

# Stakeholders – who should be involved in scaling up?

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# Definitions



**Stakeholders** in a process are actors (persons or organizations) with a vested interest in the policy being promoted.<sup>1</sup>

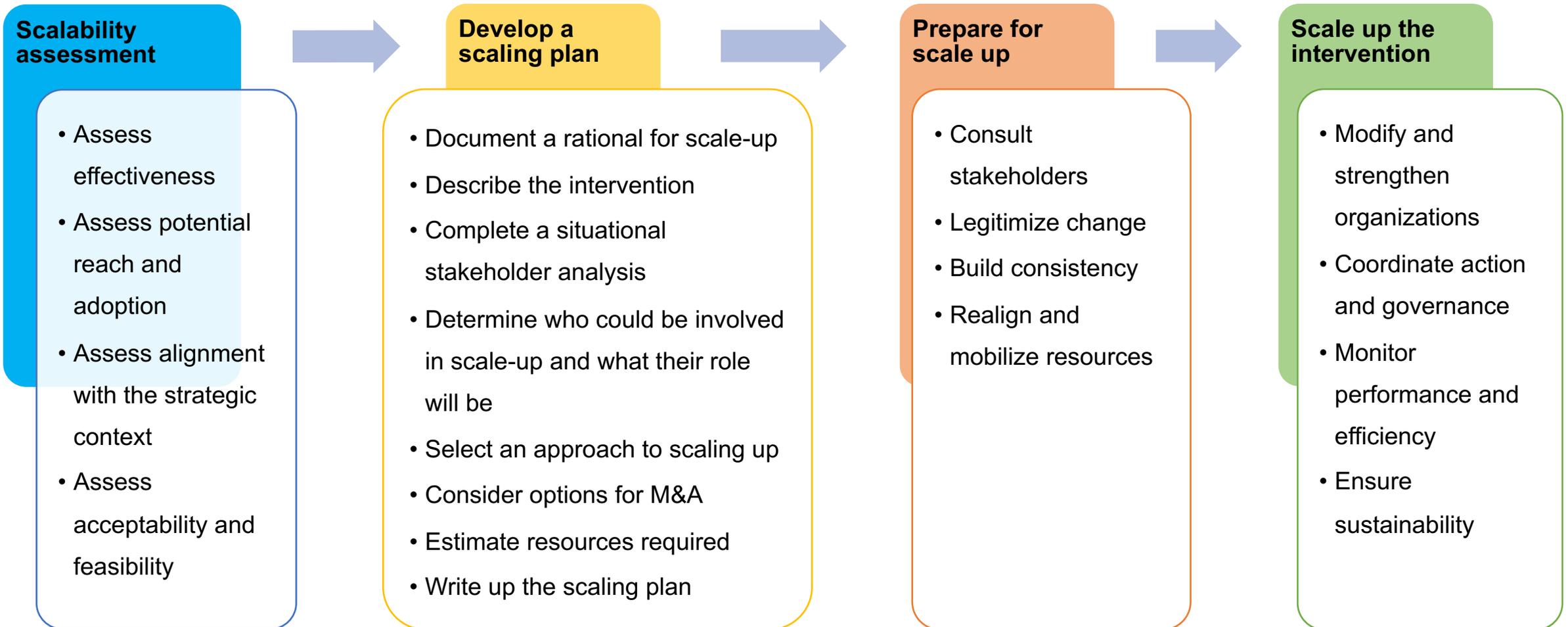


**Scaling up** : Deliberate efforts to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and programme development on a lasting basis.<sup>2</sup>



**Scalability** : The ability of a health intervention shown to be efficacious on a small scale and or under controlled conditions to be expanded under real-world conditions to reach a greater proportion of the eligible population, while retaining effectiveness .<sup>3</sup>

# Phases of scaling up



# Barriers & facilitators for scaling up

## Facilitators

- Advocacy
- Political will
- Policies/guidelines
- Alignment with governmental priorities
- Simplicity of intervention
- Availability of strategic plan
- Collaborations
- Availability of research and M&A
- Need/ demand for interventions
- Sustained involvement of highly committed individuals

