Rapid Response Brief

February 2021

What can research evidence tell us about:

Scale-up strategies for the MoH's "Transformative leadership and cultural change collaborative initiative" in Uganda

Key messages

- Deciding on a scale-up strategy is an <u>iterative and continuous</u> <u>process</u> (and NOT a one-time activity), that should be considered early on in the planning process.
- Health Systems' managers initially need to reflect on four major pertinent questions:
 - ➤ Is scaling up of the program/project feasible?
 - What strategies can be considered for scaling up the program/ project?
 - ➤ What drivers and barriers are expected during the scaling-up of the program/project?
 - ➤ What is the monitoring and evaluation plan for scaling up the intervention?
 - Deciding on a scale-up strategy requires managers to <u>consider</u> <u>several crucial aspects</u> including: the approach to implementation; a gradual or rapid scaling up; involving new collaborators; and active dissemination

Where did this Rapid Response come from?

This document was created in response to a specific question from a policymaker in Uganda in 2019.

It was prepared by the Center for Rapid Evidence Synthesis (ACRES), at the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative



- Key findings from research
- Considerations about the relevance of this research for health system decisions in Uganda



- Recommendations
- Detailed descriptions











Short summary

Background:

The Ministry of Health (MoH) has collaborated with Spark Health Africa to pilot an initiative aimed at improving health system resilience in 10 districts in Uganda - the "*Transformative leadership and cultural change collaborative initiative*". Following an initial period of registered successes, the MoH is considering a scale up from the pilot, hence the need for the program implementation team to reflect on different but appropriate strategies to scaling up the program.

Question: <u>How can the Ministry of Health in Uganda scale up the "Transformative leadership and</u> cultural change collaborative initiative"?

Findings:

Scaling up a strategy is a process rather than a single event, and is a political decision as much as it is a technical one. Health systems' managers involved in the scaling up initially need to consider four basic questions:

- 1. **Is scaling up of the program/project feasible?** There is a need for this to be agreed upon by all stakeholders. Once this is agreed as necessary, there is then also need to have a shared understanding of what scaling-up means to each one of these stakeholders while some may view it as being about increasing inputs (e.g. human resource), outputs (e.g. access to the program), or outcomes (e.g. reduced mortality), for others, it might mean increasing the program's scope and depth of activities. These and other issues like the simplicity and effectiveness of the program, timeframe, area of expansion, and resources should be discussed exhaustively.
- 2. What strategies can be considered for scaling up the program/ project? Deciding on a scale-up strategy considers several dimensions and/or contexts:
 - a. <u>Modifying governance</u> structures and operations: Managers will choose whether to use a top-down approach from the ministry, or to support districts to implement the program depending on their capacity and the political context.
 - b. Modifying the approach to implementation: Choices include expansion or replication to more districts provided adequate resources and infrastructure support can be mobilised; diversification (functional) which includes adding new scope or parts to the program to deepen the impact of the program; spontaneous diffusion which involves attracting districts to adopt and promote the program; and vertical scaling which involves institutionalising a program through policy reforms or leveraging on existing institutional frameworks or structures.

- c. Gradual or phased/rapid scaling up: Managers might decide to scale-up in a phased approach using districts as nodes for expansion or replication or districts as models of excellence for specific program components or outcomes. Alternatively, the scale-up can be conducted in a rapid approach in all areas.
- d. Involving new collaborators, during the scale-up, e.g. funders and implementation partners
- e. Plan for active dissemination.

