USER GUIDE

August 2023

AFRO Scalability Assessment Framework (AFROSAF)

A tool to inform whether the intervention can serve its intended beneficiaries

Background

At specific times and situations, a country needs to prioritize which investments to make and in which quantities to ensure it is contributing to health and well-being. At present, the priority-setting process is based on one or more of the three following attributes of interventions when compared with alternatives:

- **Effectiveness** – the intervention is best able to achieve the desired result;
- **Equity** – the intervention is better at targeting vulnerable beneficiaries;
- **Efficiency** – the intervention represents better values for money.

Scalability is interpreted as the ability of a health intervention shown to be effective on a small scale or under controlled conditions to be expanded under real-world conditions to reach a greater proportion of the eligible population while retaining effectiveness, efficiency, and equity. By aligning scalability with the priority setting attributes, countries will have information on interventions that will increase the impact, adoption and reach to improve health service utilization by targeted beneficiaries.

AFROSAF User Guide

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1. Tool Overview

In the health sector, before trying out new treatments or programs on a larger scale, they first test them in smaller, controlled settings. This means they try them out in specific areas, with certain groups of people, and see if they work as intended. This testing is called pilot-testing.

The goal is to see if the treatment or program can achieve the desired results and to figure out how to measure its success. Pilot-testing is helpful because it allows them to see if the treatment is worth the cost and effort before doing it everywhere. Sometimes, the health issues they're dealing with are complex and involve many different people, so they need to demonstrate the treatment's effectiveness and make sure it doesn't unintentionally harm minority groups, vulnerable people, or marginalized communities.
After a successful test of a healthcare solution, it's important to scale it up, meaning to make it available to a larger population. The World Health Organization defines scale-up as deliberately trying to help more people with the tested solution and using it to create long-term policies and programs.

However, scaling up can be difficult and doesn't always work, even if the initial test was successful. To make the expansion of the solution work and ensure it reaches many people, it's essential to have a well-thought-out strategy as part of the implementation process. This can help achieve universal health coverage, meaning everyone gets access to the necessary healthcare.

The African Scalability Assessment Framework (AFROSAF) was created with input from African countries and experts in the region. It consists of 15 important factors or attributes grouped into nine different categories or components. AFROSAF's purpose is to help countries and their partners when they want to expand or introduce a public health program in various places. It covers a range of health services needed for different age groups throughout life.

AFROSAF can also be used to test how well a new health program can be expanded to make sure it is successful and can be continued in the long term. Furthermore, AFROSAF can be conducted before beginning the pilot implementation to build in the consideration on the future scale-up plans. AFROSAF is a user-centered and web-based tool, hosted by the integrated African Health Observatory (iAHO).

AFROSAF is available in English, French and Portuguese.

2. Getting Started

2.1 Routes to Find Tool: There are two potential routes to find the AFROSAF tool on the WHO AFRO website. The two routes are described below.

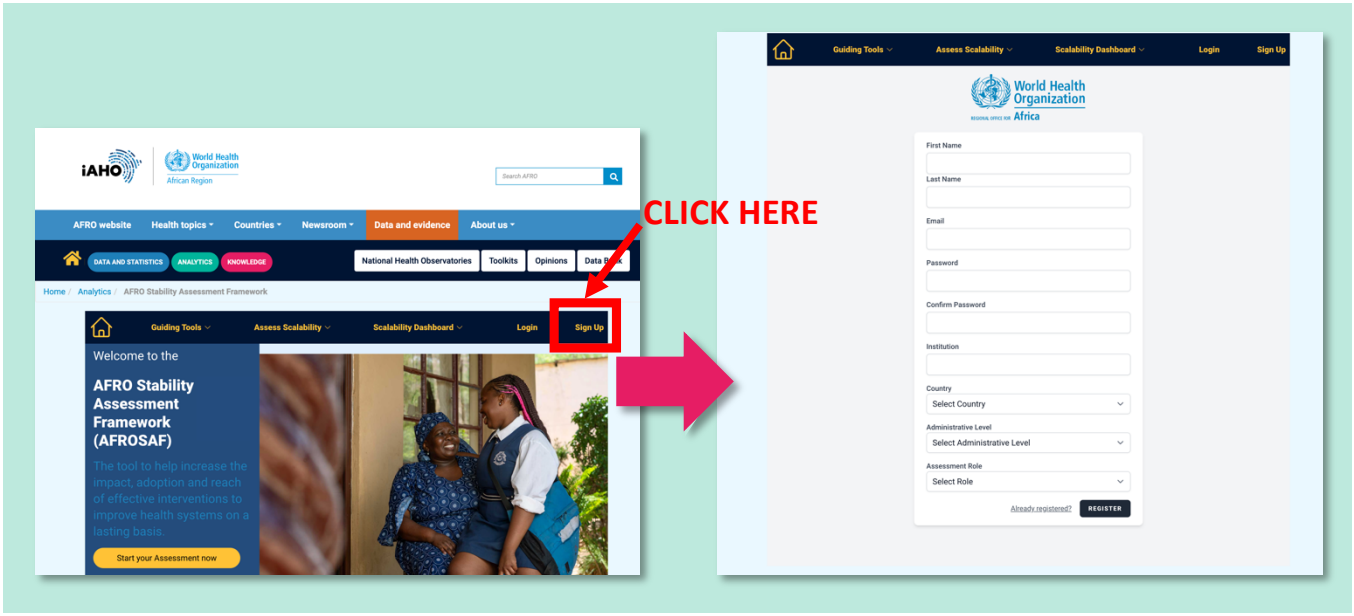
Route A. Access AFROSAF through iAHO

i. Visit iAHO main page (https://aho.afro.who.int/)
ii. Click “Analytics”, then “ANALYTICS DASHBOARDS”, and then “AFRO SCALABILITY ASSESSMENT FRAMEWORK”

