

## Books & electronic media

### Building Leadership for Health

Building Leadership for Health (BLFH) is a set of free training resources to support health systems development in resource-poor and resource-rich countries. It is designed to be adapted and delivered by local health leaders to reflect the specific experiences and needs of their teams, based on the observation that leadership is a relationship and not a solo performance.

BLFH provides links to over 100 health leadership and management courses, and even more can be found at WHO's MAKER web site (<http://www.who.int/management/en/>). These courses nearly all focus on individual skills and often require leaders to travel overseas for training. In contrast, BLFH itself is designed to be run in-country by local health leadership and management teams. It enables health leaders to share their experiences and knowledge with their teams, and helps build the common understanding and trust that is the basis of leadership. Team members can then pass on their understanding by running their own courses, thus encouraging distributed leadership and a shared approach to health system reforms throughout the health service. In this approach, health trainers enable health managers to run their own courses rather than stepping in as educators.

This experiential learning approach for health leaders was pioneered in 2003 by a team from the Netherlands School of Public & Occupational Health (NSPOH), working with a group of public health managers and educators from the Czech Ministry of Health. A suite of eight training courses was developed in the Czech Republic and used to cascade a common understanding of approaches to leadership and management in a modern European public health system. Elements of these training programmes were then adapted and applied in the public health systems in Hungary and Lithuania.

The design of experiential learning programmes is deceptively simple:

- Pre-course reading prepares the participants.
- Course introductions evoke the participants' prior experience.
- Frameworks for discussion are based on management and leadership theory; references are provided, however the aim is not to teach theory but to help groups to explore practical issues in health management.
- Case studies are based on local best practice, with the aim of exploring basic leadership and management issues and approaches.
- Group exercises, such as innovation brainstorming and role playing, provide both lessons and experience of team leadership with coaching support.
- Personal challenges for participants include presenting to the group and to the whole course attendees.
- Reflection and learning logs help turn good intentions into practical action.
- Mentoring and feedback sessions reinforce personal development.

Since its inception, the training resources of BLFH have multiplied as courses have been developed and applied by different users. A wide range of experts on leadership and management have agreed to share their resources on the understanding that they are always distributed free of any charge or obligation.

Currently BLFH has over 70 courses and hundreds of lectures on aspects of health leadership, community leadership, public participation, health economics, health futures planning and knowledge management for health. Contributions in the form of courses, lectures and case studies have been provided more than 25 leading experts, including: Randall Peterson (London Business School), Sandra Dawson (Judge Business School), Vic Neufeld (McMaster University and INCLIN Trust), Dr Pim van Arkel (NSPOH) and Dr Tedros Ghebreyesus (Minister of Health, Ethiopia).

Recently BLFH provided leadership and management training for Omani health system trainers. In one

week, two groups of 24 and 36 health leaders from the Omani Ministry of Health, national training centres and local health districts trained together and reviewed local examples of best practice in health leadership and management. The programme was supported by the WHO Eastern Mediterranean Regional Office. It was designed not only to train those attending the courses, but also to enable them to spread what they learned throughout the Omani health system.

Over 1000 copies of BLFH material have been distributed on CD-ROMs (the media form most requested in Africa). A version is also available on the Global Health Campus, eGranary digital libraries supported by the University of Iowa, whose Internet conferencing facility has made it possible to run master classes for leadership trainers. For example, a recent session run from Geneva and London was joined by nurse trainers from Kenya, Uganda and the United Republic of Tanzania.

Currently, BLFH resources are being prepared to support the WHO Knowledge Management for Public Health programme (KM4PH; see <http://www.who.int/km4ph/en/>). One of the aims of this programme is to develop leadership skills in knowledge management, because while there is great potential to transform health services and close the "know-do gap", this will require leadership and management skills to support innovation and change. The target is to include knowledge management and leadership in all schools of public health curricula. As a catalyst for this, Muir Gray and Ann Bryce of the United Kingdom National eLibrary for Health and Ben Ramalingam of the Overseas Development Institute have collaborated to develop a set of training resources in knowledge management for health.

Free copies of BLFH can be obtained from Alena Petrakova ([petrakovaa@who.int](mailto:petrakovaa@who.int)), who should also be contacted by individuals who wish to contribute leadership and management training resources. ■

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## Ethics, prevention and public health

Editors: Angus Dawson & Marcel Verweij  
Publisher: Clarendon Press, Oxford, 2007  
ISBN-13: 978-0-19-929069-7; 256 pages;  
price £ 35 (hardback)

Public health ethics has been receiving increased attention in recent years. Often, public health practitioners have to confront complex decisions, with numerous and often conflicting ethical implications. What to do: ask colleagues? try a literature review? consult a specialist in bioethics? The title of this book raises expectations of a treatise on the subject – a refuge for the public health practitioner with disconcerting questions.

As stated in its preface, the book has come about as a result of encounters and discussions at meetings of the International Association of Bioethics held over several years. Some of the chapters result from a research seminar held in the Netherlands in 2002, while others have been written subsequently. The sixteen authors of the twelve chapters, all of which are original, come from Europe and North America, and range from a PhD student to luminaries in this field, such as Lawrence O Gostin.

The book is very well structured, starting with an introductory chapter by the editors, Angus Dawson and Marcel Verweij, that provides an overview of what follows and discusses three general features of public health interventions.

First, the initiative for public health interventions usually comes from a public health professional and not a patient who is seeking care; second, public health interventions may not be beneficial for each individual, but aim to protect and promote health at the group or population level; and third, public health activities are potentially pervasive and can interfere with all aspects of life and of society.

The topics covered range from vaccination and herd protection as a public good, a non-paternalistic argument for tobacco discouragement, to the use of cost-effectiveness analysis for priority-setting. Most readers will restrict themselves to one or two chapters, with probably only a very few reading it from cover to cover.

Personally, the book has enabled me to get a better grip on an issue that I have had in the back of my mind for some years. While informed consent is the hallmark of bioethics in health services, the complexity of interventions at the group and population levels makes it difficult to use the same standard for public health activities. For example, the increased use of combined vaccines in universal vaccination programmes (such as adding also a vaccine against chickenpox to measles, mumps and rubella vaccine) makes it impossible for parents to provide informed consent to each of the component vaccines involved. Although the individual and collective benefit and risk levels are different for each individual vaccine, a parent can at best only provide consent to a combined vaccine programme.

In the final chapter of the book, Niels Nijsingh argues compellingly that requiring informed consent for a dramatically expanded newborn screening programme places too severe a burden on both parents and society in general, and that we need to find other means for protecting the individuals participating in public health programmes. Such an argument may be shocking to some, but it shows that this book does not provide ready-made answers for public health practitioners stumbling over ethical issues. Rather, it forces readers to reflect on these issues, deepen their understanding and arrive at conclusions that should be discussed with others. ■

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