



**World Health  
Organization**

# **Health Systems Governance for Universal Health Coverage**

## **Action Plan**

Department of Health Systems Governance and Financing





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# PART A

## Action Plan<sup>1</sup>

# Background

## Concepts, Definitions and Actions

### I. Introduction

This document outlines a plan of action for the work of the Department of Health Systems Governance and Financing (HGF) in the area of health system governance and leadership, focusing particularly on governance for Universal Health Coverage (UHC). To motivate the plan of action, the document first reviews how governance has been defined as a general concept, then how the concept has been applied to health systems. The next section summarizes what others are doing in this field as a way of identifying where HGF's work could add value to on-going activities in and outside WHO, the topic of the last section.

The goal of helping countries move closer to UHC guides WHO's work on health systems strengthening, and is one of the key leadership priorities of the Organization for the period 2014-2019. The definition of UHC used here is based on two World Health Assembly Resolutions, which was also used in the World Health Report of 2010 on Health Systems Financing: the Path to

Universal Coverage.<sup>2</sup> UHC is the aspiration that all people can obtain the health services they need, of good quality, without suffering financial hardship when paying for them. Health services cover promotion, prevention, treatment, rehabilitation and palliative care, all levels of service delivery (from community health workers to tertiary hospitals) and services across the life course. As such, they also address communicable and non-communicable diseases.

Moving closer to this goal requires the needed health services to be available, of good quality and affordable which in turn requires attention to all the various components of a health system including infrastructure, medicines and medical products, health workers, health information and health systems financing. Governance and leadership is critical, relevant to all of these components as well as to the interactions between them. It is the focus of this action plan, complementing the plan of action that has already been developed for WHO's work on health system financing and the work that WHO is undertaking in the other health system areas.<sup>3</sup>

<sup>1</sup> This strategy draws heavily from a commissioned background document "Health System Governance for Universal Health Coverage" written by Loraine Hawkins, as well as the subsequent consultation of experts who discussed the document.

<sup>2</sup> World Health Organization, 2005, Resolution WHA 58.33 Sustainable health financing, universal coverage and social health insurance. Fifty-Eighth Session of the World Health Assembly; World Health Organization. 2011, Resolution WHA 64.9. Sustainable health financing structures and universal coverage. Sixty-Fourth Session of the World Health Assembly. Available at:

[http://apps.who.int/gb/ebwha/pdf\\_files/WHA58-REC1/english/Resolutions.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/Resolutions.pdf)

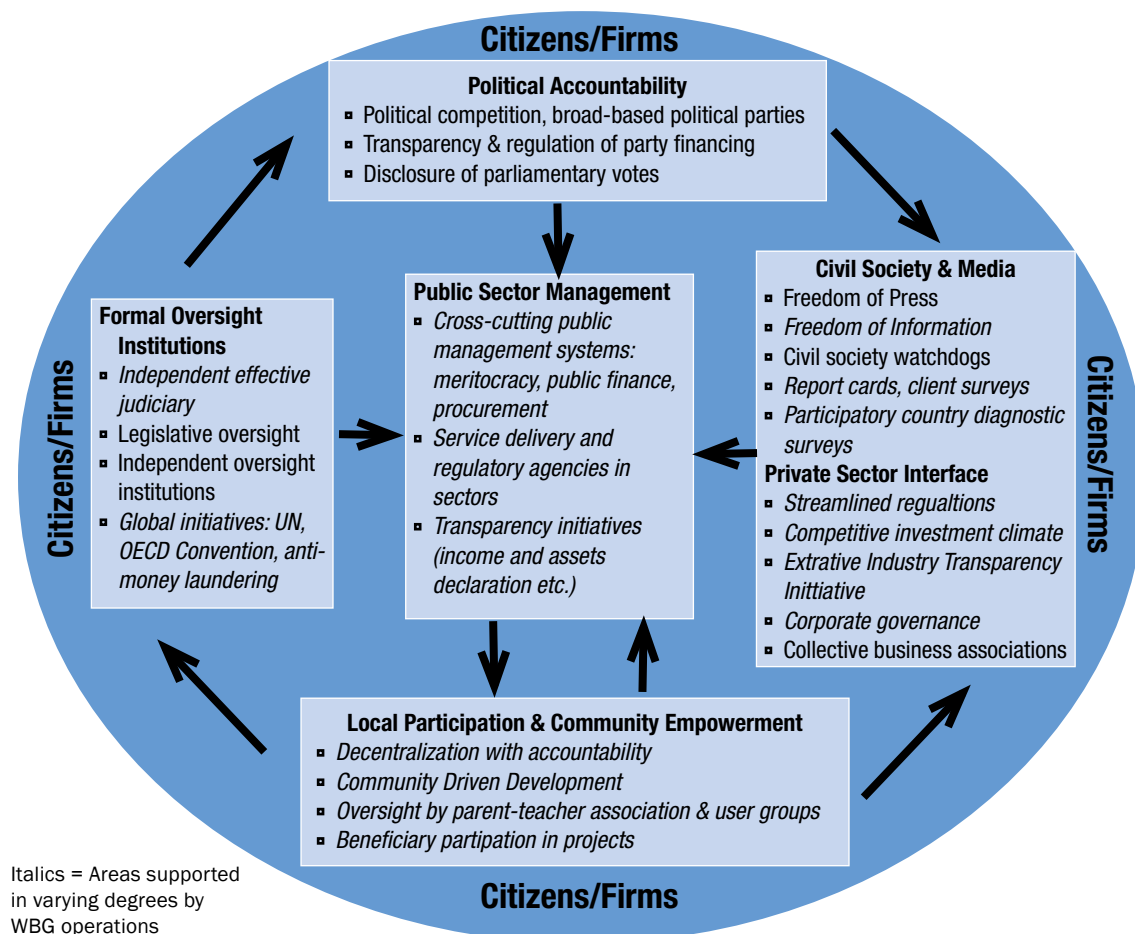
[http://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_R9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R9-en.pdf)

