Understanding the Linkages between Governance and Health: Concepts and Evidence

Sara Bennett PhD

Johns Hopkins Bloomberg School of Public Health,

Health Finance and Governance Project

Sept 14, 2016

Abt Associates Inc.

In collaboration with:

Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute | Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

Outline

- Definitions and frameworks
- How governance affects health: what do we know?
  - Public financial management
  - Accountability
  - Policy and regulation
  - Information and intelligence
- Concluding reflections

DEFINITIONS AND FRAMEWORKS OF GOVERNANCE

Definitions of Governance

- "The careful and responsible management of the well-being of the population" (WHO WHR 2000 - stewardship)
- "The complex mechanisms, processes, relationships and institutions through which citizens and groups articulate their interests, exercise their rights and obligations, and mediate their differences" (WHO EURO 2006)
- "the rules that distribute authorities, roles and responsibilities among societal actors and that shape the principal–agent interactions among them" (Brinkerhoff and Bossert 2014)

Functions of Governance 1 – Non-health Specific

USAID – Democracy, human rights & governance (DRG) strategic framework *(USAID strategy on democracy, human rights and governance 2013)*	**UNDP Principles of good governance** *(UNDP 1997)*	**World Bank** *(Kaufman et al 2005)*
Participation, representation & inclusive political process and institutions	Legitimacy & Voice (participation, consensus orientation)	Voice & accountability
Accountability of institutions & leaders to citizens & the law	Direction (strategic vision)	Political stability & lack of violence
Promote & protect universally recognized human rights	Performance (effectiveness & efficiency)	Government effectiveness
Integrate DRG principles and practice across development portfolio	Accountability (accountability and transparency)	Regulatory quality
	Fairness (equity &inclusiveness, rule of law)	Rule of law
		Control of corruption

Functions of Governance 2 – Health Specific

Health Governance Principles *(Siddiqi et al 2009)*	**WHO – domains of stewardship** *(Travis et al 2002)*
Strategic vision	Generation of intelligence
Participation & consensus orientation	Formulating policy/strategic direction
Rule of law	Ensuring tools for implementation: powers, incentives & sanctions
Transparency	Building coalition & partnerships
Responsiveness	Ensuring a fit between policy objectives and organizational structure and culture
Equity & inclusiveness	Ensuring accountability
Effectiveness & efficiency	
Accountability	
Information & intelligence	
Ethics	

Elements of Health System Governance

ACTORS
State | Civil Society | Market

LEVELS
Global | National | Regional

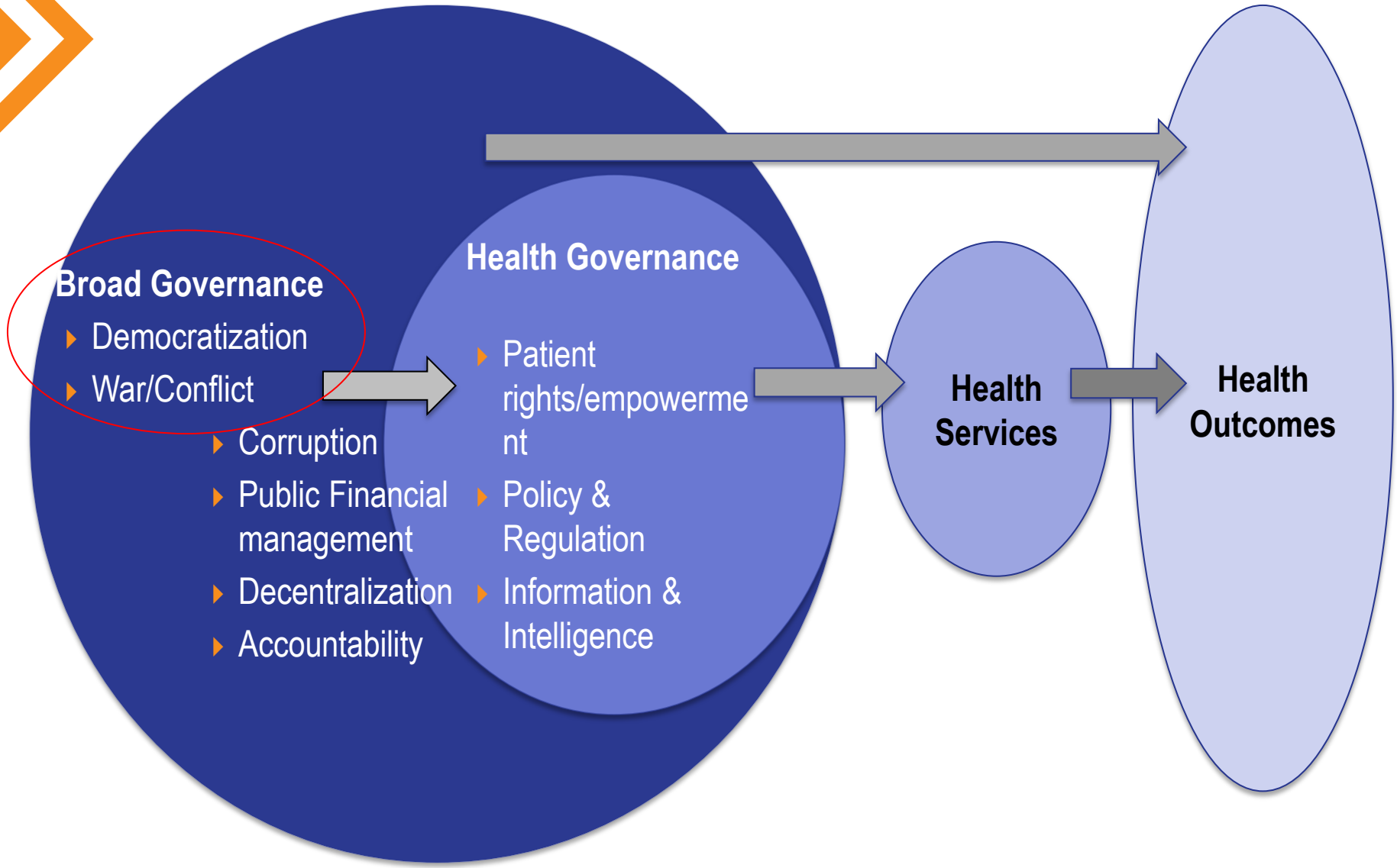
Sources of Power

FUNCTIONS
Information & Intelligence | System Design | Advocacy & Partnerships | Promoting Accountability | Policy & Regulation

MECHANISMS / TOOLS
Policies | Audits | Regulatory Statutes | Community Consultations | Provision of Information | Citizen Charters

CONSEQUENCES
(-VE)
Graft & Illicit Payments | Overlapping Mandates | Waste
(+VE)
Responsive Services | Protection of Poor & vulnerable | Quality Care

HOW GOVERNANCE AFFECTS HEALTH: WHAT DO WE KNOW?



