Ministerial Leadership in Health Program
Independent Analysis of Evaluation
Findings 2012-2014

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## Reach of the Harvard Ministerial Leadership in Health Program: 2012-2014 23

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The Ministerial Leadership in Health (MLIH) Program is a joint initiative of the Harvard School of Public Health (HSPH) and the Harvard Kennedy School (HKS). Launched in November 2011, the Program aims to increase ministerial effectiveness and political leadership – factors that are crucial to creating an enabling environment for sustainable health sector strengthening and improved health outcomes in developing and emergent countries. The Program focuses primarily on leadership effectiveness, health financing and increased efficiency in the use of national budgets, as well as planning, organizing and monitoring policy implementation.

Between 2012 and 2014, 56 ministers from 41 countries participated in the MLIH Program (see page 23). Approximately 10 to 12 serving health and finance ministers from Africa, South-East Asia and Latin America are invited annually to attend separate Ministerial Forums at Harvard University designed to address their specific and overlapping health interests. Ministers are invited based on their demonstrated or prospective leadership in office.

Program evaluation

The MLIH Program includes an ongoing formative evaluation component, which is designed to provide the information necessary to make continuous improvements to the Program. The evaluations are administered during each of the Forums and Senior-Level Regional Workshops. Four indicators are used to assess Program outcomes:

- Leadership effectiveness
- Organized systems for priority implementation
- Increased political support for public health
- Increased health funding.

Over the past three years seven evaluations and two follow-up surveys have been conducted (see below), using the services of three independent evaluators. These have documented and assessed participants’ learning at the Forums and workshops, and have tracked Program impact on ministerial and team actions back home. Although different methodologies have been used over the period 2012 - 2014, the findings have been consistent over the different evaluation efforts and are used here to report on results to date. Much of the evidence of change is self-reported, but the use of quantitative and qualitative data provide the basis for comparison across countries and within ministerial leadership teams. These comparisons strengthen the reliability of the findings made for each country.

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**MLIH Program evaluations and surveys 2012 – 2014**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2013</td>
<td>Follow-up in-country interviews with six health ministers: Bangladesh, Liberia, Mozambique, Philippines, Rwanda, Zambia.</td>
</tr>
<tr>
<td>June 2014</td>
<td>Health ministers’ Forum at Harvard – 11 ministers from Albania, Angola, Burkina Faso, Benin, Cape Verde, The Gambia, Malaysia, Senegal, Swaziland, Taiwan, province of China, and Uganda.</td>
</tr>
<tr>
<td>June 2014</td>
<td>Follow-up online survey of seven ministerial leadership teams in Democratic Republic of Congo, Ethiopia, Ghana, Lesotho, Myanmar, Tanzania and Tunisia.</td>
</tr>
<tr>
<td>July 2014</td>
<td>Ministerial survey with 40 health ministers who have participated in the MLIH Program.</td>
</tr>
</tbody>
</table>
The Ministerial Leadership in Health (MLIH) Program has achieved significant reach during the period 2012 – 2014. It works with health and finance ministers in 41 countries across three continents – Africa, South-East Asia and Latin America – and has closely engaged with ministerial leadership teams in 13 countries to develop and implement priority health delivery plans (see page 23 for Program reach).

Feedback gathered from participants through formative evaluations is overwhelmingly positive about the quality of the Program and its relevance to the ministerial priorities for health in developing and emergent countries. The participants attach particular value to seeing their leadership in new ways, learning about strategies for the implementation of policy priorities, and developing their ability to advocate more effectively for increased health financing. In general they emerge from the Forums and workshops with new insights, skills and increased confidence to apply these approaches in order to achieve more effective healthcare delivery, value for money and better outcomes.

But do these responses translate into action once ministers are back home? And if so, with what impact?

Seven formative evaluations and two surveys show that the Program is creating the necessary enabling environment for improved health system performance and better health outcomes, particularly where political leadership is in evidence. These impacts are documented below in four categories: leadership effectiveness, organizing systems for policy implementation, building cross-sectoral coalitions for health, and increasing financial resources for health.

**Increased leadership effectiveness**

Health ministers are the key entry point to strengthening health systems in developing and emergent countries, but many ministers are unprepared by their training or experience to lead large bureaucracies, set priorities and track results. The MLIH Program thus focuses on effective leadership development in order to strengthen ministers’ capability to lead change.

The evaluations have produced evidence that over the three year period the MLIH Program has impacted on the leadership capacity of participants in three ways:

- It strengthened the confidence and capability of health ministers to lead change for health systems strengthening and improved standards of care.
- It improved the functioning of ministerial leadership teams, demonstrating that those with good leadership have made greater progress in implementing their health delivery plans than those without.
- It convinced finance ministers of the value of investing in public health. Finance ministers emerge from the Program with the capability to advocate for higher levels of investment in health and to lead efforts to reduce inefficiency, waste and corruption in budget utilization and public service delivery.

