Definitions, frameworks and measurements of actionable governance in health systems

A meeting of the Health Systems Governance Collaborative at the Rockefeller Foundation Bellagio Conference Center, Italy, 26–30 March 2018
About the Collaborative

The Health Systems Governance Collaborative (Collaborative) is a group of practitioners, policy makers, academics, civil society representatives, agencies, decision-makers and other committed citizens seeking to connect and engage about important health systems governance issues.

The Collaborative fosters creative and safe spaces where we can address the health systems governance challenges (such as corruption, power inequities, lack of capacities, gross mismanagement, poor distribution of knowledge and resources and unequal access to health) and promote real impact on the ground.

We gather collective expertise, construct ideas and ways forward together and address governance challenges with knowledge rooted in local practice.

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Summary

On 26-30 March 2018, 20 policymakers, academics, representatives of patient organizations and global health agencies and other governance stakeholders gathered at the Rockefeller Foundation Bellagio Center in Italy. The aim was to reach a common understanding of health systems governance and establish common ground on how to make health system governance actionable, linking it to health system performance.

Participants discussed frameworks for health systems governance and the best way to assess progress in this field. Prior to the meeting, the Collaborative Secretariat assembled and analysed existing frameworks and definitions of governance, to help set the scene and support the discussion.

The main principles that guided the Bellagio discussions were the need to share knowledge, foster collective action and empower every person who wants to take action for positive change in health systems governance.

Missing links

Before and during the meeting, the Collaborative identified key missing links, which prevent health systems governance from being as strong as possible.

There is a missing link between theories of governance and the reality of practicing governance in diverse and complex settings.

Existing frameworks for applying governance are meant to be actionable, but are missing a focus on the lived realities of governance practitioners at local level.

There is a disconnect between top-down governance exercised by governments ‘power over’ people, and the need to strengthen governance ‘with’ people’s participation and engagement.

Local, national and global levels of governance are often treated as separate. We are missing practical understandings of the interconnectedness of all three levels, and how they influence each other.

Key messages from participants’ deliberations during the meeting included:

- **A health system needs** to be conceived as a dynamic, complex system rather than static.

- **We must look beyond formal regulations** and procedures, and consider necessary bottom-up actions to encourage change in health systems governance.

- **We need a firmer understanding** of the allocation and relationships of power, both soft and hard. This will help us understand stakeholder roles and relationships, and address bottlenecks hampering progress.

- **Most existing governance frameworks** are seldom used in practice and remain theoretical.

- **We need to acknowledge diversity** of settings, and move from ‘best practice’ in governance to ‘best fit’.

- **A useful and practical framework** needs to take into account all levels of governance: local, national and global. It should include principles such as the right to health, learning from action and starting from practice.

- **We must recognize** that governance is a process; a framework should offer pathways to progressive realization.
1 Introduction

During 2017, the Health Systems Governance Collaborative (Collaborative) started to explore the area of actionable governance, focusing on definitions, frameworks and measurements for health systems governance.

On 26-30 March 2018, 20 policy-makers, academics, representatives of patient organizations and global health agencies and other governance stakeholders\(^1\) gathered at the Rockefeller Foundation Bellagio Center in Italy.

The aim of the meeting was to reach a common understanding of health systems governance and establish common ground on how to make health system governance actionable, linking it to health system performance. An actionable governance agenda is one that is not focused only on principles and theories, but one that considers interventions on governance as an entry point for technical changes too, leading to a better performing health system, benefitting people.

Participants discussed frameworks defining and describing health systems governance and ways to assess progress in improving health systems governance, while always keeping in mind how these definitions and assessments could and should foster concrete actions. This Bellagio meeting was a good opportunity to build on each other’s experience and knowledge and find new ways to move forward together.

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1 See participant list in annex 1.
Governance is complex and dynamic and hence there is no consensus on how to define it precisely. In 1997, the United Nations Development Programme (UNDP) defined governance as “the exercise of political, economic and administrative authority in the management of country’s affairs at all levels”, comprising “the complex mechanisms, processes and institutions through which citizens and groups articulate their interests, mediate their differences and exercise their legal rights and obligations”. In 2017 in their World Development Report, the World Bank Group gave its own definition in these terms: “governance is the process through which state and nonstate actors interact to design and implement policies within a given set of formal and informal rules that shape and are shaped by power”. The World Health Organization (WHO) (2007) went on to include “leadership” in the concept. The WHO definition also calls for strategic policy frameworks combined with effective oversight, coalition-building, regulation, paying attention to system-design and accountability. It is clear that in health, governance is recognized as a critical, crosscutting function relevant to strengthening all other functions of the system.

