

Lessons Learned From First Generation of AYSRH Programming Scale Up Efforts

V Chandra-Mouli (chandramouliv@who.int)

M Parry (parrym@who.int)



Organized in conjunction with IBP, USAID, UNFPA,
E2A Project, Pathfinder International & BMGF

Global consultation to draw out lessons
learned from the first generation
of scaled up ASRH programmes
(4-6 April 2016, Geneva)

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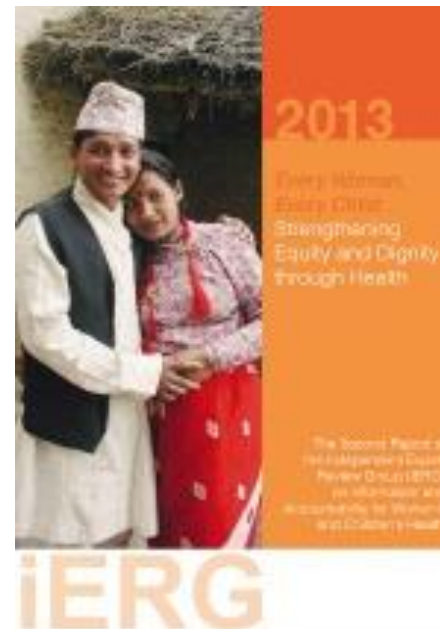
Rationale

“...while many countries have developed sound national policies and strategies and have implemented pilot projects, much more needed to be done to fulfill the promises made to young people in the Programme of Action of the ICPD.”

Source: S J Jejeebhoy et al. Meeting the commitments of the ICPD Programme of Action to young people. *Reproductive Health Matters*. 2013; 21 (41): 18-30.

“Why despite the best efforts of some agencies, is adolescent health neglected ?”

Source: Every Woman Every Child: Strengthening equity and dignity through health. The second report of the Independent Expert Review Group on Information and Accountability for Women's and Children's Health.



Objectives

- To draw out the lessons learned from the low and middle income countries present which have scaled up ASRH programmes – both programmatic achievements as well as challenges experienced.
- **To discuss possible options of disseminating the conclusions and recommendations of the meeting, and supporting their application (using the many opportunities that have opened up notably the renewed Global Strategy on Women's, Children's and Adolescents' health, and the Framework on Accelerated Action on Adolescent Health) .**

3 questions

- **Are there low & middle income countries that have put in place large scale & sustained adolescent sexual & reproductive health (ASRH) programmes to provide sexuality education and/or user-friendly health services to adolescents?**
- **How did these countries scale-up their programmes?**
- **What factors enabled these countries to scale-up their programmes?**

Participants

1. Government/NGO representatives of 12 low & middle income countries & 4 high income countries that have implemented sexuality education and/or user-friendly health services for adolescents at scale
2. Young people with direct experience in implementing adolescent health programmes
3. Staff from international NGOs, UN agencies, bilateral agencies & private foundations that have supported scale up efforts in low & middle income countries.
4. Academics with expertise in scaling up/community-driven movement building.

Preparatory work

- **Identification**

Document reviews, discussions with key informants and conferences

Inclusion criteria:

1. Low and middle income countries
2. Implemented sexuality education and/or user-friendly health services for adolescents at scale i.e. with nationwide coverage or substantial sub-national coverage
3. Sustained the programme for at least three years
4. Demonstrated some results at the output and outcome levels

- **Description**

Chronological description pointing to milestones

- **Analysis**

We used the WHO-Expand Net framework (after reviews and considering all the frameworks in the public arena)

Sources for the case studies: Document review (articles, books, plans, reports) and discussions with key informants

Countries included in the exercise



Violet: Comprehensive sexuality education

Blue: User-friendly health services for adolescents

Violet and blue: Combination of both

Environment

The Innovation

Resource
Team

Scaling-up
Strategy

User
Organization(s)

The
elements of
scaling up

TYPE OF SCALING UP

DISSEMINATION
AND ADVOCACY

ORGANIZATIONAL
PROCESS

COSTS/RESOURCE
MOBILIZATION

MONITORING
AND
EVALUATION

Strategic
choice
areas

Focus of the meeting

Window of opportunity

What was the opportunity for the scale up to happen? What – if anything - was done to create/exploit the opportunity?

Support and resistance

What was done to build support/overcome resistance?

Scale up approach

How was the scale up orchestrated – at the national, province/state, district/municipal levels, or a combination of levels?

