Governing for Health in Low- and Middle-Income Countries

Perspectives from the Field

March 2012
Prepared by the USAID Leadership, Management, and Governance Project

Inspired leadership, sound management, transparent governance
About the Leadership, Management, and Governance Project (LMG)

As the U.S. government enters a new era in international development through initiatives such as the Global Health Initiative and PEPFAR II, there is a strong emphasis on sustainability and country ownership within the health system strengthening framework. Development practitioners increasingly agree that improving the leadership, management and governance capacity of policy makers, health care providers, and program managers allows them to better implement quality health services, and meet local citizens’ health needs. Funded by USAID, the Leadership, Management and Governance Project (2011-2016) collaborates with health leaders at all levels to improve leadership, management and governance practices to create stronger health systems and improve health for all, including vulnerable populations worldwide.

The LMG Project seeks to do the following:

- Promote enhanced performance improvement processes driven by country leadership for individuals and teams through South-to-South dialogue and collaborative learning modules designed to increase organizational capacity
- Develop senior leadership and governance capabilities using participatory processes and gender-aware approaches that enable health leaders and policy-makers to address their own challenges, and achieve results
- Build and use evidence-based approaches by generating and disseminating evidence that shows how improved leadership, management, and governance contribute to health gains

Cover photo credit: Photo of Afghan health leader contributed by Management Sciences for Health

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Finally, the LMG Project team wishes to thank the 25 leaders, managers, and those who govern in the health sector and within health institutions in low- and middle-income countries, all of whom spent substantial time in doing the key informant interviews that constitute the foundation of this report. We wish them success in their efforts toward strengthening health systems in their respective countries, regions, and jurisdictions, and we hope that this report will be useful to them as well as to others charged with carrying out similar responsibilities in resource-scarce and difficult-to-govern environments.
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Executive Summary

Objective

In carrying out this survey, we sought to understand governing in the context of health from the perspective of people who lead, manage, and govern in the health sector or within health institutions in low- and middle-income countries. The purpose of the study was to obtain their perspective on:

- What constitutes effective governing in the context of health;
- What enables and impedes it;
- What links there are between effective governance and the quality of health services and health outcomes;
- What gender issues are involved in governing; and
- How governing interacts with leading and managing.

Methods

Twenty-five key informants (called “participants” throughout the paper) who lead, govern, and manage within the health sectors in low- and middle-income countries were interviewed. Participants were selected using a purposeful sampling strategy. Interviews were conducted in Spanish or English, and all of the interviews were then transcribed into English. The analysis of the interviews was an iterative process in which the researchers collaborated to reach consensus on themes and subthemes at key points throughout the research. Additional themes were added as they emerged. NVivo version 9 was used for the data management.

Results

We found that from the perspective of those who lead, manage, and govern in the health sector or health institutions in low- and middle-income countries that leadership, management and governance are interdependent, intricately linked, and reinforce each other; all three roles interact in a balanced way to serve a purpose, or to achieve a result. There is a clear overlap between the roles of leading, managing, and governing. In addition, leaders are seen as being critical to the governing process, and effective leadership is a prerequisite for effective governance, and effective management.

To participants, governing has a purpose, and it is a process of making decisions as well as assuring that decisions are successfully implemented. Governance was also seen to have a distinct political and technical dimension to it. From the perspective of participants, governance functions include: steering and regulating; overseeing; raising and allocating resources; allocating responsibility; and collaborating across different settings and sectors—all to achieve a purpose.

Participants have identified what impedes as well as what enables effective governance in the context of health. Effective governance, according to participants, is inclusive. Participants defined effective
governance in the context of health as governance that leads to an improvement in both the health services, and the health of individuals and populations. Other features of effective governance defined by participants include:

- Transparency
- Accountability
- Participation
- Inclusion
- Ethical and moral integrity
- Focus and vision
- Efficiency and equity

Participants felt effective governance is critical for achieving good health outcomes for individuals and especially for populations. They were also cognizant of the critical influence of governance in sectors other than health on health outcomes. The effect of governance on health is mediated through its impact on health services and health care, and through the social determinants of health with regard to governance in sectors other than health. Participants perceived that the impact of governance on health service enhanced: equity and access; effectiveness and efficiency; affordability; sustainability; and the timeliness of health services.

