

CHAPTER 6 GOVERNANCE MODULE

6.1 Overview

6.1.1 Chapter Outline

This chapter presents the governance module of the health systems assessment tool. Section 6.1 defines *governance* and its key dimensions, particularly as they relate to the health sector. Section 6.2 provides guidelines on assessing governance in the health sector for the country of interest; Section 6.3 presents the indicator-based part of the assessment, including suggested assessment questions; and Section 6.4 guides the assessment team in how to summarize findings and develop recommendations.

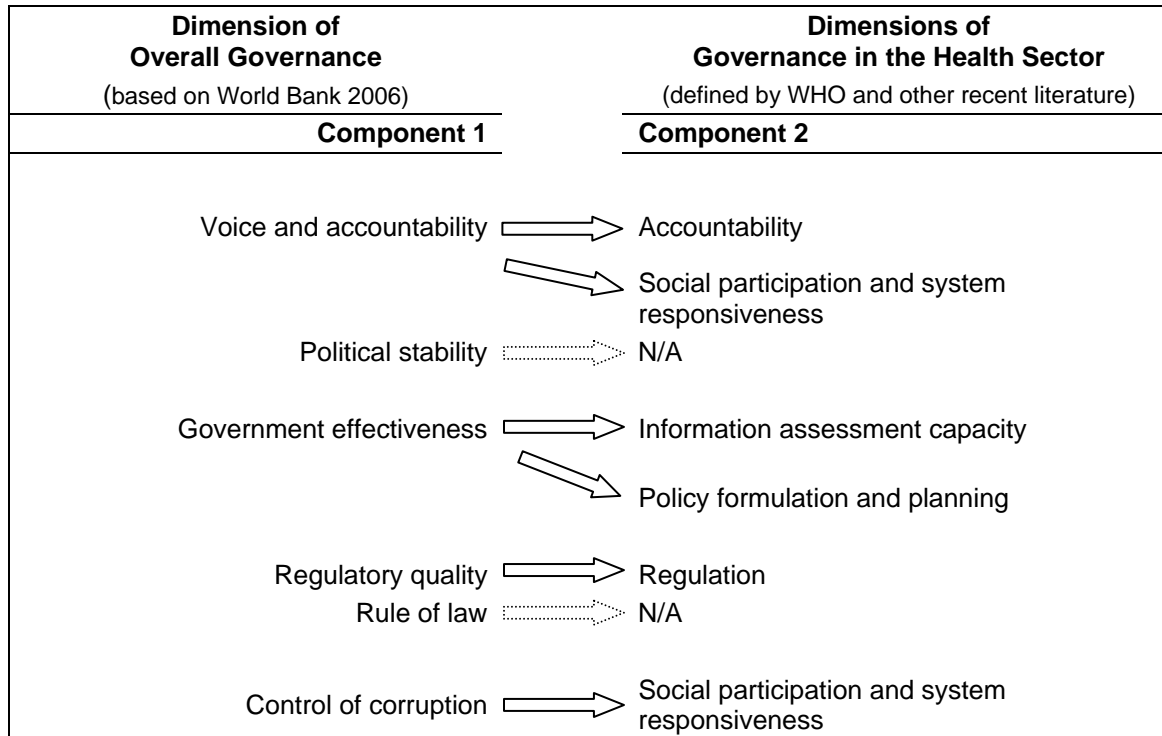
This module differs from the other modules in the nature of the indicators included—they are, for the most part, qualitative and descriptive questions rather than specific measurable indicators.

6.1.2 What is Governance (Stewardship)?

The U.S. Agency for International Development (USAID) has described effective health governance as the process of “competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people.” For health care interventions to work, countries need effective policy making, transparent rules, open information, and active participation by all stakeholders in the health sector (USAID 2006). The World Health Organization (WHO) defines stewardship in the health sector as “the careful and responsible management of the well-being of the population” (WHO 2000).

The quality of overall governance in a country directly affects the environment in which health systems operate and the ability of government health officials to exercise their responsibilities. Governance can be broadly defined as the set of traditions and institutions by which authority in a country is exercised. This definition encompasses (1) the process by which governments are selected, monitored, and replaced; (2) the capacity of the government to effectively formulate and implement sound policies; and (3) the respect of citizens, private organizations, and the state for the institutions that govern economic and social interactions among them.

The concept of stewardship, or governance, in the health sector is relatively new, and there is little guidance for collection or standardization of information on this aspect of the health system. Measures of overall governance are better developed and include indicators on *voice and accountability*, *political stability*, *government effectiveness*, *regulatory quality*, *rule of law*, and *control of corruption* (Kaufmann, Kraay, and Mastruzzi 2006). Most of these indicators of general governance (to be assessed in Component 1) are linked to a dimension of stewardship in the health sector (to be assessed in Component 2) as illustrated in Figure 6.1. Evidence shows a positive relationship between governance indices and measures of health performance and outcomes (Lewis 2006).



Note: N/A = not applicable. Indicates that there is no corresponding dimension of stewardship in the health sector.

Figure 6.1 Links between Governance and the Health Sector

6.2 Developing a Profile of Governance

This module offers an approach to assessing governance by defining the dimensions of the concept, identifying what information is needed for the assessment, and suggesting methods and sources for collecting this information. Since there are few standardized indicators to measure stewardship in the health sector, much of the information for this module will be qualitative and interview-based data. As the international community continues to focus attention on and emphasize the importance of stewardship, more quantitative survey-based information will become available in time, similar to the data generated for the general governance indicators used in Component 1 of this module (see Section 6.3.2.1 below).

Because of the sensitivity of issues such as corruption, accountability, and system responsiveness, considerable care must be taken in conducting interviews on governance, attributing information to sources, and documenting results from the data collected. The assessment team will need to balance the importance of documenting, sometimes for the first time, problems of favoritism or corruption, and assuring anonymity for information sources and key informants.