Players

Who played key roles in the scale up effort - at the national, province/state, district/municipal levels? What – if anything – was done to engage more players?

Resources

Where did the resources for the scale up come from? What – if anything – was done to generate resources?

Sustainability

What was done to ensure sustainability? How did the choice of approach used/the players involved/the resources employed affect sustainability? Why have scaled up programmes unravelled?

Quality

What – if anything - was done to monitor and safeguard quality, with expanding coverage?

Equity

What – if anything - was done to ensure equity, with expanding coverage?

Outcomes

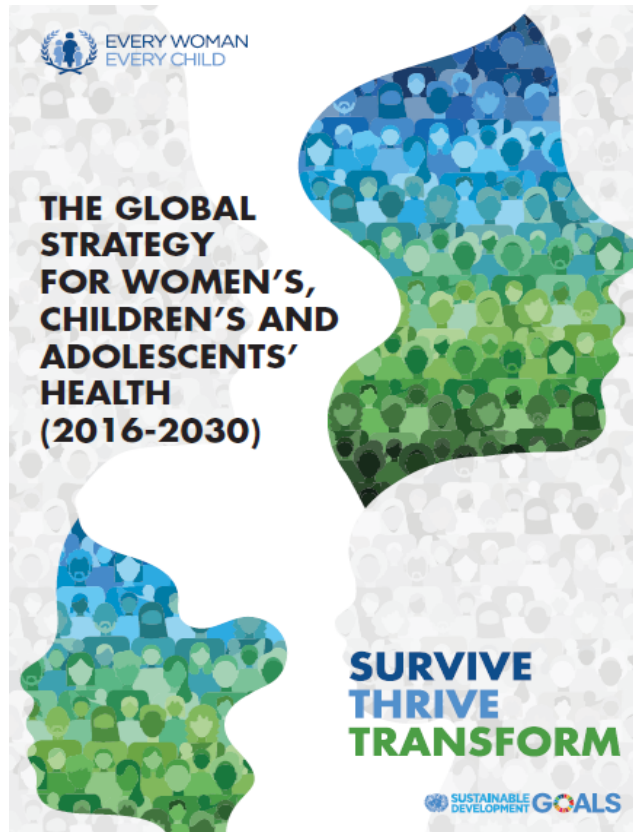
What was achieved in terms of health behaviours and health outcomes?

Outcomes of the meeting

A distillation of lessons learned from low and middle income countries which have scaled up ASRH programmes, which could inform our work in supporting efforts that are under way/getting under way

Proposals for possible ways and means of disseminating the conclusions and recommendations of the meeting, and supporting their application.

Context



*" The updated Global Strategy **includes adolescents because they are central to everything we want to achieve**, and to the overall success of the 2030 Agenda. By helping adolescents to realize their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults."*

- Ban Ki-Moon, Secretary General, United Nations

2015

Key lessons

- **Factors that help created political commitment for ASRH scale up**
- **Factors that contributed making ASRH scale up happen**
- **What is the special about ASRH scale up ?**

Our special thanks to the reporters – Helen Jackson (narrative reporting) & Graham Ogilvie (visual reporting)

**FACTORS THAT HELP CREATED
POLITICAL COMMITMENT FOR
ASRH SCALE UP**

Factors that contributed to generating political priority for maternal mortality reduction in developing countries

Findings

Category	Factors
Transnational influence	1. Norm promotion
	2. Resource provision
Domestic advocacy	3. Political entrepreneurship
	4. Policy community cohesion
	5. Focusing events
	6. Credible indicators
	7. Clear policy alternatives
National political environment	8. Political transitions
	9. Existing health priorities

What can the International agencies Do?



External advocacy and the offer of resources played a significant role in creating commitment for ASRH scale up

We need to work together...



Concerted policy advocacy by change agents working in partnership was instrumental in formulating policies for scale up



The use of evidence to make the case of action

What makes a big difference ...



Some initiatives cleverly used political windows of opportunity. Others worked doggedly to create a space for ASRH scale up where none existed

FACTORS THAT CONTRIBUTED MAKING ASRH SCALE UP HAPPEN

Elements of success in scaled up public health programmes

- 1. Technical consensus about an appropriate public health approach**
- 2. Technological innovation delivered through an effective delivery system at a sustainable price**
- 3. Political leadership and champions**
- 4. Predictable & adequate funding from international & local sources**
- 5. Good management on the ground**
- 6. Effective use of information**

R Levine and the What Works Working Group. Millions Saved: Proven Successes in Global Health. Centre for Global Development. Washington DC. 2007.

