Global Forum
for Health Research
HELPING CORRECT THE 10|90 GAP

Health Research for Policy, Action and Practice

Resource Modules

Version 2, 2004

Module I
Improving equity and development in health through research

Unit 2
Leadership for health research

We welcome readers' comments to enable us to continually update and improve this material.

THE COLLABORATIVE TRAINING PROGRAMME

Alliance for Health Policy and Systems Research
Council on Health Research for Development
Global Forum for Health Research
INCLEN Trust

UNIT 2. LEADERSHIP FOR HEALTH RESEARCH 2

Why a focus on leadership? 2
About leadership 2
Existing research 4
Shifts in thinking about leadership 5

Leadership challenges in global health research 6
The challenge of research utilization 9
The challenge of combining quality and relevance 9
The collaboration challenge 9
The challenge of explicit leadership development 10
The challenge of ongoing self-development 10

Meanwhile, what about me? 11

"Future and emerging leaders" in health research 14
Future health research leaders 14
Opportunities for preparing future health research leaders 15
Nurturing emerging health research leaders 16
Succession planning 18

The "enabling environment" challenge 20
South-North partnerships 20
Mega-coalitions 21
Mobilizing the diaspora 21

Tools and resources 22
1. The Leadership Practices Inventory 22
2. Examples of educational programmes with a focus on leadership 30
3. Educational organizations and networks for the health professions 32
4. Health leadership programmes and opportunities 32
5. Example of guidelines for mentoring 33

Case-studies 34
1. A promising North-South collaboration: health research in Tanzania 34
2. Asian Forum for Health Research 35
3. University Partnership in Essential Health Research 36
4. The Ghanaian-Dutch Collaboration for Health Research and Development 37

Recommended reading 39

References 43

Acronyms

COHRED	Council on Health Research for Development
ENHR	essential national health research
ICHRD	International Conference on Health Research for Development (Bangkok, 2000)
IDRC	International Development Research Centre, Canada
INCLEN	International Clinical Epidemiology Network
LPI	Leadership Practices Inventory
PAHO	Pan American Health Organization
SID	Society for International Development
TEHIP	Tanzania Essential Health Interventions Project

Module I. Improving equity and development in health through research

Unit 2. Leadership for health research

This unit:

- provides an introduction to basic concepts about leadership
- discusses key challenges to health research leaders
- describes the process of creating an environment for fostering of future and emerging leaders, succession planning and mentoring.

Why a focus on leadership?

Health research is an "essential link for equity in development". The four sponsoring organizations for these resource materials share this vision. Each organization has taken on large (some might even say formidable) mandates to work towards achieving this vision. Also, the partner organizations are concerned not only with the production of research, but also with its use (application). Because these mandates are large and challenging, special leadership is needed.

About leadership

There are perhaps as many definitions of leadership as there are books on the subject. James McGregor Burns, the author of a major study on leadership, uses two terms in his 1978 book, *Leadership* — "transformational leadership" and "transactional leadership". In simple terms, transactional leadership involves work and interaction within the status quo, while transformational leadership is not satisfied with the way things are now, but seeks to go beyond the current situation and change it. Rather than accepting the currently applied rules, attempts are made to alter the rules. (Transformational leadership can be equated with the term "change leadership"). It is claimed that this kind of leadership results in extraordinary performance by individuals, teams and organizations. It also results in higher levels of satisfaction ("self-actualization") by all participants. While this approach to leadership is appealing, it is not yet well defined, and there is little empirical research to support the key ideas.

Nevertheless, the concept of transformational leadership is attractive in that it responds directly to the need for fundamental change. It calls for a broader approach to "systems thinking", urges us to envisage possibilities beyond the ordinary, and seems more "real". By this we mean that it is quite apparent — if we do some careful stocktaking (such as considering the "realities" described in Box 1) — that we are

Box 1. The "Lead 21" study of leadership challenges

In 1991, the Society for International Development (SID) wanted to understand the kind of leadership needed for the 21st century, within the context of international development. Interviews were conducted with leaders and "leader-watchers" in several countries. The interviews were focused on three issues.

- What challenges face leaders now and in the future?
- What kinds of observed behaviour help and hinder leaders in meeting these challenges?
- What should young leaders understand and do to prepare themselves for greater responsibility?

The following findings are summarized from an interim report (SID, 1991) with regard to the first two issues in the study.

Leadership challenges

Three "umbrella" challenges were judged to be the most interesting, emergent and "confusing to us and others" — and/or to offer the biggest payoff for leaders who are able to focus on them successfully. These challenges were:

- to recognize and respond to paradigm shifts
- to enhance individual worth
- to thrive in a world of growing complexity and interdependence.

Attributes of successful leadership

In the interviews, more than 350 statements were made about key attributes. In the analysis, six factors accounted for more than 75% of the responses. They were:

1. continuous learning
2. integrity
3. vision
4. integrating and creating a focus
5. powerful communicating
6. managing through people.

living at a time characterized by unpredictability and uncertainty. This in itself is a new reality. We therefore need to develop new ways of doing things, both as individuals and as organizations. The capacity for analysis and learning are needed now more than ever.

In fact, it could be argued that change leadership is fundamentally about learning —

about the changing situation in which we live and work, about the people with whom we work, and about ourselves as individuals trying to make some kind of a difference in the world. We find ourselves in situations where we have opportunities to fulfil specific "difference-producing" goals, working with other like-minded people.

Some writers have made the distinction that management is all about "doing things right", whereas leadership is the process of "doing the right thing". This may be too simplistic, but it does make the point that there are some special features about leadership not usually thought of as management characteristics. These include assessing an opportunity for change, selecting an innovative "intervention", mobilizing support for the change, and inspiring others to join the leader in "just doing it" — with all the risks and uncertainties which that may involve.

Existing research

Surprisingly to some, perhaps, leadership has been the object of research and analysis for decades. For example, Stogdill's *Handbook of leadership,* which first appeared in 1974, reviewed more than 3000 books and articles, published over a period of 40 years. This book was revised by Bass in 1981. Another publication, *Leadership education, 1992-1993: a source book* (Freeman & King, 1992), contains a 170-page annotated bibliography on leadership resources. But despite all of this, there is no single commonly accepted theory of what leadership is, what makes leaders effective, or how to help people develop leadership skills.

Three theories have dominated this area of research. They are:

- the "nature" theory, which puts forward the view that leadership qualities are present early in life
- the "nurture" theory, which emphasizes that leadership can be learned
- the "situation" theory, with the hypothesis that the most important predictor of effective leadership is the situation or context within which a leader functions.

The three general theories can be summarized as follows. They reflect different explanations about effective leadership.

- **The "nature" theory:** The effectiveness of a leader is explained primarily by certain qualities or traits, which all leaders possess. This theory underlies the early research, where it was hypothesized that effective and ineffective leaders could be distinguished on the basis of certain characteristics (traits) which they acquired early in life. Somewhat disappointingly, no single trait correlates strongly with outcome indicators, and there is no single quality that predicts leadership effectiveness. It becomes apparent that traits represent tendencies, and that several traits may lead to a certain style or behaviour.
- **The "nurture" theory:** This perspective puts much more emphasis on the assumption that leadership can be learned. In this area of research, the emphasis is on leadership "style". An example is the well known "managerial grid" described by Blake and Mouton (1978), which has two dimensions –

people orientation and production orientation. It was hypothesized that a leadership style which scored high on both dimensions is task-oriented and tries to involve "followers" to a high degree, thus resulting in the best outcomes of productivity and satisfaction. Again, the research does not strongly support this hypothesis, although many managers perceive that it does.

- **The "situation" theory:** Here, the hypothesis is that the most important predictor of success is the situation or context. A certain leadership style may be ideal for one situation, but ineffective in another. The focus is primarily on the analysis of the characteristics (or "contingencies") of a given situation. Obviously, because situations vary enormously and are complex, the research in this area again remains inconclusive. Because there are many ways to describe and analyse a situation, it is unlikely that a "general theory" of leadership effectiveness will emerge from research in this area.

As it turns out, none of these theories have become dominant in the field. Rather, most writers now pay attention to all three considerations: the characteristics of the leader, of the "followers", and of the situation in which the leader and followers come together.

Shifts in thinking about leadership

It is somewhat challenging to summarize the recent scholarship about leadership for an international audience. Much of the writing about leadership comes from high-income countries, and is based upon observations and analyses concerning effective leadership in the private sector. Scholarly and experiential writings about leadership based on observations in the "South" are more difficult to find, particularly those related to health and health research. With this caveat, below are six "shifts" in thinking about leadership, adapted from a synthesis prepared by Neufeld et al. (1995) (see also Recommended Reading section).