**Policy implementation systems are now in evidence**

The MLIH Program combines the importance of political leadership for health with a practical focus on organizing for implementation. This involves establishing and streamlining the management systems required to improve efficiency and standards of care – in short, to turn policy into practice for improved health service delivery.
The evaluations and surveys demonstrate that following the Forums and Roundtables, ministers are in fact changing the way they do their jobs. They are making progress in achieving their long-term policy goals and in some countries have secured more forceful political support for health from their heads of state and Cabinet colleagues for health sector strengthening. In particular the findings show that:

- The overwhelming majority of ministers report that they have put in place more effective approaches to implementing their policy priorities.
- The Program has built the health ministers’ confidence to manage and monitor the implementation of delivery plans and introduced competencies within the ministerial leadership teams that have been sustained over the three-year period.
- The 13 ministerial leadership teams have benefited from developing their health delivery plans with the Program. Depending on the contextual factors with which they are working, they have used the processes of effective planning, monitoring and risk management to achieve quick wins to varying degrees.
- In some countries the Program approach has led to specific results in service delivery and health outcomes through progress made on the legacy goals and the quick wins contained in the health delivery plans.

Cross-sectoral coalitions produce increased support for health

The MLIH Program advises ministers that by building political support for policy proposals such as Universal Health Coverage, prioritizing preventive health or introducing national health insurance, they can unlock increased investment in health system strengthening. The formative evaluations demonstrate that in this respect the Program is achieving the following results in a number of countries:

- It has succeeded in changing negative perceptions about cooperation between ministers of health and finance into cases of positive engagement.
- Finance ministers demonstrate greater competence to collaborate with their health minister in leading initiatives to increase efficiency and value for money in health service delivery.
- The Forums have helped health ministers develop their persuasion capability and equipped them with skills for partnership building, presentations and negotiation to better advocate for and implement their ministry’s priorities.

Nevertheless the evaluations show that both health and finance ministers require more support to build successful public-private partnerships.

**Range of country results achieved: 2012 -2014**

- Progress in relation to primary health care, maternal and child health goals, infectious and non-communicable diseases
- Widening access to healthcare
- Strengthening the infrastructure and institutional support for improved healthcare delivery
- Implementing national health insurance and long-term care
- Improved healthcare services.

Perold & Delany, 2014d:15
**Increased health financing**

Financing is one of the most significant challenges facing health ministers as they work towards strengthening their health systems. The MLIH Program introduces participants to ways of mobilizing financial resources for Universal Health Coverage, resource allocation and strategies to improve efficiency in the use of budget resources in order to achieve value for money.

The evaluations and survey results show that the MLIH Program has impacted on financing for health in three ways:

- Amongst both health and finance ministers it has stimulated thinking around a range of sustainable financing strategies in support of universal access, improved standards of care and better outcomes.
- It has strengthened the confidence and capability of ministers to plan and implement new strategies for investing in public health, while increasing the focus on value for money and better management of the available resources.
- It has led to increased funding for health policy priorities in 13 countries. Another eight ministers had not yet received increased funding, but the expectation of future funding increases remained.

**Progress reported on health financing**

I have strengthened collaboration with Ministry of Finance and Ministry of Planning and Investment to get more funding to the health sector.

We have been consistently having the capacity to demonstrate that health spending translates to investments and that health is primarily a result of what is done to its determinants.

I created conditions to accelerate the successful presentation of the Action Plan for Health Financing, the greater sustainability of the sector and the improvement of the quality of healthcare delivery.

Ministerial Survey
Perold & Delany, 2014b: 14

**Conclusion**

The formative evaluation findings demonstrate that the MLIH Program is producing tangible results in many of the participating countries. Ministers and their ministerial leadership teams are able to sustain and apply the knowledge and skills developed during the Ministerial Forums and follow-up workshops and, using these competencies, are starting to make progress towards achieving their quick wins and long-term goals.

Much of the evidence of change is self-reported, but the use of different types of data provide the opportunity to compare responses across countries and within ministerial leadership teams, and strengthens the reliability of the findings made for each country.

The results demonstrate that effective leadership remains central to policy implementation and progress in achieving positive health outcomes. This is evident for both health and finance ministers as well as ministerial leadership teams.

Despite these positive outcomes, the Program faces the challenge that contextual factors such as political will, competing demands, crisis management and resource constraints inevitably restrict the pace of progress. It may thus be necessary to focus the Program even more narrowly on the priority strategies and skills most likely to produce improvements in healthcare delivery within fluid political and financial contexts.

In addition, efficient and effective use of health financing is underscored by both health and finance ministers as the most fundamental challenge. Survey responses suggest the need for reinforcing this aspect of the Program.
Overview of formative evaluation findings

1. Strengthening leadership effectiveness in health

The MLIH Program works with health ministers as the key entry point to strengthening health systems in developing and emergent countries. Although the health ministers are mandated to lead, manage and improve public health systems, they are generally unprepared by their training or experience to lead large bureaucracies, which often compromises their ability to lead change. In many cases their strategic thinking and actions are constrained by high turnover, their crisis management role and the political demands they face. Other constraints include a mindset that focuses on activities rather than results, a lack of cross-sectoral support for public health, and a lack of data that makes priority setting, activity design and evaluation difficult.

For these reasons, the MLIH Program focuses on effective leadership development by building the knowledge and confidence of ministers and their senior leadership teams to lead change through priority setting, coalition building, delivery and efficiency.

