PAVING THE WAY TOWARD PROFESSIONALIZING LEADERSHIP AND MANAGEMENT IN HEALTHCARE

THE ABUJA DECLARATION (WHO 2011), which reported on investments in health, noted that funding targets are being missed, both domestically and in terms of international assistance. “[T]he absolute level of resources available in relation to the health needs is well below what is needed.” Ministries of Health (MOHs) in many developing countries recognize that delivering good-quality health care to their populations does require money but also depends on efficient and effective use of all resources. Evidence shows that much can be improved simply by paying attention to how health providers are managing and leading their facilities and teams (Kebede et al. 2010, Mansour et al. 2010, O’Neil et al. forthcoming, Ortega 2004, Rowe et al. 2010, Seims et al. 2012, Wong and Bradley 2009, Wong et al. 2012).

What if scarce resources were managed more carefully? What if, among these resources, the energy of the men and women working in difficult health care situations could be managed as a precious resource? What if facility and district health managers could mobilize more local resources and social capital to improve health for all, and what if they had better systems for ordering supplies, scheduling patients, and supervising staff? These questions allude to a situation that we believe can be achieved not only by raising awareness that good health practice, at any level, requires more than clinic skills, but also by creating a cadre of health professionals at the senior levels whose primary responsibility is to lead, manage, and govern within the health sector.

LEADING means setting direction, and mobilizing others to envision and realize a better future.

LEADERSHIP, which includes attention to both management and leadership, involves the practices of scanning the environment, focusing on priorities, and aligning and inspiring others to achieve team and organizational goals.

MANAGEMENT is the application of the practices of planning, organizing, implementing, and monitoring and evaluating activities.

MANAGING means planning and using resources efficiently to produce desired results.
DIReCTOR’S nOTe

Millions of people’s lives—including those of the most vulnerable: infants, children, and mothers—are in the hands of health care systems around the world. Yet, through surveys and studies, doctors and nurses tell us that their health systems do not effectively support them to implement the knowledge and skills they have that could save more lives and significantly reduce illness. They need support personnel, equipment, supplies, medicines, transport, facilities, and information, in addition to their clinical training, to deliver high-quality health services, including education for families and communities about how to prevent illness (MSH 2006).

Such a health system would depend as much on well-prepared and valued health leaders and managers as it would on clinically prepared health workers. This issue of The eManager calls for the creation of a culture of management and leadership at all levels, provides examples of progress to this end in several countries for the short term, and proposes a longer-term approach to professionalize leadership, management, and governance in the health sector. Professionalizing includes recognizing the value of health managers, establishing clear career paths, and providing the preparation that these personnel tell us they need.

The Greatest Leadership Challenge

“I thought my role in health care would be to treat the sick, but I realized there would be few doctors compared to the size of the population. So I began to realize I would have to lead nonmedical people, but I had no formal training in leadership or management. Today, my biggest leadership challenge is motivation; finding a way to motivate people to ‘run to work’ to have one thing they want to achieve this week.”

—Professor Samuel Luboga, former Deputy Dean of Makerere University, Kampala, Uganda, 2008

PROFESSIONALIZING LEADERSHIP, MANAGEMENT, AND GOVERNANCE ROLES IN HEALTH

Think for a minute about recognized professionals: engineers, architects, lawyers, university professors, law enforcement officers, or electricians. In countries where these professions are effective, they have many of these elements in common:
A recognized body of knowledge and competencies, and a process for certification or licensing.

An established career path.

Professional associations that support continued learning and advocate for the profession.

Role models to advise young people considering a related future career.

Roles and work that are valued.

Although our lives depend on well-prepared health managers who support the clinical roles of nurses, doctors, pharmacists, and other health care professionals, most developing countries have few or none of the required elements in place to value and support the profession of health management:

- Standards related to management and leadership competencies rarely exist.
- There are rarely clear requirements for the licensing or certification of those who lead and manage health care services (Egger and Ollier 2007).

The needs of managers working in human resources for health

In a study of four African countries, the African Medical and Research Foundation (AMREF) and Management Sciences for Health (MSH) found that public-sector health managers working in human resources for health had major knowledge and resource gaps that inhibited their capacity to work effectively. Respondents indicated that their MOHs are responsible for essential human resource functions: recruitment, deployment, personnel policy, performance management, training, human resource planning, management, and data systems. However, the majority (68–75 percent) of the 96 respondents indicated that they lack the knowledge and skills to carry out many of their professional functions and work tasks. Respondents described challenges that include understaffing, employee dissatisfaction, lack of skilled clinical staff, poor working conditions, and inadequate mechanisms for dealing with staff grievances. The study documented a compelling need for building the skills of those responsible for human resource management in Ethiopia, Kenya, Tanzania, and Uganda (AMREF and MSH 2009).

Health managers’ roles are unrecognized but critical

The World Health Organization (WHO) conducted a study of health managers in three countries in Africa in 2005. The first obstacle was determining who the health managers were, how many there were, and where they were working. Doctors and nurses filled the majority of the positions (some part-time as clinicians and part-time as managers, many full-time as managers) but their professional designation was often “doctor” or “nurse,” with no indication of their management role. In this study, the WHO cites the lack of management capabilities as a key constraint to meeting the Millennium Development Goals in health (Egger et al. 2005).

- No clear career path for professional health managers exists in most developing countries.
- Medical and nursing professional associations rarely include a focus on health leadership and management advocacy or continuing education in leadership and management.
- Young people rarely envision health management as a potential career path.
- Surveys of people who lead and manage health care services in developing countries tell us that these roles are not valued, whereas the roles of medical specialists are (MSH 2008).

Another study in Africa shows that health managers are inadequately prepared in the vital area of human resources for health (see box above).
**UNDERSTANDING THE BENEFITS OF PREPARING HEALTH MANAGERS**

To understand the benefits of a skilled health management workforce, consider what happens in the health system when health management professionals lack critical skills. Poor leadership and management result in low staff morale, high staff turnover, and unacceptable numbers of vacancies, all of which waste financial and human resources. Shortages of doctors, nurses, and allied health professionals lead, in turn, to higher maternal and child mortality (Chen et al. 2004).

Figure 1 depicts the MSH model of leading, managing, and governing for results. Below are the key practices people need to lead, manage, and govern. **Leaders** need to know how to scan stakeholders’ needs and priorities, and recognize trends, opportunities, and risks that affect the organization and the staff. They should focus on strategic priorities and the group’s mission; align/mobilize to facilitate teamwork, unite key stakeholders around an inspiring vision, link goals with rewards and recognition, enlist stakeholders to commit resources, and ensure congruence of values, mission, strategy, structure, systems, and daily actions. They should also inspire staff by demonstrating honesty in interactions, showing trust and confidence in staff, acknowledging the contribution of others, providing staff with challenges, feedback, and support, and being a model of creativity, innovation, and learning.

