

Draft Concept Note: Leadership for Universal Health Coverage¹

The vision:

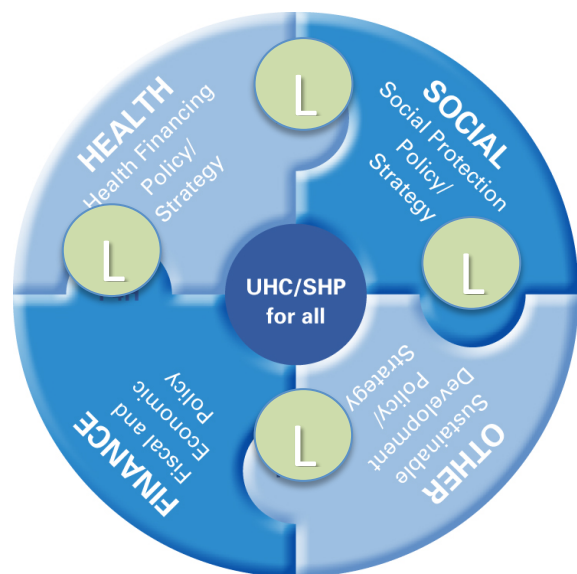
We believe that a big part of moving the UHC agenda forward is a leadership challenge. A lot of support to UHC leaders and practitioners focuses on finding technical solutions to problems, starting with diagnoses of “what’s wrong”, to recommendations of “good practice”, to assistance in transplanting those “good practices”. Uneven results arising from this approach suggest that addressing UHC reform challenges includes more than deploying technical solutions.

Successful implementation of a UHC reform agenda requires individuals, groups, and organizations to work collaboratively toward achieving a complex set of objectives and staying focused on results. This process usually requires accepting and adopting new ways of doing things. Success thus depends on managing change processes skillfully. Simply put, this is part of the “How of UHC reforms”, which range from project level initiatives to large-scale policy change.

The World Bank Institute and GIZ have launched the “Leadership for Universal Health Coverage Program” to help key reform leaders to meet the leadership challenges of their UHC agenda. We define leadership as a process through which reformers and their teams seek to comprehend and influence behaviors, mindsets, and values of various stakeholders. The program aims to better enable government and non-government actors to get diverse groups to collaborate toward achieving a common goal. These actors become catalysts for change by creating and sustaining coalitions, which are necessary, and often critical, for moving development programs forward.

Why leadership for UHC matters

UHC is complex. To reach a state where everyone can use the promotive, preventive, curative, and rehabilitative health services they need, of sufficient quality to be effective, without facing financial hardship or impoverishment, requires technical as well as political solutions. While there is international consensus that access to health services is a right - not an earned privilege - such a call for equity in health puts in particular countries with lower incomes under immense pressure: can we afford it and how do we cover those who cannot afford to pay? Besides the technical challenge of building sustainable systems that respond to the needs of the population, countries are facing tough political choices and trade-offs between the three dimensions of UHC: population, service and cost coverage.



¹ Official program title is “A High-Level Program to Help Leaders Deliver Results”.

UHC concerns us all - is everyone's business. Moving closer towards UHC needs a concerted and coordinated effort within and across involved sectors and stakeholders. UHC is increasingly being promoted by the health sector, and it is not uncommon that health ministries lead the technical agenda of UHC. However, UHC goes beyond the health sector. UHC can also be viewed as part of broader social protection guaranteeing basic health service to the population. Furthermore, with public financing forming a fundamental pillar for UHC, the Ministry of Finance and various other health budget holders, in particular local governments in decentralised settings, need to be part of a national solution for UHC. Many stakeholders, levels and sectors also means conflicting and competing interests, with some stakeholders pulling in different directions. Leaders can play a crucial role in getting everyone on board and broaden the ownership of the common agenda. They can become champions of change that connect stakeholders, facilitate dialogue and help building consensus and coherent UHC related policies within and across sectors.

What Are Key Leadership Needs related to UHC?