Multiple channels through which governance may affect health – both direct and indirect

Effects of Broad Governance Factors on Health Services & Health Outcomes

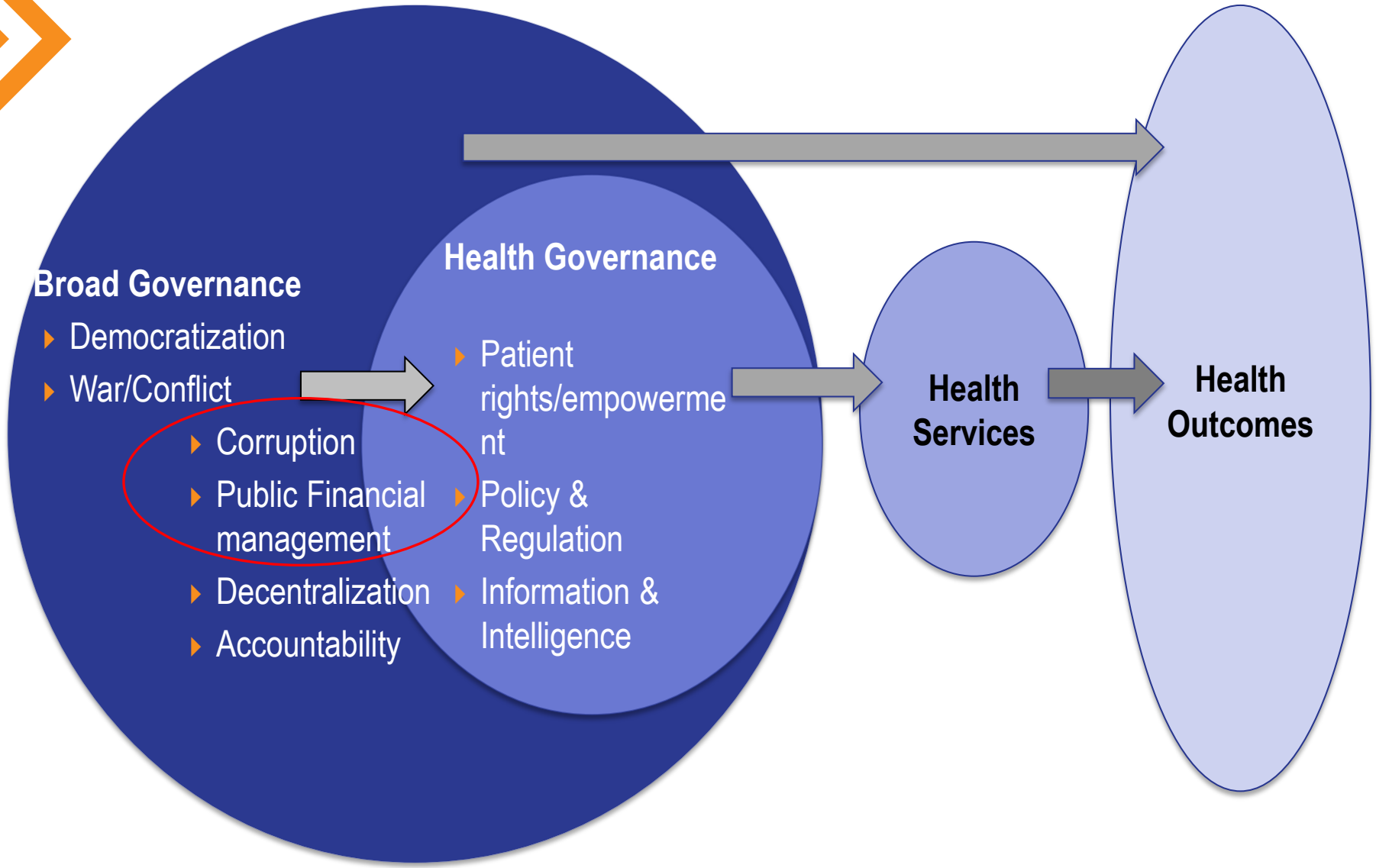
- Cross-sectional studies have explored the effect of governance measures (eg. CPIA) on health:
  - Aid and public sector spending is more effective in achieving desired outcomes in contexts of good governance *(Burnside & Dollar 2004)*
  - Increased health spending reduces <5 mortality only where governance (CPIA) is sound *(Wagstaff & Claeson 2005)*
  - Good governance does not have a direct effect on health, but has significant indirect effects via *(Klomp & de Haan 2008)*:
    - Improved health care (staff ratios, vaccine rates)
    - Income
  - Good governance has a direct effect on health outcomes (controlling for other factors *(Holmberg & Rothstein 2011, Olafsdottir et al 2011)*
  - Good governance has a moderating effect - Public health spending lowers child mortality rates more in countries with good governance *(Rajkumar & Swaroop 2008)*
  - Good governance accelerates uptake of new vaccines *(Glatman-Freedman et al 2010)*

Democratization

- Substantial evidence that democratization associated with higher levels of public health (eg. better infant mortality, life expectancy, immunization coverage, lower mortality during famine) *(Lake & Baum 2001; Zweifel & Navia 2000; Burchi 2011)*
- Democratization, through electoral competition, can spur the development of Universal Health Coverage *(Grepin & Dionne 2013)*

War & Conflict, & Health

- Conflict related death & injury is a major contributor to the global burden of disease
  - Evidence is weak regarding magnitude of death/morbidity, especially indirect effects *(Murray et al 2002)*
  - Indirect effects through raised incidence of infectious disease (HIV, Malaria) and reduced health spending may have twice the impact of direct effects *(Ghobarah 2004)*
- Substantial focus in health, on how to rebuild health systems post-conflict



Multiple channels through which governance may affect health – both direct and indirect

