Strengthening Leadership and Management for Results

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AMREF

> "If Africa is serious about its claim to make 21st century the era of its rebirth, we need to invest considerable resources in the reconstruction of credible and competent leadership capacity"
>
> Thambo Mbeki, 2006

Governments and health leaders in resource limited countries of Africa have conveyed a constant message that those leading and managing health systems are not sufficiently prepared to succeed in the leadership roles they now occupy". They face challenges that seasoned executives would find difficult; for instance they work in an environment characterized by:

- acute shortage of resources including Human Resources for Health (HRH), drugs and other supplies and equipment;
- competing demands of stakeholders, communities, donors, etc;
- ongoing half-hearted reforms in the health sector and public service in general, e.g., decentralization;
- emerging and re-emerging health problems and a growing disease burden;
- increased demand because of population increase;
- the emerging verticalized multi-million health care industry.

In order to deal with those challenges, it goes without saying therefore that those charged with leadership and management in the health sector do urgently need to be skilled and retooled in leadership and management competencies. This

will enable them to plan, organize and maximize the use available resources and the efforts of the workforce under their care in achieving their institutions' respective missions and goals. Good leadership is about providing direction to gain commitment to achieve results! Although there has been attempts to skill and retool the managers, the efforts have been inconsistent and haphazard at best. There has been limited strategic and systemic building of management and leadership capacity due to various reasons. First, it has been commonly assumed that a good health professional (doctor, nurse, community health worker (CHW), etc) is also a good manager. Acumen in clinical, surgical and community health skills have been equated with acumen in leadership and management. It is not surprising to find that the "Nurse of the Year" is promoted to the position of District Nursing Officer or the "top Cardiothoracic Surgeon" is made the Chief Medical Officer (Director of Medical Services) or even the Permanent Secretary (Principal Secretary) in the Ministry of Health. Some they have learned on the job but others have been total disasters! Dr. Willis Akwahle, Director of the Malaria Programme remembers:

> "I was appointed a district medical officer in 1993, straight from a surgery ward as a medical officer, and within a week I had to manage an entire district …. It was a totally different world. I learned more by accident … The first one or two years were not easy. After two years, I realised I had to abandon my work on the ward and concentrate more on management and preventive work. [Young doctors] definitely need training in leadership and management, and it should not be short term. It needs to be incorporated at various levels of their training, both in class and out in the field."

In a recent study conducted by AMREF and Management Sciences for Health (MSH) in July 2009, 75% of managers vested with responsibility of Human Resource Management (HRM) indicated that they lack the knowledge and skills to carry out the many of the HR management functions. An overwhelming 79% of the respondents expressed need for training in general leadership and management to acquire skills in team work and collaboration, communication and interpersonal skill and also leadership and advocacy.

Many leadership and management capacity development initiatives exist but information on their effectiveness in improving delivery care is not well documented. The Tanzania Essential Health Interventions (TEHIP) provides a success story for improving performance in health indicators after CD intervention.

> "In two districts, a suite of strategies was developed, comprising the building of local managers skills, introduction of new tools, strengthening of financial management, improvement of communication and supervision, involvement of communities … One of the many dramatic results was a decline in child mortality in those districts of more than 40% over just three years".

In Egypt, Ministry of Health and Population and MSH implemented a four (4) month leadership development for staff from health facilities. The programme focused on the capacity of managers to produce organizational results. The outcomes were a 12% decline in infant mortality, 35% decline in maternal mortality and a 17% increase in contraceptive prevalence in a space of five (5) years. The impressive results are a clear statement of the value of empowering health care workers to lead and manage.

In addition, participants of ongoing Leadership and Strengthening initiatives agree almost in unison that their training has helped them become better managers. **Dr. Suleh** a participant of the AMREF/UCLA/Johnson and Johnson Leadership and managers of HIV/AIDS program had this to say**.** 'Management Development Institute (MDI) Programme helped me realise that we were not as efficient as we initially thought we were. It helped me to improve my management of time, both on an individual level and at organisational level. Better management of time has helped us cope with the congestion problem by streamlining the internal systems and operational flow at the clinic.

