Conclusions

This book has brought together insights from a comprehensive review of relevant literature, as well as the experience of major scaling-up initiatives in family planning and primary care services from Africa, Asia and Latin America. We hope that the value of conducting systematic analysis of the determinants of successful scaling up has been demonstrated by this effort.

Most of the understanding about scaling up presented here stems from experiences with the expansion of family planning and related reproductive health services. In all of these cases, efforts were focused on improving public sector programmes. The relevance of the conceptual frameworks and the lessons that have emerged from the authors' experiences, however, extend beyond these areas of application. As Skibiak et al. argued in discussing the Zambian experience in Chapter 4, "the greatest challenges in scaling up reside in the practical, organizational transformation of a small pilot study to a broad-based programmatic intervention". The strategic choices that have to be made and the determinants of success apply across sectors and across different types of implementing agencies. Therefore the principles and lessons discussed here are not limited to reproductive health or to the public sector, but can also be of value when adapted to other areas of health and development.

Because work on this book has benefited from several opportunities for ongoing intellectual exchange over a period of years, those who participated have been able to use the lessons learned to shape scaling-up activities in the field. At the same time we wish to clarify that this is not a cookbook from which project managers can select specific, step-by-step recipes. It can, however, provide general principles and examples to be used in the development of scaling-up strategies uniquely appropriate to their context.

The same type of marriage between universal principles and the need for local relevance and adaptation applies to the innovations discussed here. New ways of improving equitable access to good health services or of implementing strategies that empower women, communities or young people to demand quality of care, for example, must be backed by locally generated evidence. Concepts and case-studies, or internationally accepted best practices, can offer guidance on what general principles are relevant, but they do not provide detailed operational plans for how quality of care and service access can be enhanced in a specific country, province or district. Such planning requires context-specific diagnostic assessments, designs and testing through pilot or experimental projects.

Throughout this volume we have defined scaling up as deliberate efforts to increase the impact of health service innovations locally tested in pilot or experimental projects, so as to benefit more people and to foster policy and programme development on a lasting basis. As was seen in the case-studies from Bangladesh and Ghana, such testing may have to be repeated. In both countries, results from experimental projects were rejected as irrelevant for national policy because innovations had been tested under special circumstances with major inputs from research institutions. They were therefore not considered to be models applicable to other parts of the country which work under more severe resource constraints. Further evidence, generated under realistic local conditions, was demanded before leaders would commit themselves to nationwide scaling up. Moreover, ongoing monitoring is needed – especially in situations of great diversity – to ensure that the innovation is producing the desired results in the process of expansion and adaptation.

Although introduction of new practices typically requires some locally generated evidence before scaling up begins, the extent of local testing needed is a function of the "quantum of change" implied by the interventions. One does not normally think of the degree of change as a variable in scaling up, but in the process of our work we have learned that it is a major factor. The innovations discussed in this book all amount to a significant degree of change in the way health service systems function, they required a package of interventions, rather than the introduction of a single new measure. Building capacity to provide informed choice, balanced information, a respect for reproductive rights, empowerment-focused training, client-centred participatory approaches or community-based services implies major change in resource-poor public sector programmes. It is important to think about the degree of change from the time that service innovations are designed and tested, through the stage when they are expanded to new areas or settings. As already noted, we must begin with the end in mind.

Because scaling up, as discussed here, is an institution-building process, it takes time. Institutions do not change overnight but require considerable nurturing to learn how to function in new ways. As an institution-building task with a focus on sustainability, scaling up requires longer time horizons than those frequently mandated by donor agencies and policy-makers keen to show results. The means and resources necessary to ensure successful and sustainable scaling up are therefore at odds with a "project" perspective which expects that results can be achieved in two or three years.

One of the key conclusions from our work is that scaling up requires support from a resource team whose members play a catalytic role, helping governments find ways to bring about change. In all of the case-studies, the expansion and institutionalization of innovations benefited from the efforts of a group of professionals – either inside or outside government, either formally designated or not – who facilitated the scaling-up process. They played major roles in advocacy, research and technical assistance with planning, strategizing, the development of training curricula and materials for information, education and communication as well as with resource mobilization. These resource teams received at least some support from external donors.

We hope that our work will lead to wide recognition that the roles played by the resource team are vital for scaling up. These functions are not the same as managing routine programme implementation. Consequently, the teams are unlikely to be funded by governments struggling to finance their weak service delivery systems. Such teams are the engine that drives change, creating public sector capacity for, and ownership of, service delivery innovations. This capacity building was demonstrated again and again in the cases discussed in this book, where individuals who had initially participated in scaling up as members of the user organization soon began to function as members of the resource team. Donor investments and ongoing support for these innovators are extremely important and are likely to have major pay-offs.

