# Community of Practice: Systematic Approaches for Scale-up of Family Planning/Reproductive Health Best Practices

*December 5, 2014*
*Washington, DC*

# Meeting Report

# Contents

# Executive Summary

The community of practice managed by the USAID-funded Evidence to Action (E2A) Project with support from the IBP Initiative—[Systematic Approaches for Scale-Up of Family Planning/Reproductive Health Best Practices](#)—held a meeting, December 5, 2014, focused on the merits and process of scaling up as well as challenges and gaps related to sustainable scale-up.

The meeting specifically sought to meet the following objectives:
- Review what we know about scaling up of best practices.
- Discuss principles of successful scale-up.
- Discuss what we don't know and propose an agenda for future learning about scale-up.
- Obtain hands-on application of two systematic approaches through case study exercises.
- Discuss and share experiences for scaling up and when to apply each one.
- Identify next steps to increase the use of systematic approaches for scaling up.

## Opening Session



Carina Stover, E2A's Project Director, opened the meeting, highlighting the value of the community of practice to scaling up high-impact practices around the globe. Two representatives from USAID—Ellen Starbird and Rhea Bright—then gave opening remarks.

Ellen Starbird, Director of USAID's Office of Population and Reproductive Health, affirmed that scaling up high-impact practices in reproductive health contributes to USAID's goals of 'Ending Preventable Child and Maternal Deaths' and achieving an 'AIDS-Free Generation.'

She said that if we want our work to be lasting, we need to take best practices to scale at country level and internationally, while continuing to ensure quality, equity, human rights, and voluntary informed choice in the interventions and practices we scale.

Echoed throughout the meeting were Ellen Starbird's calls for sound and detailed documentation of scale-up efforts and application of a strong evidence base. She reminded participants that we need to learn more quickly from our successes and failures, and rapidly apply findings and replicate success.

Starbird shared the five key approaches that USAID's Office of Population and Reproductive Health applies to scale up family planning and reproductive health services:
- Providing targeted support to priority countries;
- Supporting missions to ensure high-impact practices are implemented at the country level;
- Ensuring scale-up through direct support;
- Assisting networks and professional associations at the country and regional level; and
- Working with partners to strategically leverage resources and implement programs at scale.

Following Starbird, Rhea Bright of USAID spoke on behalf of James Heiby, Medical Officer with USAID's Office of Health Systems. Bright pressed for a learning agenda that allows programs to monitor results, including both quantitative and qualitative indicators that fully tell the story of how interventions have been scaled up.

She emphasized the importance of sharing stories about the process of scale-up, including the value of country-to-country information exchange. Bright specifically examined efforts in West Africa to reduce postpartum hemorrhage, highlighting how Niger was able to share its experience with Mali in a way that allowed Mali to ensure Active Management of the Third Stage of Labor was applied at standard 100 percent of the time.

Both keynote speakers and sessions throughout the day emphasized leadership, quality assurance, and institutionalization as essential to the success of scale-up.

## Presentations

Following keynote remarks, several presenters told success stories about their experiences with scaling up best practices, including the Standard Days Method in Rwanda; a Population, Health and Environment program in the Lake Victoria Basin; Active Management of the Third Stage of Labor in Mali; and one domestic example concerning housing the homeless in the United States.

Scale-up experts then gave short presentations that set the stage for interactive learning sessions held later in the day on systematic approaches to scale-up. Themes addressed during the presentations include the theory of change and diffusion of innovation and how they can be applied to scaling up, as well as an overview of the multiple systematic approaches to scaling up. Presenters pointed out that there are multiple systematic approaches, and choosing the right one to apply depends on context. Joe McCannon of the Billions Institute also talked about how to effectively engage a target audience and support rapid learning and behavior change, through things like human connections and passion, as well as evidence-based literature, campaigns, and grassroots organization. Other presenters included Suzanne Reier of the World Health Organization and IBP Initiative; Rashad Massoud of University Research Co., LLC; and Ruth Simmons of ExpandNet.

## Knowledge Cafés

Each of the aforementioned presenters, along with colleagues, then led Knowledge Cafés covering differing aspects of scale-up and approaches to systematic scale-up. Rashad Massoud led a session where participants learned how to apply the Wave Sequence Approach for Scale-up. Kate Wilson of Management Sciences for Health and Ados May of the IBP Initiative led a session that allowed participants to use *The Guide to Fostering Change to Scale Up Effective Health Services* during a case-study exercise. Ruth Simmons and her colleague Laura Ghiron of ExpandNet also led a case-study exercise that allowed participants to practice applying several steps of ExpandNet's *Nine Steps for Developing a Scaling-up Strategy*. During the session led by Joe McCannon, participants heard an overview of the campaign approach to mobilizing large-scale change that was applied to end chronic homelessness in the United States. They reflected on how they could use a similar approach in their work.

## Evidence Gaps, Discussion with Experts

Luigi Jaramillo of the Evidence Project gave a brief recap of a meeting co-hosted earlier this year by Evidence, E2A, and other partners, where research gaps related to scaling up family planning and reproductive health best practices were identified. He presented several imminent research gaps, including the need to identify and document bottlenecks in the process of scale-up, assess system readiness for scale-up, and implement monitoring and evaluation systems linked to research.

