Pan African DrPH Strategic Leadership Training Needs Assessment

Research Protocol

Pan African DrPH Consortium

This work is supported by Rockefeller Foundation Grant 2013 THS 307 for the development of a Pan African leadership in health program that will support health system reform and development in sub-Saharan Africa

Please references as: Pan African DrPH Consortium 2014. Strategic Leadership training needs assessment protocol

This document was developed by members of the Pan African DrPH consortium with support from the Rockefeller Foundation under Rockefeller Foundation Grant 2013 THS 307 to support the development of a Pan African professional doctoral program in Public Health (DrPH) with a concentration in leadership for health system reform and development in sub-Saharan Africa

This research protocol was developed in 2014 and used for a strategic leadership training needs assessment in Ghana, South African and Uganda with ethical clearance from the Ghana Health Service Ethical Review Committee (Protocol ID No: GHS-ERC 05/03/14)

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1 TABLE OF CONTENTS

PROJECT INFORMATION (IN BRIEF)

Project title: Strategic Leadership Training Needs Assessment

Affiliated project: Doctoral Programme in Health Leadership Africa (DRPH-HLA)

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Method of needs assessment: qualitative and quantitative mixed methods

Date of submission: January 2014

Intended start date: February 2014

Submission of revisions: May 2014

1.0 BACKGROUND

At the forefront of current debates on improving public health and strengthening health systems in Africa are the issues of leadership (and stewardship, management and governance); central to these debates are the issues of how to foster strategic (i.e. high-level) leadership that can steer health systems in Africa in the 21st century, with all their complexity and urgency. Leadership is an orientation and a capacity which is not always organic, and must be nurtured carefully and deliberately. Important in this, is the appropriate selection, training, support and mentoring of present and future African health leaders.

1.1 RATIONALE FOR A NEW VISION OF STRATEGIC HEALTH LEADERSHIP TRAINING IN AFRICA

Much effort has been put into supporting masters-level training (typically Masters of Public Health (MPH) programmes). This wave of operational leadership capacity strengthening in sub-Saharan Africa, primarily at the district (i.e. mid-level) can be charted all the way back to the Alma Ata Declaration of 1978. For example, in Ghana a critical mass of public health professionals have been trained up at the University of Ghana School of Public Health, and elsewhere. As would be expected, numerous of those trained have in-turn taken up further management and policy positions in district, regional and national-levels of the health sector. One unspoken assumption has been that the years of service and experience will automatically result in the needed leadership and strategic management skills. Indeed such experience is critical to appreciating the true workings of a given health system; however much of the skills required at strategic high levels cannot be developed by experience alone – they must be honed conceptually and practically. There requires a deliberate and systematic effort to advance and deepen such skills through specialised formation, mentorship and application.

What becomes clear is that while training needs at mid-level have been largely addressed through the MPH, specialised training for strategic leadership has been virtually absent in Africa. There is great need to develop capacity to lead, innovate, and manage change, as stewardship and management of complex health systems of the 21st century require. While doctoral programmes offer one possibility for leaders to become specialised in one aspect of public health, traditionally the Doctor of Philosophy (PhD) degree is often aimed at those who would pursue a more academic career path, and often times require long periods of absence from their professional milieu for data collection. Another type of doctoral-level degree, the Doctor of Public Health (DrPH), rather, is a professional, interdisciplinary degree specifically targeted to present and future strategic level leaders working in public health organisations. The DrPH aims to prepare individuals for evidence-

based public health leadership, including practice oriented research and field-based roles. While the concept of DrPH is not a new one (there are several programmes on offer in the US, Europe, and Asia), there has not previously been a DrPH programme available anywhere in Africa. This initiative represents the first of its kind in Africa.

