Governance

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Governance Models for Eradication Initiatives

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Abstract

Eradication initiatives are trans-organizational systems (i.e., partnerships, alliances, or coalitions) that enable, and are reliant upon, the joint decisions and actions of participating organizations, each of which maintains its individual identity and goals. Trans-organizational systems are multicultural, nonhierarchal structures that service a megacommunity in the collective pursuit of public goods. Governance models for trans-organizational systems require higher levels of coordination, cooperation, and collaboration than traditional organizations because of the independence, diversity, and number of actors and extended timeframes involved. Applying management science and best practice, five critical success factors are identified for good governance: institutional mapping, leadership and skills, nontraditional decision-making processes, organizational culture, and the mobilization and alignment of financial resources. This perspective is applied to eradication initiatives and used to inform resource mobilization and aid frameworks.

Introduction

Agonize or organize.—Harry A. Fagan

Broadly defined, *organizations* are systems of coordinated action among individuals with different interests, preferences, and knowledge (March and Simon 1958). In the context of an organization or network of organizations, as in an eradication initiative, *governance* refers to the tools that organizations employ to influence an individual's contribution toward a goal. Governance often invokes concepts of power, authority, and formal lines of reporting. However, effective governance requires skilled leaders to motivate, persuade, and inspire (Kotter 2001). To catalyze and coordinate collective action in a network of decentralized yet interdependent groups, innovation and flexibility are required.

The manner by which tasks and people are specialized and divided, and authority is distributed is referred to as *structure* (Brandach 1996). Organizations

are structures of human relationships designed to achieve goals through work (Roberts 2004). A *trans-organizational system* is an "organization of organizations able to make decisions and perform tasks on behalf of member organizations, while the member organizations maintain their separate identities and goals" (Roberts 2004). A trans-organizational system bridges specialist identities and accountabilities of member organizations to produce a new knowledge base. The following characteristics are typical of a trans-organizational system (Cummings and Worley 1996):

- They tend to be under-organized.
- Relationships among organizations are loosely coupled.
- Leadership and power are dispersed among autonomous organizations, rather than hierarchically centralized.
- Commitment and membership are tenuous because member organizations attempt to maintain their autonomy while jointly performing.
- Knowledge management is a core function.

Although the concept of a trans-organizational system has been widely utilized for global health initiatives, they are more commonly referred to as partnerships, alliances, or coalitions.

The concept of the *megacommunity* is a valuable tool for eradication initiatives. Defined as "the means in which organizations and people deliberately join together around a compelling issue of mutual importance, following a set of practices and principles that make it easier for them to achieve results" (Gerencser et al. 2008), it is useful in thinking through the structure, management, and evolving needs of an eradication initiative. Establishing a megacommunity (Figure 12.1) requires a fundamental shift in thinking as work must be organized across multisector and multinational boundaries.

Eradication initiatives require high levels of coordination, cooperation, and collaboration. Because of the diversity and number of actors in the system, the time required to reach the goal (multidecade), and the volatile global environment in which they operate, eradication initiatives require the development of processes to formalize and support the strategy of working together. In addition, while accountability among the interdependent organizations is highly diffuse, it requires active monitoring and management.

Much can be learned from the private sector. The failure rate of private sector alliances has been estimated to be as high as 70%, with most of this failure attributed to an over-emphasis on defining the plan and minimizing conflict (Hughes and Weiss 2007). Understanding and defining how organizations work together, make decisions, allocate resources and cultivate mutual trust must be identified in the formative stages of an initiative and revisited, at a minimum, on an annual basis. To develop the good working relationships within an alliance, Hughes and Weiss (2007) identify four key areas that can be applied to an eradication initiative:
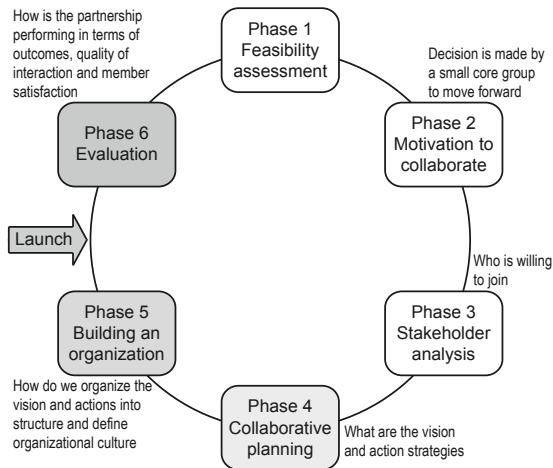
Figure 12.1 Process of establishing a megacommunity.

