Scaling up projects and initiatives for better health: from concepts to practice

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Abstract

Scaling up means to expand or replicate innovative pilot or small-scale projects to reach more people and/ or broaden the effectiveness of an intervention. Based on a narrative literature review and a survey targeting key informants from 10 WHO Member States that are also members of the Regions for Health Network (RHN), this publication addresses practical challenges and provides a tool box for scaling up activities. This publication integrates and describes tools from different practical guidelines. It is structured in line with a scaling-up guideline developed for New South Wales (Australia). Using all of the presented tools in a systematic manner is often not possible for practitioners. But with references to frameworks, models and practical experiences, WHO and RHN hope to raise awareness of critical promoting or hindering factors, to encourage utilization of supportive tools, and to promote the further exchange of experiences and practical knowledge.

Keywords

CONTENTS

Foreword

Politically speaking, there is no doubt: the dissemination of good practices and lessons learnt means making progress by joining forces. Scaling up a project – by transferring it from a local level to a regional or national level – is the sensible thing to do, especially in times of budgetary constraints. It means investing in programmes that have proved successful and building on them without having to start from scratch. This publication touches upon the most vital topics: health and quality of life.

This publication does not aim at reinventing the wheel. It puts at its centre practical experiences and their transferability to the daily work of health policy experts and health practitioners. Furthermore, scientific research meets practice, and case studies are transferred into useful tools, offering via concrete examples insights in how to scale up projects.

Diseases and other health issues do not stop at national borders, and health care should not either. Hence the need for cooperation in this field is at both institutional and individual levels not only obvious but also vitally important. As a cross-border cooperation organization, comprising the Aachen Region Association in Germany, the Dutch province of Limburg, the Belgian provinces of Limburg and Liège, as well as the German-speaking Community of Belgium, the Euregion Meuse-Rhine has been active in this field for many years. Through the interregional cooperation across Europe (INTERREG) programme, co-funded by the European Union, numerous public health projects have been implemented in the Euregion Meuse-Rhine – projects concerning the prevention of obesity; mental health and addiction; research on cancer, brain and cardiovascular diseases; agreements between health insurance companies; quality standards in hospitals; and patient mobility, to name a few.

Finally, some lessons can be drawn from the particular experiences of the Euregion Meuse-Rhine. Firstly, for projects and the cooperation between policy experts, academics and practitioners to be fruitful, they should not be hampered by national or institutional borders. Secondly, scaling up is not simply copying and pasting. Every intervention has its specific context, whether political, institutional, fiscal or other. Above all, however, the Euregion Meuse-Rhine

has learned throughout the years that projects mainly succeed or fail because of the lasting commitment of all people involved, whether at the top or the bottom.

Oliver Paasch
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Foreword

One of the key strengths of the Regions for Health Network (RHN) is that it enables proactive collaboration among its members by sharing timely and valuable information, experiences, advice and knowledge. Member regions help each other and compare notes to see how good practices and valuable policies can be implemented. Having local authorities and subnational entities review success stories is crucial in order for them to improve their health strategies and keep growing.

Learning from and comparing notes with others also means changing the scale of production or provision. Scalability has been defined as the "ability to change in size", translating an innovative practice from the local level to the regional and national levels. However, the process of scaling up often faces many difficulties. Making a health intervention that is effective and feasible on a small scale (and/or under controlled conditions) take root in a totally different context and environment while retaining its effectiveness is not simple.

For this reason, the diffusion, dissemination and implementation of innovative and effective public health interventions are ongoing challenges for the public health workforce and especially for the experts and stakeholders involved in project and policy development. In practice and even with existing mechanisms that can be useful and supportive, know-how and capacity are often missing, not to mention the availability of adequate funding. And scaling-up processes are often iterative, highly political and influenced by a variety of factors (socio-political climate, incentives and mandates).

Transferring successful smaller-scale initiatives to other places or to a larger scale, by taking into account differences between settings, is often very challenging: the best intentions can clash with the difficulties of the implementation process. Thus, addressing the matter from a practical point of view is of paramount importance. This publication is meant as a testimony and a reference to provide tangible ideas and resources to help develop and implement scaling-up plans.

The strongest point of this publication is its constructive approach, with examples from five case studies. Real-life scenarios help readers gain insight

into the realities and the challenges that the public health workforce can encounter in scaling up processes.

The Euregion Meuse-Rhine took the lead in creating this publication with support from RHN, which is the natural habitat for scaling-up processes as its members act as mediators between the local and national contexts. RHN members and partners can therefore, be true leaders of scaling-up projects. However, this publication can serve as a fundamental tool for many other regional and local institutions that aim to take relevant and consistent steps to translate good practices in one context into successful outcomes in other contexts and places.

I am grateful to Euregion Meuse-Rhine for the useful, practical guidelines detailed in this work. I am convinced that the process and the examples described in this publication will be inspirational for many regions for creating scaling-up friendly environments, within RHN and beyond.

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Acknowledgments

After the workshop, cases that give deeper insight into the experiences of the public health workforce concerning scaling up were selected. Particular thanks go to:

Executive summary

Public health specialists are often involved in scaling up effective interventions. Scaling up means to expand or replicate pilot or small-scale projects to reach more people and/or broaden the effectiveness of an intervention. The procedure is close to diffusion, dissemination and implementation of innovation. This publication addresses practical challenges and offers useful tools, tips and recommendations to support the public health workforce in scaling up activities.

RHN initiated and was instrumental in producing this publication. It aims to support its members' activities and the implementation of Health 2020, but the target audience transcends the boundaries of its members and includes all actors involved in scaling up activities – with a focus on disease prevention and health promotion activities at local and regional levels.

RHN members were asked to offer case studies and to participate in a survey to share their experiences with scaling up opportunities and the challenges, and promoting and hindering factors in doing so.

Twenty-three completed questionnaires were returned, describing public health projects (mostly addressing prevention and health promotion) located in 10 WHO Member States (Austria, Belgium, the Czech Republic, Germany, Israel, Italy, the Netherlands, Slovenia, Spain and Sweden).

Analysis of the questionnaire data revealed that all participants identified two promoting factors: personal commitment of the project partners and recognizable benefit for the population. A majority (75%) of respondents identified political support at regional level and experience of the project partners as promoting factors, and 50% of respondents referred to external experts steering the project, as well as political support at national level. The main hindering factors related to financial issues and to the amount of administrative work. The answers show interesting differences between upwards and downwards pathways of upscaling.

Based on the results of the questionnaire and structured in line with a scaling-up guideline developed for New South Wales (Australia), this publication

presents a tool box to support the public health workforce in the different stages of developing and implementing a scaling-up strategy. It integrates and describes tools from different practical guidelines. The tools can be used to prioritize scarce resources and to make more detailed analysis of critical topics and issues.

Going through all the steps and using all the tools in a systematic manner for in-depth analysis is often not possible. By referring to frameworks, models and factors, however, the publication describes a pragmatic approach to scaling up projects and promotes the exchange of experiences and practical knowledge.

1. Introduction

This publication provides practical advice for public health practitioners working on scaling up projects or planning on replicating innovative practices that have been implemented elsewhere. It describes how to create environments that can be scaled up and examines two models – ExpandNet *(1)* and the conceptual model *(2)* – for scaling up.

One definition of scaling up is "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." *(3)*. The definition illustrates that scaling up can refer to policies, programmes or projects and that it is linked with innovations that could expand or replicate projects and initiatives. Expansion refers to growth within established organizational structures, for example, hiring additional employees.

Scaling up public health projects and initiatives is quite common, as is pilot testing innovations and extending their scope afterwards. Sometimes, innovative approaches are implemented on a small scale due to budget restrictions. Across the WHO European Region, regions try to learn from interventions that have been successful elsewhere to realize the aims and objectives of Health 2020 *(4)* – from the reduction in the burden of disease, health threats and risks; to a reduction in health inequalities; to more favourable social, economic and environmental determinants of health; to more cross-sectoral cooperation (by the whole of government and whole of society); to participatory approaches; and, more recently, to move towards the implementation of the Sustainable Development Goals *(5)*.

Promoting and managing the diffusion, dissemination and implementation of innovative and effective public health interventions are ongoing challenges for the public health workforce, and especially for the specialist involved in project and policy development, but transferring successful smaller-scale initiatives to other places or to a larger scale, by taking differences between settings into account, is challenging. Activities are often linked with the need to adapt the original policies, programmes or projects, in line with different characteristics of users and user needs, as well as contexts.

A literature search demonstrated that the interest and number of publications on scaling up has been recently growing. Numerous publications refer to slightly different theories and frameworks (Chapter 2). To complement the review of theories and conceptual frameworks, and also to find out if regional health projects were successfully transferred from one region to another, project coordinators and policy workers in the health care sector were asked to share their experiences with scaling up. Questionnaires were distributed in 2013/2014 and respondents reported how they successfully transferred completed projects or project segments to a local, regional, national or international level, or how they integrated a health-related project tested in another region into their region.

The results of the questionnaire (Chapter 3) served as a basis for discussions on the transferability of projects and initiatives. Discussions with health care experts, coordinators, project managers and policy workers took place during workshops in Eupen, Belgium in September 2014, and at the annual Regions for Health Network (RHN) meeting and the European Public Health Conference, both held in October 2015 in Milan, Italy. The main topics discussed were:

- how public health projects are successfully transferred from one region to another, and how local projects are scaled up to regional or national level;

- how national projects are implemented at regional level and adapted to local contexts to produce the intended effects of improving the health status of communities;

- how scaling public health projects up or down affects social and health systems;

- how different factors promote or hinder the scaling-up process;

- how regions can increase the impact of successfully applied projects or programmes to reach more beneficiaries; and

- how to collate practical recommendations for the transfer of projects.

Questionnaire respondents were asked to submit a case study describing the scaling up of a health care-related project or initiative in their region. The regions that returned case studies were: Euregion Meuse-Rhine (EMR) (Belgium, Germany, the Netherlands), Lower Austria (Austria), the Northern

District (Israel), the Province of Limburg (Belgium) and Region Västra Götaland (Sweden).

Taking into account the case studies and the importance of the public health workforce, Chapter 4 describes four phases of scaling up. It also contains tables with a selection of practical tools for assessing scalability, developing a scaling-up plan, preparing to scale up and then scaling up an intervention. The publication ends with practical recommendations for public health specialists to support the structure of a scaling-up process (Chapter 5).

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2. Terms and concepts

The term scaling up is used in slightly different ways. Different frameworks address promoting and hindering factors. Many of these factors are also addressed in studies on the diffusion, dissemination and implementation of innovation. This chapter introduces these definitions and frameworks.

2.1 DEFINITIONS

2.1.1 Public health specialist

In this publication, public health practitioners are the main target group. To define what is meant by a public health practitioner, the publication uses the definition of a public health specialist of the United Kingdom Public Health Register:

> key members of the public health workforce [who] can have a great influence on the health and wellbeing of individuals, groups, communities and populations. They work across the full breadth of public health from health improvement and health protection, to health information, community development, and nutrition, in a wide range of settings from the NHS [national health service] and local government to the voluntary, and private sectors. *(6)*.

2.1.2 Scaling up and scalability

Scaling up is defined as "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." *(3)*. Other definitions refer to many efforts to increase the impact, and take into account that scaling up does *not only* refer to larger groups or populations *(7)* (Box 1).

