GACD Implementation Science e-Hub

ADVANCED PROGRAMME

GLOBAL ALLIANCE FOR CHRONIC DISEASES
AN ALLIANCE OF HEALTH RESEARCH FUNDERS

MODULE 1 | LECTURE 1B

Planning for scale from an implementation science perspective

Lisa Hirschhorn

Northwestern University Feinberg School of Medicine

Havey Institute for Global Health– USA

Lecture overview

- Decisions of when and how to scale and how IS can help
- What do we know about how to scale
- What can we learn from other fields
- Thinking about planning for scale from the start
- Starter checklist

There are processes and frameworks for scaling up (more on that later)

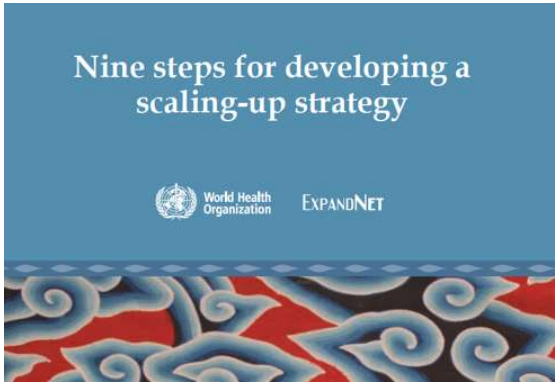
- These can (and should)guide your planning **from the start**
- Implementation science can help you in that planning and as you scale
  - Context
  - Strategies
  - Learning from variability
    - Moderators
    - mediators

Definition from WHO

"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"

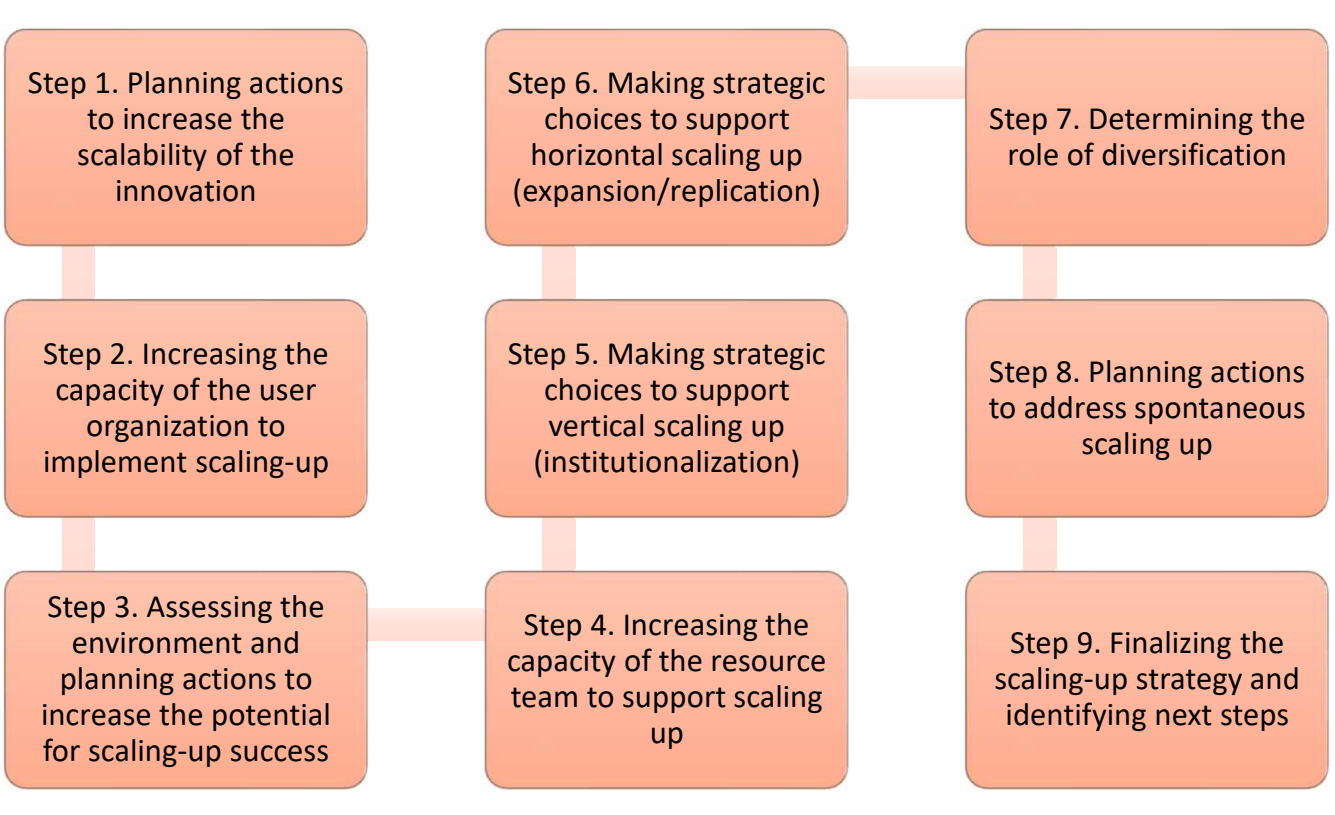
WHO 9 steps to developing a scale –up strategy

