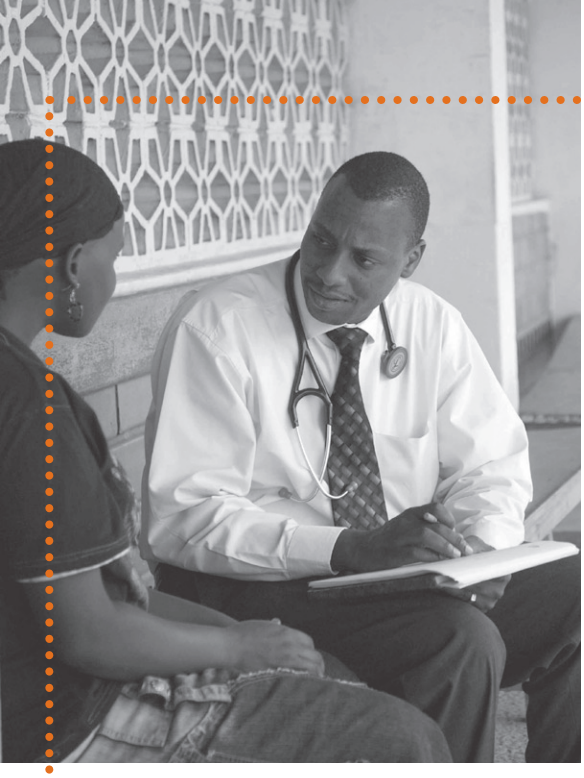

BUILDING HEALTHCARE LEADERSHIP IN AFRICA

A Call to Action

ACCORDIA
GLOBAL HEALTH FOUNDATION
Alliances to Fight Infectious Disease in Africa

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June 2009

BUILDING HEALTHCARE LEADERSHIP IN AFRICA

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ABOUT ACCORDIA GLOBAL HEALTH FOUNDATION

Accordia Global Health Foundation builds Africa's capacity to fight HIV/AIDS, malaria, tuberculosis, and other infectious diseases through training, research, care, and prevention. Accordia works in partnership with individuals, corporations, foundations, nongovernmental organizations (NGOs), and governments from Africa, Europe, and North America to achieve its vision of a healthier Africa.

Accordia's approach is to invest in African healthcare systems, not only to address today's need to fight HIV/AIDS and other infectious diseases, but also to prepare a new generation of African healthcare leaders for tomorrow's challenges. Accordia's programs build healthcare capacity to promote consistent quality of care and strengthen academic medical institutions to train healthcare professionals and nurture young African researchers. The organization is dedicated to the transfer of knowledge and tools, and to the building of infrastructure, that will lead to an Africa that can move forward independently toward a healthier future.

A partnership among leading academic physician-researchers from Uganda and North America who were committed to pursuing a more collaborative, *African-based* and *African-led* approach to overcome the burden of HIV/AIDS in sub-Saharan Africa led to the creation of Accordia Global Health Foundation in 2003. In 2004, in partnership with Pfizer Inc, the Academic Alliance, and Makerere University, Accordia established the Infectious Diseases Institute (IDI) within Makerere University as the preeminent center in sub-Saharan Africa for infectious disease training, treatment, and research.

What started as a goal to improve the treatment of AIDS patients in Africa is now a mandate to develop and sustain the continent's ability to counter the spread of infectious diseases. Today, Accordia is building new partnerships modeled upon IDI and expanding the impact of its work throughout Africa.

ACKNOWLEDGMENTS

Accordia Global Health Foundation is grateful to all of the individuals who contributed to making this report possible. They include members of the Accordia Board of Directors, Academic Alliance, and Scientific Advisory Board, as well as the 2009 Infectious Diseases Summit Steering Committee.

Particular thanks are due to the report's contributing authors, who generously shared their expertise in building healthcare leadership capacity. Dr. Allan Ronald of the University of Manitoba and Dr. Michael Scheld of the University of Virginia provided invaluable advice and assistance. In addition, each member of the Accordia staff contributed to the work that has gone into making this report possible.

Additionally, Accordia wishes to express its gratitude to all those who took part in the Infectious Diseases Summit, held in April in Kampala, Uganda. Their willingness to share their insights and experiences, and their thoughtful discussions of the issue of leadership development, were invaluable in helping to shape and inform this publication.

Last, and above all, Accordia is thankful to the many doctors, nurses, patients, scholars, and other African leaders who are inspiring and creating change throughout Africa every day.

Accordia wishes to acknowledge and thank the sponsors of the 2009 Infectious Diseases Summit:

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AstraZeneca
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Bristol-Myers Squibb
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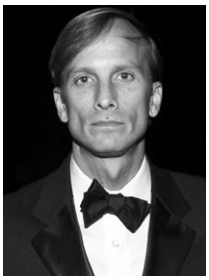
FOREWORD



Ambassador Mark Dybul co-directs the Global Health Law Center at Georgetown University Law School's O'Neill Institute, where he is also a Distinguished Scholar. Dr. Dybul served as the United States Global AIDS Coordinator from 2006 to the end of the Bush Administration. In that role, he led the implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) and oversaw U.S. government engagement in the Global Fund to Fight AIDS, Tuberculosis and Malaria, serving as chair of the finance and audit committee. He was also chair of the Joint United Nations Programme on AIDS' coordinating board and a member of the board of trustees of the Woodrow Wilson International Center for Scholars. Prior to assuming the post of Global AIDS Coordinator, he was acting, deputy, and assistant coordinator and was a member of the planning task force that created PEPFAR. He also led President Bush's International Prevention of Mother and Child HIV initiative at the Department of Health and Human Services. At HHS, Dr. Dybul served as the assistant director for medical affairs at the National Institute of Allergy and Infectious Diseases and the National Institutes of Health.

During my tenure as U.S. Global AIDS Coordinator, I had the privilege of traveling extensively in Africa and meeting governmental and nongovernmental health leaders, as well as representatives of community-based organizations and the private sector. Among the most striking and impressive aspects of Africa is its diverse array of talented and deeply committed people—from the political, traditional NGO, and faith-based communities at the national and local levels, to the heroic individuals who dedicate their lives to service on the ground. These extraordinary people come from all sectors and walks of life, including healthcare workers.

Doctors, nurses, technicians, and other healthcare providers are on the front lines, caring for Africa's men, women, and children, including many patients who are infected with or impacted by HIV/AIDS, malaria, and tuberculosis. Researchers are working to develop better treatment methods, medicines, and vaccines that will alleviate suffering in the hopes of eradicating these diseases. Academic physicians and other experts are working in universities, medical schools, and other institutions across sub-Saharan Africa to train the next generation of healthcare providers and to provide ongoing professional development opportunities to those already working with patients in hospitals, clinics, and other treatment facilities.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) functions with a vision that derives directly from these doctors, nurses, aides, clinical officers, lab technicians, researchers, and educators, and from the institutions with which they are affiliated. PEPFAR and its partner organizations understand that infectious disease is a global health emergency requiring emergency action. But it also recognizes that to respond in an effective way, it is necessary to build systems and sustainable programs while care programs are rapidly expanded. Only by strengthening Africa's healthcare system can the foundation be built that allows for sustainable expansion of care to those in need.

What does it mean to strengthen a healthcare system in a part of the world that consists of fifty countries and contains over 730 million people? Certainly, achieving that goal in Africa requires that we train more healthcare providers—current

estimates are that Africa needs at least another million healthcare workers to meet today's need. It also means that health infrastructure must be strengthened—hospitals, clinics, and labs must be built or renovated and properly equipped. Many more medical teaching facilities must be constructed or modernized. Technology must be harnessed to support clinical and research capacity.

But it is not enough to train a large number of individuals and provide them with the basic tools they need to treat patients or implement prevention programs. Simply building new treatment facilities and labs will not be enough, either. Individuals and institutions need to be supported and leaders must be nurtured—leaders whose skills and knowledge will be critical in guiding and sustaining the healthcare systems that are being developed and who will keep them strong and vibrant long after this crisis has been brought under control. It is an unfortunate reality that there will always be new threats on the horizon, and strong systems that include effective leaders are essential to cope with those challenges.

In early 2008, the *New York Times* called the work that was being done by PEPFAR "a philosophical revolution [because] in one striking step [the notion was put to rest] that because patients were poor or uneducated they did not deserve, or could not be taught to use, medicine that could mean the difference between life and death." That is true, but the revolution is even deeper. The work that PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunizations, and other institutions are doing is also changing ideas about the best way to provide development resources. These efforts are demonstrating that partnerships should be focused on building capacity for a *sustainable* response. Federal global health policy has dramatically shifted to acknowledge that the people of host nations are the leaders in this fight, and our role is to support them.

An important way of providing that support is by encouraging leadership development efforts—for individuals, institutions, and networks—like those laid out in this report by Accordia Global Health Foundation. As the report makes clear, leadership is critical to Africa's long-term success in addressing its healthcare challenges, and more focus must be placed on the development of leaders at all levels of the healthcare continuum. There has never been a better moment to harness the positive momentum that is building across the African continent. The time is now to advocate for a significant paradigm shift so that the health sector can realize the multiple benefits of developing effective global public health leaders and managers.

This is Africa's moment. Health leadership development is a key to assuring that Africa can seize the moment and move toward a better and healthier future for all of its people.

Ambassador Mark Dybul
Washington, DC
June 18, 2009


Kyambadde Milly
Staff

EXECUTIVE SUMMARY

To achieve the health-related Millennium Development Goals, many low-income countries need to significantly scale up coverage of priority health services. This will generally require additional national and international resources, but better leadership and management are key to using these resources effectively to achieve measurable results. Good leadership and management are about providing direction to, and gaining commitment from, partners and staff, facilitating change and achieving better health services through efficient, creative, and responsible deployment of people and other resources…. At present, a lack of leadership and management capacity is a constraint, especially at operational levels of both the private and public health sectors.

***Towards Better Leadership and Management in Health*,**
WHO Working Paper No. 10, 2007

The intensive efforts of the past two decades by multilateral organizations, governments, foundations, corporations, and individuals to reduce the suffering caused by infectious diseases like HIV/AIDS, tuberculosis, and malaria in Africa are beginning to yield results. Better prevention and diagnostic tools have been created, new treatments have been developed and made widely available, and over a million lives have been saved.

But there are still major challenges to overcome before the continent's population can look forward to better health outcomes for all. The emergency actions of the world's response to one after another infectious disease crisis must now begin to be replaced by the development of strong, permanent healthcare systems in Africa, led–at all levels–by African healthcare providers, managers, researchers, and academics. It is essential that this leadership be developed to scale up existing programs, sustain efforts that are proving successful and eliminate those that are not, conduct and interpret new research, and develop new interventions where they are necessary.

What is needed is a bold, sustained approach to improving health in Africa that includes an explicit emphasis on the development of leading individuals, institutions, and the networks that connect them, bringing together expertise from around the region and globe to drive fundamental change. This will require a paradigm shift toward a more effective, *intentional* approach to the development of leaders. It will also require investment of substantial resources both to prepare individuals and institutions for leadership roles in healthcare policy, education, research, and service delivery *and* to create an enabling environment in which new leaders can thrive.