Other considerations for a strategy include:

- i. The <u>degree of participation</u> of districts. This can vary from being only recipients to coimplementers of the program;
- ii. The <u>degree of flexibility</u> in keeping all the components of the program, e.g. the frequency of mentoring visits, and dissemination approach, e.g. more mentoring visits or using brochures or virtual calls.
- iii. It is also advisable for the managers, advocates and implementers to <u>manage the expectations</u> of stakeholders of the scale-up.
- 3. What drivers and barriers are expected during the scaling-up of the program/project? These usually revolves around the following: having clear ideas and vision communicated, having leadership support including champions, clear accountability mechanisms, clear monitoring & evaluation plans, and well-defined roles and responsibilities.
- 4. What is the monitoring and evaluation plan for scaling up the intervention? Having a monitoring and evaluation plan for the scale-up is an essential factor for success. Preparing such a plan involves defining the objectives and scope of scale-up, and designing a clear objective framework, methods, tools, and resources to track progress.

Conclusion: Deciding on a scale-up strategy is a process and it starts with having a shared understanding of what scaling up the specific program will mean for all stakeholders. The considerations of how to scale-up should consider the different, often overlapping dimensions of the strategies under different contexts. The dimensions of scaling-up include approach such as expanding or replicating to new and wider areas, adding new scope, and pushing or leveraging favourable policies or regulations. The other considerations include how to govern the program, degree of flexibility of the program and participation of stakeholders. Lastly, the scale-up strategy should have a clear M&E plan which is clear on what success will look like and emphasises learning by doing.

Background

Since 2018, the Ministry of Health (MoH) has been implementing a two-year program with SPARK Health Africa, "A transformative leadership and cultural change collaborative initiative" to improve health system resilience and healthcare outcomes (1, 2). The program targeted and engaged local district political leaders and the District Health Management Teams (DHMT) to prove the concept in improving identified healthcare outcomes (2). The purpose of the pilot was to prove the concept in improving identified healthcare

How this Rapid Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the Rapid Response Service to find, select and assess research evidence are described here: https://acres.or.ug

outcomes including maternal mortality, perinatal mortality, family planning uptake, and antenatal care coverage (2). The initiative focused on stimulating alignment to common values, asset-based thinking, and increased use of data for decision-making.

The pilot had two phases, referred to as the implementation and consolidation phases (1). The implementation phase lasting two years included training workshops, monthly mentoring visits, cluster and bi-annual review meetings (1). At the end of the implementation phase, a consolidation phase at the request of MoH to support local district emergency response to COVID-19, was executed and it involved a 12-week training in mentoring.

Following, the initial registered successes of this initiative, the MoH seeks to scale up this initiative and this rapid response brief presents options of strategies to do this. The brief will answer the question:

<u>How can the Ministry of Health scale up the "Transformative leadership and cultural change</u> collaborative initiative" in Uganda?

Summary of findings

This brief brings together evidence from several frameworks but with cross-cutting themes to provide a structured approach to analyze the program's context, identify strategies for scale-up, and monitor and evaluate the scale-up (3-9).

Scaling up is a complex process often erroneously presented as steps or stages in a linear fashion (10, 11). Health Systems' managers need to consider any plans to scale up a program at its beginning, although interest to continue the idea often suffices once preliminary results are promising or at the end of the project, which means that guidance to scale up is relevant at any stage of a program (3-7, 9, 11-13).

Managers, advocates and/or implementers considering scaling up a program need to answer four questions¹ to ensure an informed scale-up strategy (14). The questions are presented in figure 1 below and elaborated thereafter.

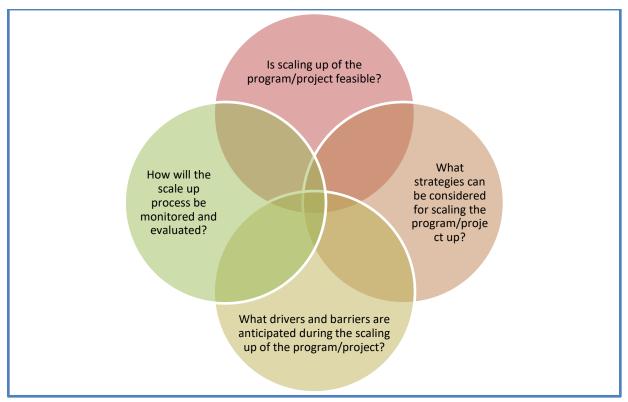


Figure 1: Four initial questions that managers need to explore when considering scaling a program/project up

