

INSIGHTS ON WORKING IN DEVELOPING COMMUNITIES

In my work for the Catholic Health Association, I get a lot of advice and insights from our members doing work abroad — from Americans living in low- and middle-income countries doing aid work, from government and academic leaders overseeing international outreach programs and from religious congregations with international activities and others. It's a lot to digest. When I need to step out of my normal circles of influence to grapple with the intent, potential and reality of working in developing communities, I tap a friend in St. Louis who has a lot of insights to share.



BRUCE
COMPTON

Alex Natsios has more than a decade of work in international development program planning and management, as well as a family connection — his father was administrator of the U.S. Agency for International Development from 2001-2006.

Because of his unique lens, I asked Alex to attend the 2017 Global Summit in Washington, D.C. I wanted him to look at CHA's role as a convenor and connector in the ministry of international outreach, and I wanted him to consider how CHA's and our members' work might evolve. In what follows, you'll see what came to his mind.

The summit is a unique meeting because of the groups it brings together. Among them are CHA members responsible for the ministry's international activities; USAID officials; funders and foundations such as the Raskob Foundation and

W.K. Kellogg Foundation; the Foundations and Donors Interested in Catholic Activities organization; faculty from Catholic universities with international programs; and leaders of medical surplus recovery organizations.

It's interesting to see how the varied stakeholders, who have a mission in common — providing assistance to people in need — think and go about their work in very different ways. At the summit, presentations, group discussions and the networking provide attendees with varying views and ideas for their work.

I offer Natsios' thoughts to you in order to open a conversation about the potential of U.S.-based Catholic-sponsored health care organizations in their international endeavors, as well as CHA's role.

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The CHA Global Summit

What Can Be Accomplished in a Meeting?

ALEX NATSIOS

“Selflessness is a force multiplier,” asserts retired Air Force Brigadier General John E. Michel in his book, *The Art of Positive Leadership*.

By that, Michel means selflessness greatly increases — multiplies — an item's or group's effectiveness. He describes Pope Francis as the em-

bodiment of a selfless leader whose humility sets an example that can lead and bring out the best in Catholics.

At the September 2017 Global Summit, I had the privilege of hearing from CHA members and others about some of the biggest challenges they face in delivering health care to less fortunate

communities. I observed some uncommon and refreshing characteristics shared by attendees that I have not seen in other large, multi-stakeholder forums. Participating in the summit led me to an unexpected question: Can selflessness enable the sum of our parts to achieve a greater impact than our individual efforts?

For the last 10 years, I have been working in international development across multiple sectors, including in long-term leadership positions overseas for USAID programs and mobilizing disaster response resources on the ground in Haiti immediately after the tragic 2010 earthquake. A federal government agency, USAID works in more than 100 countries to end extreme global poverty and to promote democracy and human rights.

For several years, I worked with one of USAID's largest funding recipients and helped manage high visibility programs across a variety of sectors, including health, which were, of course, heavily scrutinized by USAID. I now spend more time designing programs based on USAID opportunities across different sectors.

Throughout my work, I cannot avoid asking myself and colleagues whether a program I support or help design will empower the people it means to serve. To serve selflessly, we cannot help looking at whether our efforts are actually helping to improve health care for poor communities in Haiti or elsewhere. Ultimately, the services we deliver will not be sustainable unless we help develop local institutions — public, private, and nonprofit — over the long term so that they take over providing the services themselves.

In many cases, development programs are ineffective because they do not address the root causes of poor local health care, such as weak national-level institutions, or because they do not adequately involve and empower locals. If there is no local involvement in decision-making, locals don't buy into the programs, hampering long-term sustainability. Development efforts also tend to compartmentalize groups rather than bring them together to achieve that "force multiplier" effect. Unfortunately, the metrics USAID requires us to follow often do not address these questions effectively.

On Day One of CHA's Global Summit, the keynote speaker outspokenly criticized the current system for measuring a development program's success, pointing to the technical schools USAID

helped establish in India several decades ago to back up his point. If we applied USAID's current evaluation framework to assess its performance in establishing these schools, they would have been regarded as a failure at the time. However, over the long term these schools have contributed significantly to the current high-tech boom. Indeed, India's massive technology service industry is now staffed by millions of Indians who earned technology-related degrees abroad, and many of the current workforce have been educated by these schools. He speculates that the current system, which measures success in relatively short periods of time, has deep flaws and may be steering us away from understanding how to develop and implement good programs that change people's lives over the long term.

While reflecting on this, I also remembered something Bruce Compton had once mentioned: A representative from USAID's Center for Faith-Based and Community Initiatives (FBCI), which had several staff members at the Global Summit, had indicated a view that Catholic health was "punching below its weight class when it came to their outreach efforts."

FBCI is the office within the agency that helps connect faith-based organizations to the right

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partnership opportunities with USAID. Given CHA's role as a convener and a resource to its members, rather than as a program manager, I must admit I thought it seemed unfair to judge Catholic health's outreach efforts without citing concrete evidence, particularly since USAID is an agency that measures its programs' success or failure based on data-driven metrics.

On the other hand, the remark catalyzed an ongoing, but different, thought process for me. I wondered, could CHA indeed be doing more by somehow better leveraging its members' collective resources? I kept this question in mind while I observed the Global Summit discussions.

Day Two of the summit concluded with a discussion about health care in Haiti. There was no

firm agenda; instead, the session offered an opportunity to hear reflections and ideas, especially from people working in or for Haiti. The enthusiasm I observed during this discussion was unmistakable. I have participated in large forums with participants who may share common interests but have different agendas, needs and priorities. Large forums that emphasize sharing and networking sometimes can feel unproductive, but this conversation at the Global Summit showed me something different.

Collectively, it appeared that many of the participants agreed that there was a need for a more thoughtful process that would lead to a coordinated effort that provides Haitians the appropriate tools to build health care as an institution in their country. Because this was a meeting of CHA, and the Catholic Church plays a significant role in health care in Haiti, the discussion quickly turned to an effort to strengthen the structure that supports Haitian Catholic health facilities.

As we discussed this need, I had the privilege of sitting with Monsignor Patrick Aris, coordinator of the directors general, St. Francois de Sales Hospital in Port-au-Prince. Few summit participants face the challenge of improving health care in Haiti more directly than he. First, Monsignor Aris is Haitian. Second, his role as the executive at St. Francois de Sales, the hospital that U.S. Catholic health care assisted in rebuilding, would obviously be relevant to such an effort.

As participants continued building the discussion momentum around the idea of strengthening Haitian Catholic health care, I could feel the effect on him — and participants began to recognize the problem, too. It is a common problem in such a context: resources.

Participants quickly acknowledged that we have a resource problem to overcome if we want

to make specific progress on institution-building in Haiti. The session concluded with participants agreeing on the challenge of building health care as an institution in Haiti and the need for more dialogue.

Throughout the discussion, Bruce Compton emphasized CHA's role as a convener rather than leader of such an initiative. CHA brings its mem-

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bers together to enable them to network, seek opportunities to collaborate and discuss common challenges as a group. During the discussion on institution building and the unmistakable momentum members created in such a short period of time, I saw the power that convening the right people can have.

Based on what certainly appeared to be genuine interest from the foundations, non-governmental organizations and U.S. Catholic health systems that were in the room that day, it seems to me that CHA, with its convening power, provides a unique opportunity to test the theory of creating a force multiplier through selfless leadership.

I am eager to see the conversation progress.

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