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Group Report: Elements of Good Governance in Disease Eradication Initiatives

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Abstract

This chapter identifies five key elements required to launch, execute, and manage a global eradication initiative, taking into consideration time, resources, and technical expertise in the context of the 21st century. The five elements include conducting a landscape analysis, obtaining the necessary commitments from a diverse group of stakeholders, constructing a framework to support the program, monitoring and managing the collaboration process, and incorporating research into the core operations of the program. Regardless of the type of organizational arrangement, there is a fundamental need to understand the changing dynamics of a program, both as a function of the evolution of the eradication program and the environment within which a global eradication effort operates. Recommendations in this chapter were informed by the lessons learned from the Global Polio Eradication Initiative, the Global Alliance to Eliminate Lymphatic Filariasis, and, to a lesser extent, the Guinea Worm Eradication Program and the groundwork being established around measles eradication.

Introduction

In the 21st century, before organizational arrangements are established, disease eradication programs will be subject to a series of prerequisite steps, such as meeting feasibility criteria and establishing a business case, to garner sufficient political will. A core group of stakeholders will need to champion the formative work and establish the initial mechanisms for collaboration. However, to broaden support and manage the collaboration process in a multicultural and nonhierarchical environment, a series of sequential steps are required to co-opt

new constituents. Once sufficient buy-in has been achieved, structural arrangements should be identified to assist in facilitating work so that it can adapt to new data and embrace new technologies to achieve even more. The ultimate goal of any structural arrangement is to reduce bureaucracy and simplify work toward a common goal.

To identify, organize, and activate a diverse group of actors (agencies, stakeholders, individuals, and groups) in support of a global eradication effort, we subdivided the main question into two areas. The first addresses the precursors that would inform on the types of organizational arrangements to support a global, large-scale, and multiyear program. The second builds on these initial requirements and extrapolates from them the essential elements required to execute and manage a global eradication program.

We constructed a multidimensional framework that can be applied to any disease eradication or elimination initiative. Components of the framework include functional areas and governance issues that address accountability, leadership, monitoring, and risk management. The framework focuses on the global organizational arrangements but is scalable and can be applied toward regional programs or smaller-scale global eradication efforts for diseases such as yaws.

The Critical Role of Scanning the Environment and Conducting a Stakeholder Analysis

Once the technical feasibility and investment case has been established to eradicate a disease, a thorough scan of the environment needs to be conducted. The scan enables decision makers to understand the external environment and the interconnections of its various sectors as well as to translate this understanding into the planning and decision-making processes (Fahey et al. 1981). Basic components of the analysis include:

- assessment of political will at the global, regional, and national levels,
- financing trends in global health,
- general economic trends,
- assessment of perceptions and demand for eradication programs, and
- a list of actors required to launch and support the program.

Once the key components of the analysis have been completed, the data needs to be analyzed and presented in a SWOT analysis[1] framework; critical gaps should be identified, and a decision made to move to the initial strategic planning phase. The strategic plan will focus on the launch phase of the eradication

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[1]   SWOT analysis is a strategic planning method used to evaluate the strengths, weaknesses, opportunities, and threats involved in a project.

program and on obtaining the necessary commitments from key stakeholders in support of a resolution.

The identification of key actors is a critical step in understanding how you create buy-in and from whom it must be obtained to align the various actors within the organizational framework. Each actor in the system is grouped into core functional areas:

- national governments,
- interested parties (e.g., national governments, UN agencies, technical agencies, civil society groups, affected communities, NGOs),
- a group of core partners or agencies who share leadership and responsibilities toward achieving the goal ("spearheading" partners),
- influencers (e.g., media, champions, academia, think tanks, advocates),
- industry,
- enablers (e.g., funders, policy makers, implementing organizations, technical agencies), and
- disablers.

Understanding the role of each actor in the broader environment allows the program to start thinking through the various ways key actors will be engaged, consent, and interact throughout the course of the eradication program. It is important to recognize the changing dynamics of the program throughout its life cycle. Structures will need to be built as well as eliminated over time to meet the changing needs of the program, so as to keep the partnership lean and efficient, recognizing as well that the roles of partners may shift over time.