- 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 *(adaptation*)**
- Step 8. Planning actions to address spontaneous scaling up
- Step 9. Finalizing the scaling-up strategy and identifying next steps



Nine steps for developing a scale up strategy (WHO, 2010) https://www.who.int/publications/i/item/9789241500319, from ExpandNet

Nine steps for developing a scale up strategy



Informed by these nine steps, researchers overlay scientific principles to plan for and study the scale up process, evaluate impact, and make generalisable recommendations

Nine steps for developing a scale up strategy (WHO, 2010) https://www.who.int/publications/i/item/9789241500319

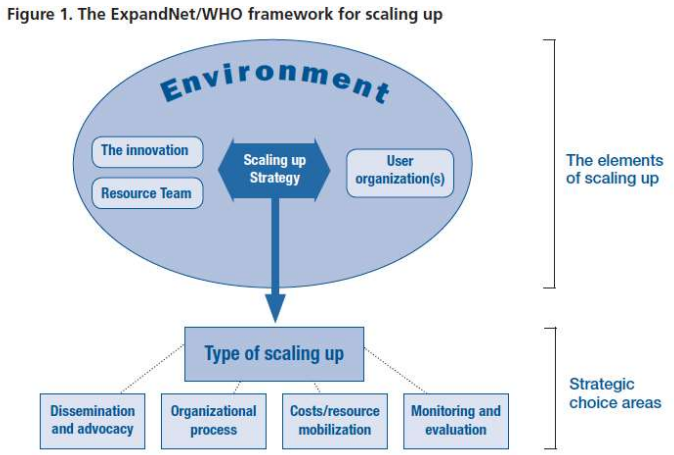
Guiding principles: across the steps

PLUS: Focus on adaptative learning, where variability in strategies (and intervention) are needed, who and how you identify and engage all stakeholders

Nine steps for developing a scale up strategy (WHO, 2010) https://www.who.int/publications/i/item/9789241500319