The level of decentralization of the health sector will have a direct impact on the exercise of governance at various levels within the health sector. If authority and responsibility are centralized, then subnational and local officials will not function as stewards with policy-making power. They still have a positive role to play, however, in improving governance through better

management of resources, client-responsive services, or collection of quality health data. In countries where the health sector is more decentralized, however, you will need to assess the authority and responsibilities that exist at the subnational or local levels (or both), as well as at the national level, to ascertain whether programmatic resources to support stewardship in health should be directed at both the national and subnational levels.

An assessment of the general level of governance and corruption using the Component 1 indicators and an understanding of the overall political structure in the country and the level of decentralization (as discussed in Chapter 5, Core Module) will provide some context for the examination of stewardship within the health sector in your country.

6.3 Indicator-based Assessment

6.3.1 Topical Areas

Component 1 of this module includes the indicators on general governance. Data for these indicators on your country are available from the World Bank's Worldwide Governance Indicators and the Corruption Perceptions Index from Transparency International and are also provided in the CD database that accompanies this manual. Further information is available on the following websites—

- The World Bank <<http://info.worldbank.org/governance>>
- Transparency International <www.transparency.org>

Component 2 combines desk-based assessment and stakeholder interviews to identify information on indicators related to governance in the health sector. Stakeholder interviews should complement information collected from a review of documents and provide important information that may not be available through document review. As illustrated in Figure 6.1, the dimensions of governance in the health sector are somewhat different from the dimensions of overall governance. The following five dimensions of governance in the health sector will be considered in Component 2.

- Information/Assessment Capacity*—information available to decision makers and a broad range of stakeholders on trends in health and health system performance and on possible policy options. Available information is used for planning and decision making. Chapter 11 (Health Information System) contains extensive analysis on the existence, functioning, resources, and capabilities of a country's health information system.
- Policy Formulation and Planning*—appropriate processes in place to develop, debate, pass, and monitor legislation and regulations on health issues. The government planning process is functioning. There is consistency and coherence between health sector laws or plans and actual implementation.
- Social Participation and System Responsiveness*—involvement of a broad range of stakeholders (nongovernmental and representatives of various public sector actors) in

understanding health issues and in planning, budgeting, and monitoring health sector actions as well as the health system’s responsiveness to the input of these stakeholders. Elements of this dimension are also covered in detail in Chapter 7 (Health Financing) and Chapter 8 (Health Service Delivery).

- D. *Accountability*—existence of rules on publishing information about the health sector (e.g., plans, health data including health statistics, fee schedules); a functioning free popular and scientific press; functioning watchdog organizations; and consumer protection from medical malpractice

- E. *Regulation*—capacity for oversight of safety, efficacy, and quality of health services and pharmaceuticals; enforcement capacity for guidelines and standards and regulations; and perception of the burden imposed by excessive regulation

Governance is linked to each of the five performance criteria (equity, efficiency, access, quality, and sustainability), and it is difficult to disaggregate the influence of each component in terms of the criteria selected. Sound planning and policy formulation, for example, will have a positive impact on all of the performance criteria and, conversely, lack of planning and poor policies will have a negative impact. The same can be said of the other dimensions of governance with the exception of regulation—this dimension of governance is more easily linked to and should be referenced in terms of the quality of health services.

6.3.2 Detailed Descriptions of Governance Indicators

Table 6.1 groups the indicators in this module by topic.

Table 6.1 Indicator Map—Governance

| Component | Topical Area | Indicator Numbers |
|-------------|--|-------------------|
| Component 1 | Not applicable | 1–6 |
| Component 2 | Information/assessment capacity | 7–11 |
| | Policy formulation and planning | 12–18 |
| | Social participation and system responsiveness | 19–22 |
| | Accountability | 23–33 |
| | Regulation | 34–40 |

6.3.2.1 Component 1

All indicators in this component are measured in the Worldwide Governance Indicators database (developed by the World Bank) and “reflect the statistical compilation of responses on the quality of governance given by a large number of enterprise, citizen and expert survey respondents in industrial and developing countries, as compiled by a number of survey institutes, think tanks, non-governmental organizations, and international organizations” (World Bank 2006). The score for each indicator for a country ranges from –2.5 to 2.5, with higher scores reflecting better outcomes. Countries that score in the negative range on each indicator are much less likely to exercise stewardship that meets the standards established in the definition from the *World Health Report 2000*, cited in the introductory section of this module (WHO 2000).

Tip!

For details on how the indicators in this section are constructed and measured, as well as for a user-friendly tool for preparing regional comparison charts of these indicators, visit the World Bank Governance and Anti-Corruption website:
<http://info.worldbank.org/governance/kkz2005/>

1. Voice and Accountability

| | |
|--|--|
| Definition, rationale, and interpretation | Measures the extent to which a country’s citizens are able to participate in selecting their government, as well as freedom of expression, freedom of association, and a free media This indicator is a measure of political, civil, and human rights. The topics included in this indicator are, for example, civil liberties, political rights and representation, and fairness of elections. |
| Suggested data source | World Bank (2006). <i>Worldwide Governance Indicators</i> . < http://info.worldbank.org/governance/kkz2005/ > |

2. Political Stability

| | |
|--|---|
| Definition, rationale, and interpretation | Measures the perceptions of the likelihood that the government will be destabilized or overthrown by unconstitutional or violent means, including domestic violence and terrorism |
| Suggested data source | World Bank (2006). <i>Worldwide Governance Indicators</i> . < http://info.worldbank.org/governance/kkz2005/ > |

3. Government Effectiveness

Definition, rationale, and interpretation Measures the quality of public services, the quality of the civil service and its degree of independence from political pressures, the quality of policy formulation and implementation, and the credibility of the government's commitment to such policies

Topics included in this indicator are, for example, administrative and technical skills of the civil service, government stability, trust in government, policy consistency.

