

WHY CAPITALISE ON TRANSITION AND SCALE-UP?

SHIFTING FROM EXPERIENCE TO SHAREABLE KNOWLEDGE

In 2019, Solthis initiated a capitalisation exercise aiming at highlighting the results, strategies for transition and scale-up implemented in its projects. The reasons why we engaged in drawing lessons? “Shifting from experience to shareable knowledge” (P. de Zutter), engaging in a continuous learning process and strengthening the teams’ skills and know-how to improve the sustainability and impact of our projects.

This exercise was the first stage of the collective development of a Solthis methodology, through the identification of good practices and recommended key activities for each step of the projects (development, implementation, monitoring and evaluation, and closure) to improve transition and scale-up of interventions.

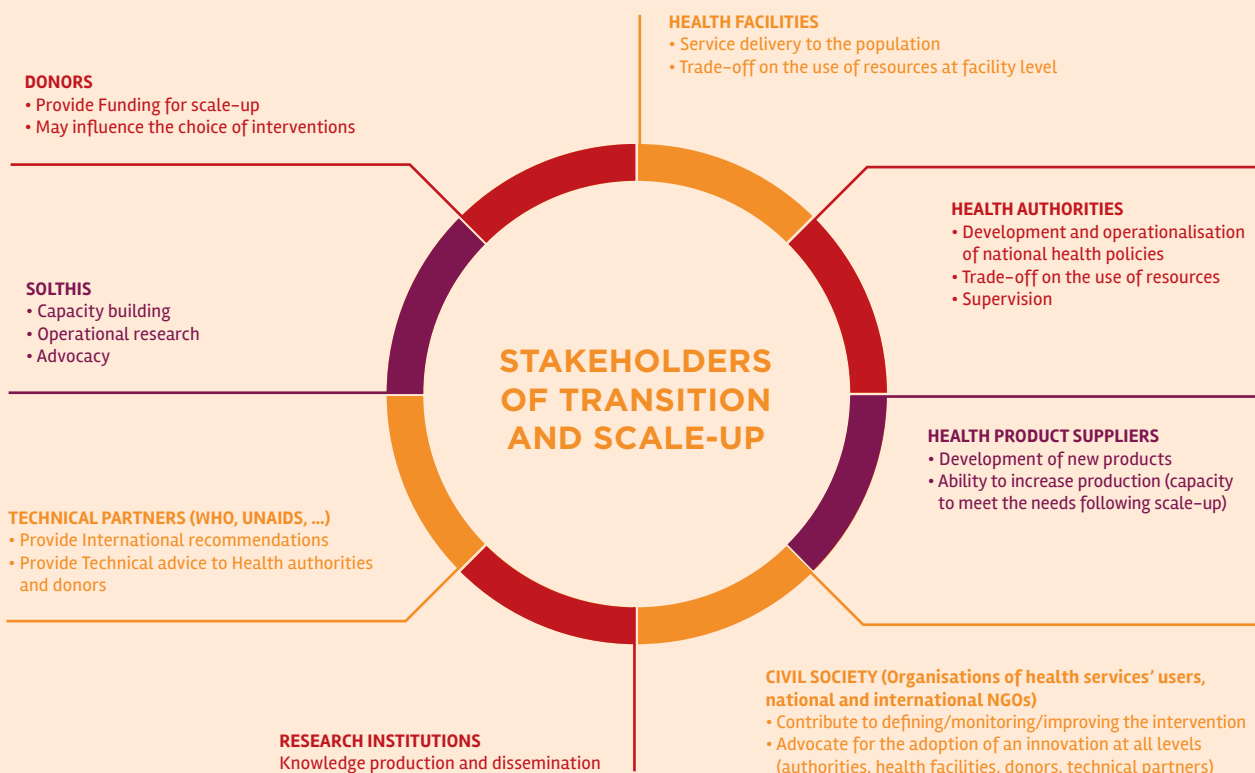


WHAT DO WE MEAN BY “TRANSITION AND SCALE-UP” OF AN INTERVENTION?

DEFINITIONS

Transition refers to the institutionalisation of an intervention, its integration into a national strategy and its funding, as well as the handover to national and local actors to further implement the intervention.

Scale-up refers to extending the intervention to new geographical areas, new health facilities and new service users.