Some Strategic decision domains

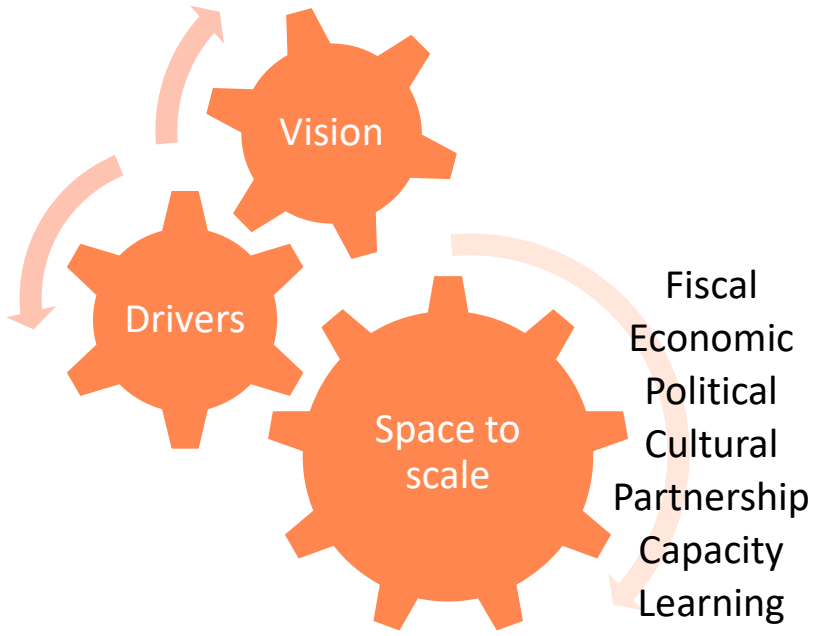
- Strategy: adapting and scaling
- Organisational process
- Dissemination and advocacy
- Monitoring and evaluation
- Costs and resource mobilisation
- Where to start, how fast
- Engagement of leadership and other constituents (how, when, what)
- How to plan for sustainability



Adapted from Nine steps for developing a scale up strategy (WHO, 2010)
https://www.who.int/publications/i/item/9789241500319

Decisions on whether to scale-context

Three building blocks:



Requires:

- Leadership and values
- Political constituencies (broad)
- Goals/incentives and accountability (Drivers)
- Systematic monitoring and evaluation
  - Strategies, implementation outcomes
- (Hopefully) Orderly and (usually) gradual process building on the results from scale

Adapted from Hartmann and Lin. Scaling up a Framework and Lessons for Development Effectiveness from literature and practice
https://www.brookings.edu/wp-content/uploads/2016/06/200710_scaling_up_linn.pdf

Decisions on whether to scale-what you are scaling

Innovations with the '**CORRECT**' features are most likely to be successfully scaled with transfer to the final “owner” (usually national)

- **C**redible
- **O**bservable
- **R**elevant
- **R**elative advantage
- **E**asy to install and understand
- **C**ompatible
- **T**estable

Bulthuis, S., Kok, M., Onvlee, O. *et al.* Assessing the scalability of a health management-strengthening intervention at the district level: a qualitative study in Ghana, Malawi and Uganda. *Health Res Policy Sys* **20**, 85 (2022).

Decisions on whether to scale (3)

See 'Further learning' content in Module 1 for access to this video

The nature of your scale

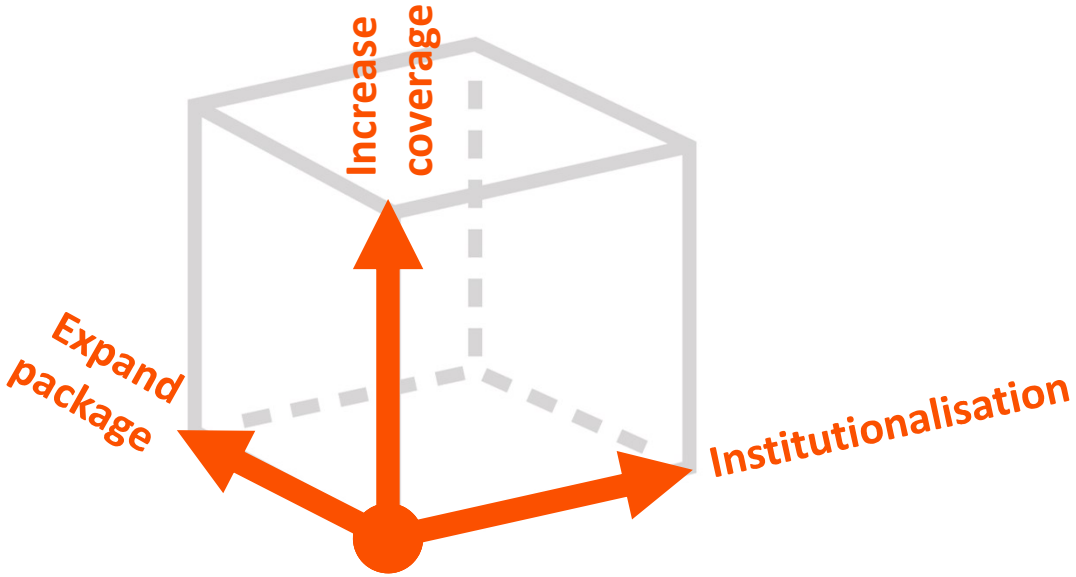
- Scale up or scale out[1]
- Dimension[2]
  - Quantitative
  - Functional
  - Political
  - Organizational

