PRIORITIES FOR SUPPORTING SUCCESSFUL SCALING UP OF HEALTH INNOVATIONS

Summary recommendations of a meeting

May 6-7, 2009

University of Michigan School of Public Health

Ann Arbor, Michigan, USA

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Six priorities for supporting successful scaling up

Participants at the meeting entitled *Priorities for Supporting Successful Scaling up of Health Innovations*, convened by ExpandNet and the World Health Organization, met for two days in May 2009 and identified six priorities for ensuring that scaling up receives the political, technical, managerial and financial support it needs to be successful.

1. Successful scaling up requires systematic planning, management, support and evaluation of the process by which innovations — a set of service components or other practices that are new or perceived as new in a specific setting — are expanded and institutionalized.

2. Support to scaling-up initiatives should include a focus on the development of national health systems' capacities as mandated by the Paris *Declaration on Aid Effectiveness* and other recent international agreements.[1]

3. The process of scaling up requires a commitment to long-term support and technical assistance, to increasing the pool of professionals in countries with relevant expertise and to developing additional tools to support the process.

4. Attention to scaling up must become an institutional norm within donor agencies, international and national institutions providing technical assistance in the health sector, ministries of health and non-governmental organizations.

5. Considerations about scaling up should become an integral part of designing pilot projects and related studies from the very outset.

6. More documentation and evidence on the process of scaling up and what determines success or failure is needed.

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Introduction

Health innovations—a set of service components or other practices that are new or perceived as new in a specific setting, regardless of their use elsewhere—that have been successfully tested in pilot or experimental projects often do not go on to achieve the reach and impact they were expected to have: the proven interventions fail to be successfully scaled up. Yet, scaling up is receiving increasing attention as a pathway for achieving the Millennium Development Goals and other global health priorities. In order to identify priorities for ensuring that scaling up receives the political, technical, managerial and financial support it needs to be successful, the Secretariat of ExpandNet[2] and the Department of Reproductive Health and Research of the World Health Organization, convened the meeting entitled *Priorities for Supporting Successful Scaling Up of Health Innovations*. (Attachment A contains the meeting agenda.) ExpandNet is a global network of public health professionals and scientists seeking to advance the practice and science of scaling up. For two days in May 2009, a group of 35 professionals representing diverse perspectives, including managers of programs engaged in scaling up, individuals providing technical assistance, researchers and donors (see Attachment B for the list of participants), considered a variety of questions:

- What are useful approaches for the strategic planning and management of scaling up health service innovations?
- What are ways to strengthen the capacity of national institutions to ensure large-scale adoption and implementation of health innovations on a sustainable basis?
- In what ways can technical assistance agencies and donors be most strategic in supporting successful scaling up?
- What research is still needed?

Meeting participants shared and discussed their different frameworks, approaches and experiences. Two papers, describing strategies and challenges to providing support for scaling up, offered background.[3,4] Participants drew attention to certain fundamental principles to keep in mind in addressing priorities for support, including:

- **A focus on measurable indicators of process, outcomes and impacts**. Determining whether scaling up is happening as intended requires indicators not only for coverage or reach of services and health impacts, but also of the process — for example how fast expansion and institutionalization are progressing, whether all components of the innovation are being implemented and whether quality is being maintained.

- **An emphasis on sustainability**. Scaling up should contribute to lasting program and policy impact and produce enduring health benefits. This requires inclusion of the innovation in policies, national health strategies, budgets, relevant health services and operating procedures.

- **The need to take a systems perspective**. Scaling up involves a variety of actors and influences that interact in an ever changing broader environment. Maximizing the potential for success requires strategic understanding of these multiple factors and how they can be used to influence the process.

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- **Recognition of the political nature of scaling up**. Taking an innovation to scale is both a technical and a political undertaking, requiring attention to political processes, windows of opportunities, political influence and negotiations. These factors often play a decisive role in outcomes, but are inadequately acknowledged as major determinants of why scaling up succeeds or fails.

- **Attention to equity**. Successful scaling up requires that benefits are extended to those who are the hardest to reach as well as to those who currently do not have access to the innovation.

Priority 1: Making a stronger case for the importance of systematic approaches to scaling up

Successful scaling up requires systematic planning, management, support and evaluation of the process by which innovations are expanded and institutionalized.

Too often, scaling up is considered a matter of routine program implementation that does not need special attention. Once an innovation has proven to be successful in a pilot or experimental project, it is expected to be taken up by a health system and spread throughout it, based on the assumption that the set of interventions itself is sufficient to catalyze large-scale change. While this sometimes happens, more frequently, it does not. The failure of many well designed and tested interventions to have a larger impact testifies to this. In reality, scaling up takes substantial time, patience, persistence and hard work as well as systematic planning, management, guidance and dedicated human and financial resources.

