

Scaling Innovations in Public Health Systems

GUIDANCE & TOOLKIT



**World Health
Organization**

Health innovation is abundant –
Yet its potential remains largely
untapped.

**Innovation is not the challenge.
Scaling it is.**

Unlocking scale will be key to
improving health outcomes
sustainably and advancing
WHO's mission of Health for All.



Why a new guidance? Governments need support shifting from fragmented pilots to intentional, system-led, demand-driven scaling

	FROM	TO
 Strategic Approach	Supply-driven Ad-hoc, reactive	Demand-led: Priorities driven by population needs, adapted to local context Strategic, intentional: Scaling built in by design from the outset
 Roles	Passive governance Unclear, fragmented roles	Government-led: Active stewardship; governments lead and orchestrate scaling Coordinated stakeholder ecosystem: Clear roles, governance and a shared language for scaling across stakeholders
 Alignment	Misaligned systems	Synched systems: Policy, financing, regulation and delivery aligned for scaling
 Processes	Isolated, one-off	Continuous, iterative processes: Structured approach to scaling through iterative cycles of Explore – Adapt – Learn
 Learning	No adaptive learning Evidence underused	Embedded feedback cycles: Real-time learning and improvement from feedback Evidence-driven: Timely, evidence-informed decision-making

This guidance draws on extensive global evidence, expert insight and real-world experience



Comprehensive, academic literature review

- **Extensive literature review** on innovation scaling in public health systems
- Draws on **global evidence and existing WHO work**
- Grounded in **interdisciplinary research** (health, policy, innovation, management)



Input from experts across sectors and countries

- **Consultations with stakeholders** in governments, academia, NGOs, international organisations
- Workshops with dedicated **WHO global expert group**
- **Peer review** by external specialists to validate findings



Case studies across countries and scaling pathways

- In-depth analysis of **real-world scaling experiences**
- Cases span **multiple countries, health domains and system contexts**
- Reflect **different scaling strategies and pathways** (public, private and hybrid)

The guidance offers a structured framework for innovation scaling that aligns strategies, roles and processes around a mission

DEEP DIVE ON EACH COMPONENT TO FOLLOW

Key components of the framework:

1. MISSION: Mobilising actors around a clear, shared societal goal

2. STRATEGY: Selecting a suitable strategy for scaling based on context and needs, levels of readiness, and the role government opts to play

Make it happen / Help it happen / Let it happen

3. GOVERNMENT ROLES: Defining clear, complementary roles played by government to ensure accountability, ownership and coordinated action

*Innovation Steward / Policy Maker / Governance Designer
Funding Enabler / Communicator / Regulator / Capacity Strengthenener*