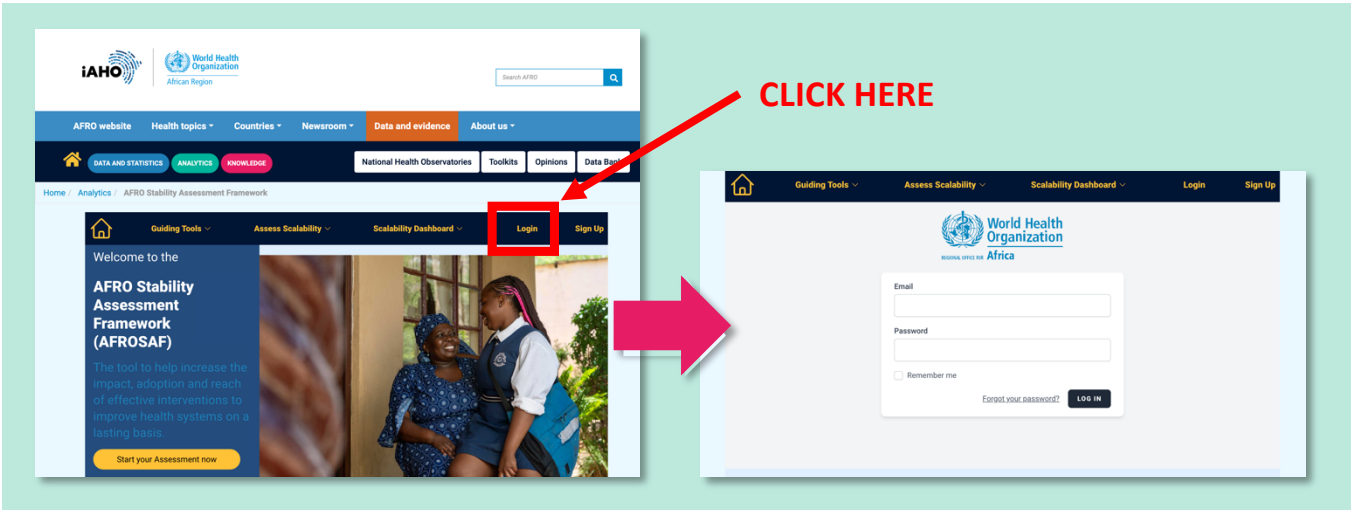
Route B. Visit AFROSAF directly through its link (https://afrosaf-who-prod.styxtechgroup.com/)

