

AN URGENT CALL TO PROFESSIONALIZE LEADERSHIP AND MANAGEMENT IN HEALTH CARE WORLDWIDE

Health care in developing countries is a multibillion-dollar endeavor. Yet the people charged with leading and managing this work often have little formal preparation to succeed. Until this truth is recognized, the billions of dollars being pledged by donors—plus the huge investments that countries make in health—will not achieve the hoped-for results.

Senior managers of health care programs around the world have been expressing the urgent need to professionalize the leadership and management of health care services. Their argument for the need for better preparation of these crucial leader-managers comes from their own experience, as their words in the box to the right reflect.

Two key issues underlie this dilemma: While the roles that doctors and nurses play in the delivery of health care in developing countries have changed dramatically, the preparation they typically receive in medical and nursing education has not kept pace. And the role of health managers is not as valued as the role of the clinical specialist.

Technically and medically, we in the health field already know what to do to save millions of lives and reduce illness. A key limitation in applying what is known in primary health care is effective leadership and management.

A new publication from Management Sciences for Health aims to galvanize action so that all current and future health managers will be well prepared to lead and manage to achieve results. The paper describes this challenge (see the box on the next page); outlines developments and new paradigms that can be part of an urgently needed solution; and recommends actions to move forward.

Management Sciences for Health (MSH), “An Urgent Call to Professionalize Leadership and Management in Health Care Worldwide,” Occasional Paper No. 4 (Cambridge, MA: MSH, 2006).

WHAT SENIOR MANAGERS ARE SAYING ABOUT THE NEED TO PREPARE LEADERS BETTER

Dr. Willis Akwahle, Director of the Malaria Control Program in Kenya, remembers, “I was appointed a district medical officer in 1993, straight from a surgery ward, and within a week I had to manage an entire district. It was a totally different world. [Young doctors] definitely need training in leadership and management, and it should not be short term.”

In Brazil, Dr. Henrique Sa, Dean of the University of Fortaleza Medical School, says, “What little I learned about administration [in medical school] was obsolete and old fashioned. There seems to be a hidden curriculum that the physician is a ‘born leader.’ Medical students need structured knowledge on management and leadership as well as practical experience. They need to understand how a health system operates, how health services are managed, and how a health facility is managed.”

The Director of Nursing at the Ministry of Public Health in Afghanistan, Guljan Jalal, points out that “The curriculum [in nursing school] focused on managing the patient and safe delivery of medication. Now I cooperate and coordinate with institutions, NGOs, and government departments to manage human resources. In nursing school, nurses need to learn how to create a vision and accept challenges. They need to know how to manage their time, obtain results, and use training facilitators in an efficient and effective manner.”

ROOT CAUSES OF THE FAILURE TO ADDRESS LEADERSHIP AND MANAGEMENT IN HEALTH CARE

- The role of health care managers is not sufficiently valued.
- The costs of poor leadership and management are not clear.
- Many people think that doctors and nurses are automatically good leaders.
- The roles of managers have changed, but their preparation has not kept pace.
- Effective ways of improving leadership and management skills have not previously been clear.
- Vertical programs with a focus on individual diseases.

The benefits of investing in leadership and management.

With good preparation, people who lead teams of health workers can:

- improve health (save lives and reduce illness)
- improve the recruitment, development, retention, and productivity of health professionals;
- achieve stronger accountability and clearer results;
- use limited resources more effectively.

These kinds of improvements have resulted in increased utilization of services as patients have become more satisfied with the quality of services. Increased access to high-quality care, in turn, leads to reducing illness and saving lives.

The health care industry in the U.S. has demonstrated the central role of service excellence in achieving success: For example, the Baptist Hospital in Pensacola, Florida, has won the Malcolm C. Baldrige award for practices that inspire staff and increase client satisfaction. Baptist Hospital fostered a change in culture—“Be really, really nice to everybody,” as the Chief Medical Officer describes it—that increased patient satisfaction and decreased staff turnover. Baptist Hospital went from the 18th to 99th percentile in patient satisfaction.