1.2 Developing the Doctoral Programme in Health Leadership Africa (DRPH-HLA)

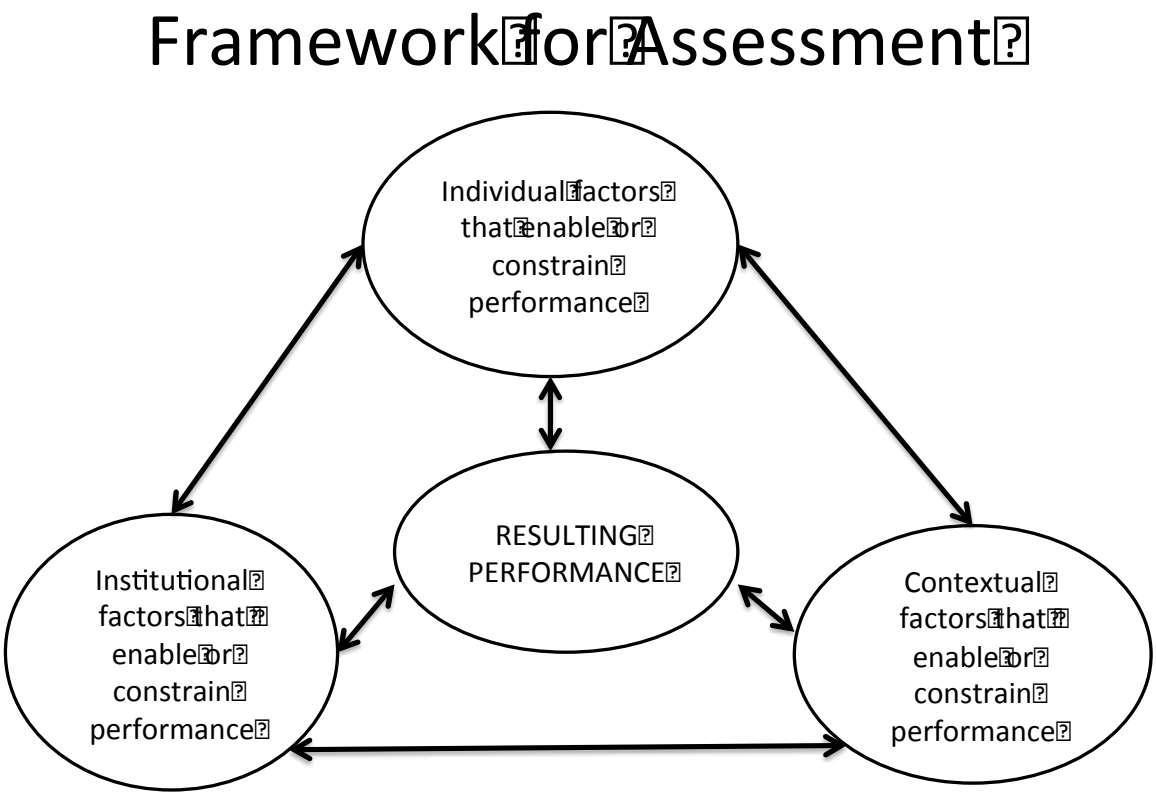
To fill this vacuum, the University of Ghana, School of Public Health is undertaking the development of a DrPH programme with support from the Rockefeller foundation. This is a collaborative initiative being done as a partnership between the University of Ghana School of Public Health as the coordinating partner, the Gillings School of Global Public Health University of North Carolina at Chapel Hill (US); the University of the Western Cape School of Public Health, and the University of Cape Town School of Public Health and Family Medicine (both in South Africa), and Makerere University School of Public Health (Uganda). in this five partner consortium. The partner institutions are strategically selected both based on their capacity and experience; and also to cover East, West and Southern Africa. The Gillings School of Public Health, the northern-based institutional partner has extensive experience in international distance DrPH training, with some students from sub-Saharan Africa.

The duration of the establishment phase of the DRPH-HLA is expected to run from November 2013 to June 2016. The DRPH-HLA is supported with funding from the Rockefeller Foundation. It is envisioned that the programme will be developed collaboratively across the five Africa-based institutions, and that the resulting curriculum will be shared and delivered, though perhaps slightly modified, at each university. The DRPH-HLA will be based on a competency model. The US-based Association of Schools and Programmes of Public Health (ASPPH) has undertaken a vast and comprehensive process to define the core competencies for DrPH programmes, and this is what the major DrPH programmes in the US adhere to. It is envisioned that as part of this training needs assessment these core competencies will be validated for African contexts.

The aim of the DRPH-HLA is to offer a world-class DrPH programme based in Africa. The expected outcome is a high-quality, highly specialised doctoral programme tailored to the experience, needs, concerns and aspirations of strategic leaders in health, and those who will instruct them. The DrPH course will be delivered at each of the four African institutions.

1.3 FRAMEWORK FOR THE NEEDS ASSESSMENT

Milen (2001)[i] defines capacity as the ability of "individuals, organizations or systems to perform appropriate functions effectively, efficiently and sustainably". La Fond et al (2002)[ii] see capacity as related to the ability to carry out stated objectives, to do or perform. Boffin (2002)[iii] refers to both Milen and La Fond et al in his review of the literature on health system capacity building. The United Nations Development Program (UNDP 1998, 2006)[iv] similarly define capacity in terms of the ability to perform assigned functions effectively, efficiently and sustainably. In all these definitions, the ability to do or perform is a function of the skills of individuals, the tools at their disposal as well as the organization or institution within which they work. Capacity is a complex relationship within and between different levels and elements of organisations and networks - therefore a combination of different tools are often required to capture and address this complexity (Brown et al., 2001). Capacity is dynamic, and the ability and willingness to perform different tasks are always a balance, even within a single organisation. The conceptual framework for this study (see figure 1) draws upon the systemic capacity building hierarchy of needs framework of Potter and Brough (2004)[v] as well as the three levels of capacity concept of LaFond et al (2002).



