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

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Highlights

- Study explores scale-up of health innovations in Ethiopia, Nigeria and India.
- Multiple steps are required: there is no magic bullet solution to scale-up.
- Steps include: planning; advocacy; using evidence; involving government; partnership.
- Time, money and coordination are key issues in scaling-up.
- Commitment from implementers, donors and government is essential.

Altmetrics score

What are altmetrics?

Abstract

Donors and other development partners commonly introduce innovative practices and technologies to improve health in low and middle income countries. Yet many innovations that are effective in improving health and survival are slow to be translated into policy and implemented at scale. Understanding the factors influencing scale-up is important.

Methods

We conducted a qualitative study involving 150 semi-structured interviews with government, development partners, civil society organisations and externally funded implementers, professional associations and academic institutions in 2012/13 to explore scale-up of innovative interventions targeting mothers and newborns in Ethiopia, the Indian state of Uttar Pradesh and the six states of northeast Nigeria, which are settings with high burdens of maternal and neonatal mortality. Interviews were analysed using a common analytic framework developed for cross-country comparison and themes were coded using Nvivo.

Findings

We found that programme implementers across the three settings require multiple steps to
catalyse scale-up. Advocating for government to adopt and finance health innovations requires: designing scalable innovations; embedding scale-up in programme design and allocating time and resources; building implementer capacity to catalyse scale-up; adopting effective approaches to advocacy; presenting strong evidence to support government decision making; involving government in programme design; invoking policy champions and networks; strengthening harmonisation among external programmes; aligning innovations with health systems and priorities. Other steps include: supporting government to develop policies and programmes and strengthening health systems and staff; promoting community uptake by involving media, community leaders, mobilisation teams and role models.

Conclusion

We conclude that scale-up has no magic bullet solution – implementers must embrace multiple activities, and require substantial support from donors and governments in doing so.

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Citation

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