A. Is scaling up of the program/project feasible?

All stakeholders involved in the program/project should find the scale-up necessary and feasible. If any have questions or reservations, these should be addressed before proceeding to ensure unreserved input and efforts from all during the subsequent process. To answer this, the managing team should explore the following issues:

i. <u>Is the intended program/project scalable?</u>

Scalable programs are simple, that is, they are made up of only a few components and are easy to implement (8, 15, 16). Scalable programs/projects are also credible, and feasible. (8, 9, 16, 17). They

 $^{^1}$ The applicability of these questions to the MoH's "Transformative leadership and cultural change collaborative initiative" is attached as appendix 1.

need to be proven effective, having been independently evaluated using rigorous and robust methods (8, 18). Furthermore, being based on sound evidence, they should be acceptable to the recipients.

ii. Do all stakeholders have a shared understanding about the scaling up?

Organizations involved in scaling-up need to agree on what scaling-up means - and what successful scale-up will look like (9, 15), as there exist different characterizations of scaling-up. E.g. Scaling up might mean that a program/ project needs more funds, human resources, partners, to enable it do more in terms of activities and outputs (5, 15). It may also refer to spreading, adapting, and sustaining more successful policies or components of a program in more and different places hence reach more people (18). Furthermore and importantly, scaling up may be erroneously thought of as an event when it actually is a process of growing or spreading the program (3). The shared understanding guides discussions on what is then expected from the scale-up, e.g. an increased coverage or access to the program, increased depth of work, more funds or partnerships (19). These discussions should also consider the balance between the program's quality and quantity, and its effectiveness and efficiency (15). Lastly, the concerns of the recipient organizations should be considered, e.g. whether they agree to adopt and accept the program (17).

iii. Who is going to be involved in scaling up the program/ project?

Scaling up involves activities on two sides, the implementing and recipient sides (6, 8). The implementing team directly facilitates the scale up to the recipients (6, 8), and this may sometimes involve an intermediary organization brought on board to manage the scale-up process (15, 18). Where the program is implemented by a collaboration involving 2 or more institutions, they have to define their roles and responsibilities in the scale-up, for example, where cultural tensions would arise between government versus private institutions (18).

iv. Where is the scaling up going to take place?

When scaling-up a program means spreading to a wider geographical area, it is important to define the boundaries of the place such as national, regional, or more districts. The numbers, target population, and expectations would then need to be considered. (15, 18).

v. Are there sufficient resources to scale up the project?

The resource team has to carefully analyze, mobilize and manage the resources needed for the scale-up. The resources will usually include financial resources, human resource, leadership, and support infrastructure. The support infrastructure includes things like planning checklists, data collection and reporting mechanisms, and learning systems to collect, validate, and share information (14). To ensure

a well-managed resource portfolio, the team may need to conduct a unit-cost analysis during the planning phase.

B. What strategies can be considered for the scaling-up of the program/project?

The second question that health systems' managers need to explore pertains to the strategies they would use to execute the scale up. Coming up with a strategy involves making strategic choices of how to spread the program, communicate, disseminate, and manage the spread in varying contexts. Deciding a scaling up strategy is a complex process that has to consider different dimensions including how the program will be communicated, disseminated, and transferred and how it is affected or leverages different contexts. Such contexts include financial, political, policy, organizational, sociocultural, partnerships and learning contexts (6, 9, 10) – see figure 2 for a full description of these contextual factors. The contexts are the prevailing realities within which the scale up will happen and therefore it is important to manage the process and expectations with them in mind (8, 18).

Table 1 gives the details of the different aspects of a scale up strategy and the dimensions within them. (Appendix 2 takes these aspects and dimensions and contextualizes them to the current situation of the MoH's Transformative leadership initiative). Although these aspects are described separately, they overlap, and strategies may involve more than one approach.

