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Approach for Addressing and Measuring *Policy Development and Implementation* in the *Scale-Up* of Family Planning and Maternal, Neonatal, and Child Health Programs

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ACKNOWLEDGMENTS

INTRODUCTION

To achieve the greatest possible improvement in family planning (FP) and maternal, neonatal, and child health (MNCH) outcomes, successful interventions, practices, and approaches must be "scaled up"—that is, implemented on a larger scale and incorporated into the laws, policies, and structures that govern health systems. In recent years, growing recognition of the importance of scale-up has led to intensified efforts to identify and scale up best practices in FP/MNCH and improve scale-up processes. Policy development and implementation are central to successful and sustainable scale-up.

Why Policy Development and Implementation?

Policy development and implementation plays a crucial role in scaling up and sustaining health interventions. Successful and sustainable adoption of new health practices on a large scale often requires institutionalization through policy, regulatory, budgetary, or other health system changes. Many barriers to scale-up stem from the policy and governance environment surrounding health services, or from specific policies governing how services are delivered. For example, management bottlenecks related to hiring, firing, and reassigning staff are sometimes rooted in personnel rules and regulations. Even cultural barriers—such as opposition to certain methods of contraception or women's preference to give birth at home or banning men from delivery rooms—can manifest themselves in policies, laws, and bias among decisionmakers. Before new practices can be adopted and sustained on a wide scale, policy and governance hurdles must be overcome, and relevant decisionmakers must be convinced of the benefits of the health intervention(s).

> **Policy development and implementation** in scale-up is the process of incorporating a health intervention into the laws, policies, and structures that govern health systems. It entails assessing the policy environment, identifying policies that pose barriers or enable scale-up, and taking action to ensure enabling policies are in place at all levels of the health system.

The Gap

Despite the importance of addressing policy development and implementation, scale-up frameworks and methodologies developed for FP/MNCH programs do not offer systematic guidance on how to address policy throughout scale-up processes. Programs tend to focus more on expansion than institutionalization, leading program planners to neglect the policy dimensions of scale-up.

Purpose

This document presents a programming approach designed to help countries advance the integration and measurement of policy development and implementation into the scale-up of FP/MNCH interventions and best practices.

Methodology

The approach synthesized in this report is based on literature reviews, key informant interviews, and technical consultation meetings (Hardee et al., 2012a). The approach also draws on experience with existing scale-up frameworks, such as those created by ExpandNet and Improvement Collaboratives and Fostering Change (see Appendix 1).

The Gender, Policy, and Measurement (GPM) Program, implemented by the Health Policy Project and MEASURE Evaluation, has developed a similar approach for integrating gender equality in the scale-up of best practices in FP/MNCH (Rottach, 2012). In addition, as part of GPM, a complimentary approach is

being developed for measuring the impact of integrating gender equality and policy implementation into the scale-up of FP/MNCH interventions. The approach will provide guidance, tools, and resources for measuring the impact of gender equality and policy implementation on scale-up efforts.

THE CHALLENGE OF SCALING UP

What Is "Scale-Up?"

The term "scale-up" is used widely in the global health literature and generally means to expand an intervention or activity. A more comprehensive definition has been developed by ExpandNet, a global network of public health professionals that grew out of a World Health Organization (WHO) initiative to strengthen reproductive health programs in developing countries:[1]

> *"deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis."* (Simmons et al., 2007, p. vii–xvii)

This definition refers to several key elements of scale-up:

- A planned and guided scale-up process is necessary because large-scale change in any system rarely happens automatically.

- Prior to scaling up, interventions or new practices have been "successfully tested" (i.e., proved efficient in a controlled trial or a demonstration project). Interventions that have locally generated evidence of effectiveness and feasibility are more likely to be successfully scaled up than those that have not been tested.

- Finally, institutional capacity building and sustainability are essential to yield desired outcomes "on a lasting basis" (Simmons et al., 2007).

