Health Systems
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Collaborative

Background paper for Actionable Governance – Missing Links Meeting
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Summary

This background document provides a synthesis of the key messages and issues raised during three interactive webinars hosted by the Health Systems Governance Collaborative[1]. The webinars[2] identified three key 'missing links' that hold us back from advancing health systems Governance: Recognizing institutions; recognizing governance as a practice; recognizing agency.

These three key perspectives, to be further explored at the Bellagio meeting, are outlined below and reflective of the presentations and discussions that took place during the webinars.

First Webinar: Unlock Governance from the Building Blocks Approach

Framed around the work of Abimbola, Negin, Martinuik, & Jan (2017), the first webinar focused on the issue of the oversimplification and static nature of the health systems building block approach. It also called for a need to build an institutional analysis of health systems governance: an approach that focuses not only on structures, but also on the rules (both formal and informal) governing demand and supply relations; how rules function, how individuals, groups and governments make, change, monitor and enforce rules, and how these actors are in turn also affected and influenced by rules

Abimbola, while presenting, noted that although the building block approach has given us a common language to talk about health systems, it hasn't been particularly effective when it comes to practically understanding governance in health systems. This is primarily because:

- The building block framework in some ways thinks of governance in terms of governments, focusing on the stewardship role of governments in health systems governance. It therefore focuses on the internal workings of a health care organization and doesn't sufficiently focus on the additional aspect of community engagement. This is

[1] The three webinars were co-hosted with other partners such as Collectivity; SHAPES; RESYST; Chesai
[2] The webinars were: The trouble with the building blocks;
Simplify in order to amplify: making Governance frameworks fit for practice;
From frameworks to practices – experience of sub-national Governance in low and middle income countries

particularly important in low and middle-income countries where governments under-govern and thus informal rules and relations can sometimes be more important in achieving the overall objective of health system governance. For instance, to ensure the supply of health services, facilitate the transactions involved in the supply and demand of health services, and protect the rights of people involved - to ultimately achieve improved health outcomes (Abimbola et al. 2014)

- Secondly, the building block framing of governance tends to be static that treats governance as one of the several building blocks of an organization. In reality, however, governance is dynamic, and it might be more appropriate to frame governance as the mortar holding the building blocks together, rather than as a building block in itself. This way, it becomes easier to see many interventions to strengthen the different health system building blocks through the lens of governance, and as governance interventions in themselves.

Therefore, an institutional analysis approach to the study of health system governance is proposed. Such an approach requires a bottom up perspective that focuses on what happens on the ground. It does not only look at structures, but also takes into account the rules (both formal and informal) governing demand and supply relations, and both the formal and informal ways in which those rules are made, changed, monitored and enforced.

Participants welcomed the shift in framing governance as dynamic that also focuses on the various actors that exert their authority in practice. Many supported Abimbola's plea to see rules as having been constructed not only by economic forces, but also shaped by historical and socio-political contexts. Respondents went on to highlight the importance of understanding health systems logic as situated between formal and informal articulations, and urged for allowing different actors to contribute to the governance debate, pointing out that civil society, for instance, is often underrepresented or ignored in discussions on governance.

Many also shared the view that a substantial amount of research still needs to be done to look into the current governance spaces, the methods used to study them. There is also a need to define who is actually governing and along what lines; and who has the power to make, change, monitor, and enforce rules, and by what mandate.

Second Webinar: Simplify In Order to Amplify Governance in Health Systems

While real life is complex, on occasion, conveying all this complexity in relation to governance may be counter-productive to building the case for more investments in and attention to health sector governance. The second webinar, building on the recent work of Fryatt, Bennett and Soucat (2017) discussed the necessity and ways of simplifying governance in order to amplify its reach.

There is strong evidence that demonstrates that sound governance structures and interventions lead to sustained and improved health outcomes, and improve resilience against health emergencies. However, health sector governance has continued to be neglected and many global health actors question whether investments in strengthening the governance of the health sector can reap benefits in terms of improved service coverage and outcomes.

