Advancing Health Systems Podcast Series, Episode 4 - Full Transcript

Health Governance

Bob Fryatt: One paper that came out in 2014 -- this was a paper commissioned by the WHO -- looked at definitions, and they commented that the governance function is still to many public health practitioners and to policy makers and managers, it's still an elusive concept. They commented on the conceptual chaos across many papers in academic papers. Many people are still see this as being quite ambiguous, particularly talking about the international public health community and investors in public health.

Kirby Crider (Host): Welcome back, listeners, to the Advancing Health Systems podcast. My name is Kirby Crider, and I'm your host. I'm part of the HFG project -- that's the Health Finance and Governance project. You can learn more about the project in episode zero in the same podcast feed.

This is the final episode of the mini-series, and today we're going to focus on health governance. HFG contributed to a webinar organized by the World Health Organization, or WHO, Health Systems Governance Collaborative. We'll be playing clips from that webinar throughout this episode, and the first clip that you heard was of Bob Fryatt, the HFG project director, on that webinar.

Now, what he was talking about was the conceptual confusion surrounding the topic of governance. Governance is a difficult thing to confine to a single definition. This is because there are multiple components to governance, like government authorities, institutions, and accountability mechanisms. And the fact that governance plays a role at all levels of the health system, from the central level all the way down to the community level. It's not really surprising, then, that we can find a lot different definitions of how governance factors in to health system performance.

But despite this conceptual confusion, there is this agreement, and there is evidence that governance is meaningful for health systems strengthening and for improving health outcomes. Here's Bob again with what we know.

Bob Fryatt: Spending is twice as effective in improving under-five mortality and increasing life expectancy when there is higher quality of governance in the health sector. We know that international development assistance -- what we do through HFG -- its effectiveness is dependent on the quality of institutions and policies which are central to governance. We know that strong public financial management reduces corruption and improves the likelihood that increasing public health spending actually improves health outcomes. And we know that health service providers that are more accountable to their local communities, leads to improved health outcomes.

Kirby Crider: Even while we now have this growing body of evidence on the impact of good governance on health systems, people still seem to be struggling with how to conceptualize it. It seems to be one of those things that people acknowledge as important, but they don't always know how to influence it. Here's a clip from Sara Bennett, speaking on the same World Health Organization webinar, on why the governance agenda has progressed a little bit less, maybe, than other aspects of health systems. Sara is

the team lead for health systems research on the HFG project and is an associate professor at the Johns Hopkins Bloomberg School of Public Health, in the school's health systems program. Here's Sara.

Sara Bennett: I think too frequently, when we're gathered together to talk about health systems, governance is essentially the elephant in the room. It's the thing that everyone is aware of, and yet we don't necessarily talk as directly about it as may be needed. Working with students at Johns Hopkins -- I teach a health systems class -- we go through different functions of the health system. And when it comes to governance, I think there's often a sort of a clicking in people's heads that this underlies so many of the different aspects of health systems, and yet perhaps is not directly discussed. But instead we sit around the table talking maybe about performance-based payments, or providers, or about how we can move towards universal health coverage. And yet we're thinking, well, our financial management system is too weak to do that.

Or maybe we have concerns about how effective regulation can be, and we're aware of issues of corruption and graft within the regulatory agencies, or indeed amongst other stakeholders in the health system. Or sometimes we're concerned about health sector accountability and the fact that health care providers or health sector managers are not held accountable, and accordingly, it's really difficult to move services along. So, I think sort of the starting point was: How do we help to generate a more open conversation about governance and recognize that it's threaded through so much of what we do, and try to work on, in health systems?

Kirby Crider: So governance is something that we're aware of and that we recognize when it's done well, but we don't talk about it because it's so difficult to address. Here's Sara again with some of the reasons why.

Sara Bennett: I thought it would be worthwhile spending just a minute or two trying to unpack why we don't more frequently act upon governance concerns, but maybe keep them silent. Governance is often perceived as messy, diffuse, and conceptually difficult. Bob talked quite a lot about evidence, and I think that this is a sort of glass half empty/half full in the sense that there are some interventions around governance and some aspects of governance where we really do have strong evidence to support action in this area. One of the really difficult things is that we still lack information sometimes about how do we take those interventions that appear to be effective in a particular context and how do we implement them in different contexts. What does that implementation process look like? And how do we scale up some of these apparently effective interventions?

