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THE ALBANIA HEALTH SECTOR LEADERSHIP STUDY

TECHNICAL REPORT - SEPTEMBER 2011

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

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ACRONYM LIST

CME	Continuing Medical Education
COP	Chief of Party
CSO	Civil Society Organizations
EEHR	Enabling Equitable Health Reforms Project
GOA	Government of Albania
HC	Health Center
HII	Health Insurance Institute
HIRD	Health Insurance Regional Directorate
HRM	Human Resources Management
INSTAT	Institute of Statistics
IPH	Institute of Public Health
IPPF	International Planned Parenthood Federation
LDP	Leadership Development Program
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NCCE	National Center for Continuing Education
NCQSA	National Center for Quality, Safety, and Accreditation
PHC	Primary Health Care
OD	Organization Development
RHA	Regional Hospital Authority
SII	Social Insurance Institute
SD	Service Delivery
USAID	United States Agency for International Development
VLDP	Virtual Leadership Development Program
WHO	World Health Organization

I. EXECUTIVE SUMMARY

The Government of Albania (GOA) has recently enacted a series of laws - the Basic Health Care Law, Public Health Law, and the Law on Health Insurance - that are intended to reform the health care system and provide greater access to affordable, quality health care for all Albanians. Implementation of this legislative framework, which defines the roles and functional responsibilities of the Ministry of Health (MoH), Health Insurance Institute (HII) and other health sector institutions, requires sound institutional governance and resourceful and empowered leadership and management at all levels.

The Enabling Equitable Health Reforms (EEHR) project is a five-year initiative to “increase access to essential services for the poor in Albania by working with key Albanian institutional partners to sustain an enabling environment facilitating meaningful reforms at the national level and field-testing approaches and tools that promote reforms at the regional level.”

As a key component of this project, Management Sciences for Health (MSH) was chosen as a sub-contractor to Abt Associates to provide leadership development for managers at both the central and district levels of the health sector. MSH’s mandate is as follows:

“MSH will provide one long-term Leadership Development Specialist as well as technical assistance to facilitate 2 Leadership Development Programs (LDP) in Years 1 and 3 and 1 Virtual Leadership Development Program (VLDP) in Year 3. The LDPs and the VLDP will help to develop leadership and management skills among key health sector actors from governmental and non-governmental organizations at national and regional levels as they work together to implement health policies and reforms to increase access to quality health care services, especially for the poor.”

In September, 2011 a field trip was conducted to review the current leadership and management environment in Albania to determine the specific needs of the target audience, and to develop a plan for addressing those needs, potentially through the LDP and the VLDP.

This consultancy found that the stakeholders in government and non-government organizations in Albania need and demand leadership and management capacity building, and have a very clear idea of the kind of leadership skills that are needed to shepherd their country through the implementation of health reform. However, it is the conclusion of this report that it is premature to launch an LDP at this time. Further, while leadership development is needed in the sector, the primary initial focus is recommended to be the highest levels of health sector management in the form of an interactive, hands-on Senior Leadership Symposium. An outline of such a program is included in this report.

The methodology used for this assessment was primarily personal interviews, plus one group activity was facilitated to generate data from a larger number of people. Questionnaires and surveys were not used as they were assessed to be inappropriate in the Albanian context.

This assessment was undertaken in full recognition of the policy, governance, structural, environmental, and organizational challenges raised in the three EEHR project technical reports, dated July 2011.

2. BACKGROUND

2.1 ENABLING EQUITABLE HEALTH REFORMS PROJECT

As summarized in the project's governance review dated July 11, 2011, the Government of Albania (GOA) has recently enacted a series of laws - the Basic Health Care Law, Public Health Law, and the Law on Health Insurance - that are intended to help reform the health care system and provide greater access to affordable, quality health care for all Albanians. Implementation of this legislative framework, which defines the roles and functional responsibilities of the Ministry of Health (MOH), Health Insurance Institute (HII), other national health institutions and local health departments, requires sound institutional governance. Health sector leaders must: understand the role of each institution within the overall system and its relations with the others; effectively manage resources and operations access and use data for priority-setting and management decision-making; and adopt a set of regulations, procedures, systems and tools that effectively operationalize the intent of the legislation.

