Announcement
and a note for reflection
in preparation for the
Technical Discussions

May 1988

Leadership Development
for Health for All

World Health Organization
Geneva - July 1987
Organization of WHO's Technical Discussions

The World Health Assembly (WHA) is the supreme governing body of the World Health Organization (WHO). It meets in May each year in Geneva and brings together all Member States to discuss and take decisions on the policies, priorities and programmes of WHO's work. Representatives of the United Nations, other international agencies and non-governmental organizations in official relations with the Organization also attend the Assembly.

Technical Discussions take place each year during the World Health Assembly but they do not constitute a formal part of the Assembly. A topic of priority concern to world health is selected by the Executive Board of WHO as the theme of the Discussions. During May 1988 the Discussions on Leadership Development for Health For All will take place during three mornings sessions of the first week of the Assembly.
Health for all by the year 2000 is a goal and a process engaging each nation of the world to improve the health of its people. Improvement always entails change. Change is disturbing but often exhilarating. Growth and development cannot occur without change. But people and systems strive to retain the status quo to avoid the uncertainties and anxieties associated with change. The World Health Organization's role is to support countries in creating the necessary change which will provide opportunities for the attainment by all peoples of the highest possible level of health.

Leadership is a word covering the human dimension of activities which initiate and foster the process of change. What are the activities that "get things going"? What does a leader actually do? What are the attributes? What does "leadership in action" look like?

We admire leaders. We follow them. We work extraordinarily hard for the causes in which their inspiration has involved us. We gain a sense of direction from their example and become committed to the cause.

How do leaders bring this about? What are their skills? Can we learn them? Can we develop such leadership abilities among those in positions of responsibility for health? And what are the implications for leadership for health for all?

These questions are the substance of the Technical Discussions during the World Health Assembly in May 1988.
The Aim of the Discussions

The overall aim of the Discussions is to further contribute to the capacities of “leaders” to influence, develop and implement national Health for All policies and strategies. They will focus on clarifying the leadership functions required to initiate change within national situations in response to the challenge posed by Health for All and in dealing with crucial implementation issues. They will also explore the process of leadership development within the national and international contexts. Specifically the Discussions will evolve around three major questions:

- Why leadership for Health for All?
- What can leadership do in support of Health for All?
- How to develop/enhance leadership?
Background to the Technical Discussions

Health for All by the year 2000 — A Strategy for change

The goal of Health for All by the Year 2000 is a vision founded on social equity; on the urgent need to reduce the gross inequality in the health status of people in the world, in developed and developing countries, and within countries. It is a vision based on the principle that health and development are closely interlinked. And, in fostering this principle, the World Health Organization has journeyed into realms that are far removed from the traditional spheres of providing medical care or organizing health services. *It is a vision, therefore, whose range of view encompasses fundamental change — in the way health is perceived, promoted, protected, and delivered.* And these changes, many of which represent a *fundamental shift in values*, foresee adaptation to the evolving circumstances of the world’s health. They include:

- change in how people, individually, take greater responsibility for the protection and promotion of their health;

- change in the way people participate collectively in health, organizing themselves into action groups and enhancing self-reliance;

- change in the perception and value systems of the health providers — in which the health professionals have to be socially concerned, demystify health, involve people, empower them so that they may assume greater responsibility for their own health. They also have to broaden their understanding of health, no longer confined mainly to medical care or traditionally-defined preventive health care services.

- change in the organization and administration of the health system, going beyond the physical design involving redefinition of objectives of the principal institutions, reallocation of responsibilities and even of the power structure; getting health closer to the people by
decentralizing and delegating authority, by revolutionizing the health care delivery system, emphasizing bottom-up planning and forging linkages, and by bringing other health-related sectors into closer alliance;

- finally, change in the attitudes and perception of policy makers — in which health has to be seen and pursued as an integral part of development emphasizing a greater concern for social equity, bolstered by the courage to choose health-care systems which are affordable, which give preferential attention to the underprivileged and vulnerable, and which provide rational means for deploying resources.

Health for all — issues and challenges

These perceived changes are embodied in the Global Strategy to achieve Health for All by the Year 2000 through primary health care, which was unanimously adopted by the Member States of the World Health Organization in 1981.

The questions which have been most frequently raised in many circles are: Is the goal of Health for All by the Year 2000 achievable? Are countries making any progress? What are the difficulties faced by countries? Is there a full commitment to the value system inherent in the Health for All Policy and Strategy?

In May 1986, the World Health Assembly reviewed the results of the first evaluation of the HFA Strategy (which was undertaken by 146 Member States of WHO). This evaluation revealed that some progress has been made even though it has not been sufficiently consistent or widespread. For example, a high level of political will was apparent, along with growing awareness at the national policy levels of the need for change in the health systems. In some countries, impressive efforts have been made to expand health services infrastructure. Some innovative approaches to reach the underserved population groups and to strengthen community-based health services are also noted. Overall, there has been some improvement in the world's health. Upward trends in life expectancy and downward trends in mortality, especially infant mortality are evident in many developing countries.
But, a number of factors have also restrained implementation of the national strategies. Political instability, natural disasters, armed conflicts and high population growth have prevailed in many developing countries. Recessive economic climate has had serious repercussions on social progress, and, in many areas, has widened the gap between the rich and the poor. Managerial weakness in the health system persists. And insufficient commitment and support from professional health groups for primary health care and the values inherent in the HFA strategy still constitute a major obstacle to progress. In fact, it has often been said that "our political leaders are convinced about the values of primary health care; our communities are motivated and are ready to be further involved, but our professional health groups and health administrators are not yet sufficiently convinced and committed. There appears to be an inertia in our health care system which needs to be overcome". And this is particularly felt by countries which have dedicated enormous efforts and resources in recent years to expand their health services infrastructure.