Drawing on the definition of capacity as the ability to perform expected or assigned tasks, we will explore three levels of factors that enable or constrain performance and therefore affect capacity at each level namely personal or individual; institutional or organizational and contextual or environmental. Personal or individual level capacity refers to whether individuals in strategic leadership positions or aiming to occupy strategic leadership positions are sufficiently knowledgeable, skilled, confident and motivated to perform the functions of strategic leadership adequately. Individual level capacity has to be assessed in relation to the desired performance. In our assessment we will focus on the individual understanding of, experience and skills related to strategic leadership in health. Organizational or institutional capacity refers to the capacity of the organizations and institutions within which individuals will work to support the required individual performance. Indicators of Organizational capacity include the design of the organization, Infrastructure, tools and other resource availability and appropriateness including staffing numbers, skills mix and distribution in relation to the tasks to be performed. Organizational culture which refers to "how things are done around here – both written and unwritten"; and organizational climate which refers to "how it feels to work around here" are closely related concepts that are also part of organizational capacity. Contextual or environmental capacity refers to the wider international, national or sub-national context within which institutions exist. Thus for example, the national political, economic and sociocultural context, history, demographics, other sectors and institutions whose work affects the health sector are all part of the environmental context within which public policy development related to health occurs.

As our framework suggests, the levels of capacity and the factors that enable or constrain capacity at each level interact iteratively. They can do so in both directions and produce a final effect together rather than in isolation. Thus for example, the capacity of individuals can affect the capacity of the context and vice versa.

This proposal is to conduct an assessment on strategic leadership training needs in order to inform the development of the course structure to be run during the DRPH-HLA. This is a multi-country assessment. Beyond the basic core that will be held in common across all partners; partner institutions in South Africa, Ghana and Uganda can modify the data collection instruments for country-specific relevance. As with all aspects of the DRPH-HLA, this is a collaborative process, with maximum emphasis being placed on local contexts.

The framework for the training needs assessment has a multi-dimensional design in order to incorporate perspectives from those who will instruct on the programme, potential candidates to the programme, and other key stakeholders. These perspectives are placed against other types of data, including scientific literature on strategic leadership development pedagogy, and existing information from current international DrPH programmes.

2 OBJECTIVES

The overall objective of the study is to describe and analyse context, institutions, programs, actors and needs in relation to strategic leadership capacity in Africa to inform the customization of the design of the most relevant DRPH curriculum to meet the strategic leadership capacity development needs of Africa, both in terms of content, mode of delivery and contextual relevance.

Specific objectives are to:

1. Describe the wider national, regional and international context for health sector strategic leadership in sub-Saharan Africa, its effects on strategic leadership and the implications for the strategic leadership training needs within African health systems and the design of the DRPH HLA program
2. Describe the nature of the institutions in which strategic leaders in African Health Systems work and the kinds of capacity that these leaders need to have to be able to function effectively within and to strengthen these institutions and the health systems they serve.
3. Describe the capacity of individuals in strategic leadership positions in the health sectors of sub-Saharan Africa, in relation to strategic leadership performance needs
4. Scope programs, courses and curricula targeted at providing strategic leadership training leaders in the health sectors of countries in sub-Saharan Africa, in terms of what they offer, why, the relevance to the performance needs; and what can be learned from their activities and experience about leadership training approaches for sub-Saharan Africa
5. Describe the perceptions and experiences of individuals in strategic leadership (past and present) and health sector stakeholders as to the needs for strategic leadership in the health sectors of Africa, why and how these can inform capacity building (including what the curriculum content for individual capacity building should contain)
6. Validate the relevance of the core DrPH competencies developed by the Association of Schools of Public Health (ASPH) for African health systems leadership
7. Document cases studies of relevance to strategic leadership training for sub-Saharan Africa.

3 AUDIENCE

The needs assessment targets academic instructors, practitioners, potential DrPH candidates, past and current strategic health leaders, DrPH-holders, health sector stakeholders and others as relevant.

4 METHODS

4.1 TYPE OF STUDY

The training needs assessment will employ a mixed methods multi-country (Ghana, Uganda, South Africa) case study approach conducted in three phases.