The risks of poor leadership and management. Studies of errors in aviation have shown that human error contributes to more than 50% of aviation accidents. Analyses of these

failures have revealed that the culture of flight crews—in which pilots, like doctors, had unquestioned authority no matter what their leadership capabilities—contributes to the likelihood of errors and accidents. British Airways is one company where employees at all levels are rewarded for reporting problems, and the company has achieved a substantial reduction in human errors.

Errors in health care have similar causes: leadership failures, breakdowns in communication, and poor orientation and training of staff. These errors can also lead to death or injury. Apart from patient safety, the risks of poor leadership and management range from wasted resources to emigration of health workers to other countries. And without these financial and human resources, the quality of care is compromised.

Challenges and opportunities. In focus-group discussions, health program managers in developing countries have described examples of the challenges, they face including:

- rapidly scaling up services to reach more people;
- assuring delivery of high-quality services;
- developing the systems and capacity to absorb and use new funds;
- making their organizations more sustainable;
- moving from individuals focused on activities to teams focused achieving results;
- decentralizing decision-making to managerial levels close to clients;
- dealing with corruption and misuse of funds.

Professional preparation to meet these challenges can help leaders and managers maximize the use of new resources that are now available to improve health in developing countries. Among these opportunities is funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation, the U.S. President’s Emergency Plan for AIDS Relief, and many other European and foundation donors.

What skills do leaders and managers of health care programs need? To benefit from opportunities, managers at all levels need skills for leading people and managing information, supplies, and funds. For example, entry-level managers need to be able to analyze service statistics, survey data, and feedback from clients and staff. They must align staff and stakeholders’ capacities with planned activities, estimate resource needs for improvements, and mobilize resources. Mid- to senior-level managers need additional skills, such as setting strategic program priorities for the long term.

Successful leadership and management initiatives.

Innovative programs in many countries illustrate what can be done to meet challenges like these and improve the management of health programs. The box below provides two examples of management and leadership programs producing lasting results.

Recommendations for action. Rather than taking a piecemeal approach to strengthening leadership and management capacity, we propose to work with others concerned about the future of health to achieve a clear objective: Prepare all current and future leader-managers in health care to lead and manage to achieve results. The box on the back details actions that can be taken to realize this objective.

NEW PARADIGMS FOR IMPROVING LEADERSHIP AND MANAGEMENT IN HEALTH CARE

Good Governance and Leadership Development Improve Health in Northeast Brazil

The public sector of Ceará, a poor state of 7 million citizens in northeast Brazil, underwent dramatic transformation as a result of a broad initiative focused on good governance and transparency. As part of this initiative, the Ceará State Secretariat of Health worked with the U.S. Agency for International Development (USAID) to strengthen the leaders and managers of the public health system.

The Secretariat of Health and Management Sciences for Health developed the Leadership Development Program in 1998 to contribute to achieving this goal. A total of 125 leaders participated in the program in the first year, and the program was continued thereafter with the support of other donors. They recognized that the state's progress in management capacity had produced improvements in health. For example, in the small town of Aquiraz:

- By 2005, nearly 100% of infants under the age of one in Ceará were up-to-date with their vaccinations, compared to only 84% in 2001.
- In 2001, just over half of all pregnant women were enrolled in prenatal care starting in the first trimester of pregnancy; by 2005, this figure had increased to 80%.
- Infant mortality dropped from 26 to 11 deaths per 1,000 live births between 2001 and 2005.

Improvements like these were made possible by the professionalization of management and leadership for health in Ceará. Promotions changed from being patronage driven to being based on merit, and managers are now held accountable not only for carrying out activities but also for achieving results. The Leadership Development Program created a pool of qualified people from which the state could draw and raised the profile of leader-managers, as well as demonstrating an effective way in which they could be prepared.

Leadership and Management Development in Egypt Makes an Impact on Health

In 2002, the Aswan Governorate, a rural area in Upper Egypt, launched a process to improve the quality of and accessibility to health services in three districts. To improve the health status of their populations, the health units in these districts wanted to increase client satisfaction and use of health services. Ten teams from six health facilities participated in a four-month, in-service leadership development program sponsored by the Ministry of Health and Population and MSH with support from USAID. The program focused on increasing the capacity of managers to produce organizational results.