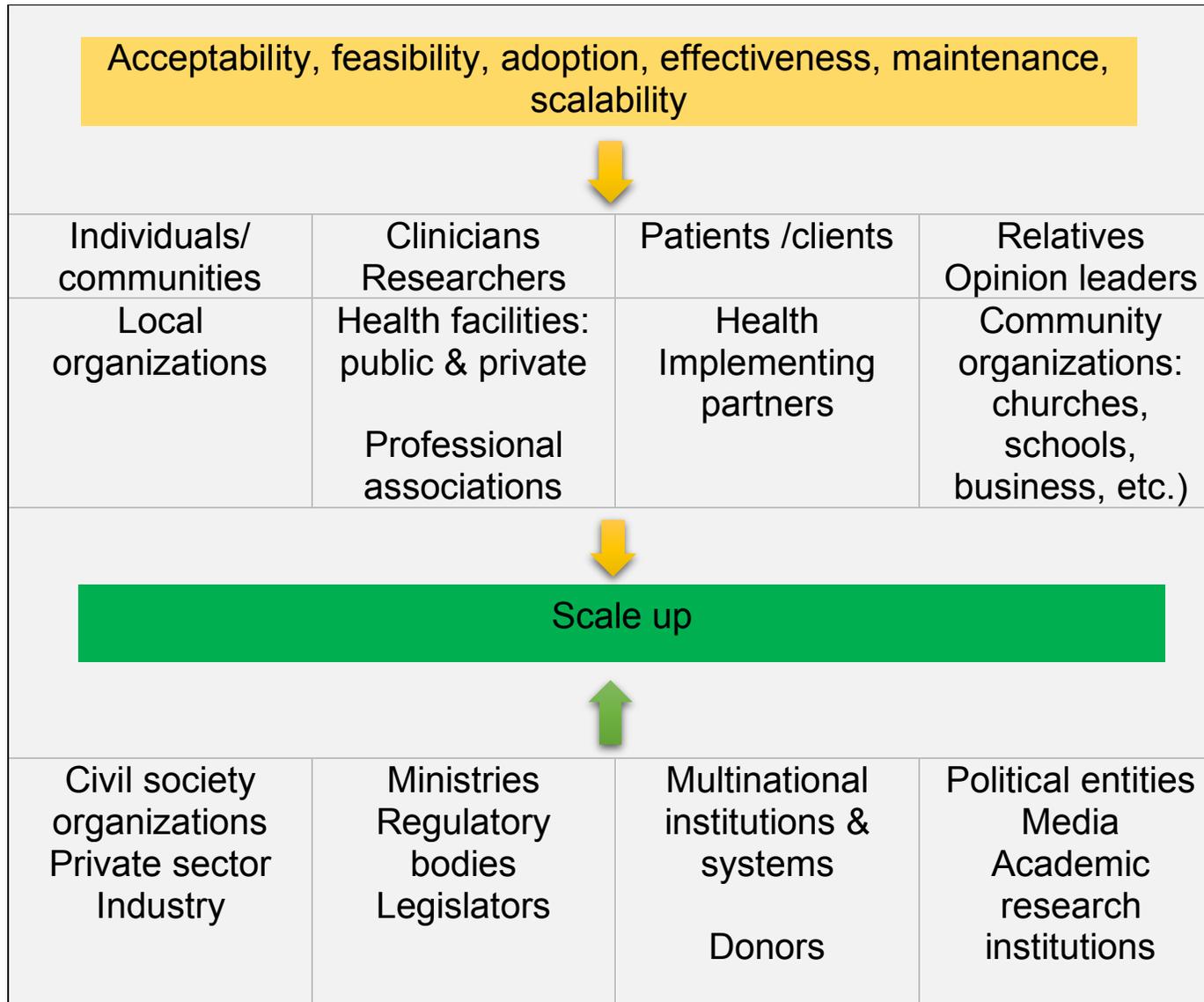
## Both

- Financial resources
- Human resources
- Material resources
- Time
- Politics
- Leadership
- Sociocultural environment

## Barriers

- Weak health systems and governance
- Insufficient training & supervision
- Reluctance by implementing organization

# Who are the stakeholders in GH?



# Stakeholders' selection

- Understand who is needed to achieve the goal of the partnership. Who needs to make the decisions to act, to get others to act or to support the work enough to enable it to happen?
- Understand that each stakeholder has unique perspective, understanding of risks and set of incentives that drive them
- To understand their needs & motivations for achieving the goal, a stakeholder analysis should be conducted to define:
  - The assets each stakeholder brings
  - The role each stakeholder has in achieving the goal
  - The data each stakeholder needs to know
  - The perceived risks and incentives held by each stakeholder
  - The time that is optimal for each stakeholder to be able to engage effectively

Name of Stakeholder and Brief Description	Level of Knowledge of the Issue	Interests in the Issue and Potential Intervention(s)	Level of Support or Opposition	Available Resources	Potential Role(s) in the Policy Process	Engagement Activities
<i>Organization, group or individual</i>	<i>Specific expertise?</i>	<i>What are their stakes?</i>	<i>Strong? Weak?</i>	<i>Staff, volunteers, money, technology, information, influence, potential champions?</i>	<i>Analysis, planning, sponsorship, adopter, implementation, communications</i>	<i>This field can be used to plan and track engagement activities</i>

