

Two

Leadership and Management: What Leaders Need to Do

There is a need for public health leadership development as an underpinning for public health effectiveness.

—Dr James Marks, Senior Vice President and
Director of the Health Group, Robert Wood Johnson Foundation

Introduction

In the previous chapter, we presented a case for leadership in health based upon inadequate performance in improving health and an analysis of some examples where leadership was effectively used. The leadership perspective that emerged says that leaders need to create shared vision among, align values of, coordinate their practices, and leverage resources of stakeholders in the health system.

The essence of effective leadership is getting others to wilfully follow you. (John Maxwell)

In this chapter, we present a visionary leadership framework on what leaders need to do to achieve the above result. There is a bewildering amount of literature on leadership. Clearly, leadership is a complex set of concepts and competencies. However, on another level, it is simple. The dictionary definition of leadership is “to go where others have not gone before” or alternatively, “to take people to a future they have not yet seen.” Although this is a simple description of what leaders do, it hides many

complexities and that is the source of bewildering amount of literature and advice that leadership aspirants receive. One, “to take people” means a leader is able to inspire and empower them. Two, “future” means a leader is able to visualize it and share it with people so that it becomes their vision. Three, this raises a fear of unknown and introduces uncertainty in its achievement. Therefore, a leader has to engender trust and confidence among people so that they will follow. All of this depends upon the context—how different the shared vision of future is from the present, what path will need to be taken, and how difficult will the journey be. Therefore, leadership is not only results-based but also context-dependent.

We assume that the reader is familiar with leadership literature. However, for those wishing to have a quick update, we present key strands of thoughts on leadership in Annexure 1 of this book. It is not our intent to provide a comprehensive review of the vast amount of literature on leadership.

There is considerable discussion on the literature about managers and leaders and how they differ (see the following section). However, a general consensus seems to emerge that the leadership and management are complementary. For success, both need to be exercised.

Building on the above consensus, a visionary leadership framework is presented in the third section (Framework for Visionary Leadership). This framework relates leadership and management. Leadership is seen as creating shared vision, assessing the gap between vision and reality, finding a path and strategies to bridge this gap, and inspiring and empowering stakeholders to travel on this path. The management part begins with goals and targets, planning for achieving them, organizing for implementation, and monitoring and evaluation.

The fourth section discusses how visionary leadership can deliver superior value for health. Two case studies—Global Successes in Health and African Health Leadership Initiative—illustrate how leaders deliver superior value. We conclude this chapter by highlighting the challenges of becoming a more effective visionary leader.

Leaders and Managers

Leadership requires performing leadership roles that will make a profound difference. So, circumstances and goals will dictate leadership competencies needed. This explains many different views on leadership.

How do leadership and management differ? They have distinct functions and skill sets. They are often intertwined, although they can also be mutually exclusive; that is, a leader does not need to be a manager while a manager may not be a leader.

Abraham Zaleznick, in his classical article in *Harvard Business Review* in 1997, argued that essential leadership elements of inspiration, vision, and human passion drive success.¹ Leaders take a personal outlook for shaping goals and change how people think about goals. Managers have an impersonal, passive outlook as they think that goals arise out of necessities. Leaders devise fresh approaches to problems which increase options but also increase risks whereas managers choose and implement the most desirable option out of a set of available options. Leaders relate to other people directly, intuitively, and empathetically, but managers use structures and processes to motivate others. Finally, leaders seek to profoundly influence or change human and economic relationships, whereas managers see themselves as a part of their organization.

At some level, whether you are a leader or a manager depends on the time you give or devote to tasks. Let's find out from a simple exercise: "What is your profile?"

Exercise What's Your profile?

Leader or manager: where would you place yourself?

On each line, put an "X" closer to the word that best describes what you do or think. The closer your X is to the word, the stronger is your behavior toward that task (see Table 2.1).

¹ Zaleznick, A. (2007). Managers and leaders: Are they different. *Harvard Business Review*, 82(1), 74–81.

Table 2.1: *What Is Your Profile?*

<i>Do you...?</i>	<i>I am at (put an "X" to left or right)</i>	<i>Do you...?</i>
Administer		Innovate
Maintain		Develop
Rely on control		Inspire
Focus on systems and structures		Focus on people
Have short-term view		Have long-term perspective
Ask how and when		Ask what and why
Accept status quo		Challenge the status quo
Develop detailed steps and timetables		Develop vision and strategies
Have a position provided		Take initiative to lead
Avoid risks		Take risks
Do things right		Do the right things

Source: Adapted from Bennis W. on becoming a leader.