One of the reasons such questions arise is because governance is often perceived as conceptually difficult. According to Barbazza and Tello (2014), governance is an elusive and ambiguous concept that is tilted towards public health practitioners, policy makers and managers.

Therefore, in an effort to simplify governance to improve its understanding and applicability, Fryatt and Bennett during their presentation suggested that governance could be seen as having three elements that can be applied to three levels and can be assessed using 3 types of measures.

The Three Elements

Governance entails

1. Transferring decision making responsibilities from individuals to governing entities, meaning organizations or groupings, formal or informal that have the authority to exercise governance over other entities;
2. Implementation of the decisions by one or more organizations;
3. And accountability mechanisms to monitor progress on the decisions and commitments made.

The Three Levels

These three elements can be applied at three different levels:

1. Broader governance level beyond the health sector
2. Public policies around the health sector (such as public financial management and/or public health law)
3. Organizational level such as Ministry of Health (MoH), hospitals and health service providers, including in the private sector

The Three Measures

The Governance elements and levels can be assessed through

1. Structural measures: to see if the governing entities, implementing organizations and accountability mechanisms are in place and functional
2. Process measures: to see if and how decisions are being made and implemented.
3. Outcome measures: to see whether accountability mechanisms are reporting on the desired improvements in performance and health outcomes.

Furthermore, as part of this ‘amplifying’ of the governance agenda, we need to invest more in governance strategies and interventions that have compelling evidence of their impact on health (e.g. gender responsive budgeting), rather than focusing on frameworks and definitions. Effective governance strategies and interventions are path dependent and context specific. They therefore need to be tailored and linked to careful research and evaluation that both enables learning as to what works, and facilitates fine-tuning and adaption of the strategy. The approach put forward by Abimbola et al. (2017) can be helpful in this regard given its focus on structures but also formal and informal rules governing demand and supply relations.

In conclusion, Bennett made the following suggestions as potential ways of moving forward to simplify and amplify the governance agenda:

1. Setting a realistic agenda that takes into consideration the local contexts, capacities and feasibilities, working towards good enough rather than ideal governance conditions
2. Use of disruptive innovation within health systems: institutional rigidities and vested interests mean that frequently strengthening governance is challenging and likely to encounter resistance from powerful stakeholder groups. In this context, innovation in governance can be key to disrupting existing power structures, organizational cultures and patterns of behavior.
3. Enabling citizens to raise their voice through building coalitions for governance reforms and opportunities for dialogues between state and non-state actors.

In all the diversity of reflections following the presentations, most participants agreed with Fryatt's appeal: "Let's just stop talking about frameworks, and start to make governance actionable". It was also suggested that stronger governance in public organizations can be brought about through transparency, accountability and participation where the latter can be a direct means to promote checks and balances in public organizations. Being aware of politics and power is another aspect of governance that can be lost in simple descriptions and definitions of governance. Understanding the distribution of power and nature of checks and balances within particular health systems is key to thinking about governance. Examples given were the role of organized medical profession in Guatemala and the private sector in India, as key drivers of decision-making in these two countries. The aspects of the changing distribution of power between national, county and sub-county levels was also further explored in the third webinar on every day practices of governance (see below).

Issues of barriers in communicating and tailoring governance messages to a wide range of different audiences were also brought up.

Third Webinar: Every Day Practices of Governance

The third webinar drew on a recent special series on health system governance (Gilson and Ruano, 2017) in the International Journal for Equity in Health by focusing on two case studies - the devolution in Kenya and the implementation of policies shaping provider-patient interactions in two South African hospitals. Through these case studies, the webinar drew attention to the notion of 'everyday governance', as acknowledging that governance is centrally about decision-making and that multiple actors play important roles on an everyday basis in decision-making across levels of a health systems. In addition, this notion recognizes that governance is essentially a practice, not a structure or a set of organizations. Similarly it is not always goal-oriented and rule-driven, but purposeful and effective action triggered by everyday situations and requiring improvisation based on tacit knowledge. It is also influenced by a wide range of other socio-political factors such as values, power, knowledge and cycles of policy change. It is therefore critical to recognize that governance is multi-layered and that mid-level 'managers' play critical governance roles.