- Phase one will be a desk review of grey and published literature.
- Phase two will involve qualitative primary data collection and analysis.
- Phase three will be a quantitative assessment of the some of the findings in phase 1 and 2 through a survey.

4.2 DATA COLLECTION METHODS AND TOOLS

Data collection methods and tools are described for each of the three phases of the study.

4.2.1 Phase 1 – Document review

Phase one will be a desk review of grey and published literature in relation to the objectives of the training needs assessment. Review of published scientific literature and in-country grey literature will comprise the bulk of the document review. The variety of documents to be referenced will include but not be limited to:

- Peer-review articles on leadership, management and leadership and management capacity building experiences and outcomes in Sub-Saharan Africa;
- Books, Grey literature and any other relevant print material on leaderships, management and leadership and management capacity building in Sub-Saharan Africa
- Information on international DrPH programmes objectives, content and experiences from but sources such as program websites, course handbooks and manuals, recruitment brochures
- Blogs, such as the Harvard Business Review

- Course materials available for other leadership programmes or short courses, available in-country from NGOs, international organisations, universities (including business and technology/innovation programmes) or other; that are targeted at or include participants who work or will work in health sector leadership positions in sub-Saharan Africa

4.2.2 Phase 2 – Qualitative data collection and analysis

Phase two will undertake qualitative primary data collection as per the objectives above. A series of one-hour key informant in-depth interviews and focus group discussions will take place with various groups of stakeholders.

As part of the qualitative interviewing, real life experiences that could be documented to be used as case studies and teaching materials will also be explored, documented and written up /published if relevant. Where indicated, materials to support such cases studies will also be searched for in the desk review.

Respondents will be identified from relevant groups of academic instructors, practitioners, potential DrPH candidates, strategic practice advisors, DrPH-holders, and others as relevant. People to be interviewed will be major DRPH-HLA stakeholders, including, but not limited to:

- Instructors on relevant leadership and management training course identified from the desk review,
- Potential DrPH candidates. These will be identified from people currently in mid level management positions such as District directors of health, Hospital medical directors, who aspire to progress to higher leadership positions in the health sector. Current MPH students will also be interviewed since many participants in MPH programs aspire to eventually hold leadership and management positions
- People in current strategic level leadership and management positions such as regional or provincial directors of health and national level directors of health
- People who work with those in strategic leadership health positions e.g. local and central government officials, wider actors e.g. suppliers of inputs for the health sector such as medicines and logistics etc
- People who work under those currently in strategic leadership health positions such as middle level managers and frontline health workers
- Past /retired strategic health leaders
- Health sector stakeholders – mainly representatives of consumer groups and users of health services.

A snowballing approach will be used to identify any other key informants to be interviewed based on recommendations from those already identified and on the interview list. Interviews will be conducted face to face or by telephone based on the location of respondents.

Focus group discussions will be used for the current MPH students since they are all in one place. Those who work under people currently in strategic leadership positions such as frontline health workers and mid-level managers, will also be interviewed using an FGD. We anticipate to conduct between 4 to 6 FGD in each of the 3 countries. This is based on an estimate of 2 – 3 FGD with MPH students who were working in the health sector before undertaking the MPH; and 2 – 3 FGD with those who work under health sector leaders.

All other interviews will involve individual in-depth interviews. We anticipate to conduct between 10 – 20 individual in-depth interviews in each of the 3 countries. These numbers are estimated based on interviewing between 2 – 3 key informants in each of the categories listed above.

4.2.3 Phase 3 – Survey with structured questionnaire

Phase three will be a validation of required competencies for strategic leaders through a brief questionnaire with closed and open ended items. Respondents will be a sub-set of the groups of people involved in the qualitative interviewing namely:

- Academic Instructors on relevant leadership and management training course identified from the desk review,
- People in current strategic level leadership and management positions such as regional or provincial directors of health and national level directors of health
- Past /retired strategic health leaders
- Health sector stakeholders – mainly representatives of consumer groups and users of health services.