- **Focus on context**: As indicated above, a strong message from the leadership research literature is that leadership is context-specific. Effective leadership depends upon an interaction between the leader and the local situation. In other words, it is important to select "the right person at the right time" for a particular situation. This is a challenge in some institutions, for example, where the designated leader is decided on the basis of seniority alone, and where there is a mandatory retirement age. In this situation, when the current leader retires, the next most senior person assumes the responsibility, even when this person's abilities may not be appropriate for the challenges at hand.

- **Changing images of the leader**: In many organizations, leadership is "positional" — that is, the person at the top of the organizational pyramid is automatically "the leader". The more recent scholarship describes a shift away from authoritative leadership at the top of a pyramidal structure towards a role for leaders as facilitators and stewards. Furthermore, effective leadership can be found at all levels of the organization, not just "at the top". To quote Kouzes and Posner (2001), "Leadership is everyone's business".

- **An increase in power-sharing**: Good leadership involves "empowerment" through participatory involvement of those who have a stake in the success of a given programme or project. In fact, stakeholder involvement and participatory strategies are now recognized as crucial to the success of development projects at all levels (Wapenhans, 1992). And this participation must be authentic. Effective leadership recognizes and practises this central principle.
- **More collaborative structures**: This feature of the changing view of leadership involves the skill of coalition-building and partnership development. A variety of structures are now seen, from fairly loose networks to more purpose-specific coalitions. (Two other units in this series elaborate on this theme: Module III, Unit 3 focuses on advocacy and Module III, Unit 4 on knowledge networks.) As described in the next section, "Leadership challenges in global health research", effective collaboration remains one of the key challenges confronting the leaders of health research organizations today.
- **A desire to value differences**: This feature involves a shift away from uniformity to diversity. This concept is particularly important where international organizations and networks are involved. To reflect this concern, we have included some writings about leadership from different parts of the world, such as China and India. (See Recommended Reading section.)
- **A new perspective on renewal**: We live in a time of rapid change, and the uncertainty that comes with it. The key idea here is that change and uncertainty offer an opportunity for learning and renewal. More specifically, effective leadership includes effective learning — at the level of individuals, teams and organizations. For example, the idea of the "learning organization" has become prominent in the leadership literature. (See the description of a book by Peter Senge in the Recommended Reading section.)

Exercise 1

Many readers of this unit live and work in countries in the "South" — now referred to as low- and middle-income countries. As mentioned above, the "shifts" described above are derived mostly from writers in the "North" (i.e. from high-income countries).

We suggest that you give some thought to this question: Are there some writings about leadership from your own country or region? If yes, we would very much appreciate receiving an email note from you describing the source, if possible with a reference that can be tracked.

Leadership challenges in global health research

In preparing this section, colleagues from the four health research organizations sponsoring this collaborative training project (CTP) were invited to submit their

ideas about leadership challenges. The colleagues included the chairpersons of the organizations and the members of the advisory committee. Specifically, they were asked to respond to three questions adapted from the "Lead 21" study, conducted by the Society for International Development at the beginning of the 1990s, looking ahead to the 21st century (SID, 1991). The questions and the key findings of the SID study are summarized in Box 1. Several thoughtful responses were received. One of these, from Dr. Marcel Tanner, the previous chairperson of the INCLEN Trust Board of Trustees, is summarized in Box 2.

Box 2. Leadership challenges: a perspective from Dr Marcel Tanner

Dr Marcel Tanner is the current chairman of the INCLEN Trust Board of Trustees. He is the Professor and Director of the Swiss Tropical Institute in Basel, Switzerland. For many years he has been associated with health research in Tanzania, where he is highly regarded as a scientist and a mentor. Dr Tanner has submitted the following perspective.

1. Key challenges that face health research leaders over the next few years

- To maintain the research process (basic, applied and operational) in a field that is dominated by evaluations and consultancies. For the most part, these are not based on a research approach (that is, research questions with underlying hypotheses) but on TORs (terms of reference).
- To ask the relevant research questions that will truly contribute to more evidence and understanding for health and health development. That is, to engage in truly analytical, intervention and synthesis research, not only descriptive and analogy research.
- To avoid "medicalization" of health research.
- To be able to manage multiple funding opportunities.
- To assure the quality of work done.

2. Observed behaviours that help and hinder leaders in meeting the challenges

- Lack of career plans, motivation and appropriate salary schemes.
- Attraction of consultancy opportunities that divert many capable scientists and leaders into a completely different world.
- Too many opportunities for "easy money" for science that affects the quality of the work and prevents a truly scientific process.

3. What should young research leaders understand and do to prepare themselves?

- Learn what the research process means — to experience the joy of discovery through inductive processes, the joy of sharing, the joy of communicating and translating research into public health action.
- Learn that you can never make money with science.
- Learn that working with a tutor/coach can be highly stimulating, productive and thus beneficial.
- Learn to share ideas, responsibility and authority and thus attract more scientists (particularly young scientists) to share, even if the institutional circumstances are difficult.
- Aim high when you have research results by trying to publish less frequently, but in more prestigious journals.
- Transform your institution by doing relevant and high-quality science.

In addition, we reviewed the documents related to the International Conference on Health Research for Development (ICHRD) held in Bangkok in October 2000, looking for statements and insights about leadership challenges confronting the global health research community (IOC, 2001). We also reviewed some more recent writings and summaries about leadership, looking for current challenges for global leadership. These writings are annotated in the Recommended Reading section. Based on the above, five challenges have been identified; these are presented below in summary form.

The challenge of research utilization

Throughout the three modules in the CTP series, this challenge appears over and over again. The challenge can be described from two perspectives.

- How can research questions be identified that reflect the needs and priorities of potential "users" of that research?
- How can already available knowledge (research findings) be "translated" into policy, programmes, practice and action?

Various aspects of this challenge are picked up in different CTP units. For example, several of the units dealing with priority-setting emphasize the importance of involving "stakeholders" (potential research users) in the priority-setting process. Module III, Unit 2 of this series is devoted specifically to the issue of "knowledge translation".

Many colleagues involved with the four sponsoring organizations have experience with this issue. The general sense is that effective and "difference-producing" research utilization remains a key challenge. We all need to learn more about it.

The challenge of combining quality and relevance

Central to the work of any research group is the issue of quality. The insistence on quality underlies much of the emphasis on "evidence-based" decision-making and action, as applied to policy-making, resource allocation, clinical practice, development "best practices" and so on.

At the same time, there is a recognition that research knowledge must relate to specifically defined needs and realities of potential user groups. As an example, the global health-for-development community has, quite rightly, become concerned with the issue of health inequities (see Unit 1 of this module). As a result, we are seeing several initiatives focused specifically on "equity-oriented health research".

The message is that both quality and relevance are needed. The challenge is, how can they be combined? How can the "best science" most effectively be applied to enhance the quality of life of those most in need?

The collaboration challenge

In preparation for the International Conference on Health Research for Development, a series of regional consultations was conducted. In addition, special consultations were held with the donor community. From both sources, it was clear that

coordination of efforts and collaboration among research organizations were major issues. In fact, the planning committee for the conference assigned a working group to propose a "new architecture" for a more efficient governance structure for global health research. Several possible scenarios (options) were put forward, but no decisions were taken in Bangkok.

This global situation is mirrored at the regional level. As an example, a paper by Di McIntyre (2000), reflecting an African perspective, was presented at a Technical Session on Health Policy and Systems Research (HPSR) in Bangkok. The paper includes a section on "Conducting HPSR - The Who and How of Collaboration", focusing in particular on the issue of "North-South collaboration" involving African research institutions. Several specific issues are presented, such as the critical importance of devoting the time needed to forge effective research partnerships.

The task of building coalitions has been described as an "essential strategy for the 21st Century" (Suwanwela & Neufeld, 2001). This theme was stated by Mark Malloch Brown, soon after he became the new coordinator of UNDP, in his foreword to the *Human development report 1999:*

> "My own view is that we are seeing the emergence of a new, much less formal structure of global governance, where governments and partners in civil society, the private sector and others are forming functional coalitions across geographic borders and traditional political lines to move public policy in ways that meet the aspirations of a global citizenry." (UNDP, 1999: v)

Why is collaboration so difficult? Where are the "success stories" about effective collaboration? What are the specific leadership elements in effective collaboration? How can the "lessons learned" be captured and made accessible in a form that will facilitate learning and further application? Surely, this must be one of the important leadership challenges to be addressed in the years ahead. (For an account of a promising North-South collaboration in health research, see Case-study 1.)

The challenge of explicit leadership development

Not uncommonly, new health research leaders (for example, directors of research institutions) find themselves unprepared to meet the responsibilities they have just been given. Typically, senior researchers are thrust into leadership positions primarily (or even exclusively) on the basis of their seniority and past scientific performance. While some research organizations may use informal methods to prepare future leaders, it is important to pay more attention to specific strategies for developing leadership. Some suggestions about this are presented in more detail in the section "'Future and emerging leaders' in health research", below.

