



Interview with Robert Newman (AMP Health)

Alec Saelens

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Alec Saelens: Can you introduce yourself and describe the problem that your organization is addressing? How are you responding to that issue?

Robert Newman: I'm Robert Newman. I'm a pediatrician by training and background, and I have spent most of my career in global public health, working on diseases that especially affect regions with high levels of poverty, like diarrheal disease, malaria, HIV, and tuberculosis. When I was Director of the Global Malaria Program at WHO [World Health Organization], I was giving lots of public talks about the burden of malaria worldwide, and what we should be doing about it. Most of those talks were about technical solutions: better diagnostic tests, better medicines to treat malaria, better insecticide-treated nets to prevent malaria. Most of the malaria control programs I was working with were excellent technically, and they knew what they were doing. During that time, I had this aha moment of realization that the real issue for them was a lack of leadership and management skills.

They were people like me: physicians, nurses, and public health professionals, and they had been trained as technicians and promoted for their technical excellence. Suddenly, they found themselves in charge of programs and responsible for managing people, managing budgets, setting strategies, and all sorts of things that they weren't trained for. Imagine you have six people running a \$100,000 malaria control program, and along comes lots of international money for malaria, and many of those programs suddenly become \$100 million programs - but you still have the same six people trying to run them. It is not what they're trained to do. Everybody then acts surprised when they don't get the results that they expect.

I often say humans are fantastic at being guilty of magical thinking. They think they'll pick it up [what they need] along the way. They'll figure it out. People are very fond of saying, "Well that's not my problem. I'm giving the money to malaria management leadership, and that's somebody else's problem." I started publicly speaking about this in 2009/2010, saying we need to seriously invest in leadership and management capability development if we're going to reach malaria goals. I have to say that I was entirely unsuccessful in getting anybody to listen to me 14 years ago. I didn't get traction from the people investing in it.



In more recent years, I went on from WHO to Gavi, where I was a managing director, and strategy setting fell under my department. Although the strategy was set by the board, we helped manage the process. In 2014, we convinced the board to include a line in the strategy stating that Gavi would invest in the leadership and management capability of immunization teams. If they were going to spend \$2 billion a year buying vaccines, they needed management to make sure that people were getting those vaccines into the arms and mouths of children who needed them. That resonated with the board, and Gavi continues to invest in that.

Fast-forward to 2018, when I took over as executive director of AMP Health. This started as an initiative that had initially been incubated at the Aspen Institute in the United States, an institute dedicated to topics of leadership and bringing people together for dialogue. Now we've become a semi-independent entity. AMP Health was a bit of an unusual program for Aspen in that it was very much a doing program rather than a talking program. What attracted me to AMP Health was the model, which was the idea of team-based, experiential in situ learning.

There's no one right way to teach leadership, of course, and leadership and management skills can be acquired in different ways, but many leadership programs pluck out promising individuals, often the same person again and again because they're attractive candidates for one reason or another, and send them away to someplace for a week or two of learning, often with star faculty and fabulous things. While that is valuable, and I'm not trying to denigrate those efforts, I think that they often don't yield the results that people expect.

I've been a participant in these programs, so I've lived this experience, and I call it Monday morning syndrome. You've been sent away to a wonderful place, you've had two weeks of immersion, and then you go back and the rest of your team is not along with you because they have stayed behind and picked up your slack while you were away. The problems have continued to mount in your absence, and you get back to an inbox full of emails and a raft of problems that have been accumulating in your absence. By noon on that Monday, you have forgotten what it was that you were supposed to do. All your good intentions are pretty much out the window and it's very hard to apply your learning.

The difference of working with a whole team is that everybody's going through it together. Not only is it a more equitable approach — often men are chosen for leadership training as opposed to women, so there's a gender bias — this gets after the favoritism of the same person being sent again and again. It also means that as the team is learning skills, it's also developing a shared culture, shared trust, shared vocabulary, and a shared way of thinking about things. It mitigates the risk of any one person leaving. If a team of 10 people has learned a bunch of skills, then one person leaving and somebody rotating in doesn't change the culture of that team.