Figure 2: A full description of the different contextual factors that make up the environment in which scaling up a program may happen

Political context

Scaling up is a political process as much as it is a technical one (18). It is important to align the goals of the scale-up with the interests of the politicians, senior leadership, executives, and build supportive coalitions for the program to be prioritized for budget allocations and policy reforms (18, 19). There is a need to create a sense of urgency for scale-up aligned with relevant interests as this has been shown to increase the chances of success in mobilizing funds (19). The structure of leadership in the institution also determines the strategy, e.g. topdown approach might be more applicable in centralized institutions (19).

Fiscal/Financial context

The financial situation of the scale-up should be effectively managed to meet the demand of the program ^(8, 17). First, the program implementers need to conduct a comprehensive assessment of the expenditures and income sources which both have implications on growth of the program ^(17, 20). The assessment of the expenditures should include unit costs, identify the fixed and recurrent costs, and explore potential economies of scale, e.g. opportunities with under-utilized services in media campaigns ^(17, 20). There should also be careful considerations for diseconomies of scale when the cost of producing a unit starts to increase after some time ^(17, 20).

Second, sources of income might include direct, e.g. taxes, donor funds and indirect sources, e.g. redistribution from other programs, which also have implications for the scale-up (20). For example, if taxes are suggested, there is a need to ensure political support and anticipated resistance, while donors prefer funding new programs (17). In cases where money is redistributed from another program, anticipate resistance and ensure political support (17). It is important to ensure that the sources of income will provide certainty throughout the scale-up period.

Cultural context

Understanding the organization's culture is essential for the success of the scale-up. The scale-up process needs to accommodate the values or norms and social interactions within the implementing and recipient organizations. The bureaucratic culture of the organization is also an important aspect to consider. Public services tend to have cultures that are slow to infuse and risk-averse.

Organizational/ capacity context

Both the implementing and recipient organization need to be willing to implement the scale-up and adopt the program, respectively ⁽¹⁸⁾. The implementing organization needs to have the required capacity, including human resource, administrative, and infrastructural support. During the scale-up, the implementing organization might need to redesign existing institutional structures especially when the implementing organization changes for example from a private institution to public institution including recruiting staff with the required skills and knowledge for the scale-up ^(8, 18). There should also be plans for training the human resource to bridge the capacity gap.

Policy context

The policies, guidelines, or regulations can either promote or provide obstacles for implementing the scale-up ^(8, 18). Policies are one way of expanding the program in a wider geographical area in a short time. Assess which policies would need reform to improve the chances of success. In addition, taking advantage of a policy window also provides an opportunity for the scale up to be institutionalized in a short timeframe ⁽²⁰⁾. However, when this happens, there is a need to plan on how to maintain the stimulus action.

Learning context

Scaling-up a program is a context-specific undertaking with no one size fits all ⁽¹⁸⁾. It might be necessary to adapt and be flexible in the implementation of the program. It is, therefore, important that a monitoring & evaluation plan and system in place and this embeds learning when doing the activities ⁽¹⁸⁾.

Partnership context

It is also important to create social networks for the scale-up because partners might be the key to keep the momentum and focus. When scaling-up involves more than 2 partners, the roles e.g. funding, technical support or implementation need to be clearly defined and have a mechanism for assessing what the partners are doing, e.g. accountability compact ⁽¹⁸⁾. For example, it is important to determine whether domestic or external partners will continue to support the program and the arrangement.

