

## The Role of Scale-Up in Strengthening Health Systems

**Successful scaling-up requires realistic expectations and strategies that simultaneously expand an innovation and build institutional capacity.**

—ExpandNet/World Health Organization. *Nine Steps for Developing a Scaling-up Strategy.*

Health systems strengthening often involves scaling up proven health interventions throughout an entire national health system. In order to progress from a focused pilot project to widespread implementation, a scale-up strategy is necessary. Such a strategy must comprehensively analyze a health system's strengths and weaknesses and plan activities that strengthen the capacity of the system to sustain the intervention at scale. "Systems thinking" is critical for successful and sustainable scale-up.

For the purpose of this brief, the term "scale-up" — sometimes called "scaling-out," "scaling" and "spread"— refers to the science of taking a proven intervention and actively disseminating it throughout an entire system to achieve greater health impact. The term "intervention" is used to represent the evidence-based process, service or technology being scaled up.

### Recent Examples of FHI 360's Work

FHI 360 has experience in strategically and scientifically designing "scalable" pilot studies, developing scale-up strategies and implementing, monitoring and evaluating proven practices on a large scale.

- In Bangladesh, FHI 360's Alive & Thrive (A&T) Project has implemented a multilevel package of interventions designed to improve infant- and young-child feeding (IYCF) practices. Planned with scalability of the intervention in mind, A&T began by testing the IYCF community model in partnership with BRAC, the largest NGO in Bangladesh, and leveraged their built-in human resources, infrastructure, and monitoring mechanisms in order to rapidly expand IYCF from four to a total of 120 subdistricts. The project is now focused on expanding the IYCF model to all of the country's 482 subdistricts, through a national IYCF Alliance. Comprising over 20 stakeholders to help guide and coordinate the overall scale-up effort, the IYCF Alliance represents government, academia, private sector media companies and civil society. Results from the recent Bangladesh Demographic and Health Survey (DHS) show nationwide impact is already occurring, with exclusive breastfeeding rates among infants below six months increasing to 64 percent in 2011, after being stagnant at around 43 percent for the past 15 years.
- FHI 360 has been a global technical leader for nearly ten years in expanding community-based access to injectable contraception. Successful pilot research projects, initially in Uganda and Madagascar and subsequently in Kenya, Nigeria and Zambia, clearly identified the core components of the intervention. From these efforts, FHI 360 packaged training curricula, refined advocacy strategies aimed at national policy change and developed scale-up blueprints to support introduction and scale-up on a worldwide basis. South-to-South learning trips have proved to be a particularly successful strategy for regional scale-up. FHI 360 supported stakeholders from Rwanda, for example, to learn about this practice in Uganda. They then returned to develop a national scale-up plan, with FHI 360 providing guidance for training,

monitoring and evaluation. Advocacy efforts supported by FHI 360 have also contributed to scale-up: policy dialogues are underway in Kenya and Zambia, and national policy changes are being implemented in Nigeria and Uganda. FHI 360 is currently disseminating lessons learned from these scale-up experiences to a growing number of countries that are now interested in widespread implementation, particularly in West Africa.

## The Evidence

Successful scale-up requires strategic planning, including a comprehensive analysis of the system into which the intervention will be introduced. A growing body of evidence identifies key barriers to, and facilitators of, successful scale-up, from which organizations and experts have developed guidance. While scale-up models tend to share common components, the language used in the various models may differ. Table 1, compiled primarily from the ExpandNet/WHO framework, presents key components that should be considered when designing a scale-up strategy.

In addition to the components presented in Table 1, the available literature on scaling up interventions in the international health arena identifies the following key points to consider when planning for scale-up:

- **Scaling-up is complex and must be approached strategically with a range of stakeholders.** Successful scale-up is more likely when key stakeholders — including researchers, programmers, policymakers and beneficiaries — engage in a collaborative planning process, using a scale-up framework that comprehensively addresses the barriers listed in Table 1.
- **Planning for scale-up should happen as early as possible.** Pilot projects often demonstrate success, only to falter at scale-up. One reason is that pilot projects are frequently designed without considering subsequent needs for sustainable, large-scale implementation, such as ongoing financial resources or political commitment. Ideally, pilot projects should be developed and implemented to comply with characteristics that make it as “scalable” as possible (see Table 1). However, circumstances change over time, and it is important that stakeholders revisit these criteria again prior to and during the actual scaling-up. The sooner a scale-up strategy is developed that addresses the key components in Table 1, the smoother the scale-up process will be.
- **Adequate attention to financial resources in support of scale-up is required.** It is important to use the best available information to estimate scale-up costs and solidify financial commitments before project launch. Research has demonstrated that steady funding over time greatly facilitates scale-up.
- **Scale-up requires specific monitoring and evaluation (M&E).** It is crucial to collect real-time information about the scale-up process, in order to understand the unexpected events and organic change that are an inevitable part of scale-up and to apply corrective, midcourse adjustments. Process data, used to inform key stakeholders, can foster continued commitment to the scale-up process and maintain momentum. Impact data are ideal, but attributing outcomes to specific scale-up strategies can be challenging without an experimental design. Nonetheless, a composite of data from qualitative and quantitative methodologies will help produce a more comprehensive picture of the process and outcomes.

- **There is no “one size fits all” approach to scale-up.**

Every situation is unique and therefore requires a tailored scale-up strategy. The strategy can employ different scale-up approaches, depending on the needs of the specific context. In international health, a hybrid of one or more approaches may be most useful for addressing the complex nature of health systems and the change required at multiple levels (cultural, institutional, individual). These different scale-up approaches are described in documents referenced at the end of this brief.