WHO has consistently attempted to clarify the actions required to resolve these issues.

Several of the recent Technical Discussions during the World Health Assembly on subjects such as: The Organization of Health Systems based on Primary Health Care; the Role of Universities for Health for All; the Role of the Non-Governmental Organizations; Inter-Sectoral Action and Economic Support for National Health for All strategies have explored and further clarified the critical issues in these areas and the strategic steps required in resolving them. They have identified what needs to be done and called for concerted action at country and international level.
It also became evident that even though a positive start had been made by Member States in their quest for health for all, in spite of formidable economic and social conditions, the need to narrow the gap between policy and implementation persisted. A clear understanding of the critical issues affecting the implementation of the national strategies and courageous and imaginative initiatives to resolve these issues adequately by those in leadership positions in health and health-related fields were also considered imperative. Recognizing this need, the Director-General of WHO launched a new initiative in January, 1985, called "Health for All Leadership Development". The initiative is based on the premise that the implementation gap could be substantially narrowed if individuals in leadership positions understood more fully the process involved in developing and implementing the HFA strategy, pursued its values; and developed within themselves the appropriate qualities and abilities to lead the process.

The principal aim of the Initiative is to create (or mobilize) a critical mass of people in each country who are in a position to motivate others and direct their national health development processes towards the goal of HFA. Strategically located throughout the entire spectrum of a national structure — including the health system, its related institutions, universities, research establishments, health professions, political organizations, non-governmental organizations, and the community — these people can mutually support each other in creating and pursuing conditions for change.

And what qualities of leadership are sought after? A concern for social justice; compassion for the under-privileged; dedication to the growth of self-reliance; commitment; ability to communicate; courage to take risks and make bold decisions; and faith in people's capabilities have emerged as the crucial leadership qualities for health for all.
Leadership functions
in support of HFA

And what are some of the assumptions about the “leadership tasks” related to HFA? ie. what do leaders have to be able to do in order to mobilize action and people for HFA? In broad terms and within the scope of their own responsibilities and activities leaders should:

- be fully informed about Health for All, and the strategies for its achievement;
- be able to identify central issues affecting implementation of their national strategies;
- be able to specify their own personal role in resolving those issues which fall within the scope of their responsibilities;
- be able to define strategic actions to resolve these issues;
- be able to initiate the process of change required;
- be able to involve and mobilize others, infusing a sense of purpose and a focus of action;
- be able to support further leadership development.

Seen in this perspective, it is clear that leadership function does not devolve upon only those at the top level of an organization or a system. Leadership is required at every level, in every single unit that comprises the system. The target groups, therefore, include policy/decision makers; senior managers from health and health-related sectors; educators; non-governmental organizations; socio-political leaders at all levels including parliamentarians, district-level administrators and community leaders and WHO staff — especially those at country level. Identifying and developing leadership capabilities among young professionals is also an important objective.
How to develop/enhance Leadership?

Another fundamental question posed is "How can leadership development be pursued?" There are many approaches and opportunities which have been explored. One approach is to stimulate awareness and interest in critical issues concerning HFA and increase commitment to pursue relevant actions through providing opportunities for interaction and exchange of experiences with individuals in leadership positions. Another approach is through “networking” which is a linking of people and/or organizations who can support and strengthen their members, facilitate joint activities, and share knowledge and technical capabilities. Each network can facilitate another network and thus influence large numbers of individuals and groups. A third approach is to create or identify opportunities for evolving or developing leadership capabilities, i.e. promoting leaders-in-action.

Leadership opportunities are plentiful and within reach of people. But there is no simple formula or guideline for leadership development. It is a deeply human process and most of the learning takes place during the experience itself. The learning environment is therefore an important determinant for leadership development. A number of issues need to be further addressed, such as:

- What are the most effective ways of developing leadership capabilities?
- What are the appropriate learning mechanisms?
- What is the right kind of trigger to stimulate change?
- How to identify potential leaders?
- What are the barriers to leadership development and how can these be overcome?
Focus of the Technical Discussions

The Technical Discussions are planned to provide an opportunity for participants to share their leadership experiences. They are expected to lead to a clearer awareness of the critical issues blocking the progress towards Health for All and a verification of the assumed leadership tasks in addressing those blocks. They are intended to stimulate personal commitment to carry out leadership tasks in facilitating change and in mobilizing others.

In order to stimulate thinking on Leadership for Health for All and the issues to be discussed during the Technical Discussions, it may be helpful to consider some questions.

- Is leadership needed for Health for All? Why?
- What are the main attributes (qualities) of leadership that are needed for Health for All?
- What do leaders have to do or what are the “leadership functions” in support of Health for All? Are there any examples in your national situation/institution?
- Where is leadership most needed in your national situation in order to accelerate the implementation of the HFA strategy?
- Can leadership be developed/enhanced?
- Does your organization develop leaders? How is this being pursued?

The preparatory process for the Technical Discussions will bring together some clear examples of leadership in HFA and experiences in leadership development. It is expected that the Discussions will provide a forum for exchanging national experiences and exploring options and directions of further action in this area. A clear call for commitment and action from the “leaders” themselves will be a desirable outcome.
It has been said that leadership needs an organization, but not an institution, a structure but not a hierarchy. But, at many levels of the health system, the motivation, innovativeness, commitment and creativity of leaders must be sharpened so that leaders are willing to seek change.

The key issue is not "how to become a leader" but rather how to improve one’s effectiveness at leadership — how to ‘take charge’ and create conditions for change and how to lead by pulling others — not pushing, by encouraging them to use their own initiative.