**Managers** need to know how to plan by setting short-term organization goals and performance objectives, developing multiyear and annual plans, allocating adequate resources, and anticipating and reducing risks. They should be able to organize; setting up a structure that provides accountability and delineates authority, ensures that systems for human resource management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan. They should also strengthen work processes to implement the plan, and align staff capacities with planned activities, implement integrated systems and coordinated work flows, balance competing demands, routinely use data for decision-making, coordinate activities with other programs and sectors, and adjust plans and resources as circumstances change. They must know how to monitor and evaluate to assess progress against plans, provide feedback, identify needed changes, and improve work processes, procedures, and tools. **People who govern** must know how to cultivate accountability, engage stakeholders, set a shared direction, and steward resources. Working together and supporting all aspects of a health system, these practices lead to improved health system performance, which, in turn, leads to better health outcomes.

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**Figure 1. Leading, Managing, and Governing for Results Model**

<table>
<thead>
<tr>
<th>People and teams empowered to lead, manage, and govern</th>
<th>Improved health system</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leading</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Scan</td>
<td>Enhanced work environment and empowered male and female health workers</td>
<td>Sustainable health outcomes and impact aligned with national health goals and MDGs 3, 4, 5, and 6</td>
</tr>
<tr>
<td>• Focus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Align/Mobilize</td>
<td></td>
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<tr>
<td>• Inspire</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Managing</strong></td>
<td>Responsive health systems prudently raising and allocating resources</td>
<td></td>
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<tr>
<td>• Plan</td>
<td></td>
<td></td>
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<tr>
<td>• Organize</td>
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<tr>
<td>• Implement</td>
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<td></td>
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<tr>
<td>• Monitor/Evaluate</td>
<td></td>
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</tr>
<tr>
<td><strong>Governing</strong></td>
<td>Strong management systems</td>
<td></td>
</tr>
<tr>
<td>• Cultivate Accountability</td>
<td></td>
<td></td>
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<tr>
<td>• Engage Stakeholders</td>
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<tr>
<td>• Set Shared Direction</td>
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<tr>
<td>• Steward Resources</td>
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</tbody>
</table>
DEVELOPING A PATHWAY

To increase the recognition of the value of health managers, professionalize their roles, establish clear career paths, and provide competency-based preparation, developing countries need a pathway. The path should start during secondary education, when young people can become aware of the value of this potential career. The pathway continues through pre-service education—where knowledge and skills are developed—to induction into service, and through lifelong continuing education supported by professional associations and universities.

Some developing countries, such as Kenya, Ghana, and Afghanistan, are already laying the foundation for professionalizing the roles and career paths of health managers. Their MOHs and academic institutions are changing how they educate students in health professions by including management skills and knowledge, hiring staff for management positions, and providing opportunities for professional development. Having a systematic way to develop health managers—from the time they begin their schooling to the time they retire—is essential to this new approach.

All developing countries need a professional association or group within an existing professional association, such as their national public health association, to advocate for the profession of health management and provide continuing education. The MOHs in Afghanistan and Libya are establishing leadership academies or centers to prepare and sustain lifelong learning for health managers. Our experience and the feedback we have received shows that paving the way for professionalizing leadership, management, and governance in health should include evidence of its value and a phased approach to its implementation.

BUILDING THE EVIDENCE FOR INVESTING IN LEADERSHIP AND MANAGEMENT

While a growing body of research shows the value of investing in management and leadership in health, this evidence is still emerging. We can measure aspects of workplace climate, the performance and effectiveness of health systems, and the direct or indirect effects on health outcomes of professional management. However, rigorous research about the effects of leadership and management on health care in developing countries is limited.

The successful projects and experiments reviewed in this publication, nevertheless, demonstrate certain principles. A review of MSH’s leadership development programs around the world (O’Neil et al., forthcoming) stresses some of these principles:

- **Connection**: Programs that emphasize connection and interdependencies have more potential than those that do not, because health service performance is not generally determined by the clinical skills of a single provider, and groups help to hold individuals accountable.

Management and leadership as the focus of research

Testing management and leadership approaches and documenting their immediate and long-term results will remain an important focus of our attention. Findings will be used to weed out ineffective approaches and approaches that require extensive external support that undermines their sustainability. Thus, integration of management and leadership programs into existing structures that are supported by good civil service recruitment and promotion policies will improve resilience and help to prevent the demise of a program when its champion leaves or is removed when a new political party comes into power. Programs anchored in local adaptations of leadership, management, and governance principles are also more likely to survive a change in champions and leadership. Specific efforts for advancing women in health leadership and management roles are also a focus of MSH’s work, with data from developed countries indicating that health systems guided by women in senior leadership teams outperform systems that have fewer women engaged (Williams 2012, Eagly 2003).
A supportive work environment or climate: Good managers often sense when the work climate is affecting staff’s performance, which can be seen in absenteeism, unmet performance objectives, lack of initiative, reduced interest in work, and reluctance to take on additional tasks. Attention to work climate helps to refocus groups on their primary task: providing quality health care.

Focus: Developing a focus for action provides teams with a common sense of purpose and a specific challenge they feel is important to achieve their goals. With a focus on a specific challenge, teams can develop a plan to guide their activities, identify the resources they need, track their progress, and align with other key stakeholders.

Vision: A shared vision is a powerful element in improving the motivation and performance of the health workforce. Through improved leadership practices, health workers regain a common sense of purpose. This is inspiring not only to them but also to others around them.

Sustainability: Practical leadership, or the concept that people can lead at any level and, in the process, learn to take on a challenge and mobilize resources to produce change, is a powerful antidote to low morale. By itself, the practice of team leadership is sustainable because people would rather feel empowered and take action than not.

A PHASED APPROACH: FOUR PHASES

This section discusses four phases of professionalizing health leadership and management. Each phase is illustrated with examples, which represent just a few of the hundreds of experiments and projects taking place around the world. All demonstrate how attention to management, leadership, and governance pays off by reducing waste, improving experiences for patients and staff, and ultimately improving the health of populations.

The four phases of professionalism can be summarized by the following characteristics.

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>PHASE 4</th>
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</thead>
<tbody>
<tr>
<td><strong>Near Term</strong> Developing the value proposition</td>
<td><strong>Medium Term</strong> Developing leadership, management, and governance competencies</td>
<td><strong>Thinking Long Term</strong> Creating a pipeline</td>
<td><strong>Sustained Practices</strong> Institutionalizing standards and certification requirements</td>
</tr>
<tr>
<td>Awareness of the importance of management functions to the performance of a health facility is lacking</td>
<td>Recognition of the importance of management exists, but understanding how to build such capacity is limited</td>
<td>Health management is recognized as an important function and staff is being trained to manage and lead better</td>
<td>Proficiency in leadership, management, and governance is a prerequisite for reaching a senior position in the health care system</td>
</tr>
<tr>
<td>There are few high-quality local studies that compellingly demonstrate the importance of good leadership, management, and governance for health</td>
<td>The government lacks policies and hiring practices that recognize the need for management and leadership skills among people promoted to senior positions</td>
<td>Senior managers are required to demonstrate leadership, management, and governance attitudes and skills</td>
<td>Health management is recognized and valued as a professional discipline, complete with a body of standards and certification requirements and academic programs that lead to a health management degree</td>
</tr>
<tr>
<td>Official declarations and statements do not refer to good leadership, management, and governance</td>
<td>Teamwork at the highest management level receives little attention</td>
<td>Efforts are underway to create a pipeline of health managers</td>
<td>Health management is recognized and valued as a professional discipline, complete with a body of standards and certification requirements and academic programs that lead to a health management degree</td>
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</table>
PHASE 1
Near Term: Developing the Value Proposition

In this phase, the benefits of management functions to the performance of a health facility are not recognized. Few high-quality local studies exist that compellingly demonstrate the importance of good management, leadership, and governance for health. Official declarations and statements reflect this lack of awareness and generally do not contain references to good leadership, management, and governance.