Health ministers developed their confidence to lead change

The health ministers who attended the 2014 Forum rated the leadership component as being highly relevant to the different contexts in which they are operating. Scores on various indicators show that by the end of the Forum the health ministers felt more equipped to implement strategies for health system strengthening than they did when they arrived. This is demonstrated in Table 1 by the consistently positive shift to higher ratings on the final assessment across the indicators used to measure their levels of confidence and capability.

In one country the influence of this leadership approach is being extended beyond the health ministry into the office of the Presidency. The health minister who participated in the MLIH Program now serves the health sector in a new leadership capacity, where s/he is able to use the same leadership style as was advocated in the Program (see above).

Table 1: Health ministers increased their confidence to lead change: 2014

<table>
<thead>
<tr>
<th>How well equipped to you feel to ...</th>
<th>Baseline score (1 to 5)</th>
<th>Final score (1 to 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define leadership vision and goals</td>
<td>3.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Motivate others to support leadership goals</td>
<td>4.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Building political support for health systems strengthening priorities</td>
<td>3.9</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Health minister perspectives on leadership approach: 2014

Many things impact on leaders. This one impacted positively. Now I have come to [see] my limitations – we shared knowledge from people’s experience and you learn from people’s mistakes. So as a leader it will help me avoid [those]. The purpose and goal is very clear so we learn a lot … I’ve been minister for 3 years – some things I do right and what I do wrong. … I have already changed a lot my minister’s mission.
Health ministers changed their leadership role

In the 2014 survey of health ministers, 69% of respondents indicated that the Forum had enhanced their leadership effectiveness while 27% said they had improved their leadership skills to some extent. The largest number of responses made reference to how the ministers changed their leadership role:

[I have] much more self-confidence and assurance that my ideas are good and am able to convince others.

I was in a situation which allowed me to demonstrate leadership [through the] health contribution to the Emerging [country] Plan.

I have … adopted good leadership ways thus avoiding making repeated mistakes.

These comments are consistent with those made by a number of health ministers in 2013 about the value of the leadership component of the Forum:

Being in control of how to achieve goals, relations between stakeholders, industry, professionals and political leadership.

This Forum has given me a new perspective on leadership and how to exercise it. It has given me a new perspective on ‘persuasion’.

Finance ministers developed the confidence to lead for health

Among the finance ministers who attended Forums in 2013 and 2014 there was strong endorsement of the leadership component of the Program. In 2013, 60% of the finance ministers at the Forum rated the session on “Persuasion in Effective Leadership” as being the most valuable. This is demonstrated in the following comments from two finance ministers in that group:

The leadership component is the cornerstone of the Minister of Finance’s actions in order to achieve effective and efficient management results.

The theme on leadership and value for money is always very important for me because I am working in areas related to the allocation of money in development activities.

During the 2014 Forum the finance ministers increased their knowledge and confidence on a number of leadership indicators (see Table 2). These findings show that by the end of the Forum, the ministers felt better equipped to support the strengthening of public health systems in their countries and in turn improve the health and educational status of the population. A key objective of the Forum was thus met.

Table 2: Change in finance ministers’ confidence to lead change in support of public health: 2014

<table>
<thead>
<tr>
<th>How well equipped to you feel to …</th>
<th>Baseline score (1 to 5)</th>
<th>Final score (1 to 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead efforts to increase the health and educational status of the national population</td>
<td>3.3</td>
<td>4.5</td>
</tr>
<tr>
<td>Lead efforts to reduce inefficiency, waste and corruption in public service delivery</td>
<td>3.7</td>
<td>4.0</td>
</tr>
<tr>
<td>Make the argument for prioritizing investment in national public health</td>
<td>3.8</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Nevertheless applying the principles of transformational leadership in practice remains a challenge for some. In 2014 one finance minister described the challenge as follows:

In my mind it is a challenge to think about what I want to do to have a lasting impact and leave a legacy. I had trouble grappling [with] the line between staying within my ‘scope of authority’ and being a transformational leader.
Multi-level approach to leadership development is bearing fruit

According to the formative evaluations conducted to date, the multi-level approach to leadership development is bearing fruit among health ministers and their implementation teams. For example, the 2012 report on in-country visits to six health ministers and four ministerial leadership teams cites the Philippines Minister of Health as follows:

*The ministerial leadership team “became much better collaborators after the training event”. It made them “ready to think out of the box” and “open to transfer capacity”. “They are both ready to teach and ready to be taught,” said the Minister.*

The 2012 Senior-Level Regional Workshop helped the Rwanda ministerial leadership team develop an innovative idea for extending access to antenatal care and delivery. In 2013 they told the evaluator that effective teamwork and accountability are some of the keys to success in this project:

*… the difference is the accountability chain and the way we have learned to manage teams, make choices, and pick low-hanging fruit.*

A follow-up visit to Rwanda by the MLIH Program in March 2014 found that the team had achieved success through the improvement in referrals and outcomes of obstetric emergencies.

This result is supported by a finding in the 2014 survey of seven ministerial leadership teams, which indicates that two of the countries are demonstrating better progress in implementing their health delivery plans than countries in which the ministerial leadership teams experience a lack of good leadership, transparency and trust.

In one country strong team leadership had managed to convince stakeholders that their health delivery plan would deliver value for money.

