



Outcome Harvesting Evaluation Report: MSH's Leading and Managing for Results in Pandemics (LMRP) Program

INTRODUCTION

The global response to COVID-19 was fragmented, inequitable, and politicized, resulting in renewed appreciation for the importance of strong leadership in reducing the impacts of public health threats and emergencies. Decision makers at all levels struggled to prioritize needs and make rapid decisions in complex and quickly evolving emergency environments. This overwhelming state of affairs made it difficult to prepare in advance to mitigate risks; communicate quickly and clearly; mobilize resources to meet changing needs; engage stakeholders across sectors to develop partnerships; access, use, and transparently share epidemiological data; navigate the politics of the response; and adapt as they progressed.

In response to these challenges, Management Sciences for Health (MSH) and partners developed the [LMRP program](#) and customized it to each participating country's public health team. Using a proven, data-driven improvement process, teams exercised effective leadership and management practices to mobilize stakeholders and strengthen public health emergency preparedness, response, and recovery using available local resources.

The LMRP program was a 14–15-week blended learning program of digital and in-person learning and application of skills for teams of health workers already working together on their country's health system response to COVID-19 and other public health threats. The LMRP program was implemented in six countries between February 2022 and April 2023: Kenya, Malawi, Nigeria, Peru, Rwanda, and Uganda.

OBJECTIVES AND METHODS

MSH evaluated the LMRP program using the outcome harvesting methodology. The aim of the evaluation was to:



- Understand the outputs and intermediate outcomes of participation in the LMRP program through a five-step iterative outcome harvesting process
- Understand the impact of participating in the LMRP program on participants' and their teams' application of the eight leading and managing practices as well as readiness of participants and their teams to respond to pandemics

Data that informed the evaluation included:

- Pre- and post-program behavioral and team-based quantitative assessments
- Semi-structured in-depth interviews with LMRP program participants and supervisors

Evaluators analyzed data utilizing frequency and thematic analysis, drafted output and outcome statements, conducted outcome validation workshops, triangulated all evaluation data, and further refined the output and outcome statements to determine program outcomes and provide key recommendations.

“ This program has already trained us, has given us the roadmap, the tools, the methodology; and for us, it is no longer a new situation. It is not like when we started in 2020, when the COVID-19 pandemic began, and there were professionals who did not have these capabilities. We have acquired all of this support, and we are convinced that it is needed to make a change in public health.”

RESULTS

Analysis of the pre/post behavioral and team-based assessment data found:



- Increased frequencies of scanning, focusing, implementing, inspiring, aligning and mobilizing, planning, and organizing leading and managing practices
- Improvement in how participants view team members working together toward a common goal and a general improved sense of morale and complementary skills among team members following LMRP program participation

Through interviews, program participants and their supervisors reflected on the work with their teams on action plan implementation and learnings from the program. Cross-country themes in the qualitative data included:

- Improved teamwork
- Strengthened leadership skills
- Increased team collaboration and trust
- Improved communication, tools, and skills to handle future pandemics
- Improved management of current disease outbreaks

Utilizing the analyzed quantitative and qualitative results, the evaluation team drafted output and outcome statements for each country in line with the common themes. All output and outcome statements were validated during the outcome validation workshops and can be found in the full evaluation report.

DISCUSSION

The evaluation found evidence that LMRP program participants gained knowledge, skills, and tools that they used to be better team members, leaders, and public health practitioners; improve their management of COVID-19; manage new cholera, Ebola, and other disease outbreaks and prepare for future public health emergencies. The refined and validated outcomes of participating in the program were:



- Improved teamwork and ability of participants to work as a unified and cohesive team
- Improved leadership skills and application and understanding of the key leading and managing practices
- Improved pandemic readiness
- Improved interpersonal skills

Overall, the program brought about positive changes in the ways that participants approach their work, address challenges, and apply leading and managing practices to work with team members toward a common goal.

“ During COVID-19 we were more reactive, but when it came to the cholera epidemic, we focused more on being proactive.”

– LMRP Program Participant

RECOMMENDATIONS

Throughout the LMRP program, participants had the opportunity to share feedback on the implementation of the program. The following recommendations were shared:



- Future iterations should consider expanding LMRP program activities to include more detailed monitoring and evaluation and data analysis modules or to link program participants with existing data analysis capacity strengthening platforms
- Alternate evaluation methodologies should continue to be utilized to further capture and contribute to the evidence in the subject area of team-based leadership development, capacity strengthening, and pandemic preparedness

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