1. Peg metrics to progress: Augment "ends" metrics with "means" metrics to assess factors that affect the alliance's performance (e.g., information sharing and new idea development).
2. Leverage differences: The fundamental principle of organizing diverse actors around a complex problem is to create value in the alliance; however, those differences may also result in conflict. Instead of driving conflict underground and forcing consensus, leverage those differences to innovate.
3. Encourage collaboration: When a problem surfaces, replace finger-pointing with an analysis of how all parties contributed to it and derive creative solutions to solve it.
4. Manage internal stakeholders: Alliances depend on cooperation and collaboration among leaders of those organizations as well as employees and associates. Everyone needs to have a clear understanding of the goals and their organization's role in achieving success.

Organizational arrangements and structures help create a shared understanding around governance options to structure and manage the work. Ultimately, structural arrangements need to reduce bureaucracy and simplify work toward a common goal (Nohria et al. 2003).

The decision-making process inherent in a trans-organizational system is based on information of various kinds that flows into the system. Current technology enables rapid communication between vast numbers of people in a highly decentralized, informal way. It affects the way individuals collaborate and conduct work, and has been credited with the creation of "new transnational communities of people, who without ever seeing each other in the flesh, are in communion because they are in communication" (Drucker 2001).

Social science and management research can inform an eradication initiative, as it seeks to align and manage the diverse actors involved and mobilize scarce resources. To examine organizational options, five areas of management theory are reviewed: institutional mapping, leadership and skills, nontraditional decision-making processes, organizational culture, and the mobilization and alignment of financial resources. This perspective is applied to eradication initiatives and used to inform resource mobilization and aid frameworks.

Institutional Mapping: Understanding the Dynamic Ecosystem of Actors

Unless commitment is made, there are only promises and hopes; but no plans.
—Peter Drucker

At the outset of an eradication initiative, an analysis of the actors (agencies, stakeholders, individuals, and groups) involved needs to be conducted, as diverse actors influence the way work is organized, distributed, and measured and how results are communicated. This analysis needs to be reviewed periodically to include all of the actors that may influence work over time. In management, *environmental scanning* is the term used to refer to the process of monitoring the environment on an ongoing basis (Roberts 2004; Fahey et al. 1981). Anyone who might implement the vision and strategy or who could block implementation should be included (Kotter 2001). Figure 12.2 illustrates a landscape analysis for an eradication initiative.

After scanning, actors should be characterized into five broad categories (Ibarra and Suesse 1997):

1. Allies share a high level of agreement and trust and often engage in a reciprocal relationship.
2. Opponents share high levels of trust, but agreement is low, and strength and vision are challenged in a trustworthy atmosphere.
3. Bedfellows are aligned with the stated objectives but do not always give the entire story; thus, boundaries must be set.
4. Fence sitters refuse to take a stand so that risk and uncertainty dominate.
5. Adversaries result when attempts at negotiation agreement and trust fail.

