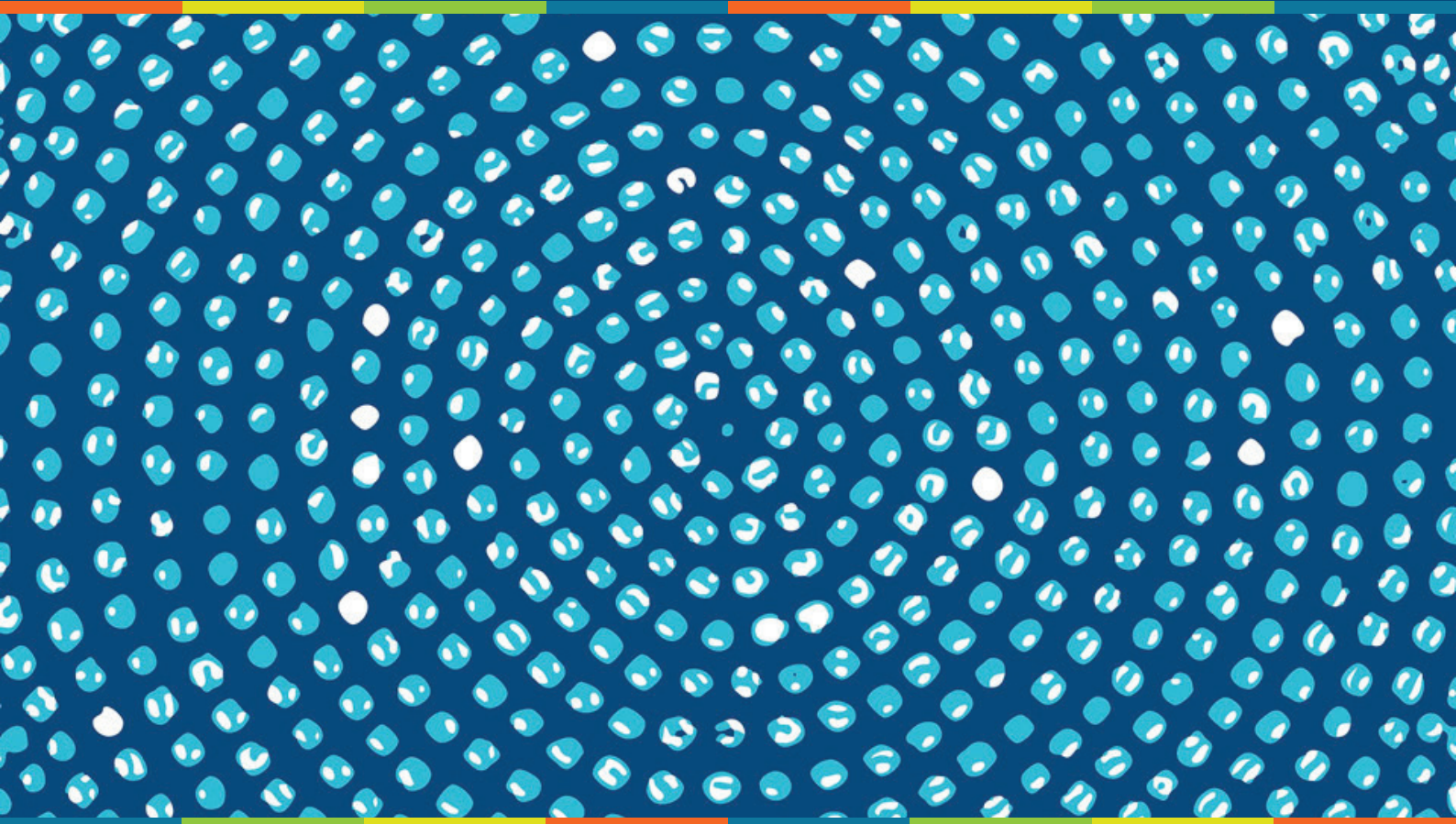


2022

ANNUAL REPORT



AMPHEALTH

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“The AMP trainings have actually made me realise my potential. This drives me: job satisfaction is now no problem. These trainings have changed the way I look at my career. I can envision where I want to end up and plan backwards. I have a clear vision and I know what I need to get there.”

– Team Member, Zambia
Community Health Unit

A NOTE FROM OUR DIRECTOR

The past year has continued to underscore the tremendous importance of leadership and management on the world stage. The ongoing COVID-19 pandemic has tested leaders – both seasoned and new – and the success of response efforts has hinged on governments' ability to manage complex systems and help the societies they serve navigate constant change and uncertainty.

At AMP Health, we have negotiated these turbulent times by embracing the opportunity to support African government teams that express their desire to develop the leadership and management capacities needed to achieve their goals. We are working closely with these teams as they shift from operating in crisis mode (in response to COVID) to taking a longer-term view on strengthening systems.