2.2 User Access and Login Information

A. Click “Sign Up” to create your account.



B. "Login" if you already have an account.

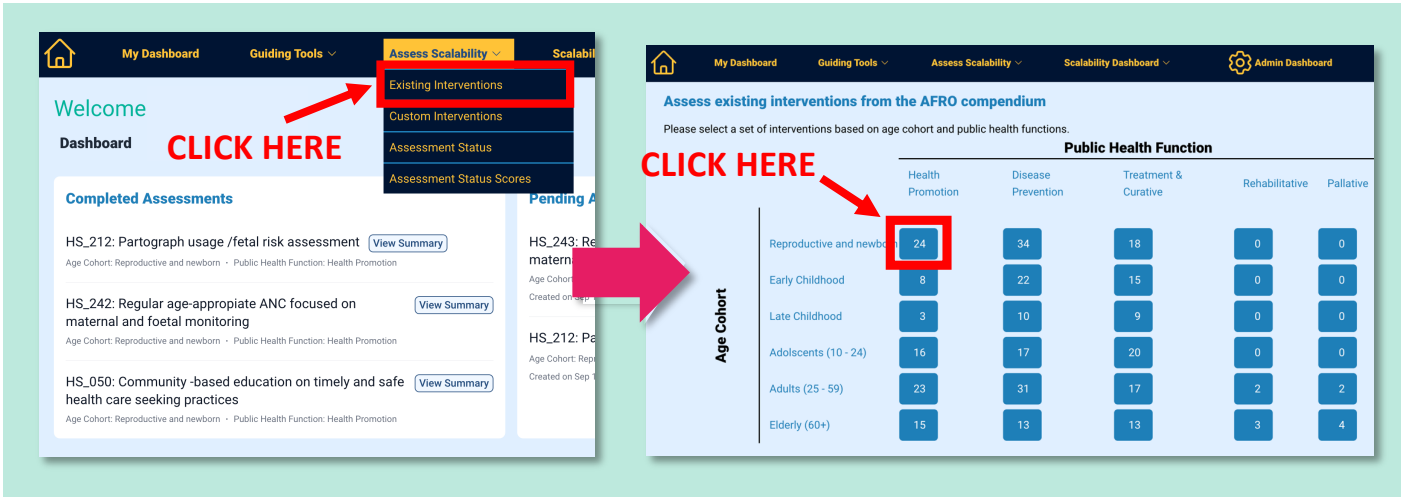


2.3 AFROSAF Organization and Navigation

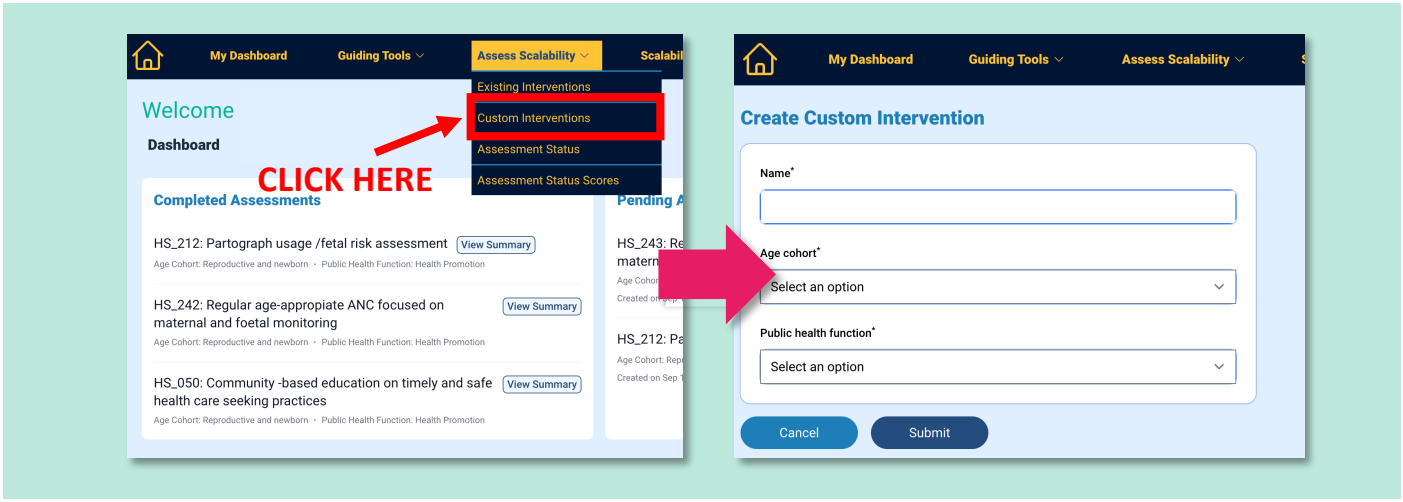
The AFROSAF tool is designed to assess two types of interventions in the African region. Firstly, it evaluates existing interventions that have been widely implemented and have a significant impact. Secondly, it aids in assessing custom interventions that may require more tailored strategies to effectively scale up and address specific and nuanced public health needs.

A. To assess an *existing intervention*, click “Existing Interventions” under the “Assess Scalability” tab to begin the assessment. From there, you can select the appropriate public health function and age cohort with which the intervention seeks to address by clicking on the blue box. As you hover over the various boxes, the one you select will turn black. Select which element is most appropriate and begin the assessment from there.

For example, if you were looking to implement an intervention regarding “health promotion” within the “reproductive and newborn” age cohort, you would click on the top left box below.

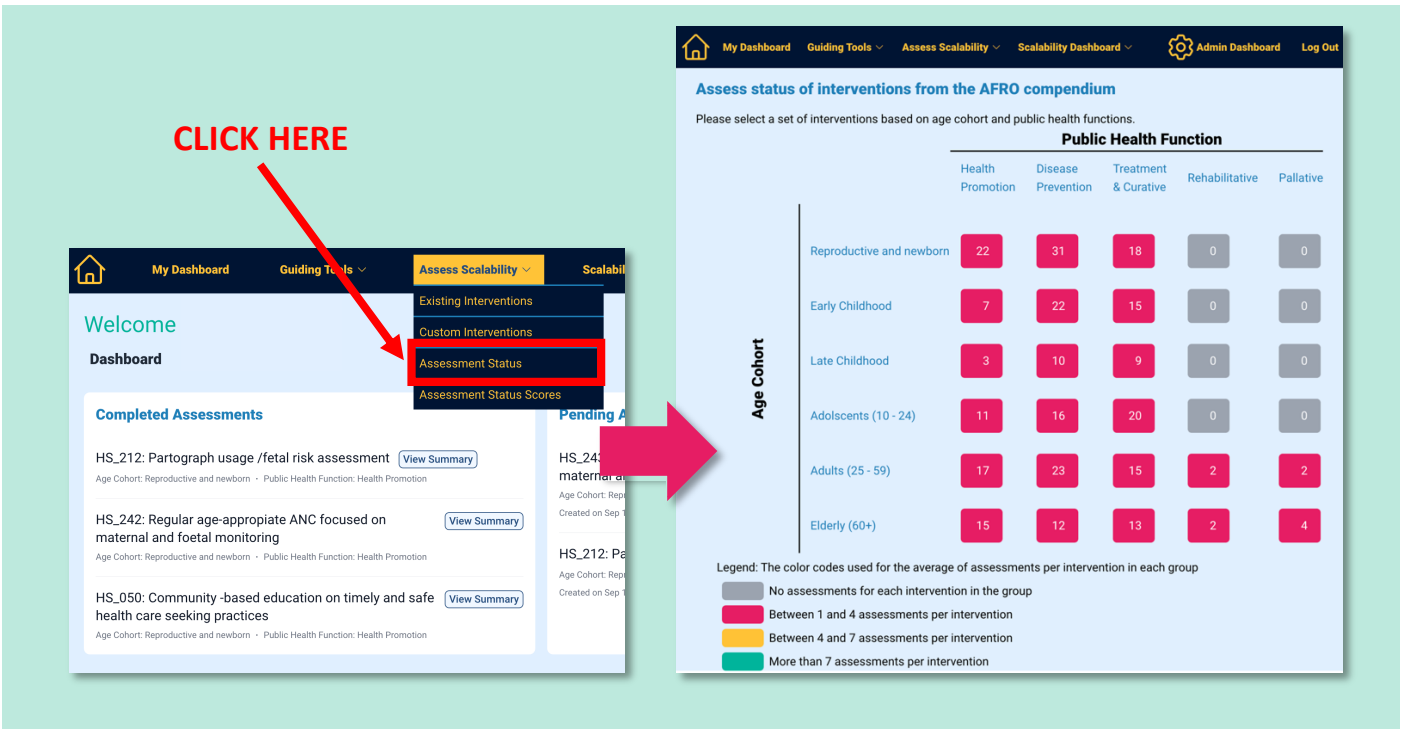


B. To assess a *novel intervention*, click “Custom Interventions” under the “Assess Scalability” tab to begin the assessment. Once you click on this option, you will be taken immediately to the tool to begin filling in the necessary details of your intervention to learn how best to scale it up.

