



Photo: Julius Kasujja

TECHNICAL HIGHLIGHT

Improving Leadership, Management, and Governance to Strengthen Health Systems

Our Conceptual Model Explained

Better health system performance begins with inspired leadership, sound management systems, and consistent, transparent governance. Equitable, evidence-based policies must be in place and—once in place—must actually be put into practice. Health workers and managers need systems, processes, and resources to support their work, and service users must be empowered to hold the health system to account for its performance. Work planning and resource allocation must be rational, inclusive, and transparent. And health system leaders and managers, at every level, need to exercise the leadership and management skills that are essential to motivating staff, improving quality, and correctly and consistently implementing processes and interventions that are proven to work.

Over six years (2011-2017), the USAID-funded **Leadership, Management, and Governance (LMG) Project** has strengthened health systems to deliver more responsive services to more people. We achieved this by further developing leadership, management, and governance practices at the individual level and with networks, organizations, and governments. The LMG Project builds on 30 years of the best thinking and practices from organizational development to empower health leaders, managers, and teams to meet and master their most pressing challenges. The LMG Project experience has shown that investments in leadership, management, and governance (L+M+G) lead to stronger systems that are better able to meet ambitious health goals.

Based on important lessons learned under the LMG Project, the L+M+G conceptual model unpacks key concepts and ideas to explain how strategies to strengthen leadership, management, and governance work to strengthen health systems and improve their performance and impact.

L+M+G Technical Approach

Experience tells us that it is people, not just systems that create the productive, goal-oriented work environment that raises health system performance. Our work therefore focuses on developing people and teams, within organizations, networks, and public institutions at all levels of the health system, that are empowered to lead, manage, and govern to achieve greater health outcomes. Taking an iterative and adaptive approach that incorporates systems thinking—because no single individual or group can overcome health service delivery roadblocks alone—we work closely with clients to identify the most pressing problems they need to address, to design and implement solutions, to attain their goals, and to learn from both successes and failures.

We help to unlock the potential of individuals and teams to effectively navigate highly complex and often unpredictable environments, and to make progress. We guide them to scan for trends and opportunities, set a strategic direction to achieve priority results, align and mobilize people and resources to move together in a shared direction, hold one another accountable for a shared commitment, stay engaged, adapt to changing circumstances, and identify and overcome the

The USAID-funded Leadership, Management, and Governance (LMG) Project strengthens health systems to deliver more responsive services to more people by developing inspired leaders, sound management systems, and transparent and accountable governing boards with individuals, networks, organizations, and governments.

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obstacles in their path. Ultimately, by integrating inspiring leadership, sound management systems, and transparent governance processes, health service organizations are able to increase their effectiveness and retain resilience in the face of both common and unexpected challenges.