In practical terms, this has meant a rapid increase in AMP partnerships over the past year including: five national malaria control programmes (Central African Republic, Chad, Mauritania, Namibia and Republic of the Congo); three non-communicable disease teams (Liberia, Malawi, and Mozambique); and one Community Health Department (Mali), where the recruitment of a Management Partner is now underway. Nearly half of our partner teams are now French-speaking, and Mozambique has become our first partnership to operate in Portuguese. With these language capabilities, we are now able to serve the vast majority of governments in sub-Saharan Africa.

To meet the rising demand from African governments, the AMP team has also grown, more than doubling in size over the past 12 months. There are now six AMP Global Team members in our main operational base of Johannesburg and 11 Management Partners in place. All but one of our Africa-based staff are from Africa, hailing from 10 different countries. These new AMP team members come from a broad range of professional backgrounds – mostly in the private sector – and bring a depth of knowledge and experience that will immediately benefit our partner teams.



Credit: Aspen Global Innovators Group

On the governance side, the AMP Health Partnership Board has changed to reflect the fact that we are now an Africa-based initiative. Executive Director of the African Philanthropy Forum, Mosun Layode (Nigeria); former Minister of Health and former Executive Director of the Roll Back Malaria Partnership, Fatoumata Nafo (Mali); and former Treasurer of Nando's and Founder and CEO of Goodbye

Malaria, Sherwin Charles (South Africa) all formally joined the AMP Board in March. In addition, AMP is now functioning under the umbrella of South African non-profit company AIGSA, while maintaining strong ties to the Aspen Institute in the United States.

As we look forward to the next year, we are excited about the nascent partnership with the Global Financing Facility, hosted by the World Bank to support their Country Leadership Program; missions to explore potential partnerships in new sectors, such as with Ministries of Education and Ministries of Trade and Industry; a renewed emphasis on the power of coaching; and, as the pandemic eases, new opportunities to bring teams together to share knowledge and learn from one another – as they continue on the lifelong journey of becoming more effective at delivering on their missions and achieving their goals.

**– Dr Robert Newman
Director, AMP Health**



WHERE WE WORK

We are currently supporting public sector teams in Central African Republic, Chad, Ghana, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Republic of the Congo, Sierra Leone, Togo, and Zambia.

NEW PARTNERSHIPS

Over the past 12 months, we have significantly grown our number of partnerships, thanks to the demand from African governments and the support of our funding partners. We have expanded to new programmatic areas, including non-communicable diseases and malaria, and will soon begin a partnership to support senior leaders working on health for women, children, and adolescents.

Here are the details of some of these partnerships:

In September, we announced that the Leona M. and Harry B. Helmsley Charitable Trust was making a \$3-million, three-year grant to AMP Health. The grant is being used to strengthen leadership and management skills in teams that are responsible for managing Type I diabetes and other non-communicable diseases in the Ministries of Health of Liberia, Malawi, and Mozambique.

USAID, through the Sustaining Technical and Analytic Resources (STAR) project, is providing resources to AMP Health to partner with National Malaria Control Programmes (NMCP) in the Central African Republic, Chad, Mauritania, Namibia and Republic of the Congo. Our focus is on supporting the NMCP teams to deliver on ambitious malaria objectives through customised on-the-job training, and embedded coaching and mentoring that will strengthen their leadership, programme management, problem solving, and analytical skills.

In late 2021, AMP learned that it had won a competitive bidding process and was awarded a contract with the Global Financing Facility (GFF), a multi-stakeholder global partnership housed at the World Bank. We will partner with them in the development and implementation of the next phase of their Country Leadership Program. The aim is to enable leaders to learn from one another, and equip them with the skills and support to drive systemic change across health systems delivering on the GFF objective of ensuring all women, children, and adolescents can survive and thrive.

We are in the final stages of establishing a partnership with the Community Health team in Mali to strengthen leadership and management capabilities and support them to build a more resilient Community Health system. We anticipate that a Management Partner will be in place by July 2022. This partnership will be funded mainly through the support of LGT Venture Philanthropy.

RESULTS AND IMPACT

AMP Health supports our ministry partners to develop and strengthen leadership and management capabilities, so that they are better able to drive their own health systems forward.

INDIVIDUAL CAPABILITIES

Most team members have reported overall improvements in their leadership and management capabilities over time through their partnership with AMP.

80% of team members in Malawi improved over a one-year period.

TEAM EFFECTIVENESS

Partner teams have recognised the dynamic nature of their teams and have developed deeper levels of trust, shared meaning and purpose, and better ways to communicate.

The Ghana team maintained an aggregate team effectiveness score of 88%.

BETTER TOOLS AND PROCESSES

Partner teams have put systems and tools in place that allow them to carry out their work more effectively.

