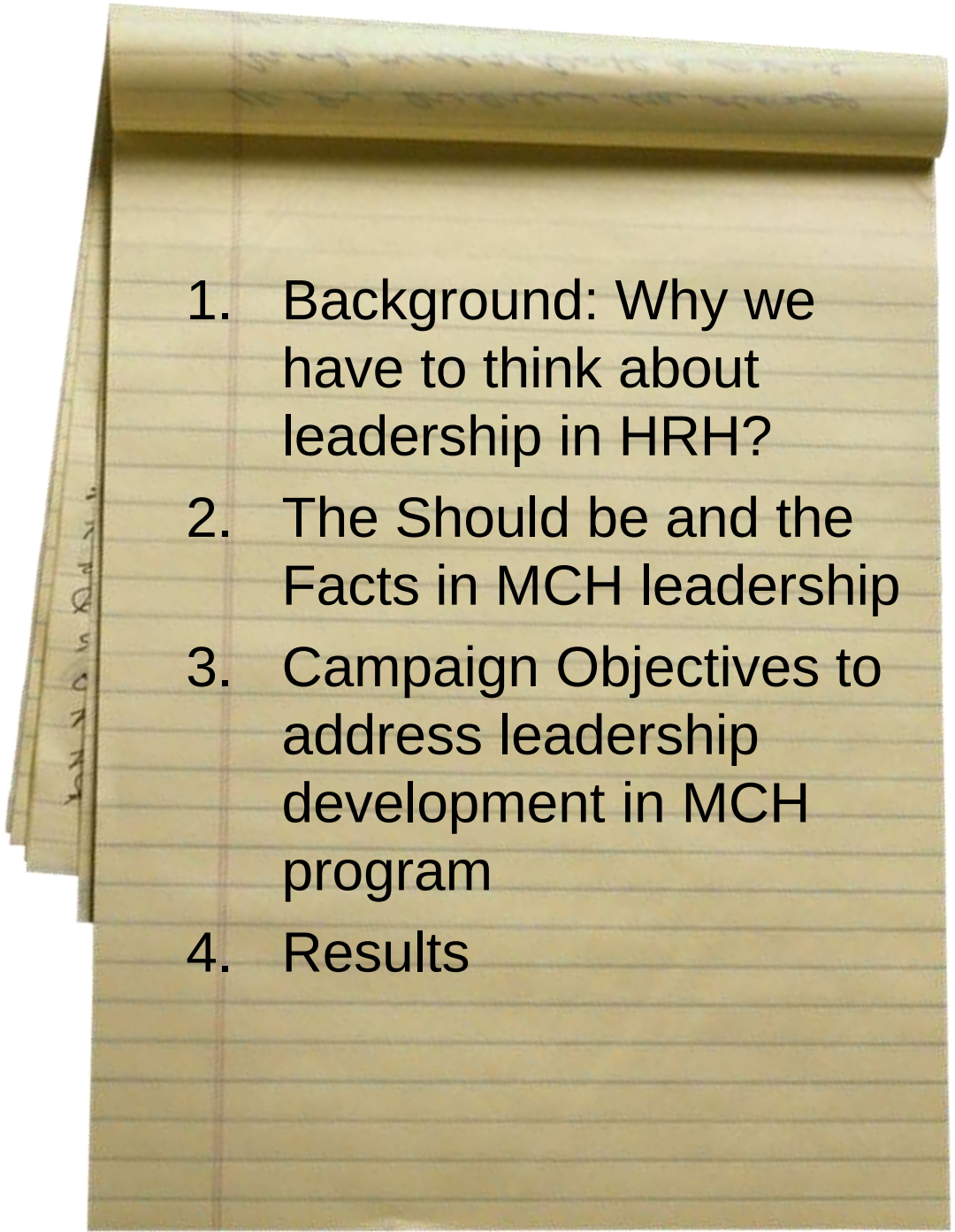
Leadership development and challenges for health systems strengthening:

the case of leaders in Maternal and Child Health

Laksono Trisnantoro, Graduate Program in Health Policy and Management, Universitas Gadjah Mada, Indonesia

