

Beyond Scaling Up: Pathways to Universal Access

WORKSHOP BRIEFING 1 • JULY 2010

This briefing is part of a series from a workshop held at the Institute of Development Studies in May 2010. The workshop was co-sponsored by the STEPS Centre and the Future Health Systems Consortium. The objectives of the workshop were to:

- Explore approaches that have fostered innovation, rapid learning and large scale impact in the health sector that incorporate context and social arrangements as central to learning and change
- Identify practical approaches for collaboration between innovators, researchers, governments and funding agencies to strengthen the capacity of health systems to meet the needs of the poor

The briefings provide summaries of the presentations that were given and key issues and concepts that were raised by participants.

The Workshop's starting position was that health systems are social, technological and ecological systems characterised by complexity, uncertainty and unpredictability, and that the endeavour to 'scale up' new ways of delivering healthcare is a process of large scale change, which can be approached in multiple ways. The introductory sessions opened the discussion by setting out how the STEPS Centre and the Future Health System RPC have been thinking about health systems and health system change.

The STEPS Centre's pathways approach in thinking about dynamic health systems

Melissa Leach

Melissa Leach opened with the question 'how can we identify and build pathways to sustainability – that link technology and environment with reduced poverty and social injustice – in a complex, dynamic world?' 'Pathway' denotes the particular direction in which interacting social-technological-ecological systems, such as the health system, change over time. She suggested that while there is a collective desire to achieve universal access and improve coverage for the poor and most marginalised, there are different views as to how this can be achieved and multiple possible pathways. Systems are understood and represented – or 'framed' – differently by different actors and these framings shape pathways. In mainstream debates technological and managerial inputs continue to be framed as 'silver bullets'. In practice, however, these approaches do not adequately address the complexity and dynamism of both interventions and the worlds in which they are implemented.

Health systems are complex systems made up of networks of many heterogeneous components that interact non-linearly. While pathways of change can be shaped by governance and are influenced by path dependencies, they are not entirely controllable or predictable; there will always be uncertainties and unintended consequences and new 'emergent' interactions and behaviours.

The presentation closed with four challenges that need to be addressed:

- Taking the three Ds seriously:
 - recognising **Diversity**
 - choosing amongst **Directions**
 - considering **Distribution**

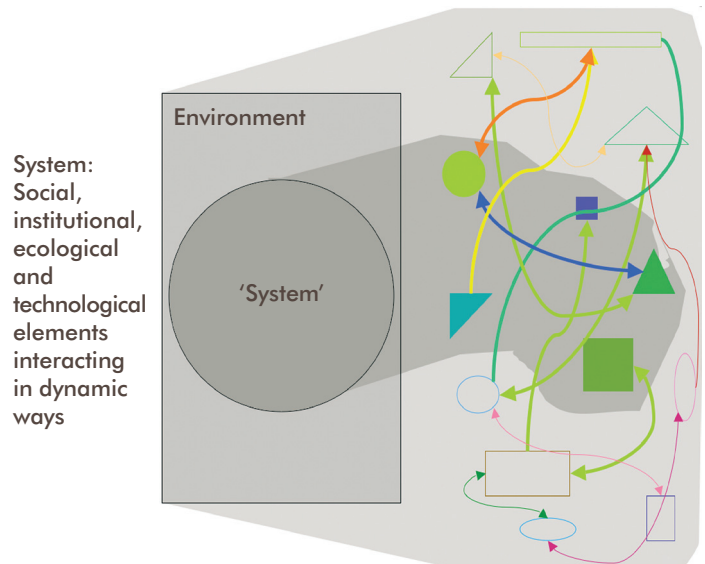
- **Integrating social-political-technical dimensions:** the social and organisational aspects of innovation need to fit with the technological ones.
- **Dealing with complexity and uncertainty:** this requires adaptiveness, rapid learning, building from past experiences, flexibility and responsiveness.
- **Dealing with multiple, contested goals and framings:** this requires more inclusive participation, transparent discussion, social learning, more plural interventions and reflexivity in knowledge.