Actors (organizations, individuals) may migrate from one category to another during the course of an eradication initiative. For example, during the formative stage, funders may be classified as an opponent because they may need to be persuaded as to the cost-effectiveness of the investment. After classification, an engagement strategy is required for each category—one that is targeted to the vital interests of the principal actors. Engagement strategies assist leaders as they prioritize outreach efforts. Periodic monitoring of relationships offers valuable information on the efficacy of an initiative and can alert leaders to potential problems. Tools, such as annual surveys disseminated to key
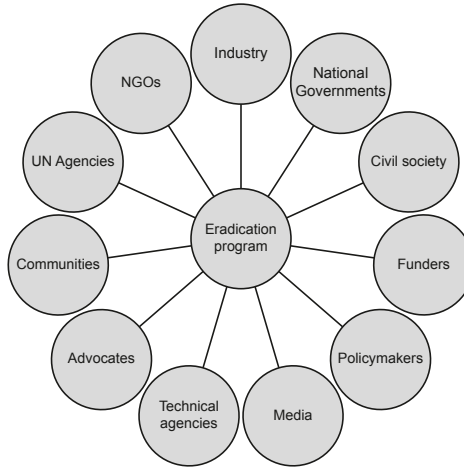
Figure 12.2 Landscape analysis of actors.

stakeholders at various levels of their organizations, can provide comprehensive feedback to managers and enable a strategy to adapt.

Next, a feasibility assessment should be conducted to analyze each stakeholder's level of interest and willingness to commit time and resources to the goal. Data can be collected through surveys, interviews, informal meetings, or broad stakeholder meetings focused around the following questions (Roberts 2004):

- Are other organizations likely to be concerned with this problem as well (i.e., can the base of stakeholders be expanded)?
- Is there willingness to commit time and resources to the work involved on a long-term basis? What assets and capabilities might be exchanged in the partnership? What might each organization provide and expect to receive?
- What kind of work would the group (i.e., stakeholder) undertake?
- What kind of commitment would a core group need to make to get the initiative running?
- What risks are involved (e.g., to a group's reputation, financial)?
- What other benefits might this partnership bring to the organization, to the communities, as well as to the global health sector?
- Is there a strong potential for a partnership that will further a stakeholder's mission and serve its constituency better?

This will lead to an understanding of the strengths and weaknesses involved in the collective assets available to launch the eradication initiative.

The next task is to develop the organizing principles and accountability structures of the initiative within the context of the broader external environment. One classic planning tool is the SWOT analysis (Strengths, Weaknesses,

Opportunities and Threats), which is designed to assess external (opportunities, threats) and internal (strengths, weaknesses) challenges. By assisting leaders in the identification of assets and barriers, SWOT functions like a stakeholder analysis. It can be used to shape the strategy and prioritization of resources and can provide valuable information to the risk management plan.

Because an eradication initiative operates in a highly dynamic environment, both positive and negative trends must be monitored. For this, routine analysis of three key components within the external environment is recommended (Andreasen and Kotler 2008):

1. Public environment: local publics such as disease endemic communities, activists, general public (in both donor and disease endemic countries), media, and regulatory agencies.
2. Competitive environment: groups and organizations that compete for attention, resources, and loyalty.
3. Macroenvironment: large-scale fundamental forces that shape opportunities and pose threats; these forces largely represent the "uncontrollables" and may include demographic, economic, technological, political, and social forces.

Leadership and Skills Mix

> The good leader is he who the people revere. The great leader is he who people say, "We did it ourselves."
> —Lao Tzu

Effective leadership in an eradication initiative involves a blend of skills: expertise in public health, leadership, management, finance, marketing, communications, fundraising, policy, supply chain management, regulatory issues, global markets, and international development. Historically, public health experts have taken the lead in global health partnerships. However, future eradication initiatives would benefit from shared leadership between health experts and generalists. The experience that generalists have in negotiating dynamic political, social, and business environments could lessen the inherent risk in complex operational and environmental conditions.

In any collaboration, the manner by which organizations and actors organize around the work ultimately determines effectiveness. Leadership focuses the attention on the task and deploys the necessary resources for execution. It aligns participating organizations around vital interests and ensures that core values are adopted by stakeholders. It focuses on a cogent strategy and decisions, not structure.