The numbers of people to be interviewed will depend on how many are identified from the phase 1 and 2 studies. In each country, however the team will aim for not less than 30 respondents. All people in these groups who agree to respond will be asked to respond to the questionnaire with closed and open ended items. The questionnaire will form a quantitative backbone to validate the relevance of the DRPH core competencies developed by ASPH to a DRPH program targeted at sub-

Saharan Africa. The Association of Schools of Public Health (ASPH) based in the USA DrPH Steering Committee, draft Consensus Statement about DrPH programs (ASPH 2009) states:

> *"There is consensus that 'the basic public health degree is the master of public health (MPH), while the doctor of public health (DrPH) is offered for advanced training in public health leadership'*[vi]

ASPH embarked on an extensive and rigorous process in 2007 to define guidance on the core competencies required for a DrPH. Over a two year period between 2007 and 2009 the working group consulted over 200 academic and practice participants, using a modified Delphi process to generate consensus and agreement on these guidance notes. Rather than redevelop core competencies we wish in this research to take the ASPH core competencies and ask public health practicioners, health sector leaders and educationists familiar with the issues and needs in sub-Saharan Africa about their relevance.

The findings from the desk review and qualitative data collection processes will help with some of the validation process. However as a further step in the validation, a more quantitative assessment is additional proposed. A draft questionnaire for this purpose is attached in the appendix. It will be fine tuned based on the findings of the phase 1 and 2 data collection and analysis before pretesting and administration.

4.2.4 Participatory stakeholder workshops

Before the report is finalized, a stakeholder meeting will be used to present the preliminary results for comments, critiques and feedback from the people interviewed as part of the validation of the data and the conclusions. Multi-stakeholder workshops will be held to feedback, assess and validate the collected data of the training needs assessment. The workshops will invite the training needs assessment respondents, and other key people, such as the university senior management where appropriate. The workshops will focus on the substantive findings to be turned into concrete recommendations in terms of structuring the DrPH programme curriculum.

4.3 TOPIC AREAS FOR EXPLORATION IN THE PHASE 1 AND 2 STUDIES

Topic areas for exploration are detailed in relation to the study objectives in the data collection tools in appendix 3. Table 1 identifies the ten topics, which form the areas to be explored by the training needs assessment in both the desk review and stakeholder interviews in relation to the core competencies to be covered by the curriculum. These topics were identified out of several sources: the draft charter of DRPH-HLA graduate attributes from University of Ghana School of Public Health; ASPPH-identified DrPH core competencies; and country context mapping from the CHEPSAA[1] baseline report on health policy and systems analysis capacity. Invariably there is some overlap between the topics, and as such they have been condensed where appropriate.

In brief, the topics are:

- Critical thinking and analysis
- Multi-disciplinarity and teamwork, including community/cultural orientation
- Policy analysis, development, communication and advocacy
- Leadership and management
- Professionalism and ethics
- Systems and complexity thinking
- Politics and politicisation of technical posts
- Change management
- Academia linkages and brokering

Table 1: Topic areas/information requirements

Topic area	Information required
Critical thinking and analysis	▪ How best to foster high-quality reasoning and argumentation, continuous learning; what are the skills, experiences and modes of teaching required (lectures, case studies, role plays, self-directed study, seminars etc.)?
Multi-disciplinarity and teamwork, including community/cultural orientation	▪ How to build collaborative partnerships across diverse groups, both inter- and extra-organisationally; what are the skills, experiences and modes of teaching required?
Policy analysis, development	▪ How to impart integration difference types of data into decision-making; what are the skills, experiences and modes

[1] CHEPSAA is the Consortium for Health Policy and Systems Analysis in Africa. CHEPSAA's goals is to extend sustainable African capacity to produce and use high-quality health policy and systems research by harnessing synergies among a consortium of European and African universities with relevant expertise. CHEPSAA is funded by the European Union. Four of the six DRPH-HLA partners are also CHEPSAA institutions.

communication and advocacy	of teaching required?
Leadership and management	▪ What are the current debates in leadership discourse (transformational; distributed; complex leadership etc.) ▪ What are the current debates in managerial competencies ▪ How to motivate and inspire trust in others
Professionalism and ethics	▪ How best to teach ethics of public health, including administrative, legal, quality assurance, related to debates of universal health coverage, and cultural sensitivities; what are the skills, experiences and modes of teaching required?
Systems and complexity thinking	▪ How to reorient mind-sets and build new mental models for systems and complexity thinking
Politics and politicisation of technical posts	▪ How to build an appreciation for, and strategies to navigate politics of decision-making, including coordination and management of development partners; what are the skills, experiences and modes of teaching required?
Change management	▪ How to teach influence and manage change in fast paced (or at times static) organisations
Academia linkages and brokering	▪ How to improve relationships between strategic leadership and academia, including increasing demand for policy-evidence

5 WORKPLAN AND TIMELINES

Activity	Mon1	Mon2	Mon3	Mon4	Mon5	Mon6	Mon7	Mon8	Mon9
Develop protocol	x								
Ethics submission		x							
Document/literature review			x						
Recruitment and training of interviewers			x						
Qualitative data collection				x					
Data analysis					x				
Quantitative data collection and data validation						x			
Stakeholder workshops							x		
Report writing								X	