- WHO ExpandNet:
  - Vertical (institutionalization)
  - Horizontal (expansion/replication)
  - Diversification
  - Spontaneous

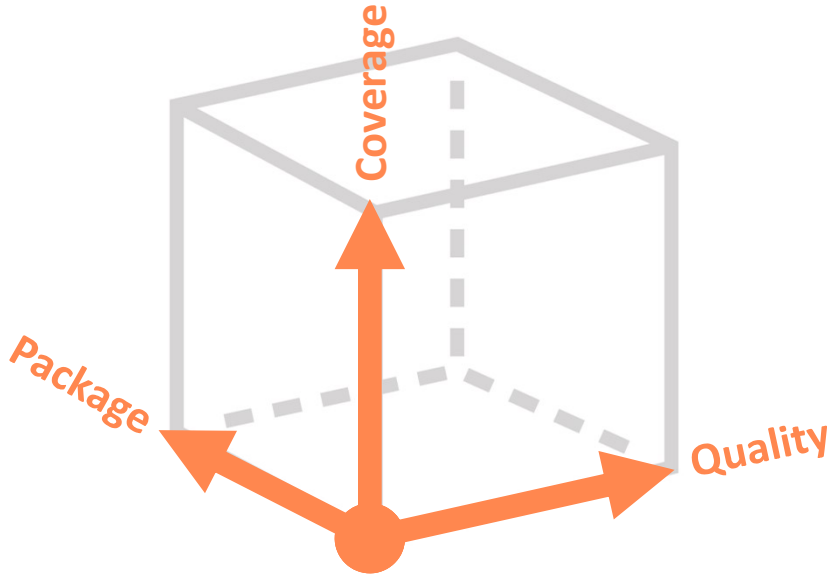
1. See 'Further learning' lecture on e-Hub Advanced Programme from Mark Huffman; 2. Uvin (1995) World Development 23(6):927-939.

Different dimensions of your scale

AND EQUITY!!



van Olmen J et al. (2020) Glob Health Action. 13(1):1824382.: Scale-up integrated care for diabetes and hypertension in Cambodia, Slovenia and Belgium (SCUBY):



www.suni-sea.org/en/resources/suni-sea-white-paper/
Concepts and frameworks for management and research in community-based healthcare