Leaders prepare organizations for change and help them adapt (Kotter 2001). They establish a vision and anchor that vision into the organization by inspiring collective and authentic action (Collins 2001). Leaders look for

patterns, cultivate interest, and set direction. Effective leaders are masters at motivation. They utilize an individual's need for achievement, affirmation, and affiliation while cultivating a deep sense of purpose (Cialdini 2001).

In a megacommunity, shared leadership is imperative. Each individual leader needs to understand how their leadership style affects the broader group and align their capabilities accordingly with their peer's strengths. Six basic types of leadership styles have been identified (Goleman 2000):

1. A coercive leader demands immediate compliance and emphasizes achievement, initiative, and self-control.
2. An authoritative leader mobilizes people around a vision and uses self-confidence, empathy, and power to catalyze change.
3. An affiliative leader creates harmony, builds emotional bonds, and emphasizes empathy, relationships, and communication.
4. A democratic leader forges consensus through participation and relies on collaboration, team leadership, and communication.
5. A pacesetter sets high standards for performance through conscientiousness, initiative, and a drive to achieve.
6. A coach develops people through empathy and self-awareness.

A mix of leadership styles and skills ensures a diversity of experience and may help to sustain an eradication initiative through difficult stages. Since individual leaders may leave at different points in time, however, successors need to complement the skills of the remaining co-leaders.

Various combinations of leadership styles are required at different stages of an eradication initiative (Table 12.1). At the formative stage, authoritative and democratic styles may be optimal to achieve buy-in and motivate people to

Table 12.1 Combination of leadership styles during the different phases of an eradication initiative.

Formative Stages	
Authoritative	*Democratic*
• Mobilizes toward vision	• Forges consensus
• Catalyzes change	• Relies on collaboration
	• Communication and team leadership
Scaling Up	
Affiliative	*Coaching*
• Creates harmony	• Develops people
• Empathy	• Develops empathy and self-awareness
• Relationships and communication	
Final Mile	
Pacesetting	*Coercive*
• Sets high standards for performance	• Demands immediate compliance
• Drive to achieve	• Emphasizes achievement

action. During the final mile, coercive and pacesetting leadership styles might be more effective to maintain momentum in the face of lagging political or societal interest. Deploying the right leadership style to respond to the changing needs of an eradication initiative and the broader global environment is necessary.

Building an effective leadership team requires an assessment of individuals' leadership styles during the formative stage. This enables individual strengths to be identified and creates a shared understanding of preferences in leadership styles. The tendency to bring in like-minded individuals should be avoided. Miles and Watkins (2007) offer ideas on how leaders can complement one another:

- Task complementarity: leaders divide management and responsibility into coherent blocks of tasks.
- Expertise complementarity: resulting differences lead to formation of teams.
- Cognitive complementarity: differences in how individuals process information; some leaders are better at conceptualizing while others are better at tactics and execution.
- Role complementarity: one or more leaders provide the "pull" through rewards and inspiration while others provide the "push" through disciplined goal setting and sanctions.

To rally support around an initiative, leaders must possess a high degree of emotional intelligence (i.e., self-awareness, self-regulation, motivation, empathy and social skill; Goleman 1995). Conflict can easily arise and create factions or opposing agendas. Thus, leaders must be able to anticipate and understand the viewpoints of partners, and navigate the group to shared goals.

The single most defining feature of an effective leader is a personal motivation. Outstanding leaders continually raise the performance bar and use creativity and a seemingly endless supply of energy to maintain momentum. The greatest challenge to leadership, however, is to facilitate accountability in the multicultural, dynamic, and nonhierarchal structure of any eradication initiative. Understanding how to persuade and motivate effectively within the context of influencing decision making is a crucial leadership skill in any eradication initiative (Williams and Miller 2002).