Leadership complements management; it does not replace it.
(Kotter 1990)

Now, join up all the crosses. Where do most of your Xs fall? If you have more Xs toward the right, you have strong leadership qualities. If most of your Xs are on the left, then you are a manager by inclination. Your profile should match the tasks you need to perform. Note that task requirements vary over programs and over time, and there are always opportunities to develop leadership skills and competencies, if needed. For a new health program that requires changing people's behaviors and practices, leadership is more important, whereas for an established and well-performing program managerial tasks are critical.

Kotter argues that leadership is different from management.² The real challenge is to combine strong leadership and strong management and use each to balance the other. Management is

² Kotter, J. P. (1990). What leaders really do. *Harvard Business Review*, 1–11. Available at http://www.faithformationlearningexchange.net/uploads/5/2/4/6/5246709/what_leaders_really_do.pdf (accessed on March 10, 2014).

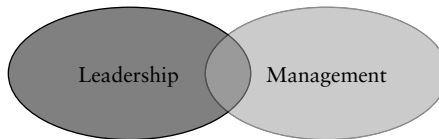
about coping with complexity whereas leadership is about coping with change. The former requires planning and budgeting, organizing and staffing, and controlling activities and solving problems. In comparison leadership involves setting direction, aligning people, and inspiring others.

Framework for Visionary Leadership

It is clear that leadership on its own is not enough to achieve the desired program results in the health sector. Leaders must strengthen and apply both their leadership and management skills and competencies to be both visionary and effective. The Visionary Leadership Development (VLD) framework presents a viable approach to address both sector and program challenges.

Based upon literature survey and program experiences at International Council on Management of Population Programmes (ICOMP), this VLD framework³ for health has been developed as an analytical tool to understand both the program environment and to determine the appropriate leadership competencies necessary to address prevalent challenges. The framework consists of two circles, “leadership” on the left and “management” on the right (see Figure 2.1).

Figure 2.1: *Intersecting Circles of Leadership and Management*



Source: Authors.

Each circle has several components, indicating an appropriate set of actions for either leadership or management. In short, the distinctions between the two can be thought of as given in Box 2.1:

³ The VLD framework is developed by ICOMP and its applicability has been tested in many recent projects.

Box 2.1: Leadership and Management Tasks

Leadership	Doing the Right Thing >>	Having a vision, assessing the vision–reality gap, finding a path/strategy and setting goals, and inspiring and empowering to follow the path or implement the strategy.
Management	Doing Things Right >>	Setting objectives to achieve the goal, planning to achieve the objectives, implementing or organizing, and monitoring and evaluating.

Source: Authors.

Visionary leadership requires appropriate emphasis on leadership and management (Doing the Right Things Right) to achieve success.

We have learned that leadership is a very context-specific process particularly in a challenging field like health. Thus, different leadership traits and competencies are required for different situations and environments. Clearly, the challenges of realizing the desired future will differ between countries and regions.

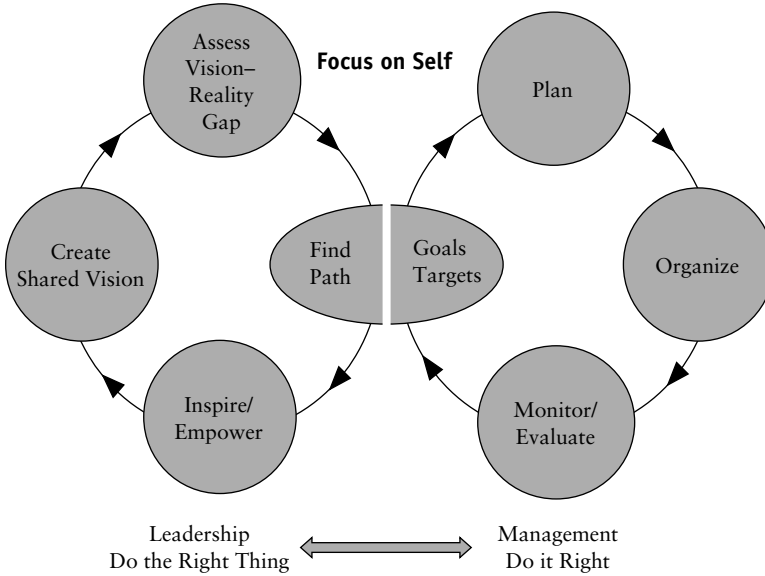
The Components of Visionary Leadership Framework

Figure 2.2 shows the visionary leadership framework. From the experiences of applying this framework to various ICOMP projects, we have learned which leadership competencies are most relevant depends on a leader’s ability to do the following:

1. Create and communicate a shared vision
2. See the big picture to analyze the vision–reality gap
3. Find the path
4. Inspire/empower stakeholders

This visionary leadership framework is developed based on our experiences of implementing two leadership projects between 2002 and 2010 and from our interactions and collaborations with other similar leadership initiatives in the field of RH, population,

Figure 2.2: A Visionary Leadership Framework: Making a Difference in Health



Source: Authors.

and development. The genesis of leadership in RH (left-hand side) can be found in the Visionary Leadership Program (VLP) which was implemented in Ethiopia, India, Nigeria, and Sudan by a consortium of three partners—ICOMP, Centre for African Family Studies (CAFS), Nairobi, Kenya, and Partners in Population and Development (PPD), Dhaka, Bangladesh. Lessons from the VLP support the hypothesis that management skills and organizational competencies are vital for effective leadership (right-hand side).

