5. PUBLIC/PRIVATE PARTNERSHIPS TO ENHANCE AND IMPROVE HEALTH SYSTEMS

Michael Bzdak, PhD, MA

The issues facing the global health care workforce are increasingly becoming better understood and well documented. In the past decade in particular, we have learned a great deal about regional disparities, the effects of HIV/AIDS on health infrastructure, the export of health workers from the developing world, and efforts to retain workers.[1] The launch of the Global Health Workforce Alliance in 2006 helped to illuminate the complexities of improving human resource capacity for health. More recently, the case has been made that scaling up the number of community health workers will give us an expedient means of achieving the Millennium Development Goals (Liu et al. 2011; The Earth Institute 2011).

While there are many potentially intriguing solutions to meeting the need for health care workers, there is no consensus on how the many concerned parties can maximize their efforts through collaboration. However, there are promising signs of new efforts to galvanize funders and governments around specific actions. For example, the Frontline Health Workers Coalition (FHWC) promises to identify and scale promising practices and programs (FHWC 2012). In a similar vein, a public-private partnership of funders, NGOs, and government representatives has formed to support the coalition (Learmouth 2012).

The following describes the efforts of the philanthropic arm of Johnson & Johnson to tackle specific aspects of human resource issues related to health care capacity. The social responsibility team at Johnson & Johnson is dedicated to finding innovative solutions to the health care workforce shortage and, most important, constantly striving to deploy the corporation's resources in the most effective way. Strengthening health systems is one of the three strategic pillars of our global giving program in support of our mission to make life-changing, long-term differences in human health.

In all of its efforts, the Contributions staff at Johnson & Johnson relies on strong relationships with community partners to help set our strategy and to execute the programs that aim to make measurable differences in human health. While Johnson & Johnson is a part of many collaborative efforts such as the Frontline Health Workers Coalition, the company has also developed a number of successful programs that are designed to improve health care capacity in various parts of the world.

The corporation has made building health care capacity a major focus of its global social responsibility efforts and is investing in three strategies to strengthen the health care workforce. The first is through support of education programs that address the global health care worker shortage, in other words, increasing interest in and reducing barriers to entering the health care workforce. The second strategy involves support of leadership and management programs focused on health care system efficiency and effectiveness. The third strategy supports skills-based training programs for health care workers and community members who support the most disadvantaged.

ENCOURAGING NEW ENTRANTS TO THE HEALTH WORKFORCE

Around the globe, and despite the recent economic downturn, experts continue to forecast that health-related professions will experience substantial job growth. Of the thirty fastest-growing occupations (expected increases of 30 percent or more) identified by the US Department of Labor for the ten-year period beginning in 2008, half were directly related to health care. In addition, rural areas of the United States are facing a shortage of health care personnel, and fifty-seven countries throughout Africa and Asia are experiencing a severe health care workforce crisis. The World Health Organization estimates that to fill the gap, at least 2.36 million service providers and 1.89 million support staff are needed (Scheffler et al. 2008; WHO 2006).

Unfortunately, many of today's youth around the world are unable to take advantage of these new career opportunities. Low academic achievement among youth from at-risk communities coupled with a lack of preparedness for higher education results in an inability to complete an appropriate degree and/or credential in order to access a job in the health industry.

One of the Johnson & Johnson social responsibility efforts, Bridge to Employment (BTE), prepares underserved students in Johnson & Johnson communities to meet the challenges and requirements of careers in the health care industry and in today's knowledge-rich society (Bzdak 2007). BTE programs are long-term partnerships among businesses, educators, community-based organizations, and parents designed to help young people build solid and measurable academic foundations and to prepare them for a broad array of careers in health care. BTE sites, currently operating in twelve communities in the continental United States and around the world, are located in some of the most economically disadvantaged areas. The program has shown promising results in increasing the number of students moving into postsecondary education and in students pursuing health careers (Brooks, MacAllum, and McMahon 2005). The program goals include building sustainable partnerships and engaging Johnson & Johnson employees as mentors and career coaches.

DEVELOPING LEADERSHIP AND MANAGEMENT COMPETENCIES TO IMPROVE HEALTH SYSTEMS

As part of a long legacy of community engagement and corporate responsibility, Johnson & Johnson supports a number of strategic efforts to strengthen health systems around the world. While the corporation focuses its philanthropic efforts on a select group of strategies, support of leadership and management programs has historically been a dominant strategy. These leadership and management programs, designed and implemented in partnership with leading business schools and NGOs, are based on the premise that community health care leaders will benefit from a rigorous and relevant professional development experience.

The Johnson & Johnson/AMREF/UCLA Management Development Institute (MDI), as a case study of an academic/business partnership model, is a unique example of how a multinational corporation can demonstrate social responsibility by building health care capacity around the world in partnership with leading NGOs and academic institutions. As more and more support flows to the developing world to improve health care, management training has become an even more critical need. In Africa, the HIV/AIDS crisis has illuminated the need for capacity building among myriad NGOs struggling to provide care and service, while also managing grant support. As Frenk and others have recently pointed out, "Professionals are falling short on appropriate competencies for effective teamwork, and they are not exercising effective leadership to transform health systems" (Frenk et al. 2010, 1926).