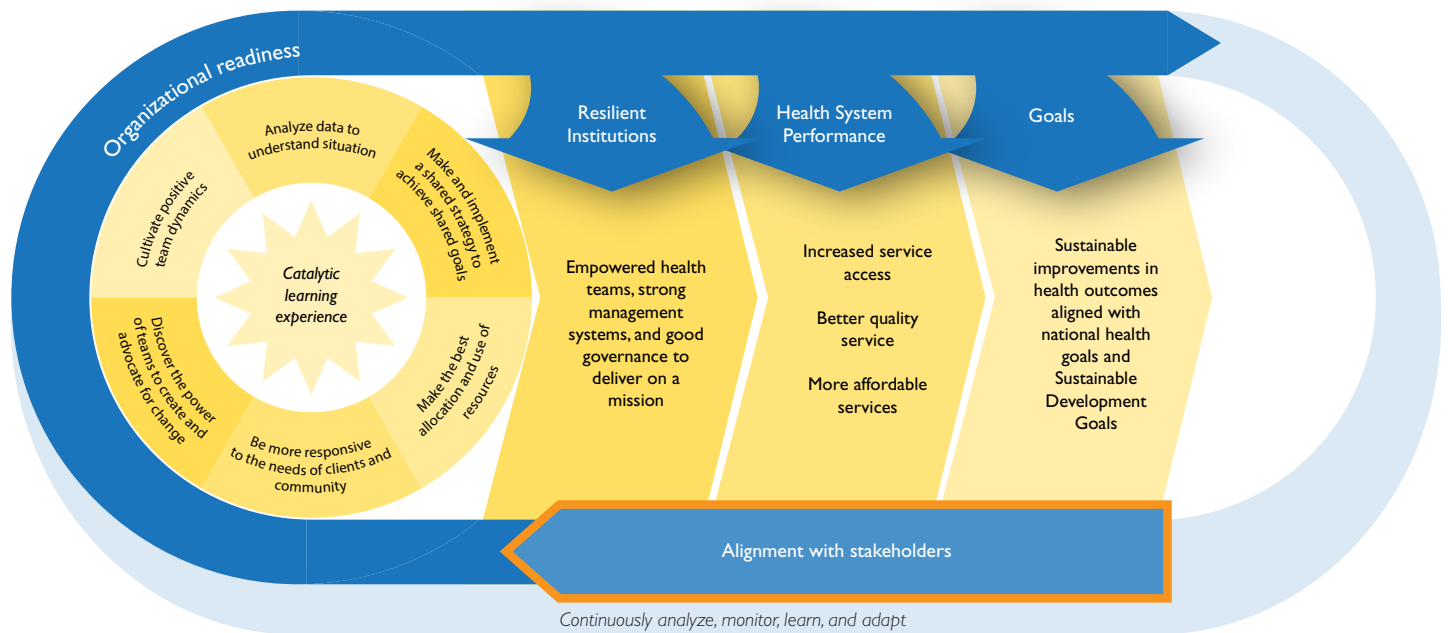
Implemented as a critically important complement to other systems-strengthening investments, L+M+G interventions have proven to accelerate progress and sustain health system improvements. They enable people to better understand themselves and their environment, and to focus attention and effort on the issues that are most meaningful for the success of their organization and the health of their community.

The Conceptual Model

Our response is iterative and adaptive. We design, implement, attain goals, and learn from application, which then informs re-design and adjustments to achieve greater results. We bring systems-thinking into our work, recognizing that no one part of the health system alone can overcome roadblocks. Our approach helps navigate highly complex and often unpredictable environments in order to unlock the potential of individuals and teams to make progress. Although we work at all levels of the health system, we deliberately focus on the organizations, networks, and public institutions that play a role in improving the health system.

Figure 1 below illustrates our approach, systematically starting from the bottom right. We begin by aligning with client needs and their mission and mandate and engaging stakeholders, taking into account socio-political economy and national priorities. Together, we create a catalytic learning experience that enables teams to apply effective L+M+G practices for organizational readiness and resilience, with more empowered teams, stronger management systems, and better governance contributing to greater health system performance and achievement of health goals.

Figure 1: L+M+G Conceptual Model



Strengthening L+M+G practices for resilient health systems takes a systematic approach starting with alignment with stakeholders and a catalytic learning experience. This experience enables teams to apply effective L+M+G practices for organizational readiness leading to resilient institutions with empowered teams, stronger management systems and good governance contributing to greater health system performance and meeting health goals.





- Experiencing the power of creating a shared vision that galvanizes people into action, leads to intended results, and drives more action toward the vision
- Finding one's voice and confidence through an inclusive process, especially for historically marginalized groups such as women, persons with disabilities, LGBTQ, ethnic minorities, etc.
- Discovering the value of working together across traditional boundaries, and learning to listen to each other

By applying L+M+G practices to catalyze learning, health managers and leaders can shift from feeling overwhelmed by seemingly intractable problems to having confidence that a better future is attainable through joint action. These experiences (applying L+M+G interventions) instigate positive change, providing a vehicle, skills, and a path to improvement. Empowered teams set in motion a 'wheel of change,' unleashing profound changes in the way they understand their challenges and work to develop and implement solutions. They learn to:

- **Cultivate positive team dynamics:** Staff members communicate clearly, embrace divergent viewpoints, manage conflicts, address breakdowns in a timely manner, and focus on working toward shared results.
- **Analyze data to understand situation:** Teams assess and interpret data and consult with clients, colleagues and stakeholders to identify needs; recognize trends, opportunities, and risks; identify and adopt effective practices; and increase their awareness of staff and organizational strengths and limitations—and use that information to make better decisions.
- **Make and implement a shared strategy to achieve shared goals:** Teams learn systematic approaches to set shared direction, identify their performance and development gaps, select priorities, detect root causes, design strategic plans, and take action to tackle long-standing challenges and improve their organizational performance.
- **Make the best allocation and use of resources:** Teams proactively forecast the resources required to achieve goals, effectively mobilize resources, and ethically and efficiently allocate those resources in a way that mitigates risk and reduces corruption and waste.
- **Be more responsive to needs of clients and community:** Teams establish mechanisms to support accountability, such as routine ways to sharing information and get feedback from clients and ensure effective oversight.
- **Discover the power of teams to create and advocate for change:** Teams create spaces for productive exchange, facilitate positive interactions with those in power, and establish diverse alliances. They find that they can accomplish more together

Organizational Readiness in Practice: National Malaria Control Programs.

In the global fight against malaria, National Malaria Control Programs (NMCPs) play a central role. It is essential that NMCPs and their individual staff members possess the knowledge, skills, behaviors, and attitudes required to successfully lead, coordinate, and manage actors at all levels of the health system. To strengthen the capacity of NMCPs to direct and implement national malaria control strategies and effectively manage Global Fund malaria grants, the LMG Project placed long-term technical assistance advisors with NMCPs in nine countries. These advisors worked with NMCP staff for up to four years to identify and address capacity gaps. Through catalytic learning experiences and applying L+M+G practices, NMCPs established shared visions of success, fostered new decision-making norms, improved internal coordination and planning, strengthened the work atmosphere and environment, improved the quality of technical documents, and increased NMCP ownership of capacity development and continuous improvement. As empowered NMCP teams shared the commitment to improving their systems and governance, there was an increase in the credibility of and external confidence in the NMCPs.

than alone, producing "leader shifts" or changes in how health professionals view their situation, and moving from individual to group efforts to create change.

Developing Organizational Readiness with Empowered Health Teams, Strong Management Systems, and Good Governance


As these new ways of working repeat and gain momentum, teams and organizations become better prepared to take on challenges and improve overall performance, moving down the road to resiliency. To maintain the momentum of these positive effects, we monitor and highlight short-term wins to demonstrate how a team's effort is producing results. These sustained learning experiences lead to attitudinal shifts, changing team dynamics and creating processes that lead to improved organizational readiness.

We focus on empowering teams, but we have learned that empowered individuals drive empowered teams when there is political will and support from the top and a functioning management support system. Midwives who were trained in L+M+G practices and brought together as a network, for example, felt authorized to make change happen, and in turn inspired people they worked with to do the same. However, such individual catalytic learning experiences must have political will from the top and be grounded in a functioning management support system, otherwise the application of the new learnings is at risk.

Creating Resilient Institutions

Institutions become more resilient with empowered health teams working to create stronger management systems and execute good governance. USAID defines resilience as "the ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth."¹ Resiliency is not only the ability of institutions to continue to provide services in the face of shocks, but also in spite of an underperforming health

1. US Agency for International Development, *Building Resilience to Recurrent Crisis: USAID Policy and Program Guidance* (Washington, DC: US Agency for International Development, 2012), 5, <https://www.usaid.gov/sites/default/files/documents/1870/USAIDResiliencePolicyGuidanceDocument.pdf>.



system. Institutions become more resilient when empowered health teams create stronger management systems and execute good governance. By investing in L+M+G, we create more resilient and responsive institutions by empowering and developing skills within the health workforce so people make better decisions to solve the challenges they face.

With L+M+G practices being used consciously, systematically, and intentionally, teams discover their full power to solve recurrent problems, to learn and improve, and to take responsibility for outcomes, despite barriers and constraints. As a result, institutions function better and deliver on their missions.