The framework took shape with the end of VLP in 2006.⁴ It was given a chance to be operationalized through a hybrid leadership-cum-management project called LDOE which was

⁴ The Association of Schools of Public Health (ASPH) describes leadership as “the ability to create and communicate a shared vision for a changing future; champion solutions to organizational and community challenges; and energize commitment to goals.” Part I of this book discusses how such leadership ability can be developed. Specific leadership competencies for students in Masters in Public Health are discussed in Part II of this book.

implemented in north-eastern part of India between 2007 and 2010, in collaboration with XISS. Lessons from LDOE support two basic premises of leadership: (1) leaders are made, not born and (2) to be truly effective, leaders also need to be managers.

Creating and Communicating a Shared Vision: Most people in health interpret the need to create and communicate a shared vision to mean an “advocacy.” There are several ways to create a shared vision—Information, Education, and Communication (IEC), advocacy, consultation, and cocreation. Even if one wants to advocate, it is useful to at least carry out a process of consultation. Although a shared vision has to be created, most importantly, it needs to be communicated in an effective manner as different stakeholders have their own personal/organizational vision. This is discussed in Chapter Three.

The many challenges we face in this field from weak political will, resistance from traditional cultural practices to shortage of staff make it all the more imperative that there should be a shared vision and alignment of values, support, and resources. Not only the “desired future” has to be clear but the leader has to make sure that he/she does not have to do too much “firefighting” which is a wastage of time and resource.

Assessing the Vision–Reality Gap: Often the gap between “vision” and “reality” is seen as it is here and now. However, for devising an appropriate path, visionary leaders need to see the “big picture” by considering the following:

- *Trend over time:* One needs to understand the reality and, therefore, the gap that is changing over time.
- *Differentials over geographic areas:* One needs to understand the reality and, therefore, the gap variation over time and space. This would show where the efforts need to be focused, as well as reasons for the variation which will help in the formulation of path/strategy.
- *See reality from different levels:* The reality maybe seen or perceived differently from village, town, district, and province levels. One needs to understand these perceptions to devise the path/strategy.
- *Relate to different levels of objectives:* Each vision, and so the reality, contributes to a higher level objective, ultimately

relating to quality of life. It helps to understand this hierarchy of objectives.

There are several advantages of seeing the “big picture.” It allows us to:

1. Forecast what the gap will be if current situation continues
2. Know where our efforts should be focused if we want to create the most impact
3. Communicate the reality and the gap to different stakeholders

Assessing the vision–reality gap is discussed in Chapter Four.

Finding the Path or Strategy: Finding the right path is critical to the successful implementation and realization of a leader’s vision. Assessments of the vision–reality gap will provide the appropriate and timely information to guide the leaders in their analysis of the situation and resources at their disposal to make a decision on the path to take. In Chapter Five, we present approaches to find the right “Path.” A strategy is the way to progress on the chosen path.

Leaders look for ways to radically alter the status quo, for ways to create something totally new, for revolutionary new processes, for ways to beat the system. (Kouzes and Posner)

The path/strategy to bridge the vision–reality gap would not only involve creating a shared vision and aligning values, but most importantly, coordinating practices among different parts of the health system. Therefore, as a first step, visionary leaders make efforts to know about the best practices. The sources of best practices are the Internet, contacts with NGOs and peers, available reports and publications, and successes within the programs. Often leaders would identify who have been successful and why to see if these experiences can be adapted. They may also identify failures to learn what should be avoided.

Generally, the differences between the current practices and best practices (adapted, if necessary) need to be reduced to achieve the goal. This involves a careful orchestration of a change process. A change is more likely to be accepted if:

1. An urgency is felt that the current situation needs to change
2. There is consensus on direction of change
3. There is trust in the person leading the change

If the change process involves gainers and losers (which is often the case) then leaders need to develop a strategy for change. The goal needs to be set in terms of bridging the vision–reality gap. Leaders need to choose wisely, balancing the costs of under-achieving and stretching it to do the best.