The challenge of ongoing self-development

A 2001 book entitled *The future of leadership* (see Recommended Reading), is comprised of chapters by well-known (mostly American) writers on the subject of leadership. A recurrent theme in these chapters is that of self-development. That is, outstanding leaders have developed strategies for ongoing self-learning. They see the "know thyself" challenge as central to their performance as leaders. In a chapter by

Spreitzer and Cummings (entitled "Leadership challenges for the next generation"), there is a section about how leaders "stay on top of their game". These writers identify three strategies for this:

- self-learning leaders focus on activities that "energize" them (thus emphasizing the importance of motivation and being "passionate" about what we do)
- self-learning leaders are resilient
- self-learning leaders know how to "re-invent" themselves.

It seems likely that the challenge of ongoing self-development applies to leaders in the global health research field as much as it does anywhere else. Perhaps the capacity for self-learning is even more important here, since this field brings together the elements of knowledge (science), health and human development, within the context of certain values (such as equity and ethics).

Meanwhile, what about me?

While the above challenges might seem large and even intimidating, some readers may wish to reflect on their own leadership activities and "style". Here are some exercises to assist with this.

Exercise 2

The five challenges described above are intended to be indicative, not comprehensive. We suggest that you read this unit together with other colleagues in your team or institution, then consider together the questions below.

- What is your assessment of these challenges? Do you agree that they are important? Which one (or two) do you think is the most important for your situation?
- Which additional challenges do you see, which are not listed above?
- Give some examples of leadership activities you are currently undertaking or which you are considering undertaking to address some of these challenges.

Exercise 3

This exercise can be done by yourself. It may be more interesting, however, to do it with other colleagues.

- Assuming that a key function of leadership is to facilitate change, list the attributes that you think are most important for "change leadership"
- Compare your list with those prepared by your colleagues, and identify those attributes which each of you has described.

Now compare this combined list with the set of attributes presented in Box 3.

Box 3. Common characteristics of leaders of change

Katzenbach et al. (1997) identify the following seven characteristics:

1. commitment to a better way
2. courage to challenge existing power bases and norms
3. personal initiative to go beyond defined boundaries
4. motivation of themselves and others
5. caring about how people are treated and enabled to perform
6. staying undercover (that is, "keeping a low profile and getting the job done")
7. a sense of humour about themselves and their situations.

To this list can be added several additional ones identified by Ajayi (2002):

1. leaders of change are visionaries
2. they have an ability to read situations skilfully when attempting to change them
3. they are lifelong learners
4. they are very good at building effective teams
5. they are open to challenge and to being challenged
6. they are men and women of courage.

Exercise 4

This exercise is actually a series of learning activities that can be carried out over several weeks or months.

1. **Identify a "change project" for yourself**: Leadership competencies (like any other important learning) cannot be acquired in a vacuum. Learning about leadership must be linked to a challenge — a real-life situation where change is needed, and where you are in a position to contribute to the change process.
2. **Try a self-assessment ("diagnostic") exercise**: You will find these in most books about leadership. An example is the "Leadership Practices Inventory" by Kouzes and Posner (1995) (See "Tools and Resources" section below.)
3. **Keep a diary (notes) about your learning experiences**: For those of you who are clinicians, it may be useful to think of your learning about leadership using the analogy of a "clinical case". Given a particular initial problem (your own change leadership challenge), what is your diagnostic assessment of your abilities? What is your "problem formulation" (diagnostic assessment)? And what is your treatment (intervention) and management plan? From time to time, write a progress note about what you have learned, and what you still need to work on.
4. **Discuss your "change project" with others**: This could be another colleague doing something similar (the so-called "buddy system"). Or, it could be a more senior person whose advice and wisdom you respect (sometimes called a "mentor"). This step will give you access to a point of view other than your own.
5. **Deepen your understanding through reading**: As a supplement to the above activities, select some of the recommended reading at the end of this unit, study it carefully, make notes about ideas and insights that relate to your "change project".

"Future and emerging leaders" in health research

Unlike the private sector, a common weakness of public-sector enterprises (such as publicly funded health research) is the failure to pay adequate attention to the process of identifying and nurturing future leaders. This unit addresses the process of creating an environment where future and emerging leaders will be adequately prepared, so they can fulfil their aspirations, including the desire to contribute their skills and energies to social goals. The unit includes sections on the important functions of succession planning and mentoring.

In the mid-1980s, the World Health Organization, under the leadership of Dr Halfdan Mahler, engaged in a special initiative of "leadership development for health for all". This theme became the focus of the 1988 World Health Assembly (WHO, 1988a). The preparatory activities for the Health Assembly involved a series of "leadership dialogues" with a wide variety of groups in different parts of the world. (See Recommended Reading section.) In addition, some follow-up events were organized. One of these was a workshop that brought together several international networks of institutions responsible for the preparation of future health professionals (WHO, 1988b).

The participants at this workshop, in considering the challenge of health leadership development, made a distinction among three categories of leadership:

- **Current leaders**: These are individuals who, by selection or succession, currently hold leadership positions.
- **Emerging leaders**: In this category are individuals who have completed their "formal" preparatory education and training and who are well launched on a professional career. These are persons who are beginning to be recognized as promising candidates for future leadership positions.
- **Future leaders:** Essentially, this category refers to students (including postgraduate trainees) currently undergoing their studies to become health professionals. Within their ranks will be found the "next generation" of health research leadership.

This focus of this unit will be on the second and third categories, in particular on strategies to identify and nurture "emerging" leaders.

Future health research leaders

The term "future health research leaders" is being used to mean those who are currently involved in formal professional education and training programmes. For the most part, these are students in colleges, institutes and universities who are engaged in health or health-related study programmes. For our purposes, we have also included people involved in postgraduate or postdoctoral training with the intention of entering careers in health research.

Many organizations around the world are involved in the process of identifying and nurturing leadership by young persons (sometimes called "youth leadership"). Leadership is the theme of the UNICEF report *The state of the world's children 2002*. In

the foreword to this annual report, the Secretary-General of the United Nations, Kofi Annan, said:

> "Of all the lessons learned in the past decade, the critical role of leadership is perhaps the most important one to take with us into the new century. Leadership is imperative if we are to improve the lives of children, their families and their communities. We must put the best interests of children at the heart of all political and business decision-making, and at the centre of our day-to-day behaviour and activities." (UNICEF, 2002:6)

This UNICEF report includes quotes by children ("voices of young people"), summaries of children's opinion polls, and some gripping stories of leadership actions by young people.

A recent review of leadership includes a section on "Insights from young leaders". In a chapter about youth leadership, Tara Church (2002) presents three principles:

- inspire, empower and support youth leaders — share, don't patronize; coach, don't teach; mentor, don't lead
- take youth seriously as leaders — allow them to lead
- trust the youth-led process — lose the traditional thinking that leadership belongs to grey-haired men in positions of power.

Opportunities for preparing future health research leaders

The educational preparation of health professionals who might become future health research leaders should include a specific emphasis on the health research process — both the production and the use of research knowledge. In particular, special opportunities should be provided where students can be part of research activities which are oriented to the health needs of local communities.

There are several global organizations and networks concerned with the education of future health professionals. Some are specifically focused on the challenge of educating future professionals who will have the attitudes, knowledge and competences needed to contribute to improving the health of individuals and populations. Several of these organizations feature innovative methods of teaching and learning, using strategies such as "problem-based learning", interprofessional teamwork and "critical appraisal of evidence". They also facilitate community-based learning experiences for students, following the educational principle that learning is most effective when the learning setting is similar to the eventual application setting. Some of these groups are listed in the Tools and Resources section. One of these organizations, now called "The Network: Towards Unity for Health" is introduced in Tools and Resources, Box_5. Among other activities, this network sponsored a demonstration project that provided an opportunity for students to participate in community-based research. The project was called "University Partnerships for Essential Health Research" (UPP). The story of this project can be found in Case-study_3.

Nurturing emerging health research leaders

"Emerging" health research leaders are individuals who have completed their formal preparation to be researchers, who are actively involved in health research projects and programmes, and who demonstrate "leadership potential". What are the most effective methods ("interventions") to identify and nurture these individuals? Several strategies could be considered, such as role-modelling and enrolment in specially designed programmes. We will focus in particular on mentoring and succession planning.

Exercise 5

On the assumption that you have responsibilities as a research leader or manager, think about the fact that what you do (perhaps more than what you say!) is being observed by younger colleagues. Take a sheet of paper and make two lists. On the first list (in brief-point form), write down those features of your "behaviour" which you hope others, particularly younger people, would see as positive examples of a helpful role model. On the second list, write down some aspects of what you do which you hope are NOT noticed by others, because they are not good examples of leadership (at least in your own mind).

If you're brave, you might consider doing this exercise with another colleague. In addition to the "self-assessment" list (as above), write down some observations about your colleague as a role model of leadership. Compare your own self-assessment lists with those prepared by your colleague. Were there any surprises? Are there particular "behaviours" that could be strengthened; or others that should be changed or at least minimized?