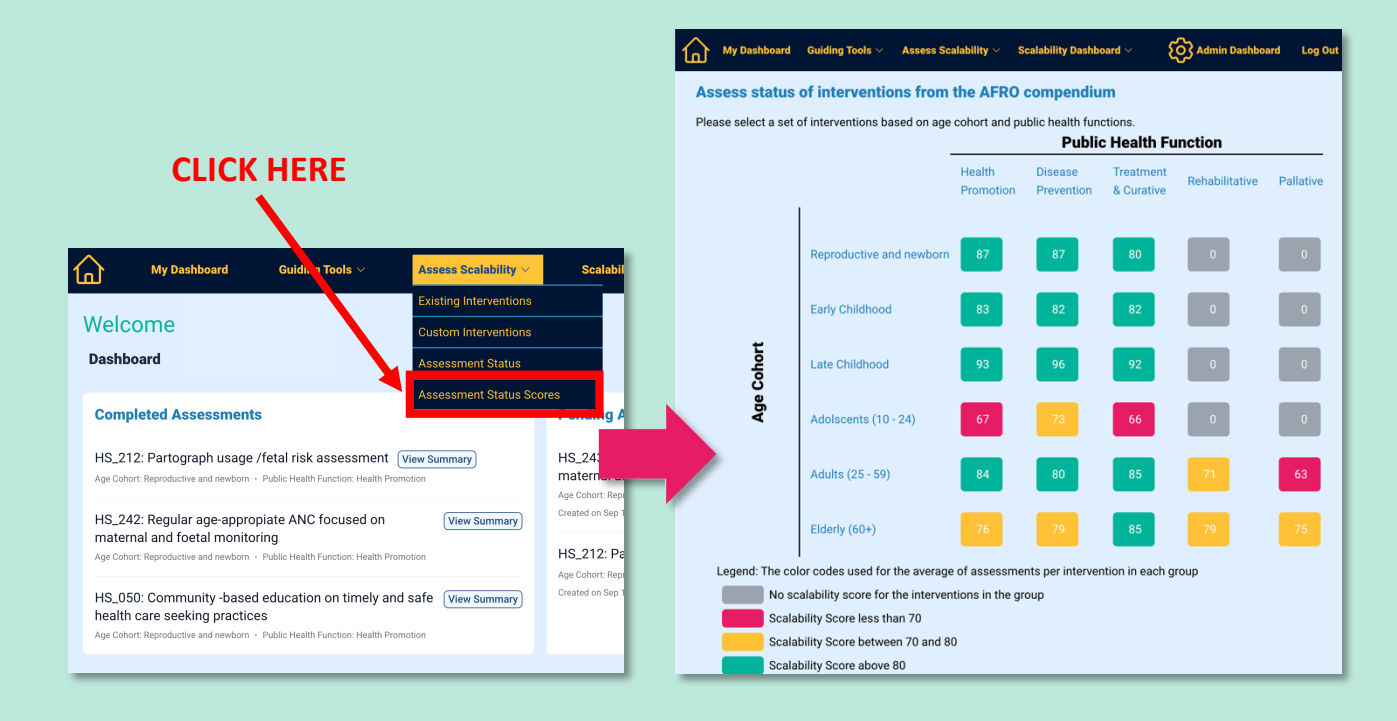


C. To see the assessment status of interventions completed in the AFRO compendium, click on “Assessment Status” to select a set of interventions based on age cohort and public health functions.

i. By clicking “Assessment Status”, you can see **how many assessments** have been taken place regarding one public health function within one age cohort.



ii. By clicking “Assessment Status Score”, you can see **average Scalability Score** of one public health function within one age cohort.