Implementation of any path/strategy requires resources. First step is to see if resources are available and efficiently utilized within the current program. Then the program activities need to be reconfigured. If resources can be freed up from some other parts of the organization, they can be reallocated. Finally, additional resources may need to be mobilized.

Inspiring and Empowering: An important skill expected of an effective visionary leader is the ability to inspire and empower others. Whether it is to reduce maternal deaths, to expand RH services for young people, or address NCDs, a leader can exert influence through getting diverse stakeholders and constituencies to commit to the vision (or path), or appropriately and quickly deploying resources to match stipulated plans and activities, or sharing insights and observations with senior leaders as a way to get their support. Within the organization, the leader can empower colleagues and staff through clarity in roles and expectations, and inculcating teamwork. Some ways to inspire and empower stakeholders are discussed in Chapter Six.

Results-Based Management: While it is important to do the right thing, to achieve success, a leader should do it right through practicing results-based management which is the focus of Chapter Seven. Sometimes, the top managers may feel that the strategy is well set but results are not achieved because strategy is not executed well. If so, then the visionary leaders need to concentrate on execution. However, it is important to remember that strategies should be validated, otherwise suboptimal results will be achieved (success = doing the right things right). The execution requires three things: (1) strategies need to be converted into

detailed operations, (2) people need to be motivated, and (3) an implementation plan needs to be executed.⁵ Thus, the results-based management involves the following steps.

Setting Goals and Targets: Results-based management begins with the setting of clear outcome goals. The selected strategy would determine what outputs need to be targeted to realize the desired outcome goals. It is often said that output targets should be SMART (S = specific, M = measurable, A = achievable, R = relevant, and T = time-bound).

Planning: It is the process of specifying what activities need to be done to achieve the set targets, who will execute them, and what resources would be needed to carry out those activities. It is generally said that “failure to plan is to plan for failure.”

Organizing and Implementing: Implementing any path or strategy involves resources. The first step is to see if current resources are efficiently utilized within the current program. Then the program activities need to be configured. Once adequate resources are ensured, the activities need to be organized and implemented according to the plan.

Monitoring and Evaluating: Whether an initiative or program is going in the right direction as planned is the goal of a monitoring and evaluation activity. Time and circumstances can bring changes, big and small, and these are often evident only from close monitoring. The leader should pay attention to monitoring throughout the course of a program or activity; if necessary with the timely information or feedback, make appropriate modifications so that the activity does not veer off the path. Thus, monitoring focuses on activities and outputs. Evaluation emphasizes whether the desired outcomes have been realized and, therefore, will give indications whether a program is well designed and implemented as per the plan in the right manner.

Reflection: What is your “take-home” learning from this?

⁵ Bossidy, L., Charan, R., & Burck, C. (2002). *Execution: The discipline of getting things done*. London: Random House Business Books.

Applying the Framework: Where do we start? Ideally, the process of visionary leadership begins with creating a shared vision. However, various scenarios can be present. For example, there is very weak top management or lack of political commitment for the vision. Often the response in such a situation is to resort to evidence-based advocacy with evidence derived from local, national, and international sources. However, this may take a long time.

Then one could begin with other parts of leadership circle (as above) such as inspiring/empowering stakeholders. It may be that the top manager is willing to let the staff address some operational issues which would not only inspire/empower them but also could make progress toward the “vision.” In this case, teams could be formed and empowered to address related problems. Ultimately, it is important that the whole circle of leadership is completed. Therefore, it would be necessary to build on the successes of the small teams.

Sometimes top managers might feel that the strategy was good, but results were not achieved because of weak execution. In this case, a visionary leader should concentrate on execution of the strategy. It is important to remember that a strategy, however, well-designed or crafted in theory, should always be validated (success = doing the right things right).

How Does Visionary Leadership Deliver Superior Value in Health?

An effective health system, comprising the following constituents—individuals/households, communities, and public and private health service providers—makes a difference in health status of the people. The practices of these three constituents of the health system and their mutual interactions determine the effectiveness of the health system. For instance, reduction in maternal mortality requires addressing the three delays: (1) delay in individuals/households deciding to seek emergency obstetric care in case of pregnancy complication, (2) delay in reaching

appropriate service facility due to lack of available transport facility in the community, and (iii) delay at the facility in providing the needed care. Minimizing all the three delays will reduce maternal mortality.

Therefore, to make a difference in health, there is a need for coordinated practices/behaviors on the part of the three constituents—individuals/households, communities, and health-care providers. Implementation of these practices or behaviors obviously needs resources. But when resources are limited, the question is how would the three constituencies leverage whatever is available for greater impact? To inspire and empower these constituencies and leveraging their resources require that they should have a shared vision for the RH issue under consideration. To sustain this vision, a foundation of aligned values is required. For instance, to reduce maternal deaths by reduction in three delays, all the three constituencies should have a shared vision on zero tolerance to maternal deaths. This shared vision must not only emanate from values of human rights but also that women's rights are human rights as well as values of gender equality and equity. Then resources available with each constituent of the health system should be leveraged.

