

Harvard's "Aid for Health" Simulation in its Third Year



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Last March, at Harvard's Kennedy School, the Prime Minister of Malawi and his key ministers met representatives from the country's main foreign donors for the negotiation of an aid package to help the country achieve internationally agreed targets for health development. In this situation, however, the Prime Minister of Malawi was Harvard professor Stephen Marks, playing the lead role in Aid for Health (A4H), a student-led simulation exercise meant to transform the way global health and development are taught across academic disciplines and schools.

The idea for A4H emerged from discussions at the Harvard School of Public Health (HSPH), following a presentation on practices and politics of health aid during which presenters and students realized that existing coursework did not cover these issues. While Harvard certainly does a great job of teaching the core skills of public health, students were concerned that they were not sufficiently prepared to enter the professional world of global health with its crowded landscape of institutional agendas, mandates, politics, and programs.

This gap between professional prospects and academic preparation is especially peculiar given the large number of Harvard alumni working for the WHO, CDC, USAID and other international organizations. Instead of developing a conventional academic course on these issues, the decision was made

to experiment with practice simulations, role-playing, and "dramatic immersion." As every aid practitioner knows, technical knowledge is rarely sufficient to navigate interactions at country level. These tend to be highly political and socially complex, requiring skills that cannot easily be taught in a traditional classroom environment.

At Harvard, A4H has been put into practice since 2009 by members of the Global Health Student Forum with staff and faculty support, with the objective to provide students with a unique interdisciplinary experience. From year to year, the simulation case scenario continues to evolve, but in its basics remains the same: The "Prime Minister" calls a meeting of all the major international donors and stakeholders in the Malawian health sector. His goal is to coax foreign donors into increasing their aid allocation for Malawi while preventing them from attaching too many conditionals.

Issues such as Malawi's acute shortage of health care workers and lagging progress on its MDG targets for health topped the agenda this year.

The fourteen A4H participants this year came from Harvard, Boston University, MIT, Tufts, and Boston College. Each participant was assigned to a delegation and role to impersonate. Even before the actual negotiation, all participants underwent a special training session by MIT's Lawrence Susskind, founder of the Consensus Building

Institute and one of the world's most prominent experts on negotiations. Additionally, they were matched with aid practitioners and expert coaches for further preparation.

At the beginning of the meeting, the "Prime Minister" welcomed all delegates and immediately issued the challenge: Malawi needs more aid to improve the health of its people. Though the international community had declared global goals for development, donors had not provided the money it would take for developing countries to actually achieve them. Moreover, the donor countries had signed declaration after declaration claiming that they would change their ways – most notably by increasing country ownership and working through existing systems.

In the three hours that followed, the Ministers of Finance and Health tried to persuade bilateral donors, UN agencies, and development banks to commit more money and allow the country to decide where and how that money would be spent. Everyone strived to think beyond zero-sum-benefits for mutual gains. It was a much messier, challenging process than expected or reflected in textbooks. Many students looked stressed but also excited, and laughter filled the room when someone briefly slipped out of character. For many participants, this experience not only transformed their understanding of the issues but also affected their career planning.

A4H might be a new and unique

experience at Harvard, but simulations and role-plays are already widely recognized as effective learning tools. They are frequently used in industries where it is desirable to program reflex responses in stressful situations (i.e. the airline industry, the military, or in critical care medicine) as well as in business and management. In the area of development and health, simulations have so far not been pursued.

Simulations are particularly suited for learning intangible skills that are not easily taught through didactic methods. Critical thinking is difficult to learn in the absence of direct application and social interaction. Few would argue that “leadership skills” or “teamwork” are best taught by committing to memory a list of key features of great leaders or well functioning teams. In addition, in situations in which there are serious

consequences, they are skills that ideally should not be learned on the job.

In group role-play simulations, participants benefit particularly from observing and interacting with their peers in a dynamic environment where they have ample opportunity to evaluate successful and unsuccessful strategies for dealing with novel problems. Importantly, they receive immediate feedback on the consequences of their positions in a forgiving, friendly atmosphere. As Nadler et al. (2004) found, negotiators who learn through peer-observation are considerably more successful at achieving negotiation goals in comparison to those who learn through didactic or analogical methods.

Learning via simulation thus allows process rehearsal that is beneficial and informative, but also allows for critical experimentation. The opportunity

for reflection and structured debriefing while the experience and the immersion are still fresh is vital. Early in the process participants typically pursue “positional” tactics to persuade others. Later on, they begin to appreciate the value of reaching consensus and achieving “win-win” outcomes. Without the interactive emotional experience of the simulation, the value of these principles would be difficult to realize.

Overall, apart from being an enjoyable way of learning about international affairs, the A4H simulation also reflects a broader move away from classroom-based education towards a more fluid, learner-oriented, and experiential form of learning that may better equip students to become change agents and leaders.

Reflections from a former A4H participant

“The snacks and drinks were more modest, and the faces worn by experience, but several months after participating in the 2011 A4H simulation, I found myself at the table once again for a real-life meeting convened by the WHO in a lower-middle income East Asian country. Although the matter at hand was far less grandiose (and my role far less significant), the players – their quirks and interests, the culture and protocols of international meetings – were comfortingly familiar. A quick word in the corridor with my boss about the likely behavior and expectations of the other players and our position as a development bank replaced the A4H Confidential Briefing Notes; technical PowerPoint slides on mosquitoes and cross-border migrant loggers by the WHO replaced the A4H Case.

But a sense of familiarity and comfort is not the point of A4H. More fundamentally, I asked myself a number of questions: Did the A4H opportunity make an actual difference for my situation now? Was I more tuned into the corridor chats that each party would have had privately prior to sitting at the table? Did I speak to the concerns of the ‘second table negotiations’ that each party would have as they return to their respective headquarters? Did I behave in a way which allowed the maximization of mutual gains, even for parties not represented at the table? Was I able to balance cynicism with judgment and look beyond the meeting as just blind date between NGOs and potential funders? In all truth, for that particular technical meeting, I doubt A4H made a big difference. The technical fundamentals of public health don’t change much and there were no pots of gold to be shared. At the same time, by building trust and improving relationships we are establishing norms and inviting a day when negotiations will be critical, when every bit of value we can create would make a difference to the livelihood of a person or population; when the robustness of a decision would result in timelier and meaningful action, and when political deadlock might be catastrophic for a vulnerable population. It is this awareness of the importance of healthy and respectful negotiation norms – not just cutting up a cake, but creating a bigger cake together – amongst the next generation of implementers and policymakers which excites me most about A4H.”