What's the heart of how we do this? What does experiential, in situ learning look like? At the heart of the model is a phase of embedded mentoring and coaching that lasts a couple of years. We go out and search for candidates for a position we call the management partner. That person is usually a mid-career professional. This is not a fellowship, and it is not designed to accrue benefit to the person being embedded; it's to the benefit of the team. We choose someone who's got a good decade of experience at least, and who has leadership and management experience. They're being recruited not for their degree, and not necessarily for where they've worked, but more for their approach. We look for a mix of gravitas, humility, curiosity, flexibility, adaptability, and passion to give back to the system. We shortlist a group of those people and let the ministry of health team, or whatever team is requesting this support, choose the final candidate.

Then, that candidate goes in, and for the first three months, their job is just to build trust with their team. They have a team of 10 people, and they get to know them and what they are doing. We get the team to articulate what its priorities are. Traditionally, there's a lot of international partners floating around that come in and try and exert their view of the priorities, but we do not take that approach. This is about getting the team to articulate what it's trying to do over the next couple of years. We are not consultants, so we're not there to come in and diagnose and propose solutions, but to coach them. We ask, "If that's what you're trying to achieve, what are the skill sets that you, as a team, think you need to get there?" It's not the same for any one team.

This is not a mini MBA; it's not a course. Nor is it the usual consultant drill of coming in and doing something. We're not there to backfill. Let's say it's a new team doing community health, and they don't have a vision or strategy. The first year could be about how to coach that team to set a vision and develop a strategy – not for us to develop a strategy for them. If it's a more mature team, and there are lots of partners floating around and everyone's doing their thing, then it might be about partnership brokering and influencing without authority, or stakeholder management. A different set of skills might be needed. If the department is under-resourced within the ministry, it could be about internal communications. It depends entirely on the situation. We have a catalog of competencies, 30 things that a team could work on, but there's no prescriptive approach to that. We just draw on what the team wants to do.

That management partner is backstopped by a team. We have our operational base in South Africa. We have a nonprofit corporation that we started in South Africa, and the global team is there. That team has learning experts, country support experts, and it has six to eight people who support the management partners in their roles. How does this support happen? The requests for this support sometimes come directly from a government that has heard about AMP Health, and reaches out because they need our support. For instance, in Togo, the ministry was trying to ramp up community health nationwide, but the minister and the secretary general were concerned that the team responsible for that didn't necessarily have the leadership and management skills to do



it. They then asked a partner, "Do you know anybody who does this?" Somebody said, "Hey, we know about this organization called AMP Health."

I went to Togo, and the minister wrote me a letter, and then I had to raise money. We don't have any, or we have very little, unrestricted financing, so we look for a funding partner to support us to do that work. In the case of Togo, the UBS Optimus Foundation came forward and said, "We'll support a program for two years."

When AMP Health started, and when I started, I wasn't clear if this was a community health program dabbling in leadership and management or a leadership and management program that got its start in community health. I said very clearly to the board, "Look, if you hire me, this is a leadership and management program." Because yes, community health is important, but so are other areas of health, and health intersects with other areas, so this doesn't need to be specific to community health. They hired me, so what had started very much as a way of turbocharging community health efforts broadened to service any program area of health. We have management partners in immunization programs, malaria programs, in tuberculosis, reproductive maternal and child health, non-communicable diseases - wherever there's been a demand for it.

Our new strategy calls on us to look at how health intersects with other areas, like climate, education, agriculture, and domains like nutrition, and to really think about how we use this approach to leadership and management to break down some of the silos that have probably impeded development.

There are a couple of other unique things about the model. With the management partner working with the team, we do distance learning events for that team. We do in-country workshops. Another important piece of the model is peer-to-peer learning. How do we bring teams together across countries to learn from each other and to develop relationships that will sustain, where they can ask questions of each other? Those peer learning events, which we call leadership labs, are essential. Once upon a time, we brought all the teams together. Now AMP has grown; we're in a dozen different countries and we've got three languages. We work in English, French, and Portuguese, as it's important that language not be a determinant of what services are available to you as a government. That cross-team learning remains very important.