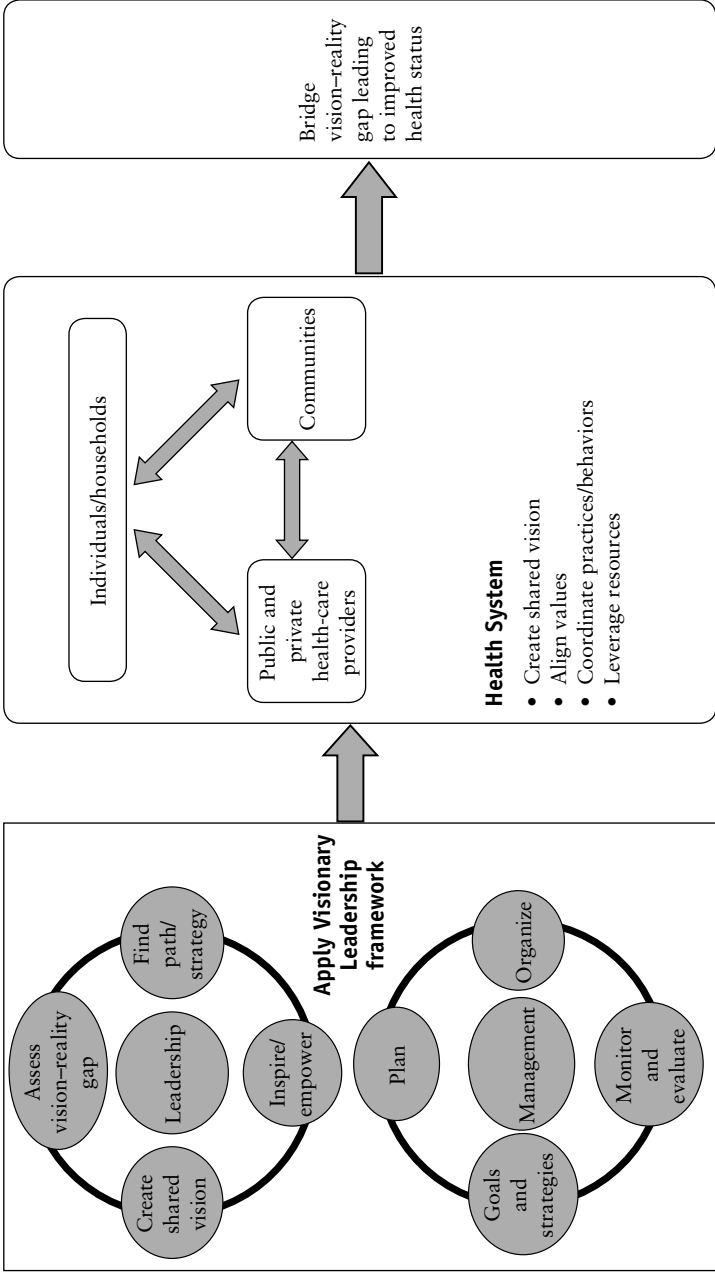
Thus, a visionary leader, applying the visionary leadership framework, needs to perform the following roles among individuals/households, communities, and health-care providers:

1. Create a shared vision
2. Align values
3. Coordinate practices/behaviors
4. Leverage resources

While creating a shared vision is a critical part of the leadership, the path chosen should lead to coordinating practices and behaviors as well as leveraging currently or potentially available resources. While shared vision inspires, aligning values empowers stakeholders.

Figure 2.3 shows how the practices of visionary leadership will improve the health status of people.

Figure 2.3: Visionary Leadership Making a Difference



Source: Authors.

In the following paragraphs, we discuss two case studies that demonstrate the applicability of this framework.

CASE STUDY 1: The Center for Global Development Documented 20 Evidence-Based Cases

The Center for Global Development documented 20 evidence-based cases in “Millions Saved: Proven Successes in Global Health” in which large-scale efforts to improve health in developing countries have succeeded—saving millions of lives and preserving the livelihoods and social fabric of entire communities.⁶ These include addressing communicable diseases; including small pox, HIV, tuberculosis, polio, measles, and diarrhea; preventing NCDs including tobacco use, improving health of mothers and children; and reducing morbidity due to cataracts, iodine deficiency, and neural tube defects in children.

Based upon these cases, they identified the following elements of success:

Predictable, Adequate Funding from Both International and Local Sources: Making public health programs work needs money. Steady, adequate funding is needed so that the programs can be sustained long enough to have a major impact. Almost all the successful programs managed to obtain long-term commitments of financial support (up to 20 years of funding) at levels that permitted procurement of adequate supplies and commodities and the hiring of good managers and personnel.