Two important prerequisites of scale-up are that the health intervention has been proven effective and that important stakeholders generally agree that it is worthy of scaling up. Such an intervention may be referred to as a "best practice," which the WHO defines as "a technique or methodology that, through experience and research, has proven reliably to lead to a desired result" (WHO, 2008). USAID has placed priority on scaling up high-impact practices in population and reproductive health, defined as those that "demonstrate correlation with improved health behaviors and/or outcomes" (USAID, 2011), and high-impact interventions in maternal health (USAID, nd). Examples of such practices in family planning and maternal health include providing family planning counseling and methods as part of postpartum and postabortion care; screening pregnant women for malaria and providing them with bed nets for malaria prevention; and providing active management of the third stage of labor to prevent postpartum hemorrhage.

As scaling up even relatively simple practices can be a complex process, many frameworks and approaches have been developed to guide scale-up efforts. An overview of some of these, including how they address policy implementation, is provided in Appendix 1.

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[1] See www.expandnet.net.

SCALE-UP APPROACH: POLICY DEVELOPMENT AND IMPLEMENTATION

Policies and plans are essential for supporting program scale-up and sustainability—by setting standards, outlining roles and responsibilities, establishing coordination and monitoring mechanisms, guiding resource decisions, and fostering continuity (USAID | Health Policy Initiative, Task Order 1, 2010, p. 34).

Despite that addressing policy development and implementation is essential to achieving successful, sustainable scale-up, insufficient attention has been paid to the policy dimensions of scaling up FP/MNCH interventions. Frameworks for scaling up best practices often mention policies only in passing, as if addressing policy were a single step; and many programs tend to focus more on expansion than on institutionalization of new practices. Few of the frameworks and methodologies offer systematic guidance for how to ensure effective policies are in place at all levels of a health system. This entails assessing the policy environment, identifying policies that pose barriers or enable scale-up, and taking action to ensure enabling policies are in place at all levels of the health system.

What Is Policy Development and Implementation?

Policy should be understood as more than a national law or health policy that supports a program intervention. Policies not only guide a health system to improve health outcomes but are also the mortar that binds the health systems building blocks (WHO, 2007) together. These building blocks include service delivery, the health workforce, information, medical products and technologies, financing, and leadership and governance.[2]

The policy framework in Figure 1 illustrates how the adoption of a new practice requires policy reforms at many levels—from macro-level policies (often referred to as "Big P" policies) to micro-level protocols, norms, and standards of care (the "little p" policies). Operational policies are the rules, regulations, guidelines, and administrative norms that governments use to translate national laws and policies into programs and services. The policy process encompasses decisions made at a national or decentralized level (including funding decisions) that affect whether and how services are delivered. Thus, attention must be paid to policy development and implementation at multiple levels of the health system *and* over time to ensure sustainable scale-up.

Figure 1: Policy and Health Systems

Policy Levels → Health and Other Sectors

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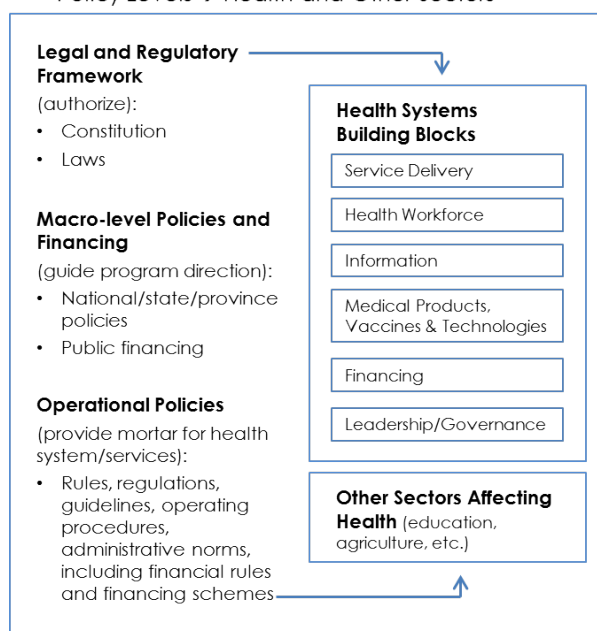
[2] It could also be argued that an important building block of the health system is demand for services among the population.

