The CQUIN Learning Network

The Science & Practice of Scale Up

Scaling-up maternal and newborn health innovations: how and why does it happen?

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June 26-29
Mbabane, Swaziland

HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

The Science & Practice of SCALE-UP

Empowering Health for 15 years ICAP
Columbia University Mailman School of Public Health

Scalability

Innovation effectiveness

Systems readiness

Evidence

Coverage

Diffusion

Government engagement

Personality

Passion

Power

Emotional buy-in

Vision

Alignment

Luck

Ownership

Belief

Flexibility

Harmonisation

Trust

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Key message

Scale-up is an **craft** as well as a **science:** multiple **human factors** influence scale-up beyond developing a **strong innovation** and having **evidence of its impacts**

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Study background

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- *Informed Decisions for Actions in Maternal & Newborn Health*
- Monitoring Learning and Evaluation grant from BMGF to LSHTM 2010-2020
- Three geographies: Ethiopia, northeast Nigeria and Uttar Pradesh and West Bengal in India
- Focus: BMGF-funded innovations to **strengthen community health workers** for Maternal and Newborn Health (MNH)
  1. **Interactions** between community health workers and families
  2. **Behaviour change** in MNH
  3. Exploring how and why **scale-up** happens
  4. Measuring **coverage** of life-saving interventions and survival
  5. Fostering **local decision making**

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Exploring how and why scale-up happens

Aims

1. *To identify the **critical actions** required to catalyse scale-up of externally funded MNH innovations*
2. *To identify **contextual factors** influencing innovations scale-up*

Qualitative case study design

- In-depth qualitative interviews
  - 150 (2012/13) and 60 (2014/15) in Ethiopia, Nigeria, India, UK, USA
  - Stakeholders in MNH: government; development agencies; implementers; professional associations; academics/experts; frontline workers
- Selected case study MNH innovations for detailed investigation

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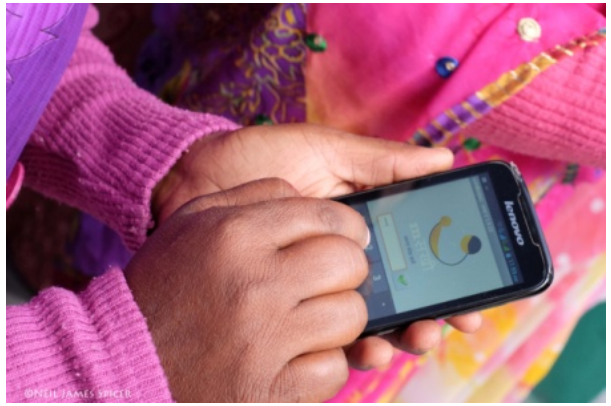
Case studies: Gates-funded MNH project innovations successfully scaled

Ethiopia: Sepsis case management by Heath Extension Workers (HEWs)

Uttar Pradesh: *mSakhi* smart phone app for Accredited Social Health Activists (ASHAs)



Northeast Nigeria: Emergency Transport Scheme

How did we define scale-up?

Adoption of externally-funded health innovations by government or other actors to increase geographical reach and to benefit a greater number of people beyond externally funded implementers' programme districts

