COVID-19 continues to spread, placing an exceptional burden on already strained health systems, and exacerbating inequities and vulnerabilities globally. Frontline healthcare workers and essential service providers face heightened risks with limited additional support. Furthermore, in low and middle income settings, COVID-related prevention measures are disrupting WASH-sector activities to prevent neglected tropical diseases, nutrition-sector provision of emergency food assistance and lifesaving treatment for acute malnutrition, and health-sector provision of time-sensitive immunization and antenatal services.

The Global Health Leadership Initiative (GHLI) harnesses the strengths of a leading research university to drive transformation in management, leadership and organizational performance, creating stronger and more resilient health systems for all. Never has our mission been more relevant than in the context of the COVID-19 response. Public health professionals around the world are working tirelessly in the areas of surveillance, infection prevention and control in healthcare facilities, clinical management of COVID-19, laboratory diagnosis, risk communications, and supply chain for medical commodities. These technical inputs are essential, though insufficient, to turn the tide on COVID-19. A proactive, effective response requires adaptive leadership to uncover, clearly define, and solve problems in uncertain and rapidly changing landscapes. As we have learned from the Ebola response and other regional crises, support for effective leadership is an essential input, but sometimes seen as a “nice to have” compared to guidelines, drugs, and devices.

In the context of COVID-19, GHLI has committed to a three-part response strategy based on fostering adaptive leadership, elevating best practices, and strengthening national and regional responses.

**Fostering Adaptive Leadership**

Adaptive leadership, including proactively engaging diverse stakeholders, identifying emerging trends and patterns, and promoting critical reflection and learning, is foundational to success in complex health systems. Our GHLI programs build adaptive leadership capacity among teams working in diverse contexts, ranging from national immunization programs to district-level primary care systems. In the context of COVID-19, we have adapted our proven approaches to provide participants and alumni with additional support for adaptive leadership, including the creation of learning exchanges for experience sharing as well as time for reflection and application. These efforts include engagement with:

- Incoming participants and alumni of the Gavi-supported EPI Leadership and Management Program (EPI LAMP) for government officials responsible for the performance of national immunization programs. By the end of 2020, EPILAMP will have engaged national teams from 26 countries across English- and French-speaking Africa and Asia.

- Fellows of the NIH-funded Yale-Transdisciplinary Consortium Core (TCC) for precision medicine, which engages professionals from across Spanish- and English-speaking Caribbean islands in locally relevant approaches to prevention and treatment of NCDs.

- Fellows in the International Pediatric Association (IPA) LEAD Program, which engages mid-career pediatricians from 14 different countries to equip them with the leadership and management skills to take-on senior leadership roles within their organizations and pediatric societies.

These pivots, which leverage GHLI’s existing capacity for online learning and remote support, promote the ability of participants to identify and address complex challenges, engage across organizational silos, and promote individual and team resiliency amid turbulent times.
Elevating Best Practices

Around the world, organizations are responding with innovation and determination to ensure a multi-sectoral response to COVID-19 preserving essential services and functions. We are working with our collaborators to systematically identify, capture, and elevate best practices in organizational responses to COVID-19. These studies leverage our team’s deep experience in practice-based research using rapid mixed methods designs, and we are integrating innovative use of technology to account for restrictions on travel, field-based data collection, and other practices for physical distancing. For example, we are currently developing the following studies:

- In humanitarian settings in Ethiopia, we are working with NALA and the Federal Ministry of Health to capture how non-protection actors are adapting and integrating physical distancing measures to support continuity of a multi-sectoral, coordinated approach to disease prevention.

- In the UK’s National Health Service, disruption caused by COVID-19 has sparked unprecedented demand and receptivity to digital innovation for health and social care. This dynamic system-wide response offers an unprecedented opportunity to answer the question, “How are some able to make extraordinary progress in using digital health innovations to improve the health, particularly in times of crisis?”

- In our evaluation of Project Last Mile – a partnership that leverages core business expertise from the Coca-Cola system to strengthen public health systems across Africa – we will be monitoring how private sector inputs and innovations contribute to national COVID-19 responses.

Strengthening National and Regional Response

In countries where GHLI has deep engagement, we are working alongside the Ministry of Health and other government officials to enhance the effectiveness of their national response. For example:

- In Ethiopia, the Primary Health Care Transformation Initiative (PTI), funded by the Bill & Melinda Gates Foundation, has combined certificate-level management education, intensive mentorship, and applied health systems research to strengthen primary care performance in 19 zones (331 districts), reaching a population of 47 million. Working with NALA and the Federal Ministry of Health, we are pivoting the PTI tools and systems for performance management and effective organizational culture to help ensure that national COVID-19 mitigation strategies are effectively translated to the zonal and district level.

- In Cameroon, we are working closely with the Ministry of Health, Epicenter Africa (the research arm of Médecins sans Frontières), and the University of Yaoundé II, to develop a prospective interventional study, including a randomized control arm, to support Ministry of Health officials leading the COVID-19 response at the national and district level. We will assess the feasibility and effectiveness of a coaching model, with emphasis on leadership effectiveness (including goal attainment, solution-focused thinking, and trust in subordinates), abilities (including perspective-taking, tolerance of ambiguity, self-efficacy, and self-insight), and wellbeing (mental health, resilience, and workplace wellbeing).

- Finally, GHLI’s Addis-based is being leveraged to support alignment with the Africa CDC and other key regional stakeholders in the coordinated response, including serving as a platform for a new proposal for multi-country approaches to disease surveillance as part of the Global Health Security Agenda. This office, which is registered as “Yale Global Enterprises” (YGE) and led by a 100% Ethiopian team, allows Yale to conduct essential business in-country and serves as the hub for a dynamic portfolio of work in Ethiopia and across the region.

Beyond these focal approaches, we are committed to ensuring that all of our programs to build leadership, management, and organizational performance – from strengthening immunization services in Gavi-eligible countries, to promoting achievement of PMTCT elimination targets across Africa, to bridging health and social care in the UK – are being updated to integrate the management and leadership challenges and opportunities associated with the “new normal” in light of COVID-19.