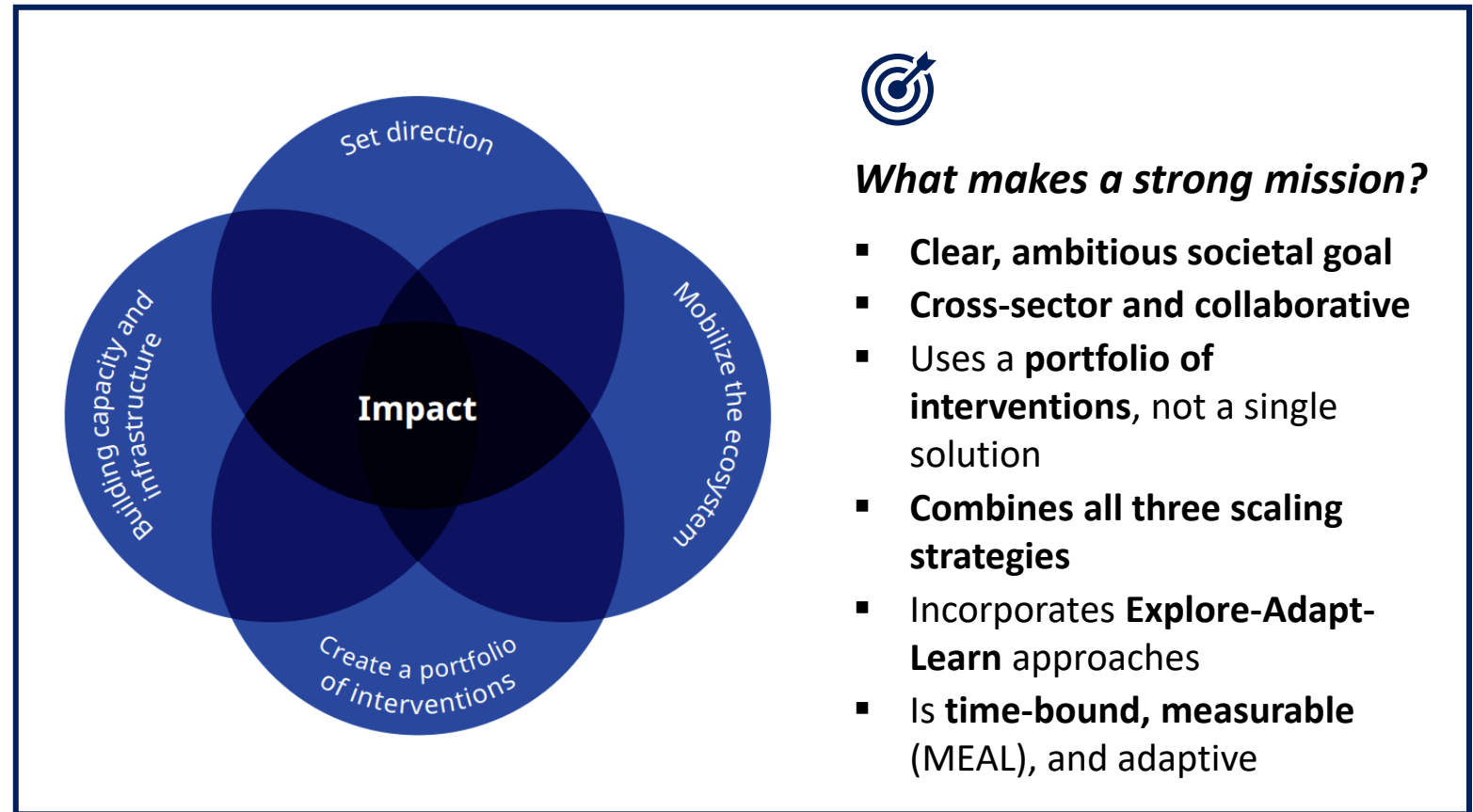
4. PROCESSES: Iterating through deliberate cycles that support scaling while allowing for local adaptation and continuous learning

Explore → Adapt → Learn



1. MISSION: A mission-driven approach enables governments to scale multiple innovations towards systemic impact

“ A mission is a **long-term, whole-of-society goal** that mobilises governments, industry, research and communities around a shared challenge. It goes beyond scaling a single innovation and **aligns a portfolio of innovations toward measurable societal change.** ”



2. STRATEGY: Governments can choose among three strategic approaches to scale innovation, depending on their given context



MAKE IT HAPPEN

Government leads and drives implementation



HELP IT HAPPEN

Government enables, coordinates and builds capacity



LET IT HAPPEN

Government supports and enables diffusion

When to use:

- Stable, predictable environments
- Strong evidence and clear solution
- Few key actors involved

- Moderate complexity
- Evolving evidence base
- Needs cross-stakeholder coordination

- Highly complex, dynamic systems
- High uncertainty
- Various capable actors present

What it involves:

- Clear policy and national mandate
- Dedicated funding and implementation mechanisms
- Central coordination and performance monitoring

- Stakeholder alignment and partnership building
- Capacity strengthening across actors
- Facilitating adoption and adaptation

- Enabling policy and regulatory environments
- Supporting networks, experimentation, and learning
- Letting bottom-up innovation spread

- There is no “right” strategy - different contexts require different levels of **direction, coordination, control and system support**
- Successful scaling requires **matching the approach to context and combining strategies over time** e.g. in a hybrid or staged way

2. STRATEGY: Case studies show how all three strategies can deliver impact – when matched to the system context



MAKE IT HAPPEN

Government leads and drives implementation

Case example:

India's JSY programme:

- National cash incentive programme to increase institutional births
- Integrated into the National Health Mission with large-scale funding
- Centralized monitoring (HMIS) and mandatory performance reviews
- Achieved rapid, nationwide scale and access for vulnerable populations



HELP IT HAPPEN

Government enables, coordinates and builds capacity

Peru's Mamas del Río:

- Built capacity of community health workers/ traditional birth attendants
- Introduced simple, context-adapted digital tools
- Scaling driven by local ownership and iterative learning
- Influenced national policy and strengthened rural health delivery



LET IT HAPPEN

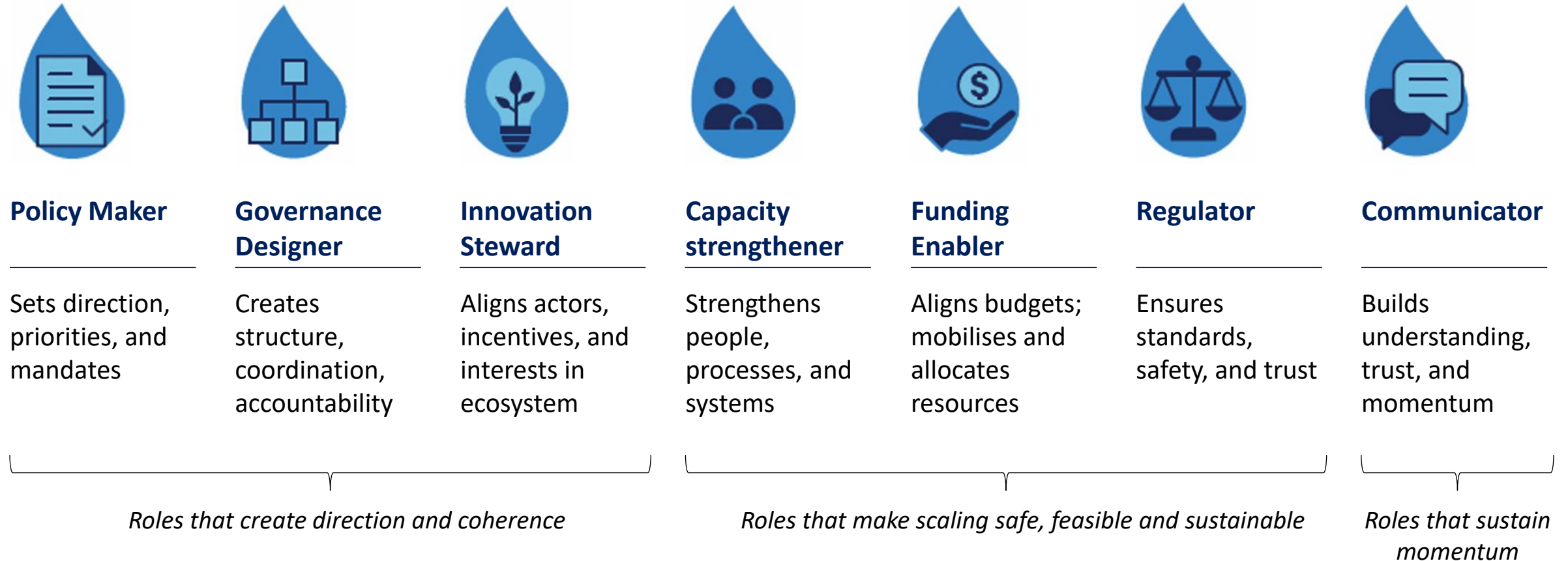
Government supports and enables diffusion

Quebec's MOH:

- Shifted from supply-driven to demand-led innovation model
- Established network of regional innovation leaders across institutions
- Embedded innovation roles within local health systems
- Strengthened system-wide capacity to identify and scale solutions



3. GOVERNMENT ROLES: Governments influence scaling through 7 complementary roles



- Roles are distributed **across government levels and institutions**; effective scaling requires multiple roles to be **active simultaneously**
- Governments may **combine and adapt roles based on strategy and context**

3. GOVERNMENT ROLES: Governments must build the capability to deliver on these roles, and strengthen capabilities across the system

Governments must build the right capabilities to deliver on their roles effectively...