Table 1: Description of the different aspects of a scale up strategy and the dimensions within them

Aspect of scaling up	Description of approaches and their different dimensions			
1. Approach to the scaling u	1. Approach to the scaling up process			
Guided approach: - Replication or expansion (Horizontal scaling up)	Expansion or replication i.e. horizontal scaling—up, refers to spreading the organization's scope of operations to more people, communities, and geographical area beyond the area of the pilot ^(8, 9, 14, 18) . E.g. increasing number of districts or specific region(s), or bringing on board more hospitals, or health unit management committees.			
- Political, policy, or legal initiatives (Vertical scaling up)	Diversification i.e. functional scaling-up, involves adding new components or scope to deepen the impact of the original program e.g. adding a component of evidence informed decision-making to improve the use of data for decision-making			
- Diversification or grafting (Functional scaling up)	Political, policy or legal initiatives i.e. vertical scaling-up, involves institutionalizing a program through policy reforms or leveraging on existing institutional frameworks or structures, e.g. including the program or its components in a strategic plan.			
Unguided approach - Spontaneous diffusion.	Spontaneous diffusion involves the passive spread of good ideas or programs ⁽²¹⁾ . The recipient organizations seek, develop, modify, and test the program on their own accord. The approach will be used by groups that have different levels of interests, abilities, and capacities for adopting a program.			
2. Phasing of the scale-up pr	rocess			
Phased approach - Using nodes to expand or replicate	Phased or gradual approaches: managers implement the scale-up in a gradual stepwise model. Each phase is planned, before it is implemented, and then tested ⁽⁸⁾ . The timeframe is longer in comparison with the alternative rapid approach. Within this approach one may use nodes to expand or replicate, or models of excellence. When using nodes to expand or replicate, a unit like a district is identified as a node either by region or location, and the program is expanded to			
- Models of excellence Rapid approach	the neighboring districts (16, 22). In the <i>models of excellence</i> , units e.g. districts are identified as models of excellence and these implement specific adaptations of the program or seek to improve specific healthcare outcomes using the program (9). The model units offer training to other units wishing to achieve what they did.			
карій арргоасіі	Rapid approach: also referred to as explosive scaling. In here, the program is implemented to all the planned geographical areas at the same time (8).			
3. Scaling from the center of				
- Centralized	Centralized approach: Also referred to as a top-down approach. It involves a central authority, e.g. the MoH, having the mandate to implement and direct the scale-up (8). The central authority determines the resources and capacity required for the scale-up and with minimal flexibility on the			
- Decentralized	recipients' choices on the program components.			

Aspect of scaling up	Description of approaches and their different dimensions
	The decentralized approach gives authority to a sub-national or local entity like a district to execute the scaling up. The approach allows for local initiative, autonomy, spontaneity, mutual learning and problem-solving. Challenges might include limitations in mobilization of resources, challenging policy initiatives, and the loss of the intervention's essential features.
4. Approach to implementin	
- Additive strategy	Additive strategy: the organization that started the program plans, mobilizes resources and implements the scaling up effort ⁽⁸⁾ . The organization might expand its capacity to meet the demands of scaling up.
- Multiplicative/ collaborative	Multiplicative/ collaborative: New partners come on board and share the risks and achievements ⁽⁸⁾ . There are several permutations of the collaborations from formal to informal partnerships with many innovative governance arrangements. One format is through a Breakthrough series design whereby participating organizations select topics, develop frameworks & changes, test the program iteratively, share tips, tools, and lessons for improvement ⁽⁵⁾ . Standard methods for organizing collaborative efforts include formal partnerships, joint ventures, and strategic alliances. Informal ones include a memorandum of understanding or a simple handshake acknowledgement.
5. Degree of Participation	
- Stakeholder participatory approaches	Stakeholder participatory approach: involves the participation of all relevant stakeholders to increase the probability that the local needs are reflected in the program's implementation. This would involve leaders at all levels. Any experts when involved only provide remote facilitation.
- Strategies dominated by experts, donors, or management.	Strategies dominated by experts: these limit the participation of all stakeholders, and has experts assume the role of assessing the needs of the communities and adapting the program accordingly.
6. Degree of flexibility	
- Adaptative strategies	Adaptative strategies: Due to different contexts, each district would decide what part of the program it would implement (8). Therefore, the program is simplified to the different contexts, moving from effectiveness to efficiency during implementation.
- Fixed strategies	Fixed strategies: The program has a fixed set of components that are not flexible to change and are implemented as a whole. This strategy favors the effectiveness of the program rather than the efficiency of implementation.
7. Dissemination approaches	