Role-modelling

A brief comment about role-modelling. In the general leadership literature, role models are frequently described as an important factor in the shaping of leadership behaviour. Almost any book on leadership includes stories where current leaders have been powerfully influenced by the examples of others. Some books have exercises where readers are asked to think about leaders who have made an impression upon them, listing both positive and negative aspects of these examples.

Leadership programmes

Another strategy for nurturing emerging leaders involves participation in specific leadership development programmes or activities. These may include fellowship programmes, courses, workshops and so on. Some assessments of the various kinds of leadership development programmes have been performed. One of these, by Jay

Conger, is introduced in the Recommended Reading section. For many years, the Pan American Health Organization has conducted a leadership training programme in international health. This programme and others related to health are listed in the Tools and Resources section. The INCLEN Trust has developed a Leadership and Management Programme (LAMP), designed in particular for current leaders within the INCLEN network (see Tools and Resources, Box_6). As the title implies, LAMP includes both management and leadership competences; these were identified as needs by INCLEN's Board of Trustees.

Many countries (particularly high-income countries) have special competitions and awards for young investigators. Most commonly, these are restricted to postdoctoral training about technical aspects of research. In Kazakhstan, the essential national health research (ENHR) network has recently created a programme for young health researchers within the ENHR framework (COHRED, 2001a). This includes creating an association of young health researchers in Kazakhstan, developing an information clearinghouse responding to the needs of young researchers and conducting an annual conference. Of special interest is a plan to conduct training seminars on broad competences such as priority-setting, management and fundraising.

Mentoring

The term "mentoring" has been in use by different groups for many years. It has been used in the business world, particularly in the United States of America, as a process where senior managers work with young recruits who show promise for rapid promotion (Lundin et al., 1978). More recently, mentoring has been described in academic settings (Johnson et al., 1999), in nursing (Andrews & Wallis 1999) and in medicine (Connor et al., 2000). Roslynne Freeman has developed a mentoring system for general practitioners in the United Kingdom (Freeman, 1998). Some general books about mentoring are introduced in the Recommended Reading section.

Mentoring is a form of "thinking together". A common example of mentoring involves a series of discussions between a senior and a junior colleague, frequently focused on career development issues. Some form of mentoring probably takes place in most research organizations and institutions.

The key features of effective mentoring are:

- **intentionality:** there is a commitment to regular and systematic dialogue about specific issues in a disciplined way
- **collegiality:** both mentor and "mentee" respect each other as colleagues, in a spirit of trust and transparency — and sometimes confidentiality
- **initiative** by the "mentee": the agenda should be initiated and driven by the person (or group) for whom the mentoring arrangement is designed.

In addition to face-to-face mentoring, there is growing experience with mentoring through electronic communication ("e-mentoring"). Also, mentoring is not limited to one-to-one situations — a mentor may work with a team or group. In addition, in some situations the mentoring may be done by more than one person (a mentoring team).

Recently, the INCLEN leadership and management programme (LAMP) introduced a mentoring element. In recruiting mentors, INCLEN is looking for individuals who:

- are familiar with INCLEN, and with health research for development more broadly
- share the goals and values of INCLEN
- are accessible — that is, they are prepared to make some time available
- are respected and "credible" in their own settings
- have some basic computer skills – at least enough to do emails!

A pilot project is underway at Javeriana University in Bogotá, Colombia. In this project, more senior academic researchers will work with junior researchers who have more recently joined the clinical epidemiology unit (CEU) in this institution. Guidelines for this mentoring project have been prepared. These can be found in Box_7 in the Tools and Resources section of this unit.

Exercise 6

Think about the opportunities for introducing a systematic mentoring activity into your organization. Ask yourself the following questions.

- Is an "organized" mentoring activity needed? Why, or why not?
- Who would be the mentors? How would you use, adapt or add to the list of mentor characteristics listed above?
- Take a look at Box_7 in the Tools and Resources section, which sets out some guidelines for a mentoring experience. How would you adapt these guidelines for your own setting?

Succession planning

Most readers will have little difficulty in recalling situations where little or no preparation was made for leadership succession. An example might be an academic department where there is no limit to the term of the professor and head of the department, and the incumbent remains in this leadership position much too long, to the point where the "leadership" is stale — devoid of innovation or inspiration. Another example is a situation where the leader of a research group is unexpectedly recruited to a position with another organization. No preparations have been made for a successor, resulting in a "leadership vacuum".

Succession planning is the process within an organization or institution by which informal (and sometimes more formal) arrangements are made for leadership succession. For example, some organizations have a system for electing or appointing vice-presidents or chairpersons-elect, on the explicit understanding that they will become the next leader.

In general, organizations tend to rely on hierarchical career paths to develop future leaders through on-the-job experience and interaction with more senior mentors. In addition, some organizations explicitly create career development opportunities for young persons who show leadership promise. In his book, *A force for change,* Kotter (1990) lists the results of a survey of 200 corporate leaders, in which he asked them to identify leadership development opportunities. This list is shown in Box_4 below.

Box 4. Special leadership development opportunities

- challenging assignments early in a career
- assignments that broaden knowledge and experience
- task force assignments
- mentoring or coaching from senior persons
- attendance at meetings and events outside a person's core responsibilities
- special development jobs (e.g. executive assistant jobs)
- special projects
- formal training programmes

(Source: Kotter, 1990)

Three caveats about succession planning

Whenever possible, it is helpful if current leaders have a defined term of office (that is, an expected duration of leadership). This allows an institution to put arrangements in place for smooth and transparent leadership succession.

Not infrequently, current leaders select an "heir-apparent" as the next leader. This may or may not be appropriate, particularly given the fact that institutional situations change and it may not be in the institution's best interests (or the "heir-apparent's" best interests, for that matter) to appoint the person selected by the outgoing leader. A wiser strategy is for current leaders to facilitate leadership development opportunities for several individuals. When the time comes for the next leader to be selected, the institution has a wider choice in matching the next leader to the new opportunities and challenges.

At the time of selecting the next leader, thought needs to be given to the question of choosing an "internal" or "external" candidate. This may be a difficult issue, and is best handled through the process of a "search committee" where the membership is drawn from a diverse group of wise individuals, and where the selection process is not rushed.

The "enabling environment" challenge

While specific "interventions" such as leadership courses, mentoring and succession planning have their place, a more fundamental consideration is the "enabling environment" for research, particularly as it applies to low-income countries. Because this is a "toolkit", the intention here is simply to introduce some useful reading, and to mention some recent initiatives that attempt to address this challenge.

The term "enabling environment" is non-specific and includes a combination of factors that often result in the emigration of health professionals (including researchers) from low-income to high-income countries. The general factors include low salaries, weak infrastructures and an oppressive political climate. For researchers, it includes factors such as lack of research funding, poor facilities, limited and uncertain career structures and lack of intellectual stimulation (Amore, 2000). Much of the discussion about the enabling environment for research can be found within the literature on capacity development for health research. Two recent reviews of research capacity-strengthening are included in the Recommended Reading section below.

Specific attention has been focused on an obvious result of a poor enabling environment — the so-called "brain drain". A 2002 editorial highlighted this issue again (Pang et al., 2002). While this article is concerned with all health professionals, the general phenomenon applies also to health researchers. Several "solutions" are suggested. These include recommendations for the countries affected (for example, increasing salaries and requiring a period of compulsory service). Other recommendations are targeted on funding agencies, high-income countries and international organizations.

In the field of health research specifically, some interesting developments can be mentioned briefly. These include the creation of "South-North" partnerships, the evolution of "mega-coalitions" for health research, and mobilizing the "diaspora". The term "South" is used to refer to low-income countries, with the "North" implying high-income countries.

South-North partnerships

Most international research partnerships are "North-South" – where an institution or funding agency in a high-income country initiates the partnership arrangement. Not infrequently, these arrangements are unsatisfactory in the long run for individuals and institutions in low-income countries ("the South") and may themselves contribute to the "brain drain". (There are several helpful analyses of research partnerships. See in particular an article by Costello and Zumla (2000) and a booklet prepared by the Swiss Commission for Research Partnership with Developing Countries, both described in the Recommended Reading section.) An interesting and evolving example of a "South-North" health research partnership is taking place in Ghana in collaboration with the Netherlands. Here the focus of the research partnership is on Ghanaian priorities. A more detailed account can be found in Case_Study_4.

Mega-coalitions

This term can be applied to arrangements where several institutions from both the South and North form a research coalition to address a particular problem. Examples include the Multilateral Initiative for Malaria (MIM), the Global Alliance for TB Drug Development and the Initiative for Cardiovascular Health Research in Developing Countries. Several of these "mega-coalitions" are described in Chapter 8 of the *10/90 report on health research 2001-2002* published by the Global Forum for Health Research (GFHR, 2002). The issue of interest here is whether these arrangements will contribute to an improved enabling environment for health research, and will result in strengthening of research capacity of low-income countries in the long term.