Public Financial Management

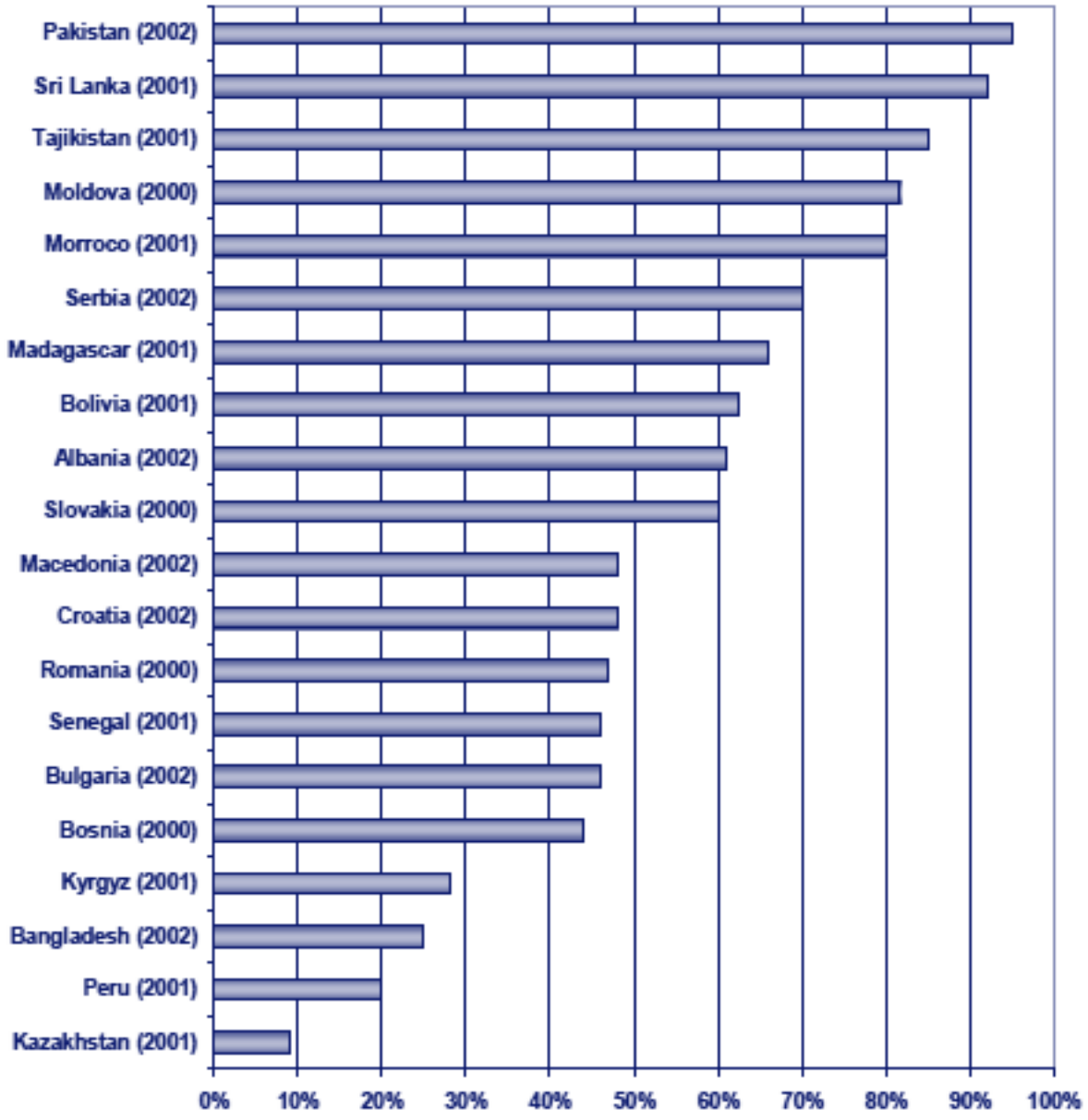
- The laws, rules, systems and processes to:-
  - Mobilize resources – domestic and international
  - Allocate public funds
  - Undertake public spending
  - Account for funds and audit results
- Later steps in this cycle are intimately linked to Accountability (though with a focus on finance)
- Problems that arise from weak public financial management include: corruption, under and over-spending, lack of resources

Corruption & Public Financial Management

- Corruption: “Abuse of entrusted power for private gain” *(Vian 2008)*
- A widespread problem in the health sector, from petty to large scale
  - Counterfeit drugs market US$75 billion pa worldwide
  - Leakage of non-salary recurrent expenditures in Ghana 80%, Uganda 70% *(2000 PETS)*
  - Widespread informal payments, can be 5-10 times greater than formal salary *(Cambodia, Barber et al 2004, Bangladesh, Killingsworth et al 1999;)*
  - *In Indonesia, 100% of 60*
- Major implications for service quality and efficiency – not just loss of money

Percentage patients perceiving corruption in the health sector

Source: Lewis 2006

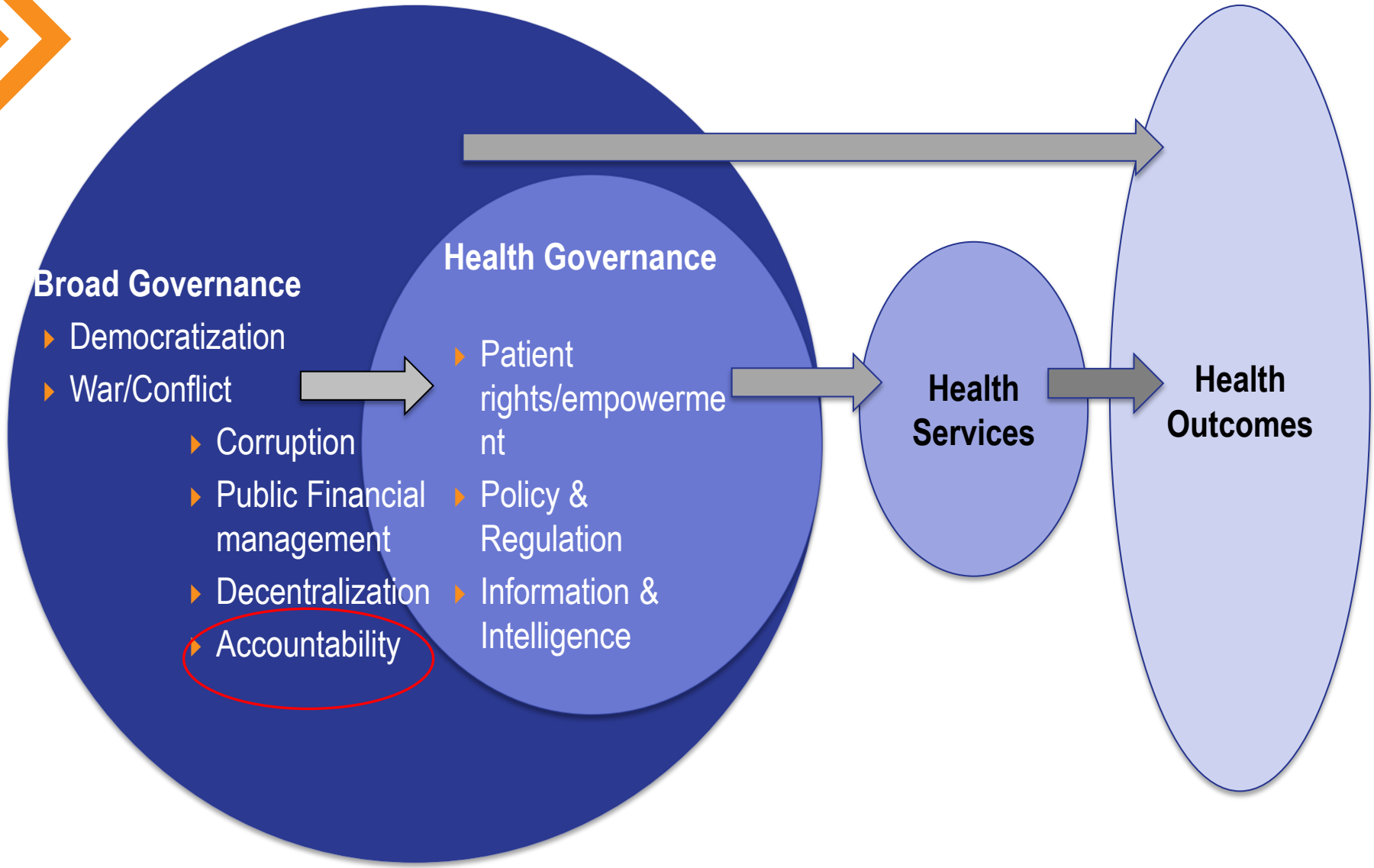


Public Financial Management

info@HealthSystems2020.org
www.HealthSystems2020.org

Public Budgeting and Expenditure Management in Three Nigerian States: Challenges for Health Governance