The importance of strategic reflection

A number of ministers report that the Program gave them an opportunity for strategic reflection on the state of public health in their countries and the priorities that need to be addressed. For example, the report on the 2013 country visits mentions the Zambia Minister of Health as saying the following:

*The time spent at the Harvard leadership training program (Forum) was very important because it allowed me to think about the problems facing the Ministry and the country in terms of what can be done to start solving them.*

Program outcomes

These results demonstrate that over the three year period (2012-2014) the MLIH Program has impacted on the leadership capability of participants in three ways:

- It strengthened the confidence and capability of health ministers to lead change for health systems strengthening and improved standards of care.
- It improved the functioning of ministerial leadership teams, demonstrating that those with good leadership have made greater progress in implementing their health delivery plans than those without.
- It convinced finance ministers of the value of investing in public health and strengthened their capability to advocate for higher levels of investment in health and to lead efforts to reduce inefficiency, waste and corruption in public service delivery.
2. Organizing systems for priority implementation

The MLIH Program combines the emphasis on building political leadership for improving national health and well-being with a practical focus on organizing for implementation. This requires establishing and streamlining management systems needed for improving efficiency, standards of care and outcomes in public health services. The Program aims to enhance the capacity for implementation and build sustained technical support and progress monitoring at the senior levels – in short, to turn policy into practice for improved health service delivery. The implementation focus includes topics such as problem analysis, priority setting, planning, performance management, institutionalizing a delivery-oriented ethos and monitoring.

Usefulness to participants

In the 2013 Forum assessment, 9 of 13 health ministers (69%) said that the Forum program was ‘very helpful’ to them in terms of priority setting. Almost all (12 of 14 or 86%) said that ‘a lot’ of what was discussed was of practical value to their work as ministers. Expanding on this, ministers said:

Professional value was brilliant.

I have already determined the priorities. It was very useful in achieving [this] in an effective way. There was much learnt to be used back home.

This Forum has given me a new way of thinking in both priority setting and implementation plan. It has shown me the importance of having a delivery unit that will set targets and timeframes.

The value of the implementation focus was noted across all three years of the Program. The 2014 ministerial survey found that 17 of 26 health ministers (or 65%) most commonly mentioned ‘planning and organizing policy implementation’ as the most helpful component of the program.

Similarly, when asked to comment on the November 2012 workshop’s contribution to advancing the minister’s policy priorities, members of the ministerial leadership teams attending the workshop listed sharpening their priorities and the focus on implementation as useful activities and outcomes of the workshop.

Ministerial leadership teams on valuable lessons learnt: October 2013

DRC: One respondent: “We work in an environment where there are a lot of things to do and we spend time dealing with each one. Now I have learnt to prioritize to solve one thing which may solve another problem”. Another described the value of the workshop as “how to think things through, how to work in a methodical way”.

Ethiopia: The importance of being strategic and organized in our daily work. Given the demands on their time there is a tendency to fight fires; the workshop highlighted the importance of adopting a more strategic, organized and coordinated approach.

Myanmar: “I work in the planning department and the delivery approach will facilitate achieving our goals by enabling us to measure additional achievement [progress].”

Perold & Delany, 2013

All respondents confirmed that after the workshop they would prioritize work goals differently. Specific comments included focusing on quick wins, using the tree diagram, and setting and focusing on priorities and priority activities in general. Respondents spoke about the clarity and focus of the health delivery plans as contributing to the effective rollout of the plan.
Ministers changed the way they do their jobs

- Almost all health ministers in the 2014 ministerial survey (25 of 26 ministers) said that the Program experience had changed the way they do their jobs, at least to some extent.17
- Twenty-two specified that they have been able to put in place more effective approaches to implementing their policy priorities.18
- Seven health ministers went on to explain that the Program was instrumental in helping them see the importance of prioritizing and focusing on delivery and efficiency in order to make an impact on development. Examples included the following:19

It has been made much clearer to me that focusing on delivery and efficiency is critical for development, especially for middle to low income countries.

Helped me to identify key short term priorities and focus on them with 95% success rate. I was able to embark on key structural changes of the Ministry; was able to engage with key health development partners and signed a health compact agreement with them.

I have been able to focus more clearly on the priorities and determine strategies and concrete actions to achieve them.

Improve planning, monitoring and obtain support from involved governmental groups.

Establish priorities and work towards their implementation.

Give [sic] idea to me to establish a new unit to implement policies more effectively in the ministry.

Building knowledge and competencies for effective implementation in the health sector

The ‘delivery approach’ made a strong impact on health ministers attending the June 2014 Forum. By the end of the Forum, ministers were comfortable with their ability to identify goals, values and priorities for health service delivery, as well as developing plans and organizing the required resources. They were slightly less comfortable with effectively monitoring implementation.20

The October 2013 workshop also built the ministerial leadership teams’ competencies regarding implementing and delivering on the health plans. These competencies were retained over time, with self-reported ratings of these competencies being higher than on the baseline assessment both at the end of the workshop and at the six month follow up (see below).21

Table 3: Increase in health ministers’ ratings on managing and monitoring implementation indicators: June 2014