<sup>3</sup> Although this document is written to help guide the work of HGF, the work will be undertaken in collaboration with Regional and Country offices of WHO and other departments and clusters at Headquarters. Their inputs to this action plan are gratefully acknowledged.

## II. Governance: General Concepts and Definitions

Governance has been defined in a variety of ways. Broader definitions encompass politics, policy, public administration, the interaction of these with civil society and the private sector, and the effects the various institutions have on socio-economic outcomes. These definitions encompass many functions, activities and interventions that apply to, and cut across, all sectors. The scope of governance summarized in a World Bank document (see Figure 1 below) captures most of the components found in the literature with the exception of human rights<sup>4</sup>.

Figure 1: Scope of Governance and Governance Interventions



Source: Pradhan, World Bank 2006

Based on these broad definitions, accounts of good governance, often in the form of lists of principles or dimensions that are believed to constitute good governance, have been developed (see Table 1 for examples). Tools for assessing good governance have also been derived from these lists. For example, Worldwide Governance Indicators, published annually by the World Bank, scores countries on six dimensions (voice and accountability; government effectiveness; regulatory quality; control of corruption; rule of law; and political stability and absence of violence) and aggregates these scores into a single index<sup>5</sup>.

<sup>4</sup> The strategy was updated in 2012 to reflect recent developments including the financial crisis (which increases emphasis on private sector governance in the strategy), major civil society movements in many countries, and the impact of social media and ICT development. World Bank 2007, Document no. 67441. *Strengthening Governance, Tackling Corruption: World Bank Updated Strategy and Implementation Plan*. Washington, D.C: The World Bank

<sup>5</sup> Kaufman and Kraay, 2008. *Governance Indicators: Where Are We and Where Should We Be Going?* Washington, DC: World Bank. Available at: <http://data.world.org/data-catalog/worldwide-governance-indicators>



Table 1: Dimensions of Governance According to Various Institutions

World Bank Institute (Worldwide Governance Indicators, WGI)	▪ Voice and Accountability	▪ Regulatory Quality
	▪ Political Stability and Absence of Violence	▪ Rule of Law
	▪ Government Effectiveness	▪ Control of Corruption
United Nations	▪ Participation	▪ Equity
	▪ Rule of Law	▪ Effectiveness and Efficiency
	▪ Transparency	▪ Accountability
	▪ Responsiveness	▪ Strategic Vision
	▪ Consensus Orientation	
Overseas Development Institute/ World Governance Assessment	▪ Participation	▪ Accountability
	▪ Fairness	▪ Transparency
	▪ Decency	▪ Efficiency
Mo Ibrahim Foundation/ Ibrahim Index of African Governance	▪ Safety and Rule of Law	▪ Sustainable Economic Economic
	▪ Participation and Human Rights	▪ Human Development

Source<sup>6</sup>: Baez-Camargo and Jacobs, 2011

More narrowly, a body of work has focused on the governance of institutions rather than systems. Governance in this sense covers the oversight, control and incentive mechanisms that are used to hold any particular institution accountable to its owners or founders, and to align the objectives and interests of the institution’s management with the objectives of its owners or founders. As such, governance is distinct from management. This narrower concept of governance derives largely from the corporate governance literature relating to private sector organizations but has been adapted and applied increasingly to public sector organizations as well<sup>7</sup>.