Box 1. Types of scaling up

Quantitative scaling up, along with increasing impact, is often linked with other types of scaling up *(8)*.

- **Diversification/functional scaling up** expands programme breadth (adding additional services).

- **Political scaling up** expands political support (building a supportive network).

- **Organizational/institutional scaling up** has a diversifying/stabilizing funding base, builds strategic alliances with other organizations, and develops the technical and management capacity of an in-country agency in order to sustain programmatic efforts, policy or legal changes to overcome national or subnational barriers, and to support sustainability.

Health promotion projects are often developed, organized, expanded and replicated at local level. A successful pilot project at local level might stimulate a replication of the project in other local settings. However, sustainable expansion and replication within regional and/or even national boundaries, policy and legislative changes at higher levels are often required. That means that scaling-up processes often cross different political and administrative levels *(7)* – that political and organizational scaling up is important. However, to address this in more detail is beyond the scope of this report.

This publication focuses especially on quantitative scaling up (also called horizontal scaling up), to expand and replicate good practice. **Expansion** means to extend organizational structures and/or service provision (geographical expansion, expansion of population reached). **Replication** means to implement new, innovative or good practices in other, more or less independent organizations and settings. Expansion and replication can be seen as two poles of a continuum or ideal types. In practice, they often overlap, and promoting and hindering factors are to a certain degree the same.

Expansion and replication mean to change the scale of production or provision. Scalability has been defined as the:

> ability of a health intervention shown to be efficacious on a small scale and or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population, while retaining effectiveness *(9)*.

Scalability does not only refer to enlargement; it can also mean reduction. For example, an intervention that has proven to be effective on a large scale (e.g. within a region with a large population) should be examined to see if it could be provided on a smaller scale (e.g. a replication in a smaller region, or even at local level in a municipality in another region). This publication therefore uses the ability to change in size as the definition for scalability and Box 2 shows some practical examples.

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Box 2. Six practical examples of pathways

The local pilot project "Mothers as cultural interpreters" *(10)* was carried out in Region Västra Götaland (Sweden) and was supported by national organizations. The pilot project was tested and was planned to be implemented in other local communities and regions. However, as finances for the project were not part of the regular budget system, this proved to be a challenge.

In Belgium, a project on smoking and underprivileged people was implemented at local level. Then it was scaled up to regional level, but on a limited scale, in Flanders. After the project was adopted at regional level, it was implemented in other local settings.

The European Union (EU) started the Declining, Ageing and Regional Transformation (DART) project, meaning that partners from different EU Member States worked together to benchmark, identify and transfer appropriate solutions for dealing with demographic change. Via this EU project network, local innovative ideas were transferred to other local regions in the EU including Lower Austria.

In the EMR, projects are mostly transferred to the local level. A programme in the South Limburg region that collected data on risky behaviour was transferred to other regions in the EMR.

Another EU project concerns overweight young people at school level, which was transferred to the EMR.

In Israel, a health promotion programme for public health nurses working in mother and child health clinics (MCHCs) was initiated in the Jerusalem District and then scaled up to the Northern District. In Jerusalem District, 45 MCHCs are staffed by 175 nurses; in the Northern District, 175 MCHCs are staffed by 334 nurses. So although in both cases the project was implemented at regional level, scaling up the project to the Northern District was a form of expanding.

While the scientific debate about the diffusion, dissemination and implementation of innovation has gone on for decades, a narrative literature review shows that the number of publications on scaling up has only recently grown. A scaling-up bibliography is provided by ExpandNet *(11)*. Definitions and underlying and extracted models and frameworks differ, but common characteristics are in place (Box 3). Many publications refer to low- and middle-income countries *(12)*, but the topic is also of interest for high-income countries. A scaling-up guide was recently published for New South Wales, Australia *(13)*.

Box 3. Common characteristics of scaling-up models

Milat, Bauman & Redman write that a "common characteristic of scaling up models … is that they link many existing concepts in the literature and interpret them together and in relation to one another to illuminate factors that inform large-scale implementation of public health interventions" *(12)*.

These common characteristics focus on:

- "understanding the attributes of the intervention being scaled up (effectiveness, potential reach, acceptability etc.)";

- "identifying and supporting implementers";

- selecting "an appropriate delivery strategy";

- "understanding and accommodating the characteristics of the adopting community, taking into account the broader socio-political context"; and

- using "research, evaluation and monitoring data to inform the scale-up process" *(12)*.

2.2 Models

Scaling up projects is strongly related to the dissemination and implementation of innovations that might have been tested successfully in pilot projects and will be either implemented on a broader scale or disseminated to, and implemented by, other organizations and in other settings. Theories and frameworks for the diffusion, dissemination and implementation of innovations are also helpful and instructive for identifying promoting and hindering factors, and for understanding the challenges and complexity of scaling up projects. The ExpandNet model *(1)* and the conceptual model of Greenhalgh et al. *(2)* give an overview of elements and factors of interest.

2.2.1 ExpandNet model

According to the ExpandNet model (Fig. 1), a scaling-up strategy is placed:

- within an environment (e.g. health needs and social, cultural, political and economic contexts); and

- between a resource team promoting an innovation and a potential user organization, being addressed or even expected to adapt and implement the innovation.

Fig. 1. The ExpandNet model
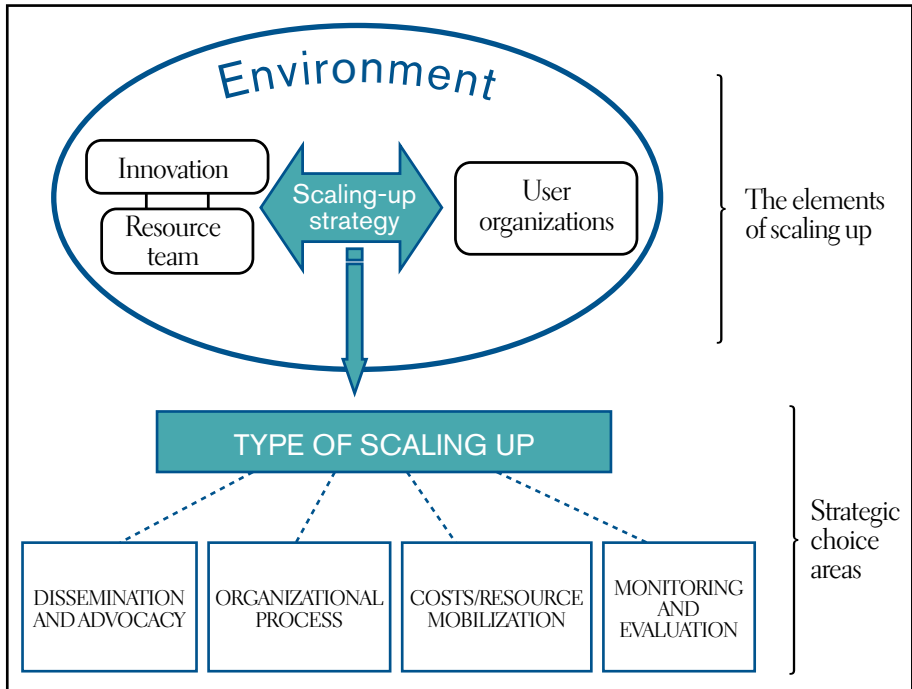
Source: adapted and reproduced by permission from Fixsen *(14)*.

The ExpandNet model illustrates that a scaling-up strategy must be based on decisions about types of scaling up (quantitative, functional, political and/or organizational). It illustrates further that these decisions have to be combined with strategic choices in four areas.

- *Dissemination and advocacy* are about communicating and promoting the innovation (interpersonal communication, mass media, policy dialogues, but also trainings, technical assistance etc.).

- *Organizational process* refers to the integration of new partners, "the pace at which expansion should occur and the degree of flexibility in implementation of scaling up" *(1)*.

- *Costs and mobilization of resources* means identifying and analysing the costs of scaling up, and refers also to "actions needed to ensure that required resources are available" *(1)*.

- For *monitoring and evaluation*, it is necessary to determine "the kinds of information required to inform the process of scaling up and to assess outcomes and impacts" *(1)*.

The model illustrates that the development of a scaling-up strategy should be informed by knowledge about the characteristics of innovation, the adopter (potential user organization) and the environment.

2.2.2 Conceptual model

The conceptual model by Greenhalgh et al. *(2)* (Fig. 2) is based on a systematic review of innovation studies, and structures the relevant critical factors in a more detailed manner.

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Fig. 2. Conceptual model for considering the determinants of diffusion, dissemination and implementation of innovations in health service delivery and organization, based on a systematic review of empirical research studies
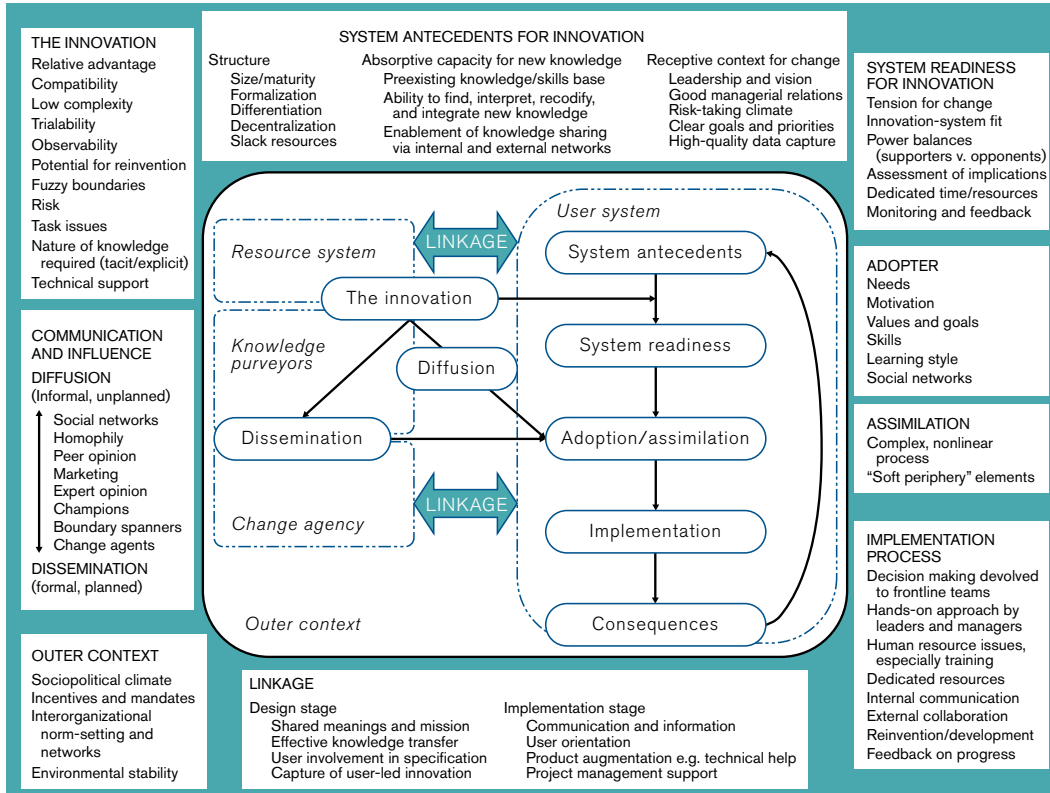
Source: reproduced by permission from Greenhalgh et al. *(2)*.