Nontraditional Decision-making Processes: Power and Persuasion

> Character may almost be called the most effective means of persuasion.
> —Aristotle

In trans-organizational systems, the construction of an organizational chart to articulate where authority lies within the organization is frequently overemphasized. Although important, this step often fails to capture the diffuse

and interrelated decision-making process involved in an eradication initiative. Consent, which is a voluntary process, as well as various forms of informal and other nonlegally binding arrangements are required to achieve eradication. However, consent alone cannot drive accountability in the system. Governments, for example, often fail to follow through on pledges made in a World Health Assembly resolution or at the G8 level (McCurry 2008). Understanding how to persuade and motivate within the context of influencing decision making is a crucial leadership skill in an eradication initiative (Williams and Miller 2002). Social capital offers an additional resource and source of soft power in garnering the necessary political will and securing resources.

Eradication initiatives rely on flexibility and agility to respond to the environment in which they operate (social, political, biological). Performance is enhanced when the ability of the interconnected organizations to execute key decisions more effectively is collectively improved (Blenko et al. 2010). Conducting a decision audit helps leaders understand where power and influence are required to achieve alignment and sustain commitment. The following steps are needed to create a decision audit:

1. Identify key decisions to be undertaken.
2. Determine where those decisions should happen.
3. Organize the macrostructure around sources of value.
4. Determine which level of authority is needed by decision makers.
5. Align other elements of the organizational system (e.g., incentives, information flow and processes) with those related to decisionmaking.
6. Help partners develop skills and behaviors necessary to execute high-quality decisions quickly.

Within the framework of an eradication initiative, a decision audit begins with the individual:

- What motivates the individual to accept the intervention, such as a vaccine?
- What factors are associated with the individual's decision to participate?
- What decisions are taken at the local, regional, or national level that facilitate or impede successful execution?
- Who decides, who enables, who has the power to block decisions?

Expanding this exercise to the regional and global level informs strategies designed to support advocacy, policy development, social mobilization, resource mobilization, and various other activities. Decision making, therefore, is not a simple, discrete event, but rather a stream of decisions and choices. One of the benefits of conducting a decision audit is that it scrutinizes the motives behind why a decision was taken, or not taken, and uses this information to persuade the decision maker in a direction that aligns with the goal of the initiative.

Ultimately, a successful eradication initiative results from the sum of the decisions that actors make and execute.

Understanding the decisions which must be taken is only the first step in mapping where accountability needs to exist in the system. Mapping reveals where accountability structures are diffuse and hard to manage, particularly in a system of interdependent actors. Much can be learned from the malaria initiative, where low utilization of insecticide-treated bed nets by individuals in malaria endemic regions jeopardized efforts to eliminate the disease (Ahorlu et al. 1997). Who should be held accountable for this breakdown in the system?

Within the context of management theory, *accountability* is defined as "the means managers are held responsible for carrying out a defined set of duties or tasks, and for conforming with the rules and standards applicable to their posts" (OECD 1998). Within a megacommunity, traditional or hierarchical accountability mechanisms cannot be used to manage the work of interdependent actors; accountability structures must be decentralized between actors and organizations so that performance can be enhanced throughout the entire system. Performance and financial management tools (e.g., dashboards and balanced scorecards) can measure and monitor the progress of various aspects of an initiative and assist in identifying where accountability structures should be enhanced by traditional incentive mechanisms. Failure to achieve results does not necessarily induce accountability from those who are responsible for failing to adopt mitigation strategies or improve performance. If the agreement to collaborate is based on consent or nonlegally binding terms, then traditional, remedial measures will not work. Understanding the complexity in the system of stakeholders as it relates to accountability is a precursor to developing mechanisms that are more effective in sustaining motivation and enhancing collaboration.