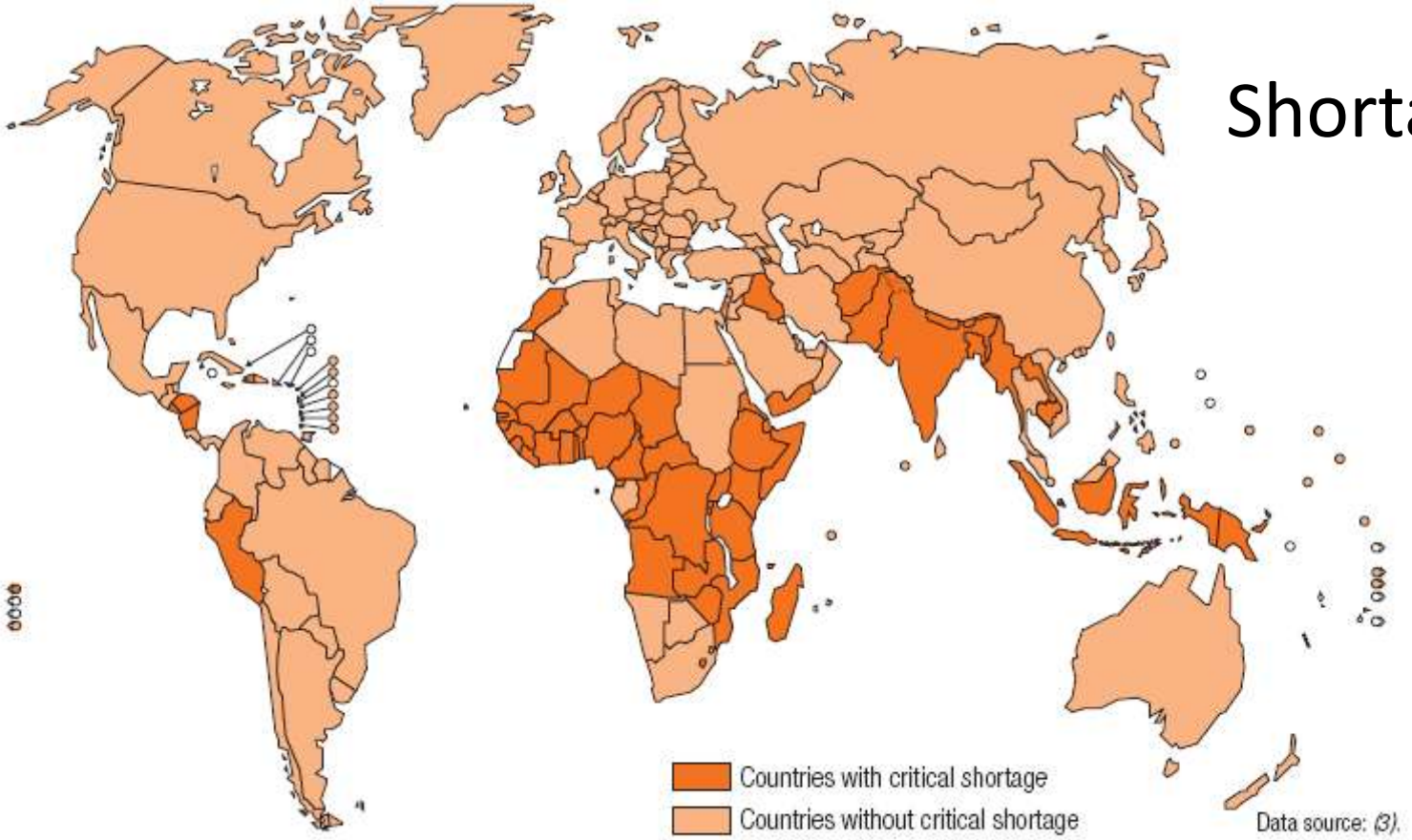
Sections



1. Background: Why we have to think about leadership in HRH?
2. The Should be and the Facts in MCH leadership
3. Campaign Objectives to address leadership development in MCH program
4. Results

Why we have to think about leadership in HRH?