Following Jaramillio, a panel of experts and discussants addressed what they had learned at the meeting as well as what they still don't know in terms of scaling up high-impact practices. They mentioned salient points related to scale-up including leadership being integral and advocacy as an important mechanism for achieving local ownership of the practice being scaled. They also pointed out continued challenges related to adapting scale-up approaches to different contexts, ensuring resources are available for scale-

up, and limited flexibility related to donor and research timelines, among others. Salwa Bitar, E2A's Senior Advisor for Scale-Up, moderated the discussion, adding valuable insights on the real-world challenges of scaling up high-impact practices.

# Introduction

Seventy-five reproductive health and family planning practitioners with vast and nuanced expertise in scaling up high-impact practices met in Washington, DC on December 5 to advance the science and practice of scale-up. Through presentations, panel discussions, and hands-on learning sessions, participants enriched their knowledge about applying systematic approaches to scale-up and made valuable connections with other global health experts committed to effective and evidence-based scale-up.

Led by the community of practice managed by the USAID-funded Evidence to Action (E2A) Project with support from the IBP Initiative—Systematic Approaches for Scale-Up of Family Planning/Reproductive Health Best Practices—the meeting focused on the merits and process of scaling up as well as challenges and gaps related to sustainable scale-up.

The meeting specifically sought to meet the following objectives:
- Review what we know about scaling up of best practices.
- Discuss principles of successful scale-up.
- Discuss what we don't know and propose an agenda for future learning about scale-up.
- Obtain hands-on application of two systematic approaches through case study exercises.
- Discuss and share experiences for scaling up and when to apply each one.
- Identify next steps to increase the use of systematic approaches for scaling up.

This report gives a detailed overview of the meeting. All presentations and other supporting resources from the meeting can be accessed here.

# Meeting Sessions

## Success Stories

This session incorporated five individuals who imparted two- to three-minute success stories from different countries.

Rashad Massoud of University Research Co., LLC, spoke about improving neonatal care in Tver Oblast, Russia. During this project, champions from the initial sites acted as scale-up agents. According to Massoud, not only were they able to save lives with the neonatal care improvements, scaling up the best practices also saved money.

Joe McCannon of the Billions Institute told the story of the 100,000 Homes Campaign. He stressed that an important part of that initiative's scale-up was not just looking at the data, but bringing in the qualitative perspective of providing housing to the homeless.

Marie Mukabatsinda of Georgetown's Institute for Reproductive Health revealed that the organization's secret to success with scale-up was using the ExpandNet approach of *Beginning with the end in mind*. Marie focused on a project in Rwanda that was implementing the Standard Days Method. This project worked with the Ministry of Health from year one. Partnership was a key element to their success. By involving the Ministry of Health from the beginning, the project leaders were able to think and plan successfully in the long-term.

Laura Ghiron of ExpandNet shared the success of HoPE-LVB (Health of People & Environment in Lake Victoria Basin). She said that population, health, and environment projects, like Hope-LVB, are usually small and typically do not achieve scale-up. Sustainability is very concerning in complex projects. However, by applying the ExpandNet approach, *Beginning with the end in mind*, HoPE-LVB was able to design a sustainable and scalable solution.

Maina Boucar of University Research Co., LLC, delivered a success story of postpartum care in Niger. Boucar talked about how scaling up first requires learning and following this we can explain the learning. Once the organization had learned how to improve postpartum care in Niger, it was able to quickly achieve the same results in Mali because of the minimal learning curve.

Each success story was inspirational. Although the stories represented different technical areas, they shared similar themes related to achieving successful scale-up, including:
- Scaling up must be considered at the design phase of the project and it is a continuous learning process.
- Scaling up must be integrated throughout the entire project.
- Partners and local stakeholders must be involved at all stages to ensure ownership and continuation of scale-up.

## Panel Discussion: Setting the Stage for Systematic Approaches to Scale-Up

This panel gave an overview of the continuum of change. Panelists shared multiple proven and emerging scale-up approaches.

Rashad Massoud of University Research Co., LLC, discussed diffusion theory, including how certain attributes of an innovation can make it more likely to be able to be scaled. Those attributes include its

compatibility, complexity, and ability to be tested and observed. Massoud defined scale-up as "the science of taking a local improvement and actively disseminating it across a system," and gave a brief overview of a framework for spread.

Ruth Simmons of ExpandNet gave an overview of ExpandNet's tools for scaling up, including *Nine steps for developing a scaling-up strategy* and *Beginning with the end in mind*. She then gave ExpandNet's definition of scaling up: "deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis." She explained that for scale-up to be sustainable, an innovation must be scaled up vertically (with political, policy, institutional, and legal support) and horizontally through replication. She emphasized systems thinking, sustainability, an understanding of what determines success in scaling up, and maintaining a focus on human rights, participation, gender equity, equitable access to quality of care, and country ownership as key principles of scale-up.

Suzanne Reier of the World Health Organization and IBP Consortium described IBP's tool, *Fostering Change to Scale Up Effective Health Services*. This guide is predicated on systematic approaches that consider principles of change from the beginning, from pilot to scale-up. It includes many partners' tools that can be applied to the scale-up process. She listed eight evidence-based principles to ensure change happens, including having a committed change agent and stakeholders, support from leadership, clarity about purpose, and clearly assigned and accepted roles and responsibilities.