... and enable capabilities required across the system (providers, partners, communities) to adapt, deliver, learn



Strategic leadership: Sets direction, priorities and policy to drive scaling



Coordination & Stewardship: Aligns actors, resources and actions across the ecosystem



Implementation: Mobilises resources, builds capacity, and translates policy to action



Learning & Adaptation: Uses data and feedback to adapt policies and solutions



Demand orientation: Defines demand and local adaptation requirements based on health needs



Coordinated system delivery: Ensures alignment across actors, funding and systems



Continuous learning and improvement: Conducts iterations based on data and learning



Cross-cutting capabilities: E.g. systems thinking, data use, strategic decision-making

4. PROCESSES: Scaling is operationalised through 3 core processes - a continuous, iterative cycle of exploring, adapting and learning



EXPLORING: *Identify what is worth scaling*

- Proactively define health system needs (not passively receive innovation offers)
- Identify and assess promising innovations (e.g. evaluate feasibility, cost-effectiveness and equity impact)
- Understand evidence, users and context

ADAPTING: *Fit solutions to real-world needs and systems*

- Tailor innovations to local context (political, cultural, institutional, financial)
- Align governance, regulation, financing and delivery mechanisms
- Integrate within existing systems - policies, infrastructure, workforce capacity

LEARNING: *Continuously improve and iterate*

- Embed real-time monitoring and feedback loops
- Use evidence to guide decisions and course-correct
- Adjust strategy and implementation continuously; institutionalise improvement

4. PROCESSES: Each process involves various activities – these are not linear, they are iterative, overlapping and mutually reinforcing



Explore: *Identify what is worth scaling*

- Use national data (HMIS, NTAs, surveys) to assess demand and challenges
- Engage frontline workers and communities to surface grassroots innovations
- Apply foresight and scenario planning to anticipate future needs and risks
- Establish innovation infrastructure (labs, sandboxes, procurement channels)
- Map and connect the ecosystem: public, private, civil society actors
- Leverage South–South collaboration to learn from comparable contexts



Adapt: *Fit solutions to real-world needs and systems*

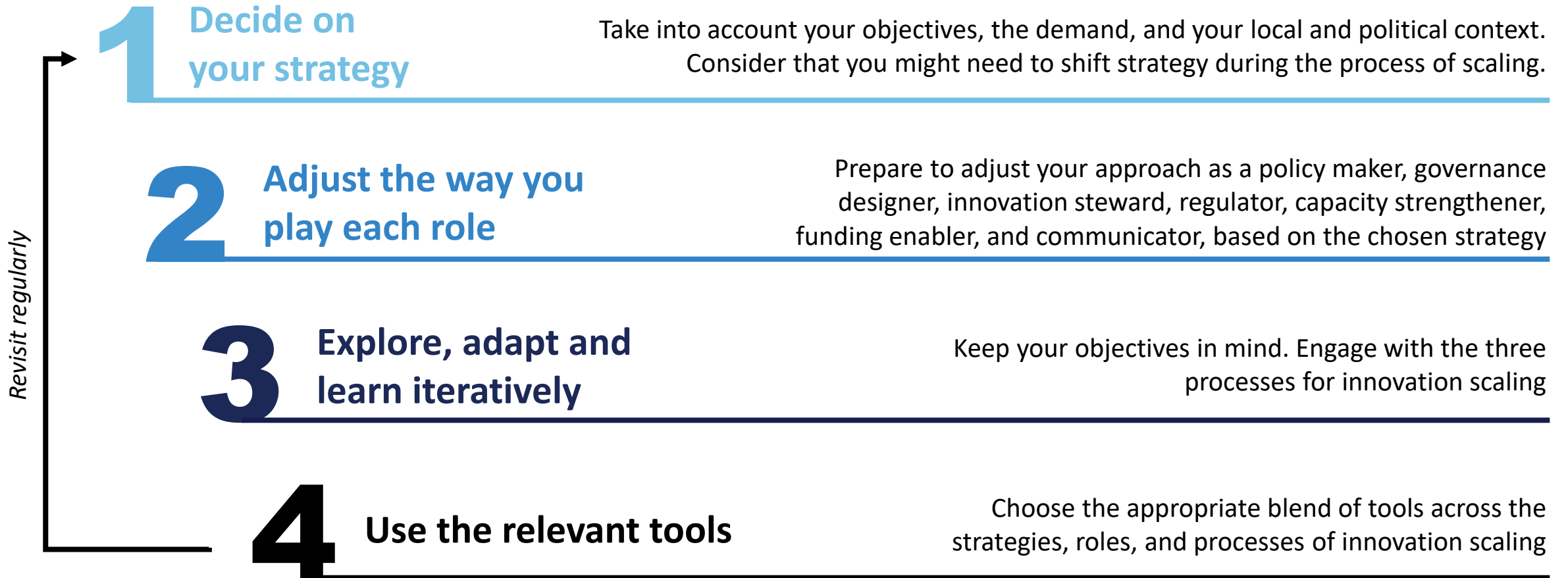
- Align policies and regulatory frameworks to support innovation
- Reform procurement (e.g., outcome-based specs, advance market commitments, sandboxes)
- Build workforce capacity across all levels
- Integrate innovation into existing systems (service delivery, data, supply chains)
- Foster communities of practice across stakeholders
- Use public-private partnerships (PPPs) to leverage complementary strengths