While there has been a consistent call to recruit new health care professionals, efforts to retain and develop existing workers have not been as visible. In recent years, the opportunity to focus on improving systems through professional development has become more prominent. As part of the Global Health Workforce Alliance, the Task Force for Scaling Up Education and Training for Health Workers identified nine critical success factors in efforts to build education and training capacity. Not surprisingly, "effective management and leadership" is among them (Crisp, Gawanas, and Sharp 2008) and is at the core of the MDI program.

With the enormous amount of developmental aid pouring into Africa combined with dramatic health care gaps, it is no surprise that more attention is now being focused on sustainable improvements to health systems. Africa has the highest burden of disease of any continent and the lowest number of health workers. The fact that Africa's health workers are recruited in large numbers to practice in high-income settings makes the continent's health care worker shortage even more severe. In an effort to address the many human resources issues related to the health worker crisis in Africa, the Africa Working Group (AWG) was created in 2003 as part of the Joint Learning Initiative, to study the crisis on the continent (JLI 2004).

Among the AWG's recommendations for improving health systems was a focus on retaining the current health workforce. Not surprisingly, included in these recommendations was continuing professional development to help health workers learn new skills and gain new knowledge to deal with the changing health landscape in Africa.

> Health service providers are the personification of a system's core values—they heal and care for people, ease pain and suffering, prevent disease, and mitigate risk—the human link that connects knowledge to health action.
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> Source: WHO 2006, 3.

In addition, the World Health Organization has recommended that a focus on improving the performance of the existing health workforce can be achieved through low-cost and practical means. Among their recommendations was a focus on lifelong learning. As stated in the report, "A strong human infrastructure is fundamental to closing today's gap between health promise and health reality, and anticipating the health challenges of the 21st century" (WHO 2006, xxiii).

The Johnson & Johnson/AMREF/UCLA MDI approach is proof that the private sector can strengthen public health systems by offering resources, knowledge, and skills.

A UNIQUE MODEL TO BUILD HUMAN RESOURCE CAPACITY IN HEALTH

Another health system–strengthening program is built on over a decade-long partnership with Yale University and Stanford University. Since 1981, the Yale International Health Program (IHP) has mobilized almost a thousand physicians and placed them in underserved sites around the world to foster a sense of global citizenry, cultural respect, and humanism. In 2001, with the emergence of the Yale/Stanford Johnson & Johnson Physician Scholars in International Health Program, the scope of the program expanded considerably, allowing Physician Scholars from other institutions to work overseas at various times during their careers (Provenzano et al. 2010). The increasing interest in experiential learning in the developing world has led to an increase of programming to satisfy this need. According to a recent article on global health education, sixty-one graduate medical education programs in the United States offered international electives, and eleven programs had specified global health tracks as of 2005 (Kerry et al. 2011).

> Surveys have revealed that residents in emergency medicine and family medicine indicated that those who had participated in global health activities during medical school ranked graduate medical programs with global health rotations over those without such offerings.
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> Source: Kerry et al. 2011, 1.

The Yale/Stanford Johnson & Johnson Physician Scholars in International Health Program became a model for many other programs focusing on building human capacity through partnerships with institutions in low-resource settings. This program is very closely aligned to our corporate giving mission to build the skills of people who serve community health needs, including disease prevention, through education. It also offers opportunities for selected

physicians, including physicians in training, in the United States to become familiar with the social, political, and medical challenges to improving the health of individuals and populations in resource-poor environments. In essence, this program embraces "twinning," a means of building institutional capacity by building human capacity through long-term, two-way partnerships with institutions in low-resource settings. Unlike most global health experiential programs, the Yale/Stanford partnership is bidirectional, with US-based medical institutions hosting medical professionals from the partner sites abroad. This type of partnership is identified as a proven strategy for improving health worker education and training, according to the Task Force for Scaling Up Education and Training for Health Workers; this program aspires to what Frenk and others describe as interdependent, transformative learning (Frenk et al. 2010).

> As a desirable outcome, interdependence in education also involves three shifts: from isolated to harmonised education and health systems; from stand-alone institutions to worldwide networks, alliances, and consortia; and from self-generated and self-controlled institutional assets to harnessing global flows of educational content, pedagogical resources, and innovations.
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> Source: Frenk et al. 2010, 34.

Frenk, among others, has underscored the importance of cultural competencies as necessary to training new health care professionals. According to recent arguments, "The transnational flow of diseases, risks, technologies, and career opportunities also demands new competencies of professionals. These competencies should be advanced through curricular inclusion of global health, including cross-cultural and cross-national experiential exposure" (Frenk et al. 2010, 1940).