Joe McCannon of the Billions Institute emphasized the importance of having clear aims and a clear intervention design as well as sound knowledge of who the audience is. Even if we have those three things, however, he said it still essential to determine how to engage the audience and support rapid learning and behavior change. Of utmost importance to engagement is establishing, among the audience, an emotional connection with the innovation being scaled. He said it is essential to reach the audience at the grassroots level through approaches like a campaign model or extension agents. Decisions that drive what approach to spread are driven by the number of organizations or people who will be reached, the complexity of the intervention, the timeframe for spread, the geography, and the infrastructure required. Regardless of the method used, he said participants must be testing new ideas and constantly assessing their progress to ensure they are not just replicating, but also adapting for success.

## Knowledge Café

Participants rotated to three of the four knowledge café's during the morning and afternoon. Each was an interactive, skill-building session.

### *Station 1: Wave Sequence Approach*



**Facilitators:** Rashad Massoud, University Research Co. LLC; Salwa Bitar, E2A Project

During this session, participants learned when and how to use the Wave Sequence Approach for Scale-up. They were taught that the best context in which to apply the approach is when scale-up must take place in stages. If a whole sector can be reached at once, the approach is not useful. Participants discussed how the different phases may still require some design, but there is not a need to completely start from scratch. They learned that identifying the champions from the first phase/wave, who can lead the effort, is key to

showing that success is possible. There was discussion around applying the approach and adapting it to different contexts, such as hospitals with different units, different regions of a country, different districts of a region, or different communities of a district. Participants worked through an example of how to use the Wave Sequence Approach together and discussed with fellow participants their work, questions, and feedback to the session.

**Recommendations:**
- Start with a slice of the system that represents the whole system.
- Allow district managers to continue to manage the work during these tested changes to ensure ownership.
- Identify the change-makers from the slice and get them to spread the improvement to the remainder of the system.
- Second, third waves will still require some design beyond what is taught from the first wave.
- Measuring/ showing what has been achieved must take into consideration the concerns of the key stakeholders.

**Challenges:**
- Resource-constrained settings.
- Application at policy level.

## *Station 2: ExpandNet Approach*



**Facilitators:** Laura Ghiron and Ruth Simmons, ExpandNet

Participants listened to a brief presentation of ExpandNet's *Nine steps for developing a scaling-up strategy.* They then heard a case study that applied the nine-step approach: the Hope LVB Project implemented in East Africa's Lake Victoria Basin. Breaking into two groups, participants worked through several select steps of the nine-step approach, with a focus on documenting their recommended actions in a provided template.

**Recommendations:**
- When lots of people are involved, the scale-up process becomes high profile, which may cause those implementing the process to gloss over some failures. Those implementing the scale-up process need to work within their designated timelines, but must be cautionary about moving too quickly.
- Make promises about what you can accomplish.
- Take a phased approach; don't go explosive, evolve.
- Test an innovation in as many diverse settings as possible, so when you expand beyond the pilot you will be able to have a better sense of how it will scale up.
- Focus on proof of concept as well as proof of implementation.
- Often innovations are more complex than even the people who facilitate the project realize. For Hope-LVB, it took one group a day and a half just to go through step 1, recording what they were actually doing that was innovative. We need to figure out how to simplify.

**Challenges:**

- The urge to want to do everything: it is important to be realistic about what can be scaled up, recognize that projects might need to be simplified, and identify key aspects in order to scale up the most important parts of the project.

Also available at the session was ExpandNet's tool, *Beginning with the end in mind*. All ExpandNet tools can be accessed here: http://www.expandnet.net/tools.htm.

## *Station 3: Campaigns*



**Facilitator:** Joe McCannon, Billions Institute

The session gave an overview of the campaign approach to mobilizing large-scale change. It reviewed a powerful recent case example focused on ending chronic homelessness in the United States, and Joe McCannon reflected on key lessons from that experience, exploring strategic and operational keys to successfully executing this method. The session was organized in the following way:

- Participants watched a short video that describes the 100,000 Homes Campaign as an example.
- Joe McCannon gave a presentation that pulls some lessons from it.
- Participants reflected on how some of these key lessons seem relevant to their own work and experience.

**Recommendations:**
- Programs should have a relentless focus with an explicit aim.
- Test an intervention relentlessly and adjust consciously.
- Unleash local adaptation.
- Rather than working on long reports about what did and didn't work, connect people efficiently.
- Create a spirit of opportunism and improvisation.
- Interventions should be straightforward and data collection simple.
- Active communications about the interventions to stakeholders is key to campaigns, and often results in large-scale change.
- In communications, it is important to thoughtfully provide a context for how the intervention is being implemented and how results are shared depending on the target audience and aim.
- Data must be rapidly applied to support learning and implementation.

**Challenges:**
- Scaling interventions to different settings (e.g., 100,000 lives worked in US cities nationally, covering many different contexts and cultures)

## *Station 4: Fostering Change*

**Facilitators:** Kate Wilson, Management Sciences for Health; Ados May, IBP Consortium; Suzanne Reier, IBP Consortium and World Health Organization

Participants learned more about *The Guide to Fostering Change to Scale Up Effective Health Services*, its proven practices to help lead change efforts and support successful scale-up, and experiences of how it has been applied in scaling up reproductive health practices and programs. Participants attained hands-on experience using the Guide in its online interactive form, using common scaling-up case scenarios, and discuss how the principles of change and the Guide's other resources and tools might be applied to support scale-up efforts in the context of their programs.