Target audience for interventions

- Early adopters
- Champions in government
- Heads of facilities and faculty who are open to experimentation

Interventions

- Support demonstration projects focusing on specific management challenges (e.g., infection control, waste disposal, supervision, record systems, supply management) and then document, present, and disseminate the effects of management improvement interventions on the quality of health care, resource use, and client satisfaction.

- Develop a clear statement of the value of leadership and management in health care that stakeholders can identify with.

- Advocate for and support the development of high-level public statements and declarations recognizing the importance of leadership, management, and governance.

- Support surveys and studies on the consequences of poor leadership, management, and governance.

Key messages

- Good management directly affects health care quality, resource usage, and client satisfaction.

- Having women serve in positions of leadership, management, and governance strengthens the health system and improves health care.

Examples of Phase I Successes

**African Ministries of Health recognize the importance of leadership and management development.** The 50th Health Ministers Conference of the East, Central and Southern African states (ECSA), held in 2010, was a significant milestone for those who have been advocating for more attention to the development of leadership and management capacity among health professionals. The importance of leadership and management capacity development featured prominently among its resolutions. ECSA urged its member states to identify gaps and barriers to leadership and management development and design interventions to respond to agreed-upon priorities. It also urged the member states to institutionalize leadership development programs and require health-sector leaders to participate in them.

The two MOHs in Kenya (the Ministry of Medical Services and Ministry of Public Health and Sanitation) have taken the lead in advocating for leadership and management development for better health care delivery. A national conference on leadership, management, and governance in Kenya in 2013 represented the culmination of a five-year effort to promote leadership and management development for health professionals. It was a milestone in Kenya’s recognition that leadership, management, and governance are as important for better health as clinical and technical skills. The conference was designed to recognize and publicize health management as a core component of better service delivery. Recommendations from the conference included, among
others, professionalizing health management, harmonizing training opportunities in health management among training institutions and development partners involved in the training, and documenting and sharing the most promising practices in health management.

A national survey in 2008 had shown how health care progress is hampered when health professionals in charge of facilities stumble into management and leadership positions based simply on their seniority or clinical credentials and expertise, rather than on their management and leadership skills (see box below). For a more detailed discussion about Kenya, see the case study that appears on page 16.

Of the 460 people surveyed in the Kenya assessment (MSH 2008), 61 percent of health managers reported that they felt inadequately prepared for their leadership and management positions. For medical staff with management responsibilities, the gap was even larger: 74 percent of nurses and 70 percent of doctors in health management positions said they felt inadequately prepared or not prepared at all. Although this survey is now rather dated, there is consensus that the situation has not improved significantly in recent years but Kenya’s recent push to remedy this situation is apparent and is being well received throughout various programs.

Hospital management teams and academic researchers improve hospital management. In an Egyptian cardiovascular hospital, large numbers of patients crowded the waiting areas from early morning on because no specific appointment times were given, leaving many people with very long waiting times. Despite medical personnel’s initial resistance to change (which was triggered by fears of more work), the experience of both staff and patients improved significantly when the hospital simply assigned staggered arrival times for patients. This management solution created better patient flow and reduced crowding in the waiting area. The improvement did not require additional resources but made better use of existing resources, and it lasted well after the intervention was completed (Wong et al. 2012).

A rural hospital in Ethiopia develops a low-cost solution to deal with poor medical record-keeping practices that affected the efficiency and work satisfaction of hospital staff. The intervention involved a series of steps to determine the scope of the problem, identify its root causes, and implement changes to a standard process. This activity allowed staff to experience working as a team in a positive way and to see the results of their combined efforts benefitting everyone. Record accessibility and completeness and physician satisfaction all improved significantly. The success rate of proper record retrieval for returning patients improved from 14 to 87 percent; record retrieval time decreased from 31.2 seconds per record to 15.7 seconds per record; and the percentage of complete records increased from 6.5 to 45.7. Physician satisfaction with the record system was similarly positive (Wong and Bradley 2009).

National governments, academic institutions, and private organizations team up to strengthen leadership and management. The Ethiopian Hospital Management Initiative, a partnership of the federal MOH, Clinton HIV/AIDS Initiative, and Yale University, tackled a series of management challenges related to Ethiopia’s hospital systems: poor infection control; financial resource constraints; low staff morale; poor staff training; absence of community participation; and equipment, drug, and supply problems, among others. The combination of focused attention on management techniques, mentoring partnerships lasting more than a year, and measurement of progress produced encouraging changes in that hospital’s management indicators. Importantly, the intervention also improved collaboration with the hospital’s key constituencies and confirmed the importance of mentoring. Furthermore, the intervention, combined with other promising initiatives, is likely to produce lasting improvements in health care management (Kebede et al. 2010).
The public health sector defines the competencies of its leaders. In studies exploring the challenges for those who are stewards of the health system at the highest levels, we observe skills and abilities that are not usually taught in medical and nursing schools. Pinto Brito and Braga (2010), for example, interviewed 176 health managers in Brazil about the knowledge and skills they thought that health managers needed. Of these managers, 71 were physicians, 41 nurses, 28 pharmacists, and 36 allied professionals. According to those interviewed, the most important areas of knowledge needed by health managers were strategic and operational planning, information about the health sector (policies, system, and market), and organizational psychology (interpersonal communication, conflict management, negotiation, motivation, and team building). The most important skills deemed necessary for health managers were leadership, organization (defined as the ability to manage administrative processes, including defining team members’ roles and assigning tasks and responsibilities), and communication/listening skills. One physician noted the inadequacy of medical school education with his observation that “the curriculum doesn’t prepare us for management positions.” Another similarly pointed out that “the university must prepare its students for management and administration.”

In essence, public-sector managers must practice leadership that requires managing change rather than developing technical solutions. Bradley and co-authors (2011) stress the importance of (1) clarity and country ownership of purpose, (2) authentic engagement with a large variety of partners and agenda, (3) appropriately focused objectives, and (4) leveraging management to mediate policy decisions and front-line action. Bossert and his co-authors (1998) stress the complexity of public-sector management and the ability of public-sector managers at the highest levels to analyze data and trends, understand organizational culture, navigate the political landscape, establish productive alliances, and push for administrative reform.

PHASE 2
Medium Term: Developing Leadership, Management, and Governance Competencies

In this phase, recognition of the importance of management co-exists with poor understanding of how to build such capacity. The government lacks policies and hiring practices that require senior managers to have management and leadership skills. Teamwork at the highest management level receives little attention.

Target audience for interventions

- In addition to the audience for Phase 1, facility staff and government units responsible for various management functions (monitoring and evaluation, management information systems, human resources, finance, logistics, procurement, etc.)