For instance, the case studies on two district hospitals in South Africa focused on Uniform Patient Fee Schedule (UFPS) and Patients' Rights Charter (PRC) attempted to understand the influence of organizational culture and organizational trust over the implementation of equity oriented policy in these settings (Erasmus, Gilson, Govender, & Nkosi, 2017). The case studies clearly showed how hospital level governance actors mediate the implementation of policies through their exercise of power.

These studies concluded that seeing sub-national/facility managers as mere administrators of policy change limits our understanding of governance. This is because even at the facility level, governance has political and strategic dimensions where managers have to steer the behavior of various stakeholders. These everyday actions shape the organization's culture and trust relationships, acting as a filter in the implementation of national level policies. Managers therefore need to see themselves and be seen as governance actors with the autonomy and ability to intervene strategically to implement and adapt national policies and meet national goals.

The Kenya Case Study (Tsofa, Goodman, Gilson, & Molynuex 2017), also presented in this webinar, focused on the experience of radical and significant structural governance changes and the consequences of these for the everyday realities of health planning and management. The 2010 Kenyan Constitution heralded the devolution of government to 47 new Counties, including critical health system decision-making authorities.

The case study was based on long-term engagement with county-level managers and sub-county level managers in one of the counties. The findings show that the opportunity of bringing decision making closer to the population through the devolved system still needs to be harnessed and is being shaped. This is in part because devolution occurred speedily, and there was neither clarity in roles and responsibilities of different actors nor sufficient technical capacity at the county level to undertake newly devolved functions in the early period.

In reality, some management roles were also recentralized from facility and sub-country level to the county level, such as aspects of financial management. In effect, therefore, some decision making powers were taken away from lower levels of the system, resulting in bottlenecks in getting resources to the base of the system. Thus what could have been an opportunity to spread and share the practice of everyday decision making, instead resulted in the concentration of power in one governance structure.

On a positive note, however, the collaborative research approach adopted in this case study work has facilitated dialogue between decision-makers across various levels of the health system. This has led to the development of new legislation to address the problems that developed as a result of the devolution, and also to the development of planning and budgeting tools to help with county level decision making across the country.

During the interactions following the presentations in the webinar, some respondents stressed that when it comes to the everyday practice of governance it is key to focus on the multiple actors that work across the different layers of system and are influenced by a range of organizational, social and political processes. Finally, there is a continual role for embedded

research to better understand the hidden aspects that influence and shape the decisions that managers take within their contexts.

Emerging Common Messages

The webinars, given their interactive nature, were helpful in drawing out voices from within the community about how health systems governance works in practice, what are some of the challenges and opportunities, and what are key missing links that need to be bridged. While there was diversity of opinions around the three key perspectives, there was also consensus in the form of some cross cutting messages. These are:

- Health systems governance is a dynamic and complex process, rather than a normative health system goal achieved through the architecture and design of accountability and regulatory frameworks. It is made up of not only structures but also the formal and informal interactions that are unique to each setting, and treating it as such will help us better understand how to amplify the governance agenda
- Governance is context specific in its practice. It is primarily about people, their perspectives, and other historical, political and social configurations such as values, power, knowledge and cycles of policy changes also shape the everyday practice of health systems governance. It is therefore not just about the government (although government essential), but involves a plurality of actors
- Governance also needs to take a political-economic perspective on the distribution of power and decision-making – within and between levels of the state and between the state and other actors
- Governance is closely linked to the effectiveness and efficiency of a health system – we ignore it at our peril
- Strengthening governance is a learning process and there is a greater need for embedded research to understand the explicit and implicit influences that shape its practice.

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