a way of working > to innovate (verb!) Focus on creation -> more about social aspects too. Successful innovations lead to improved social impacts
- It is a social phenomenon that requires leadership, as winning teams drive innovation > establish supportive culture within SDC teams.
- Stay close to real understanding of beneficiaries' life: analyze what goes into the unknown?

Innovation in health
- 'entrepreneurship mind-set'
- Change is messy – allow thinking 'without' box
- No need to change everything, but allow staff time for creativity, give incentives and budget for innovation
- Map innovative partners and call for innovation e.g. Global Humanitarian Lab.
- Start by innovations that address the needs of beneficiaries at the bottom of the pyramid

Discussion:
- Face institutional realities > we have to be innovative vs. institutional structures! The way of thinking / key elements: clever and smart > how to integrate in the existing systems > take into account the administrative system. Dynamic entities > depends on managers and collaborators. CP must be well argued to change organizational set-up.
- The dynamism of an organization resides within its staff. We have far more innovators among us than we think > getting more of your thinking > co-creation that means entrepreneurship like.
- Innovation is also something that we have to learn and we have to create our ecosystem and space for that. If you have something good in your hand, make sure that you exploit it and that you don't through it away before you tap into its potential.
- Need to collaborate more between domains. Proposition: Adding a section to the annual report that is "synergies between domains" as opposed to just reporting by domain.

See PowerPoint presentation in Annex 1.2

Exchange and discussion on COOFS' experiences in innovative approaches for health NPOs from the SENAP division

Through a "market place" format, 6 innovative approaches/programmes/pilots from all the SENAP COOFs were presented and discussed in small groups. The objective was to share experiences and to challenge the innovation in it.

1. "Post traumatic mental health program in Burundi": COOF Bujumbura, Seleus Sibomana

- Program developed based not on health indicators as usually done like child or maternal mortality, or health facility utilization rate but program built as a response to the context of violence, exclusion, poverty and stigma and untreated past
- Seeks to address the cyclical violent crises by working with and involving the police +/- the army staff as national sovereignty bodies. They are indeed in charge of securing the citizens but are unable to do so because of their own mental state. The projects aims at breaking the vicious circle and averting more violence to occur especially in view of upcoming elections in 2020.

- Working on the legal framework is not innovative as such, but this portrays the role the Swiss government is playing as regard to its counterpart government of Burundi, responding to the need of leaving no one behind, even the mentally challenged.
- They are components of peace building and human rights promotion through a health project.

2. «Integrated approach to combat stunting in Great Lakes region": COOF Bukavu, Eustache Ndokabilya

- Multi-sectoral approach to tackle nutrition: through agriculture, food security, water, hygiene and sanitation, health and gender.
- Multi-stakeholder approach through a One UN approach: 3 UN agencies working together in a complementary way (UNICEF, FAO and WFP)
- Swiss aligned engagement in global, national and local coordination instances and platforms.
- Work in nexus between humanitarian aid and South Cooperation
- Great interest of other donors to duplicate the SDC experience (e.g.: World Bank, Sweden, UKAID, USAID, etc.)
- Political will and multi-sectoral coordination with local authorities
- Valuing community dynamics to enhance the resilience and sustainability of the project.

3. «Engaging with the private sector for health in Somalia": COOF Nairobi, Wangechi Muriithi

Since 2017, SDC is testing and applying the Market Systems Development (MSD) approach in Somalia, in order to identify and shape entry points for viable partnerships with business actors in healthcare. To move towards the achievement of Universal Health Coverage (UHC) by 2030, SDC realized that there is need to work with both the public sector and private (for profit) sector in Somalia as they are two systems offer health services. While the public service is heavily supported by donors, the private business actors remain an untapped resource by donors. Engagement with the private sector in Somalia is done in 2 ways: 1) Provision of medicines/commodities to private facilities which are then distributed for free, or 2) Contracting a private firm (usually from the same donor country) to manage implementing partners (NGOs) who offer health service.