In this report, Accordia Global Health Foundation lays out a framework for how to approach that paradigm shift and presents an overview of what is known about the state of leadership development opportunities in Africa for individuals, institutions, and networks. The content has been informed by some of the leading experts in the healthcare and leadership development fields. It was enriched further by discussions on each of the areas of leadership–individual, institutional, and network–in April 2009 in Kampala, Uganda, at the invitation-only Infectious Diseases Summit, co-hosted by Accordia and the Infectious Diseases Institute (IDI) and attended by over one hundred thought leaders from twenty-one countries of Africa, Asia, North America, and Europe.

Many leadership programs in Africa have concentrated on improving the knowledge and leadership skills of individuals, but surveys and studies indicate that those efforts have been, for the most part, less than optimal. Existing leadership development programs are generally delivered on an ad hoc basis, are not targeted to the skill sets needed to achieve national and regional health goals, address only individuals in top positions, and include insufficient practical, on-the-job training. Mentoring and career development services are not consistently offered, despite research that strongly supports their value and impact in building the capacity of an individual leader. A more deliberate approach to individual leadership development is desperately needed, and will require: new systems to constructively identify emerging leaders; programs that grow leaders through deployment, targeted

learning, and relationship-building; and a formal and transparent process with systems to measure results systematically. Some specific programs have begun to take this deliberate approach to leadership development, with promising results.

There has been relatively little attention paid, so far, to building the capacities of institutions to act as leaders within the healthcare arena in Africa and to strengthening their abilities to train the next generation of individual leaders. Strong and effective institutions that promote a culture of excellence and provide stability in difficult and complex environments are critical to the long-term development of a vibrant and sustainable healthcare sector. Academic medical institutions, in particular, possess the ability to create new health leadership for Africa. Their opportunities to lead include the creation of incentives and resources for the development of individual health researchers; the institution of an academic environment where mentorship and succession planning is routine and mandated; and the exertion of strong influence on local healthcare policy and practice.

Health networks are rapidly emerging as an effective way to bring together the knowledge and creativity of individuals and institutions and create an optimized ability to lead and achieve. A successful network produces greater leadership potential than the sum of its members by pooling their resources and expertise, creating efficiencies and greater system output, and creating a stronger voice for global advocacy. But when networks inadvertently compromise the independence of any of their members, the benefit to local health systems is limited and the networks suffer in the long run. This and other potential pitfalls must be avoided through the adoption of a set of principles designed to optimize the leadership potential of health networks.

Building healthcare leadership capacity in Africa in all of these respects will be neither a fast nor an inexpensive undertaking. But a sustained and dedicated investment that leverages the expertise of a variety of individuals and organizations in Africa and across the globe can help to develop a strong and viable cadre of healthcare leaders at all levels in Africa. They, in turn, are essential to making a real and lasting difference in health outcomes for millions of Africans, and to protecting and preserving the collective wellbeing of Africa's people for decades to come.

INTRODUCTION

Over the past two decades, billions of dollars have been invested in projects and programs designed to improve health outcomes in sub-Saharan Africa, Multilateral organizations, governments, foundations, corporations, and concerned individuals have focused on reducing the threat of infectious diseases, including HIV/AIDS, tuberculosis, malaria, and other communicable diseases that are devastating African economies, destabilizing social structures, and destroying communities, families, and lives across the continent.

There has been considerable progress as a result of these intensive efforts, many of which have been led by organizations—including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunizations, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)—that did not exist a decade ago. Better prevention and diagnostic tools have been created, new treatments have been developed and made widely available, and over a million lives have been saved.

But the reality is that there are still major challenges to overcome. More than twenty-two million people in sub-Saharan Africa are infected with HIV, and approximately 1.7 million Africans die of AIDS each year. Malaria takes the life of an African child every thirty seconds. Over nine million people develop tuberculosis each year, and new, drug resistant strains are emerging. There is a shortage of more than one million healthcare workers to combat these illnesses.

While there is an ongoing need for the heroic efforts of the many organizations, governments, NGOs, and funders that have been in the forefront of this fight, important questions must be asked. How long can these efforts be continued? What is the best use of limited resources if the goal is to maximize long-term health benefits for the people of Africa?

In a white paper circulated by the World Economic Forum's Centre for Public-Private Partnership in 2005 (*From Funding to Action: Strengthening Healthcare Systems in Sub-Saharan Africa*), the Centre's managing director, Rick Samans, wrote:

> *Despite increased funding, better technology, and increased political commitment in the fight against HIV/AIDS, tuberculosis and malaria, further thinking and additional practical steps are needed to ensure that the fight against these diseases will also benefit the underlying healthcare systems of developing nations. Now that the funding is there for disease-specific programs, how can we scale them up and ensure they are sustainable? How can we ensure patients' access to treatment (particularly in remote locations)? How do we develop cost-effective treatment delivery strategies? And how can different stakeholders—public and private—work together to build the needed healthcare systems?*

Samans raises important and pertinent questions. Indeed, the answers that are found and the way that they are acted upon may well hold the key to the future stability and success of the nations of sub-Saharan Africa for decades to come.

As discussions on the subject of improving healthcare systems and building capacity in Africa continue, it is important for government leaders, ministries of health, and funding agencies to put one seminal question squarely in the forefront of the debate: ***Who is to lead the effort to scale up the programs that have been initiated?*** Additionally, which institutions will be in a position to sustain these efforts over the long term?

Accordia Global Health Foundation was established in 2003 on the principle that those most affected by the infectious disease crisis must be the fundamental drivers of the long-term response. If any system is to be sustainable and fully aligned with national and regional objectives, it must be African-owned and African-led. That is the premise on which an alliance of African, U.S., and European physician-researchers based their planning for what emerged, in 2004, as the Infectious Diseases Institute (IDI) in Kampala, Uganda. IDI has become, in the five years since its founding, an internationally recognized Center of Excellence for the delivery of high-quality care, training, research, and prevention strategies around infectious diseases, operating within Makerere University. (See profile of the Infectious Diseases Institute on pages 28–29.)

Consensus is starting to emerge within the global health community that the premise on which Accordia's work is based is sound. As

My experience is that without the people the vision perishes. To succeed in the fight against infectious diseases in Africa, we need both a vision and the people to achieve that vision. My vision is for an AIDS-free generation in Africa. This vision will not be achieved quickly or easily. But it can be achieved by future generations of African leaders if they step up to the challenges of leadership and receive the training and mentoring to be successful. That is the challenge this Summit sought to address. If we are successful in meeting this challenge, the future our children and grandchildren inherit will be markedly improved. We will be known as the generation that changed the face of infectious diseases in Africa forever.

Henry A. McKinnell, Jr., PhD
Chair, Accordia Board of Directors and
Retired Chairman and CEO, Pfizer Inc.
Remarks at the 2009 Infectious Diseases Summit

the May 2009 Institute of Medicine report, *The U.S. Commitment to Global Health*, notes: "To deliver effective health services, countries require capable, local leaders, researchers, and practitioners to identify problems and solutions that work and are sustainable in their own countries."

The question then becomes: How can leadership preparation structures be created in a way that builds upon a vast body of knowledge and experience, empowers local leadership, and recognizes the complexities within which these leaders must operate?

The conditions that routinely support and encourage leadership development in many areas of the world once existed in Africa. As political economist and deputy chairman of the South African Institute of International Affairs Moeletsi Mbeki noted in a keynote address at the Africa-Europe Group for Interdisciplinary Studies' second biennial conference in the Netherlands in 2007:

> *In the 1960s soon after their independence, African countries did reasonably well. Their economies grew quite significantly on their own steam…. Universities and high schools sprouted throughout the continent leading to vibrant debates about how to propel Africa forward.*

But the cycle of civil wars, dictatorships, and one-man rule that erupted in the mid-1960s and lasted for thirty years changed almost everything. Many of the continent's best thinkers left to pursue their opportunities in more stable countries and relatively few have returned. The nations' physical and social infrastructures deteriorated, and African capital fled to parts of the world with safer investment options. Mbeki, in the same speech, reflected on the problems that emerged when elements of multiparty democracy began to emerge in Africa in the mid-1990s:

> *Africa's challenge today is that while the era of dictatorship has apparently come to an end, African countries do not as yet have indigenous institutions and leaders that promote cooperation among the citizens. Developing such institutions is a difficult and costly business that takes a long time.*

To complicate the recovery, the HIV/AIDS epidemic arrived in Africa in the late 1970s—years before it was identified in the United States and given a name. By the time that African democracies began to emerge and started the task of rebuilding their middle classes, economies, and political systems, they were confronted with rates of HIV infection that reached as high as 20 to 25 percent in some countries.

In 2003, then-Secretary of State Colin Powell warned that the countries and regions that were disproportionately affected by HIV infections were not alone in dealing with the consequences: "It's a foreign policy issue not just because of this statistic dealing with loss of life. It's loss of hope, it's the destruction…of whole families where you have generations wiped out…[W]ealth is lost to the country, hope is lost, families are broken, and orphans are created. It is every bit as much a crisis as Iraq or any other crisis that you might choose to point out."

A Paradigm Shift

Africa's healthcare structure and those who serve within it are faced with dynamic economic, policy, and political contexts as well as evolving forces of globalization that create a tremendously challenging environment. However, the opportunities also have never been greater. Leadership at all levels of the health system is required to scale up effective interventions, discontinue those that are not working, align global funding streams for sustainable impact,

and motivate a health workforce that is faced each day with basic challenges and resource shortages.

Success depends on adoption of a bold, sustained approach to improving health in Africa that includes an explicit emphasis on the development of leading individuals, institutions, and the networks that connect them, bringing together expertise from around the region and globe to drive fundamental change. This includes essential investment in leading African medical schools and regional Centers of Excellence that will build lasting institutional knowledge, as well as teach and nurture the next generation of health leaders.

Effecting positive change will require a shift in mindset about the value of developing leaders in an intentional way. It will also require real human and financial investment, not only to prepare individuals and institutions for leadership roles in healthcare policy, education, research, and service, but also to create an enabling environment in which emerging leaders can thrive. There are a number of immediate opportunities for long-term impact:

- **Expand leadership training opportunities.** While programs to develop individual leadership are expanding, the need is still significant. These opportunities must become part of the ongoing fabric of African institutions and remain rooted in practical application.

- **Make mentorship a mandate.** Strong mentorship and career development are not consistently offered in Africa, even though research strongly supports their value and impact in building leadership knowledge and skills. Due to a shortage of faculty in medical schools, those who might provide this mentorship are often stretched beyond their limits. There is an opportunity at the institutional level to make mentorship a mandate by offering mentorship training to those who have the capacity and by linking with partner organizations to fill in the gaps so that all young medical students, researchers, and future health leaders receive the advice and counsel necessary to reach their potential.