The USAID-funded EEHR Project is a five-year effort designed to increase access to essential health services for the poor in Albania by helping to remove existing barriers and constraints to reforms at the national level and field testing approaches and tools that support implementation of a feasible set of reforms at the regional level. The project is designed to support and empower Albanian institutions to lead the design, implementation, and monitoring and evaluation of selected feasible and effective health reforms. These activities are aligned with, and will support implementation of, the MOH's Health Sector Strategy 2007-2013.

EEHR collaborates closely with Albanian stakeholders to employ three strategies to improve and expand access to essential health services by the poor in Albania:

- Improve health reform policy and planning to institutionalize effective policymaking processes and to encourage increased reliance on evidence to inform policymaking;
- Improve capacities to implement a set of feasible and effective health reforms in selected locations; and
- Improve advocacy and communication around health reform within the GOA, health sector, donors, and among the general population.

One of the key technical supports being offered by the project to the stakeholders to achieve their policy and health care reform goals is leadership and management development designed to build the capacities of managers within individual institutions and cross-sectorally. In this period of transition it is critical that health sector managers in all institutions and at all levels develop leadership and management skills so they can develop and articulate a compelling vision for the future, set goals to move toward that vision, develop plans for achieving the goals, and hold themselves and others accountable for achieving results.

2.2 HEALTH SECTOR REFORM AND LEADERSHIP¹

The transition that the health sector in Albania is undergoing is typical of global trends observed over the past three decades as central governments move away from being direct providers of health services to a policy and oversight role while financing health services through health insurance. This fundamental change is often accompanied by increasing decentralization and is undertaken in an environment of increasing demand for services, especially where certain disease

¹ *Managers Who Lead: A Handbook for Improving Health Services*, Management Sciences for Health, Cambridge, Massachusetts, 2005, Chapter 5.

burdens are high. These factors consequently change the roles of actors within the system, initially leading to confusion and, possibly, a leadership vacuum.

There are six characteristics of a good health system that represent the standards to which a country undergoing a transition of this nature can aspire:

1. Orientation toward health rather than disease
2. Equity, quality, and efficiency
3. Decentralization of decision-making
4. Accountability and transparency
5. Active participation of the population
6. Collaboration between the public and the private sectors in producing health services.

In the process of reforming the health care system and moving toward the ideal health system described above, there are major shifts that occur throughout the system and at different levels.

- System wide. A new mindset is created in which the system is driven by local health needs. This requires strong partnerships among all the stakeholders in the system and across governmental agencies as well as clear articulation of roles and responsibilities.
- Central Level. At the central level of government, and specifically at the MOH, the shift is from director/provider of health services to stewards of the system seeking to serve the needs of the people, allocating resources equitably, and setting standards and policy to guide the health sector actors in providing quality care.
- District and Local Levels. Once again, the shift is from implementing ministry directives and providing direct health services by to making strategic choices related to the equitable and efficient use of limited resources.

These shifts represent not only organizational changes, but also cultural changes and require managers to take on new responsibilities that are quite different from those they may have had prior to the reform. At the Central Level these new responsibilities typically include:

- Facilitating the work of others
- Coalition-building and managing relationships among stakeholders
- Negotiating (e.g. with the Ministry of Finance for support of health initiatives and investment in health care)
- Providing technical support to others within the system (e.g. for drug procurement and distribution)
- Providing links to international health organizations.

In summary, the central level managers must act through persuasion, encouraging dialogue, and initiating and maintaining consultative relationships with the diverse actors within the health sector. In order to effectively play their roles in the newly redefined health care system, managers at the central level must not only be technically proficient, but must also use effective leadership practices that promote the success of the institution's contribution to the reform process throughout the health sector. Some of these leadership practices are:

Scanning for factors that affect people's health throughout the country, to understand the contribution of each of the actors in the health sector to the health of the populace, and to understand the interests and needs of all of the stakeholders, including those of the people served.

Focusing on strategic and operating plans to ensure that the health system, through the various actors, is focused on meeting the broad objectives and needs in the health sector. This involves anticipating challenges, setting priorities, making decisions about where to allocate resources, and determining what actions to take and who in the system should be responsible for taking these actions.

Aligning and mobilizing resources and stakeholders around strategies and needs to ensure the equitable distribution of resources. In addition to having clear policies, this requires creating the

mechanisms to engage the public, the media, politicians from all political parties, civil society organizations (CSOs), and religious, social, cultural, and educational institutions to address the needs of all segments of the population, especially the needs of the most vulnerable persons within the country. It also means linking donors and NGOs with communities, regions, and groups, who lack access or resources, and encouraging individuals and families to take responsibility for their own health.

