

Objective 1
Understanding what *governance* means.

DEFINING GOVERNANCE

- Defined in a variety of ways, but broadly includes:
 - politics, legislation, policy,
 - public administration,
 - their interaction with:
 - civil society and
 - the private sector,
 - the effects these various institutions have on socio-economic outcomes,
 - and the evaluation of these effects.
- Encompasses many functions, activities and interventions that **apply to, and cut across, all sectors.**

<ul style="list-style-type: none"> • Voice and Accountability • Regulatory Quality • Political Stability and Absence of Violence • Rule of Law • Government Effectiveness • Control of Corruption 	<ul style="list-style-type: none"> • Participation • Equity • Rule of Law • Effectiveness and Efficiency • Transparency • Accountability • Responsiveness • Strategic Vision • Consensus Orientation 	<ul style="list-style-type: none"> • Participation • Accountability • Fairness • Transparency • Decency • Efficiency 	<ul style="list-style-type: none"> • Safety and Rule of Law • Sustainable Economics • Participation and Human Rights • Human Development 	<ul style="list-style-type: none"> • Setting strategic direction and objectives • Making policies, laws, rules, regulations, and decisions • Raising and deploying resources • Overseeing implementation of goals.

Conceptualizations of Governance



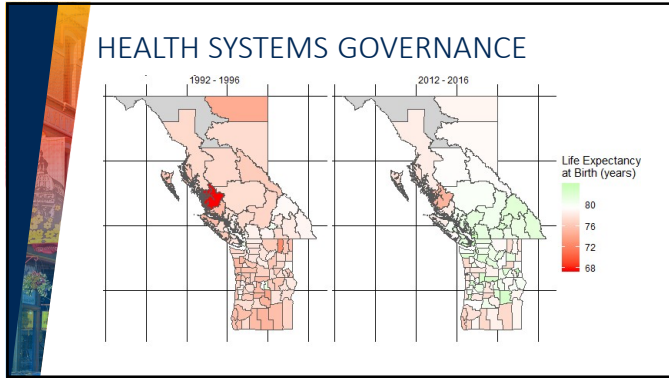


HEALTH SYSTEMS GOVERNANCE

Health system governance is governance undertaken with the objective to protect and promote the health of the people.

“Governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.”

WHO, 2007



HEALTH SYSTEMS GOVERNANCE

Bella Coola (Nuxalk Nation)

- First colonial contact in 1793.
- Sporadic contact until Norwegian population settled region in late 1800's,
- Norwegian abandoned the region with economic decline.

Central Coast Regional District
Census Profile, 2015

- **Median Age:** 41.3 (vs. 43)
- **Median Family Income:** 61k (vs. 88k)
- **% Single:** 47.3% (vs. 41.9%)
- **% Indigenous:** 61.9% (vs. 5.9%)
- **% Unemployed:** 7.2% (vs. 4.3%)

The regional district's traditional economic base, centered on natural resource extraction, declined due to broader industry trends and depletion of key resources in the forestry and fishing sectors...Eco-management was invited in 2009

World Health Organization

Travis et al. (2002)

- Policy guidance.
- Intelligence and oversight.
- Collaboration and coalition building.
- Regulation.
- System design.
- Accountability.

Siddiqi et al. (2009)

- Formulating strategic policy direction
- Generation of intelligence
- Ensuring tools for implementation: powers, incentives and sanctions
- Building coalitions / Building partnerships
- Ensuring a fit between policy objectives and organizational structure and culture
- Ensuring accountability.

- strategic vision,
- participation and consensus orientation,
- rule of law,
- transparency,
- responsiveness,
- equity and inclusiveness,
- effectiveness and efficiency,
- accountability,
- intelligence and information, and
- ethics.

ANLAYZE AND COMPARE

1. On the last slide, we saw three frameworks for understanding the various domains associated with health governance. What similarities and differences do you find interesting or important when comparing these lists?
2. After a careful review of the domains, construct in your own words a definition for health governance that best captures the various domains described in the three frameworks.

Helpful Hint(s): If you are not sure what one of the domains in any of the lists means, do not hesitate to go to the references included in the "notes section" of the power point slide and read more.