The conceptual model addresses several elements.

(Perceived) **key attributes of the innovation** affect the willingness to adopt an innovation. For example, the willingness is higher if an advantage is visible and easy to achieve. It is lower if benefits are unclear, or if the innovation seems to be in conflict with prevailing values, norms or perceived needs.

The willingness to adopt an innovation depends also on the characteristics of **individual adopters**, e.g. their intellectual abilities, motivations or concerns.

Individuals work in an organizational context (e.g. team, department), and the **assimilation by the system** (e.g. changes in the work organization and

hierarchies) is critical, but also often challenging for a successful adoption/implementation.

Organizational and managerial implementation challenges are framed by broader **system antecedents for innovation**, referring to structural determinants of innovativeness, the absorptive capacity for new knowledge and the receptive context for change (meaning the "ability to embrace new ideas and face the prospects of change") *(2)*.

System readiness for innovation refers to perceived needs for change, the perceived innovation potential to solve a problem in line with the organizational aims and contexts, and the availability of resources and capacities to assess and decide upon innovations. Besides the key components for system readiness, Greenhalgh et al. *(2)* refer also to additional elements "specifically associated with successful routinization" (organizational structure, leadership and management, human resources issues, funding, communication, networks).

The model also illustrates that **innovations can spread** in an unplanned manner (diffusion) or a planned manner (dissemination). Diffusion and dissemination can be seen as two poles of a continuum. Relevant factors are social networks, similarities between eventual adopters and current users, opinion leaders and formal dissemination programmes. These processes are framed by the **outer context**, including political directives and policies, and can be promoted by change agents (see Fig. 2).

Some factors are modifiable and can actively be addressed by a scaling-up strategy. Other variables cannot (easily) be changed, but nevertheless have to be taken into account for making decisions about *scaling-up strategies*.

2.2.3 Space to grow

For projects and initiatives to scale up, they need room to grow. According to Hartmann & Linn *(8)*, this space often needs to be created and they discuss seven spaces.

- **Fiscal space** refers to the availability of financial resources and also includes changes in costs per unit as a result of scaling up.

- **Political space** promotes visibility and overcomes resistance against scaling up.

- **Policy space** refers to regulatory and legal frameworks.

- **Organizational space** addresses the organization's willingness and ability to scale up.

- **Cultural space** is particularly relevant to the scaling up of culturally sensitive services.

- **Partnership space** is important for organizational scaling-up.

- **Learning space** is a learning-by-doing culture that prioritizes adaptation, flexibility and openness.

2.3 Planning and managing scaling up – the relevance of evidence

Both these models illustrate that an evidence-based or -informed scaling-up strategy should be based, at least in theory, on a huge amount of background information. In practice, and even with the availability of a couple of useful and supportive tools, information and/or capacities are often missing. And scaling-up processes are often iterative, highly political, "rapidly changing, and influenced by a variety of factors, inputs, and relationships, including individuals' values, skills, and experience" and dependent on the availability of resources *(9)*.

Nevertheless, interacting with and convincing different kinds of stakeholders, decision-makers and policy-makers, often especially also high-ranking political leaders and senior executives, are important, so constructing "a case for action" *(15)* is essential, and research evidence is relevant. Successfully tested interventions are helpful, meaning that scaling-up advocates can build on something – at best, context-specific local evidence – that is already in place and that has been proven to be effective and feasible *(15)*. Context-specific, local evidence and how-to information are often missing, however; available research evidence rarely provides all the information needed (e.g. cost–effectiveness). Decision-making often cannot be based on extensive research projects, but on a variety of available information sources, including advice and information from people who have implemented similar programmes *(15)*.

The public health workforce therefore confronts several challenges. Scaling up means to build on something already in place and successfully tested. In an ideal situation, evidence for effectiveness should be combined with a clear description of the core of the innovation, and with relevant, context-specific preconditions and information about scalability from more controlled pilot or small-scale interventions either to other settings or to large-scale interventions *(12)*. However, public health specialists often find accessing and delivering this information challenging. In addition to information, knowledge and evidence (or evidence-informed planning), supportive and hindering factors have to be taken into account.

Chapter 3 illustrates the experiences and perceptions of public health specialists, and Chapter 4 introduces some practical recommendations and tools for them.

Scaling up projects and initiatives for better health: from concepts to practice

3. The scaling-up survey

To complement the review of theories and conceptual frameworks, the EMR conducted a survey on practical experiences with scaling up projects to get more insight into public health specialists' perceptions of promoting and hindering factors.

3.1 METHODS

During October/November 2013, the EMR sent a questionnaire to other RHN members and their regional/local partners. It was based on questionnaires previously used in the Evaluation of Border Regions in the EU (EUREGIO) project *(16)* and adapted to the current focus of scaling-up projects. The questionnaire was provided in English and German. It contained only closed questions. Respondents had, however, the possibility to add additional items. The survey collected information on the project including the most promoting and hindering factors to scaling up. Descriptive data analysis was conducted using SPSS software version 22 (IBM Corporation, NY, United States of America).

3.2 RESULTS

Twenty-three completed questionnaires were returned, describing public health projects in 10 WHO Member States (Austria, Belgium, the Czech Republic, Germany, Israel, Italy, the Netherlands, Slovenia, Spain, Sweden) (Annex 1). In order to facilitate responses, no questions were asked about the concept of scaling up, just if the project was transferred to or adopted from another (administrative) level or region.

3.2.1 Project characteristics

The questionnaire collected data on five project characteristics:

- whether it was transferred or adopted;
- its pathways of upscaling;

- target groups and public health issues addressed;

- evaluation; and

- conditions under which the project was executed, including which factors promoted or hindered its scaling up.

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Firstly, it asked whether the project was **transferred to** a different region or **adopted from** another region. Table 1 shows the geographical level on which 13 projects were originally conducted and the level to which these projects were *transferred*. Table 1 also shows that nine projects were originally implemented at regional level and subsequently transferred twice to local level, five times to a similar regional level (one of which was at a cross-border level to Euregion)[1], and twice to national level.

Questionnaire data showed that 10 projects were *adopted* from other regions (Table 2).

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[1] Euregion is a transnational co-operation structure between two (or more) contiguous territories located in different European countries, representing a specific type of cross-border region. It promotes cross-border cooperation for areas of common interests, such as health care, for the benefit of border populations.

Two of the projects that were adopted from another level were originally developed at multiple levels. Project implementation could be on multiple levels too. This is the case for one project that was developed at international level and adopted at local, national and international levels.

Table 1. Transfer of projects between levels

Original		Transferred to level[a]				
Level	No.	Local	Regional	National	Euregional[b]	International
Local	3	1	0	2	0	0
Regional	9	2	4	2	1	0
National	1	0	0	1	0	1
Euregional[b]	0	0	0	0	0	0
International	0	0	0	0	0	0
Total	13	3	4	5	1	1

[a] Implementations at multiple levels were possible.
[b] Cross-border region (Euregion).

Table 2. Projects adopted from another level

Original		Implemented at level				
Level	No.	Local	Regional	National	Euregional[a]	International
Local	2	2	0	0	0	0
Regional	5	1	4	0	0	0
National	4	0	2	2	0	0
Euregional	0	0	0	0	0	0
International	2	1	1	1	0	1
Total	13[b]	4[c]	7[c]	3[c]	0	1[c]

[a] Cross-border region (Euregion).
[b] Of the 10 original projects, two were initially developed at multiple levels. The total number of original project levels is therefore higher than the number of projects.
[c] A project could be implemented at multiple levels so the total number of implemented project levels is higher than the original number of projects.

Secondly, for further analysis, projects were divided into two categories:

upwards and downwards **pathways of upscaling** *(7)*. Projects replicated on an equal administrative level or implemented at a higher administrative level were categorized as following an upwards pathway of upscaling. For example, a project originally developed at local level that was subsequently implemented at a local, regional, national or international level is categorized as following an upwards pathway of upscaling. Projects implemented at a lower administrative level than the original implementation were categorized as following a downwards pathway of upscaling. Of the 23 reported projects, the majority (n=16, 69.6%) described upwards pathways of upscaling and seven projects (30.4%) were implemented at lower administrative levels and followed downwards pathways of upscaling.

As the questionnaire was sent to RHN members, it is not surprising that the majority of the reported projects were initially implemented at regional level (14 projects), followed by local and national levels (five projects each) and international level (two projects).[2]

Thirdly, the projects addressed a large variety of **target groups** (Fig. 3) and **public health topics** (Fig. 4). The main project topics were disease prevention or health promotion, cooperation and/or networking, and training and further education. Stratifying the project topics by pathways of upscaling (Fig. 5) revealed that disease prevention or health promotion was still the leading project topic. Projects that followed downwards pathways of upscaling (implementation at a lower administrative level), however, more often addressed cooperation and/or networking. (Statistical testing was not applied, because the survey sample was not large enough).

Examining which project components were scaled up from the original project showed further differences (Fig. 6). Projects that followed a downwards pathway scaled up the entire project and/or certain activities more often than projects that followed an upwards pathway.

Fourthly, project **evaluation** results may help other potential project implementers in finding effective ways to scale up the original project. In most of the projects, evaluation was planned (4%), completed (35%) or under way (52%). Just 9% of the projects had no evaluation plans. The main responsibility

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[2] Information was returned on 23 projects, but projects could be initially implemented at multiple levels.

for evaluation lies within the projects and was carried out by project members by means of different methods like a survey of the project's target group, spontaneous feedback from the target group or target group interviews. Expert surveys or expert opinions were also used for evaluation. In most cases, the evaluation is or will be published. However, for 30% of projects, respondents indicated that they do not intend to publish the evaluation results.

Finally, the project environment – the **conditions** under which the project was executed – plays an important role in the successful implementation of all projects. In more than 70% of projects, partners showed personal commitment and were involved in project establishment from the start, and projects were supported by administrative structures and had local and/ or regional political support. Language barriers seemed to be a minor issue in the projects that were included in the survey. Fig. 7 shows these project conditions by pathway of upscaling.

Fig. 3. Project target groups[a]
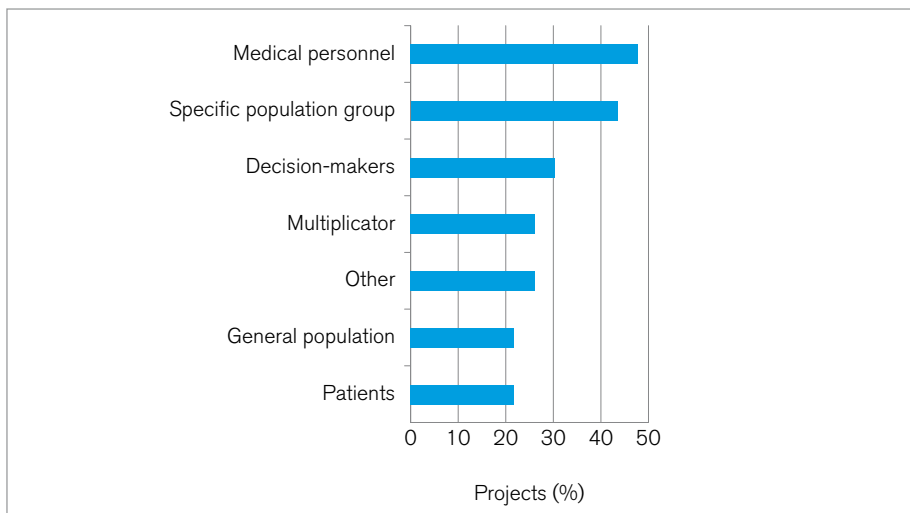

Projects (%)

[a] A project could address multiple target groups.