- **Invest in leading institutions.** Existing leadership programs in sub-Saharan Africa tend to focus on individuals and do not necessarily consider the institutional framework within which they work. Ultimately, institutions bear the primary burden of assuring that the pipeline of future leaders is being filled and supported effectively. African institutions' efforts to create favorable environments for individual leadership development should be supported to ensure the long-term growth of the talent pool that remains in Africa. Centers of Excellence can play an important role in creating the kind of fundamental change that is required.

- **Utilize information technology advances.** For decades, due to limited connectivity and bandwidth, African institutions and individuals have been restricted in their ability to utilize the technological advances that have become commonplace in North America, Europe, and much of Asia. New fiber-optic cable capacity could potentially revolutionize the ability of African institutions to connect easily and inexpensively to the Internet. There is an opportunity to leverage these coming improvements to support leadership development in Africa in new and innovative ways.

- **Improve impact measurement.** Institutions need to develop a long-term vision and strategy that is linked to the greatest needs of society. To support investment in this vision, there is an opportunity for institutions to establish metrics and performance criteria that communicate the impact and value of the institution at both the local and global level. This, in Western countries, has required external review and accreditation with accountability to formal structures. Too often institutions fail to address deficiencies in organization, management, or process and avoid change. Over time, governments and external donors with competing demands on limited resources must be able to determine if their investments are both cost-effective and impactful.

- **Leverage collaborative networks.** Networks are often created because members share a single goal that cannot be achieved by any single individual or institution. Given the magnitude of the infectious disease crisis in Africa, the broad global response, the realities of the global economic crisis, and the rapid increase in the number of organizations working on these issues, there is a real opportunity to leverage effective networks to achieve efficiencies, avoid redundancies, and share knowledge. However, to be effective, these networks must preserve incentives for innovation.

A Long-Term Investment

Building health leadership capacity in Africa will not be an easy task, nor can it be achieved without a sustained and dedicated investment from a broad coalition of partners working in true alliance with one another. This includes leveraging the expertise of the private sector in

implementing talent management strategies and of business schools in teaching leadership practices. It will require that those who are privileged to hold leadership positions make a specific commitment to excellence and despite limited resources, enable and encourage others to reach new heights. It means that new programming and funding streams must explicitly encourage and enable individuals, institutions, and networks within Africa to effectively lead efforts in the shift from an emergency response to a sustainable response. Investment in today's leaders, in their institutions, and in the next generation is essential.

If that investment is not made, and if the healthcare leadership structure across Africa is not reinforced and expanded, it is likely that the investments made by developed nations, international agencies, corporations, foundations, and concerned individuals will prove to have been of little use in the long run. Short-term projects and programs are only effective if they serve as sandbags against an immediate threat of rising flood waters. When the flood recedes, even if only slightly, it is time to build the levies and floodwalls that will protect citizens and communities over the long term, reducing the need for heroic and costly emergency measures on an ongoing basis.

Developing a strong cadre of healthcare leaders at all levels in Africa can protect and preserve the collective well-being of Africa's citizens for decades to come. This is a critical moment in time, when work on many fronts can, when combined, make a real and lasting difference in the health outcomes of millions of Africans. Work must include a collective focus on building the strong systems that are needed by countries throughout the region *and* it must assure that the individuals and institutions needed to run and support those systems are in place.

The need for the kind of practical, effective leadership development programs and activities that will support robust healthcare systems in Africa is both substantive and immediate. African health professionals–be they junior faculty, newly-minted practitioners, or experienced providers of healthcare services–are committed and are eager for the kinds of support that are discussed throughout this report.

In April 2009, Accordia Global Health Foundation and the Infectious Diseases Institute co-hosted the second annual Accordia Infectious Diseases Summit in Kampala, Uganda. (More information on the Summit and the Call to Action which resulted from it appears on pages 40-41.)

This report is informed by the experts with whom Accordia and the IDI consulted prior to the Summit—experts in leadership development and health sciences. Some served as members of the Summit's Steering Committee while others provided supplemental expertise to assist with the fine-tuning of the conference's "content roadmap." The report is also enriched and informed by the presentations, panel discussions, and attendee participation throughout the Summit itself, during which presenters and audience members exchanged ideas, shared expertise and experiences, recommended immediate and long-term actions, and considered new and innovative ideas.

INDIVIDUAL LEADERSHIP

The Need for a Sustained Commitment to Developing Health Leaders in Africa

Theresa M. Riddle and Joseph Dwyer

After decades of work and billions of dollars spent on foreign aid and public health investment, millions still die each year from preventable causes, including infectious disease. In Africa in particular, the burden of infectious disease is immense. Medically, the knowledge is there to treat and prevent illness and save lives. The key—to preventing these deaths, achieving the Millennium Development Goals (MDGs), and making major improvements in health in Africa—is to scale up effective interventions, something that is virtually impossible without *inspired leadership and skilled management.*

To understand what capabilities organizations and governments need to deliver on the MDGs, the World Health Organization (WHO) thoroughly examined the health systems of several African countries. This 2007 study (*Managing the Health Millennium Development Goals—the Challenge of Management Strengthening: Lessons from Three Countries.* Making Health Systems Work Working Paper No. 8) of management strengthening activities in South Africa, Togo, and Uganda led investigators to a sobering conclusion: "Achieving the Health Millennium Development Goals," it reads, "will require a significant scaling up of health service delivery in many countries. The number of competent managers will also have to be scaled up at the same time—managers are an essential resource for ensuring that priority needs are met and resources are used effectively." Other organizations conducted similar surveys of health leaders and managers that also point to a pervasive lack of leadership and management skills throughout the health system. These studies and surveys found that:

- Health leaders and managers in Africa are facing ever-growing challenges and responsibilities; however, the majority has not received adequate preparation to succeed in these expanded roles.

- Where leadership and management training does exist it is often ad hoc, unrelated to the specific set of skills that are needed, and seldom coordinated to achieve national or regional health goals. This fragmented approach to training is sometimes worsened by vertical health programs that prevent leaders from viewing the health system as a whole.

Theresa M. Riddle is Managing Director and Founder of The Crossland Group, with primary responsibility for innovation, business creation, and account and strategic partnership management. Ms. Riddle applies her vast international public and private sector business experience—working in Africa, Asia, Europe, and the Americas—to support clients from a diverse and cross-cultural market base. She has worked extensively in the areas of organizational design and change management, strategy, and innovation and leadership development. She is committed to helping organizations build capability through the design and delivery of formalized consultant engagements and has demonstrated this in places like The World Bank Group, IBM, BF Goodrich, and The Boeing Company. Ms. Riddle has played a significant role in the Crossland Group's African strategy.

Joseph Dwyer is Director of the Management and Leadership Program at Management Sciences for Health. Mr. Dwyer has twenty-eight years of experience developing, managing, implementing, and advising health programs. For eight years, he has led a global team linking improvements in management systems and organizational leadership to improved client services. Mr. Dwyer has worked in Kenya, Tanzania, Uganda, Malawi, Nigeria, Zimbabwe, and South Africa and has collaborated on various World Bank projects. His technical areas of expertise include organizational development, strategic planning, and implementation of service delivery programs; performance improvement; and development of effective quality improvement, supervision, and sustainable training processes and tools.

- Health leaders and managers report that stand-alone leadership and management workshops do not provide the opportunity to develop a comprehensive set of leadership and management competencies. Traditionally, there has been a greater focus on what is taught in academic courses than on what is learned, retained, and relevant.

- Traditional leadership training continues to be theoretical and delivered through classroom lectures, rather than through the blend of learning experiences that have proven more effective in helping to develop leaders and managers.

Participants at the 2009 Infectious Diseases Summit raised concerns about current barriers to building individual leadership capacity in Africa's health care system:

- Workforce deficiencies and competing resource challenges inhibit Africa's ability to produce skilled leaders.
- Existing paradigms do not empower leaders to innovate.
- Many leaders are not committed to the intentional development of leadership and management skills in others; there is not a culture of mentorship.
- Leadership training that does exist is often too theoretical.
- Critical communication, financing, collaboration, persuasion, fundraising, and advocacy skills are rarely taught.
- Mistrust of power still exists.
- Evidence and success stories are not used or are not accessible to influence those with authority to change the status quo.

Leadership at All Levels—Current Gaps

Research shows that health leadership and management skills are desperately needed at all levels. At the national level, competent and well-prepared leaders should provide vision, advocacy, establish relevant priorities, set overall policy direction, and offer guidance on health strategy and programming. Doctors, nurses, researchers, and health workers must do more than practice medicine—they need to play increasingly more demanding roles that include leading and building teams, managing complex budgets and projects, developing new business, motivating and managing staff, effectively allocating resources, and—ultimately—addressing the needs of the people they serve. All healthcare delivery system team leaders need to effectively maximize their collective impact.

In practice, however, building health leadership and management skills is not valued as a core priority by many institutions, foundations, governments, or other organizations across Africa. Many African leaders are not *intentionally* teaching other leaders—investing in developing the next generation and ensuring solid succession plans for Africa's academic medical centers and research institutions, NGOs, hospitals, and clinics. Mentoring and career development are not consistently offered, even though research strongly supports their value and impact in building the capability of a leader. And, when leadership training is available, its focus tends to be narrow; additionally, it is often offered only to those in top positions.

Increasingly, however, consensus is developing about what it means—for an individual—to be a leader, as well about the importance of creating systems in Africa that will support the development of effective leaders for all levels of the healthcare system, in every African nation. Research and practice within emerging successful models in Africa and around the globe are informing thinking and planning for prioritized leadership development programs and processes. There is agreement that part of what is needed among leaders is an enhanced sense of *professionalism*—including a deliberate and altruistic commitment to passing one's knowledge and skills on to the next generation.

Building Intentional Leadership Development

There is a growing appreciation for the important role that effectively developed leaders and managers play in organizational relevance, in strategy implementation, and in achieving tangible outcomes. The Darden School of Business at the University of Virginia recently conducted a study entitled *Developing Emerging Leaders*, which suggests that there are seven fundamental design principles that shape the intentional approach to leadership development—and that these principles can be applied to both public and private sector organizations:

1. Develop a leadership competency model that aligns leaders with strategy and core values.

2. Integrate with talent management framework.
3. Grow leaders through deployment, targeted learning, and relationship-building.
4. Constructively differentiate emerging leaders.
5. Engage senior executives and hold them accountable.
6. Create transparency through a formal process.
7. Measure results systematically.

Once sound design principles and processes for developing leaders are in place, organizations must develop a means to take individuals down a path of leadership training. Current practice of using a variety of blended learning vehicles to develop leaders and managers are fairly consistent. Most experts agree that individuals need a mix of structured programs, self-directed learning, on-the-job training, mentoring and coaching, skill-building through formal and informal networks and events, and working 'stretch' or rotational assignments that span the organization or partners within a network. The exact mix of vehicles is dependent on some basic questions that individuals and their managers need to answer together to enable a solid foundation for leader and manager development:

1. Business Goals: What do I need to achieve based on my organization's strategy and goals?
2. Development Goals: What do I need to learn to be successful now and in the future?
3. Individual Development Plan: How will I learn? What exposure, experiences or education do I need?