The problems of Human Resources for Health in Indonesia



Shortage

Maldistribution

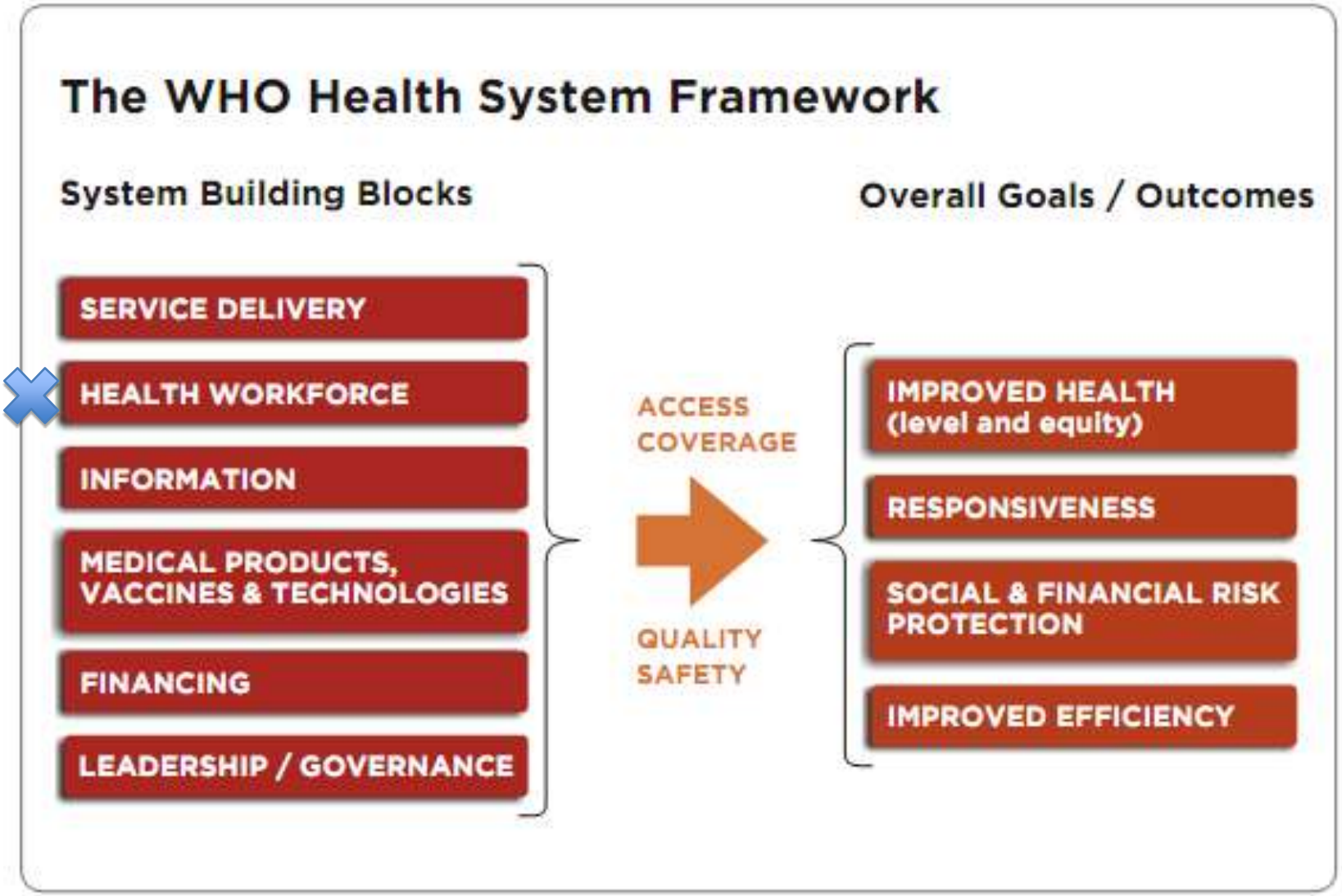
example: specialist in 2008

- Jakarta: 24% of specialists, serves around 4% community in a relatively small area

- Provinces in Java: 49% of specialists, serves around 53% community

- Rest of Indonesia: 27% of specialists, serves around 43% community in a very large area

Health Workforce Problems and Health System Failure



The HRH Challenges:

Not only statistical problem, but also:

- health professions way of life and culture,
- financial incentives,
- the working environment condition.

need strong leadership

This presentation:

is concerned with the leadership development to improve the health status .

- Use the case of Maternal and Child Health program.

The Should Be

To overcome HRH problems:

not the responsibility of Ministry of Health leaders only.

- Health profession associations leaders,
- community leaders, and
- Political leaders

should take shared-responsibilities

The case of MCH program:

- MCH program is not a single program with homogenous actors.
- a complex program which has many stakeholders based on health system principles.

The actors functions in health system:

- Regulators
- Financing agencies
- Health Providers

Various stakeholders

Political Institutions

Professions Associations

MoH and Health Offices

Community Organizations

They should communicate and work together.

Various stakeholders

National, provincial, and district governments

Political Institutions

Medical Doctors, Specialists, Midwife, Nurse, Epidemiologist

Professions Associations

MoH and Health Offices

National, provincial, and district governments

Community Organizations

Includes NGOs, informal groups

Have various interests, have their own leaders.

