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OCCASIONAL PAPERS

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 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.

Two key issues underlie this growing 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 roles of surgeon, specialist, or clinical nurse.

The objective of this paper is 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 in the words of the health care providers and managers coping with difficult circumstances; indicates developments that point the way toward improving these dire conditions; outlines new paradigms that can be part of an urgently needed solution; and recommends actions to move forward.

"I remember 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."

—Dr. Willis Akwahle
Director of the Malaria Control Program, Kenya

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The science of medicine is thousands of years old. The discipline of management sciences, which includes the study of leadership, is less than 100 years old. The management sciences applied to health care are still in their infancy. Yet important progress is being made to advance leadership and management and prove their combined empirical value in the pursuit of health goals worldwide.

Technically and medically, we in the health field already know what to do to save millions of lives and reduce illness. A key limiting factor in applying what is already known in primary health care is effective leadership and efficient management. According to a recent working paper of the World Health Organization (WHO), "The lack of 'managerial capacity' at all levels of the health system is increasingly cited as a 'binding constraint' to scaling up services and achieving the Millennium Development Goals" (Egger et al. 2005).

Health leaders in developing countries have conveyed a constant message: Those leading and managing health services are not sufficiently prepared to succeed in the leadership roles they now have. They face challenges that seasoned chief executives would find difficult: dealing with unstable work conditions with changing roles and relations, often as a result of decentralization; improving staff performance at all organizational levels; and reducing staff turnover, as many health workers leave for better jobs overseas or because of illness. Because of the magnitude of these challenges and lack of preparation at the outset, they could use help. When they receive assistance, health leaders achieve results.

Leading well means enabling others to face challenges, achieve results, and create the positive future that people envision. **Managing well** means ensuring that sound strategies and approaches are in place and resources are used effectively.

Experience and evidence within and outside health care (presented in Section III) demonstrate that preparing capable people to lead teams to achieve results can produce:

- more productive staff;
- more satisfied patients;
- stronger accountability and clearer results;
- reduced financial loss or waste and more effective use of limited resources;
- a greater ability to understand and influence the "culture" of health services;
- improved recruitment, development, and retention of health professionals.

The objective of this paper is to galvanize action to ensure that a**ll current and future health managers are well prepared to lead and manage to achieve results.** With good preparation, they will be able to develop and manage the kind of health services that achieve health goals, reduce illness, and save lives. Drawing from experiences in countries around the world and from health care, industry, and education, this paper:

- describes the challenge in the words of health care providers and managers trying to cope with their overwhelming situation;
- indicates current developments that point the way toward improving these widespread conditions;
- outlines new paradigms that can be part of an urgently needed solution;
- recommends actions to move forward.

SECTION 1: The Demand for Leadership and Management

Doctors and nurses worldwide enter medical and nursing schools to become doctors and nurses, not health managers or leaders. When they begin practicing, most are competent at directing the care of individual patients. However, when their caseloads begin to grow, their lack of preparation in leadership and management—in planning, organizing, delegating, motivating, and teamwork—begins to frustrate them and threatens to undermine the quality of patient care and service.

The symbiotic relationship between investing in leadership and management and achieving desired results in business is becoming clear. The US-based MetrixGlobal LLC company, a consulting firm that provides coaching services, found in one study that $7.90 was returned for every $1.00 spent on executive coaching and leadership development (Robertson 2005). The same company found the return from coaching to be 529% (Anderson 2004). Of 43 managers who received coaching and development, the 30 who replied to a questionnaire reported significant improvements in team dynamics, the quality of service delivery, and retention rates.

While profits are the benchmark of commercial industry, patient and public health outcomes are the measure of success in health care. Virtually every physician or nurse placed in leadership and management positions in low-income countries has a similar story to tell about the lack of personal preparation to lead and manage teams and organizations toward good outcomes and improved public health.

Call for Better Preparation from Health Managers Worldwide

Kenya—Dr. Willis Akwahle, Director of the Malaria Control Program, remembers, "I learned more by accident. . . . The first one or two years were not easy. After two years, I realized 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."

Brazil—Dr. Henrique Sa, Dean of the University of Fortaleza Medical School, says, "I learned nothing about leadership and management [during medical school] and what little I learned about administration was obsolete and old fashioned. In medical school, there is (and it seems that it continues 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."

Afghanistan—Guljan Jalal, Director of Nursing, Ministry of Public Health, says, "In nursing school, it was my great desire to serve my people as a skilled nurse. The curriculum 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. I advocate for nursing staff by mobilizing stakeholders to support capacity building. 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."

