

Introduction

In the past decade, a global movement has emerged to promote equitable access to high-quality reproductive health services. Its key aims have been to broaden the range of services available, to remove barriers to the utilization of care, and to ensure that providers are technically competent and respect human dignity and rights. A key strategy for reaching these goals has been to organize small-scale projects designed to test service interventions that have the potential for achieving these outcomes (1, 2). Thus, hundreds of reproductive health pilot or experimental projects have been launched in developing countries, most of which have been able to demonstrate impressive success. The overall impact of such projects has been limited, however, as their influence has tended to remain confined to the original target areas, representing a failure to meet the needs of the underserved on the scale that is required (3, 4).

The community of reproductive health advocates, programme managers and researchers has given little systematic attention to how the benefits achieved in successful pilot or experimental projects can be expanded to serve more people, more quickly and more equitably. The presumption has been that good ideas will spread of their own accord. While spontaneous diffusion of service innovations can occur, scaling up typically requires active sponsorship and concerted efforts from multiple stakeholders. Inadequate knowledge of the factors that lead to successful scale-up is an important reason why service innovations have had limited impact. There is little conceptual development in the health field that can guide our thinking.¹ Although relevant literature exists, it is scattered across a range of development areas and is often directed at the content of interventions rather than at the process of scaling up or determinants of its success. This book seeks to fill these gaps by:

- drawing attention to insights from relevant literature found in a variety of fields and disciplines;
- presenting a conceptual framework for thinking about the process of scaling up experimental or pilot projects;
- critically examining experience with scaling up health service pilot or experimental projects from Africa, Asia and Latin America through the use of case-studies;
- identifying practical lessons derived from the case-studies, as well as future directions for research.

¹ For exceptions see DeJong (5) and Cooley and Kohl. (6).

Scaling up is defined here as efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis. We are referring to innovations that have been tested within the country context in which they will be scaled up. This definition is more specific than when the term is used in a general sense to mean broadening the use and impact of existing or new practices, for example, “to efficiently increase the socioeconomic impact from a small to a large scale of coverage” (7). Innovation refers to a health service practice or a package of practices that are new or perceived as new in a particular programme context. This book deals with scaling up in public sector health service delivery systems. Case-studies presented cover the expansion of evidence-based contraceptive service and related reproductive health innovations in public sector programmes in Bangladesh, Bolivia, Brazil, Chile, China, Ghana, Viet Nam and Zambia. The main focus is on improving access and quality of care within a philosophy that accents human dignity and rights in reproductive health service delivery. In Ghana, service innovations involved primary health care, including family planning. In each setting a multifaceted approach to service improvement was adopted, incorporating a philosophy of reproductive health and rights and covering the organization of services, introduction of new technologies, strengthening of providers’ competence, and managerial processes.

Until recently the term scaling up was used rarely in the health literature. In the last few years, however, it has become more prominent as reflected in titles such as *Scaling up, scaling down: overcoming malnutrition in developing countries* (8), *Getting to scale in young adults reproductive health programs* (9), or *Making an impact in HIV and AIDS: NGO experiences of scaling up* (5). A major focus has been on providing universal access to antiretroviral therapy for HIV-positive individuals, through efforts by the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Calls to scale up result from a sense of urgency that not enough is being accomplished to meet pressing health and development needs. More must be done so that everyone reaps the benefits of medical science and health technologies, agricultural innovations, natural resource management, education and nutrition.

In some respects, the concern with scaling up is both old and new. It is related to areas of investigation that have a long history of attention under such rubrics as technology transfer, research or knowledge utilization, diffusion of innovation, research dissemination, putting

research into practice and bridging the research-policy gap (10–14). Each of these topics is associated with an extensive literature, which touches upon many of the themes that are central to the scaling up of pilot projects. Growing recognition in most of these fields is that “data seldom speak for themselves” (15) and that research-based recommendations are rarely sufficient to change practice (16). Getting research results into wide use requires deliberate activities to push new insights into the policy process and to facilitate the adoption of new ideas and practices by managers, providers and other stakeholders. Moreover, utilization of new knowledge and practices does not occur through a logically ordered sequence of stages from problem identification and research to policy formulation and programme influence. Instead, if research is to be influential, more interactive, iterative and process-oriented approaches are needed (17, 18).