Obtaining the Necessary Commitments to Eradicate a Disease in the 21st Century

Engaging stakeholders in the formative stages of a disease eradication program to obtain their buy-in and support means that the old way of initiating a global eradication effort (i.e., through the mechanism of the World Health Assembly) may require reengineering. While we determined that the World Health Assembly resolution is essential to any global eradication effort, we also agreed that it was not sufficient to achieve the requisite buy-in from a diverse group of stakeholders—the core group that will ultimately be responsible for launching and managing the program as well as maintaining momentum to achieve eradication. For future initiatives, multiple mechanisms may be needed to obtain commitment, ranging from formal legal arrangements and informed consent to memorandums of understanding and other nonlegally binding commitments.

Prior to obtaining a formal global resolution, spearheading partners should have completed an environmental scan, a feasibility analysis, an investment case, and an outreach strategy to engage various actors and stakeholders and

obtain the necessary commitment to launch the initiative. Two aspects of an effective engagement strategy are: (a) understanding the overlap of vital interests and (b) creating a shared sense of local impact.

The earlier stakeholders are engaged and the more actively they participate in the decision, the more likely they are to withstand the inevitable trials and challenges associated with a long-term eradication effort. Ignoring the vital interests and spheres of influence that actors and stakeholders have in committing to the goal can undermine and derail the partnership, adding years onto the program and potentially billions of dollars to the overall costs.

Constructing a Multidimensional Framework to Support an Eradication Program

To operate effectively, an explicit formative stage is needed for each eradication initiative. Galvanizing commitment around the goal, applying resources, and establishing organizing principles provides a more resilient, adaptable type of order than is found in a conventional hierarchical arrangement or public-private partnership (Kelly et al. 2007). These initial efforts will lead to the identification of spearheading partners.

Spearheading partners have several key functions that establish the foundation of the framework as well as the ways in which actors and key stakeholders interact to coordinate activities within the broader partnership (Figure 14.1). Because of its critical role as the primary interface with national governments, particularly in coordination and support of countries for implementation (Figure 14.2), the WHO is well positioned to be an essential spearheading partner. It often acts as a convener and consensus builder; it provides technical support to countries and partners and will ultimately certify eradication.
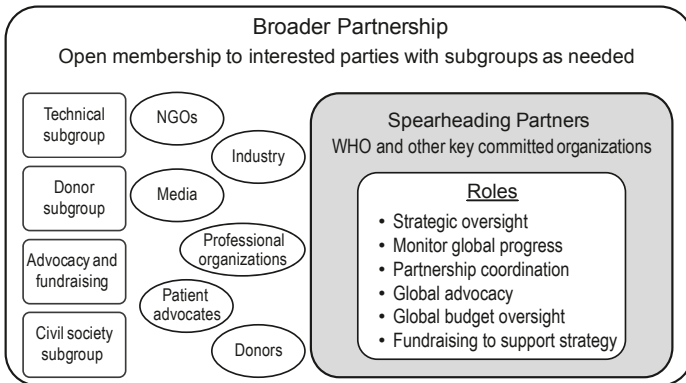

Figure 14.1 Global organizational arrangement in support of country-led eradication efforts.
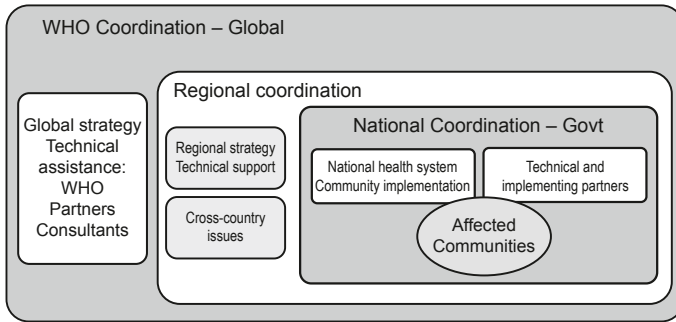
Figure 14.2   Technical and implementation support structure of national eradication programs.

However, the WHO does not necessarily have to serve as the sole lead agency in an eradication effort. Often, an inspirational champion emerges to galvanize momentum and inspire collective motivation among partners. Based on lessons learned in the polio program, various spearheading partners may lead at different points in time. Flexibility and the need for shared leadership is a key determinant of success in sustaining an eradication program.

