



Digital Health Applied Leadership Program

Needs Assessment Findings

Context and methods



Why a Digital Health Applied Leadership Program (DHALP)?

Current trainings do not fully meet digital health leadership capacity building needs:

- Do not focus enough on implementation.
- Lack leadership and management skills.
- Focus on individual learners, dispersed across many regions and organizations.



Need to transform the field of digital health through training that addresses the *expressed needs of those who will lead system transformation*.



Our country work is revealing government frustration with existing learning opportunities in digital health

“The current model of [digital health] training and learning is not effective.”

“[Digital health capacity building] is truly a space that a lot of donors and organizations are struggling with.”

“People across different tiers and ministries don't talk to each other.”

Extracted from interviews with more than 60 stakeholders from country governments, donor agencies, education providers, and other digital health stakeholders.

Hypothesis: What do we *think* needs to change in digital health capacity development?

From:

Priority learners	<ul style="list-style-type: none">• Individual learners at all levels.	→	<h2>To:</h2> <ul style="list-style-type: none">• Teams of learners at mid-level.
Course approach	<ul style="list-style-type: none">• Non-governmental organizations (NGO)-developed learning objectives and competency frameworks.• Time-bound, in-person workshops.		<ul style="list-style-type: none">• Learner-developed learning objectives and competency frameworks.
Course content	<ul style="list-style-type: none">• Technical training separate from leadership and management training.		<ul style="list-style-type: none">• Continuous access through digital platforms.• Integrated technical, leadership, management training.

Methods for testing our hypothesis (I)

- Digital Square, with the support from PEPFAR, undertook a needs assessment to understand the goals for the consortium that would lead the DHALP.
- The findings from this assessment were used to inform the request for applications design and will be shared with the winning consortium to inform their execution.

The needs assessment focused on:



Priority learners
Course approach
Course content

Methods for testing our hypothesis (II)

18 key
informant
interviews
conducted

- Experts in digital health, ICT, and/or education
- Sector representation*
 - Academia (7)
 - Donor (1)
 - Government (4)
 - NGO (9)
 - For profit (1)
- Geographic representation**
 - South Africa (14)
 - India (2)
 - Vietnam (1)
 - Philippines (1)

*Some key informants represented multiple sectors, e.g., working in both academia and government.

**Intended methodological approach was to interview key informants who represented different regions of Africa and Asia. Due to the high response rate of key informants in South Africa, the final key informant list was geographically skewed. Care should be taken when interpreting results to extrapolate beyond the South African context.

Methods for testing our hypothesis (III)

Data analysis approach

- A priori codebook guided by needs assessment objectives and interview guide.
- Iterative coding using ATLAS.ti.
- 46-page thematic analysis with representative quotations.

Findings





Priority Learner: Sector

*“They need to understand that they need to work with others. If there’s one lesson that has to be imparted to a digital health person, it’s this. Need to **understand what your role is**, otherwise, the multi-sectoral work will fail. Understand that **digital health work is multi-sectoral**.” (K13)*

*“If you want digital health platforms to be scaled-up, then it has to **involve government**.” (D12)*

*“Don’t leave out the **NGOs** as they play a key role in advising the department of health.” (D3)*

Though “Ministry of Health” was most suggested by key informants, with many highlighting other sectors, including:

- Government: health, social welfare, information technology, and systems.
- Non-governmental organizations/private sector.
- National and regional levels.



Priority Learner: Career Level

“Look at stratification of participants – different levels of management, even the minister can be included at a high level.”
(D11)

“Those who are in touch with what is happening ‘on the ground’ but who has the power to make decisions.” (D10)

“The top leadership at the policy maker level might also benefit from the course specifically senior officers who have no prior experience of ICT programs.” (D15)

There was variability among key informants with respect to career-level of priority DHALP learners:

- Most recommended senior-level leaders.
- A few recommended mid-level or entry-level.
- Some recommended training those at different management levels.



Priority Learner: Was our hypothesis correct?

