What drives and constrains effective leadership in tackling child undernutrition? Findings from Bangladesh, Ethiopia, India and Kenya ☆

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ABSTRACT

Strong leadership has been highlighted as a common element of success within countries that have made rapid progress in tackling child and maternal undernutrition. Yet little is known of what contributes to nutrition leaders' success or lack of it in particular policy environments. This study of 89 individuals identified as influential within child and maternal undernutrition policy and programming in Bangladesh, Ethiopia, Kenya and India sheds light on why particular individuals have been effective in contributing towards positive changes in nutrition policy, and how they operate in the wider policy/political sphere. We employ a framework working outwards from individual capabilities, knowledge and motivations, through to wider political economy considerations and the narratives and knowledge structuring individual capacity. We argue that only by locating individuals within this wider political economy can we begin to appreciate the range of strategies and avenues for influence (or constraints to that influence) that individual leaders employ and encounter.

Introduction

Child and maternal undernutrition have risen to prominence in the past 5–6 years (Gillespie et al., 2013), backed by a relative consensus on the evidence as to 'what works' in terms of nutrition specific interventions known to reduce child mortality and morbidity (Bhutta et al., 2013; Black et al., 2008). Given the scale and

consequences of undernutrition (Haddad, 2013), such global recognition is long overdue. But beyond a growing number of multilateral meetings and summits on the issue, undernutrition remains a long-term crisis affecting 165 million children in its chronic form of stunting and is estimated to be responsible for 45% of child deaths (Bhutta et al., 2013). Whilst the current global focus and slowly increasing resource flows to nutrition programming are causes for optimism, the issue as a whole remains vulnerable to a loss of momentum. In short, business as usual is likely to fall short of the goals agreed by the World Health Assembly to cut stunting prevalence rates by 40% by 2025 (from 2010 levels).

It is therefore not surprising that calls for leadership to maintain momentum at a global level and convert it into action on the ground at a national level are multiplying (Johnson-Welch et al., 2005; Bryce et al., 2008; Gillespie et al., 2013). In case studies of countries which have accelerated reductions in undernutrition relative to other high burden countries, the action of leaders and champions in driving forward advocacy and policy formulation; co-ordination and implementation are repeatedly identified as critical to this success, including Peru (Mejia Acosta and Haddad, 2014), Brazil (Mejia Acosta and Fanzo, 2012), Thailand (Heaver, 2005), and the Indian states of Tamil Nadu (Heaver, 2005) and Maharashtra (Haddad et al., 2014). A three country study of successful nutrition advocacy (in Bangladesh, Ethiopia and Vietnam concludes that "Strong leadership, especially government

leadership driven by experienced and senior persons is critically important. Sustained negotiation, persuasion and mobilisation skills are key leadership capacities" (Pelletier, 2013:91), whilst a five country study (Bangladesh, Bolivia, Guatemala, Peru and Vietnam) reaches similar conclusions on the need to enhance "strategic capacity" across the nutrition community (Pelletier et al., 2011, 11). Global initiatives including the Scaling Up Nutrition movement have focused on building and supporting leadership capacity at a country level in government, civil society, the UN system and business communities; whilst nationally led initiatives such as India's Coalition for Food and Nutrition Security are premised on this need to build a 'leadership agenda for action' (Swaminathan, 2009).

Leadership has also been highlighted in the wider field of public health as an important factor for effective public action – whether in bringing issues such as child or maternal mortality to global attention and scaling up appropriate responses (Shiffman, 2010; Shiffman and Smith, 2007); tackling complex issues such as HIV and AIDS at national and community levels (Bor, 2007; Campbell, 2010) or ensuring effective partnerships in tackling serious public health problems (El Ansari et al., 2009; Kumpfer et al., 1993; Metzger et al., 2005; Weiss et al., 2010). Recent opinions in the Lancet have criticised a lack of leadership in certain national public health settings (Horton, 2011); or have espoused similar calls for 'heroes' in public health leadership (Day et al., 2014).

Collectively, the nutrition and public health evidence leave little doubt as to the role of leadership as a common factor in successful advocacy/agenda setting, policy formulation and implementation. Whilst it might not be possible to *prove* the extent to which leadership is a *necessary* factor beyond this case study evidence[3]; logic dictates that improving and supporting what leadership exists in the sector; and trying to build leadership where there is none; is likely to play a valuable role in strengthening the systems, institutions and organisations put in place to tackle a complex problem.