To lead successfully, spearheading partners must ensure that key leadership attributes are present in one or more of the organizations. These include the role of the Good Samaritan or neutral broker (e.g., Rotary in polio), the coordinator, the champion, the technical expert, and a strong figurehead to represent the partnership and maintain momentum. Any spearheading partner may fulfill one or more of these attributes. These roles become the "glue" in the eradication initiative and provide the leadership and stability required to manage challenges and survive a crisis.

Monitoring and Managing the Architecture of the Eradication Program

Once the spearheading partners have been identified and the formative stage of the partnership completed, the partnership must identify and implement processes to execute and manage the eradication program successfully. The spearheading organizations are responsible for managing the progress of the program and reporting to their constituencies on a regular basis. Spearheading partners organize and manage at the global level, and their key responsibilities include:

- strategic planning,
- advocacy and fundraising,
- ensuring the research agenda is developed and managed,

- coordinating the partnership,
- program monitoring,
- risk management, and
- funding flow and resource allocation (based on the strategic plan).

Technical, research, and funding agencies converge around the global strategic plan to prioritize activities and support with resources. A clear process for managing resources needs to be determined in the formative stages of the partnership. Where multiple funding avenues exist, a group of spearheading representatives provides direction to the various funders in support of the strategic plan. Activities assigned to the spearheading partners can be delegated to one or more partners outside of the spearheading group. Drawing on experience from the polio program, we recommend that the management structure of the spearheading partners meet electronically on a regular basis (e.g., every 14 days) and in person at least twice a year, on a rotational basis at each stakeholder's head office. The broader stakeholder group should convene once a year. In addition, a strong management component needs to be built into these programs from the very beginning, with regular and timely monitoring and reporting back to the constituents.

The spearheading partners receive requests for funding and allocate resources based on feedback from regional- and national-level coordinating bodies. These bodies are responsible for establishing annual plans and budgets; in addition, they provide the spearheading partners with critical data that will identify threats to achieving eradication. The regional- and national-level coordinating bodies work with local stakeholders (e.g., national ministries, donors, nongovernmental organizations, civil society, industry) in support of national plans, and play a pivotal role in organizing the work and aligning stakeholder activities nationally. The coordinating groups also play a role in maintaining political will with national ministries as well as monitoring progress and identifying problems.

Accountability within the program depends largely on the ability to monitor and manage in a complex and constantly changing environment. Thus, an independent monitoring process—one that reports back to the leaders of the spearheading organizations—is essential. This independent monitoring group provides an objective assessment of the program and thus technical expertise needs to be embedded within the group. The group would advise the senior leaders of the spearheading organizations on risk, management approaches, and strategies to improve the performance of the program annually.

Research as a Core Component of an Eradication Program

The central and important role of research has been clearly demonstrated in historical attempts to eliminate or eradicate disease. Research should focus on

the key areas where a program can fail. It should build on a strong monitoring and evaluation component that is always looking with a critical mind toward innovative problem solving. The research agenda becomes one of the core functions managed by the spearheading group, with technical and academic groups playing a pivotal role in implementing the research agenda.

To ensure that an eradication program is equipped to monitor, manage, and mitigate threats to the program, a framework for establishing research priorities needs to be included at the onset of an eradication program and included in the strategic plan and budget (Figure 14.3). Early considerations must be given to define what success would look like and how it would be measured. Looking at the areas of potential failure within the framework, research provides a valuable tool for managing risk throughout the life of the program. Particular attention should be given to how new data, tools, and technologies will be integrated into the program in a timely fashion. The research agenda should be proactive and responsive to innovations from the field and other disciplines, and needs to be capable of learning from a strong monitoring, evaluation, and reporting system.

Final Thoughts on Designing the Operational Structures of a Global Eradication Program

The 21st century offers unprecedented opportunity to solve some of the world's greatest challenges, including the eradication of diseases that affect humans. Disease eradication is more feasible now than ever before, with improved interventions, diagnostics, technology, and advances in social science and management theory. What is ultimately required to leverage this opportunity are new perspectives, novel ways of collaborating, and innovative ways of engaging a broader set of actors in designing and implementing those solutions.

