Report on the Global Health Delivery Project's Expert Consultation on Sustaining Delivery at Scale

Expert Consultation | July 15, 2010
Vienna & Boston

Introduction

The past decade has seen major advances in global public health, enabled by unprecedented levels of new financing, particularly for HIV services. This mobilization accelerated the scaling up of treatment and prevention interventions. Successes in scaling up and funding challenges have raised new questions. Policymakers, practitioners and communities want to know how programs that grew rapidly can be sustained and program achievements replicated in other settings. These questions take on increased urgency as programs and donors consider the transfer of large HIV programs to the public sector.

In October 2009, the Bill & Melinda Gates Foundation granted Dr. Rebecca Weintraub and the Global Health Delivery (GHD) Project support to study the relationship between scale, value and strategy for HIV prevention. This document summarizes GHD's research and early findings presented to a group of 50 experts for their input on July 15, 2010 in Vienna, Austria and Boston. During the peer review session, GHD sought feedback and promoted knowledge exchange around programs, policies and investments focused on sustaining scaled HIV prevention programs. The meeting had three objectives:

1. Test and refine strategic tools to guide delivery of large-scale HIV prevention programs.
2. Generate a list of activities and capabilities enabling programs to sustain delivery at scale.
3. Discuss how a strategic framework for sustaining delivery of HIV prevention at scale could inform decision making by global health leaders and researchers.

A strategic framework for sustaining delivery at scale

GHD is employing a variety of research methods to inform the development of a strategic framework. They include the development of six case studies, review of public health literature on scaling up, and analysis of management and strategy principles. The framework draws on cross-case analysis that extracts the common forces shaping an array of successful and failed efforts. Thus, a strategic framework can reveal the underlying structural forces common across diverse settings, and help us understand why individual program leaders make the choices they do. Understood in these terms, such a framework can help public health leaders achieve both greater *descriptive* clarity about how programs currently behave and greater *prescriptive* insight into how performance can be improved. Thus far, the GHD team has conducted in-depth field research on three large-scale programs that all attended the July 15 meeting: Avahan in India, Brazil's national AIDS program, and loveLife in South Africa.

Theoretical foundations: frameworks for scaling Up

Recently, many academics have proposed frameworks for scaling up. Mangham and Hanson noted that of 91 journal articles on scaling up international health concerns, all but two were published after 2001. GHD's review of the scaling-up literature identified decisions and dimensions critical for achieving scale and emphasized the importance of strategy to guide scale up. It also illuminated various strategic decisions that arise as a program evolves from scaling up to sustaining delivery at scale. Furthermore, the literature review revealed a dearth of articles and frameworks sharing lessons and instructions for sustaining these scaled programs. While GHD recognizes the relationships and overlaps between scaling up, delivering at scale and sustaining delivery, the team posits they are distinct and offered the following definitions for review:

Delivering at Scale: Generating value for client populations in at least one of the following dimensions of scale: quantitative, functional, political and organizational (Uvin, 1996).

Sustaining Delivery at Scale: Maintaining value at scale in the face of emerging challenges through strategic continuity and ongoing program improvement.

While existing frameworks from the literature on scale up vary in their purviews and concepts, the GHD team identified 10 common constructs (see table). GHD hypothesizes that a number of the domains for sustaining delivery at scale may differ from those of scaling up and that new domains may be of equal or greater importance. Audience members suggested gaps in the constructs, including:

- Host government trust in global health programs to pursue partnerships and not ownership in the context of sustaining programs versus projects
- The core role of ensuring quality
- Sustaining sufficient appropriately trained human resources over time
- Effective management

Additional comments noted that HIV prevention may require a distinct context from other public health issues, as significant political, religious or community challenges may arise in addressing issues relevant to marginalized groups, including sex workers, MSM and IDUs.