### III. Health System Governance: Definitions, Frameworks & Scope

The literature on health system governance mirrors the broader governance literature. A variety of definitions of health system governance can be found that draw on the broader concept of governance and principles and dimensions of good practice have been developed for the health sector based on these definitions. There is also a literature on governance of the institutions that comprise the health system.

USAID, for example, has argued that health system governance is governance undertaken with the objective to protect and promote the health of the people. Governance involves “(1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished”<sup>8</sup>.

<sup>6</sup> Baez-Camargo C, and Jacobs E. 2011. *A Framework to Assess Governance of Health Systems in Low Income Countries*. Basel Institute on Governance.

<sup>7</sup> Savedoff, W and Gottret, P. 2008. *Governing Mandatory Health Insurance*. World Bank, Washington. USAID, March 2013. The eManager.

<sup>8</sup> USAID, March 2013. The eManager. Management Strategies for Improving Health Services. How to Govern the Health Sector and its Institutions Effectively. Available at: [http://www.imgforhealth.org/sites/default/files/eManager\\_How%20to%20Govern%20the%20Health%20Sector\\_4.11.13\\_FINAL.pdf](http://www.imgforhealth.org/sites/default/files/eManager_How%20to%20Govern%20the%20Health%20Sector_4.11.13_FINAL.pdf)

WHO<sup>9</sup> included leadership in the concept. **Leadership and governance** involves ensuring that a **strategic policy framework exists** and is combined with **effective oversight, coalition-building, regulation, attention to system-design and accountability**. It requires overseeing and guiding the health system as a whole, not just the public system, in order to protect the public interest - broader than simply improving health status. Siddiqi et al.<sup>10</sup> subsequently expanded the list to ten components: strategic vision, participation and consensus orientation, rule of law, transparency, responsiveness, equity and inclusiveness, effectiveness and efficiency, accountability, intelligence and information, and ethics.

Not surprisingly, there are a variety of formulations of the functions needed to enable government to lead and steer the sector, to influence the organizations and individuals involved in financing, providing and using health services and health-related products, and influence actors outside the health sector whose actions affect population health. PAHO<sup>11</sup> developed a list of 11 essential public health functions while Veillard et al<sup>12</sup> described six types of actions required to play the governance role. In many ways the various lists are very similar, with different degrees of aggregation of functions. A more aggregated set that incorporates all the components that have been included in other lists<sup>13</sup> proposes five broad actions, used as the basis of the work plan development in the next section:<sup>14</sup>

1. Formulating policy and strategic plans
2. Generating intelligence: information and analysis for decision-making
3. Putting in place levers or tools for implementing policy – including design of health system organizational structures and their roles, powers and responsibilities; design of regulation; standard-setting; incentives; enforcement and sanctions
4. Collaboration and coalition-building across sectors and with external partners
5. Ensuring accountability by putting in place: governance structures, rules and processes for health sector organizations; mechanisms for independent oversight, monitoring, review and audit; transparent availability and publication of policies, regulations, plans, reports, accounts, etc; and openness to scrutiny by political representatives and civil society.

Siddiqi et al<sup>15</sup> took this further by developing a series of questions that enable governance to be assessed on the 10 domains the authors described and illustrated how these could be used to assess health system governance in Pakistan. This type of approach could be applied to particular components of the health system – e.g. human resources; health system financing; health service delivery – or to the system as a whole.

<sup>9</sup> World Health Organization, 2007. *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*

<sup>10</sup> Siddiqi, Masud, Nishtar, Peters, Sabri, Bile, and Jama 2009, 90:13-25. *Framework for assessing governance of the health system in developing countries: Gateway to good governance*. Health Policy.

<sup>11</sup> PAHO/WHO 2002;PAHO/WHO 2002;PAHO/WHO 2002. Essential public health functions. In: Public health in the Americas. Pan American Health Organization/World Health Organization; *Performance measurement of essential public health functions at the national level in X. Results of the workshop on application of the instrument conducted in X. Pan American Health Organization/World Health Organization; Public Health in the Americas. Conceptual renewal, performance assessment and bases for action*. Washington DC: Pan American Health Organization. Public Health in the Americas. Conceptual renewal, performance assessment and bases for action. Washington DC: Pan American Health Organization.

<sup>12</sup> Veillard, Brown, Baris, Parmanand, and Klazinga 2011:191-199. *Health system stewardship of National health Ministries in the WHO European region: Concepts, functions and assessment framework*. Health Policy.

