Leadership Development for Health Systems Strengthening: A Focus on Human Resources for Health
Zodpey Sanjay¹, Sharma Anjali²

A strong, vibrant and a sustainable health system forms the essence for a healthier nation. It is evident worldwide that health system is the indispensable element in designing, implementing and monitoring health programs and delivering quality health services. The World Health Organization (WHO) had developed a framework entitled Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes stressing on the six building blocks leading to specific goals and outcomes. The six building blocks are service delivery, health workforce, information, medical products, vaccines & technologies, financing and leadership/governance. Building upon the foundation of these six blocks, if the coverage and access to safe and quality health services is ensured, these can lead to the intended goals and outcomes of the health systems.

Health systems across the globe are experiencing significant and rapid changes. The unrelenting surge of non-communicable diseases, the threat of new pandemics, continuing burden of maternal and child health related problems and infectious diseases, and the health impacts due to environmental changes, are the vexing problems that impose severe burden on health services, systems and societies, locally and globally. In order to respond to these challenges, we need strong, vibrant and efficient health systems. Yet, a strong health system is impossible without health workers who are the ultimate resource of health systems. However, several countries globally including India are experiencing human resources for health (HRH) challenges viz. health workforce shortages, skill mix imbalance, mal-distribution and migration, negative work environments and weak knowledge base. According to the recently published WHO report - A universal truth: No health without a workforce, it is estimated that the world will be short of 12.9 million health-care workers by 2035; today, that figure stands at 7.2 million. India is also struggling with critical shortage of trained health professionals, including doctors, nurses and midwives and its problems are further compounded by poorly distributed health workforce with 80% of working in the private sector in urban areas. According to census estimates, in India, there are 2.2 million health workers roughly amounting to 20 health workers per 10,000 population. The density of doctors is 6/10,000 and the density of nurses and midwives is 13/10,000 which makes 19 health workers per 10,000 population. Sounding an alarm, these estimates clearly indicate that if we do not respond to this gap urgently, it can have serious implications for the health systems and impede the march to achieving health goals. Hence, we need to think more innovatively and strategically and reach beyond the traditional scope and approaches of health systems strengthening.

One of the major constraints in achieving a well-functioning and efficient health system is the lack of leadership in building up a competent and motivated health workforce, a core but a neglected health system component. WHO health systems framework has not only accorded high importance to the leadership as an independent building block but it also recognizes it as a cross cutting competency for a strong and sustainable health system. Looking at the system building blocks, efficient service delivery cannot work unless there is a strong leadership, likewise health system financing cannot be achieved if it is not backed by an effective

¹Vice President [North] and Director, Public Health Education, Public Health Foundation of India, New Delhi. ²PGDHHM, BPT, Program Officer – Academic Programs, Public Health Foundation of India, New Delhi.
Correspondence to Prof. Sanjay Zodpey (sanjay.zodpey@phfi.org)
leadership and same holds true for other system building blocks. According to WHO HRH Action Framework which is designed to assist governments to develop and implement strategies to achieve an effective and sustainable health workforce, there are six action fields - HR Management Systems, Leadership, Partnership, Finance, Education and Policy. Thus, this HRH Action Framework also recognises the critical importance of leadership in advancing health workforce agenda.

Although there are large number of dedicated, able and hardworking health professionals but when it comes to issues of HRH, the leadership vacuum amplifies significantly. The major challenges in HRH consists of fragmented and not updated HRH information system, limited research capacity, lack of synergy between research, designing and implementing policies, inadequate capacity building initiatives, limited use of communication and giving a holistic perspective to tackle the weakening problems in HRH. Enhancing and cultivating a strong leadership can be an essence for building the capacity of health professionals to provide direction, align people, mobilize resources and reach goals. Leaders act as system connectors who are able to reach outside their silos to make effective meaningful linkages among separate endeavours. Leadership is having the vision, ability, and willingness to mobilize people to accomplish the common vision of public health. Leadership is all about setting the direction with the ability to see the present in terms of the future, taking risk with courage and gumption to turn the vision into reality and pursuing excellence. Leadership is delivering results with creativity through collaborative working, encouraging people to extend beyond their job requirements, however at the same time, taking a step back when someone else is the better lead. Leadership is leading change through people by motivating, inspiring and empowering them and thereby creating and nurturing HRH champions.

