Strengthening health systems through improved leadership, management, and governance

The LMG approach in Côte d’Ivoire

THE CHALLENGE

In recent years, communities in Côte d’Ivoire distrusted the public health system, as evidenced by only 18% of people using one or more public health services each year. To address this challenge, the Ministry of Health and Public Hygiene prioritized decentralization of decision making at the regional and departmental levels by strengthening leadership, management, and governance (LMG) skills. Building the LMG skills of those decision makers creates a stronger, self-sufficient system that is more responsive to local needs. Strong management and transparent governance can create a resilient health system the community trusts.

USING LMG TO STRENGTHEN HEALTH SYSTEMS

Since 2013, Management Sciences for Health (MSH) has implemented projects with the government and stakeholders in Côte d’Ivoire to improve LMG practices in the health sector. The largest was the five-year, USAID-funded Leadership, Management & Governance Project. Based on the impressive outcomes from that project, the Ministry of Health invested Global Fund funding to continue the work.

Through its Leadership Development Program Plus (LDP+), MSH is equipping health leaders with skills to identify and overcome barriers that keep them from providing consistent, high-quality health services. This new way of working brings health workers together to work in teams and find solutions to local, shared challenges. Activities are implemented in collaboration with other local partners, and the challenges selected reflect the priorities of the National Health Development Plan. In addition to the improvement in health indicators, this investment in LMG has helped create more enabling work environments, empower health workers, improve the allocation and planning of work, and build responsive systems.

KEY ACHIEVEMENTS

During the LDP+ process, teams identify a problem to address and analyze its root causes. They develop a six-month action plan to address those root causes with measurable indicators and a target to work toward using the skills received in the leadership training.

In 2018, 32 district teams went through the LDP+ process, creating action plans and measurable indicators, and all but one saw an improvement in their indicators after six months. Moreover, six months after the LDP+ process ended, 25 teams continued to improve or maintain their achievements.

Below are some of the results between the baseline before LDP+ (June 2018) and six months after LDP+ ended (June 2019):

- Fourteen districts focused on improving the rates of pregnant women attending four or more ANC visits and increased their rates from 32% to 55%. Over one-third of districts more than doubled their rates.
- Two districts improved the percentage of women who return for postnatal care, with Bondoukou District going from 5% to 60% in that 12-month period.
- Vaccination rate for measles and rubella improved from an average of 81% to 95% in five districts. This includes an improvement from 72% to 95% in Issia District.
- The dropout rate for pentavalent vaccine (a 5-in-1 combination vaccine to protect against multiple diseases) decreased from 14% to 3% in Ouangolo District.

DISTRICT RESULTS DURING THE LDP+ PROCESS