Accountability without power can derail a partnership, and research has shown that organizational powerlessness can corrupt (Kanter 1979). Defined as the ability to mobilize resources to get things done, *power* is rooted in the ability to control resources, information, and support necessary to perform a task (Kanter 1979). Power is best utilized when it provides access to resources and information; this enables individuals to act quickly, accomplish more, and give more resources and information to others. Thus, power can be an effective catalyst to manage work efficiently. By contrast, *powerlessness* tends to breed bossiness rather than true leadership; it can create ineffective, petty, dictatorial, and rules-minded managerial styles (Kanter 1979). In an eradication initiative, careful assessment of where accountability exists without the necessary power can help expose risks and improve outcomes by enabling those stakeholders with the necessary power and resources to carry out their work.

The paradigm of high accountability with insufficient power can be illustrated in the relationship between donor countries and national governments (recipients of aid) involved in global health programs. Much has been written about the ineffectiveness of top-down approaches to aid deployment, leading

to a shift toward country-led initiatives, donor harmonization, and managing aid for results (OECD 2005). Developing countries are often put in the position of accepting aid according to the terms, plans, and strategies developed by donor governments, contractors, and NGOs. This, in turn, can lead to suboptimal results, because the flexibility required to implement these programs locally was not properly considered. Donor countries, in return, implement performance-based financing, and national governments are left with little choice but to check boxes and comply with ever tighter conditions.

A better approach would be to include developing country health officials in the design and planning of any new health initiative from the outset. This way, issues such as the impact on health systems, integration with other national health initiatives and plans, supply chain and logistics, regulatory considerations and management capacity can be assessed and factored into design and funding arrangements. Consultation can be formal or informal and can be conducted via surveys, interviews, or convening regional meetings. When people are asked for their input, when they know they have been heard and mutual trust has been established, they are more committed to a program. If its results are translated into the design, consultation can empower and ultimately lead to increased accountability and motivation. By empowering others, a leader does not decrease his/her power but may actually increase it (Kanter 1979).

Organizational Culture

> Always bear in mind that your own resolution
> to succeed is more important than any other.
> —Abraham Lincoln

Organizational culture is an emerging concept in the field of management theory. It is a fundamental driver of what an organization sets as its mission, objective, and goals, and what will be expected of those who work to achieve them (Andreasen and Kotler 2008). Organizational culture often refers to the shared beliefs, values, and norms that represent the character of an organization by (a) conveying a sense of identity for organizational members, (b) facilitating the generation of commitment to something larger than self, (c) enhancing social system stability, and serving as a sense-making device to guide and shape behavior (Panda and Gupta 2001).

In megacommunities, organizational culture can be defined as the overarching principles and values that create the foundation of the collaborative effort among various organizations and stakeholders. In the formative stage, it is important to identify the core values and guiding principles that will guide the work and clarify what various stakeholders' roles and responsibilities will be to uphold the principles. Core values improve accountability among stakeholders by becoming the galvanizing force that holds the initiative together.

In an eradication initiative, shared purpose and a convergence around vital interests stem from the deeply held belief that disease eradication is a global public good. Without this core value at the heart of an initiative, it is virtually impossible to garner the political and societal buy-in to sustain the effort over the life of the program. Core values, shared beliefs, and guiding principles should be publically available (e.g., as a central component on partners' websites), stated clearly throughout strategic plans, and reinforced in all communication materials. As ambassadors of the organizational culture, leaders must reinforce core values to maintain motivation and focus among their diverse set of stakeholders.

To boost collaboration and establish trust-building processes in support of the loose accountability structures among stakeholders, the guiding principles of future eradication initiatives should include:

- shared beliefs around purpose,
- requirement for shared leadership,
- fostering a culture of inclusion and sense of belonging and ownership.
- a need for flexibility to adapt to a complex and rapidly changing internal and external environment,
- embracing failure and encouraging risk taking as a fundamental component of learning and improved performance,
- encouraging openness and transparency,
- embracing dynamic tension and conflict as a means to innovate,
- promoting diversity as a driver of value.

