

➔ **Support innovations in a broad sense:**

- Organisational and social innovations, not solely technological innovations
- Endogenous, supported by internal innovators, and not just innovations that have been “imported”
- Innovations leading to demedicalisation, giving more power to community actors, and to users themselves (for example, through self-care)

➔ **Demonstrate the added value of an innovation before upscaling**

- With the added value being measured on multiple dimensions: efficiency first and foremost, but also equity, and the impact should be felt not just by populations but also by healthcare workers.

➔ **So that the graft of innovation in a given health system takes hold, an integrative and adaptive approach to the design of pilot projects is essential**

- Focus on factors that make the intervention sustainable, more than factors that will demonstrate impact: be as realistic as possible right from the pilot phase, even if this won't give the best results in terms of impact
- While allowing for accompanying actions to make the environment favourable and to strengthen the capacities of the various actors involved in the adoption of the innovation, and assuming that these strengthening actions (training, etc.) will be financeable and sustainable at the time of scaling up by the MSP

➔ **A unanimously recognised success factor is a national and local leadership, guaranteeing the appropriation. But how can we concretely do better in this area?**

- The most urgent recommendation concerns funders: funding is needed for the inception and design phases of the project introducing innovation. In order to give the shareholders the means to better organise consultations and dialogue with national and local actors on how to introduce an innovation to better ensure its adaptation to its context, and maximise its chances to not only achieve good results but also to become institutionalised, sustainable and up-scalable

➔ **How can we reconcile the time of policy decision-making, research and funders? And in doing so, avoid upscaling innovations that have not yet proven their effectiveness or their feasibility, or proven innovations that never make it past the test stage**

- Finance successive phases (start-up, design and preparation, small-scale tests, deployment to medium-scale testing to finally testing at a national scale); as part of the projects over four to six years
- Build long-term partnerships between research institutions and NGOs, outside of projects, to get to know each other and learn how to work together, in order to anticipate and build capacity to create projects together as soon as the countdown to a call for proposals starts
- Finance research publications resulting from pilot projects, even after the end of said projects
- Finance post-doctoral research for longer periods of time.
- Do not neglect the body of knowledge already available, to be made available to policy makers when they need it, thus opening another window of opportunity

➔ Produce and broadcast knowledge useful for upscaling

- Leave behind the tyranny of randomised trials, there are other methods to rigorously evaluate, in all their complexity, the effects of introducing an innovation.
- Promote the production of knowledge that informs us how to upscale, "experiential knowledge", "implementation research", "local evidence", "contextualised evidence", "implementation data"...
- Create new professions, mastering the skills of knowledge and upscaling brokerage

➔ Financing the upscaling of innovative interventions with a proven track record:

- Funders can further improve their coordination between them and their alignment with national strategies
- They should notably avoid increasing financing for pilots which will not be followed up, better coordinate the choice of innovations to be prioritised and divide up the share of funding needed for experimentation needed for scaling up.
- The crossovers between innovation and intervention upscaling financing should be reinforced, or even systematised, for example within the core of French financing instruments (Initiative, AFD I-OSC, AFD Opérations, FID...)
- Mobilisation of domestic resources remains a necessity: in addition to the financial sustainability of interventions, which is a prerequisite, the priority levers identified are:
 - ▶ Evidence-based advocacy, certainly, but above all in those frequent interactions with a view to create a trusting relationship between producers and users of knowledge, nourishing the "strong conviction" of political decision-makers
 - ▶ "Incentive" financing mechanisms, or "matching funds", which make the expenditure of international financing conditional on the mobilisation of domestic funds
 - ▶ Widening taxation to generate volumes of resources which permit the increase of national health budgets

➔ The role of civil society in innovation, advocacy and technical assistance for upscaling:

- NGOs can actively contribute to the introduction of innovations, including in difficult contexts; the pertinence and impact of their actions in the subject could be improved by the integration of recommendations cited earlier
- NGOs can play a key role in facilitating and interfacing between policy makers, researchers, donors, as well as with the private sector (suppliers of innovative products or private actors in the health system contributing to the deployment of an innovation)
- NGOs can be providers of pragmatic, operationalised technical assistance, based on know-how from real-life implementation experiences
- International NGOs should invest their strengths in activities that have a clear added value to the role of national NGOs

➔ Strengthen WHO's pivotal role and interaction with NGOs, policy makers and funders:

- In the development of international recommendations creating a favourable environment for innovation
- In identifying concrete lessons and tools for the deployment of innovations
- In the coordination and financing of technical assistance to support the deployment of innovations