Source: Management Sciences for Health, "Survey of Health Professionals Who Lead," Spring 2006.

Throughout developing countries, doctors typically head ministries of health, regional and district hospitals, health-related nongovernmental organizations (NGOs), faith-based organizations (FBOs), and multisectoral task forces and commissions. A 2005 inventory in Uganda revealed that 55 out of 56 directors of district health services are physicians and the other is a dentist (Uganda Ministry of Health 2005). In some countries, hospital superintendents are educated in hospital administration. With added preparation in leading teams and as partners with doctors, this cadre could help lead health programs and health services at subnational levels.

Doctors and nurses are frequently assigned to fill these management jobs without appropriate training or background in management and leadership. When they apply their training in clinical diagnosis, therapeutic protocols, and treatment techniques, their patients benefit, but only if everything else that supports patient care is in place: the right staff; with the right information, drugs, supplies, and equipment; at the right time; in an environment that is clean and conducive to quality care. The role of managers is to ensure that all these factors are present.

It is commonly assumed that a health degree means that one can be a manager. As a result, new graduates without managerial and leadership skills or experience are given a wide range of management and supervisory responsibilities. For example, a new doctor is put in charge of an entire district at the age of 25. A pharmacist without any management training is put in charge of and held accountable for 25% of the total Ministry of Health budget. Junior staff or middle managers are left on their own to handle internal issues of corruption.

Health care leaders and managers from low-income countries note eight key challenges that they commonly face in their organizations.

Eight Key Challenges of Health Managers in Developing Countries

Many health managers in developing countries are trying to determine how to:

1. Rapidly scale up HIV/AIDS, tuberculosis, malaria, maternal and child health, and other services to reach more people in more parts of their country.
2. Assure quality delivery of health services throughout a network of clinics.
3. Rapidly develop systems, guidelines, and safeguards to absorb and utilize available funding effectively and efficiently, with transparency and accountability.
4. Make NGOs and FBOs more sustainable—financially, programmatically, and institutionally—as donors withdraw funding.
5. Develop effective and efficient leaders and managers who can achieve results with their teams and resources.
6. Successfully decentralize authority and decision-making to managerial levels close to the client.
7. Create a results-focused organizational culture.
8. Deal with corruption and misuse of funds.

Source: Management Sciences for Health, "Survey of Health Professionals Who Lead," Spring 2006.

Reducing Risks and Achieving the Benefits of Leadership and Management in Health Care

The decision to invest in leadership and management can be viewed as a glass half empty or a glass half full. There are risks associated with not investing and rewards to be gained from investing—but neither is fully appreciated. The combined value of leadership and management has been learned the hard way in health care in developed countries like the United States and United Kingdom, where high-profile health system failures have revealed the unequivocal importance of strong leadership and management.

Waste in resources. In England, where 93% of health care is delivered through the National Health Service (NHS), a range of studies by the National Audit Office (NAO) found that roughly 20% of the NHS's then $60 billion budget was lost or wasted due to ineffective governance and management decision-making ("The NHS Money Drain," pp. 1–6). In 1999, the NHS introduced a massive corporate governance process to give managers and leaders the knowledge and tools to assure that public resources were used to best effect (United Kingdom Department of Health 1999).

A follow-up study two years later found that the average self-assessed scores for meeting national governance standards increased from about 50% to 65% across more than 550 organizations, and the level of awareness of the risks

from loss and waste at the managerial level was far greater. Most important, the study found that high-performing organizations could improve *without* new resources or interventions far more than low-performing organizations could improve, even *with* additional resources and interventions (United Kingdom Department of Health 2002).

Staff behavior and financial performance. Good leadership and management affect *staff behavior* and, as a result, *patient satisfaction* and *financial performance.* US hospitals with the lowest levels of employee engagement incurred an average of $1,120,000 more in malpractice claims per year than hospitals with the highest engagement scores (Medlin 2005). In England, NHS data show that a leading factor in a patient's decision to sue an NHS doctor or hospital is how the patient was treated. Patients who felt devalued were far more likely to sue than those who felt respected by their providers.[1] Strong leadership and management can promote respect for clients among staff.

Brain drain. Causes for the emigration of doctors and nurses from developing countries include staff nonengagement and job disatisfaction, occupational risks, and community factors, such as crime and political insecurity. They leave their homeland to practice medicine in countries where there are better conditions and better pay (Mullan 2005).