In this context, SDC piloted from January 2017 to March 2018 the provision of technical support to for profit private health practitioners (pharmacies, clinics, small hospitals) in Mogadishu, leading to the creation of a franchised network called *Caafinet*. This was the first documented attempt to organize the health business sector in Somalia and to include it in the efforts towards Universal Health Coverage. With its 197 members serving an estimated 800'000 paying consumers per year, *Caafinet* has rapidly become an entry point to the government to discuss regulation in the health sector. By offering them technical service to improve their business, it has led the members to improve the quality of services offered (currently through members code of conduct) as well as members organising themselves to provide free health surgeries for the poor population. Currently, SDC is in the process of trying to see how best this model can be replicated within Somalia.

4. HEAL (One Health Units for Humans, Environment, Animals and Livelihoods) project: COOF Addis Ababa, Mahadere Getachew

It is a new project that started in March 2019 and expected to finish in 2032, which will be implemented by a consortium of 3 organizations, i.e. VSF-Suisse (lead & responsible for the animal health activities), CCM (Comitato Collaborazion Medica, responsible for human health activities) and ILRI (International Livestock Research Institute, responsible for natural resources management & research). Project is to be implemented in 3 countries – Ethiopia, Somalia and Kenya covering the Somali Region encompassed in the 3 countries

Main objective of the project is to improve the well-being and livelihoods of the pastoralists through providing health services as per the needs and context of their way of life. It also involves establishing the coordination of the health, animal and environmental health sectors.

The project is expected to be highly engaged in policy dialogue at local, national and regional levels – lobbying for better coordination between the above mentioned sectors. To illustrate how the coordination between the sectors can be implemented 'One Health Units' will be established along the migratory routes of the pastoralists. The one health units will be providing health services to both

humans and animals/livestock as one stop shops – facilitating easy and affordable access to health services.

5. E-health premised on local episteme (knowledge, science and understanding): COOF Harare, Lawrence Lewis

According to the WHO e-health is "The cost-effective and secure use of ICT in support of health and health-related fields, including health care services, health surveillance, health literature and health education, knowledge and research." Evidence in Africa is still scant as to how e-health improves well-being. There's growing precariousness of the health care systems within institutions warranting an exploration of what's feasible in the local context. E-health is firmly established in the 4th industrial revolution where the internet of services and the internet of things are expected to fuel industrialization, economic growth as well as human capacity development. The need for epistemic diversity providing cognitive justice of African experience is therefore apparent. The WHO in their 2016 report on The Global Diffusion of E-health underlines that Universal Health Coverage (UHC) cannot be achieved without the support of e-health.

Availability of channels of communication and information, growth of connectivity, devices and platforms. Pervasiveness of ICT impacts all aspects of life including healthcare, prevention of diseases, through new opportunities for information exchange between health clients and health providers. E-health as a field that's not subservient to current forms of health care but integral part of such care.
However E-health offers scalability and ability to additional forms of health care. E-health directly improves spatiality (reach) of local practices in health. E-health is disrupting the outreach of the local health institute.

Development of inclusive e-health through monthly hackathons (events lasting several days, in which large numbers of people meet to engage in collaborative computer programming) and daily e-health lab activities. ICT professionals, health experts and end-users (programmers, software developers, and health object matter experts) interact in intensive design events through voluntary collaboration on projects. These events are trans-disciplinary in nature inclusive of community members as end users. The perspectives in e-health includes an anthropological perspective, computer science, medical science, data science, political science, economic and practitioners' perspectives.

Key outcomes of the discussion: The consensus that e-health is broader than just electronic patient data management system but delivery of health care in its totality with the aid of ICTs. There was a discussion of the importance of SDC engaging beyond financial programme contribution to the local partner by getting involved at local level.