Systematic approaches to scaling up recognize that the process takes place in a context of "real world" complexity with multiple and often competing players and interests. Attention to technical concerns is essential, but equally important are the managerial, political and ownership issues that come into play, as innovations often call for changes in values as well as practices.

Other key dimensions of systematic approaches include, but are not limited to:

- **Diagnosis of the multiple contextual issues** affecting the process. The policy environment and political developments and priorities; potential collaborators, competitors, opponents and allies; health sector reform; as well as timing and windows of opportunity are among some of the contextual factors affecting scaling up. Contexts and stakeholders change frequently, and ongoing "environmental scans" are required.

- **Undertaking a participatory planning process to develop a scaling-up strategy and setting realistic goals and objectives**. Systematic and participatory action planning focuses on designing a strategy that addresses opportunities and constraints presented by the innovation itself, the organization which is expected to adopt it on a large scale, the team available to provide technical support, the larger environment and other relevant factors. A thorough exploration of these factors usually points to the need for concurrent advocacy, training and other dissemination approaches, resource mobilization and investments in institutional capacity

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building. A framework or graphic depiction of the key elements of the process and the environments in which they interact can provide guidance for designing a strategy and managing the process.[5]

- **Creating and fostering strategic partnerships** with other organizations and nurturing champions. Strong alliances with multiple partners are a platform for advocacy, expanding ownership and allowing the process to withstand inevitable changes in the environment. Alliances should extend throughout the health system, from community-based organizations up. District-level allies are especially important, as this is often the focal point of implementation.

- **Making the innovation easy to transfer**. Interventions that are complex and/or require a large degree of change from current practices and level of resources often need to be simplified. However, the components most essential to the outcome and the focus on equity should be maintained.

- **Addressing both expansion, and policy and budgetary integration of the innovation into existing health services**. Extending the reach of interventions to more geographic areas and/or more vulnerable populations is critical, but they must also be sustainably embedded into health systems through national planning mechanisms and/or policy. Ongoing advocacy efforts should direct attention not only to support for the spread of the innovation, but also to getting policies approved, budgets adopted and operational norms and procedures changed.

- **Monitoring progress and informing decision-makers of results**. Tracking the implementation of the innovation (the content and the quality), the coverage (by geographical area, organization or population group) and the pace of the process is essential to determine if scaling up is proceeding as planned. Evaluating health outcomes reveals whether the adaptations in the innovation during expansion continue to have the same effects as those of the pilot project. Small-scale, flexible studies that supplement routine data collection should be undertaken to identify constraints and contributing factors. Together, these data should inform decision-making about necessary changes in the scaling-up strategy.

Priority 2: Ensuring that scaling up contributes to building national health systems capacity

Support to scaling-up initiatives should include a focus on the development of national health systems capacities as mandated by the Paris *Declaration on Aid Effectiveness* and other recent international agreements.[1]

Implementing innovations on a large scale requires the institutional capacity to do so. Capacity building encompasses many issues. It "usually requires work in multiple areas: assuring appropriate and adequate infrastructure, equipment and human resources; changes in regulations and procedures; creation or strengthening of financial management, human resource management, logistics and supply systems; and changes in organizational culture."[3]

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Health systems in developing countries are often limited in their ability to deliver the range of needed services that current policies mandate. Integrating a new set of interventions can place additional burdens on an already weak system. Scaling up can be consistent with strengthening health systems by:

- **Including capacity building as components of the innovation and the scaling-up strategy**. Pilot projects should test the most important components associated with implementing the innovation—such as supervision, human resource requirements, innovative approaches to financing, management, and monitoring and evaluation—to assess the feasibility of large-scale implementation that is consistent with strengthening health systems capacity. Similarly, once an innovation has been proven successful, scaling-up strategies must include attention to capacity building and ensure the technical assistance needed to bring system capabilities and the demands of the innovation into alignment.

- **Considering the effects of the scaling-up initiative on other programs and the health system as a whole**. Sometimes, innovations are scaled up at the expense of other ongoing and necessary activities or services. Scaling up can benefit health services more broadly by actively seeking opportunities to apply the performance improvements resulting from the innovation (such as from strengthening supportive supervision) to other service areas as well.

Priority 3: Providing technical assistance and strengthening professional expertise and tools for scaling up

The process of scaling up requires a commitment to long-term technical assistance, to increasing the pool of professionals with relevant expertise and to developing additional tools to support it.

Providing technical assistance: Many developing countries have limited institutional capacities and insufficient human and financial resources to undertake the key tasks involved in taking a given innovation to scale, particularly at the district level. A team of individuals or an institution with scaling-up expertise should guide the process, which often requires external financial support. This team may be found in-country, in a neighboring country and/or in an international agency.