Exercise 7

Some readers may be interested in exploring this issue in more detail. It is suggested that readers select one or two of the "mega-coalitions" mentioned above (or others), read the descriptions of current activities, and ask questions such as:

- does the coalition include a specific emphasis on capacity development?
- are there specific plans for long-term strengthening of research institutions of "Southern" partners?
- is it likely that the coalition arrangement will decrease the "brain drain" phenomenon — or will it make it worse?

Mobilizing the diaspora

Obviously, some health researchers who come from low-income and middle-income countries, but who no longer live there, are nevertheless making important contributions to priority health problems relevant to their original countries. Several responders to the editorial on the "brain drain", described above (Pang et al., 2002), made this point (DeFrancisco, 2002; Ssemakula, 2002). The general idea of "mobilizing diasporas" has been raised elsewhere. For example, the *Human development report 2001* deals with this issue (UNDP, 2001). It describes how the Indian diaspora has been remarkably successful in the area of software development, enhancing the reputation of the home country and contributing to the investment in skill development at home. The report also describes efforts by the Republic of Korea, Taiwan, China and some African countries to reverse the brain drain. It presents several strategies for "taxing lost skills". The section in the report concludes with this sentence: "In the end, diaspora networks can be effective only when countries get their houses in order" (UNDP, 2001:93).

Tools and resources

1. The Leadership Practices Inventory

The **Leadership Practices Inventory** (LPI) was published in 1997 by James M. Kouzes and Barry Z. Posner, authors of the book, *The leadership challenge: how to keep getting extraordinary things done in organizations* (1995). The LPI is derived from a research project where participants were asked to select a project, programme or event that represented his or her "personal best" leadership experience. Some specific questions were asked about that experience. The research showed that leaders were at their personal best when they were:

- challenging the process
- inspiring a shared vision
- enabling others to act
- modelling the way
- encouraging the heart.

The LPI is a survey form containing 30 questions – six for each of the five "leadership practices" listed above. Each question has a 10-point frequency scale; each point has a descriptor ranging from "almost always" to "almost never". The LPI is designed to be used by multiple raters (for example: managers, direct report, co-worker and self), but it can also be used as a self-assessment tool.

Included here are: an LPI survey tool that you can use to perform a self-assessment, instructions on how to score the LPI, a percentile rankings chart and several questions to guide analysis of your results. It should be remembered that the LPI provides you with information about your leadership behaviour. It does not measure IQ, personality, style or general management skills**.**

Scoring the LPI

Using the 10-point scale below, assess each of the 30 items in the assessment tool:

10 Almost always

9 Very frequently

8 Usually

7 Fairly often

6 Sometimes

5 Occasionally

4 Once in a while

3 Seldom

2 Rarely

1 Almost never

Calculate your total score for each of the five leadership practices (challenging the process, inspiring a shared vision, enabling others to act, modelling the way and encouraging the heart) by adding up the six item scores.

1. According to the ratings you gave yourself, what are your strengths? According to your self-ratings, what are the areas in which you might consider making improvements?
2. To compare your scores with those of all the people in the LPI database, locate your total score for each of the five practices in the LPI percentile rankings. If your score, for example, for “Challenging” is at the 70th percentile line on the chart, this means that you scored higher than 70% of all the people who have taken the LPI. You would be in the top 30% on that dimension.
3. In which percentile did your score fall for each of the five practices? In which areas are your self-ratings strong, compared with the others in the database? In which areas do your self-ratings indicate that you have greater opportunities for improvement than others in the database?

LPI assessment tool

Item	Score
Challenging the process	
1. Seeks out challenging opportunities that test own skills and abilities.	
6. Challenges people to try out new and innovative approaches to their work.	
11. Searches outside the formal boundaries of the organization for innovative ways to improve what we do.	
16. Asks "What can we learn?" when things do not go as expected.	
21. Experiments and takes risks even where there is a chance of failure.	
26. Takes the initiative to overcome obstacles even when outcomes are uncertain.	
TOTAL	

Inspiring a shared vision	
2. Talks about future trends that will influence how our work gets done.	
7. Describes a compelling image of what our future could be like.	
12. Appeals to others to share an exciting dream of the future.	
17. Shows others how their long-term interests can be realized by enlisting in a common vision.	
22. Is contagiously enthusiastic and positive about future possibilities.	
27. Speaks with genuine conviction about the higher meaning and purpose of our work.	
TOTAL	

Enabling others to act	
3. Develops cooperative relationships among colleagues.	
8. Actively listens to diverse points of view.	
13. Treats others with dignity and respect.	
18. Supports the decisions that people make on their own.	
23. Gives people freedom and choice in deciding how to do their work.	
28. Ensures that people grow by learning new skills and developing themselves.	
TOTAL	

Modelling the way	
4. Sets a personal example of what is expected from others.	
9. Spends time and energy on making certain that colleagues adhere to agreed principles and standards.	
14. Follows through on the promises and commitments made.	
19. Is clear about personal philosophy of leadership.	
24. Makes certain that we set achievable goals, make concrete plans and establish measurable milestones for projects and programmes.	
29. Makes progress towards goals one step at a time.	
TOTAL	

Encouraging the heart	
5. Praises people for a job well done.	
10. Makes a point of letting people know about confidence in their abilities.	
15. Makes sure that people are creatively rewarded for their contributions to the success of projects.	
20. Publicly recognizes people who exemplify commitment to shared values.	
25. Finds ways to celebrate accomplishment.	
30. Gives the members of the team lots of appreciation and support for their contributions.	
TOTAL	

LPI percentile rankings

Percentile	Challenging	Inspiring	Enabling	Modelling	Encouraging
100	60	60	60	60	60
-	58 59	57 58 59	59	58 59	59
-	57	56	58	57	
-	56	55		56	58
-			57		
-	55	54			57
-				55	
-	54	53	56		56
-					
-		52		54	
90					
-	53		55		55
-					
-	52	51			
-				53	54
-					
-					
-		50	54		
-	51				
-					53
80				52	
-	50				
-		49	53		
-					52
-	49				
-				51	
-					51
-		48			
-					
-					

Percentile	Challenging	Inspiring	Enabling	Modelling	Encouraging
70			52		50
-	48				
-		47		50	
-					
-					
-					49
-	47				
-		46			
-			51		
-				49	
60					
-		45			
-	46				48
-					
-					
-		44	50		
-					
-					
-	45			48	47
-					
50		43			
-					
-					46
-	44		49		
-		42			
-				47	
-					
-					45
-					
-	43				
40		41	48		

Percentile	Challenging	Inspiring	Enabling	Modelling	Encouraging
-				46	44
-					
-					
-	42				
-		40			
-			47		
-				45	
-	41				43
-		39			
30					
-		38			
-				44	
-					42
-	40	37	46		
-					
-					
-		36		43	41
-	39				
-					40
20			45		
-		35		42	
-	38				39
-		34			
-	37	33	44		
-				41	38
-					37
-	36	32			
-			43	40	
-	35	31			
10			42	39	36
-	34	30			35

Percentile	Challenging	Inspiring	Enabling	Modelling	Encouraging
-		29	41	38	34
-	33	28	40		33
-	32	27	39	37	32
-	31	26	38	36	31
-	30	25	37	35	29 30
-	29	24	36	33 34	28
-	28	20 21 22 23	35	31 32	25 26 27
1	24 25 26 27	16 17 18 19	32 33 34	29 30	21 22 23 24

2. Examples of educational programmes with a focus on leadership

Box 5. The Network: towards unity for health

This network came into being at an inaugural meeting of senior educators of innovative institutions in Kingston, Jamaica in June 1979. The World Health Organization served as a "midwife" for this fledgling group. Nineteen universities (mostly from medical schools) were represented, coming from countries such as Australia, Canada, Cuba, Egypt, Iran, Jamaica, Mexico, Nepal, the Netherlands, Nigeria, the Philippines, the United States of America and the (then) Union of Soviet Socialist Republics. These institutions were considered to be in the vanguard of innovation in medical education at the time.

A key aim of the Network from its beginnings was to develop and disseminate student-centred educational approaches for the implementation of community-based and community-oriented curriculums. The overall philosophy of the Network is twofold:

- member institutions will strive to improve the health and well-being of the community through high-quality education, research and service
- this intention requires that the Network, with its member institutions, assumes the responsibilities of a change agent in the face of changing challenges and opportunities.