6. INNOVATION ECOSYSTEM IN TANZANIA AND THE ROLE OF SDC IN EXPANDING IT, COOF Dar es Salaam, Dolorosa Duncan

Tanzania is among the most diverse innovation ecosystems in Africa. The country comprise of spaces cutting across sectors, locations, and communities they serve, from Data Labs, Arts Spaces, Living Lab, Community Spaces, Makerspaces, Creative Spaces, Incubators, Accelerators, and Technology Hubs are distributed across the country in major cities like Dar es Salaam and Mbeya and secondary cities like Tanga and Iringa. The innovation ecosystem in Tanzania is gender sensitive; it has progressed to have a specific focus on female entrepreneurs and innovators with programs targeting young and adult women on innovation, tech and entrepreneurship. We currently have various players specifically supporting women to develop their skill, build confidence and explore opportunities such as Ndoto Hub, SheCodesForChange, Niwezeshe Lab, SafeSpace etc. These players endure to motivate more girls and young women in tech and leadership. The space for co-working is also growing with new co-creation spaces, co-offices and even co-living spaces are emerging.
SDC would like to witness this expansion to the remote semi-rural area of Ifakara by supporting the establishment of the Ifakara innovation hub.
Why Ifakara? Over a 50-year period through the sharing of Swiss expertise and skills, the Ifakara Cluster was developed. This century long Swiss presence has allowed to build a large number of technological, social and systems innovations as well as senior leadership and opinion makers in Tanzania,

Switzerland and elsewhere. The cluster is comprised of Ifakara Health Institute, Tanzania Training Centre for International Health, St Francis Referral Hospital, St. Francis University College of Health and Allied Sciences (SFUCHAS), Edgar Marantha School of Nursing (EMSM), Bethlehem school of mentally retarded children (BSMRC), and Nazareth Centre for Leprosy (NCL). Currently, all the cluster institutions have health-oriented missions along the continuum of innovation/research – knowledge transfer and training – validation – application in health care.
What is innovative in this project and why? Ifakara innovation hub is a co-working space that brings together innovators, scientists and young entrepreneurs together to better explore innovative discoveries and exploit original research findings. This will be the first innovation hub in a semi-rural environment building on the success of the innovation ecosystem already thriving in Tanzania major cities. It will be a creative innovation stimulating environment creating close links between Tanzania and Swiss scientist and start-ups, allow experts to examine and search for solutions in the local economy and serve as a platform to commercialize research products and market the findings. The hub is expected to contribute to improving livelihoods of the Kilombero Valley population.
How will Ifakara innovation hub reach its goals? (1) Develop clear business models and sustainability plan, (2) Create meaning meaningful partnerships to attract investments, as few investors are ready to support emerging start-ups, (3) Create great programs and activities, (4) Ensure high quality of mentoring and support.
The key outcomes of the Ifakara innovation hub is to thrive culture of entrepreneurship and innovation, producing solutions that contribute to the improvement of local community wellbeing and sustainable development. This will bring an impact through the mentoring of investable start-ups, skilled workforce, investment raised and creation of meaningful partnership.

(Missing presentations from: COOF Maputo, Helder Ntimane; COOF Dar es Salaam, Jacqueline Matoro; COOF Harare, Edson Mugore)

Key messages from the discussion:

- What is innovative for one country is not necessary for another => as long as it's the best solution for a specific context.
- Innovation is about being the best fit possible
- As long as we are more efficient and have a greater impact then we are innovative.
  Innovation has to be assessed on the basis of the results.
- We have to be more ambitious and rethink our modalities and challenges (in each programme, for each phase)
- Innovation is not predefined or pre planned => If you don't reach where you planned to go, it's not necessarily a failure.

