

Leadership for Movement Building in Global Health

Submission to Oxford Leadership Prize 2008

**“What aspects of leadership in the 21st century can contribute most towards a global
ambition of 'improving health and saving lives'?”**

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Introduction

In today's world, the Global Burden of Disease falls overwhelmingly on the poor. The vast majority of deaths are preventable, and the vast majority of illnesses are treatable. In developed countries, one in 28,000 women will die from causes related to pregnancy or childbirth, whereas in sub-Saharan Africa the lifetime risk is one in sixteen.¹ Disparities in child survival also reveal that today's technology is capable of preventing the vast majority of child deaths:

Undernutrition contributes to the deaths of over half of all children. Cost-effective interventions are available for all major causes of child mortality. But coverage levels for these interventions are appallingly low in the 42 countries that account for 90% of child deaths. 80% of children do not receive oral rehydration therapy when they need it. 61% of children under 6 months of age are not exclusively breastfed. 60% do not receive treatment for acute respiratory infections. 45% do not receive vitamin A supplements. A quarter of children do not receive the diphtheria-pertussis-tetanus vaccine.²

Thus leadership must engage with the systemic forces that create global inequality in health outcomes. To be sure, leadership in many other domains is critical. We look to leadership in scientific innovation for cures to cancer and AIDS. We will need leaders in conflict prevention and resolution to end deaths and injuries from conflicts of all kinds from domestic violence to terrorism to state warfare. We look to leaders for innovative management models for our health services, for example with the recent attention to the application of the Toyota Production System or "lean" to hospitals to improve efficiency and minimize risks of human error that can cost patients their health or even their lives.³ However, while such areas are critically important for health and wellbeing across the world, it is leadership aimed at changing health systems that can contribute most to improving health and changing lives today. Social movements are desperately needed in order to achieve systemic change at local and global levels. While current leadership models tend to conceive of leaders of institutions or organizations, the current Global Burden of Disease calls for leaders of social movements transcending institutional and political boundaries.

¹ Usdin, 12

² Horton, 2071

³ In summer of 2007 when I was working with the Matalé Line, a branding and communications firm based in Seattle USA, I interviewed many leaders at Virginia Mason, a nonprofit Hospital that has recently implemented lean. Most employees agreed that while this management system was a critical new innovation that contributed greatly to their effectiveness as an organization, it was not something that defined their values as an organization or was sufficient in offering a new leadership model for healthcare delivery in the US. For more analysis on applying lean to hospitals, consult Fillingham and Ballé.

In the following pages I elaborate the argument for leadership of social movements as a force for improving health and saving lives and why this is particularly applicable in the twenty-first century. I then follow with a discussion of the aspects of leadership that are most critical to movement building. Finally, I conclude with some suggestions for what the world can do to cultivate and support movement leaders with the necessary characteristics and skills. Throughout the essay I draw on my own experiences as a student of development studies and global health as well as relevant bodies of literature.

Why Movement Leaders Today

The Global Burden of Disease is not merely a technical issue, it is a social justice issue. Throughout history, social movements have been a key force for justice. Today's times are no exception. Mobilising the poor at the local grassroots level will be a critical step in improving health and saving lives across the world. This means that social movements must concentrate on the demand for health services. In my fieldwork on maternal health in Senegal, I noted that there were relatively few efforts to mobilise people around demand for health services. In some cases this was because communities did not buy into the formal healthcare system; they were inexperienced with it or they had negative experiences due to poor quality of care, cultural barriers, or other factors. In other cases people wanted services but they didn't believe they had a role in demanding services from their government. In most of my interviews with women, I asked them who was responsible for improving maternal health in their community. I never once received an answer relating to her own role in advocating access to better services. Thus it is clear that the role for leaders is not just within organizations or within communities, but to bridge the barriers between organizations and communities, between communities and the formal health sector, between communities and their government. This means a process of movement building.

In addition to this timeless quality of social movements at the local level, there are also circumstances unique to this century that call especially for movement building at the global level. Recently the field of international health has shifted to global health. When institutions like Harvard's Department of Population and International Health changes its name to Department of Global Health and Population or the International Medical Health Education Consortium changes its name to the Global Health Education Consortium⁴, it may appear like they are simply playing around with nomenclature. "Global" is three syllables shorter, after all. Really, it recognizes the broadening of the challenges to public health in the 21st century. Like never before, health outcomes here in Oxford are affected by inputs to health systems worldwide. With globalization and increasing movement across borders, we must view the world system as a whole rather than compartmentalize particular ailments that are unique to certain geographical locations. The global

⁴ HSPH, GHEC

health paradigm requires a broader skill set, incorporating not just medical and technical experts (though these are still important) but also visionary leaders that are capable of leading systems change.⁵ In other words, movement leaders.

