I. BACKGROUND

The Health Systems Governance Collaborative (further indicated as the Collaborative) was formally launched on December 12, 2016, during the first meeting of the International Health Partnership for UHC2030. The Collaborative is made up of participants from various constituencies: technical experts, agencies, policy makers, and citizens. A Core Group of stakeholders is responsible for the initial launching and activities of the workplan (see Terms of Reference of the Constitutive Forum).

The Collaborative has taken shape in answer to the urgent appeal around the globe for an actionable health systems governance agenda at national and subnational level. In all major strategic documents and deliberations on advancing Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), governance is stressed as a high good and a critical requirement for progress. More importantly, health systems stakeholders feel the urgency of moving beyond the many expressions of “desirable interest” in governance, to building an “actionable governance agenda”. For this purpose, it is adamant that the Collaborative focuses on governance at national and sub-national levels and critically explores their interrelation. It will approach global governance issues from those firm local, national and regional perspectives; provide a reflexive context for new mapping, different theories of change and building theory from action, and chooses a bold vision of collaboration. The Collaborative will be connected to the UHC2030 platform as one of the latter's participating networks, to guarantee maximum synergy between local and global experiences, and aims to provide added value to the many stakeholders already active in improving governance in the health sector and draw on existing networks and communities of practice.
In preparation of the formal constitution of the Collaborative, the WHO has hosted several consultations in order to shape an agenda of actionable health systems governance. The consultations involved experts of all kinds: technical, practitioners, policymakers, agencies, citizens and civil society representatives. They included a range of stakeholders already active in specific domains related to governance who helped the Collaborative in defining its vision, focus, objectives, mechanisms of action and a general agenda of work. These are detailed in the following sections that constitute the first workplan of the Collaborative, covering 2017-2019.

II. VISION, FOCUS, OBJECTIVES

Vision

• To enhance the ‘social contract’ between governments, citizens and health system stakeholders in this time of rapid change and shifting powers. This requires a deep exploration of how the changing relations in society and the health system affect health system performance and the health of populations, especially the most vulnerable groups.

• To take advantage of collaborative action to take a bolder approach to health systems governance and focus on issues which individual governments and agencies have difficulties dealing with on their own.

• To strengthen leadership in the global South, delegate responsibilities as much as desired to subnational, national and regional stakeholders to take the work forward.

• To exercise a convening role, drawing on the rich experiences of the Collaborative’s participants to create added value.

Focus

The Collaborative will focus its efforts at national and subnational levels in order to firmly support a country-led governance strategy in health. The Collaborative will aim at strengthening national and subnational governance functions in the health system, supporting national and subnational stewards’ roles, identify and empower vital stakeholders to shed light on success factors, sensitive issues and protracted problems affecting the most vulnerable populations.

Objectives and implementation approach

I. Strategically identify and bring together key stakeholder communities (policy makers, agencies, researchers, implementers, citizens) to support the exchange of
experiences and lessons learned in health system governance;

II. Provide a reflective space for strategic thinking. Identify new committed persons and unpack areas of health systems governance which have received less attention in the past;

III. Support necessary reviews and research – including research that integrates direct voice and theory from action - to provide guidance and recommendations on governance best practices;

IV. Support the implementation of governance interventions which benefit health systems performance;

V. Disseminate evidence and best practices on health systems governance through innovative systems of knowledge management and sharing.

These objectives will be implemented through the following concrete actions:

1. Create spaces for reflective analysis and strategic thinking which foster the identification of (new) vital stakeholders and prioritize areas of work for an actionable collaborative agenda on health systems governance;

2. Explore how governance translates from local to global and vice-versa; how governance affects a system’s performance and vice-versa, and how governance architecture and power relations are enabling or hindering progress.

3. Reach out to all relevant partners at various levels of the system (national, regional and global) thus including the broadest possible range of backgrounds and expertise regarding health systems governance and encourage the mobilization of local innovative power;

4. Promote exchanges through smart learning strategies, network infrastructure, communities of practice, peer support and mutual advice;

5. Support countries more efficiently through seeking synergies, and a clearer distribution of roles and responsibilities.

III. AGENDA OF WORK

General principles

- To adopt a problem-solving, rather than a theoretical approach.
- To foster the governance evidence base and engage in cross country comparison.
- To use creative mechanisms to involve and connect countries, policy-makers and front-line health managers and practitioners who deal with day-to-day governance.
- To draw on existing and new UHC2030 networks and communities of practice to bring their knowledge and expertise to bear on the network.

Depending on the topic and interest of participants, the Collaborative may decide:
• to entrust a thematic working group (e.g. Laws and regulation, Multisectoral action, Health System Assessments, etc.), or another existing network with specific deliverables of the Collaborative’s workplan;
• to create ad-hoc groups that draw upon the expertise of several networks or existing groups;
• to delegate the leadership for specific deliverables to institutions or agencies at regional and country levels.