Ultimately, the essential ingredient is a *sustained commitment* to ensuring a pool of talented individuals at all leadership and management levels, diverse in their capabilities, with strong collaborative attitudes and skills and the ability to fulfill leadership roles within their institutions and organizations in a challenging and complex global world.

Effective Leadership Building Blocks—The "DNA" Shared by Leaders

There are many different ways organizations and individuals define leadership competencies, attributes, and critical skills. Desired leadership traits are shaped by values, culture, climate, and strategic priorities. And there is nothing magical about the core attributes many suggest are key for anyone who is in a leading or managing role.

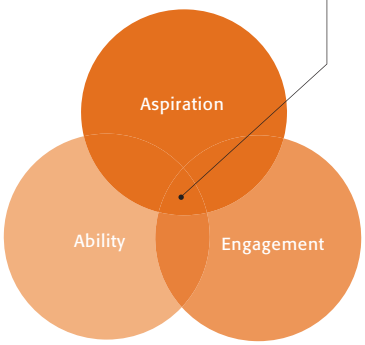
In a recent article "Leadership Competencies for Global Managers," executive search firm Egon Zehnder International concludes that leadership competencies fall into four categories—business, functional, team, and personal leadership. Business leadership is about forming strategic alliances and partnerships, enabling flexible organizational dynamics and structures and communicating the organizations' shared values and strategies. Functional leadership refers to the specific functional skills an individual brings—and are key because they give the leader/manager technical credibility. Team leadership means all the skills required around helping teams focus and stay motivated in often very fast-paced global environments. It also is about leading and managing change, especially with the political, regulatory, and business landscape that many health leaders face today. And finally, personal leadership—which the authors suggest sets many successful global managers apart—refers to how effective leaders are in ensuring that their personal lives provide a balanced rhythm and context for business activities.

Many articles and books have been written about the "right" set of attributes leaders and managers must possess to be effective. Among all the offerings there are a critical few that continue to surface in the research:

Another interesting perspective, this one from the Corporate Leadership Council, is the notion that if potential leaders have the right combination of aspiration, ability, and engagement, they are far more likely to succeed as leaders and managers regardless of their experience. The Corporate Board agrees and suggests that there

Corporate Leadership Council: Defining Potential

The High-Potential Employee
An employee who demonstrates the ability, engagement, and aspiration to rise and succeed in more senior or more complex positions



Aspiration
The extent to which an employee wants or desires:

- **Prestige** and **recognition** in the organization
- **Advancement** and **influence**
- **Financial rewards**
- **Work-life balance**
- Overall **job enjoyment**

Engagement
Engagement consists of four elements:

- **Emotional Commitment** - The extent to which employees value, enjoy, and believe in their organizations
- **Rational Commitment** - The extent to which employees believe that staying with their organizations is in their self-interest
- **Discretionary Effort** - Employee willingness to go "above and beyond" the call of duty
- **Intent to Stay** - Employee desire to stay with the organization

Ability
A combination of the innate characteristics and learned skills that an employee uses to carry out his/her day-to-day work:

Innate Characteristics
- **Mental/cognitive** agility
- **Emotional** intelligence

Learned Skills
- **Technical/functional** skills
- **Interpersonal** skills

Source: Corporate Leadership Council High-Potential Management Survey, 2005

are three drivers that consistently surface in enabling a person's potential—leveraging employee relationships, ensuring credible organizational commitment, and structuring challenges within job experiences. The graphic to the left describes each of these attributes and the innate and acquired skills, experiences, and characteristics required to optimize leader and manager development.

Leaders Teaching Leaders—An Effective Learning Method

The importance of leader-led development as a strategy is widely acknowledged for developing leadership "bench strength." According to the Learning and Development Roundtable 2006 Senior Leadership Survey, "coaching provided by a leader's direct manager is one of the top drivers of building leader capacity, outpacing even the most heavily used leadership development approaches."

The business case for leader-led development (LLD) is real—LLD is not a "warm and fuzzy mandate" but rather a real "need to have." Roundtable analysis reveals that rising leaders who report to leaders who are very effective at LLD outperform their peers by as much as 27 percent and are also more engaged and likely to stay in their organizations. The impact of LLD extends deeper within the organization; direct reports of those rising leaders demonstrate higher levels of discretionary effort. In addition, senior leaders are better off providing no development than ineffectively developing their rising leaders, which implies that leaders need to be "ready" to develop others before engaging in leader-led development.

How do organizations prepare leaders to develop other leaders? In a recent *Fast Company* article, "More than MBAs," columnist Jim Bolt (named by the *Financial Times* as a leading expert in executive and leadership development), talks about ways leaders are getting to "practice." He suggests that leaders are being put in the position to **"kick off" or "close" programs**—engaging others on deep dialogue about the organization's vision, values, market challenges, and strategic priorities. Leaders are **co-teaching with outside faculty**—"learning while doing" with experts who can apply proven teaching tools and methods. **Telling personal stories** about people and events that have shaped their beliefs, values, and leadership, analyzing business cases with small teams, or telling stories about an actual dilemma to help teams demonstrate different types of analytical thinking are powerful ways to help leaders develop others. It is more common, according to Bolt, to have leaders teaching their own teams about **new business processes** that are effective in their organization, specifically. Talking about the **best and innovative practices** enables

leaders and their teams to dialogue about what works and what does not work—and what is innovative about their own organization.

Africa's Unique Opportunity

More effective leadership and management will strengthen Africa's health systems and improve the continent's overall health, but it will also require a significant paradigm shift. Such a shift means changing the way people are recruited, assessed, developed, and incented in progressively more responsible leadership and management positions. It also demands a change in mindset by institutions, governments, and health organizations across Africa—investment is a critical success factor to building and retaining the current cadre of potential leaders, and to securing the next generation of leaders. The time to make this shift is now.

Leadership development is a means to an end—not an end in itself. An important indicator in evaluating approaches for developing leadership skills and knowledge is whether there is measurable improvement related to an organization's mandate and impact.

Leaders are an institution's "engine" for implementing strategy and leading significant change.

Without strong, effective leaders at all levels and in all countries and communities, the goal of an African healthcare system that functions at high levels and effectively serves all of the continent's residents will remain out of reach. But with well-trained leaders in key positions and with others continuing through the professional pipeline, preparing to take leadership positions in the future, Africa will be far better positioned to overcome its current challenges—building a land for its children and its children's children that is healthier, as well as socially and economically vibrant and strong.

Africa has the unique opportunity to harness the power of communication, the goodwill of the global community, and the interest in global health to put together a best practice leadership model that not only crosses boundaries but creates new models that will be sustained and thrive in an environment of rapid change and ebbing and flowing conditions.

Snapshot of a Successful Leadership Development Program: Management Sciences for Health

Leadership development is more a craft than a science. Findings of studies and surveys indicate that applied-learning, with mentoring, is the most effective way to gain practical skills in leadership and management. One successful example is the Management Sciences for Health's (MSH) Leadership Development Program (LDP). Implemented in over 22 countries on four continents, LDP responds to needs that health leaders identify and is based on five guiding principles:

- **Focus on health outcomes.** Good management and leadership result in measurable improvements in health services and outcomes. Only by focusing on real organizational challenges can managers develop their ability to lead.

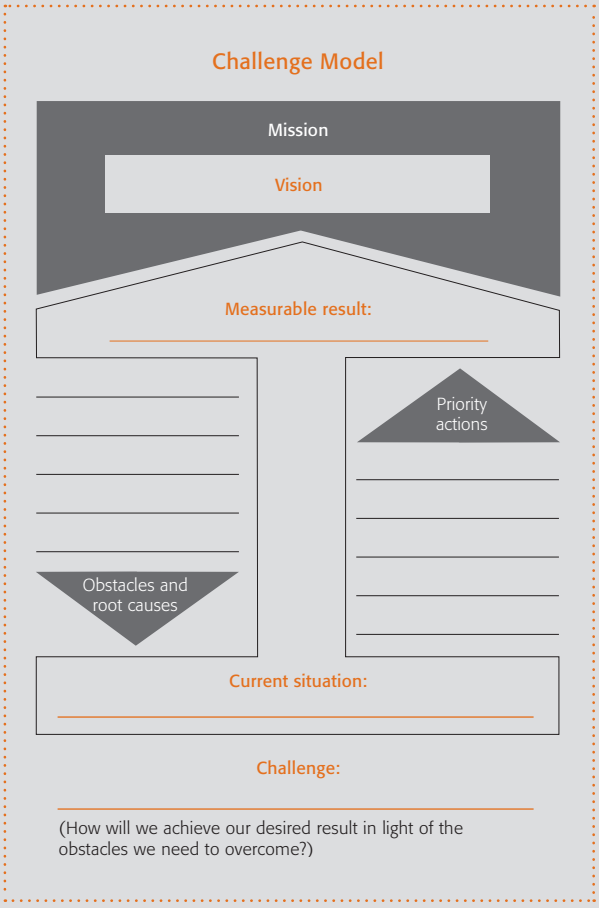
- **Practice leadership at all levels.** Good leadership and management can and must be practiced at every level of an organization. Working with their teams, managers at all levels—from health posts to national institutions and NGOs—can confront challenges and achieve results.

- **Leadership can be learned.** Leadership practices improve through a process of facing challenges and receiving feedback and support. Through this process, managers develop their own leadership abilities and the abilities of their staff.

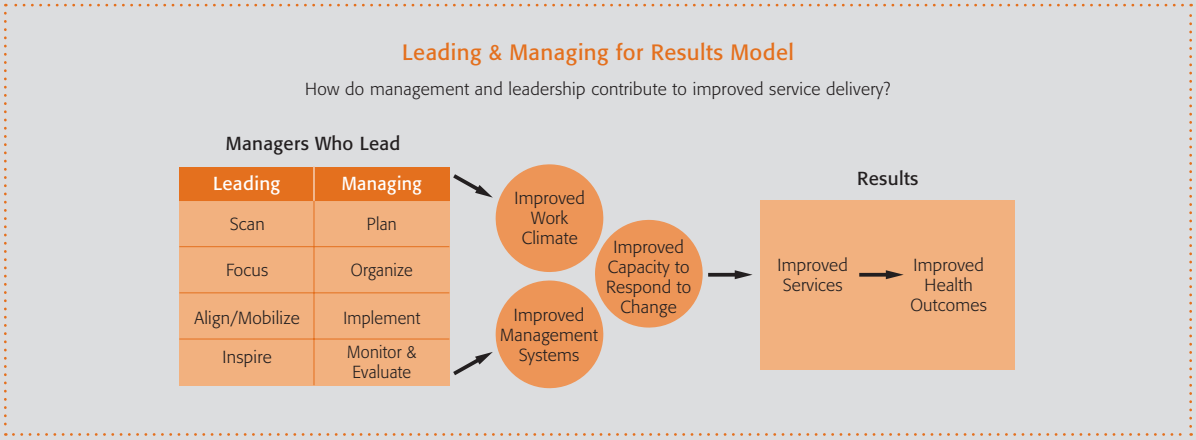
- **Leadership is learned over time.** Becoming a manager who leads takes time. This process works best when it is owned by the organization and takes on progressively more challenging issues.

