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Strong Ministries for Strong Health Systems

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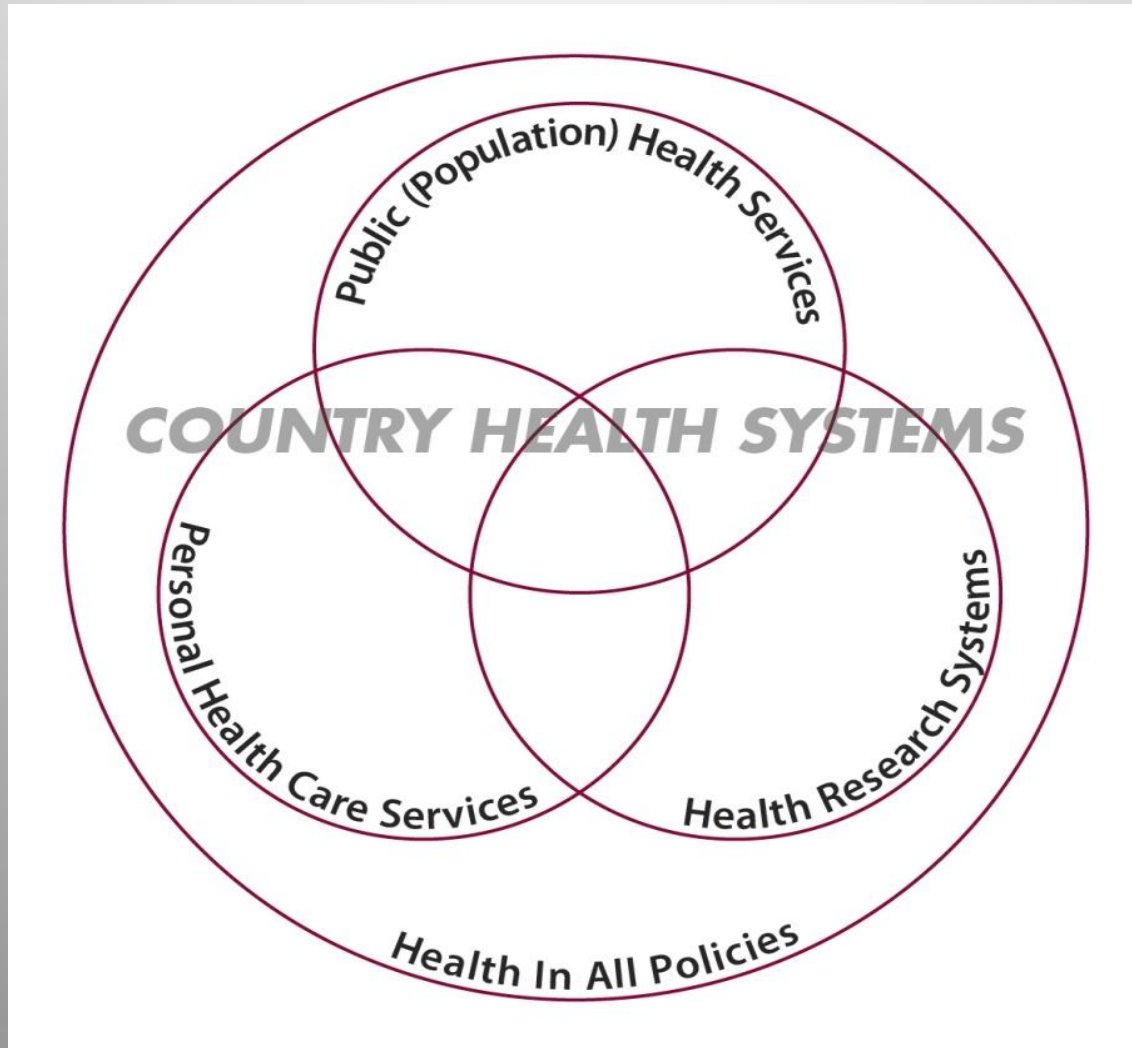
Responsibility for Population Health

- Governments have ultimate responsibility and accountability for population health
- Global, regional and national recognition: UN/MDGs, WHO, AU, constitutions, health in all policies
- Implementation gap: underinvestment in people who make things work, available technologies, policies, resources
- Governments alone insufficient: need to work with ever increasing number of actors
- Stewardship, governance and leadership neglected: donors, GHI, countries