IS and Scale up

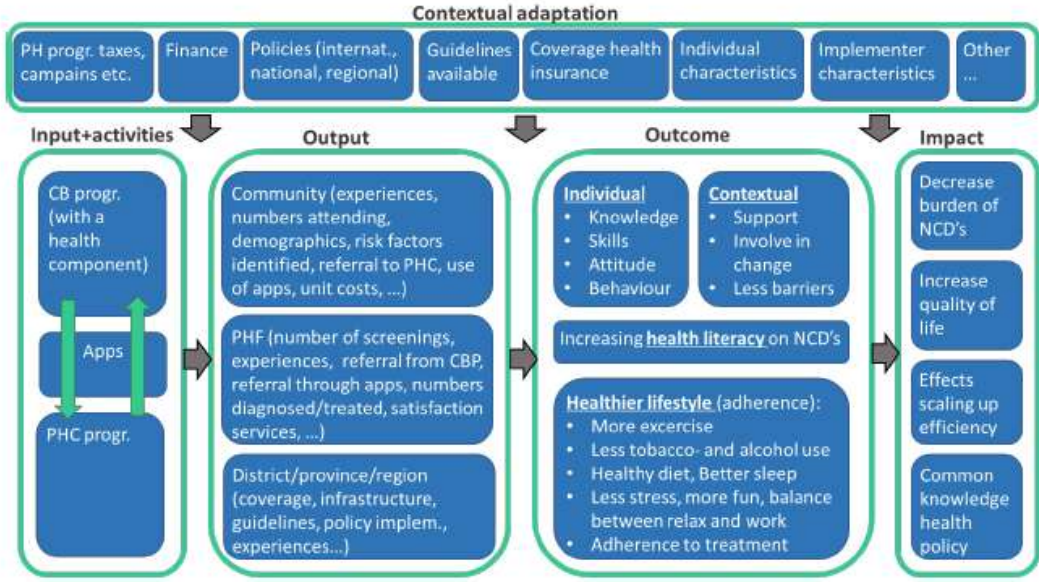


Figure 10 Theory of Change SUNI-SEA

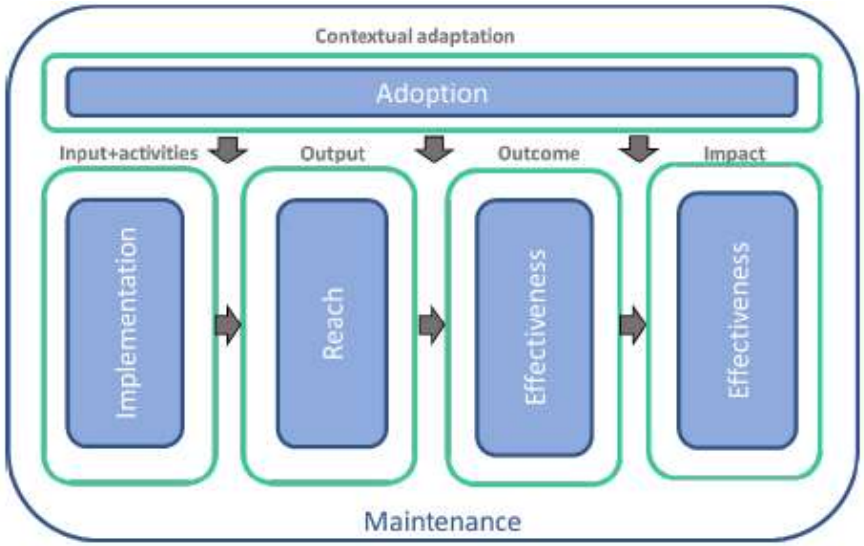


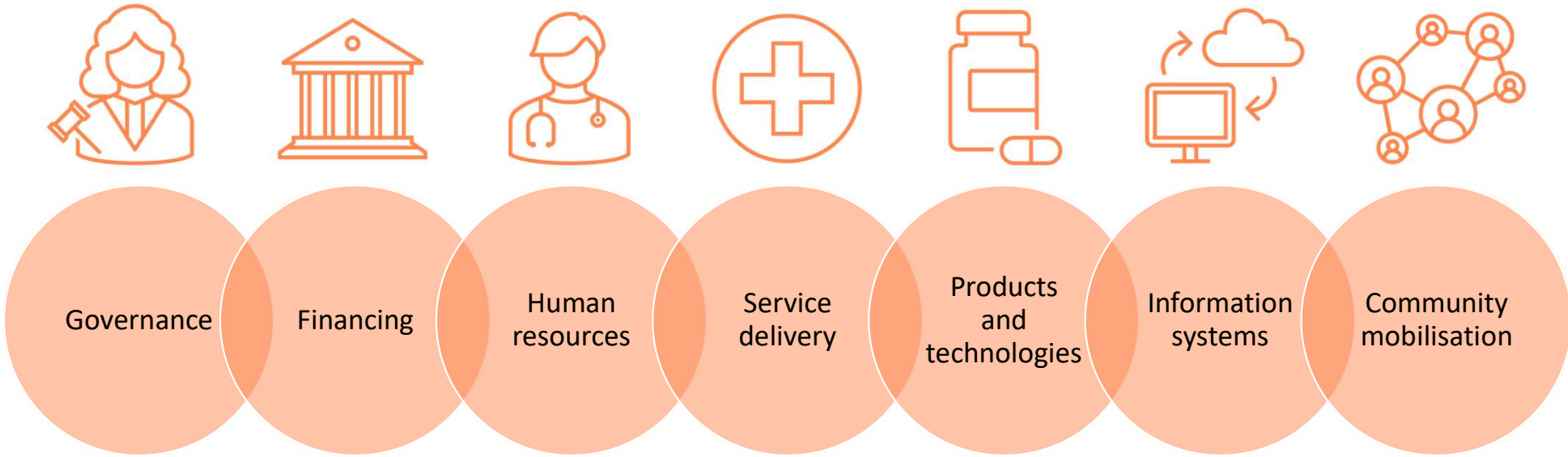
Figure 11 RE-AIM framework for SUNI-SEA

www.suni-sea.org/en/resources/suni-sea-white-paper/ **Concepts and frameworks for management and research in community-based healthcare**

Decide on your speed (and if and how to increase)

- What evidence do you have from your pilot (or will you need)?
- What strategies work and are scalable?
- How will context influence how much adaptation is needed and where capacity is missing?
- How can we optimise the speed of intervention delivery upon identifying effectiveness? Who needs to agree?
- How do we balance important dimensions? (speed, equity, quality)
- How does the intervention implementation gap influence speed
  - Epidemic versus chronic disease
- What factors will impact speed of scale?
- What strategies will enhance speed?
- How do we increase speed for disadvantaged groups?

Learn from successes (and failures) across the Building Blocks from other interventions (ex. HIV)



Next slide has full details. Pause to read in your own time.

Abimbola et al. (2019) WHO Bulletin

Barriers to scale up	Successful Solutions from the HIV field	Application to NCD interventions
Governance	▪ Performance-based financing ▪ Global and national target-setting	HIV field used global targets and commitments, such as the MDGs to engage political action. This is now happening for noncommunicable disease prevention and control, with the UN High-Level meetings and the SDGs.
Financing	▪ Removal of user fees ▪ Price negotiations	The HIV experience suggests that public-private partnerships may be important in ensuring equitable access to treatment, thereby facilitating scale up on the most resource-poor settings. Such arrangements, involving preferential pricing, may not be necessary for many cardiovascular disease treatments that are largely off patent, but potentially relevant to new generations of cancer treatments.
Human resources	▪ Task-shifting to and task-sharing with community health workers ▪ Expert patients and peer supporters	Transferring ART care from doctors to nurses has been shown to be an effective and cost–effective strategy within HIV treatment.[5] For noncommunicable disease interventions historically delivered by health professions (such as risk-factor screening) can be delivered by peer-leaders and/or community health workers.