The Facts:

In this network, leadership aspect of MCH is not well addressed

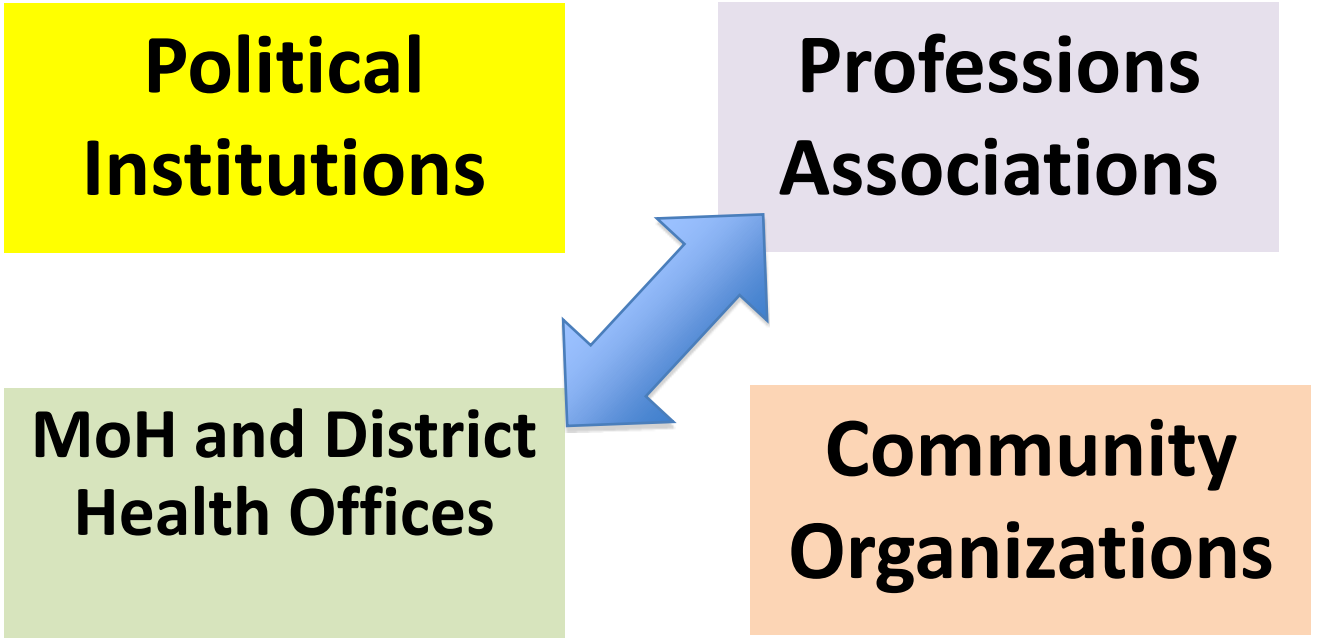
Observation on Profession Associations

- Some profession leaders at national, provincial, and district level thought that the responsibility of MCH program is not in their hands.
- Not much involvement of health profession leaders at local level
- Limited communication with MoH/DHO leaders
- Close-linked to universities, but not much attention for increasing the production of some strategic professions.

Why?

Different Culture between MoH/PHO/DHO officers and Medical Professions

e.g: Clinicians:
Clinical perspective, rich, have limited public health perspective, have own society

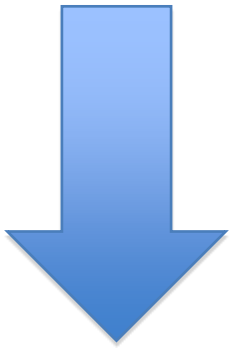


public health perspective, relative young, less economic status, many are public health graduates, not medical school

Fragmentation among health professions:

- **OG Specialists**
- **Pediatricians**
- **Medical Doctors**
- **Midwives**
- **Nurses**
- **Public Health Officers**

- **Different Culture across professions**



Limited Team-work

Observation on local government (local political leaders)

- Indonesia had been decentralized since 2000

- local government leaders tend to rely on central government resources for MCH program
- Local government financing for MCH is limited
- Local politics cost and corruption became negative factor for MCH development

Observation on District Health Officers

- They are public health leaders
- Relative young, less income compared to clinicians
- Having the risks for **"being sacked"** from their managerial position by political leaders (Mayor, Regent) due to political reason, not technical.

- Lack of skills, and not confident to manage the MCH network
- Have problem "to lead" the other leaders
- District Health Officers have problems to advocate political leaders for more MCH ownerships at local government

The leadership of the Chief of District Health Office should be like this (?)