Rationale

- Effective National Health Systems are crucial to national health improvement and effective use of ODA in the health sector
- Ministers of Health (especially those in LICs) have critical responsibilities for leadership, stewardship and governance of nation health systems
- Weaknesses in Ministries of Health undermine their effectiveness within countries and as global representatives for their national priorities

Definition of a Health System



Definitions of Stewardship and Governance

- Steward: one who is entrusted with the management of things belonging to another— government as protector of the public interest and accountable to the public for its actions
- Governance: the alignment of multiple actors and interests to promote collective action towards an agreed upon goal

Original Project Purposes

To determine the need for :

- a global leadership development program for new ministers;
- a regional program for sitting ministers; and
- a global “knowledge network” as a resource to strengthen the capability of MOH to serve as effective stewards of country level health systems

Modified Project Purpose

- To assess the challenges and needs (including leadership development) of ministers and ministries of health in performing their health systems stewardship and governance functions.
- To develop an action plan to strengthen ministries of health

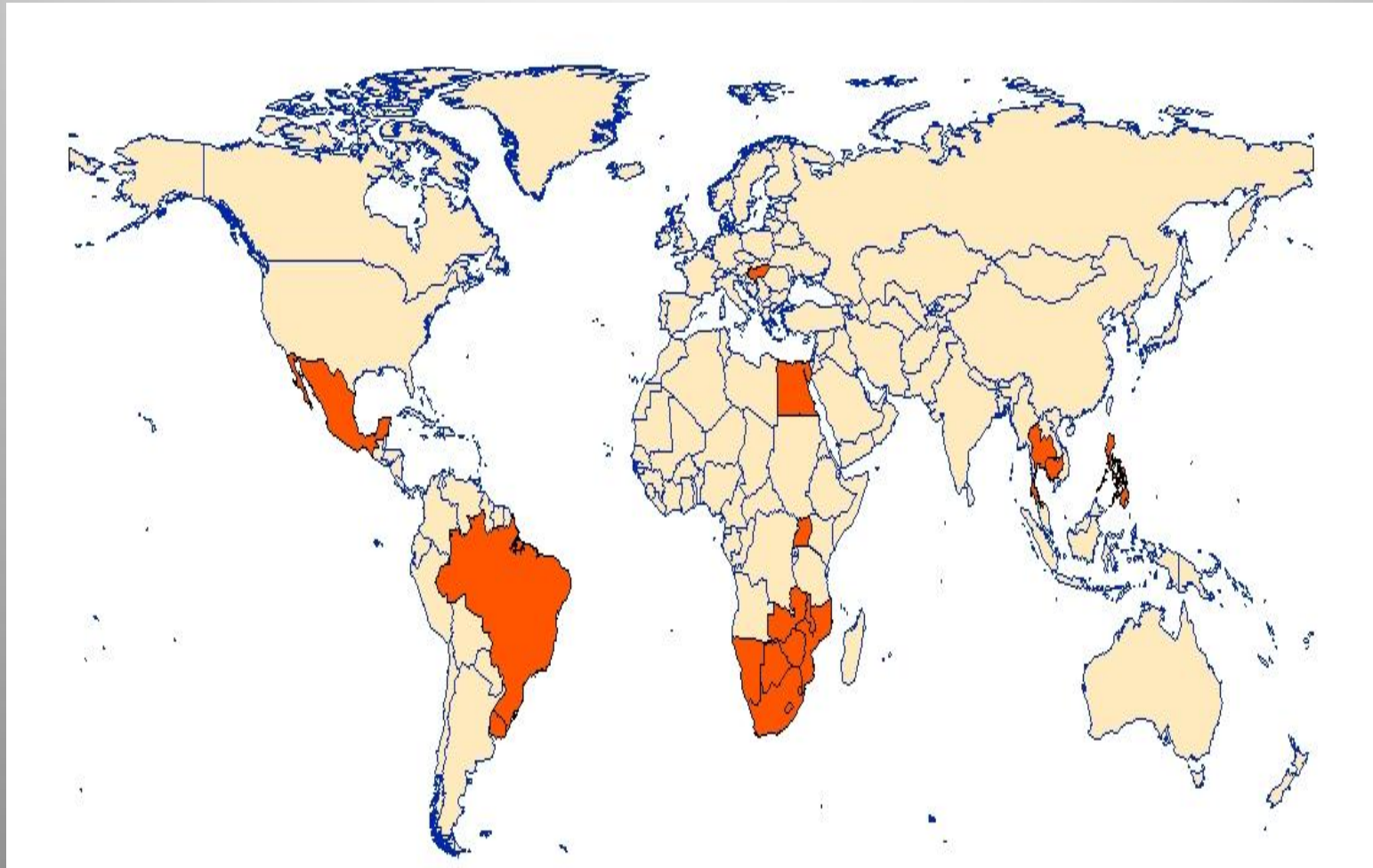
Project Activities

- Literature Review of past and current leadership programs for Ministers of Health
- Contact organizations and individuals who may have sponsored or are planning to sponsor leadership programs for Ministers of Health to explain RF interest, seek synergies, and explore their interest in potential involvement in the program should it go forward