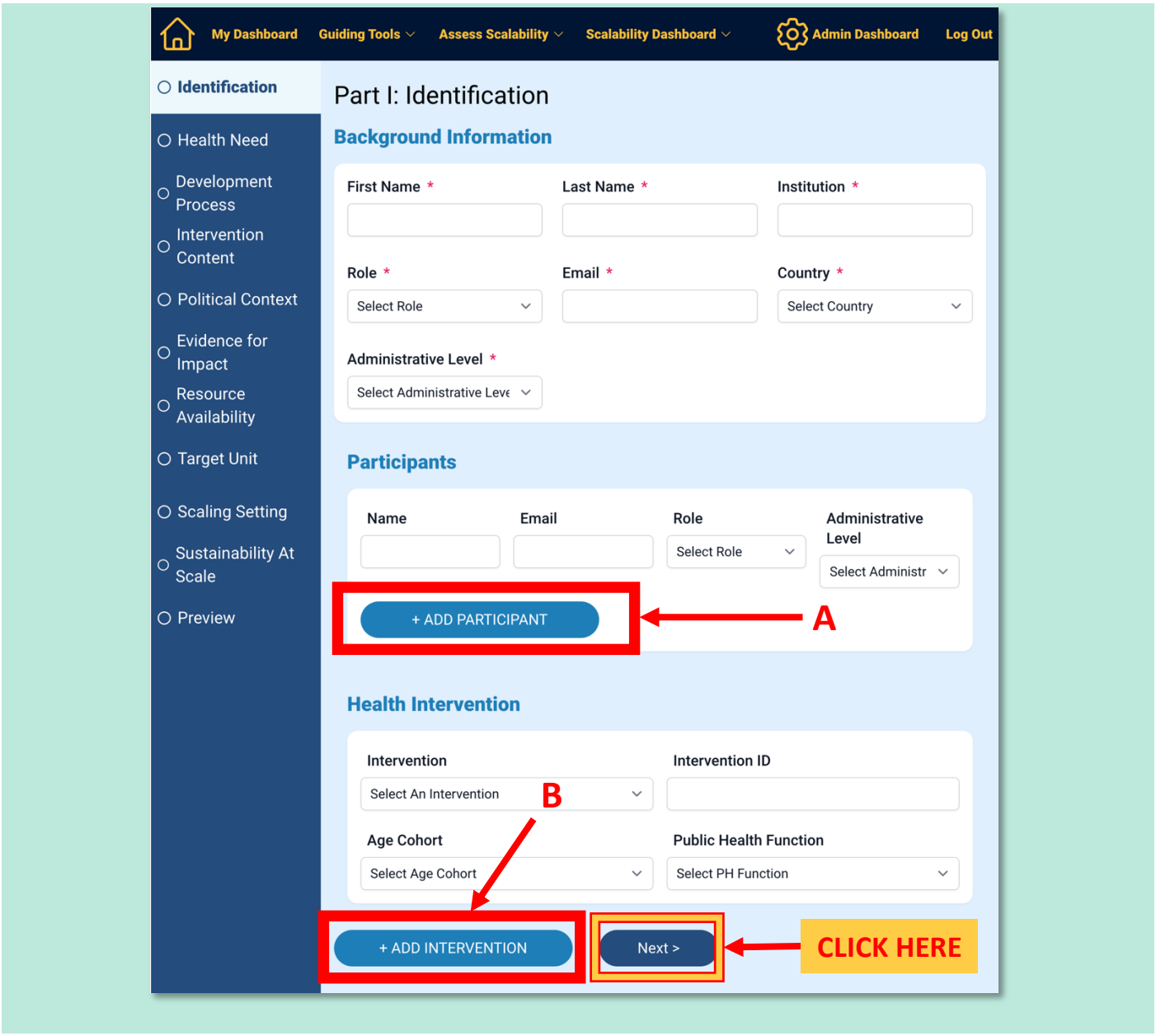


3. Using the Tool

Once you have navigated to the start of the tool, there are two parts of the assessment to be completed to prepare the most accurate scores to assess the scalability of your intervention. Parts I and II are outlined here below.

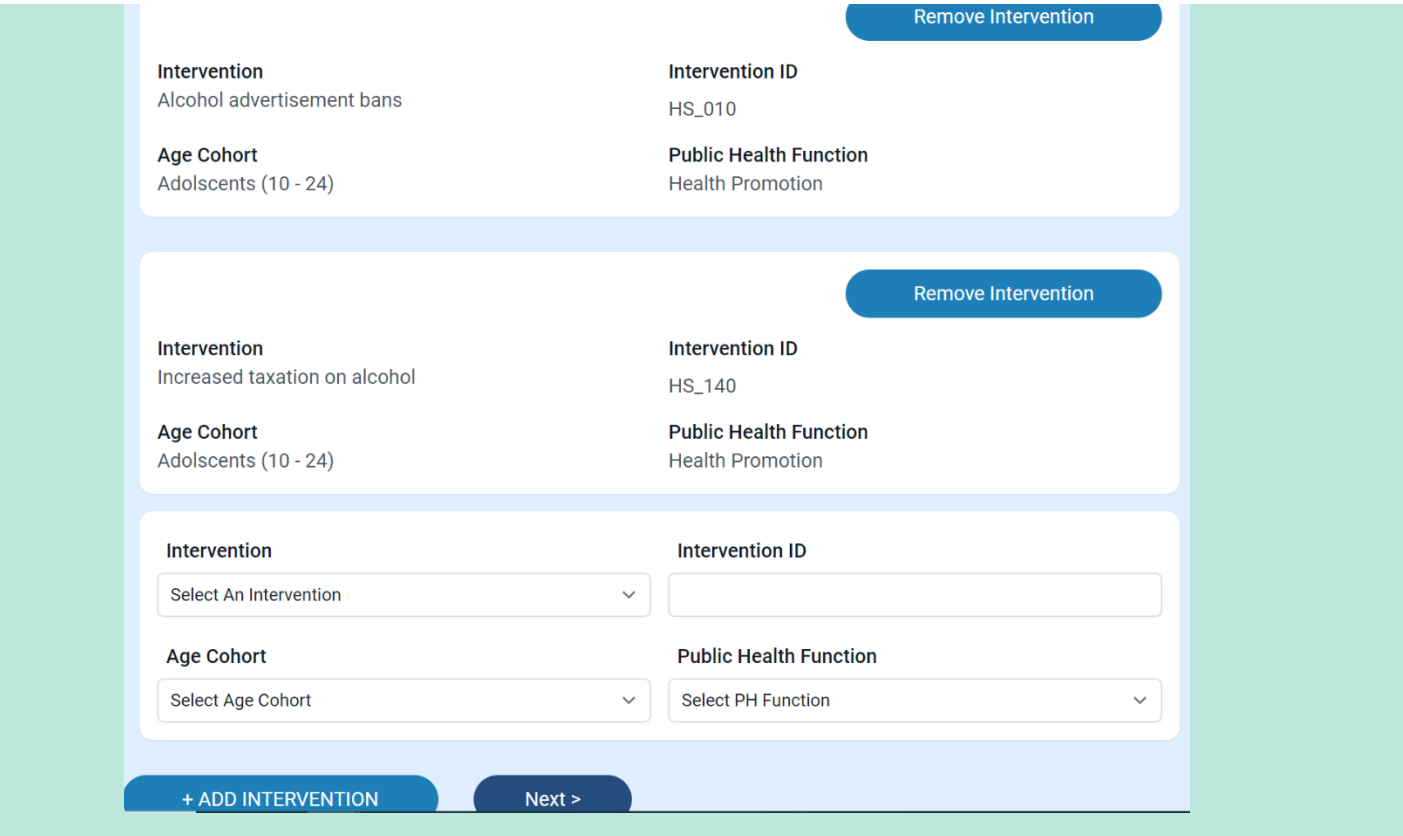
3.1 Part I: Identification

To start the assessment, three categories of information, “Background Information”, “Participants”, and “Health Intervention”, should be provided. Once all information is provided, click “Next >”.