At the end of the day, the management partner's phase, which typically lasts a couple of years, is important, but it's also crucial that the team not become dependent on that person and not think the journey ends there because this isn't so much about knowledge transfer. The teams are acquiring skills – time management, performance management – but it's really about behavior change, and that's why experiential learning is so important. It's about doing something in real-time. We talk about the pivot from just-in-case learning, which is the learning that most of us



had through primary school and secondary school and even beyond, to just-in-time learning, learning that you do at the moment that you need it. If you're learning something at the moment you need it, and applying it in real-time, it cements it in your head.

I often share the experience that I had when I was a managing director at Gavi. We were a department of about 60 people, and we were going to do a team retreat. I let three people volunteer to plan it, and I said, "Do whatever you want, just come back to me with a plan." They came back and they said, "We've hired an improv theater company." I said, "What do you mean you've hired an improv theater company?" Well, we went ahead and did it, and that day changed my life. The person who runs that company, which was called Renatus, is now one of our facilitators at AMP Health.

We acted things out in front of our peers, and one was an exercise where you plan a vacation with a partner. In the first round, you suggest a vacation and your partner just says, "No, no, no." After 30 seconds, you can't even think what else to say. It's very demoralizing. Then you repeat the exercise and the person says, "Yes, but there's malaria in that place," or "Yes, but they had a cyclone recently." The conversation goes a little longer, but it's still sort of depressing, and you don't get anywhere. Then you repeat the exercise and the other person says, "Yes, and we could do this." It's additive. To this day, if I ever so much as think about saying, "Yes, but," which we all say all the time, I am transported back in time to that conference room in Pâquis, Geneva with my team, and I can see myself sitting there with my partner.

Doing something like that is what experiential learning is all about. It's like learning a physical skill or a sport; it's like muscle memory. If someone had lectured me about how "yes" is better than "yes, but," I would've probably forgotten it three days later. By acting it out in front of my peers, and getting out of my comfort zone, it is seared into my brain. That's very much the spirit of what we're trying to do: figuring out how we get people to change the way they do things at a very deep level and become lifelong learners. [We want to inspire people to] be curious, and to catalyze a curiosity to say, "Not only have I learned things, but I want to keep learning things."

We have an elaborate monitoring and evaluation framework because it's not good enough to just say we're doing important work. We have to show that not only are people gaining skills and teams becoming more effective, but that this is translating into some sort of health system effect. We have a five-component monitoring and evaluation system. Part of that is where people talk about the way that these skills have changed the way they view their roles. [They discuss how] they've changed their conception of what they're individually capable of, what their team is capable of, and what they can change about what they're doing.



There's a lot of tomato throwing at governments, a lot of government this, government that. Often, it gets back to the central issue that I started with, which is that if you brought a group of people together, and you haven't equipped them with the skills they need to do their jobs, then it's hardly the team's fault, and it hardly makes sense to throw tomatoes at them and say, "Oh, they're terrible and they're not doing anything." What we find is that most people want to be good at their jobs. If you give them the opportunity to learn new skills, and those new skills give them the ability to accomplish something, that catalyzes a virtuous cycle where they get better and better at what they do. They want to do more, they produce more, and everybody starts to notice. That's incredibly heartening.

Once a year we do interviews with everybody. We call it a return on expectations survey. The quotes that I read coming out of that are things that get me out of bed every morning. People are very emotional about what this has meant to them in their careers and in their personal lives. The skills we're talking about here are transferable to other roles, but also useful with your family and with your spouse.

It's been a very exciting journey. The hunger for this is great, and the demand is infinite. There's almost no team that we talk to that isn't eager to have this, but it's slow and expensive work. The greatest constraint for us is funding. We pay people well, and we believe very strongly in the principle that talented people should be rewarded appropriately.

Alec Saelens: Can you tell me more about the management partners? They are people that you work with in order to teach and to provide the training, I know. But can you elaborate on who they are?

