



THE INTERSECTION OF GOOD GOVERNANCE AND BETTER PUBLIC HEALTH: PROFESSIONALIZING LEADERSHIP AND MANAGEMENT IN CEARÁ, BRAZIL

The public sectors of Ceará, a poor state of seven million citizens in Brazil's northeast, went through a dramatic transformation as a result of a broad initiative focused on good governance and transparency launched in 1987 by Tasso Jereissati, then Governor of Ceará. Jereissati and his administration placed emphasis on good governance, characterized by increasing revenues, controlling expenditures and hiring and promoting public sector employees based on qualifications rather than the traditional basis of familial ties or political patronage. This initiative took root and began spreading, bringing changes throughout the state and especially within the public health sector.

In spite of Ceará's poverty, low levels of educational attainment and the drought that frequently affects the state, Ceará has made impressive improvements in the delivery of health services. These improvements were not the result of pumping tremendous resources into the region but rather the result of the Ceará State Secretariat of Health (SESA) working with the United States Agency for International Development (USAID) to strengthen the leaders and managers of the public health system as a key strategy of the overall good governance initiative.

The case study that follows illustrates how increasing leadership and management preparation in the public sector in Ceará contributed to solving some of the state's most urgent challenges, challenges faced by public health systems in developing countries around the world today:

- How to break the traditional mold of patronage-based promotions within the public sector and use a transparent merit-based approach to attract and keep the best and the brightest;
- How to increase the motivation of public employees in the health sector to take action to increase the quality of health care;
- How to link improvements in transparency and governance to direct health benefits, especially for the poor;



Ceará, one of the poorest states in Brazil, is home to more than seven million people.

- How to expand and sustain all of these improvements across large geographical distances with limited public resources and through successive changes in government

THE CASE FOR LEADERSHIP DEVELOPMENT – IMPROVED HEALTH AND HEALTH SYSTEM PERFORMANCE

The São José Hospital, located in Fortaleza, the capital of Ceará, is a typical public sector hospital serving a large urban population, with 118 beds and over 700 employees. Yet, it is unlike most public hospitals in Brazil in terms of management. Since 1998, 12 of its senior staff, including the current hospital director,

participated in the SESA Leadership Development Program (LDP). They have radically changed the way this public hospital traditionally does business including adding strategic planning and a strategic management committee, instituting a host of human resource development and staff relations programs and launching a patient relations service. As a result, patients are receiving better care and though patient comments are up by more than 45 percent from 2000 to 2005, patient complaints are down more than 75 percent.



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Not far away, in the small town of Aquiraz (pop. 69,000), in the interior of Ceará, the quality and quantity of health services provided by the municipal secretariat of health have also improved, resulting in significant improvements in health indicators:

- In 2001, just over half of all pregnant women were enrolled in pre-natal care starting in the first trimester of pregnancy; by 2005, this figure had improved to 80%
- Between 2001 and 2005, the number of children that were exclusively breast-fed up to four months of age rose by 20%
- By 2005, nearly 100% children under one year of age were up-to-date with their vaccinations, which was up from only 84% being current in 2001
- The proportion of children born with low birth weight was cut in half between 2001 and 2005
- Infant mortality dropped from 26 to 11 deaths per 1,000 live births between 2001 and 2005

The changes in the health of the people living in

Fortaleza, the capital, and towns in the interior, such as Aquiraz, have not happened by chance. They are the end result of SESA's efforts to implement the good governance initiative. Recognizing that moving from a patronage-based system to a meritocracy would require a process for creating and recognizing merit, SESA worked to strengthen the capabilities of its public health leaders and managers, a key element of which was a series of face-to-face and virtual training programs to strengthen leadership and management skills. The managers of the São José Hospital in Fortaleza and the Municipal Secretariat of Health in Aquiraz are just a handful of more than 800 public health managers in the state who have participated in these programs and implemented health service improvements by integrating the leadership skills of:

- Scanning and focusing to identify priority challenges
- Strengthening interpersonal communication to align others
- Improving work climate through negotiation and resolution of conflict
- Developing personal mastery to lead and inspire by example

Some programs encouraged individual action plans, when whole teams could not be present, and some convened interdisciplinary teams by focusing on specific public health challenges. The municipality of Aquiraz participated in a leadership development program funded by the Department for International Development (DFID), focused on reducing infant mortality in the 37 poorest performing municipalities. The program brought together mayors, community leaders, health care managers and providers. Each team developed an action plan to address the problem of high infant mortality in the municipality, and teams were encouraged to work with other sectors- not just health. Between 2000 and 2004, 25 municipalities (70%) were able to reduce their infant mortality – some by as much as 50%.

