

ROLE OF UNIVERSITIES IN STRENGTHENING HEALTH SYSTEMS IN LOW-INCOME SETTINGS

Evaluating leadership, management, and governance capacity building in Rwanda

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Background: The Leadership, Management, and Governance (LMG) Project piloted the first Senior Leadership Program (SLP) at the National University of Rwanda School of Public Health (NURSPH) from January to June 2013. Participants included 30 district hospital medical directors and 5 NURSPH faculty members. In June 2013, 32 participants graduated with a Yale University certificate in Advanced Training in Leadership, Management, and Governance. The program was jointly designed and delivered by faculty from the Yale Global Health Leadership Institute and Management Sciences for Health in close collaboration with NURSPH. Objectives of the Senior Leadership Program were to enable participants to:

- >Build individual and group capacity for effective leadership
- >Perform strategic assessments of needs, resources, and constraints
- >Conduct strategic problem solving to address key health and health care problems
- >Obtain and apply data to guide and evaluate strategic responses to problems
- >Employ fair and transparent decision making and enable accountable governance.

Structure/Method/Design: Six months following the completion of the training program, a mixed-method evaluation will be carried out in order to assess 1) outcomes of participants' field projects; 2) participant professional performance in leadership, management, and governance; and 3) NURSPH faculty capacity to deliver coursework in leadership, management, and governance. The evaluation will involve in-depth interviews with 10 program graduates as well as interviews with 1 to 2 immediate co-workers, and observation of their field projects. All 32 participants will be surveyed on their professional experience 6-month post-program including a self-assessment based on core competencies targeted by the curriculum.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Management Science for Health, the Yale University Global Health Leadership Initiative, the National University of Rwanda School of Public Health, and funded by the US Agency for International Development.

Summary/Conclusion: Evaluation began in January 2014. Survey data will be analyzed to identify strengths and weakness in the program curriculum as well as participant-reported impact on professional performance. Interview transcripts will be analyzed using the constant comparative method to identify themes in professional growth from both participants' perspective and the perspective of their co-workers. Results will inform the role of universities in leadership curriculum development as well as evaluations of leadership development program in similar settings.

Funding the "organization" in civil society organization: Measuring organizational capacity in India and Ethiopia

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Background: Civil society organizations (CSOs) play a central role in delivering health services to communities and vulnerable populations. During the last decade, both bilateral and multilateral donors have emphasized country ownership, resulting in significant increases in funding to international nongovernmental organizations (INGOs) to provide capacity-building assistance to CSOs. However, capacity-building interventions often prioritize vertical service provision, leaving organizational development as an afterthought. At the same time, a lack of robust metrics to measure organizational development and evaluate change over time, limits accountability and an understanding of whether CSOs and their programs are benefitting from capacity building.

Structure/Method/Design: We developed a tool to measure organizational development across 11 domains (mission, governance, operational planning, strategic planning, financial security, financial management, quality management, human resources, data management, logistics, and communication). The tool was piloted in three CSOs in India (2011) and is being applied in a longitudinal study involving 44 CSOs in Ethiopia with annual data collection between 2012 and 2014. Data were collected through in-depth interviews with management staff, a staff survey, and a review of policies and practices to generate a score for each domain. Upon completion of the assessment, a detailed report with suggested capacity-building interventions, which could be completed internally or with external assistance, was provided to CSOs and INGOs to inform and prioritize capacity building.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The application of the tool showed organizational capacity in India was influenced by donor priorities; financial accountability and a clear mission were highly developed at the cost of strategic planning. In Ethiopia, differences between high- and low-performing NGOs were seen across 11 domains ($P < 0.05$), most notably in the leadership and governance, strategic and operational planning, and financial security domains. The most significant organizational changes between 2012 and 2013 occurred in strategic and operational planning, and financial security—identified as priorities in the baseline assessment—suggesting study findings were used to effectively target capacity building.

Summary/Conclusion: This new methodology enables an assessment of the effect of capacity-building interventions on organizational development. A robust measure of organizational development allows CSOs, INGOs, and donors to better understand organizational-level bottlenecks and strengths in program implementation. Organizational assessments can also be used to improve the accountability of funds for capacity building, ensure capacity building is informed by organizational development data, measure change, and equip multiple stakeholders to evaluate and appropriately fund the "organization" in CSOs.

Improving the health care workforce: The role of academic institutions

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Background: This panel presents promising practices around building health care capacity through collaborative efforts with academic institutions. While there are many solutions to meeting the global need for health care workers, university partnerships have proven to be effective in building health care capacity.

