Confront ideas
Share knowledge
Construct ways forward
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.

About the Collaborative

We gather collective expertise, construct ideas and ways forward together and address governance challenges with knowledge rooted in local practice.
The Health Systems Governance Collaborative, this collective of practitioners and researchers, has been tackling one of the most confusing and elusive, but at the same time crucial challenges in improving health systems. For the past year, the Collaborative has organized meetings, webinars, and other multi-media get-togethers to discuss health system governance in all its hues. In the process, it has inverted some common global health logics and ways of doing.

Turning things upside down is never easy. It is about tearing down disciplinary walls and tackling sacred cows, such as recognizing that we should turn the world map around: ‘global’ health governance does not equate with ‘high level’ decision-making or lofty promises made in posh board rooms.

Governance is what already happens every day: how a district health manager negotiates with the hospital director, informs her local government or reports to her regional health director. Governance means not being blind to the complexity and the inherent uncertainty this process entails. Rather than the seemingly easy way out of provided by ‘best practices’ or ‘scaling up’, improving governance requires taking the curving road, exploring and experimenting, trial and error, to move towards actionable governance and durable change on the ground.

In this view, communities are not a mere instrument or mechanism in bringing better health, they are part and parcel of health system governance. Vulnerable groups are not mere programme beneficiaries but governing actors, negotiating their everyday relations, productive lives, wellbeing and health. In fragile settings, actors other than the state are trusted by communities and are effective in delivering public services.

Engaging all communities effectively is the litmus test of every governance transformation. In finding and consolidating inclusive governance arrangements, we may often feel like we are the only one hanging upside down, swimming upstream, going against the current. This Collaborative shows we are not. We cannot do this alone. Only by working together from multiple perspectives and backgrounds, sometimes rubbing against each other and being disruptive, can we connect the dots between different perspectives, actors and contexts, and can we support tailored solutions grounded in a local focus to achieve universal health coverage.

Good governance is universally accepted as key to health system performance and the achievement of UHC. Yet it remains one of the most opaque and elusive elements of health systems. Numerous attempts at theorizing and conceptualising governance have produced little in the way of consensus, and moreover, appear to offer little meaningful guidance to decision makers and practitioners.

Through a number of processes, outlined in this report, the Health Systems Governance Collaborative has sought to open up conversations on what it refers to as “actionable governance”. To its enormous credit, the Collaborative has not foreclosed debate by rushing into definitive statements on definitions, frameworks or measurement, and has explicitly drawn in a variety of viewpoints and perspectives on governance.

These processes culminated in a meeting at the Rockefeller Centre in Bellagio in March this year, where the contours of an exciting, holistic and values-based approach to governance, best able to serve the needs of UHC in a complex world, started to emerge.

The Collaborative has a key future role in keeping momentum on health systems governance, consolidating and communicating the new thinking and, most importantly, promoting inclusive dialogue between ideas and practices of governance.

Professor Helen Schneider
School of Public Health
University of the Western Cape

I have had the privilege of participating in the Health Systems Governance Collaborative since its inception in 2016. Convened from the Department of Health Systems Governance and Financing at the World Health Organization, the Collaborative has been an active participant in the unfolding global momentum towards Universal Health Coverage.

This is what the Collaborative is: a space where we exchange, discuss, engage, agree and dispute, where we learn collectively how to identify effective and inclusive governance practices, and how to support them.

Dr Sara Van Belle; Institute of Tropical Medicine, Antwerp, Belgium; Honorary Assistant Professor London School of Hygiene and Tropical Medicine, London, UK; Adjunct Faculty, Institute of Public Health, Bangalore, India.
Here is a Collaborative timeline of significant moments and events since we launched.

- **June 2016 Meeting**
  - Informal meeting of interested people during UHC2030 Consultation Meeting, Geneva, Switzerland.

- **December 2016 Launch**
  - Official launch of the Collaborative during UHC Day.

- **March 2017 Meeting**
  - First gathering of the constitutive forum for the Collaborative, drafting of the Collaborative’s workplan 2017-2019.

- **November 2017 Webinar**
  - Webinar no 1: The trouble with building blocks.

- **December 2017 Webinars**
  - Webinar no 2: Simplify in order to amplify: making governance.