IMPLEMENTATION

- Implementation activities in Health Systems are diverse.
- Governance is supported by capacity.
- Developing capacity and good Governance facilitate knowledge creation and advocacy.
- Knowledge creation and advocacy help communities
 - protect themselves from health threats,
 - prevent bad health outcomes,
 - promote good health,
 - and focus on the overall wellness of individuals

IMPLEMENTATION

<ul style="list-style-type: none"> - Ministries of Health - Public Health Agencies - Health Insurers - Hospitals and clinics - Patient/Advocacy Groups - Medical Licensing Boards - Program Evaluators 	<ul style="list-style-type: none"> - Public sector effectiveness <ul style="list-style-type: none"> - Financial management - Decentralization - Public health policy and law - "Health in all policies" - Sector-specific policies 	<ul style="list-style-type: none"> - Rule of law - Democratization - Peace and Security - Civic accountability
Organizations	Public Policies	Broader Governance

ACCOUNTABILITY

Governance can be strengthened through improving the 'short route', or bottom-up form of accountability between clients and providers.

Governance can also be strengthened through improving the 'long route', or top-down form of accountability, by holding policymakers more accountable for services, and by making policymakers better positioned to influence the quality and coverage of services.

ACCOUNTABILITY

Improving the Short Route - Local users becoming effective monitors of providers; improving choice and participation

Improving the Long Route - Holding policymakers more accountable for services; making policymakers better positioned to influence the quality and coverage of services; making information more accessible; improving supply-side functions.

TEST YOUR KNOWLEDGE

1. Imagine you are an advocate working with [S.O.L.I.D. Outreach](#) and collaborating with the [British Columbia Pharmacy Association](#). Together, you are interested in improving the dispensing practices of pharmacists and technicians for opioid agonist treatment (OAT) using a "short route" approach. Your decision to address this issue arose from community consultations in which people who use drugs identified a variety of negative experiences interacting with the staff at community pharmacies. Which of the following proposed programs might fulfill this interest?

- A. Create an opt-in community pharmacy training program on Opioid Agonist Treatment (OAT) that trains community pharmacists and technicians in delivering care to patients with opioid use disorder.
- B. Create a mandatory (i.e., require enrollment of all pharmacists and pharmacy technicians) community pharmacy training program on Opioid Agonist Treatment (OAT) that focuses on the needs of community pharmacists and technicians in delivering care to patients with opioid use disorder.
- C. Begin talks with the Ministry of Health and other policy makers to revise the PharmaCare Drug Formulary to simplify the processes related to the prescription and dispensing of OAT.
- D. None of the above provide a "short route" approach.

CIVIL ENGAGEMENT

“honour, trust and respect partners’ knowledge and expertise, and take into account their needs and priorities.”

COMMUNITY ENGAGEMENT

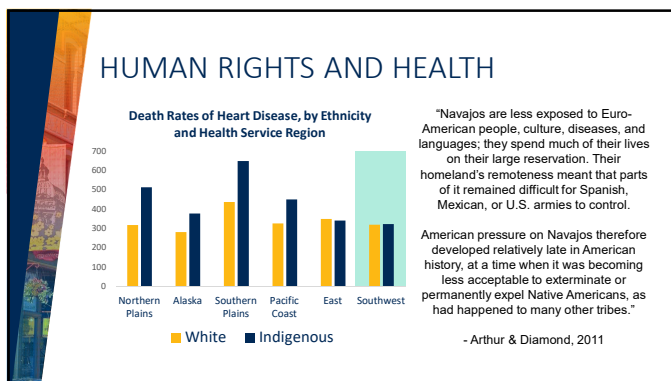
GROW + LIFT

- **Goal Alignment**
- **Relationship-driven Practices**
- **Ongoing Communication**
- **Work to Bridge Capacity**
- **Language, Culture and Anti-oppression**
- **Initiate Relationships Early**
- **First, Report results to Community**
- **Time**

HUMAN RIGHTS

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

- Universal Declaration of Human Rights



HUMAN RIGHTS

[Curr Opin Psychiatry](#), 2018 Jul;31(4):300-305. doi: 10.1097/YCO.0000000000000429.

Decriminalization of drug use.

[Vicknasingam B¹](#), [Narayanan S²](#), [Singh D¹](#), [Chawarski M³](#).

JOURNAL ARTICLE
Why Children and Youth Should Have the Right to Vote: An Argument for Proxy-Claim Suffrage
 John Wall

ENGAGE PRIMARY SOURCES

- Which of the following are rights described in the [United Nations Universal Declaration of Human Rights](#)? (Check all that apply).
 - The right to a safe shelter, regardless of ability to pay rents.
 - The right to higher education, regardless of merit.
 - The right to enjoy the benefits of arts and culture, regardless of ability to pay admission.
 - The right to be treated with equal dignity, regardless of any distinction of any kind.
- Which of the following are rights described in the [United Nations Declaration on the Rights of Indigenous Peoples](#)? (Check all that apply).
 - Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals.
 - Indigenous people have the right to self-governance in internal and local affairs.
 - Indigenous people have the right not to be assimilated.
 - Indigenous peoples have the right to establish and control their educational systems
- Are there any rights you feel are missing from these documents? Identify one on the discussion board titled "Emergent and Developing Rights." If you can not identify one, comment on one of the rights shared by your classmates.

