Dr. Noboru Iwamura and the Creation of Management Sciences for Health: Lessons from the Past and Implications for the Future of Non-Profit Organization

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The Inspiration behind Management Sciences for Health

After my first year in medical school, I embarked on a summer journey that would change my life. In 1962, a local US community organization that had been supporting a hospital in Tansen, Nepal, about 100 miles west of Kathmandu, offered me a chance to visit and learn about basic health needs in an area without access to modern health services. By chance, I arrived just a few months after Dr. Noboru Iwamura, a physician sponsored by the Japan Overseas Christian Medical Cooperative Service. Dr Iwamura had already learned the language, and rather than remaining in the hospital waiting for the sick to arrive, he used the outbreak of a dysentery epidemic to reach out to communities and show how villagers could organize to promote their own health, using the hospital as a last resort.

Dr. Iwamura’s approach was a distinct contrast to the approaches of other health workers and hospitals that I had visited on the way to Nepal, who were often more concerned about what happened in the hospital than in the surrounding community. To me, they seemed to be concentrating on the symptoms of the patients who arrived at the hospital rather than on the sources and causes of these symptoms, which often lay in the community. As important as his interest in getting to the causes of problems rather than treating them after they happened was Dr. Iwamura’s general approach to working with people: he was unfailingly energetic, courteous, optimistic, respectful and modest, qualities that were readily seen and appreciated by those he was working for. Even with my limited experience as a medical student, it was clear to me that his approach offered a promising way to make a sustained public health impact, and this motivated me to try to look for ways to do this as well.

I could see that the next step was to replicate, on an expanded scale, Dr. Iwamura’s methods of working with the community. Dr. Iwamura showed me, by his example, that the way we interact with our colleagues and with those we work for in the community, is as important as—and often more challenging than—the more “scientific” steps of analyzing problems and solving them. During the time I was with Dr. Iwamura, I could see that the most important ingredients, beyond the science of medicine, were the values that underlay his actions. He treated everyone with respect, from people at the village level to the high-powered decision makers. He exemplified personal integrity. He worked hard and had excellent technical skills, but he was also extremely humble. He had an exceptional sense of humor: although the work was serious, Dr. Iwamura never took himself too seriously. And he was completely
committed to enabling and acknowledging others’ accomplishments, especially in empowering communities to be successful in taking responsibility for their own future.

I then knew I needed to find two things if I was to put into effect what Dr. Iwamura had taught me. The first was an organizational base that would have the mission of helping communities and leaders narrow the gap between what was known about solving basic health problems in ways that they could afford and sustain, and what was actually done to solve them. The second thing I was seeking was a group of colleagues who would work together to make that mission real by sharing the values that Dr. Iwamura had shown me, quietly and by example. I looked for such an organization through the remainder of my medical training in the 1960’s, but I couldn’t find one whose mission was to improve the management of public health in the developing world.

The Evolution of MSH

MSH was created, therefore, because I couldn’t find the right organization already in place, for three reasons. First, governmental and international organizations at that time did not appear to provide practical, common-sense management support for community leaders struggling with public health problems in developing countries. Secondly, the existing international agencies had to operate within hiring and bureaucratic constraints, which made it difficult for them to support the kind of work that reflected Dr. Iwamura’s values. Finally, the other major groups involved in international health development were academic institutions, all very committed, but necessarily focused on their primary mission of teaching and research rather than on supporting those directly responsible for health action at local and country levels.

With time passing and no clear alternative in sight, Management Sciences for Health (MSH) was established in 1971 as an international, non-profit organization (NPO) whose stated mission was to bridge these gaps. We were fortunate to find technically proficient, experienced staff who shared the values that were central to achieving this mission.