The Guide to Fostering Change to Scale Up Effective Health Services can be downloaded here: https://www.k4health.org/toolkits/fostering-change.

## Summary of Evidence Gaps

Luigi Jaramillo of Evidence Project presented research gaps identified at a meeting led by Evidence Project, in collaboration with the E2A project, the Health Policy Project, and Measure Evaluation Phase III, which gathered experts on scale up of evidence-informed practices in family planning. The meeting aimed to expand dialogue and share lessons learned around research gaps related to scale-up. It also focused on identifying key priority research questions that would help guide the Evidence Project and USAID's Office of Population and Reproductive Health research strategy.

Three working groups formed at the meeting concluded that more research needs to be conducted to identify and document bottlenecks in the process of scale-up; to explain proof of concept vs. proof of implementation and the need for an adaptation phase; to learn from past scale-up experiences; to identify facilitating factors to scale-up; to assess system readiness for scale-up; and to implement M&E systems linked to research. The research questions linked to each of those research needs are listed in Jaramillo's presentation.

At the meeting, experts called for an immediate focus on:
- Better knowledge management around experience with scale-up
- Retrospective case studies on scale-up experience
- Implementation research on improving the efficiency of scale-up
- Linking implementation research and M&E of scale-up, and the best metrics for measuring scale-up, among others

## Discussion: What did we learn today, what do and don't we know?



To conclude the day, a panel of experts, with interaction from the audience, reflected on the previous sessions and what was learned.

**Moderator:** Salwa Bitar, E2A
**Experts:**
- Rashad Massoud, University Research Co., LLC
- Laura Ghiron, ExpandNet
- Joe McCannon, Billions Institute
- Suzanne Reier, World Health Organization and IBP Consortium.

**Discussants:**
- Victor Boguslavsky, University Research Co., LLC
- Marie Mukabatsinda, Georgetown's Institute for Reproductive Health
- Bethany O'Connor, Futures Group
- Trinity Zan, FHI 360

**Top Recommendations:**
- Ensuring that scale-up is considered from the beginning is essential to success. Also, we need to be ready to adapt and adjust as necessary. The initial plan will change and we should be ready for that. Flexibility is key.
- Leadership is key.
- Advocacy may be more necessary in certain circumstances than others, but is always important and should always be considered to try to get ownership.
- Non-systematic/ad hoc scale up can happen.

**Top Challenges:**

- Knowing what to do in the context.
- The limited availability of resources.
- Flexibility not possible due to various constraints (donors, research timelines, etc.).

**Questions:**

1. *What is the product that is worth scaling up? Before we begin on a project, what are the characteristics of that product that are worth scaling up?*

   Laura Ghiron pointed out that certain attributes associated with any package of products or innovation that are more likely to be successful and are compatible with scale-up are "worth it." Key attributes of success include readiness for scale-up, timing, and readiness of the system to absorb the product or innovation. Communities where the product or innovation is being scaled must also be receptive to it, said Suzanne Reier.

2. *What do we do when excitement about scale up is only lukewarm?*

   The pilot phase is a great opportunity to pressure-test the practice under different conditions and settings deliberately with a specific audience in mind, said Joe McCannon. Rashad Massoud mentioned that if we continue to do the same thing, we should expect the same results. Most people will not say no, but don't expect enthusiasm at the beginning. It is our responsibility to cultivate ownership and excitement moving forward. Demonstrating results and over communicating them is key.

   **Audience comment**: Adrienne Allison of World Vision pointed out that non-systematic scale-up needs to be considered, citing an example in India, where the Extending Service Delivery Project, the predecessor project to E2A, gave money for a pilot of Health Timing and Spacing of Pregnancy messages in India, as well as some money for expansion. Without additional external support, the National Rural Health Mission, which covers 1.2 billion people, had adopted those messages.

3. *What factors can facilitate or can handle a successful scale-up taking quality and fidelity into account? When you talk about fidelity and adaptation, what is the difference between the two concepts? How can we discuss/clarify the two? How can we use the two in the same scaling up program?*

   When I think of fidelity, it is the clinical science, said Joe McCannon. Everything else is fair game. Flexibility comes in as a result of the context. We must respond to local context, but not argue about what the science has proven. Suzanne Reier said certain things must be adhered to, but we need to look at what can be adapted to the community involved. Laura Ghiron emphasized the importance of using data to ensure the success of a pilot, which comes from sufficient and helpful process documentation. If you are not documenting, you have no idea where the problems are. The simpler the model, the more readily it can be scaled up, said Ghiron.

4. *What are some actions that short-term donor-funded projects can do to support institutionalization/vertical integration?*

   Experts concurred that getting government support from the beginning is paramount. Policymakers need to be involved from the beginning and excited about the project. Suzanne Reier pointed out that all projects and innovations are not the same. The issue of advocacy is so important (especially in abortion). The family planning area in general is trickier than other

areas. Rashad mentioned the need to not just target one layer, but to think about the other people in the system who may not be as influential, but still involved in the system. Laura Ghiron said systematic approaches can help shine a spotlight on institutionalization that ad hoc approaches cannot. Many short-term projects do not think this is their responsibility, but it is. Enable and support the adopter, implementer. Don't try and replace them, even for a short time.

