



DEVELOPING EFFECTIVE LEADERS FOR STRONGER HEALTH SYSTEMS

Stronger health systems. Greater health impact.



PROGRAMS AND SERVICES

LEADERSHIP DEVELOPMENT PROGRAMS

Professionals working in the health system must do more than provide clinical care or carry out directives from higher levels. They must meet the needs of their clients, both current and future. They must be able to lead and manage and develop those same skills in their staff so that all are aligned, mobilized, capable, and inspired to achieve the organization's stated mission.

To address these needs, MSH introduced the **Leadership Development Program (LDP)** in 2002. Over the next decade, the LDP enhanced the leadership skills of health managers in more than 40 countries. In 2012, MSH launched the LDP+, building on the experience and lessons learned through the LDP with a new focus on priority health areas, improved reporting of results, use of evidence-based best practices, and scaling up these practices to the larger health system.

Participants, working in teams over a period of five to eight months, learn to lead and manage in a practical way. They develop teams with shared visions, identify long-term strategies, and commit to short-term results. They analyze what stands in the way of progress and create opportunities to apply the practices of leading and managing at every phase. Their superiors are fully aligned with the program and hold the teams accountable for intended results. All throughout the program, teams receive support from facilitators and coaches.

Participants often emerge from the program with greater confidence and a sense of power. As one Kenyan nurse states, “The LDP gave me the conviction that I did not need to wait until the day everything was in place—money, support, etc. Leadership and management skills were enough!”

VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM (VLDP)

The 10-month **Virtual Leadership Development Program (VLDP)** combines face-to-face activities—team meetings and coaching—with distance learning in which teams address a real workplace challenge. “After the VLDP, there was a change in attitude in the institution, people became more proactive. People started mentioning how others could improve,” says the Assistant Registrar at Regina Pacis University College in Kenya. In Swaziland, a hospital team reduced the average waiting time of clients at the outpatient department by 30 percent. Facilitators provide feedback and support, and teams celebrate their results at the end during a webinar that features the best performers.

PHARMACEUTICAL LEADERSHIP DEVELOPMENT PROGRAM (PLDP)

Pharmacy managers often face simultaneous workplace challenges, such as how to ensure adequate supplies of pharmaceuticals, accurately and efficiently quantify needs, and ensure the optimal use of medicines so that patients are well served. Based on the original LDP, the PLDP is adapted specifically for pharmacists with added sessions on legislation, ethics, governance, financial management, and human resource issues relevant to the pharmaceutical sector.

Tested extensively in South Africa, the PLDP has contributed to improved access to medicines at primary health care facilities, improved compliance with national prescribing standards, and increased reporting of adverse drug reactions. According to Mrs. Nocawe Thipa, Head of Pharmaceutical Services in Gauteng Province, the PLDP “marks the beginning of a paradigm shift in the way pharmacy is practiced.” In KwaZulu-Natal, the program led to services for chronic patients being brought closer to the communities.

COMMUNITY LEADERSHIP DEVELOPMENT

MSH’s Community Leadership Development program was piloted in Nicaragua in 2003 in a community traumatized by years of civil violence. Community leaders participated in a series of sessions on rights, leadership and management practices, conflict resolution, and community ownership. Following the program, despite past political differences, community leaders came together to lay 8,168 meters of pipes to bring water to two neighborhoods, providing clean water to 346 families in their homes.

In 2006, the program was adapted for implementation in Peru, where it has since reached more than 400 communities. The focus is on improving water and sanitation practices and knowledge of family planning methods. The women, used to deferring to men, have started to take leadership roles in their villages. As one woman participant says, “Leading a community to become healthy is not just a male thing.”

LEADER SHIFTS

All our programs build awareness of the attitudinal shifts that characterize good leadership. We call these leader shifts:

Shift perspective from...	to...
individual heroics	collaborative actions
despair and cynicism	hope and possibility
blaming others for problems	taking responsibility for challenges
scattered, disconnected activities	purposeful, interconnected actions
self-absorption	generosity and concern for the common good



LEADERSHIP AND MANAGEMENT IN PRE-SERVICE CURRICULUM

The Lancet's "Report of the Global Commission on Education of Health Professionals for the 21st Century" (November 2010) noted that "professionals are falling short on appropriate competencies for effective teamwork and they are not exercising effective leadership to transform health systems." Leadership, management, policy analysis, and communication skills are considered among the critical but neglected curriculum elements that medical, nursing, and public health students need for success in their roles as health professionals.

