Many strategies have been tested to improve equitable access to health care, but how do you scale-up and sustain these such that they contribute to achieving Universal Health Coverage?

Insufficient attention has been paid to the science of scaling-up, including how to address factors that determine whether or not an effective intervention is successfully scaled-up.

Two key factors in the scale-up process are **power** and **politics**, both of which can affect:

- Whether an intervention is prioritised for scale-up, including the financial and human resources allocated to the scale-up
- How it is implemented
- And how effective the intervention is in meeting its objectives over time

PERFORM2Scale has been scaling-up a management strengthening intervention with district health managers in Ghana, Malawi and Uganda since 2017.

Here we present key lessons learned during scale-up design and implementation.

Authors: Joanna Raven, Susan Bulthuis, Adelaine Aryaija-Karimani, Lifah Sanudi, Patricia Akweongo, Rebecca Murphy, Frédérique Vallieres, Kaspar Wyss, Maryse Kok and Tim Martineau from the PERFORM2Scale consortium
Methods

**Aim:** Investigate/understand how **power and politics** might influence the scale-up of management strengthening interventions within Ghana, Malawi & Uganda

- Qualitative interviews (39) with district managers, regional and national decision makers
- Reflections from researchers and implementers of the scale-up process
- Analysis of existing documentation on scale up and management strengthening processes
Key lessons

Ongoing stakeholder analysis focusing on the dynamic nature of power and politics at district, regional and national levels:

• Allowed for a better understanding of the context for scale-up
• Informed our strategies to engage with those who have influence, e.g. feeding into technical working groups at national level, discussing progress with district political leaders
• Identified ‘champions’ who can support the scale-up process
Key lessons

• By understanding existing structures at different levels within the health system we:
  • identified avenues to embed the intervention within routine health service delivery
  • found ways to promote ownership and sustainability of the intervention by talking to decision-makers about allocation of human and financial resources for scale-up

• Need to ensure that the intervention is aligned and integrated within existing policy
Summary of findings and conclusion

• Scaling-up an intervention is a complex and inherently political process

• Critical to successful scale-up are:
  • Understanding and engaging with the political context, and using this knowledge to connect meaningfully with stakeholders at all levels of the health system
  • Adapting the intervention and scale-up process to the context