How to Govern the Health Sector and Its Institutions Effectively

Director’s Note

Governance is an increasingly important topic for health leaders and managers around the world. What is effective governance? How can those working in the health sector practice it to strengthen their ministry or institution? What practices enable effective governance and how can these be embraced?

To answer these questions, the USAID-funded Leadership, Management and Governance (LMG) Project gathered insights from more than 500 health sector leaders, managers, and people who govern, as well as a review of the literature, to identify effective governing practices and the factors that facilitate effective governance.

This issue of The eManager focuses on governing in the health sector, and presents four effective governing practices and their nine key enablers. It shows how health leaders and managers can contribute to a better-governed institution and, ultimately, improve health services and the health of the people they serve.

Governing the Health Sector and Health Institutions

Good governance for health is governing done with the objective of improving, protecting, and promoting the health of the people being served—whether it is a Ministry of Health (MOH) serving a national population, or an organization serving a particular community. To foster good governance, health sector managers at all levels in low- and middle-income countries must quickly become more knowledgeable about governance, and new forms and practices of governing bodies. Increasingly, evidence in the literature shows that effective governance improves health system performance and health outcomes.

Governance is robust when (1) the decisions are based on information, evidence, and shared values; (2) the process is transparent, inclusive, and responsive to the needs of the people the ministry or the organization serves; (3) those who make and those who implement decisions are accountable; (4) the strategic objectives are effectively, efficiently, ethically, and equitably met; and (5) the vitality of the ministry or the organization is maintained.
Governance takes place in all sectors and at all levels, although its structures differ. Everyone, everywhere, has a distinct role to play in a successful system of governance—from the patient demanding high quality care, to the governing board charged with managing hospital resources, to the Minister of Health reporting to the cabinet or parliament. Regardless of where and how governance happens, there are a handful of effective governing practices that apply across the nonprofit, private-for-profit, and public sectors.

Looking beyond the structures and definition of these practices, the authors of this issue recognize that you—our eManager readers, who are managing, leading, and governing around the world—must also be more comfortable, confident, and competent in the art and science of working with people from your community, districts, provinces, or countries who are assuming new roles as participants in these governing bodies and processes. Are you ready?

### Ideas from Nigeria—Actions to Ensure Modern Hospital Governance

We begin this eManager by relating a workshop experience that gave us the inspiration to write it. On January 11, 2011, we invited senior leaders of 24 public and private hospitals in Lagos State, Nigeria, to define actions that they believed would help improve governance in their hospitals. They were asked to identify at least one action they believed should occur within the next nine days, the next nine weeks, and the next nine months. Their top three suggestions in each time frame were as follows:

**Actions within nine days**

- Develop a clear statement of the relative roles and responsibilities of board members compared to management.
- Establish an annual “Board Effectiveness Plan.”
- Explore ways to have fewer and smarter board meetings.

**Actions within nine weeks**

- Ask management to provide a report on high-level performance measures for finance, human resources, and quality.
- Initiate joint board-and-physicians work group to study ways to improve quality processes and performance in the outpatient department.
- Develop a master list of the top 10 challenges facing the hospitals in the coming year, and define actions to face them.

**Actions within nine months**

- Conduct formal assessment of governing board work and its committees.
- Provide report to the communities we serve describing how the board is governing on their behalf.
- Develop an annual plan for board education on key topics.

A message we heard loud and clear from the senior leaders in Lagos State and health leaders elsewhere was that leaders who govern hospitals, health institutions, and health ministries are often not fully aware of their governing roles and responsibilities, and the behaviors that people expect from them. They often do not have a clear idea of how to go about improving their governance process. This inspired us to write this eManager, to shine a spotlight on what leaders can do to enhance the way their organizations are governed, to achieve higher levels of performance.
BACKGROUND

Leaders are not the only ones who are responsible for governance. Managers in those systems have a distinct interest in helping make governance work, or they risk wasting time in useless meetings, or becoming distracted with micromanagement by overly enthusiastic governing-body participants. Even worse, they may have to deal with inappropriate interventions by board members in hiring and procurement processes, to the detriment not only of the health system’s performance, but also of the health of the people it serves. Good governance matters now, and will become even more essential to stronger health systems and better health outcomes in the coming years.

Leading, Managing, and Governing for Results in Health

Management Sciences for Health (MSH) has been strengthening health systems in low- and middle-income countries for more than 40 years. Through its work on leadership, management, and governance of capacity-constrained health systems, MSH has learned three lessons. First, leadership, management, and governance are interdependent and reinforce each other. All three interact in a balanced way to serve a purpose and to achieve a desired result. Second, there is a clear overlap among the roles of leading, managing, and governing; nevertheless, each of these elements is important. Third, leaders are critical to the governing process. Effective leadership is a prerequisite for effective governance and effective management.

Figure 1 depicts the LMG model of leading, managing, and governing for results. At left are the key practices that people must employ to lead, manage, and govern. Leaders need to know how to scan, focus, align/mobilize, and inspire. Managers need to know how to plan, organize, implement, and monitor and evaluate. People who govern must know how to cultivate accountability, engage stakeholders, set shared direction, and steward resources. Working together and supporting all aspects of a health system, these practices lead to improved health system performance, which, in turn, leads to better health outcomes.

![Figure 1. Leading, Managing, and Governing for Results Model](image-url)
Effective Governing Practices and Their Key Enablers

To fully understand governance and what makes it effective in the context of health, LMG carried out a Web-based survey of 477 respondents in 80 countries, complemented by 25 key informant interviews in 16 countries. Survey respondents were people who hold leadership, governance, or management positions in health ministries or health institutions in low- and middle-income countries.

About 90% of these respondents defined governing in terms of inclusion, participation, and collaboration. In addition, they identified factors that enabled effective governing in the context of health, such as the use of performance data and scientific evidence, sound management, adequate financial resources for governing, openness and transparency, accountability to citizens and clients, and integrity. The LMG Project has distilled the survey and interview findings into four governing practices.

Table 1 below lists the four effective governing practices and their key enablers. Beginning with Governing Practice 1, the following pages present an overview of these practices, explain the principles that underpin them, and highlight the governing actions you can take to operationalize them in your day-to-day work.

