Health Systems Governance Collaborative

Meeting at the Fifth Global Symposium on Health Systems Research in Liverpool, UK – 8 October 2018

Summary

In 2017, the Health Systems Governance Collaborative (the Collaborative) was established to explore the area of actionable governance, and began to engage in a range of activities. In March 2018, policymakers, academics, representatives of patient organizations, 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. The Bellagio discussions were informed by the need to share knowledge, foster collective action and empower every person who wants to take action for positive change in health systems governance.

As a follow up, on Monday 8 October 2018, the Collaborative hosted an engaging and well-attended meeting, with Collaborative members and interested newcomers at the Fifth Global Symposium on Health Systems Research in Liverpool, UK. The meeting intended to brainstorm about the practical steps to improve health systems governance. Over sixty people came together to explore how to develop the work of the Collaborative in very concrete ways. The focus of discussion were three of the six products agreed upon at the March 2018 Bellagio meeting, namely:

1) The glossary of health systems governance terms.
2) Deep dive case studies of health systems governance at local, national and global levels and their interconnectivity.
3) The framework paper on missing links in health systems governance.

In the spirit of co-production, the Collaborative would like to advance actionable governance in health systems collaboratively. Hence the various products will be developed jointly by the members of the Collaborative and various stakeholders to form part of an accessible toolkit for strengthening health systems governance.

1. Introduction

The aim of the Liverpool meeting was to advance a common understanding of health systems governance and further the establishment of more common ground on how to make health systems governance actionable, linking it to health system performance. The Collaborative Secretariat wished to share the progress made on actionable governance since Bellagio; co-develop an agenda of work regarding the two first products on which a start had already been made, i.e. the glossary and the framework paper; co-develop an initial agenda to begin work on a number of priority deep-dive governance cases, which would feed into the actionable governance framework, and lastly, agree on a timeline for these activities for 2018-2019.

Practical solutions and positive change in governance require a deeper understanding about why governance matters, how it can be improved to strengthen health systems, balancing the interests of a wide range of actors in pluralistic health environments. The Collaborative is committed to help strengthen people's participation and engagement. Governance frameworks that remain too narrowly focused on policy formulation do not capture the dynamics and complexity of health, nor the organizational challenges in implementation. 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".

The Liverpool meeting served as a good opportunity to build on the participants' experiences and knowledge and explore innovative ways to move forward together towards actionable governance.

2. Meeting proceedings

The rich content that was developed during the session built on the Collaborative's earlier work, as well as the participants' own experience and expertise. The participants explored

actionable governance, articulated in three sessions. To keep the wider community engaged, a brief news summary of the proceedings and Twitter updates were published on the Collaborative's web platform, providing room for comments and reactions to all interested stakeholders unable to attend the meeting

a. Welcome and introduction

To update the participants, a description of the Collaborative's history and recent work leading up to the Bellagio meeting was presented by Maryam Bigdeli (WHO Representative Morocco). She explained the rationale of moving first three of the six productions decided on in March.

b. Session 1: Health Systems Governance Frameworks

Prior to the Bellagio meeting, a scoping review of published literature on health systems governance frameworks had been undertaken and 11 frameworks assembled in a background document. These frameworks show how over the past decade different authors or development agencies have conceptualized health systems governance and assessed this function in the health system. After a brief introduction, a recap of these existing frameworks was presented which reviewed a set of described limitations and progress made since the Bellagio meeting. The review also included reflections on the principles of an actionable health systems governance framework. This was followed by an overview of the proposed governance triangle and underlying power relations that would then usher in discussions and group feedback on how to move the actionable framework process to the next stage with concrete steps.

Maryam Bigdeli, in her presentation on existing frameworks and their limitations, emphasized that "Addressing missing links in health systems governance needs to be action oriented. It must be user-friendly and applicable. And who is actually involved in developing

an actionable framework really does matter. We need our members and others to join our endeavour."

An actionable approach to health systems governance needs to acknowledge fully that governance does not equate to 'government', and that informal stakeholders and relationships may hold considerable power in the system. Agnes Soucat (WHO HGF Director), in her presentation on the governance triangle and underlying power relations highlighted that, "As citizens and as a collective action movement, we can shape power structures. It's all about power. We need to work on power relationships and how they assert themselves." The presentation highlighted the importance of conceiving the health system as a dynamic, complex system rather than a static one. It also stressed the need to look beyond formal regulations and procedures whilst considering the necessary bottom-up action to encourage change in health systems.

These key messages were a first stimulus for breakout discussions in three groups. Some key messages and issues raised in the wider group included:

- Understanding the stakeholders` perspective in defining challenges within the context of a framework is important, as we attempt to define the complex dynamic of health systems governance.
- The potential applications of a framework approach? And what types of transformation we should espouse?
- The importance of context. This should be the starting point: it is essential that the framework should be flexible enough to be adapted in various contexts.
- What new bodies of literature would need to be explored under an 'actionable' governance framework? What theory of change may need to be applied regarding power and participation in practice and in action?