Over the past 20 years, the Network has admitted 55 institutions to full membership and a further 127 to associate membership, with 119 corresponding members from literally all parts of the world. The Network, with its secretariat at the University of Limburg, Maastricht, Netherlands, is a registered charity under Netherlands law and an organization in official relations with the World Health Organization. An active communication system with its members and other organizations includes a Newsletter (2000 copies per issue), a web site with additional emailed communications, and an academic publication: *Education for health: change in learning and practice.* This publication is distributed to more than 60 countries. The Network has published 14 books, with more in the pipeline.

Well over 300 professionals from all the health professions come together at annual meetings. These are held in different parts of the world, often in low-income countries. The 2000 meeting was in Bahrain, 2001 in Londrina, Brazil and 2002 in Eldoret, Kenya.

Recently, the Network has amalgamated with the WHO initiative "Towards Unity for Health" (TUFH) to become: **The Network: Towards Unity for Health.**

For further information, please contact the Secretariat at: P.O. Box 616, 6200 MD Maastricht, Netherlands.

Tel: +31 43 388 24 40

Fax: +31 43 388 41 42

http://www.the-network.org

Box 6. INCLEN Leadership and Management Programme (LAMP) modules

Available on CD-ROM and on the INCLEN website (see below).

Training modules

1. Strategic planning
2. Team and coalition-building
3. Time management
4. Locating, appraising and referencing research on the Web
5. Efficient email
6. E-conferencing
7. Mentoring

Resource guides

1. Financial management
2. Project management

Manual

1. Budgeting & accounting manual

(The modules can be accessed at http://www.inclentrust.org. Scroll to the bottom of the screen. Click on "Read more" beside "Leadership and Management Program")

3. Educational organizations and networks for the health professions

- The Network: Towards Unity for Health. The secretariat is located at the University of Limburg, P.O. Box 616, 6200 MD Maastricht, Netherlands.

  http://www.the-network.org (accessed August 2004)

- Community-Campus Partnerships for Health: This is a United-States-based, nonprofit organization that promotes health through partnerships between communities and educational organizations.

  http://futurehealth.ucsf.edu/ccph.html (accessed August 2004)

- World Federation for Medical Education: This is an association of medical education organizations. Its main activity is the convening of a periodic world conference. The organization's secretariat is located at the University of Copenhagen, Denmark.

  http://www.sund.ku.dk/wfme/ (accessed August 2004)

4. Health leadership programmes and opportunities

- Pan American Health Organization Training Program in International Health. This programme began in 1985. It involves participants in a work-study programme at PAHO for a period of 11 months.

  http://www.paho.org (accessed August 2004)

- Leadership Course on Gender, Reproductive Health & Rights, School of Pubic Health, University of Witwatersrand, Johannesburg, South Africa. The eighth annual course is due to take place in October 2004. The course is intended for senior health managers and others who are looking for new tools to enhance their work.

  http://www.wits.ac.za/whp/leadership.htm (accessed August 2004)

- African Malaria Research Leaders Management Training Programme: This two-week workshop is designed for Africans employed by institutions in Africa which conduct malaria research.

  Applications to: egana@mail.nig.gov

5. Example of guidelines for mentoring

Box 7. INCLEN guidelines for the mentoring project, Bogota, Colombia

(see section "Mentoring" above)

Because this is a new venture for INCLEN, our descriptions are preliminary. Here are some initial proposed guidelines.

- The initial commitment to the mentoring relationship should be for at least six months, and preferably for one year.
- It should begin with a "face-to-face" discussion, where the mentor and mentee get to know each other, if they have not met before, and where the objectives and activities for a tailored ("customized") mentoring arrangement are agreed upon.
- The focus should be on the leadership challenges identified by the mentee. For example, if the mentee is the leader of a research team, the challenges might be related to the mentee's role in facilitating improved team performance.
- We assume that the mentee is participating in the LAMP program in some way — studying the LAMP modules, or attending LAMP regional workshops. So the mentoring could include discussions about specific questions arising from a study of the LAMP modules.
- After the initial meeting, the interactions can continue in various ways, particularly through a regular email exchange and periodic telephone conversations.
- Mentees will be encouraged to keep a diary (journal, log, record) of his or her participation in the LAMP. This could include summaries of each mentor-mentee interaction — what was discussed, what will change as a result, what follow-up actions will be taken, and so on.
- We suggest that the mentor-mentee pair allocates time for periodic reviews of the mentoring programme to determine whether the arrangement is meeting the mentee's expectations, and how it might be conducted more effectively. This should probably be done every 3 or 4 months.

INCLEN'S Leadership and Management Programme (LAMP) modules are available from http://www.inclentrust.org/LAMP%20Modules.htm

Case-studies

1. Leadership for health research in Tanzania

Several "stories" can be told about the evolution of the health research system in Tanzania which illustrate the role of effective leadership. These are introduced briefly here. More details can be obtained from the references cited in the text.

- With support from the Swiss Development Corporation, Tanzania established a health research users' fund, to stimulate research on priority areas identified by the Ministry of Health. In 1998, 15 proposals were received from Tanzanian researchers, of which five received funding. The following year, 65 proposals were received, indicating an increased awareness and interest among researchers in priority-driven research.

- Although the National Institute for Medical Research (NIMR) of Tanzania had been in place for many years, there was no national mechanism to bring together all interested research groups in the country. Tanzania has several important research initiatives, but they function somewhat separately. This situation led, in late 1998, to the creation of the Tanzania National Health Research Forum (Kitua et al., 2000). Much of the inspiration and energy for this development was provided by Dr Andrew Kitua, who became the Director-General of the Institute in 1998. The functions of this body are based on the Essential National Health Research (ENHR) strategy. It is a consultative and advisory body to policy-makers. Specific tasks are allocated to committees. For example, the first two committees were a coordinating committee and an ethics committee.

- Among other functions, the National Health Research Forum is responsible for establishing and revising health research priorities. Recognizing that health research priorities for the country required renewal, a process was put in place (including a three-day meeting) that resulted in three rank-ordered lists of priorities. The list categories were: diseases and injury; delivery problems; and sociocultural determinants. A further analysis of these priorities was conducted by David Harrison and others, supported by COHRED (Harrison, 2000). This study poses the question, "How should public money be spent?" and, building on the priorities established earlier in 1999, presents a scheme for developing a public investment portfolio for health research.

- In January 2000, the National Health Research Forum organized a workshop on Tanzanian health research capacity development. The participants represented research agencies and groups, the Ministry of Health and several academic institutions, with additional support from two COHRED facilitators. The workshop resulted in several important outcomes.

- Gaps in health research capacity were identified, and strategies developed to address the deficiencies (for example, the need for a national research inventory).

- Plans were made to strengthen the Forum secretariat.
- A proposal was developed to improve health research capacity at district level, considering the strategic importance of the role of district health management within the current context of health system reforms. (Tanzania already has some excellent models regarding district-based health research, in particular the TEHIP project (Tanzania Essential Health Interventions Project) which has demonstrated that district health teams can do evidence-based planning and make resource allocations. Furthermore, the TEHIP project now has evidence that this process is resulting in improved health outcomes. For more information about TEHIP, see the IDRC web site, http://www.idrc.ca.)

2. Asian Forum for Health Research

As part of the preparations for the International Conference on Health Research for Development, held in Bangkok in October 2000, a series of national and regional consultations were carried out. In Asia, the consultation process was led by Professor Chitr Sitthi-amorn (then dean of the College of Public Health, Chulalongkorn University, Bangkok), and took the form of a new "Asian Forum for Health Research". The Professor and his colleagues have reported on this meeting in more detail (Sitthi-amorn et al., 2002) This story is introduced here as an example of innovative and effective leadership in health research.

- The planning process involved most of the agencies and organizations in Asia concerned with health research for development. These included regional networks (for example, the Asia ENHR network, and INCLEN South-East Asia), the WHO Regional Offices for South-East Asia and the Western Pacific, and a wide variety of individuals and institutions throughout Asia.
- Several innovative communication methods were used, both during the preparation of the meeting and during the meeting itself, drawing upon and adapting elements of the "Challenge Dialogue System" (see Module II, Unit 2, "Tools and Resources"). These included a structured pre-meeting electronic dialogue to determine the issues of relevance to Asian participants and to shape the agenda. At the three-day meeting itself, plenary presentations were brief and focused on specific issues for discussion; this was done immediately in small groups, supported by facilitators. Much of the meeting was devoted to intensive discussions by "collaborative teams" on topics that had been determined during the pre-meeting electronic dialogue. A room adjacent to the main plenary room was designated as a "market place" where various groups could display their interests and work in an informal setting, conducive to productive interaction. A meeting-specific web site was created and used by participants in a specially designed "enabling technology centre".
- As described in more detail in the paper, the pre-meeting dialogue and the meeting itself focused on a new paradigm for health research relevant to Asian realities, a framework leading to a new Asian architecture for health research, and a number of specific actions.

- As one of the outcomes, a report, including a consensus statement, was prepared and submitted to the International Conference as the "Asian Voice".

