TECHNICAL GUIDE
August 2023

AFRO Scalability Assessment Framework (AFROSAF)

AFROSAF Technical Guide

1. Introduction

1.1. Background

African countries are pursuing the sustainable development goals with the achievement universal health coverage being central to end the suffering of their population by either eliminating or controlling diseases and conditions and reducing financial barriers in accessing health care. There are various interventions which have been successfully piloted to strengthen health systems in Africa. Unfortunately, there is a delivery gap between interventions for which evidence of effectiveness has been established and those that actually reach the people who could benefit. Because of this failure to expand those evidence-based interventions, we are not helping as many people as we could, and African health systems are not as effective as they should be. There is a need for systematic efforts to help identify evidence-based interventions that could be successfully scaled to reach more patients in African health systems.

1.2. What is scaling

There are various definitions of scaling and the differences between "scaling up", "scaling out", and "scaling deep" are nuanced. In this report, we use these terms interchangeably to refer to scaling. No matter what definition is used, scaling usually implies moving from a small to a larger impact. The WHO defines scaling as "the deliberate effort to increase the impact of successfully tested health interventions so as to benefit more people and to foster policy and program development on a lasting basis"[1]. To be successful, scaling should follow a number of steps after the development of an evidence-based intervention. The scalability assessment is the preliminary step.

1.3. What is scalability

Scalability is defined as "the ability of a health intervention shown to be efficacious on a small scale and/or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population while retaining effectiveness"[2]. In African countries, the priority-setting process is based on three attributes of an intervention when compared with alternatives: i) effectiveness (the intervention is best able to achieve the

desired result), ii) equity (the intervention is better at targeting vulnerable beneficiaries), and ii) efficiency (the intervention represents better value for money). Thus, the AFROSAF consider scalability broadly as also including assessing whether the intervention can be replicated, transferred or sustained, while effectiveness, efficiency, and equity[2–4]. Among considerations in preparing for scaling, countries need to assess the more technical components of an evidence-based intervention for its scalability at national, subnational, or organizational levels. Thus, scalability assessments target certain key attributes that are critical for scaling an intervention. The African Scalability Assessment Framework (AFROSAF) includes scalability attributes for assessing whether an evidence-based health intervention can be replicated, transferred, or sustained in Africa.

2. What is the AFROSAF

The African Scalability Assessment Framework (AFROSAF) is an evidence-based and user-centered framework designed to act as a regional product that can guide Member States in determining the scalability of an evidence-based health intervention in Africa.

The framework was developed, validated and tested by the WHO Regional Office for Africa through rigorous, systematic and evidence-based scientific process. The involves knowledge syntheses, multistakeholder consensus exercise, and a five-day deliberative workshop with end-users. This framework was applied to 371 evidence-based health interventions identified by the WHO Regional Office for Africa.

The AFROSAF consists of 15 attributes grouped into nine scalability components: 1) health need, 2) development process, 3) intervention content, 4) political context, 5) evidence for impact, 6) resource availability, 7) target unit, and 8) scaling setting, 9) sustainability at scale. These attributes are readiness questions for identifying strengths and weaknesses.

3. How to use the AFROSAF

3.1. Navigating the AFROSAF

Each component or attribute is introduced by a definition that will help you understand the statements presented. Spaces are provided for recording notes while you are using the framework.

3.2. Structure of the AFROSAF

The framework consists of 15 attributes grouped into nine scalability components: 1) health need, 2) development process, 3) intervention content, 4) political context, 5) evidence for impact, 6) resource availability, 7) target unit, and 8) scaling setting, 9) sustainability at scale.

Each attribute can be scored 4-point Likert scale, where the minimum score is 1, and the maximum score is 4. On a scale of 1 to 4, 1= “Strongly disagree”, 2= “Somewhat disagree”, 3= “Somewhat agree” and 4= “Strongly disagree”. Please note that there is no recommended minimum or ideal score to pursue or not scaling of your intervention. Attributes are readiness questions for identifying strengths and weaknesses. Thus, your answers should help you think well about the scalability of your intervention.