Most recently using the twinning model with Makerere University, in Uganda, Yale, in response to an invitation by the National University of Rwanda School of Medicine (NURSM) and the Rwanda Ministry of Health (RMOH), developed a similar project involving three clinical departments (internal medicine, pediatrics, and OB/GYN), as well as the School of Public Health, to train faculty for the NURSM. This concept has now been expanded into a large project titled Human Resources for Health (HRH), which is led by the RMOH and the Clinton Health Access Initiative, involving eight US medical, six nursing, two dental, and one public health school. The goal is to train all faculty needed for Rwanda to train its own health care workers over the next seven years. Yale continues to be actively involved in this project, which is now funded by USAID as well as the Global Fund and began in August 2012. The Yale/Stanford Johnson & Johnson program also participates in the NIH-Fogarty funded Medical Education Partnership Initiative

(MEPI), twinning itself to the University of Zimbabwe College of Health Sciences to build capacity at its medical school, which has lost over 50 percent of its workforce.

The spirit of collaborative networks to build health capacity can be found in recent initiatives such as the Afya Bora Consortium. Although the Yale/Stanford program is not a member of the Afya Bora Consortium, it is safe to say that the two initiatives share a common belief in the power and potential of experiential training collaborations between the United States and Africa (Farquhar and Nathanson 2011). The two programs also share a sincere desire to build the future health leadership of Africa. In the end, as Kerry and others have argued, "programs need to be initiated and nurtured by both partner institutions rather than 'inviting' in-country partners into plans that are already developed by the visiting partner. Success is measured two-fold: first by the quality of the experience for both the HI-income and partner-country trainees, and second by the incremental improvement in in-country care, infrastructure, and/or research to which a trainee contributed" (Kerry et al. 2011, 3).

Leaders of the Yale/Stanford program recognized a particular gap in access to information and worked to fill the void with assistance from the Yale Medical Library staff by training local librarians and conducting workshops on the use of web-based information for health care workers (Shaddox 2012). This and other similar interventions have led to an increase in the number of publications originating at Makerere. It is safe to surmise that increased participation in research and the ability to publish results are effective means for providing professional development and fostering lifelong learning among staff.

CHALLENGES IN MEASURING CHANGES IN HEALTH SYSTEMS

In all programs related to training and development, the question of how to measure change is always challenging (Dal Poz et al. 2009; Hannum, Martineau, and Reinelt 2007). Although many funders, including Johnson & Johnson, develop logic models and can articulate theories of change, finding indisputable evidence of enhanced or strengthened human capacity that can be directly attributable to training is daunting. However, this has not stopped some from trying. Recent research in Kenya points to promising evidence of the positive effects of leadership and management training in strengthening health systems (Seims et al. 2012). In the case of the Johnson & Johnson leadership and development program portfolio, the program director, in collaboration with program partners, arrived at a set of agreed-on indicators for the majority of global programs. The Johnson & Johnson staff and program partners also placed great emphasis on our "improvement projects" where participants have the opportunity to apply new knowledge and competencies to a problem in their own environment. These projects range from human resources challenges to projects related to efficiencies and effectiveness within institutions and systems.

Together with leaders from Yale and Stanford, the Johnson & Johnson staff is documenting the elements of capacity that can be measured as a result of the exchange of health care professionals. Clear indicators, in addition to the number of hours of patient care, include facility improvements and research undertaken and published at the local sites. For example, an enhancement made to a laboratory can yield improvements in the quantity and quality of diagnoses performed by trained professionals. As Middleberg states, "Complexity of measurement cannot be used as an excuse for failing to address the health workforce crisis, setting unclear objectives, or not making reasoned judgment about whether progress is occurring" (Middleberg 2010, 29). As the needs of the health workforce continue to grow in scale and complexity, the call for responsive and measurable philanthropy becomes more critical. As new collaborations, alliances, and partnerships are formed, the need for strategic planning, the setting of clear and measurable objectives, and appropriate and rigorous evaluation are critical elements for future success.

ENDNOTE

[1] The February 2008 edition of *The Lancet* featured a number of contributions directly aimed at the issue of health care capacity. The focus on human resources for global health was directly tied to a March 2008 global forum convened by the Global Health Workforce Alliance. As the opening editorial of *The Lancet* reminded us, "The human resources crisis is a highly political topic and possible solutions that do not have full political support are doomed to failure" (623). An estimated 2.4 million doctors, nurses, and midwives are needed in fifty-seven countries with critical health worker shortages. There is an increasing realization that the private sector can strengthen public health systems by offering resources, knowledge, and skills (African Health Care Worker Shortage: Forum of Private Sector Responses 2007). McKinsey, in 2007, also published an interesting paper on possible solutions to the health workforce issues (Conway, Gupta, Khajavi 2007).

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ABOUT THE AUTHOR

Michael Bzdak is a director of corporate contributions at Johnson & Johnson, managing the corporation's health care capacity initiatives throughout the world. He is also responsible for the corporation's volunteer support program and philanthropic support of K–12 education. He serves on the Council on Foundations' Corporate Committee, the Conference Board's Business/Education Council, the New Jersey Business Coalition for Educational Excellence, and the New Jersey AIDS Partnership Advisory Committee. He received a BFA from Virginia Commonwealth University and an MA and PhD from Rutgers University. He is an associate graduate faculty member at Rutgers University and an adjunct faculty member at New York University.

Address correspondence to Michael Bzdak at MBZDAK@its.jnj.com

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