Suggested data source World Bank (2006). *Worldwide Governance Indicators*.
<<http://info.worldbank.org/governance/kkz2005/>>

4. Rule of Law

Definition, rationale, and interpretation Measures the quality of contract enforcement, the police, and the courts, as well as the likelihood of crime and violence

Suggested data source World Bank (2006). *Worldwide Governance Indicators*.
<<http://info.worldbank.org/governance/kkz2005/>>

5. Regulatory Quality

Definition, rationale, and interpretation Measures the ability of the government to formulate and implement sound policies and regulations that permit and promote private sector development

Topics included are, for example, business regulations, taxation, trade and competition policy, government market intervention.

Suggested data source World Bank (2006). *Worldwide Governance Indicators*.
<<http://info.worldbank.org/governance/kkz2005/>>

6. Control of Corruption

Definition, rationale, and interpretation Measures the extent to which public power is exercised for private gain, including petty and grand forms of corruption, as well as "capture" of the state by elites and private interests

Suggested data source World Bank (2006). *Worldwide Governance Indicators*.
<<http://info.worldbank.org/governance/kkz2005/>>

The scores for general governance collected for the six indicators in Component 1 reflect overall country governance, whereas the information to be collected in Component 2 (in the following section) focuses on stewardship in the health sector. A high score on a particular Component 1 indicator may not necessarily be matched by positive findings for a corresponding indicator in Component 2. For example, regulatory quality as measured by the Worldwide Governance Indicators looks at whether regulation is market-friendly, whereas regulation in the health sector (as discussed in Component 2) addresses issues of safety and quality of health services and products.

6.3.2.2 Component 2

As discussed in Section 6.2, health sector stewardship is a relatively recent analytical area and standardized indicators to measure its different dimensions are not available for the most part. Therefore, Component 2 of this module is structured differently than in the other modules in this assessment tool: for each of the five key dimensions of governance in the health sector, we give a set of illustrative questions that the assessment team should answer to assess each dimension. These questions are qualitative in nature (rather than defined indicators) and require more analysis on the part of the assessors than would be the case for a standard indicator. The assessment of each dimension is thus difficult because of the lack of a clear means of benchmarking how this country scores relative to other countries. You may find probing with other donor representatives useful to give you a feel for how the country you are assessing compares to others in the region or at a similar level of development.

Assessing and adequately describing each of the dimensions of governance in a rapid health sector assessment may be difficult unless recent in-depth assessments have been done. You should be able to get a generally well-informed impression of the state of governance, however, by reviewing documents and interviewing stakeholders.

Many of the other modules in this assessment also cover issues of governance in the health sector. Refer to these modules for topics that overlap with the Governance Module—

- *Health Financing Module (Chapter 7)*—for informal payments, consistency of public sector resource allocation with stated health strategy, governance of social insurance funds, provider payment systems aimed at increasing accountability
- *Health Service Delivery Module (Chapter 8)*—for enforcement of facility accreditation and quality of care regulations and enforcement processes, particularly in the private sector
- *Human Resources Module (Chapter 9)*—for absenteeism, collateral effects of public sector health workers holding private sector jobs, enforcement of professional certification
- *Pharmaceutical Management Module (Chapter 10)*—for regulation of medicines especially retail pharmacies or black markets, counterfeit and expired medicines, corruption in pharmaceutical procurement
- *Health Information System Module (Chapter 11)*—to complement the “Information/Assessment Capacity” dimension below

Tip!

Some of the research needed to complete the assessment of this dimension of stewardship is also needed for the Health Information System Module (Chapter 11).

A. Information/Assessment Capacity

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|--|---|
| Definition, rationale, and interpretation | Reliable, timely information on trends in the health status of the population, health services, health care financing, and human resources in the health sector is needed so policymakers can assess health system performance and formulate appropriate policies. Use the list of illustrative questions that follows this table to assess (1) data reliability and quality, (2) timeliness, and (3) extent of data use. |
| Suggested data source | Information on health information systems can be obtained from the statistics division of the MOH or equivalent organizational entity. Understanding the level of functioning of existing systems and their ability to produce timely, policy-relevant information will require examination of processes and outputs, as well as interviews with stakeholders at various levels of the system. |
| Stakeholders to interview | Data collectors, compilers, and users should all be interviewed to assess data quality as well as use. Interview— <ul style="list-style-type: none">• Data collectors and users at the facility level in several facilities• Officials of the statistics division at the district, regional, and national levels• Data users, including policymakers in the government and nongovernmental organization (NGO) and advocacy groups in the private sector, and major donors in the health sector, particularly WHO, which typically assists with health data, infectious disease surveillance, and immunization |
| Issues to explore | Talking to data producers is important, particularly at the facility level, where redundancies occur in requirements for data collection for multiple vertical programs that may affect the quality and timeliness of reporting and reveal a lot about the structure of routine information systems. Likewise, probe policymakers regarding their understanding of what information they should expect or demand and to what extent their expectations are met. |

Suggested questions related to Information/Assessment Capacity:

Review the major MOH planning documents for the amount, quality, and age of the data, and how it is used to justify health sector priorities, policies, and resource allocations.

7. Describe the general state of routine systems for collection, reporting, and analyzing data (in terms of efficiency, frequency, and quality) on the following—

- a. Vital registration statistics (births, deaths)
- b. Health status (disease-specific morbidity and mortality)
- c. Health services (out- and inpatient statistics on conditions treated and preventive services delivered, broken down by sex, age, and other basic indicators)
- d. Health financing

Module link: Health Financing, indicators 7–13 on pooling and allocation of financial resources

- e. Human resources

Module link: Human Resources, indicator 3 (HR data)

Module link: Health Information System, indicator 15 (reporting standards), indicator 16 (reporting flows), and indicator 17 (data accuracy)

8. Based on the level of decentralization, is the information available at subnational and local levels adequate to inform health officials at those respective levels?¹ (*Sources:* regional, departmental, provincial, and local health documents and reports sent to central MOH) Probe with the interviewee for one or more examples of how information has been used.