The Togo team improved in 79% of the 28 benchmark tools tracked by AMP.

These skills and tools are not developed for their own sake, but in support of advancing of the teams' specific goals and objectives.

In 2021, all the teams that we worked with achieved or were on track to meet at least 75% of the partnership objectives that they set for themselves. These include objectives related to supporting community health workers, introducing new vaccines, increasing coordination with partners, providing better support to sub-national levels, and using data for decision-making.

There is no better way to understand the value of these partnerships than to hear directly from our public sector partners:

“The training has changed the way I look at my job a lot. I saw leadership as something that was fixed and far away from my abilities. I thought I was incapable of achieving that level. I doubted myself, asking: Can I perform? Can I coordinate, with so many presentations and partners, and supervise the team? All these things were so confusing to me. Fortunately, we had AMP to support us at the right time. The training led me through gradual change to learn about management and leadership. How to conduct effective meetings, how to approach a crowd to give presentations and chair meetings – it was very difficult for me. The trainings were a safe space to apply our learnings and to practise our presentations skills, which built up my courage and I gained confidence to do it in my work setting.”

– Team member, Sierra Leone Community Health Team

“We have become more effective as a team. Now we know which activities to prioritise and which ones to delay – scheduling has been more effective. We have also become more aware of influencing skills so that we are able to drive our own agenda rather than having others determine that agenda for us.”

– Team member, Malawi Expanded Programme on Immunisation

“From my perspective, the most valuable outcome so far of the AMP Leadership and Management Programme is the different ways of approaching challenges and how to get things done in our organisation: how to organise our systems and our meetings, and shifting to working virtually. AMP has really helped us become more effective in virtual meetings and trainings.”

– Team member, Ghana Health Service



Credit: AMP Health

“I KNEW THAT THIS PARTNERSHIP WOULD BE DIFFERENT”

Interview with Dr Mouchadou Abdoukarim Naba, Head of the Division of Community Health and the Elderly at the Togo Ministry of Health, Public Hygiene and Universal Access to Healthcare

What were your first impressions of AMP Health?

The first thing that struck me about working with AMP Health is that I was asked to participate in the selection of the Management Partner (MP). This was new for me. We are familiar with the model of technical assistance where you are assigned somebody who will work with you, so when AMP asked me and other senior officials at the Ministry of Health to be active partners and participants in the selection process, I knew that this partnership would be different.

And the partnership has been very fruitful. It has felt like a genuine partnership. The Management Partner is very close to the team – we can even say that he has become a part of the team. He has an important role to play when it comes to team management and supporting us to think through technical problems. I can't say that everything is perfect because we still have some challenges to address, but if we go back to two years ago I can say that AMP Health has helped us in improving management, and we have seen better results in the implementation of our activities.

What are the biggest changes you have seen in your team since you started working with AMP Health?

Firstly, the team is more confident. Each member of the team can now carry out a project from beginning to end – this was not the case before. Either I had to run a project myself, or I would delegate it to one or two team members. Now my confidence in the team has improved. I trust them to get more done and to make decisions.

Secondly, there has been a big change in the visibility of the Division of Community Health and the Elderly, or Division de la Santé Communautaire et des Personnes Agées (DSCPA). There is much greater recognition of the work that the DSCPA is doing from other parts of the Ministry of Health and from our partners.

This is partly because of the mapping of community health workers that the team has done. The AMP Health country fund allowed us to carry out this project, and because we now have all of this data, other parts of the Ministry and partners are paying more attention to the DSCPA.

The DSCPA used to be just a little office behind the Ministry of Health. Now the DSCPA plays a much bigger role in the rollout of community health services. There are higher expectations, and the DSCPA is seen as a key decision-maker and advisor on community health projects throughout the country.

These two things – a more confident team and the increased visibility of the DSCPA – have made it easier for us to get funding from partners. They have more trust in us now.

You have worked with one of our executive coaches to help you on your leadership journey. Tell me a little about your coaching experience.

I have been very happy with the experience of coaching, and I am continuing with the journey. I learned from a very senior coach who has a lot of experience in team management. He is not only a coach but a mentor I admire. Even when the sessions happened over video conference, they were very useful. It has allowed me to improve my skills in conflict management, decision-making, and project management.

He has helped me to think about my own role as a leader in improving the capabilities of my team. This is not something that managers in the Ministry of Health are normally expected to do, so it has changed how I see my own role. I am not here only to tell people what to do; I must be the one who builds up my team so that they improve their own skills.

What are some of your priorities and goals for this team in the coming years?

The professionalisation of community health workers is a big project for the DSCPA. We have done the feasibility study and it has been presented to the Ministry of Health. The next phase is to implement the option that has been identified and scale it up across the country.