5. *How can we better address integrating gender into the scaling up of programs?*

Laura Ghiron said that in the ExpandNet framework and model, innovation must be appropriate, and often times that must include a gender perspective. Gender focus, equity, country ownership can fall by the wayside during the scale-up process. The ExpandNet framework ensures that you keep your eye on what kept the first phase successful, and maybe the Ministry of Gender needs to be included.

**Audience comment:** Commenting on including a gender perspective in scale-up, Ruth Simmons of ExpandNet reminded participants that flexibility is needed from donors to encourage learning. She gave the example of the Urban Health Initiative in India, which started like many family planning projects, but with space to learn, were able to think about innovative approaches to get men involved, particularly with accepting vasectomy. This ended in strong results for the project. If you have the flexibility to learn that family planning is not just for women and girls, then we can address gender, she said.

6. *How do we scale up focused/ specific interventions with providers who have more holistic objectives/ agendas?*

Rashad Massoud said he stopped seeing patients, because he believed what we can accomplish with scale-up is far greater than if he were practice medicine. As a clinician, he said he could engage in a patient-level outcome. In his current role, however, he aligns scale-up with providers' and patients' existing priorities.

7. *What is the cost of scaling up a program, and do we have research on effectiveness of the cost compared to the pilot?*

Rashad Massoud said there is the cost of intervening, which is an investment cost. There is also the cost of getting the intervention to scale, which is also an investment. And then there is the budget, often the budget of a ministry of health. It is important to look at scale-up as the value received, not just the cost incurred. The economic effect of improvement can be huge, and waste can be huge when things are ineffective. Salwa Bitar mentioned the community of practice's webinar series on costing for scale-up as a good resource in this area.

**Audience comment:** Anne Hirschey of USAID pointed out that there is an opportunity for family planning in the pledge to end preventable maternal and child deaths. Family planning must be included as a part of that dialogue and interventions. She mentioned the Improvement Collaborative as a successful approach that could be applied to improve the quality of these interventions to ready them for scale-up, as it had been applied successfully in the Philippines. This would ensure resources do not go to waste.

# Meeting Evaluation Summary

The folders that each participant received upon arriving to the meeting contained a one-page evaluation with three questions for feedback.

The first question asked participants which two sessions were most beneficial. Many responses indicated that each of the Knowledge Cafés were very helpful because of the sharing of perspectives and experiences, which led to valuable learning. Another highlight for many participants was the "Perspectives from USAID on Scaling Up." Several responses said that the presentation was incredibly well organized, clear, and concise. Receiving the data and information directly from USAID was also cited as a benefit. Overall, participants expressed an appreciation for the various experts who presented throughout the meeting.

The possibility of another meeting was a topic mentioned frequently throughout the meeting. The second question on the feedback form addressed this possibility and asked participants what recommendations they had for future meetings. Overwhelmingly, responses emphasized the importance of a follow-up meeting. One unique theme that was cited was emphasis on how to share failures, recognizing the importance of not only sharing success, but also the difficulties practitioners can face in framing failures in a positive educational lens. Some participants indicated an interest in diversifying the attendees for a future meeting with more non-scale-up experts, but others suggested a higher level scale-up specific meeting.

One great theme that was suggested for further discussion was new strategies for gaining buy-in and creating change agents and champions who can lead scale-up. Additional theme suggestions were cost and budgeting, research gaps, cost effective integration, and institutionalization.

The final question on the feedback form inquired what changes, if any, participants would make to a future meeting. Overwhelmingly, respondents used this section of the form to provide positive feedback on the venue, attendees, and organization of the meeting.

## Annex 1: Invitation



# PLEASE JOIN US

## Applying Approaches for Scaling Up
## Family Planning and Reproductive Health Best Practices

**Friday, December 5, 2014**
**8:30 a.m.-5:00 p.m.**
**Washington Marriott at Metro Center**
**775 12th Street NW, Washington, DC**

Join the community of practice—"Systematic Approaches for the Scale-up of Family Planning/Reproductive Health Best Practices"— led by the USAID-funded **Evidence to Action (E2A) Project** and the **IBP Consortium** for a meeting with renowned global experts in scale-up to achieve the following:

- Review what we know about scaling up of best practices.
- Discuss principles of successful scale-up.
- Discuss what we don't know and propose an agenda for future learning about scale-up.
- Obtain hands-on application of two systematic approaches through case study exercises.
- Discuss and share experiences for scaling up and when to apply each one.
- Identify next steps to increase the use of systematic approaches for scaling up.

**Keynote speakers include:**
**Ellen Starbird**, Director, Office of Population and Reproductive Health, Bureau for Global Health, USAID
**James Heiby,** Medical Officer, Office of Health Systems, Bureau for Global Health, USAID

*The resource team that advises the community of practice includes the following entities: E2A Project, Expandnet, FHI 360, Futures Group, Georgetown's Institute for Reproductive Health, Jhpiego, Management Sciences for Health, Packard Foundation, Pathfinder International, RMNH Alliance, Save the Children, University Research Co., LLC, USAID, World Health Organization.*

If you haven't already, please RSVP to Laurel Lundstrom, llundstrom@e2aproject.org.
For questions, please contact Salwa Bitar, sbitar@e2aproject.org.