<table>
<thead>
<tr>
<th>Effective Governing Practice</th>
<th>Enabler</th>
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<tr>
<td>Cultivate accountability</td>
<td>Openness and transparency</td>
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<tr>
<td>Engage stakeholders</td>
<td>Inclusion and participation</td>
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<td></td>
<td>Gender-responsiveness</td>
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<td></td>
<td>Intersectoral collaboration</td>
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<tr>
<td>Set shared direction</td>
<td>Effective leadership and management</td>
</tr>
<tr>
<td>Steward resources</td>
<td>Ethical and moral integrity</td>
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<td>Pursuit of efficiency and sustainability</td>
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<td></td>
<td>Measurement of performance</td>
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<td>Use of information, evidence, and technology in governance</td>
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**GOVERNING PRACTICE 1—CULTIVATE ACCOUNTABILITY**

**Cultivate Accountability:** *Foster a facilitative decision-making environment based on systems and structures that support transparency and accountability*

<table>
<thead>
<tr>
<th>Principles Underlying the Practice</th>
<th>Governing Actions You Can Take</th>
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<tbody>
<tr>
<td>Accountability</td>
<td>• Establish, champion, practice, and enforce codes of conduct that uphold the key governance principles and demonstrate the authority of the governance decision-making processes.</td>
</tr>
<tr>
<td>Transparency</td>
<td>• Embed accountability in the governing institutions by creating ways to share information and rewarding behaviors that reinforce the key governance principles.</td>
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<tr>
<td>Legal, ethical, and moral behavior</td>
<td>• Make all reports on finances, activities, and plans available to the public, and share them formally with stakeholders, staff, public monitoring bodies, and the media.</td>
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<tr>
<td>Accessibility</td>
<td>• Set expectation that other stakeholders share similarly.</td>
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<tr>
<td>Social justice</td>
<td>• Establish oversight and review processes to regularly assess the impact and appropriateness of decisions made.</td>
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<tr>
<td>Moral capital</td>
<td>• Establish a formal consultation process through which stakeholders may voice concerns or provide other feedback.</td>
</tr>
<tr>
<td>Oversight</td>
<td>• Sustain a culture of integrity and openness that serves the public interest.</td>
</tr>
<tr>
<td>Legitimacy</td>
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</tbody>
</table>
Many people link accountability to the idea of personal responsibility, as in “I am accountable to my boss for making sure that my reports get written.” On the institutional level in the health system, however, accountability has a much larger meaning. It means that institutions—ministries, organizations, and health facilities—are responsible for meeting the needs of the people whom the institutions were created to serve and protect. **Cultivating accountability means creating an environment in which governing actions are fair, inclusive, and trustworthy.** In doing so, that governing body or process establishes itself as legitimate. Openness, transparency, and responsiveness are the key enabling factors of our first governing practice: cultivate accountability. Of the four effective governing practices, cultivating accountability may be particularly difficult to achieve; nevertheless, it has clear benefits, as seen in the example of community monitoring in Uganda.

Accountability exists when there is a relationship between two parties, and the performance of tasks or functions by one party is subject to the other’s oversight, direction, or requests for information. Accountability means ensuring that officials in public, private, and voluntary sector organizations are answerable for their actions and that there is redress when duties and commitments are not met.³

**Social accountability refers to a broad range of actions and processes that citizens, communities, independent media, and civil society organizations can use to hold public officials and public servants accountable.** Social accountability is increasingly recognized by health institutions as a means of improving service delivery. Social accountability tools include participatory budgeting, public expenditure tracking, citizen report cards, community monitoring, social audits, public hearings, and community radio. These tools can contribute to improved governance and increased development effectiveness through better service delivery and empowerment.

When accountability is strengthened, the opportunity for corruption is diminished, and governance outcomes of the health system, such as responsiveness, equity, and efficiency, are positively affected. There are five ingredients that need to be present to support accountability in public governance: delegation, financing, performance, information about performance, and enforceability.² The example from Uganda highlights how information about performance fosters accountability.

**Example from the Field: Enabling Accountability through Community Monitoring in Uganda**

Björkman and Svensson conducted a randomized field experiment in 2005-06 in 50 rural communities of Uganda where community monitoring of providers improved health outcomes. Through two rounds of village meetings, local nongovernmental organizations encouraged communities to be more involved with the state of health service provision and strengthened their capacity to **hold their local health providers to account for performance.** At the end of one year, the two researchers found community monitoring had increased the quality and quantity of primary health care. The communities in which the intervention was conducted became more engaged in their care and monitored dispensary performance more extensively. Utilization of outpatient services was 20% higher in the intervention communities. Treatment practices, examination procedures, and immunization coverage all improved. Most importantly, there was a significant increase in infants’ weight and as much as a 33% reduction in under-five mortality in the intervention communities as opposed to the control communities.

Each facility and intervention community had a unique “report card,” summarizing the findings from the surveys conducted in their area. The report cards were translated into the main language spoken in the community. To support nonliterate community members, posters were designed to convey complex information and key messages in a simple visual manner. The report card was disseminated to the community using a participatory rural appraisal method.

**For augmenting your individual accountability:**

- Demonstrate consistency in public and private behavior.
- Listen nonjudgmentally when people offer perspectives that are different from yours.
- Interact openly and candidly with communities in performing your duties.
- Accept responsibility for your actions, and accept ownership for the results of your decisions.
- Explain honestly the reasons for your decisions.
- Answer questions from stakeholders, and welcome constructive feedback on your actions and decisions.
- Demonstrate a sense of obligation to stakeholders when making decisions.
- Avoid making excuses and blaming others for mistakes, openly admit your mistakes to stakeholders, and take quick action to deal with the consequences of a mistake.
• Provide explanations for the performance shortfalls without making excuses.

• Accept responsibility for the future direction and accomplishments of the organization you lead.

For enhancing the accountability of your organization:

• Take personal ownership of your decisions and their consequences. Be willing to admit mistakes and learn from them, and share that learning with others. In doing so, you set an example that this learning behavior is supported by the organization.

• Measure results and explain them to internal and external stakeholders. Use information about performance. Address nonperformance and recognize excellent performance.

• Create a culture of accountability within the organization. Provide timely, clear, and specific performance expectations and feedback to all staff.

• Create an environment in which acting with integrity and responsiveness are rewarded and employees are encouraged to share both work successes and challenges.

• Work on four dimensions: set the standards of behavior for decision makers, encourage people to assess whether these standards are being met, establish a process for people to ask questions to the decision makers in response to which the decision makers must explain their decisions, and establish a system of rewards and sanctions in which the decision makers are recognized for meeting the standards expected of them or sanctioned for not meeting these standards.

• Make available five key elements to cultivate accountability in your organization: support (the senior leadership, the direct supervisor, and the work team are supportive); freedom (the goals and tasks are clear, and at the same time the employee has freedom to decide how to achieve that goal or task); information (managers have access to data to make sound decisions); resources (managers have enough resources to succeed); and role and goal clarity (people know to whom they are accountable and for what).

Enabling Factor: Openness and Transparency

Transparency International defines transparency as follows: Transparency is about shedding light on rules, plans, processes, and actions. It is knowing why, how, what, and how much. Transparency is a characteristic of governments, companies, organizations, and individuals that are open in the clear disclosure of information, rules, plans, processes, and actions.

Example from the Field: Enabling Accountability through Openness and Transparency

In Croatia, hospitals are required to make waiting lists public, to reduce the practice of patients bribing doctors to jump ahead of the queue. Beginning in 2008, a national-level waiting list has been implemented by the Ministry of Health and Social Care in order to improve access to services, including ultrasound, mammography, and radiotherapy. This has reduced the waiting time by 30-50%. In each hospital, there is a unit responsible for the registration of the patients on the waiting list; all details and contacts are listed on the Internet; and specific information and instructions are available via telephone and brochures for the patients.

In Ghana, a Ministry of Health initiative, undertaken before 2001, asked transport officers to calculate fuel use per kilometer and display the results on a notice board. Immediately after the information was posted, average reported fleet fuel use jumped from 5.5 km/liter to 6.3 km/liter, a 15% improvement. As the transparency initiative continued over several years, a 70% improvement in fuel use per kilometer was achieved, dramatically reducing vehicle running costs. In contrast, researchers noted that in Côte d’Ivoire, lack of vehicle logbooks concealed abuses such as fuel fraud and unauthorized use of vehicles, making it difficult to hold managers accountable.