For example, the Yale/Stanford Johnson & Johnson Physician Scholars in International Health Program became a model for many other programs focusing on building human capacity in low-resource settings. This program offers opportunities for selected physicians and physicians in training to become familiar with the social, political, and medical challenges to improving the health of individuals and populations in resource-poor environments. This program embraces “twinning,” a means of building institutional capacity by building human capacity through long-term, two-way partnerships with institutions in low-resource settings. This type of partnership is identified as a proven strategy for improving health worker education and training, according to the Task Force for Scaling Up Education and Training for Health Workers; this program aspires to what others describe as interdependent, transformative learning.

There is also a growing consensus among NGOs, funders, and governments that leadership and management (L&M) development for health professionals is critical to improving the efficiency and effectiveness of health systems. Current models of L&M involve business school faculty designing and delivering classroom as well as distance learning around standard leadership and management topics often including work with case studies. Leadership and management development is increasingly seen as a quantifiable means to improving health care access and delivery as well as improving patient care. A recent study by McKinsey and the London School of Economics demonstrated statistically significant changes in health care delivery, patient care and patient outcomes in hospitals in the United States and the United Kingdom attributable to L&M training and development.

The session will also address issues around measuring the effectiveness of these partnerships. In the case of the Johnson & Johnson leadership and development program portfolio, we arrived at a set of agreed-on indicators for the majority of global programs. Recent research in Kenya, for example, points to promising evidence of the positive effects of leadership and management training in strengthening health systems. These models and others will be discussed by representatives from Yale University, UCLA, and the Global Business School Network.

Structure/Method/Design: Panel

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Global Business School Network

Yale University
UCLA

Summary/Conclusion: Measurement challenges will be discussed

A tripartite interprofessional collaboration in Limpopo province: Community health worker training in diabetes and hypertension

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Background: Limpopo province, with a population of approximately 5.2 million residents, is the northernmost province in South Africa. The residents of this rural province are challenged by poverty, limited availability of clean water, and poor access to health care related to chronic diseases such as diabetes and hypertension. The incidence of diabetes and hypertension are increasing in South Africa. A unique tripartite collaboration between the University of Virginia (UVA), the Department of Health in the Limpopo province

(Vhembe Health District), and the University of Venda (UNIVEN) was developed in 2012. The Health District developed a list of five priority areas in which they sought collaboration with the UVA and UNIVEN, including health promotion for chronic illnesses. The health district relies heavily on the CHWS for education and hands-on care and therefore, the Vhembe health district wanted to address the health promotion needs by training community health workers (CHWS) on diabetes and hypertension.

Structure/Method/Design: An interprofessional team of medical, nursing, and public health students designed and implemented a 2-day training for the community health workers (CHWs) in two rural clinics. Using teaching strategies such as story boarding, live demonstration, role play, small-group work, and clinical narratives knowledge and skills related to diabetes management and hypertension were taught. Sixty CHWs completed the trainings.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): University of Virginia, Charlottesville, Virginia, the Department of Health in the Limpopo province (Vhembe Health District), and the University of Venda, Thohoyoundo, Limpopo Province.

Summary/Conclusion: Across all training, 94% of participants felt better able to help their patients as a result of the training, 93% noted that they could use the information they learned in their daily work, and 76% reported that what they learned would change their practice. As an outcome of the workshop, a training manual for hypertension and diabetes management is now available for use across the health district. Future research studies will evaluate the effects of the training on health outcomes at the individual and community levels.

Turnover rate of academic faculty at the College of Health Sciences, Addis Ababa University: A 20-year analysis (1991-2011)

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Background: Faculty turnover affects both workers and the organizations. Turnover of faculty and researchers is alarmingly increasing and costing the universities and the country at large. Fast turnover of health professionals from the health system and academic institutions has received substantial attention from both academia and health-sector managers recently. This paper calculates the faculty turn-over rate at the College of Health Sciences of Addis Ababa University during the period from September 1991 to August 2011.

Structure/Method/Design: The study was conducted at the College of Health Sciences, Addis Ababa University. Retrospective analysis of employee records was done. All records of the faculty that were working in the College during the 20-year period, from September 1991 to August 2011 were retrospectively reviewed. Data were collected from the employee records accessed from the College's human resources database and supplemented by payroll sheets and different reports. A structured checklist was used to extract the required data from the database. The crude turnover rate for academic faculty was calculated.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Within the 20-year period from September 1991 to August 2011, a total of 120 faculty members have left out the College. The overall turnover rate was 92.8%. The rate in the [last] 5 years (172%) was 8.5 times higher than the rate for first 5 years (20%). The