The graduates of the Virtual Leadership Development Programme (VLDP) developed by MSH and implemented by Capacity Project and Leadership Management Strategy (LMS) reported that, "they gained a sense of empowerment about their ability to effect change". One graduate said, "I am able to handle people (staff) who resist change, and my communication skills have improved". Anecdotal evidence indicate that such management practices increase staff motivation and job satisfaction and are credited for improving staff retention and mortality rates in hospitals. Such evidences have been quite compelling and have catapulted capacity development in leadership and management high up in the health systems strengthening agenda.

Health systems need leaders who can clearly articulate and execute the well laid out visions of health policies and strategic plans that litter the shelves of Ministries of Health. What leaders need is to be well equipped with competencies to enable them to:

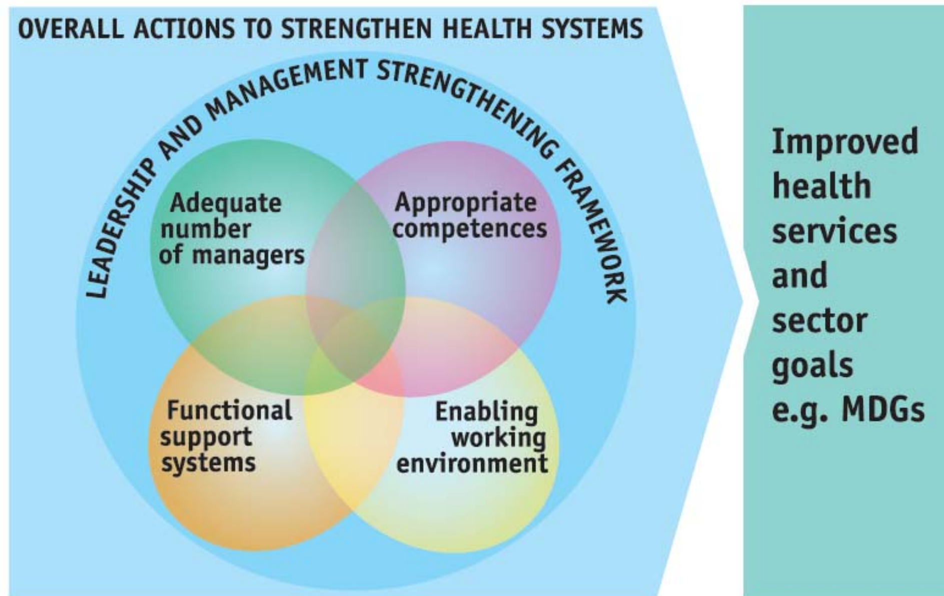
- **SCAN** for opportunities and resources;
- **FOCUS** on priority areas for attention without loosing the vision;
- **ALIGN** and **MOBILISE** critical constituencies to produce desired results;
- **INSPIRE** by walking ones talk and acknowledging creativity and effort;

- **PLAN** for tomorrow and anticipate the future;
- **ORGANISE** to get all needed resources at the right time, place and quantities;
- **IMPLEMENT** the plans to deliver intended results;
- **MONITOR** the work to keep things on track and
- **EVALUATE** whether intended results are achieved.

Management Sciences for Health (MSH) leading and managing for results model

In sum, these are the eight (8) practices of effective managers who lead and obtain desired results by "enabling others to face challenges and create the positive future that people envision, while ensuring that resources are used efficiently and effectively.

Competencies alone, however, are only part of the leadership and management jigsaw. In addition, health systems must have sufficient numbers trained in leadership and management, enabling working environment and functional support systems in order to achieve results, as measured by such indicators as Millennium Development Goals (MDGs) and other varied health status indicators. The following WHO framework of leadership and management captures, in a graphic way, the dimensions that need to be addressed and balanced.