Inspiring long-term dedication to the vision of health system reform in order to transcend group interests in favor of national health interests. This requires the recognition of the contributions of others and a commitment to openness, transparency, and a willingness to trust others.

Clearly routine management skills are needed at the central level, but the most important of those is monitoring and evaluating results to assess the impact of policies and programs. This activity supports evidence-based decisions which in turn lead to clearer policies and more effective programs and ultimately improved health outcomes for the population as a whole.

Since the managers at the District Level are no longer simply implementing ministry directives the managers' new responsibilities brought about by health sector reform require them to juggle the local and national resources (human and financial) and regulations and prepare for the future needs both effectively and efficiently.

In order to carry out these responsibilities and act effectively in their new roles, managers at the district level clearly need technical proficiencies, but also the ability to apply the following leadership and management practices:

- Scanning local needs by studying and using health, demographic, epidemiological, and other data sources, talking with local leaders, health care facility staff, and citizens. Also, scanning national policies and guidelines to ensure that local activities are in compliance with them and ensuring the most effective use of resources.
- Focusing on and planning for addressing local challenges with the involvement of the community in order to establish priorities and specific actions to be taken to overcome these challenges.
- Aligning stakeholders, sectors and levels of government to request support and find areas of collaboration.
- Inspiring local commitment by developing a compelling shared vision for better health in the district and then producing results and sustaining ownership.

Clearly routine management practices are needed at this level as well and Monitoring and Evaluation (M&E) are critical among these to ensure that programs are being effectively implemented and achieving results.

2.3 LEADERSHIP DEVELOPMENT PROGRAM

It is proposed that the Leadership Development Program (LDP) be offered within the health sector in Albania and targeted initially to the central and district levels of the public institutions to build the leadership and management skills required to affect the ambitious health sector reform in Albania and identified above.

The LDP is a team-based approach that focuses on developing the leadership and management abilities of individuals working in teams to overcome common challenges and achieve results that benefit the team's work. This makes it different from the many traditional leadership development programs that are often conducted in a single, offsite workshop attended by top leaders who focus on developing individual leadership skills. These programs often reinforce the notion that some people are 'born leaders' and just need to add a few skills to their natural abilities.

In contrast, the LDP approach invites teams at all levels of an organization to participate and acquire leading and managing skills. The LDP approach demystifies leadership by teaching participants to apply leading and managing practices to address their day-to-day challenges. This innovative, comprehensive approach enhances the work climate, promotes a systems management culture, and fosters the ability of the group to adapt to change.

The program has been applied successfully globally within organizations to support improved operations and organizational change, and between/among two or more institutions to affect systemic/sectoral change.

A full description of the program is contained in Annex 2 and its proposed implementation in Albania is included in the recommendations.

3. OBJECTIVES AND APPROACH

The objectives of this report are to summarize findings related to leadership and management capabilities within the public sector institutions in Albania as well as specific development needs that would inform the adaptation of the LDP to the Albanian context. In addition, the purpose of the report is to offer specific recommendations regarding implementation.

The methodology used for this assessment was primarily personal interviews, but one group activity was facilitated to generate data from a larger number of people. In all, 41 people were interviewed including representatives from various institutions in the health sector, including the MOH - central and district levels, HII - central and district levels, a district hospital, the National Center for Continuing Education (NCCE), the NGO community, USAID's Telemedicine Project, the private university ISSAT, the University of Tirana Faculty of Medicine, the Order of Physicians, and the Order of Nurses. Please see Annex I for a list of contacts.

The questions used in the interviews revolved around the leadership and management strengths and weaknesses within the Albanian health sector observed by the interviewee, and the leadership and management content they thought should be included in a leadership development program.

The interview methodology was chosen as the most appropriate in the Albanian context.

3.1 ASSESSMENT OPPORTUNITIES AND LIMITATIONS

This assessment was undertaken at a particularly busy time in the life of the project which represented both an opportunity to learn about the broader project and also meant that the staff was stretched thin, so having another consultant on site was difficult for them.

Particular opportunities offered included attendance at four major project meetings: the Monitoring and Evaluation Core Group Meeting (9/20), the Health Insurance Institute (HII) Policy Priority Setting Meeting (9/22), the MOH and other stakeholder Policy Priority Setting Meeting (9/28), and the initial meeting (9/29) of the Reference Group which was to be the core of the Policy Steering Committee proposed in the earlier governance report. It was also a time when the staff was launching research in the districts and this provided an opportunity to accompany them.