Aspect of scaling up	Description of approaches and their different dimensions
- Personal approaches	All strategies described above will require active dissemination and communication to facilitate diffusion (8, 21). The dissemination is planned
	according to the objective for the communication, capacity of the organization, and context (8).
- Impersonal approaches	
	Personal approaches include training workshops, conferences, meetings, site visits, policy dialogues or forums, supportive supervision and technical support (8)
	Impersonal approaches - use academic publications, policy briefs, web sites, manuals, guides, toolkits and other forms of documentation or advertisements (8).
	advertisements (8).

C. What are the barriers and drivers for scaling up in context?

The third question that managers need to address is about drivers and barriers of change within the environment, with a deliberate aim to soar up the drivers and mitigate the barriers.

Drivers of scaling up	Barriers to scaling up
Ideas and vision – the program's idea has to make sense and should be compatible with the local culture in context (8, 15, 18). The ideas and vision need to be effectively communicated within the implementing organization and the recipients (15, 18).	Lack of human resources: Most times, new activities would need new staff to carry out the tasks, yet in most cases the government entities do not have the money to employ new staff, hence giving more tasks to the available staff which most times leads to failure of the scale-up (23).
Leadership – Programs that support the politicians, senior leadership,(18, 20, 23) and other stakeholders are more likely to mobilize the needed resources. The program needs to align with the institutions' strategic decisions and values to gain the needed leadership and show a sense of urgency (20). Having champions within the recipient and implementing organizations improves the diffusion of the program. Also, for a successful scale-up of a program, critical stakeholders like the users need to hand in the implementation (23). This increases the chances of adoption and fidelity of the innovation.	Intervention costs and other economic factors: New interventions always need more costs in order to scale up. If the money is not enough, then the activities will be slow or impossible to be rolled out, leading to the failure of the scale-up (23).
Incentives and accountability –These are important in ensuring that all individuals in the scale-up are encouraged to implement the program according to the program. The interests are aligned to the organization's wider goals (15, 18). In addition, it reduces the risks of corruption and vices during the implementation	Leadership changes amongst implementation agencies: Most times, new leaders come with new goals and ambitions (23). This always interferes with the implementation strategies of the innovation leading to poor implementation.
Monitoring and Evaluation (M&E): Establishing M&E systems can help determine whether the intervention is failing or working. This can help handle most of the activities that could lead to the project's failure (23, 24). The way this system is designed can be a barrier or a driver to the scaling up Tailoring the scale-up approach to the local context: Merging the innovation activities with those of the daily organization activities increases the chances of adoption and reduces the rates of failure since	Poor role delineation: Since the scale-up strategy always involves many parties, a clear allocation of the roles is needed (23). If this is done poorly, it will result in poor implementation of the different roles, leading to failure or low rolling out of the intervention. Poor engagement with the stakeholders and thought leaders: These are the opinion makers of the group.
the on-ground implementers will not need extra activities to roll out the innovation (22, 23). Effective communication strategy: For effective scale-up, different partners need to come together (23). Since these have different agendas, proper and effective communication strategies coupled with strong leadership, needs to be in place. This can help in avoiding miscommunication and improve collaborations (23).	Having a poor engagement with them can lead to poor scaling up of the innovation because you will not have the politicians and opinion leaders (23).

D. What is the monitoring and evaluation plan for the scale-up?

It is important to have a monitoring and evaluation (M&E) plan to guide, standardise, and coordinate the scale-up process (8, 24). The M&E plan is necessary for the systematic and transparent use of evidence and incorporates learning in the scale-up process. The M&E plan should be in place before implementing the pilot for the intervention as it answers several pertinent questions (8, 24). Table 3 presents a number of these questions.