In the process of designing the program, key leadership needs related to UHC were identified. This was achieved through interviews with key stakeholders in UHC, including Ministries of Health, Labor, Finance, Health Insurance Funds and Civil Society of various partner countries. At the same time, GIZ and WBI thematic, regional and country staff were consulted. In November 2013, a stakeholder workshop was conducted with participation from GIZ and WBI Leadership, GIZ / P4H, GIZ staff and project partners from Nepal and South Africa. This needs analysis forms the basis of this program.

Stakeholders confirm that UHC issues are highly interrelated, most often adaptive in nature and cannot be solved by one actor alone. Rather, effective reforms depend on the collaboration of a wide range of stakeholders across sectors at local, regional, national and international levels. To design and implement these reforms, leaders need to develop new ways of thinking and of doing things. Next to the 'what', their success depends equally on the 'how' and 'who' of reforms: They need to be capable to drive processes, to generate a holistic and systemic understanding of the challenges at stake, to build strong coalitions towards shared goals and co-create innovative, meaningful and viable solutions across institutional and sectoral boundaries.

Stakeholders agree that while good practice technical solutions and lessons learnt from other countries are available, strong leadership is required to adapt possible options to the local context, including values system, the political and economical environment. Concretely, this includes the need for:

- **Shared vision:** Different stakeholders, institutions and organizations may have their own UHC-related views, perspectives and strategies. In order to move towards agreed common UHC goals, inclusive dialogue to develop a shared vision is necessary;
- **Mechanisms for improved communication, dialogue and trust:** Moving towards UHC requires a varied number of stakeholders to effectively work together across sectors; in particular health, social and finance; and at political and technical levels. Leaders need to introduce sustainable mechanisms to model, cultivate and improve communication, dialogue and trust across sectors. This includes a deeper understanding of collective action problems and making credible commitments;

- **Cooperation to achieve national goals:** Cooperation among relevant ministries (e.g. Health, Finance, Labor) and other groups is a key requirement for achieving UHC reform agendas. Often, there is scope for improving the mutual understanding of goals, roles and relevance of the different government and private sector stakeholders. This could reveal potential synergies where presently the main emphasis is on conflicting interests. This includes capitalizing on experiences and scaling successful pilot projects;
- **Raising the profile of UHC:** Moving towards UHC without highest level commitment can be difficult - the process often gets stuck. Leaders can help to unblock a political stalemate and bring sectors together, galvanize their energies to jointly advocate for the head of state, cabinet and parliamentarians to become involved and support the agenda;
- **Sustainable coalitions:** To broaden ownership and find collective solutions, policy makers and implementers of policies at the local level need to be effectively engaged. Leaders need to convene and sustain coalitions of representatives of the different levels (e.g. from parliamentarians and cabinet at national level to service providers at local level);
- **Awareness and change of mental models:** At a deeper level, successful communication and cooperation across sectors and systems requires stakeholders to reflect on their habits, attitudes and beliefs, and be aware of how these inhibit or contribute to UHC reforms;
- **Sustained leadership:** Even when policies are well formulated, sustained leadership is required to produce concrete results during implementation. Self-mastery of leaders is a prerequisite for this;
- **High-level UHC-specific expert mentoring:** While leaders are often experts in the UHC field, mentorship by experienced UHC practitioners would be helpful in the process of developing and implementing new initiatives for UHC reform – plans usually need continual adjusting.

What is the value proposition of the Program?

Leadership for Universal Health Coverage:

- Focuses on addressing complex adaptive challenges which often are the most significant but unrecognized obstacles leaders face, and therefore potential mechanisms to address them are under-resourced;
- Offers UHC leaders the opportunity to strengthen their leadership competencies and sectoral competencies at an executive level;
- Helps leaders to develop a collective vision and commitment toward achieving concrete results;
- Fosters collaboration among key stakeholders;
- Deals with collective action issues by strengthening coalition building capacities and fostering collaborative approaches;
- Provides a set of concrete tools and techniques for mapping complex systems, analyzing the influence of key stakeholders and for working with collective action problems;
- Offers exchange with high-level leadership and technical experts in the process to spearhead progress toward objectives;
- Offers leaders an opportunity to co-create and implement innovative, work related change projects addressing UHC challenges (Collective Action Initiatives);
- Offers coaching support for UHC leaders in the process of addressing these challenges;
- Organizes and coaches UHC leaders' teams around a time-bound commitment to demonstrate results.
- Brings together recognized leaders in UHC with different country experiences, enabling peer learning and sharing of good practice;

How Can the Program Help?

