BEST PRACTICES In SCALING UP CASE STUDY SERIES

INTRODUCTION

Scaling Up Key Public Health Interventions

Welcome to John Snow, Inc's case studies on best practices in scaling up public health interventions in resource-poor settings. This is the second set in an ongoing series.

The case studies included in this series were first presented at an internal international conference on scaling up held by JSI in June, 2005 in Washington, DC. The conference, entitled "Public Health Impact: Experiences in Scaling Up," featured more than 20 presentations on the processes used by JSI-supported projects to scale up a broad range of key public health interventions. The conference was attended by 275 JSI staff working in international health projects from 32 countries around the world.

The experiences in scaling up shared by country program staff proved to be of such value to participants that JSI recognized a need to develop a series of publications to disseminate the information more widely, allowing external partners to benefit. Given the importance of scaling up key health interventions in all countries, it was felt that health professionals would benefit from learning the steps taken from successful JSI programs around the world to scale up public health interventions, whether those took place within communities, the public sector, private sector, or civil society.

WHAT IS SCALING UP?

Scaling up has typically been defined as the rapid expansion of services and access to reach large numbers of people, especially the poor and most vulnerable, with targeted services in the shortest possible time. Uvin and Miller (1996) have proposed four inter-related types of scaling-up: quantitative, functional, political and organizational (see table next page).

Although "going to scale" or "scaling up" successful interventions and programs is not a new concept in public health, its recent resurgence has been fueled by the renewed resolve of the world community to address global inequities in the burden of disease afflicting the poor. Recent calls for reinvigorated efforts have been made by the Commission on Macroeconomics and Health, commissioned by the World Health Organization, the World Bank, the Bill & Melinda Gates Foundation, the U.S. Office of the Global AIDS Coordinator, and the United States Agency for International Development—especially in relation to HIV programs.

The public health priorities JSI targets for program scale up are those that contribute most heavily to the burden of disease and death among the poor including maternal and perinatal health, childhood infectious diseases such as diarrhea and pneumonia, and those preventable by vaccines, micronutrient deficiencies, HIV and AIDS, malaria, TB, and tobacco-related illnesses.

Though successful evidence-based, effective program interventions are now available that can prevent and treat these problems at the community level using district hospitals, primary-level care facilities and community outreach workers, the majority of the world's poor still has limited access due to a variety of constraints. Major constraints are both internal and external to the health system and include those related to inputs, processes, systems, values, and norms. The constraints due to shortage of inputs (e.g., human resources, drugs and supplies, physical infrastructure and equipment) may be most easily solved by the injection of financial resources, however, solutions to process and system constraints and changes in norms and values are much more difficult (Hanson, et al. 2003).

JSI's efforts in resource poor settings are examples of each of the component parts described in the Uvin and

TYPES AND PATHS OF SCALING UP

QUANTITATIVE

- Spread: Increasing numbers of people spontaneously adhered to the organization and its programs
- Replication: a successful program (methodology and mode of organization) is repeated elsewhere
- Nurture: a well-staffed and well-funded outside agency, using a specific incentive-based methodology, nurtures local initiatives on an increasingly large scale
- Horizontal aggregation: a number of distinct organizations or programs combine their resources or merge
- Integration: a program is integrated into existing structures and systems and in particular government structures after it has demonstrated its potential

FUNCTIONAL

- Horizontal (sectoral) integration: unrelated new activities are added to existing programs, or new programs, or new programs are undertaken by the same organization
- Vertical (factoral) aggregation: other components related to the same chain

POLITICAL

- Information and mobilization: an organization's members or local communities are stimulated to participate in the body politic
- Networking: non-permanent collaboration is created between various political organizations on political issues of joint interest
- Vertical aggregation: federative structures are created to influence policy making
- Direct entry into politics: grassroots organizations, or their leaders, either create a political party or join an existing one

ORGANIZATIONAL

- Diversify funding sources
- Increase degree of self-financing through consultancy, sub-contracting, service for fee, etc.
- Promote skills development
- Develop procedures and structures allowing for organizational learning
- Create institutional variety, both internally and externally
- Maintain participation and accountability

Source: Uvin and Miller (1996)

Miller frameworks. The JSI/Family Planning Services Expansion and Technical Support Project (JSI/SEATS) program in Turkey successfully integrated high-quality family planning services into the Social Insurance program and the geographical expansion of a set of essential MCH services to the most vulnerable communities in the Mayan Highlands of Guatemala, achieved by the Pro Redes Salud project, are examples of the **quantitative scale up** of services.