Tools and Resources


There are two types of disclosure: *active*, when information is disclosed proactively, and *passive*, when the information is disclosed after it is demanded by someone who is entitled to know.\(^5\)

In any health system, there is a wide range of stakeholders who are affected by decisions being made within the system, and who therefore expect to be informed about these decisions. Public officials, civil servants, managers, directors, and trustees all have a civic duty to act in an open and transparent manner, predictably, and understandably before their constituents, whose interests they represent. **Transparency requires courage and patience on their part.** The examples from Croatia and Ghana illustrate how to establish openness and transparency.

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**GOVERNING PRACTICE 2—ENGAGE STAKEHOLDERS**

**Engage Stakeholders:** Identify, engage, and collaborate with diverse stakeholders representing the full spectrum of interested parties

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<thead>
<tr>
<th>Principles Underlying the Practice</th>
<th>Governing Actions You Can Take</th>
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</thead>
<tbody>
<tr>
<td>Participation</td>
<td>• Empower marginalized voices, including women and youth, by giving them a meaningful place and a meaningful role in formal decision-making structures.</td>
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<tr>
<td>Representation</td>
<td>• Ensure appropriate participation of key stakeholders through fair voting and decision-making procedures.</td>
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<tr>
<td>Inclusion</td>
<td>• Extensively hold and enable open meetings, surveys, public comment, public workshops, national forums, and citizen advisory committees.</td>
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<tr>
<td>Diversity</td>
<td>• Create and maintain a safe space for sharing ideas, so that genuine participation across diverse stakeholder groups is feasible.</td>
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<tr>
<td>Gender equity</td>
<td>• Provide an independent conflict resolution mechanism accessible by all stakeholders, as diverse stakeholders may have competing interests, giving rise to conflict.</td>
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<tr>
<td>Conflict resolution</td>
<td>• Elicit, and respond to, all forms of feedback in a timely manner.</td>
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<td></td>
<td>• Build coalitions and networks, where feasible and necessary, and strive for consensus on achieving the shared direction across all levels of governance.</td>
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<td></td>
<td>• Establish alliances for joint action at whole-of-government and whole-of-society levels.</td>
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**Tools and Resources**


Inclusion and collaboration are two important principles that enable effective governance. Being inclusive involves engaging all relevant stakeholders—across gender, age, race and ethnic groups, socioeconomic status, health and disability status, and location—in the decision-making process. Collaborating involves building partnerships across ministries, sectors, and levels of authority. In addition to a ministry of health, many other players in the public sector play a role in improving health within a country. For example, the ministries dealing with water and sanitation, education, finance, economic development, roads, and transportation are all involved in activities that impact health. Collaboration also involves working with private-for-profit and nonprofit groups and civil society and nongovernmental organizations. Finally, collaboration means working across all levels—local, state, national, and international. Collaboration, participation, inclusion—all of these are elements of engaging stakeholders.

**Enabling Factor: Inclusion and Participation**

Inclusion and participation are vital for achieving health equity, where all men and women—young or old—have opportunities to improve or maintain their health and well-being. For example, nonrepresentation of women and youth in decision making deeply affects their access to health care, as barriers they face remain unaddressed. Similarly, perspectives of people with disabilities, the elderly, and the very poor are not adequately represented in the governance decision-making process. Citizen participation can be broadly defined as the processes by which public concerns, needs, and values influence decision making. Citizen participation happens in many places and can take many forms, from information exchanges to democratic elections. It encompasses the whole set of activities, processes, and techniques that may be used to engage people.

The International Association for Public Participation presents a five-point continuum of participatory processes:

- **Inform**: Decision-making authority not shared
- **Consult**: Minimal sharing of decision-making authority
- **Involve**: Low to moderate sharing of decision-making authority
- **Collaborate**: Moderate to high level of sharing of decision-making authority
- **Empower**: Highest level of shared decision-making authority

![Figure 2. Increasing Levels of Shared Decision-Making Authority in Public Participation](source: International Association for Public Participation)
inform, consult, involve, collaborate, and empower. Each point along the spectrum represents a different purpose for citizen participation and corresponds to a different level of citizen empowerment or shared decision-making authority. The five points, from lowest to highest shared decision-making authority, are depicted in Figure 2.

Participatory governance can be seen through stakeholder involvement in four distinct types of activities: (1) determining people’s preferences for social outcomes and the processes to achieve those outcomes; (2) the forming of policies, rules, and institutions based on those preferences; (3) the implementation of these policies, rules, and institutions; and (4) monitoring, evaluation, and ensuring accountability. The example from Bolivia shows the beneficial impact of citizen participation and citizen voice in monitoring and ensuring accountability.

**ACT NOW!**

- Involve those affected by a decision or their representatives in the decision-making process in a meaningful way. Establish a transparent selection process of these representatives—they should truly be affected by the decision and act on behalf of the larger population they represent. Don’t wait for them to come to you. Be proactive and go out into their affected communities to seek those with opinions and concerns.
- Provide participants with the information and time they need so they can meaningfully contribute to decision-making processes.
- Empower the public to participate and let their contributions influence the decision. Have courage and humility, and trust in the public participation process.
- Communicate to the participants how public input has affected the decisions taken. Provide clear guidance on what they can expect before, during, and after the process as well as concrete results of how their involvement impacted the decision making and the decision.
- Plan to meet the time and resource costs of well-structured participation processes.
- Ensure that the participation process emulates or respects traditional practices.

**Enabling Factor: Gender-Responsiveness**

Gender-responsiveness in governance has the potential to enhance positive health outcomes, not only for women but also for the entire community. Women play three important roles in a health system—as decision makers, as health care providers, and as service users. Nevertheless, governance structures in health systems and health institutions in low- and middle-income countries are most often dominated by men. As a result, issues faced by women in leadership, governance, and senior management roles; in the health workforce; and as service users are too often ignored. It is the responsibility of all of those working in the health system to help move institutions along the spectrum of gender-responsiveness from “gender-exploitative” to “gender-transformative.” One critical way this happens is by mentoring and encouraging more women to take on governing roles, so they can provide the essential perspective that is lacking. Figure 3 illustrates the phases along the spectrum of gender-responsiveness.

There are multiple ways in which gender-responsiveness can be facilitated by governance practices, such as collecting disaggregated data; instituting a gender policy; integrating gender perspectives in health; increasing the proportion of women in leadership and governance roles; establishing a gender-sensitive implementation process that considers the different needs of men and women; establishing quotas and affirmative action coupled with empowerment measures; reinforcing a safe, harassment-free environment by upholding strict codes of conduct and zero tolerance for discrimination; creating a comprehensive agenda to overcome discrimination and segregation; and giving voice to all those affected by a policy.
The story on the next page from Lesotho illustrates how collecting disaggregated data revealed inequities in the roles and responsibilities within the health workforce, particularly in the gender balance of community caregivers. The Government of Lesotho chose to address this problem through devising policies that promoted a more equal division of responsibilities between women and men.