Speech on the future for health in Africa
Alex Ezeh, former APHRC executive director

No optimistic vision to improve effectively health outcomes in Africa in the coming years, because of:

- **Very high population growth** (1950 - 7 % of the global population, 2018 - 1.05 Bio, by 2050 - 2.2 Bio, 2100 - 4.6 Bio.) but, in the next 30 years we will have to double all investments to maintain the current levels of inadequate health, education, etc. Little if nothing is done to tackle population growth.
- **Drivers of ill-health are lying outside the health sector**, such as air pollution / climate change / R&D of new vaccines. The majority of our populations are in the slums. Injuries are one of the leading causes of death. Child deaths are mainly caused by acute respiratory infections. Disconnection between health investments and its geographical location.
- **Continued lack of institutional local capacity building,** especially on knowledge, monitoring and accountability. Africa contributes only 1% of the global knowledge. Innovations / ideas that move Africa forward are sitting with Africans in Africa (people's centred approaches). Projects cannot

develop institutions. Finding ways to strengthen research and teaching institutions in Africa is the way to go.

- **Domestic resource mobilization.** African leaders are helpless when dealing with multinationals. Political will and changing the dynamics on how multinationals can better contribute to the African development are critical.

Recommendations

- Africa cannot move forward without having strong institutions
- Africa needs to define its own development agenda (but being realistic with what can be done)
- Drastic changes on population growth need to address (just increasing the age of the first pregnancy by 1 year would have a massive impact).
- Bring multinationals into the development agenda in Africa.
- Donors' alignment with country's agenda while partner countries must show strong vision and leadership.

Thematic lunch on Kenya's next generation of creators
Kamau Gachigi, CEO of Gearbox Nairobi

Dr. Kamau Gachigi is the founding executive director of Gearbox, Kenya's first open makerspace for rapid prototyping, based in Nairobi. Gearbox provides a unique window into Industry 4.0 capabilities to innovators in Kenya, and it offers incubation/acceleration services. Gachigi is also a member of the Global Council on the Future of Production under the World Economic Forum and of the consultative advisory group of the World Bank's Partnership for skills in the Applied Sciences, Engineering and Technology.

About Gearbox in Kenya:

- As a hub for hardware, Gearbox is an initiative that aims at improving the ecosystem **for hardware entrepreneurship** by providing flexible working space, shared prototyping facilities (fab lab), training in manufacturing, fabrication and design as well as mentorship, investment opportunities, incubation and community development.
- Among the 80-85% of workforce from informal sector, 20% work in metal and wood work. Gearbox support them to develop tools than can directly help them. In the 4th industrial revolution, most of the machine are electronically managed.
- **Examples of projects:** Solar water pumps which you pay for each single use with some electronic to track any cheating or stealing, 3D printer, light microscope (with a USB camera under the normal lens to take a picture in the field and sent it to an expert who knows how to read it somewhere else in the world)
- The business model used by Gearbox is like a gym. You can pay monthly or daily memberships, for accessing the Gearbox facilities twice a month, or once a month or every day etc…
- **Gearbox academy**: teach machine operating for 20 hours contact module, on topics like Internet of things (AI, virtual and augmented reality, block chains, robotics, digital…) and business classes.
    - It is disruptive: students pick up the course they want. You do not need to do a full 5 year master course! Too long. Short but useful because more customized and tailored courses.
    - You study human center design = design thinking. Very hands on course.
- **Collaboration with the government** on affordable housing (plan to build 500 000 units of houses): policy on local content (40% of products must be supplied locally) but still very much only on paper. Difficulty to fulfill this because carpenters and handicraft workers are not professionalized. Thus Gearbox helps them to have automated machines and to be formalized >> and so to pay taxes. However the government cannot contract all of them because too many. So Gearbox managed to aggregate them, which also helped to address the lack of economy of scale.

Q&A session:

- **How many jobs have you creating so far with Gearbox?**

Currently 25 companies are associated with us (but not necessarily sitting in our offices) each companies are hiring on average 3-5 people… So rather few but we are training ca. 750 people (demand driven) who we try to link to a job. We are also building "mini gearbox" in containers to spread in other places, so the number of job creation should increase.

- **Where is the biggest potential of such innovations for gaining efficiency in the health system?**

In the immediate prospective, hardware devices for health would include making machine for the medical sector (in particular maternal and newborn health) like baby incubator, baby heart rate device to take home. Academy is working more and more with the industry.