The digitalisation of the community health worker database is another major project for us. With AMP's support, we made the case to create this database and developed a proposal for the Global Fund, which was successful. It is leading to a lot of enquiries from other parts of the Ministry who also want access to quality data. We must build on this success in the future.

MAPPING COMMUNITY HEALTH WORKERS IN TOGO

If you look up the number of community health workers per 1 000 people in Togo on the World Bank's DataBank website, you get an error message: "No data is available for the specified locations". In truth, nobody really knows how many community health workers there are in the country. We do not know how or where they live, what training they have received, how much they are being paid. We do not know how old they are, or how many people live in their households. We do not know how many patients they see, or what conditions they are treating.

All of that is about to change, thanks to an innovative community health worker mapping exercise in Togo that was recently undertaken by the Division de la Santé Communautaire et des Personnes Agées, or Division of Community Health and the Elderly, which goes by the French acronym of DSCPA.

AMP Health has partnered with the DSCPA since 2020 and has supported the team to develop a range of technical, managerial and leadership skills. AMP's approach is to use the team's own tasks and objectives to identify learning opportunities that will build the team's skillset and allow them to achieve their goals more effectively. Over the past two years, AMP has supported the team through a number of different projects, and the community health worker mapping is the most complex to date.

"The mapping project presented us with many opportunities to build the team's skills because there were so many moving parts," says AMP Health Management Partner Ramadane Hagne. "We had to do the initial research, design data collection tools, set up an electronic data collection platform, train data collectors, carry out the data collection, verify the data, and manage a team of interviewers."

The DSCPA managed a team of 85 data collectors who administered an 88-question survey to more than 11 400 community health workers. The result is one of the richest datasets ever collected on such a large group of community health workers, and will provide invaluable insights that will help to guide the future of the programme.



Credit: Wolfgang Blum

The entire project was carried out from beginning to end by the DSCPA team and the AMP Management Partner, without the need for any external consultants or service providers. This kept the project costs at a fraction of comparable mapping exercises. The Ministry was able to cover 70 percent of the project costs themselves, with the remainder funded by AMP and Integrate Health.

As a result of the project, the DSCPA team has come to appreciate the value of high-quality data. "This project has shown us that knowledge is power," says Moussa Caramlaye Bouraima, a DSCPA team member. "We know so much more than we did before. Now we can show partners where the issues are that need to be addressed."

The project is now moving into its final phase, where the findings will be presented to district health officials for their validation. Once these findings are officially adopted, they will eventually find their way into the World Bank DataBank, and, for the first time, anybody from around the world will be able to find information on community health workers in Togo.



Credit: AMP Health

“WE HAVE COME A LONG WAY”

Interview with Dr Sylvia Chila, Assistant Director of Community Health at the Zambia Ministry of Health

Your team has now partnered with AMP Health for almost four years. Tell me a bit about the journey.

My first experience with AMP Health was at the Leadership Lab in Dar es Salaam in 2018. At the time, we were a very new team: there were only two of us working in the Community Health Unit in Zambia.

I started learning and gaining insight right away because there were teams there from other countries, so I could see the work that was being done in places like Malawi and Sierra Leone.

It was at this Leadership Lab that we first met our Management Partner (MP), who became team member number three! In the beginning, it was about getting a team in place and getting us to work as a team. How do we keep track of the different things we are working on? How do we prioritise? It was very useful to have somebody with a managerial skillset working with us on this.

Having a Management Partner also means that you have someone to hold you accountable. Maybe you are tempted to take a shortcut or to do something the easy way instead of the right way. But the beauty of working in the same space is that there is an accountability partner right there with you, keeping you on track. When we had to develop our national community health strategy, our MP was an important thought partner in this process. He was able to help us organise our thoughts and put together a very good document. Once we had this strategy in place, it became much easier for us to move forward: we could go to partners and say, “These are our priorities: how can you support us?”.

Now we have our second MP, and the support is a bit different. We are not building something new anymore, but we are growing. We need to review the work that we have been doing and assess what has been working and what needs to change. The MP has been supporting us to do this.

We have come a long way in four years. We now have a team of 10 people at the national level. AMP has walked this journey with us, and the kind of support that they have provided has evolved along the way.

Can you tell me more about how you have learned from teams working in other countries?

I have been to three Leadership Labs now. I love these events because they make you feel like you are part of something bigger, that our contribution is not only about our team or our Ministry – there is a bigger picture that we are part of. When I met the Malawi and Sierra Leone teams, they had been working together for a bit longer and they already had good community health strategies in place. They were building investment cases so that partners would put funding into community health. This showed us the path that we could walk as a new team. I am still in touch with the Malawi team, and I have become friends with the Community Health director there.

Later, I got to meet the team from Ghana and learn about their community-based health planning services (CHPS) model, which has been really successful in driving community engagement and participation in healthcare.