Political Leadership and Champions: Nearly all the cases illustrate the importance of visible high-level commitment to a cause. In few of the cases, political commitment was simply the result of a leader’s particular interest in a cause. In others, political commitment came about because technical experts were able to communicate effectively that a “big win” was possible. In these instances, the ability of the technical experts to make the most of a political opening was the seed of the success.

⁶ Center for Global Development (2004). *Millions saved: Proven successes in global health*. Case studies. Retrieved from www.cgdev.org.

Technical Innovation within an Effective Delivery System, at a Sustainable Price: Many interventions/cases used a new technology—a drug, vaccine, micronutrient supplement, or pesticide—that was appropriate to the conditions of the developing world. Typically, the new technology permitted an existing program to work more effectively and produce rapid health gains. However, development of a new health product alone is not sufficient for success. Major managerial and logistical efforts were required to ensure that the new technology reaches the target population through the existing public health system or through a dedicated distribution network.

Technical Consensus about the Appropriate Biomedical or Public Health Approach: Agreement within an expert community about the right strategy is a central factor in the appropriate design of programs. Such expert consensus occurs through regular international meetings and investment in scientific research. With such consensus, properly presented programs are seen as credible and worthy of the outlays required. “Branding” that expert consensus—as the tuberculosis community has done with directly observed therapy, short course (DOTS)—helps with advocacy for greater financial and political support.

Good Management on the Ground: Good health service delivery requires that trained and motivated workers are in place and have adequate required supplies, equipment, transportation, and supervision to do their job well. This requires both adequate funding and good management, and in some instances strong management partially compensates for budgetary restrictions.

Effective Use of Information: Information is important in four ways. First, information about the extent of a health problem raises awareness and focuses political and technical attention on finding solutions. Second, research on health behaviors and on the effectiveness of different service delivery approaches can help shape the design of a program and increase its prospects for success. Third, information motivates. In several programs, program managers were spurred to higher levels of performance through the “positive competition” that came

from the knowledge that other countries or regions are making faster progress. Fourth, information facilitates mid-course corrections. Collecting information before the program begins and along the way has allowed program managers to evaluate whether the intervention is achieving its goals, and, in some cases, has signaled the need for changes in program strategy in the middle of the program.

How Do These Fit in the Visionary Leadership Framework Discussed Here?

The need for political leadership and champions is cited as one element of success. However, it is not clear what role these leaders played or if their behavior had caused something to happen. We will map these into our visionary leadership framework (see Box 2.2).

Box 2.2: *Applying Visionary Leadership Framework*

Creating shared vision	▷	There is no direct reference to creating shared vision but commitment of many funding and technical agencies and national government was obtained leading to predictable, adequate funding over more than 20 years
Assessing vision–reality gap	▷	Role of information was critical. Operations research, trials, and other country experiences were used to highlight the gap between what was possible and what the reality was.
Finding path	▷	The innovative path chosen depended not only on technical innovation within an effective delivery system at a sustainable price and technical consensus about the appropriate biomedical or public health approach, but also on forging necessary partnership among government, private sector, and communities to deliver these technical solutions.

(Box 2.2 Contd)

(Box 2.2 Contd)

Inspire/ empower	▷	Although not specifically mentioned in the elements of success, several ministries of health and other agencies were inspired by seeing other countries' experiences and role of this information was critical. The predictable and adequate funding with necessary flexibility empowered program authorities.
Results-based management	▷	Good management on the ground is cited as an element of success.

Source: Authors.

Thus, the elements of success can be mapped into visionary leadership framework. However, it is not clear whether systematic use of the framework would have added to the success. For instance, a question arises as to whether conscious efforts to create a shared vision among all stakeholders would have accelerated progress.

CASE STUDY 2: African Health Leadership Initiative⁷

A Concerted Effort across Health Systems: Even the world's most promising health technologies can hit delivery bottlenecks when they reach some developing countries. Improving health outcomes at meaningful scale requires the pairing of effective clinical interventions with efficient health systems. Without good leadership, supervision, supportive policies, sufficient infrastructure, and other factors many effective health interventions are unlikely to reach those who need them at sufficient scale or quality. Bringing effective health initiatives to fruition and scale often requires massive collaboration within government as well as coordinated efforts among government,

⁷ Synergos. (2011). *African health leadership initiative: Strengthening health systems & leadership for improved health outcomes*. Retrieved from www.africanhealthleadership.org.

international agencies, business, civil society, and citizens. Across most of the developing world, and especially in sub-Saharan Africa, such systems are exceedingly fragile.

