SHORT COMMUNICATION

Importance of Leadership Development in Health Human Resources: Reflection on Training Courses for Future Health Leaders Conducted in Tokai University in Collaboration with WHO-WPRO, Supported by JICA

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ABSTRACT

Introduction: **The aim of this report is to reflect on an initiative of human resources development in health conducted in Japan from 1996-2018, in response to a World Health Organization (WHO) consultation on future studies conducted in 1993.**

Methods: **Using documents relevant to the training courses, the inauguration motive and output of 22 rounds of training courses were investigated.**

Results: Inauguration and output of training courses**: In 1996, Tokai University School of Medicine responded to the demand for development of health leadership and inaugurated a training course. Focus was placed on future studies and a demand-side approach in the content. Total 250 participants were from 53 countries covering six WHO regions.**

Discussion: **Since 2001, the Japan International Cooperation Agency (JICA) has joined in support of the initiative. Because JICA under the auspices of the Japanese government, possible bias in the selection of participants cannot be denied. A more ideal mechanism would involve global management and funding.**

Conclusion: **In the era of Sustainable Development Goals, further evolution of the leadership development in health is necessary.**

KEY WORDS

huuman resources in health, leadership development, health futures, demand-side approach, SDGS

INTRODUCTION

Retrospective investigation revealed the importance of development of human resources in health (HRH) to achieve Millennium Development Goals[1]; the need has often been called for. Only because the indices were strongly related to the urgent issues developing countries were facing, it was perceived that HRH were lacking in developing countries only. It was observed that current health systems, composed not only of physicians but also other paramedical staff, were collapsing because of the COVID-19 pandemic. Even if physicians are versed in sophisticated medical technique, health systems are not sufficiently resilient to accept patients under this overwhelming situation[2,3]. Not only the amount of HRH, but also the quality or mechanism to govern or direct them is important. Thus leadership development in the area of policy and planning is necessary.

The objective of this report is to reflect on the training course activities conducted by Tokai University in collaboration with World Health Organization Western Pacific Regional Office (WHO-WPRO) from 1996-2018.

METHODS

Background and commencement of inauguration, contents, and symposia were searched for, using documents relevant to the training courses. From the 22nd round, changes in self-evaluation by participants before and after the training were analyzed.

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Table 1: Summary of Training Courses for Future Health Leaders

1) Participants	Middle-Senior health officers in central or local government, especially in the area of policy planning.
2) Duration	4-6 weeks
3) Contents	vision creation, future studies, health systems (including health insurance, health financing, population issues), risk management (Disaster, CD and NCD), feedback lectures of past participants, etc., field study visits, and with/without symposium on a specific sub-theme.
4) Symposia:	International symposia held together with the main training course program, 1996-2012, except in 1995 as a pre-training international symposium. No attached symposium for 2013-2018.
1995	New Health Policy in the 21st Century
1996	Future Prospect of Health Insurance Programs in Developing and Developed Countries
1997	Exchange Ideas on AIDS Control Between Developing and Developed Countries
1998	Health Aspects of Urbanization
1999	The Safety Maintenance of Health Economic Turmoil
2000	Safety and Security of Child Health
2001	New Development of Health Policy Making in the 21st Century
2002	Information, Education and Communication (IEC) Activities for the Betterment of Health in Developing and Developed Countries
2003	Risk Management -Countermeasures & Strategies against Health Crisis
2004	Health Financing -How to Allocate Health Resources
2005	Health and Welfare in Changing Asia (in Japanese) New Perspectives on International Health Cooperation in Asia Networking of International Organizations, GOs, and NGOs for Information Sharing of Infectious Diseases
2006	Health Planning ―Hlobalization and Localization
2007	Community Participation in Health - How to adapt to Residents" Needs?
2008	Attainment of Healthy Ageing - How to Develop Healthy and Active Life
2009	Road Traffic Injury -Prevention and Countermeasures
2010	Health Reform -How to Increase Health Insurance Coverage?
2011	Health Reform ― How to Improve People's Health?
2012	Sustainable Social Security

RESULTS

Inauguration of training courses

In 1993, WHO Geneva called for a consultation on health futures to target Health for All (HFA) by 2000, with emerging difficulties at that time described in the words of Director General Dr. Nakajima, "Change is dramatic and well known in such dimensions as migration, urbanization, natural disasters, local and regional conflicts, national and international political change and instability, and even the biological environment[4]." The consultation concluded on the necessity of future studies and their dissemination with networking, especially in developing member states, with cross-talk among policy makers and health future researchers to achieve full participation and joint ownership among all relevant stakeholders, and put health on the agenda of all national policy and planning efforts with appropriate tools[5]. Also, in 1993, WHO-WPRO discussed the new initiative of public health and the necessity of training of the leaders[6], and Dr. Han, Regional Director of WHO-WPRO, introduced 'New Horizons in Health.' This was also addressed in his keynote speech at the inauguration ceremony of the training course[7].