# Case study: NCDs Multisectoral Action Plan in Bangladesh

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## Problem:

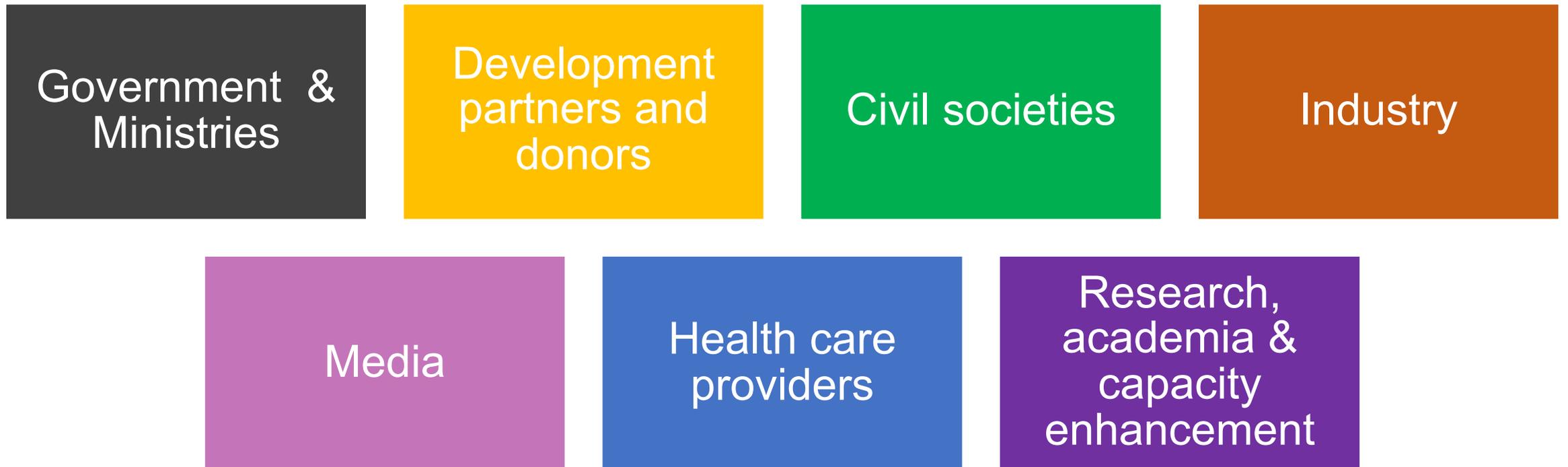
- NCDs cause 67% of total deaths in Bangladesh while infectious and MCHs diseases account for 26%.
- Major killers are cardiovascular disease(30%), cancers(12%), diabetes(3%) and chronic respiratory diseases(10%).

## Solution:

- There is evidence that NCDs are highly preventable by addressing risk factors such as smoking, physical inactivity, unhealthy diet and poverty.
- Need for a collaboration between health and non-health sectors
- In 2018 the country developed a multisectoral action plan for prevention and control of NCD