I go back to the paper by Bjorkman and Stenson which was looking at community-based monitoring in Uganda and showed that that particular intervention, in that particular context, had a really substantial effect on childhood mortality. But then when you think, how feasible is it to scale up that intervention across Uganda? How might the intervention need to be adapted to different contexts? And how might we need to tweak the implementation process? And I think that that's really where the challenges lie.

And If you look at any of the systematic reviews that have been done in this space, they find, at scale, governance interventions seem to have a lot more mixed effects than when we're doing them in sort of randomized cost and control trials. So, I think that there still is a need for further evidence, but it's not about, "Can these interventions be effective?" It's about how do we adapt them to the context and how do we scale.

Kirby Crider: The takeaways for me from Sara's comments were that we have evidence of specific interventions that generally work, but the tricky part is adapting into context and scaling them up. That's where you as our audience as development practitioners can really bring your expertise to this conversation.

I'd like to bring us to an example now. In our health financing work with the HFG project, governance work is also often also at play. Whether that's in helping to develop health sector policies, or building institutional capacity, or ensuring that stakeholders are involved. I'd like to now play a clip from the HFG End of Project event, back in May 2018, in which we had a panel of chiefs of party talk about the integration of health finance and governance. Here's Ted Hammett, the chief of party in HFG Vietnam.

Ted Hammett: HFG Vietnam integrated financing and governance to assist the government of Vietnam in making a successful transition of its HIV response from one funded predominantly by international donors to one operated and funded by the government itself. This involved assistance with domestic resource mobilization, changes to institutional arrangements, and also changes to some important legal and policy frameworks -- all of which are key governance elements.

We assisted the government of Vietnam to solidify its initial decision to use social health insurance as the primary financing mechanism for the transition to HIV response by developing evidence of the feasibility and affordability of social health insurance as a primary financing mechanism. We did this in several ways: by developing liability estimates for HIV services under social health insurance, developing a stepwise plan for integrating the largely donor funded outpatient clinics into the public health and social health insurance systems, and provided options for centralized ARV drug procurement.

For the remainder of the project, we assisted the government of Vietnam, key government agencies, with various elements of the transition -- in particular, working on the legal basis for a transparent and centralized system of antiretroviral drug procurement and also the legal basis for providing subsidies for premiums and co-payments under the social health insurance scheme for people living with HIV.

Kirby Crider: What Ted is describing in Vietnam wraps up a couple of the topics that we've talked about throughout this mini-series, including domestic resource mobilization and health insurance. And I think it illustrates how governance is central to all aspects of health system strengthening. Let's hear from Ted again as he describes one specific example and then the success that they've had with this approach.

Ted Hammett: One key example where we took a governance lens to an important aspect of the transition, namely, the integration of outpatient clinics into the public health system and social health insurance scheme. At the outset, a challenge to this was a requirement under the social health insurance law which said that only curative services can be covered under social health insurance. Preventive services are not allowed to be covered. The donor funded outpatient clinics had been established largely as single-function facilities within the preventive medicine system of Vietnam, meaning that they could not, in that situation, be covered by social health insurance.

HFG Vietnam worked with the central-level agencies as well as in nine provinces to help make the transition so that as these facilities were integrated into the public health system, they could be covered by social health insurance. Some had to convert from single-function to multiple-function so that they could qualify. District-level health centers, for example, had to be merged with district hospitals that

already had social insurance contracts. And in a minority of cases where it was not possible, for various reasons, for this facility to qualify for social health insurance contracts, we worked with facilities to assess their patient load and to help them figure out the best ways to transfer those patients, the best places to transfer those patients so that they could be covered.

We helped the government make great progress. By February of 2018, more than 70 percent of the almost 120 facilities in our nine provinces had been fully integrated into the social health insurance system, and we expect that by the end of September [2018], when HFG ends, we will have helped the provinces to achieve 100 percent integration of all of their facilities.