Learn: *Continuously improve and iterate*

- Partner with academic institutions for evidence generation from the start
- Implement HMIS and digital feedback tools for real-time insights
- Use phased rollouts as “learning laboratories” before scaling nationally
- Establish regulatory sandboxes for safe, iterative testing
- Create strong feedback loops (helpdesks, complaints, user input)
- Share learnings on cross-country platforms and peer networks

Where to begin? We have outlined four steps to get started on the journey of scaling innovation as a practical path forward



Lessons from across real-world case studies show that scaling succeeds when strategy, systems, roles and learning are aligned...

Real examples of scaling innovation from diverse contexts show...



...several factors drive successful scaling:

- ✓ **Treat scaling as a strategic priority** (not a pilot) e.g. with a national mandate, dedicated funding, political commitment
- ✓ **Design *within* the system, not *alongside* it** e.g. integration into (not in parallel to) health systems and infrastructure
- ✓ **Mobilise the right partnerships and align roles** across sectors and actors e.g. government, private sectors, communities
- ✓ **Adapt to context and empower local actors** e.g. bottom-up and hybrid approaches
- ✓ **Embed continuous learning** into scaling e.g. data, feedback, iteration

...and breaks down due to common systemic pitfalls, even when the innovation itself is strong

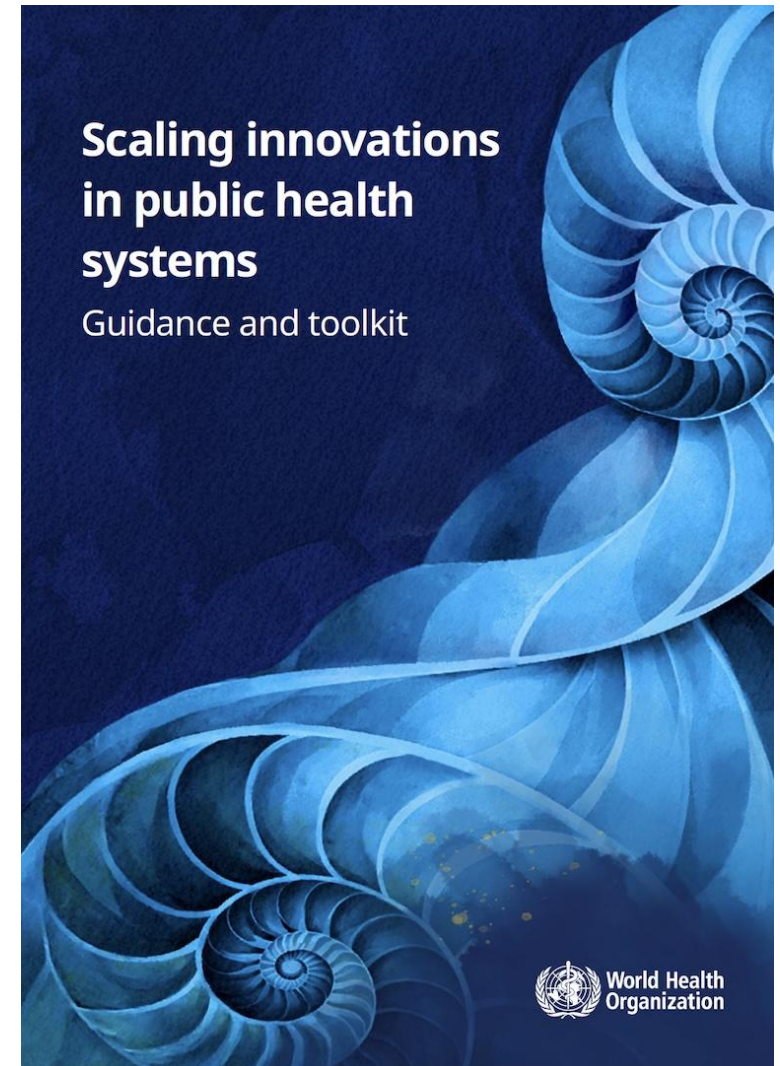
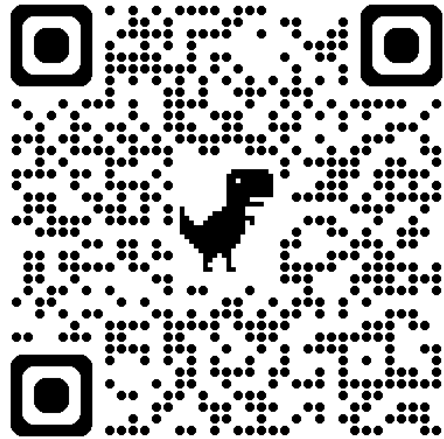
Real examples of scaling innovation from diverse contexts show...



...several factors inhibit successful scaling:

- ✗ **Scaling is treated as a technical exercise** with limited political leadership, weak national ownership and prioritisation
- ✗ **Standalone pilots are multiplied** without a clear pathway to national adoption
- ✗ **Unclear or misaligned governance and roles** across government and partners
- ✗ **Adaptation is assumed instead of intentionally designed**, with a lack of tailoring to local contexts, capacities and needs