<sup>13</sup> Travis et al. 2002, WHO/EIP/DP/02.48;WHO Regional Office for Europe 2008, EUR/RC58/9. *Towards better stewardship: concepts and critical issues*. Geneva: World Health Organization; *Stewardship of Health Systems in the WHO European Region*. World Health Organization, Regional Office for Europe.

<sup>14</sup> More recently, the European Region of WHO developed an approach to governance for health in all policies, which provides considerably more detail of the cross-sector collaboration requirements in point 4 below.

<sup>15</sup> Siddiqi, Masud, Nishtar, Peters, Sabri, Bile, and Jama 2009, 90:13-25. *Framework for assessing governance of the health system in developing countries: Gateway to good governance*.

Work on the governance of health institutions rather than the overall health system refers to the oversight and accountability arrangements for health sector institutions such as hospitals or insurance agencies. They encompass:

- the degree of decision-making *autonomy or discretion* given to the organization's managers,
- the *rules* that constrain them,
- the *incentives* the organization and its managers face to deliver on its mandate,
- the organization's *oversight and accountability arrangements*, and
- the *checks and balances* at the top of the organization.

Studies of governance and interventions designed to improve governance at this level have encompassed, for example, hospitals<sup>16</sup>, primary care facilities<sup>17</sup>, mandatory social health insurance funds<sup>18</sup>, central medical stores and the medicines and commodities supply chain function<sup>19</sup>, and regulatory agencies and functions, including medicines regulatory agencies, professional licensing and disciplinary bodies, hospital accreditation agencies.

Research, analysis and advice on governance of health sector institutions are often combined with assessment, advice and capacity building on management, while recognizing the distinction between management and governance roles. In many countries, tackling major shortfalls in management capacity and in information systems is often a pre-requisite for improving governance.

## IV What Others Are Doing: Programmes and Interventions to Improve Health System Governance

The following summary is not comprehensive, but attempts to categorize the types of assistance and to identify the largest sources of technical assistance, studies and capacity building to health sectors in developing countries delivered under the label of “governance”.

### Cross-cutting governance programmes and health

Very few development agencies have a specific strategy or program directed at health systems governance as such. It is more common for their activities and programs to focus on general multi-sectoral political, executive and civil society institutions and related themes (e.g. justice system, elections, anti-corruption bodies, human rights protection, security from violence), and on aid management. Typically these strategies adopt a broad definition of governance combined with their own favoured list of good governance characteristics, treating good governance as the goal –desirable in its own right. Some of the larger bilateral agencies have shifted the targeting of their governance programmes increasingly to conflict-affected and fragile states in recent years, including USAID, DFID and AusAID<sup>20</sup>.

<sup>16</sup> Preker & Harding, 2003. *Innovations in Health Service Delivery: The Corporatization of Public Hospitals*. Washington DC: World Bank.

<sup>17</sup> Sheaff, Gené-Badia, Marshall, and Svab, 2006. The evolving public-private mix. In *Primary Care in the Driver's Seat?* eds R Saltman, A Rico and W Boerma New York: Open University Press.

<sup>18</sup> World Bank, 2008. *Governing Mandatory Health Insurance*. Learning from Experience. eds W Savedoff and P Gottret Washington DC: World Bank

<sup>19</sup> Levenger and Healey, 2011. *Central Medical Stores Autonomy*. Arlington, VA.

<sup>20</sup> AusAID has recently been absorbed into the Department of Foreign Affairs and Trade.

Some agencies operate multi-sectoral governance-related programs that can encompass the health sector. This is most common in the case of the World Bank and other multilateral development banks, which have large public sector management and private sector development programs that cover at least some aspects of governance. It is also a feature of development programs supporting cross-sectoral policies of decentralization, community participation in governance and development, and social accountability. A range of agencies (including GIZ, EU, DFID, World Bank, ADB, UNICEF, UNDP) provide support to individual sectors for the design, implementation, or evaluation of decentralization and community participation in some types of governance activities.

Currently, the World Bank's governance-related strategy and work programs are driven mainly by its Governance and Public Sector Management group although the International Finance Corporation (IFC), a member of the World Bank Group, also offers a private sector advisory service that “helps companies improve corporate governance, strengthen risk management”, among other things.