Table: scaling up constructs, synthesized from existing frameworks

Construct	Scaling-up Definition from Literature
1. Fiscal support	Ensuring adequate, flexible, reliable, and sustainable funding. This can be accomplished by incorporating program into national budget or core budget of funding agency.
2. Political support	Mobilizing support for the program and protecting it from vested interests which may perceive it as a threat. Obtaining the support of political leadership and champions who ensure sustained, visible, and high-level commitment to the program at all levels of government and among relevant private sector actors and civil society organizations.
3. Community involvement, integration, buy-in and depth	Striking appropriate balance between participatory and expert or management-dominated approaches. Grounding scaling up in the principles of respect for and promotion of human rights and in the value of participatory and client-centered approaches. Adapting program to local contexts and addressing the community's felt needs. End users should be engaged early on and community champions involved in program design, implementation, and scale-up. Cultivating the depth of change necessary to support and sustain consequential change.
4. Partnerships	Ensuring that domestic and external partners either continue or are engaged to support the program. Includes a systemic view of the variety of actors in the broader environment and a strategic understanding of how they can be leveraged to influence the scaling up process. Determining and ensuring appropriate balance of scaling up responsibilities – additive (full burden on one organization) or multiplicative (distributed across several organizations).
5. Balancing flexibility/adaptability and standardization	Striking appropriate balance between flexible, adaptive strategies and implementing a standard package of interventions. Ensuring that universally effective components of an intervention are applied while allowing for local adaptation. Evaluating, learning, and changing the approach as scaling up proceeds and developing a culture of adaptation, flexibility, and openness to change. Planning for context-specific delivery mechanisms effective in going to scale.
6. Supportive Policy, Regulatory, and Legal Environment	Ensuring supportive policy, regulatory, and legal framework has been developed which allows for operating at scale. Inclusion of program in national policies.
7. Building and Sustaining Strong Organizational Capacity	Addressing shortcomings in organizational capacity and enhancing the ability to deliver intended services and support. This may include building local capacity and partnering with others able to operate the scaled program. Ensuring staff is sufficient, well-distributed, and qualified with strong technical and program management abilities. Strengthening human capacities in management and implementation within national and sub-national governments.

8. Transferring Ownership	Shifting ownership so that it is no longer an "external" process controlled by reformers, but instead becomes an "internal" process led by local actors with the capacity to sustain, spread, and deepen the results. May include successfully transferring intervention to adopting organizations.
9. Decentralization	Determining and ensuring the appropriate balance of reach, influence, and resources provided by centralized authorities and local initiative, autonomy, spontaneity, mutual learning and problem-solving provided by a decentralized approach. Decentralizing management and programmatic activities to the local level.
10. Ongoing Focus on Sustainability	Creating a lasting programmatic and policy impact that produces enduring health benefits. Consistently focusing on sustainability and devising a strategy that includes plans and actions to ensure sustainability.

Application of strategy to global health delivery

The application of strategy for global health delivery provides a language and framework for understanding current challenges in the global health field. Michael Porter, Bishop William Lawrence University Professor at Harvard Business School and cofounder of GHD, pioneered the field of competitive strategy in the business world. Porter provided an in-depth examination of what strategy is and its potential applicability to global health. At its core, strategy is an integrated set of choices for uniquely meeting the needs of a distinct group of customers. Ineffective or non-existent strategies have long plagued social-sector organizations. By attempting to provide all things to all people, they tend to fail on both accounts. GHD hypothesizes that strategy, as Porter defines and applies it, may provide a useful contribution to a framework for sustaining delivery of HIV prevention and other public health programs at scale.

Porter's work on strategy informed his development of a theory for value-based health care, which stipulates that maximizing patient value should drive the design and delivery of health care programs. Value here is defined as health outcome achieved per dollar spent. When applying the goal of maximizing value to global health organizations, strategy suggests beginning by clearly identifying a target population with a distinct set of shared needs and creating a unique program to meet those needs. An organization can configure its strategy using a tool called the value chain. The value chain outlines the different types of activities that must be conducted at each stage of service or product delivery. Looking across the set of activities enables practitioners to see how their program activities link and reinforce each other. One organization may have multiple programs or "business lines" for varying customers, but each should have its own value chain. These individual value chains should be coordinated and integrated within the larger organization to maximize patient value. Furthermore, the broader global health "shared delivery infrastructure" should inform the value chain's activities. Programs should examine other programs' activities for gaps or points to leverage their own activities.