Robert Newman: All of our management partners are from Africa, and they are all African professionals. There's so much talent in Africa. For example, we have two open positions right now, one on the immunizations team in Central African Republic, and one with a team of people working on reproductive maternal and child health in Chad. We'll put out a job posting on LinkedIn, and we'll get lots and lots of applicants, which is great. We screen those people through a series of interviews and written cases and eventually, we give a list of two to four people to the government and say, "Do the final interviews. Choose someone that you feel is a good fit." Again, that management partner is typically mid-career, and they can be from the country they're working in, or they can be from another country. I have a Mauritanian working in Chad, a Ugandan working in Liberia, and a Malawi working in Malawi. It depends on the situation, but they are all African.

Not that there's one perfect candidate, but if I had to describe my ideal candidate, it's someone who's spent at least a chunk of their career in the private sector because we're trying to break



down this public/private divide and cross-pollinate those efforts. I spent most of my career in the public sector, but I did spend a year in the private sector, and one of the things I learned in the private sector was that leadership and management training is highly prioritized. Companies invest a lot of money in it. I also learned that teams are the locus of success in the private sector, so the team-based element was very important.

The ideal person is mid-career, has spent a decade in a company, has risen to a level where they've got lots of leadership and management experience themselves, and they now have a passion to take that experience and give back. That person then goes in and spends a couple of years with a team, embedded in the team. We hire them, we support them, and we pay them, but their day-to-day reporting is to their team lead. If this is the malaria team, or take the example we're giving now, the immunization team we're hiring for, that person will report to the immunization team lead, but we will backstop them and support them in their efforts. That's basically the model.

Alec Saelens: Is that what makes your approach distinctive?

Robert Newman: Yes. Absolutely.

Alec Saelens: This is not a model that is being replicated elsewhere. How did you come to understand that this was the type of intervention that was needed?

Robert Newman: I think it's more a reaction to what doesn't work. We want to highlight what works, but often figuring out what works means a good analysis of what didn't work. One of the things we teach teams is after-action reviews. How do you try something, decide if it works or doesn't work, have a period of evaluation or reflection, retool and re-implement something, and then keep that cycle going and keep doing it better?

I talked about how individual offsite leadership training has often yielded disappointing results. The idea of team-based experiential learning aimed at durable behavior change was a niche that we didn't see was well-occupied. There are other programs where individuals are put in [situations], it's not that we're the only ones. But often, those are individual advisor roles where someone will go in and be an advisor to someone. An organization will pay to put an advisor next to a minister, but that person often has more of a consultant mentality. They're there to diagnose problems and propose solutions.

Coaching is about leading through questioning and leading with curiosity. Instead of showing up, listening to someone, and saying, "Okay, I think what you should do is X, Y, and Z," a coach comes in, listens, and says, "Tell me more about the approach that you've tried. What do you think this might mean for other people on the team?" You come up with a series of questions with the idea



that ultimately, your questions lead that person to come up with their own solution. That's much more motivating.

We all know what it's like when a consultant comes in for a couple of weeks, then leaves you a report this thick and says, "This is what you should do." It's not your solution. You didn't own it, and now you've got someone who's gone away. That person's often not even from the region, and it just doesn't stick. Coaching a team to arrive at its own solutions, and getting that team to embrace this mentality with a lighter touch model, is what this is really about.

Once the management partner's gone, we don't cut teams loose. To the extent that teams remain interested, and many of them do, we continue to provide distance coaching. We'll provide masterclasses from a distance. Where possible, and where we can afford it from our core funding, we'll bring the team lead and a deputy or somebody they have chosen, to multi-team convening so they can become teachers. One of the things we want our teams who've been through this process to do is to stay engaged and share their knowledge, their approaches, the tools they developed with other teams, so that ultimately, we can recede into the background.

We're much bigger than we used to be, and we're in a dozen different countries now, but we're still a relatively small program compared to the need out there. We can't be everywhere. One of the things we would love is for governments to take this on as something that they do themselves and pay for themselves. To that end, one of our strategic goals is changing the conversation. In development, we talk a lot about infrastructure, we talk a lot about commodities, we talk a lot about financing. We don't talk enough about people.