Useful links

View Leach's presentation from the workshop
<http://www.slideshare.net/katecommsids/leach-pathways-approach>

Visit the STEPS Centre website
www.steps-centre.org

A STEPS systems perspective



Management of change in complex health systems

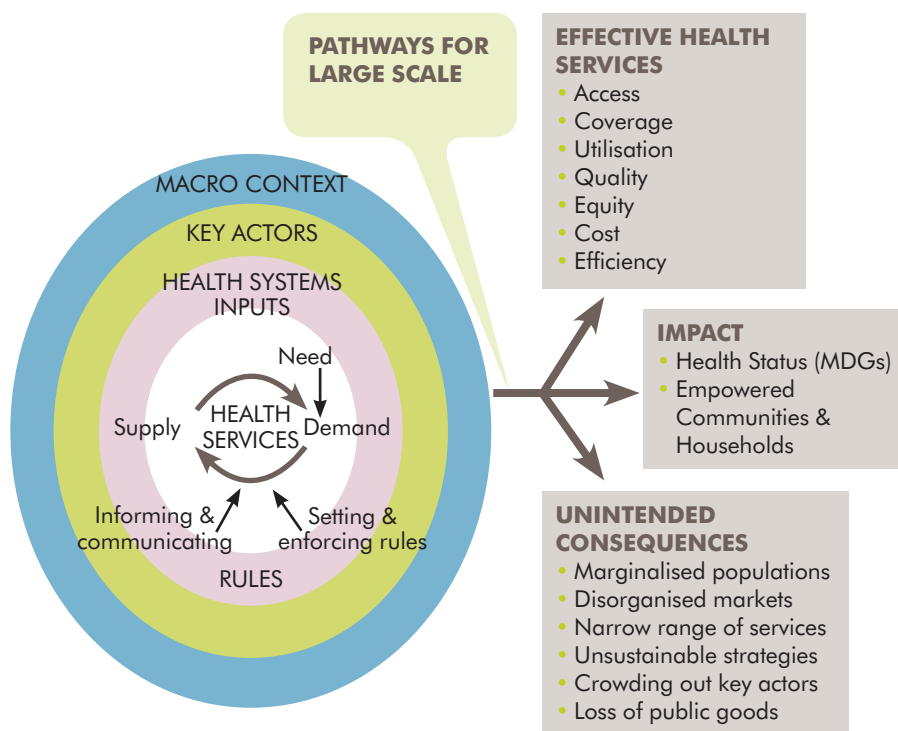
David H. Peters

David Peters opened by stating that cost effective technological solutions to many health problems exist but we cannot consistently deliver them to scale. He argued that it is not enough to know 'what works'. We also need to know how it works and why it should be done. This requires knowledge of context, actors and implementation processes for complex change, as well as understanding the values motivating sustained action. These different kinds of questions require different kinds of research approaches. Questions about the health effects of a new intervention uphold the controlled randomised trial as the gold standard research method. Questions about implementation, services and health behaviour, however, require a mixture of quantitative and qualitative methods.

How a strategy or intervention is implemented matters: community coordination, local adaptation and the support and feedback of stakeholders are crucial. It is also important to include representation of powerful interest groups and to plan for constraints and unforeseen problems. Particular attention should be paid to the political, organisational, and functional aspects of scale up; it is important to nurture local organisations, and to anticipate emergent behaviours and unintended consequences.

Peters noted that there is currently a bias toward supply side interventions and the public sector, and that we must be careful not to ignore the importance of demand side and market systems.

Pathways to changing health services



Useful links

View Peters' presentation from the workshop
<http://www.slideshare.net/katecommsids/peters-change-andcomplexhealthsystems>

Improving Health Service Delivery in Developing Countries: From Evidence to Action
www.enrecahealth.dk/news/e-learning/Improving_Health_Service_Delivery.pdf

Visit the Future Health Systems Research Programme Consortium website
www.futurehealthsystems.org

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Uganda's Safe Delivery Pilot Project: tailoring interventions to context

In Uganda, a pilot project which encouraged young men with motorbikes to take pregnant women to health facilities in exchange for a small fee has proved extremely successful, with numbers of deliveries in health centres increasing from less than 200 to over 1,000 in the space of two months. The pilot showed the effectiveness of tailoring interventions around available resources within a particular context, leading to emergent behaviour within the community and new opportunities to improve services.