Health Network

Scaling up (health) innovations- going beyond boutique projects for greater impact

Main issues for follow up for SDC:

- **SDC should be more systematic regarding scaling up and develop a scaling up vision already at the beginning of a new pilot programme; it is important to clearly define the change hypothesis that we want to promote in the system**
- **Need to adapt and adopt a theoretical framework/tools and train staff to use them**
- **Projects should support development of scaling up strategies, after evidence of results of pilot interventions and replication under routine conditions are available. This should include explicit and open discussions on role of SDC and other partners in scaling up process (rather than assumptions about role and capacities of public health sector).**
- **Long-term support of resource team necessary for successful scaling up is incompatible with current views on tendering and duration of projects (under-estimated if factor in time for pilot, replication under routine conditions and scaling up). How to resolve the issue?**
- Evidence shows that 'soft components' tend to disappear during scaling up if they are not closely followed, such as attention to principles of human rights, equity (pro-poor focus, f.ex.) and gender equality.
- It is recommended that the expansion happens in steps, first developing interventions in pilot sites, then testing them in other sites under routine conditions and further adapting the interventions as well as gathering evidence, before further scaling up.
- The capacity of the user organization (typically the MoH & state health system) often needs to be strengthened if it is expected to replicate an innovation.
- Open question: Should SDC join Expandnet?

Introduction

While it is widely recognized that developing interventions without scaling them up is of limited value, there is limited effort in SDC at addressing the issue systematically. SDC Health network invited therefore Peter Fajans from Expandnet, a network on scaling up health innovations, based in WHO, to introduce a theoretical framework and present some tools. Those are not of a revolutionary nature, but it is a more regular and thorough use of tools such as those which may lead to a greater impact of SDC supported projects. The main elements of the presentation and discussions of the 19 January 2012 brown bag lunch were:

A. **Elements of a theoretical framework,**
B. **A planning tool for pilot interventions- 'beginning with the end in mind'.**
C. **Nine steps to develop a scaling up strategy,**

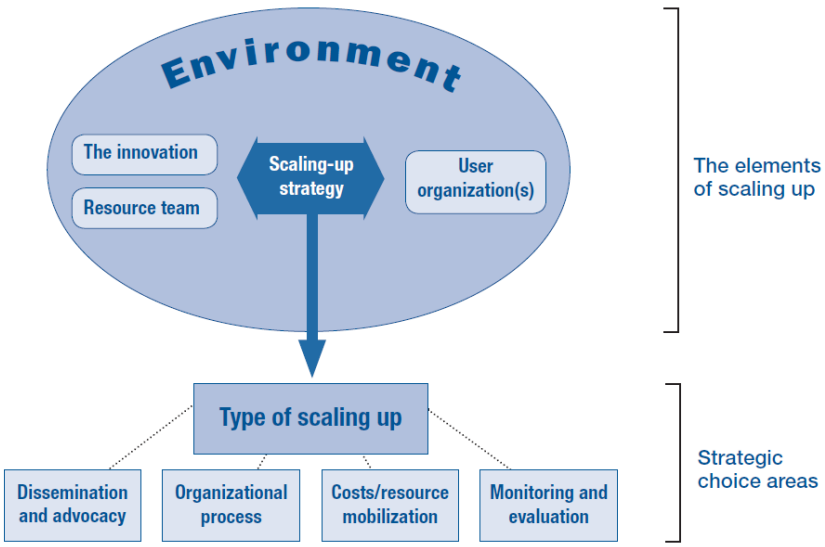
And to summarize some of the main points relevant for SDC:

D. **Discussion and conclusions for SDC**

A. Elements of a theoretical framework:

Scaling up is portrayed as an open system of 5 elements that interact with one another:

- the **innovation**- a set of interventions, new to a certain area, even if used elsewhere.
  - Degree of change = critical factor.
  - key attributes of innovations that enhance the potential for scaling up: Credible, Observable, Relevant, Relative advantage, Easy to install and understand, Compatible and Testable (CORRECT).
- the **user organization**- the institution or organization(s) that seek or are expected to adopt and implement the innovation on a large scale, typically a public sector health service system.
  - Building up capacity of user organization is key and needs to have a long term approach
- the **environment**- the social, cultural, political and economic context in which scaling up occurs, with its opportunities and barriers.
  - Realistic assessment to which extent change is possible, is necessary
- the **resource team** or organization- the individuals or organizations that seek to promote and facilitate wider use of the innovation. It serves as catalyst for change and provides guidance and technical assistance to the deliberate efforts to utilize the innovation on a large scale.
  - The continuity of the resource team during pilot phase and scaling up phase is essential in particular to keep 'soft components' which tend to be lost in the process, such as focus on the poor or gender equality elements. The resource team should at the minimum include (high level) members of the organization that has the role/tasks to implement the innovation at a larger scale
- the **scaling up strategy**, which includes choices regarding:
  - the type of scaling up to pursue: institutional (vertical), geographic (horizontal), diversification (functional)
  - approaches to dissemination and advocacy, incl. training, technical assistance, policy dialogue, peer exchanges, site visits, mass media, etc.
  - organization of the scaling up: centralized vs. decentralized, pace of expansion, participatory vs. management dominated, etc.
  - costs of scaling up and mobilization of resources to support it- identifying the costs and securing the funds
  - monitoring and evaluation



http://whqlibdoc.who.int/publications/2011/9789241502320_eng.pdf

B. Planning pilots for scaling up- beginning with the end in mind.

‘Pilot projects often show impressive results. However their influence tend to remain confined to the original target areas and their results are often not sustainable. One of the reasons for this failure is that the requirements of large scale implementation are rarely taken into account at the time of pilot or field testing. Pilot projects tend to be implemented with a level of input and support that subsequently cannot be sustained when innovations are taken to scale. Hence, one should ‘begin with the end in mind’ and take steps to design the pilot in ways that enhance its potential for future large scale up impact’[1].