Attempts to strengthen governance functions practically and evaluate progress properly are mounting, but are met with a number of constraints in the field. For example, the roles of ministries of health have changed over the past decades and have shifted from direct service provision to stewardship of the full health system. Regulators’ tasks require balancing the interests of a wide range of actors in pluralistic health environments. Health financing reforms have introduced health system institutions responsible for different sub-functions such as targeting, revenue collection, pooling, purchasing. Public sector reforms have led to decentralized health systems, multiplying the number of actors involved, usually with greater autonomy. Shocks such as natural disasters or epidemics have touched countries in the heart of their governance capacity.

Modern governance needs to support new forms of “intelligent” organizations with built-in learning capacity, which allows processes and rules to adapt to changing context and foster better performance in dynamic systems.

In this changing environment, health systems strengthening moves towards inclusive processes and people-centered approaches. Modern governance needs to support new forms of “intelligent” organizations with built-in learning capacity, which allows processes and rules to adapt to changing context and foster
better performance in dynamic systems. Governance frameworks that remain too narrowly focused on policy formulation do not capture this complexity or the organizational challenges in implementation.

The agenda of the Bellagio meeting acknowledged this rapidly changing context and explored how health systems actors can reach a common understanding of health system governance in all its complexity. Participants also discussed how interventions improving governance could be devised and their progress measured in a complex environment. In preparation for the Bellagio meeting, the Collaborative Secretariat assembled and analyzed existing knowledge on governance definitions and frameworks; and took several steps to engage a wider community in interactive exchange:

- A scoping review of published literature on health systems governance frameworks was performed and 11 frameworks were assembled in a background document. These frameworks show how different authors or development agencies have, over the past decade, conceptualized health system governance and assessed this function in the health system. This scoping review was presented alongside a recent systematic review of health systems governance frameworks, published by Pyone et al.

- Three webinars took place between November 2017 and February 2018 in cooperation with other networks, and involving over 300 participants in total. The webinars explored the following three topics:
  
  i. **unlocking** governance from the stranglehold of the WHO health systems strengthening building blocks;
  
  ii. **amplifying** the reach of governance by removing unnecessary theorization and linking governance to daily practices of health systems actors;
  
  iii. **occupying** more governance space by having a range of legitimate but neglected actors join the discussion.

- A background paper summarized the key messages of the webinars.

- During the UHC Forum in December 2017 in Tokyo, a satellite session explored the ‘Bold Moves’ that each and every health system actor could take to correct distortions in governance practices in health systems and reverse the current inequitable distribution of power and decision-making. A ‘Bold Moves’ Mini Manifesto was produced as a result of this session.

- A meeting of health systems governance focal persons in the WHO regional offices took place on 26-27 February 2018. It was designed to assess the needs and demands for actionable governance from the perspective of WHO field offices.

- An expert meeting called ‘Finding a true fit: complexity in governance and health systems’, was held in Geneva on 19 March 2018. The meeting was an early exploration of the relevance of complex systems thinking applied to health systems governance. Experts gave examples of how complex systems thinking and complexity analysis can be applied to the field of health systems governance and the added value of applying this approach to understanding governance in health systems.

These face-to-face and virtual engagements, background papers and analyses intended to reach out and involve a larger community than the twenty participants who actually attended the Bellagio meeting. The process offered a wide audience the chance to provide insights and inputs, and everyone who took part helped to shape and prepare the Bellagio meeting agenda. Thank you, your contributions were invaluable.

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3 All 11 frameworks are listed on the Collaborative’s web platform


5 http://www.wpro.who.int/health_services/health_systems_framework/en/

6 All webinars can recordings are available on the Collaborative’s web platform

7 https://hsgovcollab.org/en/node/3882

8 The Mini Manifesto can be downloaded from the Collaborative’s web platform

9 Extract from the “Finding a true fit” meeting were published in the Collaborative’s Newsletter of June 2018
3 Meeting proceedings

The agenda for the meeting was set through exchanges with the expected participants, and was adapted during the meeting to respond to the collective thinking that emerged during the sessions. The rich content that developed over three days together built on the Collaborative’s earlier work, and the participants’ own experience and expertise. The participants explored actionable governance for three days, articulated along five sessions as further described below. To keep the wider community engaged, daily summaries of the proceedings were published on the Collaborative’s web platform providing a space for comments and reactions to all interested stakeholders not attending the meeting.

3.1. Welcome and introduction
The Bellagio conference started with an introduction of the different participants, their background, their particular connection to the health systems governance field, and their expectations for this gathering. This was followed by a description of the Collaborative’s history and recent work in the lead up to Bellagio.