Table 1: Questions pertinent to program scale up that may be addressed by an M&E plan

Question		Considerations	
1.	Why do you need the information?	 Define the objectives and scope of the scale-up. What will success look like? It might be necessary to break-down the project in the short term and long-term gains as milestones and indicators of success. The objectives should be Specific, Measurable, Achievable, Realistic and Time-bound (24). 	
2.	What should be measured and to what depth	i) Create or identify a framework to use in M&E of the scale-up such as logic model or plan-do-study-act model in rapid implementation and evaluation situations. It is important to link the framework to the objectives of the scale-up (24).	
3.	How are you going to track progress?	 i) Identify and gather necessary resources or tools for the M&E including (24) • Human resources time and expertise, • Financial costs for information systems, dissemination and use, printing reports, meetings, data quality control system, coordination and capacity building for M&E • Support systems, e.g., data collection and reporting protocols, and feedback mechanisms, and stakeholders. ii) Select indicators for inputs, processes, outputs, outcomes, and create operational definitions for the scale-up. The indicators should reflect relevance to the scale-up, accuracy in what should be measured, important for showing progress, highlight areas of improvement, feasible to obtain, and not redundant (24). iii) Establish data sources and reporting systems (24) 	
4.	When and how often will the information be collected?	 i) Develop data use and dissemination plan and a database. Define roles and responsibilities, how findings will be presented and disseminated. State the target user of the data and how the data will be used(24). ii) Plan the data collection process (24). iii) Analyse data to determine the progress of the scale-up iv) Make program adjustments based on findings (24). v) Continue the monitoring and evaluation process throughout the scale-up process (24). 	

Conclusion

Deciding on a scale-up strategy is a process and it starts with having a shared understanding of what scaling up the specific program will mean for all stakeholders. The considerations of how to scale-up should consider the different, often overlapping dimensions of the strategies under different contexts. The dimensions of scaling-up include approach such as expanding or replicating to new and wider areas, adding new scope, and pushing or leveraging favourable policies or regulations. The other considerations include how to govern the program, degree of flexibility of the program and participation of stakeholders. Lastly, the scale-up strategy should have a clear M&E plan which is clear on what success will look like and emphasises learning by doing.

References

- 1. Nkalubo MN. Progress Report Transformative Leadership and Culture Change Collaborative Initiative in Uganda. In: Senior Management Committee MoH, editor. Uganda2020.
- 2. Spark Health Africa. A Six-month (January-June 2019) Reflection on the Results of the Culture Change Through Transformational Leadership Collaborative Initiative within Uganda Ministry of Health: Prepared for the Permanent Secretary of the Uganda Ministry of Health. SPARK Health Africa,; 2019.
- 3. Mangham LJ, Hanson K. Scaling up in international health: what are the key issues? Health Policy Plan. 2010;25(2):85-96.
- 4. Massoud MR, Donohue KL, McCannon CJ. Options for Large-scale Spread of Simple, High-impact Interventions. Bethesda, MD: University Research Co. LLC (URC). 2010.
- 5. Massoud R. An approach to rapid scale-up using HIV/AIDS treatment and care as an example. Geneva: World Health Organization. 2004.
- 6. Organization WH. Nine steps for developing a scaling-up strategy: World Health Organization; 2010.
- 7. Organization WH. Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up. 2011.
- 8. Simmons R, Fajans P, Ghiron L. Scaling up health service delivery: from pilot innovations to policies and programmes: World Health Organization; 2007.
- 9. Subramanian S, Naimoli J, Matsubayashi T, Peters DH. Do we have the right models for scaling up health services to achieve the Millennium Development Goals? BMC Health Serv Res. 2011;11:336.
- 10. Lanham HJ, Leykum LK, Taylor BS, McCannon CJ, Lindberg C, Lester RT. How complexity science can inform scale-up and spread in health care: understanding the role of self-organization in variation across local contexts. Soc Sci Med. 2013;93:194-202.
- 11. Paina L, Peters DH. Understanding pathways for scaling up health services through the lens of complex adaptive systems. Health Policy Plan. 2012;27(5):365-73.
- 12. Balis LE, Strayer TE, 3rd, Ramalingam N, Harden SM. Beginning With the End in Mind: Contextual Considerations for Scaling-Out a Community-Based Intervention. Front Public Health. 2018;6:357.
- 13. Organization WH. Practical guidance for scaling up health service innovations: World Health Organization; 2009.
- 14. Barker PM, Reid A, Schall MW. A framework for scaling up health interventions: lessons from large-scale improvement initiatives in Africa. Implement Sci. 2016;11:12.
- 15. Management Systems International. Scaling Up -- From Vision to Large-Scale Change, A Management Framework for Practitioners. Arlington, USA: Management Systems International, ; 2016.
- 16. Yamey G. Scaling up global health interventions: a proposed framework for success. PLoS Med. 2011;8(6):e1001049.
- 17. Bennett S, Mahmood SS, Edward A, Tetui M, Ekirapa-Kiracho E. Strengthening scaling up through learning from implementation: comparing experiences from Afghanistan, Bangladesh and Uganda. Health Res Policy Syst. 2017;15(Suppl 2):108.
- 18. Hartmann A, Linn. JF. Scaling up: a framework and lessons for development effectiveness from literature and practice.: Wolfensohn Center for Development