And, in 2020, we were honoured that the AMP Leadership Lab took place here in Zambia. It was wonderful to welcome teams from across the continent.

Partnering with AMP has also exposed me to other ideas. Because of AMP, I have been fortunate enough to travel to Aspen in the United States to participate in the IDEAS: Health Festival, and I found the experience very inspiring. I met people from all over the world who have overcome all sorts of obstacles and are doing amazing work to serve their communities. This challenges you to ask yourself what you are doing for your community. It makes you want to be a better person, a better community leader.

What changes have you seen in your team since working with AMP?

With my team, AMP has really been there since the beginning, so I can't say “before AMP the team was doing one thing, and now they have changed”. But what I can say with confidence is that this team would not be what it is today without the partnership with AMP.

One thing that AMP has been working with us to do is to take a longer-term approach to our work. We are shifting from being a team that is working only on today's tasks or this week's tasks, and asking ourselves, “How does this task link to our bigger objectives?”.

Looking ahead, what are some of your goals for your team in the coming years?

Our immediate priority is to develop our next five-year strategy. In Zambia, we work on five-year planning cycles, and we need to make sure that we have a good plan in place so that community health is given greater priority by the government as well as by our partners. Our theme for the next year is “the actualisation of community health”. We want to develop an integrated approach to primary healthcare at the community level, and we want to bring this to reality. We need to move from a vision of what could be and make it real for people in Zambia. This is how we contribute to achieving universal health coverage.

We are also exploring ways to introduce digital systems that will make it easier to support community health workers and to streamline reporting.

I want to see the Community Health team continue to grow as leaders and to become a unit of excellence within our Ministry so that we are an example to other teams.

BREAKING NEW GROUND FOR COMMUNITY HEALTH

Reflections on four years of partnership with the Community Health Unit at the Zambia Ministry of Health

We launched our partnership with the Zambia Ministry of Health in 2017. At the time, the Ministry did not have any staff dedicated to leading and managing the community health system. The Ministry recognised that there was a need for clear ownership and accountability for the community health system at a national level if Zambia was to succeed in expanding access to health services.

The Ministry asked us to provide recommendations for a governance and management structure for Community Health at the Ministry of Health. Following an extensive stakeholder engagement process, we submitted a report recommending that the Ministry establish a dedicated Community Health Unit within the Directorate of Public Health and Research. In March 2018, the Ministry of Health established the Community Health Unit and appointed an Assistant Director to spearhead its operations.

In the four years that we have partnered with the Community Health Unit, they have grown from a small unit with only two members of staff into a fully established team of 10 people at the national level. The team has had two AMP Management Partners (the first from 2018 to 2020 and the second since 2021), who, together with the AMP Global Team, have supported the team with a number of key objectives.

Some of the highlights include the approval of the National Community Health Strategy in 2019, the launch of market-based clinics to increase access to health services for under-served urban populations, establishing a community health technical working group, and developing a legal framework for community health workers in Zambia. We have also supported the team in building partnerships with organisations like UNICEF, PATH, AMREF Health Africa, Financing Alliance for Health, d.tree, On-Call Africa, Strong Minds, Jhpiego, the Churches Health Association of Zambia, and Akros. As a result of these partnerships, the team has received technical and financial assistance for various community health activities. During the four years of our partnership, the Community Health Unit has had to deal with major changes in Zambia and the world at large. The COVID-19 pandemic meant having to establish new ways of working together and finding ways to continue providing essential health services at the community level. Following the 2021 elections, there was a change in government in Zambia, which has led to restructuring and changes to some of the priorities of the Ministry of Health. We have supported the Community Health Unit to navigate these changes and, despite many challenges along the way, the team has continued to make considerable progress.

The team is now moving to build a new five-year strategy to guide its work. Some of the most pressing priorities that they have identified include creating a national database of community health workers, the digitalisation of community health reporting, advancing of primary healthcare on the political agenda, and standardising the community health service and incentive package for community health workers.

We have been privileged to be a partner to the Community Health Unit over the past four years. Having witnessed how the team members have grown as leaders and managers, we are confident that they will continue to break new ground for community health in Zambia.

PARTNERING FOR PANDEMIC PREPAREDNESS: PIVI MASTERCLASS SERIES

AMP Health was able to broaden its reach in 2021 and support ministry of health teams in Europe, the Middle East, and Asia in collaboration with the Partnership for Influenza Vaccine Introduction (PIVI), a key programme of the Task Force for Global Health.

PIVI partners with ministries of health and centres for disease control and prevention in low- and middle-income countries to support the development of sustainable seasonal influenza vaccination programmes and assist with pandemic vaccine preparedness. They wanted to offer the public health and community leaders they work with an opportunity to build the leadership and management skills needed to effectively develop and execute health strategies in times of crisis, and partnered with us on a three-month online learning programme to do this. The “Leading and Managing in a Crisis” programme consisted of a series of interactive online masterclasses. The first two sessions focused on core pandemic preparedness topics, and the next six on topics selected by participants. These included effective decision-making, planning, prioritising in times of uncertainty, team effectiveness and productivity, delegation of tasks, and empowerment. Thirteen public health professionals from eight countries completed the programme and earned a certificate.