3.2. Session 1: towards dynamic systems thinking
One of the participants reported back from the expert meeting “Finding a true fit: complexity in governance and health systems”, which took place at the WHO Head Quarters in Geneva on 19 March 2018, sharing key messages from the meeting such as:

- The importance of conceiving the health system as a dynamic, complex system rather than a static one;
- The need to look beyond formal regulations and procedures and consider the necessary bottom-up action to encourage change in health systems.

These key messages were the starting point of breakout discussions in three groups. Feedback from the groups reiterated the necessity of empowering civil society and of people-centered systems, while acknowledging that “people” are not a single homogeneous entity. Additionally the groups recognized that if work on governance aims for real change it should also be realistic as to the transformation it can foster and consider health systems governance as a progressive realization.

3.3. Session 2: political economy of health
Based on inputs from the three webinars co-hosted by the Collaborative in the lead-up to the Bellagio meeting, participants underlined the need to have a firmer understanding of the allocation and relationships of both soft and hard power. This in turn will help understand the different roles, practices and possibilities of the various stakeholders and address bottlenecks hampering progress, especially at implementation level.

Fostering change means challenging a status quo that doesn’t always benefit people, more importantly it asks the question of what is the new equilibrium we are aiming at together. From that discussion participants decided to put forward a list of principles to always keep in mind while working on transforming health systems. They highlighted the importance of applying these principles to ourselves first. (See box 1).

3.4. Session 3: unpacking the normative needs for governance in relation to UHC
Development agency representatives presented their perspectives, and subsequent discussions pointed to the need for reliable data and indicators but to not be limited to them. There is still an important need to do some normative work on governance to map out the path toward resilient health systems, while acknowledging the diversity of settings and moving from “best practices” to “best fit”.

Meeting proceedings

The agenda for the meeting was set through exchanges with the expected participants, and was adapted during the meeting to respond to the collective thinking that emerged during the sessions. The rich content that developed over three days together built on the Collaborative’s earlier work, and the participants’ own experience and expertise. The participants explored actionable governance for three days, articulated along five sessions as further described below. To keep the wider community engaged, daily summaries of the proceedings were published on the Collaborative’s web platform providing a space for comments and reactions to all interested stakeholders not attending the meeting.
This discussion highlighted the usefulness of a framework that would be designed while respecting some key principles - for example, the right to health as a starting point, learning from action, starting from practice - and taking a step back to meaningfully answer the questions “a framework for what?” and “a framework for whom?” – for further details on how these questions were explored, please see section 4.2.

There is still an important need to do some normative work on governance to map out the path toward resilient health systems, while acknowledging the diversity of settings and moving from "best practices" to "best fit".

3.5. Session 4: health systems governance frameworks: where are we now?
In this fourth session, several frameworks were presented and participants discussed the results and recommendations of the systematic review by Pyone et al. The presentations highlighted the necessary shifts from only quantitative data to including more qualitative data, and from diagnostic measures to prescriptive measures.

More importantly they showed that most published governance frameworks are seldom used in practice to assess and improve governance functions in the health system. The main hurdles to using these frameworks are a lack of clear entry points, models are too static to account for the complexity and variety of different settings; and governance is depicted as too state - or service delivery-oriented.

An actionable approach to health systems governance needs to fully acknowledge that governance does not equate to government, and that informal stakeholders and relationships hold great power in the system. These informal levers, harder to explore and identify, are key in unlocking health systems governance. From this analysis, in order to be applicable, a framework needs to account for all levels of governance, each with its own rich complexity: local, national and global.

An actionable approach to health systems governance needs to fully acknowledge that governance does not equate to government, and that informal stakeholders and relationships hold great power in the system.

Box 1
The Bellagio participants put forward a list of important principles to apply to all people, processes and policies in health systems, in order to work towards an inclusive and performing health system:

- Keep people at the center
- Start from health as a human right, implying collective responsibility
- Renegotiate priorities
- Be anchored in reality of practice
- Reflect the dynamic nature of the system
- Be responsive and flexible to be able to adapt to different local contexts
- Learn from action
- Acknowledge the idea of a progressive realization process
- Be inclusive: co-design, co-produce, co-construct, share knowledge and experiences.
3.6. **Session 5: actionable governance in context**

In a breakout session with three subgroups, participants focused on three levels of governance: local, national and global. The groups examined a concrete governance challenge they could identify at each level and devised a practical, actionable response. The breakout session was followed by mutual feedback on the groups’ proposals. This exercise clearly illustrated the different governance challenges encountered at different levels and the need to understand better each of these levels individually, and the interaction between them and its impact.