Interventions

- Provide basic and/or advanced training in leadership and management skills for senior government officials and selected facility managers to raise awareness that common and recurrent management issues can be addressed in more systematic ways, resulting in improved performance. Work with in-country champions—both individuals and institutions—to integrate the basics on leading teams and leading change into in-service learning opportunities for doctors, nurses, and new managers already facing the challenges described.

- Encourage reflection among senior management and leadership teams in government agencies, organizations, and facilities so that good leadership, management, and governance become habits, integrated into daily work.

- Advocate for policy changes regarding hiring and promotion practices at the highest levels, stressing proven leadership, management, and governance skills. Support policy and advocacy efforts to raise the profile and credibility of leadership and management development.
Key messages

- Leadership, management, and governance can be taught as a series of practices and skill sets.
- Good leadership, management, and governance require teamwork at all levels.
- Changing behavior requires changing belief systems by applying adult education principles.

Innovative approaches prepare managers to lead and become good stewards and governors of the health sector. In a call for updating curricula for health workers in management, Julio Frenk and his co-authors (2010) acknowledge that current curricula, especially in developing countries, are outdated. The world is too interconnected and too fast-moving for static didactic models. The experiments cited in this publication and others reviewed by the authors (Mansour et al. 2010, Seims et al. 2012, O’Neil forthcoming) are trying out new ways that combine action learning, on-the-job training, team projects, mentoring arrangements, and community service. What they have in common is practice grounded in theory, collaboration that draws from diverse viewpoints and experiences, and problem-solving approaches driven by a vision of better health through better services.

The call by Frenk and co-authors mirrors one that was made at a conference—“Twenty-First Century Health Care Management Education: Confronting Challenges for Innovation with a Modern Curriculum”—convened by Harvard Business School Professor Regina Herzlinger in 2012. Deliberations among (primarily US) professionals representing various disciplines and stakeholder groups (such as health care administrators, policymakers, and academics) concluded that “The teaching of health care administration needs to be more imbued with holistic, real-world issues and teaching approaches: more case-based teaching and efforts to help students focus on strategic insights and business models; an enhanced focus on organizational innovation and implementation; and increased field-based learning” (Guttry 2012).

Although there is generally agreement about this prescription, the specifics of what should be taught vary considerably. This is still a work in progress.

In MSH’s leadership development programs, especially those for district and facility teams, the experience of working together to remove obstacles to good service produced in some participants a set of changes that we call Leader Shifts. These shifts embody the different attitudes that we expect from health professionals. See box below.

**Leader Shifts**
- From individual heroics to collaborative actions
- From despair and cynicism to hope and possibility
- From blaming others for problems to taking responsibility for challenges
- From scattered, disconnected activities to purposeful, interconnected actions
- From inward focus to concern for the common good


Thus, part of the challenge of improving management and leadership practices of health professionals is attitudinal—something that didactic classroom teaching or lectures cannot easily bring about. The shift in mindset is about behavior change—changes that are best brought about through much practice, constructive feedback, and support. It is a process that takes place over time, as the examples that follow illustrate.

**Examples of Phase 2 Successes**

**Management training proves its value in Nigeria.**

Under the enthusiastic leadership of Dr. Mohammed Pate—a strong advocate for improving the management and leadership skills of health professionals—the National Primary Health Care Development Agency delivered a management training program for primary care managers, with technical support from Duke University and funding from the Bill & Melinda Gates Foundation. The Global Business School Network conducted an evaluation of the six-week training program, which covered five topics: epidemiology, communication, leadership, financial management, and strategic planning. These topics are not traditionally
taught to health professionals (with the exception of epidemiology, in programs that cover public health). In follow-up interviews, participants indicated that leadership and financial management were the skills most used and needed, not only in their own particular jobs but also for their organizations (GBSN 2010).

**Thailand creates networks to develop health care management capabilities in rural Thailand.** The Thai-Australian Health Alliance is contributing to better leadership and management by creating collaborative networks for building the health management capabilities of primary health care professionals in rural Thailand. Despite initial challenges, which derived from the higher status of clinicians as compared to managers, participants realized the need to develop the management skills of health care professionals, especially those working in remote health facilities.

**Brazil and Mexico have long advocated for integrating management and leadership competencies into recruitment and promotion practices for civil servants.** Competencies for top civil servants in the health system are particularly important but difficult to define and assess. In 1998, the Ceará State Secretariat of Health in Brazil initiated a Leadership Development Program supported initially by USAID/MSH and subsequently by the Inter-American Development Bank, UK Department for International Development (DFID), and Pan-American Health Organization. The program helped define the leadership and management competencies required of the state’s health managers, and hundreds of health professionals were trained in those competencies in a bold program to promote qualified health professionals into management positions. The program demonstrated important results, including significant reductions in infant mortality (MSH 2007).

Due to changes in state administration, however, the program has not continued at the level of the secretariat of health, although many individual public health facilities have continued with similar in-house leadership development programs. This example illustrates how governance can pose an obstacle for professionalization of health managers. In many countries, management positions in all sectors, including health, are often used as political currency and negotiated as part of the political process to make alliances. Where this occurs, politicians are not committed to the professionalization of health management. The consequence: health professionals who are not prepared to manage and lead are placed in management positions as political appointees. Professional associations and schools in the health sciences need to advocate for professionalization of health management and governance, and the health sector must make leaders accountable for inappropriate appointments.

Although Brazil’s isolated attempts to professionalize have not yet been successful, Mexico has achieved positive results, as detailed in the box below.

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**Mexico professionalizes senior civil service positions**

In 2003, Mexico approved a new law that aimed to establish a rigorous and transparent process for selecting and hiring all government employees, including those in the MOH. Competencies for senior civil service positions (excluding Ministers and Vice-Ministers, since those are political appointments) and an accompanying certification process were defined to make sure that all senior positions are staffed by fully qualified personnel.

In each ministry, professionalization committees are responsible for implementing this law by developing job descriptions, profiles, and professional qualifications for new hires, and formal in-service training programs. Aside from technical and organizational skills and qualifications, each new hire is expected to have a vision of public service that includes ethics, values, and basic leadership and management skills.

Given the size of the civil service, implementation of the new law, especially the testing and certification process of such large numbers of people, has been challenging. In 2007, some directors at the most senior levels were asked to resign, and, surprisingly, did so, because the pressure to conform to the new regulations was so strong (Ortega 2004).
**Afghanistan improves hospital management.** As part of an initiative to improve hospital performance through increased autonomy from central ministerial control, a new kind of team is turning out to be an ingenious compromise that is solving an old problem. Hospital Administration Fusion Teams combine nonmedical experts in management, human resources, finance, procurement, and health information systems with the traditional hospital management team (Physician Director, Medical Director, Nursing Director). The combination produces the cumulative equivalent of a trained hospital administrator. This is working well in most of Afghanistan’s 14 national hospitals and allows autonomy in finance, procurement, and (starting in 2013) human resource management (Ministry of Public Health 2011).

