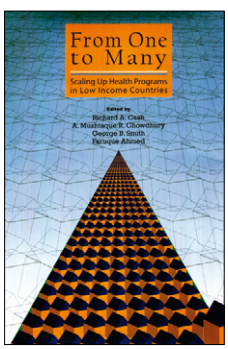
Book

The challenges of scaling up



From One to Many: Scaling Up Health Programs in Low Income Countries
Richard A Cash, A Mushtaque, R Chowdhury, George B Smith, Faruque Ahmed, eds.
The University Press Limited, 2010. Pp 276. TK 950·00 (US$60·00).
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One of the most glaring differences between the commercial and social worlds is the constrained ability of the latter, in relative terms, to go to scale. Markets, supply chains, and incentives enable consumer goods, many of them non-critical for human existence, to be supplied and "demanded" even in the remotest parts of the world. In the same environment, the infrastructure, resources, and will to mount the necessary scale-up of proven and often life-saving technologies and health interventions are often lacking.

Scale-up is, therefore, a central question to most health interventions and is the focus of Richard Cash and colleagues' excellent *From One to Many*. The book, a consolidated output of a conference on the subject hosted by the development organisation BRAC in Bangladesh, identifies scale-up in horizontal terms—expanding coverage of existing interventions. BRAC and Bangladesh were a perfect setting for the discourse. With its motto of "small is beautiful but big is necessary" and its operations spanning about 40 000 schools, 7 million microfinance borrowers, and responsibility for the roll out of national public health programmes, BRAC is the epitome of what the non-state sector can achieve in terms of outreach capability.

The book has done an impressive job of using case studies to draw attention to strategies and factors common to successfully scaled-up programmes. The importance of systems, institutions, and organisations with strong delivery capabilities has been reiterated throughout. A powerful policy take-home message from the book is that concomitance of community acceptability, stake of local and national governments, and buy-in of local politicians and private entities are all key ingredients for success in community interventions. The case studies are a reminder of the importance of effective engagement of stakeholders to maximise their comparative advantage and to locally tailor community interventions.

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Although the cases in *From One to Many* provide important insights, showcasing experiences from other developing countries—the book is south-Asia centric—and a greater emphasis on the role of technology in scale-up would have been useful. The book would also have benefited from a policy-relevant synthesis and summary of the lessons learned from the cases described. A set of principles and norms could have been framed to lend impetus to a broader and much needed international debate. A policy summation could have pointed out other dimensions of scale-up that are not dealt with in detail in the book. The research-to-implementation gap is one of them. The intransigence to adopt evidence as policy—or vertical scale-up—is partly the outcome of policy, political, or legal impediments and at times a manifestation of lack of institutional mechanisms to translate evidence into policy. Concerted action is needed to address gaps at all these levels.

Another dimension related to scale-up is linked to the inability of mixed health systems in developing countries to develop regulatory mechanisms to harness the outreach of non-state service delivery actors. They are the dominant force in many countries. There is a need for seismic shifts in country policies to address this gap and a new way of thinking about public financing and private provision of health, which is currently outside of the realm of international norms and domestic mainstream thinking.

Most initiatives scaled-up to date have been vertical, such as immunisation and single target disease-focused interventions. The collective might and comparative advantage of partnerships have resulted in some remarkable achievements, and have eradicated many diseases. However, to meet Millennium Development Goal (MDG) targets, complex health systems interventions, such as universal coverage reform, need to be implemented as outlined in the 2010 *World Health Report—Health Systems Financing: the Path to Universal Coverage*. These interventions need investments by governments that are fiscally responsible, can mobilise resources, and act intersectorally, ensure policy consistency, and have stable institutions that can plan and cascade change concomitantly in several parallel areas. Additionally, innovative partnerships that leverage the comparative advantage of players and market mechanisms are important in scale-up. The recent microfinance debacle in south Asia and the quantum of scale-up achieved at the cost of reliance on the whim of the market indicates that there are potential downsides with this approach. Commercialisation for scale requires strong regulatory oversight by governments, which is often the weakest aspect of state oversight. Scale-up of interventions for achieving the MDG targets requires the astute ability of governments in low-income countries to play all the cards to the advantage of development outcomes. That is a tall order in environments where peoples' welfare is often not the overriding concern on policy makers' agendas.

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