- **How do you handle IP concerns?**

Open source products are not protected by IP. In Kenya, the Nairobi University retains 60% of the returns for each innovation developed in the premise of the university or connected to the university. At Gearbox, we do not sign any non-disclosure agreements. People can come with their own IP. However as a platform, Gearbox inform/advice people.

- **Is Gearbox engaged at the global level?**

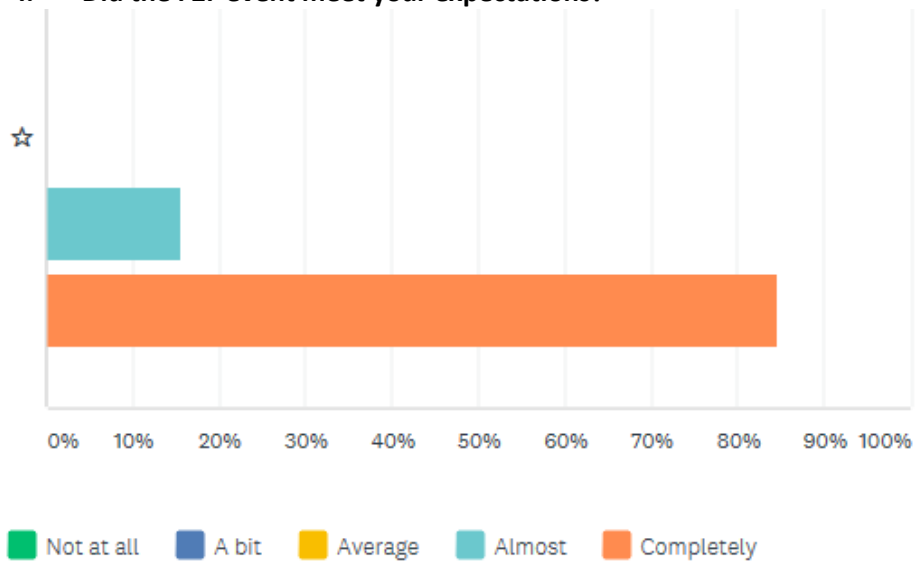
As a member of the Global Council on the Future of Production under the World Economic Forum, we meet 4-5 times a year. This particular group passes up resolutions to a council of stewards (involving Ministers of industrialization from various countries and CEOs of big companies) to see if we can get certain policies in place and business decisions that can guard against the disruption that come from these rapid technological changes. In this regard, an interesting paper called Readiness for the Future of Production Report 2018 has been published. The WEF Country Readiness project has launched a new diagnostic tool, benchmarking framework, and dataset to build awareness on the key levers and factors required to transform production systems, help decision-makers assess the extent to which their country is "ready" and positioned to shape and benefit from the changing nature of production, catalyze public-private sector dialogue, and inform the development of joint actions and modern industrial strategies.

- **How do you see the role of Development Partners (like SDC) to support this kind of innovation?**

To invest where there is high risk because investors and banks (including development banks) are not interested to support such projects.

Key results from the online feedback survey on the F2F
13 out of 16 participants

I. Did the F2F event meet your expectations?



II. Which session was the most useful for you?

9 out of 13 participants specifically identified the field visits and/or exchanges with external experts (from global health or private sector) as the most useful during the F2F.

III. Which session was the least useful for you?

8 out of 13 participants answered that no session was less useful.

IV. Any recommendations or comments for the next F2F?

Keep a mix of formats for the different sessions, stimulate active participation / share roles among all participants. One person in charge of communication is a must have, and participation of high management is highly recommended.
Important to meet policy makers to know what strengths and the challenges that they face in the sector, especially in policy dialogue.
Address in the next F2F (global F2F) how country and global programme contribute to the Swiss Health Goals, clarify roles and responsibilities at different levels and ensure linkages and information sharing.