- **December 2017 Meeting**
  - UHC Forum 2017, Tokyo.

- **March 2018 Meeting**
  - Webinar no 3: What research is needed to advance social accountability in health?

- **February 2018 Webinar**
  - Webinar no 4: From framework to practice: experiences of sub-national governance in low- and middle-income countries.

- **March 2018 Meeting**
  - Actionable governance: the missing links, Bellagio, Italy.

- **December 2017 Website**
  - Launch of the Collaborative Website and online platform.

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“To development partners I would say if you make plans and schemes for states like mine: don’t take over. Don’t be so generalized, and do not assume you are the only expert in town.”

Fanen Verinumbe, Health Economist at the State Primary Health Care Agency in Adamawa State, Nigeria.
The seed for the Health Systems Governance Collaborative was sown by a realization at the World Health Organization that its approach to health systems governance was quite literally stuck. While governance was perceived to be about planning processes and practiced as such, there was little chance of transformation to support health systems to meet the targets of the new Sustainable Development Goals, especially that of universal health coverage (UHC).

Governance therefore needs to be reframed. Governance has the potential to be transformed when it is viewed as a social contract between citizen and state, as citizen voice, as interactions between people and networks in complex systems, and as fundamental power relationships. A good governance ‘plan’ with no flexibility does not address all these everyday real world issues.

WHO realized that of course the solution does not lie with them alone but with everyone involved in health systems governance. You only have to read this quote below by Fanen Verinumbe of Nigeria to realize that it is those at country level, those working on the frontline, who know best.

Our beginnings

For change to happen, there needed to be a collective and collaborative approach to identifying challenges from a range of perspectives at country and global level. There needed to be a community, and WHO had the convening power to bring people together and forge a way forward.

On June 2016, WHO gathered a group of experts from different organizations around the world to explore the field of health systems governance and identify priorities where we could take action together. This ultimately turned into a Health Systems Governance Collaborative workplan for 2017-2019 and the Gates Foundation provided us with funding to turn our vision into reality.

For change to happen, there needs to be a collective and collaborative approach.

Around the world, people working in this area were immediately taken with the concept of the Collaborative and identified it as a safe space to interact, build relationships, share knowledge and evidence and co-create ways to take action on health systems governance.

Health systems governance debates remain often elusive. Many governance discussions do not focus on systems or concrete, rooted actions enough. They remain in the world of high-level discourse. Intentions are honourable, but for people in the rough and tough realities of many places in the world, they are inadequate. This is why the Collaborative focuses on “actionable governance”, governance that addresses real challenges in health systems.

While there is enough money and knowledge in health, compromised governance is often the stumbling block. In all the discussions around universal health coverage, governance is seen as one of the crucial crosscutting prerequisites for success.

There is an urgent need for more local focus and new ways of operating. We need to have a different conversation about governance, and find new ways to deal with the issues that we face.

The Collaborative has sprouted into a small but deeply motivated and thoughtful community.

From this beginning, the Collaborative has sprouted into a small but deeply motivated and thoughtful community of people who are sharing experience and ideas, and jointly constructing products and tools to strengthen health systems governance. While WHO convenes this space and hosts the Collaborative Secretariat, the Collaborative is definitely owned by its members who decide the direction of content and outputs in a participatory manner. We are growing organically, drawing in a range of different people such as practitioners, policy makers, academics, civil society representatives, agencies, decision-makers and other committed citizens. Our focus is on reaching common understandings and promoting action to advance health systems governance.

We need to understand better why stakeholders behave in certain ways starting from people, organizations, practitioners, and from vested interests rather than complaining about the behaviour of the different stakeholders. We should understand much better ... the set of interests and incentives and spend a lot of time trying to find ways to collectively come up with solutions that answer the needs and questions of all stakeholders.”

Dr. Fabrizio Tediosi, Research group leader at Swiss Tropical and Public Health Institute, Italy.

To development partners I would say if you make plans and schemes for states like mine: don’t take over. Don’t be so generalized, and do not assume you are the only expert in town.”

Fanen Verinumbe, Health Economist at the State Primary Health Care Agency in Adamawa State, Nigeria.
Our values

The Health Systems Governance Collaborative - with colleagues from the UHC Partnership and other organizations – have articulated new and bold visions on strengthening health systems governance and accelerating universal health coverage.