“Before the class, I had problems introducing my ideas and decisions to my supervisors,” says participant Oyungerel Darmaa, an epidemiologist from Mongolia’s Division of National Influenza Surveillance. “Now I can better manage the relationship with my supervisors and colleagues, and be a more understanding leader who makes the best decisions.”

The masterclass series is designed for a global audience, and offered in both English and French. It uses AMP Health’s unique approach to delivering experiential learning sessions to build practical skills and encourage behaviour change – an approach that participants embraced.

“The masterclass series helped me better organise my time, set my priorities, and use appropriate leadership styles according to different situations,” says Alfred Douba from the Côte d’Ivoire National Institute of Public Hygiene.

This collaboration between PIVI and AMP Health was founded on the recognition that building management and leadership skills for global health professionals at the local level is not only critical for weathering the COVID-19 pandemic, but also creates more resilient health systems better able to respond to the next global health crisis.

“Programmes such as PIVI and AMP Health are leading the way in engaging with local partners and community-based organisations in low- and middle-income countries to foster sustainable responses to future pandemic threats, and secure maintained and strong health systems for our future,” says PIVI epidemiologist Malembe Ebama.



Credit: the Partnership for Vaccine Introduction



Credit: AMP Health

SHIFTING PERSPECTIVES

Interview with Dr Anthony Tucker, Director of the NCD Division in the Liberia Ministry of Health

How do you think that working with AMP Health benefits your team?

Most partners come with their own intentions, activities, benchmarks, and deliverables. They partner with us to achieve their deliverables. AMP is different. It is strictly about building capacity. Initially I asked, “How is this going to help us?”. We are in a resource-constrained country and without the right resources, I worried that extra capacity building wouldn’t push the system in the right direction. But it is the capacity to mobilise resources – and to use those resources correctly – that will help us to reach our goals. We are learning to present information in such a way that donors and other partners are excited to work with us.

If AMP pulls out tomorrow, we would still be able to mobilise resources and we will be able to implement the things we need to implement.

Working with Andeh Hyeroba, our Management Partner, has really changed the way we work and how we communicate with each other. Our perspectives have shifted on many things, such as how we view resource constraints, and how we should behave as leaders.

And beyond the Management Partner, it is good to know that there is a team that we can reach out to for support and learning resources.

How will this help your team to achieve their goals?

I believe it will help us directly in meeting the goals and objectives of the NCD programme. One reason that this – achieving the goals and objectives of the NCD programme – has been such a challenge is that we have not been motivated, because we saw the resources that we had and thought we would not be able to reach our goals. But working with AMP Health has allowed us to shift our perspective. We now have the belief that we can achieve these goals and objectives, and we are going to find the resources to achieve these goals.

This will require teamwork. You must understand that the NCD programme in Liberia is relatively new and, until recently, it was managed by just one person. Now we have a team.

Teamwork has already improved, but I expect it to become even better with everyone playing their role in the system and reporting back.

Are there any other skills that you personally would like to learn during the programme?

I would like to be better able to present information clearly, and to focus on ways to bring the message across to the audience most impactfully. We produce a lot of documents for different stakeholders.

I would also like to improve the way that we work with data – conducting surveys and providing good analysis of the results. For example, we did a lot of health screenings for non-communicable diseases and are now analysing the information from that.

This interview was edited for brevity and clarity.

ONBOARDING WORKSHOP: LIBERIA NON-COMMUNICABLE DISEASES TEAM

“I am an introvert, surrounded by extroverts,” chuckles Dr Anthony Tucker, Director of the Non-Communicable Diseases (NCD) division in the Liberia Ministry of Health. It is a light-hearted moment during the exercise about team member strengths and differences on Day 2 of the team’s onboarding workshop with AMP Health in Monrovia in January 2022 – work supported by a grant from the Helmsley Charitable Trust. Light-hearted, yes, but the moment also encapsulates an important message about preferred working styles which is not lost on Dr Tucker, the astute medical doctor-turned administrator tasked with marshalling the country’s response to NCDs such as Type 1 and Type 2 diabetes, cardiovascular diseases, and cancers.

After the exercise, Dr Tucker shares with his team that, as an introvert and someone who likes to make decisions only when he has all the facts, he now understands why he sometimes gets frustrated with his team, many of whom are extroverts who take a more exploratory style to problem-solving. Dr Tucker offers to be more patient, but he also asks the team to do more research and planning before bringing a project or decision to him for his input. It is a key moment.