Scale-up and sustainability are achieved when the goals, principles, and operational guidelines contained in policy directives are normalized and consistently supported as part of the everyday practice of health service planning and provision. However, reaching this endpoint cannot be accomplished through a "check-the-box" approach to policy. Policy work should be seen as a continuous process and an integral part of a long-term scale-up strategy.

Approach

The approach outlined below is meant to provide planners and implementers with initial guidance and suggestions on how to systematically address policy development and implementation as they scale up FP/MNCH programs.

When putting this approach into practice, it is important to remember that policy reforms do not need to be complete for scale-up to start. Indeed, waiting for policy action could delay start-up unnecessarily in some cases. The relationship between policies and programs can be dynamic—in which one can influence the other (Simmons, 2011). The planning team can set up a timeline and set of priorities in which it identifies the policies to address in the short term and long term.

1. *Identify level of policy reform needed*
   There are three levels of policy that guide the health system, as shown in Figure 2 (Hardee et al., 2012a). The highest level constitutes the legal and regulatory framework, including the country's constitution and laws that govern all policies. The second level includes national and state policies (e.g., national population or FP policies that set the direction for programs). Public financing for health also belongs at the top level of policy, as it establishes the size of the government budget and the limit a government can spend. The third level consists of operational policies—the rules, regulations, guidelines, operating procedures, administrative norms, financial rules, and financing schemes that help translate national policies into operational programs and services. Each of these three levels of policies affects health systems and all are important to consider in developing and implementing plans for scaling up.

   > **Country Example: Nepal**
   >
   > The Government of Nepal has established a strong policy environment for gender equality and social inclusion (GESI) in support of high-quality health services for all. Even so, inequality in health outcomes is prominent, particularly among Dalit and Janajati populations. Therefore, the government has established the Health Sector GESI Strategy in order to lay the framework to operationalize national-level policies. Guided by the GESI Strategy, GPM and Suaahara are supporting Nepal's Ministry of Health and Population's efforts to strengthen capacity within health management committees to address GESI for high-quality health services.

   In scaling up a best practice, it is important to understand which level(s) of policy require attention. The following questions related to policy will help guide planning for the scale-up process:

   - Are there any laws or social norms that prohibit aspects of the practice to be scaled up?

   - Is the practice supported by a national policy?

   - Are there any barriers to financing institutionalization of the best practice? Will it fit within country financing guidelines or be part of the recurring budget rather than a development budget funded by donors?

- Do operational policies or the rules, regulations, guidelines, operating procedures, and administrative norms that guide implementation need to be developed or reformed to enhance implementation and scale-up of the best practice?

2. *Identify the decisionmakers responsible for policy reform at each phase of scale-up implementation and at each level of the health system*
To develop sound policies, program planners should examine the current policy situation and the feasibility—both financial and political—of any proposed policy changes. Furthermore, in addressing policy in scale-up, it is important to understand how scaling up best practices fits within government priorities, plans, and strategies; lines of authority and responsibility; and government, donor, and multilateral organization coordination. Assessments of what it would take to institutionalize best practices, including through policy reform, can complement pilot studies to show the effectiveness of best practices in improving health outcomes. Planners should also ensure that new policies are clear and comprehensive so as to avoid implementation problems. Whether working at the national, regional, or local level, the basic policy questions to ask include the following:

- What policy changes need to be made and why?

- Who has the authority to make decisions regarding the policy change?

- Will the policy change require increased resources?

- How will the policy change affect women/girls? Affect men/boys?

- Who has the authority to decide on increased resources?

- How are the changes in policies being communicated to the providers, other health personnel, and to their managers and supervisors?

- How will the policy change be monitored to ensure implementation?