**ACT NOW!**

- Work with men and women, boys and girls, in a thoughtful way that challenges gender norms, catalyzes the achievement of gender equality, and improves health. Gender inequities and power disparities harm men as well as women. Address these inequities and disparities by working with men and women in a coordinated way.

- Promote gender-responsive resource allocation and priority setting.

- Increase women’s participation in decision-making processes at all levels. Increase the proportion of women in leadership, management, and governance roles in health systems, and empower them.

- Establish a mentoring program and provide training opportunities for women in the workforce who have a potential to move into leadership, management, and governance roles.

- Offer care to women and men according to their needs, their time, and other constraints. Meet women’s and men’s different health needs and consider social biases that generate divergent health-related risks and outcomes associated with gender. The health of both, men and women, impacts economic growth, as healthy men and women can work more productively. Protecting women’s health may have bigger returns on investment since women are most often the primary caregivers for family.

- Develop skills, capacities, and capabilities among health professionals at all levels of the health system so they can understand and apply gender perspectives in their work.

- Make sure that gender discrimination as well as sexual harassment and abuse are not tolerated. Develop a complaints mechanism and/or a whistle-blowing mechanism to deal with such cases. Establish policies and procedures that provide a safe working environment for all women and men.

- Ensure that any data collected is disaggregated by sex, and used for data-driven policy making.

*Adapted from Final Report to the WHO Commission on Social Determinants of Health*

Figure 3. Gender-Responsiveness Spectrum

<table>
<thead>
<tr>
<th>Gender Exploitative</th>
<th>Gender Blind</th>
<th>Gender Aware</th>
<th>Gender Responsive</th>
<th>Gender Transformative</th>
</tr>
</thead>
<tbody>
<tr>
<td>maintain gender inequalities and stereotypes</td>
<td>gender does not influence how decisions are made</td>
<td>do not seek to challenge the status quo</td>
<td>clearly responsive to different needs based on gender</td>
<td>seek to transform gender relations and promote equity</td>
</tr>
</tbody>
</table>

*Source: Adapted from the Interagency Gender Working Group*
Example from the Field: Men as Caregivers in Lesotho’s HIV/AIDS Epidemic

In 2008, the USAID-supported Capacity Project conducted a study in three districts in Lesotho to show how gender segregation of occupations affected the health of communities. Women and girls were found to be the primary HIV/AIDS caregivers. HIV/AIDS caregiving was seen to be a gender-segregated job, at the core of which were stereotypes and beliefs about the appropriate work of men and women. This resulted in an inequitable burden on women and girls. The project made a recommendation to the Government of Lesotho to address existing gender-based inequalities through explicit gender-redistributive policies (a more equal division of responsibilities between women and men), messages and recruiting, and training and incentive practices. The Capacity Project designed ways through which males could be recruited to fulfill the caregiving role. The intervention resulted in a more equitable division of the HIV/AIDS caregiving burden.

Enabling Factor: Intersectoral Collaboration

Health is influenced by lifestyles and environments—how people live, work, eat, spend their leisure time, and so on. These are individual choices and circumstances, stemming from social, cultural, economic, and environmental factors. Decisions in many different policy arenas influence these social determinants of health, and a “Health in All Policies” approach is intended to reduce health inequalities by addressing these determinants. This approach takes into account the impact of public policies across many different sectors on health determinants and health systems, and ultimately, on health. As noted earlier, many different stakeholders in the public sector play a role in improving health within a country, including ministries dealing with water and sanitation, education, finance, economic development, and roads and transportation. Decisions and actions to improve health yield better results if these diverse actors are involved in the decision-making process.

The European Observatory on Health Systems and Policies has proposed an analytical framework for Intersectoral Governance for Health in All Policies. In this framework, intersectoral governance structures facilitate collaboration among different ministries, departments, or sectors. These structures are maintained by intersectoral governance actions that align other policies with health objectives, enabling a Health in All Policies approach. Based on this framework, we recommend you use the checklist shown in Table 2 to establish a baseline on intersectoral collaboration and to track your advancement.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has established a truly effective model of intersectoral collaboration, as described in the following field example.

ACT NOW!

- Identify a health issue that is influenced by policies in different sectors, and work to raise its visibility on the agenda of a decision-making body outside of the health sector.
- Assess the feasibility for intersectoral collaboration and determine who needs to be involved.
- Bring together the key players, adopt a collaborative approach for addressing the issue, and frame or reframe the issue for deliberation, including a process that negotiates interests and allocation of resources.
- At the end of the process, draft and sign an agreement establishing accountabilities.

Source: Policy Consensus Initiative (PCI)
Table 2. Checklist for Governance Actions to Support Health in All Policies

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Intersectoral governance structures exist at the national level; for example, cabinet committees and secretariats convening across sectors or ministries.</td>
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</tr>
<tr>
<td>Intersectoral governance structures exist at the parliament level; for example, parliamentary committees.</td>
<td>✔️</td>
</tr>
<tr>
<td>Intersectoral governance structures exist at the civil service level; for example, interministerial committees and task forces.</td>
<td>✔️</td>
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<tr>
<td>There are funding arrangements to support actions taken across many different sectors to attain health objectives, breaking the vertical budgetary silos. Special funds are mobilized to finance intersectoral action or joint programs for health.</td>
<td>✔️</td>
</tr>
<tr>
<td>There is a formal structure and process for engagement beyond government; for example, with the public, other stakeholders, and industry.</td>
<td>✔️</td>
</tr>
<tr>
<td>The intersectoral governance structures collect and use evidence from many different sources, including public and industry sources, research, and published literature.</td>
<td>✔️</td>
</tr>
<tr>
<td>There is a government mandate for aligning different sectors to adopt a Health in All Policies approach.</td>
<td>✔️</td>
</tr>
<tr>
<td>There are multisectoral agreements on desired health goals and outcomes.</td>
<td>✔️</td>
</tr>
<tr>
<td>There is coordinated interministerial and intersectoral advocacy and action on the social determinants of health.</td>
<td>✔️</td>
</tr>
<tr>
<td>Multisectoral policies on the social determinants of health are effectively implemented.</td>
<td>✔️</td>
</tr>
<tr>
<td>The intersectoral governance structures effectively monitor, measure, and evaluate progress on social determinants of health.</td>
<td>✔️</td>
</tr>
<tr>
<td>There is demonstrated commitment to partnership building across sectors at the local level through meaningful alliances, committees, and regular sharing of information.</td>
<td>✔️</td>
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</table>

Example from the Field: The Global Fund–Sponsored CCM, a Leader in Intersectoral Collaboration

Since 2003, the Global Fund to Fight AIDS, Tuberculosis and Malaria has motivated countries around the world to establish Country Coordinating Mechanisms (CCMs). The CCMs are central to the Global Fund’s commitment to local ownership and participatory decision-making. These country-level multi-stakeholder partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level. After grant approval, they oversee progress during implementation. CCMs include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases. CCMs foster the participation of civil society organizations, people affected by these diseases, multiple government agencies, private sector, and other groups. Between 2004 and 2011, the Global Fund provided 3.3 million people living with HIV with antiretroviral treatment, treated 8.6 million cases of tuberculosis, and distributed 230 million insecticide-treated nets to prevent malaria mainly through the CCMs.