MSH initially worked in maternal and child health and family planning programs in Korea, Afghanistan and Nepal, but this focus broadened rapidly into other areas, driven as much by the interests and demands of local organizations and ministries of health as by our own interests. To be most useful, MSH had to begin by building trust with our clients, the local leaders responsible for health. We built this trust by demonstrating our commitment to their success, dealing first with the problems they perceived as their own priorities before broadening out to consider other key health needs. MSH grew by learning from both successes and mistakes, and particularly through the confidence that local health leaders showed by recommending MSH to colleagues in other countries. With time and growth, more colleagues joined MSH who shared the basic values embodied by Dr. Iwamura. Together, we selected project opportunities where we felt we could make an impact and, in turn, build a reputation and gain credibility with governments and international agencies.

With time, MSH developed into an international non-profit organization which currently has over 1100 staff from 60 nations, 30 affiliate and field offices, two partner organizations, and 46 funding partners. In 2004, MSH worked in nearly 70 countries. MSH’s growth is one example of the increasing network of organizations and NPOs with similar interests throughout the world, now including Health and Development Services (HANDS), a Japanese non-profit organization with which MSH shares both mission and values, as well as complementary skills and a diverse geographic base.
**Future Challenges for NPOs in Development**

There are many challenges that development NPOs, including MSH, will face in the future. One critical challenge is to avoid remaining stagnant. We must continue to learn because the problems we face in development are changing rapidly. We need to create incentives to stimulate development of new areas of staff expertise that will add value for those we serve. NPOs also need to recognize that there are many skilled and experienced developing-country professionals who have been well trained either locally or overseas and are now working in their own countries. Local capacity has grown, along with the developing countries' recognition of the fact that they must ultimately take the lead in solving their problems themselves. Those from the external NPO community who hope to help must find new ways to support the front-line work of their developing-country counterparts. As a practical matter, local professionals who have acquired good experience will less frequently need or accept well-meaning foreigners who come and tell them how to do their jobs.

The external environment presents other challenges as well. The increasing polarization of development needs and opportunities must be dealt with: 200 years ago, income inequality between the richest and poorest countries was about 5 to 1. Today the development prospects for the poorest countries can be 400 times worse than in the richest countries like Japan or the US. The disparities among the developing countries themselves have also increased. The advancing economies—those achieving rapid economic success like China, India, and Malaysia—have needs and interests that are much different from those in countries at a more basic level of development. These polarizing development prospects make it difficult for the same NPO professional staff to adapt their skills to the varied local needs of economically diverse developing countries.

Another major external challenge is that the health sector has changed dramatically in the past generation. Today, there are many strategies for solving health problems that have proven effective, but for which evidence didn't exist when MSH was founded. With practical, proven solutions to health problems available, and many skilled local professionals now in place, many countries have significantly increased their capacity to lead their own development, given the political will. Technological advances like television, telephones, and the Internet have put people in much better communication with each other. There is no developing country that is a "blank slate" left in the real world; every country has had experience with development and has worked with people who are interested in development, from NPOs to government agencies.

At the same time, that there have been many changes, some things have remained constant. People in decision-making positions must still make very difficult choices with constrained resources. Leaders have a very short time horizon. They must produce change within a few years or they will not remain in their positions. Therefore, as decision makers they cannot wait for perfect information. Nor are they able to wait while donor countries take several years to conceptualize, design, approve and finally fund a development project; their lives have moved on. Over the years, decision makers in developing countries have learned that, despite the good intention of donors, it takes a long time for a donor to deliver the resources to them. Sometimes the wait is too long and the external resources finally come with so many requirements and constraints that the recipients cannot achieve their goals.

**What Do We Know that Doesn’t Work?**

Different approaches have been tried and tested in development, some of which tend to lead to failure. Over the years, we have learned that:

- Outside help alone doesn’t solve a country’s problems. Outsiders cannot build something, hand over the key, wish the people well, and expect everything to function. Japan, among other donors, continues to have many...
experiences where development projects (particularly in construction) have failed because they were designed as turn-key projects, without attention to operating sustainability.