Stemming the brain drain will require increased investment to improve the work environment and tools for health workers and raise their morale. In-country research opportunities, greater appreciation of the power and impact of teamwork, reward programs, incentives, and a professional development track for health managers have all been recommended to address causes of the brain drain (Pang et al. 2002). The efforts of the Global Health Workforce Alliance could provide a solid foundation to strengthen health care capacity in developing countries.

Decentralization. The Pan American Health Organization evaluated 15 management training programs that were part of health sector reform. Despite investments of millions of dollars in training and improvements in infrastructure, the region's capacity to deliver equitable health services of acceptable quality has not improved greatly. Poor management in decentralized entities is considered one of the principal reasons for this failure (Homedes and Ugalde 2005).

The process of decentralizing health systems has produced confusion over roles and responsibilities. Role ambiguity undermines job satisfaction, involvement, performance, and retention. Through good organizational leadership, however, managers can develop clarity about their roles: what they should be doing, how to get things done and in what order, and how to act in various situations (Bauer and Spencer 2003).

Among the advantaged in the developed world, many have seen the importance of leadership and management in health care through the lens of wasted resources and patient safety. Health managers in low-income countries recognize it through experience with emigration of providers and failure to achieve health goals during decentralization. New funding mechanisms give the call for leadership and management a new global urgency.

[1] Steve Walker, Chief Executive, NHS Litigation Authority, remarks at a conference, Perth, Australia, Feb. 2000.

SECTION II: Global Urgency of Skill Development

"We in the health sector have a history of accidental managers. Breakthroughs will be tough because there is little history of competence building in management in low-resource settings. For instance, Global Fund Country Coordinating Mechanisms[2] are a whole new ballgame. Managing such entities requires very high levels of leadership and management skills. Some mythical thinking exists, which is the feeling that those with medical and nursing training should automatically be good leaders/managers."[3]

—Bob Emrey, Chief, Health Systems Division, Bureau for Global Health, USAID, Washington, DC

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

- The role of health care managers is not sufficiently valued.
- Accountability for poor leadership and management is 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 been clear.
- Vertical programs, such as those with an individual disease focus, do not support the overall health system.

These are extremely challenging yet exciting times for public health in the developing world. In 2002, all 191 member nations of the United Nations agreed to eight Millennium Development Goals (MDGs) by signing the UN Millennium Declaration. Designed to cut poverty in half by 2015, nearly half of these time-bound, quantifiable MDGs and targets concern health issues, such as the reduction of HIV/AIDS, tuberculosis (TB), malaria, malnutrition, and maternal, child, and infant mortality.

African leaders met in Abuja in May 2006 to renew their commitment to enable Africa to meet the MDGs and targets set for HIV/AIDS, TB, and malaria in the Abuja Declarations of 2000 and 2002. They formed multisectoral and sectoral partnerships to fight these and other diseases. New actors in health emerged at the community, regional, and national levels, while debt relief freed resources for public health efforts.

In the past three to five years, donors have offered unprecedented levels of funding to prevent and fight particular diseases through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Bill and Melinda Gates Foundation, the President's Emergency Plan for AIDS Relief, and numerous other multilateral, bilateral, and national initiatives. Together the MDGs and sources of megafunds call for the massive scale-up of health services to fight HIV/AIDS, TB, and malaria, as well as for more

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[2] A Country Coordinating Mechanism (CCM) is a multisectoral partnership within a country that develops grant proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria, based on high-priority national needs. After approval of a grant, the CCM oversees its implementation. A CCM includes representatives from both the public and private sectors, including governments, NGOs, FBOs, private businesses, and communities affected by the diseases. For more information on CCMs, see http://www.globalfund.org.

[3] Bob Emrey, in discussion with Joseph Dwyer, Aug. 21, 2003.

general improvements in maternal and child health.

In Africa, these opportunities come at a time when the prevalence of common diseases has outstripped the capacity of national health systems, and, in some countries, the supply of human resources for health is collapsing.

Even so, low-income countries are responding to the opportunities offered by these funds. Although far from achieving necessary levels of access to services and drugs, they have made some progress, including increasing access to antiretroviral therapy from 1% of AIDS patients to more than 17%, and, in some countries, decreasing the prevalence of HIV.

The Global Fund and MDGs represent a huge shift in perspective. Enhanced global connectivity, education, and advocacy efforts have helped policymakers understand the disproportionate burden of poverty and disease faced by the developing world. At the same time, country sovereignty and leadership require that country leaders define country priorities and approaches for national responses to health and take responsibility for meeting commitments they have made. Most ministries of health, including those in smaller countries, recognize the importance of management in carrying out their responsibilities. For example, at the last World Health Assembly, the Minister of Health from East Timor stated that he needs to develop the management capacity of district health officers.