<table>
<thead>
<tr>
<th>How well equipped do you feel to…</th>
<th>Baseline score (1 to 5)</th>
<th>Final score (1 to 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the values and goals shaping Universal Health Coverage in your country</td>
<td>3.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Identify the fundamentals of effective health service delivery</td>
<td>3.5</td>
<td>4.3</td>
</tr>
<tr>
<td>Define health systems strengthening priorities</td>
<td>3.7</td>
<td>4.5</td>
</tr>
<tr>
<td>Develop a plan and strategy to deliver health systems strengthening priorities</td>
<td>3.5</td>
<td>4.2</td>
</tr>
<tr>
<td>Organize personnel, other resources for delivery of health priorities</td>
<td>3.3</td>
<td>4.4</td>
</tr>
<tr>
<td>Effectively monitor implementation</td>
<td>3.3</td>
<td>3.8</td>
</tr>
<tr>
<td>Hold officials accountable for progress and outcomes</td>
<td>3.6</td>
<td>4.2</td>
</tr>
</tbody>
</table>
The ministerial leadership teams also rated their levels of confidence and knowledge on a series of leadership and delivery actions. Six months after the October 2013 workshop, members were most confident about building operational plans from the bottom up, setting measurable targets for each priority, and knowing what people and processes are needed to achieve the planned outcomes – all of which form the basis for an effective health delivery approach.  

Specific mention was made by three ministerial leadership teams of ways in which the workshop had made an impact on their effectiveness. Respondents commented that the workshop was supportive in enabling teams to articulate their vision and develop structured implementation plans, which provided a basis for effective team work once back home.

**Progress made on ministerial legacy goals**

More than two-thirds of health ministers in the 2014 ministerial survey said they were making progress on their ‘legacy’ goals, and another six had made progress “to some extent”. These reports of progress were consistent across the three years of attendance at ministerial forums. Specific results in the following categories were mentioned by respondents as evidence of the progress they are making towards realizing their legacy goals:

- Progress in relation to primary health care, maternal and child health goals, infectious and non-communicable diseases

**Examples of progress on legacy goals, health ministers: July 2014**

*Doorstep health care through community clinics was one of our legacy goals. MLIH experience helped to realize that in a better way.*

*We reached Universal Health Coverage, we started moving the system from a curative to a preventive one, we increased on more than one percentage point of our GDP health investment, we empowered people with their right to health.*

*Strengthening of the project coordination unit and senior management team, built and also putting in a place a delivery system.*

Ministerial Survey
Perold & Delany, 2014d:16
• Widening access to healthcare
• Strengthening the infrastructure and institutional support for improved healthcare delivery
• Implementing national health insurance and long-term care, and
• Improved healthcare services.

Six ministers said they were able to secure the support of their head of state and Cabinet colleagues for health systems strengthening. Two gained the support of their Presidents to position health as a priority and to support ambitious initiatives for transformation. In one case the support of the Prime Minister was secured on the basis of the progress made and results achieved. Another influenced colleagues in Cabinet to support health as a priority in poverty reduction, while another was effective in negotiating support for National Health Insurance reform.

Progress being made on ‘quick wins’ in delivery plans

The six month follow-up to the October 2013 workshop found that all six ministerial leadership teams participating in the survey had started implementing the steps required to achieve the quick wins, and three were making good progress.

None of the ministerial leadership teams had fully achieved their quick wins within the six month period, but this is in part because some quick wins involve a series of concrete activities with measurable outcomes while others involve establishing more complex systems and processes.

• Concrete activities in different countries included conducting a situational analysis in preparation for the revitalization of a village health worker program, reviewing the current status of a referral mechanism, conducting a staff or customer satisfaction survey or launching a pilot program for a hospital implementation system.

• More complex quick wins included introducing the use of balanced scorecards for performance management in one country while another is putting in place a management model for increased accountability and performance.

Systems for monitoring implementation are being established

The delivery approach depends on establishing effective monitoring routines. The 2014 ministerial leadership team follow-up survey found that monitoring routines have been established in all six countries participating in the survey. They are functioning fairly well in four of these, although there is room for more effective implementation.

The health delivery plans have improved risk management

The 2014 ministerial leadership team follow-up survey found that most of the risks anticipated in the health delivery plans did materialize. Challenges (risks) that occurred in more than one country were resistance to change, unreliable or lack of timely data, financial constraints and competing demands that made it difficult to focus on implementing the health delivery plan. The risk mitigation strategies were said to be effective in three countries and the value of cohesive teamwork in managing risk was demonstrated in one country. In three cases, however, the planned risk mitigation strategies were overtaken by larger contextual issues such as political instability, conflict and a change of government.

“With the progress and results achieved, the Prime Minister of [country] is showing an interest in health. Today, at least he speaks about it; before this was not the case”.

Health minister 2014
Perold & Delany, 2014:11
Program outcomes

These findings show that the Program focus on organizing for priority implementation has had an impact on health sector strengthening in four ways:

- The Program has changed the way ministers do their jobs, with the overwhelming majority reporting that they have put in place more effective approaches to implement their policy priorities.
- It has built the health ministers’ confidence to manage and monitor the implementation of delivery plans and introduced competencies within the ministerial leadership teams that have been sustained over the three-year period.
- The 13 ministerial leadership teams have benefited from developing their health delivery plans with the Program. Depending on the contextual factors with which they are working, they have used the processes of effective planning, monitoring and risk management to varying degrees.
- In some countries the Program approach has led to specific results in service delivery and health outcomes through progress made on the legacy goals and quick wins contained in the health delivery plans.