V. What is your take home message?

- F2F are a great tool for creating a community of practice and boost thematic momentum.
- Innovation is anything that brings change with low investment and high impact
- Innovation is the way forward
- Innovation can be simple
- Good collaboration among health team in different COOF is pre-requisite for innovative programs
- New technology is driving the world hence new or updated partnerships and collaboration with private sector will bring in new sustainable ideas for public funds
- It takes the right mindset: the ability to look at a problem and see an opportunity
- Continue with current projects but stop doing business as usual and think how to integrate more partners
- Keep an open mind to learn and discover new innovative way of working

…

Discussion and proposed next steps for the SENAP division
All participants

Level	Proposed actions	Proposed responsibility and deadline
SDC in general	a. Favor multisectoral approaches with different perspectives, themes and partners. Health issues being dependent on factors outside the health sector.	→ SDC organizational culture: special group work (including COOF and HQ staff) on innovation promotion programme. COOF staff can participate.
	b. Multidisciplinary solutions including technology and social PPP	→ special group work (including COOF and HQ staff) on innovation promotion programme
	c. Innovate trough the adaptation of cost effective approaches	→ special group work (including COOF and HQ staff) on innovation promotion programme
	d. Foster local solutions for local needs: scalable, acceptable, adoptable > create with *end users* in mind.	
	e. Launch an innovation-mentality within quality-assurance and procurement teams	→ Geri to promote the relevance of such event (regional F2F) and the importance of this topic towards SDC directorate, during the next heads of domain meeting >> August 2019
SENAP general	f. Agree on joint health issues among SONAP that can be translated into shared priorities for the GPH (local↔global)	→ Consultation on the revised SDC Health Guidance >> October 209 to April 2020
	g. Document good examples and learn from bad examples	
	h. **Mapping of "innovative actors" at all levels (local, regional, global) as well as formal/informal key players**	
	i. Create an internal favorable environment >> allocate time for NPOs to innovate	→ Geri to send email to Heads of Cooperation with selected priorities and actions agreed during the F2F>> mid May 2019 → Geri to convey commitment to this topic to his successor (Peter Bieler) >> ongoing
	j. Innovate in our human resource policy. Trust the people we hire, especially in the field and especially our local staff.	
	k. Test risk appetite of HQs by innovative projects with sound risk matrices	→ all COOFS >> continuously
	l. Create an innovation fund at SENAP level	

	m. Facilitate the process for obtaining seed money managed locally for testing ideas	
	n. Regular skype calls on innovations in health	→ Viviane to organize trimestral skype calls between all health SENAP colleagues >> ASAP
	o. Launch an innovation week for exchange and learning	
SENAP COOFs	**p. Use of small actions to test different partnerships and be able to partner on longer term without heavy process**	
	q. Competition between SENAP COOFs > reward most promising innovation projects/ideas	
	r. Aim at 2-3 innovations in each domain	→ all COOFS >> continuously
	s. joint small action TAZ/MOZ for the exploration of pilot interventions	→ Dar and Maputo offices to coordinate
	t. Systematically search for innovation in new phases	→ all COOFS >> continuously
	u. Strengthen the voice from the field during EP/CP process as way of increasing its efficiency	→ SDC organizational culture: special group work on "Creating Space for Dialogue between HO and FO" (topic to be put on the agenda of the HOC IZA days in August 2019). COOFs colleagues can register to this group.
	v. Include innovation in the partners meeting	→ all COOFS >> continuously
	w. individual research for SENAP NPOs > then coming together for discussion	→ all COOFS to keep the momentum to exchange and sharing among peers through various channels (emails, Shareweb and What's App group) >> ongoing → Viviane to organize trimestral skype calls between all health SENAP colleagues >> ASAP
	x. Exposure to innovative ideas + approaches to be continued	→ all COOFS continuously → Viviane to share complete written report of the F2F to all participants and relevant persons (Embassies/COOFs, HQ SENAP, HQ GPH) >> mid May 2019
	y. Appoint Heads / deputy heads of cooperation to be innovation focal points	→ Geri to put the topic of innovation on the agenda of the HoC IZA days >> August 2019