When Jim Kim was at the World Bank, he talked a lot about human capital. It's a very important concept. We talk a lot about financial capital, but we don't talk enough about human capital. Ultimately, we're trying to contribute to a greater focus on people and human capital. To that end, in addition to our day jobs, we convene the High-Level Council on Leadership and Management for Development. That group of former heads of state and former ministers across health, agriculture and environment, and finance, released a report that we worked with them on in late 2021, calling on heads of state to invest in leadership and management capability development in the public sector as a means of achieving sustainable development goals. The report said, "If we're going to achieve sustainable development goals, we have to be serious about them. We can't be guilty of magical thinking and think we're going to get there."

In fact, during the first meeting of the High-Level Council, Muhammed Pate, who was recently named the new Federal Minister of Health in Nigeria, said, "Leadership and management is the missing sustainable development goal. Without it, we can forget about all the others." I really believe that's true.



We're currently working in partnership with the global financing facility in the World Bank in Zambia, with a team that's charting a strategic path forward on reproductive maternal, neonatal, and child health in Zambia. The partnership is called the Country Leadership Program. We embed a management partner as part of that effort, and Zambia has been so excited by this program that the government is trying to harness all the different institutions that could provide leadership and management training and embed our approach with this one team across the government.

It's really exciting. The government is going to [take the lead], and we're going to help facilitate the curriculum development process. The idea is that this leadership and management curriculum is going to get embedded in the government in a way that, at least in the ministry of health, is going to become part of the fabric of the ministry. Right now, the efforts that we have are largely funded by bilateral and multilateral organizations and foundations both large and small. Ultimately, if this is going to be sustainable, governments need to take this on. That's more possible in some places than others given where countries are in their economic development.

A fine example is Nigeria, where we have another collaboration with the World Bank on reproductive neonatal, maternal, and child health. The government of Nigeria was so excited by what came out of that, and the skills that this very large, very senior team of people developed, that the government decided it wanted to do a similar program with the nutrition platform, which in Nigeria is called ANRiN, and the government is paying for that program. The idea that a funder isn't coming in, but that the government itself is going to spend the money to roll out leadership and management training, is a sea change.

The government then is becoming the doer, and what Zambia and Nigeria are doing, is corralling their expertise. Another example is Ghana. Ghana Health Service recently announced that, using government funding, it is starting the Ghana Health Service Leadership Institute. That institute, run by the government of Ghana, will train people in leadership and management going into positions. They've announced that training will even be required for people to be eligible for some positions. That's another sea change. If we're not only training teams but catalyzing a perspective shift in government from this being a "nice-to-have" to a "must-have," that's the big win that we're trying to achieve.

Alec Saelens: You mentioned that you had a five-component evaluation model. Can you break that down for me?

Robert Newman: I'd be delighted to. When I took on this role five years ago, I thought, "We don't have a strategy," so the first 100 days were putting a strategy in place. Then I thought, "Now we need a monitoring and evaluation framework. We'll just pluck one off of the shelf." Someone must've come up with something for leaders; I just couldn't find anything that made sense in our



context. There wasn't anything off the shelf that I could grab and say, "We're going to do this." So we built this from scratch, borrowing tools and pieces from different things.

The first of the five components is individual leadership and management capabilities. That's self-reported, and people do that every six months. One of the fascinating things about that first component is we often see that initial scores and the first baseline are not so bad. We often find that at the second point, six months later, the scores are lower because people have gone from unconsciously unknowing to consciously unknowing. At first, you don't know what you don't know, and then six months in you're saying, "Oh my god, I don't really know any of this stuff." That's a very important developmental milestone for every individual, to say, "I thought I knew what I was doing, but I don't." We typically start to see scores go up from there.

In addition, we have another individually administered questionnaire that is about team effectiveness. That's less about your individual skills and more about your perception of how your team is functioning. That gets after things like trust, role clarity, and how effective your team is overall. That generates a team effectiveness score. We also look at the uptake of processes and tools. There's no doubt behaviors are important, but so are tools.