1. Engage in a participatory process involving key stakeholders
2. Ensure relevance of the innovation
3. Reach consensus on expectations for scale-up
4. Tailor the innovation to the socio-cultural and institutional settings
5. Keep the innovation as simple as possible
6. Test innovation in the social and institutional settings where it will be scaled up
7. Test innovations under routine operating conditions and resource constraints
8. Develop plans to assess and document the process of implementation
9. Advocate with donors and other sources of funding for financial support beyond the pilot stage
10. Prepare to advocate for necessary changes in policies, regulations and other health systems components
11. Develop plans for how to promote learning and disseminate information
12. Plan on being cautious about initiating scaling up before the required evidence is available

C. Nine steps to develop a scaling up strategy[2]

Expectations regarding scaling up are often unrealistic, because they are not systematically planned. Broad statements are made that do not take into account the nature of the innovation, the capacity of the implementing organizations, the characteristics of the larger environment nor the resources available to support the process. Even when there is interest among programme managers and others in engaging in a systematic planning process, the experience, know-how and resources for doing so are often lacking. As a result planning remains ad hoc and is often limited to statements about broad goals and the extent to which scaling up is to be accomplished. And effective new practices and products remain underutilized.
The nine-step process outlined is a basis to develop and monitor a systematic strategy, once an innovation/ pilot project has been developed, to increase its institutionalization and geographical replication.

Step 1. *Planning actions to increase the scalability of the innovation*
Step 2. *Increasing the capacity of the user organization to implement scaling-up*
Step 3. *Assessing the environment and planning actions to increase the potential for scaling-up success*
Step 4. *Increasing the capacity of the resource team to support scaling up*
Step 5. *Making strategic choices to support vertical scaling up (institutionalization)*
Step 6. *Making strategic choices to support horizontal scaling up (expansion/replication)*
Step 7. *Determining the role of diversification*
Step 8. *Planning actions to address spontaneous scaling up*
Step 9. *Finalizing the scaling-up strategy and identifying next steps*

D. Discussion and conclusions for SDC:

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[1] Beginning with the end in mind, WHO, 2011

[2] Available at http://www.who.int/reproductivehealth/publications/strategic_approach/9789241500319/en/index.html

- Although SDC staff is well aware of the importance of vertical (institutionalization) and horizontal (geographic) scaling up, it is not systematically addressed during the preparation of projects.
    - Scaling up should be addressed more regularly and explicitly in Credit Proposals.
    - Scaling up strategies should be developed more often through projects.
    - SDC should adapt and adopt a simple theoretical framework to think through scaling up in a structured and systematic way, such as f.ex. the one developed by Expandnet.
    - There is a need to clarify SDC's role in supporting scaling up, in particular in terms of horizontal replication.
- Projects should support development of scaling up strategies, after evidence of results of pilot interventions and replication under routine conditions are available. This should include explicit and open discussions on role of SDC and other partners in scaling up process (rather than assumptions about role and capacities of public health sector), on bilateral or multilateral basis (sectoral coordination councils, cluster groups, etc.).
- There is a tension between introducing a relatively simple innovation that can be more easily scaled up and the need to have more comprehensive and complex health systems strengthening interventions, that can be more difficult to scale up.
- It is both important and difficult to start a project with the end (scaling up) in mind and avoid 'boutique' projects.
- Example South Africa from SDC: Nice "Boutique Project"; a new donor stepped in for scaling up, funding was there, political will as well – nevertheless the scaling up did not happen because too big funding, not enough capacities > momentum without strategy.
- Risks of premature scaling up: important to gather evidence of the effects of the pilot implemented under routine settings before scaling up, otherwise it can backfire. This requires rigorous research and data analysis.
- Important to plan an intermediate step; after the pilot project phase (driven by donor), putting the project into the "real" setting under government responsibility which is using realistic resources.
- The need to have continuity in the expert/resource team between the piloting and the scaling up- how to do this with the current need to tender subsequent phases and keep project relatively short?
- Evidence shows that 'soft components' tend to disappear during scaling up if they are not closely followed, such as attention to principles of human rights, equity (pro-poor focus, f.ex.) and gender equality.
- It is recommended that the expansion happens in steps, first developing interventions in pilot sites, then testing them in other sites under routine conditions and further adapting the interventions as well as gathering evidence, before further scaling up.
- The capacity of the user organization (typically the MoH & state health system) often needs to be strengthened if it is expected to replicate an innovation.
- Costs are a major factor in scaling up. They should be estimated and a candid discussion should take place with the user organization on the matter.
- SDC often sees the scaling up as an exit or consolidation phase. However, this is in contradiction with the challenge to be overcome, knowing that scaling up is more difficult than piloting in a limited and well defined area.
- The long term support necessary for successful scaling does not necessary mean to engage much financial resources, but long term capacity building, coaching and facilitation of change process.
- Open question: Should SDC join Expandnet?

E. For further reference:

Publications by WHO/ Expandnet on *www.expandnet.net* and:

1. *Practical guidance for scaling up health service innovations*
   http://www.who.int/reproductivehealth/publications/strategic_approach/9789241598521/en/
2. *Nine steps for developing a scaling-up strategy*
   http://www.who.int/reproductivehealth/publications/strategic_approach/9789241500319/en/index.html
3. *Scaling up health service delivery: from pilot innovations to policies and programmes*
   http://www.who.int/reproductivehealth/publications/strategic_approach/9789241563512/en/index.html
4. *Beginning with the end in mind - Planning pilot projects and other programmatic research for successful scaling up (newest publication)*
   http://whqlibdoc.who.int/publications/2011/9789241502320_eng.pdf