4. OVERVIEW OF LEADERSHIP AND MANAGEMENT

4.1 CURRENT SITUATION

In general the current situation in Albania mirrors the struggles that other countries go through when making the types of transitions that the health sector in Albania is going through. There is a great deal of confusion regarding roles and responsibilities as well as chain of command and although the professionals from the various health-related institutions are well aware of what is needed to accomplish the goals of reform, they do not, at this time, have the conditions or tools to take the steps required.

The interviews conducted confirmed the findings of the governance assessment and painted a picture of a health sector characterized by a highly centralized structure with an ongoing culture of centralized, top-down authority and limited decision-making beyond the ministerial level. It is also beset by challenges surrounding unclear roles and responsibilities within and between institutions which is compounded by insufficient coordination and communication between and within institutional players in the health sector. Exacerbating these challenges are the rapid turnover of personnel and difficulties in recruiting and hiring.

One particular challenge that the Albanian government agencies, through the MOH and the HII, as well as other institutional actors, have is that of articulating a clear vision and reporting results. This has the potential of limiting the public's perception of the transparency of the government in the health sector and could lead to the view that the health sector is not a priority for the government.

The Albanian health sector also operates in an environment of highly limited resources and a dearth of quality health data on which to make evidence-based decisions. As a result, the risk is that decisions appear to be somewhat arbitrary, especially when decisions and procedures change with political changes at the upper levels of management, and that decisions might not result in the efficient use of scarce resources.

The combination of highly centralized authority, poor decision-making, and high turnover accompanied by changing policies and procedures and poor enforcement of recruiting regulations has led to many reports of lack of motivation and feelings of disempowerment within the government institutions at all levels.

The NGO community, another focus of the EEHR program, offers a contrast to the public institutions because there is a great deal of enthusiasm and motivation. The NGOs in Albania offer direct services to most at risk populations and people with disabilities and HIV/AIDS. One of the largest NGOs, is the Albanian Center for Population and Development (an International Planned Parenthood Federation member association) works in the area of family planning and reproductive health. Another highly specialized NGO is the Health Journalists Club, which works to promote media coverage of health-related news. Although many of these organizations are successful in their service provision efforts, they have not yet focused on advocacy and are therefore not unfortunately recognized as full partners in health service planning or in policy development.

4.2 LEADERSHIP STRENGTHS – THE IDEAL

As mentioned earlier, one purpose of this assessment was to determine what leadership and management capabilities currently represent strengths in the Albanian health sector. Although almost all of the interviewees were reluctant to answer this question, it is clear from their answers that there are many men and women in the health sector as a whole who have fine leadership attributes that include: professional values around caring for the sick and meeting the health needs

of the population; a thirst for knowledge; sound problem identification and clear and forthright articulation of challenges and obstacles; a sincere desire for change in the health sector; and an understanding that improved leadership would lead to more effective organizations. As one interviewee put it “Every institution is the extended shadow of its leader” so you need good leaders to have good institutions.

While the interviewees avoided talking about leadership strengths currently demonstrated in the health system, they were clear about the ideal leadership characteristics they would like to see:

- Vision and ideals – someone who is inspiring and motivates the people around him/her
- Principles and good values.
- Good communications skills and the commitment to encouraging dialogue and participation.
- Strong planning, administrative and organizational skills as well as implementation.
- Ability to see, hear and understand the needs of the people
- A service-orientation
- Dedicated to compromise and consensus
- Consultative in approach
- Tolerant, open-minded, and calm
- Ability to delegate effectively
- Identify clear roles and responsibilities
- Good decision-maker
- Strong team player

Two people in particular were lifted up as having especially good leadership skills. The words used to describe them were energetic hard working, highly organized, visionary, personable, persuasive, participative, concerned/caring, open, flexible, responsible, aware, good problem-solver, good at delegating, good communications, motivational, good manager, and good financial knowledge.

Most of the interviewees expressed the opinion in one way or another that there is no lack of potentially capable and effective leaders, and yet circumstances, within and between institutions, inhibit their ability to succeed and obtain results.

4.3 LEADERSHIP DEVELOPMENT NEEDS

One of the most powerful statements about the professional development needs in the health sector was “We can’t reform the system until we reform ourselves.”

