

Education and Training - Capacity Building

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The twenty-first century could very well be called the Asian Century. Asia has many positive attributes; sixty percent of the world's population lives in this continent, and numerical superiority has a habit of asserting itself. Asia is also experiencing an extraordinarily rapid growth in its scientific, technical, and managerial expertise, and this momentum is likely to increase. Asian economies are expanding faster than economies in most other parts of the world. The ingrained habits of its people to save and invest are likely to perpetuate this process of economic expansion. More and more Asian countries are considering democracy as a way of life and are taking steps to arrest corruption and to protect human rights. Increasingly aware of the inter-activity between economic and political power, Asian countries are becoming more sophisticated in linking these factors when dealing with other countries. All of these factors have helped generate a new sense of self-confidence and a new behavior of political assertiveness.

Health Scenario in South-East Asia

South-East Asia, where most of the hunger and illness in the world exists (although these problems are decreasing), has a significant flaw which could prohibit it from becoming a major power. Many countries in this region suffer from a potentially fatal weakness: an inability to see the inter-activity between health and economic/political development. Because of this deficiency, they continue to consider health investment as a "nice thing to do," but not an essential action required for the desired improvement in their economic and political status. In fact, they consider all health spending as an "expenditure" and not as an "investment." This attitude explains why little concern is felt about the high infant and

maternal mortality rates, poor nutrition, resurgence of malaria and tuberculosis, and even the rapid spread of HIV infection. Political leaders fail to realize that low wages are insufficient for attracting investment, and that poor health indicators are important deterrents to attracting capital. Without a major paradigm shift regarding the role of health in economic and political development, South-East Asia may fail to achieve its potential.

This shift would require corrections at several levels, including the upgradation of the political status of health ministries/departments and effective linkages with all initiatives/efforts for socio-economic development. Simultaneously, genuine goals for rapid improvement in health must be developed and achieved. Adequate investments need to be made, with measures that would help achieve these goals. The need for giving systematic attention to developing successive generations of a new breed of health leadership is equally important. These leaders must be completely aware of the critical importance of health, by championing this cause, supplying the needed vision, helping develop sound policies, translating these policies into sound programs, and implementing these programs effectively and efficiently.

Leadership Development for Health

A new breed of leaders is required to effect the needed major changes. Leadership is a mindset; a value system; an energetic approach; and a set of social, political, and professional competencies and capabilities. Further, leaders tend to be more experienced than the people that they lead, in one or more of these areas. All these attributes can be learned, but only a genuine and serious commitment can result in the development of these characteristics, both by those who desire leadership

roles, as well as by those interested in producing leaders. The latter group includes all people who sponsor, fund, administer, and implement such efforts. Further, the fact is that no easy formula or "quick fix" exists, when leadership is developing. It is a demanding, tortuous, and lengthy task, but it is a task that can be completed.

Most countries in South-East Asia have yet to make such a commitment. There is a scarcity of schools of public health, which could potentially take the responsibility of training these leaders. India, with a population of one billion, has only three schools; Indonesia (the fourth most populated country in the world) and Thailand have two schools apiece; and Bangladesh has one. Thus, a total of eight schools serves a population of nearly 1.6 billion, with a growth rate of little less than two per cent annually. These schools' primary concern seems to be preparing technocrats, and they do not always succeed, due to inadequacy of funds and facilities, political interference, and bureaucratic gridlock. Departments of community medicine in medical colleges, programs in health administration, population institutes, and other specialized programs tend to suffer from similar handicaps as schools of public health. Further, the relative status and income of the public health personnel tend to be low; therefore, this field fails to attract the best students. Since good management and accountability tend to be secondary to popular rhetoric, the "talkers" often receive more recognition than the "doers." However, these observations are subject to exceptions and may not apply with equal force to all parts of the South-East Asia region.

Obviously, Southeast Asia, at present, has very little capacity for developing health leaders who could help the regional health systems address the many present and future challenges. This is true because of a pervasive lack of concern about the absence of initiatives for correcting the situation and a widely shared belief that any effort, in this regard, is likely to be unsuccessful. A prestigious body, like the World Health Organization, could, with the help of other powerful stakeholders, help diminish the prevalent apathy and increase the level of concern. It could also facilitate the expansion of the training capacity. However, a sec-

ond step should be taken after a very careful examination of the cost-benefit ratios of available alternatives. This caution is necessary because the task is very large and expensive. According to prevailing thought, a population of 20 million needs, at least, one school of public health. Thus, the South-East Asia region will need around eighty schools. Also, the development of new institutions demands a long-term commitment of ten to fifteen years, at the minimum, and cannot be accomplished on the basis of five-year projects. As the present training models have been unable to allow proper focus on leadership development, new models need to evolve. However, the evolution of new models which is a time consuming and expensive task. Doing a lot, but poorly, is a much worse choice than doing less, but well.