- ✗ **Learning remains passive**, where data and feedback collected but weakly used for iteration and decision-making
- ✗ **Financing is short-term and output-focused** - incentives favour quick wins over sustained, system-wide impact

The full guidance and toolkit is available here:



ANNEX – INNOVATION CASE STUDIES

Case Study: M-Mama (Tanzania) – Coordinated Systems Scaling



Context & Challenge

- **High maternal mortality**, especially in rural areas
- **Delays in accessing emergency transport** for childbirth
- **Weak transport infrastructure** and long distances
- **Need for a national, integrated solution**



Approach to Scaling

- **Government-led, co-created** with telecom and global partners
- **Emergency transport system** linking communities, facilities, and hospitals
- **Central dispatch system** using mobile technology and triage
- **“Taxi ambulances”** combining ambulances with community drivers
- **Designed for rural contexts**; scaled from pilot to national system



Key Enablers

- **Clear policy commitment** and national ownership
- **Strong multi-sector partnerships** (government, telecoms, NGOs, funders)
- **Integration** across health, transport, and digital systems
- **Use of simple, scalable technology** (dispatch + mobile coordination)
- **Continuous learning** and adaptation via real-time data



Impact / Results

- **National scale achieved** (official maternal emergency transport system)
- **Tens of thousands of women and newborns transported**
- **Reduced maternal mortality** (~27% lower in pilot areas)
- **Faster, more reliable emergency referrals** in rural areas
- **Model replicated** in other countries (e.g. Lesotho)

Key Lesson for Scaling:

- ✓ *Scaling succeeds when **systems, partnerships, and technology** are integrated from the start—turning pilots into national infrastructure*

Case Study: MomConnect (South Africa) – Designing for System Scale



Context & Challenge

- **High maternal and child mortality** in underserved populations
- **Limited access to timely health information** for pregnant women
- **Need to improve uptake of antenatal and postnatal care**
- Opportunity to leverage widespread mobile phone access