Contributing to Health System Performance to Reach Goals

More resilient institutions contribute to the overall resiliency of the health system, enabling the system to adapt and respond to external changes, as well as to the changing health needs of their population. L+M+G practices routinely applied within institutions can positively contribute to the five dimensions of health system performance: equity, quality, responsiveness, efficiency, and resilience.² And increased service access, better quality service, and more affordable services come within reach.

All along our strategic response, we work (and inspire those we work with) to continually analyze, monitor, learn, and adapt. Whenever possible, we go beyond monitoring and incorporate assessment and evaluation findings and lessons back into our work, and use those to create responsive approaches. We identify, collect, codify, and make available innovative, promising, and proven tools, models, and approaches that can be replicated and scaled up across

Resiliency in Practice, Haiti.

When Hurricane Matthew hit Haiti, many health facilities were damaged or destroyed. Haitians were displaced from their homes and unable to access needed health services. Only a month prior to the hurricane, the Ministry of Health (MOH) had validated a new Package of Essential Services (PES) that was developed with support from the LMG Project. The PES sets out the basic health services that should be provided at the primary and secondary level of the health system, and enables the MOH to more effectively govern and manage health services throughout the country. The MOH used this new health policy document to start rebuilding after the hurricane. MOH staff conducted gap analyses of health services currently available at health facilities in the three health departments most affected by the hurricane, compared to what the PES requires. The LMG Project also supported the MOH in developing a communications plan for responding to health emergencies. Having these tools available enables MOH staff to more effectively and quickly lead during times of emergency and crisis.

institutions. Much of the LMG Project's work has been to build the capacity of local organizations to continue to use the approaches themselves, and then go on to develop the capacity of others.

The Way Forward

While this model has been built on 30 years of shaping the field of L+M+G as it relates to stronger health systems and greater health outcomes, there is still much to capture with better measurement. The LMG Project's Evidence Compendium provides currently-available evidence and highlights the substantial remaining evidence gaps in linking L+M+G to health system performance. MSH is committed to strengthening the design, monitoring, and evaluation of its projects in order to better gather evidence on these links. Through use of our L+M+G conceptual model, MSH will continue to learn and contribute as thought leaders on the role of L+M+G in creating stronger health systems, addressing inequities in health outcomes, and improving the health and wellbeing of the world's most vulnerable people and communities.

Contributing to Health System Performance in Practice, Cameroon.

The LMG Project collaborated with the Evidence to Action (E2A) project to study the added-value of the Leadership Development Program (LDP+), a flagship L+M+G intervention of MSH. The study hypothesis was that strengthening L+M+G capacity at the hospital level would add value to the postpartum family planning (PPFP) intervention being conducted by E2A, such that the difference in baseline and endline PPFP service delivery measures would be larger in hospitals receiving the LDP+ compared with hospitals receiving clinical capacity-building alone.

The study used a behavioral self-assessment to measure changes in L+M practices before and after the LDP+. Hospital staff trained in L+M reported statistically significant improvements in inspiring, planning, organizing, and monitoring change processes. Participants specifically mentioned improvements in providing strategic direction, ensuring adequate resources, monitoring and evaluating the results of improvement initiatives, providing oversight, and creating a learning culture. The study showed that the LDP+ intervention, in combination with the clinical training, led to a statistically significant increase in the number of women who received counseling during the antenatal care and postnatal care periods compared to the clinical training intervention alone.

Study results indicated that a focus on the clinical training of a cadre of health workers is necessary but not sufficient for them to apply the skills in the context of real-life workplace challenges, and that leadership and management training can help to bridge this gap. The catalytic learning experience of the LDP+ helped participants to strengthen their personal L+M practices, resulting in stronger hospital teams, ultimately contributing to improved FP counseling.

2. World Health Organization and the World Bank, *Healthy Systems for Universal Health Coverage – A joint vision for healthy lives* (Geneva: World Health Organization and the World Bank, 2017), 6, https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangements_docs/UHC2030_Official_documents/UHC2030_vision_paper_WEB2.pdf.