Participants suggested three ways to measure governance: by measuring the processes of effective governance; the outcomes, and the long-term impact. Measuring outcomes (i.e., measuring the attributes of health services and health outcomes resulting from effective governance interventions) was the recurring theme, and outcome measurement was preferred over measuring processes alone.

Participants perceived governance as an all-male thing that tended to relegate women’s issues—issues faced by women in the health workforce, and women as users of health services—to the background. The need for gender awareness, gender responsiveness, and gender transformation in governance was heard from an overwhelming majority of the participants. They also suggested multiple ways in which gender could be integrated in governance.

Practice Implications

Overall, the governance improvement interventions suggested by the participants fell within six areas: strengthening accountability, transparency, and participation; regulating service delivery; building governance capacity; and strengthening management and leadership. This study can be used to inform governance enhancement interventions in the health systems, in particular within the context of resource-scarce and difficult-to-govern environments of the low- and middle-income countries.
Introduction

Despite the efforts of governments around the world and the massive increase in global health aid over the past few decades, progress toward achieving the health Millennium Development Goals (MDGs) is slow in many of the low and middle-income countries (LMICs) in Asia, Africa, Latin America, and the Caribbean. Successful health interventions often achieve results, however in many cases these results are not sustained over time. There are also difficulties in scaling up the successful interventions across larger geographical regions within and across countries. Effective governance in the health sector has the potential to enable enhanced sustainability and scalability of effective health interventions. There is evidence in the literature that shows effective governance improves health outcomes.1

Unfortunately, poor governance overall, and in the health sector in particular has contributed to poor health outcomes. As a result, strengthening leadership, management, and governance of health sectors in LMICs has become an important priority. Increasingly, more attention is being focused on improving governance as a means for better health outcomes. Donor-funded projects have in the past demystified core leadership and management concepts, functions and practices in the health sector, promoting enhanced results for service delivery. Donors have now included governance for health as an additional dimension to their programming in this area to make these health gains sustainable.

To start clarifying “Governance for Health,” the USAID Leadership, Management, and Governance (LMG) project reviewed extant literature in various academic disciplines on governance (most notably in political science, public administration, public policy, comparative politics, international relations, sociology, management, and institutional economics). Based upon this review of literature and discussions with many health governance experts, we created a conceptual model of governance for health. We tested this model through: 1) a quantitative survey of 477 respondents who lead, manage, and govern in the health sector or within health institutions (“From Villages to Parliaments: 2012 MSH Survey on Governance for Health”—See Paper 5 in this research series); and 2) a qualitative survey of 25 key informant interviews, the findings of which are reported out in this paper.

In looking from the perspective of those who lead, manage, and govern in the health sector or within health institutions in the low- and middle-income countries, the findings show that leadership, management, and governance are interdependent, intricately linked, and each one works to reinforce the other; all three roles interact in a balanced way to serve a purpose or to achieve a result. Furthermore, although there is a clear overlap between the roles of leading, managing, and governing, and each of these roles is distinct and important, the survey found that leaders are critical to the governing process, and effective leadership is a prerequisite for effective governance and effective management.

Within the realm of governance, the survey participants defined governance as a process of making decisions, and a process of assuring that decisions are implemented. To them, governance has a purpose, and there are distinct political and technical dimensions to it. From the perspective of our

participants, governing is: steering and regulating for a purpose; raising and allocating resources; allocating responsibility; overseeing; and collaborating across settings and sectors, all to achieve a purpose.

In addition, participants said that governing is being inclusive. They also defined effective governance in the context of health as governance that leads to both an improvement in health services and the health of individuals and populations. Other defining features of effective governance identified by our participants were: transparency; accountability; participation; inclusion; ethical and moral integrity; focus and vision; and efficiency and equity. Our participants have identified what impedes and what enables effective governance in the context of health. We also heard that effective governance is a crucial and necessary but that it is not in and of itself a sufficient condition to achieve good health for people.

The participants suggested three ways to measure governance—measuring the processes of effective governance, measuring outcomes, and measuring long term impact. Finally, our participants largely perceived governance in their settings as an all-male thing that relegates women’s issues—women’s in the health work force and women as users of services—to the background. The need for gender awareness, gender responsiveness, and gender transformation in governance was expressed by the overwhelming majority of the participants, who suggested multiple ways in which gender could be integrated into governance.

