

Title: Leadership Learning and Development for Global Health: A Case Study of Capacity Building in Southern Africa

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Abstract (500 words):

For the past eight years, Bristol Leadership & Change Centre (BLCC), UWE, has been collaborating closely with the Malaria Elimination Initiative (MEI) to improve the management and leadership of healthcare programmes in Vietnam, Zimbabwe, Eswatini and Namibia. Most recently, UWE has been working with MEI (a research centre based at the University of San Francisco, California) and the Ministry of Health and Child Care (MoHCC) on a Bill and Melinda Gates Foundation project aimed at providing better integrated and more sustainable HIV prevention services in Zimbabwe. An integral part of our work in malaria and HIV prevention spaces, has been training programme staff in the use of participatory action research and learning methods, typically with a focus on identifying and addressing operational challenges. The challenges that inhibit health service delivery can often be addressed by improving communication and coordination, clarifying lines of resourcing and accountability, maintaining motivation, providing adequate training and supervision, and removing bureaucratic silos. The training programmes, which sit alongside our health system change interventions (Agnis et al., 2022; Chung et al., 2020, Chung et al., forthcoming), are accredited via a Postgraduate Certificate in Professional Practice in Change Leadership (PPCL) awarded by the University of the West of England. The PPCL module has been delivered successfully in Zimbabwe (2017-18) and Namibia (2019-20) for cohorts of malaria control programme health professionals and, since 2020, UWE has been collaborating with the Women's University of Africa on a third run of the module for twenty professionals working for the MoHCC in Zimbabwe.

In line with the 'system in the room' OD philosophy (Meadows, 1997; Rice, 1965) that informs our project interventions, PPCL cohorts are recruited to represent various specialisms and disciplines that contribute to service delivery in a given area and are drawn from across the system hierarchy. There is a deliberate effort to ensure that frontline workers study and learn alongside more senior staff, such as, Provincial Medical Directors and central programme staff. A typical cohort will comprise medics (doctors, nurses), environmental health officers, laboratory technicians, pharmacists and administrators. The module consists of experiential/work-based learning run concurrently with project interventions and linked to a series of three face-to-face or blended learning workshops spaced evenly across the academic year. Students are tutored in the application of Organization Development facilitation methods and Quality Assurance techniques; methods that contribute to a composite intervention approach we call *Leadership and Engagement for improved Accountability and Delivery of Services Framework* - LEAD for short – and that is now available as an open access resource (MEI, 2021). In addition, students complete a series of reading assignments and written work that culminates in two summative assessments: submission of a Personal Learning

Portfolio and completion of an Independent Project in which students report on up-scaling or out-scaling work they have completed in their own specialist areas. A critically important overarching aspect of the PPCL learning approach is supervised practice and formal mentoring of student project work over the life of the module.

This case study provides an overview of the authors' experience of designing, delivering and refining the PPCL module as well as highlighting how graduates have employed their learning to bring about impactful health service outcomes.

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