The World Health Report 2008, Primary Health Care, Now More than Ever, also emphasized the role of leadership within and beyond health sector and the leadership reforms to make health authorities more reliable. Take the example of a Primary Health Centre (PHC) which is the first point of contact between the village community and medical officer. A medical officer provides leadership in all areas related to the operation of a PHC and in nurturing communication among clinical and administrative staff. Similarly, an Auxiliary Nurse Midwife (ANM) at the Sub Centre level can be recognised as the team leader for the village based health and nutrition team comprising of the ASHAs, AWWs etc. At present, for every 5000 population, there is an ANM who oversees and provides guidance to ASHA and AWW to improve the service delivery mechanism and ensure better access to services in her SC area. She can prove to be a champion for her 5000 population if she takes the centre stage in propelling things forward to improve health outcomes even at the grass root level. This clearly validates the point that leadership should exist at all levels of the organisation. Authority and power does not necessarily equal leadership. Effective leaders are probably those who can sense which leadership roles are not being performed adequately and find a way out to either perform them themselves or delegate then, to other members. A medical officer or an ANM for instance can demonstrate exemplary leadership with a sound and in-depth understanding of the local problems and thereby delivering competent and adequate services to the community for better health outcomes. Leadership at the national level is also every bit important to bring about a new epoch in health care delivery and outcomes. The leverage points for workforce development are governments because governments set policies, secure financing, support education, operate the public sector, and regulate the private sector. A country like India with diverse national circumstances also entails to crafting unique solutions to unique challenges.

Training health professionals in leadership and management skills is a key component of health systems strengthening in low-resource settings. The Lancet Commission Report titled ‘Health professionals for a new century: transforming education to strengthen health systems in an interdependent world’ that developed a common strategy for postsecondary education in medicine, nursing, and public health at the global level underlined the importance of leadership at local, national and global levels to energise the institutional and
instructional reforms agenda. It highlighted the three levels of learning from informative to formative to transformative learning. Informative learning is about acquiring knowledge and skills; its purpose is to produce experts. Formative learning is about socialising students around values; its purpose is to produce professionals. Transformative learning is about developing leadership attributes; its purpose is to produce enlightened change agents. Imparting training in leadership in medical, nursing and public health professionals paints a grim picture in today's scenario. And therefore it is of utmost imperative that our education in medicine, nursing and public health address this gap and create an environment that encourages change with innovative pedagogy utilizing case based studies and application of leadership in real life challenges.

Workforce development is not merely a technical process. It demands building a strong action-oriented workforce and leadership coalition across all stakeholders, beyond government and beyond the health sector. It demands an urgent, exceptional, multi-dimensional inclusive response and a strong leadership which is necessary for capacity-building initiatives in developing countries like India which is struggling with critical HRH issues. We need to create and support HRH champions as change agents by building capacity for leadership at all levels of healthcare. Strengthening of professional associations and networks to provide leadership is necessary and capacity of health professionals should be developed to lead collaborations across multiple sectors. HRH education should also remain a high priority intervention for academic institutions to bridge the gap between academia and health systems. The complex conditions under which we work to address the HR crisis demand a new style of leadership that encourages innovation and teamwork and a more professional approach to HR management.

To accelerate the progress for Universal Health Coverage, it is critically important to view the health system through the leadership lens for improved health outcomes and health equity. Health workforce and leadership together as building blocks can be an effective means of facilitating stronger health systems. Leaders can create change in the midst of uncertainty, address ingrained organizational cultures, and manage constraints that are sometimes beyond their direct control. Health leadership must form the core of the overall response towards health challenges in the coming years if we need to herald a change. We hope the article urges the professional and academic leadership in India and globally to create a generation of leaders who inspire and usher a new change for a stronger health system.

REFERENCES