Leadership to Effect Meaningful Change: An essential component of strong health system is a capacity within the national health leadership to exert itself in two critical ways. First is the responsibility among leaders to articulate a compelling vision of the future, devise strategies for achieving that vision, and align and motivate people to achieve the vision. Second, leaders must ensure that actions are taken in order to realize the vision by creating appropriate plans, procedures, and programs for execution; ensuring performance and monitoring and evaluating results. The quality of leaders and leadership ultimately drives success or failure in the organizations.

The African Health Leadership Initiative: It works to bridge the implementation gap between policy formulation and front-line action. It stimulates progress on national health priorities through field-based innovation, project-based action, locally grounded scaling, and in-country leadership development. Innovation projects take an integrated approach, seeking impacts across the broader health system rather than narrow, singular interventions. It is funded by grants from the Bill & Melinda Gates Foundation and the Global Alliance for Improved Nutrition (GAIN) to the Synergos Institute. The Initiative is led by Synergos in collaboration with McKinsey & Company and the Presencing Institute.

I wish to extend our sincere gratitude for your support to the African Health Leadership Initiative. Improving the performance of our public health care system is a vital national priority and the program you are supporting could not be more timely or useful. (Right Honorable Nahas Angula, Prime Minister, Namibia)

Cultivating Leadership and Innovation Practices for Continued Success: The Initiative strengthens capacity of in-country health leaders to execute successfully national health plans and more effectively allocate and leverage human,

infrastructure, and financial resources. The Initiative engages health leaders at multiple levels—from health ministry officials to frontline practitioners—as part of their regular, ongoing professional responsibilities. Through a program of action-based learning, workshops, and coaching and mentoring, the Initiative nurtures effectiveness among in-country health leaders to design and lead innovation projects, collaborate with stakeholders, scale successful projects, and ensure that efforts are integrated with national strategies and funding cycles. One example of the Initiative’s work is in Namibia, which is discussed in the following section.

EXAMPLE: Namibia

Consultations with the Namibian Ministry of Health and Social Services and other in-country health leaders identified maternal health and young child nutrition as the Initiative’s priority focus areas. Namibia’s development and health challenges parallel those of many other African countries. The United Nations Development Programme (UNDP) ranks it at 125 out of 177 countries on its Human Development Index. Namibia has among the highest levels of income inequality in the world: over half of its population lives on less than \$2 a day and health resources are often grossly unequal when viewed along socioeconomic, racial, and geographic divisions. The country’s maternal mortality ratio is high at 449 per 100,000 live births and 28 percent of its children are chronically undernourished. In addition to high levels of maternal mortality and child malnutrition, Namibia has an overall HIV prevalence of 21 percent and more than two-thirds of child deaths are attributed to diarrhea, pneumonia, and malnutrition. Considering the country’s relatively high health expenditures, these indicators suggest a health system whose service to health beneficiaries could improve.

The assessment found that challenges in addressing clinical causes of maternal and newborn deaths—such as eclampsia, severe infection, and pre-term birth—are compounded by health system leadership challenges such as weak alignment,

unclear roles, poor communication, and lack of effective collaboration. The Initiative addresses these dual challenges through its innovation projects and its support and engagement with in-country health leaders. Health leaders design and lead innovation projects that are based on assessments, guided by national strategies, and supported by senior-level champions and officials. Innovation projects target key leverage points for improved health outcomes, while fostering more effective engagement of health leaders and demonstrating a new way of advancing toward health goals.

An Integrated Approach for Improved Outcomes: Innovation projects focus on high complexity challenges where progress depends on a combination of skills such as collaboration, political will, market understanding, and technical know-how. The Initiative's innovation projects take an integrated approach, addressing demand, access, quality, and enablers.

- Demand: Building awareness about the importance of proper maternal health and nutrition
- Access: Increasing access to maternal health and services
- Quality: Improving the quality of patient care for better health outcomes
- Enablers: Improving efficiency through ambulance service management and regular performance management

Thus, the Initiative has launched innovation projects in Namibia that address key drivers of maternal mortality and child malnutrition. Innovation projects translate national health strategy and policy intentions into context-relevant, field-based action on the ground. Designed and implemented by in-country health leaders, innovation projects respond to critical blockages and high-leverage opportunities. In addition to generating health impacts, innovation projects infuse energy into the health system and demonstrate a new way of working that is data-informed, collaborative, and action-oriented.

Central to the Initiative's maternal health activities is a core group of health leaders, who bring a diverse range of

perspectives, skills, and resources. In addition, it engages an ever-evolving group that enlists specific talents as the project needs emerge. A large number of organizations are active in the Initiative's maternal and young child health activities.