3.2.2 Promoting and hindering factors

As the aim of the survey was to find out which factors were promoting or hindering the project, the questionnaire asked specifically for these factors.

Respondents endorsed the promoting factors suggested in the questionnaire (Fig. 8). All projects mentioned two factors as exclusively (very) promoting: personal commitment of the project partners and recognizable benefit for the population.

Fig. 4. Project topics[a]
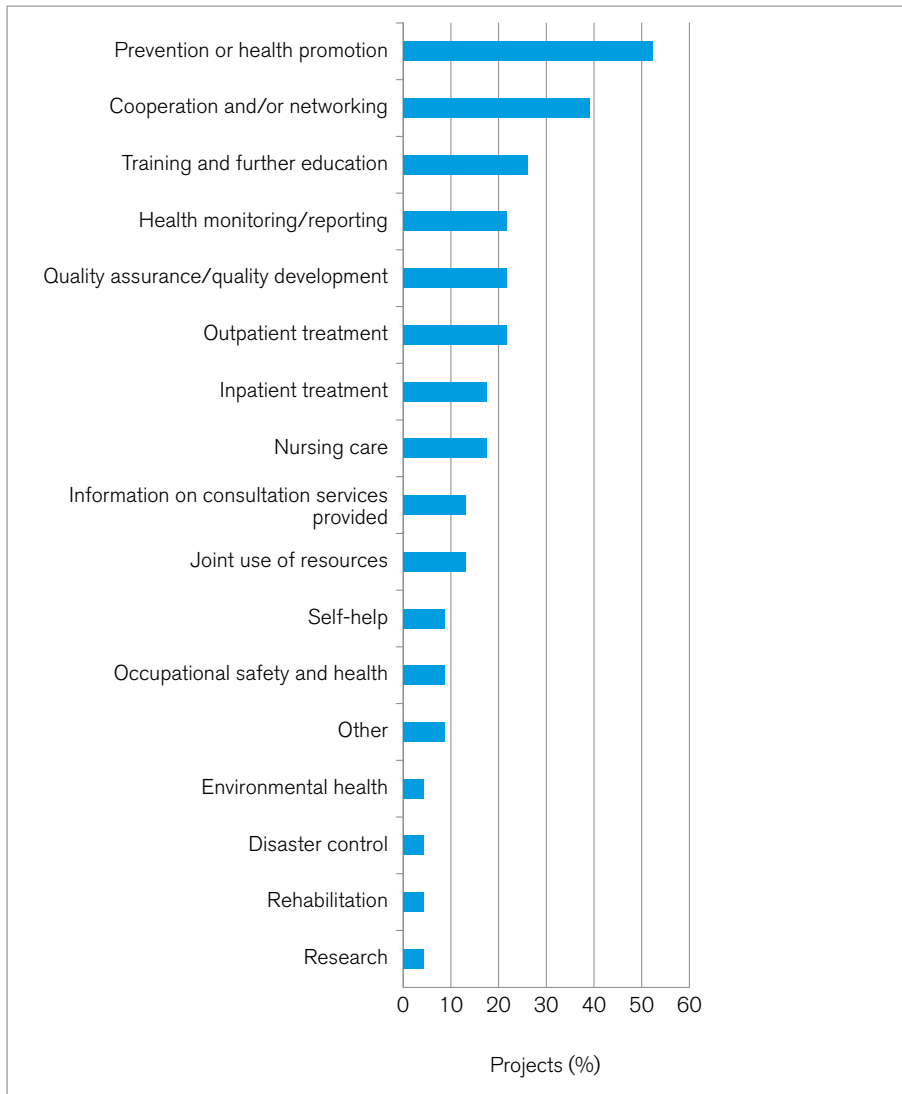
[a] A project could address multiple topics.

The top three hindering factors mentioned by more than 25% of respondents were problems with applying for funding, financial problems and the amount of administrative work during project implementation (Fig. 9). However, for more than 50% of projects, the same factors were reported as not or hardly hindering the project success.

Fig. 5. Project topics[a] by pathways of upscaling
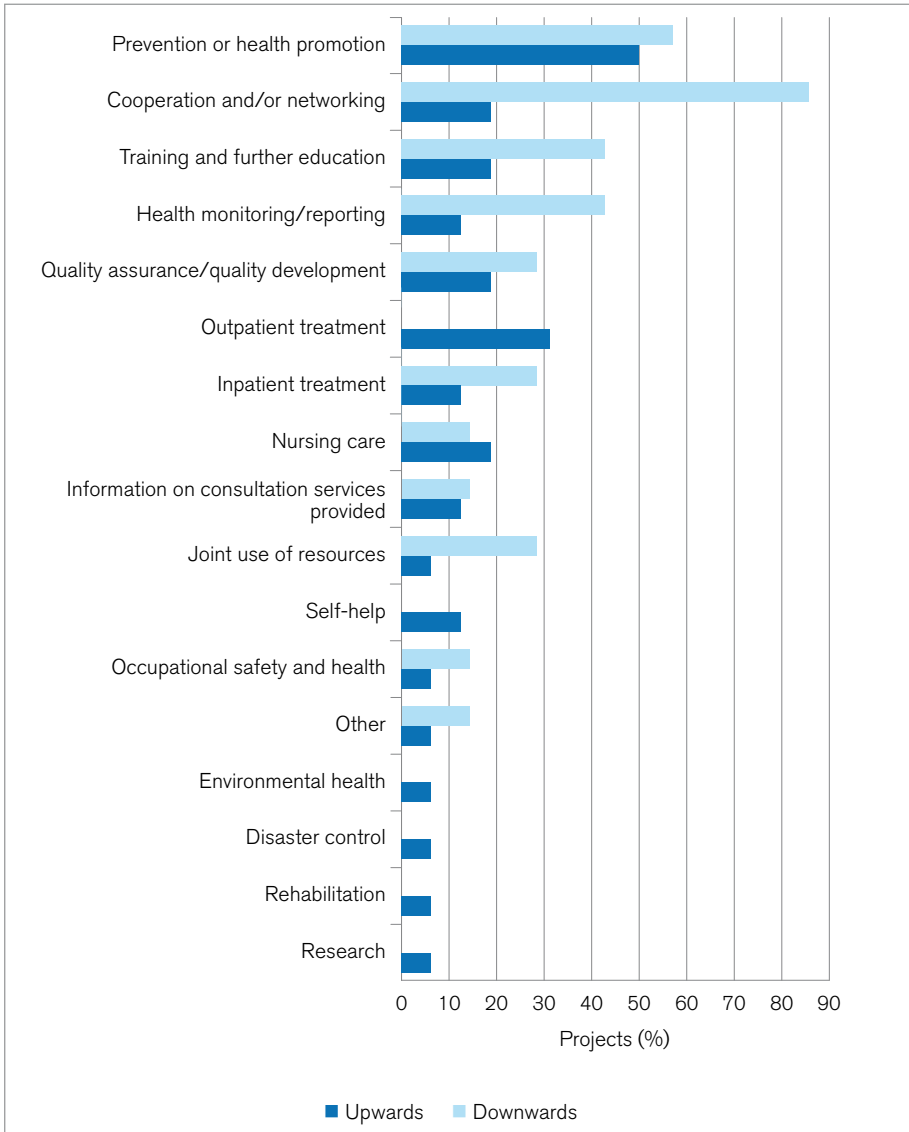
ᵃ A project could address multiple topics.

Fig. 6. Project components[a] by pathways of upscaling
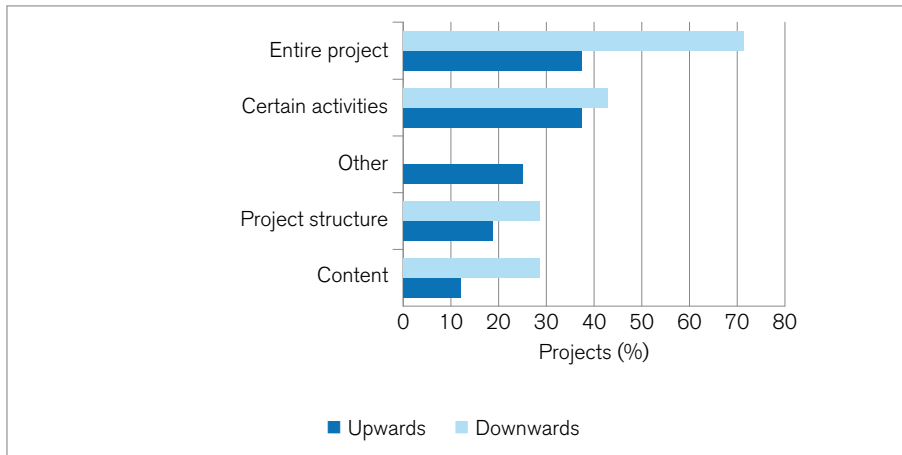
[a] Multiple answers were possible.

Project conditions were compared to promoting and hindering factors to determine which conditions were most applicable to projects. If a respondent indicated that a project condition was in place and reported on the promoting factor with the most similar connotation to that condition, then for analysis purposes, the condition and promoting factor were linked. This narrowed the number of project conditions in the analysis. An examination of the seven conditions that apply to projects and the seven promoting factors with the most similar connotations showed differences between the projects following upwards pathways (Fig. 10) and those along downwards pathways (Fig. 11).

For the 16 projects following upwards pathways of upscaling, if certain factors were in place – political support at regional level, support by subsidy funds or project partners show personal commitment – then these factors were promoting or very promoting for the success of the projects (Fig. 10).

For projects following downwards pathways of upscaling, support by subsidy funding was reported as very promoting. All other applicable project conditions and promoting factors were promoting or very promoting (Fig. 11).