In some settings an important part of governance decisions are made at national level, which lacks the necessary input from the local arena to make informed choices on subjects like resource allocation or priority setting. In other settings, people in supposed positions of decision-making get caught between community expectations and the hierarchical rigidity preventing inclusive processes that would actually improve governance arrangements. Experiences shared during this session pointed to the necessity to build more effective bottom up channels. Local work and experience was identified as priority input on all health systems interventions. How to give more decision-making space and voice at that level need to be explored further to foster inclusive health systems. These reflections led to the decision to work on deep dive explorations of health systems governance at local, national and global levels.

3.7. **Products and markers of success**

Finally, the group discussed ways forward and products (see Part 4) to advance the actionable governance agenda, based on the missing links identified before and during the meeting. The meeting concluded by participants defining markers of success, both on principle and concretely. For example, in principle, be inclusive but not extractive, and develop synergy while allowing for diversity. Concretely, populate the Collaborative’s interactive spaces and operationalize the e-learning programme at all levels. Participants also advanced the idea that the people trusted to assess progress, and their role in the health system, are as important as the way that tools are designed to perform that assessment.

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10 See original agenda in annex 2
11 Daily summaries were published on the Collaborative’s web platform on the following pages: day one, day two, day three
12 All webinars can recordings are available on the Collaborative’s web platform
13 See footnote 3

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4 Products

Six products were deemed necessary to unlock actionable governance in health systems. The products, developed collaboratively, will form the different parts of an accessible, interactive ‘toolkit’ hosted on the Collaborative platform to support all health systems governance actors in their day-to-day efforts towards better governance.

1) A glossary of health systems governance terms
2) A framework paper on missing links in health systems governance
3) Deep dive case studies of health systems governance at local, national and global levels, and their interconnectivity
4) An E-learning programme
5) An interactive repository of existing tools to engage in governance
6) A set of communication materials for specific audiences.

The rationale and objective behind each of these specific products is detailed below.

4.1. Glossary of health systems governance terms

A major hurdle when dealing with health systems governance is the apparent lack of a common language. A clear and common understanding of the meaning of specific terms in the vocabulary of health systems governance is currently missing. A striking illustration of this is that even the “concept of governance has posed a challenge to find a universally accepted definition both within and beyond the health domain”\(^\text{14}\). This creates confusion between governance, leadership and stewardship, or governance ends up being equated to narrower aspects of itself such as accountability or transparency. One of the Collaborative’s main objectives is to bring different governance stakeholders closer together. In an effort to facilitate exchanges between academics and practitioners, it is necessary to fill the semantic breach that can separate them. This detailed process has already happened in fields like health financing where reaching a common understanding has gone a long way in fostering progress.

To face that challenge it is necessary to co-produce a glossary of governance terms and concepts with a dual objective:

- The glossary shall avoid to be stuck in theory and academic debates and will provide conceptual clarity, explaining in clear terms complex and sometimes subtle but fundamental differences (for example the difference between health governance—governance of the health system and strengthening health systems—and governance for health - the joint actions of health and non-health sectors, of public and private sectors and of citizens for a common interest\(^\text{15}\)). To reach that objective, every governance term will be explained in an article that starts with a short, clear and consensual definition. The goal is not to deny the complexity of governance concepts but to gain clarity in communication, to understand each other better, and gain traction with a larger audience. This will facilitate communication and knowledge sharing, and remove the entry barrier that complex jargon can represent to newcomers in the field.

- The Glossary will not redefine or re-theorize concepts on which wide literature already exists, but rather build on them. Each article will contain a summary of the evolution of the understanding of the governance term, as well as of the different schools of thought surrounding them. Additionally
it will reference its major sources, documenting the state of the knowledge on this term. This will offer the possibility for interested stakeholders to deepen their knowledge of the field and strengthen their comprehension of governance theories and trends.

To facilitate exchanges between academics and practitioners, it is necessary to fill the semantic breach that can separate them.

This first product of the collaborative toolkit will be particularly well fitted to our interactive platform as it will allow us to build and link up to existing research and literature, provide a space for discussion over complex concepts, and allow this glossary to evolve along with our understanding of the field. Co-construction of this glossary should also aim at identifying and removing bias in the language that reduce its universality (e.g. donor/recipient concept). At a later time, and to ensure that all stakeholders can take part in future dialogue with a common terminology, resources are needed to develop this glossary in different languages. This will entail more than a mere literal translation from the English language, but a precise capture of concepts that acknowledges how changing language changes the way we approach any subject matter.