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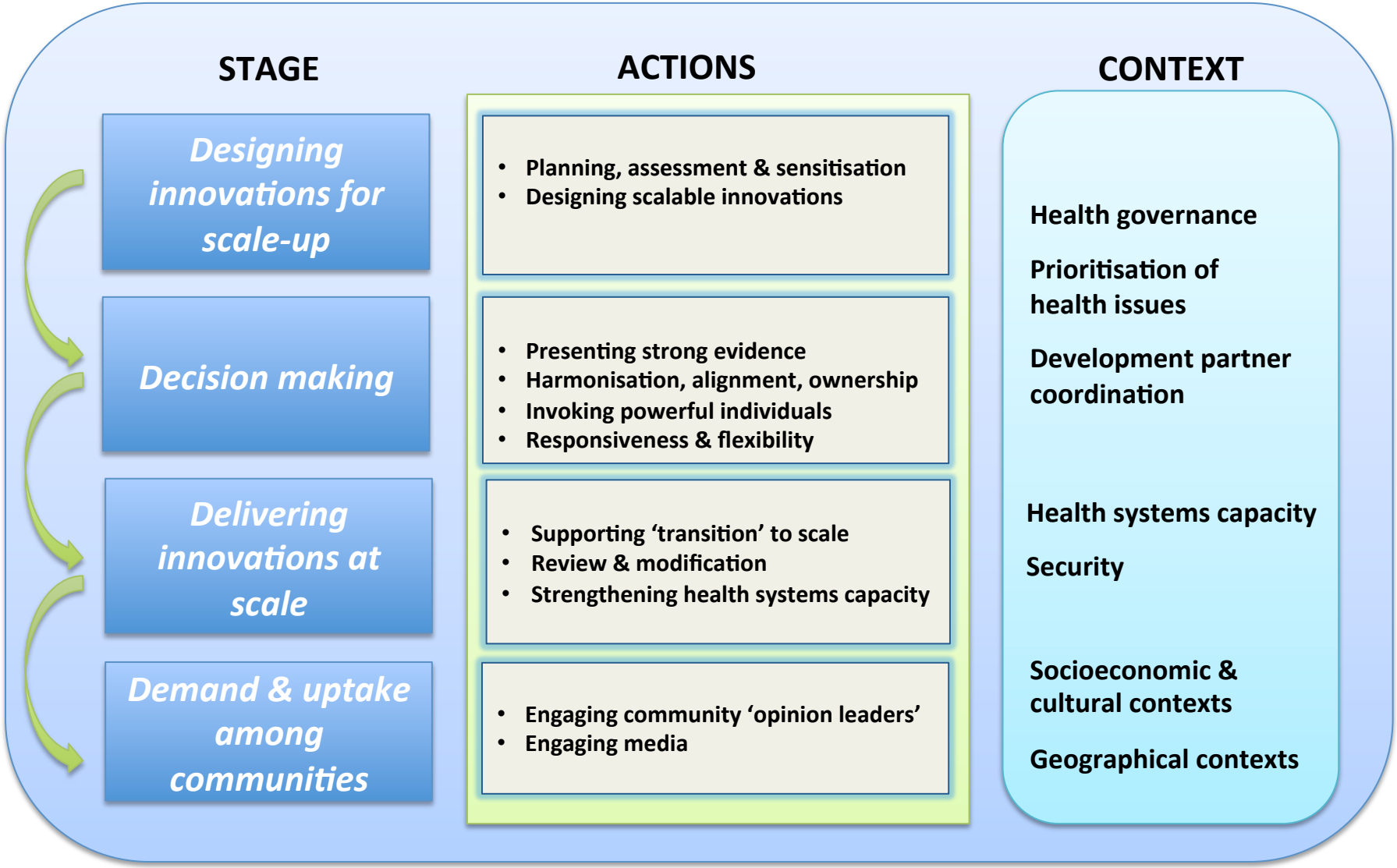
‘Four Ds’ framework of scale-up



Key messages from the study: implementer actions

Six ‘critical’ implementer actions to catalyse scale-up

1 Evidence: building a strong evidence base

- Multiple types of evidence: quantitative impacts data, qualitative operational lessons, synthesising secondary data, ‘experiential’ evidence
- Decisions to scale not always based on quantitative impacts data – ‘experiential’ evidence powerful: ***‘...take decision makers to the field...this way we get emotional buy-in’***

2 Power of individuals: backing of well-connected advocates and government personalities more critical than formal government engagement: ***‘If you ask me any single thing I think it’s [this person’s] vision, passion and belief - one [person] can make a difference!’***

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3 Prepared and responsive: preparing for scale-up important - assessing context, developing advocacy plans but...