For instance, teams develop a template for an agenda meeting. It sounds so small, but [here's a classic example of how it can go awry.] We had one team, and I won't name the team, where team meetings were happening ad hoc. There was no agenda for the meetings, and they were often stretching to three hours in length. There were no action items afterward, either. Of course, people loathed and dreaded these team meetings. Six months later, that team began doing timed agendas. The meetings are now once a week, they last only an hour, and there are clear action items at the end. That is transformative for a team.

Time management and process management like that is super important. They seem like small things, but they're the foundation on which a team builds more complex processes. That's the third component, and the management partner fills that out every six months and scores the team on their performance. It's not that we expect every team to do every process. If the team is not interested in risk management, there's no point in scoring them. They don't have risk management. That's not something they're focused on right now. We're trying to focus on what each team has decided it wants to do, and how it is doing in developing and implementing that plan. It's not enough to design a tool if it sits on the shelf; it has to be something the team is using regularly.

The fourth component is a narrative report that's done every six months that looks at plausible links between what the team is working on and what's happening in the health system. In the first three months of each partnership, the management partner develops a set of partnership



objectives with the team. That includes what the team is trying to achieve, what skills it needs to get there, and the learning approach to developing those skills. Each six-month report takes a look at that and sees how it's going.

One of the things we don't want to do is take credit for what the team is doing. This isn't about AMP Health branding over what the ministry is doing, but it is looking to make the case [for continuing this work], especially so we can raise more funding to do more work. [We want to be able to say], look, the team's goal was to develop a strategic plan for community health, and the first six months to a year was spent on vision setting and strategic planning. At the end of that time, the team developed a strategic plan with a vision and got it approved by the minister of health. These were the skills developed, and this is what the team was able to do with those skills. That's what we're looking for, ultimately: a chain of plausibility between what's being worked on and what the team has been able to drive from a health systems perspective.

Another example is Liberia. They're the non-communicable disease team. We talk a lot about the rising burden of non-communicable diseases, but there's almost no funding there, and there's no global fund for non-communicable diseases. Yet the number of strokes and heart attacks rises dramatically every year, in Africa and elsewhere in the world. Those teams are very small and very underfunded. The Liberia team had funding from the Helmsley Foundation to work specifically on non-communicable diseases. Their particular interest is in type I diabetes, and they did some amazing things. They developed nationwide clinical guidelines on type I diabetes, and they have taken control of an insulin distribution system that was very fractured. These are amazing health system progressions for a very small team. It's really fun to watch the management partner there, who's from Uganda, coach this team to do things they thought were impossible a few years ago.

The final, fifth component is a return on expectations. We do that and release a results report once a year. In fact, we recently released the 2023 results reports, and they're on our website. It's very time-intensive, and we pay someone to do it through interviews. Then we gather that information, and once a year we try to put the different pieces together and distill it into a results report. That way, people can get a flavor of the relationship between a team's priorities, the learnings that they've acquired, and what they've been able to achieve.

Alec Saelens: That's fantastic. I wanted to come back to the role of the management partner there. When they come in fairly fresh, working with a new ministry in a new country, have they gone through a training process before going in? How long does that take, and how do you know they're the right fit to lead that team?

Robert Newman: If there's one secret sauce we've developed, it's finding great people. How do you identify people who seem like they've got the right mentality? We focus on looking for certain



qualities in a person. I'm much more interested in [their character] than in their degrees, or exactly where they've worked. I do want them to have a breadth of experience. It's not that experience doesn't matter, but we're ultimately trying to get after the way people think. That's why our interview process is so intense, and the written case is so intense. We don't always get it right. We've had people who haven't fit, but we get it right most of the time. Of course, giving the ministry a slate of candidates to choose from so that the fit feels right for them is also important.