**PHASE 3**
**Thinking Long Term: Creating a Pipeline**

Health management is recognized as an important function, and staff are being trained to manage and lead better. Senior managers are required to demonstrate leadership, management, and governance attitudes and skills. Efforts are underway to create a pipeline of health managers.

**Target audience for interventions**
- Professional associations
- Faculty of schools of medicine and nursing
- Allied health professionals
- Ministries of higher education

**Interventions**
- Gain clarity on the nature of health workers’ and managers’ jobs to ensure that practical preparation for meeting job demands becomes part of pre-service and in-service learning.
- Share learning methods and models so that programs can be efficiently adapted and applied at the pre-service level.
- Establish professional networks, support groups, platforms, associations for health management, standards and certification requirements, and a code of ethics.
  - Engage in dialogue with professional associations, schools of public health, and management institutes to scale up cost-effective leadership and management development.
  - Build alliances with accrediting bodies to establish recognized requirements and credentials, as well as continuing education requirements and offerings.
- Develop a process for maintaining credentials (continuing education).
- Establish a career path for developing future generations of health managers.

**Key messages**
- Attention to management and leadership skills before graduation not only equips new clinicians with required skills but also helps to increase efficiency and reduce low morale.
- Support networks enable new practitioners to develop skills and build the practice of health management.
- Committed and prepared cadres of health care workers, other than clinicians, with commitment and preparation are needed partners in health management.

The examples cited in the two earlier phases are primarily on-the-job and in-service approaches to developing leadership, management, and governance skills for clinicians and health professionals who have not previously benefited from such training. Ideally, all graduating health professionals should begin
their careers with a basic knowledge of leadership, management, and governance, and practice in applying related skills. Many initiatives are under way to do just that, with new curricula and internships that incorporate leadership and management skills, and the creation of specific modules and electives.

Examples of Phase 3 Successes

Kenya establishes programs to prepare health managers. The Kenyan government, having acknowledged that effective leadership, management, and governance in health are necessary for the country to achieve its Vision 2030 and the Millennium Development Goals, is taking action to establish a Kenya Institute of Health Systems Management. The vision of this institute is to induct newly appointed health managers through in-service training programs that provide skills in health systems management and to lead research in areas related to health systems management. The University of Nairobi has also developed a postgraduate training program leading to a master’s degree in health systems management, and its first class will begin in September 2013.

Australian institutions integrate coursework on health systems strengthening into public health education. Schools of public health in Australia are adding sessions and courses on health systems strengthening to their public health education curricula, especially in light of increasing numbers of professionals coming from or expecting to work in developing countries. There is also interest in adding coursework on health systems strengthening to schools of government and business. Business schools have been enlisted to contribute their expertise in preparing health professionals for the management and leadership tasks that they will need to undertake when they take charge of health facilities (Negin et al. 2012).

Leadership and management training has been successfully integrated into pre-service education in four countries. From 2008 to 2011, MSH worked closely with medical and nursing schools in Uganda, Tanzania, Egypt, and Nicaragua to integrate health leadership and management information into the schools’ pre-service content. According to an assessment conducted in 2013, select schools that integrated the relevant material continue to use the content in their curriculum. Across all 12 responding institutions, 1,650 medical students, 1,762 nursing students, and 678 public health students still receive health leadership and management training each year. In addition, nearly 2,200 students from other types of institutions (such as business schools or medical professional training centers) are receiving similar training each year. The participants’ response rate was low, so the actual number of students receiving health leadership and management training is likely much higher (MSH 2013).

In Nicaragua alone, more than 550 medical students have completed an innovative and practical management and leadership program, based on the philosophy of “learning by doing,” at the Faculty of Medicine at UNAN-Managua (the National Autonomous University of Nicaragua). With approval by the university’s board of a similar curriculum for the master’s program in Administration of Health and Occupational Security, and a similar initiative in Guatemala and Honduras, the program’s success has expanded beyond its original scope.
Professional associations support lifelong learning. In countries such as Australia, Canada, the United Kingdom, and the United States, there are professional bodies that support lifelong learning for health leaders and managers. They advocate for recognition and certification, and have, over the years, created career paths for people interested in health care who do not wish to pursue a clinical degree.

Professional associations in developing countries are following suit. The Afghan Midwives’ Association, with chapters in all of Afghanistan’s provinces, advocates for midwifery practices and credentialing at the national level and educates its members. In 2010, the association participated in a Leadership Development Program to strengthen both its executive secretariat and several of its provincial chapters, recognizing that the profession of midwifery needed more than expert clinicians. In 2006, the Afghan Midwives’ Association was recognized with membership in the International Confederation of Midwives and today comprises more than 2,000 professional midwives and student members from 32 provincial chapters.

The National Nurses Association of Kenya represents all nurses in Kenya and works to promote the socioeconomic development of its members and excellence in nursing practice and leadership through high standards of nursing education and research. The association plays a role in developing leadership skills among nurses and, in collaboration with the MOH and the University of Nairobi School of Nursing Sciences, implemented a Leadership for Change program (2002-07) based on the International Council of Nurses’ Leadership for Change Program. The government of Kenya has also supported leadership by integrating leadership and management content into the Diploma in Nursing and Bachelor of Science in Nursing programs.

India has a much longer history than most other developing countries in treating hospital management as a profession. The Academy of Hospital Administration (formerly the Institute of Healthcare Management Training and Research) in Uttar Pradesh, now in its 25th year, provides short-term training, degree programs, and consultancies to help with the accreditation process. The Hospital Administration Association of India provides a platform (including a listserv) for professionals involved in hospital and health systems management for sharing knowledge on how to manage hospitals to high standards.

South Africa’s Foundation for Professional Development, one of the largest self-funding private higher educational providers in Africa, caters to social-sector professionals wanting to expand their horizons and develop capacities beyond their initial training in health or education. Its mission is to ensure the availability of skilled professionals, allied workers, and managers to deliver services that are affordable, based on evidence, and in accordance with international best practices. Its website offers accredited courses and information about scholarships. For example, its Certificate in Advanced Health Management (CAHM) is an intensive management development program focused on developing strategic and functional management competencies such as change management, leadership, monitoring and evaluation, strategic planning, project management, and information management.

**PHASE 4**
**Sustained Practice: Institutionalizing Standards and Certification Requirements**

In this phase, proficiency in leadership, management, and governance is a prerequisite for those who hold senior positions in the health system. Health management is recognized and valued as a professional discipline, with standards, certification requirements, and academic programs leading to a health management degree.

**Target audience for interventions**

All audiences in previous phases plus:

- Late adopters in government, health services, academic institutions, and professional associations
- Students (secondary and college level) interested in a nonclinical career in health care
Interventions

■ Maintain standards and recognition by supporting conferences, publications in professional journals, and awards that highlight the contributions of health managers to quality health care.

■ Organize job fairs for senior secondary school students in which a career in health care management is profiled; organize talks by professionals to young people considering a career in health care.

■ Require a track record of good leadership, management, and governance for promotion to senior positions. Make career track mentoring available to young professionals.

Key messages

■ There is a prevailing culture in all health institutions that management matters and that it is important for fulfilling the government’s mandate to provide health for all.

■ Health management is a rewarding and fulfilling career choice.