4.2. Paper on missing links in health systems governance

A paper on missing links in health systems governance is a cornerstone of the outcomes of the Bellagio meeting. One of the main objectives of the meeting was to conceive a path towards a framework for actionable governance. A paper on missing links in health systems governance will provide a general conceptualization of actionable governance, explore what is missing to make governance actionable in health systems and how these missing links can be bridged. The paper will be first drafted by several co-authors from different stakeholder groups, and will then be published on our interactive web platform to allow for comments and revisions from our wider Collaborative members.

Health Systems Governance has been conceptualized through many frameworks, as demonstrated by recent systematic and scoping reviews. However, Pyone et al. (2017) showed that these frameworks’ main shortcoming was that they were largely underused, if used at all. In the pursuit of the actionable governance agenda, the first question to be answered then is why do we need to conceptualize governance again? Or in short: why produce another framework? More specifically, if a framework, or more accurately ‘tool’ is to be produced, we need to answer; what and who is it for?
**What is it for?**
Although it is not a new field, governance in health systems has tended to remain a theoretical and academic debate, illustrated by the underuse of existing frameworks in practice. At the same time there has been a recent awakening to the fact that practices of governance are ubiquitous in health systems, both at a decision-making level, and in more technical interventions (for example, supply chain management, reforming primary health care, and setting up social health insurance) for which governance can provide a new entry point.

The main reason to try to conceptualize actionable governance is to produce a practical tool which, unlike previous frameworks, is user-friendly and applicable.

The main reason to try to conceptualize actionable governance is to produce a practical tool which, unlike previous frameworks, is user-friendly and applicable. Concretely, this means addressing missing links such as the gap between theories of governance and how governance is actually practiced in health systems and the necessity to ground technical interventions in the reality of health systems. This means assessing governance arrangements and identifying the different power relationships, entry points and possible levers to facilitate equity of agency, encourage collective action and redesign priority setting and decision-making processes. It means more generally moving from “power to” – such as governments exercising power on the people – to “power with” such as government’s power as an extension of the people’s will.

However, “such conceptualization” should also recognize that governance is a process; it should offer pathways of progressive realization and support long-term visions. It also needs great flexibility to be applicable to different levels of governance and different settings recognizing the concept of “best fit” and the contextual history and societal constraints in governance arrangements. To ensure its continued practical use, the framework needs to start from the perspective of practice and provide some explicit measures of success; this can only be done by embedding an evaluation model in the process.

**Who is it for?**
The “who” concerns not only the recipient of the tool, but also who is involved in its creation. While trying to design a model that will be useful in practice, it is very clear that the most important prerequisite is for different stakeholders and practitioners to recognize themselves in this model. Therefore the answer to “Who should use it?” and “Who should design it?” are one and the same. The objective is to achieve a degree of universality with this tool that makes it useful for all stakeholders, whether they are policy makers, practitioners or from the general population. The approach should be useful to anyone who wishes to influence health progress from local to global level, from low- and middle- and high-income countries. Therefore people representing the variety of potential users will be involved in the creative process and the framework will evolve from comments and feedback and learn from action.

The objective is to achieve a degree of universality with this tool that makes it useful for all stakeholders, whether they are policy makers, practitioners or from the general population.

The paper will be constructed in a collaborative fashion, using the interactive features of the Collaborative’s platform, to take into account the different realities of stakeholders facing health system governance, aiming at providing an actionable tool to foster progressive realization of governance.
4.3. Deep dive case studies in local, national and global practices of governance and their interconnectivity

Both stakeholders and the governance challenges they face are different at local, national and global levels. The need to explore each level separately stems from the realization that governance is often equated with “government” and therefore the national level tends to take the stage. Consequently, local level stakeholders are often silenced and local processes are ignored which goes against the ideal of an inclusive people-centered health system. Additionally, it is sometimes forgotten that national and local governance is deeply influenced by global level decisions. Therefore it is important to study the three levels to understand their inner mechanisms, but perhaps more importantly, to prevent each one from being put into a silo, we need a firmer grasp of the links, possible synergies and levers that articulates the three levels together.

To respond to this need, a series of deep dive explorations of health systems governance at local, national and global levels will be performed. These deep dives will take the form of case studies, based on known opportunities and previous work of the participants in Kenya, Chile, India, South Africa and elsewhere. This will result in four papers; one for each local, national and global level plus one cross-cutting paper. In the process of developing them, we will further our understanding of governance arrangements at different levels and in different settings, identify missing links and entry points, and get a clearer picture of the interface between these levels and the synergies that can result from them. These deep dive case studies will result in the co-production of additional knowledge anchored in practice and learning from action.