CHOSEN METHODOLOGY FOR THIS CAPITALISATION EXERCISE

STEP 1 Internal survey



8 projects analysed



9 participants

project leaders, heads of mission, technical advisors



Description of:

- stakeholders and key activities for transition
- achieved outcomes
- barriers and factors for success

STEP 2 Data analysis – preliminary results

STEP 3 Workshop to discuss preliminary results and share experiences

STEP 4 Development of Solthis “Transition and scale-up” framework and toolbox

WHAT HAVE WE ACHIEVED IN TERMS OF TRANSITION AND SCALE-UP IN OUR PROJECTS?

ATLAS

Côte d'Ivoire
Senegal
Mali

AIM:

To increase access to HIV self-test and link to confirmation test and treatment among target populations.

DATE:

2018 – 2021

DONORS:

Unitaid and AFD

Technical assistance on HIV care in Mali

AIM:

To improve quality of HIV care, including in decentralized areas.

DATE:

2009 – 2020

DONOR:

Global Fund

CASSIS

Guinea
Niger

AIM:

To improve access to HIV care and to strengthen the health information system.

DATE:

2013 – 2016

DONORS:

Initiative 5%,
Fondation Bettencourt-Schueller

TRIDEL

Niger

AIM:

To improve access to ART tritherapy for seropositive pregnant women aware of their status.

DATE:

2010 – 2013

DONOR:

Fondation Bettencourt-Schueller

OPP-ERA

Burundi
Cameroon
Côte d'Ivoire
Guinea

AIM:

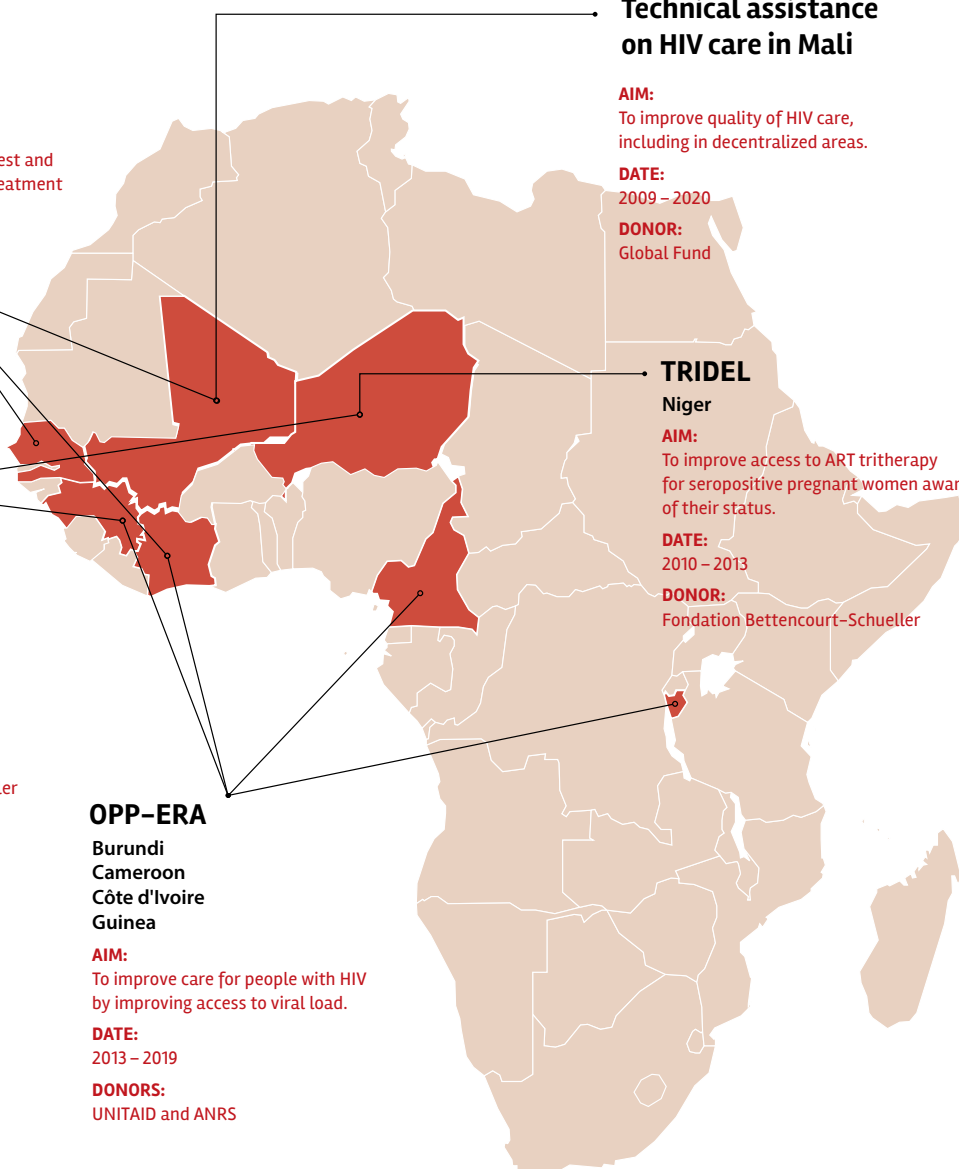
To improve care for people with HIV by improving access to viral load.

