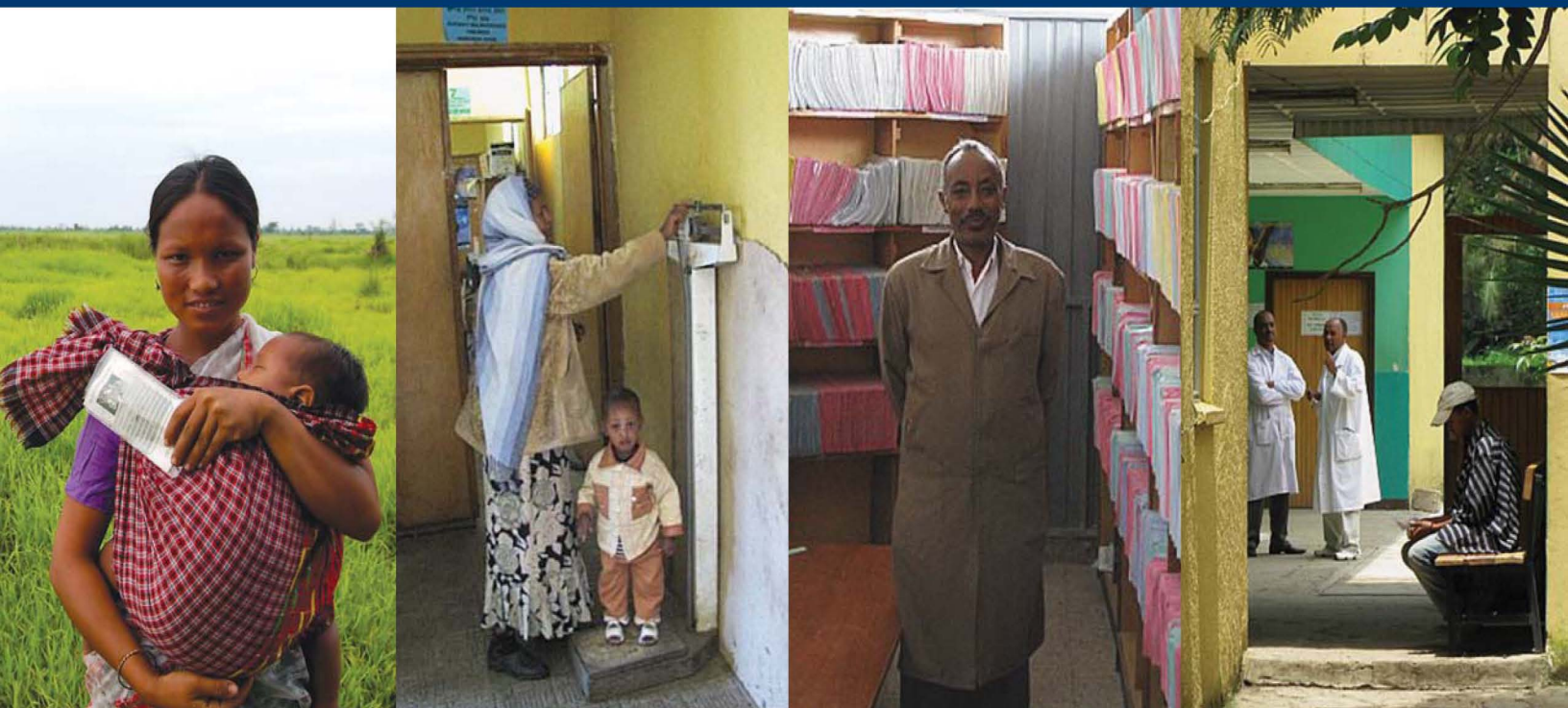


Global Health Leadership Institute

Strengthening capacity to ensure
equity in health and quality of care for all



Inaugural Conference June 15 – 19, 2009 • New Haven, ct

Strategic Problem Solving in Global Health

Ethiopia Ghana Liberia Mexico Rwanda

Yale University



LEADERSHIP EVALUATION

Follow-Up Evaluation

The Global Health Leadership Institute (GHLI) held its inaugural conference, *Strategic Problem Solving in Global Health*, June 15-19th, 2009 at Yale University. Delegations from five countries – Ethiopia, Ghana, Liberia, Mexico and Rwanda – were invited to participate based on their country’s exceptional improvements in health systems in recent years despite limited resources. Country delegations were comprised primarily of Ministry of Health officials, as well as representatives from academic institutions and nongovernmental organizations.

In order to explore the initial impact of the GHLI experience with delegates, GHLI staff fellows conducted interviews in person or via email to elicit stories of how GHLI affected delegates in terms of their conceptualization of leadership as well as their relationships with their delegation. In this report, we present the findings of 13 delegate follow-up interviews conducted 3 to 5 months post-conference.

Progress to date

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

~ Margaret Mead

The projects that country delegations focused on at GHLI have begun to take root in the months since the conference. In Ethiopia, the delegates have been in contact about how to proceed with their plan. One delegate provided copies of the group’s work to the head of his Regional Health Bureau to promote collaboration with other regional heads. In Liberia, the delegation has completed work on a draft policy on the training of midlevel health workers in surgical obstetric care and is looking to complete another policy on the quality assurance of training programs.



The Rwandan delegation has had frequent contact with GHLI staff and two of the delegates have initiated a joint research project on malaria. The proposal drafted at the conference was presented to the Minister of Health and is currently being worked on by a newly appointed group. The delegation from Ghana has also maintained frequent contact with GHLI staff and is making significant headway with its country plan. All of the regional directors of health and one district director from each region were recently invited to attend a two-day workshop in which the country plan and materials from GHLI were discussed and reviewed. The draft documents are expected to be available for circulation by the end of October, 2009.