Yet despite this growing interest in both policy and academic circles we still know little about the attributes of leaders in nutrition. In other words, having identified leaders as being a common element in successful country cases, we do not know who they are, how they become leaders, how they function, with whom they work, what makes them effective, the challenges they face in their work and how we may both support them and facilitate the emergence of future leaders. This paper aims to try to answer these and other questions on nutrition leadership by drawing on interviews with 89 individuals identified as influential in policy targeted at reducing child and maternal undernutrition in four countries with high burdens of undernutrition: Kenya, Ethiopia, India and Bangladesh.

Leadership in nutrition and leadership in development – what do we know?

Leadership was a strong theme identified in the papers which considered international and national action as part of the 2008 Lancet series on child nutrition. Bryce and colleagues (Bryce et al., 2008) highlight leadership as a key factor in national level capacity for effective action; with a major barrier to action being the lack of capacity to train and support individuals to take on roles of strategic significance. Having interviewed 30 individuals identified as national nutrition leaders, the authors summarise their views that "strategic capacities that are needed urgently include the knowledge, skills, leadership, and human resources for envisioning, shaping, and guiding the national and subnational

nutrition agendas, and especially the capacity to broaden, deepen, and sustain the commitment to nutrition." (Bryce et al., 2008, p. 522). Morris and colleagues' assessment of the international system did not examine individual leadership but famously decries the dysfunctional and poorly coordinated global stewardship[4] within the international nutrition architecture – and similarly calls for support to build the capacity of leaders in practice and in nutrition research (Morris et al., 2008).

More recently, the World Public Health Nutrition Association has published a guide to the competencies (knowledge, skills and attitudes) required to help build the workforce in global public health nutrition (Hughes et al., 2011); and this has been followed up with work specific to Europe (Jonsdottir et al., 2010) and suggestions for its application in Africa (Delisle, 2012). Leadership is identified in these papers as one of several different competencies spanning knowledge, cross cutting, analytical and practical skills and includes attributes such as effective advocacy, intersectoral collaboration and an ability to "manage[] complex relationships and competing interests of the various stakeholders in the food and nutrition system" (Hughes et al., 2011, p. 33).

Heaver (2005) considers leadership in more depth in the content of case studies of nutrition commitment. He identifies three types of actors: *decision makers* (e.g. heads of ministries in health or agriculture but also finance or planning); *influencers* (those not making final policy decisions but able to influence them – from donors to mid-level bureaucrats or civil society actors) and *clients,* the latter which rarely have any voice in policy but which are a potentially untapped source of participatory appraisal and accountability in nutrition programming.

Heaver also identifies subsets of the wider categories defined above as those advocating specific changes. So emerging from amongst decision makers, we find nutrition *champions;* from influencers, *policy entrepreneurs* and from clients, *supporters.* The latter lack either power or an entrepreneurial approach to policy, but not commitment to the cause- and over time, supporters may become entrepreneurs and vice versa (Heaver, 2005). Most importantly, Heaver writes that "Commitment is fragile when it depends on individual champions. Policy Entrepreneurs therefore need to create networks or partnerships of nutrition champions and supporters across the concerned agencies and among NGOs and civil society" (Heaver, 2005). In many ways this paper is addressing the issue of how decision makers, influencers and clients can be supported to maximise their ability to be and to become nutrition champions, nutrition policy entrepreneurs and nutrition supporters – all of whom are nutrition leaders.

Drawing on country case studies, the summary analysis of the Mainstreaming Nutrition Initiative (MNI) (Pelletier et al., 2012) adapts a number of Heaver's wider indicators of commitment alongside the categories of Shiffman and Smith's political agenda setting framework (Shiffman and Smith, 2007). This allows an analysis of how different levels of policy leadership and entrepreneurship interact with the characteristics of the policy process (including e.g. political windows for action – following (Kingdon, 1995)).

The MNI analysis contrasts for example the "largely symbolic" rhetoric of political leaders during national elections in three of the case study countries (Bolivia, Peru and Guatemala) with the less politically visible work of policy entrepreneurs in Vietnam and Bangladesh (Pelletier et al., 2012, pp.6-9).

Leadership is also strongly highlighted in another set of country studies in the 'Analysing Nutrition Governance' (ANG) series, which examined the nutrition policy process in six countries

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[3] i.e Observational studies setting up some measure of leadership may be able to establish a link but will be unable to experimentally prove causality.

[4] "regulating, setting standards and identifying priorities" (Bryce et al., 2008, p. 610 – adapted from:; Saltman and Ferroussier-Davis, 2000).