Seven key themes emerged from reviews of relevant literature, analyses and discussions at three meetings held at the Rockefeller Foundation’s Bellagio Study and Conference Center, and the experience of the participants with scaling up reproductive health and other primary health-care projects around the world. This book highlights the key themes identified for scaling up interventions, as follows:

- an explicit normative rationale;
- the multidimensional character of the scaling-up process;
- continuing participation by stakeholders;
- innovations adapted to local conditions;
- going to scale as a learning process;
- designing innovations with scaling up in mind;
- the need for research on scaling up.

First and foremost among these themes is the articulation of an explicit normative rationale. Powerful ethical principles concerning human dignity and human rights justify global attention to the reproductive health agenda and make scaling up imperative. Thus an important workshop organized in Manila by the Institute for International Rural Reconstruction (IIRR) emphasized a people-centred vision of health and development, with attention to issues of quality and quantity, equity and sustainability (19, 20). The Manila meeting defined the objective of scaling up as providing “more quality benefits to more people over a wider geographical area more quickly, more equitably and more lastingly” (19). The cases presented here share these broad objectives. Additionally, they highlight a commitment to the principles of reproductive choice and rights.

The second key theme draws attention to the fact that scaling up is multidimensional, involving not only technology transfer and the dissemination of information. It is a more complex social, political and institutional process than was recognized earlier. Occurring within a web of interacting forces, going to scale must engage multiple actors, interest groups and organizations, while taking account of the larger socioeconomic, political, cultural and institutional contexts within which it takes place. Dealing with these varied environments is not a neutral process but often touches upon complex political relationships that can provide major challenges as one seeks to enhance organizational capacity and institution-building (7, 19).

Third, a commitment to participation involving a broad range of stakeholders is considered fundamental, and this commitment must exist from the stage of developing an innovation, all the way through the process of scaling up. Involvement of local people in decision-making, and responsiveness to community interests, are essential elements of participatory approaches. At the same time, the book emphasizes that attaining true participation and the expected benefits of community empowerment is not easy. Stakeholder groups are likely to approach the scaling-up task from a variety of perspectives, needs and interests, and they interact with each other in the context of unequal power relationships.

Fourth, adaptation of innovations to ensure a good fit with local needs and circumstances is repeatedly highlighted. The need for adaptation is still insufficiently appreciated in practice. The expectation that easily replicable innovations can be discovered and readily disseminated continues to distort understandings of how scaling up can be accomplished.

Fifth, scaling up is viewed as a learning process that involves building local capacities for innovation, and undertaking the needed adaptation of tested innovations to local settings. This idea was succinctly articulated in the IIRR seminar report, which states that going to scale implies more than replication. It also refers to the dissemination or expansion of "options, knowledge, processes and technologies such that people build capacities to make better decisions and/or influence decision-making authorities" (19, p. 21). Ensuring that learning and capacity building do in fact take place typically involves new and creative educational or training efforts, especially in situations where the desired change is extensive.

Reinforcing recent views from the literature on research utilization, the sixth theme insists on a new relationship between research

and its broader dissemination and utilization. Previously, researchers often designed and tested innovations and then passed on the scaling-up task to others. In contrast, the present authors argue that pilot or demonstration projects should be undertaken with the implications of scaling up in mind, rather than turning to this task as an afterthought once research is completed. Policy-makers and programme managers as well as other users of research should be involved from the beginning, and the financial and organizational requirements of scaling up must be considered from the outset. Thus we use the term scaling up in both a broad and a narrow sense: in the broadest sense it refers to the entire process that begins with the design and testing of an innovation and then proceeds to its expansion to other areas or groups of people; in the narrow, more conventional sense it does not include the design and testing of the innovation but covers only the process of expansion or replication.