Functional scale-up has been the hallmark of the UPHOLD program in Uganda, which added new district capacity to gather and use data for planning to existing social development programs. The DELIVER project has added and rapidly scaled up ARV logistics within vertical logistics systems in multiple countries and in Romania, family health doctors now provide comprehensive services, including family planning.

Political paths to scale up have been implemented by the ZIHP and SHARe projects in Zambia which have formed HIV workplace partnerships in the public and private sector involving more than 120 workplaces and 50,000 employees. Other examples of political scale up include the UPHOLD project in Uganda, which has formed an alliance with a group of 20 female members of parliament to increase the retention of girls in schools, and Pro Redes Salud in Guatemala unified 18 NGO networks working in health into the first national federation of health NGOs.

Organizational scale up has been achieved by the MEASURE Evaluation project through its efforts to scale-up service-based health information systems.

None of these types of scale up, however, are mutually exclusive. During the 2005 JSI scaling-up conference we found that, in practice, it is likely that a combination of two or more types is at play during a scale-up activity. Scaling up is associated with increasing magnitude of complexity and may require that several actions or strategies be managed or addressed simultaneously. Many of the JSI experiences with scaling up have involved a mixture of these types.

HOW CAN SCALE UP BE ACHIEVED?

While scaling up has an outcome in mind, it also relies on processes or steps to achieve its outcome. If we are to learn how to scale up from the experiences and best practices of others, the processes that they used to achieve scale up are critical to adaptation and replication.

Unfortunately, processes or steps taken to achieve scaling up often tend to operate in the equivalent of a "black box." They are not made visible, nor are they immediately self-evident or reported once the outcome of scaling up has been achieved. This may be because the steps are seen as unimportant, too detailed, too context specific, or owned by an organization. We at JSI believe it is vital that the partners working in public health share best practices with each other for the benefit of those in need.

For this reason, each of the case studies in this series identifies the processes or key steps that were used during the scaling up. We hope you will find these case studies beneficial as you move your programs forward and prepare to scale up critical public health interventions that will improve the lives of those in your countries who are the most vulnerable.

To our colleagues implementing public health programs throughout the world,
Warm regards,

Theo Lippeveld

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BIBLIOGRAPHY

Commission on Macroeconomics and Health, World Health Organization in January 2001. Retrieved from http://www.cmhealth.org.

de Jong, J. (2002). *A question of scale?: The challenge of expanding the impact of nongovernmental organizations in HIV/AIDS.* London: ITDG Publishing.

Hanson, K., Ranson, M.K., Oliviera-Cruz, V., and Mills, A. (2003). *Expanding access to priority health interventions: A framework for understanding constraints to scale-up.*

Flaherty, J. (1999). Peter Drucker: *Shaping the managerial mind.* (1st ed). San Francisco: Jossey-Bass.

Homsy, J., King, R., Balaba, D. & Kabatesi, D. (2004). *Traditional health practitioners are key to scaling up comprehensive care for HIV/AIDS in Africa*. AIDS. Vol 18: 1723-1725.

IRC (April 7, 2004). *The practice of going to scale*. Retrieved from http:/www.pt.irc.nl/page/8861.

Orobaton, N., (2005). *Going to Scale in Public Health Interventions: What has JSI Learned from Practice in more than 100 countries over 25 years?* Presentation at JSI International Division meeting, 2005. Arlington, VA.

Uvin, P. Miller, D. (1996). *Paths to scaling up: Alternative strategies for local non-governmental organizations*. Human organization. Vol. 55, No.3, p 344-354. Society for applied anthropology.

Senge, P. (1994). *The fifth discipline: The art and practice of the learning organization* (1st paperback ed). New York: Doubleday.

Simmons, R., Brown, J., Diaz, M. (2002).

Facilitating large-scale transitions to quality of care: An idea whose time has come. Studies in Family Planning. Vol. 33 No 1, p 61-72.

Wyss, K., Moto, D.D., Callewaert, B. (2003). *Constraints to scaling-up health related interventions: The case of Chad, Central Africa.*

Johns, B. and Torres, T. (2005). *Costs of scaling up health interventions: a systematic review.* Health Policy and Planning 20(1): 1-13.

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