As mentioned earlier, malnutrition is widespread in Namibia, with 28 percent of children under-five stunted and underweight. Chronic food insecurity, micronutrient deficiencies, recurring weather hazards—such as drought and floods—HIV/AIDS, and, more recently, rising food prices have had dire effects on people's lives and livelihoods. Immediate underlying factors of malnutrition include poor maternal nutrition and care before and during pregnancy, and non-optimal infant and young child feeding and care; for example, less than 6 percent of Namibian mothers exclusively breastfeed until six months, as recommended by WHO for infant health and nutrition.

Initiative's activities in maternal, infant, and young child nutrition are implemented by health leaders as a natural complement to its maternal health efforts. These include incorporating child nutrition as a module within educational radio programming for pregnant women, improving nurse training for Integrated Management of Acute Malnutrition, and fortifying staple foods with iron, Vitamin A, zinc, and other essential micronutrients.

Namibian Alliance for Improved Nutrition: As part of the Initiative's nutrition activities, it has created the Namibian Alliance for Improved Nutrition (NAFIN) to strategically manage and advance national nutrition activities. NAFIN is chaired by the prime minister and includes membership from key cabinet ministries, leading international agencies and corporations, and domestic organizations such as the Agronomic Board and the Millers Association. NAFIN activities focus on

- Reducing malnutrition and promoting good nutrition for all Namibians, with a focus on women and children.
- Developing capacity for service delivery across key government sectors—agriculture, health, education, gender, and child welfare—to ensure and prioritize essential

nutrition and household food security for vulnerable and disadvantaged households and communities.

- Ensuring the economic and social benefits of nutrition security are reflected in sectoral plans and policies, as well as the National Development Plans.

Strengthening Leadership and Management Skills: Through regular workshops, coaching, and mentoring, the Initiative helps the senior-most officials in the Ministry of Health and Social Services create a strong enabling environment for effective health interventions and progress on health priorities. Activities address individual health leader needs as well as the broader team or organizational culture, covering areas such as team alignment, collaboration, prioritization, and building trust and responsibility. Improved leadership and management skills are helping senior health officials and key partners to provide the ongoing leadership drive, management support, and political will required for improved health outcomes.

Challenge: Become a Better Visionary Leader

The commitment of 189 member states of the U.N. to strive toward the achievement of the MDGs by 2015 is, for all intents and purposes, commendable. But what has not been discussed was: Is there adequate leadership in health to achieve this?

The argument for visionary leadership in the health sector is an easy one to make. Leaders thrive in complex difficult environments and health is surely one of the most challenging sectors to work in.

What distinguishes leaders in health sector from those in, say, the for-profit corporate world or government sector is a combination of peculiar situational and institutional parameters. Health leaders, especially those in poor developing countries, work long hours, have limited resources, face uncertain funding flows, deal with hostile traditional groups, and face volatile policy

and economic situations. In addition, there are also complex managerial demands such as inadequate organizational capacity and infrastructure, lack of trained personnel, low staff morale, to mention a few.

There is much to be done for health but we do not have enough leaders to do it. While it is easy to call for leadership (and there have been many such calls), it is not so easy to create, nurture, and sustain leaders in challenging environments such as that in health. Those currently leading programs or organizations in health simply have too much on their plate because the demands on them—time, attention, emotions, resources, results, and so on—can be overwhelming in a generally less-than-supportive context. It is a constant juggle that calls for a vast array of not only skills and competencies but emotional maturity and community sensibilities.

Perceptions on the role of leaders and about the efficacy of leadership development programs for health have also changed. Where traditionally a one-off one-time leadership training course was the norm, there is now a general consensus that this is not adequate.

Two major shifts in perceptions are evident:

1. *Developing leaders is a journey that takes time.* Therefore, an effective leadership development program has to be a training-cum-learning process constituting a mix of methodologies and implemented over a period of time.
2. *Creating and nurturing leaders require context-appropriate training and learning.* Hence, contents of leadership development curriculum need to be tailored or customized for health practitioners with concepts, frameworks, skills, and tools that are applicable to the sector and address specific needs.

Leaders in the health sector have their work cut out for them. There are enough people with the vision and passion to get things done. Often the technologies are available but that is not enough. Strengthening the health system is one critical area to focus on if the objective of improving health programs is to be achieved.

Capacity building is another area often cited for attention, and much has been done in this area though not enough. Resources are never enough but there are promising examples coming out of resource-constrained environments.

The VLD framework points to the potential of achieving health status if leadership and management elements are merged to address the many issues in health in a systematic way. The challenge in the sector is for leaders to focus on doing the right thing right and become better and more effective visionary leaders. In the chapters that follow in Part One of the book, we discuss each element of the VLD framework in detail to enable health leaders to make that journey to become more effective visionary leaders.