The final theme of the book highlights that the process and outcomes of scaling up should be the focus of research, so that the determinants of successful scaling up can be better understood and recorded for later reference by other initiatives seeking to amplify their impact. This is not usually the case. Scaling up tends to be considered a part of routine programme operations not requiring systematic research and evaluation. This is one of the reasons for the failure to achieve large impact and explains why scaling up must be the subject of research as well.

The chapters of this book were first presented as papers at a 2003 conference, the second of three Bellagio meetings entitled "From pilot projects to policies and programmes". The conference, jointly organized by the University of Michigan and the World Health Organization (WHO), grew out of more than a decade of work on the Strategic Approach to Strengthening Reproductive Health Policies and Programmes. The Strategic Approach is a methodology that countries can use to identify and prioritize their needs with regard to reproductive health technologies and services; test appropriate interventions to address these priority needs; and then scale up successful interventions to a regional or national level. It involves both the testing and expansion of health service innovations (21–24).

The three stages of the Strategic Approach – strategic assessment, action research and scaling up – are geared towards decision-making based on an understanding of the service context and its capabilities; client needs, perspectives and rights; and available technological and service delivery options. The first stage consists of an interdisciplinary and participatory strategic assessment designed to identify critical service interventions, policy recommendations and research needs

that are likely to improve access, availability and the quality of health services. Pilot projects and related service delivery research are then undertaken to test recommendations from the assessment. The third stage uses the results of the assessment and action research to encourage policy planning and programmatic action. The Strategic Approach has been implemented in 25 countries in Africa, Asia, central and eastern Europe, Latin America and the Middle East.

When the first country projects working with this methodology reached the stage of scaling up, the group of partners working with WHO on the development and implementation of the Strategic Approach realized the need to learn more about the determinants of successful scaling up. This led to extensive literature reviews, development of a conceptual framework, and the three Bellagio meetings. The first meeting, in 2001, allowed a retrospective review of experiences with implementing the Strategic Approach from the perspective of scaling up. Participants discussed the following three central questions: How would the strategic assessment have been conducted differently if scaling up had been a concern, and had been better understood, from the outset? What has been learned about conducting pilot or demonstration research in ways that enhance the potential for widespread impact of the results? What facilitates and what hinders the scaling up of successful pilot or experimental projects?

The participants produced a series of key questions requiring further examination and agreed that they should be explored in the preparation of papers about specific country experiences. The points to be examined focused on what has been learned about:

- maintaining and institutionalizing the basic values and philosophies of human rights and gender perspectives in the process of expanding the impact of pilot and experimental projects;
- building and maintaining participatory processes and ownership while taking projects to scale;
- ensuring that political, policy, legal and institutional scaling up take place;
- developing the human resources and appropriate training and educational strategies for achieving quality of care and sustainable scale-up;
- building and sustaining the resource team's capacity to give technical assistance throughout the process of expansion;
- designing pilot, demonstration or experimental projects to maximize and ensure sustainable scale-up;
- measuring success and monitoring and evaluating the process to facilitate learning;

- sustaining scaling up in decentralized, bureaucratic, resource-constrained and changing health-care systems undergoing health sector reform.

Subsequent to the first meeting at the Bellagio Study and Conference Center, the 2003 conference was organized with the objectives of further clarifying a conceptual framework and methodologies for advancing the science and practice of scaling up; contributing to the available empirical evidence through the presentation of country case-studies; and informing the field of practice. Conference participants included policy-makers, programme managers, trainers and applied researchers from countries that had implemented the Strategic Approach, as well as from two other major scaling-up programmes: the Chinese Quality-of-Care Project and the Ghana Community-based Health Planning and Services initiative. In addition, the conference was attended by professionals with expertise in reproductive health policy, programming and implementation, and in health sector reform. During the meeting, conference participants founded a global network, called ExpandNet, dedicated to enhancing scientific understanding of scaling up and its practical applications. The chapters in this book were further elaborated at the final team residency in Bellagio in 2004.