Luckily for Dr Tucker, he is not the only methodical planner in the room. His team's new AMP Health Management Partner Andeh Hyeroba also prefers a more considered decision-making style. Hyeroba will be embedded with the team for the next two years as a thinking partner, coach, and facilitator, to build both team and personal effectiveness.

The AMP model and Hyeroba are new to Dr Tucker and his team, so much of the focus of the three-day workshop is on introducing the AMP management partner model.

AMP's Deputy Director for Country Support Tendo Kiribakka and Country Support Manager Rihlat Said Mohamed explain to Dr Tucker's team how AMP partners with government health teams to help them achieve their goals. Chief Learning Officer Klara Michal and Senior Learning Expert Rhys Johnstone are there to model AMP's experiential learning style and facilitate sessions with the team on personal awareness, team effectiveness, planning, and prioritisation.

The workshop is also an opportunity for the Management Partner and the rest of the AMP team to understand the Liberia NCD team. Dr Tucker articulates the team's mission and explains the context in which they work, the challenges that they face, and their aspirations for the future. Then it is the AMP team's turn to nod heads as they appreciate the importance of the NCD team and the resource challenges they face. The workshop gets a boost when Deputy Minister of Health and Chief Medical Officer Dr Francis Kateh addresses the session. Dr Kateh underlines the importance of capacity building in the Ministry of Health and the importance of tackling diseases such as diabetes in Liberia – and endorses the AMP model of a capacity-building partnership.

The payoff of the workshop is felt immediately: the week after the session, Dr Tucker decides to make some changes to how the team works together. In return for the team gathering more information before approaching him, he will allow room for spontaneous feedback in meetings and brief cross-office chats

with colleagues will be encouraged, to cater for the extroverts on the team.

Another quick and direct impact of the onboarding workshop is that the team is using the prioritisation technique modelled in the workshop to conduct their annual planning meeting, during which each coordinator presents what they consider the most critical activities for 2022.

The investment in establishing ways of working together has also paid off: Hyeroba reports that in the weeks following the onboarding workshop, team members have approached him for coaching on writing reports, setting goals, and planning – rather than asking him to do this work himself – providing him with an opportunity to support the team in building skills that they can put into practice straightaway.



Credit: AMP Health

CHANGING THE CONVERSATION: REPORT FROM THE HIGH-LEVEL COUNCIL ON LEADERSHIP AND MANAGEMENT FOR DEVELOPMENT

The High Level Council on Leadership and Management for Development – convened by AMP Health and hosted by the Aspen Institute – recently released a report calling on governments and development institutions to ramp up investment in building public sector leadership skills.

Under-investment in these skills will limit progress towards achieving the Sustainable Development Goals, cautions the Council, which includes former heads of state and cabinet ministers, as well as senior leaders at international institutions and in philanthropy.



Credit: Aspen Global Innovators Group

“Collectively, we recognise the need for visionary leadership to successfully confront our biggest challenges when it comes to health, the economy, food security, education, and the environment,” says former Liberian President Ellen Johnson-Sirleaf, a member of the High-Level Council.

“This could herald an era of remarkable collective leadership. It is an opportunity to not only overcome COVID-19 as the most widespread public health and economic crisis of the past hundred years, but also to turn it into one of our greatest leaps forward,” she says.

Dr Robert Newman, AMP Health Director, and the Council Secretary concurs, adding: “In an increasingly complex and interconnected global operating environment, there is urgent need to invest in developing visionary leadership and effective management skillsets. These are critical for the optimal functioning of public institutions, and investment into this should be increasingly seen as a public good.”

The report calls for a shift in approach to developing public sector leaders and teams. It emphasises on-the-job approaches that address existing gender inequalities, and that incorporate coaching, experiential learning, and peer learning. The paper makes the case that this approach will pay dividends as teams of civil servants become more effective and efficient, which will attract new talent to public service.



Credit: Aspen Global Innovators Group

The report estimates that low- and middle-income countries need to invest an annual average of US\$500 per person in strengthening leadership and management skills for the public sector, which represents approximately 0.4% of gross national income. It argues that the efficiency gains resulting from better-managed public spending will far exceed the investment required. The Council also proposes that countries develop their own scorecards – to track progress towards their leadership and management goals, and measure the impact of their investments. Former New Zealand Prime Minister Helen Clark, a member of the Council says: “Experience has shown that the most important determinants of progress in meeting global goals include strong and committed leadership, and proactive and capable governance institutions at the national and local levels. This ensures that the global agenda is translated into national strategies, budgets, and actions. We need to invest in developing these leaders.”