Establishing guiding principles helps stakeholders develop a common language, supports communication, and promotes critical thinking and problem solving (Gerencser et al. 2008). It also assists leaders in establishing and managing expectations so as to avoid unnecessary setbacks. The fundamental belief that change and conflict are inherent in the system, as well as the key drivers of innovation and improved performance, is crucial. Historically, too much emphasis has been placed on achieving consensus. In a megacommunity, consensus can lead to "groupthink." Groupthink occurs when a group makes faulty decisions because group pressures lead to a deterioration of mental efficiency, reality testing, and moral judgment. Organizations affected by groupthink ignore alternatives and tend to take irrational actions that dehumanize other groups. A group is especially vulnerable to groupthink when its members are similar in background, when the group is insulated from outside opinions, and when there are no clear rules for decision making (Janis 1982).

To protect against groupthink, Janis (1982) suggests adopting some of the following measures:

- The leader should assign the role of critical evaluator to each member.
- The leader should avoid stating preferences and expectations at the outset.

- One or more experts should be invited to each meeting on a staggered basis. The outside experts should be encouraged to challenge views of the members.
- At least one articulate and knowledgeable member should be given the role of devil's advocate (to question assumptions and plans).

Leaders within a megacommunity need to understand that many decisions are made under conditions of uncertainty. Fostering a culture that challenges one another will create a greater range of options and ultimately enable the group to make better decisions (Eisenhardt et al. 1997). Maintaining a sense of humor, utilizing empathy, focusing on issues and not personalities, and establishing equity in the process enables leaders to use conflict to improve performance (Eisenhardt et al. 1997).

Core values, guiding principles, and a shared purpose are the main drivers of motivation and improved performance among a diverse group of stakeholders. Over time, and if properly managed by leaders, organizational culture can become the bedrock of the initiative, by providing resilience to overcome the inevitable challenges and setbacks that are inherent in an eradication initiative.

Mobilizing and Aligning Financial Resources

Opportunities multiply as they are seized.—Sun Tzu

To ensure long-term success in an eradication initiative, it is necessary to understand how funding flows are coordinated and aligned. Megacommunities are uniquely positioned to leverage funds from their own constituents, civil society groups, corporations, and governments and can amass incredible political and societal support. The challenge, however, is to create incentives that will enhance collaboration among stakeholders and attract resources. It may be easy to gain buy-in around the goal of eradication, but it can be much harder to exact agreement on the sharing of scarce resources. Here, the concept of *co-opetition* may be helpful. First coined by Rockwell Hunt (1937), co-opetition occurs when organizations work together to achieve a specific goal, where one organization does not have a competitive advantage over another, and where all share in common costs and receive greater benefits (resources) because of the collaboration. If a collective effort is successful, all parties should benefit.

To understand how funds flow from the global to local level, it is necessary to analyze how health programs are funded at the national, regional, and global levels. Thereafter, accountability structures designed to attract funding from a diverse group of donors need to be mapped. The mechanisms by which programs are supported and funds are raised and disbursed as well as the similarity among funding requirements between donors have important implications for the efficient and effective use of resources at the national level.

One of the tensions between donors and recipients is the need to balance donor priorities with the requirements of the program on the ground. This needs to be taken into account early in the initiative, so that monitoring and evaluation frameworks can support donor outreach and harmonization efforts. Knowing when to decline donor support must also be defined; for example, when donors are unwilling to align their resources in ways that are beneficial, or at least not disruptive, to ongoing efforts.

After funding flows have been identified and buy-in from key stakeholders has been achieved, fundraising activities can be scaled-up.

Resource Mobilization

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the Global Alliance for Vaccines and Immunization (GAVI) are the two largest organizations that currently disperse health funding. Their funds, however, are restricted to a core set of diseases or interventions; neither is able, for example, to support guinea worm or lymphatic filariasis initiatives. Efficient use of scarce resources requires well-coordinated work and a clear-cut strategy, otherwise funding can become a contentious and divisive issue in an eradication initiative.