It's crucial to talk about one's mistakes along the way, too. Many programs seem like they should benefit the government, but they are actually fellowship programs benefiting an individual, someone who's flown in from North America or Europe and stuck on a team. That person is usually around 25 years old, and I'm sure it's a great experience for them and it enriches their life and their career, but I'm not sure how much benefit accrues to the team. We're trying to do the opposite. I climbed on a high horse when we decided that we were choosing people who are mid-career professionals. They know what they're doing, and we're putting them out there. Yes, we're backstopping them, and we have Klara Michal, our chief learning officer and her learning team in Johannesburg, and we have Kiribakka Tendo and his country support team, but we're putting them out there. They're grownups, and they're going to figure it out.

I've retreated a little bit from that high horse position because it is complicated to be put into these roles. We've realized we need more overt skill-building for them along the route so they can be better at their jobs. We're also helping them in their professional development. A year ago, we decided to focus more on two areas: coaching and facilitation, because that's much of what these people are doing out there. Now we're not putting everyone through a certification program, although we do occasionally hire someone who's got a coaching certification already. That's a huge benefit if you've got that, but it's not required. Klara and her team are providing a series of learning experiences designed to make people more familiar and comfortable with a coaching approach, even if they're not becoming certified coaches.

It's basically leading through questioning and facilitating. Knowing how to stand up in a room full of a dozen people and lead them through exercises is not necessarily intuitive for everyone, so we are working on facilitation skills. When we do in-country workshops, Klara and her team make sure that the management partners have an opportunity to design and implement sessions as part of that. A lot of it goes into the design. You might think of facilitation as standing up and doing it, but many more hours of prep go into facilitating a one-hour session than the one-hour session itself, so we are trying to build those skills.

In the past, we didn't fly people to Johannesburg. They were often in the country where they started, and one of my team made a visit to support them in their initial few weeks, to make sure they were landing okay in their new role. We just decided that, starting in 2024, we're going to



bring people to Johannesburg for a week for more intensive onboarding and training and to meet the global team face-to-face. We want to demonstrate that we're a learning organization. We don't pretend that we get everything right.

The senior management team is myself plus five other people, and the six of us are responsible for steering the organization. We sat down recently and said, "We haven't gotten this quite right. We need to do more to onboard these people and make sure they feel that the team's got their back and that they have the skills they need because we are asking them to do very difficult, complex work in very difficult settings." Some of the countries we're working in are particularly complex operating environments. Central African Republic is emerging from many years of conflict. Mauritania was marginalized from a development perspective for many years. Chad, Congo, Brazzaville—these places are all quite complex in their own ways. I think we have made good strides in the last year continuing to evolve and realizing, yes, we want to hire mid-career professionals who bring a lot to the table, but we can't just throw them in the deep end and say good luck to you.

Alec Saelens: What do you think is most needed from actors and partners that you work with to advance this kind of systems-level change? You've talked about the responsibility of governments in shaping up programs that they can take away with themselves and fund with their own budgets. I'm curious if there's anything else, or if you could elaborate on that.

Robert Newman: I've touched on it in different points, but let me try and weave it back together because I think it's a very good question. I think if we are serious about supporting country-led development, then we have to be willing to invest the time and money in giving public sector employees the skills they need to deliver on that agenda. Otherwise, as I've said before, we're just guilty of magical thinking. If we think that technology alone is going to be a solution—a new vaccine, a new drug, a new bed net, a new seed, or a new computer—those tools alone aren't going to get us there. As I used to say when I was in malaria, bed nets don't distribute themselves. They don't just drop from the sky.

You need talented teams of people to plan a program, get it out there, and coach people to use it. People are at the heart of development. I wrote an article for LinkedIn, around the time of UNJ this year, saying, "Hey, we've got to put people back at the center. This is all about people." We need incredible collaboration between the public and the private sectors if we're going to achieve development. The public sector does matter. The private sector is not going to do this alone. We just haven't invested in the public sector enough. It's about convincing people that investment matters, and that it's going to take time.



Everyone wants a quick win. This is not a quick win; it's just not. It takes time. It takes a lot of money and it takes a lot of maintenance. It's not a one-off fix. You've got to have a really big vision to do it. This isn't something that's going to happen overnight. I want to give two short examples on this, one from Ghana and one from Central African Republic.