Tools and Resources


GOVERNING PRACTICE 3—SET SHARED DIRECTION

Set Shared Direction: Develop a collective vision of the “ideal state” and a process for designing an action plan, with measurable goals, for reaching it

<table>
<thead>
<tr>
<th>Principles Underlying the Practice</th>
<th>Governing Actions You Can Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder alignment</td>
<td>• Oversee the process for developing and implementing a shared action plan to achieve the mission and vision of the governed (organization, community, or country). Engage citizens and other stakeholders.</td>
</tr>
<tr>
<td>Leadership</td>
<td>• Advocate on behalf of stakeholders’ needs and concerns, as identified through the formal mechanisms above, making sure to include these in defining the shared direction.</td>
</tr>
<tr>
<td>Management</td>
<td>• Document and disseminate the shared vision of the ideal state.</td>
</tr>
<tr>
<td>Advocacy</td>
<td>• Oversee the process of setting goals to reach the ideal state.</td>
</tr>
<tr>
<td></td>
<td>• Make sound policies, laws, regulations, rules of procedure, programs, and protocols to achieve the ideal state.</td>
</tr>
<tr>
<td></td>
<td>• Establish accountability mechanisms for achieving goals that have been set, using defined indicators to gauge progress toward achieving these goals.</td>
</tr>
<tr>
<td></td>
<td>• Advocate for the ideal state in higher levels of governance, other sectors outside of health, and other convening venues with a role to play in its realization.</td>
</tr>
<tr>
<td></td>
<td>• Oversee the process of realization of the shared goals and the desired outcomes.</td>
</tr>
</tbody>
</table>

Effective health governance should lead to improved client experiences and health outcomes, as well as innovation. Those who govern are responsible for creating a collective vision, articulating this vision, and inspiring everyone in the system to achieve it. They oversee the process of planning, strategizing, and monitoring progress toward that vision, all the while advocating for the needs of those affected by governing activities.

Enabling Factor: Leadership and Management

Effective leadership is a prerequisite for effective governance and effective management. Leaders are critical to the governing process. The full potential of governance cannot be realized without strong and effective leadership, and sound management.

Health leaders who govern define the vision for health as well as the strategy to achieve this vision; they exert influence across all sectors for better health; they govern the health system in ethical ways; they ensure that the system design is aligned with health system goals; and they make policies that enhance health outcomes for the populations they serve. They raise and allocate the resources for the organization to meet its mission and objectives. Effective governors engage with stakeholders and foster inclusion and participation, as discussed previously. We break down effective leadership and management into four leading and four managing practices that you can easily follow. Please see the ‘Act Now!’ section.

The following example from Egypt shows how health leaders and managers were able to set a shared vision of reducing maternal mortality and achieved it together.
Effective leadership

- **Scan** challenges and opportunities in your internal and external environment. Consider how a doctor reviews a patient’s vital signs to get a basic picture of his/her health. Try to recognize opportunities, challenges, and trends to gain a picture of your whole situation. Talk to as many stakeholders as possible, establish formal and informal networks, take advantage of lessons learned, and review current literature.

- **Focus** your attention on critical challenges. Communicate these challenges to your colleagues and work through them with participatory processes that encourage group members to think as individuals, act according to their beliefs, and take responsibility.

- **Align** and **mobilize** the group to advance in the right direction. Motivate colleagues to address the challenges and find adequate resources to do so. Enabling others to help overcome these challenges often allows other leaders to emerge.

- **Inspire** the people around you to learn, act, commit, and create effective solutions by serving as a role model. Set an example through your own attitudes, actions, commitment, and behavior.

### Effective management

- **Plan**, i.e. set long-term and short-term goals and objectives, develop long-term and annual plans, allocate and assign adequate resources, and anticipate and reduce risks.

- **Organize** to implement the plan, establish accountability and authority for implementation, strengthen processes to implement the plan, and align health workforce with planned activities.

- **Implement** activities efficiently, effectively, and responsively, coordinate with health workers and the community, balance competing demands, use information and evidence, and adjust plans and resources as circumstances change.

- **Monitor and evaluate.** Monitor and reflect on progress against the plan, observe, check, and keep a continuous record of what is going on, provide feedback to the health workers and community members, assess the results - what worked and what went wrong, and identify changes needed to improve work processes.

### Example from the Field: In Egypt, Setting a Shared Direction

In Egypt, in 2003, after health workers participated in MSH’s Leadership Development Program (LDP), the districts of Aswan, Daraw, and Kom Ombo increased the number of new family planning visits by 36%, 68%, and 20%, respectively. The number of prenatal and postpartum visits also rose. After donor funding for the program ended, local doctors and nurses wished to scale up the program and set this as a shared objective. Notably, the health leaders in Aswan decided to support the ongoing work with their own funds. From 2005 to 2007, they scaled up the program to 184 health care facilities, training more than 1,000 health workers, and participants in the Aswan Governorate focused on reducing the maternal mortality rate as their annual goal. They reduced it from 85.0 per 100,000 live births to 35.5 per 100,000. The reduction in maternal mortality rate was much greater than in similar governorates in Egypt. Health leaders, managers, and teams across Aswan demonstrated their ability to scale up effective public health interventions through their increased commitment and ownership of service challenges.
GOVERNING PRACTICE 4—STEWARD RESOURCES

Steward Resources: Steward resources responsibly, building capacity

<table>
<thead>
<tr>
<th>Principles Underlying the Practice</th>
<th>Governing Actions You Can Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial accountability</td>
<td>• Champion the acquisition and use of resources to accomplish the organization’s mission and plans.</td>
</tr>
<tr>
<td>Development</td>
<td>• Protect and wisely invest the resources entrusted to the governing body to serve stakeholders and beneficiaries.</td>
</tr>
<tr>
<td>Social responsibility</td>
<td>• Collect, analyze, and use information and evidence for making decisions on the use of resources, including human, financial, and technical resources.</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>• Develop and implement a strategy for building the health sector’s capacity to absorb resources and deliver services that are high quality, appropriate to the needs of the population, accessible, affordable, and cost-effective.</td>
</tr>
<tr>
<td>Country ownership</td>
<td>• Advocate for using resources in a way that maximizes the health and well-being of the public and the organization, and invest in communication that puts health on the policy-making agenda.</td>
</tr>
<tr>
<td>Ethics</td>
<td>• Inform the public and create opportunities for them to be included in monitoring and evaluating the way that resources are raised, allocated, and used.</td>
</tr>
<tr>
<td>Resourcefulness</td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td></td>
</tr>
</tbody>
</table>

Stewardship is the ethical use of common resources in pursuit of financially efficient outcomes. Policy making that is both ethical and efficient is the defining feature of stewardship. Compiling, disseminating, and applying data on how resources are being used are essential stewardship functions. The model of stewardship in health (Figure 4) incorporates the four effective governing practices and their nine key enabling factors or building blocks described in this issue of The eManager. Governing Practice 4 presents the principles underlying the practice and the relevant actions you can take to support it.

Enabling Factor: Ethical and Moral Integrity

Current ethical thinking is based on the concepts of human rights, individual freedoms and autonomy, and minimizing harm to others. The concept of equality, or equal consideration for every individual, is paramount. Ethics is the discipline concerned with what is morally good and bad, right or wrong. Morality, on the other hand, is whether an individual actually conforms to...
ideals of right human conduct. Ethics and morality relate to individual integrity.