The program brings leadership and UHC experts together as faculty and coaches. Your co-participants are recognized leaders in UHC in their countries. Over the course of the program, you will improve both your technical and adaptive leadership capacities to move the UHC agenda:

- Define the resources you have and the challenges you face in your work;
- Analyze your UHC reform environment – identify what interests are at stake, who your allies are, and determine likely sources of opposition;
- Investigate the values involved and the trade-offs to be made on the way to UHC;
- Embrace key leadership competencies such as cooperation, transformation and innovation - acquire an increased awareness, resilience and improved communication skills as a leader;
- Gain skills to build effective and sustainable coalitions and commitment for needed changes;
- Get support to apply strategic communication tools for mobilizing key stakeholders;
- Build innovative, attractive and shared visions for your UHC agenda;
- Develop and implement a change project that advances your UHC agenda – and get implementation support for you and your team through collective action initiatives;
- Apply modern management techniques to UHC reform – use an expert mentor’s support to learn from successes and failures in implementing your own UHC change project;
- Get peer-support – build a network of practitioner-advisers from your co-participants.

Who are we?

The program is jointly designed and implemented by GIZ and the WBI, who are partners in the P4H Social Health Protection Network. Both organizations have extensive experience in the field of UHC and in leadership development. At GIZ, the Sector Project P4H and the Leadership Group at the Academy for International Cooperation (AIZ) are involved; at the World Bank, the WBI Leadership Practice and the Global Health Practice are partners. The program is implemented as part of GIZ and WB’s collaboration in the P4H partnership. P4H is a global network for Universal Health Coverage (UHC) and Social Health Protection (SHP). It was launched as a political initiative for SHP at the G8 summit 2007.

Geographic focus:

Initially, the Program is being offered in Anglophone Africa and in Asia separately with different timelines in order to ensure peer-to-peer learning between countries in the same region. This concept note focuses on the Africa Program as it is the first one in the pipeline.

Participant profile:

The program aims to bring together high level leaders from Government (such as all relevant ministries), the private sector (health insurance funds and health service providers) and civil society (key associations integral to UHC reform processes).

The Program operates at two levels. First face-to-face engagement starts with UHC leaders (see table below for examples). The program targets leaders who have the authority and credibility to forge coalitions and develop innovative solutions.

In the next stages of the Program these leaders mobilize and engage their implementing teams. In this way the program supports not only the UHC reform leaders but also their teams.

Institution	Level
Ministries of Health, Labor, Finance and other relevant Ministries (e.g. Planning, Prime Minister's Office, AIDS Commissions, etc.)	Ministers and Director Level or above
Health Insurance / Social Security Funds	Directors General / Chief Executive Officers, & Deputies (Social Security Funds: Director Health Insurance)
Civil Society / Medical Associations / Trade Unions / Employer Associations	Directors General / Chief Executive Officers, Managing / Executive Directors
Parliament: Committee responsible for Health / Social Protection	Members of Parliament
Health Service Providers (Associations, Tertiary / Teaching Hospitals)	Directors General / Chief Executive Officers , Managing / Executive Directors

Program Content and Phases:

The program takes into account that leaders' time is precious and scarce. Therefore it is designed as a focused and intensive learning and leadership journey and is organized regionally.

The following activities are scheduled: three regional face-to-face workshops; individual and group-based activities at country level; collective action initiatives at the country level; and, local coaching support and mentoring. The workshop dates are: June 23-26, 2014 in South Africa, August 4-8 (in Kenya), and January 2015 in Ethiopia (dates for second and final workshops to be confirmed).