Development of curriculum based on findings								X	x

6 ETHICAL DILEMMAS

The foundational approach of this training needs assessment is of transparency, and honest intention to cause no harm to individuals or organisations. Ethical clearance is being sought to cover the training needs assessment not only to enable potential future publication, but also to provide a source document for potential respondents where required. In this protocol, respect for human dignity, free and informed consent by all, vulnerable persons and privacy will be upheld. Efforts to minimise harms and treat all fairly will be observed. Gendered and cultural contexts will be accounted for. Adhering to the basic principles of justice, beneficence, non-maleficence and respect, will be of particular importance. All training needs assessment respondents will be informed of their ability to quit their involvement at any time. Confidentiality of all respondents will be maintained through coding of data, and non-use of participants' names.

Data collected will be used to develop a new curriculum. And pre-existing data used in development will be acknowledged appropriately.

7 APPENDICES

7.1 APPENDIX 1: INFORMED CONSENT FORM TEMPLATE

INFORMED CONSENT FORM

Project: Strategic Leadership Training Needs Assessment

This informed consent form has two parts:

- Information sheet (to share information about the study with you); and
- Certificate of consent (for signature should you choose to participate in the study)

You will be given a copy of both to keep.

Part I: Information sheet

Good morning/afternoon.

My name is _____ from _____.

I am here today on behalf of the DRPH-HLA project, a Rockefeller Foundation-funded project that is working to develop a Doctor of Public Health (DrPH) doctoral programme curriculum to be delivered in our country and other African schools of public health.

We are currently carrying out a training needs assessment, and are inviting respondents like you with a given interest in such a potential programme. I would like your permission to talk with you today about your ideas and experiences related to this topic.

You are at liberty to answer or not answer any or all of my questions. You may end our discussion at any time. Nothing you say will be directly attributed to you in any way.

However, we need to release information about core competencies which the programme needs to build upon, both in terms of recommendations on content and modalities. We seek your consent to do so.

We may need to meet you on a different day to follow up on your answers and ideas expressed in this interview. We seek your consent to do so.

To ensure I have a complete record of everything you say, I would like to audio record our conversation. However, only the Training Needs Assessment team at my Institute will be able to listen to the recording. Your identity will not be revealed in any research findings.

Do you agree to participate in this interview and a subsequent meeting if required?

Yes ☐ No ☐

If no i.e. you do not agree to participate, we thank you for your time.

If yes i.e. you agree to participate

Do you agree to the interview being tape recorded? Yes ☐ No ☐

If respondent agrees to the interview:

_____

Name or signature or initials of respondent

Do you have any questions before we start?

If respondent agrees to participate, and agrees to be recorded, start the recorder, and say - Interview on *date*, and for the benefit of the recorder note that the respondent has consented to this interview.

7.2 APPENDIX 2: DATA COLLECTION INSTRUMENTS

7.2.1 Generic document review tool

Section	Information
1. Reference	
Full document reference	
Document type	
Researcher name & date of completion	
2. Contents	
Minimum Information Requirement – Relevant topic (s)	
Topic …	Brief summary of relevant information
Topic …	Brief summary of relevant information
Etc.	Brief summary of relevant information
3. Context	
Audience	Who is document aimed at?

Circulation	If known, how many copies were made and to whom was it circulated?
4. Researcher Reflections	
Are there any obvious gaps or bias? When reading this document, what else did it make you think about?	

7.2.2 Key respondent in-depth interview and focus group discussions topic guide

Terminology

Brief explanation of terminology to be provided to all respondents before the interview starts. This will ensure that we are all thinking and talking about the same thing.

In this interview we are focused on the concept of strategic leadership. We use the term as part of terminology related to levels of leadership[vii]. The three broad levels or domains of leadership are:

- Team: The leader of a team of some 10 – 20 people with clearly specified tasks to achieve. An example would be the head of a sub-district health team or the head of a research team.
- Operational: The leader of one of the main parts of the organization with more than one team leader under their control. This is already a case of being a leader of leaders. An example would be a district director of health services with the district health management team several sub-district health team leaders operating under their leadership
- Strategic: The leader of a whole organization with a number of operation leaders under their personal direction. An example would be a regional or provincial director of health service or a national director of a health service or a big NGO.

The focus of the professional doctoral level program in connection with which we are interviewing you is the training and capacity building of strategic leadership for the health sectors of Africa.