- Flexibility to respond to changes in country policies and programmes
- Acting when policy context is supportive – political support and health systems readiness: ***'[Events came together] in a certain pivotal moment where the Ministry decided there's going to be a policy shift...'***

4 Continuity: supporting government in the transition to scale

- Participating in **designing and developing** scaled programme
- Feeding in **operational evidence** and **project resources** - training manuals, monitoring tools
- Harnessing **experience** of project staff: ***'...who else has any experience of these things? ...the implementer brings a lot to the consortium – a lot of on the ground experience...'***

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5 Aid effectiveness:

- **Country ownership:** government must fully own the innovation: ***'It's not about ad hoc engagement. It's government owning the programme… government accountability with partner support...'***

- **Alignment:** innovation closely fits with country priorities, programmes and targets

- **Harmonisation:** strong coordination among donors/implementers
  - Coordinating communication with government vs. fighting for government attention: ***'…we come with money and expertise and we confuse [government] with conflicting information…'***
  - Implementers exchanging learning to strengthen innovations: ***'Everybody talks of scale-up, of not working in silos… But we do the opposite... if there are two donors and two projects they won't share information…'***

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Table 3. Key Features of Aid Effectiveness Principles Enabling (+) and Undermining (-) Scale-up of Innovations

Aid effectiveness Principle	Ethiopia	Northeast Nigeria	Uttar Pradesh, India
Country ownership	(+) National government coordination of donor-funded programmes fostered government ownership, increasing the possibility of innovations being scaled-up	(-) Limited state funding, meant rural primary healthcare was largely donor funded and driven, inhibiting state government ownership and scale-up of innovations	(+) State government champions fostered introduction of externally funded innovations, increasing the likelihood of them being scaled
	(-) Attrition among government officials made ownership of an innovation transitory		
Alignment	(+) Externally funded programmes expected to align with national health strategies and increasingly, implementers supported government work packages, enhancing prospects of innovations being taken to scale	(-) Externally funded programmes expected to align with government strategies, but limited government coordination of donor activity meant potentially scalable innovations were missed	(+) Economic development in India reduced reliance on external aid; externally funded innovations have had to align with national and state-level government strategies to be considered for scale-up
Harmonisation	(+) National government-led *Technical Working Group* on MNH strengthened coordination, reducing duplication of donor-funded innovations and fostering better information sharing	(+) Federal government-led *Maternal and Newborn Health Core Technical Committee* encouraged collaboration among some donors to avoid duplication of effort	(+) The *Health Partners' Forum* enabled partner programmes to be mapped to avoid duplication and identify scalable innovations
	(-) NGO implementers' involvement in the *Technical Working Group* limited to responding to technical queries	(-) Weak capacity of the government's *Maternal and Newborn Health Core Technical Committee* to coordinate donor-funded innovations and programmes	(-) *Health Partners' Forum* had limited engagement from donors and leadership from government
	(-) Multiple donors and implementers working on parallel health innovations and programmes meant competing interests, priorities and donor-led ways of working, leading to parallel procedures and increased health worker workloads, thus reducing their time for implementation		
	(-) Collaboration among implementers was challenging because of their need to claim attribution for innovation outputs as evidence to report to their funders		
Transparency and accountability	(+) *Technical Working Group* promoted better transparency and information sharing, which improved understanding of scalability of innovations	(-) Transparency hampered by limited government capacity for donor and implementer coordination at federal and state levels	(+) *Health Partners' Forum* was seen as helping to encourage transparency and developing as a space to share information about innovations
			(-) *Health Partners' Forum* was still largely nascent
	(-) Parallel donor and implementer monitoring and evaluation and information systems limited opportunities to compare results about innovations and increase understanding		
Aid predictability	(+) The pooled *Millennium Development Goals Performance Fund* offered some flexibility for Ministry of Health to fund new innovations at scale	(-) Security situation meant donors were becoming reluctant to fund pilot innovations for potential scale-up	(+) Relatively high levels of government funding mitigated the negative impact of fluctuations in external funding
	(-) Some donors continue to emphasise project-based funding, which is vulnerable to shifting global health priorities		
	(-) Short time frames for donor-funded innovations limited the time available to convince government of their value for scale-up		
Civil society engagement and participation	(+) By working collectively, civil society organisations were beginning to influence government decisions and priorities for health	(+) Civil society was starting to influence government decisions and priorities for health	(+) Through the *Health Partners Forum*, government was becoming more responsive to civil society organisations advocating on health needs
		(-) Limited awareness of rights undermined civil society organisations' ability to hold government to account	

Key: (+) = enabler, (-) = barrier.