The lack of ethical and moral integrity can occur in any area of the health sector—for example, in the construction and rehabilitation of facilities; purchase of equipment, supplies, and drugs; education of health professionals; and the provision of services by medical personnel and other health workers. A lack of integrity might manifest itself through bribes, kickbacks, poor performance, refusal to uphold institutional policies, absenteeism, informal payments, or theft of public resources.

Corruption in a health system results in higher costs and lower quality of care, hitting the poor the hardest if services become biased toward society’s elite. Poor women, for example, may not get critical health care services simply because they are unable to pay informal fees. Patients may not receive high-quality care. There is a risk of harm due to substandard drugs and equipment, inappropriate treatment, and inadequate training of personnel. The patients and citizens lose faith and trust in the health system and in the government if the health system is riddled with corruption. The government to an extent loses its legitimacy.

The example from the field shows how ethical and moral behaviors can contribute to resource stewardship.

Example from the Field: Nigeria
Working to End Counterfeit Drugs

Nigeria’s National Agency for Food and Drug Administration and Control (NAFDAC) has been able to bring down unregistered and hence suspected-to-be counterfeit drugs in the market from 68% to 20% from 2001 to 2011. NAFDAC’s war against counterfeit medicine has been going on for more than 20 years. The agency’s fight against fake drugs may have saved hundreds of thousands of Nigerians from possible adverse effects such as treatment failure, drug resistance, complications, and death.

Now Nigerian consumers can report counterfeit drugs through mobile texting. Medicine packs have a small scratch strip added to the packaging. A purchaser scratches the panel and sees a unique number or code. The consumer then uses a mobile phone and texts the code to a toll-free number. Within seconds, a message appears on his or her phone with the word “YES”—a response meaning the drug is genuine. If the consumer receives the word “NO,” they also get a local number so they can alert authorities about this encounter with a potentially counterfeit medicine. The national drug regulators, mobile phone networks, and pharmaceutical companies have come together to make this consumer participation possible. Every Nigerian who walks into a pharmacy store with a cell phone in hand is now a potential consumer advocate and a supporter of the NAFDAC’s fight against corruption.

ACT NOW!

• Publish and regularly update information (preferably on the Internet) on health budgets and performance at the national, local, and health center levels. Make all stages of budget formulation, execution, and reporting fully accessible to civil society.

• Introduce codes of conduct on corruption and conflicts of interest that clearly outline sanctions for breaches and enforce them through an independent body.

• Create avenues for public oversight, and make policies, practices, and expenditures open to public and legislative scrutiny.

• Adopt and enforce conflict of interest rules.

• Ensure that information about tender processes is publicly available on the Internet; apply a binding agreement to both bidders and contracting agencies not to offer or accept bribes in public contracting; and debar companies found to have engaged in corrupt practices from participating in tender processes for a specified period of time.

• Rigorously pursue and prosecute corrupt acts, and take preventive measures. Prevention is the best strategy. Leakage in a health system may at times be unintentional—for example, because of weak public financial management. Tighten the control systems, such as public financial management and commodity procurement systems.

Source: Transparency International
Enabling Factor: Pursuit of Efficiency and Sustainability

Efficiency refers to the extent to which resource use is maximized to achieve the greatest possible outcomes. To be sustainable is to achieve a state in which future positive impacts of a system or decision are maximized. Efficiency in the governance context means that processes and institutions make the best use of resources at their disposal, producing results that meet the needs of society.

Efficiency has three dimensions:

- **Technical efficiency**: The use of productive resources in the most technologically efficient manner. It implies the maximum possible output from a given set of inputs.
- **Allocative efficiency**: The ability of an organization to use the inputs in optimal proportions, given their respective prices and the available production technology. It is concerned with choosing between the different technically efficient combinations of inputs used to produce the maximum possible outputs.
- When taken together, allocative efficiency and technical efficiency determine the degree of economic efficiency.

Sustainability refers to a health system’s capacity to continue its activities in the future and to expand activities to keep up with population growth and with health needs. A health service is sustainable when it has the long-term ability to mobilize and allocate sufficient and appropriate resources (human resources, technology, information, and finance) for activities that meet individual or public health needs/demands. The health system is sustainable when it has the capacity to initiate desired changes, or adapt to changes in demand or in environmental conditions while ensuring the required resources to achieve the intended results.

Sustainability has three dimensions:

- **Institutional sustainability**: A well-managed organization able to consistently adapt its governance practices, structure, and systems to remain mission-driven and market-adjusted, allowing the organization to respond to its supporters and to its clients new responsibilities, while creating a positive work climate for its staff.
- **Financial sustainability**: A well-managed organization able to consistently secure, manage, and report on the use of revenue from various sources to support its ongoing programs and undertake new initiatives.
- **Programmatic sustainability**: A well-managed organization able to deliver quality products and services that respond to its clients’ needs through well-managed programs supported by a strong knowledge management system. The organization is able to anticipate new areas of client needs.

The concept of efficiency and sustainability of the health system in low- and middle-income countries is increasingly important, as in many of these countries there has been a “disconnect” between the operation plans developed and the actual allocation, use, and control of the budget. Responsible stewardship of resources improves the efficiency which, in turn, contributes to increased sustainability. The field example from Bolivia shows how leaders who govern the health system can better allocate resources to respond to the population’s needs.

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**Example from the Field: Increasing Health Resources in Bolivia**

In Bolivia, 1996, 1997, 1998, and 2000, national health accounts information showed that the MOH was spending approximately 43% of its budget on hospitals alone. Based on this data, the government decided to increase its overall health budget and also spending on primary care while avoiding a reduction, in absolute terms, in hospital spending—expecting future savings due to a gain in allocative efficiency. The share of hospital spending in the MOH’s budget is now 35%.

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Tools and Resources


Enabling Factor: Measurement of Performance

Leaders who govern and the leaders who manage can use performance measures to evaluate, control, budget, motivate, promote, celebrate, learn, and improve. However, no single performance measure is appropriate for all eight purposes. Table 3 presents an overview of how the different performance measures can serve different purposes.

The development of measurement systems helps establish a performance-based culture in the public sector. In the governance context, performance measurement also helps promote accountability. Performance measures help those who govern communicate better with the public, to build public trust. Improving accountability and increasing communications with the public have the potential to improve programs, thereby leading to better outcomes.

The example from the field from Afghanistan shows how measuring performance has become a well-integrated part of the health system there.

ACT NOW!

- Conduct strategic planning to achieve priority results, and reorient processes toward concrete and measurable results.
- Incorporate monitoring and continuous quality improvement through implementation of basic standards that ensure a minimum quality of health care.
- Implement a continuous improvement system for service delivery.
- Make good use of information and communication technology that can enhance efficiency and information exchange.
- Incorporate approaches based on appropriate use of technology, evidence, and cost-effectiveness criteria.
- Develop cost-effective procurement, storage, and distribution solutions for drugs, devices, and health care supplies.
- Compare the output efficiency in your organization (for example, in terms of length of stay in a hospital) with that of an organization that is performing better.
- Promote and strengthen oversight over health care delivery and health management processes.
- Use social accountability mechanisms such as community scorecards, social audits, and public hearings.