Managers and health institutions need strong leadership, governance, and management systems and procedures to effectively:

- administer these new monies;
- scale up services rapidly;
- maintain fledging multisectoral partnerships;
- oversee the dispersal of funds to implementing partners;
- maintain transparency and accountability.

These times urgently call for strong leadership and effective management in health institutions. Yet one of the most significant challenges in public health and health care services today—a challenge much less frequently cited than the need for drugs and personnel—is the lack of basic preparation for those who lead and manage health institutions and programs, from the community to the national levels.

What skills do leaders and managers of health care programs need? To benefit from opportunities, managers at all levels need skills for managing information, people, 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.

SECTION III: Progress in Leadership and Management in Health, Industry, and Education

The importance of leadership and management to achieving health goals has been recognized for decades, yet progress in developing leadership and management has been slow. In 1951, a WHO expert committee assessed the state of the world's health services and noted that "in general, health services throughout most of the world but especially in developing countries were administered in a fragmented manner. There was insufficient coordination horizontally between different agencies responsible for different aspects of health or vertically between central, middle, and peripheral levels of administration" (WHO 1998).

The Declaration of Alma Ata, which came out of the worldwide WHO conference on primary health care in 1978, indicated the importance of management:

"For primary health care to succeed, it will require the support of the rest of the health system, and of other social and economic sectors concerned. Health systems support includes facilities for consultation on health problems, referral of patients to local and more specialized health institutions, provision of supportive supervision, and guidance, logistics support, and supplies."

In the late 1980s, most countries routinely began preparing national health plans as part of their national development plans or as separate documents. Health planning training, initially directed at national officials, was extended to staff at the intermediate and service delivery levels. For many participants, it was the first time they had been asked to articulate goals and objectives related to health.

Developments in the early 2000s raise questions about the current capacity of leadership and management in the health sector, yet distract from a much-needed focus on building public health capacity and infrastructure. It is difficult for health managers in low-income countries to balance expanding access to quality integrated primary health care services while simultaneously spending, accounting for resources, and rushing to achieve results in order to meet requirements of the high-cost, highly visible programs to combat major causes of morbidity and mortality (Barks-Ruggles 2001, World Bank 2005).

The performance of the high-stakes programs (including those funded by GFATM, the President's Emergency Plan for AIDS Relief, the Global Alliance for Vaccines and Immunization, and STOP TB) reveals major bottlenecks. For example, while the Global Fund approved funding for thousands of insecticide-treated bednets to reduce malaria, government procurement in some African countries has been so complex that the governments have not yet purchased the nets for their national malaria programs to distribute to households (Dugger 2006). Such experiences re-ignite concern about health systems' capacity to effectively absorb and manage resources, including the funds pouring in.

WHO is reorganizing to refocus on health systems management support, and in 2006 they focused on the human resource crisis. The Global Health Workforce Alliance could be a vehicle for effectively building sufficient leadership and management capacity in low-income countries to give donors, funders, and

governments greater confidence that limited resources will be well used to reach health goals. The Health Metrics Network, funded by the Bill and Melinda Gates Foundation, and the Health Systems Action Network represent two other efforts to initiate a focus on strengthening health systems performance and management.

INTERNATIONAL HEALTH TRAINING EFFORTS

WHO and the World Bank have ongoing efforts to address deficiencies in leadership and management capacity through management-related courses. Most WHO programs are embedded in specific technical programs, for example, immunization, management of the sick child, malaria, or tropical disease research. From time to time, WHO has also offered general management training. Currently, the Organization and Management of Health Services unit oversees health management strengthening as a part of health systems development. It focuses on low-income countries and is crafting a "management needs assessment tool" to help tailor management training in each country.

The World Bank Institute currently focuses a key part of its training and capacity development on monitoring and evaluation. Through its Introduction to Monitoring and Evaluation course, participants learn sequential steps to design and implement a monitoring system or evaluate projects, programs, or policies. The World Bank also offers off-site courses in such areas as public management, financial management, and health sector reform and has begun to deliver courses virtually.[4]

[4] For more information on the World Bank Institute's courses, please see http://web.worldbank.org/WBSITE/EXTERNAL/WBI/0,,pagePK:208996~theSitePK:213799,00.html.