DATE:

2013 – 2019

DONORS:

UNITAID and ANRS



ACHIEVEMENTS IN TERMS OF TRANSITION AND SCALE-UP

CASSIS

CAPACITY TO IMPROVE ACCESS TO CARE & THE HEALTH INFORMATION SYSTEM IN GUINEA AND NIGER

The mentoring system and the clinical meetings that were set up with this project have been taken over by the Ministry of Health AIDS Unit — Unité de Lutte Sectorielle contre le Sida (ULSS)—and the regional health authorities, who have included these activities in their action plans and have scaled-up these activities to the entire country. This scale-up was funded by the Global Fund grant.

Moreover, other key activities to sustain, such as training of the paramedical staff for a smooth task shifting, and implementing a national strategy for the patients' therapeutic education, have been integrated into the next Global Fund grant, and placed under the supervision of the Ministry of Health, supported by a technical assistance provided by Solthis and funded by the Global Fund grant.

In 2020, these activities were still implemented by the Ministry of Health.



OPP-ERA (STAGES 1 AND 2)

Transitions plans were conceived for each country of intervention ensuring transition of key activities for each project to a national level: activities linked to supply, sustaining, and creating demand, strengthening capacities for staff and laboratories.

Intrants purchase and provision are essential to the functioning of Open Polyvalent Platforms (OPP) and were used at national level thanks to the Global Fund subvention at the closure of the project. In Cameroun and in Guinea, the GF participated in intrant provision during the project, thus facilitating skill transfers regarding orders and stock management.

TECHNICAL ASSISTANCE ON HIV CARE IN MALI:

Decentralisation of HIV care in the regions of Segou and Mopti in Mali (Global Fund Round 8) 01/11/2009 – 31/10/2015

Technical assistance on coaching health providers in HIV care—Support to the implementation of the HIV—NFM Global fund grant, 2016–2020.

This is an example of a transition that progressively took place over several contracts of technical assistance.

Between 2009 and 2015, Solthis supported decentralisation of HIV care in the regions of Segou and Mopti, and specifically focused on quality of care using mentoring techniques within health facilities. Given the positive outcomes, the Ministry of Health through the CLSL/MS (Aids Unit), requested Solthis to strengthen capacities at national level so that the coaching approach could be replicated across all regions.

Therefore, this coaching strategy has been integrated into national guidelines, 41 training coaches have been trained, and over 240 coaches have been deployed across the country. This coaching approach is now a national strategy carried out by the CSLS/MS, and funded by the Global grant for 2021–2023. In addition, a reflection is undergoing to widen its scope to other diseases such as TB.

TRIDEL - MULTICENTRIC PILOT STUDY ON DELIVERING ANTIRETROVIRAL TRITHERAPY WITH PROTECTED BREAST-FEEDING AND TASK SHIFTING IN PMTCT IN NIGER

The TRIDEL project has allowed for the review of the national protocol for prevention of mother-to-child transmission in Niger, and for the operationalisation of task shifting to midwives—following the publication of a decree allowing midwives to prescribe ART—through a national modification of the pathway of care for pregnant women inspired by the modalities tested in this operational research project.



The ATLAS project has been a real opportunity. It supported us, with WHO, in the development of a national strategy and in the implementation of a transition plan for scale-up, which will enable access to self-testing in all regions of Senegal.

Pr Safiatou Thiam,
Executive Secretary of CNLS
(National Aids Council)



CLOSE-UP ON THE ATLAS PROJECT

ATLAS HIV SELF-TESTING, FREE TO KNOW YOUR STATUS

AIM: To increase access to HIV self-test and link to confirmation test and treatment among target populations.