This paper will briefly discuss the survey methods, followed by the survey results given in detail. The findings are then discussed and analyzed from the point of view of the informant/practitioners and are then summarized in the conclusion. Finally, a section on the practice implications and limitations of our study is also included.

**Methods**

**Overview**

The LMG team sought to understand governing in the context of health from the perspective of people who lead, manage, or govern within the health sector or the health institutions in low and middle income countries. Their perspectives were distilled from interviews regarding: what constitutes governing and effective governing in particular in the context of health; what its enablers and deterrents are; what link it has with quality of health service and health outcomes; what gender issues are involved; and how governing interacts with leading and managing. These insights are judged important to devise interventions and processes to improve governance to achieve better health outcomes. We used a qualitative study design consisting of key informant interviews with the people who lead, govern and manage in this context. We conducted 25 such key informant interviews across Africa, Asia and Latin America. These perspectives help us better understand governance challenges in the health systems as experienced by those who lead, manage, and govern, in particular within resource-
scarce and inherently difficult-to-govern environments.

Recruitment and participants
Senior leaders who govern or manage were recruited from low- and middle-income countries using a purposeful sampling strategy. With the assistance from colleagues in governance practice and research, a list was prepared of potential participants from Africa, Asia, and Latin America. We approached these potential participants with information on the design and the purpose of the study, along with an invitation to participate in the key informant interviews.

Procedure
The participants were interviewed in person or by telephone by one of the researchers or the associates who used an open-ended interview guide (See Appendix A). The interview guide focused on key topic areas related to effective governing of the health sector or within health institutions in low- and middle-income countries. These topic areas were distilled from the review of literature on governance in the context of health, discussions with the experts and the practitioners, and two internet surveys: “Embracing Engagement, Accountability and Transparency in Governance for Better Health Outcomes,” from Spring 2011 by Management Sciences for Health, and “From Villages to Parliaments: 2012 Survey on Governance for Health by the USAID Leadership, Management, and Governance (LMG) project. These health governance survey explored were what constitutes governance; effective governance in the context of health; enablers and deterrents of effective governance for health; effective governance and its relation to health system performance and health outcomes; and the interaction of governance, leadership and management in the context of health. This exploration also asked about the challenges participant/practitioners face.

We interviewed 17(68%) participants who lead and govern, five (20%) participants who lead and manage, and three (12%) participants who lead. Those who lead often govern and manage, or govern, or manage in addition to their leading role. Those who lead and govern are the source, the foundation and the spring of the governance process, and those who predominantly lead and manage are receivers of the governance process. Those who lead but neither govern nor manage in this context work between governing and managing. We tried to ensure that the perspective of all these three categories of participants is reflected in the study. The interview was semi-structured and the informants were allowed to guide the conversation.

Interviews were conducted in Spanish 7(28%) and in English 18 (72%). Spanish language interviews were conducted by bilingual health services researchers. Spanish interviews were transcribed and translated into English. The language barriers may add a level of subjective interpretation. We used bilingual interviewers in case of Spanish speaking interviewees to reduce the potential for misunder-
standing and misinterpretation. The interviewers also took notes during the interview.

Data analysis

An index of taxonomies, themes and subthemes was generated from the literature review; findings of 2011 and 2012 MSH surveys on governing for health; discussions with experts; and patterns that emerged during the key informant interviews. The text data resulting from interviews was coded by the two researchers (KJL & MS) who compared their notes during and after the coding process. NVivo version 9 was used for the data management. Analysis was an iterative process in which the researchers collaborated to reach consensus on themes and sub themes at key points throughout the research. Additional themes were added as they emerged. We searched the whole of the text data for recurrent unifying concepts or statements while distilling themes and subthemes. We also attempted to distill theories that explain, predict, and interpret effective governance and its link to health service and health outcomes.

Results

Participant demographics and LMG-related characteristics

Self-reported characteristics of the participants (See Table 1) revealed a predominant representation from civil society and the public sector, especially from within the government. The participants represented 16 countries from the three regions i.e. Africa, Asia and Latin America. Africa had the strongest representation among the participants. Two out of three participants work at national level, 4% at local level, and 12% in an institutional setting. Sixty-eight percent of participants lead and govern, 20% lead and manage, and 12% lead but neither govern nor manage.