Session 2: Two presentations on products agreed in Bellagio, followed by plenary sessions

During the March 2018 Bellagio meeting, six products had been deemed necessary to unlock actionable governance in health systems. These products - developed collaboratively - would form the different parts of an accessible, interactive 'toolkit' hosted on the Collaborative platform to support health systems governance actors in their day-to-day efforts towards better governance. During the Liverpool meeting, the lens was drawn on the Glossary and the Deep-Dive case studies.

a.) Glossary

As we endeavour to facilitate communication and knowledge sharing, whilst removing the barriers to entry and complex jargon that can inhibit the active participation of people in the field, the Collaborative has recently begun to develop a Glossary - the first product of the toolkit. Bellagio participants who previously expressed their interest joined forces to kickstart this endeavour, while inviting in an iterative process additional stakeholders to introduce their relevant contribution. During the Liverpool session, a first draft outline of the glossary was shared and feedback solicited. It was clear to all, that for this exercise to find 'common ground' 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.

Feedback from plenary

Benjamin Rouffy (WHO) and Seye Abimbola (University of Sydney), presented the background work so far on the Glossary. A smaller group of meeting participants explored

an existing list of words, developed by the Collaborative Secretariat and Collaborative members' input through the web platform.

The discussion which followed was rich and deepened the conversation. It first of all drew attention to the terms that the group felt may have been overlooked during the first iteration of the Glossary list. Special contexts including fragile and conflict settings may require additional terms that adequately describe the health governance landscape in such settings. Some members were skeptical about thorny words such as 'community' which has been used and deconstructed quite often in existing literature. They maintained that it would be equally important to reflect on how these terms and corresponding definitions would be applied in practice. Some terms included in the list were deemed to be too closely associated with one another, running the risk of confusing overlap.

The group work on the Glossary was very encouraging and positive, demonstrating it is important work in progress. We will need to remain mindful of the practical applications of the Glossary and thus potentially forgo a more academically concrete product. We expect the enriching discussions to continue in future engagements.

b.) Deep Dive cases

Governance challenges faced by stakeholders may differ in different settings and at the local, national and global levels. Currently, local level stakeholders are often overlooked and local processes ignored, which is divergent from the stated ideal of an 'inclusive people-centered health system'. The Collaborative proposes to engage in a series of deep dive explorations of health systems governance at the local, national and global levels, to help identify missing links and entry points. We wish to obtain a clearer picture of the interfaces between health system levels and settings, the tensions in interactions, and the synergies which could emerge from more productive interaction.

In Liverpool, the group split into two smaller groups, and each engaged in a brainstorm and subsequently combined the ideas generated. Given the limited time available, the discussions were explicitly focused on the local and national levels. The groups were led by Helen Schneider (University of Western Cape) and Maryam Bigdeli (WHO Representative Morocco).

Feedback from plenary

The discussion deepened our sense of the purpose and multiple forms of deep dives, as 'concerted multi-stakeholder efforts to deepen the deliberations around complex governance problems and advance actionable governance'. The groupwork generated a broad range of health systems governance topics and ideas that could be explored by the Deep-Dive explorations. Ultimately a rich list of themes emerged, such as the need to further explore the dynamic interactions between local, regional and national state governments which in-turn needs to function within the global health governance system. Practical applications of the Deep dive would require appropriate theories of change, with the relevant social, political, economic and behavioural aspects taken into account. "We need a framework that emerges from the problems and issues of practice. With this rich mosaic – there needs to be an opportunity to connect many different ideas and the Collaborative offers this opportunity," one of the participants added, followed by "We need practical frameworks for initiating conversations. There is a tension of not becoming authoritarian, and providing the 'gospel' on something. We need to avoid checklists and matrices and build an agenda that works with notions of tension and collaboration".

The role of the Collaboration was seen as connecting the ideas and change processes within the puzzle that we are confronted with in health. In addition, participants felt that the actionable governance would also mean 'mitigating the negative consequences of power distribution'. It was noted that many of the focus areas highlighted during the discussions had substantial existing bodies of research attached, which would facilitate the process and in some cases mean simply adapting things into a shared practice.

Conclusions and next steps

The Liverpool meeting maintained the Collaborative`s enthusiasm and momentum in the explorations of definitions and a practical framework, as well as measurements for health systems governance. The meeting gathered a productive variety of stakeholders active in local, national and international health systems governance. All felt, it is essential that these discussions and interactions are continued, and to include all stakeholders in efforts to co-produce inclusive knowledge and tools to inform practice and foster action.

The main focus of the Collaborative`s over the next few months will be divided amongst two of the six products that could help promote actionable governance in health systems and which will form part of an accessible toolkit for strengthening health systems governance, namely the Glossary of health systems governance terms and the Deep Dive case studies of health systems governance at local, national and global levels and their interconnectivity.

Following on from the session at Liverpool, an [interactive space](#) will remain open on the collaborative platform until 12 November, inviting all interested actors to discuss the list of terms described in the Glossary. Subsequently, the team steering the Glossary process will engage on a prioritization exercise to select the terms, which will be part of the first iteration of the Glossary.

The process of development of the Deep Dives was initiated at the Liverpool conference, and the main activities that will follow include setting up the Working Group team and hosting our first consultation (early November) to determine our provisional program of work for national and local products.

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