LEADERSHIP AND MANAGEMENT TO ACHIEVE SERVICE EXCELLENCE IN INDUSTRY

In the late 1990s, when the highly competitive oil giants Mobil and Exxon merged, their union caused great strife and a cultural crisis among staff, which profoundly affected the company's leading indicators. Employees withheld their best efforts as a way of asserting their feelings and influencing the realignment. Brian Baker, Mobil's president of North American Marketing and Refining remarked, "There's a piece of us that we all sort of hold in reserve and we give it only when we are truly committed to what we are trying to achieve. You get 30% of most people's effort in a normal sense, but there's another 70% that is discretionary and is only given if people really want to give it. Real leadership is somehow trying to tap that extra 70%." Dr. Richard Huseman, who was hired as an executive coach and Director of Global Knowledge, said that tremendous efforts to improve corporate performance through leadership and management development have made Exxon Mobil one of the world's leading companies (Huseman and Hayes 2002).

EDUCATION INTEGRATES LEADERSHIP INTO TEACHING AND DIRECTING SCHOOLS

Leadership, as a revolutionary principle, changed business dramatically in the last 30 years of the 20th century. The education sector in developed countries has just begun to embrace its value. Growing interest within US education is driven by two factors: first, appreciation for the idea that strong leadership qualities in teachers raise the standards for classroom performance, and second, the national shortage of school principals and of those who are in training to become principals.

In the past few years, an increasing number of publications and initiatives have emphasized the importance of scaling up leadership and management in public education:

- In 2001, the book *Awakening the Sleeping Giant: Helping Teachers Develop as Leaders* was published; the concept of "teacher-leader" began to take root.
- The National Staff Development Council published its seminal report "Learning to Lead, Leading to Learn" about its program to develop school principals.
- New York City rolled out its Leadership Academy, a rigorous 14-month leadership course for aspiring principals of the city's 1,400 schools serving 1.1 million students. After this program, standardized test scores for elementary schools led by these principals improved; the number of fourth-graders who could read at grade level increased from one-third to two-thirds in one year ("In NYC, Model Emerges for Fixing Urban Schools," p. 12A).

SECTION IV: New Paradigms for Improving Leadership and Management in Health Care

To raise the quality of leadership and management in health care to the level in business and industry would entail deliberately putting bright young doctors and nurses, early in their careers, in positions where they can learn the managerial and leadership ropes under the supervision or mentorship of seasoned professionals. Richard Feeley, Clinical Associate Professor at Boston University School of Public Health, notes that the current practice of valuing clinical over managerial and leadership skills means "people do not get introduced to planning and management issues until they are relatively senior, and consequently the job of good planning doesn't get done because there is nobody to do it. There is no one to sit and think through what has to be done and how."[5]

Despite the pressing need to strengthen the capacity of managers, the vast majority of training conducted in health institutions today continues to be clinical and public health training. While this training is important, it is not sufficient to face the challenges of health care today. To close the gap between the need for results-oriented management and leadership in health institutions and what is currently done requires more than traditional training programs.

Promising initiatives to develop management and leadership exist, however. The following examples reflect a paradigm shift to *valuing* leadership and management capabilities and *requiring* them for positions that badly need these abilities. For the most part, they involve all levels of management and link improved leadership and management to improved services. Drawn from different countries, the examples illustrate:

- meritocracy for promotion (Brazil);
- civil service prerequisites (Mexico);
- learning while overcoming real challenges (Egypt pre-service and in-service, Virtual Leadership Development Program).

A MERITOCRACY OF GOVERNMENT LEADERS AT ALL LEVELS: CEARÁ, BRAZIL

In the late 1980s, the governor of the state of Ceará in Brazil wanted competent people with good technical and management qualifications to lead state secretariats, the equivalent of ministries at the state level. Very few people had the experience and ability to lead teams and achieve the results needed to pull Ceará up from its position as one of the lowest in Brazil in terms of social-sector indicators.

He and others created a new paradigm in government for selecting people to promote into leadership positions.

- First, people had to apply to be accepted into a leadership development program.
- They needed references from two current or former supervisors.
- Finally, they had to successfully complete the government's leadership development program.

The governor kept his commitment and selected people from this leadership pool for key assign-

[5] Management Sciences for Health, Focus-group discussion on leadership and management in health care, Boston University School of Public Health, June 22, 2005.

ments. The new approach replaced the traditional system of promoting people according to seniority or less transparent criteria, whether they wanted leadership positions or not.