The degree of interaction has been less pronounced for the delegation from Mexico, perhaps in part due to the delegation lead being transferred to another division.



What “Stuck”

When asked what aspects of GHLI “stuck” with delegates in the few months since the conference, several themes emerged.

✧ The global picture of health that was presented

I remember the global picture of health that was summarized for us, and the overview of the burden of disease that was provided. I also remember agreeing that fighting disease needs global collaboration. (Delegate, Rwanda)

I was happy to be part of GHLI. During my few days stay at GHLI, I heard valuable presentations from honorable lecturers, especially on how I should think about global health holistically. (Delegate, Ethiopia)

✧ The Strategic Problem-Solving Process

The rigorous approach employed by GHLI in exposing us to scientific problem solving and addressing multifaceted issues is laudable and has stuck with me. (Delegate, Liberia)

The development of plans that are tied to measurable and quantifiable results and which consider strategies that effectively involve human resources. (Delegate, Mexico)

✧ Enabling structures for team work

The respect accorded the participants as the determiners of the work they wish to pursue, and the support given to enable countries to work as a team. (Delegate, Ghana)

✧ The focus on health systems strengthening

There are several things that amazed me about GHLI and that have stuck with me since the conference. I am particularly fascinated about the mission of GHLI which has to do with building the next generation of health leaders through innovative education, training and research programs with emphasis on strengthening the capacity of communities and countries to ensure health equity. (Delegate, Liberia)

Conceptualization of Leadership



All of the delegates expressed that they had noticed some change in how they lead since GHLI (Table 1). A significant majority of delegates (91% of respondents) also indicated they had used concepts they took away from GHLI either “a little” (once or twice) or “a lot” (more than twice).

Furthermore, all of the delegates responded that they had shared concepts they took away from GHLI with others suggesting the formation of a nascent learning community. As a delegate from Liberia reflected, “We often share experiences gained during the conference and the way it has impacted our leadership roles and responsibilities at the Ministry.” As a delegate from Rwanda also shared, “I have discussed some of the materials from the conference with the people I work with. In particular, I have discussed the psychology of thinking, needing to ask and understand why people think the way they think. If you find a reason for their thinking, you might be better able to change their thinking.”

Table 1. The initial impact of GHLI as perceived by delegates*

	Not at all	%	A little	%	A lot	%
I have noticed changes in how I lead since GHLI			6	55%	5	45%
I have used concepts I learned at the GHLI conference	1	9%	4	36%	6	55%
I have shared concepts learned at GHLI with others			7	64%	4	36%

* Only 11 of the 13 interviewed delegates answered this portion of the survey

When asked if GHLI influenced how delegates **thought about leadership**, the following themes emerged:

❖ The importance of creating leaders at all levels

When I joined the health sector, I tried to contribute to the improvement of leadership at the facility level. However, after GHLI, I have changed my attitude that it is important to create leaders at all levels. (Delegate, Ethiopia)

It has forced me to think particularly about the role of followers and how important it may be to spend time and energy to prepare great followers so that great leaders can lead well. (Delegate, Ghana)

❖ The use of scientific methods and strategic planning to enact change

After GHLI, I am able to think strategically. Our hospital management body is now able to prioritize problems, propose alternative solutions, draw action plans, and have started to implement major areas of the Blueprint implementation and monitoring & evaluation plan. (Delegate Ethiopia)

I have found the structured problem solving model from the conference to be useful. I plan to use the structured solutions model for my malaria research team. I would like to give the problem to this group and ask that they solve it with this strategic planning concept. (Delegate, Rwanda)



GHLI has definitively influenced the way I think about leadership. I am now even more persuaded that a strategic approach in dealing with health leadership can never be cast in stone. The grand strategy which speaks of a paradigm for accomplishing transformative objectives with limited resources is one thing that has influenced my thinking about leadership. Leadership is never an exact science so I learned that flexibility and adjustment become necessary as a means to ends. (Delegate, Liberia)

✧ Changes in Managing Teams

I now think about leading people globally. When I am managing and leading people I think about giving tasks within a big picture context. I lead a team of 15 researchers and I use this concept in leading them. (Delegate, Rwanda)

I think the program changed the way I lead because I try to take a more participatory approach to meetings. (Delegate, Rwanda)

Thoughts to consider

Delegates mentioned the following points in reference to the GHLI conference that deserve consideration.

I think we received a nice introduction to these concepts. However, we are not fully equipped to “pass on” this knowledge to colleagues in Rwanda. We need more training and information to be ambassadors of this program. We need to fully understand the basic principles of leadership and public health so that we may pass them on. (Delegate, Rwanda)

I am very happy to have visited Yale. But as a CEO in hospital, I did not get chance to visit a hospital that will give me ideas on hospital management. I have seen Leeway Medical center. But I need somewhat large hospitals to see how emergency cases are handled. I hope I will get the chance next time. (Delegate, Ethiopia)

What's next?

How wonderful it is that nobody need wait a single moment before starting to improve the world.

~Anne Frank

Over the course of the next 6 months, the delegates expressed interest in receiving the following support from GHLI staff:

- ❖ More reminders to keep the delegates on task
- ❖ A forum for delegates to share updates on the implementation of their plan with other countries
- ❖ More information on theories of leadership
- ❖ More information specific to the countries' projects
- ❖ Visits by GHLI staff to become acquainted with the participants' health delivery systems.



All of the delegates interviewed recommended that GHLI be repeated next year. As one delegate from Rwanda reflected:

I wish I could do it every year. I liked learning how others approach similar and different problems. I liked learning how the other delegations might prioritize health problems in a different way than Rwanda. For example, one delegation thought maternal and child health was the most important, while we felt human resources would solve the same issues and others.

Several delegates also suggested that delegations be invited to return to share lessons learned and receive further technical support to sustain their efforts.