This century is also witnessing a consensus on the need to develop and fund health systems. We cannot rely on the whimsical contributions to particular health issues as we have in past decades. It is true we have made progress on certain issues that can be treated in isolation to some degree. This includes child vaccination campaigns and promoting the use of insecticide treated bed nets to prevent malaria and other diseases. And indeed visionary leaders like Jim Grant, Executive Director of UNICEF from 1980-95, have been able to lead remarkable accomplishments in such areas. But we have learned from these experiences that an uncoordinated onslaught of interventions is insufficient at best and self destructive at worse. Ad hoc interventions can interfere with one another and impede a national health system from functioning. However, the new global commitment to funding health systems has not translated into practice. This is one of the most pressing problems in global health governance today. The less narrowly focused a particular intervention is, the more difficult donors feel it is to hold governments accountable for the use of funds. This could be due to issues of corruption (as donors often fear) or simply the profoundly difficult task of attributing certain impacts to a non-targeted intervention. And yet I know from my research in maternal health that responding to obstetric emergencies is impossible without a fully functional system in place; trained physicians, appropriate medicines, surgical supplies, and transport must be able to reach a woman wherever and whenever she is giving birth.⁶ Now that we know the importance of health systems, there is no excuse to sit around and wait for donors to fund a particular cause that happens to suite their fancy. A systematic overhaul of the global health governance structure is in order and it will take nothing short of a worldwide movement to do it. This entails not just mobilising the poor, but perhaps even more importantly mobilising the rich.

⁵ GHEC

⁶ See also Goodburn, World Bank

Aspects of Leadership for Movement Building

In recent years, studies of leadership have placed increasing emphasis on leadership as a process, rather than a specific position or person.⁷ The Center for Creative Leadership (CCL) explains this as “a general trend toward more collective or collaborative forms of leadership, with a pronounced need to view leadership as a process that happens throughout the organization. Additionally, approaches that favor power in knowledge, collaboration, and emergent strategy will be needed in the future” (Martin, 10). The CCL’s André Martin explains the skill sets of today’s leaders includes “a clear shift toward skills that are tied to relationships and managing change” including a “quest for meaning”.⁸ Additionally, “leaders need to build important relationships and work across boundaries to collaborate effectively. This is critical to providing greater agility and flexibility for organizations and their leaders in order to respond faster to changes in society.”⁹

This shift towards leadership as processes is highly applicable to movement building in global health. Also, the National Public Health Leadership Institute (PHLI) recognizes, effective leadership in public health means “leading people within organizations but also leading community improvement with diverse partners across sectors, across borders, across the country” and stresses the importance of “leading system change”.¹⁰ For leadership to transcend these even larger boundaries outside organisations, the key challenge for leaders today is to connect with people’s values. This was the key message I took away from my work with the Mention Matalé Line, a branding and communications firm working with nonprofits. Matalé Line’s Bill Toliver notes:

“True movements are built and perpetuated by shared beliefs and values that are worth fighting for. Pulling at heartstrings doesn’t matter if you can’t connect with a person’s spinal cord. That place that truly governs their will, and gives them the courage to stand up for what they believe in—no matter what happens to be in the headlines this week... [We the American middle] are Hungry for real issues to get behind. Passionate to believe in things bigger than ourselves.”

⁷ Martin 2007(a), Ulright

⁸ Martin 2007(b), 19

⁹ Martin 2007(b), 20

¹⁰ PHLI

One often quoted statistic is that the amount of overseas development assistance spent on health by all developed nations combined (around \$10 billion dollars a year) is equal to the amount that Europeans spend on ice cream alone.¹¹ In my experience as a citizen of the rich world, I believe that people do value global health enough to give up a little ice cream, or perhaps other luxuries that may be even less noticeable. The key challenge for global movement leaders will be to engage the rich (in any country) with the issues in such a way that mobilises them to act on their values.

¹¹ Usdin, 135

Cultivating and Supporting Movement Leaders

Regardless of whether you believe leaders are born or made, most would agree that the environment we create can either support or hinder their development. Martin emphasizes the importance of this environment for leadership as a process:

To create an environment that facilitates the new skill sets for leaders, an organization must change its systems and the way it operates to allow people to collaborate and work more interdependently. For example, one way is to change the reward system so that you are no longer rewarded simply for your individual input but also for teamwork, achieving long-term objectives, and innovation.... Leaders are calling for reward systems that focus on a balance of individual, team, and innovation. Another way is to change the design and structure of your organization to allow the traditional silos and other relationship inhibitors to be broken down more easily.¹²

Here Martin refers to leadership within organizations. However, we can extend this general philosophy to the next logical level. To lead changes in global health, we will need to not only transcend the silos within organizations but also the boundaries between organizations and diverse groups of stakeholders in a social movement.