A second meeting of the Asian Forum for Health Research was held in Bali, Indonesia in 2001, at which the organization was renamed "Asia Pacific Health Research Forum" (http://www.aphrf.org).

3. University Partnership in Essential Health Research

The University Partnership in Essential Health Research project was a demonstration (pilot) project of the Network: Towards Unity for Health (see Box 5), and was active from 1989 to 1995. It is presented as an example of how health professional students (potential future health research leaders) can be prepared during their professional education.

The Executive Committee of the Network initiated the project in the late 1980s. It was realized that a new "partnership system" was needed if the overall goal of the Network's institutions was to improve the health (quality of life) and social development of the people in the institutions' surrounding communities. Universities, communities and governments must work together to achieve this goal. It was proposed that these partnerships could be achieved by conducting health research.

Thus, the goal of the project was to improve the relevance of health professional education by enhancing the ability of graduates to help identify and solve the problems of communities in which they serve. This is to be achieved by having students participate in health research in a systematic way and as an integral part of their training. The framework for this training is a new system of partnerships among universities, governments and communities, the focus of which is a programme of essential health research.

Sixteen institutions in eleven countries participated in the project. The countries involved were: Egypt, India, Indonesia, Malaysia, Nigeria (four institutions), Pakistan, the Philippines, Sudan, Sweden, Thailand (three institutions) and Uganda.

As an example, the Universiti Sains Malaysia in Kota Bahru created a partnership arrangement with a small fishing community of 100 households. Students conducted initial health surveys and community consultations. A programme of action and research was developed, through a systematic approach to defining priorities. Specific projects included general "development" activities, such as providing a safe water supply, installing a public telephone (to facilitate care during emergencies) and initiating a poultry-rearing scheme. Health projects include a health screening and treatment service.

Further details about the project can be obtained from the IDRC web site:

http://web.idrc.ca/en/ev-38813-201-1-DO_TOPIC.html

4. The Ghanaian-Dutch Collaboration for Health Research and Development

In 1996, the Dutch Ministry of Development Cooperation provided funding for the Netherlands Development Assistance Research Council (RAWOO) (http://www.rawoo.nl) for the establishment of a number of innovative research partnerships between Dutch researchers and research institutions in the South. The Health Research Unit in Ghana was one of the research partners chosen.

The Ghanaian-Dutch research cooperation programme seeks to change the frequently-occurring situation where there is a mismatch between objectives, priorities and management processes between institutions from the North and from the South. The programme argues that demand-driven health research can be effective and possible if all stakeholders in the process (i.e. donors, policy-makers, the scientific community, national development organizations, international health organizations, organizations of health care professionals and communities) can agree on a national programme of health research for development. Such a programme, in their view, would stimulate a research agenda based on societal needs which, in turn, would steer research for development.

The partnership between Ghanaian and Dutch researchers is based on health needs in Ghana. These were identified and prioritized in a series of workshops with the various stakeholders in Ghana. A number of research activities have been planned, and capacity-building will be undertaken through research training and other related workshops. Health research infrastructure will be improved, as will access to both the latest literature and to a database of all past, present and ongoing research in Ghana. A system for improving the use of research results will be put in place by developing better networks, holding yearly meetings of stakeholders, making all Ghanaian research data available electronically, and improving the possibilities for publications on the Ghanaian health situation and/or health system. At all stages Dutch researchers are involved, but always in a way that serves Ghanaian research needs.

Lessons learned

- It takes time to achieve change and it occurs only through continuous dialogue.
- Consensus-building is crucial for initiating change.
- All stakeholders should be involved as much as possible in the process.
- Local capacity-building enhances programme delivery.
- Partnerships can only forge ahead if stakeholders do not assume entrenched positions.
- Southern partners need to take up the challenge and live up to expectation.

For more information about the programme, see http://www.partnership-programmes.org/hrp/html/home.html. See also the COHRED Learning Brief No. 2001/1, *Development of innovative North-South research partnerships: overcoming difficulties* (COHRED, 2001b).

More specific information is available from: Dr John Gyapong, Director, Health Research Unit, Ministry of Health, PO Box 184, Accra, Ghana Email: John.Gyapong@hru-moh.org.

Recommended reading

Ajayi O (2002). Leading change. Oxford, Capstone Publishing.

http://www.capstoneideas.com

*The focus of this book is on **change** leadership. Particularly useful chapters include:*

- *a review of the "evolution of change leadership", tracing the evolution of different approaches to understanding leadership, over a period of several decades*
- *a summary of the "state of the art" of change leadership*
- *a glossary of key concepts and thinkers*
- *a "guide to making it work"-- useful summaries of key ideas regarding change leadership.*

Bennis W, Spreitzer GM, Cummings TG, eds. (2001). The future of leadership. San Francisco, Jossey-Bass.

This book celebrates the life and work of Warren Bennis, and takes the form of a "Festschrift" – a German term for a volume of essays contributed by colleagues as a tribute to a scholar. The event took place at the University of California in May 2000. Warren Bennis is a distinguished professor and founding chairman of the Leadership Institute at his university. He is the author or editor of 26 books on leadership and change. The volume begins and ends with an essay by Warren Bennis himself. In between, are 17 essays by Americans (and one Englishman!), all on the general theme of the future of leadership.

Chaterjee D (1998). Leading consciously: a pilgrimage toward self-mastery. Boston, Butterworth-Heinemann.

Debashis Chatterjee is a professor of management in the behavioural science department of the Indian Institute of Management in Lucknow, India. He calls his book "an invitation to self-mastery". He draws upon the wisdom of several ancients, particularly in India. From his interpretation of their key messages, he presents his view of "the new leadership discipline", encapsulated in "9 insights'. In the epilogue, Chatterjee takes us on a "leadership pilgrimage" with brief introductions to the life and writings of six "masters": Buddha, Gandhi, Mother Teresa, Lao-tzu, Confucius and Swami Vivekananda.

Clutterbuck D, Megginson D (1998). Mentoring in action. London, Kogan Page.

The authors outline a number of mentoring schemes, showing both their strengths and their weaknesses. David Clutterbuck is well known as a prolific writer with the ability to set the tone for future developments in business. With David Megginson, he is a director of the European Mentoring and Coaching Council (Watford, United Kingdom, http://www.emccouncil.org).

Conger JA (1992). Learning to lead. San Francisco, Jossey-Bass.

This is a study of leadership development programmes. The analysis is based on first-hand experiences and interviews with programme participants. The author claims that this is the first book actually to explore the issue of leadership training with "a critical eye for what works and what does not" (p.xii). Four categories of programmes are described, according to their primary approach: personal growth programmes, conceptual understanding programmes, feedback programmes and skill-building programmes. Not surprisingly, Conger's suggestion is that the ideal programme would incorporate elements of all four approaches. He believes that training programmes can only ever succeed in raising awareness (about leadership) and that this initial step must be followed by a sustained phase of "deep skill development". He also recognizes that the context in which the leader ultimately practises these skills is as important as the skills themselves.

Express Exec.Com (Essential Management Thinking at Your Fingertips Series). These pocket-sized publications are good travel or commute-to-work reading. The following two titles are of particular interest to users of this unit.

GFHR (Global Forum for Health Research) (2001). Progress in research capacity strengthening (The 10/90 report on health research 2001-2002, chapter 7). Geneva.

This chapter is a "progress report" regarding research capacity-strengthening (RCS) as it relates to the issue of the 10/90 gap. The chapter includes summaries of important meetings about RCS, such as the WHO Meeting on Health Research Capacity-Strengthening in Developing Countries (Annecy, April 2000), the International Conference on Health Research for Development (Bangkok, October 2000), and the Forum 5 meeting (September 2001). The chapter concludes with a section on "Future objectives for RCS", along with a table (Insert 7.9) displaying some proposed evaluation criteria and potential indicators of impact for RCS.

Kippenberger T (2002). Leadership express. Oxford, Capstone Publishing. http://www.capstoneideas.com

This book is intended to provide a "fast track to understanding leaders and leadership". It covers the key areas of leadership -- from transformational, charismatic and adaptive leadership to co-leadership and a new emphasis on great low-profile leaders. The publication includes examples and lessons from "the world's most successful leaders", as well as a glossary of key concepts and a comprehensive resources guide.

Kouzes JM, Posner BZ (1995). The leadership challenge: how to keep getting extraordinary things done in organizations. San Francisco, Jossey-Bass.

This book is based on a study undertaken to learn what people did when they were at their "personal best" in leading others. The result is a description of five effective "leadership practices". The book includes an examination of new realities in the world which present opportunities to make a difference. The realities include: interconnections in a fragmented world, the emergence of knowledge as an important economic resource and a renewed search for meaning.

Krause DG (1997). The way of the leader: applying the principles of Sun Tzu and Confucius — ancient strategies for the modern business world. London, Nicholas Brealey Publishing.