Both the public sector and private sector governance work streams have developed and applied a range of governance-related diagnostics and interventions to the health sector. A number of bilateral development partners contribute to governance trust funds managed by the Bank which finance health sector governance activities. Diagnostic tools and interventions developed and applied in the health sector include:

- Public Expenditure Reviews
- Public Expenditure tracking surveys
- Public Expenditure and Financial Accountability activities, broader than the first two incorporating additional components such as procurement and accountability systems
- Quality of Service Delivery Surveys
- Private health sector assessments
- Open or participatory budget processes
- Reviews of demand-side governance approaches
- Civil service labour regime and remuneration studies and reviews of civil service reform
- Government agency functional reviews in health
- Citizen score cards or report cards, citizen audits & other citizen monitoring interventions

## Health systems programmes and governance

Development agencies with health systems programs frequently also have a governance component, and most health systems strategies include some activities and objectives that fall within a broad or narrow definition of governance and leadership. These programs tend to treat governance interventions as “a means to the end” of achieving health system goals, including UHC goals. USAID, IADB and World Bank health system programs and technical advice has addressed “narrow” governance of health financing institutions and health service delivery institutions and corruption in health systems, including informal payments and corruption among service providers. Agencies that participate in health sector sector-wide approaches and support use of government systems to manage their health development assistance often support activities and objectives within the broad definition of governance, with a particular focus on building state capability and accountability at the level of the executive branch of government and public services. DFID, SIDA, Netherland, AusAID, EU and World Bank commonly provide governance and public sector management support in these contexts.

## Health Sector Governance Programs

A governance component has been included in each of **USAID's** sequence of health systems projects with increasing prominence and a clearer articulation of approaches to health systems governance. Frameworks and tools developed in Health Systems 20/20 and Leadership, Management and Sustainability multi-county projects in the last decade are now being further developed and scaled up in the Health Finance and Governance (led by Abt Associates) and the Leadership, Management and Governance (Management Sciences for Health) projects respectively. The projects include a number of health-systems technical advice and capacity building activities covering all of the health system building blocks. They have a strong focus on management as well as governance. In other words, governance is seen as critical part of the whole approach to health systems development, but it is not the overarching framework – it is a cross-cutting theme and sub-set of activities focused on good governance principles and capacities.

The sequence of projects has produced a substantial on-line library of governance and management tools and resources, and a portal that also links to governance related tools of other agencies. The Leadership, Management and Governance project is seeking to support development of governance practices in four areas: cultivating accountability, engaging stakeholders, setting shared direction and stewarding resources. It is developing additional tools for assessment of institutional governance (in the narrower sense defined above), providing model documents on-line for things such as model by-laws and charters for health sector organizations and tools for supervision boards. It is also developing tools for decision-making; including tools for community health needs assessment, strategic planning, financial planning and budgeting, human resource development, service design, service quality and safety, stakeholder engagement, monitoring progress against plans and transparent reporting of plans and results. (<http://www.lmpforhealth.org/expertise/governing>)

**Academic and research institutions** with health systems research work programs sometimes have a thematic area related to governance and health, loosely defined. Examples include:

- Harvard School of Public Health and Johns Hopkins have contributed to the USAID-financed studies, surveys, frameworks and analytical tools available through the project/program portal given above.
- The London School of Hygiene and Tropical Medicine has a research project (GRIP-Health) on evidence-informed policy in six low and middle income countries (<http://www.lshtm.ac.uk/groups/griphealth/index.html>), along with research in specific governance-related health systems topics.
- Basel Institute on Governance has a research and advisory work program supported by the Swiss Tropical and Public Health Institute on governance of health systems and a research stream on social accountability mechanisms. It has so far generated a framework to assess governance in low income country health systems, a framework and guidelines to assess accountability in health systems, and research studies of governance of particular health system functions in selected low income countries. (<http://www.baselgovernance.org/gov/health-systems-governance/research>).
- Royal Tropical Institute (KIT) in Netherlands has produced research and “dossiers” on selected topics in stewardship and regulation (e.g. HESVIC project in China, Vietnam and India (<http://www.kit.nl/kit/Project?item=1530>), and in selected governance-themed topics in health human resource management.

**HANSHEP** (Harnessing Non-State Actors for Better Health for the Poor) consortium of development agencies has a mission of focusing on interventions that might be loosely described as stewardship interventions to improve health outcomes achieved by the private health sector, including private medicines sales. They support the **Mining Health Initiative** which focuses on policies and interventions to improve the practices of mining companies in developing countries in relation to the health of their workforce, the health of surrounding and affected communities and the health impact of mining practices. Among their initiatives is support for better practice and capacity-strengthening for partnerships between governments and mining companies to improve health. HANSHEP and MHI are newcomers, but have an interest in disseminating learning and best practice as well as in supporting programs. MHI has begun with an assessment framework and round of country assessments and case studies.