In the Secretariat of Health, this new approach has stimulated significant improvements in child health–related indicators. For example, the health secretaries of municipalities who took the leadership development program worked with teams of mayors, community leaders, health care managers, and providers to address high infant mortality rates. The implementation of their action plans resulted in decreases in infant mortality. Overall, 70% of 37 municipalities succeeded in decreasing infant mortality rates, some by as much as 50%; see the table below for examples. The program has been institutionalized in collaboration between the Secretariat and the State School of Public Health and has also been expanded to other states.

Changes in Infant Mortality after Leadership Development Programs

	Infant Mortality (Deaths per 1,000 live births)	
Municipality	Before program	After program
Maranguape	36	13
Aquiraz	32	10

CIVIL SERVICE REFORM AND EDUCATIONAL OPPORTUNITIES: THE MINISTRY OF HEALTH, MEXICO

In 2003, a new civil service law in Mexico reformed the recruitment of civil servants. The law mandated that all government employees (including those of the Ministry of Health) be selected and hired based on competencies for the job through an open, transparent process.[6]

Each secretariat now has a "professionalization committee" in charge of developing job descriptions and profiles. It also has a training program to bring employees' credentials up to date. Each job profile includes knowledge, skills, attitudes, and values related to the behaviors necessary to carry out the job's responsibilities and tasks. The profile contains four sets of basic competencies:

- public service vision, including ethical values;
- management and leadership competencies;
- general technical competencies (e.g., administration, languages, and management of software);
- specialized technical competencies.

[6] Management Sciences for Health, "A Paradigm Shift in Public Health: Professionalizing Leadership and Management in Ceará, Brazil," draft, Leadership, Management, and Sustainability Program (Boston: MSH, 2006).

According to these profiles, all leaders and managers, from the mid- to senior level, must have credits (obtained through master's degree programs, courses, seminars, and forums) and pass an accreditation process. The Secretariat of Education took charge of evaluating employee credits and making sure the accreditation process works. Employees who fail the accreditation have one year to try again. If they fail a second time, they lose their jobs.

As a complement to this accreditation, the National Institute of Public Health now offers a postgraduate program: Master's in Management and Executive Leadership in Health. This new program introduces management and leadership competencies into the health sector in Mexico, including the ability to:

- set strategic directions to provide services efficiently, effectively, and equitably;
- make decisions, negotiate, and resolve conflicts using organizational dynamics;
- apply principles of quality to health services;
- develop new directives in management and leadership in health and use these in training and leading others;
- participate in and manage applied research projects in health services.

IN-SERVICE LEADERSHIP AND MANAGEMENT DEVELOPMENT OF TEAMS: ASWAN, EGYPT

In 2002, the Aswan Governorate, a rural, underdeveloped area in Upper Egypt, launched a process to improve the quality of and accessibility to health services in three districts. The health units in these districts faced the challenge of improving health status for their population. To do this, they wanted to increase client satisfaction and use of health services and to make a commitment to serve their clients better. Staff from six health facilities and three districts participated in a four-month leadership development program sponsored by the Ministry of Health and Population and MSH. The program focused on increasing the capacity of managers to produce organizational results.

Doctors, nurses, and midwives (41 in all) from health centers, a hospital, and districts were grouped into 10 working teams. Through bimonthly one-day workshops, participants committed to a shared vision of the future and used MSH's Challenge Model to frame specific challenges. Through "owning" their challenge and applying the leading and managing practices and skills they had learned, they were able to implement their action plans. Between 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 without additional donor funding. From a few local Ministry facilitators, the program expanded to 35 facilitators who are bringing the program to other governorates using Ministry of Health resources. As a result of women having more access to family planning services, making more antenatal and child care visits, and having more deliveries by trained medical staff, health care outcomes improved.

Changes in Aswan Governorate Health Indicators after Leadership Development Program

Indicator	*Change in indicator*
Infant mortality	12% decline (2001–2005)
Maternal mortality	35% decline (2000–2005)
Contraceptive prevalence	17% increase (2001–2005)

The program's impressive success across the whole governorate has led ministries of health from other countries to adopt its principles and approaches to empower health care workers to lead and manage teams with their own resources.

VIRTUAL LEADERSHIP AND MANAGEMENT DEVELOPMENT: WORLDWIDE

Large-scale innovation in management requires reaching large numbers of people in their workplaces around the world with practical skills. To help fill this need for short, applied learning programs, MSH has developed and implemented virtual programs, including the Virtual Leadership Development Program (VLDP).