Module link: Health Information System, indicator 16 (data reporting patterns)

9. Is information collected, analyzed, and used at the point of generation or merely reported up to a higher level? (*Sources:* regional, departmental, provincial, and local health analyses available for review) Quality of information is generally better if it is seen to have real value and actually used by those collecting it.

Module link: Health Information System, indicator 16 (data reporting patterns)

10. Describe the technical capacity of the Health Planning Unit (or other appropriate group) to absorb, analyze, and translate findings from the information collected into viable, appropriate health plans and policies. What is the staffing pattern in the unit, and what are the qualifications of the staff? The best information systems still require adequate human resources to absorb, analyze, and use the information for improved health policies. Review reports, policy papers, and studies by the unit to see how data are used.

Module link: Health Information System, indicators 19–22 (data analysis capacity and resources)

¹ This question requires some interpretation on the part of the user because it implies knowledge of the responsibilities and authority of officials at the different levels within the system.

11. How and with what frequency are data from health information systems presented to policy makers? In particular, is reliable information available on the following—

- a. Current and projected trends in health
- b. Distribution of health resources
- c. Health budget allocation and actual expenditures
- d. Health facility distribution
- e. Distribution of human resources

Timely presentation of data² in a user-friendly format is critical to policy makers' ability to actually use this information. The availability of the information to the public also has implications for the dimension of accountability.

Module link: Health Information System, indicators 22 (presentation to policy makers), 24 (timely analysis), and 25 (use of data analysis for health sector performance)

B. Policy Formulation and Planning

Definition, rationale, and interpretation

To be effective stewards in the health sector, governments must have in place appropriate processes to develop, implement, and monitor legislation and guidance on public health and health system issues. Comprehensive health policy and planning processes integrate health system information, public input, analysis of policy options, and recommendations for action based to the greatest degree possible on proven interventions.

Suggested data source

Information on the existence of policies, plans, and legislation may occasionally be available on MOH websites or in compiled form if previous in-depth assessments have been carried out, but these documents are more likely to be available only in dispersed form in various locations, making rapid assessment difficult. Understanding how the policy process works will require examination of processes and outputs related to the formulation, adoption, implementation, and monitoring of health policies, and will more likely require interviews with stakeholders from various points of the system.

Stakeholders to interview

- MOH (Departments of Policy and Planning)
- Parliamentary Health Committee staff or equivalent
- Leadership of professional provider associations
- Selected representatives of NGO and advocacy groups
- Two or more other donor representatives
- Private sector representatives (pharmaceutical wholesalers and distributors, retailers, local pharmaceutical manufacturers, operators or owners of private hospitals and clinics, laboratories)

²In some cases “timely” may refer to monthly reporting and analysis, and in other cases it may refer to yearly compilation, analysis, and presentation. As such, the assessment team must understand the periodicity of data reporting to interpret the adequacy of the system examined.

B. Policy Formulation and Planning

Issues to explore Probe policymakers to learn their true understanding of the processes required to formulate, adopt, implement, and monitor policy changes. Compare policies and plans with actual implementation. In countries where policy processes are not open and transparent (e.g., some monarchies, governments in transition or those under military rule), probe how decrees or other policy proclamations are influenced. That health sector leaders understand their role in influencing policy, however it is formulated and implemented, is most important.

Suggested questions related to Policy Formulation and Planning:

12. Inquire about the existence and implementation of strategic health plans.

- a. Does the country have a strategic health plan at the national level that was developed or revised within the last five years? Is this document consistently implemented and adhered to? In particular, does the document provide for planning new infrastructure and capital investment, and does it include a health workforce strategy? (*Sources:* MOH central level documents or website)
- b. Based on the level of decentralization and policy or planning responsibilities at the subnational and local levels, are strategic health plans in place at the appropriate levels that have been revised within the last three years?³ (*Sources:* regional, departmental, provincial, and local health planning documents sent to central MOH)
- c. What is the gap between sector plans, and what the health statistics indicate health system priorities? What is the gap between sector plans, and what has been actually implemented or accomplished?

If strategic plans are not sufficiently recent, they will not be responsive to newly emerging threats as well as opportunities. Lack of timely revision of the health plan may also indicate that it is an historical rather than working document. Ideally, the strategic plan should be adjusted annually based on updated information on health status, services, and changes in the domestic or donor climate (or both) as well as policy.

13. Does the MOH identify policy changes needed to achieve the objectives in the strategic health plan based on sound technical review of performance? Monitoring performance against stated objectives is a prerequisite for effective health policy.

14. To what extent do health policy makers work effectively with the legislative and executive branches of government to gain approval of sound public health and health care policies? Can someone describe a recent example? Does the national legislature or any subnational council have a committee focused on health issues? Ability to manage the political process is critical for planning and obtaining the budget necessary for implementation.

³ This question requires some interpretation on the part of the user because it implies knowledge of the responsibilities and authority of officials at the different levels within the system.

15. How does the government coordinate or harmonize donor inputs (funding and policy priorities)? Does the country have a sector-wide approach for health or any other sector? The government’s role in managing donor funding to achieve stated health objectives is an important aspect of this dimension of governance.

Module link: Core Module section 5.3.7 and 5.3.8 on donor mapping and donor coordination

16. What proportion of major external sources of funding are coordinated with and complement an agreed upon government health plan?

17. Does the MOH fulfill its public health function by engaging in health policy development and actions (including communication with national, local, and special interest advocacy groups) to raise awareness of policies that affect public health such as legislation on tobacco use, road safety, family planning, and HIV/AIDS prevention? (*Sources:* public documents, declarations, and press releases) Stewardship of the public health function is directly related to supporting the health and well-being of the population.