It's good to "keep it simple"..



They made the ASRH intervention to be scaled up as clear and simple as possible

We should design with scale in mind from the beginning...!

Successful interventions!

Is this scaleable?

..yup! that all stacks up!



They developed a clear plan to scale up the ASRH intervention (who, where & when)

There's no scale-up without costing...



They worked hard to increase the security of their funding & to get top-up funding

Players need to work together...



They brought together a number of players to make complementary contributions in scaling up the ASRH intervention

Constraints happen...



They worked hard to retain the support of influential decision makers

When we have sustainable
Scale-up....



They paid careful attention to implementation and monitoring

Community level data can be a real wake up call..



The used data to reshape their implementation

**WHAT IS SPECIAL ABOUT ASRH
SCALE UP ?**

How much compromise does it take?..



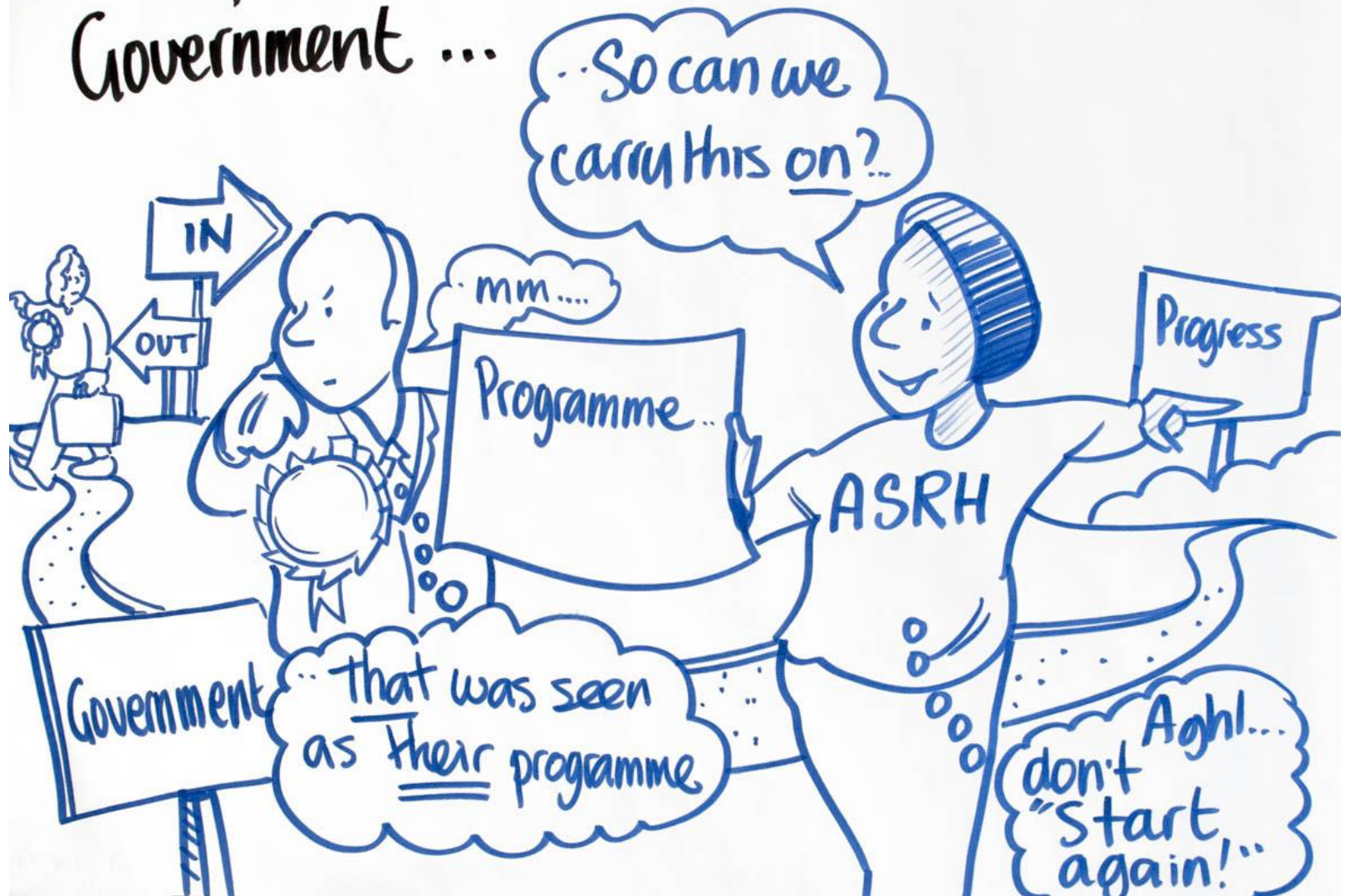
While we must compromise to get the support we need, we could leave out important matters because of their sensitivity