DATE: 2018 - 2021

COUNTRIES: ICôte d'Ivoire, Mali and Senegal

DONORS: Unitaïd and AFD

ACHIEVEMENTS IN TERMS OF TRANSITION AND SCALE-UP:

The project was conceived from the onset with the idea of being complementary to existing community testing initiatives. With this in mind, partnerships were created with CSOs already involved in community testing, in particular for key populations. At a national level, the project also favoured a fully integrated approach: integration of indicators specific to HIV self-testing within National Health Information Systems (via DHIS2), integration within national Procurement and Supply System.

The ATLAS project enabled us to support countries towards integrating HIV self-testing in national strategies and guidelines: for example, in 2020, the project supported the process of developing and validating a national strategy and user guide for self-testing in Senegal, in collaboration with WHO. The existence of these documents are key success factors in the implementation of self-testing in the country but also in ensuring funding, especially from the Global Fund.

Regarding dissemination, the tools developed in French during the ATLAS project, such as the training modules developed for trainers and health workers, were shared at regional and international levels. This dissemination has allowed actors in the sub-region of Western and Central Africa to better understand the issues at stake in introducing and scaling-up self-testing in their countries.

Our active participation to international conferences (like a dedicated symposium during the ICASA in December 2019 in collaboration with the STAR project and with Unitaïd) and to webinars (with PSI, UNAID and WHO) during the first semester of 2020 participated in largely disseminating the results, contents and lessons learned from the project in the west-African context.

Between 2018 and 2020, the project teams provided technical support to institutional stakeholders for Global Fund grants' implementation (e.g. in 2018 the Catalytic Funds in Senegal secured the coverage of areas that were not targeted by the ATLAS project and enabled the shift to a national coverage). They also supported the grant writing process for the New Funding Model 3 in 2019-2020, not only in the three project countries but also in other countries of the sub-region (for example Niger, Sierra Leone, Cameroun). In partnership with UNAIDS, we also provided technical support in Mauritania in early 2020 for the development of a pilot project.

The project made sure that data and lessons learnt were made available to actors in a continuous way, so as to accelerate the efforts towards transition and scale-up. The project is also involved with the international technical working group on HIV self-testing led by WHO with the aim of contributing to strategic discussions and sharing the regional specificities of Western and Central Africa.

WHAT ARE THE CONDITIONS FOR SUCCESSFUL TRANSITION AND SCALE-UP?

The analysis of our successes and failures has enabled us to identify six key-conditions for improving the sustainability of Solthis interventions that would have proven their efficiency. This has led to developing a methodological framework including strategies and key activities to plan from the onset of a project.

CONDITION 1

INTEGRATING THE INTERVENTION IN THE HEALTH SYSTEM BY INCLUDING IT IN SPECIFIC NATIONAL PROGRAMMES (HIV, TB, ...)

Integrating the intervention in national strategies, guidelines, protocols and monitoring and evaluation tools, as well as the enhancing the capacity of national stakeholders to use the related tools are key elements to foster an enabling environment for the transition and scale-up of the intervention.

KEYS TO SUCCESS

- Adequacy between the intervention and the country's priority needs and resources
- Involvement of all national stakeholders in the development of the intervention
- Concrete adherence of institutional partners to the intervention strategy
- National leadership in the project stewardship at all stages of implementation

BARRIERS

- The perception of the intervention being set by external stakeholders
- Lack of alignment of the intervention with government priorities
- Unavailability and/or turnover of key human resources in Ministry of Health



CONDITION 2

INTEGRATION OF THE INTERVENTION IN THE HEALTH SYSTEM AT DISTRICT AND FACILITY LEVEL

It is crucial to operationalise the intervention at all levels of the health system, especially at district and facility level. Testing the feasibility of service provision models and the acceptability by health services providers, integrating the intervention into existing supply chains and into routine information systems are some of the key elements to consider when aiming at transition or scale-up.

KEYS TO SUCCESS

- Involvement of key field partners and service users from the development of the intervention to gain support for the pilot intervention
- Inclusive dialogue between all health actors, beyond the relevant national programme (for example: HIV Programme)

BARRIERS

- Development of parallel strategies and tools for the project (with limited possibility of integration into the system later on)
- Lack of involvement of local actors in decision-making
- Turn-over of trained staff in health facilities



CONDITION 3

OPERATIONAL AND TECHNICAL HAND OVER OF THE INTERVENTION TO THE ACTORS OF THE TRANSITION

There is a pressing need in handing over the responsibility of implementing the intervention to the national and local stakeholders. To do so, it is required to strengthen operational capacities and technical skills to allow the national stakeholders to take the lead in piloting the scale-up, and it is also essential to promote change in service providers' behaviours and practices at facility level.