Fig. 7. Project conditions in place by pathways of upscaling
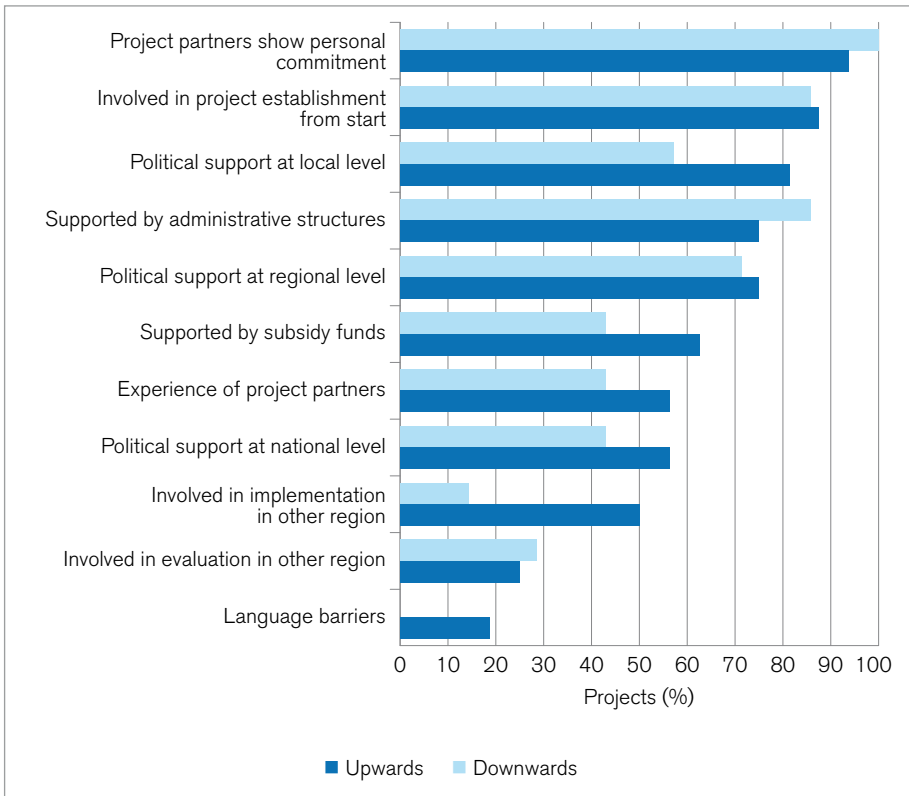
Experience of project partners or political support at local level was not promoting or hardly promoting in 20% of projects.

3.3 DISCUSSION

The survey delivers valuable insights in project characteristics, and information about promoting and hindering factors for scaling up from 23 public health projects in RHN member regions. Interpretation requires reading each project in context for any consideration of further scaling up through lessons learnt. The results are probably biased towards local or regional projects that have been successfully implemented. This analysis categorized projects into two pathways of upscaling. An alternative categorization may influence the results, which were stratified by these categories.

The list of potentially promoting and hindering factors in the questionnaire was based on the knowledge at the time of questionnaire development. Respondents did not add other promoting or hindering factors, although the survey allowed for it. Information about additional promoting or hindering factors that were addressed in the theoretical conceptual frameworks (Chapter 2) is therefore missing.

Fig. 8. Potentially promoting factors
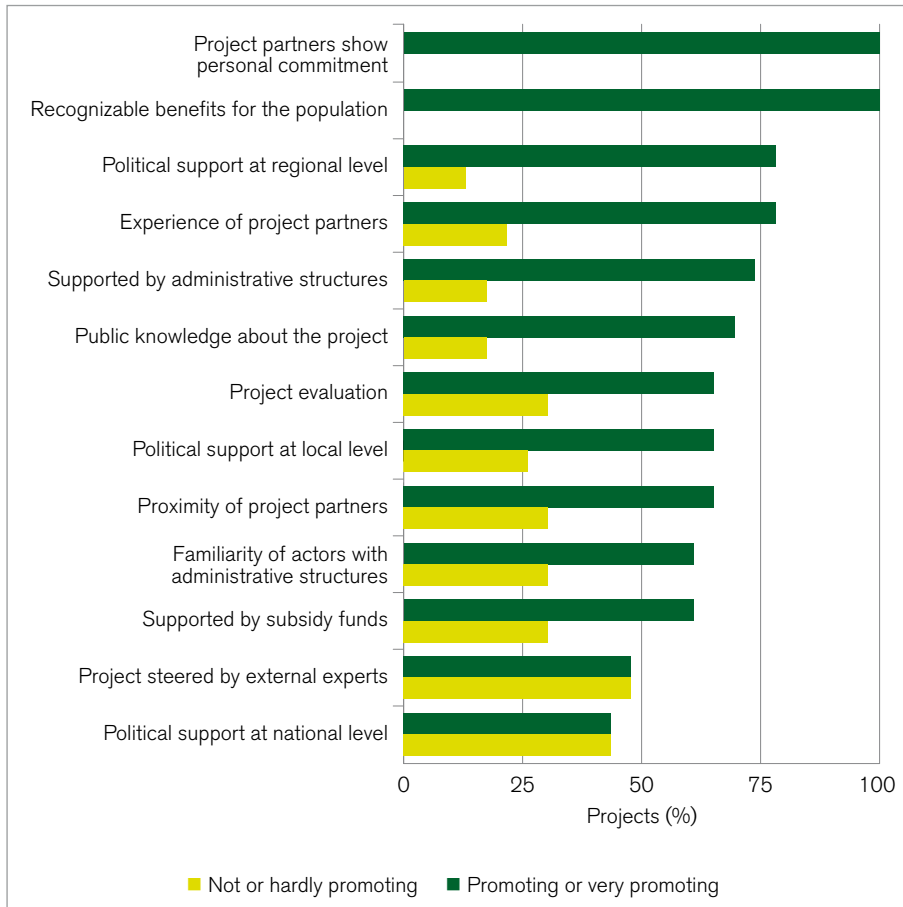
3.4 CONCLUSIONS

The most important promoting factors reported were personal commitment of the project partners and recognizable benefit for the population, followed

by political support at regional level and experience of project partners.

The main hindering factors related to financial issues and to the amount of administrative work.

The linkage of promoting factors and project conditions confirm the importance of project partners' personal commitment, support by subsidy funds and adequate political support both for upwards and downwards pathways of upscaling.

Fig. 9. Potentially hindering factors
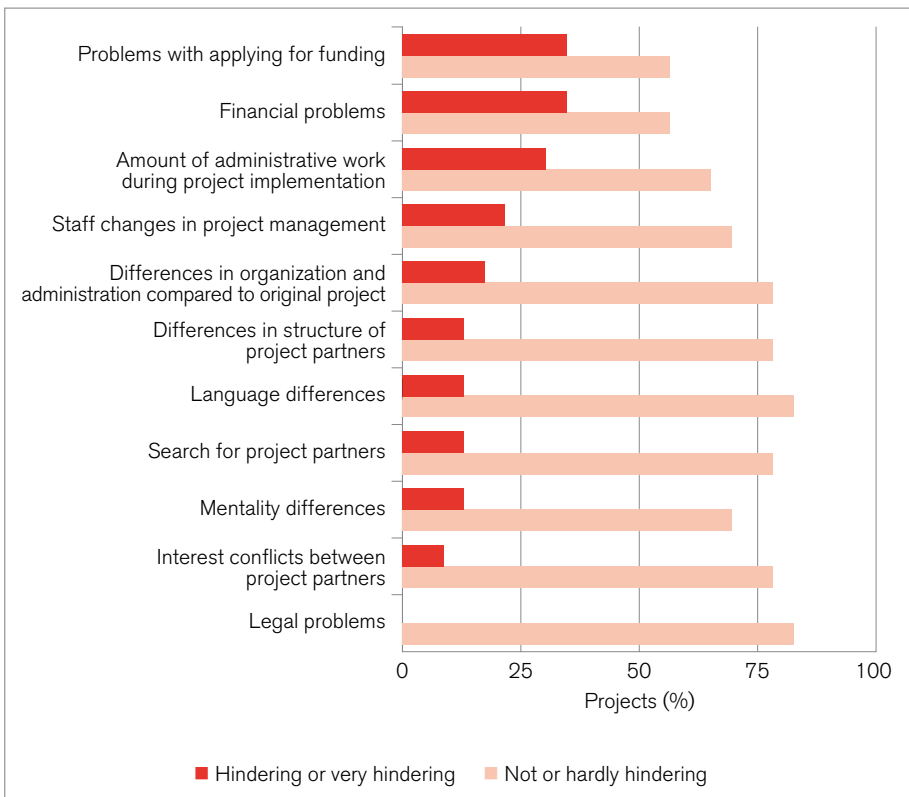
Fig. 10. Applicable project conditions and promoting factors for upwards pathway of upscaling
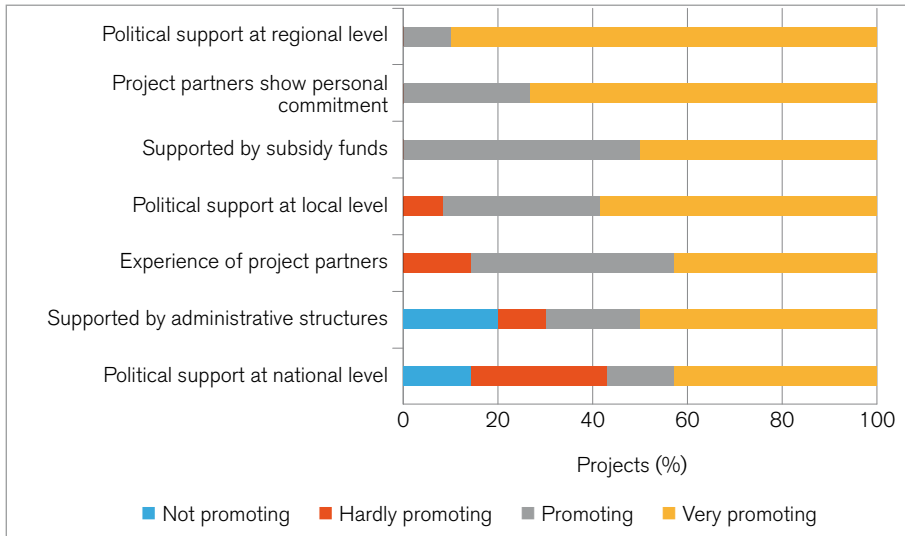
Fig. 11. Applicable project conditions and promoting factors for downwards pathway of upscaling

Scaling up projects and initiatives for better health: from concepts to practice
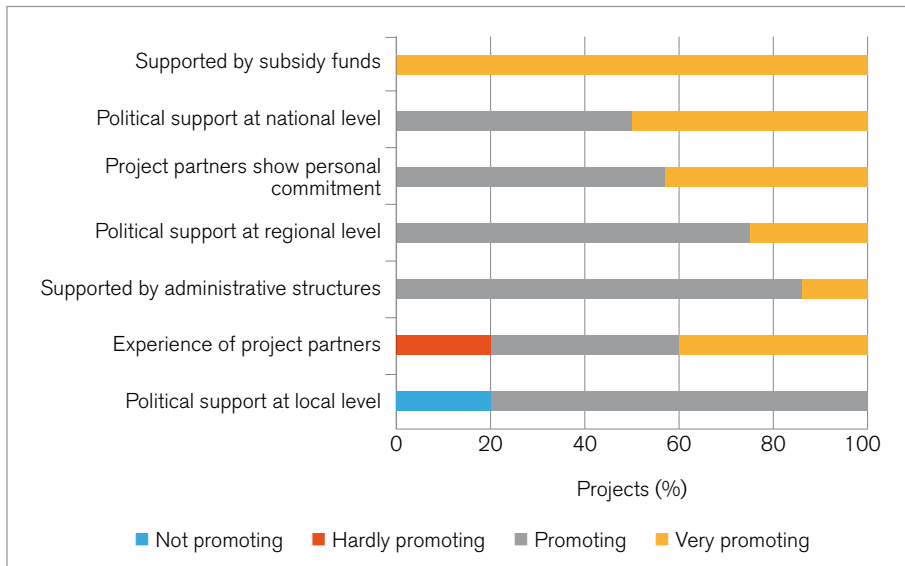
4. Scaling up from a practical point of view

Scaling up can be very complex, and different public health specialists can deliver different contributions to maximize the chances for a successful scaling-up process. This chapter addresses which factors public health specialists can change or influence, and presents an inventory of tools to support the public health workforce in scaling up activities.