Based on discussion with WHO Geneva staff and with help from the International Health Futures Network (IHFN)[8], Tokai University inaugurated the Training Course for Future Health Leaders beyond 2000 (after 2000, renamed as "in the 21st Century") to achieve the contents of the consultation conclusion in collaboration with WHO-WPRO, with support from Japanese industry, and under the auspices of government ministries and the Japan Medical Association[7]. Since 2001, it has been conducted as a contracted-out training course supported by the Japan International Cooperation Agency (JICA)[9]. It has been achieved with help from Embassies of China, India, and USA, and more than 15 other institutions.

Output of training courses

A summary of the training course is listed in Table 1. In the contents, focus was placed on a demand-side approach, utilizing tools discussed in the WHO consultation conference[4,5,10]. Distribution of participants by year and state is shown in Table 2. There were 250 participants in total, most of whom were middle-senior officials, from 53 states covering six regions of WHO, which meant that the original initiative was expanding worldwide. Geographical trend of participation shifted from Western Pacific (WPRO) and South East Asia regions (SEARO) to African region (AFRO). Lecturers were from international organizations such as WHO-Geneva, WHO-WPRO, WHO-SEARO, WHO Kobe Centre, UN University, from ministries and universities abroad such as in Australia, Korea, and USA, and science section staff from US and French Embassies in Japan, as well as domestic scholars and professors.

After participants returned home, they set up new programs or reformed their systems in their respective work environments. Examples were as follows (in alphabetical order by country):

Involvement in WHO duties (Bangladesh, Burkina Faso, Paraguay)
Clinic service set up for vulnerable people (Democratic Republic of Congo)
School health program against non-communicable diseases (Democratic Republic of Congo)
LTC facility plan (Georgia)
Railway hospital reform (India)
Rescue dispatch to Indonesia tsunami disaster (India)
Short-term fellowship to Japan on smart card implementation (Indonesia)
Training course on financing in Japan (Indonesia)
Mother and child health handbook (Kenya)
In-country training* (Laos)
Healthy Islands - health promotion program (Papua New Guinea)
Specific disease control plan (Swaziland, Kenya)
Study visit of MOH staff to Japan (Thailand, Laos)
Traditional medicine system reform (Thailand)

Table 2: Participants by year and state

	States	Year																						Total
		96	97	98	99	2000	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	
1	Albania				1																			1
2	Angola																3		1					4
3	Bangladesh			1	1	1	1	1	2	1	2			1			2	1						14
4	Bhutan												1											1
5	Burkina Faso															2								2
6	Burundi																						1	1
7	Cambodia	2	2	1				1	1	1			1	1	1									11
8	China		1					1				1	1		1	2	1	2	2	2		1	1	16
9	Cook Islands																	1						1
10	DR Congo															1	2	2						5
11	Egypt																	1				1	1	3
12	Fiji	1		1	1					1								1				1		6
13	Gabon																				2			2
14	Georgia																	1				1	1	3
15	Ghana																					1	1	2
16	Guinea-Bissau																				1			1
17	India						1			1	1		1	1							2	1		8
18	Indonesia	2		4	3	1	1	1		1	1	2	1	1										18
19	Iraq																		2	2				4
20	Kazakhstan											1												1
21	Kenya													1	1	2	2	1				1		8
22	Kiribati					1																		1
23	Korea, South		1																					1
24	Kosovo																					1		1
25	Laos	3	1		1	1	2		2	1	2	2	1	2	2	2	2			2	1	1	1	29
26	Lesotho													1	1					1				3
27	Liberia																						1	1
28	Malaysia										2													2
29	Marshall Islands											1												1
30	Mongolia	2		2	1		1	1		1			1											9
31	Myanmar										1		1								1			3
32	Nepal									1		1												2
33	Pakistan						1	1		1	1	1								2				7
34	Palestine													1	1							1		3
35	Papua New Guinea	1				1	1	2	2	2			2										1	12
36	Paraguay																	1						1
37	Philippines						1	1	2	1	1	1		1	1							1		10
38	Sierra Leone																					1	1	2
39	Solomon Islands					1																		1
40	South Africa													1										1
41	Sri Lanka						1		2	1														4
42	Sudan																					1		1
43	Swaziland																				2			2
44	Tajikistan											2												2
45	Tanzania																	1		1				2
46	Thailand	2	2	2	1	1					1		1	1	1									12
47	Uganda																						1	1
48	Ukraine														1									1
49	Uzbekistan												1				1	1						3
50	Vanuatu								1														1	2
51	Vietnam		1			1		1	2	1			1	1	1			1				1		11
52	Zambia																	1	1				1	3
53	Zimbabwe																		2		2			4
	Total	13	8	11	9	8	10	10	14	14	12	12	13	13	11	9	13	15	8	10	11	14	12	250