18. Does the MOH engage national, local, and special interest advocacy groups to develop health policies? (*Sources:* public documents, declarations, and press releases) Such engagement is indicative of a more transparent policy process that involves various stakeholders (see “C. Social Participation and System Responsiveness” below).

C. Social Participation and System Responsiveness

Definition, rationale, and interpretation This topic encompasses the organization and leadership to convene and facilitate collaboration between government and civil society, involving a broad range of stakeholders (including those not typically considered to be health-related) to participate in identification of health priorities and in planning, budgeting, and monitoring health sector actions. This dimension of governance also considers the degree of the health system’s responsiveness to the input of these stakeholders.

Suggested data source Some information may be available in reports on various aspects of social participation and system responsiveness, but in all likelihood interviews will be required with stakeholders of all types, at various levels of the system. Check health sector planning and strategy documents—who participated in their development?

Stakeholders to interview

- Representatives of grass roots organizations, NGOs, and advocacy groups, including representatives of patient groups (such as people living with HIV/AIDS), underserved populations (women’s groups, indigenous organizations), and civil rights leaders
- Leadership of professional associations
- Representatives of the MOH, ministry of local government
- Representatives of private sector: pharmaceutical manufacturers, wholesalers, distributors, health insurers, private hospital or clinic owners or operators

C. Social Participation and System Responsiveness

Issues to explore In countries with little civil society participation in health policy, interviewees may be very passive and have low expectations; in other countries with heightened awareness of civil rights and increased participation experience, however, interviewees may have exaggerated expectations. Assessment team members will have to weigh information from all sides to formulate a balanced assessment of the state of social participation and system responsiveness. Ask about recent elections—was health an issue?

Suggested questions related to Social Participation and System Responsiveness:

19. Who participates (i.e., persons or representatives of stakeholder groups) in setting the health policy agenda or in defining and prioritizing health needs and services at the national level?

What mechanisms are in place to ensure the participation of key stakeholders in the discussion of the health policy agenda? (*Sources:* MOH documents, circulated minutes from MOH meetings, reports on public health forums, reports or minutes from multisector meetings) This information is important in determining whether key stakeholders are, either deliberately or inadvertently, being excluded from discussions on the health policy agenda.

Module link: Health Service Delivery, indicator 29 (participation of civil society and community), 30 (mechanisms to engage community), and 31 (feedback from community)

20. Who participates (i.e., persons or representatives of stakeholder groups) in setting the health policy agenda or the definition and prioritization of health needs and services at the local level? What mechanisms are in place to ensure their participation (e.g., election of municipal or state representatives; a community, village, or municipal group; a facility board)?

(*Sources:* community NGOs, advocacy groups, village leaders; published, disseminated minutes from meetings dealing with health policy agenda) This information is important in determining whether key stakeholders are, either deliberately or inadvertently, being excluded from discussions on the health policy agenda.

21. Does the MOH reach out to the general public with information, education, and communication to raise awareness and change behavior for priority health issues such as tobacco use, road safety, family planning, and HIV/AIDS prevention? Do private corporations contribute to public health goals through social marketing or workplace programs? (*Sources:* public documents, declarations, and press releases)

22. What mechanisms are in place to track the responsiveness of health officials to stakeholder input (such as requests for representation on advisory bodies, requests for a share of funding, and incorporation of public input into health policy)? (*Sources:* citizen advisory group reports at national or subnational level, reports of government watchdog organizations) Social participation in the definition of health needs and services has little meaning if health officials do not incorporate this feedback into their planning and policy formulation.

D. Accountability

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| Definition, rationale, and interpretation | Accountability of government to its citizens can be defined as the responsibility to answer questions, meet reasonable expectations of system performance and ethics, and address negligent or corrupt actions. It requires the existence of, and adherence to, rules on publishing health sector information (e.g., plans, data, fee schedules) and the existence of a functioning free popular and scientific press, watchdog organizations, and an independent judiciary. The private corporate sector is also accountable to regulatory agencies, its employees, communities living nearby, and other stakeholders. |
| Suggested data source | Some information may be available in reports on accountability in the health sector, but in all likelihood, interviews will be required with stakeholders of all types at various levels of the system. |
| Stakeholders to interview | <ul style="list-style-type: none">• Representatives of watchdog organizations, the press, and other civil society groups• Leadership of professional associations• Representatives of the MOH, ministry of local government• Regulatory agencies• Donors in the health sector• Corporate leaders, business associations, private provider associations, industry groups |
| Issues to explore | Exploring the rules for public disclosure, and the extent to which they are followed, with officials of the MOH and the legislative body is important. If officials are not aware of existing rules, most likely those rules are not being followed. This noncompliance, in and of itself, demonstrates a lack of accountability. Exploring civil society groups' knowledge of the rules for dissemination of health policy and plans to the public is also important, as is their understanding of freedom of information regulations and the degree to which these groups hold public officials accountable for health system performance and ethical behavior. |

Suggested questions related to Accountability:

- 23. Are health system goals, objectives, and performance targets clearly articulated and communicated to the public by the MOH?** (*Sources:* MOH strategic plan, planning documents, website) Clear objectives and performance targets are needed to evaluate progress and performance and for the MOH to be held accountable.
- 24. Do health authorities regularly communicate with constituencies and partners at the national, subnational, and local levels on priority health issues?** (*Sources:* public documents, press releases, other dissemination vehicles) Frequent communication with constituencies is an indication of an open and more transparent process in identifying and acting on priority health issues.

25. Does a national health policy or legislation exist to define the role and responsibilities of the public health sector? (*Sources:* MOH governing documents) Such a public statement or policy clarifies the extent to which the government accepts responsibility for improving the health status of the population at large and specific subgroups deemed most vulnerable.