Objective 3
Evaluating health governance systems.

GOALS OF HEALTH SYSTEMS

An evaluation of health systems governance, must be recognize the goals of health systems:

1. Improved health status through more equitable access to quality health services and preventive and promotion programmes,
2. responsiveness to legitimate patient and public expectations, and
3. fair financing that protects against financial risks for those needing health care

ESSENTIAL PUBLIC HEALTH FUNCTIONS

From 1988 to the early 1990s, the recognized "core functions" of public health were:

- Assessment
- Policy development
- Assurance

In 1994, a consensus statement on 10 essential public health functions (EPHF) was developed:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

FUNCTIONAL VARIATION

Field of Action in Public Health EPHF	Environmental Health	Occupational Health	Maternal and child Health	Chronic Diseases	Etc.
Examples					
1. Monitoring of health status	Monitoring of environmental risks	Risk monitoring in the work environment	Monitoring of health risks to mothers and children	Monitoring of health risks in chronic diseases	
2. Regulation and enforcement in public health	Monitoring of compliance with environmental regulations	Monitoring of legislation in workers' health	Monitoring of compliance with laws of protection of mothers	Monitoring of compliance with regulations that promote healthy behaviors	
3. Etc.					

CHALLENGES TO HEALTH SYSTEMS GOALS

An evaluation of health systems governance, must account for:

1. the gap between good governance agendas and existing capacities,
2. the discrepancy between formal and informal governance, and
3. the inattention to sociopolitical power dynamics.

COMPLICATING GOVERNANCE

An evaluation of health systems governance, must be ready to address:

1. the multiplicity of societal actors in health systems,
2. the distribution of roles and responsibilities among those societal actors, and
3. their ability and willingness to fulfil their roles and responsibilities.

APPROACHES IN GOVERNANCE ANALYSIS

- **Principal-agent theory.**
 - Developed by Brinkerhoff and Bossert (2014).
 - Applied by USAID.
- **Theory of 'institutional analysis'.**
 - Developed by Ostrom (1990).
 - Applied by Abimbola (2014).
- **Theory of common pool resources.**
 - Developed by North (1990).
 - Applied by Siddiqi et al. (2009).
- **Essential Public Health Function(s).**
 - Developed Core Public Health Functions Steering Committee, 1994
 - Many Applications – Most Notably the National Public Health Performance Standards (NPHPS) in the United States.

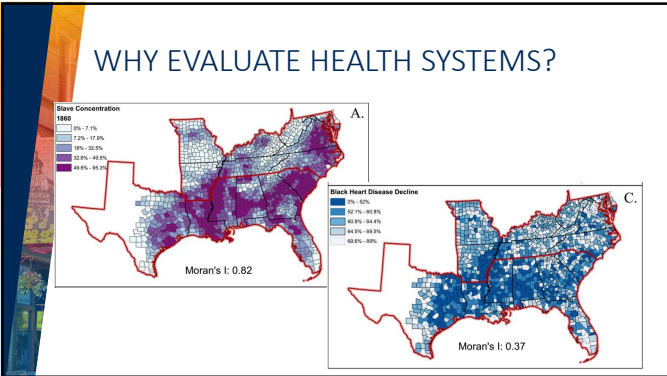
DIVE DEEPER

1. Take some time to explore each of the assessment tools for each evaluation tool. Explore them until you are confident that you have a strong sense of what they measure. It may be helpful to compare and contrast the tools to get a better understanding of their unique characteristics.
 - Principal-Agent: [USAID health system assessment](#)
 - Institutional Analysis – [Siddiqi et al.](#)
 - Common Pool Resources – [Abimbola et al.](#)
 - EPHF – [National Public Health Performance Standards](#)
2. Rank each of the tools above in terms of (1) ease of use, (2) demand on time and resources, (3) comprehensiveness, and (4) most dynamic (i.e., able to be used across a wide-range of sectors, settings, and systems-levels).