Social media, cause marketing, tax incentives, financial engineering, and many other mechanisms exist to complement traditional donor government
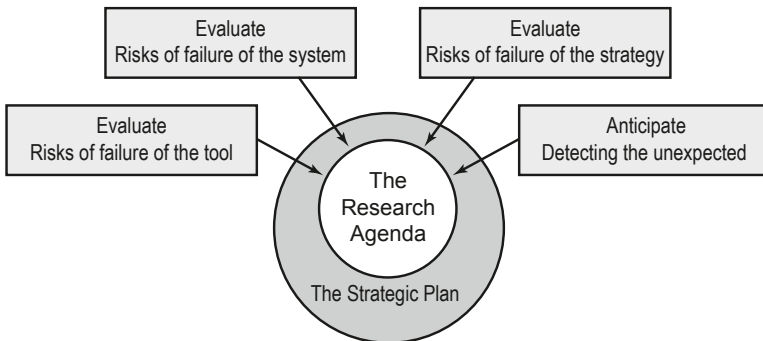

Figure 14.3   Research framework and placement within strategic plan.

and multinational agency financial support. We expect that globalization and technology will increasingly drive new fundraising mechanisms to boost resources for global health programs. Driven by individuals who make small contributions to charities or causes, microphilanthropy has the potential of integrating into online and offline technology platforms to become a part of the donor culture. Disciplines such as marketing, branding, advertising, and public relations will continue to drive awareness and engage individuals in global health issues. New civil society groups will emerge in virtual communities. Over time, these communities will improve their effectiveness in mobilizing collective action around a cause.

Social media tools, such as Facebook, Twitter, LinkedIn, YouTube and MySpace, have changed the way we view our world and the communities in which we interact and engage. It is now commonplace for strangers to align along a common mission in 140 characters or less (Twitter) or to "become a fan" of a cause or point of view (Facebook) or to take the initiative and, through video, document real-time events as they unfold and inform the world (YouTube). At the individual level, we are all now equipped with a variety of one-to-the-masses communication tools. The explosion in social media, coupled with a growing awareness that communities need to be united in creating solutions to the problems that plague our planet, provide new opportunities for an eradication program to collaborate with civil society. Technology offers the possibility of taking an issue to communities broadly and quickly, to achieve consensus and engagement, and to find creative solutions to problems.

We believe that fundamental to the success of future eradication programs will be new ways of thinking about the importance of people to the process of eradication, and not just the availability of tools to eradicate disease. New online communities will strengthen the ability to collaborate and share best practices, and access to information will empower actors across the broader community to form opinions, react to challenges, and support the generation of new ideas (see Stoever, this volume). Equally, however, the easy access to information can lead to the quick spread of rumors and misinformation, which can ultimately slow or hinder progress. Thus, eradication programs must be aware and prepared to address the new challenges as well as the advantages inherent in our modern technological age.

We hope that in any future eradication initiative, new training and management tools powered by information will help people to build skills and competencies, and that empowered by a more decentralized decision-making structure, individual responsibility will increase as more responsibility is placed on individuals at all levels within communities and organizations.

We have entered an age of new possibilities. To move eradication efforts into the 21st century, we must embrace a new concept of partnership—one that is nimble and flexible based on shared leadership. This partnership must harness the new tools available in social and technical sectors, and constantly challenge our assumptions and adapt to allow programs to evolve. If we are

successful in this, we may hopefully enter the 22nd century having prevailed over additional diseases that plague humankind.

Recommendations

1. Eradication efforts in the 21st century must be based on a partnership of agencies and actors. They must incorporate the key elements needed for success in a flexible and dynamic structure, so that each partner is able to contribute to the shared success. At the core of this partnership should be a spearheading group of agencies, committed to achieving the eradication goal.

2. Strong business management and leadership skills are required to support eradication programs and should be established in the spearheading partner organizations during the formative stages of a disease eradication initiative.

3. To ensure global accountability, the World Health Assembly should provide a forum for an annual report to stakeholders on progress achieved toward eradication.

4. Research should be embraced as part of the strategic plan for eradication and should be actively used to update and modify the program for success.

5. Spearheading partners should communicate and convene frequently to facilitate collaboration and to negotiate changing roles and responsibilities.

6. The strengthening of health systems is an important objective for any eradication effort, but efforts to strengthen health systems should be within the context of the eradication program; the onus is on the broader health sector to take advantage of opportunities any eradication effort provides to strengthen health systems.

7. A strong central advisory body consisting of highly qualified and experienced people should provide technical guidance for global eradication efforts.

8. An independent body of respected and competent people should be formed as an independent monitoring group to assess progress toward the eradication goal for all stakeholders including the spearheading partners; their assessments should form the basis of reports to the World Health Assembly.