- Absence of accurate financial records especially at lower level facilities
- Political influence over budgets – budgets uninformed by data, funding redirected to other priorities
- Weak budgeting - budgets were largely “wish lists”
- Actual funding allocations much less than budgets
- Budgets ineffective tools for resource stewardship



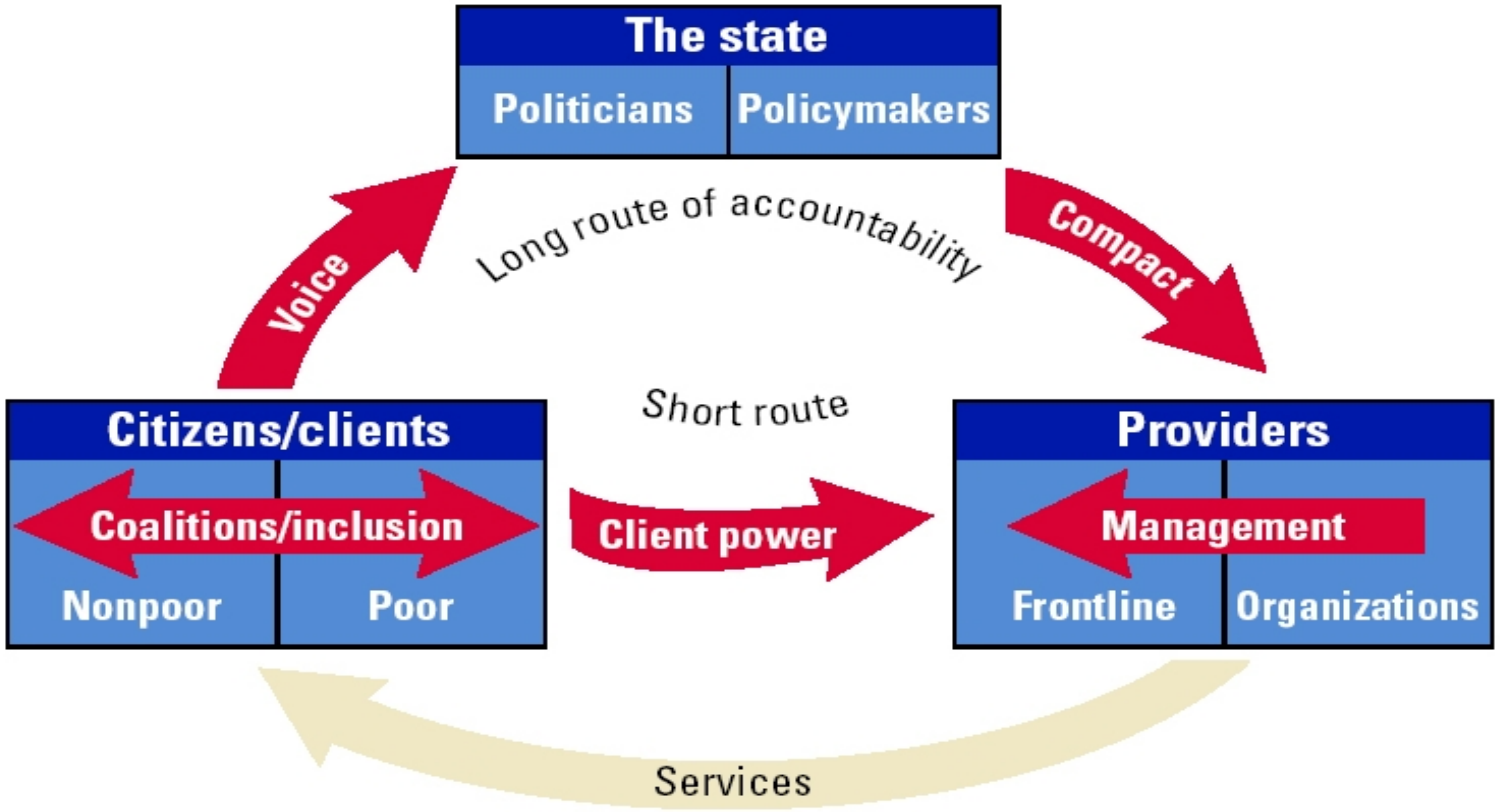
Multiple channels through which governance may affect health – both direct and indirect

Accountability

- “Being accountable means having the obligation to answer questions regarding decisions and/or actions” (Brinkerhoff 2004)
- What questions:-
  - What has been spent on HIV services?
  - What is the rate of hospital acquired infections?
- Why questions:-
  - Why is the rate of hospital acquired infections so high?
- Brinkerhoff distinguishes between financial, performance and political accountability