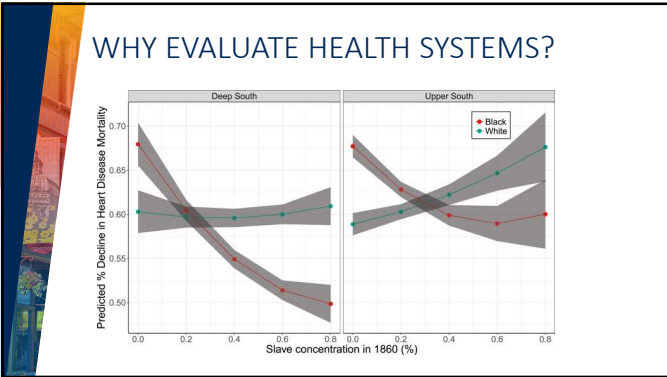
WHY EVALUATE HEALTH SYSTEMS?

The image contains two maps of the United States. The left map is titled 'Spatial clustering of slave concentration, 1860' and shows high concentrations (red) in the Southern states. The right map is titled 'Spatial clustering of declines in heart disease mortality Blacks, 1968-2014' and shows high declines (red) in the same Southern regions. Both maps include legends and source information at the bottom.

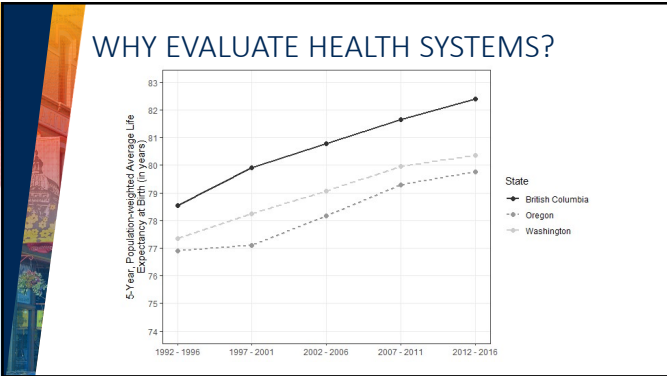
WHY EVALUATE HEALTH SYSTEMS?

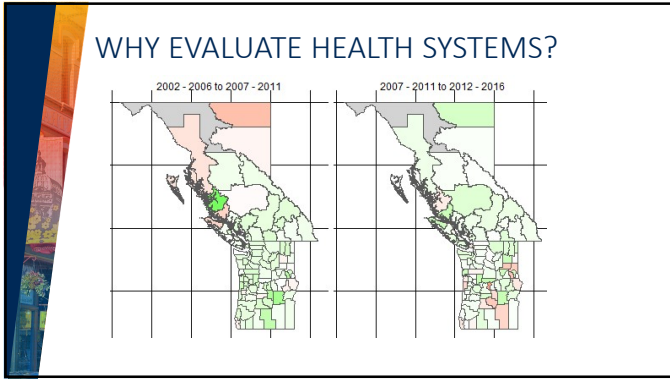


WHY EVALUATE HEALTH SYSTEMS?

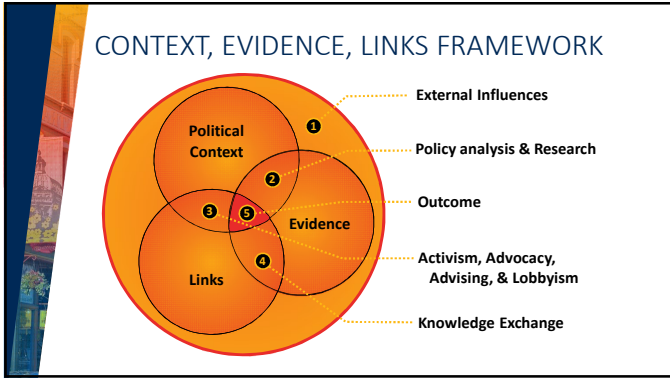


WHY EVALUATE HEALTH SYSTEMS?









CONTEXT, EVIDENCE, LINKS FRAMEWORK

What researchers need to know	What researchers need to do	How to do it
Political Context: <ul style="list-style-type: none"> Who are the policymakers? Is there policymaker demand for new ideas? What are the sources / strengths of resistance? What is the policymaking process? What are the opportunities and timing for input into formal processes? 	<ul style="list-style-type: none"> Get to know the policymakers, their agendas and their constraints. Identify potential supporters and opponents. Keep an eye on the horizon and prepare for opportunities in regular policy processes. Look out for – and react to – unexpected policy windows. 	<ul style="list-style-type: none"> Work with the policymakers. Seek commissions. Line up research programmes with high-profile policy events. Reserve resources to be able to move quickly to respond to policy windows. Allow sufficient time and resources

CONTEXT, EVIDENCE, LINKS FRAMEWORK

What researchers need to know	What researchers need to do	How to do it
External Influences: <ul style="list-style-type: none"> Who are main international actors in the policy process? What influence do they have? What are their aid priorities? What are their research priorities and mechanisms? What are the policies of the donors funding the research? 	<ul style="list-style-type: none"> Get to know the donors, their priorities and constraints. Identify potential supporters, key individuals and networks. Establish credibility. Keep an eye on donor policy and look out for policy windows. 	<ul style="list-style-type: none"> Develop extensive background on donor policies. Orient communications to suit donor priorities and language. Cooperate with donors and seek commissions. Contact (regularly) key individuals.

