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. Management sciences applied to health care is still in its 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

Introduction: Beyond Saving Lives

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 this knowledge 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 were not, and still are not, sufficiently prepared to succeed in the leadership roles they now occupy. They face challenges that seasoned chief executives would find difficult: 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 leave for better jobs overseas or because of illness. When they receive assistance, however, they 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 demonstrate that preparing 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;
- greater ability to understand and influence the "culture" of health services;
- improved recruitment, development, and retention of health professionals.

The international news media frequently highlight the growing health care crisis. The common response by donors is to support the recruitment and training of more medical professionals and work to obtain needed drug supplies at affordable costs. These actions are important, but they respond to the symptoms of the health care crisis, not the underlying causes.

To get to the root causes we need to ask, "How did we get into this catastrophic crisis in the first place?" Below is a summary gathered from our survey of health care leaders/managers as well as interviews with donors and technical assistance agencies.

- The role of health care managers is not sufficiently valued.
- The costs of poor leadership and management are not clearly perceived.
- Doctors and nurses are automatically assumed to be 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 clearly provided.
- Vertical programs, such as those with an individual disease focus, predominate.

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, they tell us that their roles expand very quickly far beyond diagnosing illness and treating disease, and their lack of preparation in leadership and management—in planning, organizing, delegating, motivating, and teamwork—begins to frustrate them and thus undermine the quality of patient care and service.

While profits are the benchmark of commercial industry, patient and public health outcomes are the measure of success in health care. As the box below shows, 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 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. 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."

Egypt—Dr. Abdo Hassan Al Swasy, Consultant in Obstetrics and Gynecology, states, "When I was in medical school, I thought my job would be to treat suffering people. I received no leadership and management training in medical school. Today, my leadership and management challenges are many, such as reducing maternal mortality, increasing community awareness of post abortion care, antenatal care, and improving the performance of obstetricians in district hospitals."

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 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" (MSH 2006b).

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; the other is a dentist (Uganda Ministry of Health 2005).

It is commonly assumed that a health degree means that one can be a manager and a leader. 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, right out of medical school, is put in charge of an entire district. 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.

In most countries in Africa, hospital administrators rarely have any management preparation prior to on-the-job administrative training. With added preparation in leading teams and as partners with doctors and nurses, this cadre could be of significant assistance in leading and managing health programs at subnational levels.

Health care leaders and managers from low-income countries noted examples of key challenges that they commonly face in their organizations:

- Rapidly scale up HIV/AIDS, tuberculosis, malaria, maternal and child health, and other services to reach more people in more parts of their country.

- Assure delivery of quality health services throughout a network of clinics.

- Rapidly develop systems, guidelines, and safeguards to absorb and use available funding efficiently, with transparency and accountability.

- Develop effective and efficient leaders and managers who can achieve results with their teams and resources.

- Create a results-focused organizational culture.

- Deal with corruption and misuse of funds (MSH 2006b).

In this same survey, participants provided examples of skills they need to meet these challenges:

- Time management

- Teamwork and decision making

- Staff motivation

- Resource management (human and financial)

- Monitoring, evaluation, and reporting

- Partnership formation and leadership

- Ability to help teams focus on results and client satisfaction

Global Urgency for 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[1] 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."[2]

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

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 help Africa 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 megafund sources call for the massive scale-up of health services to fight HIV/AIDS, TB, and malaria, as well as for more general improvements in maternal and child health.

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

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[1] 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 private and public sectors, including governments, NGOs, FBOs, private businesses, and communities affected by the diseases. For more information on CCMs, see http://www.globalfund.org.

[2] Bob Emrey, in discussion with Joseph Dwyer, August 21, 2003.

Raising the quality of health care leadership and management to the level assumed in business and industry requires 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" (MSH 2005a).

Promising initiatives to develop management and leadership do 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 management levels and link improved leadership and management to improved services. Drawn from different countries, the examples illustrate:

- meritocracy for promotion (Brazil);

- civil service prerequisites (Mexico);

- in-service leadership and management development (Egypt).

A MERITOCRACY OF GOVERN-MENT LEADERS AT ALL LEVELS: CEARÁ, BRAZIL

In the late 1980s, the governor of the state of Ceará in Brazil wanted people with technical and management qualifications to lead state secretariats, the equivalent of ministries at the state level, to pull Ceará up from its position as one of Brazil's lowest in social-sector indicators.

He and others created a new government paradigm for selecting people to promote into leadership positions. Candidates were required to:

- apply to be accepted into a leadership development program;

- provide references from two current or former supervisors;

- successfully complete the leadership development program.

This new approach replaced the traditional system of promoting people according to seniority, or less transparent criteria, and regardless of their interest in health care management.