4.1 Importance of public health specialists

Public health specialists play an important role in scaling up projects. They work at different administrative levels and have different opportunities to influence the scaling-up process. They can work at European, national, regional (e.g. federal state, province, county) or local (e.g. district, municipality or community) level. They can be involved in policy, programme or project developments and/or in service management and provision.

Their position in the public sector determines their ability to influence the scaling-up process. Changes in law are mostly enacted at national or regional levels, while organizational changes within legislative frameworks take place at all levels, and new, innovative (pilot) projects are often implemented in local settings.

4.2 Creating space to grow

Many factors influence the success of scaling up interventions (see Chapter 2). Taking these factors, whether promoting or hindering, into account will inform the development of a scaling-up strategy in two ways.

- The strategy should contain activities to modify or influence factors that are modifiable.

- The strategy should contain plans to take into account or mitigate the factors that cannot be modified.

Whether factors can be modified or have to be accepted without modification

depends to a certain degree on the position of the respective public health specialists. Public health specialists who work on projects at local level experience a different environment than those who work at national level. They differ in their potential to create space for growth. Some have more or less to work with a given "space to grow" *(8)* or outer context *(2)* or environment *(1)*. Others are in a position to influence, for example, the sociopolitical climate, institutions by using incentives and mandates, interorganizational norm-setting, incentives for compliance and networks etc.

However, public health specialists at local level often depend on decisions taken at higher levels (political support, legislation, resource allocation) especially for creating sustainability after a successful (pilot) project.

An enabling environment refers to enabling "conditions and institutions that are external to the user organization but fundamentally affect the prospects for scaling up" *(1)* and especially creating space for growth. An example of the importance of an enabling environment is the pilot project "Mothers as cultural interpreters" in Region Västra Götaland *(10)*. It aimed at providing newly immigrated parents with tailored support in the form of cultural interpreters, so parents could be more engaged and interested in their children's education. Cultural interpreters are women who have the same background and mother tongue as the parents they help, but have lived in Sweden for a long time, speak Swedish and have/had children in school. As a second objective, this project provided employment support to the women who were selected as cultural interpreters. After extra resources from development funds were used to test the project, the idea was to upscale and implement the project within the regular structural system at local level, but this met resistance. The most commonly used argument against upscaling was lack of resources: the fiscal and policy spaces were not supportive, meaning that in this case an enabling environment was lacking.

Healthacross *(17)* is an EU project project that focused on the financial and legal framework of hospital cooperation in the border region of Lower Austria and South Bohemia (Czech Republic). The results of Healthacross were scaled up to became the starting point for cooperation in another part of the border, the region around Gmünd (Austria) and České Velenice (Czech Republic). In the scaled-up project, "Healthacross in practice", outer context and especially the political space were of the utmost importance.

Politicians at the highest level in Lower Austria and South Bohemia were in favour of scaling up the project, so the project received all the necessary support to make it successful. However, during the scaling up, the general framework changed a few times, which in turn influenced the project, so the project needed to be flexible to deal with the new outer context in order to be successful.

Public health specialists should be aware of what they can and cannot change. They should have insights into promoting and hindering factors, and reflect on or even assess the situation from the beginning. A public health specialist can take certain questions into consideration when hindering factors cannot be changed or influenced.

- Is this important for the success of scaling up the project/intervention to my region? Are the hindering factors a vital risk for the success of the scaling-up strategy?

- Am I the person who can influence the outer context in favour of my project/intervention?

- Should and can I adapt the innovation in a way that the factor currently hindering the possible success of scaling up is eliminated, so I can maximize the chance of success? Or is it simply better not to scale it up?

During the entire scaling-up process, a public health specialist can ask these and similar questions several times.

4.3 Scaling-up phases

In 2010, WHO published the guideline *Nine steps for developing a scaling-up strategy (3)*. In 2014, the Ministry of Health in New South Wales, Australia published a guide for scaling up population health interventions *(13)*. In both cases, the reason for doing so was that "at the current time, few policy makers and practitioners have skills in knowledge of scaling up methods" *(13)*.

Based on the Australian guide *(13)*, a distinction can be made between four phases for scaling up interventions.

1. Assess scalability.

2. Develop a scaling-up plan.

3. Prepare for scaling up.

4. Scale up the intervention.

Before addressing these phases, this publication describes a preliminary phase: identify triggers for innovation.

4.3.1 Identify triggers for innovation

Having a trigger for innovation does not automatically mean that there will be a project or initiative. A project or initiative comes from the convergence of a need with a potential solution. Several options for this convergence are fundamental research, a pilot project or scaling up an existing project/initiative.

Flanders (Belgium) had a project regarding smoking prevention, which first and foremost arose from the observations of professionals at local level. Public health specialists in the Province of Limburg, a part of Flanders, noticed that smoking prevention campaigns reached many target groups, but not the one with the highest smoking prevalence: the underprivileged. This difficulty in reaching the underprivileged on public health-related issues is supported by general data and studies *(18)*. The question was how to reach this group with effective prevention interventions. Knowing that this target group was difficult to reach and that the current evidence-based projects were insufficient, public health specialists in the Province started with a new intervention exclusively for this target group. The intervention was a success and attracted the attention of the regional public health authority in Flanders. It was decided to scale the project up to all of Flanders. One of the main reasons to scale up this intervention was political. In the year that Flanders' political programme focused on underprivileged groups, Flanders' public health specialists monitored, from a distance, the project in the Province of Limburg. Based on the Province of Limburg's positive project evaluation, they decided to implement it in subsequent years. This example shows the window of opportunity at local and regional levels.

Another example of how to develop an idea for innovation can be found in the EMR. In this cross-border regional area, public health specialists noticed that the challenges they faced (e.g. addiction among young people, overweight, dementia and depression among seniors, infectious disease control) were in each part of the EMR. A series of Euregional public health conferences on each public health challenge were held where public health specialists presented findings from their part of the EMR. Politicians were invited to each conference, and they eventually provided political support to start with new cross-border interventions and cooperation. From the beginning, public health professionals, politicians and civil-society stakeholders were involved in developing ideas for interventions.

When a problem is clearly defined and a need for an intervention is assessed, it is possible to focus either on the creation of a new intervention or to look for an effective existing one. Once a promising intervention is identified, reflecting on and/or assessing its scalability (replicability) is necessary. Information and evidence, needs (risks), time and resource restrictions should all be taken into account. Tools are available to help, as described in the next subchapters. An awareness of critical issues and questions addressed by these tools already supports reflection. Pragmatic and selective use of tools, in line with information and planning needs, as well as resources, will support scaling-up activities.

4.3.2 Assess scalability

Assessing scalability is the phase that determines if and to what extent an intervention is scalable *(13)*. This is not easy to answer and takes some effort to determine. From a theoretical point of view, two topics need to be taken into consideration.

The first topic is the outer context *(2)* or the environment *(1)* in which certain questions can be asked.

- What about the sociopolitical climate?

- What about incentives and mandates?

- Is the environment in which the intervention needs to be implemented stable?

A public health specialist may not always be able to influence this. It depends on the level at which a public health specialist is working and on the level to which the intervention needs to be scaled up. However, determining the outer context is possible and necessary in order to clearly identify the public health specialist's role and if the intervention can be scaled up in that context.

All the practical cases – EMR, Flanders, Lower Austria, Israel and Region Västra Götaland – showed that the outer context determined if scaling up an intervention was possible. Sometimes it depended on political will. In other cases, an administrative/legal situation influenced the scaling-up process; in these cases, the public health specialists could only conclude that this was the situation, but not influence it.

The second topic is innovation and system readiness of the innovation *(1,2)*, which posits certain questions.

- What about the complexity of the intervention that one wants to implement? Does it have a high or low complexity level?

- What about the willingness and motivation to engage in the implementation of an innovation? (The more willingness and motivation, the easier scaling up is.)

In Flanders, maintaining the project's basic values was a challenge. The project's small size made it flexible, which was one of its success factors. In the original project, the target group, economically disadvantaged smokers, could decide what lessons they needed to learn to be able to stop smoking. In the scaled-up intervention, these types of discussions were no longer logistically possible, so others determined and prescheduled the lessons, but based them on the experiences of the original project. The scaled-up intervention was less flexible and had to be planned more in advance.

Using the theoretical framework, many questions should be asked and answered in order to determine if an intervention should be scaled up. Several practical tools can help to assess scalability (Table 3).

Table 3. Selection of practical tools for assessing scalability

Tool	Publication	Description
Scalability assessment	*Increasing the scale of population health interventions: a guide (13)*	**Step 1** *(13)* is used to assess scalability with helpful questions on effectiveness, potential reach and adoption, alignment with the strategic content, and acceptability and feasibility. However, some questions such as "What is the effect size of the original intervention?" and "Is the effect size of the intervention likely to be of policy significance?" *(13)* could be clarified by defining effect size *(19)*. Effect size in statistics means how strong the effect of a measure is on the population. Effect sizes are often linked to studies in which two groups appear: an intervention group and a control group. Brand et al. *(20)* describe effect size and its influence.

Another example question in Step 1, which can help to determine scalability, is "What organisational, technical, human and financial resources were required to deliver the original effective intervention?" Resources are a main issue for scaling up, so this question should be considered carefully. |
Illustration of questions and recommended actions related to the scalability of the innovation	*Nine steps for developing a scaling-up strategy (3)*	**Table 1.1** *(3)* contains key questions for each of the attributes: credibility, observability, relevance, relative advantage, ease of transfer/installation, compatibility and testability. Example questions are: "How sound is the evidence?", "How observable are results?" and "Will it be difficult to maintain the basic values of the innovation as expansion proceeds?" *(3)*. This last question is very important in practice.
Illustration of questions related to the user organization and needed action to increase the potential for scaling up success	*Nine steps for developing a scaling-up strategy (3)*	**Table 2.1** *(3)* addresses the categories: perceived need, implementation capacity, and timing and circumstances. These categories are important, because sometimes the perceived needs are different at different levels. For example, sometimes the management of an organization experiences a perceived need, but public health specialists who would have to work with it do not. Public health specialists sometimes feel they are forced to participate in scaling up a project, because it is helpful for the organization (e.g. provides extra funding) but is not always an asset for the public health specialists or the target group.
Illustration of opportunities/ constraints and recommended actions related to the environment	*Nine steps for developing a scaling-up strategy (3)*	**Table 3.1** *(3)* lists key questions for different environments like "Where in each dimension of the environment is there support or opposition for innovation?" and "Which stakeholders need to be engaged?". Gaining insight into the influences from the outer context is important.