Brooking Institution; 2008.

- 19. Indig D, Lee K, Grunseit A, Milat A, Bauman A. Pathways for scaling up public health interventions. BMC Public Health. 2017;18(1):68.
- 20. Lee K, van Nassau F, Grunseit A, Conte K, Milat A, Wolfenden L, et al. Scaling up population health interventions from decision to sustainability a window of opportunity? A qualitative view from policy-makers. Health Res Policy Syst. 2020;18(1):118.
- 21. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Q. 2004;82(4):581-629.
- 22. Pas ET, Ryoo JH, Musci RJ, Bradshaw CP. A state-wide quasi-experimental effectiveness study of the scale-up of school-wide Positive Behavioral Interventions and Supports. J Sch Psychol. 2019;73:41-55.
- 23. Bulthuis SE, Kok MC, Raven J, Dieleman MA. Factors influencing the scale-up of public health interventions in low- and middle-income countries: a qualitative systematic literature review. Health Policy Plan. 2020;35(2):219-34.
- 24. Adamou B, Curran J, Wilson L, Dagadu NA, Jennings V, Lundgren R, et al. Guide for Monitoring Scale-up of Health Practices and Interventions Manual: MEASURE Evaluation PRH; 2014.

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Conflicts of interest

None known.

Acknowledgements

The following people provided comments on a draft of this Response: Edward Kayongo and Rhona Mijumbi-Deve, The Centre for Rapid Evidence Synthesis

This Rapid Response should be cited as

Kawooya, I., Katairo, T., (2021). Scale-up strategies for the Transformative leadership and cultural change collaborative initiative in Uganda. Retrieved from Kampala, Uganda: A Rapid Response Brief.

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What is Rapid Response?

Rapid Responses address policymakers and managers' needs for research evidence that has been appraised and contextualised in a matter of hours or days if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

ACRES - The Center for Rapid Evidence Synthesis (ACRES) is a centre of excellence at Makerere University- delivering timely evidence, building capacity, and improving the effective, efficient and sustainable use of the rapid evidence syntheses for policymaking in Africa. ACRES builds on and supports the Evidence-Informed Policy Network (EVIPNet) in Africa and the Regional East African Community Health (REACH) Policy Initiative (see back page). The Hewlett and Flora foundation funds ACRES. http://bit.do/eNQG6

ACRES' collaborators:



Regional East African Community Health Policy Initiative



EVIPnet

Glossary

of terms used in this report: www.evipnet.org/sure/rr/glossary