3. *Identify and cultivate allies and champions who will work to garner political and financial support for the scale-up initiative*
These leaders—from parliamentarians to religious leaders to advocates for women and marginalized groups—and their networks should be strengthened so that they work to keep the issue on national and local policy agendas. These leaders should also work to strengthen governing systems related to the scale-up initiative, including ensuring that they are transparent and inclusive.

4. *Pay attention to timing and sequencing*
It is important to align the timing of scale-up to the political context (e.g., elections) and budget cycles. Experience has shown that gaps in funding—often created by delays in disbursements—can stall or put a sudden end to expansion efforts. It is also important to be on the lookout for and seize windows of opportunity: a change in political parties, for example, could make way for new commitment and resources for health. Ideally, a roll-out strategy for any initiative should be linked to the country's budget and planning cycles.

> **Country Example: South East Asia**
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> GPM is facilitating a technical exchange between the Royal Government of Cambodia (RGC) and the Lao PDR to enhance gender integration in health policies and structures for improved health outcomes. Through structured peer-to-peer knowledge exchange, this activity aims to raise the profile of the leadership role of national gender mechanisms (e.g., gender units within ministries of health and stand-alone gender ministries) in integrating gender into health policy processes and instruments.

5. *Foster communication and coordination among stakeholders on an ongoing basis*
It is important to ensure that stakeholder communication and coordination occurs on a continuous basis, not just during a one-time event such as a national conference. In most countries, both public and private sector stakeholders need to be involved: politicians; government officials and staff from the relevant ministries and departments (including finance); local government representatives; and representatives of international organizations, civil society groups, private medical organizations; and advocacy groups and other nongovernmental organizations. Because such a large process can become unwieldy, a smaller group of committed stakeholders—a council or coordinating committee—might be formed to ensure that favorable policies are adopted and that commitments are followed through. Also, because there can be frequent turnover among high-level policymakers, a standing committee can ensure that policy work continues and new decisionmakers are informed about the issues. A major challenge will be to ensure that women, vulnerable groups, and others affected by the policy are at the table and meaningfully involved throughout the duration of the process.

6. *Identify and address policy barriers*
It is important to identify policy barriers to scale-up, whether a lack of existing policies (national and/or operational policies) or barriers that result from misapplication of existing policies. It is important to identify all policy changes needed and at which level of policy and to identify barriers to policy development and implementation. Addressing policy barriers in the context of scale-up includes (1) understanding the policy environment governing the health system and the structure of the health system in the context of the government structure; (2) identifying and assessing implementation barriers and their policy roots; (3) assessing the appropriateness of the proposed solution; (4) fostering inclusive stakeholder buy-in and commitment to take action; (5) determining resources required for the proposed solution; (6) implementing a solution to remove the barrier; and (7) enacting accountability mechanisms to ensure that barriers have been addressed (Bhuyan et al., 2010; Cross et al., 2001).

7. *Monitor and evaluate implementation and use data to inform the scale-up process*
Scale-up strategies should have monitoring and evaluation plans with clear indicators of progress, along with systems to track service delivery and agreed-on outcomes. These systems, in turn, should be linked with the group of stakeholders (described above) that is monitoring progress. It is important to feed monitoring and evaluation data back into the policy process to determine what is working and what is not and to identify additional need for policy reform. Good monitoring and evaluation data promote accountability, transparency, and ownership of policy initiatives.