26. Has the government provided and published guidance for prioritizing health expenditures based on available resources and assessed need? (*Sources:* MOH central documents, news releases, reports) Such evidence-based decisions on priorities need to be differentiated from political rhetoric in assessing the stewardship function of the MOH. This question is also important for the dimension of Policy Formulation and Planning.

Module link: Health Financing, indicators 8–14, on MOH budget allocations

27. Is an adequate system in place to monitor and evaluate progress toward stated health objectives as well as changes in performance resulting from changes in policies and priorities? (See the discussion in the “Information/Assessment Capacity” dimension earlier in this section). Without a functioning monitoring and evaluation system, the government cannot evaluate its own performance nor can it be held accountable to its citizenry.

Module link: Health Information Systems, indicator 10 (reporting against health indicators)

28. Are reports on government health sector performance produced and made available to the general public and civil society? (*Sources:* government reports, reports by NGOs or other watchdog organizations, public record. See the discussion in the “Information/Assessment Capacity” dimension earlier in this section). Such reports and their dissemination are necessary for performance accountability.

Module link: Health Information Systems, indicator 10 (reporting against health indicators)

29. Inquire about financial accountability of public authorities.

- a. Is there financial accountability to the public for government spending on health (e.g., regular publication of budgets and spending reports)? (*Sources:* MOH budget and expenditure documents, National Health Accounts)
- b. If officials at the subnational level have responsibility for health spending, how are they held accountable to the national health authority and their constituents at the subnational level?
- c. If officials at the local or municipal level have responsibility for health spending, how are they held accountable to the national or subnational authorities and their constituents at the local level?

Module link: Health Financing, indicators 14 (expenditure reporting by local jurisdictions) and 15–16 (user fees and exemptions)

- 30. Is information from research, media, opinion polls, advocacy, and watchdog groups available to public and private stakeholders?** Full disclosure of such information supports government accountability.
- 31. To what extent does the press cover health policy debates?** Press involvement in such debates provides information to a broader segment of civil society.
- 32. Does any legislation or regulation address medical malpractice?** Which court or judicial, administrative, or regulatory body hears such cases, and do injured persons tend to use it to seek redress? To what extent are penalties or fines imposed in proven cases?
- 33. Is there a functioning consumer defense movement or league, and to what extent does it focus on health related issues?**

Tip!

Some of the issues relevant to this dimension of stewardship are covered in the Health Service Delivery module (Chapter 8), Human Resources module (Chapter 9), and the Pharmaceutical Management module (Chapter 10).

E. Regulation

Definition, rationale, and interpretation

This dimension includes the laws governing the health sector, and their corresponding regulations, and describes the capacity of the government for oversight of safety, efficacy, and quality; capacity for enforcement of guidelines, standards, and regulations; and perception of the burden imposed by excessive regulation. Regulation is directly linked to health system quality and equity (two of the five assessment criteria on which this assessment framework is based).

Suggested data source

Regulations should be available in published form or may occasionally be available in a web-based format. The ease with which these regulations can be obtained is in itself an indicator of the level of development of the health regulatory function. In addition, you will need to discuss with stakeholders the health sector's ability to appropriately regulate various aspects of the health system, including safety and sanitary guidelines; safety and efficacy of pharmaceuticals, medical devices and equipment; quality of health provision (provider licensure and certification, facility accreditation); and dispensing of pharmaceuticals.

Stakeholders to interview

- Representatives of NGOs and advocacy groups
 - Leadership of professional associations
 - Representatives of health industries including private sector providers, pharmacists
 - Representatives of the MOH (regulatory departments)
-

E. Regulation

Issues to explore

What mechanisms are in place to develop and enforce legislation, regulations, standards, and codes that support public health and health care services? Some countries are prone to passing new health laws and regulations frequently and may perceive this action as an accomplishment. The new laws and regulations, however, may be inconsistent and create confusion; furthermore, the government may fail to implement the laws. Is there adherence to “old” laws that prevent providers from exercising their practice? Other countries are extremely slow or reluctant to pass new laws or regulations, and reform must move forward with the existing legal framework.

Suggested questions related to Regulation:

34. What do the health laws mandate? Do they clearly define roles and responsibilities in the health sector? Are there serious contradictions between some laws or serious ambiguities? Such contradictions often happen when laws are passed to decentralize the health system.

35. Describe the government system for the following—

- a. Licensure of health professionals (*Sources:* documents from licensing bodies, MOH documents)
- b. Regulation of the safety, minimum physical infrastructure, and equipment availability for different types of health facilities, including MOH and Social Security facilities, private hospitals and clinics, and laboratories
- c. Adequate regulation to ensure the safety, efficacy, and quality of medicines, as well as the appropriateness and accuracy of product information (*Sources:* See Pharmaceutical Management Module, Chapter 10)
- d. Protection of consumer rights

Tip!

Review the definitions of licensure, accreditation, and certification in the Box 6.1 before addressing the following three questions.

Module link: Pharmaceutical Management, indicators 8 (registration of pharmaceuticals) and 11 (licensing, inspection, and control of pharmacies)

36. Do governmental regulatory agencies have the necessary resources (human, technical, financial) to enforce existing legislation and regulations? Without enforcement authority and capacity, the government cannot provide adequate oversight of the health sector and health services and products.

37. Does a functioning system (public or private) exist for accreditation or certification (or both) for—

- a. Health professionals? (*Source:* professional associations’ publications and websites)
- b. Hospitals and health facilities?

This system is essential if quality of health care services is to be maintained.

Box 6.1

Definitions of Licensure, Accreditation, and Certification

Licensure is a process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession. Licensure regulations are generally established to ensure that an organization or individual meets minimum standards to protect public health and safety. Licensure to individuals is usually granted after some form of examination or proof of education and may be renewed periodically through payment of a fee, and/or proof of continuing education or professional competence. Organizational licensure is granted following an on-site inspection to determine if minimum health and safety standards have been met. Maintenance of licensure is an ongoing requirement for the health care organization to continue to operate and care for patients.