Definitions

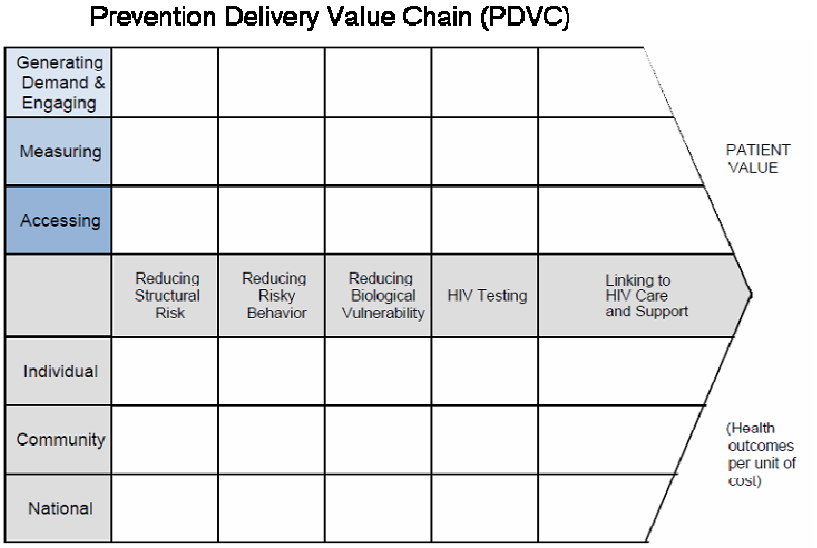
Strategy: An integrated, coherent set of policies that sets out to reinforce a program's most important strengths and address its most important weaknesses; defined by the choices around how to conduct the activities within the value chain (Porter, 1985).

Value: Health outcomes achieved per unit of cost expended (Porter and Teisberg, 2006).

Value Chain: A systematic tool or framework to identify a program's strengths and weaknesses within its operating landscape. The value chain is based on the observation that delivery of any product or service consists of performing numerous discrete activities. The choices made about how these activities are configured and integrated drive value and should guide organizational structure.

Value Proposition: The set of benefits delivered to customers. Defining a value proposition necessitates specifying what customers you serve, which of their needs or desires you are addressing, and at what relative price.

GHD created a preliminary prevention delivery value chain (PDVC) for HIV. The PDVC promotes consideration of the integrated set of choices involved in preventative care and helps inform choices that create higher value, adapt strategy to different circumstances and optimize the entire prevention system.



Another tool that Porter developed for firms in competitive markets is the five tests of a good strategy. These questions guide leaders in formulating, refining, and adapting their strategies. The application of these tests in the context of HIV prevention has not been tested. With some adaptation, they could potentially provide a useful tool for delivering HIV prevention services. These tests were applied to three programs at the consultation: Avahan, Brazil's national AIDS program and loveLife.

Five tests of a good strategy
1. A unique value proposition
2. A tailored value chain
3. Clear tradeoffs, and choosing what NOT to do
4. Activities in the value chain that reinforce each other
5. Continuity of strategy with continual improvement in realization

Application of the five tests of a good strategy to large-scale HIV programs

Avahan

When asked to define Avahan's value proposition, Program Director Ashok Alexander said it was the delivery of scaled HIV prevention services with speed and quality to the highest-risk groups. In a country as large as India, delivering this value proposition required intense focus on a very specific target population, including the highest-risk sex workers. Regarding the value chain, Alexander said Avahan seeks to enable its target populations to practice safer behaviors by creating mechanisms for community mobilization and skills-building to advocate on their own behalf. Avahan found that when combined with other activities such as peer education and crisis response, these practices can mitigate structural risk, improve access to STI and HIV services, and promote greater utilization of existing social support services. Alexander noted that rapid scale up

required tradeoffs, such as the initial unevenness in service quality that accompanied the program's rapid increase of services. "We were obsessed with speed and scale and we let quality catch up once we reached a steady state," he said.

Brazil's National AIDS Program

Mariangela Simão, Director of Brazil's National Department of STD, AIDS and Viral Hepatitis, said Brazil's AIDS policy was rooted in a human rights framework and people making informed choices on prevention. The Department focused on working efficiently and targeting decentralized prevention efforts at cities with the highest disease burden and most at-risk individuals. Keeping HIV prevention on local government agendas, especially as it related to marginalized populations, was a chronic challenge. Results-based financing mechanisms, strengthening civil society, and promoting transparency were among the National Department's methods to advance the national strategy. Simão considered a vibrant civil society key to sustaining prevention efforts.