ACT NOW!

- Formulate a clear, coherent mission, strategy, and objectives.
- Involve key users of the measurements in the program design and development phases.
- Develop multiple sets of measures for multiple users of measures, and provide each user of the measures with sufficient detail for a clear picture of performance.
- Consider the customer (the “end user” of the data) throughout the process.
- Use the performance information to refine the programs and policies.
- Periodically review and revise the performance measures.
- Avoid excessive aggregation of information. More detail is preferable to less.

Source: Kravchuk, R and Schack, R (1996)
Table 3. How Performance Measurement Can Be Used to Improve Governance in the Public Sector

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Question That the Performance Measure Can Help Answer</th>
<th>Type of Performance Measure Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate</td>
<td>How well is my public agency performing?</td>
<td>Outcomes, combined with inputs and the effects of external factors</td>
</tr>
<tr>
<td>Control</td>
<td>How can I ensure that my managers are doing the right thing?</td>
<td>Inputs that can be regulated</td>
</tr>
<tr>
<td>Budget</td>
<td>On what programs or projects should my agency spend the public’s money?</td>
<td>Efficiency measures (outcomes or outputs divided by inputs)</td>
</tr>
<tr>
<td>Motivate</td>
<td>How can I motivate my managers, stakeholders, and citizens to do the things necessary to improve performance?</td>
<td>Outputs compared with targets</td>
</tr>
<tr>
<td>Promote</td>
<td>How can I convince political superiors, legislators, stakeholders, journalists, and citizens that my agency is doing a good job?</td>
<td>Easily understood aspects of performance about which citizens really care</td>
</tr>
<tr>
<td>Celebrate</td>
<td>What accomplishments are worthy of celebrating success?</td>
<td>Performance targets that, when achieved, provide people with a sense of personal and collective accomplishment</td>
</tr>
<tr>
<td>Learn</td>
<td>Why is something working or not working?</td>
<td>Disaggregated data that can reveal deviances from the expected</td>
</tr>
<tr>
<td>Improve</td>
<td>What exactly should one do differently to improve performance?</td>
<td>Relationships that connect changes in operations to changes in outputs and outcomes</td>
</tr>
</tbody>
</table>

Source: Behn14

Example from the Field: Implementing a Balanced Scorecard in Afghanistan

To deal with an extremely high burden of disease in Afghanistan, the Ministry of Public Health (MOPH) designed a Basic Package of Health Services, which is delivered by nongovernmental organizations and MOPH agencies. In 2004, the MOPH pioneered an annual balanced scorecard to measure the performance of this basic package. The balanced scorecard is an integrated management and measurement tool consisting of a list of key performance indicators and performance benchmarks in several domains. The six domains (patients and community, staff, capacity for service provision, actual service provision, financial systems, and overall vision) and 29 indicators used in the balanced scorecard were developed through a participatory process involving MOPH leadership and technical staff, NGOs, and donor and technical agencies. Each year throughout Afghanistan a random sample of health facilities is chosen, and surveyors collect several thousand patient observations and conduct exit interviews with patients or their caregivers as well as interviewing health providers.

The MOPH uses the scorecard findings to identify priority areas for improvement and measure performance over time. After seeing the results of the first balanced scorecard in 2004, the MOPH identified eight priority areas in need of improvement based on the unsatisfactory level of performance for each indicator and its importance to the MOPH’s strategy to improve people’s health. These priority areas were establishment of functional village health councils, drug availability, laboratory functionality, provider knowledge, health worker training, availability of clinical guidelines, monitoring of tuberculosis treatment and provision of delivery care. Afghanistan has used the findings of successive balanced scorecards to improve health system capacity and service delivery through performance benchmarking in the last eight years. The balanced scorecard has also helped demonstrate the effects of investments and facilitate policy change, and has created an evidence-based decision-making culture in Afghanistan’s primary health care system.
Enabling Factor: Use of Information, Evidence, and Technology in Governance

Every day, people working within a health system rely on information and evidence to help them make decisions. Information comprises facts, ideas, concepts, and data that facilitate interpretation and subsequent action. Evidence is information or facts from a variety of both qualitative and quantitative sources that is systematically obtained—gathered in a way that is replicable, observable, credible, or verifiable. Evidence may include analyzed data, published research findings, results of evaluations, prior experience, or expert opinions, any or all of which may be used to reach conclusions on which decisions are based.

Evidence-informed public health involves integrating the best available research into the decision-making process in public health practice and policy development—it means finding, using, and sharing what works in public health. It offers several potential benefits, such as improved client satisfaction, adoption of the most effective and cost-efficient interventions, prudent use of scarce resources, and better health outcomes for individuals and communities.¹⁵

ACT NOW!

• Ask critical questions about the proven evidence available to support policy making.
• Use valid and reliable evidence while making decisions.
• Consider the applicability of evidence beyond its original context or setting, since evidence is context-sensitive.
• Make sure systematic and transparent processes are used to identify, appraise, and use evidence.
• Establish strong links between policy makers and researchers, and involve stakeholders.
• Build capacity of those working in the organization to find and use appropriate evidence.
• Use evidence to identify problems, frame options to address the problems, and decide how options will be implemented.
• Engage the public in evidence-informed policy making.

Tools and Resources


McMaster Health Forum. n.d. McMaster Health Forum and its partners host Health Systems Evidence, a free site for evidence and a continuously updated repository of research about governance and implementation strategies that can support change in health systems. Available at http://www.mcmasterhealthforum.org/healthsystemsevidence-en.


Health-evidence.ca. n.d. Based at McMaster University, this is a free, searchable online registry of systematic reviews on the effectiveness of public health and health promotion interventions. Available at http://health-evidence.ca/.

Cochrane Collaboration. n.d. The Cochrane Collaboration is a global network seeking to improve health care decision making through preparing and updating of systematic reviews of the effects of health care interventions. Available at http://cochrane.org/.
Example from the Field: Linking Technology to Government Accountability in Uganda

Twaweza, meaning “we can make it happen” in Swahili, is a recent 10-year initiative for citizen-led public accountability in Kenya, Tanzania, and Uganda. It advances service delivery outcomes by helping citizens hold their governments to account. Its initial focus was on education services and it worked with a mobile phone company to let citizens report on the state of education in Uganda, including teacher and pupil attendance at primary schools. The same attention to transparency, citizen action and engagement, and holding district and subdistrict government officials accountable for their actions in the education sector is also being used to improve health.

Twaweza and its other partner, Radio TRAC-FM, poll listeners on the quality of various service delivery such as stock outs, clinic waiting time, functionality of water points, etc. The station gets listener comments via short message service (SMS) sent by mobile phone, discusses these on air, and then posts the results on Facebook. By using radio, SMS, and Internet, they are mixing old and new technology to promote public debate, creating a powerful feedback loop that allows citizens to share their views and hold their leaders accountable.

Tools and Resources

K4H (Knowledge for Health)’s mHealth tool kit can be accessed from http://www.k4health.org/toolkits/mhealth/health-areas.

WHO: mHealth new horizons for health through mobile technologies based on the findings of the second global survey on eHealth can be accessed at http://whqlibdoc.who.int/publications/2011/9789241564250_eng.pdf.