Like the leadership development program in Egypt, the VLDP strengthens the leadership capacity of health teams to produce improved organizational results, but it uses a blended approach of on-site team meetings and virtual individual work on a website. The program materials, workbooks, and CD-ROMs sent to all participants before the course make it possible for them to participate even if they do not have good connectivity.

Expert facilitation is vital to the program's success. Two co-facilitators, experts in leadership and organizational development as well as facilitation, engage participants by making daily announcements, drawing attention to a topic in the readings or online discussions, and raising provocative questions. They also review each team's homework, provide feedback on the teams' action plans, and coach them in addressing identified organizational challenges. The VLDP guides teams through modules in identifying and addressing real organizational challenges while strengthening their leadership practices and competencies.

After completing the program, the teams can participate in LeaderNet, a virtual leadership network where they access materials, exchange ideas, and participate in virtual seminars with others who have completed a leadership development program. Designed for both public- and private-sector managers, and offered in five languages, the VLDP has been delivered to 150 teams (more than 1,200 participants) in 30 countries in the developing world, resulting in enhanced individual leadership, stronger and more cohesive work teams, and improved organizational results. Health care results differ with the challenge that each team selects. Sample results follow.

Performance of Teams after Virtual Leadership Development Programs (9–11 months after the end of the programs)

Organization	*Challenge*	*Results*
Joint Clinical Research Centre, Uganda	Expand antiretroviral access	▪ Reduced stockouts of antiretrovirals from 20% to 2% ▪ Opened 27 new clinics
Marie Stopes, Uganda	Institute effective work plans	▪ Provided 50% more family planning methods, as defined by UNFPA
San Juan Hospital, Guatemala	Increase filled drug prescriptions for hospital patients	▪ Filled 90% of all prescriptions and 98% of basic drug prescriptions (vs. 75% previously), after reorganizing hospital pharmaceutical supply system

Sources: Amber Oberc, Cary Perry, and Karen Sherk, "Evaluation of the Africa 1 and 2 Virtual Leadership Development Program (VLDP)," Management & Leadership Program (Boston: MSH, Aug. 2005). Nancy LeMay, "Follow-up Evaluation: Three Latin American Cohorts in the Virtual Leadership Development Program," Management & Leadership Program (Boston: MSH, Oct. 2004).

This innovative program to engage groups to achieve results has been adapted for teams working in TB control, HIV/AIDS services, reproductive health, child health, and improvement of management systems.

PRE-SERVICE TRAINING: MENOUFIA UNIVERSITY AND ALEXANDRIA UNIVERSITY, EGYPT

The pre-service initiative of MSH's Leadership, Management, and Sustainability (LMS) Program emerged from the need for physicians and nurses to acquire management and leadership knowledge and practices prior to assuming their managerial roles in health units. (It draws on work from the previous Management & Leadership Program.) Collaborating with the Medical Faculty of Menoufia University and the Nursing Faculty of Alexandria University, the pilot program integrated leadership and management principles, frameworks, and tools[7] into pre-service learning for nurse and physician interns.

The goal was to create a program that can be institutionalized in medical faculties across Egypt and later transferred to other developing countries. The program's design was coordinated with the USAID mission in Egypt and the Health Workforce Development Team, which is reforming medical curricula in pre-service education.

The pilot was successfully completed at both the Menoufia medical school and the Alexandria nursing school. Modules included: Leadership Overview, Scanning, Focusing, Aligning & Mobilizing, Inspiring, Implementing, Overcoming Obstacles, and Sustaining Results.

Participants worked in teams that included interns, faculty, head nurses, and hospital administration. Teams worked to address priority challenges in their hospitals, including infection control and rational use of resources.

[7] For materials of the LMS Program, refer to http://www.msh.org/projects/lms/AboutUs/index.html.

All the teams participating in the program learned how to lead others to improve performance in their hospital units. Faculty members observed decreases in the rate of infection in most departments, and nurses reported working toward results without additional resources. At the end of the pilot, the Supreme Council of Universities voted to include a leadership program in the medical and nursing curricula. The Nursing Faculty in Alexandria made the program part of the nursing curriculum in September 2005.[8]

[8] Tawhida Khalil and Ersin Topçuoglu, "Evaluation of the Pre-service Developing Managers Who Lead Programs at the Alexandria Nursing School and Menoufia Medical School, Egypt," evaluation report, Management & Leadership Program (Boston: MSH, Sept. 2005).

"This is leadership—that our health personnel do not wait for instruction from the highest levels, but rather make decisions that enable them to do what they need to do to serve their communities."