Topic areas

Several critical health system governance themes and areas of work have been identified in the June and December 2016 preliminary consultations and meetings. Further follow-up conversations with the Guidance group members in February and March 2017 narrowed down possible topics for the work of the Collaborative in 2017 and subsequent years. (See Annexes 1-3)
This document constitutes a place-holder for topic areas which will be prioritized on 24 March 2017. The workplan will be updated accordingly after the meeting. Possible topic areas are listed in annex.
Work packages

The 2017-2019 Collaborative’s workplan includes three work packages:

WP1. Knowledge generation and guidance
WP2. Smart learning and governance labs
WP3. Knowledge management and outreach

The flow-chart below pictures how each work package contributes to the objectives of the Collaborative.

- Objective 1 - Strategically identify and bring together key stakeholder communities to support the exchange of experiences and lessons learned in health system governance
- Objective 2 - Provide a reflective space for strategic thinking. Identify new committed persons and unpack areas of health systems governance which have received less attention in the past
- Objective 3 - Support necessary reviews and research – including research that integrates direct voice and theory from action - to provide guidance and recommendations on governance best practices
- Objective 4 - Support the implementation of governance interventions which benefit health systems performance
- Objective 5 - Disseminate evidence and best practices on health systems governance through innovative systems of knowledge management and sharing
WP1. Knowledge generation and guidance

Under work package 1 (WP1), the Collaborative will a) identify priority topics of work each year, b) support generation of knowledge on these topics and produce guidance.

Identify priority topics - The Collaborative will identify two priority topics for 2017 during the first meeting of the Constitutive Forum on 24 March 2017. Additional priority topics for 2018 and 2019 will be identified during UHC2030 events and Collaborative meetings organized on UHC Days (12 Dec 2017 and 12 Dec 2018 respectively).

Support generation of knowledge and guidance - To support generation of knowledge on the topics selected, the Collaborative will:
  - Develop ‘appreciative inquiry strategies’¹, and explore forms of collective conversations on fundamental terms.
  - Organize one expert meeting per topic, to discuss background papers, reviews and case studies and provide guidance on the content of a Collaborative paper on the topic;
  - Commission background papers, reviews and case studies;
  - Produce one collaborative paper and one policy brief per topic.

WP2. Governance labs and smart learning

The Collaborative is committed to reaching its objective through a problem-solving approach. Work package 2 (WP2) will involve regional and/or national and/or subnational stakeholders in a series of governance labs as sites of ‘appreciative inquiry’.

Governance labs will start by identifying a specific problem in a regional, national or subnational context that is hampering the performance of the health system and results from weaknesses in the governance function. Governance labs will support regional, national or subnational dialogues around these problems to propose concrete actionable solutions.

Governance labs will be organized face-to-face and/or through online platforms; they can also happen within or as satellite activities of ongoing country or regional processes (e.g. country assessments, activities of the planning cycle, planned capacity building activities, etc.).

Smart learning will be promoted by carefully documenting the processes and results of the governance labs. The objectives of this documentation will be threefold:

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a- Proof of concept: showing that governance labs can result in concrete and creative solutions to governance issues in the health system.

b- Future guidance: on how to conduct these dialogues to reach concrete and creative solutions to governance issues in the health system.

c- Contribution to knowledge and guidance on governance topics developed in WP1.

Documentation of individual governance labs will be done through observation of the process and report. These will be further translated in videos, blog posts and/or webinars depending on the process selected for the governance lab (face-to-face, online platform etc.).

An iterative process will be applied to feed in the results of the governance labs in the collaborative papers planned under WP1.

**WP3. Knowledge management and inclusive outreach**

Work package 3 (WP3) will function in support of WP1 and WP2 by promoting sharing and exchange within the Collaborative, and by broad dissemination of results:

Knowledge management will aim at disseminating the work of the Collaborative; and organizing collaboration, peer support and mutual advice. This will include:

- Setting up and maintaining an on-line interface for knowledge-sharing (of course while staying aware of and circumventing existing digital access inequalities)
- Developing a newsletter and other publications as described in WP1 and WP2
- Developing other communication material such as videos, webinars etc
- Hosting virtual meetings, webfora
- Organizing face-to-face meetings (thematic working groups, ad-hoc expert groups, annual meeting of the Collaborative during UHC2030 events organized on UHC Days)

An inclusive outreach component is added to this work to emphasize the need to innovate in reaching out and including neglected yet important stakeholders in key part of the work. This involves for example:

- Linking the Collaborative’s to existing research networks or think tanks such as Health Systems Global and others.
- Linking Collaborative’s to existing communities of practices (for example those involving citizen engagement in other sectors than health).
- Linking the Collaborative’s to regional, national or subnational networks involving practitioners, frontline workers, community volunteers etc.
Inclusive outreach will be applied throughout the work of the Collaborative within WP1, WP2 and WP3.
IV. TIMELINES

This timeline highlights the main activities involving the Collaborative’s work for its first three years of constitution. It can be further adjusted by the core group.