National eHealth Strategy Toolkit developed by the WHO and the International Telecommunication Union (ITU) to provide governments, ministries, and their stakeholders with a method for developing and implementing a national eHealth vision, action plan, and monitoring framework can be accessed from http://www.itu.int/pub/D-STR-E_HEALTH.05-2012
**WORKING SOLUTIONS**

Good governance is an ideal that is difficult to achieve in its totality. Few countries and societies have come close. Ensuring good governance demands that we all master the four effective governing practices presented in this issue of *The eManager* and work on strengthening the nine enabling factors that have been highlighted here. The two stories below illustrate good governance strategies in action.

Examples from the Field: Kenya and Honduras

**Kenya**

Hospital reforms are taking place as a result of promulgation of Kenya’s new constitution in 2010. *Governance Guidelines for Hospital Management Committees* have been developed and rolled out nationally. Training workshops on these guidelines were held in the provinces. According to Ms. Mary Ngari, the Permanent Secretary of Kenya’s Ministry of Medical Services, “Hospital Management Committees and Hospital Management Teams are expected to use these guidelines to provide cohesive strategic direction in hospitals.” Funding from the central government to support hospitals is funneled through the Health Management Services Fund. Hospital Management Committees act as an oversight mechanism to ensure sound management of this fund by the Hospital Management Teams. The committees consist of civil society and community members as well as medical personnel and provincial government officials. The teams are made up of government-employed hospital staff. The aim of the committees is to improve health service delivery by involving communities in the decision-making process. The governance guidelines have helped, because a majority of hospital committee members did not fully know their roles and responsibilities and tended to underperform. The ministry expects the guidelines to have a significant impact on hospital performance by increasing efficiency through sound financial management, and better programming, budgeting, and priority setting in the hospitals.

**Honduras**

In 2004, the leaders who govern the Ministry of Health in Honduras made a decision to implement a management model that would be flexible, decentralized, and results-oriented, and would allow for participation of the community and the key local players. The early experiences facilitated access to a basic package of health services primarily benefiting marginalized communities and families in extreme poverty and at risk. In 2008, with strong political support from government, the MOH boldly involved 170 health units in 38 municipalities of the 11 departments of the country, benefiting 483,742 citizens with a basic package of health services. The health units with decentralized management compared to those without decentralized management showed slightly higher levels of production and coverage of the population in the priority primary health programs; for example, there was an increase in total institutional deliveries and hospital services extended to the assigned population. The decentralized model also had lower unit costs, required fewer resources to achieve the coverage goals, and had a higher compliance rate in implementing care protocols.
QUESTIONS FOR DISCUSSION AND REFLECTION

1. What makes governance effective or ineffective? Which governing practices are weak in your organization? What will you do to bolster them? What will you do to put in place enablers of effective governance? What will you do to remove barriers to effective governance?

2. The concepts of transparency, participation, accountability, and integrity are interlinked as four elements of the accountability chain. How will you bring about better transparency, participation, and accountability in decision-making processes in your organization?

3. Can you recall an initiative that has strengthened accountability and has improved service performance? What results did it achieve? What were the reasons for its success or failure?

4. What roles do women play in the health system? How can effective governance help them in these roles? Is governance decision making in your organization gender-responsive? Give instances of gender-responsiveness or lack of it. What steps do you suggest to enhance gender-responsiveness in governance decision making?

5. Give examples of the use of information, evidence, and technology in governance decision making in your organization or the lack of their use. How do you think the use of these enablers could be enhanced in your organization?

6. How have leaders influenced governance decision making in your organization?

7. What are the similarities and the differences between governing in the public sector and governing in the non-profit or for private-for-profit sector?
HEALTH GOVERNANCE SELF-ASSESSMENT TOOL

Please note that this is an abridged version of the self-assessment tool. People who have a governing role should take this assessment. The self-assessment score classifies the person in one of the four categories: outstanding governance, meets most requirements, needs improvement, and unsatisfactory governance. The full tool has 30 questions and a maximum score of 280. The full version of the tool can be accessed on the LMG website at [http://www.lmgforhealth.org/](http://www.lmgforhealth.org/).

Please circle the choice that represents how you feel about your governance decision making.

1) I do what I publicly or privately say.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

2) When making a decision, I decide in favor of what I think is ethically right.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

3) I mobilize human, material, and financial resources and align them to support priorities of my organization.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

4) I make information related to my decisions available to those who are affected by my decision.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

5) I include those who are affected by my decision or their representatives in the decision-making process.
   Not at all 0  1  2  3  4  5  6  7  8  9  10  Strongly

6) I am responsive to different needs of men and women when I make a governance decision.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

7) I allow people affected by my decisions to question me on why a decision was taken.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

8) I collaborate with other ministries to achieve better health outcomes for the people I serve.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

9) I insist on measuring the results and impact of my decisions.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

10) I consider the concerns of the poor and vulnerable people while taking a governance decision.
   Never   0  1  2  3  4  5  6  7  8  9  10  Always

**Scoring guide for abridged version:**

- 75 and above: outstanding governance
- 51–74: meets most requirements
- 25–50: needs improvement
- 25 and below: unsatisfactory governance
ENDNOTES

1. The Transparency and Accountability Initiative (T/A Initiative) at http://www.transparency-initiative.org/


The authors wish to acknowledge the following groups for relevant examples from the field: Citizen Health Board in Bolivia, Inter-American Development Bank; Nigeria Working to End counterfeit Drugs, BBC News; Increasing Health Resources in Bolivia, Health Systems 20/20 Project; Implementing a Balanced Scorecard in Afghanistan, Johns Hopkins University.
**REVIEWERS’ CORNER**

I think the format is very strong—the examples from the field help people to envision what each area would look like in their work, and the Act Now! sections demonstrate some concrete actions that people can take. Overall, I am sure this will be a helpful document (to the practitioners in the field) ...It is an impressive list of topics to cover, and in a way that is very accessible and practical.

—Lesley Stone, Office of Health Systems, USAID

I found this to be a very a very useful tool—the organization of effective governing practices and their enablers is very clear and provides a good overview of how to approach a very broad scope of work in a manageable way ...The document very nicely discusses ... the need for greater oversight/transparency of resource tracking/expenditure information.

—Jodi Charles, Office of Health Systems, USAID

This issue 1/2013 of *The eManager* is a down-to-earth resource which can be used by leaders in the public, private, and the non-profit sectors. It provides accurate field-based experiences on how to ensure effective participation, inclusion, gender-responsiveness, and mainstream a greater accountability in governance in order to improve health outcomes, ensure efficiency and effectiveness. It may at first glance seem applicable to the public sector only but reading it provides everyone a chance to adopt a clear, evidence-based approach to improve governance in the health sector for better services for the public. A must-read newsletter!

—Dr. Garry Dearden and Achille Togbeto, International Planned Parenthood Federation

This is a tremendous tool ... and will be of great use in the field. We look forward to incorporating it into our Senior Leadership Program activities—particularly the stories of effective governance practices that are highlighted ... Super helpful to have these little vignettes from practical experience! Great stuff!

—Dana Karen Ciccone, Yale Global Health Leadership Institute

The eManager is designed to help health leaders, managers, and those who govern, to develop and support the delivery of high quality health services. The editors welcome any comments or questions.

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