loveLife

loveLife CEO Grace Matlhape said the program targets young people ages 12 to 19 with positive lifestyle messages through mass media and interactive programs to influence their behavior and prevent HIV. loveLife, South Africa's largest HIV prevention program, employs a multi-level and mutually reinforcing set of activities, beginning with a nationwide media campaign that addresses societal risk factors, such as poverty, gender norms and violence, and generate demand for the face-to-face programs that target individual behaviors. When loveLife began, it was the first South African HIV prevention organization to combine large-scale communication with comprehensive face-to-face interactions and community outreach. Other programs have recently followed suit. loveLife's leaders made difficult tradeoffs regarding the target population and service to provide. Although most new infections occurred in 19- to 25-year-olds, loveLife focused on youth before they entered these highest-risk years. Also, despite the dire need for HIV/AIDS treatment, loveLife leaders opted to focus on youth HIV prevention. Lastly, Matlhape commented on how the Kaiser Family Foundation's 10-year funding commitment allowed loveLife's architects to plan for the long term and consider possibilities rather than constraints.

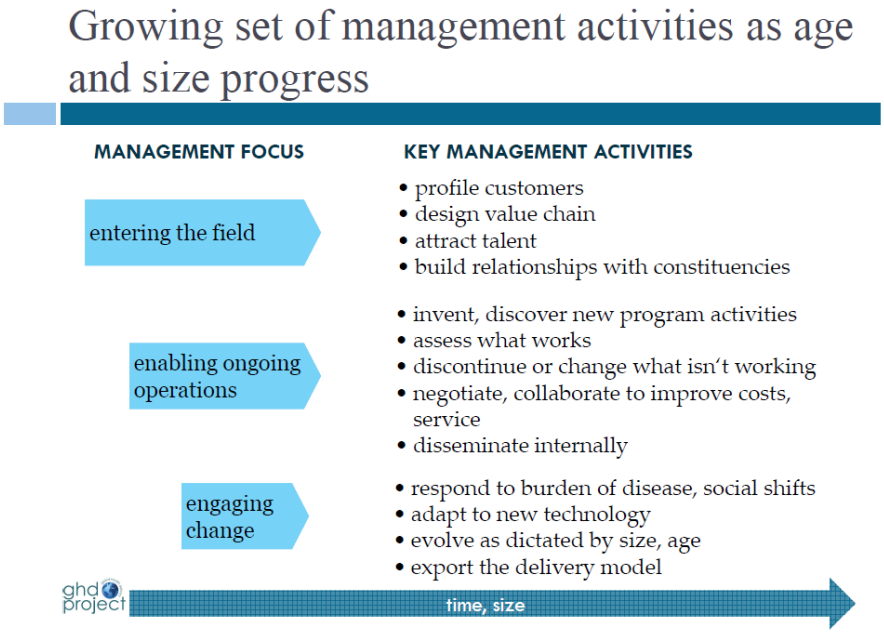
Management systems for sustaining delivery at scale

While strategy provides a compass for organizational activities, good management is needed to link strategy with the day-to-day program operations. GHD proposed to approach management from a systems approach, whereby "system" is defined to include the operating rules, norms, cognitive structures, and the assets and capabilities that represent organizations' ongoing processes, their outcomes and interactions. Analyzing and understanding management systems are essential to sustainability because only by doing so can a program, including its management system, be transferred to others. Furthermore, without understanding the management system, organizational members cannot adapt efficiently to make changes or maximize value.

Based on research in other sectors, the HIV prevention sector likely has a core set of management activities that maintain and improve performance over time. Some may be common to other program areas, and some may be unique to large-scale prevention programs (see exhibit). As an organization grows to scale or works to sustain delivery at scale, its management activities evolve to include new tasks. Over time, ongoing activities give rise to shared capabilities that accrue with experience and underlie the program's model and increase its ability to generate value. As programs confront questions of sustaining delivery at scale, a robust conceptual model for the

relationships that link management activities and capabilities with context, strategy, and operations will be essential to guide comprehensive understanding of programs.

Health program leaders from Avahan, the Center for Infectious Disease Research in Zambia (CIDRZ) and Thailand shared experiences and insights to elucidate the relationships between management activities and capabilities in the emerging model. These included market segmentation, program standardization, building strong constituent relationships, and trying new approaches and adjusting or ending them based on rigorous evaluation.



Prevailing themes

Several themes emerged throughout the expert consultation. First, while there was consensus that making tradeoffs is essential to carry out a strategy and deliver high value, the audience acknowledged the difficulty in doing so. Helene Gayle, CEO of CARE USA, summarized this tension: "We're good people, we want to make a difference, and we think that we can make a bigger difference by doing lots of things for lots of people while not recognizing that we're almost doomed for failure if we don't make some of those hard choices and tradeoffs that are based on strategy."