From:

Hypothesis

- Individual learners at all levels.
- Individual learners at all levels.

Summary of findings

To:

- Teams of learners at mid-level.
- Ministry of health staff are the priority, especially senior-level leaders at the ministry.
- Cross-sectoral government stakeholders, non-governmental organizations, and private sector would also benefit from this course.

Recommendation: Consider broadening priority learners beyond ministry of health teams and ensure senior-level leaders at the ministry are getting their learning objectives met, in order to maximize effectiveness of DHALP.



Course Approach: Recruitment and Selection

“Screening of candidates need to be done properly to select correct candidates.” (D11)

*“Have an application process where people **compete** for the scholarship and why they want to participate.” (D1)*

*“Create an **alumni** and possibly an ongoing project where graduates become mentors and graduates need to **recruit new students.**” (D7)*

Key informants suggested best practices with respect to recruitment, selection, and inclusivity:

- Advertise widely.
- Have alumni recruit new students.
- Have an application process where people express why they want to participate.
- Prioritize women and other gender representation.



Course Approach: Modality Overall

"Ideally you have some sort of combination of asynchronous and synchronous learning so that you feel some higher degree of commitment to it. There is a bit more of that personal touch which makes it easier to interact with peers or pose your questions to experts. It is a little too impersonal when it's just the online learning platform." (D5)

"[If the training] hasn't applied it to your working environment, it is kind of pointless. If it's not aimed at my working environment, it's wasting a day... if it's not followed-up to ensure that learning is applied, then it doesn't have value." (D4)

Structure, structure, and structure... it is essential that the facilitators and attendees have adequate structure to prevent confusion but to enable that everyone is actively present, even in an asynchronous manner." (D9)

Key informants supported the blended modality presented and recommended:

- A structured program **with clear, tangible deliverables and deadlines.**
- Promoting **communication and interaction** in the online format and **developing peer-learning networks.**
- Include **accountable and supportive mechanisms** put in place at learner workplaces to ensure participation.
- Connect the course to the workplace by having learners develop and **sign professional development contracts** and **re-entry action plans.**
- **Accreditation/certification** to promote engagement and retention.
- **Standard training evaluation** approaches to help with understanding the impact of the program on learners.



Course Approach: Specific Modalities

Online



- Platform must be **easy to use** and clearly outline expected deadlines for assignments.
- Must have a system that **promotes communication and interaction**.

In-person



- In-person training should be very **interactive and support group learning**.
- **Time management** is important and should include breaks that allow these working professional to answer emails or take phone calls.

Coaching



- Coaching should have **clear outcomes** and specific, intentional, structured activities.
- **Who the coach is matters.** They should be committed, knowledgeable, well-matched (e.g., career, language), and skilled in coaching.



Course Approach: Curriculum Development

"I find a lot of training are interesting and practical, but the struggle is taking learning and translating them into something hands-on." (KI #12)

*"Consider a regional approach as opposed to a US to Africa/Asia/Latin America approach – e.g., **one size does not fit all of Africa** (West, East, central, South are very, very different)." (D6)*

"If the training is going to be very digital, it might exclude certain countries – how would you then create print-based plus recorded/other methods to reach participants." (D3)

Recommended approaches to effective curriculum development include:

- Following **adult education and instructional design principles** (e.g., clear objectives, well-organized, applicable, interactive, practice-based).
- Ensure content is **tailored to local contexts, requirements, and health system level** (e.g., national vs. district).
- Offer training in **multiple languages**.
- Ensure **examples and case studies** used in training are inclusive.
- Consider how to **reduce barriers** to accessing online trainings.



Course approach: Was our hypothesis correct?

From:

- NGO-developed learning objectives and competency frameworks.
- Time-bound, in-person workshops.

To:

- Learner-developed learning objectives and competency frameworks.
- Continuous access through digital platforms.
- An applied approach to learning including case studies and practical uses of content.
- A mixed-modality delivery including digital *and* other modalities.
- Deliberate effort to ensure content is relevant to local contexts, and in different languages to meet learners where they are.