Strategic Approaches

Basically, three choices are available: establish new schools, expand and strengthen existing schools and programs, or do both. Without any doubt, the most desirable choice is the last one, because it is the ultimate solution. If each country/state could be persuaded to develop a high quality school, a great deal of progress will occur in solving the problem, and, for long-term gains, this is the most productive choice. But, even if the needed financial resources could be mobilized, the availability of high quality faculty would be a real constraint. More importantly, training modules to prepare health leaders, by equipping them with the desired qualities and attributes, are not readily available. Development of such models will require time-consuming and expensive action research. For the short-term, this two-step approach would be more prudent to pursue:

I. Strengthen existing schools/programs: The effort should focus on those schools with a pronounced need, as well as a ready potential for significant new learning and behaviors. This strengthening should not be a mere infusion of new resources, but also should have an emphasis on refocusing, regrouping, and changing the organizational culture and behavior by changing the rules. The task of strengthening existing insti-

tutions will be neither simple nor quick; it will require a major effort and systematic diagnosis of each institution, with the development and implementation of an individualized plan of action. In turn, the rewards from this investment would be high. Some may argue that it would be easier and less expensive to initiate new schools, rather than fix old ones. Even if this attitude was true, I would not recommend giving up without trying. Several institutions have strong potential for change, development, and growth.

Any initiative toward strengthening the existing schools/programs would involve:

Taking systematic steps to ensure that the institutions are widely perceived as superior, relevant, and responsive. This effort will require both substantive corrections and symbolic actions. Institutions that enjoy reputations for excellence tend to have the following common features:

- 1 A high degree of autonomy in all matters pertaining to academics, finances, personnel (and related matters), and significant financial security. Politicians, civil servants, and others tend to have little influence on their work.
- 2 Superior physical facilities, in a pleasant environment, with modern laboratories, library, equipment, and other facilities.
- 3 A larger critical mass of excellent faculty, receiving market-driven salaries, needed resources, and facilities for their work. Equally important, these institutions tend to guard the academic freedoms of their faculty with great vigor and creativity.
- 4 A clear mission statement and genuine commitment to achieve it, by relating the norms and standards of performance of the faculty and staff to the mission. Further, all decisions pertaining to hiring, retention, promotion, tenure, annual raises, rewards, and recognition are made on the basis of

performance and achievements, and not on length of employment or seniority.

- 5 Ensuring that the institution recognizes and accepts that its mission is not limited to producing high quality research and scientists/technocrats, but also includes the training of health leaders that are alert to health issues, with the necessary commitment and skills to work for issue resolution. This mission expansion is essential for breeding a new institutional mind-set and organizational responsibility that is extroverted and sensitive to issues of relevance and responsiveness.
- 6 Establishing a formal, long-term relationship with one or more prestigious institutions, in order to foster respect and facilitate a regular and consistent flow of ideas, expertise, and resources.

II. Establish New Schools: A need exists for the establishment of, at least, one school in each country/state. However, developing these schools on the current models serving us would be a mistake, since they would be inadequate for the next century's needs. Since the new models need to be developed *de novo* through experimentation, the process of establishing new schools should be deliberately slow, in order to allow time for the needed experimentation. In the two step approach, it is proposed that this experiment would be initiated in one new school, located in a country lacking this facility. To signify the importance for the entire region, it could be called the Asian School of Public Health, serving as a model for both the existing and future schools. Its mission should assign high priority to training new faculty for future new schools, as well as for strengthening the existing ones. While strengthening the existing institutions, the primary emphasis should be on organizational change through redefinition of their mission, as well as changing their organizational culture. The new school would enjoy the advantage of zero-based planning and bold experimentation. It should be developed with features that breed excellence and, also, adapt major

innovations in the design and delivery of its curricula, faculty and student definition, research integration, teaching and service, definition of roles and performance, and similar other matters. This would be a very exciting and creative exercise. If properly executed, it could be another factor in South-east Asia's claim on the twenty-first century.

There is nothing sacrosanct about the approach; a different interpretation of the situation may suggest different conclusions. The issue is not the scale, but the substance: the need for a new type of concerned, committed, and competent leadership. Proof that such leadership can be developed has been demonstrated by action research over a three year period in Bangladesh (*Journal of Health and Population in Developing Countries*, 1999, 2(1): 1-25). The study's objective was to achieve significant and measurable improvement in the performance of *thana* level health and population programs, without any new input except for training designed to improve the concern, commitment,

and competence of the *thana* officials. Forty-three *thanas* were studied during three phases. The first phase included nineteen *thanas* and focused only on improvement of family planning services. Two independent expert studies, covering six and ten month long post-training periods, have confirmed that the Couple Protection Rate in these *thanas* rose, on the average, one percentage point per month following the training. The second phase covered sixteen *thanas* and focused on both health and family planning services. An independent study to verify its outcome has been recently concluded. The third phase, which covers only eight municipalities/*thanas*, is still being conducted. The current findings have affirmed that the leadership behaviors to achieve desired improvements is teachable, but the new behaviors are practiced only when the system communicates a clear and firm message of its own commitment to the desired improvements.