The framework rightfully posits leadership and management as a catalyst for achieving the desired health outcomes. While performance of such health programmes as Malaria, HIV/AIDs, TB, Immunisation, etc., may depend on several factors to succeed, good leadership and management stands out as a *sine quanon*. It is the "glue" that binds all other success factors. With this appreciation has come a heightened desire, indeed demand for more and more training in leadership which has in turn resulted into a flurry of training programmes. The efforts are generally uncoordinated and tend to duplicate each other. A meeting on leadership strengthening held in 2008 in Accra, Ghana under the auspices of WHO developed the following principles whose acronym is HEALTH, as attempt to streamline all future Leadership and Management capacity development activities.

Health outcomes	Health Leadership and Management (L&M) strengthening is a critical contribution to achieving the MDG's, and needs to be held accountable for contribution.
Evidence based	L&M development should draw on available evidence and national and international good practice, be implementable and performance monitored over time.
Aligned	L&M strengthening should be not take place in isolation, it has to be part of the broader health sector strategy and reflected in the human resource development plans.
Long term	Improvements have to be introduced sequentially, flexibly and incrementally, starting by what can be improved, and building on what already exists, over the long term.
Transformational	Addressing L&M challenges requires a transformational approach giving attention to all four dimensions of the framework (numbers, competencies, support systems, and, the context and working environment) and country goals and aspirations, within the overall available resources.

Harmonised	Greater effectiveness will be achieved through harnessing and harmonising internal and external resources involved in L&M development.

The same meeting proposed a forum for coordinating leadership and management training. The Africa Health Leadership and Management Network (AHLMN) was consequently launched in December 2008. The Network's mission is to improve the coverage and quality of health service in Africa through strengthening of institutions which carry out leadership and management strengthening. It acts as a forum for collective advocacy for resources to support quality health delivery through improved management. It aims to expand health assistance, to facilitate intra-regional integration and exchange of knowledge, services and expertise; and to agree on bench marks and standards for improving the performance of members.

To date, AHLMN has achieved the following:

1. Network constitution and business plan developed;
2. Established the Network's interim office, hosted by AMREF in Nairobi;
3. AHLMN Mednet online communication and discussion forum is established
4. An electronic listserve and website has been established.
5. A mapping exercise of institutions and programmes training in leadership and management is underway

Way forward

The Accra, Ghana meeting agreed on 6 guiding principles for leadership strengthening acronym HEALTH which focused primarily on results oriented and evidence based training in leadership and management. If adhered to the future trainings will be more targeted and have more relevance. To eliminate duplication that reduces the opportunity of greater coverage in leadership and management training in the health sector, harmonization of training approaches and content must be addressed. Mechanisms for harmonization can be put in place within the existing networks with further support from WHO and private public partnerships. This is a prerequisite to achieving the goals agreed upon by the members of the African Health Leadership and Management Network (AHLMN).

Strategies and plans by African countries to develop mechanisms for tracking progress in the implementation of high impact interventions and specific change mechanisms must be engineered and supported. This support must be provided by the institutions that are providing technical support on the leadership and management to the health systems. Evidence on impact of interventions based on health outcomes is rare with most studies measuring the process outcomes. A paradigm shift in leadership and management research would lead to verification of the impact /effectiveness of the interventions based on the health outcomes.

To ensure that the current gap in skills and competencies in health leadership and management is narrowed, leadership and management training should be mainstreamed into all health workers curriculum. The new breed of health workers should receive pre-service training as an examinable subject preparing them with basic leadership skills and competencies. Modules for in-service continuous professional development (CPD) focusing on leadership and

management must be developed. A health leadership and management career path for health workers responding to country specific needs should be part of the Continuous Professional Development (CPD). This could actually contribute to retaining them in their jobs, thereby alleviating both internal and external emigration.

Attrition of the health workers to leadership and management positions contributes to the shortage of health workers in Sub-Saharan countries. A new cadre of health system managers modeled on the corporate sector should be explored as a solution to reduce the diversion of clinicians and other specialists from what they do best. A cadre of health managers could be developed to provide leadership and management in the health sector, at all levels, primary care, secondary care, tertiary care and central ministries of health.

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