# PART B

## Draft Action plan for the Department of Health Systems Governance and Financing

The last section showed that a number of other organizations are active in the area of helping countries define, assess or improve aspects of governance. Some of this work relates to the entire system, some to health, and some to institutions that comprise the health system.

In addition, most departments in WHO – at all levels of the Organization – engage in activities that are associated the leadership and governance function. We illustrate in Table 2 using the five aggregated governance actions described in the previous section.

Table 2: Intensity of WHO Activities relating to the five leadership and governance actions

1. Formulating policy and strategic plans	***
2. Generating intelligence	***
3. Putting in place levers or tools for implementing policy – including design of health system organizational structures and their roles, powers and responsibilities; design of regulation; standard-setting; incentives; enforcement and sanctions	*
4. Collaboration and coalition-building across sectors and with external partners	**
5. Ensuring accountability by putting in place: governance structures, rules and processes for health sector organizations; mechanisms for independent oversight, monitoring, review and audit; transparent availability and publication of policies, regulations, plans, reports, accounts, etc; and openness to scrutiny by political representatives and civil society.	*

\*\*\* implies almost all departments are involved; \*\* means that fewer departments; \* at least one department is involved.  
Note: these are the subjective assessments of the authors.



The challenge is to define a governance action plan for HGF that adds value to the activities already being undertaken in and outside WHO. As such, HGF would not propose to focus on governance in particular “building blocks” other than health system financing which is part of its mandate. There is, for example, a good governance in medicines program which is successfully operating in another department, while issues such as advice on accreditation of providers and health facilities is the mandate of other parts of the Organization. For similar reasons, HGF would not choose to focus on governance related to particular diseases programmes at country level either.

HGF does not have comparative advantage to consider governance beyond the health sector – e.g. the European office of WHO has developed guidance on “intersectoral governance for health in all policies” which is beyond the mandate of HGF<sup>21</sup>. Accordingly, the Action Plan has been developed to address areas where countries are requesting support but where HGF has the expertise to add value in collaboration with our colleagues in regional and country offices

Governance is important to individual institutions, programmes and “building blocks”. But it also links these components of the health system together, and HGF will focus on these linking aspects that improve governance of the entire health system as well as governance explicitly related to health systems financing. The goal is to help countries move closer to UHC. The areas proposed in this work plan, ordered according to the five actions listed in Table 2, are outlined in Table 3.

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<sup>21</sup> WHO Regional Office for Europe, 2012. Intersectoral governance for health in all policies. Structures, actions and experiences. eds D McQueen, M Wismar, V Lin, C Jones and M Davies. WHO, 2012, on behalf of the European Observatory on Health Systems and Policies



Table 3: Plan of action activities mapped against the five governance actions  
(WHO contributions in italics in column 2)

Leadership and Governance Actions	Proposed HGF Activities
1. Formulating policy and strategic plans	Supporting countries to develop, implement and review: <ol style="list-style-type: none"> <li>Inclusive national health policies, strategies and plans</li> <li>Health financing strategies &amp; plans<sup>1</sup></li> <li>National governance strategies &amp; plans<sup>1</sup></li> </ol> <i>Nature of WHO support: norms and standards; technical and policy support, capacity building</i>
2. Generating intelligence: core financial data for decision making (and transparency)	<ol style="list-style-type: none"> <li>Supporting countries to generate and use data on financial catastrophe and impoverishment, health budgets and expenditure, donor commitments and disbursements – <i>capacity building, norms and standards, data bases, technical and policy support.</i></li> </ol>
3. Putting in place levers or tools for implementing policy – including design of health system organizational structures and their roles, powers and responsibilities; design of regulation; standard-setting; incentives; enforcement and sanctions	<ol style="list-style-type: none"> <li>Legislation for UHC: what inhibits and what promotes UHC, considering financial risk protection and access/coverage with health services at the same time – <i>literature review, country experiences, country assessments and technical support.</i></li> <li>Strengthening the leadership and governance functions of the MoH in a changing world: functions and structure; relations with other ministries – <i>best practices, sharing country experiences, country assessment and technical support.</i></li> <li>The MoH in decentralized systems: regional autonomy and national priorities: normative, country experiences, country reviews and policy development <i>best practices, sharing country experiences, country assessment and technical support.</i></li> <li>Strengthening the “upward management” of the MoH, particularly with the people who control the purse strings: <i>capacity building in MOH and WHO offices on how to engage with “higher” ministries; normative work on the tools and information they need.</i></li> <li>Assessing and addressing inconsistencies between public sector financial management practices and the implementation of health system reforms particularly linked to purchasing.</li> </ol>