—Margarita Gurdián, Minister of Health, Nicaragua

There is a view in some international health circles that the best way for developed countries to help developing countries to attain their health goals is to provide ample drugs, resources, and short-term health and technical assistance workers. We believe that these inputs are important but need to be augmented to produce sustainable results. We propose that doctors, nurses, and, increasingly, nonclinical managers be better prepared to lead teams to achieve results and effectively lead change, so they themselves are able to succeed in achieving health goals. A real paradigm shift is needed to stop the slide toward less effective health care in countries that face critical threats to their whole health system.

A "Band-Aid" approach to strengthening management and leadership capacity has high costs, including wasted or lost resources; lack of results; poorly led and inadequately supported staff; and, most important, failure to save lives, reduce illness, and achieve the health results pursued in all countries.

We propose a clear objective to be shared with all who are concerned about the future of health care: All current and future health managers are well prepared to lead and manage to achieve results.

FORM ALLIANCES

Alliances among, for example, medical and nursing schools, schools of public health, business schools, and professional associations will all be useful to expand leadership and management development.

Business schools across Africa, Latin America, Asia, Europe, and the US have much to offer in building the capacity of health managers in health services institutions and in working with preservice institutions to bring management and leadership skills to medical, nursing, public health, and other students. One of the leaders in Africa is the Eastern and Southern Africa Management Institute (ESAMI), a pan-African regional management development center owned by 10 member governments from eastern and southern Africa. As a service and market-oriented institution, ESAMI offers high-level specialized management training and development programs, consulting, and action-oriented research services to clients and institutions. These range from central and local governments, regional and international institutions, NGOs, and parastatals, to private-sector institutions, including health service professionals and organizations. In 1997, the UN Economic Commission for Africa officially designated ESAMI "The African Centre of Excellence in Management Development." Another influential business school is the Institut Supérieur du Management in Dakar, which has integrated a US-oriented approach to management training into its educational programs.

Professional associations in medicine, nursing, public health, and hospital administration can promote accreditation and continuing professional development to motivate improvements in leadership and management in health care organizations. Being awarded a continuing education credential from a professional association offers individuals the opportunity to continue work in their fields while learning new competencies they may not have learned in their previous education.

Actions to Ensure That Managers Are Well Prepared

To realize this objective, it is necessary to value leadership and management roles in health care; educate current leader-managers; develop future leader-managers; and establish credentialing and partnerships.

Value Leadership and Management Roles in Health Care

- Develop a clear proposition of the value of leadership and management in health care that interested countries can identify with.
- Communicate the evidence that demonstrates the relationship between improved leadership and management and improved outcomes.
- Support policy efforts to raise the profile and credibility of leadership and management development.
- Clearly link the paradigm shift of improved leadership and management with the work of the Global Health Workforce Alliance capacity-building initiative.

Educate 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.

Develop Future Leader-Managers

- 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.

Establish Credentialing and Partnerships

- Engage in dialogue with schools and associations 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.

State, national, and international professional associations, such as the World Medical Association, World Council of Nursing, World Association of Public Health Associations, and the International Pharmaceutical Federation can help lead efforts to bring management and leadership development programs to health service institutions at this critical time. These associations are concerned about meeting the needs of practitioners who want and need better preparation.

USE INDICATORS

It will be important for countries to know when they are making progress in developing professional health care managers. To assess their

progress, countries can select and measure changes in indicators. Sample indicators could include:

- schools of medicine, nursing, and public health have leadership and management programs in their curricula;
- senior positions require credentials in leadership and management development;
- a countrywide network of health care leaders and managers exists within the country.

It is ironic that health care, which has as much or more human capital than any other industry in the world, has not yet fully embraced the importance of the impact that leadership and management can and will have on organizational performance. Those charged with leading and managing health services want to be prepared to succeed in their important roles. It is time to join together and support them as they strive to lead and manage for results.

Professor Sam Luboga, Deputy Dean of the Faculty of Medicine at Makerere University in Uganda, summarizes well the case for leadership and management:

"The many projects generated by new funding opportunities, such as the Global Fund, are exposing weaknesses in existing systems, from monitoring and evaluation to internal controls. We need leadership and management development if the full benefits of these initiatives are to be achieved."

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We welcome feedback on this paper. If you have experience with preparing doctors and nurses for managerial positions in health care in low-income countries, please direct your comments to Joseph Dwyer (c/o bookstore@msh.org). Thank you in advance.

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