Participants committed to a shared vision of the future and used MSH's Challenge Model to frame specific challenges. By applying the leading and managing practices and skills they had learned, they were able to implement their action plans. Between bimonthly workshops, they met as teams in their facilities to continue their work. Their engagement with making service improvements was so strong that the doctors and nurses expanded the program to the entire Aswan Governorate, including 185 teams, without additional donor funding. From a few local Ministry facilitators, the program expanded to 35 facilitators who are bringing the program to other governorates. As a result of increased access to services, health outcomes improved. From 2001 to 2005, there was a 12% decline in infant mortality, a 35% decrease in maternal mortality, and a 17% increase in contraceptive prevalence.



A mother and her children waiting outside a health center in Aswan.

ACTIONS TO ENSURE THAT MANAGERS ARE WELL PREPARED

Valuing Leadership and Management Roles in Health

- Develop a clear proposition of the value of leadership and management in health care that interested parties can identify with.
- Communicate evidence that demonstrates the relationship between improved leadership and management and improved outcomes.
- Support policy and advocacy efforts to raise the profile and credibility of leadership and management development.

Educating Current Leader-Managers

- Work with in-country champions—both individuals and institutions—to integrate the basics on leading teams and leading change into in-service learning opportunities for doctors, nurses, and new managers already facing the challenges described.
- Research and share guidance on effective approaches for individual and organizational accountability and on the rewards related to improved leadership and management.

Developing Future Leader-Managers in Health Care

- Gain clarity on the nature of health workers' and managers' jobs to ensure that practical preparation for meeting job demands becomes part of pre-service and in-service learning.
- Share learning methods and models so that programs can be efficiently adapted and applied at the pre-service levels.

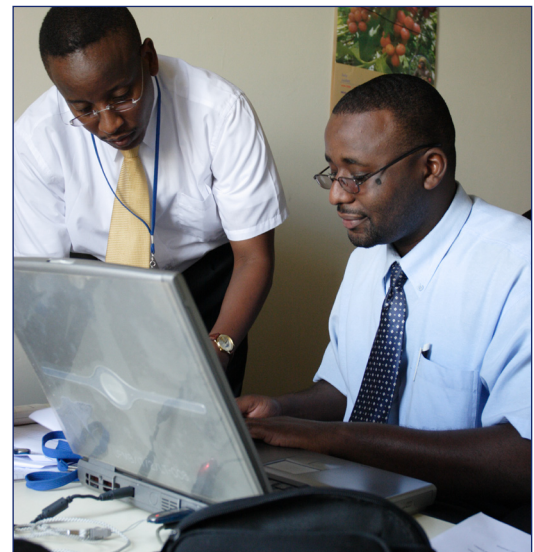
Establishing Credentialing and Partnerships

- Engage in dialogue with professional associations, schools of public health, and management institutes to scale up cost-effective leadership and management development.
- Build alliances with accrediting bodies to establish recognized requirements and credentials, as well as continuing education requirements and offerings.

A Vision of the Future. To track progress, it is essential to develop and use indicators to measure the effectiveness of leadership and management performance at the national, regional, district, and local levels. These indicators might include the number of schools of medicine, nursing, and public health that incorporate leadership and management knowledge and skills in their certification requirements.

The examples from Brazil and Egypt illustrate how successful leadership and management programs can be not only in preparing leader-managers but also in helping them achieve significant advances in the outcomes of their health programs.

These programs do not have to be large and expensive, and employees can be prepared rapidly through in-service learning programs that blend face-to-face and Web-based activities. Commitment and innovative thinking are the indispensable ingredients. These programs changed the paradigm and succeeded in making a difference in lives of the rural poor.



Michael Poydos, Management Sciences for Health, 2006

Dr. Kizito of the Mbale Health Centre, Uganda, graduated from medical school in 2001 and immediately became department director at a health center with no orientation. After much experience he has become a highly capable leader; however, "it would have been very helpful to have formal training before being put in such a position of responsibility. I could have avoided many stumbling points."

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