Additionally, there were two other possible responses: “Not applicable” and “Unknown”. The response “Unknown” will be required where information is unavailable. Space was provided for additional comments on each attribute, including rationale for choosing “Not applicable”.

3.3. Sources of evidence

The information sources that should be used to complete the AFROSAF may include expert opinion or available reports. You can use quantitative, qualitative, or mixed data, which is relevant and good quality. Data relevance relates to the nature of the intervention (e.g., a drug versus a training program) and the purpose of scaling it. Data quality assessment criteria may vary depending on the type of data used, hence the importance of establishing partnerships with qualified scientific teams.

3.4. Who is the AFROSAF for?

The framework is as self-assessment exercise for individuals or group of managers working in health systems in Africa. The WHO Regional Office for Africa recommends users to complete the framework together as a team, because an individual is unlikely to have all the information required. This team must establish collaborations with all stakeholders involved in scaling, especially people representing beneficiaries (individuals and organizations). If a decision is made to scale the intervention, the information gathered by this framework can be used to develop a comprehensive scaling plan.

4. Scoring for scalability

The tool will generate scores for each component as well as an overall index. The scalability result of the selected health intervention is to be presented with "Total Scalability Score", which can be interpretated as below:

- > 80% - Merits scale-up
- 70 – 80% Promising scale-up
- < 70% Does not merit scale-up

For each intervention, a breakdown of scalability scores is provided by components so that users can navigate the weakest links and areas that need further strengthening, prior to scale-up

The range of scalability scores will vary across countries and districts. As such, this is presents as a range in the "Scalability index range". It is worth noting that interventions with narrow-range index scores suggest similar views from stakeholders on the likelihood of scalability. In contrast, interventions with a wide index range can suggest that there are visible differences in scalability of the intervention.

Component	Name of Attribute	Description	Response (4-point Likert scale)				Summary
			1	2	3	4	
1. Health Need	***A01.*** *The intervention addresses Universal Health Coverage (UHC) outcomes*	*To attain SDG3 (health and well-being), achieving UHC is essential. Public health interventions to contribute in achieving UHC should ensure populations with (i) equitable access to (ii) quality health care services without (iii) financial hardship*					
	A02. *The intervention addresses health security outcomes*	*To attain SDG3 (health and well-being), populations should be protected from public health emergencies. Through public health interventions, strengthened health security can safeguard populations from emergency events span across disease outbreaks and pandemic, radiation and chemical exposure, natural and human disasters.*					
	A03. *The intervention contributes to healthier populations*	*To attain SDG3 (health and well-being), intricate interactions between medical factors and social determinants should be considered carefully. Social determinants of health are non-medical factors, thus easy to be neglected when planning health interventions. Considering the situation where social determinants of health have greater influence on health status of the vulnerable and marginalized, efforts to address the disparities are necessary.*					

Component	Name of Attribute	Description	Response (4-point Likert scale)				Summary
			1	2	3	4	
2. Development Process	***A04.*** *The intervention addresses a clearly defined problem*	*The public health problem to address with the intervention should be clearly defined with elements such as challenge, social and cultural context, affected population and timeframe. It is to understand the multi-faceted situation which is prevalent in most of public health problems.*					
	A05. *There is an explicitly defined population group targeted for the intervention*	*With the clearly defined problem, public health intervention should be able to define the target population. Most of public health interventions do not target subset(s) of the general population (i.e., children under the age of 5-year). Through the process of defining characteristics of the target population, such as age, gender, race and ethnicity, occupation and socioeconomic status, will provide a clearer view of the core problem.*					
	A06. *The intervention is oriented to the needs of the beneficiaries*	*Public health interventions cannot succeed without being accepted by beneficiaries or motivate behavioural changes. The interventions should be considered relevant to the perspectives of the beneficiaries and compatible with existing societal systems, social norms, and current practices. The best way to do so is to accommodate the needs emerging from the beneficiaries when implementing the intervention.*					