Expanding professional expertise: Because systematic attention to the process of scaling up is still new, the pool of professionals with relevant knowledge, skills and experience is limited, at both the national and international levels. Increasing the number of professionals able to provide technical assistance and decentralizing support teams within regions and in countries will contribute significantly to the success of scaling-up initiatives.

Expertise is needed within ministries of health, non-governmental organizations (NGOs) and research institutions. Meeting participants engaged in providing support to scaling-up initiatives described the direct and indirect approaches that they use to develop human resources, specifying that no single one is likely to be sufficient.

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Direct approaches include:

- receiving targeted advice from technical experts;
- tapping existing expertise within ExpandNet members, partners and other meeting participants;
- transferring skills through an intermediary organization—an in-country institution that specializes in scaling up planning and management;
- holding workshops;
- utilizing regional and south-to-south exchanges of expertise;
- embedding peer-to-peer learning within the innovation and the scaling-up process;
- mentoring and coaching individuals or teams in an on-going relationship.

Indirect approaches include:

- establishing communities of practice and other platforms for sharing experiences, such as international, regional and national meetings that focus on systematic approaches to scaling up;
- building scaling-up knowledge and skills into pre-service training, such as curricula in schools of public health;
- creating certificate courses in scaling up;
- distance and virtual learning programs.

Developing additional tools: A greater number of practical, easy-to-use tools for different audiences is also needed. Managers and implementers want clear guidance on what to do, but also the opportunity to adapt and innovate. Tools for the managerial and process-oriented elements—tools to "simplify a complex process"—are particularly important. A number of tools has been developed specifically for scaling up,[2] and relevant ones already exist from other fields and programs, including cost analysis tools and management capacity assessments. These could be adapted or used as they are. Priorities for tools include:

- conduct an inventory of existing potentially relevant tools for scaling up;
- make existing and new tools available in multiple languages and disseminating them widely;
- adapt existing or design new tools for:
    - monitoring and evaluation, including indicators of success; checklists to monitor progress; and guidance on making minor and major practical adjustments in the process;
    - costing of unit and recurrent costs;
    - understanding the political context: interest group analysis; how to engage key decision-makers effectively; ownership and inclusiveness;
    - decision-making about scalability and whether to take an innovation to scale or not;
    - designing pilot projects with scaling up in mind;
    - developing advocacy strategies and activities.

Tools alone are rarely sufficient to build expertise and are most useful as a part of a facilitated process. Therefore, training or facilitators' guides on how to introduce and reinforce use of the tools are also needed.

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Priority 4: Institutionalizing a focus of scaling up and providing financial resources

Attention to scaling up must become an institutional norm within donor agencies, international and national institutions providing technical assistance in the health sector, ministries of health and NGOs.

While interest in scaling up is growing, it is not yet reflected in routine procedures of organizations that seek to improve global health. For example, most ministries of health, technical agencies and donors do not routinely prepare and/or review proposals for research or other projects with a scaling-up perspective. Exceptions are a few donor agencies that now require discussion of the scaling-up potential of pilot projects, and detailed plans on how a piloted innovation, if successful, will be taken to scale and how the process will be monitored and measured. In addition, some technical and research agencies are reorienting their institutional processes toward a focus on scaling up. Adopting such a "scaling-up mentality" can increase the likelihood that investments in the development of important innovations are not lost. This way of thinking also calls for recognition that time frames for achieving implementation at scale are often much longer than a typical three-to-five year period.

Institutionalizing a focus on scaling up also requires that donor agencies and other institutions commit the necessary financial resources for the scaling-up process. Financial support for innovations, once they *operate at scale,* should be provided through the budgetary process of national health systems or NGOs. However, during the *process of scaling up* additional resources to integrate the innovation into health systems are essential. Financial resources are also needed for technical assistance to guide the process.

Priority 5: Designing and conducting pilot projects with scaling up in mind

Considerations about scaling up should become an integral part of designing pilot projects and related studies from the very outset.

Beginning with the end in mind decreases the likelihood of an unrealistic or impractical pilot project, which succeeds because it receives a level of financial and other inputs that have little relevance for reaching larger populations. At times there are good reasons for testing innovations under conditions that do not represent day-to-day operational realities of a health system. For example, special studies may be needed to demonstrate the efficacy and safety of interventions in the national context. In such cases, a second generation of piloting may be necessary to assess whether the proven innovation can be implemented on a large scale under more routine programmatic circumstances.