As new treatments and therapeutics are approved for funding, funders come under increasing pressure to provide more resources. The introduction of new vaccines, pediatric malaria formulations, and new treatment kits to prevent vertical transmission of HIV from mother to child represent just a few of the contributing factors to the rising annual costs of GAVI and the Global Fund. Compounding this problem, their leadership has acknowledged that slow disbursement of funds poses an ongoing and growing challenge for countries that need a reliable flow of resources to support their programs. Countries struggle to find and maintain the required human resource support to comply with the monitoring and reporting requirements of the Global Fund. For some countries, this is reported to be complicated and results are inconsistent (Oomman et al. 2007).

Mandated funding has raised the debate about whether the Global Fund should expand its program beyond AIDS, tuberculosis, and malaria. Many countries lack comprehensive funding for health, and thus there is a need to strengthen health systems. More recently, this debate has expanded to include maternal and child health. While an expanded mandate may help countries implement more comprehensive and effective public health programs, it generates pressures on funding during a time of waning political support and strapped financing. The current financial crisis poses a threat to the long-term viability of a growing annual, multibillion dollar fund. In the absence of a new global eradication fund, novel financing mechanisms or ways of coordinating funding flow will be required.

Sustainable sources of funding can be derived by leveraging economic growth in emerging markets as well as in regions where natural resources attract significant levels of foreign direct investment. McKinsey (2010) reports that the "rate of return on foreign investment is higher in Africa than in any other developing region…Real GDP rose by 4.9% a year from 2000 through 2008, more than twice its pace in the 1980s and 1990s. Telecommunications, banking, and retailing are flourishing. Construction is booming. Private-investment inflows are surging." In addition, Africa is rich in natural resources, with more than 60% of the world's uncultivated, arable land (McKinsey 2010). A growing global demand for resources such as food, water, and energy place Africa in the middle of what has become a final resource grab for the world's biggest economies, including India and China (World Economic Forum 2009). Given the availability of natural resources and real GDP growth in Africa, as well as sustained levels of growth in Asia and Latin America, is there an opportunity for the global community to work with national leaders to increase the percentage of GDP and foreign direct investment for global health programs? Reliance on the G8 governments to maintain multibillion dollar commitments in support of global health priorities, when these economies are growing more slowly, warrants a broader discussion.

Conclusion

> You can't depend on your eyes when your imagination is out of focus.
> —Mark Twain

Eradication initiatives require greater coordination, cooperation, and collaboration than traditional organizations because of the independence, diversity, and number of actors involved and the extended timeframes needed for results. Good governance requires institutional mapping, leadership and skills, non-traditional decision-making processes, organizational culture, and the mobilization and alignment of financial resources. At the outset of an eradication initiative:

- An environmental scan of the diverse actors should be conducted to determine how work is organized, distributed, and measured, and how results are communicated.
- A feasibility assessment should be undertaken to analyze each stakeholder's level of interest and willingness to commit to the goal.
- Organizing principles and accountability structures should be developed within the context of the broader external environment.
- Developing country health officials should be involved in the design and planning of the initiative.
- Core values and guiding principles need to be developed to guide work and clarify stakeholders' roles and responsibilities.

- Funding of health programs at the national, regional, and global levels should be assessed.
- Accountability structures that will attract funding from a diverse group of donors need to be mapped.
- Sustainable sources of funding must be sought.

In addition, leadership needs to be comprised of a diverse mix of actors to ensure expertise and galvanize societal will. Countries need to find new sources of power among their citizens and utilize their input to monitor how well the system is working: from the donor level to local communities. Online communities (both mobile and online platforms) should be used to strengthen local communities' ability to collaborate and share best practices.

Interventions, diagnostics, technology, and advances in social science and management theory suggest that the 21st century offers unprecedented opportunities to solve some of the world's greatest health challenges. To do this, however, requires more than tools. Novel approaches are needed to engage a broad set of actors.

Acknowledgments