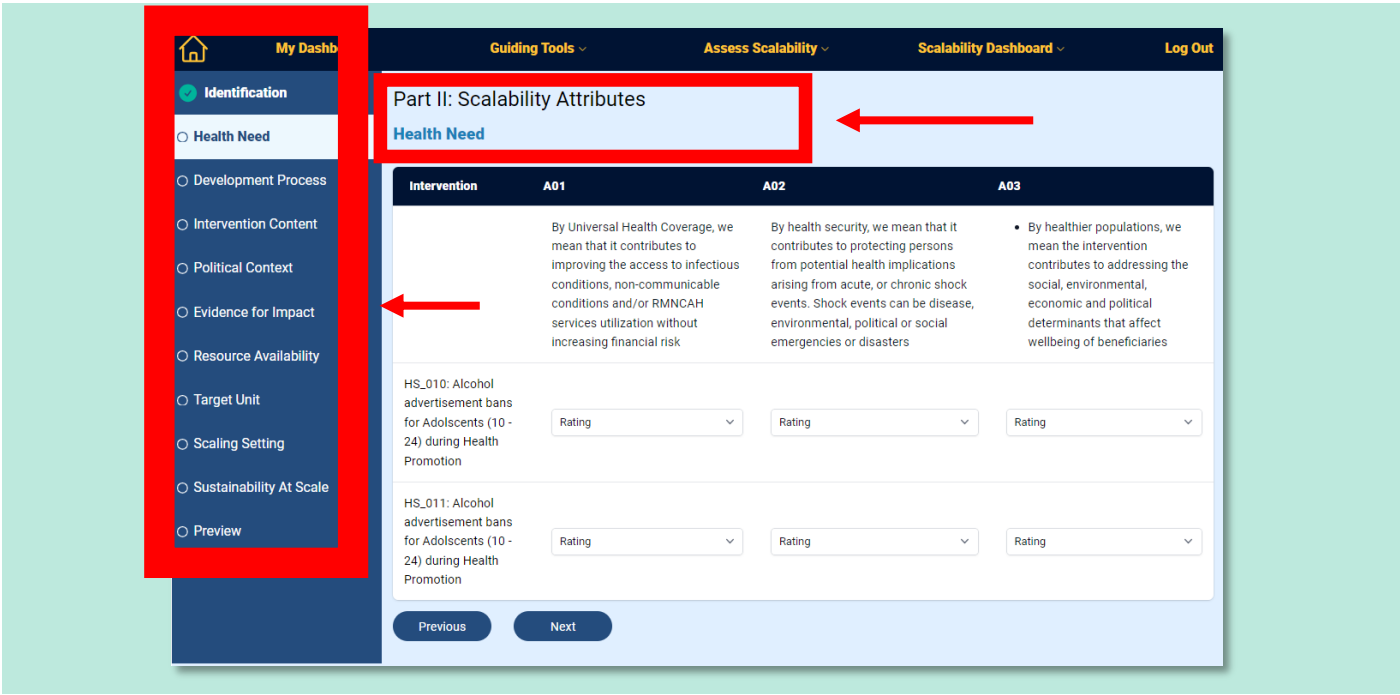
A. If completing the assessment as a group, choose "+ ADD PARTICIPANT" and complete each person's background information. Add as many people as assist with the completion of the tool.

B. If assessing more than one health intervention at the same time, choose "+ ADD INTERVENTION" and provide the details.



3.2 Part II: Scalability Attributes

Part II seeks to address the attributes of the intervention that would be relevant to scaling. There are nine categories of information required for the tool to be completed, which are outlined.



To know details of all attributes, see Annex 1.

You are asked to rate your intervention in the perspective of each attribute. In accordance with its relevance to scale-up, you assess attributes at the range of 1 to 4.

- **1: Strongly Disagree**
  Aspects of the attribute that do not apply to the intervention outweigh all aspects that do.
- **2: Somewhat Disagree**
  Aspects of the attribute that do not apply to the intervention outweigh aspects that do.
- **3: Somewhat Agree**
  Aspects of the attribute that do apply to the intervention outweigh aspects that do not.
- **4: Strongly agree**
  All aspects of the attribute apply to the intervention.