3. Building cross-sectoral coalitions for health

The MLIH Program advises ministers that the strategy of building cross-sectoral coalitions in government enables them to advocate more successfully for health as a significant contributor to economic development. Forging cooperative relationships with other ministries can build political support for policy proposals such as Universal Health Coverage, prioritizing preventive health or introducing national health insurance, and can unlock increased investment in health systems strengthening.

Within governments, true cross-sectoral support for health is rare. An early benchmark of success would be increased and active cross-sectoral support for national health priorities, but this depends on ministers being persuasive with good communication skills and the ability to negotiate effectively.

Two perspectives emerge among ministers participating in the MLIH Program. On the one hand health ministers said it is difficult to communicate and cooperate with other ministers, particularly the finance ministry. On the other hand finance ministers said that they were not well-equipped to collaborate with the health minister in leading initiatives to strengthen national health service delivery.

One measure of Program success lies in enabling ministers from both sectors to find a basis for active cooperation and to acquire the skills to generate financial and other support for health systems strengthening. Another relates to equipping ministerial leadership teams with the skills to engage the support of line ministries such as finance, civil service and public works as in the case of Liberia where performance management is a key focus in tackling the many barriers to reducing maternal and neonatal mortality.

The MLIH Program is fostering cooperation between health and finance ministers

As shown below, the formative evaluations show that in a number of cases the Program has succeeded in changing negative perceptions about cooperation between ministers of health and finance into instances of positive engagement.
Further evidence of such Program impact can be found in the competency scores provided by finance ministers who participated in the 2014 Forum (see Table 4). These show that by the end of the Forum the finance ministers felt better equipped to support the public health care systems in their countries, indicating that the key objective of the Forum was indeed met. It is also encouraging to note that the item that scored highest in the final assessment (4.8 out of 5) referred to collaborating with the health minister to strengthen the public health system.\textsuperscript{31}

\begin{table}[h]
\centering
\caption{Finance minister competency scores: 2014}
\begin{tabular}{|l|c|c|}
\hline
How well equipped to you feel to … & Baseline score & Final score \\
& (1 to 5) & (1 to 5) \\
\hline
Increase the health and educational status of the national population & 3.3 & 4.5 \\
Develop collaborative strategies with health and social sector ministers & 4.0 & 4.3 \\
Make the argument for prioritizing investment in national public health & 3.8 & 4.3 \\
Collaborate with the health minister in leading initiatives to strengthen national health service delivery & 4.3 & 4.8 \\
Work jointly with the health minister to implement remedies that increase systems efficiency & 4.0 & 4.3 \\
\hline
\end{tabular}
\end{table}

As outlined in the Health Financing section below, these relationships have produced increased health financing in 13 countries.

\textbf{Ministers improve communication, negotiation and collaboration skills}

The MLIH Program aims to equip ministers with the skills to lead by persuasion, which is a critical component of forging cross-sectoral coalitions with players in and outside government.

The formative evaluations show that in many cases ministers lack the communication and negotiation skills necessary for effective persuasion. For example, in 2012 participating health ministers indicated that they found it difficult to navigate and communicate within the hierarchy of both the ministry of health and the government more broadly.\textsuperscript{32}

\begin{center}
\textit{This is where most Ministers face challenges. It is not easy to communicate with both the top, bottom and sides.}
\end{center}

\begin{flushright}
Health minister 2013
\end{flushright}

\begin{quote}
\textit{I think the principles of persuasion were not new, but I was never bothered to apply them because I resorted more to laws and regulations. Their [the Forum] presentation made me think differently about their application. I think there is a strong argument for applying them.}
\textit{Finance minister 2013}
\end{quote}

In 2013 the Forums helped health and finance ministers develop their persuasion capability. The health ministers said that the Forum had equipped them with new skills for partnership building, presentations and negotiation, and gave them greater insight into the need to use interpersonal communication to serve the ministry’s agenda. When these ministers were asked how they would do their jobs differently, “improved communication and coordination between stakeholders” topped the list.\textsuperscript{33} One finance minister reported that the Forum enabled him/her to “engage in continuous consultation with sectoral ministers”. Another commented that closer engagement with the health minister would inform resourcing decisions, but would also create the environment for greater accountability for financial expenditure.\textsuperscript{34}

\begin{quote}
\textit{Persuasion in effective leadership has really changed the way I see things and its impact on me will … be useful as I move on.}
\end{quote}
As a Minister of Finance, participating in this forum has enriched my thinking about the importance of interacting with other ministers not only in terms of ensuring that budget implementation goes as planned, but also in helping each other to realize the importance of aligning the ministerial priorities with national priorities. More importantly I have appreciated and understood my role as the Minister of Finance.

In 2014 the Forum increased the confidence of health ministers to manage tough negotiations successfully. This is evident from the baseline competency assessment rating of 3.6 (out of 5) which increased to 4.2 on the final assessment of workshop impact. The scores are supported by the following comments made by ministers who were interviewed:

We’re preparing the national budget for next year so it will be good to introduce these concepts in discussion with the Minister of Finance and the Minister of Planning to arrive at the priorities and the national vision with the resources allocated.