- **Sustain progress through management systems.** Gains made in health outcomes can be sustained by integrating leadership and management practices into an organization's regular systems and processes, including supervision and evaluation.

LDP works with health leaders/managers and their teams to improve the quality and accessibility of health services. They learn to lead performance improvement projects addressing service delivery challenges, while increasing their skills in mobilizing local resources, monitoring results, and improving the climate in their work groups and workplaces.



Teams use two models that are the key to success. The Challenge Model guides them in working together toward a shared vision of their desired health outcomes. The Leading and Managing for Results Model shows how the eight "leading and managing practices" transform individual practices and organizational performance, resulting in improved services and health outcomes. These practices have been validated in the public and private sector and across cultures.



LDP delivery methods include the Leadership Development Program—a face-to-face program delivered over six to eight months where leaders and their teams learn to lead and manage, over time. Leaders and their teams develop their shared vision, identify priority challenges, and utilize the leading and managing practices as they use the challenge model. In addition, they measure and achieve their results, as they continue to take on new challenges.

The second delivery is the LDPs virtual counterpart (VLDP) which follows a similar process and is delivered to leaders and their teams over thirteen to sixteen weeks with a six-month follow up—and has been delivered to teams from over thirty countries and in five languages.

Both programs change the way leaders work with teams to overcome challenges and achieve sustainable results at all levels in the health system. Evaluations of this methodology show this approach is both effective in empowering individuals and teams to overcome challenges and achieve results that improve health outcomes, and in building a critical mass of staff with leading and managing skills. It also creates a sense of ownership that leads to sustainability over time. The scale-up of the program continues. Over 185 facilities have now been trained in the LDP over five different cohorts. Teams participate in an annual results conference where they share how they have improved health in their settings over the past year and select new challenges for the following year.

MSH has learned two major lessons. First, it is critical that entire teams, rather than individuals, be addressed through coordinated approaches to training. Programs that focus on leaders and their teams are far more effective in developing new skills at several levels within a country or an organization. Further, this approach creates the critical mass required to turn theory into good leadership habit and sustainable behavior back in the workplace. Second, it is important to recognize the need for succession planning. Providing leadership and management training at all levels of the organization is also related to the importance of better succession planning and the importance of systematically identifying and developing future leaders from all levels.

INSTITUTIONAL LEADERSHIP

Opportunities for Academic Medical Centers to Lead and Influence in Africa

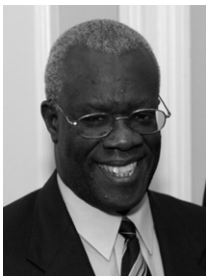
Dr. Nelson Sewankambo

After years of neglect, African countries are beginning to rebuild their basic *financial* and *physical* infrastructures. Investment is returning to Africa, albeit slowed by the worldwide economic crisis. Roads, bridges, water systems, and other construction projects are underway. But the third leg of the infrastructure stool–*human capital*–has not yet been as fully addressed, particularly in the healthcare field.

This is not to say that there are not examples of human capital investment that are having an impact in countries across the continent. Many institutions, governments, funding agencies, and other stakeholders are committed to the objective of building a strong, continent-wide healthcare system that includes a growing cadre of professional healthcare workers supported and nurtured by effective institutions that promote and encourage leadership internally and externally.

The Kampala Declaration and Agenda for Global Action–which resulted from the meeting of the Global Forum on Human Resources for Health held in March 2008–recognized the immediacy of the need to address this issue, noting that governments need to "determine the appropriate health workforce skill mix and to institute coordinated policies, including through public-private partnerships, for an immediate, massive scale-up of community and mid-level health workers, while also addressing the need for more highly trained and specialized staff." The Declaration also called for, among other measures, "rigorous accreditation systems for health worker education and training," and recommended that "governments, civil society, [the] private sector, and professional organizations [work together] to strengthen leadership and management capacity at all levels."

The Kampala Declaration has led to increased discussion and several new initiatives around leadership and management training in Africa at the level of the individual. But despite the Kampala Declaration and other efforts, there is not yet sufficient emphasis on building leadership capacity at the institutional level. Health priorities will continue to shift in response to rapidly evolving environments, but an emphasis on the development and maintenance of effective health leadership in Africa must intensify in order to combat the immediate health and security threat posed by HIV/AIDS and other priority health



Dr. Nelson Sewankambo is Principal of Makerere University's College of Health Sciences in Kampala, Uganda and Vice President of Accordia Global Health Foundation. He was a major force in the establishment of Makerere's Infectious Diseases Institute. Dr. Sewankambo has served on many committees and boards including the Working Party on the Ethics of Clinical Research in Developing Countries of the Nuffield Council for Bioethics, the Joint Learning Initiative, the WHO African Advisory Committee on Health and Research Development, the Boards of the International Clinical Epidemiology Network and the Infectious Diseases Institute, the Council of the Global Forum for Health Research, and the Initiative for Strengthening Health Research Capacity in Africa (ISHReCA). Dr. Sewankambo was among the first scientists to publish data on AIDS in Africa; he is still active in HIV/AIDS research and is Co-Investigator of the Rakai Health Sciences Program.

conditions and to prepare a generation of Africans for the challenges that lie ahead. Strong and effective institutions that promote a culture of leadership and provide stability in difficult and complex environments are critical to the long term development of a vibrant and sustainable healthcare sector.

Keys to Success

The J. David Gladstone Institutes at the University of California, San Francisco, are internationally recognized and have received numerous awards as one of the best places for post-doctoral students to train and one of the best academic centers for faculty to work in the United States. At the Accordia Infectious Diseases Summit, Gladstone Institute of Virology and Immunology founding director and Accordia president Dr. Warner C. Greene presented eight "Keys to Gladstone's Success:"

1. Have the courage to think and act big.
2. Execute your mission.
3. Practice inspired financial stewardship.
4. Make an absolute commitment to excellence; recruit and hire only the very best.
5. Ensure careful and critical review of science.
6. Provide outstanding mentorship to young scientists.
7. Be relevant to your community.
8. Don't rest on your laurels; continually refine your strategic plan.

The strengths of the Gladstone model include its focus on major diseases, its relative freedom from bureaucracy (allowing for rapid decisionmaking), and a culture that encourages innovation and entrepreneurship.

Medical schools, nursing schools, schools of public health, and other institutions have a unique role to play in meeting the needs of the healthcare workforce at all levels. Academic medical institutions are the factories that produce Africa's health workforce. They are charged with leading others, in their role as healthcare providers, researchers, educators, and thought leaders, but are also in a position to prepare individuals who will go on to lead other organizations within government and the private sector.

Makerere University, for instance, has long been a regional leader in health sciences education, practice, and research. It plays a significant leadership role in addressing Africa's health challenges by:

- Increasing workforce capacity by training medical officers, nurses, dentists, public health practitioners, pharmacists, and paramedical professionals and by assisting other training institutions to improve the relevance and quality of their training.
- Conducting health research in areas of national and regional priority, and developing individuals capable of initiating and executing research in Africa.
- Strengthening national and regional capacity for public health program innovation, leadership, management, and evaluation.
- Developing and testing new models of service that are suitable for application in resource-constrained settings.

An academic medical institution is built on three pillars of scholarship—discovery of knowledge, teaching and learning, and the integration and application of knowledge. From these pillars stem distinct opportunities for leadership that include, but are not limited to, the following:

- Leading African Research for Better Health
- Making Mentorship a Mandate
- Influencing Policy and Practice

Leading African Research for Better Health

The discovery of knowledge is one of the most elemental pursuits of an academic medical or health institution. There is increasing interest in and recognition of the crucial importance of strengthening health research capacity in Africa, which is essential for improving delivery of existing interventions and for developing future solutions. Despite years of working to prevent and treat many of the illnesses that ravage Africa such as AIDS, tuberculosis, malaria, and other communicable diseases, a plethora of questions remain about the diseases themselves and about how to deal with the persistent, emerging, or re-emerging challenges like drug resistance, inequitable service delivery, non-communicable diseases, and health system inadequacies including health worker insufficiencies.

In an article published in the *Lancet* in November 2008, a number of scholars (including this author) assert that the lack of clear career paths to attract and retain good researchers may be the most serious impediment to improving health research in Africa. In part, the following is argued:

> *The development of attractive career pathways is key to bringing research in sub-Saharan Africa to international standards of excellence. We propose starting attractive research-focused career pathways within key African institutions to address this issue. These should open new career opportunities at every level, starting with a broad base of junior interns, continuing with competitive PhD or postdoctoral programmes combined with equivalent clinical research fellowship and MD schemes. Most individuals should have the opportunity to progress beyond a PhD, if they are competitive. Africa simply cannot afford to lose more trained health researchers both within and outside the continent.*

To develop and retain the future leaders in health research, attractive employment and training packages must be made available, including assuring that salaries are appropriate for internationally competitive candidates. Career posts must be offered, as well as opportunities for training and travel for postdoctoral researchers. At Makerere University, several well-funded junior clinical scholarship positions have been created to attract, mentor, and retain junior researchers. So far, these programs have been successful in retaining Uganda's most promising research talent.

Although experts from the United States, Canada, Europe, and Asia may be welcome partners and a source of invaluable information and collaboration, it must be clearly understood that African academics and researchers are in the best position to identify what is needed to strengthen their own academic institutions. Programs like those initiated at Makerere University can be used as models to create others that, while similar, are nevertheless tailored to meet the specific needs and competitive advantages of individual medical schools. Successful institutional programs for leadership development in research will be guided by these principles:

- Leadership development programs should include innovative training components both at home and abroad, through collaborative partnerships with other institutions.
- Conducive incentive structures must be implemented to encourage partners to send faculty for assignments of varying duration to their counterparts in developing nations.
- Long-term support is critical: research centers grow organically over time and attractive career paths require years of visibility.

Making Mentorship a Mandate

By definition, an academic medical or health institution commits itself to the pursuit of scholarly excellence, an important part of which is the art of teaching and facilitating learning. Therefore, a health professional education institution is uniquely positioned to lead in the development of human resources for the healthcare field, by teaching leadership skills to new health professionals who may one day be responsible for managing staff, ensuring the quality of health services, and ultimately improving patient health. Beyond the transfer of basic knowledge and latest technical content, the process of obtaining professional education offers an opportunity to instill leadership qualities in the best and brightest, who are likely to one day be in leadership positions themselves.