Accreditation is a formal process by which a recognized body, usually an NGO, assesses and recognizes that a health care organization meets applicable pre-determined and published standards. Accreditation standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts within accredited organizations. An accreditation decision about a specific health care organization is made following a periodic on-site evaluation by a team of peer reviewers, typically conducted every two to three years. Accreditation is often a voluntary process in which organizations choose to participate, rather than one required by law and regulation.

Certification is a process by which an authorized body, either a governmental or nongovernmental organization, evaluates and recognizes either an individual or an organization as meeting pre-determined requirements or criteria. Although the terms accreditation and certification are often used interchangeably, accreditation usually applies only to organizations, while certification may apply to individuals, as well as to organizations. When applied to individual practitioners, certification usually implies that the individual has received additional education and training, and demonstrated competence in a specialty area beyond the minimum requirements set for licensure. An example of such a certification process is a physician who receives certification by a professional specialty board in the practice of obstetrics. When applied to an organization, or part of an organization, such as the laboratory, certification usually implies that the organization has additional services, technology, or capacity beyond those found in similar organizations.

Source: Quoted from Rooney and Ostenberg (1999)

- 38. Does the MOH or other government agency review, evaluate, and propose revisions of laws and regulations to assure that they reflect current scientific knowledge and best practices for achieving compliance?** (*Sources:* MOH documents, legislative reports, proposed legislation with dates indicated) If laws and regulations do not reflect current knowledge and best practices, they cannot serve as the basis for sound regulation of health sector actors.
- 39. To what extent does the government enforce regulations in areas of public health concern including (but not limited to)—**
- Protection of drinking water and clean air standards
 - Enforcement of laws governing the sale of alcohol and tobacco to minors
 - Childhood immunizations

(*Sources:* review of charter for regulatory body, legislation, and enforcement power of assigned regulatory body)

40. Has the government attempted to form partnerships with those in the regulated environment to support compliance? Specifically—

- a. To what extent has the government been effective in enforcement of codes of conduct of health workers?
- b. To what extent has the government been effective in enforcement of quality standards for health care services providers, facilities, and producers of pharmaceuticals and medical supplies?
- c. Any experience linking provider payments with performance to increase accountability?

Module link: Health Financing, indicator 18 (provider payments) and Annex 7A on provider payment mechanisms

6.3.3 Summary of Issues to Address in Stakeholder Interviews

This section includes a summary listing of the types of stakeholders to interview in assessing the indicators from Component 2 and the issues to address with each stakeholder. This information will help the assessors in planning the topics to discuss in stakeholder interviews. Table 6.2 provides a summary.

Table 6.2 Summary of Issues to Address in Stakeholder Interviews

| Profile of Stakeholders to Interview | Issues to Discuss with Stakeholder |
|---|---|
| <ul style="list-style-type: none"> • MOH statistics division officials (or equivalent organizational entity) • Health data collectors at the facility level in several facilities^a | Health information systems: collection, analysis, reporting, and use of health data |
| Officials from the MOH departments of policy and planning | Health policies, plans, and legislation; process of formulation, adoption, implementation, and monitoring of health policies |
| MOH regulatory departments | <ul style="list-style-type: none"> • Guidelines on safety and efficacy of pharmaceuticals, medical devices and equipment, and quality of health service provision • Mechanisms to enforce legislation, regulations, standards, and codes for health care services |
| MOH and Ministry of Local Government (or equivalent) officials | Rules for public disclosure and dissemination of health policy and plans |
| Parliamentary health committee staff (or equivalent) | Health policies, plans, and legislation; process of formulation, adoption, implementation, and monitoring of health policies |
| Health data users, including policymakers in the government and NGO and advocacy groups in the private sector | Health information systems: collection, analysis, reporting, and use of health data |

| Profile of Stakeholders to Interview | Issues to Discuss with Stakeholder |
|---|--|
| Representatives of grass roots organizations, NGO and advocacy groups, including patient groups (such as people living with HIV/AIDS), underserved populations (women’s groups, indigenous organizations), civil rights leaders | <ul style="list-style-type: none"> • Health policies, plans, and legislation; process of formulation, adoption, implementation, and monitoring of health policies • Organization and leadership to convene and facilitate collaboration between government and civil society; and degree of health system’s responsiveness to stakeholders’ input |
| Representatives of watchdog organizations, the press, and other civil society groups | Rules for dissemination of health policy and plans to the public, freedom of information regulations, accountability of public officials |
| Leadership of professional health associations, including private providers | <ul style="list-style-type: none"> • Health policies, plans, and legislation; process of formulation, adoption, implementation, and monitoring of health policies • Rules for dissemination of health policy and plans to the public, freedom of information regulations, accountability of public officials • Regulation of pharmacies and sale of medicines; import taxes; price controls |
| Corporate representatives, business associations, wholesalers and distributors, retail outlets, NGOs | <ul style="list-style-type: none"> • Health-related corporate social responsibility initiatives • Social marketing of health products • Workplace programs • Social Security payments (for health benefits and provision of services) • Government procurement opportunities • Taxes on imported medicines • Contracting out of service provision |
| Representatives of health industries | <ul style="list-style-type: none"> • Guidelines on safety and efficacy of pharmaceuticals, medical devices and equipment, and quality of health service provision • Mechanisms to enforce legislation, regulations, standards, and codes for health care services |
| NGOs and advocacy groups | <ul style="list-style-type: none"> • Guidelines on safety and efficacy of pharmaceuticals, medical devices and equipment, and quality of health service provision. • Mechanisms to enforce legislation, regulations, standards and codes for health care services |
| Donors in the health sector | All of the above topics |

^a We suggest you try to include three or four facilities that represent urban and rural locations, the public and private sectors, and different levels of care (primary, secondary, tertiary).