Background on respondents and interview

Individual or Participant group	
Name(s)	
Date of interview/group discussion	
Place	
Facilitator(s)	
File Name	
Is the recorder working?	
Consent given?	

Interview Guide

PART A: INDIVIDUAL STRATEGIC LEADERSHIP SITUATION AND CAPACITY BUILDING NEEDS

Items here are related to the specific objectives to describe the perceptions of individuals in strategic leadership (past and present) and health sector stakeholders as to the needs for strategic leadership in the health sectors of Africa and what the curriculum content for individual capacity building should contain

1. Describe any past and present personal leadership roles and experiences in the health sector
2. From past and present experiences what would you describe and the core /key competencies individuals in strategic leadership in the health sector need?
3. How are these competencies acquired?
4. What should be looked for in selecting /appointing strategic leaders for the health sector?
5. What should go into the training and preparation of such leaders?
6. We are designing a professional doctoral level program to train strategic leaders for the health sector, what suggestions might you have as to what the design of this program should look like in terms of content, structure, process?
7. Please indicate (and explain your answer) if you would agree that some understanding and competence related to the items in the list below should be part of the core competencies that someone trained in this program should acquire
    a. Critical thinking and analysis
    b. The ability to work in multi-disciplinary teams /teamwork
    c. An understanding of community and cultural issues and ability to understand and work across different communities and cultures
    d. Policy development, analysis, communication and advocacy
    e. Health politics, policy and law
    f. Professionalism and ethics
    g. Systems and complexity thinking
    h. Change management
    i. Academic linkages and brokering

PART B: INSTITUTIONAL CONTEXT OF STRATEGIC LEADERSHIP AND IMPLICATIONS FOR CAPACITY BUILDING

Items here are related to the objective to scope, understand and describe the nature of the institutions in which strategic leaders in African Health Systems work and the kinds of capacity that these leaders need to have to be able to strengthen these institutions and systems

1. What are some of the institutions and organizations in which we can anticipate that strategic leaders in this country /in Africa would be working?

2. What is your opinion about the nature of these institutions and what you need to know to be an effective leader in such an institution? Why?
3. What are the implications for capacity building and training of the leaders of these institutions?
4. How should we go about making sure that people being trained to be the next generation of leaders in these institutions are well equipped to move the institutions forward and help them to achieve the mission of public health to ensure the conditions in which societies can be healthy?

PART C: ENVIRONMENTAL CONTEXT OF STRATEGIC LEADERSHIP AND IMPLICATIONS FOR CAPACITY BUILDING

Items here are related to the objective to Scope, understand and describe the wider context for strategic leadership, the related training needs within African health systems and the implications for design of the DRPH HLA program

1. From your experience and observation, how would you describe the wider environmental (i.e. international, national, regional /provincial and district) context in which strategic leaders in the health sectors of Africa work
2. What are the implications of this for developing leadership training and capacity building?
3. How does this affect the kind of skills that strategic leaders need to have to effectively lead in these environments?

PART D: INSTITUTIONS THAT CURRENTLY PROVIDE STRATEGIC LEADERSHIP TRAINING FOR SUB-SAHARAN AFRICA

Items here are related to the specific objective to scope, understand and describe institutions and programs that currently provide strategic leadership training in health for Africa, what they offer, and what can be learned from their activities and experience about leadership training needs in Africa and optimal training approaches

1. Where and how – to the best of your knowledge – are strategic leaders in the health sector currently trained / Do you know any institutions that currently provide formal training and capacity building for such leaders?
2. What about informal training and capacity building?
3. Are you aware of the content /curriculum of these programs?
4. If you are aware what is your opinion of the content /curriculum?

7.2.3 Draft questionnaire for validation of core competencies

The Association of Schools and Programs of Public Health (ASPPH) has suggested the following as core competencies needed by a DRPH graduate[viii]. These competencies are grouped into 7 domains. We have based on a desk review and qualitative interviews also integrated suggestions as to competencies needed by a DRPH graduates aspiring to strategic leadership positions in the health sectors of countries and health institutions in Sub-Saharan Africa. Please indicate against each competency whether you agree or disagree. Please provide any explanations for your answer in the space provided.