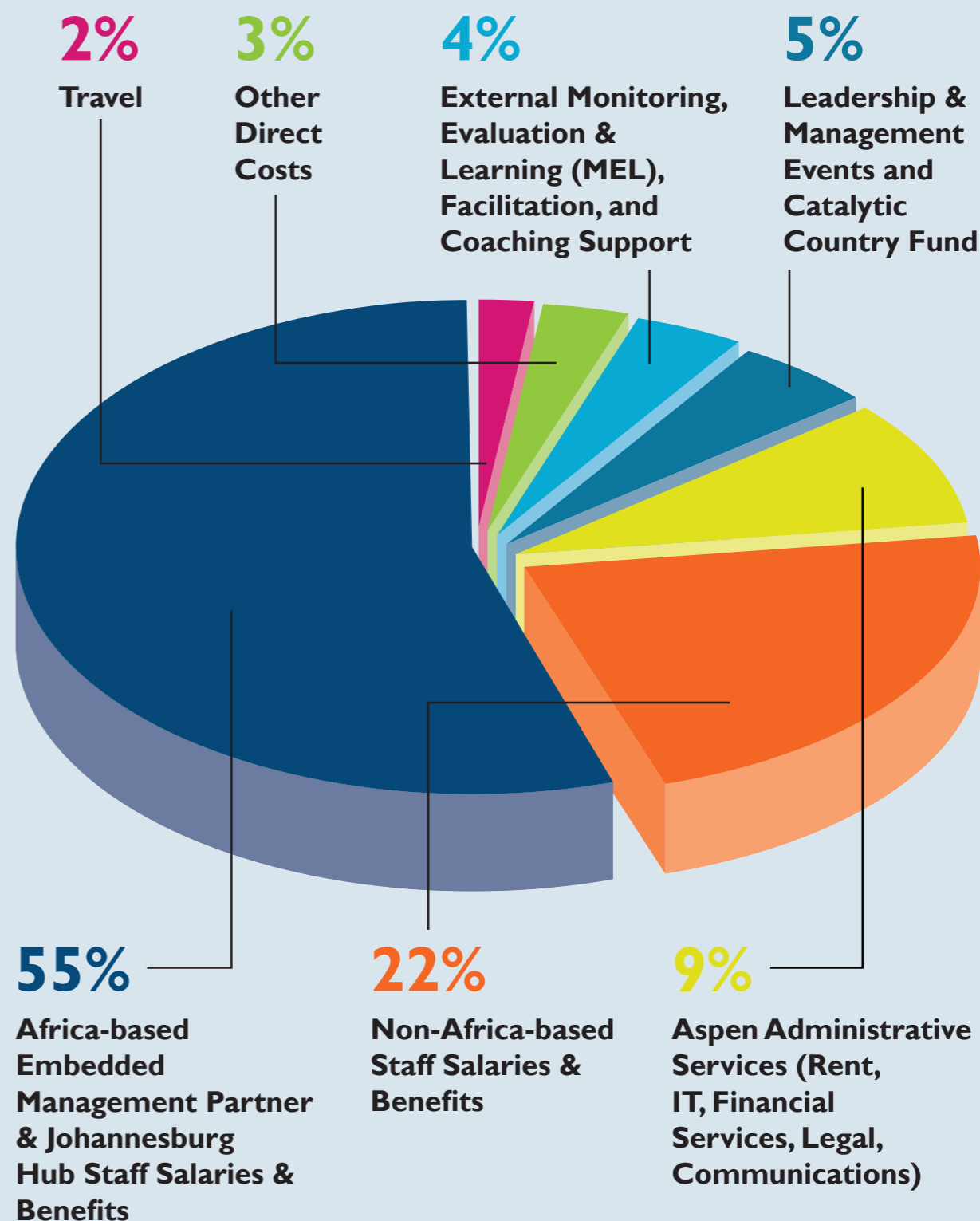
In 2022, the Council will continue to promote the key messages from the report, build partnerships with likeminded organisations, and advocate for increased focus on the role of leadership and management as a key driver of development.

HIGH-LEVEL COUNCIL MEMBERS AND AUTHORS OF THE REPORT:

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FINANCIALS

2021 Total Revenue - \$4,671,814 | 2021 Total Expenses - \$2,126,356



GOVERNMENT PARTNERS



Central African Republic
Ministry of Health and Population



Chad
Ministry of Public Health and National Solidarity



Ghana
Ghana Health Service



Liberia
Ministry of Health



Malawi
Ministry of Health



Mali
Ministry of Health and Social Development



Mauritania
Ministry of Health



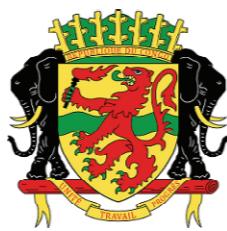
Mozambique
Ministry of Health and Social Services



Namibia
Ministry of Health and Social Services



Nigeria
Federal Ministry of Health



Republic of Congo
Ministry of Health and Population



Sierra Leone
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Ministry of Health, Public Hygiene and Universal Access to Care



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