An inherent part of any institution's capacity to build leadership is its ability to support the personal and professional development of its individual members. In a university setting, this means striving for constant improvements in the ways that students and trainees are taught and learn, but it also means insisting that faculty members participate in meaningful and useful ongoing professional development opportunities, as well as supporting all members of the faculty and staff to become technical and thought leaders within their fields and areas of expertise.

The current population of African health leaders is aging. Young, talented professionals need to be identified early in their training and retained in Africa with rewarding careers. In some cases, institutions in more developed nations—inadvertently or otherwise—attract Africa's most promising leaders away from the continent. African institutions' efforts to create favorable environments for individual leadership development *must* be supported by their peers, the public sector, and partners, which now include other academic institutions, multilateral funding agencies, non-governmental organizations, and private sector players. Collaboration in this respect will ensure the long-term growth of an indigenous talent pool available to all.

Centers of Excellence—regional and national institutions that are widely recognized for offering the finest care and most current approaches available in prevention, diagnosis, treatment, and research—must be supported by significant resources, allowing them to attract and nurture new talent for the benefit of all. These Centers can offer leadership in the provision of affordable quality care, in training and research, in providing mentorship programs for young professionals, and in collaborating with other teaching and research institutions for high-quality training of the next generation of health leaders.

Above all, a culture must be created in which mentorship is considered requisite. At the Infectious Diseases Summit in Kampala, this priority emerged as the single most important and unmet need in the development of future African health leadership. Much more attention to and research on mentorship is required, as institutions develop effective and sustainable models to provide ongoing mentoring opportunities within their walls and with their international partners.

Influencing Policy and Practice

When people speak about improving health in Africa, they often are referring to the search for new breakthroughs and discoveries—from vaccines to eradicate disease to innovation in service delivery that will revolutionize patient access to treatment. Too often, existing knowledge and the successful interventions that have already been discovered and demonstrated are not capitalized upon. The unfortunate reality is that, in too many situations, successful strategies to improve African's health never make it out of the classroom or laboratory and into clinical practice. Funds are often not available to move basic science or great ideas into meaningful trials in clinics or the field. There are often regulatory hurdles and other leadership and governance challenges that threaten even those therapies that show conclusive results in trials. And even health interventions that have been proven to be effective and safe must overcome long-standing and well-ingrained clinical behavior to actually change practice.

Improving the degree to which innovations are successfully transitioned to policy and practice in the challenging African environment will require institutional leadership and cooperation. The opportunity for African health educational institutions to lead in this effort is immense.

That opportunity to translate research into policy and implementation is one of the major goals of a new initiative at Makerere University. Makerere and Johns Hopkins University were recently awarded a grant from the Bill & Melinda Gates Foundation to undertake the initial phase of a unique program aimed at improving health outcomes in Uganda and the region, by enhancing the educational and research capacity and leadership of Makerere University. The funding supports a two-year strategic planning process that will help to develop a ten-year institution-building initiative between the two universities, during which the faculties of medicine, nursing, public health,

Institutional Leadership Required to Successfully Manage Change

Stella M. Nkomo is a professor of business leadership at the University of South Africa's (UNISA) Graduate School of Business Leadership, and the author of several books. Noting that "98 percent of all we know about leadership is based on studying American business men," Professor Nkomo's internationally recognized work in the field of institutional change addresses leadership needs in an African setting, against a complex backdrop of shifting political, economic, and legislative norms.

At Accordia's Infectious Diseases Summit 2009, Nkomo presented research on how South African leaders had to reposition themselves strategically in a post-apartheid world. She outlined **five types of institutional leadership** essential to navigate change effectively:

- The Hope Provider — leading and inspiring with true vision
- The Values Driver — sharing individual and organizational values
- The *Ubuntu** Instiller — understanding oneself as part of a larger human community
- The Change Embracer — being unreservedly open to change
- The Diversity Architect — blending cultures and differences

"Transformational change takes place incrementally."
–Stella M. Nkomo

**Ubuntu*, a Bantu word, is an ethic or humanist philosophy focusing on people's allegiances and relations to each other.

biomedical science, dentistry, pharmacy and allied professions at the College of Health Sciences will work to further enhance and refine the educational capacity of Makerere University.

Any successful effort to impact policy and practice will begin with strong relationships between academic institutions and Ministries of Health, NGOs, civil society organizations, and other development partners. Leading institutions *must* reinforce relationships with their key stakeholders to increase their influence across disciplines or sectors, other organizations, and the public. Stronger relationships and networking with their stakeholders will enable institutions to:

- Better target research towards key public health policy and practice issues in the region, and work strategically with policy and practice partners to keep that research, education, and training relevant.

- Accompany research with a plan for action and evaluation.

Institutions must also be more proactive in communicating their research efforts and findings to influence the health sector agenda, providing advice and learning opportunities to the government and other organizations in ways that promote a culture of accountability and performance. Several potential methods for strengthening the operational link between academia and policymakers will be explored in the Makerere/Johns Hopkins partnership mentioned above and will be utilized to optimize the relationship between Makerere University and the Ugandan policymakers. Although not yet proven, the proposed–and promising–tactics listed below offer a useful framework for other institutions to consider as they work to develop stronger operational links with relevant policy institutions:

- Seconding faculty to local Ministry of Health agencies
- Conducting joint research projects
- Offering short courses for Ministry staff
- Integrating senior Ministry personnel into university faculty
- Using the Health Ministry and other health partner institutions as field placements for university undergraduate and graduate students

It should be noted that the greater national and regional system in which an institution functions is critical to determining its success or failure. It is vital that health system constraints be recognized and addressed as part of the process for leadership development.

Investing in local research and the mentoring process, and taking the steps necessary to ensure that clinical and operational research informs policy and practice, will pay off in both the short- and long-term by developing a strong leadership structure in Africa that will strengthen the healthcare system and benefit patients, their families, and their communities for decades to come.

No amount of determination can empower a single man or woman, or a single institution, to improve the future of health in Africa. Institutional leadership is powerful because of what falls into place behind it–the collective strength of others, who together make the dreams of nations possible.

The Infectious Diseases Institute: A Center of Excellence in Sub-Saharan Africa

Accordia Global Health Foundation, in partnership with Pfizer Inc, the Academic Alliance, and Makerere University, established the Infectious Diseases Institute (IDI) in 2004 as a preeminent center in sub-Saharan Africa for infectious disease training, prevention, clinical care, and research within Uganda's Makerere University.

Less than five years since its establishment, IDI has cemented its role as a regional Center of Excellence within Africa. IDI has trained over 3,800 African healthcare workers from twenty-seven African countries. There are thirty-four research projects complete or underway in collaboration with leading international universities and supported by one of only six College of American Pathologists (CAP) certified laboratories in sub-Saharan Africa. In addition, the IDI clinic provides advanced clinical care to more than nine thousand HIV-positive patients, and conducts outreach programs in government clinics to build their capacity to help thousands of others. IDI's ongoing relationship with Accordia and the Academic Alliance ensures that there is a constant stream of international experts in Kampala to provide specialized support, training, and mentorship in infectious disease care and research.

IDI's mission is to build capacity of health systems in Africa for the delivery of sustainable, high-quality care and prevention of HIV/AIDS and related infectious diseases through training, research, and advanced clinical services. IDI is an example of a leading African institution that is impacting both national and regional infectious disease policy, with capacity to develop individual leaders and set new standards for healthcare services in the region. IDI has its own board of directors, is an autonomous entity within Makerere University's College of Health Sciences, and conducts its research, training, clinical care, and prevention services with increasing collaboration and financial support from multiple partners.

IDI's evolving programs are designed to provide existing health professionals with the skills and knowledge needed to address the infectious disease issues they face daily and to prepare a new generation of health professionals for tomorrow's challenges.

- The **Research Program** houses a growing number of exciting studies in HIV and tuberculosis. Universities throughout North America and Europe partner with IDI to benefit from its unique patient population, data support services, and trained personnel. IDI prides itself on its long-term research capacity-developing initiatives, which are the foundation of its efforts to develop a new generation of health leaders for Uganda and the region. This includes the prestigious Sewankambo Scholars program, a five-year, comprehensive effort to develop the capacity of junior Ugandan researchers and to facilitate cutting edge research in areas that are immediately relevant in resource-limited settings.

- The **In-service Training Program** has established solid links with the Ugandan Ministry of Health and has become the partner of choice for curriculum development needs on diverse infectious disease topics such as HIV/AIDS, malaria, research methods, laboratory practices, and training of trainers. Comprehensive monitoring and evaluation activities enable IDI to help lead training interventions throughout the region. IDI increasingly conducts training on-site at clinics throughout Uganda through the use of mobile teams and peer facilitation, to reach greater numbers than possible in limited classroom space, through a course format found to be more effective at improving patient care and health outcomes.

- The **Prevention, Care, and Treatment Program** has established itself firmly as a leading component of the national healthcare system, helping to set new standards of care for patients throughout the country and the region. Operational research informs its operating procedures, clinical best practices, and policy recommendations. The program has begun sizeable outreach programs that expand IDI's ability to reach patients beyond its own clinic's capacity.

Makerere University and the Infectious Diseases Institute have developed a core infrastructure and are starting to reach a critical mass and expertise level that will serve as an important foundation upon which leadership begins to thrive. The IDI model presents a pioneering example of how public-private partnerships in global healthcare may be structured to best ensure long-term stability and local effectiveness. Jump-started by generous financial support from Pfizer Inc, the enterprise has, in a remarkably short period of time, made impressive strides on the path toward independence and a diversified funding base. The Infectious Diseases Institute model brings together medical schools, individual academics, the Ministry of Health, the private sector, and individual donors to address human resource issues and solve complex clinical and operational problems that will enable healthy populations.

NETWORK LEADERSHIP

A Value Proposition for Building Effective Health Networks in Africa

Kelly S. Willis and Dr. Peter Ngatia

A network is defined as a system of cooperating individuals or institutions, interconnected by communication paths. Stronger health leadership can be achieved in Africa by successfully building networks that bring people and institutions together to share knowledge, work on a shared problem or goal, and extend the impact of their work.

Over the past decade, in particular, technology has greatly facilitated the efficiencies of networks that span geographies by enabling rich communication and the exchange of knowledge. Certainly, it is one of the primary forces behind the recent proliferation of global health networks.

While the activities and objectives of networks vary substantially from one to the next, there are certain observations that can be made about the incentive to create networks across all types of organizations. Networks among leading individuals and institutions in global health are generally created in pursuit of one or more of the following objectives:

- **Enhanced output** of the collective system through the pooling of resources and knowledge
- **Cost or time efficiencies** achieved through allocation of shared services and expenses
- **Expanded geographical reach** through organizational collaboration across continents
- **Improved dissemination** of key ideas and technologies among a diverse audience

But building and maintaining an effective network does introduce new costs, which must be weighed against the value of the efficiencies that the network creates. The key is to harness the capabilities of a network's members—individual and institutional—and channel them in a concentrated pursuit of common objectives. This requires singular leadership and coordination, which, when lacking, can easily tip the balance against a network approach.