Monitoring policy development and implementation is an integral component of the scale-up process. The first step in policy monitoring is to identify indicators measuring key activities related to the development and implementation of specific policies of interest (i.e., the policies related to the scale-up initiative). The next step is to collect, analyze, and disseminate data on those key indicators. This data can guide the development of new, timely, and

> ### Country Example: Nepal
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> GPM is collaborating with the Suaahara project in Nepal to adapt the government's existing Health Facility Operation and Management Committees (HFOMC) capacity-strengthening program. GPM and Suaahara will integrate and operationalize the Health Sector GESI Strategy into the capacity-strengthening program with the overall goal of improving the quality of health services for women and disadvantaged groups. As part of the scale-up effort, GPM will develop indicators measuring progress toward implementation of the GESI strategy and routinely collect, analyze and use data to inform the scale-up process.

relevant policies and help health system managers to better implement existing policies that support the scale-up effort. Policy monitoring should also include the identification of key operational policy barriers that can be addressed through policy and program reform. Program monitoring, like policy monitoring, should identify operational barriers—including those with policy roots—that need to be addressed to improve scale-up performance.

Evaluating policy development and implementation. Once scale-up has been implemented, its effect can be determined. This can be achieved through an outcome evaluation of service utilization, which could also measure improvements to the health system. The outcome evaluation would determine the availability, quality, and equity of services stipulated provided by the scaled up intervention. This can be determined by an impact evaluation of a change in policy or program design resulting from the scale-up effort. The results of the evaluation should then be shared with all the stakeholders and policymakers to inform them of whether the policies and programs in question resulted in the resolution of the problem they intended to address through the scaled up intervention. The lessons learned can then help guide further efforts to scale up or replicate an intervention, if shown to have positive outcomes (Hardee et al., 2012a).

The *Guide for Monitoring Scale-Up of Health Practices and Interventions* provides practical guidance and a replicable approach to systematically monitor the process of scaling up health interventions (Adamou et al., forthcoming).

MOVING FORWARD

The growing recognition of the importance of scale-up has led to intensified efforts to identify and scale-up best practices in FP/MNCH and improve scale-up processes. The approach discussed in this document provides a roadmap for how to address policy gaps in scale-up initiatives. Due to the relatively scant evidence on the impact of operationalizing policy approaches to scale-up, the approach warrants further investigation. The GPM program will apply, field test, and evaluate the approach in collaboration with partners scaling up FP/MNCH programs in the Asia and Middle East regions. GPM will use the findings to further refine and develop the approach.

Provide Feedback

GPM welcomes comments and feedback on the policy approach in this document. If you would like to provide comments, suggestions, or feedback on your experiences applying either approach, please visit the program's website: http://www.healthpolicyproject.com/index.cfm?id=gpm.

APPENDIX 1: HOW POLICY DEVELOPMENT AND IMPLEMENTATION ARE ADDRESSED IN SELECTED SCALE-UP FRAMEWORKS

Appendix Table 1: Selected Scale-Up Frameworks and Policy Approaches		
Scale up Framework	**Description**	**How policy development and implementation are addressed**
ExpandNet/WHO framework (Simmons et al., 2007, 2010)	Framework elements include innovation, resource team, scale-up strategy, user organizations, and the environment. Scale-up strategies include vertical, horizontal, diversification, spontaneous.	Vertical scale-up requires policy, legal, regulatory, budgetary, and other health systems changes to ensure an innovation will be institutionalized. Includes analysis and action related to policy advocacy and policy reforms.
Maternal and Child Health Improvement Program (MCHIP) framework (Fujioka and Smith, 2011)	A conceptual map of the pathway to scale-up that includes global actions, national strategic choices, program implementation, sustainability (institutionalization). M&E is an integral part of the scale-up process.	Addresses reforms in policies and health systems needed for scaling up to be sustainable. Policies are addressed first in the readiness assessment prior to scale-up and are monitored (and addressed again, if necessary) during the various phases of implementation.
Implementing Best Practices Consortium, Guide for Fostering Change (2007)	A phased approach to scaling up, including forming the change coordination team; defining the need for change; planning for demonstration and scale-up; supporting the demonstration; and going to scale.	Limited attention to policy; focused on service providers and managers.
Improvement Collaborative approach (USAID, Healthcare Improvement Project)	An approach to improving healthcare that focuses on a single technical area and spreads existing knowledge or best practices to multiple settings through teams of professionals.	Calls on users to implement supportive policies and address policy barriers, as needed.

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