There was universal agreement that for Health Sector Reform to be successfully accomplished leaders at all levels within the system and within institutions need to be developed. It is an essential component in the reform process and the specific leadership development needs identified correspond with the leadership and management skills typically required for countries at the same stage of transition.

Although most of the participants pointed to the full list of “ideal” attributes as the key leadership development needs in Albania, the ability to create and express a vision was the most commonly mentioned developmental leadership requirement, and the consultant agrees that this is essential. This includes the development of a clear vision for health sector reform to inspire the entire health sector to make the necessary changes. This vision needs to be well-branded and consistent should reflect the wants and needs of all stakeholders. People at lower levels also need to develop this leadership skill in order to inspire those who work with them.

Other leadership practices and skills mentioned were:

- Alignment - specifically collaboration, coordination, communication and partnership, – within and across institutions.
- Decision-making – especially making evidence-based decisions

- Planning – strategic, operational and action, planning cycle
- Results orientation - goal-setting and achievement of results
- Critical thinking
- Innovation
- Team work and promoting a participatory process
- Openness and encouragement of a learning culture. Values and transparency.

In addition to general leadership and management skills, the consultant was pleased to find that there is a general consensus that it is critical to build the technical skills of individuals in leadership and management positions. Some of the specific technical skills mentioned by interviewees were: supervisory skills; M&E data collection, reporting, analysis, and use (facility with HMIS system); budgeting and financial management; hospital management; epidemiology; the Albanian Health Care System (rules, regulations and procedures and their implementation); treatment protocols; logistics and resource management (financial and human resources); health planning and management (quality of health care).

5. RECOMMENDATIONS

5.1 LDP IMPLEMENTATION CHALLENGES

Although the underlying assumptions, the contract, and the Scope of Work for the initial trip anticipated a straight-forward application of MSH's Leadership Development Program (LDP), there are serious questions as to whether or not that is an appropriate course of action at this time and, if so, what adaptations would need to be made. There are a number of challenges that would need to be surmounted and obstacles to be overcome that lead to the conclusion that it is premature to proceed with the LDP at this time. The recommendations in this report reflect the observations made in the field and the findings of this consultancy.

5.2 RECOMMENDATIONS

Phase I: Senior Leadership Symposium

A fundamental conclusion of this assessment is that prior to any leadership or any other organizational development activity at the middle management level of any of the health sector institutions or cross-sectorally, there needs to be a focus on leadership development at the upper levels (the Health Sector Task Force, the General Secretaries and Directors). To distinguish this activity from the LDP we recommend to launch later with middle-management participants, we recommend that the project offer a Senior Leadership Symposium.

The content of the symposium draws on what is known about the leadership and management practices that are typically required by senior leaders at the central level when a health sector reform is underway and will be tailored to the Albanian context. Specifically, this program will address the changes in responsibilities anticipated by the reform transition that is in process and the associated changes in leadership behaviors needed to steward these reforms.

We propose to organize this event for a small group of ten to twenty senior managers at the director level and above and representing the major stakeholders in the reform process (MOH, HII, other public institutions, the Orders of Doctors and Nurses, the NCQSA, the NCCE and the NGOs). It will be a multi-day program of up to three days that includes a direct experience with the health systems in action at the local level – health care centers, hospitals, pharmacies, the RHD and local HII offices. Thus, the event will take place at a location where easy access to a variety of health care providers is possible. The purpose of this is to (a) ground all discussions in the realities of

health care delivery to the population and (b) create a common experience of challenges that need to be addressed by the actors together rather than in a fragmented way. From experiences with this approach elsewhere in the world we know that the common experience has the result of improving relationships and lines of communications that will facilitate the work to be done in the future.

Using the field experience as a basis, some of the key topics to be covered in the remainder of the symposium will include: both developing and communicating a shared vision; identifying and exploring leadership practices required at the Central and District Levels; problem identification, prioritization and action planning; communicating; collaborating; and coalition-building; scanning; and monitoring/evaluating results.

In the final stages of the Senior Leadership Symposium, we will explore with the senior leaders how to maintain momentum and accountability and it is likely that a second symposium will be proposed. If so, a second Senior Leadership Symposium will be developed and offered to meet the expressed needs of the senior leaders.