Component	Name of Attribute	Description	Response (4-point Likert scale)				Summary
			1	2	3	4	
3. Intervention Content	***A07.*** *The intervention is succinctly defined, with minimal adaptable components*	*Public health interventions should be easy to install and understand, instead of being complex. Adaptable components of the intervention should be minimized to reach the desired outcomes and mitigate the risks of doing unintended harms during the scale-up.*					
4. Political Context	***A08.*** *The intervention is compatible with the current/foreseeable political climate in the country*	*Momentum of initiation and continuation of public health intervention is based on political support. Most of public health intervention engages mobilization of resources and financial investment from the public sector. Political consensus is requirement to champion the scale-up.*					
5. Evidence for Impact	***A09.*** *There is documented evidence that shows the intervention, when scaled up, will lead to the purported benefits*	*The magnitude of the public health problem should be measured and so do the results of pilot test. With the quantifiable data accessed through documentation, it is impossible to predict the scale of expected benefits and difficult to advocate for resource mobilization to support the scale-up. According to the reliability of generated evidence, suggestion on weighting the type of research/document is as follows:* • *Level 1: Experimental studies (e.g., randomized control trials (RCTs), pseudo-RCTs, systemic reviews of RCTs and etc.)* • *Level 2: Quasi-experimental studies (e.g., systemic reviews of quasi-RCTs and other lower study designs, quasi-experimental prospectively controlled studies and etc.)*					

Component	Name of Attribute	Description	Response (4-point Likert scale)				Summary
			1	2	3	4	
		• *Level 3: Observational analytical studies (e.g., systemic reviews of cohort studies, cohort studies with a controlled group, case-control studies, observational studies without a closed cohort and etc.)* • *Level 4: Observational descriptive studies (e.g., systemic reviews of descriptive studies, cross-sectional studies, case series, case reports and etc.)* • *Level 5: Expert and technical opinion (e.g., systemic reviews of expert opinion, expert consensus and etc.)*					
	***A10.** Additional outcomes from implementing the intervention are considered acceptable to the beneficiaries*	*Public health intervention should always take it into account that unintended consequences which can be positive or negative. Posed upon who are unable and/or unwilling to comply. Uncertainty of scale-up in a large-context can cause the unintended harms to the vulnerable and marginalized whom the intervention is supposed to protect.*					
6. Resource Availability	***A11.** There are resources available to support scale-up*	*Public health intervention should not be an add-on burden to practice. Rather than constraining health systems and the beneficiaries with additional tasks, it should be compatible with the current practices, societal infrastructures, and resources as well as social norms. Sufficient and sustainable resources should be secured before rolling out the scale-up.*					

Component	Name of Attribute	Description	Response (4-point Likert scale)				Summary
			1	2	3	4	
7. Target Unit	***A12.*** *Barriers hindering access to the intervention are known and mitigated against*	*There are risks and challenges when introducing the public health intervention to beneficiaries. Identifying barriers and hinderances is a method of mitigating a chance of unsuccessful scale-up.*					
8. Scaling Setting	***A13.*** *The context/setting is favourable for the scaling up of the intervention*	*Public health intervention should be aligned with social norms, cultural context and existing systems to maximize the compliance, participation and utilization.*					
	A14. *The intervention aligns with the existing policy framework*	*Public health intervention should be compatible with the policy framework of the beneficiary society. Without political support, the acceptability and sustainability cannot be guaranteed.*					
9. Sustainability at Scale	***A15.*** *The intervention can be maintained at scale over time*	*Public health problems tend to be persistent and require a long-term intervention. A transition in thinking, practicing and institutionalization is required to sustain the results of scale-up in the large-scale context.*					

Component	Name of Attribute	Description	Response (4-point Likert scale)				Summary
			1	2	3	4	
Mean of the scores							

iAHO
Integrated African Health Observatory

World Health Organization
African Region

TECHNICAL GUIDE

August 2023