During a meeting in December 2017, Collaborative members argued for a radical rethink about governance and collaboration strategies to help us address the real issues we face.

Our values are laid out in the following ten points in our mini-manifesto.

1. **Speak** truth to power in health systems.
2. **Develop** a much open debate about the political economy surrounding health and the incentives involved in ‘partnerships’.
3. **Nurture**, support and protect bold voices in health at global, national and local levels.
4. **Find** ways to work together to create spaces in which new relationships of trust can be built.
5. **Embrace** on partnerships in tough situations; be courageous and persevering, and promote engagement for the long term.
6. **Push** back the distorted narratives about “the other”, and instead foster true mutual understanding.
7. **Cultivate** the skills needed to be sensitive to local demands and diversity.
8. **Revisit** our health institutions and their governance roles in society, to inject governance and partnering into all UHC discussions.
9. **Practice** what we preach on governance and the need to leave no one behind.
10. **Deepen** global networks of solidarity.

Our aim is to promote these values and commitments in all that we do.
We are a varied community of people including practitioners, policy makers, academics, civil society representatives, agencies, decision-makers and other committed citizens. We reach out and encourage everyone who is interested in collaborating to join our community, share experience, knowledge and ideas and help construct ways forward.

Membership
As a Collaborative community member you can engage:

• through our interactive web platform and participate in consultations and discussions

• through face-to-face meetings for more in-depth exploration of specific areas

• through discussions and debates on our media, such as blogs, videos and webinars.

Interactive web platform
The Collaborative’s interactive web platform launched in December 2017, and nearly 170 people have since joined from 34 different countries around the world, from universities, development agency, governments, civil society organisations.

Signing up to be a member on the web platform allows you to participate in ‘collaborations’ on a specific topic or area of work. In 2017-2018, the Collaborative set up several collaborations which are open to all online members, and some ‘private collaborations’ which are only open to a selected group of members working together on a particular topic.

Face-to-face meetings
We organised six meetings, to explore the topics including the role of governance in achieving universal health coverage, how to build a collaborative, making bold moves to change the dynamics of governance practice, unpacking complexity in governance, and actionable governance and missing links.

Media participation
We held four webinars, in association with collaborating organizations with a total of 359 participants.

1. The governance capacity and changing role of ministries of health in the 21st century.
Health systems today are very dynamic and the roles of everybody involved change rapidly. The Collaborative is very interested in these changes. We decided to put the spotlight on the changing roles of Ministries of Health as entry point into this area. Through collaboration with governance experts, policy makers and other health system stakeholders, the Collaborative aims to identify what roles of ministries of health in the health systems of 21st century are and should be playing. Close to practice, we will look at the challenges people face and what capacities they see as urgent for Ministries to exercise proper stewardship roles in an increasingly complex environment.

2. Definitions, frameworks, and measurements for health systems governance.
All around the world, people with experience in health systems policy and practice acknowledge the gap between well-designed theoretical governance frameworks and the everyday practices of governance in health systems. A core theme for the Collaborative puts the spotlight on the key issue of ‘actionable governance’. How do we frame governance in a way that can tangibly improve the organization of health delivery and the health of people? What are the missing links?

Our main goal is to arrive at tools which very practically help to assess current governance contexts at national and sub-national level. We’ve conducted a range of activities (face-to-face meetings, webinars and online collaborations) that support clear actions in this direction.

We reach out and encourage everyone who is interested in collaborating to join our community.

Get in touch!

I feel it is hugely important to strengthen the knowledge and skills of local health workers and District Medical Teams on governance. Most health workers and local administrators do ‘governance by default’. They need to know much more about health finance, human resource management etc.

This is not only because that boosts people’s technical skills. More importantly, it resets a balance. It can render local health people more in charge, and less easily trampled upon. I have noted that there is still a substantial information and knowledge gap.

So, if a governance collaborative would step into this arena and assist in the sharing of real-life stories and practices, this could be tremendous local empowerment, even in cases where leaders may resist change."

Dr. Simon Nyadundu, Provincial Medical Director of Midlands Province, Zimbabwe.
Our activities

Here is a summary of our main activities from July 2017 to June 2018 and how they supported our overall aims and objectives.