The minister of health in Central African Republic, Minister Pierre Somse, has such a big vision of this being transformative for his efforts that he has made leadership and management transformation the central pillar of his legacy. He wants to transform the culture of the minister of health. Together, the minister and I have written a concept note that we're now trying to shop around for funding that will call on embedding six management partners across every team in the ministry of health for three years in a rotating fashion. It's not one team that's going to be shining with excellence or another, but the entire organizational culture of the ministry of health will change. That will outlast my tenure at AMP, and his tenure as minister. It'll just be the way the ministry does things.

That's tremendous. A country like Central African Republic, which we don't talk about every day, and which is one of the poorest countries on earth, has a minister with a vision. My job is to support that vision to figure out how to convince funders that this is the sort of thing that matters. One of the disappointing things in development is that we talk a lot about country-driven development, and about philanthropy and funders responding to the needs that are expressed, but we're still a long way from that being a reality. I find that while funders talk a lot about this, when I go out and say, "The minister wants to do this," they respond, "Well, that's not right."

Alec Saelens: We know better. We have better models and different ideas.

Robert Newman: Yes, we have better models. We want to do something else. Going back to the Ghana example, I mentioned that in 2021, we wrote a paper together with the High-Level Council on Leadership and Management for Development. "Investing in Public Sector Leadership and Management to Accelerate Sustainable Development" is the title of the report that the High-Level Council put out. One of the things in that High-Level Council report is an example that we put together from Ghana.

The private sector spends on average about \$500 per person per year on leadership and management training. Now obviously, that number is very different in different companies. It can be zero, it can be an enormous number; it's not like every person's getting \$500. That's a very aggregate figure, but you see that figure in a couple of different places out there in the world as a distinct number.

We said, "If that's what the private sector's spending, and if we're entrusting the health and welfare of our populations to the public sector, we should certainly be spending at least that to train the



public sector employees every year.” Then we asked, “What would that mean in Ghana Health Service?” Given the number of employees, that would mean Ghana would spend \$20 million a year on leadership and management training. My team looked at me like I had lost my mind. “Ghana is not going to spend \$20 million a year on leadership and management training out of its own budget,” they said. But I said, “Let’s look deeper.” Ghana spends about a billion dollars a year on public health services for its population.

Alec Saelens: That’s like 0.005%.

Robert Newman: Exactly. Let’s say then that the \$20 million you spent on leadership and management training resulted in a 1.25% efficiency gain in spending. If they were just a little bit more efficient in getting something back for the money that was being invested, the program would’ve just paid for itself. I don’t think it’s a big leap to say that if you were investing that kind of money in your public sector team, you could achieve a one and a bit percent efficiency gain.

At the end of the day, if we’re going to be successful across sustainable development goals, what we need is for people to leave behind their magical thinking and recognize that people are at the heart of development. COP28 [2023 United Nations Climate Change Conference] has just finished. We were talking about climate and all these other [goals]. Nothing is going to happen without investing in people. We have to do it, and it’s going to have a steep price tag. It’s not all going to come from governments of lower-resourced countries initially. We’re going to need to catalyze those efforts with international funding while at the same time holding governments’ feet to the fire [in acknowledging] that this is something they are going to have to take on, both as doers and payers, sometime in the future. Different countries at different paces.

Central African Republic is not where Ghana is economically, so we can’t expect them to be on the same timetable. What I hope to do is change the conversation around development, put the focus back on people, and catalyze a revolution in thinking that says if you invest in people, teams of people are capable of extraordinary things.

Alec Saelens: Thank you so much for your time. I really appreciate it.



Alec Saelens is a former journalist who supports SJN and its partners track solutions journalism's impact on society and the industry. In his former role, he researched and consulted on the connection between solutions journalism and revenue. He is co-founder of The Bristol Cable, the UK's pioneering local media cooperative. Before SJN, he was a researcher and coach for the Membership Puzzle Project and an analyst for NewsGuard.

** This interview has been edited and condensed.*