Another recurrent theme was the lack of long-term funding and planning, and continuity of leadership in global health delivery. A long-term funding commitment allows organizations to develop and implement well-crafted, consistent strategies and build systems that deliver value over time. However, donors noted the difficulty of determining the optimal level of latitude to give grantees in changing their strategies. Caroline Ryan, of PEPFAR, pointed out that funding agencies must answer to multiple constituents and need to balance the interests of all stakeholders with the priority of ensuring local ownership and sustainability.

Finally, participants noted the systematic complexity of delivering HIV prevention programs at scale and the limitations of traditional research methods in capturing that complexity. It was suggested that a new standard of proof and additional methods of inquiry, such as in-depth case studies, are needed to inform funding and delivery models. True learning will require studying not only successful programs, but also weak and failing programs. Creating a culture that allows leaders to discuss failure is critical to gathering and leveraging important lessons for value-based strategic thinking.

Conclusions

The expert consultation participants widely agreed that HIV prevention has suffered from a lack of systematic approaches and that sustaining scaled HIV prevention and treatment programs is a critical priority for the future of global health delivery. Much remains to be learned about how programs successfully reach scale, but the literature is especially sparse when it comes to insights on how to sustain scaled programs. Thus, GHD believes its work will be most additive by focusing on the latter. As anticipated, most themes that emerged throughout the consultation were not new to global health practitioners, but Porter's five tests of a good strategy and the management system model seemed to provide new frameworks to guide thinking about these complex issues. The new frameworks also present challenges in terms of introducing a new vocabulary to global health delivery and issues around how these frameworks function with other frameworks, such as a human rights framework, require further exploration.

Next Steps

GHD will continue its work on the Sustaining Delivery at Scale initiative through January 2011. Based on the dialog of the session, it will further refine the strategic tools presented, including the prevention delivery value chain and five tests of a good strategy. The management systems model also will be expanded. Participants provided examples of programs to capture in the remaining two cases studies, emphasizing how different owners, such as governments and NGOs, may require different frameworks for applying strategic thinking. Additionally, GHD will find programs tackling pressing challenges for the field, such as integration of services and rolling out emerging biomedical interventions like male circumcision.

Several products from the expert consultation will be made available in the online HIV prevention community at www.GHDonline.org to generate further guidance and support rapid dissemination of concepts and examples. Further refinement will be achieved through submitting the strategic framework to an academic journal and presenting the ideas at premier conferences in the fall 2010.

Agenda

Welcome & Objectives	
Paul Farmer	Harvard Medical School
Ashok Alexander	Bill & Melinda Gates Foundation
Rebecca Weintraub	Global Health Delivery Project
Theoretical Foundation: Frameworks for Scaling Up	
Arntraub Hartmann	SAIS, Johns Hopkins University, Bologna Center
Lisa Hirschhorn	Global Health Delivery Project
Response: Richard Marlink	Harvard School of Public Health
Lunch with Group Discussions	
Scaling Up Versus Delivery at Scale	Gina Dallabetta, Gates Foundation & Arntraub Hartmann, SAIS, Johns Hopkins University, Bologna Center
Synergies between prevention and treatment: implications for delivery at scale	David Bangsberg, Massachusetts General Hospital & Lisa Hirschhorn, Global Health Delivery Project
Managing at scale: striking the balance between operational controls and local innovations	Darshana Vyas, Pathfinder International & Carlos Passarelli, Brazil Dept. of STD, AIDS, and Viral Hepatitis
Current and past examples of programs that attempted to sustain delivery at scale	Carissa Etienne, World Health Organization & David Wilson, World Bank
Application of private sector tools to global health delivery	Miki Kapoor, Clinton Health Access Initiative & Aparajita Ramakrishnan, Gates Foundation
Defining value creation in HIV prevention	Karl Dehne, UNAIDS, and Anjali Sastry, MIT Sloan School of Management
Applying Strategy to Global Health Delivery	
Michael Porter	Harvard Business School
Joseph Rhatigan	Global Health Delivery Project
Ashok Alexander	Bill & Melinda Gates Foundation
Helene Gayle	CARE USA
Paul Farmer	Harvard Medical School
Applying the Five Tests of a Good Strategy to Large-scale HIV Programs	
Breakout Session: Generalized Epidemic	
Interviewer: Rebecca Weintraub, Global Health Delivery Project	Interviewee: Grace Matlhape, loveLife
Breakout Session: Concentrated Epidemic	
Interviewer: Andrew Ellner, Global Health Delivery Project	Interviewee: Mariangela Simao, National Department of STD, AIDS, and Viral Hepatitis, Brazil
Reflection & Implication for GHD Framework	
Robert Moodie	University of Melbourne
Michael Porter	Harvard Business School
Paul Farmer	Harvard Medical School
Management Systems for Sustaining Delivery at Scale	
Peter Berman	World Bank
Anjali Sastry	MIT Sloan School of Management
Jeffrey Stringer	Center for Infectious Disease Research in Zambia
Wiwat Rojanapithayakorn	World Health Organization
Alkesh Wadhwani	Bill & Melinda Gates Foundation
Response: Caroline Ryan	U.S. President's Emergency Plan for AIDS Relief
Recommendations for Next Steps	
Peter Piot	Imperial College
Ashok Alexander	Bill & Melinda Gates Foundation
Rifat Atun	Global Fund to Fight AIDS, Tuberculosis, and Malaria
Synthesis, Conclusion & Thanks	
Paul Farmer	Harvard Medical School
Rebecca Weintraub	Global Health Delivery Project
Dinner Keynote Address: Eric Goosby U.S. President's Emergency Plan for AIDS Relief	