## Annex 2: Agenda

**Friday, December 5, 2014**

8:30 – 9:00 am        Registration & Breakfast

9:00 – 9:10 am        Welcome
                      Carina Stover, Evidence to Action Project

9:10 – 9:20 am        Meeting Overview
                      Salwa Bitar, Evidence to Action Project

9:20 – 9:40 am        Perspectives from USAID on Scaling Up
                      Ellen Starbird, Director, Office of Population and Reproductive Health,
                      Bureau of Global Health, USAID
                      James Heiby, Medical Officer, Office of Health Systems, Bureau of Global
                      Health, USAID

9:40 – 10:00 am       Q&A with USAID Presenters

10:00 – 10:15 am      Success Stories
                      RashadMassoud, University Research Co., LLC
                      Marie Mukabatsinda, Georgetown's Institute for Reproductive Health
                      Laura Ghiron, ExpandNet
                      Joe McCannon, Billions Institute
                      Maina Boucar, University Research Co., LLC

10:15 – 11:00 am      Panel Discussion: Setting the Stage for Systematic Approaches to Scale-Up
                      Suzanne Reier, World Health Organization, IBP Consortium
                      Rashad Massoud, University Research Co., LLC
                      Laura Ghiron & Ruth Simmons, ExpandNet
                      Joe McCannon, Billions Institute

11:00 – 11:15 am      Coffee Break

11:15 am – 1:00 pm    Knowledge Café

                      Station 1: Wave Sequence Spread
                      Rashad Massoud, University Research Co., LLC; Salwa Bitar, E2A Project

                      Station 2: ExpandNet Approach
                      Laura Ghiron & Ruth Simmons, ExpandNet


                      Station 3: Campaigns
                      Joe McCannon, Billions Institute

                      Station 4: Fostering Change
                      Suzanne Reier, World Health Organization, IBP Consortium
                      Kate Wilson, Management Sciences for Health

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| 1:00 – 2:00 pm | Lunch |
| 2:00 – 2:45 pm | Knowledge Café (continued) |
| 2:45 – 3:00 pm | Summary of Evidence Gaps<br>Luigi Jaramillo, EVIDENCE Project |
| 3:00 – 4:00 pm | Discussion: What Did We Learn Today, What Do & Don't We Know?<br>Moderator: Salwa Bitar, Evidence to Action Project<br>Experts: Rashad Massoud, University Research Co., LLC;<br>Laura Ghiron, ExpandNet;<br>Joe McCannon, Billions Institute;<br>Suzanne Reier, World Health Organization, IBP Consortium<br>Discussants: Victor Boguslavsky, University Research Co., LLC;<br>Marie Mukabatsinda, Georgetown's Institute for Reproductive Health;<br>Bethany O'Connor, Futures Group;<br>Trinity Zan, FHI 360 |
| 4:00 – 4:15 pm | Coffee Break |
| 4:15 – 4:45 pm | Closing & Questions to the Audience |

## Annex 3: Speaker Bios

**Ellen Starbird** is the Director of USAID's Office of Population and Reproductive Health. She provides high-level leadership to the Agency's family planning/reproductive health agenda and portfolio, valued at approximately $600 million USD annually and directs the Office's $100 million program. Ellen has over 25 years of experience designing, managing, monitoring, and evaluating international family planning and reproductive health programs. She is widely known as a strategic thinker who is committed to advancing access to family planning for women, men, couples, and adolescents around the world. Ellen joined USAID in 1989 and has spent her career in the Office of Population and Reproductive Health, starting in the Policy, Evaluation, and Communication Office, where she was Chief from 1995-2006. She served as Deputy Director of the Office for the next six years, and has been Director since 2013. She has an Master of Arts in Development Economics from the Fletcher School of Law & Diplomacy.

**James Heiby** is a Medical Officer with USAID's Office of Health Systems. Since 1985, Dr. Heiby's work has focused on adapting modern quality improvement approaches from industrialized countries for use in the health systems of lower and middle income countries. He has developed and managed a series of five-year projects, including the current USAID ASSIST Project, which works in more than 20 countries. His work on quality improvement was recognized with the USAID Science and Technology for Development Award and the Distinguished Honor Award, and he has published several papers related to this field. He lectures on quality improvement at the schools of public health at Johns Hopkins, Harvard, George Washington, and Columbia universities, and serves as a reviewer for several journals. Prior to joining USAID, he worked in the Bureau of Epidemiology at the Centers for Disease Control & Prevention. Dr. Heiby has a degree in medicine from Johns Hopkins and in public health from Harvard, and completed clinical training in internal medicine at New York Hospital-Cornell Medical Center.