A key challenge to cultivating and supporting leaders of social movements is that these leaders are a global public good. Many different actors have an interest in the effective leadership of a movement that affects issues larger than themselves or their institutions. But few organizations have the will or the ability to put resources into developing leaders outside of their in-house leadership pipeline. Thus most leadership development programs are tied to a particular organization. In case a) this may be a government body, intergovernmental organization, non-governmental organization, or a business. In case b) it is an organization specializing in leadership development. With group a) organizations, the leadership development programs are designed primarily for succession planning, or perhaps to encourage leadership at all levels of the organisation. Most organisations do not have the resources to train leaders of broader social movements, though. There are notable exceptions. For example, I had the opportunity of serving as an Oxfam America CHANGE leader during my undergraduate university days.¹³ This meant

¹² Martin, 2007(b) 20

¹³ The Oxfam CHANGE Initiative has just reached its 10th anniversary. For more information on the programme see www.oxfamamerica.org/change.

that I participated in a weeklong conference aimed primarily at training young leaders in skills and issues related to social mobilisation on our campuses and beyond. While this leadership training placed a particular emphasis on Oxfam's campaigns, it was not designed to groom future leaders within Oxfam as an institution, but rather mobilise people around the issues that Oxfam stands for. There are undoubtedly many other such one off examples. Nevertheless, there is a clear lack of a comprehensive, collaborative, and sustained global effort to develop movement leaders in global health.

Group b), the leadership development organizations, typically focus explicitly on organizational leadership with the goal of developing a reputation by making their graduates attractive to group a) types. Sometimes they do focus on movement leaders (as seems to be the case with PHLI). But again, the latter is vastly incapable of stirring social movements on the scale required, and certainly not with all the relevant stakeholders. As observers of civil society leadership organisations can contribute, but it is civil society itself that will need to collectively set the agenda for movement leaders in global health.

It is helpful now consider how we manage other global public goods in global health and development, whether in theory or in practice. In some cases, we invoke international law, as is the case with the issue of global warming. In other cases, we call upon state governments to contribute to international funds to address issues transcending political boundaries. For example, Thomas Pogge has proposed a Health Impact Fund to which country governments would contribute, providing an option to pharmaceutical companies to price new medicines at cost in exchange for annual reward payments based on the global health impact of the medicine.¹⁴ However, in the case of movement building, governments could not dominate the effort, since movements are often formed with the aim of holding governments accountable to their citizens.

As I was working as an intern for Oxfam GB's monitoring and evaluation team last Spring, I came into contact with an organization that serves as an excellent example of global civil society (as well as government and intergovernmental organizations) coming together on a global

¹⁴ Pogge

scale to address a public goods issue. The International Initiative for Impact Evaluation (3IE) was born after the recognition that data on the impact of development programmes is valuable not just to the organization collecting it but to many organizations worldwide addressing similar issues, and that at the same time most organizations with limited resources cannot afford to carry out impact evaluations that would benefit themselves and others.¹⁵ 3IE was formed just this year with the gathering of the initial member organizations including the Bill and Melinda Gates Foundation, CARE USA, Save the Children USA, Britain's Department for International Development (DFID), government ministries of Mexico and Uganda, and other prominent development agencies.¹⁶ These organizations are committed to coming together to fund impact evaluations that have global value as well as setting standards of rigorous impact evaluation.^{17,18}

It would be quite possible for a similar constituency to come together around leadership development, particularly focusing on leaders of movements. Key actors in global health such as The Clinton Foundation, The Bill and Melinda Gates Foundation, PATH, RTI International, African Medical and Research Foundation (AMREF), and Management Sciences for Health (MSH) could join forces to develop excellence in leadership of global health movements. Firstly, they could collaborate on strategy and agenda setting, determining what movements need to be launched or strengthened and who is or should be involved in leading these movements. Secondly, they could pool their resources to support emerging leaders of key movements in global health. Their leadership development programs would not be based on the interests of a singular organization, rather on an assessment of the need for social mobilisation to address health disparities worldwide.

¹⁵ CGD, 3IE 2008(a), 3IE 2008(b)

¹⁶ 3IE 2008(b)

¹⁷ Ibid

¹⁸ If you are interested in learning more about 3IE, you should come to the QEH Sanjaya Lall Programme Seminar on Thursday, October 23rd, 2008 at 5pm at QEH Seminar room 2, where Howard White, Executive Director of 3IE, will give a talk entitled *Doing better impact evaluation: opening the black box or Pandora's box?*

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