Chapter 1 provides a conceptual framework for thinking about the scaling-up process within a systems context. The framework is informed by the literature of several disciplines and seeks to promote an interdisciplinary perspective on the topic. It has been strongly influenced by discussions among Strategic Approach partners as they implemented a variety of projects over the years. Insights from the policy, organization and social sciences, as well as from the family planning, health and development fields, are utilized to characterize the complex system within which scaling up takes place and to articulate the strategic choices that must be made as successful pilot and experimental projects are expanded.

Then case-studies are presented from Asia, Africa and Latin America. Chapter 2 describes the process of scaling up the introduction of the injectable contraceptive depot-medroxyprogesterone acetate (DMPA) while improving quality of care for all contraceptive methods in Viet Nam's national family planning programme. This initiative first developed a comprehensive set of materials and tools to support strengthening quality of care. These were tested in demonstration sites prior to being used to develop broader capacity to implement reproductive choice within a centralized, bureaucratic and demographically focused programme environment. This account focuses on the challenges involved in maintaining quality as interventions are rapidly scaled up to broad programme implementation.

Chapter 3 discusses the quality of care reform in China, which seeks to focus the family planning programme on client needs, informed choice of contraceptives, and better quality services. Partly inspired by the 1994 International Conference on Population and Development (ICPD) and the 1995 Beijing Women's Conference, the reform began as a pilot project among six counties and has now become a blueprint for reorienting the national programme. The China case-study reviews the process by which this innovative experiment was scaled up into a national reform effort and the key lessons learned about scaling up sensitive but needed innovations in a complex political environment.

The discussion in Chapter 4 moves to Zambia, reporting on a project that initially field-tested a package of activities to support service delivery in three rural health districts of the Copperbelt Province. The project strengthened contraceptive choice, developed referral systems for methods not available on site, and applied innovative approaches to provider training. These innovations were then scaled up to the entire Copperbelt in an approach that promoted a common set of quality standards while maintaining flexibility in the implementation of activities based on local needs and conditions.

The next two chapters are about the Community-based Health Planning and Services (CHPS) initiative in Ghana, which has successfully replicated within the national health programme the experimental service delivery innovations developed and tested by the Navrongo Health Research Centre in northern Ghana. Using locally available resources, the initiative has demonstrated the feasibility of reorienting primary health care from clinics to communities by mobilizing traditional social institutions to foster volunteerism, community support and decentralized planning.

Chapter 5 highlights the importance of scaling-up strategies that phase in change incrementally, emphasize learning processes, engage in decentralized planning and adapt strategies to local circumstances and need.

Chapter 6 compares the Ghana CHPS initiative with the scaling up in Bangladesh of health service innovations first tested in the Matlab Maternal Child Health and Family Planning Project. The account shows that large-scale programme development was achieved not because the scaling-up strategies were alike, but because similar research approaches informed their strategies and allowed them to adapt to contrasting societal and institutional contexts.

The two final chapters discuss scaling up related to the Reprolatina Project in Latin America. This project sought to expand service innovations and participatory approaches pioneered in connection with the Strategic Approach in Brazil to other municipalities in that coun-

try and to Bolivia and Chile. Chapter 7 focuses on Brazil, addressing the question of what has been learned about sustainable scaling up in resource-constrained, decentralized public sector settings, while Chapter 8 describes an innovative training and educational methodology applied in Bolivia, Brazil and Chile as the means of scaling up technical and managerial improvements in the public sector.

The case-studies in this book address primarily contraceptive and related reproductive health services. The theoretical framework and many of the insights derived from these studies are not limited to reproductive health, however, but can be applied to other areas of health and development. The determinants of success often apply across sectors because the policy, planning, organizational, management, and monitoring tasks are generic to all scaling-up initiatives. We hope that the approaches and findings discussed here are of value to programme managers and researchers who seek to enhance the impact of pilot and experimental projects so as to benefit more people and foster policy and programme development on a lasting basis.

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