**Carina Stover** is E2A's Project Director. Ms. Stover is a seasoned international public health and family planning expert, who served USAID in leadership positions throughout Asia and Africa for more than 20 years. Her expertise has been applied to analyze, design, manage, evaluate, and improve public and private investments in family planning and reproductive health. Ms. Stover exhibits a strong commitment to implementing family planning and reproductive health programs that are well integrated with other essential services—such as infectious disease, maternal, newborn, and child health, and nutrition services—and supported by the local communities they serve. Ms. Stover has worked to shift concern for vulnerable communities from donors to local governments and communities, particularly civil society and the private sector. As a pioneer for USAID in several countries, Ms. Stover has been responsible for launching important public health policies and initiatives that continue to thrive. In Madagascar, for example, she led the effort to initiate one of the first USAID programs that integrated health and family planning closely with the Mission's environmental portfolio. This program continues today and is considered a model success story. In Ethiopia, Ms. Stover helped to secure the first US Government funding for HIV/AIDS in Ethiopia, which is now one of the largest HIV/AIDS programs in the world.

**Salwa Bitar** is a medical doctor who has provided family planning/reproductive health/maternal, newborn and child health services in developing countries, and has been a trainer in contraceptive technology and best practices in family planning, safe motherhood, emergency obstetric care, and neonatal care. She has spent the last six years with Management Sciences for Health, currently working with the E2A Project as Senior Advisor for Scale-Up and previously with E2A's predecessor, Extending Service Delivery, under which she led the scale-up of family planning and maternal, newborn and child health services in Asia and Middle East. Dr. Bitar has 25 years' experience building strong connections with international partners, and has been a global leader in advocacy, dissemination, and scaling up of family planning, reproductive health, and maternal, newborn, and child health best practices, resulting in

improved quality and scale-up of services in numerous African and Asian countries. Salwa currently leads facilitation of the community of practice on systematic approaches to scale-up for E2A.

**Victor Boguslavsky** is the USAID Applying Science to Strengthen and Improve Systems Project's Regional Director for Europe & Eurasia, and East Africa. A public health professional with 27 years of progressive implementation, management, and leadership experience in epidemiological research, prevention and control of communicable and non-communicable diseases, improving health and social services, health systems strengthening, policy change, international development. Extensive work experience includes countries of Eastern Europe, Central and East Asia, and East Africa. As the Regional Director and an Improvement Advisor, Mr. Boguslavsky provides mentoring and coaching to country teams, health care providers, and leaders in the design and implementation of activities aimed at improving health outcomes at a large scale.

**Maina A. Boucar** has vast experience in the purveyance, administration, and supervision of health care programs in developing countries. As Director for the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project in Francophone Africa, he advises government agencies and NGOs on the integration of quality improvement activities into their respective programs. He has worked in quality improvement for more than 20 years in multiple African countries in areas including malaria; integrated management of childhood illnesses; maternal, newborn and child health; HIV/AIDS; and anemia, among others. Prior to joining University Research Co., LLC, with ASSIST, he served at all levels of the health care system in his native Niger, including as the head of local and district clinics, the Provincial Director of Health in Tahoua, and as the Secretary General of the Ministry of Public Health. He holds a master's degree in public health, with specialization in epidemiology and population studies.

**Laura Ghiron** is Vice President of Partners in Expanding Health Quality and Access and a member of the ExpandNet Secretariat. She spent from 1998-2009 at the University of Michigan, School of Public Health, and the last five years as Senior Research Area Specialist. From 1998-2006, Ms. Ghiron collaborated with the World Health Organization and colleagues in Latin America on the Strategic Approach to Strengthening Reproductive Health Policies and Programmes and the subsequent Reprolatina Project. She worked with Chinese colleagues on the Quality of Care Project from 1997-2007. In 2003, Ms. Ghiron helped found ExpandNet, a global network of public health professionals that has sought to advance the science and practice of scaling up. She has been providing scaling up-related technical support to several major efforts in Asia, Africa, and Latin America since 2007. In 2011, Ms. Ghiron began serving as a scaling-up advisor to E2A, and to the Health of People and Environment in the Lake Victoria Basin Project to help the project team ensure a strong focus on sustainability and scalability. She maintains the ExpandNet website at www.expandnet.net.

**Luigi Jaramillo** has over 20 years of experience providing technical assistance for the design, development, and implementation of monitoring & evaluation (M&E) systems for a variety of organizations, from small clinic-based M&E tools to comprehensive nationwide decision support systems. He has supported all stages of M&E system development, ranging from the initial requirement analysis, working with stakeholders to develop indicators and projects' performance monitoring plans, to the application of state of the art information system technology to support planning and decision making. He has supported the development of M&E systems and plans for a variety of health areas, including malaria, diagnosis and management of severe febrile illness, family planning, HIV/AIDS, maternal and newborn health, and health systems strengthening. He has supported projects and organizations in countries including Bangladesh, Jordan, Egypt, Yemen, Brazil, Bolivia, Colombia, Peru, Mexico, Guatemala, Benin, Uganda, and Tanzania.

**M. Rashad Massoud** is internationally recognized for his leadership in global health care improvement. Dr. Massoud is Senior Vice President of the Quality Performance Institute at University Research Co., LLC—leading improvement in over 30 countries. He is the Director of the USAID Applying Science to Strengthen and Improve Systems Project. He helped develop the World Health Organization 3x5 strategy for antiretroviral scale-up. He founded and led the Palestinian health care improvement effort and the Regional Program for Quality Management in the Middle East and North Africa. He chaired the Salzburg Global Seminar: "Making Health Care Better in Low and Middle Income Economies."