Table 3 contd

Tool	Publication	Description
Increasing the scale and potential adoption of health promotion interventions into policy and practice	*The concept of scalability: increasing the scale and potential adoption of health promotion interventions into policy and practice (9).*	This tool focuses on scaling up health promotion interventions and can give public health specialists insight into the reasons for scaling up. **Consider the appropriateness of the intervention** by looking for robust evidence of effectiveness, the potential for substantially expanded reach and system adoption, its acceptability to the target groups and settings, and if it can be delivered at an acceptable cost. Evaluative frameworks built into intervention delivery from the outset should have the capacity to produce reliable information on the aforementioned scalability considerations. **Assess potential reach and adoption** such as the nature of the problem being addressed or intervention characteristics. **Assess alignment with the strategic content**. Scaling up might need specific efforts to generate support. Publishing results from research and evaluation studies might stimulate the interest of the media and the public. Building operational/strategic alliances are sometimes helpful. If political support is missing, it is sometimes possible to start activities without political support or to start in another municipality or region with political support, and then create political pressure by referring to the success of those activities. **Assess effectiveness**, as the amount of control over an intervention may vary less with highly controlled conditions (e.g. randomized controlled trials) compared with more variable real-world conditions (9).[a] **Consider costs** such as the costs to participants or of the intervention. **Assess acceptability** to individuals or stakeholders. **Assess feasibility**.
Scalability assessment tool	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 6** (21) is practical with a quick way of scoring statements within a category to help a public health specialist in the decision-making process. It provides a checklist of categories to see if scaling up is credible, observable, relevant, advantageous, easy to adopt, testable and adaptable, and affordable. Each category has several statements, which can be assessed using either a smiling, neutral or sad-faced symbol.

Table 3 contd

Tool	Publication	Description
		For example, the credibility category contains four statements:
		• based on sound evidence; • independent external evaluation; • evidence that the model works in diverse social context; and • model supported by eminent individuals and institutions.

[a] This refers to interventions that have been proven to be efficacious on a small scale or under controlled conditions. It is not only real-world, small-scale interventions, but also their challenges that are linked with external validity and efficacy. Nevertheless, differences between, for example, pilots (control, motivation) and scaled-up interventions might be similar.

4.3.3 Develop a scaling-up plan

Once an intervention is determined to be scalable, then the next phase is to develop a scaling-up plan. This phase and the plan address certain what and how questions public health specialists may ask themselves.

- What exactly are we going to do?

- What are the goals?

- Who are the relevant stakeholders?

- How are we going to do it?

From a theoretical point of view, the main question in this phase is what needs to be changed in the original intervention to scale it up. Topics like motivation, needs, values and goals *(2)*, and, for example, the mobilization of funds *(1)* need to be taken into consideration. The case studies in this publication consistently identified motivation and need as the most important drivers for scaling up an intervention. The two motivation levels are within the user organization and within the stakeholders.

The Flanders (Belgium) case study is a good example. In the original intervention, everybody – the resource team, the stakeholders and the target

group – was highly motivated. When the intervention was scaled up to the regional level (Flanders), the user organization was highly motivated, but for a different reason: they noticed the original intervention in the year the political programme focused on the underprivileged. The stakeholders and target groups were also motivated, but not as much as the region or the resource team.

Table 4 presents a selection of tools that can help in developing a scaling-up plan.

Table 4. Practical tools for developing a scaling-up plan

Tool	Publication	Description
Develop a scaling-up plan	*Increasing the scale of population health interventions: a guide (13)*	The potentially extensive step of developing a scaling-up plan can be handled with questions in this tool. **Step 2** *(13)* comprises eight substeps, each with multiple questions, which are clearly described and give good insight into the areas a practitioner needs to consider.
		Document a rationale for scaling up. This substep helps the public health specialist to determine if everything is documented systematically and to identify gaps.
		Describe the intervention focusing on the objectives, target groups and key elements.
		Complete a situational and stakeholder analysis. This is a political and environmental mapping exercise and includes the question "Have key stakeholders and where they fit within the social, political and organisational environment been identified?" *(13)*.
		Determine who could be involved in the scaling up and what the role will be. This involves an in-depth mapping of the roles and tasks of the parties involved. One of the questions asked is "Have the tasks and functions necessary for scaling up the intervention been determined?' *(13)*.
		Select an approach to scaling up, which according to the New South Wales Ministry of Health (Australia) is important. Either a horizontal or a vertical approach can be used. Milat, Newson and King *(13)* write that a "horizontal approach involves the introduction of an intervention across different sites or groups"; a
		vertical approach involves the introduction of an intervention simultaneously across a whole system and results in institutionalization of a change through policy, regulation, financing or health systems change *(13)*.

Table 4 contd

Tool	Publication	Description
		In practice, scaling-up processes often have both aspects.
		Consider options for evaluation and monitoring to ensure that the processes used in the original intervention were described.
		Estimate resources required for scaling up. A substep in which resources are described in detail.
		Write up the plan, which basically summarizes the results and analysis of the previous steps into a plan for scaling up the intervention.
Developing a scaling-up plan	*Nine steps for developing a scaling-up strategy (3)*	The ExpandNet scaling-up model has nine steps. All steps contain elements that can be useful in the phase of developing a scaling-up plan, because they are interlinked. The key steps in this phase are setting goals (**steps 3–4**) and choosing the right work method (**steps 5–9**) *(3)*. Every step is supported with key questions that can help public health specialists to set goals and chose what is best for scaling up the intervention they want. The result at the end of the steps is a plan. The questions are clear but answering them takes time.
		Tables 5.1 and 5.2 in the ExpandNet model *(3)* contain questions public health specialists may ask themselves to develop a scaling-up plan and provide a means for recording their answers. They focus on the areas where changes are needed such as policy level, political commitment, legal change, regulations, financing and so on. Answering questions related to these different categories of change will support prioritization of goals and assist in planning actions. This model depends on the involvement of the resource team in the whole process of scaling up. That is the strength of this model.
Logical framework for summarizing project design	*The logical framework: program design for program results (22)*	The logical framework for summarizing project design *(22)* gives support in helping to determine the relation between the inputs, outputs, purpose and goals. Questions include "What outcomes of the project were necessary to produce the goals of the project that was desired to be upscaled?" and "What activities were necessary to produce the outputs of the up-scaled project?".

Table 4 contd

Tool	Publication	Description
Visual mapping	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 2** *(21)* provides the visualization of steps in the right sequence.
Model profile	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 3** *(21)* helps to determine the intervention's scope: who and where. The user organization should be able to provide information on the rationale behind the intervention.
Describing the originating organization	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 3A** *(21)* includes a form with tick boxes and open questions to describe the user organization.
Evidence standards	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 4** *(21)* offers "a guide to determining the right type of evaluation and considerations for gathering evidence to support the case for scaling up".

4.3.4 Prepare for scaling up

This phase, prepare for scaling up, ensures that the right resources for the intervention are available. In other words, ensure that the preconditions are met. This phase puts the scaling-up plan into action. Public health specialists can raise certain questions.

• What are the preconditions I need to address?

- Do I have the commitment of the stakeholders and politicians to go through with it?

- What about my resources? Are there enough, for example, human or financial resources?

From a communication and influence (2) point of view, scaling up is a more formal and planned situation: dissemination rather than diffusion. By this phase, an intervention should have been assessed as scalable and a scaling-up plan developed. In preparing the details for scaling up, some organizational decisions need to be taken (1). Including the resource team (1) during this phase is helpful, because they know exactly which resources are needed to scale up the intervention. For example, in many of the projects in the EMR, the resource team was involved at the beginning of the scaling-up process.

An intervention targeting overweight ("Walk to the Moon") was scaled up from the Province of Limburg (Belgium) to the district of Heinsberg (Germany). The user organization had several meetings with the resource team of the Province of Limburg to determine if the intervention could simply be translated into German. This was not the case. The intervention was constructed in a way that fit into the public health structure of the Province of Limburg. As the public health structure in Germany is different (more locally oriented with more stakeholders), a simple translation of the intervention would not work. Many meetings focused on what public health specialists in Heinsberg should do to make the intervention a success. It was not as simple as one might have thought. In this case, the theories of Greenhalgh et al. (2) and of ExpandNet (1) were proven right: first, the idea was that the scaling-up process of this intervention could be more informal and unplanned (diffusion), but it ended up being fully planned and formal (dissemination), as the theory of Greenhalgh et al. (2) describes. Having the resource team take part in the scaling-up process was helpful, because of all the organizational and political factors that needed to be addressed.

In addition to the assistance of the resource team, some tools can help a public health specialist in this phase of preparation (Table 5).

Table 5. Selection of practical tools for preparing for scaling up

Tool	Publication	Description
Prepare for scaling up	*Increasing the scale of population health interventions: a guide (13)*	**Step 3** *(13)* focuses on how resources for the scaling-up process are secured. Firstly, **consult with stakeholders**, focusing on how the plan for scaling up is received by them. Secondly, **legitimize change** and promote the intervention to the right decision-makers. Thirdly, **build a broad constituency**. A focus on networks and alliances is needed to mobilize "the broader 'community of practice' which is required to successfully scale up an intervention" *(13)*. Fourthly, **realign and mobilize resources**. Funds need to be mobilized, people need to be trained and an organizational infrastructure needs to be assessed etc. This tool contains questions to address these topics.
Increasing the capacity of the user organization to implement scaling up	*Nine steps for developing a scaling-up strategy (3)*	In this phase, various elements of all nine steps of the ExpandNet model are important, but **step 2** *(3)* is most helpful for making sure that the right resources and preconditions are put into place. This step is about increasing the necessary capacity of the user organization, which requires clarifying who the user organization is. Mostly, this is the organization that intends "to adopt and implement the innovation" *(3)*. The next step is determining if it has the capacity to scale up the intended intervention.
		To make sure that the right questions are asked, **Table 2.1** *(3)* gives an overview of the items that need to be addressed and the key questions linked to them.
		• Is there a **perceived need** for innovation? • Did the pilot project test ways to strengthen the **implementation capacity** of the user organization? • Do these changes provide opportunities or constraints with regards to **timing and circumstances**?
Stakeholder analysis	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 7** *(21)* helps to identify stakeholders and their characteristics. What is their **power and interest** in the intervention and what is their position towards the intervention? What are the **resources** of the stakeholder? And how quickly can they mobilize the resources?

Table 5 contd

Tool	Publication	Description
Network mapping	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 8** *(21)* helps to work out the networks that are important to scaling up the intervention. It gives insight into: • decision-makers; • decision-making processes in the network; and • points of entry towards the right people for decision-making.
Force field analysis	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	With **Tool 9** *(21)*, the public health specialist can gain insight into which factors are promoting and which are hindering the scaling-up process.
Advocacy strategy profile – part I	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	For scaling up, advocacy is very important. A successful scaled-up intervention requires the support of different stakeholders and that support relies on advocacy. The question is what does a public health specialist need to do to make this happen? **Tool 10** and especially **Table 7** *(21)* help the public health specialist to determine which kind of advocacy is necessary.
Advocacy strategy profile – part II	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 11** *(21)* builds upon tool 10. It is important to ask the question "Who needs to do it?". Is it the resource team, the user organization, a third party organization or somebody else? This tool helps not only to determine which organizations are responsible but also to identify where these organizations are most in need of strengthening. **Table 8** *(21)* helps in this analysis.
Mobilizing resources	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	Mobilizing resources can be tricky. **Tool 12** *(21)* addresses "how to apply costing techniques to estimate resource needs for an intervention" and "how to do a simple analysis of cost–effectiveness to assess the value for money invested in a particular intervention" *(21)*.