KEYS TO SUCCESS

- Co-construction of the operational implementation (delivery) strategies
- Participatory development of a transition plan identifying national and local actors' needs in terms of support, in view of transition and scale-up
- Development and implementation of a capacity building plan
- Maintaining some technical assistance, if necessary, after the end of the project

BARRIERS

- Multiplication and complexity of tools developed around the intervention (SOPs, M&E tools, ...)
- Underestimation of the necessary time for acceptance, ownership, behaviour change and translation into practice
- Underestimation of operational constraints that local and national actors face in their day-to-day practice
- Financial constraints that prevent the sustainability of technical support in a second phase

CONDITION 4

SECURING SUFFICIENT FUNDING FOR THE SCALE-UP OF THE INTERVENTION

It is crucial to work at securing funding for a coherent and sound package of activities to sustain or scale-up an intervention, through State funding and/or by the commitment of international donors.

KEYS TO SUCCESS

- Strong collaboration with technical and financial partners of the ministry for health
- Demonstrating the cost-effectiveness of the intervention
- Obtaining support from the technical and financial partners to the planned transition, which should be discussed from the onset of the project
- Identifying windows of opportunity for funding and adjustment of the project schedule to these opportunities (example: development of grant applications for the Global Fund)

BARRIERS

- Lack of alignment of the intervention with donors' short or medium term priorities
- Insufficient funding for health in countries with limited resources and competition for budget allocation
- Misalignment between funding opportunities and the project timescale (for example unavailability of project results when needed by stakeholders for a grant application)

CONDITION 5

COLLECTING, ANALYSING AND DISSEMINATING EVIDENCE

Collecting quality data, analysing it and disseminating evidence can facilitate the transition and scale-up of an intervention: assessing cost-effectiveness, using routine data, conducting qualitative evaluation of ownership of an innovative intervention are as many actions that can be shared it with stakeholders and generate support to the intervention's scale-up.

KEYS TO SUCCESS

- Evaluating the impact of an intervention
- Implementing efficient monitoring and evaluation processes that enable the steady collection of data
- Developing easily readable and practical contents for decision-makers
- Developing and implementing a knowledge translation plan to enable decision-makers and national health actors to take ownership over the outcomes of the intervention

BARRIERS

- Technical difficulties linked to the impact measurement and the cost-effectiveness evaluation
- Lack of dedicated resources for monitoring and evaluation and research
- Weaknesses of national health information systems

CONDITION 6

DEMAND CREATION AT COMMUNITY LEVEL

When Community Based Organisations, such as Services' users organisations, community groups, and local and international NGOs, take a positive stand and joint advocacy actions around the intervention, this can be a key factor in promoting sustainability and scale-up of such intervention.

KEYS TO SUCCESS

- The interest of a variety of civil society organisations (CSO) that can join around shared issues and are involved in the national response (especially around up-dating national strategies or Global Fund grant development)
- Mobilising existing coalitions and civil society platforms rather than creating new ones
- Engagement in an advocacy strategy based on the complementarity between evidence-based advocacy and experience-based knowledge that CSOs have, as representatives of health system's users.

BARRIERS

- Lack of specific resources and advocacy skills
- Competing advocacy issues on the CSOs' agenda
- Insufficient inclusion of CSOs in decision-making spaces
- Stigmatisation and criminalisation of some categories of service users



IN ADDITION TO CONDITIONS TO BE MET AT NATIONAL LEVEL, A NUMBER OF INTERNATIONAL CONDITIONS CAN FACILITATE TRANSITION AND SCALE-UP FOR AN INTERVENTION

Some of these factors are:

- Availability of evidence (international publications, reports/briefs on operational feasibility and cost-effectiveness of delivery models, ...)
- Availability of international and sub-regional recommendations, normative guidance (WHO, ...)
- Affordable pricing of the health products used in the intervention
- Adequate supply base of health products used in the intervention, in order to meet needs in the scale-up phase
- Potential for certification of the health products used in the intervention
- Alignment with strategic priorities of donors that are likely to fund the scale-up



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