6.4 Summarizing Findings and Developing Recommendations

Chapter 4 describes the process that the team will use to synthesize and integrate findings and prioritize recommendations across modules. To prepare for this team effort, each team member must analyze the data collected for his or her module(s) to distill findings and propose potential interventions. Each module assessor should be able to present findings and conclusions for his or

her module(s), first to other members of the team and eventually at a stakeholder workshop and in the assessment report (see Chapter 3, Annex 3J for a proposed outline for the report). This process is iterative; findings and conclusions from other modules will contribute to sharpening and prioritizing overall findings and recommendations. Below are some generic methods for summarizing findings and developing potential interventions for this module.

6.4.1 Summarizing Findings

Using a table that is organized by the topic areas of your module (see Table 6.3) may be the easiest way to summarize and group your findings. (This process is Phase 1 for summarizing findings as described in Chapter 4.) Note that additional rows can be added to the table if you need to include other topic areas based on your specific country context. Examples of summarized findings for system impacts on performance criteria are provided in Annex 4A of Chapter 4. In anticipation of working with other team members to put findings in the SWOT framework (strengths, weaknesses, opportunities, and threats), you can label each finding as either an S, W, O, or T (please refer to Chapter 4 for additional explanation on the SWOT framework). The “Comments” column can be used to highlight links to other modules and possible impact on health system performance in terms of equity, access, quality, efficiency, and sustainability.

Table 6.3 Summary of Findings—Governance Module

| Indicator or Topical Area | Findings (Designate as S=strength, W=weakness, O=opportunity, T=threat.) | Source(s) (List specific documents, interviews, and other materials.) | Comments^a |
|----------------------------------|--|---|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

^a List impact with respect to the five health systems performance criteria (equity, access, quality, efficiency, and sustainability) and list any links to other modules.

6.4.2 Developing Recommendations

After you have summarized findings for your module (as in Section 6.4.1 above), it is now time to synthesize findings across modules and develop recommendations for health systems interventions. Phase 2 of Chapter 4 suggests an approach for doing this with your team. In this section, we discuss a list of common interventions seen in the area of governance that you may find helpful to consider in developing your recommendations.

A. Information/Assessment Capacity

Data quality or reliability may be poor or data reporting may not be timely because of (1) a lack of capacity or incentive for peripheral units to report data, (2) a lack of resources or capacity to process the data at the national level, or both. Interventions may be required at various levels, including building capacity and demonstrating the applicability of data use at the peripheral level, building capacity of data analysts at the national level, improving information system technology, and providing technical assistance to improve the efficiency and user-friendliness of data reporting formats, according to different audiences.

If data are not sought or used by policy makers, capacity building of policy makers through in-country workshops, one-on-one coaching, and visits or study tours to other countries with highly developed processes for data use for decision-making may be indicated.

Remember to coordinate recommendations in this area with those being developed under the Health Information System Module (Chapter 11).

B. Policy Formulation and Planning

If MOH planning capacity is weak, consider structural changes in the MOH (e.g., creation of a new planning entity, elevation of the planning entity in the organization, or creation of new job titles and job descriptions for key planning personnel) and capacity building of key planning personnel.

If coordination or communication between the executive branch and the legislature (e.g., the Parliamentary Health Committee) is weak or nonexistent, consider creating an ad-hoc inter-governmental committee with strong leadership to establish dialogue among branches of government. Consultation with project staff of any general governance project that may be present in-country can be useful in identifying interventions that have been successful in other sectors.

If donor coordination is weak, consider helping establish a donor coordination committee and providing support for setting up and helping the committee to begin to function effectively for an initial period until it is generally recognized as being useful and therefore becomes self-sustainable.

If coordination and dialogue with the private sector is weak or sporadic, consider establishing committees or consultative working groups to bring private sector representatives together for purposes of soliciting inputs on their concerns, such as regulations, taxation, business opportunities, and potential barriers to private participation in the health sector.

C. Social Participation and System Responsiveness

If civil society participation is weak or absent, assistance may be needed to help in the formation or strengthening of professional organizations and advocacy and watchdog groups (including consumer defense bodies) through establishment of organizational development grant programs, which may be either donor funded or funded by a combination of donor, government, and civil society resources.

If stigmatized groups (such as organizations of people living with HIV/AIDS) are excluded from the health policy dialogue or if the government is not responding to citizen input, special provisions may be introduced, such as establishing new bylaws for inclusion of these groups in intergovernmental committees and other organizations. Donor organizations can be helpful in identifying such gaps and writing requirements for inclusiveness for countries to qualify for donor funding (vis-à-vis the Global Fund to Fight AIDS, Tuberculosis and Malaria, and requirement for involvement of civil society groups in the Country Coordinating Mechanism).

Citizen participation in the definition of health needs and services can also be encouraged through citizen participation in referendums that allow civil society to select their priority health issues. Such participation is most productive if health officials have agreed, in advance, to incorporate community health priorities into their planning and budgetary process.

D. Accountability

If public documents are not being published or disseminated, assistance may be needed to bring this problem to the attention of policy makers and to help identify sources of funding to ensure that information regarding patient rights, fee schedules, health entitlements, and other issues is made available to the general public.

If the press is not covering important health policy issues, media training and establishment of media liaisons in key positions should be considered.

E. Regulation

If conflicting legislation exists, technical assistance may be useful in pinpointing inconsistencies and formulating clarification.

If regulatory agencies lack resources to enforce legislation or regulations, help may be needed to identify funding sources, beginning with reallocation of MOH resources, to ensure proper enforcement of safety and quality standards.

If no system exists for accrediting health professionals, technical assistance to develop accreditation bodies, standards, and processes should be considered.

Address regulatory and business constraints that impact private sector participation in health sector delivery, such as accreditation, provider regulations, uneven enforcement of provider regulations, taxes and import duties, formation of group practices, restrictions on advertising or promotion of products, user fees, and contracting out of MOH services.

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