Kirby Crider: There were a lot of things in Ted's example, and I think that illustrates how governance is complex work and there's a lot of different interventions and a lot of different things at play. But I hope it gives you a better idea of what this looks like in action. You might be asking yourself now, what is the call to action from this episode? What can you really take away from this? And I'd like to bring Sara back, because she had some great advice for things that we can all do to improve governance in projects that we work on.

Sara Bennett: Firstly, I think we need to be both strategic and realistic in terms of how we intervene in terms of governance. We need to think more about durable and discrete interventions. What is a good starting point for addressing governance? And in particular, what are the entry points that may lead to sustained improvement in governance?

Because the underlying thinking is that sometimes we intervene in a way that is controversial, that may disrupt existing systems. And that may be absolutely necessary, but if we're not careful it can also close down the space. We can get reactions very quickly and powerful actors may intervene to stop the further progression of the governance agenda. So I think we need to think carefully about what are the entry points that may gain support among key stakeholders and that may lead to sustained improvements in governance, rather than being a flash in the pan -- something that occurs, is effective, but is closed down shortly afterwards.

I also think we need to think more and analyze more about disruptive innovations and experiment with them. We need to do more, and get out there, and be active to see what the consequences are. But I'm interested, in particular, in disruptive innovations. And I'll give just one example coming from mHealth. So, more broadly, how we can use information and communication technology within health systems? And I think ICTs [information and communications technologies] can be particularly powerful because they can shift power dynamics by making information more publicly available to different groups.

So, for example, if you think about call-in centers or ways where citizens can perhaps bypass frontline health care providers to get other sources of advice. That immediately shifts the power dynamic between the different stakeholders within the health system. I think that the internet can also be really important in terms of providing protection to the anonymity of whistleblowers. There's a lot of interest right now in, "How can we use the Internet to get clients within the health system to report incidences of abuse or bad behavior?" That brings an awful lot of questions with it, but I think that its disruptive power is worth exploring further.

Thirdly, I think it will be good to talk about how we can build coalitions for governance reform. Jonathan Fox, as many of you will be aware, talks about the importance of combining both voice and teeth. Often, we have incidences of voice where we try to give citizens the ability to raise their voice to articulate concerns about health systems. But if we don't also match that voice with teeth in terms of having more powerful stakeholders within the health system be able to support actions to address the voice, to address the concerns of citizens, then I think that there's a possibility that citizens will become disillusioned and disempowered. So I think we need to think about how we can build coalitions. Where do we get the support of more powerful actors within the health system to really build coalitions of governance reform and support?

Finally, although there is clearly some very strong evidence about the potential effectiveness of some of these interventions, we need to continue to document what works and to learn from experience. I think one of the biggest challenges about working in this space, and I suspect my comments so far have been quite clear on this point, is that although we know things have the potential to be effective, we're not always very good at adapting them to particular contexts and taking them to scale.

Kirby Crider: I hope that advice is useful for you no matter which sector you work in. And with that, I'd like to close the episode and close the mini-series. Thank you again for sticking with us all the way through Episode 4 of this podcast mini-series. It's been a real delight to be broadcasting out to you.

The HFG project is ending, but all of the learning briefs, all of the resources, all of the research that has been done will live on the HFG Project web page so I encourage you to check that out. This podcast mini-series, as well, will stay posted to SoundCloud -- we're not taking it down anytime soon. You can find it in Apple iTunes, on the Stitcher app, or wherever you get your podcasts, or on the SoundCloud page.

And a final special thanks to USAID for funding the HFG Project, to Abt Associates for leading the HFG project. Thanks also to the World Health Organization WHO Health System Governance Collaborative for putting on the webinar that we used clips from in this episode. And a thank you to Jen Leopold, who's the HFG director for communications and knowledge management and her team. Jen was an integral part of every single episode behind the scenes. And also a thank you to all of the wonderful expert voices that we were able to bring in from the HFG project and our partners. There's too many to name, but thank you all. And thanks to Blue Dot Sessions for the music. Good luck and may you do great work.

About the Advancing Health Systems Podcast Series

The Advancing Health Systems podcast series explores fundamental issues involved in expanding people's access to health care in low- and middle-income countries. The podcasts were produced by the USAID-funded Health Finance and Governance (HFG) project, which ran from 2012-2018. They were recorded in 2018.