4.4. E-learning on health systems governance

The main principle that guided the Bellagio meeting discussions was the need to share knowledge, action and empower every person who wanted to act on governance to induce positive change. The Bellagio participants also felt that the multidisciplinary interactions that took place could be the seed of inclusive change and that this dynamic should be nurtured. From these reflections emerged the idea of a fourth part of the Collaborative toolkit that will consist of a coherent E-learning programme. This will be available free of charge online, with access to learning materials and the necessary space to exchange about the content of the courses. Inspired by similar initiatives in other fields such as flagship courses on health financing, this project will liaise with existing E-learning and capacity strengthening networks and platforms - such as Equinet and others - to provide the means to improve governance knowledge and awareness among practitioners and other interested stakeholders.

The E-Learning programme will use the principles and terminologies developed in the Glossary. It will use existing work and theories, and build on already well-established networks and literature to provide an interactive tool, allowing expansion from simple messages to more complex underlying theories and phenomena according to the user’s interest.

4.5. Interactive repository of tools

One of the main goals of the Collaborative is to find ways to foster collective action and engage the whole variety of stakeholders in advancing, through governance, a health system that prioritizes a new, people-centered, social contract. In order to facilitate action it is necessary for invested stakeholders to have free and simple access to resource materials that will provide assistance and guide their action.

The Collaborative is not a normative initiative, it does not aim to set golden standards of governance and issue in part guidelines on how to establish governance arrangements; it rather aims to connect stakeholders, foster the exchange of knowledge and experience, and facilitate action towards the progressive realization of governance for health systems. To achieve that, the fifth product will take the shape of a regularly updated and evolving repository of existing practical resources and materials on health systems governance, to facilitate interactions between stakeholders and the health system. For example, this might include guidance to create associations, examples of patient satisfaction surveys, user satisfaction barometers, and gender and equity analysis tools.
4.6. Targeted communication on health systems governance
As illustrated in the rationale to create the glossary, it is necessary to facilitate communication between stakeholders to create synergies and facilitate change. If conceptual clarification is an important step in that direction, it is equally important to acknowledge that different audiences have different information and communication needs. To address that reality, the final products will be a set of co-produced targeted messages about health systems governance, tailored to specific audiences. The messages will be incorporated into various outputs, such as policy briefs, media briefs, powerpoint presentations or short films to facilitate the broad dissemination of all co-constructed knowledge.

If conceptual clarification is an important step in to facilitate communication between stakeholders, it is equally important to acknowledge that different audiences have different information and communication needs.

5 Conclusions and next steps

The Bellagio meeting was a high point in the Collaborative’s explorations of definitions, frameworks and measurements for health systems governance. The meeting gathered a wide variety of different stakeholders in health systems governance, and the intellectual wealth that came from these interactions cemented our conviction that a collaborative and inclusive way of working is right.

There is a need to bring health systems governance back into the wider governance debate, and to include all stakeholders in efforts to co-produce inclusive knowledge and tools to inform practice and foster action.

However, this meeting was only a milestone on the road to actionable governance. The discussions and interactions reasserted the need to bring health systems governance back into the wider governance debate, and to include all stakeholders in efforts to co-produce inclusive knowledge and tools to inform practice and foster action.

We sincerely invite all people interested in governance or committed to act for change to join us at www.hsgovcollab.org.

The Bellagio participants believe that the agreed-upon products will be useful tools in the progressive realization of governance in health systems and each of them committed to work on the projects for which they had the most interest and for which they could bring the most relevant contribution. We will also open up opportunities to other interested stakeholders to support the creative co-production of the different elements of the toolkit.

Going forward, the Collaborative will set up a series of virtual interactions with the Bellagio meeting members between June and October 2018. Those interactions will serve to set realistic timelines and priorities in line with the capacities and resources of the Collaborative and of the participants, and discuss how to bring on board new subject experts who can meaningfully contribute to the products and the actionable governance agenda.

The next milestone for the Collaborative will be the fifth Global Symposium on Health Systems Research on 8-12 October 2018 in Liverpool. The Collaborative will host a satellite session, and the Bellagio participants will reconvene to flesh out the products in details, share inputs and feedback and elaborate the workplan to produce them.

As our Collaborative moves forward, we wish to draw in as many interested people as we can to engage with this important agenda of making governance actionable and relevant, both to strengthen health systems and to achieve universal health coverage. We can only do this with and alongside the people working with the complex day-to-day realities of governance at local, national and global levels. We believe that by sharing experience and constructing ways forward together – based on our realities – we can shape the future of health systems governance.
Thank you to everyone who contributed to this agenda through webinars, meetings, papers and comments on the website.