Accountability

Key relationships of power



Source: World Bank 2003

Community Accountability 1

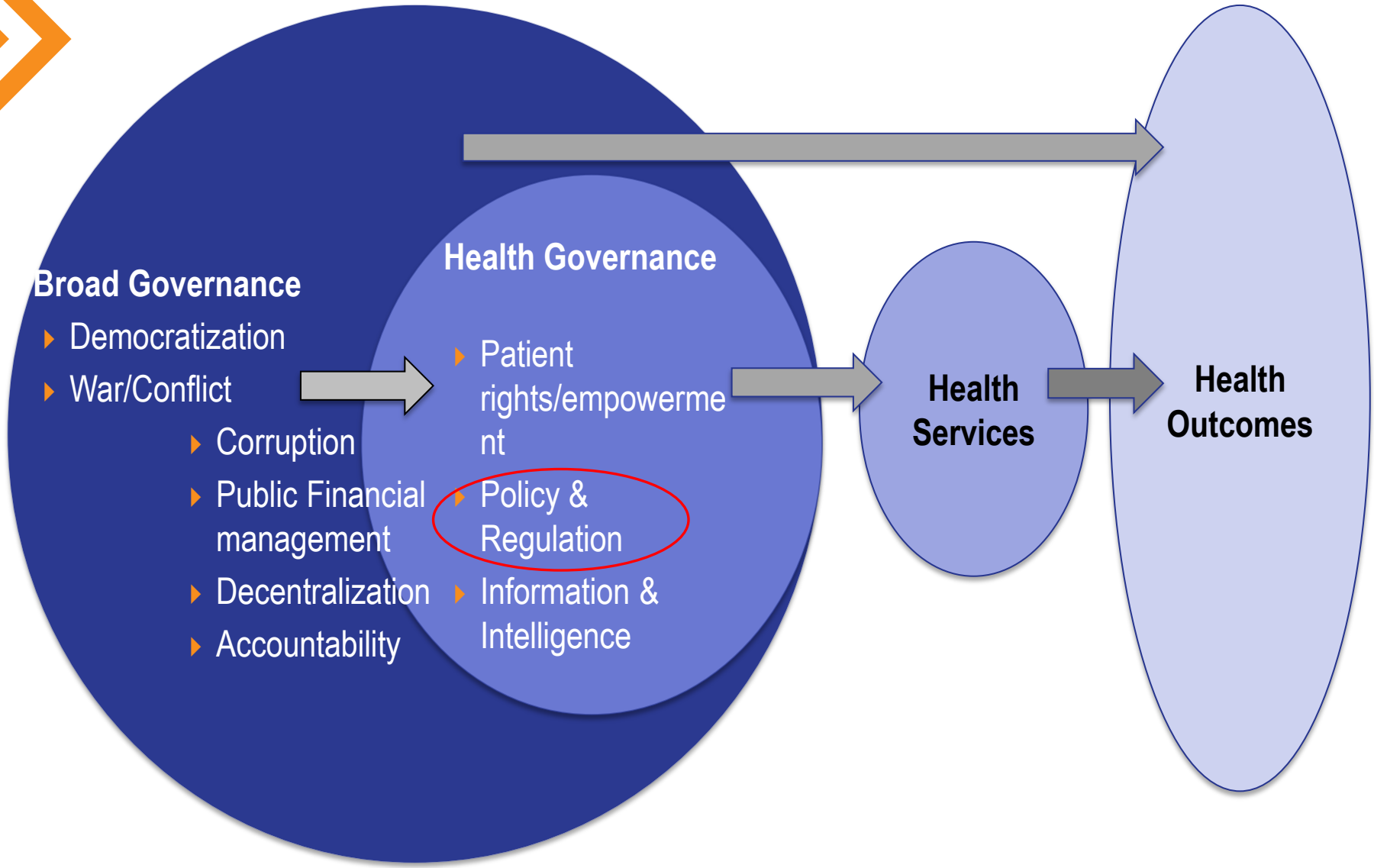
- Multiple mechanisms:
  - Information dissemination: eg. District Health Barometer (South Africa)
  - Community/Village health committees
  - Community monitoring
  - Possibly supplemented by information technology
- RCTs have demonstrated that interventions to promote accountability of providers to communities *can* have signficant positive effects on health outcomes
  - Eg. *Bjorkman and Svensson 2009* (35% reduction in child mortality)

Community Accountability 2

- Studies of routine processes to promote voice and accountability (eg. Village health committees) more mixed
  - *Molyneux et al (2012)* review 19 such studies, 4 demonstrate positive findings, others more mixed
- Challenges
  - Community structures may not be inclusive
  - Community accountability mechanisms may not function in a sustainable and institutionalized fashion
- Challenges of transferability given heterogeneity of mechanisms and contexts within which they work *(McCoy et al 2011)*
- Evidence on public report cards and patients' rights charters very limited (Molyneux found 1 LMIC study each)

Upward Accountability

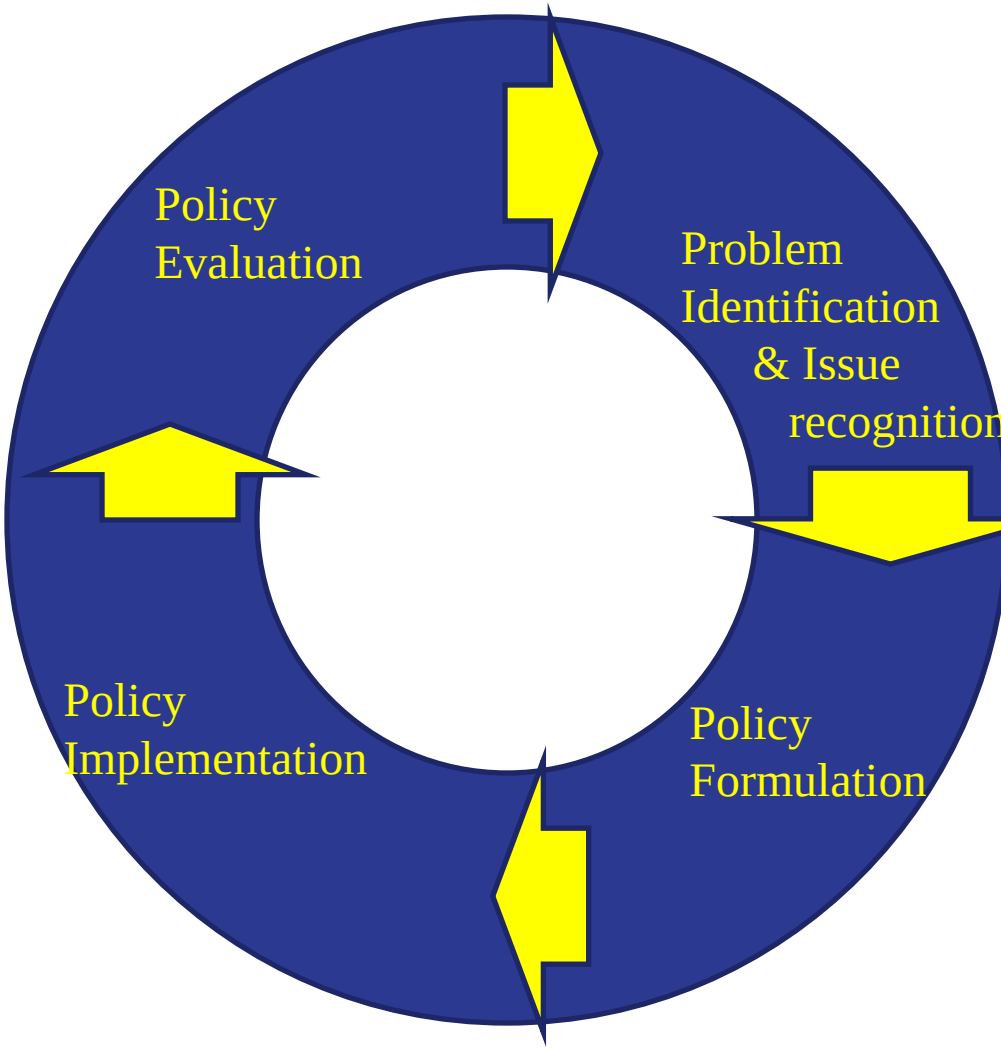
- More substantive evidence around upward accountability mechanisms:
  - *Performance based financing* – 4 systematic reviews on these schemes, suggest substantial variation in design and effectiveness "devil is in the detail" (Oxman & Fretheim 2009, Eldridge and Palmer 2009, Lagarde et al 2010, Witter et al 2012)
  - *Contracting for health services* – 2 systematic reviews suggest that contracting can increase access and utilization of services, but evidence on quality (and perhaps accountability) not clear (Liu et al 2008, Lagarde and Palmer 2009)