Examples of Phase 4 Successes

Defining career paths in health care. Sustaining any effective practice requires a systematic approach and a widely-accepted understanding of its value and purpose. In the case of professionalizing leadership and management in healthcare, many countries have made great progress along this path, but the benchmarks of success—including a body of standards, certification requirements, and strong academic programs for a health management degree—are still on the horizon.

In the developed world, it is not unusual for professionals with training that is not clinical to serve in positions as administrators, managers, and executives in health facilities. For example, the US Department of Labor in its Occupational Outlook Handbook indicates that such professionals “plan, direct, and coordinate medical and health services. They might manage an entire facility, specialize in managing a specific clinical area or department, or manage a medical practice for a group of physicians.” The position generally requires an undergraduate degree but not a clinical degree.

In most developing countries, however, career paths in health care are usually reserved for people with clinical backgrounds. Many countries, especially in the Commonwealth, based their health systems on the British model. In the past, the British usually appointed the most senior doctor as the hospital director. Even though the UK National Health Service has changed this practice and is now using professional hospital administrators rather than senior physicians, old ways of doing things die hard, despite evidence that the former arrangement is not the best. Doctors resist such changes, saying: “How can a non-physician know what a hospital should be like and how to run it optimally for the best patient care?”

This is unfortunate for three reasons related to skills and the shortage of trained staff: first, brilliant clinicians may be promoted out of clinical practices and into management positions for which they are not well suited. Second, professionals interested in a management-oriented health career who cannot afford or do not want the long, demanding training to become clinicians may find employment elsewhere. Third, training doctors and nurses as clinicians and then re-training them to become hospital administrators and clinic managers is not a good use of scarce resources. It would be much better to train different people for these two distinct roles.

The Global Business School Network (GBSN), whose growing membership includes 60 leading business schools on six continents (as of July 2013), promotes management education as a critical component for international development. By connecting business schools in the developing world with already well-established business schools in the United States, United Kingdom, and Europe, GBSN is helping to elevate the recognition and reputation of strong management practices throughout the world. GBSN draws on the expertise of their member schools to build local institutional capacity for the developing world to produce the professional managers who are in such short supply,
including in the private and nongovernmental sectors. For example, they helped to develop a management program to train health care workers in Africa to improve the delivery of services. Although not tied specifically to health and health care, they recognize the value of good management and leadership, and that both can be learned.

Until degree programs in health care administration and management are established, students in secondary schools are unlikely to choose such a career. They may not even know that such professionals are badly needed. If they do know, the credentialing requirements are unclear, there are currently very few role models (particularly for girls), and there are no support networks along the way. This is where professional networks can play a role, through student fairs, talks at secondary schools for the older students who are thinking about college, and opportunities for internships and summer jobs. This is also where noticeable gender segregation and discrimination may have a negative impact on girls’ opportunities and where explicit policies and practices must be established to support them.

Whether girls or boys aspire to do valuable, meaningful work, they need to know what options are open to them. While being a doctor is a highly desirable profession in many countries, in due course, this aspiration can be extended to being a health professional whose prime responsibility is to ensure that facilities serve their clients well.
While traditional medical training programs are primarily clinically oriented, preparation in results-oriented management and leadership is needed for students in the 21st century. Over the past decade, the Government of Kenya has focused on reversing its country’s downward trends in health indicators. The Kenya Service Provision Assessment report of 2004 identified the following constraints: declining health-sector expenditure, inadequate management skills at the district level, overly centralized decision-making, worsening of poverty, and increased burden of disease. Improved leadership and management skills, among other interventions, were needed to reverse these negative trends.

CASE STUDY: KENYA’S JOURNEY INTO PROFESSIONALIZING HEALTH LEADERSHIP AND MANAGEMENT

After the 2004 assessment, in 2007-08, the Kenyan MOH, supported by the US Agency for International Development (USAID) through MSH, commissioned a national assessment of leadership and management gaps in the health sector. The assessment showed that 61 percent of health managers felt inadequately prepared for their current roles because they lacked skills in leadership and health systems management. The assessment recommended that leadership and management gaps be addressed through pre-service and in-service training for health workers and for senior managers of the health sector. It also recommended institutionalizing leadership and management as core health service competencies to be sustained and continuously improved. The report concluded that developing the capabilities of managers at all levels of the health sector was critical to developing a culture of strong leadership and management throughout the health system.

In response to these recommendations, the MOH, with support from MSH, began making relevant changes. We can learn much from the Kenya experience. What follows are some of the strategies that supported the successful implementation of the recommendations to strengthen leadership and management capacity in Kenya’s health sector.

Figure 2. Average Coverage Rates for Selected Health Indicators in Kenya 2008-2010: Results from Leadership Development Program teams and comparison areas at district level
Strategies That Supported Successful Implementation

The initial strategies that MSH and the Government of Kenya used reflect the audiences, interventions, and main messages previously described under the first phase in the approach to professionalizing health care leadership and management.

Building a country-owned case for leadership and management. The MOH in Kenya spearheaded the national assessment of management and leadership gaps. With significant support by Professor Anyang’ Nyongo, Minister for Medical Services from 2008 to 2012 who disseminated the assessment’s results, a solid case was made with the public sector and training institutions that deficiencies in leadership and management skills had to be addressed to advance the country’s aspirations.

Ensuring buy-in, identifying early adopters, and working with them as companions and advocates for leadership and management in the health sector. After the dissemination of the assessment report, the MOH, with support from the USAID Leadership, Management & Sustainability (LMS) project managed by MSH in Kenya, began developing leadership and management curricula for pre-service, in-service, and senior leadership. LMS/Kenya identified champions from the MOH and training institutions who were eager to implement the enhanced curricula.

Offering leadership and management training to health managers. Health training institutions have always seen their core mandate as training and ensuring excellence in clinical skills. The majority of managers in the training institutions in Kenya had never received training in leadership and management and had risen to leadership positions due to their clinical experience. Offering leadership and management training to these managers helped them identify the gaps in their own skill sets and see the need to integrate this leadership and management content into pre-service and postgraduate curricula.

Identifying areas in the country where initiating leadership and management training would most quickly demonstrate impact. The MOH, in collaboration with LMS/Kenya, identified regions in the country where health indicators—especially for maternal and child health and reproductive health services—were particularly low. With the support of the Provincial Management Team, LMS/Kenya conducted leadership and management development trainings and shared the results with stakeholders. Accessibility of health services significantly improved in the facilities where staff members participated in the training, suggesting that improving leadership and management skills may contribute to improving health service delivery (Seims et al. 2012).

The study for these interventions used a quasi-experimental design to assess the effects of leadership training on service delivery outcomes between 2008 and 2010. The retrospective study assessed the impact of a team-based leadership development intervention on increasing coverage of health services and sustaining coverage post-intervention. District-level teams that received the leadership training intervention increased coverage for selected health services from 54 percent at baseline to 65 percent at endline, and to 67 percent approximately six months after completing the Leadership Development Program. Coverage in matched comparison teams remained stable at 46 percent, 46 percent, and 45 percent, respectively for the same time periods.