In seeking to understand the links between good governance, professionalizing leadership and management, and direct health benefits to populations, it is instructive to trace the history of leadership development in Ceará and to highlight shifts in the public health sector workforce from being:

- Accidentally trained in leadership and management to intentionally developed
- Patronage driven to promoted based on merit

- Activity-driven to results-focused
- Passive and unmotivated to active and committed

Strengthening the leaders and managers of the public health system to facilitate more transparent and efficient government

A key aspect of the good governance initiative was increasing revenues and controlling expenditures because achieving results across the public sectors depended on fiscal discipline. As a result, the first leadership development program was carried out in the State Secretariat of Finance where Luis Eduardo de Menezes Lima was Director of Technology, and leadership consultant, Luciano Braga, was head of training.

Senior management in the Secretariat of Finance began to see the positive effect of creating a pool of managers who all spoke the same language and were focused on achieving results. Over time and due to their superior performance, managers in this pool were moved to key positions in other state secretariats. In 1997, Luis Eduardo de Menezes Lima became Deputy Secretary of Health and took the lessons from the LDP with him.

What Luis Eduardo found at the State Secretariat of Health were many excellent public health practitioners, but few who had specific education or training in leadership and management. Soon after Luis Eduardo's deployment to the State Secretariat of Health, he met with Management Sciences for Health (MSH) and proposed a partnership among SESA, its School of Public Health (ESP), MSH and local leadership consultant, Luciano Braga, to implement a Leadership Development Program for the entire Ceará State Secretariat of Health with additional funding provided by USAID.

INCREASING THE PERCEPTION OF VALUE FOR THE ROLES OF LEADERSHIP AND MANAGEMENT IN HEALTH

When the new LDP was launched, all public health employees in the state with university degrees were invited to apply. SESA carried out an extensive recruitment campaign, announcing the LDP on television and radio and in major newspapers, bulletins and newsletters. A critical element in creating the new merit-based system of recruitment was that candidates could choose to apply for the leadership development program rather than having to be "connected" to someone. Once a candidate applied to the program, his or her application, including recommendations from

former and current supervisors, was reviewed by a group of senior managers in the Secretariat. This process of merit-based recruiting, specialized leadership training and fast-tracking of trained managers was a paradigm shift and represented an innovative and powerful force for change in public health management practice.

The first LDP opened for registration in mid-1998, and the initial response was overwhelming: 440 persons applied for the first 75 places. The demand was so great that SESA sought additional support from USAID/MSH and the Ceará State Government to train 50 additional leaders. In total, USAID/MSH and the Ceará State Government supported leadership development for 125 leaders in 1998, the first year of the program. In subsequent years, the Ceará State Government continued its focus on the LDP, with the support of PAHO, DFID, and IDB.

SUSTAINING LEADERSHIP DEVELOPMENT OVER TIME AND ACROSS SECTORS

As the LDP expanded and managers realized its value in preparing them for future careers within the state public health system, the demand for leadership development outstretched the ability to provide it. SESA senior management became convinced that traditional face-to-face leadership development needed to be complemented by a strategy that could reach many leaders dispersed throughout the state and



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that could be sustained through successive changes in government so that a return to the old system was less likely. In 2002, the vision became a reality. SESA, with the support of USAID/MSH, created LiderNet, a combination of face-to-face and web-based activities at the ESP, to expand access to low-cost professional leadership development for current and future health managers. DFID subsequently supported the development of four additional LiderNet modules as well as the implementation of all five modules during virtual training carried out from 2003–2005.

As SESA continued to carry out face-to-face leadership development training and initiated virtual leadership development within ESP, leadership development began to spread beyond the health sector, both within Ceará and to other Brazilian states. Consultant Luciano Braga conducted leadership development training courses in other state secretariats, municipal secretariats, health facilities, health insurance plans and health professional associations, as well as for PROARES, an IDB-sponsored multi-sectoral social reform program for children in Ceará.

KEY LESSONS FROM LEADERSHIP DEVELOPMENT IN CEARÁ

Ceará is an example of a poor state with limited resources that invested in strengthening the preparation of its public health workforce in leadership and management as a key strategy to build a more transparent and efficient government. The result was that it improved the performance of its health system and the health of its people. Several key success factors emerge from the paradigm shift demonstrated by this case study

- **Creation of a clear and transparent career path based on training in leadership and management:** The clearly transmitted criteria of the selection process greatly enhanced the credibility of SESA. The fact that merit and not political patronage was used to select candidates communicated to the entire organization that SESA's top management was



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determined to bring a more professional approach to the public health sector.

- **The conferring of value to leadership and management preparation:** The Leadership Development Program led to the creation of a pool of talented people from whom the state could draw for promotion or assignments requiring leadership and management abilities. These programs were championed by the highest level of management in the State Secretariat of Health, significantly increasing the perception of value for the roles of leadership and management in health.
- **A strategy to get from here to there:** People talk about the importance of improved leadership and management in health, but the public health system in Ceará actually demonstrated an effective way to prepare current and future health care leaders.
- **Increased accountability for results:** Merit is seldom the basis for advancement to higher levels in the developing world. The focus for accountability is often on carrying out activities rather than achieving results. In Ceará, however, leadership development led to demonstrated improvement in health indicators and advancement.

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