Project Activities (con't)

- Semi-structured interviews conducted with:
11 Ministers, 13 former Ministers, 20 high level individuals who interact with ministers (ministry officials - permanent secretaries, directors; parliamentarians, other ministers; leaders of international organizations, global initiatives, multilateral and bilateral donors, business and civil society organizations in SSA, South Asia , LAC and NIS)

Sample Countries



Project Activities (con't)

- Consultation Meetings Bellagio – October 2008 and March, 2009
- Turnover Analysis for Ministers of Health
- Attendance/Participation in Global Forum - Bamako, WHA, AU Health Ministers Meeting May 2009, UN ECOSOC High Level Segment July 2009, Workshop of Health Systems Strengthening (WB, GAVI, GF)

Findings

- Lack of providers of ministerial leadership programs
- Turnover of ministers –average 3.9 years
- Ministers from varied backgrounds

MOH Experience *N= 24

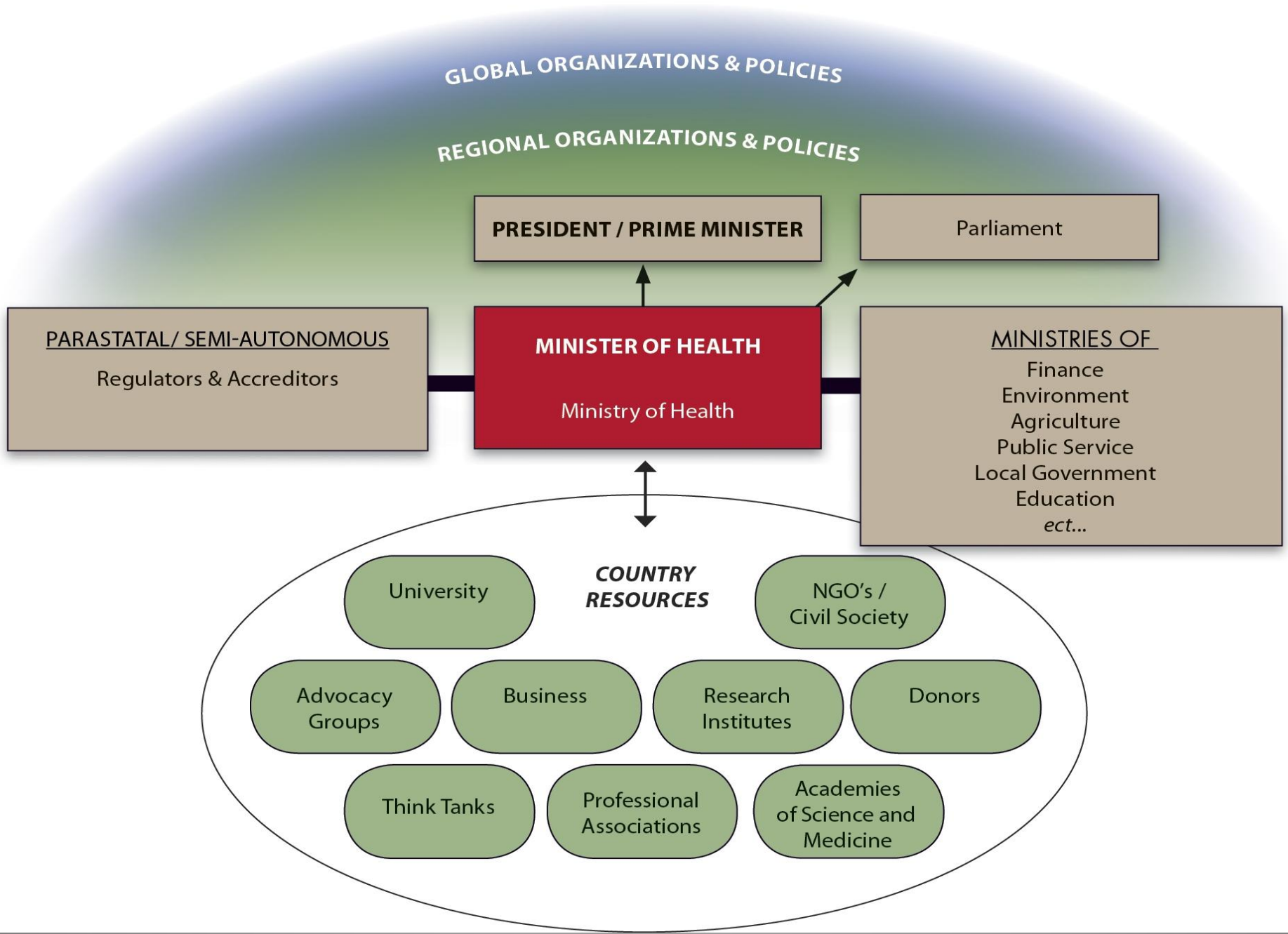
- Health-related experience 15- Physician 12
- Political experience 14
 - Ministry experience 3
 - MOH experience 1
 - Party activist 9
 - Community activist 5
- Academic 3
- Managerial 3
- Recruited by Pres/PM 19
- *Multiple response were permitted