Donald Krause, a former professor at the University of Michigan, has a special interest in how Asian "wisdom" can be understood and adapted to the needs of modern business executives. In his book, he identifies seven principles (derived from the writings of Sun Tzu and Confucius). For each principle, he presents select quotations ("analects") of Confucius. To further illustrate the seven principles, he draws upon stories from famous Americans (and a few others).

Neufeld V (2001). Fostering a national capacity for equity-oriented health research. In: Neufeld V, Johnson N, eds. Forging links for health research: perspectives from the Council on Health Research for Development. Ottawa, IDRC Books, 241-243.

This chapter addresses the challenge of ***national*** *capacity development and examines achievements in addressing this issue during the 1990s. It includes a section on lessons learned and presents four elements of a "more efficient framework" for achieving the goal of strengthening national health research capacity to apply both local and global knowledge to local health and development problems. The elements include: research and learning coalitions, new tools, new leadership, and new forms of partnerships.*

Neufeld V et al. (1995). Leadership for change in the education of health professionals. Maastricht, Network Publications.

This book was commissioned by the Network of Community-Oriented Educational Institutions for Health Sciences, an international group of universities committed to educating health professionals in a way that is relevant to community needs. Organized into four sections, the book begins with a review of the recent scholarship about leadership, then moves on to analyses of health system trends and how health professionals are prepared. The final section brings together the key ideas from the first three sections, providing a framework within which educational leaders can use insights from the general leadership literature in their own work.

Pegg M (1999). The art of mentoring: how you can be a superb mentor. Guildford, Biddles.

This easily read book focuses on one-on-one mentoring in situations where the mentoring services are provided on a contract (paid) basis. The book is divided into three sections, on the philosophy, principles and practice of mentoring. A simple but useful mentoring model is proposed, with five elements: challenges, choices, consequences (options), creative solutions and conclusions.

Sapienza AM (1995). Managing scientists: leadership strategies in research and development. New York, Wiley-Liss.

This author, an academic at an American university, believes that "a good manager must also be a good leader". The book deals with two types of activities: leading scientists as individuals and administering the research and development (R & D) organization. In addition to the main body of her work, the author includes two chapters of particular relevance: one on organizational change and another on "preparing for a global future".

Senge PM (1990). The fifth discipline: the art and practice of the learning organization. New York, Doubleday Currency.

In this now classic book, Senge introduces what has become a "new age" term — the "learning organization". Five disciplines (or "component technologies") of the learning organization are presented. They include: systems thinking; personal mastery; mental models; building shared vision; and team learning. In Senge's view, systems thinking is the "fifth discipline". As he says, "It is the discipline that integrates the disciplines, fusing them into a coherent body of theory and practice".

Swiss Commission for Research Partnerships with Developing Countries, (1998). Guidelines for research in partnership with developing countries. Berne.

This helpful booklet, prepared by the Swiss Commission for Research Partnership with Developing Countries, presents 11 "principles of research partnership". The publication includes three case-studies, an analysis of "snags and difficulties frequently encountered in research partnerships between developing and industrialized countries", and a "Charter of North-South Partners".

WHO, A report of activities implemented during 1985-1986. A41/Technical Discussions/7 Rev. 1 (1 June 1988). WHO/HRH/92.3: Working Group on Health For All Leadership Development

World Health Organization publications on "Leadership Development for Health for All".

In 1988, the theme of the Forty-first World Health Assembly Technical Discussions was "Leadership Development for Health for All", leading to the adoption of resolution WHA41.26. The Technical Discussions were preceded by more than two years of preparatory activity, primarily in the form of regional and constituency-specific leadership "dialogues". The impact of this leadership initiative was evaluated in 1991, and reported to the World Health Assembly in 1992. Three key documents are listed below, which are available from WHO.

References

Ajayi O (2002). *Leading change*. Oxford, Capstone Publishing.

Amore GC (2000). My part in the brain drain. *British Medical Journal,* 321:841.

Andrews M, Wallis M (1999). Mentorship in nursing: a literature review. *Journal of Advanced Nursing,* 29:201-207.

Blake RR, Mouton JS (1978). *The new managerial grid*. Houston, Gulf Publishing Co.

Burns JM (1978). *Leadership*. New York, Harper and Row.

Church T (2002). Where the leaders are: the promise of youth leadership. In: Bennis W, Spreitzer GM, Cummings TG, eds. *The future of leadership*. San Francisco, Jossey-Bass, pp.211-225.

COHRED (Council on Health Research for Development) (2001a). Kazakhstan places emphasis on supporting young health researchers. *COHRED newsletter,* July-September 2001:5.

COHRED (Council on Health Research for Development) (2001b). *Development of innovative North-South research partnerships: overcoming difficulties* (COHRED Learning Brief No. 2001/1). Available online at: http://www.cohred.org

Connor MP et al. (2000). Developing senior doctors as mentors: a form of continuing professional development. Report on an initiative to develop a network of senior doctors as mentors: 1994-99. *Medical Education,* 34:747-753.

Costello A, Zumla A (2000). Moving to research partnerships in developing countries. *British Medical Journal,* 321:827–829.

DeFrancisco A (2002). Scientists can promote research relevant to their countries after emigrating. (Letter). *British Medical Journal,* 325:219.

Freeman FH, King SN (1992). *Leadership education, 1992-1993: a source book.* Greensboro, NC, Center for Creative Leadership.

Freeman R (1998). *Mentoring in general practice*. Oxford, Butterworth Heinemann.

GFHR (Global Forum for Health Research) (2002). *The 10/90 report on health research 2001-2002*. Geneva.

Harrison D (2000). *Health research in Tanzania. How should public money be spent*? (COHRED document 2000.9). Geneva, Council on Health Research for Development.

IOC (International Organizing Committee) (2001). *Report of the International Conference on Health Research for Development, Bangkok, 10-13 October 2000*. Lausanne.

Johnson JC, Williams B, Jayadevappa R (1999). Mentoring program for minority faculty at the University of Pennsylvania School of Medicine. *Academic Medicine,* 74:376-379.

Katzenbach J et al. (1997). *Real change leaders*. London, Nicholas Brealey Publishing.

Kitua A, Mashalla YJS, Shija J (2000). Coordinating health research to promote action: the Tanzanian experience. *British Medical Journal*, 321:821-823.

Kotter JP (1990). *A force for change: how leadership differs from management*. New York, Free Press.

Kouzes JM, Posner BZ (2001). Bringing leadership lessons from the past into the future. In: Bennis W, Spreitzer GM, Cummings TG, eds. *The future of leadership*. San Francisco, Jossey-Bass.

Lundin F, Clements G, Perkins D (1978). Mentoring relationships: everyone who makes it has a mentor. *Harvard Business Review,* 7:89-101.

McIntyre D (2000). *The international research architecture from the African perspective*. [Presentation made at the technical session on Health Policy and Systems Research, International Conference on Health Research for Development, Bangkok, Thailand, 10-13 October 2000] (Alliance for Health Policy and Systems Research Working Paper No. 10). Available online at: http://www.alliance-hpsr.org – Services – Alliance Information Products – Working Papers.

Neufeld V et al. (1995). *Leadership for change in the education of health professionals*. Maastricht, Network Publications.

Pang T, Lansang MA, Haines A. (2002). Brain drain and health professionals. *British Medical Journal,* 324:499-500.

SID (Society for International Development) (1991). *Leadership challenges for the 21st century: interim report*. Rome.

Sitthi-amorn C et al. (2002). The Asian Voice in building equity in health for development — from the Asian Forum for Health Research, Manila, February 2000. *Health Policy and Planning,* 17(2):213-217.

Ssemakula JK (2002). Relocation is better term than brain drain (Letter). *British Medical Journal,* 325:219.

Stogdill RM (1974). *Handbook of leadership: a survey of theory and research*. New York, Free Press.

Suwanwela C, Neufeld V (2001). Health research for development: realities and challenges. In: Neufeld V, Johnson N, eds. *Forging links for health research. Perspectives from the Council on Health Research for Development*. Ottawa, IDRC Books, pp.241-266.

UNDP (United Nations Development Programme) (1999). *Human development report 1999*. New York, Oxford University Press.

UNDP (United Nations Development Programme) (2001). *Human development report 2001.* New York, Oxford University Press.

UNICEF (United Nations Children's Fund) (2002). *The state of the world's children 2002: Leadership*. New York.

Wapenhans W (1992). *Effective implementation: key to development impact.* Washington, DC, World Bank Portfolio Management Task Force.

WHO (World Health Organization) (1988a). How can leadership be developed/enhanced? Challenges and opportunities (technical discussions held

during the Forty-first World Health Assembly, document A41/Technical Discussions/7). Geneva.

WHO (World Health Organization) (1988b). *Proceedings of the Second Inter-regional Dialogue of Resource Networks for Health for All Leadership Development. Honolulu*. Geneva.