As results:

MCH program is fragmented between:

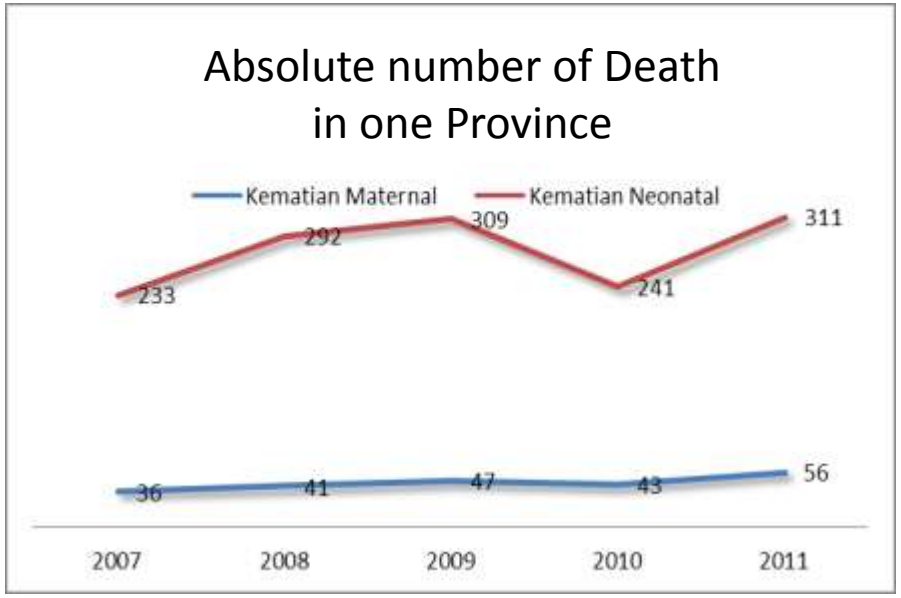
- preventive and curative care,

and also

- public and private providers,
- central and local government,
- health and non-health sectors.

The impact to MDGs achievement:

Not Good



Needs Change

Through campaign

Why we need Campaign?

To reduce maternal and neonatal mortality, health system needs:

1.A good collaboration across health professions should be established.

2.Local government and community leadership for improving MCH program should be developed.

3.This collaboration needs leadership which cover many professions and intersectoral collaboration.

Campaign Objectives

(1) to raise the awareness that MCH program is a network of activities from various stakeholders;

(2) to develop leadership skills ownership in some strategic professions; and

(3) to develop leadership skill curriculum using multi-profession principles.

Method

Advocacy to stakeholders using various activities such as:

- operational research to have more understanding about leadership role in MCH,
- series of seminars,
- informal lobbying, and
- websites publishing.

Implemented by university and supported by Ministry of Health

The Result

- Campaign on improving leadership in two provinces shows good result in developing collaboration across professions.

- The MCH program achievement is realized as a shared responsibility.
- Health professions leaders are more willing to work with MoH and Health Office leaders.
- But, limited result for political leaders

Informal agreement among health profession associations

the health professions leader is the highest trained at the district level.

- The technical leader of maternal health program is the OG specialist,
- for the child health is the pediatrician.

They are expected to have public health perspective.

If there is no medical specialist or GP, a taskshifting scheme will be implemented.

Better coordination among leaders

- Technical leaders understand that they should work together with Health Office leaders, and also with political and community leaders.
- Technical health leaders should more active in advocating local political leaders
- The leaders coordination had worked at national, and some provinces, and districts.

It is always emphasized that every leader has their function in health system as:

•Regulators

•Financing agencies

•Health Providers

Health profession associations are more active in:

- Discussing problems of HRH production;
- Solving the deployment problems to remote areas using various schemes, incl. contracting;
- Profession Culture Building;
- Health Budget Advocacy; and
- Payment system negotiation under social insurance scheme.

Coordination in developing training modules for pre-service and on the job training:

- Training modul for medical specialist leadership in MCH system have been developed.
- For district health office officers: a module for improving the knowledge and skills for being the leader of leaders in MCH
- No module is developed for political leaders
- A special web for community leaders is established

.

modul is provided in various websites which can be assessed openly

Conclusion
(After 2 years of campaign)

- An increase of awareness on the way leadership skills should be developed in various MCH stakeholders
- The awareness is the opening gate for long term profession culture change
- Health profession leaders are expected to influence political leaders

A better developed stakeholders leadership:

•may improve the multi-profession and intersectoral planning, production, deployment, and collaboration of the health workforce in MCH program

•Can be implemented at national, provincial, and district level.

However:

- The campaign is still in the national leaders and some selected provincial and districts health officers.
- In Indonesia, almost 500 districts need this transformation of leadership in MCH program.
- A more active and extensive dissemination of leadership transformation and collaboration in MCH should be planned, financed, and executed.

Thank you