**Detailed timeline of activities and deliverables in 2017**

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Due date</th>
<th>Responsibility</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval of TOR and Workplan</td>
<td>Mar 2017</td>
<td>Core group</td>
<td></td>
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<tr>
<td>Finalize funding arrangements</td>
<td>Apr 2017</td>
<td>Core group</td>
<td></td>
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<tr>
<td><strong>WP1</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Prioritize topics for 2017</td>
<td>Mar 2017</td>
<td>Core group</td>
<td></td>
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<tr>
<td>Constitution of ad-hoc expert groups or responsible thematic working groups 2017</td>
<td>Apr 2017</td>
<td>Core group</td>
<td></td>
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<tr>
<td>Background document topic 1</td>
<td>Jul 2017</td>
<td>Thematic group / Partner TBD</td>
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</tr>
<tr>
<td>Background document topic 2</td>
<td>Sep 2017</td>
<td>Thematic group / Partner TBD</td>
<td></td>
</tr>
<tr>
<td>Expert Meeting 1</td>
<td>Aug 2017</td>
<td>Thematic group / Partner + Secretariat</td>
<td></td>
</tr>
<tr>
<td>Expert Meeting 2</td>
<td>Oct 2017</td>
<td>Thematic group / Partner + Secretariat</td>
<td></td>
</tr>
<tr>
<td>Collaborative paper 1</td>
<td>Nov 2017</td>
<td>Thematic group / Partner + Secretariat</td>
<td></td>
</tr>
<tr>
<td>Collaborative paper 2</td>
<td>Dec 2017</td>
<td>Thematic group / Partner + Secretariat</td>
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<tr>
<td><strong>WP2</strong></td>
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<tr>
<td>Identification of governance labs 2017</td>
<td>Apr 2017</td>
<td>Core group / secretariat</td>
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<tr>
<td>Governance lab 1</td>
<td>Jul 2017</td>
<td>Thematic group / Partner TBD</td>
<td></td>
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<tr>
<td>Governance lab 2</td>
<td>Sep 2017</td>
<td>Thematic group / Partner TBD</td>
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<tr>
<td>Smart learning governance lab 1 (video, blog, other TBD)</td>
<td>Oct 2017</td>
<td>Thematic group / Partner + Secretariat</td>
<td></td>
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<tr>
<td>Smart learning governance lab 2 (video, blog, other TBD)</td>
<td>Nov 2017</td>
<td>Thematic group / Partner + Secretariat</td>
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<td><strong>WP3</strong></td>
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<tr>
<td>Set-up and maintain temporary online interface (WHO Share Point)</td>
<td>Apr 2017</td>
<td>Secretariat</td>
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<tr>
<td>Feed the share point with relevant documents</td>
<td>Ongoing</td>
<td>Core group / Thematic groups / Partners / secretariat</td>
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<tr>
<td>Contribution to Newsletter 1</td>
<td>May 2017</td>
<td>Core group / Thematic groups / Partners</td>
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<tr>
<td>Newsletter 1</td>
<td>Jun 2017</td>
<td>Secretariat</td>
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<tr>
<td>Contribution to Newsletter 2</td>
<td>Aug 2017</td>
<td>Core group / Thematic groups / Partners</td>
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<tr>
<td>Newsletter 2</td>
<td>Sep 2017</td>
<td>Secretariat</td>
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<tr>
<td>Contribution to Newsletter 3</td>
<td>Nov 2017</td>
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<td>Newsletter 3</td>
<td>Dec 2017</td>
<td>Secretariat</td>
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<td>Quarterly virtual meetings</td>
<td>Ongoing</td>
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<tr>
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<td>Dec 2017</td>
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<tr>
<td>Event</td>
<td>Date</td>
<td>Responsible Body</td>
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<td>Second Collaborative Meeting @UHC Day</td>
<td>Dec 2017</td>
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<tr>
<td>Annual report 2017</td>
<td>Dec 2017</td>
<td>Secretariat</td>
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</tr>
<tr>
<td>Prioritize topics for 2018</td>
<td>Dec 2017</td>
<td>Core group</td>
<td></td>
</tr>
<tr>
<td>Adjust TOR and workplan for 2018</td>
<td>Dec 2017</td>
<td>Core group</td>
<td></td>
</tr>
</tbody>
</table>

**Broad timelines of activities and deliverables for 2018-19**

The timelines of activities for 2018-19 will follow the same logic as activities in 2017.

- By March – Constitution of working groups on the approved thematic areas
- By March – Identify partners to conduct knowledge generation activities and to host the governance labs
- April onwards - Commission background documents, convene expert meetings and produce collaborative papers. Conduct and document governance labs. Carry on knowledge management and outreach activities.
- December - Annual meeting of the Collaborative and annual report

In 2018, the Collaborative will ensure a significant presence at the Health Systems Research symposium 2018 in Liverpool. Other significant conferences will be identified and a strategy to ensure visibility and presence will be devised as part of the Knowledge management strategy.