Sustaining Delivery at Scale: Applying a Strategic Framework
List of Participants

Vienna	
Ashok Alexander, *Bill & Melinda Gates Foundation*	Richard Marlink, *Harvard School of Public Health*
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Rifat Atun, *Global Fund*	Nafsiah Mboi, *National AIDS Commission, Indonesia*
David Bangsberg, *Massachusetts General Hospital*	Robert Moodie, *University of Melbourne*
Jacqueline Bataringaya, *Global Fund*	Mead Over, *Center for Global Development*
Peter Berman, *World Bank*	Carlos Passarelli, *National Department of STD, AIDS and Viral Hepatitis, Brazil*
Carmine Bozzi, *Bill & Melinda Gates Foundation*	Peter Piot, *Imperial College*
Claire B. Cole, *Global Health Delivery Project*	Aparajita Ramakrishnan, *Bill & Melinda Gates Foundation*
Gina Dallabetta, *Bill & Melinda Gates Foundation*	Penny Richards, *Bill & Melinda Gates Foundation*
Karl L. Dehne, *UNAIDS*	Wiwat Rojanapithayakorn, *World Health Organization*
Nayana Dhavan, *Global Health Delivery Project*	Caroline Ryan, *Office of the United States Global AIDS Coordinator*
Andrew Ellner, *Global Health Delivery Project*	Anjali Sastry, *Sloan School of Management at MIT*
Carissa F. Etienne, *World Health Organization*	Mariângela Galvão Simão, *National Department of STD, AIDS and Viral Hepatitis, Brazil*
Paul Farmer, *Harvard Medical School*	Jeff Stringer, *Centre for Infectious Disease Research in Zambia (CIDRZ)*
Kevin Fenton, *U.S. Centers for Disease Control*	Cassia van der Hoof Holstein, *Partners In Health*
Helene D. Gayle, *CARE USA*	Darshana Vyas, *Pathfinder International*
Eric Goosby, *United States Global AIDS Coordinator*	Alkesh Wadhwani, *Bill & Melinda Gates Foundation*
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Lisa Hirschhorn, *Global Health Delivery Project*	David Wilson, *World Bank*
Miki Kapoor, *Clinton Health Access Initiative*	Shona Wynd, *UNAIDS*
Boston	
Jennifer Baron, *Harvard Business School*	Al Mulley, *Massachusetts General Hospital*
John Butterly, *Dartmouth Hitchcock Medical Center*	Ugochi Nwosu, *Global Health Delivery Project*
Ted Constan, *Partners In Health*	Rebeca Plank, *Brigham and Women's Hospital*
Caroline Crosbie, *Pathfinder International*	Michael E. Porter, *Harvard Business School*
Carolyn Daly, *Harvard Business School*	Joseph Rhatigan, *Global Health Delivery Project*
Steven Kadish, *Dartmouth College*	Robert Shady, *Global Health Delivery Project*
Kenneth Mayer, *Brown University*	Julie Talbot, *Global Health Delivery Project*