MSH has worked with academic and professional training institutions to bridge this gap and integrate management and leadership concepts, skills, and practices into the pre-service curriculum. With MSH's support, the College of Health Sciences at the University of Nairobi in Kenya integrated leadership and management content into the curricula for its undergraduate students in 2011. Similar initiatives have led to more attention to management and leadership in Afghanistan, Egypt, Kenya, Nicaragua, Uganda, and Tanzania.



PHOTO: SYLVIA VRIESENDORP

OTHER SERVICES TO STRENGTHEN LEADERSHIP AT ALL LEVELS

MSH's experienced and committed team of experts and coaches supports leadership development in customized ways as well:

- **Team and Executive Coaching:** MSH's coaching is results-oriented, helping individuals or teams bring out the best of their capabilities, set goals, and then move toward these goals. Staff morale can be greatly enhanced when supervisors and team leaders develop their coaching skills. MSH can provide executive coaching on an individual basis, design stand-alone workshops, and incorporate coaching into customized programs for the most senior levels of health leaders.
- **LeaderNet:** LeaderNet—www.leadernet.org—is an online community of professionals working to advance health leadership, management, and governance by sharing best practices and ideas with colleagues worldwide. Through LeaderNet, MSH offers short online seminars, facilitated courses, and communities of practice that are free and open to all.

LEADERSHIP DEVELOPMENT: PHILOSOPHY AND PRINCIPLES



For more than 40 years, **Management Sciences for Health (MSH)** has been working around the world to bridge the gap between what is known about public health and what is actually practiced. We believe that strengthening health systems is the most sustainable way of improving health and saving lives. We apply our expertise across the health care system as a whole, recognizing the interconnected parts that must be aligned to be effective: the health workforce, equipment, supplies, medicines, transport, facilities, information, training and education. Strong health systems require good governance, strong management, and committed leadership.

Our leadership development programs incorporate the following beliefs and principles:

- Leadership is a set of practices, behaviors, and skills that can be learned
- Adults learn best when new concepts and skills are applied to real life challenges
- Everyone, at all levels of the hierarchy, can lead and learn to lead better
- Leadership development is a process that takes time
- Learning new skills and behaviors requires frequent feedback and support
- Leadership skills and behaviors are practiced by individuals in a team

MSH's approach has assisted donors, governments, civil society groups, and individuals to strengthen health sector leadership. As one family planning manager from a national health directorate explains, "Before the LDP, we had a directorate where each person had his own work to do; after the training, everyone wants to engage each other, and integrate to move forward in one direction."

SUCCESS STORY



PHOTO: SYLVIA VRIESENDORP

LEADERSHIP SAVES LIVES

Kalimullah Fawad of Takhar province in Afghanistan told us how improved leadership and management, the tools and the practices people learn, unleashed creativity and saved lives:

A team from the Baharak Comprehensive Health Center participated in one of MSH's leadership programs. Few women came to deliver at the center despite available trained female staff. The team chose to increase assisted deliveries at the center as their challenge. They discovered that security concerns prevented the female health workers to work the overnight shift—a time when most of the deliveries occur. The team aligned their local authorities, community members and others, and creatively mobilized resources to finance the construction of a wall to surround their facility. Now, female staff are comfortable to perform night duty and deliveries in the facility have increased.



For more information on MSH's leadership programs and services, please visit www.msh.org/our-work/health-system/leadership-management-governance

COVER PHOTO: WARREN ZELMAN

MANAGEMENT SCIENCES FOR HEALTH

WWW.MSH.ORG

Saving lives and improving the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health.

200 RIVERS EDGE DRIVE
MEDFORD, MA 02155
UNITED STATES
TEL +1 617.250.9500
LEADERSHIP@MSH.ORG