To all newcomers, we welcome your thoughts and experiences.

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Annex 1

The Rockefeller Foundation Bellagio Center « Actionable governance: the missing links. Definition, frameworks and measurements of actionable governance in health systems » 26 – 30 March 2018

Participants

Mr. Folarin Oluseye Abimbola
Centre for Tropical Medicine and Global Health
Sydney NSW, Australia

Mr. Syed Masud Ahmed
Prof. And Director, Centre for Excellence for Health Systems and UHC
Dhaka, Bangladesh

Mr. Franz-Hermann Freiherr von Roenne
Senior Expert Strategy
Sectoral Initiative Universal Health Coverage
Bonn, Germany

Mr. Nicholas Leydon
Senior Program Officer
Bill & Melinda Gates Foundation
Integrated Delivery
Seattle WA, United States

Ms. Rene Loewenson
Director
TARSC – Training And Research Support Centre
Harare, Zimbabwe

Ms. Precious Matsoso
Director-General
National Department Of Health
Pretoria Gauteng, South Africa

Mr. Gorik Ooms
London School of Hygiene and Tropical Medicine
Gent, Belgium

Ms. Ligia Paina
Assistant Professor
Johns Hopkins University School of Public Health
International Health
Washington DC, United States

Mr. Shomikho Raha
Senior Public Sector Governance Specialist
The World Bank
Washington DC, United States

Ms. Cecilia Alejandra Rodriguez Ruiz
Executive Director
Fundacion Me Muevo
Santiago, Chile

Ms. Helene Schneider
Professor
University of the Western Cape
School of Public Health
Bellville, Cape Town, South Africa

Mr. Peter Smith
Professor of Health Policy
Imperial College Business School
York, United Kingdom

Ms. Agnes Soucat
Director, Health Systems Governance and Financing
World Health Organization
Geneva, Switzerland

Mr. Benjamin Karabu Tsota
Research Scientist
KEMRI-Wellcome trust research Programme
Kilifi, Kenya

Ms. Sara Bert Van Belle
Institute of Tropical Medicine
Public Health
Mortsel, Belgium

Ms. Rajani Ved
Executive Director
National Health Systems Resource Center
New Delhi, India

Health Systems Governance Collaborative secretariat
Ms Maryam Bigdeli
WHO Representative
Morocco

Ms Archana Shah
Health Systems Advisor
Department of Health Systems Governance and Financing
WHO, Geneva

Mr Benjamin Rouffy
Consultant

Ms Godelieve van Heteren
Consultant
## Programme for actionable governance: the missing link Definitions, frameworks and measurements of actionable governance in health systems

### Day 1: Monday March 26, 2018 - Welcome

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>All day</td>
<td>Arrival participants</td>
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<tr>
<td>18.00–21.30</td>
<td>Meet up and opening dinner. Welcome words: Agnes Soucat</td>
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### Day 2: Tuesday March 27, 2018 - Marking the terrain