Service delivery	▪ Decentralised services ▪ Adherence support ▪ Infrastructure repairs and renovations to health-care facilities	Examples for noncommunicable diseases include modifications in service delivery such as decentralized community–based noncommunicable disease care and the use of community health workers for medication adherence support.
Products and technologies	▪ Supply chain and procurement systems development ▪ Mobile health interventions	Mobile health delivery systems and short messaging services are enabling large-scale risk detection, behaviour change interventions, and monitoring and evaluation efforts in noncommunicable disease.
Information systems	▪ On-site and electronic medical records ▪ Harmonization of information platforms	The HIV experience involved developing parallel information systems that were subsequently integrated into national health information systems. There are now efforts to similarly integrate noncommunicable disease information into national systems alongside HIV information, including with the use of electronic platforms.[6]
Community mobilization	▪ Co-designed interventions and quality improvement systems	Collective community action and systems thinking is being used to co-design whole-of-community solutions for noncommunicable diseases.[7]

Abimbola et al. (2019)

Learning on strategies from success in scale up of interventions to reduce under-5 mortality

	Bangladesh	Nepal	Rwanda	Senegal
U5M rate, deaths per 1000 live births (2000–2015)	86 → 37	79 → 35	158 → 52	117 → 52
Focus on healthcare equity	●	●	●	●
Donor and implementing partner coordination	●	●	●	●
Engagement of in-country stakeholders	●	○	●	●
Engagement of international stakeholders and partners	●	●	●	●
Community engagement	●	●	●	●
Data use for understanding gaps, implementing and adapting	●	●	●	●
Data generation by in country institutions and use	●	●	●	●
Rapid and early adoption of new innovations	●	○	●	●
Early focus on neonatal mortality	●	●	○	●
Building on pre-existing Primary Health Care (PHC) systems	●	●	●	●
Building on CHW program	●	●	●	●
Health Systems strengthening	●	●	●	●
Accountability for Evidence-Based Intervention (EBI) delivery	●	●	●	●
Supportive supervision for quality	●	●	●	●