CONTEXT, EVIDENCE, LINKS FRAMEWORK

What researchers need to know	What researchers need to do	How to do it
Evidence: <ul style="list-style-type: none"> What is the current theory? What are the prevailing narratives? How divergent is the new evidence? What sort of evidence will convince policymakers? 	<ul style="list-style-type: none"> Establish credibility over the long term. Provide practical solutions to problems. Establish legitimacy. Build a convincing case and present clear policy options. Package new ideas in familiar theory or narratives. Communicate effectively. 	<ul style="list-style-type: none"> Build up programmes of high-quality work. Action-research and Pilot projects to demonstrate benefits of new approaches. Use participatory approaches to help with legitimacy and implementation. Clear strategy for communication from the start. Face-to-face communication.

CONTEXT, EVIDENCE, LINKS FRAMEWORK

What researchers need to know	What researchers need to do	How to do it
Links: <ul style="list-style-type: none"> Who are the key stakeholders? What links and networks exist between them? Who are the intermediaries, and do they have influence? Whose side are they on? 	<ul style="list-style-type: none"> Get to know the other stakeholders. Establish a presence in existing networks. Build coalitions with like-minded stakeholders. Build new policy networks. 	<ul style="list-style-type: none"> Partnerships between researchers, policymakers and policy end-users. Identify key networkers and salesmen. Use informal contacts.


EFFECTING CHANGE

EFFECTING CHANGE

A person who wants to effect change should have the 4 P's of influence:

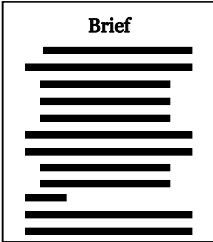
- Passion:** care deeply about the problem, and be convinced of the value of the new idea;
- Position:** have access to key people;
- Power:** have status and influence, across parties;
- Persuasiveness:** have the credibility to be taken seriously and make the case convincingly.

EFFECTING CHANGE



NEWS

Access Framing



Brief

Content Framing

EFFECTING CHANGE

Credibility

- Trustworthy
- Values
- Ideology
- Self-Reflection
- Impression

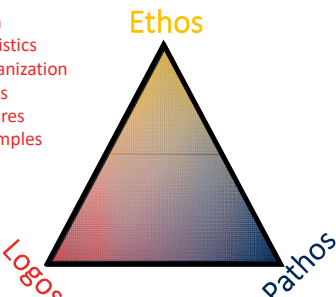
Emotions

- Generation feels
- Storytelling
- Empathy
- Excitement

Reason

- Statistics
- Organization
- Facts
- Figures
- Examples

Ethos



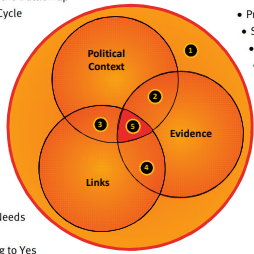
Logos Pathos

Communication Tools

- Organisational Readiness Assessment
- Market Segmentation and the Battlemap
- Mapping the Product Life Cycle
- The Marketing Approach
- The Marketing Mix
- The Promotions Mix
- Position Mapping
- The Copy Platform
- Pre-testing your Message
- Camera Ready
- Writesshops

Policy Influence Tools

- 4 Policy Entrepreneurs
- A Lobbyist's Hierarchy of Needs
- The 4 Ps of Influence
- Boston Box
- Policy Papers
- Networking
- Getting to Yes
- Public Participation
- Campaigning Alliances



Context Assessment Tools

- The RAPID Framework for Analysis
 - The Planning Cycle
 - Problem Tree Analysis
 - Stakeholder Analysis
 - Force Field Analysis
 - Influence Mapping
 - SWOT Analysis
 - Triangle Analysis

Research Tools

- Episode Studies
- Focus Groups

SELF-EVALUATION

From 1 (Not at all Capable) to 5 (Completely Capable), how strongly would you rate your ability to do each of the following after completing this module:

- Define and describe "governance"
- Define and describe "health governance"
- Evaluate health governance systems.
- Effect change in health governance.