The outcomes of this program will include:

- strengthening of leadership at the senior level,
- engagement of senior managers in supporting the mid-level managers as they begin to practice new leadership and management behaviors, and
- increased support and understanding of strategies to implement .the four key areas where the EEHR project will support health reform implementation.

5.3 POTENTIAL FOLLOW-ON ACTIVITIES

5.3.1 PHASE I: LEADERSHIP DEVELOPMENT PROGRAM

In parallel with the second Senior Leadership Symposium, we will launch a traditional LDP. We expect that the choice of target audience for this LDP will arise organically from the Senior Leadership Symposium and will be part of the plan that they develop.

However, one possible initial focus might be on the teams represented in the Core Group. These would be M&E and Planning teams from the MOH and HII, and may include others. An LDP focused on this audience could also be “enriched” to include some technical training in M&E offered by project staff members or others.

5.3.2 LATER PHASES

Foundational Human Resource Management (HRM) and Organization Development (OD) with the MOH

In any health sector reform of this nature, it is important for the MOH to be strong and capable of leading the reform. The project’s governance report and information gathered in this consultancy, including comments from the interviewees, suggest strongly that this is not the case for the Albanian MOH.

Again, these activities may grow organically from the Senior Leadership Symposium, but could include basic, “shirt-sleeves” organization development (OD) activities in the following areas:

- Basic HRM - Definition of roles and responsibilities, refinement of position descriptions, and structures, etc.
- Work flow planning and time management/priority setting
- Strategic and/or operational planning
- Mini-courses: on appropriate topics

At a later time, it might also be appropriate to facilitate an organizational self-assessment of institutional existence (mission, vision, values), governance, management systems, including human resource management, financial management, information technology, etc. with the idea that the institution itself would prepare an organizational strengthening plan and implement it.

5.3.3 OFFER LDP TO NGOS

The NGOs are eager for some leadership development and have been talking about developing a program themselves (through the IPPF affiliate). An LDP targeted to the NGO community should focus on advocacy and support the project's focus on strengthening NGOs.

5.4 SUSTAINABILITY

Typically sustainability of the learning happens as leadership behaviors changes and they are internalized and then ingrained in the organization. Sustainability of the learning within the Albanian public health institutions in or within the health sector as a whole is particularly challenging as the current environment is marked by rapid turnover. There have been many prior trainings in both technical and management areas that lasted from a couple of days up to five months, but have not contributed to long-term organizational strengthening due to the rapid turnover of staff.

Once the senior managers are engaged and dedicated to change, we can explore with them and others how the learning can be sustained.

Another aspect of sustainability is the ability of a leadership development training/support event to be continually offered with local resources. While a Senior Management Symposium for the health sector clearly does not lend itself to institutionalization due to the very limited pool of trainees, the subsequent LDP training could be delivered with local resources by an institutions such as the IPH with support of EEHR in the short-term. A training of trainer's program will be explored after the first training is developed.

6. CONCLUSIONS

The essential findings of this report are that leadership strengthening needs to begin at the top of the Albanian health sector. This means that leadership development strategies must be developed to address this need prior to launching activities with mid-level managers.

The key recommendation here is that the senior leaders be invited to take part in a Senior Management Symposium to strengthen their skills and prepare to support the managers further down in the hierarchy as they begin to develop new leadership practices. This means that the launch of a Leadership Development Program will be deferred until there is alignment with and support from the senior management in the key stakeholder organizations.

7. ANNEXES

7.1 ANNEX I – CONTACTS

Leadership Development TDY September 2011 People interviewed/contacted

EEHR Team Members

John Rockett – Chief of Party

Zamira Sinoimeri – Senior Health Policy Advisor

Dorina Tocaj – Leadership Development and Communication Advisor

Mirela Cami – Monitoring and Evaluation Advisor

Altin Malaj – Technical Advisor

Ornela Palushaj – Information Manager

Raimonda Nelku – Media Consultant of the EEHR Project

Faculty of Medicine

Dr. Polikron Pulluqi – Head of Family Medicine Department

Health Insurance Institute (Central Level)

Naun Sinani, advisor to the general director

Group discussion participants:

Kastriot Orizaj, Advisor

Alvona Tahiraj, Human Resources Directory - Director

Rudina Mazniku, Hospital Directory - Director

Aleksander Haxhi, Hospital Directory – Department Chief

Arjana Kuliçaj, Hospital Directory – Department Chief

Liljana Kurti, Hospital Directory – Specialist

Laureta Sollaku, Hospital Directory - Specialist

Bajram Caka, Economic Directory - Director

Dhurata Gorica, Economic Directory - Department Chief

Leonora Horanlliu, Economic Directory – Department Chief

Gazment Koduzi, PHC Directory - Director

Albana Adhami, PHC Directory – Department Chief

Xhadi Gjana, PHC Directory – Department Chief

Miranda Bleta, Information and Statistics Directory - Directory

Artan Kodhell, Juridical Directory – Director

Fjoralba Memia, Juridical Directory – Department Chief

Laureta Mano, Juridical Directory – Department Chief

Health Insurance Institute (District Level) - Health Insurance Regional Directory, Lezhe

Dr. Albina Deda, Director

Hospital Directory (District Level) - Lezhe

Dr. Novruz Bara, Director

Institute of Public Health

Alban Ylli – Head of Department

Ministry of Health (Central Level)

Erol Como, Family Medicine Sector – Department Chief

Gazmend Bejtja, Public Health Directory - Director

Monitoring and Evaluation Directory

Petraç Shtrepi

Ledi Xhafaj

Sonila Rreshka

Jonela Leka

Ministry of Health (District Level) - Public Health Directory - Lezhe

Dr Fatmir Dushkaj

Dr Vehab Topuzi

National Center for Continuous Medical Education

Entela Shehu – NCCE Director

NGO Community

Elona Gjebrea – Albanian Center for Population and Development

Group discussion participants:

Holta Koci – Albanian Community Assist

Albana Izeti – Specialist for Disabilities

Arian Boci – Stop AIDS

Elda Hallkaj – Independent consultant and an activist in the NGO sector of Albania

Eglantina Bardhi – Together for Life

Albert Gjoka – Health Journalists Club

Order of Physicians

Din Abazaj - President

Order of Nurses

Sabri Skenderi – President

Telemedicine Project /ISSAT

Dr. Erion Dasho Project Manager and lecturer at private university, ISSAT

USAID

Agim Kociraj, Health Advisor, USAID

7.2 ANNEX 2 – LEADERSHIP DEVELOPMENT PROGRAM

The EEHR Project initially proposed that the Leadership Development Program (LDP) be offered within the health sector in Albania and targeted initially to the central and district levels of the public institutions to build the leadership and management skills required to affect the ambitious health sector reform in Albania and identified above.

The LDP has been applied successfully globally within organizations to support improved operations and organizational change, and between/among two or more institutions to affect systemic/sectoral change.

Program Description

Management Sciences for Health (MSH) created the Leadership Development Program (LDP) in 2002 and it has been delivered to thousands of health workers in more than 30 countries around the world. The LDP is a team-based, results-oriented, participatory leadership development process that enables teams² to face common challenges and achieve results through a process of action-based learning.

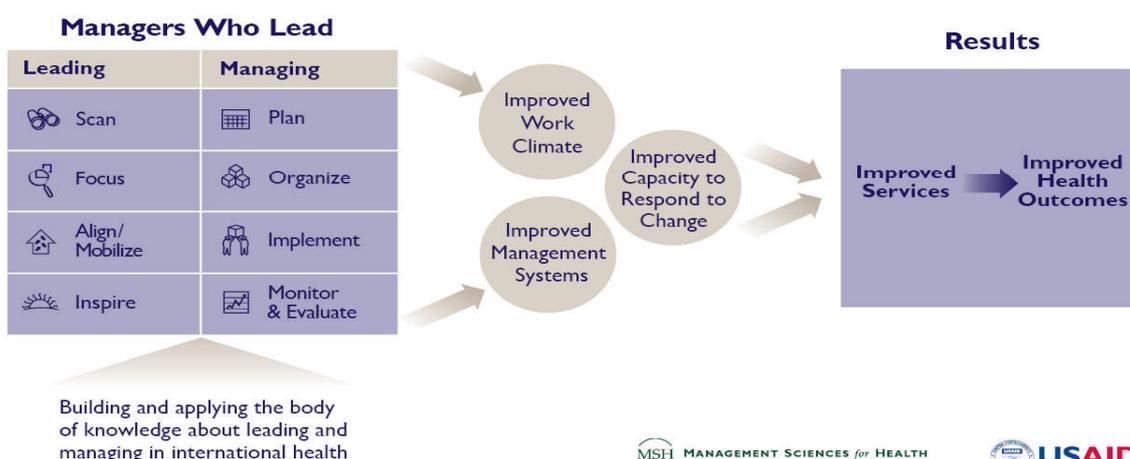
The LDP introduces leadership practices and tools in a series of participatory workshops. Then it takes that participatory approach to the next level. Workplace-based teams use the LDP's principles to address real workplace challenges and produce measurable organizational results. Throughout the process, teams receive feedback and support from facilitators and local managers. Inspired by their shared vision, participants gain confidence in their ability to:

- Lead and manage to enable others to face challenges and achieve results
- Produce measurable results that support the organizational mission and the team's vision
- Build a workplace climate that supports commitment to continuous improvement

The Leading and Managing for Results Model below shows the link between participants' leadership and management practices and improved health services and outcomes.

Leading & Managing for Results Model

How do management and leadership contribute to improved service delivery?



Targeted Approach

² Intact teams that commonly work together towards common goals or objectives

The LDP is a comprehensive program that can be used in any organization—private, nonprofit, or governmental. In the health sector it can be used by ministries and NGOs at all levels, from senior managers to district management teams and local clinics. The LDP is adaptable and can be customized for any organization that wants to have its staff learn, practice and apply leading and managing practices to improve their performance and produce better results.

Participants in the LDP continue to achieve results even after the program ends because the LDP uses:

- An experiential learning process -which includes reflection on participant’s real life experiences
- Team learning - which allows them to share and build on one another’s perceptions and experiences
- An inspiring shared vision -that motivates them to work together in a process for achieving results

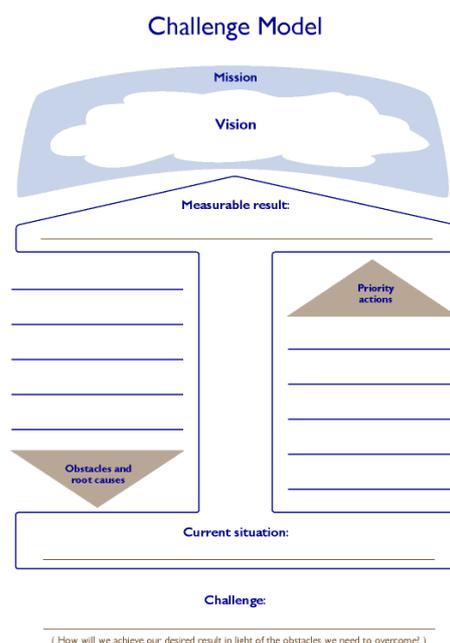
Program Benefits

By the time an LDP is complete:

- Workplace teams will have addressed real challenges facing the organization and made solid and measurable performance improvements.
- The workplace climate will have become more positive as people learn how to listen and communicate effectively, recognize one another’s accomplishments, and work in teams to achieve results.
- Rather than blame others, employees will be more able to take responsibility for challenges and feel optimistic in moving towards better future.
- New leadership and management capability will emerge at all levels of the organizations, taking them to higher levels of performance.

The LDP Process

The Challenge Model is the core tool of the LDP. It enables teams to use the leading and managing practices in a structured way to move them from vision to action to results. It challenges team members to change the current situation to a better desired future for the organization.



The LDP typically lasts from four to six months so that workplace teams have time to apply the practices to achieving results. The typical steps followed include:

- **Senior Alignment Meeting**, an initial meeting that generates commitment and ownership of the LDP among key organizational stakeholders.
- **LDP workshops**, four workshops in which participants learn core leading and managing practices and processes.
- **Local team meetings**, on-the-job meetings where participants share what they learned in the workshops with their teams at their workplaces, and apply leading and managing practices to address their challenges.
- **Regular coaching**, in which local health managers and LDP facilitators support the teams in implementing the tools of the LDP to address the priority challenges and produces measurable results .
- **Stakeholder meetings**, to update, present results, get ongoing stakeholder support.
- **LDP facilitators coach** emerging leaders so that when the LDP ends they will have the understanding and confidence to lead and replicate the LDP themselves with new teams and take on a new workplace challenges.

Application of the LDP in Albania

Following the Senior Leadership Symposium, the LDP could be adapted to the Albanian context and to align not only with the project's goals, but also with the needs expressed by the Senior Leaders. This means that the primary focus would be on preparing the teams for leading and managing the changes that will be required in the health care system to affect the reformation of the system.