4.3.5 Scale up the intervention

The final phase is scaling up the intervention. Until now, all steps were about preparing implementation – including strategies to disseminate knowledge about the innovation and to stimulate motivation and the willingness to implement of eventual and potential user organizations.

This phase starts with the actual project implementation. Nevertheless, during the implementation process, always be aware of changes in the plan. Topics concerning the implementation process *(2)* or monitoring and evaluation *(1)* are of upmost importance. If necessary, adapt the implementation process. For this purpose, a project management team should make sure that the implementation goes as planned and can adapt it when necessary. Tools that can help with monitoring the process and implementing the intervention are listed in Table 6.

Table 6. Tools for scaling up the intervention

Tool	Publication	Description
Scale up the intervention	*Increasing the scale of population health interventions: a guide (13)*	**Step 4** *(13)* addresses scaling up the intervention. This is when public health specialists did all the preliminary work. However, in this step, the categories with questions focus on the ongoing process of planning and organizing. After the plan developed in step 2 *(13)* is put in order, it needs to be adapted during the implementation process.
		Questions in this step address this ongoing adaption process. "What changes need to be made in the 'delivery organisation(s)'?" "Are action plans and budgets in place for implementing the scaling up effort?" 'Are the costs of intervention delivery and monitoring being assessed?" *(13)*. Finally, this step addresses sustainability, a topic that is often difficult. Ensuring sustainability was a challenge in all the cases presented in this publication. A lack of resources like funding is a common challenge, or the political or legislative structure may create the challenge.
Institutional development framework (IDF)	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	The IDF:
		can be used to assess an organization before or during scaling up to plan and track necessary changes in the adopting organization. It does this by helping an organization to: (1) consider what it will take to make it successful; (2) assess its own strengths and weaknesses in light of those factors, (3) map a prioritized plan for improvement; and (4) measure progress against the goals it sets. *(21)*.
		To achieve this, **tool 13 and Tables 10–11** *(21)* can help. These tables help to identify which stage the organization is in: start-up, development, expansion/consolidation or sustainability.

Scaling up projects and initiatives for better health: from concepts to practice

Table 6 contd

Tool	Publication	Description
Organizational responsibility chart	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 14** *(21)* is an organizational responsibility chart that shows the responsibility of each major actor with regard to each significant task. It identifies four types of responsibilities: provide approval authority, be responsible for activities, provide support and be kept informed. This can be worked out via a table with all stakeholders and/or actors, and the main activities that are part of the intervention that needs to be scaled up.
Monitoring and evaluation guidelines	*Scaling up – From vision to large-scale change: tools and techniques for practitioners (21)*	**Tool 15** *(21)* helps to monitor, report on and evaluate the scaling-up process. **Table 14** *(21)* provides key questions for monitoring the scaling-up process, divided into five topics: • organization analysis • stakeholder analysis • project analysis • resource analysis • staff analysis.

5. Practical tips

Reading the previous chapters, one can become a bit overwhelmed by the amount of time and work required to scale up a project or intervention, or think that the information necessary to make scaling up work from a theoretical point of view is not available.

This chapter therefore offers practical tips to help a public health specialist structure the scaling-up process. It focuses a bit more on small-scale and bottom-up approaches to scaling up than large-scale reforms.

Take a pragmatic approach. In a perfect world, careful and detailed planning would be in place. In reality, information and resources are often missing, which is often the case with local initiatives, for example, in the field of health promotion. Gathering the project team together to use members' expert knowledge and reflect on the critical issues in a systematic manner supports the scaling-up process.

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Use evidence-based management *(23)* to identify and evaluate additional evidence that could be helpful in planning the scaling up. Find a balance between these information sources and ask questions: "'What is the evidence for that?', 'How trustworthy is it?' and 'Is this the best available evidence?'" *(23)* and what amount and kind of evidence is needed?

Assess the opportunities and challenges for scaling up by considering the models from Chapter 2. As a first step, combine the identification of opportunities and challenges with questions on whether sufficient information and knowledge are already available, whether more detailed reflection is necessary, or whether information and knowledge gaps have to be closed. Sometimes, addressing questions within the project group is sufficient; other times, organizing a workshop is useful and even necessary to conduct a more profound and detailed assessment.

After identifying the need for more detailed reflections, **take time to read some of the tools** (Chapter 4) and select the steps and questions that are most important for scaling up the intervention or project. Meeting with those responsible for the original intervention is helpful.

If tasks can be divided, take advantage of that. Have the project team determine what is important to know and make sure to acquire the information needed to be able to scale up the intervention. If possible, ensure that the team in charge of the scaling-up process is motivated and committed to scaling up a project for the right reasons and for the entire duration of the scaling-up process.

Time is of upmost importance. Having the time to go through all phases of the scaling-up process depends on the direction from which the starting point of the idea for scaling up flows: bottom up or top down. The most likely scenario is public health specialists at local level who try a bottom-up approach to scaling up, need to work with a given situation and will not go through all the scaling-up phases in detail. Public health specialists often need to decide quickly, based on their experience, if scaling up an intervention is worthwhile. If the scaling-up process is more top down, there is a higher likelihood that the process of scaling up is planned in more detail. Looking at the different scaling-up phases in detail and collecting all the necessary information can be time consuming especially because these phases precede the actual work in deploying the scaled-up intervention.

If time permits, go through each scaling-up phase in detail.

Identify any windows of opportunity and make the most of them. Different situations have different windows of opportunity: some allow systematic planning; others do not.

A recent trend is that **innovation needs to be supported by evidence**. One might first ask, "What is evidence?" and then "How to use it in relation to scaling up?". In this context, evidence can be understood as information coming from different sources. Barends & et al. describe four evidence sources: scientific (research findings), organizational (data, facts and figures), experiential (professional experience and judgement) and stakeholder (values and concerns) *(23)*. Consider all these sources when looking for evidence and make a decision based on what is available. Some forms of evidence are more likely to be available than others.

If possible, **include in the resource team a contact person** who was involved in the original intervention and can provide information.

Make sure that commitment exists on all relevant levels for scaling up. Take time to involve stakeholders from different levels: for example, at political, expert and target-group levels. Identify stakeholders and take time to involve them in some way in the scaling-up process. Doing so will also contribute to the establishment of a good supportive network, which helps the project or intervention during the process of scaling up.

This publication does not address legal and regulatory implications, because they are integrated in the steps to take in a successful scaling-up process. However, ensuring that legal and regulatory environments are taken into account is important especially when scaling up is done in Euregional and international settings.

Recognize the value of conducting an evaluation or at least documenting the experience gained from scaling up. This is part of evidence-based management and facilitates sharing the process and results of the project or intervention.

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Annex 1. Projects addressed by questionnaire

No.	Country	Project title	Institution/ organization	Contact	Duration
1	Austria	Healthacross in practice (Grenzüberschreitende Gesundheitsversorgung Niederösterreich-Südböhmen)	NÖGUS – Health and Social Fund of Lower Austria	Elke Ledl	1 January 2012–31 March 2014
2	Austria	Carinthian Alliance against depression (Kärtner Bündnis gegen Depression)	Health Association Kärnten	Franz Wutte	2007–2009
3	Belgium	Tutti Frutti	Ministry of the German-Speaking Community in Belgium	Murielle Mendez	February 2006–open-ended
4	Czech Republic	Environmental pollution – health problems and compensatory measures	Regional authority of the Ústí Region – Public Health Institute Ústí nad Labem	Josef Richter	2012–2014
5	Czech Republic	Natural childbirth in maternity hospitals (Přirozený Porod v Porodnici)	Association of Teaching Hospitals	Tomáš Raiter	2013–open-ended
6	Czech Republic	Quality of working life in health care (Kvalita Pracovního Života)	Association of Teaching Hospitals	Tomáš Raiter	2007–open-ended
7	Czech Republic	Quality through the patient's eyes (Kvalita Očima Pacientů)	Association of Teaching Hospitals	Tomáš Raiter	2002–open-ended
8	Germany	Device-associated central venous catheter sepsis (device-assoziierte ZVK Sepsis)	District hospital Mechernich	Claus Dümmer	2010–open-ended
9	Germany	Promotion of health literacy in North Rhine-Westphalia	North Rhine-Westphalia Centre for Health	Gudula Ward	2012–open-ended
10	Israel	Promoting life quality of patients with dementia among the Arab population in Israel	Northern District, Ministry of Health	Samira Obed	2009–2011

Scaling up projects and initiatives for better health: from concepts to practice

No.	Country	Project title	Institution/ organization	Contact	Duration
11	Italy	Performance evaluation system of Tuscany Region	Tuscany Region	Alberto Zanobini	2004–open-ended
12	Netherlands	A matter of balance-Netherlands (AMB-NL)	Maastricht University	Gertrudis Kempen	2002–2012
13	Netherlands	German/Dutch hearing (D/NL-gehoorverlies)	Radboud University Nijmegen Medical Centre	Eline van Beelen	2010–2013
14	Netherlands	Youth Survey 2013 (Jongerenonderzoek 2013)	GGD Zuid Limburg	Raymond Stijns	2013–open-ended
15	Netherlands	RealFit, a programme for youths aged 13–18 years who are not happy being overweight	House of Sports Limburg	Simone Gerono	2003–2013
16	Netherlands	WHO High 5s patient safety programme: implementing the standard operating procedure for medication accuracy at transitions in care	Dutch Institute for Healthcare Improvement	Erica van der Schrieck-de Loos	2010–open-ended
17	Slovenia	Health Equity 2020	Centre for Health and Development Murska Sobota	Peter Beznec	2012–2015
18	Slovenia	Family centres Steiermark and Pomurje Slovenia, Laughter without borders	Centre for Health and Development Murska Sobota	Mojca Makovec Haložan	2012–2013
19	Slovenia	Healthy communities (Zdrave skupnosti)	Centre for Health and Development Murska Sobota	Zlatko Mesarić	2012–open-ended
20	Spain	Physical activity, sport and health plan (Pla d'Activitat Física, Esport i Salut)	Public Health Agency of Catalonia, Department of Health	Carmen Cabezas	2005–2014
21	Sweden	Municipal working groups with two themes: public health reporting and social investments	Region Skåne	Elisabeth Bengtsson	2013–2014

No.	Country	Project title	Institution/ organization	Contact	Duration
22	Sweden	Passion for life (Passion för Livet)	Region Skåne	Elisabeth Bengtsson	2010–2014
23	Sweden	Social investment fund	Region Skåne	Elisabeth Bengtsson	2013–open-ended

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Scaling up means to expand or replicate innovative pilot or small-scale projects to reach more people and/or broaden the effectiveness of an intervention. Based on a narrative literature review and a survey targeting key informants from 10 WHO Member States that are also members of the Regions for Health Network (RHN), this publication addresses practical challenges and provides a tool box for scaling up activities. This publication integrates and describes tools from different practical guidelines. It is structured in line with a scaling-up guideline developed for New South Wales (Australia). Using all of the presented tools in a systematic manner is often not possible for practitioners. But with references to frameworks, models and practical experiences, WHO and RHN hope to raise awareness of critical promoting or hindering factors, to encourage utilization of supportive tools, and to promote the further exchange of experiences and practical knowledge.

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