It’s relevant because we are involved in the job of negotiating daily – not in the business scenario, but in getting people to buy ideas. It is a negotiation and trying to buy other people’s ideas from your perspective is a negotiation.

We have very strong trade unions. Sometimes it’s an obstacle because when you want to change things the trade union starts to shout, saying no, no, no. [The Forum showed] how to negotiate that so the reform you want to set up is not [compromised] because their interest is being strengthened a little.

Despite this confidence, both health and finance ministers indicate a need to increase their skills in negotiating with private sector investment partners to strengthen the health sector. In 2014 finance ministers’ competency ratings on this indicator decreased from an optimistic baseline score of 4.8 (out of 5) to 4 in the final assessment.

Coalition approach evident at management level

There is also evidence that the coalition approach is playing a role in guiding and monitoring the progress that ministerial leadership teams are making towards achieving their goals. One country reported that it has set up monitoring routines through which the ministerial leadership team monitors progress, reviews and refines the health delivery plan, reports to the ‘guidance coalition’, and ranks the performance of states and regions.

Program outcomes

The formative evaluations demonstrate that the use of cross-sectoral support for national health priorities is achieving results in a number of countries.

- The Program has succeeded in changing negative perceptions about cooperation between ministers of health and finance into cases of positive engagement.
- Finance ministers demonstrate greater competence to collaborate with their health minister in leading initiatives to increase efficiency and value for money in health service delivery.
- The Forums have helped health ministers develop their persuasion capability and equipped them with skills for partnership building, presentations and negotiation so as to serve the ministry’s agenda.
Nevertheless both health and finance ministers require more support to build successful public-private partnerships.

4. Increasing health financing

Financing is one of the most significant challenges facing health ministers and their implementation teams as they work towards strengthening their health systems. The MLIH Program introduces participants to new ways of thinking about mobilizing financial resources for Universal Health Coverage, resource allocation and strategies to improve efficiency in the use of budget resources and achieve value for money. Central to the program model is a focus on equipping both health and finance ministers with the knowledge and skills to engage effectively on matters of health financing. The formative evaluations show that progress is being made in increasing the resource base for health systems change in participating countries.

The relevance of the health financing focus

In the June 2012 health ministers’ Forum assessment, the most common challenge reported by the ministers was a lack of financial and human resources. The Forum stimulated thinking about alternate strategies for addressing financing concerns. Among the actions ministers intended to take after the Forum were “move on health insurance to equalize access to health services”; “readdress issues of health financing using international experience”; and “improve budgeting”.

Members of the ministerial leadership teams also benefited from the health financing discussions. Team members attending the 2012 workshop said the “Finding Resources, People and Money” session was new to them, indicating a need for this focus.

Increased levels of health financing evident in 13 countries

The impact of the focus on health financing can be seen in the findings of the 2014 ministerial survey. Thirteen health ministers said that closer collaboration with their finance minister had produced more funding for their health policy priorities. Another eight ministers had not yet received increased funding, but the expectation of future funding increases remained.

The majority of health ministers therefore found the strategies advocated by the MLIH Program to be relevant and effective. Some ministers indicated how they have used the strategies discussed at the Forums to achieve success:

I have strengthened collaboration with Ministry of Finance and Ministry of Planning and Investment to get more funding to the health sector.

We have been consistently having the capacity to demonstrate that health spending translates to investments and that health is primarily a result of what is done to its determinants.

I created conditions to accelerate the successful presentation of the Action Plan for Health Financing, the greater sustainability of the sector and the improvement of the quality of healthcare delivery.
Nevertheless challenges remain. More work is required for the health ministers to secure a mix of health financing sources and increase efficiency in the use of national budgets. In the 2014 ministerial survey, ministers again pointed to financial constraints when discussing progress on legacy goals.

The economic melt-down has posed a serious challenge to increase in funding.

[Made progress on] supply chain for medical supplies, but very limited success in health financing and coverage.

Four of the six ministerial leadership teams participating in the follow-up to the October 2013 workshop anticipated financial constraints as a potential risk to the implementation of their health delivery plans. There were mixed reactions from three teams as to whether the risk mitigation strategies they identified were effective, but the fourth team said they had strong team leadership and had managed to convince stakeholders that the plan would deliver value for money.

Building health financing competencies in the health sector

Despite these challenges, by the end of the June 2014 Forum, the health ministers felt better equipped to implement health financing strategies (see Table 5). The average group scores on all three indicators increased, including the score for achieving value for money which was originally the lowest of all the indicators in the baseline assessment. Ministers were particularly confident in their ability to motivate for increased investment in the health system; this confidence is borne out by the results of the 2014 ministerial survey highlighted above.

Table 5: Increase in health ministers’ ratings on health financing indicators: 2014

<table>
<thead>
<tr>
<th>How well equipped to you feel to …</th>
<th>Baseline score (1 to 5)</th>
<th>Final score (1 to 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define a strategy for sustainable health systems financing</td>
<td>3.5</td>
<td>3.9</td>
</tr>
<tr>
<td>Motivate for increased investment in health system strengthening</td>
<td>3.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Achieve value for money in health delivery</td>
<td>3.0</td>
<td>3.6</td>
</tr>
</tbody>
</table>

In both the 2012 and 2014 Forum assessments, health ministers mentioned that they would like to integrate health economists into their teams so as to strengthen their ability to argue more persuasively for increased investment in health systems strengthening, and to ensure efficiency and value for money.