● *Strategy effectively implemented* ● *Strategy implemented with variable success* ○ *Strategy not implemented*

www.UGH.org, https://www.exemplars.health/topics/under-five-mortality/cross-country-synthesis

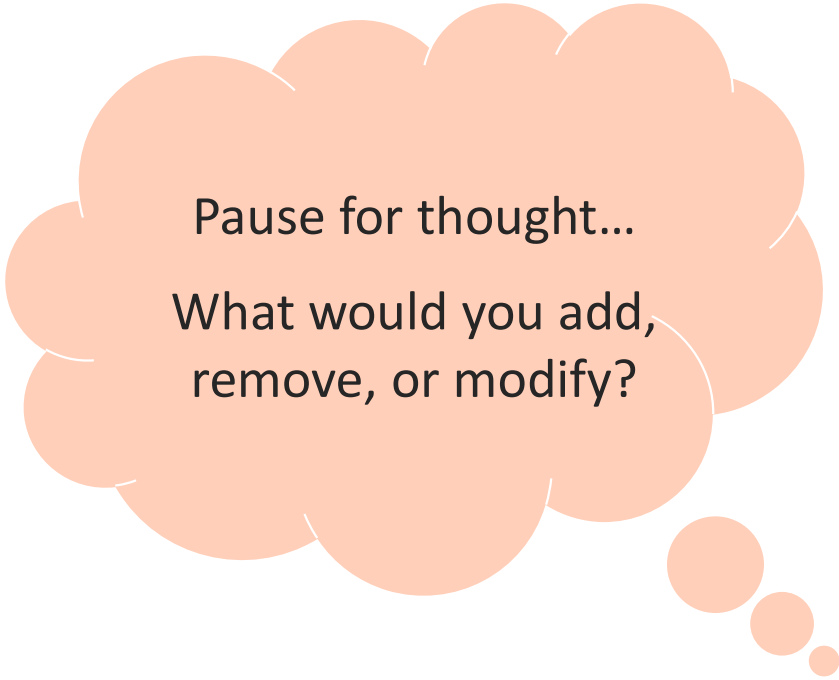
And again: “Beginning with the end in mind”

1. Engage in a participatory process involving key stakeholders
2. Ensure the relevance of the proposed innovation
3. Reach consensus on expectations for scale-up
4. Tailor the innovation to the sociocultural and institutional settings *(your pilot)
5. Keep the innovation and strategies as simple as possible
6. Test the innovation in the variety of sociocultural and institutional settings where it will be scaled-up
7. Test the innovation under the routine operating conditions and existing resource constraints of the health system
8. Develop plans to assess and document the process of implementation and where adaptation is needed
9. Advocate with national systems and other sources of funding for financial beyond the pilot stage support
10. Work with stakeholders to 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 scale-up before the “required” evidence is available

Adapted from Beginning with the end in mind (WHO/ExpandNet)

Planning for scale: starter checklist

- ✓***Should*** you scale up?
  - Is there demand? From whom?
  - Have you considered all the WHO and other guiding principles?
- ✓***Can*** you scale up?
  - Is the intervention 'CORRECT'?
  - Is it scalable?
  - Are the strategies scalable?
- ✓What is the nature of the scale?
- ✓How quickly is scale up needed?
- ✓What successes and challenges have others encountered?
- ✓How can you plan for sustainability
- ✓What can be learned from the pilot?



Key messages

1	WHO (and others) gives guidance on how to scale up; as researchers we "add in the science"
2	Before launching into scale up efforts, decide whether and when you can and should scale up (and who should decide)
3	Learn from success (and failures) in other areas in health, education, agriculture, etc
4	Ensure you focus on equity and sustainability from the start

Reference list

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