Participants were highly educated—many held multiple degrees in multiple academic disciplines. Seventy-two percent (72%) of the participants held educational degrees in medicine and medical/surgical specialties, 56% in public health, 20% in other social sciences, 16% in management, and 16% in other academic disciplines (one informant each held a degree in science, agriculture, law and teaching). Medicine and public health combination predominated (44%) and were followed by medicine and management (16%). Three respondents only held medical degrees, and one only held a public health degree.

Differences in informant characteristics were noted by region. Overall, women participants constituted 32% of all the participants. There were more men (7) than women (6) in the participants from Africa. Women were under-represented in the participants from Latin America, and there were no women respondents from Asia.
Table 1: Participant demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number (%) in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>8 (32%)</td>
</tr>
<tr>
<td>Male</td>
<td>17 (68%)</td>
</tr>
<tr>
<td><strong>Sector</strong></td>
<td></td>
</tr>
<tr>
<td>Civil Society</td>
<td>13 (52%)</td>
</tr>
<tr>
<td>Private Sector</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Government</td>
<td>8 (32%)</td>
</tr>
<tr>
<td>Public Sector/Multi-Sector Governing Bodies (Country Coordinating Mechanisms or CCMs)</td>
<td>3 (12%)</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td></td>
</tr>
<tr>
<td>Latin America</td>
<td>7 (28%) (5 Male and 2 Female)</td>
</tr>
<tr>
<td>Africa</td>
<td>13 (52%) (7 Male and 6 Female)</td>
</tr>
<tr>
<td>Asia</td>
<td>5 (20%) (5 Male)</td>
</tr>
<tr>
<td>Countries</td>
<td>Latin America [Bolivia, Colombia, Ecuador, Guatemala, Mexico, and Nicaragua (2)], Africa [Kenya (8), Lesotho, Nigeria, Tanzania, Uganda, and Zanzibar], Asia [India (2), Lebanon, Oman, and Pakistan]</td>
</tr>
<tr>
<td><strong>Language of the interview</strong></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>18 (72%)</td>
</tr>
<tr>
<td>Spanish</td>
<td>7 (28%)</td>
</tr>
<tr>
<td><strong>Levels where the respondents work</strong></td>
<td></td>
</tr>
<tr>
<td>International</td>
<td>4 (16%)</td>
</tr>
<tr>
<td>National</td>
<td>17 (68%)</td>
</tr>
<tr>
<td>Local</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Institutional</td>
<td>3 (12%)</td>
</tr>
<tr>
<td><strong>LMG composition</strong></td>
<td></td>
</tr>
<tr>
<td>Those who lead and govern</td>
<td>17 (68%)</td>
</tr>
<tr>
<td>Those who lead and manage</td>
<td>5 (20%)</td>
</tr>
<tr>
<td>Those who lead</td>
<td>3 (12%)</td>
</tr>
</tbody>
</table>

Note: All categories are mutually exclusive and percentages add up to 100.

Participant experiences of leading, governing and managing

Definitions of governance and effective governance, practices of governance, its enablers and deterrents, gender in governance, measuring governance, and inter-relationship between leadership, man-
agement and governance were our primary areas of interest. The themes that emerged were broadly consistent across the regions. Through the analysis of 25 key informant interviews conducted in 16 low- and middle-income countries across three continents, six major practices of governance, as well as enablers and deterrents for effective governance emerged, and governance and effective governance in the context of health were defined.

**What is governance?**

When asked to define governance, many participants indicated in different ways that governance is a process of making decisions, and a process of assuring that those decisions are implemented. “Governance for me is really the process of decision making and also the process by which you ensure that decision is implemented,” said one participant. Another called governance the “process of taking decisions in order to achieve results,” and another called it “the art of utilizing strategies for accomplishing a vision.” Through making these decisions, health systems performance expectations are defined, and processes are determined that determine how an institution operates. This is accomplished by setting policies, laws, rules, regulations, or resolutions to steer or guide the work of the health system organization or program. Another ingredient of governance was its purpose, which most defined as “to achieve results,” “to achieve certain goals,” or “to accomplish a vision.”

One informant pointed out that power is a key component of governance, referring to power for others instead of power over others. Governance has to do with the exercise of authority. The participants also underlined the political dimension of governance, one of them saying:

> “In the political area, this means the creation of “polis” (a city-state in ancient Greece, characteristic of Greek political organization from 800 to 400 BC) or of the society itself, which is mostly seen as governed by the policies of the politician in charge based on his personal electoral interests…but that is not the case. He is obliged to take care of the interests of the public and to the citizens.”