Website and interactive platform
One important activity was of course to launch our website and interactive platform, which took place in December 2017. We launched it with a key question on the home page: if governance is everyone’s business, what bold move do you want to take?

We continued to develop the website and platform over the months that followed, and as our membership grows we welcome feedback on how our members find it useful and what topics they would like to discuss further.

Social media
We launched and promoted our Twitter account @governance_hs to share information, news and events as well as broaden our network of interested and engaged stakeholders online. We now have over 1000 followers. We also have a YouTube channel, where we host short video clips that we make during meetings, and also films of our members that we commission for particular topics.

If governance is everyone’s business, what bold move do you want to take?

The following activities engaged a wider audience in the lead up to the Bellagio meeting:

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.1

Four webinars took place between November 2017 and February 2018 in cooperation with other networks, involving 359 participants in total. The webinars explored the following topics:

- Unlocking governance from the stranglehold of the WHO health systems strengthening building blocks
- Amplifying the reach of governance by removing unnecessary theorization and linking governance to daily practices of health systems actors
- Occupying more governance space by allowing a range of legitimate but neglected actors to raise their voice.
- From framework to practice: experiences of sub-national governance in low- and middle-income countries.

Engagement activities

Online interaction is just one way in which Collaborative members engage with each other and with the themes and topics.

Much of our work this year was focused on our second theme of definitions, frameworks and measurements for health systems governance. Our efforts culminated in a face-to-face meeting in March 2018 at the Rockefeller Centre in Bellagio, Italy, entitled: ‘Actionable governance: the missing links’.

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 audience in interactive exchange.

The Bellagio meeting was full of rich insights. But perhaps the most striking ‘missing link’ that emerged was the one between vital local engagement/the participation of local communities and the legitimate role of the state in overseeing the local use of national funds.

This seems to me a fundamental issue for UHC. If this takes, for example, the form of a nationally-mandated, nationally-financed benefits package, how do local communities ensure it is shaped to their preferences, whilst ensuring that the intentions of the country at large are respected?’

Peter Smith, Emeritus Professor at Imperial College London and Collaborative member.

Everyone who took part helped to shape and prepare the Bellagio meeting agenda.

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 was convened 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.

Products to promote actionable governance
The outcome of the Bellagio meeting was an agreement to work on six products that promote actionable governance in health systems and which will form part of an accessible toolkit for strengthening health systems governance. The products will be developed over time jointly by members of the Collaborative. See next section for details.

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

Key messages from ‘Actionable governance: the missing links’.
• 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 action 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.
• 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.

Our future
The year ahead is lining up to be an exciting and productive time for the Collaborative. The Secretariat will facilitate the co-production of the following outputs, encouraging members to manage and contribute to the development and finalization of the following:

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
4) An E-learning programme
5) A repository of existing interactive tools to engage in governance
6) A set of communication materials for specific audiences.

From local to global, we will continue our efforts to bring up experiences from the reality of governance practices through ‘labs’, regional networks and other activities, diving into country and regional experiences and drawing together knowledge and experience from all our members.

As the web platform develops, we anticipate more online collaborations springing up from the various areas of work and encourage our members to initiate, participate and engage.

"However beautiful the plans and strategies, governance is the real key. My main interest now is in true accountability. By that I mean that communities should have firm means to hold their leaders to account, all the way.”
Hon. Commissioner Dr. Daniel IYA, Nasarawa State, Nigeria.
A complexity perspective helps us to view the world differently.

We see patterns of interaction overtime, we see vulnerable people, we see people with histories and with plans for the future.

A complexity perspective also changes how we act; instead of planning with detailed plans for the future we experiment and we see what works."

Dr Robert Chad Swanson, Affiliate faculty, Brigham Young University, USA.

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Finally, thank you to all the members of the Collaborative itself, whose passion and dedication are responsible for shaping and developing both the Collaborative and the future direction of health systems governance.

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Everybody knows something about governance and is acting for governance and has a role in governance. What matters is how we facilitate the contributions of all those experts and facilitate the link between all their contributions."

Jean Paul Dossou, Institute of Tropical Medicine, Antwerp, Belgium and CERRHUD Cotonou, Benin.