- There are few "quick fixes" in this development world. Meaningful change takes time, and superficial, rapid solutions rarely last.
- Training courses alone rarely lead to improved performance. Follow-up and ongoing support are necessary to build confidence and to reinforce new knowledge and skills.
- We cannot rely on technology as the only learning tool. Downloading information from a satellite or having our counterparts use a DVD to demonstrate new ways of working can supplement, but will rarely substitute for, face-to-face interaction.
- Solutions must be adapted to the local setting: the identical method of solving problems can rarely be transferred from one country to another, or even from one district to another without adapting the method or the process to the specific needs of that locality.

Successful approaches have also been documented. The inspiration of Dr. Iwamura can help us keep in mind two of his central principles that contribute to these successes:

- The beneficiaries of development need to be in charge of their own health decisions. Ownership is an indispensable component for sustaining change.
- Good intentions are not enough. To work effectively with counterparts, we need to establish credibility and trust by demonstrating not only our professional competence but, most importantly, our commitment to their success.

**The Role of NPOs in Development**

NPOs can help create leverage for decision makers in developing countries by sharing information and knowledge, and sometimes by providing resources that are not usually available through the public sector.

Why would decision makers in developing countries want to work with NPOs? There are a number of reasons, not all of which are positive. In a complex or urgent situation, the most readily available resources may be from foreign NPOs; developing-country counterparts may see no choice other than to work with us. In addition, sometimes donors give countries money with a condition that they work with an NPO, which can create difficult or uncomfortable situations for all concerned.

But there are also good reasons for decision makers to want to work with NPOs. Many, perhaps most, NPOs are interested, motivated, and prepared to respond quickly. NPOs can offer very specific skills and technical experience which might otherwise not be available, and NPOs are comfortable reaching beyond the public sector and bringing in private-sector experiences.

In summary, in the future, NPOs such as MSH will need to work hard, and in some cases, somewhat differently, to be to be useful in health development.

- We must demonstrate a high level of professional competence. It is not enough to be just as experienced as the people we are working with. Unless we can offer more, they shouldn’t turn to us for help; they can do it themselves.
- NPOs need to be increasingly decentralized so that decisions can be made quickly, within the time frame in which local leaders are making their own plans and decisions.
- NPOs will have to take advantage of the fact that the world is increasingly linked electronically, and that information is no longer held by only the fortunate few.
At the same time, NPOs have to recognize the limits of electronic communication. It is difficult enough to communicate in person, and e-mail as the main form of communication can easily be misinterpreted, particularly when dealing with sensitive or complex issues. We all have to learn when it is important to work face to face with a colleague, and when it is acceptable to work electronically from a long distance.

Finally, it is critical to remember that the survival of the NPO should not be the main goal. The NPO is of value only as long as its mission supports services that contribute to the development of local institutions and the capacity of local leaders. NPOs must be careful not to promote themselves and their own institutional growth at the expense of local partners.

For me, in the final analysis, the example of Dr. Iwamura in Nepal remains central to knowing why and how NPOs should act to contribute appropriately to health development. Dr. Iwamura had a clear mission of helping others help themselves, and he lived the values that promoted that mission everyday. MSH tries to live up to those same values, while aspiring to expand the scale of public health impact to reduce the large, unnecessary gap in the health prospects of those in the advantaged and of those in the less advantaged halves of the world.

Dr. Iwamura often pointed out to me that we stand on the shoulders of those who go before us. He told me that he learned this from a Chinese educator, James Yen, who had worked in China during the village reconstruction movement in the 1930s and 1940s, and had later worked with Dr. Iwamura in the Philippines. James Yen shared a Taoist poem with Dr. Iwamura, which Dr. Iwamura, in turn, shared with me. This poem has helped me understand that we are all a part of the same fabric, and as NPO workers, are privileged to contribute to the process of development. It captures for me the essence of why Dr. Iwamura was successful, why he remains such an inspiration. And it captures the rationale for the mission and values that MSH tries to live by.

Go to the people.
Live among them.
Learn from them.
Love them.
Start with what they know.
Build on what they have.

But of the best leaders,
when their task is accomplished,
their work is done,
the people will all remark
We have done it ourselves.