Table 3: Plan of action activities mapped against the five governance actions  
(WHO contributions in italics in column 2) *contd.*

Leadership and Governance Actions	Proposed HGF Activities
4. Collaboration and coalition-building across sectors and with external partners	a. P4H – partnerships for health financing – <i>run secretariat jointly with WB</i> b. IHP+ aid effectiveness - <i>run secretariat with WB</i> c. Partnerships with civil society on budget and resource tracking and transparency – <i>information exchange, tools and guidance</i> d. Strengthening the upward management of the MoH is also relevant here – 3d
5. Ensuring accountability by putting in place: governance structures, rules and processes for health sector organizations; mechanisms for independent oversight, monitoring, review and audit; transparent availability and publication of policies, regulations, plans, reports, accounts, etc; and openness to scrutiny by political representatives and civil society.	a. Accountability, transparency and results: <ul style="list-style-type: none"> <li>▪ Budget tracking and civil society</li> <li>▪ Tracking expenditures including by use; involvement of civil society</li> <li>▪ Experiences and experiments to improve efficiency</li> <li>▪ Experiences with “governing boards” of health financing agencies to promote public accountability, representation, and alignment with overall health policy</li> </ul>

<sup>1</sup> To feed into national health strategies and plans

## Governance Initiatives

The activities listed in Table 3 were organized by the five actions that incorporate governance, as described in section 1 of this document. A number of them contribute to solving leadership and governance issues and problems that cut across the five actions, so they are organized by content area in the following section. They reproduce Table 3 in another format.

### A. Comprehensive, Inclusive Health Policies, Strategies and Plans

The goal is to strengthen the role of government in setting directions for the entire health sector in a participatory, inclusive process rather than having a series of plans for different parts of the health system that do not relate to each other. HGF, in collaboration with regional and country offices (and other partners), would support the:

- development, implementation and review of inclusive national health plans and strategies;
- assessment of how the health financing system is functioning and the subsequent development and implementation of strategies to make improvements, in the context of a) above;
- review of the role of government, particularly the MoH, in leading and governing the health sector with a view to incorporating specific activities relating to strengthening overall leadership and governance in national health plans and strategies.

Other parts of HIS at headquarters and the Divisions dealing with health systems in the regions help countries develop strategies and plans for human resources; essential medicines and other health technologies; information systems; service delivery, patient safety and quality; and infrastructure.

Other parts of the Organization at the various levels work with countries on policies, strategies and plans for specific diseases and health problems that also cut across the health systems activities – e.g. plans and strategies for malaria include treatment protocols and the availability and distribution of medicines and insecticide treated nets, for example, as well as recommendations for indicators of coverage and impact that should be monitored. The challenge is for all of the components to come together in a way that the country controls and manages, with the goal of moving closer to UHC.

HGF's support in collaboration with regional and country offices would cover:

- norms and standards for developing inclusive health plans and reviewing progress: for overall health plans and strategies, for health financing and for strengthening health governance and leadership
- technical and policy support to countries engaged in the process
- sharing experiences across countries and regions
- capacity building

## B. The Ministry of Health in a changing world

Ministries of health are increasingly moving away from providing health services to being the overall leader and steward of the health system as a whole. Different countries do this in different ways, so HGF proposes the following activities in collaboration with Regional and country offices and other partners.

- a) **Review of the leadership and governance roles that the MoH** must take on and the way ministries have developed in different settings to better play these roles. This is very broad and includes managing for intersectoral actions, something that is beyond HGF's mandate except for financing. We propose the focus of HGF's activities should be on how ministries manage and give the appropriate incentives and disincentives to non-state actors;
- b) **Strengthening the generation and use of intelligence**, focusing largely on health financing – how much is spent, by whom, on what? It will incorporate questions of costing, impact assessment, budget and resource tracking, and donor commitments and disbursements. This overlaps with the activity on accountability and value for money described below.
- c) **Strengthening MoHs' effectiveness** in its “upward” governance relationships to the Executive and Legislature, and to cross-cutting public sector reform initiatives: in policy, legislation and regulation (including analysis and advice on the impact on health and health systems of wider government policies), budget formulation and negotiation, civil service personnel policies, and reporting and responding on performance for accountability: this will be done jointly with other partners and the first step will be familiarization of MOH “negotiators” with the language and beliefs of the people who control the purse strings. This will complement the work the African Development Bank and World Bank is doing to introduce health issues to ministers of finance.
- d) **Decentralization**: What types of structures, laws and incentives work best to allow local autonomy but in support of national priorities in health? The first stage of this work will involve assessing laws and incentives across decentralised systems with a focus on UHC.