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Successful Network Models

Examples of existing networks in global health are plentiful and diverse. Today's successful networks vary by geographic reach and direction, discipline, disease or topic focus, and sponsorship.

Geography	Type/Discipline	Health Focus	Purpose	Funding
• North–North • North–South • South–South	• Clinical research • Laboratory • Surveillance • Training • Professional	• Disease-specific • Medical profession • Capacity	• Knowledge exchange • Common scientific pursuit • Advocacy • Efficiencies of cost or time	• Member funded • International entities • Bilateral aid agencies • Donors • Universities

Geography. North-South partnerships have existed for decades in various forms, as have North-North networks. However, for all the attention the concept receives in the international health community today, South-South partnerships and networks are not yet common. Sarah Ramsay, as senior editor of the *Lancet*, noted in 2002 that "collaboration between researchers working in different parts of Africa has long been acknowledged to be weak. This lack of coordination has led to duplication of effort and waste of scarce resources; it has also made it difficult for African researchers to negotiate jointly with overseas donors." Unfortunately, in the last seven years, very little has changed.

But promising models are emerging. The Initiative to Strengthen Health Research Capacity in Africa (ISHReCA), for example, is a network of over thirty health research institutions in Africa, with a mission to "promote the creation of self-sustaining pools of excellence capable of initiating and carrying out high quality health research in Africa, as well as translating research products into policy and practice through better-integrated approaches of capacity building at individual, institutional, and system levels." ISHReCA advocates for stronger government support to build sustainable capacity for health research in Africa, negotiates together for increased funding, and facilitates dialog and exchange among its members.

It is particularly significant that the relatively more developed countries of the South are accepting increasing responsibility for supporting sustainable health development for the region. So, African nations with stronger healthcare systems such as South Africa, and countries with accomplished and dynamic individual leaders such as Uganda, are stepping up within emerging networks to provide the kind of capacity-building support to their neighbors that over the past twenty years has been provided through intervention from the North.

This emerging trend represents encouraging progress toward a tipping point in global health, when a critical mass of leadership in Africa will take the reins to create more permanent solutions to the continent's health challenges.

Professional Discipline and Health Focus. Some of the most successful networks consist of professionals of the same discipline from multiple institutions collaborating on multiple and diverse initiatives. The International Clinical Epidemiology Network (INCLEN), for example, is a global network of clinical epidemiologists from various international academic healthcare institutions whose work spans all diseases and other health challenges. Such networks are one way in which multiple institutions can share valuable human resources that might otherwise be underutilized by a select few of the most prestigious members.

Alternatively, networks may effectively link multidisciplinary capabilities from member institutions in efforts focused on a single health topic. The Malaria Clinical Trials Alliance (MCTA), for instance, seeks to link clinical trial sites in nine countries across Africa in pursuit of a malaria vaccine. Members in such a network will possess complementary skills and resources that increase the aggregate output, such as varied patient populations for clinical trials.

Purpose. Health networks differ vastly in their aims and purposes. They range from organizations dedicated to the pursuit of life-saving vaccines, like those described above, to professional associations

that encourage the development and advancement of individual professions, such as the Association for Health Information and Libraries in Africa (AHILA) which supports the advancement of librarians in Africa.

One common purpose of scientific networks is to create *access to new resources*. Less successful networks–which were until recently probably the most common type of North-South collaboration–were once built with the almost exclusive (although generally unstated) goal of providing institutions in the North with access to resources in the South. These so-called "networks," which entailed northern researchers collecting samples in Africa for analysis in America or Europe with little or no accountability to patients or local institutions, have rightly been subject to strong criticism in recent years. In addition, they now are acknowledged to be inherently unsuccessful; today it is considered a "given" that the long-term success of any network requires the creation of increased access for all member individuals and institutions.

An emerging common goal of networks is *more powerful advocacy,* a purpose that benefits greatly from collective effort. There is a sense that no single institution can effectively advocate for its needs without the shared information that a network makes possible. Enabling the exchange of knowledge and information improves every network member's ability to advocate. The African Health Research Forum (AfHRF), for example, lobbies national governments, local NGOs, and research institutions to promote health research for development in Africa, and to strengthen the African voice in setting and implementing the global health research agenda.

The Value Proposition of a Network Approach to Leadership

Successful networks achieve their various aims through one or more of the following value propositions.

Reducing Redundancies

Some redundancies in global health pursuits are necessary and positive, particularly in a research context. Just as "high throughput screening" enables the simultaneous testing of multiple concepts or candidates, multiple researchers approaching the same diseases and health system challenges may yield better chances of positive results. Certainly, these increased odds come at a cost. Often the trick to creating efficiencies in global health is to find the balance–to achieve optimized chances of success while minimizing the duplication of effort that can drive expense.

Other redundancies, however, add considerably less value to an institution. The administrative burden of large organizations can be effectively managed by pooling resources in shared services. Examples of activities that can painlessly be removed from individual institutions and handled by a central agency within a network are plentiful. Contracts and other common agreements can be standardized. Networks can facilitate the development of standard consent forms and standard operating procedures associated with particular clinical trials. Organizations in a network might share access to resources offering particular services, such as securing regulatory approvals. Other commonly shared services include budgeting and financial services or cost guidance for products and services based on other members' experience.

The United Kingdom's National Health Service (NHS) has endorsed the use of a "Research Passport," which standardizes contracting and approval processes for researchers working across NHS institutes. Similar innovation by international networks has the potential to substantially reduce administrative burden.

Sharing Resources and Knowledge

By pooling the resources and knowledge of its individual members, a network gains the collective potential of a much larger, more diverse institution. Networks provide individual researchers with access to information from a variety of sources and easily broaden their potential scope of work. Networks can also provide their members with access to topic-based expertise, maximizing the productivity of each individual.

Another common example of a resource shared across networks is training curricula. The immense initial investment required to develop an effective method for training health clinicians, and the relative ease of adapting such an approach to accommodate unique needs of other organizations and countries, can easily afford efficiencies of scale in a network setting.

Increasing access to Africa's emerging and evolving Centers of Excellence–leading institutions that are developing needed information and an expanded knowledge-base, along with best-practices, proven research, and innovative concepts–can unlock the leadership potential of individual network members and build leadership capability for the network as a whole.

Preserving Incentives for Innovation

Individual researchers tend toward isolation—in part because of the significant incentives that encourage individual accomplishments: name recognition among scientific communities, considerable financial gain, and permanent faculty appointment, for example. Preserving those incentives is important, as they often help to spur competition and innovation. So while research institutions may create mechanisms to minimize this isolation, they are likely to do so only to the extent that such action benefits their own institution—and sometimes at the expense of the larger gains to be made by sharing intermediate research and other information with a broader community.

At the opposite extreme, a public health perspective seeks to seamlessly share all new discovery and evolving information, making resources freely available to researchers around the world. However, even where permissions have been granted to make the intellectual property of individuals and institutions available to the public, dissemination and the utility of such information remains challenging, even with recent advances in information technology.

But a network allows for a balance between these two extremes. A network can preserve the incentives that exist for innovation by maintaining a solid identity and ownership of research, plus any financial incentives that may exist—while pooling resources and information from a variety of sources.

Retaining Health Leadership

Another way that networks can help preserve intellectual property and forward momentum is by deterring the migration of their strongest leaders. Researchers or other leaders within a network whose experience and ambition may inspire them to leave their own institutions can—through their experiences and through the contacts they develop—seek alternative positions within the institutions that are a part of their network. These institutions may offer the individual a more advanced professional setting with attractive research potential, different working conditions, greater remuneration, or a host of other options that are attractive to him or her—but because the individual remains within that network, intellectual capital is preserved for the benefit of other network members. In a network setting, personal advancement does not have to come at the expense of any single institution, because individuals' contributions will still be made available through the knowledge exchange provisions of the network.

Promoting Diversity

Facilitating the exchange of students, faculty, and staff among institutions is one of the most common types of network functions and is frequently observed in informal networks and in North-South partnerships. This exchange of people between institutions is an obvious way through which a network can benefit from the diversity of its member population. In the medical education of health professionals, networks of regional facilities can offer individual students rotational exposure to a diversity of clinical settings, adding depth of experience as a backdrop to their classroom education.

Other networks coordinate visiting professors from member institutions to provide short, targeted courses at several universities, providing a cost-effective alternative to expanding faculty at any particular school. Similarly, some programs feature short- and medium-term hosting arrangements by member institutions in the South for visiting expertise from North, to engage with faculty and teach students.

Accordia Global Health Foundation's Professor-in-Residence program sends international experts to spend intense time at Makerere University in Uganda. During their short visits to Makerere, they build capacity directly, then continue to act as mentors to fellows, scholars, and members of Makerere Faculty of Medicine from their home institutes around the world. They provide international perspective and development opportunities that might not exist without their involvement.

Of course, participating individuals also benefit from this kind of exchange opportunity, as it may afford them access to a more diverse professional experience and exposure to leadership development opportunities.

Major Pitfalls of Health Networks

As institutions recognize the incremental leadership potential of networks, and seek to join forces with similar and complementary institutions, networks abound. The proliferation of new network systems in the past few years alone is immense. The global health community needs to be aware of not only the opportunities inherent in the development of networks but the potential downsides to the ever-growing web of interconnected initiatives; it is important that the value of each incremental collaboration be closely monitored.

There are several potential detriments to "over-networking":

- **Diminishing returns.** The cost to develop and maintain an effective network can be substantial, and an institution that joins too many networks—no matter how much value each individually may provide—will likely see diminishing returns on its efforts to collaborate.

- **National neglect.** North-South network promotion sometimes comes at the expense of national collaboration and local initiatives, furthering the decline of African health systems.

- **System dependency.** Member institutions that profit from shared services of a network may not develop certain competencies themselves, ultimately leading to local deficiencies.

- **Power inequity.** Initial imbalance in capabilities between partners in the North and South can persist, and in fact be magnified by networks, if deliberate attempts to build capacity are not pursued.

While some short-term efficiency is likely compromised through the introduction of capacity-building measures, simply due to the effort they require, the deliberate inclusion of such initiatives is an absolutely essential component of any North-South network for long-term productivity. Comparative advantages and specialized skill sets should be deliberately developed throughout a network system, with the goal of simultaneously creating complementary competencies among its members and narrowing the power gap between members in the North and South.

One common example of a power deficiency that can be worsened by North-South networks occurs when significantly stronger laboratory capacity exists among partners in the North and efforts are not made to build similar capacity among partners in the South. Researchers and their institutions in the South are greatly disadvantaged when samples are routinely shipped to the North for sophisticated laboratory tests; they also have distinctly less control over research direction and interpretation. Further, reliance on partners for such service prevents subsequent research from emerging locally and inhibits the spill-over benefits that such laboratory capacity would have on the quality of local health services.

When networks prevent partners in the South from acquiring key competencies that they would otherwise be forced to develop, the independence of those institutions is compromised, the benefit to local health systems is limited, and the network suffers in the long run.