Approach to Scaling

- **Government-led national digital health platform**
- Provides **stage-based maternal health messaging + helpdesk support**
- **Embedded in public health services** as part of the national digital health architecture, not a standalone app
- **Designed for universal access using basic mobile technologies** (SMS, WhatsApp)



Key Enablers

- **Strong policy alignment** and national ownership
- **Integration into maternal and child health programmes**
- **Demand-driven uptake** (high antenatal user registration)
- **Partnerships** (govt, NGOs, digital health providers)
- **Designed for scale:** simple, accessible, and free to use
- **Continuous learning** via user feedback and helpdesk data



Impact / Results

- **Reached ~5 m mothers** across >95% of public facilities
- **Covers ~60%+ of pregnant women nationally**
- **Rapid national scale achieved** within a few years
- **Improved health-seeking behaviour** and maternal care engagement
- Created a platform for **real-time feedback and service improvement**



Key Lesson for Scaling:

- ✓ *Scaling succeeds when innovations are **designed within the system from the start**—integrated, demand-driven, and built for **universal access***

Case Study: Janani Suraksha Yojana (India) – Make it happen



Context & Challenge

- **Low institutional delivery rates** driving high maternal mortality
- **Limited access to safe childbirth services** among low-income populations
- **Need for rapid improvement nationwide** in maternal health outcomes



Approach to Scaling

- **National financial incentives** for institutional births
- **Integrated into National Health Mission** with large-scale funding
- **Strong central coordination** with standardized monitoring systems (HMIS)
- **Continuous policy adjustments** based on implementation feedback



Key Enablers

- **Strong political commitment** and national prioritization
- **Dedicated, large-scale funding** mechanism
- **Centralized monitoring** and data systems
- **Complementary policies** (free services, transport, quality improvements)



Impact / Results

- **Significant increase in institutional deliveries**
- **Rapid national-level scale achieved**
- **Improved access to maternal health services** for vulnerable populations

Key Lesson for Scaling:

- ✓ *When the problem is clear and evidence is strong, **top-down execution with strong funding and governance can rapidly scale impact***

Case Study: Mamás del Río (Peru) – Help / Let it happen



Context & Challenge

- **Limited access to healthcare** among remote Amazonian communities
- **High maternal and child health risks**
- Existing system **unable to reach dispersed, underserved populations**



Approach to Scaling

- **Empowered community health workers** and **traditional birth attendants**
- **Focused on capacity building** within communities
- **Introduced simple, adaptable technologies** (offline digital tools)
- **Scaling driven by local ownership** and evidence generation



Key Enablers

- **Deep understanding of local cultural practices**
- **Empowerment of community actors** (not replacement)
- **Iterative learning** through pilots and research
- **Gradual integration** into government policy and systems



Impact / Results

- **Improved maternal and child health practices** in remote areas
- **Strengthened community health capacity**
- **Influenced national policy** (recognition of community health workers)

Key Lesson for Scaling:

- ✓ *In complex and underserved settings, scaling succeeds by **empowering local actors and adapting to context—not imposing solutions***

Case Study: Quebec Innovation Office – System orchestration



Québec
Ministère de
la Santé et des
Services sociaux



Context & Challenge

- **Fragmented innovation efforts** across the health system
- **Lack of coordination** and system-wide scaling capability
- **Need to move from ad-hoc innovation to structured transformation**



Approach to Scaling

- **Established a central innovation office** within government
- **Shifted from supply-driven to demand-driven** innovation model
- **Built a network of regional innovation leaders** across institutions
- **Developed structured processes** to identify needs and scale solutions



Key Enablers

- **Cross-disciplinary central team** (policy, clinical, legal, innovation)
- **Strong governance** and leadership alignment
- **Embedded innovation roles within local institutions**
- **Focus on system-wide capability building**



Impact / Results

- **More coordinated and strategic** innovation efforts
- **Increased alignment** between system needs and solutions
- **Strengthened long-term capacity for scaling innovations**

Key Lesson for Scaling:

- ✓ Sustainable scaling requires **institutional capacity and governance—not just individual innovations**