Ensuring a good "fit" for large-scale implementation of an innovation typically requires the following actions at the design and testing stage:

- design interventions based on assessment of existing needs and priorities;
- involve multiple stakeholders, including members of the implementing organization;

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- consider how much change in provider and managerial practices the innovation entails and plan accordingly: the greater the quantum of change, the greater the need for technical support and more time;
- pilot innovations within the resource constraints and the institutional and environmental contexts where they are to be scaled up;
- envision operating at scale: use the pilot project to test and refine strategies required for financing the innovations and strengthening system capacities;
- keep costs and the management burden at levels consistent with what is feasible in the specific programmatic context.

Priority 6: Expanding the evidence base on scaling up

More documentation and evidence on the process of scaling up and what determines success or failure is needed.

While there are many publications on the content of interventions that have gone to scale, little research has been done on the process of scaling up, and why it does or does not happen as planned.[6] For example, there is scarce documentation that helps to understand the political relationships and other processes—gaining and sustaining "buy-in," mediation, brokering cooperation and collaboration between multiple agencies at different levels—that can have substantial effects on how scaling up progresses.

Priority questions for additional research include:

- How does scaling up affect institutional constraints and how can it best build capacities?
- What determines success and failure?
- How and why does scaling up work in different contexts: decentralized and centralized systems; the influence of political and other environmental factors; the role of global initiatives?
- What are the relative costs and impacts of different approaches to technical support for scaling up?
- What are appropriate research designs for program managers, so that they can obtain quick results that they can use?

Experimental research on the process of scaling up, such as randomized trials, presents enormous practical and ethical challenges, and makes it nearly impossible to remove all the "real world" factors that can influence it. Trade-offs between research rigor and research relevance are almost unavoidable. The meeting participants recommended that priority approaches to expand the evidence include:

- an updated review of the literature on scaling up, including lessons learned and best practices from disciplines outside health;
- case studies from the health and other fields:
  - prospective case studies, including examples of how strategic planning and management of scaling up affect outcomes;

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- retrospective case studies of pilot projects that were scaled up and achieved impact, and of scaling-up initiatives that failed;
- comparative case studies using systematic criteria to control for contextual factors;
- establishing small grants mechanisms so that organizations implementing scaling up can prepare case studies of their experiences.

An expanded evidence base will yield data to strengthen advocacy for systematic approaches and lead to new tools for training and technical support for scaling up.

CONCLUSION

Scaling up is both an art and a science; it is often as much a matter of politics and relationships as it is of technical issues; and it is rarely a linear process. Yet, when done systematically and with sufficient financial and professional resources to support it, it can contribute to achieving global health goals.

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ENDNOTES

[1] *Paris Declaration on aid effectiveness: ownership, harmonisation, alignment, results and mutual accountability*. High level forum, Paris February 28 – March 2, 2005. Paris, Organization for Economic Co-operation and Development (OECD), 2005 and *Accra agenda for action*. Third high level forum on aid effectiveness, Accra, September 2 - 4, 2008. Paris, OECD, 2008.

[2] The ExpandNet Secretariat consists of Ruth Simmons and Laura Ghiron of the University of Michigan School of Public Health and Peter Fajans of the World Health Organization Department of Reproductive Health and Research.

[3] *Supporting the scaling up of health innovations: ExpandNet's experience and lessons for the field* [paper prepared for the meeting Priorities for Supporting Successful Scaling Up of Health Innovations, University of Michigan, School of Public Health, May 6 – 7]. Geneva and Ann Arbor, MI, ExpandNet Secretariat, 2009.

[4] Kohl R. *Scaling up small NGO-implemented projects in public health: an analytical framework and lessons learned* [draft paper prepared for the meeting Priorities for Supporting Successful Scaling Up of Health Innovations, University of Michigan School of Public Health, Ann Arbor, Michigan, May 6-7, 2009]. Washington, DC, Management Systems International, 2009.

[5] Examples of scaling-up frameworks and related tools for planning and managing scaling up, developed by meeting participants, include:
- Cooley L, Kohl R. *Scaling up—from vision to large-scale change: a management framework for practitioners.* Washington, DC, Management Systems International, 2005.
- *Nine steps for developing a scaling-up strategy* [draft April 15, 2009].Geneva, WHO and ExpandNet, 2009.
- Massoud MR et al. *A framework for spread: from local improvements to system-wide change*. Cambridge, MA, Institute for Healthcare Improvement, 2006 (IHI Innovation Series white paper).
- *PATH's framework for product introduction*. Seattle, WA, Program for Appropriate Technology in Health (PATH), n.d.
- *Practical guidance for scaling up health service innovations*. Geneva, WHO and ExpandNet, 2008.

[6] For an exception, see Simmons R, Fajans P, Ghiron L, eds. *Scaling up health service delivery: from pilot innovations to policies and programmes*. Geneva, World Health Organization, 2007

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