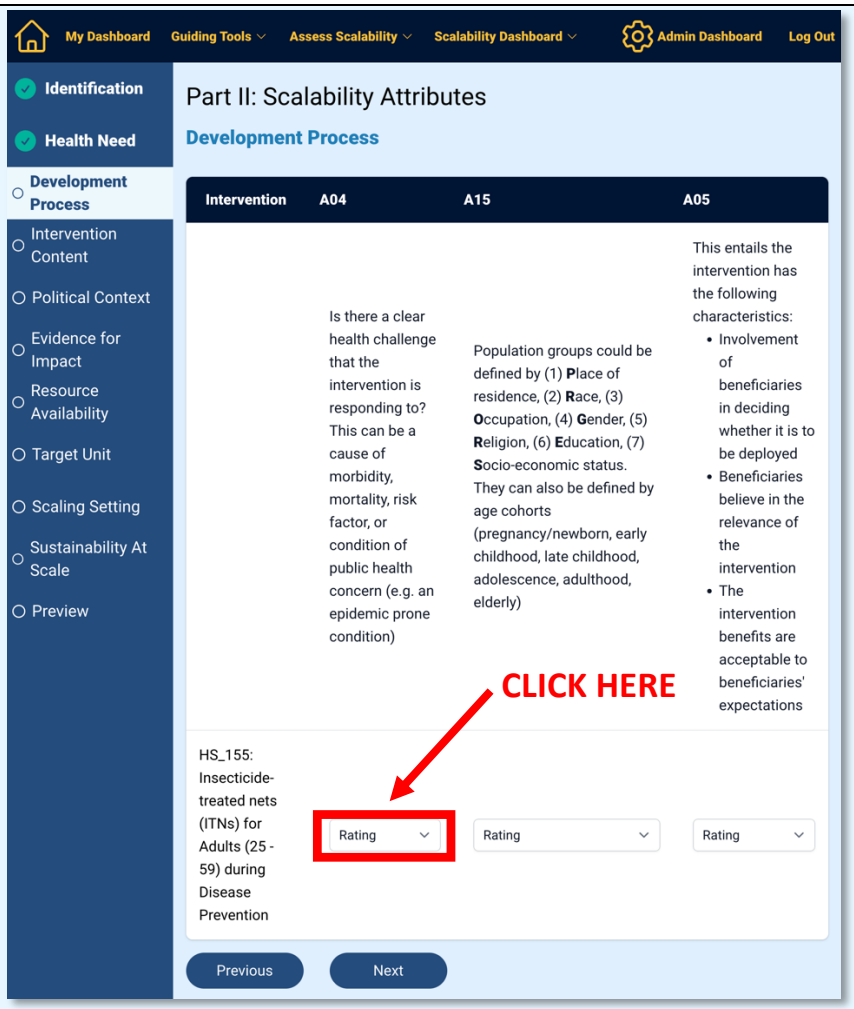
The following example might help you to rate attributes for your intervention (Box 1).

Box 1.

- Subject intervention: Nationwide scale-up of insecticide-treated mosquito net distribution
- Scenario: Over the past few years, malaria indicators have worsened in districts X, Y, and Z, and sentinel surveillance sites for malaria of Country M. The trend of indicators implied that the vector control measures were not effective, and people were exposed to heightened risk of contracting malaria.

  After consultation with district health authorities and community leaders, a decision was made to distribute insecticide-treated mosquito nets to households. The rate of outpatient visit associated with malaria has decreased as more community members used the distributed mosquito nets. The recent rainy season concerns the national health authority. Heavy rain has been poured in many parts of the country and flooded villages and communities. The situation restricts Village Health Workers' task on malaria vector control, increasing the risk of malaria outbreaks. Referring to the improvement on malaria indicators in districts X, Y, and Z, the national health authority is proposing the nationwide scale-up of insecticide-treated mosquito nets distribution. Country M has a diverse climate profile, ranging from savanna climate to tropical dry climate.

  Groups of assessors are asked by the national health authority to conduct AFROSAF to see whether or not the scale-up would succeed.



"Malaria is endemic in our country. Yes, with the recent rainfall, breeding sites of mosquitoes could be increased but the dry areas of the country haven't been affected that much. I doubt that the chance of nationwide malaria outbreak is high. I am going to rate A04 with 2 (somewhat disagree)."

"I disagree. Health Workers are telling how disrupted roads make it impossible for them to approach communities. They have not been able to do routine vector control activities. It's a real threat. I am going to rate A02 with 4 (strongly agree)."

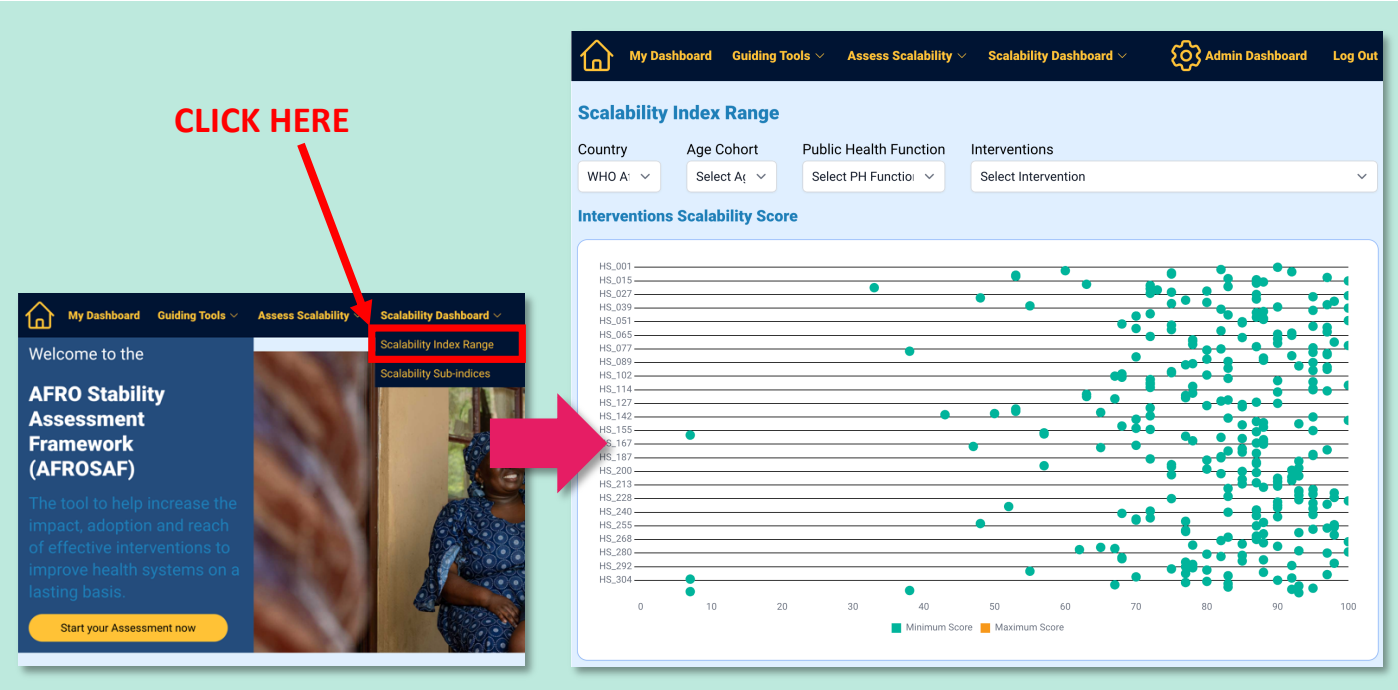
"What about dry areas where the rain hasn't affected that much? Is it efficient and effective to equally distribute mosquito nets to prevent the outbreak?"

