Strong leadership, governance, and management are the cornerstones of successful global, national, and local efforts to save lives and achieve the maximum impact from health investments. Yet effective leadership, management, and governance skills and practices too often are the vital missing elements in public, civil society and even private health organizations. Fortunately, these skills can be developed. They are best developed working in teams, in one’s own setting, over time, while facing real challenges.

With our partners, MSH works to build capacity at all levels within public and private organizations to improve leadership and management practices. Improved capacity ensures sound governance policies, creates a work climate that supports staff motivation, increases flexibility, and realigns staff to focus on common, achievable objectives.

Over the last five years, the US Agency for International Development (USAID)-funded Leadership, Management and Sustainability (LMS) Program (2005-2010) showed the link between improved leadership, management, and governance and improved health services. LMS assistance in Peru, through the Healthy Communities and Municipalities Project, focused on applying the practical approaches of leadership and management to promote healthy behaviors. The LMS approach is to foster leadership at all levels in the health system and to implement and maintain management systems that are sustainable. The Project held behavior change workshops and trainings to learn how to apply leadership and management practices to health service delivery challenges. The workshops focused on leading and
managing—enabling others to face challenges and achieve results; mobilizing others to envision and realize a better future; and planning and using resources efficiently to produce intended results.

Following these trainings, communities began monitoring their own health status—tracking how many families had access to clean water, for example, or how many pregnant women were visiting health facilities for prenatal care. By actually monitoring the numbers, local community leaders and health workers were able encourage behavior changes—visiting women and encouraging them to attend prenatal clinics, or teaching families how to have safe, clean water in their homes. In addition, a municipal public health information system was put in place so communities were able to monitor their own maternal and child health indicators. This information system enabled local governments to create data-based development plans for their communities, without the need to rely on assistance from the central level of the government.

Between June 2006 and December 2009, the number of children ages 6-24 months in the Healthy Communities and Municipalities Project who were drinking clean water increased from 26 to 71%, and the number of pregnant women seeking prenatal care at a healthcare facility increased from 80% to 92%. The health workers were better informed to address these challenges as a result of the trainings they participated in through the Project. The LMS program, which was implemented by MSH, achieved health benefits in many countries in addition to Peru, and the crucial lessons learned, shared in the Project’s final report [6], can now be applied in future development programming.

Leadership development is effective not only in empowering individuals and teams to overcome challenges and improve health outcomes, but also in creating a sense of ownership among team members that leads to sustainability. In 2002, the Leadership Development Program (LDP) [7], a training program developed by MSH, brought together 10 teams of medical professionals from three districts in the Aswan Governorate in Upper Egypt. They strengthened their use of leadership and management practices by taking on challenges in family planning and reproductive health services. The key leadership and management practices are: scan, focus, align/mobilize, inspire, plan, organize, implement, and monitor and evaluate. These principles are improved through the LDP over a four to six month team program that helps the teams develop strategies to address challenges.

After funding from USAID ended, local doctors and nurses extended the program to all 184 health facilities in the governorate. In 2005 the teams in Aswan chose to address maternal mortality. After one year, three districts had increased their new family planning visits by 20%, 35%, and 68%, respectively. The number of prenatal and postpartum visits rose in other districts. These results contributed to a decrease in the maternal mortality rate in the governorate, which, for every 100,000 live births, fell from 85 in 2005 to 50 in 2006. By 2007 maternal mortality had dropped to 36, a 44% decrease in two years. The LDP has been adapted for 37 other countries.

Teams who have participated in the LDP show that even with few resources, they can transform the way they work and develop their own solutions.

As the U.S. Government enters a new phase in funding for international development programs, with major initiatives such as the Global Health Initiative, there is a welcome emphasis on sustainability, country ownership, and integration of health services. A continued investment in effective leadership, management, and governance programs is required to
support the successful implementation of these efforts, accelerate progress towards achieving the Millennium Development Goals, and, more importantly, save lives and improve the health of the world’s most vulnerable people.

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