In the Secretariat of Health, this approach has stimulated significant improvements in child health 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 decrease high infant mortality rates. Overall, 70% of 37 municipalities succeeded in decreasing infant mortality rates, some by as much as 50%. The program has been institutionalized in collaboration between the Secretariat and the State School of Public Health (MSH 2006a).

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

In 2003, a new civil service law in Mexico reformed civil servant recruitment. The law mandated that all government employees (including those from the Ministry of Health) be selected and hired based on competencies for the job through an open, transparent process (MSH 2006a).

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 job responsibilities and tasks.

As a complement to this accreditation, the National Institute of Public Health now offers a postgraduate program, Master of Science in Management and Executive Leadership in Health, to further develop management and leadership competencies in the health sector.

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 and accessibility of health services in three districts. 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 com-

mitted to a shared vision of the future and used MSH's Challenge Model to frame specific challenges. Through "owning" their challenge and applying the leadership and management 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, without additional donor funding, the doctors and nurses expanded the program to 185 teams covering the entire Aswan Governorate.

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. One key health outcome: As a result of women having more access to family planning services, making more prenatal and child care visits, and having more deliveries by trained medical staff, maternal mortality declined from 85/100,000 births in 2003 to 50/100,000 births in 2006, a decline of 41% (Al Swasy 2007). In this same time period, Al Swasy also determined that infant mortality dropped from the 2003 rate of 28/100,000 births to 18/100,000 births in 2006, a decline of nearly 36%. Simultaneously, contraceptive prevalence increased by 17% in the Aswan Governorate.

VIRTUAL LEADERSHIP AND MANAGEMENT DEVELOPMENT: WORLDWIDE

Large-scale innovation in management requires providing practical skills development to large numbers of people in their workplaces around the world. 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, using a blended approach of on-site team meetings and individual work on a website or via CD-ROM. Program materials are sent to all participants before the course begins. This is a 13-week program and participants dedicate just three to four hours per week to it.

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 on the online discussion, 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 on identifying and addressing real organizational challenges while strengthening leadership practices and competencies. One example of improvement through the VLDP is the Joint Clinical Research Centre in Uganda, which reduced stockouts of antiretrovirals from 20% to 2% and opened 27 new clinics in the 9 months following program initiation.

The VLDP has been delivered to more than 150 teams (more than 1,200 participants) in more than 30 countries in the developing world, resulting in enhanced individual leadership, stronger and more cohesive work teams, and improved organizational results (Oberc et al. 2005; LeMay 2004).

"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."[3]

—Margarita Gurdián, Minister of Health, Nicaragua

According to some international health circles, the best way for developed countries to help developing countries attain their health goals is to provide ample medicines, resources, and short-term health and technical assistance workers. We believe that these inputs are important; however, they 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 can succeed in achieving health goals on their own. A paradigm shift is needed to stop the slide toward less effective health care in countries that face critical threats to their health systems.

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.**

ACTIONS TO ENSURE MANAGERS ARE WELL PREPARED

To realize this objective, we must use a part of the resources that are not currently used effectively to value leadership and management

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[3] Margarita Gurdián, in interview with Carmen Urdaneta, 2004.

roles in health care; educate current leader-managers; prepare future leader-managers; and establish credentialing and partnerships for sustainability.

Value Leadership and Management Roles in Health Care

- Advocate for the value of health care leadership and management roles.

- 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.

Prepare Current Leader-Managers

- Work with in-country champions—both individuals and institutions—to integrate "action learning" approaches to in-service learning opportunities for doctors, nurses, and new managers already facing the challenges described.

- Work to increase the ratio of non-medical health managers as partners with medical staff.

- Research and share guidance on effective approaches for individual and organizational accountability and on the rewards of improved leadership and management.

Develop Future Leader-Managers

- Raise awareness about health workers' and managers' jobs to ensure that practical preparation for meeting job demands becomes part of pre-service and in-service learning.

- Share proven learning methods and models so that programs can be efficiently adapted and applied at the pre-service levels.

Establish Credentialing and Partnerships

- Work with schools and professional associations to scale up cost-effective leadership and management development approaches.

- Build alliances with accrediting bodies to establish recognized requirements and credentials, as well as continuing education requirements and offerings.

BUILDING ALLIANCES TO DEVELOP HEALTH CARE LEADERS

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 and management institutes across Africa, Latin America, Asia, Europe, and the United States have much to offer in building the capacity of health managers in health services institutions and in working with pre-service institutions to bring management and leadership skills to medical, nursing, public health, and other students. Professional associations in medicine, nursing, public health, and hospital administration are interested in better ways to promote accreditation and continuing professional development to motivate improvements in leadership and management in health care organizations.

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.

Conclusion

It is ironic that health care, which has as much or more human capital than any other industry, 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."[4]

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[4] Professor Sam Luboga, in interview with Michael Paydos, March 26, 2006.

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