We work in an unstable & complex context ...



We must not take support for granted

The problem with a change in Government ...



We must be ready to cope with changes in government priorities and with new governments with different priorities

What we can be up against



We must keep our eyes on the ball and effectively deal with overt and covert resistance

There are lots of resources out
here!...



We must make a concerted effort to maintain quality

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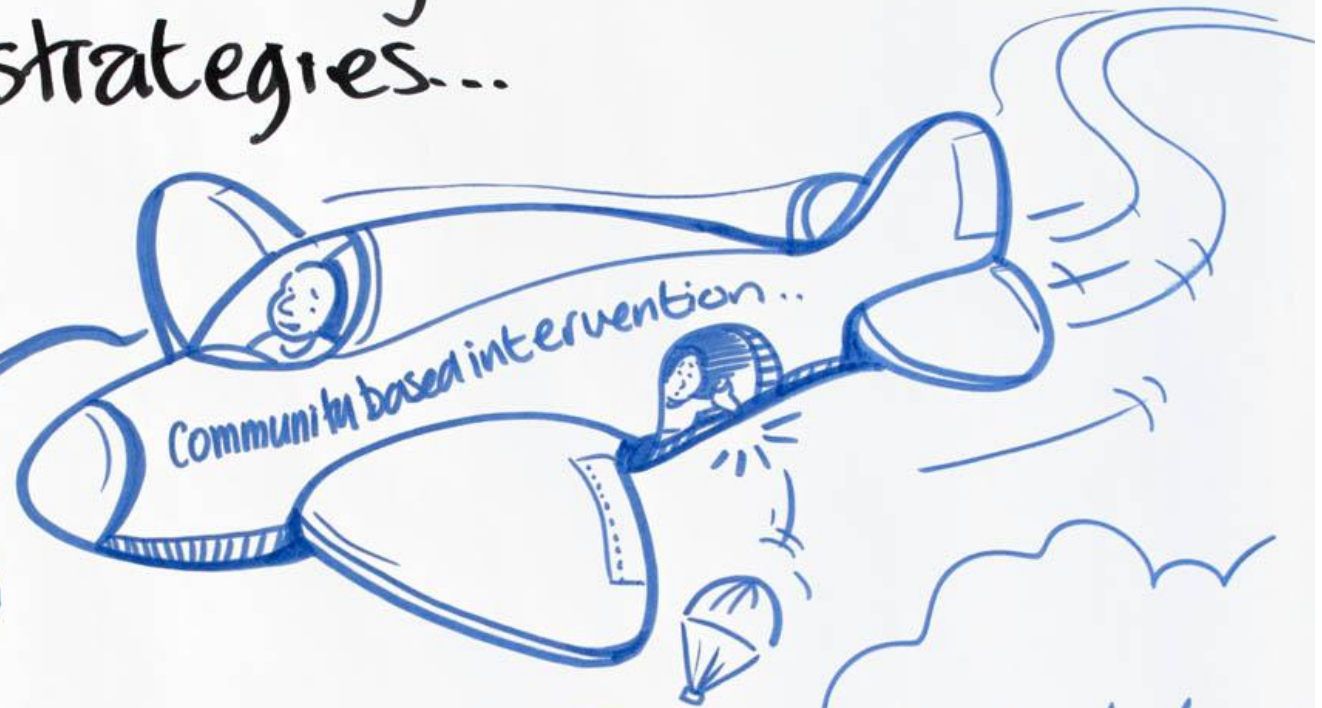
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There have been many sound national policies & strategies...

We have created pilot programmes.



...but there's not been a whole lot of implementation..



Each scaled up ASRH programme represents a success...



Let's learn from experiences..



We are at a tipping point...



We've been battling for so
many years for funds..

.. Now that it's
on the table...