Findings (con't)

- Complex agenda: assessing health/services needs, priority setting, securing resources, develop and implement policy, health systems reform, internal and global initiatives, develop regulatory capability
- Significant challenges: high disease burden, resource limitations, inadequate information systems, decentralization, partnerships with competing priorities and power imbalances

MOH OPERATING ENVIRONMENT



Findings

- **Most Active Relationships:**
 - with global organizations - 24
 - with donors -24: GHI's-16, bilaterals-7, foundations -6
 - within government – 21
 - with academia -16
 - with civil society organizations- 15
 - with business -8

Potential Resource Organizations

- Academia – internal and external
- International Organizations
- NGOs
- Professional Associations
- Regional Organizations
- Think Tanks
- National Academies of Medicine/Science

Feedback on Leadership Development Program Proposals

- Program Elements: global for new ministers; regional for sitting ministers; virtual global resource center for ministers and ministries
- Program Design: adult learning principles, focus on actual work of ministers, maximize peer learning, mentorship and follow-up
- Program Content: developmental focus, health and health policy, partnership management, leadership skills

Recommendation 1- Country Level

- Provide ministers and ministries of health with tools for determining their technical capacity to perform their core stewardship and governance functions for the health system

Recommendation 2- Country Level

- Consistent with the “One UN” agenda, assure that the existing programs for strengthening of public administration leadership and governance in the UN system are made available to WHO, and regional and country level health agencies.

Recommendation 3 – Country Level

- Help countries develop effective governmental and non-governmental “Health Resource Partner Institutions” (HRPIs) to support the health system stewardship and governance functions of the ministry of health.

What are HRPI's?

- Other government agencies and Parliament
- Academia/Think Tanks
- Professional associations/organizations
- NGO's-local, regional and global
- Management Institutes
- Academies of Medicine/Sciences
- Regional and global intergovernmental organizations

Recommendation 4 – Regional Level

- Create a mechanism for mobilizing regional resources and provide support and advocacy for effective stewardship and governance of health systems – ASHGovNet, begin with Africa

Proposed Regional Network – ASHGovNet as prototype

1. to catalyze the growth of country networks of health resource partner institutions (HRPI's) to support Ministries of Health and country led health agendas
2. to serve as a link to provide regional input to global organizations supporting health systems stewardship and governance

Proposed goals of ASHGovNet (con't)

3. to steer global resources for health systems stewardship and governance to countries in the region
4. to advocate for a global climate to support strengthening of MOH as critical to the stewardship and governance of health systems

Recommendation 5 – Global Level

- Create a real-time information resource for ministries of health on best practices in stewardship and governance, and a knowledge network and community of practice among ministries for peer learning.

Recommendation 6 – Global Level

- Create sustainable leadership development training and support for ministers in their own right, and as leaders of ministries of health, to enhance their effectiveness in establishing governance relationships across government and with local and regional institutions from non-governmental sectors.

Recommendation 7 – Global Level

- Create and sustain a campaign to raise awareness at country, regional, and global levels on the importance of ministries of health as stewards of and participants in strong governance of the health system, and build financial and policy support for this into all initiatives for health systems strengthening.

www.strongministries.org