"Even in the dry areas, people might have collected rainwater in open tanks, making it easy for mosquitoes to breed. But your suggestion does make sense. The risk in less affected areas is not as severe as the one in where communities are flooded. Should we agree on 3 (somewhat agree) to rate A04?"

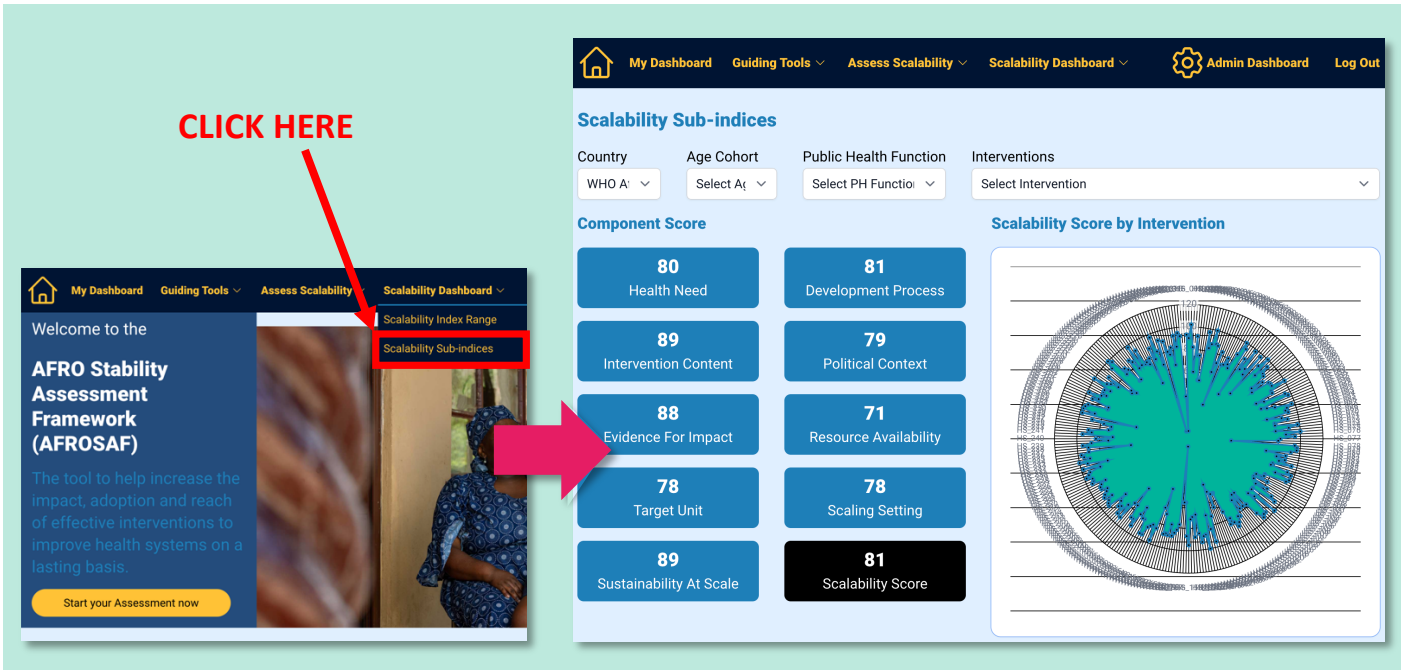
"Yes, I agree. Let's go with 3 (somewhat agree)"

3.3 Scalability Dashboard

A. Scalability Index Range



B. Scalability Sub-indices



4. Interpreting Results

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, 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

References

(1) Bulthuis S, Kok M, Onvlee O, Martineau T, Raven J, Ssengooba F, et al. Assessing the scalability of a health management-strengthening intervention at the district level: a qualitative study in Ghana, Malawi and Uganda. Health Res Policy Syst 2022 July 30,;20:85.
(2) World Health Organization & ExpandNet, ExpandNet. Nine steps for developing a scaling-up strategy. ; 2010.
(3) Bulthuis SE, Kok MC, Raven J, Dieleman MA. Factors influencing the scale-up of public health interventions in low- and middle-income countries: a qualitative systematic literature review. Health Policy Plan 2020 March 1,;35(2):219-234.

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Annex 1:

Name of Attribute	Description
Component 1. Health Needs	
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 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 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.
Component 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.
Component 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.) • 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.
Component 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 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.
Component 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.
Component 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.