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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| 09.00-11.00| Opening, welcome, shared sense of actionable governance, collective outputs  
• Introducing the program by Agnes Soucat  
• Introducing by participants with own interest in actionable governance  
• Introducing the Health Systems Governance Collaborative  
• Collectively establishing the outputs (i.e. the initially promised outputs plus any smart outputs that we collectively may agree on: to draft actionable framework and recommendations for measurements/evaluations of Health Systems Governance). These outputs will be revisited at the end of the conference for a collective commitment post-Bellagio |
| 11.30-11.45| Shifting our thinking from static to dynamic systems thinking and its implications for governance/health systems governance  
Inputs:  
• Plenary inspirational trailer: Missing links  
• Short presentation: Dynamic systems thinking and its implications for ‘definitions’ and ‘frameworks’ of governance - feedback from complexity meeting March 19, 2018 - Sara van Belle  
Discussion:  
regarding current dynamics in health systems governance |
| 11.45-13.00| Session 2: Political economy of health  
Inputs:  
• Health systems dynamics at national/subnational levels: Input from studies on political economy of health  
• Input from precursory trajectory ‘Framing health systems governance: flash consultation on the missing links’ and webinars.  
• Wrap-up the discussions with a few bullet point summaries of what she has heard in the room  
Discussion:  
Deep dive into Who/What Governs in Health: indepth exploration of the current shifts in the political economy of health and health systems and their implications for governance and actionability of governance frameworks |
| 13.00-14.00| Lunch break                                                              |
| 14.00-15.30| Session 3 – Normative needs: unpacking the normative needs for governance in developing UHC  
Inputs:  
• Normative governance requirements: the perspective of the agencies  
• Normative Governance requirements: the perspective of local practitioners  
• Short menti-monitor  
Discussion:  
• UHC needs governance but components of and characteristics of governance for UHC are unclear. Mapping the Normative needs and requirements: Whose needs?/Whose desires - unpacking the expressed need for governance definitions, frames and measures for UHC, whose agendas are being foregrounded  
• Working groups in actor settings (academics, agencies, policy makers, citizens) examining frameworks  
• from the perspectives of what needs and purposes are served |
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<tr>
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<tr>
<td>15.30-16.00</td>
<td>Tea break</td>
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<tr>
<td>16.00-17.00</td>
<td>Mapping normative needs and requirements working groups continued</td>
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<tr>
<td>17.00-18.00</td>
<td>Harvesting hour and hard talk sessions</td>
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<tr>
<td>19.00</td>
<td>Bellagio Dinner with Scholars in Residence</td>
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**Day 3: Wednesday March 28, 2018 - examining the frameworks in depth, in light of practices and missing links**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>09.00-11.00</td>
<td>Session 4 Health Systems Governance Frameworks: the task/deliverables</td>
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<tr>
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<td>• Recap Day two – principles, starting points, caveats and deliverables</td>
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<td>• Presentation frameworks survey – Maryam Bigdeli</td>
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<td>• Presentation frameworks analysis – Thidar Pyone (by Skype)</td>
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<td>11.00-11.30</td>
<td>Coffee/tea break</td>
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<td>11.30-13.00</td>
<td>Discussion Working Groups</td>
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<td>• Start debate on revisiting current governance definitions and frameworks: revisiting their core stated values, assumed stakeholder roles and responsibilities, and their stated challenges (this is also part of the precursor trajectory) – unearthing the missing links</td>
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<td>• Subgroups Missing Links, Missing Practices</td>
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<td>Three mixed groups all together dealing with the following 3 sets of questions i.e. (i) what blocks things, (ii) what complexifies things unnecessarily and (iii) which practices are neglected to the detriment of building actionable governance</td>
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<tr>
<td>13.00-14.00</td>
<td>Lunch break</td>
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<tr>
<td>14.00-16.00</td>
<td>Feedback groups</td>
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<td>16.00-16.30</td>
<td>Tea break</td>
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<tr>
<td>16.30-17.30</td>
<td>Hard talk and harvesting hour</td>
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**Day 4: Thursday March 29, 2018 - test labs actionable governance frameworks**

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<th>Time</th>
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<tr>
<td>09.00-16.30</td>
<td>Session 5 Testing labs ‘Actionable governance in context - addressing the missing links’</td>
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<td>Input: Elaborating purpose and modus operandi: three mixed teams, each putting the spotlight on potential elaborations of governance frameworks. In these test labs the focus is on co-constructing actionable governance mechanisms and addressing the missing links, taking full account of:</td>
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<tr>
<td></td>
<td>• Definitions and frameworks</td>
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<td>• Current gaps visible in practice (for instance: between the close-to-community local and the national and the local, the national and the global etc etc)</td>
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<td>• Required shifts of money and power</td>
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<td>• Necessary trajectories for change and the negotiations they require</td>
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<td>• New knowledge sharing/management needed to break silos and monopolies</td>
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<td>Explaining co-construction design sessions: circulating poster sessions and co-construction critique sessions</td>
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<td>Labs: The various rounds involve:</td>
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<tr>
<td></td>
<td>• 09.30-11.00 TL 5.1 Focus on dynamic health system service delivery governance</td>
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<td>• 11.00-11.30 Coffee/tea break</td>
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<td>• 11.30-13.00 TL 5.2 Focus on health systems policy in context (including local)</td>
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<td>• 13.00-14.00 Lunch break</td>
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<td>• 14.00-16.00 TL 5.3 Focus on managing knowledge for governance</td>
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<td>(health systems research, health system assessments and evaluation), real time framing</td>
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Session 6 Hard talk powershift and actionable governance between ‘context-sensitive’ and ‘harmonized’
In this final session of the day we come back to observations regarding the hard powershifts needed, and exploring ways in which hs governance mechanisms in order to be actionable need to be context sensitivity while being non-fragmented at the same time. In this session we will also assess the political willingness to make governance actionable and look at our proposals through that lense.

18.30-20.00
Evening program

Day 5: Friday March 23, 2018 - deliverables and commitments

8.30-10.00
• Final conversation on our deliverables and further commitments
• Follow up trajectory Health Systems Governance Actionable Frameworks
• Departures