Multiple channels through which governance may affect health – both direct and indirect

Health policy

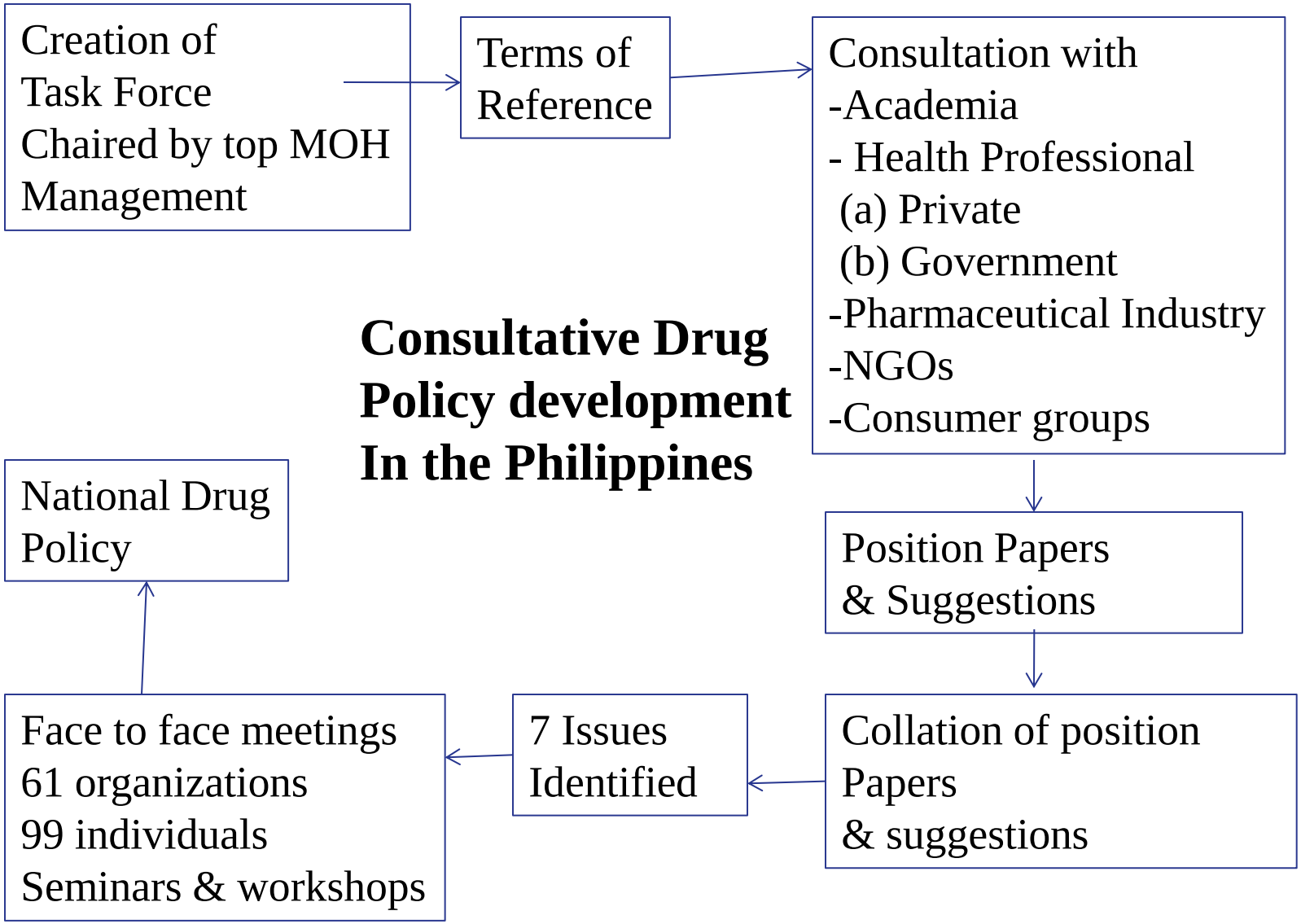
- Refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society (WHO website)
- Often viewed as a cycle – albeit with overlapping phases, and reiterations
- Policy documents take multiple forms from visions to minuted decisions.



Commonly perceived qualities of a good policy process

- Should be seen as a process – not a one off event
- Should be participatory and inclusive
- Should employ evidence
- Should be open, transparent and democratic

- In reality a complex process, with multiple networked actors competing for power and influence