**Joe McCannon** is co-founder and Principal of the Billions Institute, a nonprofit that helps successful local initiatives expand broadly and rapidly. He is also currently a consultant to the Bill & Melinda Gates Foundation. He was the former Senior Advisor to the Administrator at the Centers for Medicare and Medicaid Services (CMS) in the United States Department of Health and Human Services. At CMS, he helped to introduce major pieces of the President's Affordable Care Act legislation. Before joining CMS, he was Vice President and faculty on large-scale improvement at the Institute for Healthcare Improvement, where he led the organization's collaboration with the World Health Organization on the 3 by 5 Initiative and directed its major domestic initiatives to improve patient safety, the 100,000 Lives Campaign and the 5 Million Lives Campaign. He has advised or consulted with other large-scale quality improvement efforts in the United States, England, Japan, Canada, and Denmark in areas including homelessness and corrections. He is a graduate of Harvard University and was a Reuters and Merck Fellow at Stanford University.

**Marie Mukabatsinda** serves as the Institute for Reproductive Health's Regional Representative for East and Southern Africa. Ms. Mukabatsinda has more than 20 years of professional experience in project management with a focus on family planning, HIV/AIDS, and youth reproductive health programming. She has extensive experience conducting qualitative and quantitative research, and has technical expertise in scale-up and health systems strengthening across the public and private sectors, including faith-based settings. She led the scale-up of the Standard Days Method® in Rwanda and has also led regional and international capacity-building initiatives in Burundi, DRC, Ghana, Guinea, Guinea Conakry, Madagascar, Mali, Mauritius, Tanzania, and Uganda. She has managed several youth-focused interventions including introduction of the My Changing Body puberty and fertility awareness curriculum, testing and introduction of the CycleSmart™ Kit for young adolescents, and training and monitoring youth peer educators. She is also experienced in and committed to social marketing and women's empowerment activities.

**Bethany O'Connor** is a Program Advisor at Futures Group and has supported global health programs in Washington, DC since 2009. She specializes in online communications, delivering trainings, and research on gender and policy issues. Bethany co-chairs the Community of Practice on Scale-up and Gender, Policy and Measurement—an online learning platform which she grew to over 700 members in the first two years. Ms. O'Connor holds a Master of Arts in International Development from the University of Kentucky.

**Suzanne Reier** has worked for over 30 years in international development situations ranging from community-based health and social service programs to large scale bilateral programs to improve quality of reproductive health services. The majority of her international experience has been in East, North, and West Africa. Suzanne has extensive experience as a manager, trainer and facilitator. She currently works with the IBP Initiative, based at World Health Organization/Geneva in the Reproductive Health Department, to facilitate a coordinated effort of 44 major reproductive health organizations to collectively improve the quality of and access to reproductive health programs. The key elements of this initiative are to foster change and scale up proven, effective practices and programs by harmonizing efforts among partners. She has introduced and trained program managers at regional and country level

in Africa, the Middle East, and Southeast Asia to use the IBP Fostering Change Guide and has facilitated scaling-up activities in numerous countries using the ExpandNet model.

**Ruth Simmons** is President of Partners in Expanding Health Quality and Access and Professor Emerita in the Department of Health Behavior and Health Education at the University of Michigan, School of Public Health, with a PhD in Political Science from the University of California at Berkeley. Dr. Simmons has more than three decades of experience in research and writing in the areas of institution-building, international health systems, family planning and related reproductive health policy and program development, quality of care, and user perspectives. She worked with the World Health Organization and country programs in the development and implementation of the Strategic Approach to Strengthening Reproductive Health Policies and Programmes from 1991-2008.  An expert in organizational development and health services action research, Dr. Simmons has worked extensively in South and East Asia, Africa, and Latin America. Her work includes convening ExpandNet as a learning network of senior global health professionals, policymakers, and scholars engaged in efforts to take health service innovations to scale. She is currently assisting projects in Africa and South Asia with the application of systematic approaches to scale up in urban reproductive health initiatives.

**Kate Wilson** is a Technical Advisor at Management Sciences for Health (MSH) for the USAID-supported Leadership, Management & Governance Project (LMG). Within LMG's portfolio of work, Kate manages and oversees the technical direction for LMG's activities that strengthen the leadership capacity and sustainability of partner organizations providing services for especially vulnerable groups, including survivors of torture and trauma, civilian victims of conflict, children at risk, and persons with disabilities.  Additionally, she co-leads the IBP Fostering Change for Scaling Up Task Team. Before joining MSH, she supported USAID's Office of HIV/AIDS through the Global Health Fellows Program and conducted research on leadership and management for CDC. Kate brings field experience from serving as a Community Health Mobilization Officer in Ethiopia. Kate's interests lie in strategic leadership, human rights, social entrepreneurship, and supporting women leaders with experience in academia, not-for-profits, government agencies, and both the public and private sectors. She holds a Master of Public Health with a concentration in Global Health Management.

**Trinity Zan,** a member of FHI 360's Research Utilization team, has 13 years of experience working in international development, with the last 10 focused on international family planning in sub-Saharan and Francophone Africa.  Her areas of technical expertise include stakeholder engagement, partnership development, and dissemination/advocacy of evidence-based practices to policymakers at the international, regional, and national levels. In addition to family planning, her subject matter expertise also includes mHealth and scale-up. She has lived in Senegal, worked in 8 countries, and speaks French and Wolof.

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