Principles for Effective Networking

A successful network consists of a set of matrixed partnerships, and each of those partnerships relies on the same principles that guide any successful relationship. Below are five of the most commonly cited directives for effective collaboration in a network.

Empower leadership at the most senior level. Building an effective network above all requires coordination of resources and knowledge, which cannot be accomplished without clearly defined roles and strong leadership. Champions must be identified who will dedicate their time and energy to move the network from concept to function, where membership can begin to discern benefits. While goals and strategy must be agreed upon by committees representing all network members, specific individuals and/or institutions must be empowered to make decisions and give direction to improve the aggregate productivity of the network. Such leadership roles are commonly lacking in networks, and that deficiency is largely responsible for minimizing their impact.

Choose membership carefully to optimize capabilities and sustainability. One of the most important aspects of creating effective networks involves selecting the right partners. These decisions are particularly important in networks that span North and South. Relative advantages must be considered to maximize the potential of the resulting system. Is a network only as strong as its weakest partner? Not necessarily. But partners will bring different things to the relationship, and it is important that those relative strengths and advantages be complementary.

Plan for capacity building. The development of capacity should be undertaken in ways that promote distinct and complementary areas of expertise among partners in the South, which mirror those already present among partners in the North. Networks can still be effective in minimizing duplication of effort across multiple institutions, while incorporating valuable redundancies between North and South that can be used to maximize the value of future partnerships.

The components of effective capacity building for health have been widely discussed and focus primarily on infrastructure enhancement and training. Local investigators must be trained in development, analysis, and reporting of study results. Local staff must be trained to implement and manage research or training at their individual institutions without undue reliance on network partners. Once that capacity is developed, allocation of activities can be decided in ways that optimize the overall network system, but failure to develop basic capabilities at each partner institution will introduce unhealthy reliance that will have negative impact in the long run.

Set clear objectives *together* and monitor and evaluate progress. Part of the rationale for building networks is their collectively improved ability to achieve common goals, but those goals must be explicitly shared and stated by individual members upfront. Partnerships in which each individual has different objectives do not form the basis of successful networks, and are doomed to fail. Committees representing all members should therefore work together to identify common goals, determine a strategy to accomplish those goals, and systematically monitor the network's progress in achieving them.

Build mutual trust by sharing information and responsibility. Individual willingness to share scarce resources and knowledge for the collective benefit of a leading network requires unwavering transparency and goodwill. Where some partners are seen to be more advanced than others within a network, they must bear the brunt of this need for sharing: strong partners with more knowledge or other resources to contribute to the network must do so proactively to build trust among network members. Members with fewer institutional resources to offer must nevertheless be open and transparent. Similarly, all partners must have equitable roles to perform within the network; imbalanced distribution of responsibility will lead to resentment and mistrust.

A successful network produces greater leadership potential than the sum of its members. Networks are often created because members share a single goal that cannot be achieved by any single individual or institution. Beyond the aggregate size and scale of a collective effort, a network creates an optimized ability to achieve. This exponential power and potential is what makes the concept of a network so compelling.

Networks for Stronger Leadership: *The Africa Health Leadership and Management Network*

At the Kampala Human Resources for Health Forum (2008), a group of training and research institutions active in Africa decided to support a new initiative to scale up health service delivery through improved **leadership and management development interventions**. Four areas were identified as necessary for strengthening leadership and management among health professionals in Africa:

- Adequate numbers of health managers at all levels of the health system
- Appropriate competencies among those health managers and leaders
- Functioning support systems including informational and communications technology
- Enabling working environment with mentorship and training opportunities

Preliminary research shows that while there are ongoing activities in each of these leadership areas, there is little coordination among initiatives—a major obstacle to scaling up at the regional level.

At a 2009 meeting held at the African Medical and Research Foundation (AMREF) in Nairobi, thirty-three African and international institutions agreed on and ratified a constitution to formally establish the Africa Health Leadership and Management Network (AHLMN). With the World Health Organization's support, AMREF and the Centre Africain D'etudes Superieures en Gestion (CESAG) were chosen to lead the development of the Network.

The Network's structure and mission were built on certain conclusions drawn at the Nairobi meeting, including but not limited to: the need for sustainable *advocacy* with ministries of health and partners to make leadership and management integral to sector planning in Africa; using *shared knowledge and training curricula* reviewed regularly and informed by the actual challenges that managers face; and not viewing the health sector in isolation but as part of an *interconnected socioeconomic system* in each country.

The Network's shared objective is to improve management and leadership training methods and approaches across the continent, expand research and evidence of what works, pool expertise and other knowledge resources, and advocate with governments and the international community on ensuring competent health leadership and management that produces results. This will ensure effective management of health services and efficient husbanding of resources to ultimately improve health for the people of Africa.

Technology Application: AHLMN MedNet online communication and discussion forum

As part of the AHLMN interim plan of action, it has set up a web-based communication interface for its members. AHLMN's forum is based on MedNet, an electronic-based communication tool that promotes and facilitates networking and collaboration on health systems and creates a "community of practice". The aim of this online forum is to help members communicate and share experiences. It will also serve as a repository for documents and resource materials and other information related to the network, and initiate another step in the work plan—of eventually creating a clearinghouse of knowledge resources on country health systems' strengthening experiences.

CONCLUSION

Ambassador Mark Dybul notes in the foreword to this report that "this is Africa's moment." Indeed, international concern and attention, foreign investment, and a political and economic stabilization that has begun in most countries across the continent offer tremendous opportunities in the coming decade.

But unless Africa's healthcare system is significantly strengthened and the advances in health outcomes that are being seen continue and accelerate, this moment could be lost. That cannot be allowed to happen.

A recent report by the Institute of Medicine, T*he U.S. Commitment to Global Health: Recommendations for the Public and Private Sectors*, which considers the United States' role in global health, notes that reaffirming and increasing commitments to improving the health of developing nations is important not only for humanitarian reasons, but also to support the health, economic, and national security efforts of developed nations. It calls for building the health and research capacity of low- and middle-income nations by supporting the development of capable local leaders, researchers, and practitioners as a key component in improving health outcomes in these countries.

The participants of the 2009 Accordia Global Health Foundation's Infectious Diseases Institute also believed that these are the kinds of actions that are necessary today. Their thoughts and insights are captured in a "Call to Action" (see pages 40–41), which recognizes the importance of leadership development for individuals, institutions, and networks in Africa and lays out a plan that will support constructive and effective steps towards that goal.

Africa must seize its moment and move forward to a future that benefits all its citizens. And the rest of the world must support Africans in developing the strong cadre of healthcare leaders at all levels who will protect individuals, families, and communities for the long term.

CALL TO ACTION

The 2009 Infectious Diseases Summit, Building Healthcare Leadership in Africa: Preparing individuals and institutions for leadership roles in healthcare policy, education and research, resulted in the following:

We, the participants at the 2009 Accordia Infectious Diseases Summit in Kampala, April 20-22, 2009, representing a diverse group of constituents from twenty-one countries, do hereby call upon governments, civil society, the private sector, and professional organizations to concurrently strengthen health leadership and management capacity in Africa at the individual, institutional, and network levels:

- Acknowledging the long-term nature of the infectious disease crisis in Africa and the need to prepare not only for this but also for future epidemics;
- Recognizing the critical importance of well-functioning health systems in Africa to achieving the Millennium Development Goals;
- Further recognizing the shortage of skilled human resources, led by innovative and inspired leaders, necessary to create and sustain strong health systems;
- Noting the complexities of the global economic environment, shifting policy and political contexts, and evolving forces of globalization; and
- Aware that effective leadership and management leading to strengthened health systems and sustained improvements in population health requires a paradigm shift.

We call specifically upon:

1. Individuals to:
    a. Practice the qualities and characteristics of good leadership and integrate it into their daily work;
    b. Make an explicit commitment to mentor and teach other leaders and to celebrate their successes;
    c. Create an enabling environment and promote freedom of decision making within agreed parameters so that leaders are empowered to innovate and lead in a complex environment;
    d. Pro-actively seek high-potential leaders at all levels, offer challenging assignments and an array of development experiences, and develop clear career paths to build capability and to increase retention;
    e. Consider the impact of working within culturally diverse settings on our combined effectiveness.

2. Institutions to:
    a. Develop a long-term vision and a strategy that are linked to the greatest needs of society and that include metrics and performance criteria that communicate the impact and value of the institution at both the local and global levels;
    b. Play an external advocacy role in influencing donors and other funding stakeholders, using research and evidence to show the importance and synergy of leadership and science in developing public policy and driving its implementation;
    c. Invest in a robust and transparent talent management 'framework' that assesses, develops, promotes, and evaluates leaders at all levels of the healthcare delivery system and defines the right incentive and reward systems to ensure active mentorship;
    d. Focus on the next generation of leaders, understanding their interests and building criteria that enables risk-taking and overproduces leaders who can step up to dynamic challenges;
    e. Ensure an operating environment and the support structures necessary to enable effective leadership at all levels;
    f. Refresh academic curricula, including formal leadership training, implementation science, and translational research to link science to practice;

g. Fully utilize the potential impact of information technology (IT) infrastructure improvements and take action to leapfrog technology and overcome traditional roadblocks;
h. Link with non-traditional partners, where appropriate, to implement cutting edge, reality based approaches to leadership development;
i. Ensure organizational relevance by actively engaging with government ministries, private sector partners, local communities, advocacy groups, and other stakeholders.

3. Networks and the global community to:
   a. Prioritize investment in leading individuals, institutions, and networks that will drive scale-up and sustainability of infectious disease services and essential strengthening of health systems in Africa in the long term;
   b. Integrate leadership and management development strategies at the individual, institution, and network levels into comprehensive country health workforce strategies and plans;
   c. Recognize the critical importance of a base of core funding to leading institutions in building a stable platform on which to respond effectively and efficiently to the greatest needs of society;
   d. Work collaboratively, utilizing best practices, to establish metrics to evaluate leading institutions as well as successful leadership and management practices and their impact on health outcomes;
   e. Research the evidence amongst institutional leadership practices and the impact on healthcare delivery;
   f. Share leadership-development programs and curriculum redesigns and ensure open source sharing of best practices through effective networks;
   g. Leverage IT infrastructure advances to enable South-South professional networking, map leadership opportunities across Africa, and expand mentorship.

In April 2009, Accordia Global Health Foundation joined with the Infectious Diseases Institute to host Accordia's second annual Infectious Diseases Summit—this year, in Kampala, Uganda. The invitation-only event brought together global leaders in academia, government, NGOs, and industry. The Summit's theme, "Building Health Leadership in Africa: Preparing individuals and institutions for leadership roles in healthcare policy, education and research," attracted over one hundred representatives from twenty-one countries.

The Summit addressed the challenges and opportunities of building health leadership at three levels: individual, institutional, and networks. Following two days of dynamic discussions and presentations, Summit participants developed this call to action and urged increased investment in leaders and leadership development at all levels.

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