Ensuring that stakeholders at training institutions understand the benefits of incorporating leadership and management into their curricula. The University of Nairobi is one of the largest and most distinguished learning institutions in East Africa. Showing its managers how providing leadership and management training for students would make the university’s programs more marketable, support its outstanding reputation, and fit into the vision of the institution was crucial for the initiative’s success. Leading up to the initiative, at every meeting with stakeholders, LMS/Kenya shared The Lancet’s report (Frenk et al. 2010) on new trends in medical education and the need for leadership skills for clinicians. LMS/Kenya then supported the University of Nairobi’s development of an MSc degree in Health Systems Management, which the University saw as fitting very well with the country’s national health priorities (Kenya’s Vision 2030). It
identified the MSc in Health Systems Management as a flagship project, supporting Vision 2030, and featured it on the school’s website. The new degree program was readily approved by the university’s governing body, and in January 2013, the university began advertising it. Shortly thereafter, the program had 15 applicants, and the number continues to grow.

Leadership and Management Interventions Applied in Kenya

Following the recommendations of the leadership and management assessment report in 2008, a two-pronged approach to the interventions was developed by the MOH: (1) a short- to mid-term approach that would focus on improving the leadership and management skills of health managers who are already on the job through in-service training programs, and (2) a long-term approach that would focus on institutionalizing leadership and management through pre-service training.

Short- and mid-term in-service training programs

- **Leadership Development Program.**
  The Leadership Development Program (LDP) is an in-service, team-based performance improvement intervention designed to strengthen health workers’ leadership and management skills at all levels of the health system. The LDP is a six-month process of learning leadership and management practices, facing real workplace challenges, and applying leadership and management skills to achieve measurable results. Individuals from the same workplace form teams to learn and apply the practices. Participants are drawn mainly from MOHs and health facilities providing maternal, child health, reproductive health, and HIV & AIDS services. Through this program, patients have reported increased accessibility to these services (Seims et al. 2012). In Kenya alone, the MSH LMS staff has trained 131 teams (652 participants) from the start of the project in 2010 to March 2013. Through enhanced leadership and management skills, these teams improved work climate and health service delivery.

- **Course on health systems management.**
  The two divisions of the MOH (Ministry of Medical Services and Ministry of Public Health and Sanitation) led the development and introduction of this six-week course in 2011, with technical support from the WHO office in Kenya. Other development partners, such as DFID, UNICEF, Danida, and MSH (USAID/LMS), have also supported the implementation of this course, which spans four months. LMS/Kenya developed the initial core curriculum based on the national assessment report; then the MOH partnered with WHO to introduce the course, after adding key requirements such as an investment plan and detailed information on the principles of health care delivery. After the initial presentation of the course, the MOH asked LMS/Kenya to evaluate the pilot program, and improvements were made, including the addition of a facilitation guide and a specific module on leadership. The target groups for this course are district hospital management teams. To date, more than 1,000 health managers have been trained, and 3,000 health managers are on track to be trained by the end of 2014. The MOH has requested

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**The commitment and vision of the Government of Kenya**

The Government of Kenya is committed to providing quality health care to its people: “A healthy population is a productive population.” This commitment and vision are encapsulated in the National Health Sector Strategic Plan, Kenya Vision 2030, and the Millennium Development Goals, which together form a blueprint for Kenya’s development that is based on a healthy nation. The delivery of effective, quality health services depends on visionary leadership, skilled management, and personnel.

Source: Kenya National Sector Strategic and Investment plan (KNSSP) III, 2012–2017
that completion of this course be recognized and considered for purposes of job promotion. This validation contributes to the professionalization of health systems management. Program graduates will have solid health leadership and management core competencies, which will support Kenya’s health system and, ultimately, the achievement of the country’s Vision 2030 goals.

**Senior leadership programs.** A partnership between LMS/Kenya and Kenya’s Strathmore Business School resulted in the development and implementation of an executive leadership and management training program. Encouraged by the Kenyan MOH, this program capitalizes on MSH’s experience with the Leadership Development Program as well as the expertise of Strathmore Business School in executive education to deliver a unique senior leadership program for the health sector. The program, popularly known as LeHHO (Leading High-performing Healthcare Organizations), focuses on improving leadership capabilities, including negotiations, communications, and conflict resolution. The training program also provides a forum for senior leaders in the health sector to exchange ideas and seek opinions in a non-threatening environment. The participants are drawn from public, private, and faith-based organizations.

This program integrates two learning methodologies: the case method and the team results process. Using the case method, participants deepen their knowledge and understanding of health system management issues, approaches, and solutions by learning from case experiences from around the world. Using the team results process, participants engage in workplace teams over six months to apply leading and managing practices to achieve measurable results.

Teams learn to use an approach called the Challenge Model to design activities that will lead them and their stakeholders to a measurable result that contributes to their organizational mission (MSH, *Managers Who Lead: A Handbook for Improving Health Services*, [http://www.msh.org/resources/managers-who-lead-a-handbook-for-improving-health-services](http://www.msh.org/resources/managers-who-lead-a-handbook-for-improving-health-services)). Teams receive feedback and support during this process from course facilitators and their peers. To date, 77 senior leaders have been trained in the Strathmore Business School Program in Kenya. Elizabeth Oywer (Registrar of the Nursing Council of Kenya and Executive Representative of the International Council of Nurses, Africa) was among the first group of senior managers to participate in the LeHHO program. Describing her experience, Elizabeth said, “I learned new ways of doing things, to be the change I want to see and make a difference. The use of the Challenge Model was very practical and enabled me and my colleagues to focus and achieve results.” As a result of the training, the nursing councils developed a website to improve communication with all nurses in Kenya and established a mobile health (mHealth) system where individual exam results were sent to trainees through their mobile phones.

When asked whether the course was valuable, the former chief executive officer of the National Health Insurance Fund, Richard Kerich, said, “This is exactly what I have been missing in most of the leadership courses I have attended: a forum to bounce back my ideas to peers who will give me honest feedback.”

**Long-term interventions**

**Revising curricula for health workers to include a leadership and management module.** The integration of leadership and management content into pre-service and postgraduate training programs will ensure that all health workers are introduced to leadership and management concepts before graduation and that they receive further training in this area at the postgraduate level. LMS/Kenya is currently working with the Kenya Medical Training College (which produces 80 percent of Kenya’s mid-level health workers), the University of Nairobi (which produces 90 percent of Kenya’s doctors and pharmacists and 100 percent of Kenya’s dentists), and Egerton University (which has a new faculty of health sciences program and is projected to grow). Table 1 summarizes progress in integrating leadership and management content into the curricula at these institutions.
Achievements in leadership and management integration in the selected training institutions. Kenya’s regulatory bodies are working to integrate leadership and management into their core curricula. To date, the Nursing Council of Kenya has successfully integrated leadership and management into the core syllabus of the Bachelor of Science in Nursing and the Diploma in Nursing (the latter is the program for registered Community Health Nurses). As previously mentioned, the School of Public Health of the University of Nairobi has developed an MSc program in Health Systems Management. In the future, all health training institutions will be required to integrate leadership and management into their pre-service training programs.