Many of the insights on scaling up presented in this volume derive from what is referred to as open-systems thinking in the organization sciences. Open-systems thinking draws attention to the interrelations between organizations and their larger sociocultural, political, economic and institutional environments. Scaling up is not exclusively a technical and managerial undertaking unaffected by the outside world. It is influenced by persistent gender inequality and other cultural factors, the extent of poverty in a country, the capacity of the national health sector and its bureaucratic institutions, historical legacies, and the nature of the political system. Scaling up in Bangladesh, for example, depended more on formal, bureaucratic organizations than in Ghana where grassroots partnerships among traditional leaders, politicians and health professionals were the driving force. These contrasts were grounded in different historical and bureaucratic traditions as well as in different patterns of social organization.

In Brazil, a highly decentralized health sector, combined with political sensitivities surrounding family planning, imposed severe limits on scaling up. At the same time, detailed knowledge of how the health sector functions under decentralization made it possible to identify

and mobilize resources for expanding innovations. The importance of navigating the multiple and varied environments of scaling up and of utilizing the opportunities that arise, is one of the main lessons with which we wish to leave our readers.

Systems thinking shows that the innovation, the resource team, the user organization, the environment and the scaling-up strategy interact with each other, often in complex ways. To contend with this dynamic interplay, strategies must aim for balance or congruence among the elements of scaling up. Achieving balance is the ideal, but in reality it is neither easy nor always possible. The ideal conditions for scaling up rarely or never exist, and choices typically will have to be made within a constrained environment. Attempts to balance the relative strengths and weaknesses among the elements tend to result in compromise or trade-offs. As we saw in the case-studies, the greater the degree of change implied in the innovation, the greater will be the need for resources and support from a strong resource team and the slower will be the pace of expansion. Alternatively, if there is pressure for more rapid scaling up, or if support from the resource team is inadequate, the greater is the likelihood that the humanitarian and social equity values that are the foundation of health service innovations will be lost. When there is pressure for rapid scaling up to serve a greater number of people, as frequently occurs, the resource team needs to grow and develop its capacity.

Even the most solidly designed scaling-up strategy, which has carefully weighed all the opportunities and constraints presented by the context, will be implemented in an ever-changing environment. In Viet Nam, scaling up quality of care interventions began when the country's political system was still highly centralized, but as scaling up progressed, so did the process of health sector reform and decentralization. A strategy developed for a strongly centralized administrative system became less appropriate as decentralization took effect.

Remaining flexible and relevant in the midst of expansion emerged in these studies as a major determinant of successful scaling up. Flexibility and local autonomy to participate in decisions encourages local ownership and appropriate action on the ground. As the Zambia case-study showed, however, effective use of organizational resources at levels above the district can produce economies of scale, facilitating scaling up in ways that districts working on their own could not have accomplished. Clearly, what works best is local autonomy and ownership, coupled with strong support and initiatives at higher levels that create an enabling environment and put structures in place in which local action can flourish.

In other words, both horizontal scaling up (expansion/replication) and vertical scaling up (political, legal and institutional actions) are

essential. Several of the case-studies illustrate this principle. In China, the ability to demonstrate that substantial quality-of-care improvements could be undertaken in an expanding number of counties was critical for persuading policy-makers to incorporate the principles of informed choice and voluntarism into new legislation and operational programme procedures. Alternatively, the Community-based Health Planning and Services initiative in Ghana, which was driven largely by peer exchanges among districts, could not progress without national-level support in the form of training and human resource development. In Brazil, expansion of training innovations was constrained because opportunities for vertical scaling up were limited.

It is not unusual for researchers and professionals to close with a plea for more research. We are no exception, basing our argument on two key points. First, research should not be limited to the testing of the innovation. Rather, continued research should guide the process of scaling up, providing ongoing input into strategy design and adaptations, as well as providing information that allows appropriate monitoring. Second, as we hope this book has demonstrated, research facilitates understanding of the determinants of successful scaling up and identifies the type of financial and technical support needed. Moreover, as innovations are adapted to local contexts, there may come a point where the evidence base for the success of the original innovative service package is no longer relevant. Continued monitoring and research should examine whether the benefits of the innovation continue to be present in the process of adaptation and expansion. In the most general sense, research builds international and local understanding of how to expand small-scale health service innovations so as to benefit more people, more quickly, more lastingly.

Much remains to be learned about scaling up, and this book is by no means the final word on the subject. We hope, however, that the materials presented here will stimulate new ideas and insights among researchers and practitioners that will lead to much needed improvements in sexual and reproductive health services. Given that scaling up is in essence a managerial, organizational and political task, the perspectives and conclusions from our work should also be useful for a wider array of health and development efforts.