Wickremasinghe et al 2018

6 Scalability: designing innovations to be scalable from the beginning:

'...if you plan scale-up when your pilot's over there are many things you can't go back and correct…'

Attributes of scalable innovations:

1. Perceived as **effective**
2. Require **modest resource inputs**: low cost/cost effective and low human resource inputs
3. **Incentivise health workers**: easy to use, non-burdensome, material incentives, status, confidence, satisfaction, aspirational
4. **Culturally acceptable** among beneficiary communities
5. **Adaptable** across diverse geographic contexts

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Tension between impactful ‘boutique projects’ and simple, low cost, scalable innovations:

‘Most innovations succeed in their pilot phase because of intensive resources and a determined view of recording a success story...’

‘…at limited scale you can do anything – but we deliberately avoided doing such things that’ll not be possible to scale-up...’.

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Key messages from the study: actions for donors & government

Donor actions to catalyse scale-up

1. Support implementers to generate strong **evidence**
2. Incentivise implementers to integrate scale-up within **project plans**
3. Allow **flexibility** in implementer project plans to respond to policy change
4. Support implementers through **transition** to scale period
5. Embrace government-led donor **coordination** mechanisms
6. Direct involvement in fostering **country ownership** and **harmonisation:** ***'Usually donors give [implementers] money and you deliver the deliverables. But this was different – [the Program Officer] engaged in the MoH and in bringing grantees together...'***

Government actions to catalyse scale-up

1. Work closely with implementers to maximise **alignment** of externally funded innovations priorities
2. Strengthen donor **coordination** mechanisms to foster exchange of evidence

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Scaling-up is a craft and a science…

*'The policy breakthrough is never the data, the findings themselves... it's the **trust**, the **relevance**, it's **being at the table**, being able to show you **support implementation**... you also need the **right time** – you cannot push a policy breakthrough when the system is not ready'*

'If a project dies after funding, for me it is not a successful project…'

'The development sector is a graveyard of pilot projects!'

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Spicer et al. Globalization and Health (2016) 12:75
DOI 10.1186/s12992-016-0218-0

Globalization and Health

RESEARCH Open Access

'The stars seem aligned': a qualitative study to understand the effects of context on scale-up of maternal and newborn health innovations in Ethiopia, India and Nigeria

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http://ijhpm.com
Int J Health Policy Manag 2018, x(x), 1–10
doi 10.15171/ijhpm.2018.08

IJHPM International Journal of Health Policy and Management

Original Article

"It's About the Idea Hitting the Bull's Eye": How Aid Effectiveness Can Catalyse the Scale-up of Health Innovations

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Abstract
Background: Since the global economic crisis, a harsher economic climate and global commitments to address the problems of global health and poverty have led to increased donor interest to fund effective health innovations that offer value for money. Simultaneously, further aid effectiveness is being sought through encouraging governments in low- and middle-income countries (LMICs) to strengthen their capacity to be self-supporting, rather than

Article History:
Received: 7 June 2017
Accepted: 23 January 2018
ePublished: 14 February 2018


Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

ELSEVIER

'Scaling-up is a craft not a science': Catalysing scale-up of health innovations in Ethiopia, India and Nigeria

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How to catalyse scale-up of maternal and newborn innovations in Ethiopia

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How to catalyse scale-up of maternal and newborn innovations in north-eastern Nigeria

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August 2013

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JANUARY 2016

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Thank you!