The MOH fully recognizes the need for leadership and management in Kenya’s health sector, particularly in Kenya’s new devolved health system. According to the Director of Medical Services, Dr. Francis Kimani, “Success of decentralization and devolution will depend on the leadership and management of the process. We need to see how the trained health managers will be positioned to support this process.”

To create a home for health systems leadership and management development, the MOH, in collaboration with Kenya Medical Training College, has proposed the establishment of a Kenya Institute for Health Systems Management.

The objectives of the Kenya Institute for Health Systems Management are to:

- train/induct newly appointed health systems managers
- provide in-service training in health systems management
- induct new health workers for the Ministry and other sector clients
- align itself as a regional training center for health systems management for East African countries and train people from the region
- lead research and development in health systems management to ensure that quality health services are managed by well-trained health systems managers

![Achievements in leadership and management integration in the selected training institutions](image-url)
CONCLUSION

An effective health system that meet people's needs depends as much on well-prepared and valued health managers as it does on clinically prepared nurses and doctors. While medical and technical knowledge exists to save lives and significantly reduce illness, what is often missing is the knowledge and skills to lead and manage the human resources, policies, medicines, finance, information systems, and community health services that clinical staff need to apply their skills and knowledge.

To prevent needless illness and death and effectively use scarce resources to improve health outcomes, the time has come to fully value the critical roles of health managers, professionalize these roles with clear career paths, and provide the preparation that the people fulfilling these roles tell us they desperately need.
REFERENCES


Management Sciences for Health (MSH). 2013. “Sustainable Integration of Leadership and Management Content in Medical Education.” Cambridge, MA: MSH.


ANNEX: THE FOUR PHASES
## THE FOUR PHASES

### PHASE 1: NEAR TERM
**Developing the Value Proposition**

No awareness and no value proposition about the importance of management functions to the performance of a health facility; few high-quality local studies exist that compellingly prove the importance of good management, leadership, and governance for health; absence of references to good management, leadership, and governance in official declarations and statements.

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<tr>
<th>TARGET AUDIENCES</th>
<th>INTERVENTIONS</th>
<th>KEY MESSAGES</th>
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<tbody>
<tr>
<td>Early adopters</td>
<td>Support demonstration projects focusing on specific management challenges (e.g., infection control, waste disposal, supervision, records, supply management) and then document, present, and publish effects of management improvement interventions on quality of health care, resource use, patient/client satisfaction</td>
<td>Good management directly affects health care quality, resource usage, and patient satisfaction</td>
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<td>Champions in government</td>
<td>Advocate for and support the development of high level public statements and declarations recognizing the importance of management and leadership</td>
<td>Having women serve in positions of leadership, management, and governance strengthens the health system and improves health care</td>
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<td>Heads of facilities and faculty who are open to experiment</td>
<td>Support surveys and studies about the consequences of poor leadership, management, and governance</td>
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### PHASE 2: MEDIUM TERM
**Developing Leadership, Management, and Governance Competencies**

Recognition of the importance of management but poor understanding of how to build such capacity; absence of policies in government hiring practices recognizing management and leadership skills of people promoted to senior positions; teamwork at the highest management level gets only token attention.

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<tr>
<td>Those in Phase 1 as well as facility staff and government units responsible for various management functions (M&amp;E, MIS, HR, finance, logistics, procurement, etc.)</td>
<td>Provide basic and/or advanced skills training in management and leadership for senior government officials and selected facilities to raise awareness that common and recurrent management issues can be addressed in more systematic ways and improve performance</td>
<td>Management, leadership, and governance can be taught as a series of practices and skill sets</td>
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<td>Encourage the creation and skill building of senior management and leadership teams in government agencies, organizations, and facilities</td>
<td>Good management, leadership, and governance require teamwork at all levels</td>
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<td>Advocate for policy changes regarding hiring and promotion practices at the highest levels, stressing proven management, leadership, and governance skills</td>
<td>Changing behavior requires changing belief systems. Belief systems can only be changed by applying adult education principles</td>
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**Phase 3: Thinking Long Term**  
Creating a Pipeline

Health management is recognized as an important function and staff is being trained to manage and lead better; senior managers are required to demonstrate management, leadership, and governance attitudes and skills; efforts are underway to create a pipeline of health managers

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<td>Professional associations, faculty of schools of medicine, nursing, allied health professionals, ministries of higher education, non-clinical health managers</td>
<td>Create or review and revise curricula to introduce, improve, and integrate management, leadership, and good governance education in academic and professional development programs to prepare clinical providers for the nonclinical aspects of their future jobs</td>
<td>Attention to management and leadership skills before graduation equips new clinicians with required skills and avoids waste and low morale</td>
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<td></td>
<td>Establish professional networks, support groups, platforms, associations for health management, standards and certification requirements, a code of ethics</td>
<td>Support networks enable new practitioners to develop skills and build the practice of health management</td>
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<td></td>
<td>Develop a process for maintaining credential (continuing education) and establish a pipeline (career path) for developing future generations of health managers</td>
<td>Cadres of committed and prepared health professionals, other than clinicians, are needed partners in health management</td>
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<td>Maintain standards and recognition by supporting conferences, publications in professional journals, and awards that highlight the contributions of health managers to quality health care</td>
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**Phase 4: Sustained Practice**  
Institutionalizing Standards and Certification Requirements

Management, leadership, and governance proficiency is a prerequisite for accessing senior positions in the entire health care system; health management is recognized and valued as a professional discipline complete with a body of standards, certification requirements, and academic programs leading up to a health management degree

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<th>Target Audiences</th>
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<tr>
<td>All audiences in previous phases plus late adopters in government, health services, academic institutions, and professional associations</td>
<td>Maintain standards and recognition by supporting conferences, publications in professional journals, and awards that highlight the contributions of health managers to quality health care</td>
<td>A prevailing culture in all health institutions that management matters and is important for fulfilling the government’s mandate of providing health for all</td>
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<td>Students (secondary, college level) interested in a nonclinical career in health care</td>
<td>Organize job fairs for senior secondary school students in which a career in health care management is profiled; organize talks by professionals to young people considering a career in health care</td>
<td>Health management is a rewarding and fulfilling career choice</td>
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<td>Require a track record of good leadership, management, and governance for promotion to senior positions. Make career track mentoring available to young professionals</td>
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The eManager team would like to acknowledge all the groups featured in this issue for their commitment to promote and advocate professionalizing leadership, management, and governance roles in health, including:

Academy of Hospital Administration, Uttar Pradesh, India; Afghan Midwives’ Association; AMREF; Ceara State Secretariat of Health, Brazil; Egerton University, Kenya; Faculty of Medicine at UNAN-Managua; Global Business School Network; Kenya Institute for Health Systems Management; Kenya Medical Training College; Ministry of Medical Services, Kenya; Ministry of Public Health and Sanitation, Kenya; National Nurses Association of Kenya; National Primary Health Care Development Agency; Nursing Council of Kenya; South Africa’s Foundation for Professional Development; Strathmore Business School, Kenya; Thai-Australian Health Alliance; University of Nairobi; University of Nairobi School of Nursing Sciences.

The eManager is designed to help health leaders, managers, and those who govern, to develop and support the delivery of high quality health services. The editors welcome any comments or questions.

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