1. DOMAIN: ADVOCACY

Definition: The ability to influence decision making regarding policies and practices that advance public health using scientific knowledge, analysis, communication and consensus building

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
Analyze the impact of legislation, judicial opinions, regulations, and policies on population health			----------
Establish goals, timelines, funding alternatives, and strategies for influencing policy initiatives			
Design action plans for building public and political support for programs and policies			
Develop evidence based strategies for changing health law and policy			
Understand and utilize international diplomacy and negotiation skills for the promotion of health			

2. DOMAIN: COMMUNICATION

Definition: The ability to assess and use communication strategies across diverse audiences to inform and influence individual, organization, community and policy actions

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
Discuss the inter-relationships between health			----------

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
communication and marketing			
Explain communication program proposals and evaluations to lay, professional and policy audiences			
Employ evidence based communication program models for disseminating research and evaluation outcomes			
Guide an organization in setting communication goals, objectives and priorities, including risk communication during epidemics/pandemics			
Create informational and persuasive communications			
Participate actively and meaningfully in international health discussions and fora			
Integrate health literacy concepts in all communication and marketing initiatives			
Develop formative and outcome evaluation plans for communication and marketing efforts			
Prepare dissemination plans for communication programs and evaluations			
Propose recommendations for improving communication processes			

3. DOMAIN: COMMUNITY /CULTURAL ORIENTATION

Definition: The ability to communicate and interact with people across diverse communities and cultures for development of programs, policies and research

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
Develop collaborative partnerships with communities, policy makers, and other relevant groups, esp MDAs and civil society organisations			Reason /comments ----------

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
			----------
Engage communities in creating evidence based, culturally competent programs			
Conduct community based participatory intervention and research projects			
Design action plans for enhancing community and population based health			
Assess cultural, environmental, and social justice influences on the health of communities			
Implement culturally and linguistically appropriate programs, services and research			

4. DOMAIN: CRITICAL ANALYSIS

Definition: The ability to synthesize and apply evidence based research and theory from a broad range of disciplines and health related data sources to advance programs, policies and systems promoting population health

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
Apply theoretical and evidence based perspectives from multiple disciplines in the design and implementation of programs, policies, and systems			----------
Interpret quantitative and qualitative data following current scientific standards			
Design needs and resource assessments for communities and populations			
Develop health surveillance systems to monitor population health, health equity, and public health services			
Synthesize information from multiple sources for research and practice			
Evaluate the performance and impact of health programs, policies and systems			
Weigh risks, benefits, and unintended			

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
consequences of research and practice			

5. DOMAIN: LEADERSHIP

Definition: The ability to create and communicate a shared vision for a positive future; inspire trust and motivate others; and use evidence based strategies to enhance essential public health services

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
Communicate an organization's mission, shared vision, and values to stakeholders			----------
Develop teams for implementing health initiatives			
Collaborate with diverse groups			
Influence others to achieve high standards of performance and accountability			
Guide organizational decision making and planning based on internal and external environmental research			
Prepare professional plans incorporating lifelong learning, mentoring, and continued career progression strategies			
Create a shared vision			
Develop capacity building strategies at the individual, organizational and community level			
Demonstrate a commitment to personal and professional values			

6. DOMAIN: MANAGEMENT

Definition: The ability to provide fiscally responsible strategic and operational guidance within both public and private health organizations for achieving individual and community health and wellness

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
Implement strategic planning processes			----------
Apply principles of human resource management			
Use informatics principles in the design and implementation of information systems			
Align policies and procedures with regulatory and statutory requirements			
Deploy quality improvement methods			
Organize the work environment with defined lines of responsibility, authority, communication, and governance			
Develop financial and business plans for health programs and services			
Establish a network of relationships, including internal and external collaborators			
Evaluate organizational performance in relation to strategic and defined goals			

7. DOMAIN: PROFESSIONALISM AND ETHICS

Definition: The ability to identify and analyze an ethical issue: balance the claims of personal liberty with the responsibility to protect and improve the health of the population; and act on the ethical concepts of social justice and human rights in public health research and practice

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
Identify and Manage potential conflicts of interest encountered by practicioners, researchers, and organizations			----------
Differentiate among the administrative, legal, ethical, and quality assurance dimensions of research and practice			

Upon graduation a DRPH trainee should be able to:	Agree	Disagree	Reason /comments
Design strategies for resolving ethical concerns in research, law and regulations			
Develop tools that protect the privacy of individuals and communities involved in health programs, policies, and research			
Prepare criteria for which the protection of the public welfare may transcend the right to individual autonomy			
Assess ethical considerations in developing communications and promotional initiatives			
Demonstrate cultural sensitivity in ethical discourse and analysis			

8. DOMAIN: OTHERS

Are there any other areas, which have not emerged but you feel should have /should be included in the competencies of DRPH graduates who aspire to strategic leadership positions in institutions and health sectors in sub-Saharan Africa. Please explain the area under definition and list any related competencies

Definition: …….

Upon graduation a DRPH trainee should be able to:	Reason /comments
	========----------

8 REFERENCES

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