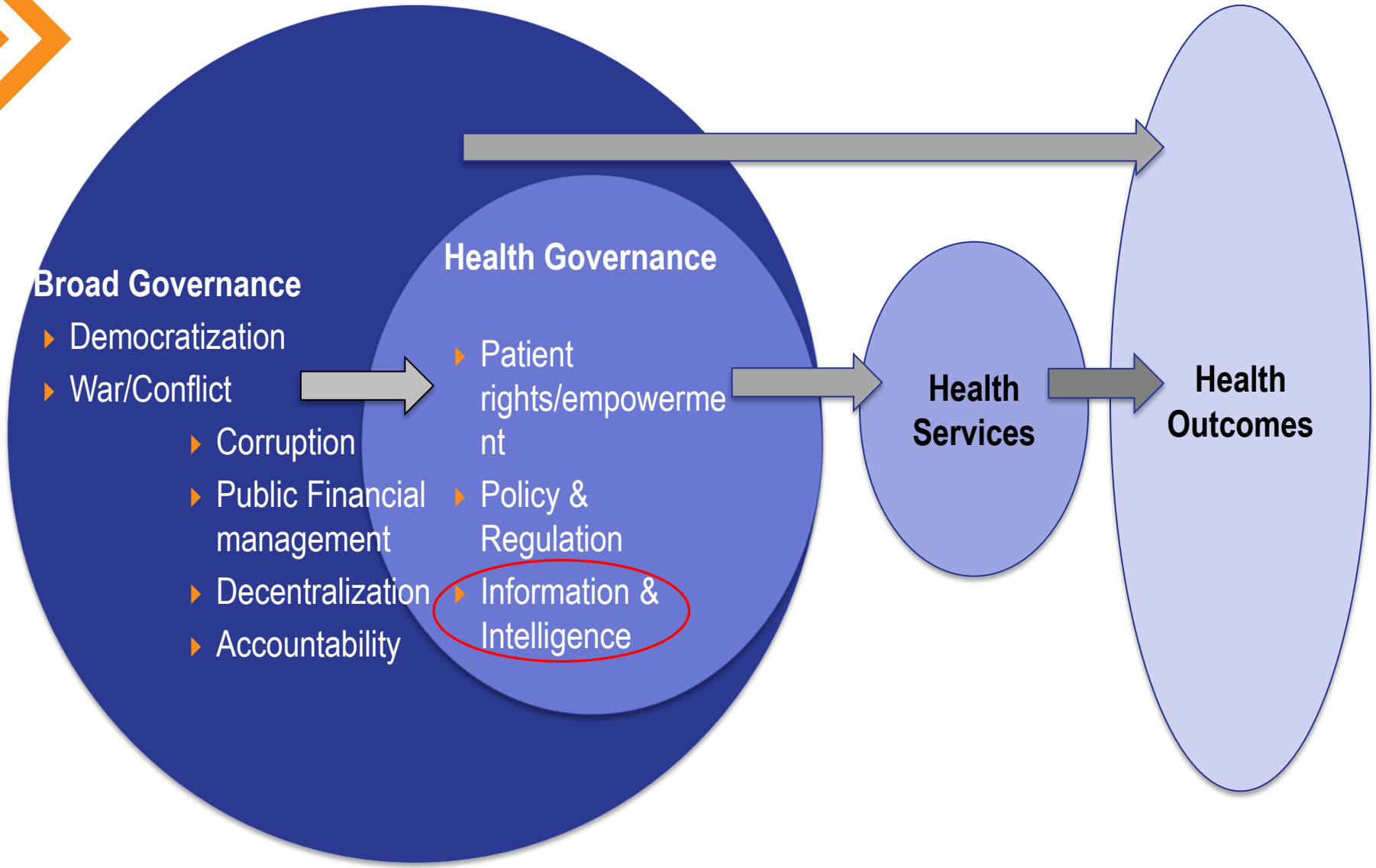
Source: Reich et al 1995

Regulation

- “government controls or deliberately tries to influence the activities of individuals or actors through manipulation of target variables such as price, quantity and quality.” (Kumanarayake 2000)
- Regulatory challenges
  - Lack of rule of law to support effective regulation
  - Inadequate regulatory capacity
  - Political power of regulatory subjects (regulatory capture)
  - Complex, overlapping, confusing laws and institutions

Evidence on Policy and Regulation

- Very limited evidence about how policy or regulations are developed and implemented - or their effects on health outcomes
- Regulation widely thought to be ineffectual *(eg. Sheikh 2013, Kumanarayake et al 2000)*
- But very limited evidence about strategies to strengthen regulation or regulatory capacity

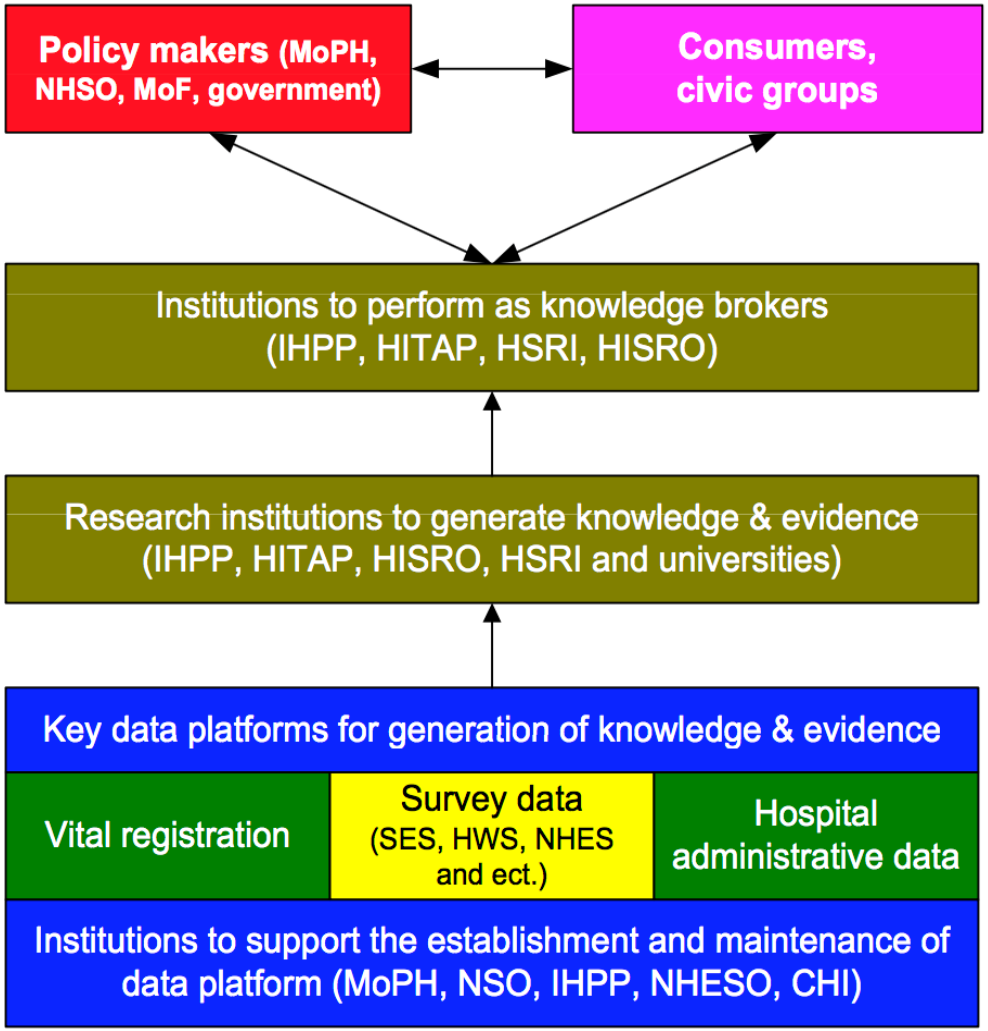


Multiple channels through which governance may affect health – both direct and indirect

Information and Intelligence

- Involves the development of information systems, the collection, analysis, interpretation and dissemination of data, as well as the design and implementation of strategies to respond to this evidence.
- Multiple varied forms:-
  - Health Surveillance and Response
  - Balanced scorecards for health services
  - National health accounts
  - One off evaluations of new policies

Institutional arrangements in Thailand for knowledge generation & translation for health reform



Source: Jongsudomsuk et al 2014

Evidence on Information and Intelligence

- *Specific aspects of information and intelligence* – such as routine health information systems have been widely discussed, but still limited analysis of the effectiveness of strategies to strengthen them.
- Otherwise a diffuse field with scattered evidence:-
  - Substantive evidence about strategies to strengthen National Health Accounts (eg. Tangcharoensathien 1999) – though largely experience based
  - *Balanced scorecards* – no systematic reviews, one study shows promising outcomes in Afghanistan (Hansen et al 2008)
  - Studies of Health Policy Analysis Institutes and their role in promoting the use of evidence in policy (Bennett et al 2011)
  - Studies of barriers and facilitators to policy-makers using evidence (Orton et al 2011)

FINAL REFLECTIONS

Final Reflections

- Governance in health – a wide and largely untouched canvas
- Untouched due to multiple challenges:
  - Inherently complex phenomenon
  - Lack of conceptual clarity, differing definitions & frameworks
  - Political sensitivities, eg. work on corruption
  - “difficult” area for effective research and action
- Substantial overlap and interconnectedness between the four different themes proposed for the governance work
- Need for focus, and need to demonstrate early wins – studies that assist implementation, or impact of other programs