- e) **Legislation and UHC:** This work is designed to identify what types of legislation and regulation inhibit the attainment of UHC and what types support it. It will build on a set of country case studies, and then attempt to generalize and if possible, propose good and bad practice. This will initially be combined with the decentralization part – e.g. the work on both parts would start in decentralized systems.

Other parts of HIS and the Divisions dealing with health systems in the regions work with countries on many of these areas – e.g. AFRO has long worked on decentralization and health systems. Other parts of the Organization also work on legislation – particularly the groups working on tobacco control and the international health regulations. The activities described above seek to address areas that add value to, and complement this work.

HGF's support in collaboration with regional and country offices would cover:

- *analysis, synthesis and sharing of country experiences, identifying best practices where possible*
- *norms and standards particularly related to the development and use of information for decision making, but also linked to reviewing the evidence relating to health legislation*
- *technical and policy support to countries in the various components*
- *capacity building in all areas, but particularly the generation and use of health financing information and in developing competencies in the MOH (and WHO country offices where necessary) to interact and “manage” ministries dealing with health finance.*

### C. Governance for results: efficiency, accountability, transparency

With between 20% and 40% of health resources wasted through various forms of inefficiency and wastage, ministries of health are coming under increasing pressure to develop methods of improving value for money across the entire health sector. Actions in the area of health systems governance can contribute to reducing inefficiency, waste and corruption and getting better value for money.

- a. **Improving efficiency – what works?** It is relatively straightforward to identify sources of inefficiency, but less easy to develop interventions that have been shown to reduce inefficiency. This is partly because addressing inefficiency is inherently political, with often powerful interest groups opposing any changes. This work will initially compile evidence on what countries have tried to do to improve efficiency and reduce waste and corruption, what worked, what did not work and why. This evidence - which would include questions related to results-based financing and other provider payment mechanisms, and reducing corruption or fragmentation - is important to other countries wishing to do the same. If it is possible to raise funding, we would also propose to facilitate implementation research in countries that are trying to improve efficiency and reduce waste so that the costs and impact of these efforts can be assessed rigorously, along with a description of the political economy of undertaking the changes.
- b. **Data for transparency.** This is linked to Initiative B (component b) described above. Data on costs, budgets and expenditures are key to improving transparency and reducing opportunities for corruption. When linked to cost effectiveness and results (including the extent of financial hardship linked to out-of-pocket health payments and coverage with needed health services), these data help to increase accountability and efficiency. HGF will focus on working not only to support countries to produce the data that they need, but also to build their capacities to use it. They will also work with civil society to help them understand the value of this information for transparency.

Other parts of WHO undertake activities linked to efficiency, largely in the area of cost-effectiveness analysis – e.g. selecting the essential medicines list is linked to this. The Department of Health Statistics and Information Systems and its counterparts in regional offices support countries to develop information systems to plan and track progress on most areas other than costs, expenditure and cost-effectiveness. The work described here seeks to add value to these ongoing activities.

Accordingly, HGF in collaboration with regional and country offices and other partners will:

- Support studies and review the literature on actions that have been taken to improve efficiency at country level, their costs, the barriers encountered, and their impacts. This will then be shared with countries and ways of allowing countries to learn from each other will be developed
- Build capacity in countries to generate and use the financial information needed for transparency and accountability, and to link them to results
- Build capacity in civil society organizations and among parliamentarians to understand and use these data to ensure appropriate funding for health and value for money in the use of funds
- Develop norms and standards for collection and use of these data
- Maintain data bases where useful, including on expenditures and the incidence of financial hardship linked to health payments
- Provide technical and policy support in these areas.

## An advisory group on health governance

It is proposed to establish a health governance advisory group, consisting of academics, specialists from other multilateral agencies (particularly WB), and specialists from interested bilateral agencies. There would be one meeting a year at which WHO regional and HQ staff interact with the advisory group. The WHO group would meet for at least a day before the advisory group, and the WHO group would have an input to the documentation presented to the advisory group.

Part of the role of the group would be to advise on priorities for undertaking the work plan, and ways of raising funding and interacting with the broader community on this work. It would also advise on the need or otherwise for collaborating centres and the need to develop more formalized training in WHO for this work. For example, one option would be to develop, pilot, and roll out a course on health governance for policy makers and/or a course on leadership for public health for midlevel managers and other future leaders.

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