Hypothesis

Summary of findings

Recommendation: Ensure case studies, applied projects and initiatives are part of the overall curriculum; invest in translation to improve learning experience; develop a mixed-modality approach that includes but is not restricted to digital.



Course Content: Knowledge

*“They need to know what the challenges are in **health informatics**, and they need to understand the challenges from a **digital** perspective. They need to understand the challenges from a **patient’s** perspective. From a **finance** perspective. They need to understand who they are working with [and] what digital intervention.*

*They need to have been in the **frontline** to know what is happening.”*

(KI #4)

“A strong working knowledge of their subject field as well as strong ICT and technical background.” (D16)

Key informants had many recommendations for course content, spanning the gamut:

- **Basic understanding of the health** and public health sector.
- Comprehensive knowledge of digital health
 - Terminology and concepts (e.g., digital health, information and communications technology, monitoring & evaluation, health information systems).
 - **Benefits** of digital health.
 - **Global frameworks** and goods (advantages/disadvantages, selection criteria).
 - Ecosystem and architecture.
- Understanding of health information systems, including how it can inform **data-driven decision-making**.



Course Content: Knowledge Outcomes

"Provide them with a very thorough understanding of 'WHY.'" (KI #10)

"[They should understand] what digital health interventions will work for this country?" (KI #4)

"How and where everything fits together." (KI #10)

Course content recommendations provide a view into the ideal graduate from DHALP. Our learners should:

- Have a **well-rounded knowledge base** including topics in health care generally, digital health, and health information systems.
- **Understand existing tools, ecosystems, and architecture to scale** solutions rather than build more bespoke digital health tools.
- Be able to **evaluate digital health solutions and identify appropriate solutions** for their system.
- Be able to understand and **clearly communicate the benefits of digital health solutions**.



Course Content: Skills

*[A digital health leaders] needs core leadership and management skills to oversee **strategy development** and **translation into operational plans** and budgets with **appropriate resource allocation** and oversee **implementation** of plans.” (KI #1)*

*“Should be able to **coordinate** technical efforts and projects, collaborate at a national level, engage stakeholders at all levels meaningfully **and advocate** for digital health.” (D6)*

*“Some sort of sense of **what it takes to scale an application** and, everything that goes into scaling an application.” (D5)*

Key informants identified a few traits that digital health leaders needed:

- **Management skills** to support:
 - Strategic program planning and priority setting.
 - Financial planning, resource allocation, and mobilization.
 - Program and adaptive management.
- Advocacy and communication skills that support **multisectoral collaboration and implementation**.



Course content: Was our hypothesis correct?

From:

Hypothesis

- Technical training separate from leadership and management training.
- Technical training separate from leadership and management training.

To:

Summary of findings



- Integrated technical, leadership, management training.
- Integrated technical, leadership, management training.
- Advocacy and communication skills.
- Readiness to support multi-sectoral collaboration and implementation.
- Understanding of health, digital health, the current ecosystem, and how to evaluate options well when making a decision about digital health.

Recommendation: Leverage applied learning and case study approach to explore digital health topics from multiple lenses and reinforce an integrated curriculum; incorporate advocacy and communication skills in addition to technical, leadership, and management training.

Summary of findings-based recommendations

Priority learners	<ul style="list-style-type: none">• Broaden priority learners beyond MoH teams.• Ensure senior-level leaders at the ministry are getting their learning objectives met, so they can be effective sponsors and champions of mid-level DHALP learning cohorts.
Course approach	<ul style="list-style-type: none">• Ensure case studies, applied projects, and initiatives are part of the overall curriculum.• Invest in translation to improve learning experience.• Develop a mixed-modality approach that includes but is not restricted to digital.
Course content	<ul style="list-style-type: none">• Leverage applied learning and case study approach to explore digital health topics from multiple lenses and reinforce an integrated curriculum.• Incorporate advocacy and communication skills into curriculum.

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