USAID
FROM THE AMERICAN PEOPLE

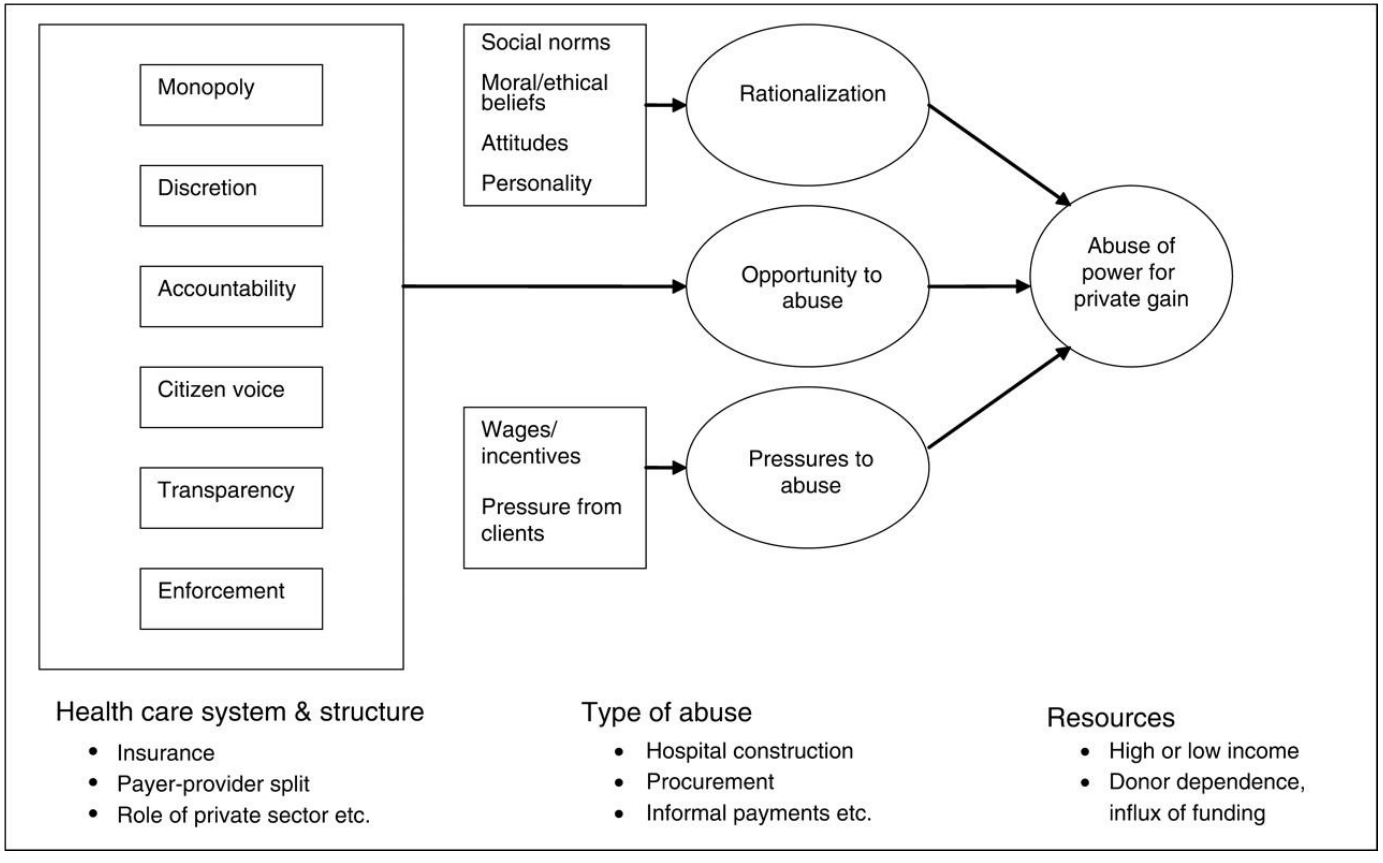
Health Finance & Governance
Expanding Access. Improving Health.

Thank you

www.hfgproject.org

Abt Associates Inc.
In collaboration with:
Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute | Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

Framework of Corruption in the Health Sector



Source: Vian, T. Health Policy Plan. 2008 23:83-94; doi:10.1093/heapol/czm048

Health Policy and Planning

FRAMING GOVERNANCE AND HEALTH RESEARCH: WHAT DO WE NEED TO KNOW AND HOW SHOULD WE FIND IT OUT?

Governance - A Neglected Area of Research

- Widely acknowledged to be critical to the achievement of health outcomes, but probably the least studied/understood function in a health system
- Evidence across virtually all of the areas covered above is very weak

Criteria for Identifying Future USAID Evidence Investments

- What will have maximum impact on USAID programming?
- What are other actors investing in?
  - Not much!
  - IDRC "Governance for equity in health systems" initiative – only LMIC researchers
  - 3iE window on transparency and accountability (not health specific)
- What is feasible, doable and likely to deliver practical guidance?

Research question should drive study design

Research questions should guide study design

- Questions regarding influence or effects of interventions
- Descriptive and exploratory questions
- Explanatory questions

Possible study designs 1 – questions regarding influence or effects

Study Questions	Study designs	Strengths & Weaknesses
Does X reform influence service outcomes/coverage?	Randomized control trials *(eg. Bjorkman VHC)* Before/after, time series analysis	High quality evidence on impact Does not explain mechanisms through which impacts occurred Expensive
Is good governance associated with better service outcomes?	Cross-sectional (cross-country) statistical analysis *(eg. Rajkumar and Swaroop)*	Provides high quality evidence on associations Typically does not explain mechanisms through which impacts occurred

Possible study designs 2 – Descriptive & exploratory questions

Study Questions	Study Design	Strengths & Weaknesses
How do health workers perceive corruption?	Ethnographic research or other qualitative methods (Stringhini 2009 provider attitudes to informal payments)	Can explore and explain phenomena, correct misperceptions, offer insights into why things happen Good at describing complex social phenomena. Can help build theory May have limited transferability to other contexts
To what extent is community decision making about health inclusive?	Participatory action research	
How does MOH structure support or undermine health in all policies?	Case studies	

Possible study designs 3 – Explanatory questions

Study Questions	Study design	Strengths and Weaknesses
Under what circumstances are community accountability mechanisms effective?	Mixed methods – convergence of qualitative and quantitative data, Pragmatic trials.	Combine rigor of quantitative approach to measuring impact with ability to explain mechanisms Can help guide implementation strategies, providing “real time” data
How can we make regulatory interventions more effective?	Implementation research, plan, do, study, act cycles	

Final Reflections 2

- Governance inherently complex phenomenon
- Public health & development community emphasis on narrow "scientific rigor" (eg. RCTs) has some from negative effects:-
  - Underplays need to understand *why* effects occur
  - Focus on discrete interventions rather than whole governance system
  - Neglect questions of scale up and feasibility
  - May fail to recognize rigor (albeit of a different sort) in alternative, qualitative methods