Health ministers on financing strategies: June 2014

It’s not only implementation, but having the money – and we’re struggling to have it – and managing the money properly. It’s not fair or ethical to ask for more if we don’t manage properly what we have.

I liked the articulation on finance especially because we are now considering the national health insurance scheme, so I found that discussion very useful. I found the success and challenges faced by other countries…as useful lessons to me who is now in charge of introducing a national health insurance scheme.

Because our national health insurance is now almost 99.8% coverage, we’re going to have a very special program that [tries] to integrate national health care with long-term care. The long-term care I have designed in this Forum and discussed with other ministers. They gave us good suggestions so that we will have some breakthrough in the long-term care insurance in the future… it will probably also be the first one to integrate national health insurance with long-term health insurance.

Perold & Delany, 2014b:7
Finance ministers increase their capacity to support the health sector

Including finance ministers in the MLIH program has had a positive impact.

Finance ministers attending the April 2013 Forum gave a rating of 4.45 out of 5 to the usefulness of the forum in informing their perspective on health financing. Several ministers spoke of exploring other sustainable financing options for health or viewing requests for funding from the health sector differently as key changes they will make as a result of their participation in the forum.

Will listen [to] and analyze health requests for budget differently.

Will now be in better position to engage with [the] Minister of Health in understanding their request for spending [and] how we can work together while requiring increased accountability in the use of resources allocated to the sector.

Budgeting for specific policies is not easy, but after this Forum I think this is achievable so long as one can come up with proper policy instruments. Finally, I have learned that policy interventions are many, but a proper choice has to be made of ones that are going to make the greatest impact.

Similarly, the finance ministers attending the April 2014 Forum demonstrated an overall positive shift in understanding the relationship between strengthened public health care and national economic development. The assessment found that:

- Ministers showed increased confidence in their ability to make the argument for prioritizing investment in national public health (from 3.8 to 4.3 out of 5).
- However, they gave a mid-level rating (3.5) at the end of the Forum to determining strategies for improved efficiency and value for money in health.
- Final ratings for structuring a public sector funding package to strengthen the health sector (3.8) and negotiating with private sector partners (4.0) to strengthen the health sector suggest a level of confidence in these areas.

The notion of focusing on preventive health as a priority resonated strongly with these ministers, partly because it is financially sound:

It is not a new idea, but it was powerfully transmitted at the Forum to focus on prevention, strengthening community healthcare … funding primary healthcare rather than putting more resources towards tertiary care. I am interested in focusing more on monitoring performance and data collection (for more than just the health ministry).

Interest grows in using a mix of health financing strategies

In general, the ministers attending the April 2014 Forum felt comfortable with setting priorities for Universal Health Coverage using limited resources (rated 4 out of 5) and securing different sources of finance for sustainable health care (3.8). They were less sure about calculating value for money in health investment (3.4) and using health insurance to support Universal Health Coverage (3.4). The ministers showed an interest in further exploring models of social health insurance (3.2), but would require additional technical support to do so.
They were positive about supporting the health minister to use scarce funds more efficiently (4.4) and holding the health ministry accountable for its performance (4.4), but were less confident about holding private sector partners accountable (3.2). The ministers generally had little experience of public-private partnerships in support of the health sector and were least confident about:

- Assessing the critical success factors and risks in a public-private partnership (2.6);
- Negotiating with private sector partners in support of health sector strengthening (2.4); and
- Achieving public-private agreements that yield mutual benefit (2.8).

**Program outcomes**

These results show that the MLIH Program has impacted on financing for health in three ways:

- It has stimulated thinking around a range of sustainable financing strategies in support of universal access, improved standards of care and better outcomes amongst both health and finance ministers.
- It has strengthened the confidence and capability of ministers to explore new strategies for investing in public health while increasing the focus on value for money and better management of the available resources.
- It has led to increased funding for health policy priorities in 13 countries.
Conclusion

The formative evaluation findings show that the MLIH Program is producing tangible results in many of the participating countries. Ministers and their ministerial leadership teams are able to sustain and apply the knowledge and skills developed during the Ministerial Forums and follow-up workshops and, using these competencies, are starting to make progress towards achieving their quick wins and long-term goals.

Much of the evidence of change is self-reported, but the use of quantitative and qualitative data provide the opportunity to compare responses across countries and within ministerial leadership teams, thus strengthening the reliability of the findings made for each country.

The results demonstrate that effective leadership remains central to policy implementation and progress in achieving positive health outcomes. This is evident for both health and finance ministers, as well as ministerial leadership teams.

Despite these positive outcomes, the Program faces the challenge that contextual factors such as political will, competing demands, crisis management and resource constraints inevitably restrict the pace of progress. It may thus be necessary to focus the Program even more narrowly on the priority strategies and skills most likely to produce improvements in healthcare delivery within fluid political and financial contexts.

In addition, efficient and effective use of health financing is underscored by both health and finance ministers as the most fundamental challenge. Survey responses suggest the need for reinforcing this aspect of the Program.
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