In-country training for LTC (Thailand)
Medical education reform (Uzbekistan)

One of these *ex post facto* activities was seen in a report as a wave effect launched by a Lao participant of 2001, in which the initiative learnt in the training course expanded to domestic local and central officials[11].

In Japan, a plan for postgraduate program of 'Initiatives for Attractive Education in Graduate Schools' was adopted by Ministry of Education, Culture, Sports, Science, and Technology in 2005.

Evaluation by self-assessment sheet (Details are to be reported elsewhere)

In the closing of each training course, an evaluation session was conducted. For example, in a course held in 2018, participants responded to a self-questionnaire. For the responses to the three objectives[12] below (scaled from 1 to 5), the means of the participants' self-assessment were (pre-training vs. post-training) 3.0 vs 4.8, 3.1 vs 4.8, and 3.4 vs 5, respectively (paired t-test, N = 10 out of 12; two participants failed to return results).

1. Upon successful completion of the course, participants are expected to take leadership with an attitude of 'Human Security' Mind.
2. Upon successful completion of the course, participants are expected to be able to detect, identify, make judgments on, and forecast health conditions and requirements of the future.
3. Upon successful completion of the course, participants are expected to communicate and network among peers and with peoples in areas with emerging health challenges in the future, and to conduct future health-related actions and establish new priorities in the participants' home countries.

As a whole, the evaluation of the training indicated positive acceptance among most of the participants.

DISCUSSION

Based on the consultation conclusion in 1993, Tokai University School of Medicine began the training initiative, producing 250 graduate participants from 53 countries.

Since 2001, we have asked JICA to support the initiative, which had previously been inaugurated only by support funds by private companies, foundations, and the WHO. JICA necessarily follows the policies of the Japanese government, which have been revised periodically. JICA selects states from among those states whose government sends a request to join the training course, and the selected states are to send their candidates. As a general rule, we select one participant from one state. Although we believed more participants were needed from a certain ministry section of the previous year's participant of a given state to build up a core activity group in the section, if there was no request from the state, there was no participation from the state for that particular year. Usually, without strong will inside a given state, it was not possible to train those participants from the given section successively. If we are allowed to select the same state whether or not the state has sent a request to attend the course, it is easier to build a core group within several years.

Over 10 years into the program, the number of participating African states had gradually increased. Participating country selection was influenced by Japanese foreign affairs policy to some extent[13], with both positive and negative effect. On one hand, it was easy to gather requirements of the global arena through Japanese foreign aid network, despite that not all participant candidates were satisfactory from the viewpoint of core building. On the other hand, since JICA is managed by Japanese Official Development Assistance (ODA), it was difficult to invite participants from developed countries. As described in the introduction, not only developing countries, but also developed countries are lacking in HRH or leadership in health.

We believe the real global initiative should be based on a stirring mechanism involving participants literally from all over the world. For this purpose, active funding actions should be made globally.

Another issue was 'brain drain.' Some of the participants left their governments to the private sector after attending the training course. Sometimes this was in pursuit of higher salaries in the private sector, but sometimes it was because of customs of corruption or backroom influence in the government. One of the solutions to this problem may be strict selection of participants based on their morale, and to select more from his/her section in coming years to assist them further to build a core reform group to tackle with issues after returning home. Even when we must obey a bilateral scheme under ODA, there should be some flexibility on the donor side, then we, as the donor side, could help them to build a core reform group. For us to help them continuously through our network, solidarity among alumni should be sustained via networking; tracking their whereabouts through periodic communication is a must.

At the United Nations, sustainable development goals (SDGs) were adopted in 2015, and it was natural that HRH issues had been taken over[14,15]. We believe that it is not only the amount of human resources, but development of leadership that can govern and direct proficient mechanism in organizations. Again, this is not restricted only to developing countries. For this purpose, further evolved training on this initiative is imperative.

CONCLUSION

Tokai University School of Medicine began a training course on the initiative of global leadership in HRH. The inauguration was for HFA 2000, and today, in the era of SDGs, further evolution is necessary.

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