

Country Story Egypt

Egypt's Leadership Development Programme born at the Cairo, Egypt, IBP Meeting, 2002

Introduction

The IBP Consortium unveiled its new strategy and enhanced processes at a meeting in Cairo, February 2002. Some 152 participants attended, including country teams from Egypt, India, Jordan, Lebanon, Pakistan, Palestine, Turkey and Yemen.

IBP partners used innovative approaches to first foster the sharing and exchange of information and then introduced change management and performance improvement techniques to define and develop country plans to implement selected best practices to improve reproductive health. Each country team selected a performance improved goal they wished to achieve within 18 months that would make a specific contribution to improving reproductive health.

In Cairo differences from the Nepal meeting reflected the new, more locally focused approach of the Initiative.

- Country teams from Egypt and Jordan formed before the meeting, with support from their ministries of health and local organizations and agencies.
- A survey assessing information needs was undertaken to tailor the agenda of the meeting to local information and managerial priorities.
- The meeting agenda put more emphasis on leadership, the management of change, and how to use the Performance Improvement process.
- A more structured follow-up programme intended to assure ongoing support.
- In each country a follow-up organization—generally, an IBP partner already working in the country—committed to support the ongoing work of a country team.
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The Cairo meeting sparked ambitious activities in several of the participating countries, particularly Egypt, Jordan and Turkey.

A full report of the meeting including the evaluation of each interactive training session and a summary of the follow-up programme is available on the WHO website.

http://whqlibdoc.who.int/hq/2003/WHO_FCH_RHR_03.13.pdf

Egypt's Story,

In 2002 Dr Morsi Mansour, the Coordinator of Population and Family Planning Projects in Upper Egypt for the Ministry of Health and Population (MOHP), attended the Implementing Best Practices Conference in Cairo, where he heard a plenary talk on “Best Practices for Developing Managers Who Lead”, presented by IBP partner Management Sciences for Health (MSH). Impressed by the

approach he worked with his team to select a performance goal focused on improving leadership and managerial skills at the district level. The day after the meeting finished Dr. Mansoor organized a meeting between the many stakeholders present and representatives of USAID and the Ministry of Health. They discussed their work plan and requested assistance from USAID to fund MSH to work with ministry managers and conduct a one-year Leadership Development Program (LDP) in Aswan District, after which the Ministry of Health would absorb and continue the programme.

RESULTS:

2003 - 2005

In 2003, after participation in the LDP, the districts of Aswan, Daraw and Kom Ombo increased the number of new family planning visits by 36%, 68% and 20%, respectively. The number of prenatal and postpartum visits also rose. *After USAID funding ended, local doctors and nurses scaled up the programme to 184 health care facilities, training more than 1000 health workers.*

2005 - 2007

From 2005 to 2007 the LDP participants in Aswan Governorate focused on reducing the maternal mortality rate as their annual goal. They succeeded. The maternal mortality rate fell from 85.0 per 100,000 live births to 35.5 per 100,000. This reduction was much greater than those in similar governorates. Managers and teams across Aswan thus demonstrated that their commitment and willingness to take responsibility and manage change to improve the quality of services enabled them to scale up effective maternal health interventions.

Scaling up globally.

In 2005 Ministry of Public Health officials from Afghanistan went to Aswan to learn the LDP approach. They replicated the programme in five Afghan provinces that year. Now the LDP is used to improve service results in over 100 health facilities in 13 provinces across Afghanistan.

In all, the LDP has been adopted in 36 countries around the world and used to scale up a variety of proven public health interventions. LDP tools and approaches are also being introduced into medical and public health curricula in Africa, Latin America and the Eastern Mediterranean.

Story contributed by Management Sciences for Health

Personal story – Why did this work

According to Joan Galer (Senior Adviser, MSH) the most valuable attribute of IBP is the fact that it pulls together so many diverse elements. It links the technical providers with the users and functions as a kind of market place. Another asset is that it encourages participatory performance improvement. It is the active exchange of knowledge and the creating of valuable networks. However the outcomes from networking are hard to measure.

Although Joan was at first slightly skeptical about the added value of the Initiative she became convinced of its worth during the Egypt meeting. The main success story for her personally was the

launch of the Leadership programme for the Egypt MoH by MSH after the Egypt IBP inter-country meeting. The programme continued for many years and is very successful.