# Case study :NCDs Multisectoral Action Plan in Bangladesh

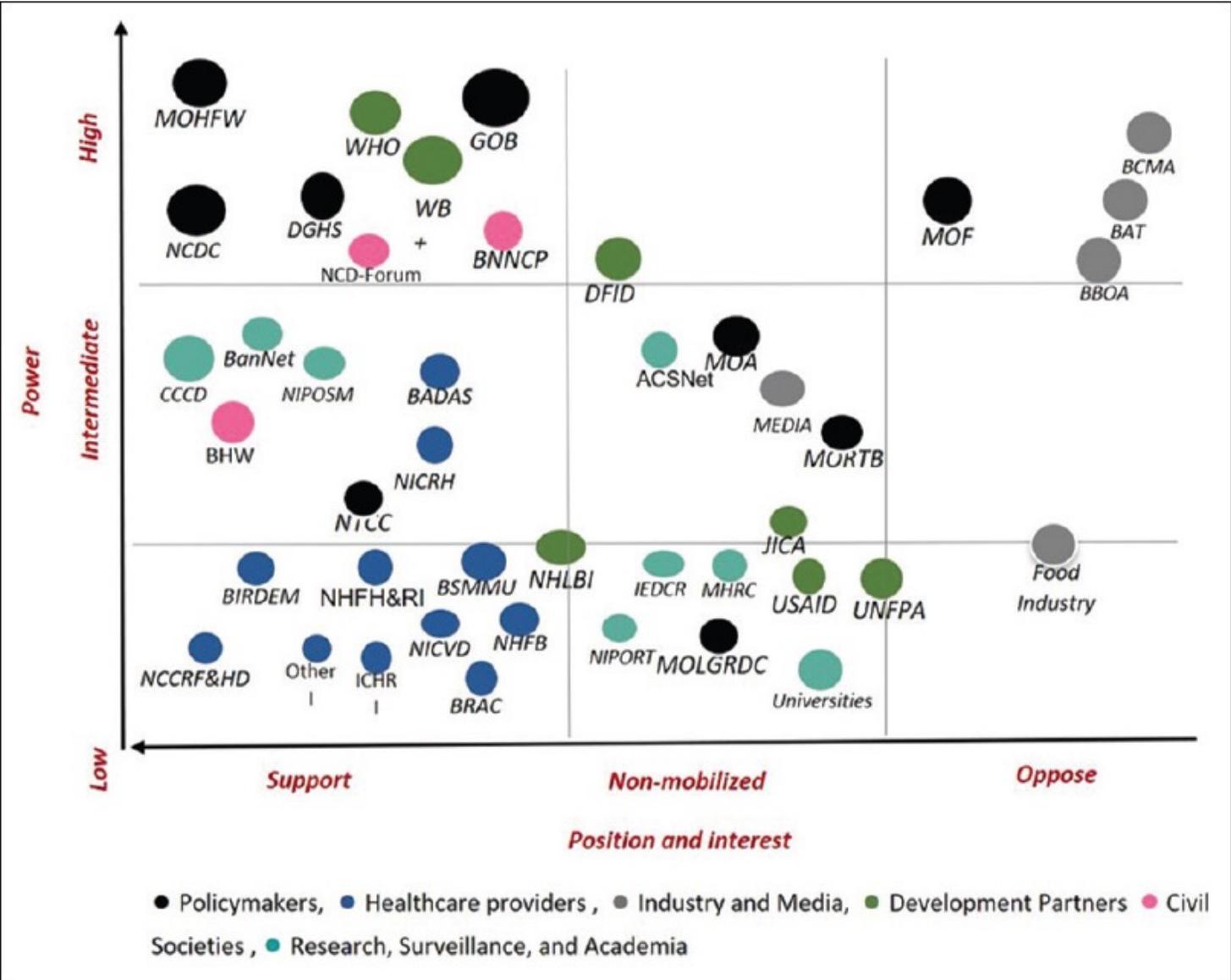
**Plan objective:** collaboration between health, nonhealth ministries, community leaders, NGOs and private sector to achieve 25% reduction in NCD mortality by 2025. Main stakeholders involved:



# Case study :NCDs Multisectoral Action Plan in Bangladesh - Stakeholder Analysis

Stakeholder	Justification	Power	Position	Interest
Government of Bangladesh	Political power to develop policies & are interested in NCDs	↑	support	↑
MoH & Family welfare	Interested in reducing burden of NCDs	↑	Support	↑
Ministry of Agriculture	They have power to develop policies but not related to NCDs	↔	Non-mobilized	↓
Ministry of Finance	Can be influenced by tobacco companies and thus affect the implementation policy	↑	oppose	↓
WHO	Interested in reducing the national and global	↑	support	↑
National institute of Cancer	Provide knowledge in cancer	↔	support	↑
Food industry	Opposing forces to health promotion through control of media advertising that can influence people	↔	oppose	↓
Tobacco industry	Opposing forces to health promotion	↑	oppose	↓
Mass media	It supports implementing the tobacco act through awareness but participation for other risk factors is weak	↔	Non-mobilized	↑ on tobacco ↓ on others
Center of control of chronic diseases	It has the power to influence policy	↔	support	↑
Medical university	Interested in producing a specialized health workforce in NCDs	↓	support	↔

# Stakeholder's power & position matrix: Bangladesh Case study



Source: Elfarrar RM, 2021

# Case study :NCDs Multisectoral Action Plan in Bangladesh- Conclusions

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- Although there is a multisectoral action plan in place there is apparent gap in participation of nonhealth ministries
- The Ministry of agriculture and transport have proposed some activities that will impact NCDs status , however there is no clear linkage between their plans and NCDs
- Although the government holds a high commitment to tackle NCDs, this was not translated into actions
- Development partners power mainly lies in financial resources they provide to health sector, but NCDs is not a priority or interest
- Tobacco & food industry have opposing position

# Last remarks

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- Stakeholders should be involved in all phases of scaling up
- Not all stakeholders needs to be overloaded with information & details
- Its necessary to create an integrated work plan to ensure the expectations of stakeholders, description of actions, targets and communication among stakeholders are shared efficiently
- The entity that coordinates the intervention, needs to earn & maintain trust with all stakeholders and establish a good communication
- Successes as well as setbacks should be shared!

# Bibliography

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