## Relevance of Scale-Up to Strengthening Health Systems

Scale-up planning requires analyzing the capacity of the different health systems' building blocks to sustain the intervention at scale. Scaling-up also presents an opportunity to strengthen the health system, when needed. This synergy is evident in the illustrative questions below, which help guide a health systems analysis as part of scale-up planning.

- **Governance**—Are there national policies in place to support the scale-up of the intervention? Do sector-wide plans incorporate the scale-up of the intervention?
- **Health financing**—Where will funding to support scale-up come from? Would resources for scale-up also support other aspects of service delivery? Will the new intervention require changing the health-financing component of the health system (user fees, insurance schemes, etc.)?
- **Human resources**—Are there sufficient numbers of the correct cadre of health care providers to implement the intervention at scale? How will scale-up affect workload and responsibilities of different health care providers? Would training for the intervention equip providers with skills needed for other services?
- **Health Information Systems (HIS)**—How can indicators related to the progress and impact of scale-up be incorporated into the routine HIS? Can that system be strengthened to capture what is needed for monitoring and evaluation of scale-up?
- **Supplies and equipment**—Are the necessary supplies and equipment available to support the intervention at scale? What needs to be changed in the supply chain management system to allow for scale-up?
- **Service delivery**—Are current service delivery models appropriate for scale-up? How would the new intervention affect the delivery of other services?

**TABLE 1: FACTORS TO CONSIDER WHEN DESIGNING A SCALE-UP STRATEGY**

Components of a Scale-up Strategy	Facilitating Characteristics	Potential Barriers/Challenges
<b>Intervention</b>	The acronym “CORRECT” represents characteristics of an intervention that make it better suited for scale-up: <ul style="list-style-type: none"> <li>• Credible</li> <li>• Observable</li> <li>• Relevant</li> <li>• Relative Advantage</li> <li>• Easy to install/transfer</li> <li>• Compatible</li> <li>• Testable</li> </ul>	<ul style="list-style-type: none"> <li>• Too complex or requires too much change from current practice to be replicable</li> <li>• Not “packaged” for future replication/implementation</li> <li>• Too costly for real-world, large-scale implementation</li> <li>• Not relevant to needs or perceived problems of end-users (policymakers, program managers, health care personnel, etc)</li> <li>• Insufficient evidence of its effectiveness</li> </ul>
<b>User group:</b> organization/ entity adopting and implementing the scale-up	<ul style="list-style-type: none"> <li>• Perceives a need for the intervention, or for change</li> <li>• Adequate capacity to implement the intervention at scale</li> <li>• Supportive leadership, champions, “change agents”</li> <li>• Organizational accountability for the scale-up</li> </ul>	<ul style="list-style-type: none"> <li>• No buy-in; intervention is being “pushed” from outside</li> <li>• Intervention requires resources that the user group does not possess, with no plans for how to acquire them</li> <li>• No person(s) tasked with oversight of scale-up process</li> <li>• Unable to see progress being made during scale-up process</li> </ul>
<b>Resource team:</b> organization/entity providing leadership and TA for scale-up	<ul style="list-style-type: none"> <li>• Expertise in the intervention being scaled up (e.g., participated in pilot)</li> <li>• Familiarity with the implementation context and with the user group (ideally includes representative(s) from user group)</li> <li>• Capacity to provide effective technical assistance (TA) and/or additional resources to user group for scale-up process</li> <li>• Appropriately positioned and trained to advocate for scale-up</li> </ul>	<ul style="list-style-type: none"> <li>• No unifying goal or vision</li> <li>• Not sufficiently linked to the implementation context</li> <li>• Not considered credible by the user group</li> <li>• Unable to effectively provide technical assistance, due to lack of resources, inability to organize, insufficient skills in training or communication</li> </ul>
<b>External context/ environment:</b> environment in which scale-up will occur	Will vary, but could include: <ul style="list-style-type: none"> <li>• Visible support for scale-up from influential individuals and organizations</li> <li>• Related initiatives that could help support/expand the scale-up</li> <li>• Stable political landscape</li> <li>• Favorable policies toward the practice being scaled up</li> </ul>	Will vary, but could include: <ul style="list-style-type: none"> <li>• Upcoming elections</li> <li>• Significant impending political/policy reform</li> <li>• Slow bureaucratic processes</li> <li>• Visible/vocal opposition to the intervention being scaled up</li> </ul>

**Footnote:** Other scale-up frameworks and models that informed this table are identified in the reference list by an asterisk (\*).

### FHI 360’s Expertise and Services in Scale-Up

FHI 360 staff can provide technical assistance in the following aspects of scale-up:

- Developing scale-up strategies and plans that address institutionalization as well as geographic expansion
- Adapting and refining an evidence-based intervention for implementation at scale
- Analyzing the relationship between the health system’s capacity and the proposed scale-up, including opportunities to strengthen the health system as part of the scale-up process
- Monitoring and evaluating the scale-up process, using sample M&E frameworks, tools and measurements/indicators
- Estimating scale-up costs and the cost-effectiveness of scaling up a new intervention

### Lessons, Challenges and the Way Forward

Scaling-up a given practice in a complex health system requires strategic planning, collaboration, clear communication and a strong monitoring and evaluation component. Donors, programmers and policymakers must take the time to collectively identify the best strategy for their context. This involves adequately allocating the necessary resources — both human and financial — and conducting the appropriate analysis to identify synergies between the scaling-up strategy and the health system. In the face of continual pressure to do more and to do it faster, these actions can strengthen health systems, improve outcomes at scale and generate important knowledge for the global community about *how* to efficiently and effectively scale up.



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