In the political context, governance is also framed as a democracy issue:

> “Governance is the exercise of power to achieve your goal, which in an ideal world is the exercise of legitimate authority, the power associated with legitimate authority.”

Along the same lines, another participant thought governing was essentially political and not technical:

> “Almost everything I’ve said is political because I believe that governance is essentially political, not technical.”

A number of participants stated that governance is inter-linked with leadership—says one participant:

> “There cannot be governance without leadership. Leadership is an integral part
of good governance and good decision-making.” Another informant defined governance in terms of leadership, stating that governance is “leadership that involves the leaders and those who are led” in a way that systems are put in place which produce desired outcomes. Another participant has a similar definition of governance: “Governance is a process of utilizing strategies for accomplishing a vision to achieve certain results.”

Governance takes places in all sectors (health, education, and so on; and public, private, and nonprofit) and at all levels (institutional, local, state, national and global). As one informant pointed out:

“We have governance decision-making wherever there is a group of people, large or small.”

Participants are aware that governance is a generic term and it takes place in almost all sectors and is a cross cutting issue:

“When we talk about governance in health, we must remember that we also have governance in agriculture, we have governance in an environment, and so on.”

Governance is done differently in private, public and nonprofit sectors:

“There is this diversity of governance… in the corporations, the NGOs, the governments, and political parties… at all of these levels, you have people who are entrusted with power to govern.”

In the nonprofits and civil society organizations, the board acts as a collective body, not as an individual. There is a shared or interdependent responsibility among board members to make a decision and ensure that it is implemented irrespective of a single individual board member's personal views. However, in the public sector, it may be a single person who has governance power (i.e., a minister of health governs a ministry of health), or a collective body (i.e., a cabinet of ministers) is tasked to govern.

The participants emphasized the difficulties and sensitivities involved in governing, and stressful nature of governing. One informant articulated this sentiment:

“In some way, governance is a type of endurance. Let’s say against forces that don’t always go in the right direction. Sometimes, I compare my work to that of an acrobat or a tightrope walker. I don’t always make it, because at times they are able to throw the tightrope walker off balance. The tightrope walker walks over what is defined in Spanish, as a loose rope. Although the rope is called loose, it is in fact really tight. One has to walk over grounds that are not always kind. The tightrope walker cannot look down, cannot look towards the safety net, because he is going to get distracted from the objective that is right ahead
of him. He must walk towards his goal. Also, the tightrope walker carries a balance bar. I am talking about the tightrope walker at the circus, one that walks on the tight rope. This bar represents education, training, experience and skills. There are many in the audience waiting for the moment when he falls. There is a stress in the success, in the performance, and in the failure.”

Table 2: What is governance: Representative quotes

<table>
<thead>
<tr>
<th>Quote</th>
</tr>
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<tbody>
<tr>
<td>1. “Governance has to do with the exercise of authority, we regard it as political utilization of power and it also has to do with decision making for a group of people. That’s what we understand as governance. And it happens everywhere ….. the way we organize, and the way we put people in authority: it’s all about governance. There is this diversity of governance in the cultures around the world. …the corporations, the NGOs, the governments, and political parties …at all of these levels, you have people who are entrusted with power to govern.”</td>
</tr>
<tr>
<td>2. “The two key ingredients of governance are: firstly making a decision for a group of people and then secondly, finding out did it work?”</td>
</tr>
</tbody>
</table>

Practices of governance

The participants reported multiple practices, actions or elements that constitute governing. We identified the themes that reflect the most significant practices described by the participants across Africa, Asia, and Latin America. To include, to collaborate, to steer, to regulate, to allocate, and to oversee emerged as the most significant practices of governing.

To include the governed in the governing process also emerged as a key practice of governing. Listening to people, and engaging them in decision making, persuading them, being responsive to their needs and issues, giving feedback to them, reconciling the different views, and the different positions, bringing together stakeholders/beneficiaries/customers/utilizers of service in the governing process to achieve results was how the participants typically described this practice of governing.

Making sure that we do have the systems in place to ensure accountability, transparency, and community participation while governing was the most frequently voiced theme throughout the interviews. Many participants described this practice in terms of being able to incorporate people’s ideas, not being dictatorial, allowing representation, and having a room for review.

To collaborate across sectors (public, private and non-profit or health, and sectors other than health), and across levels (institutional, local, state, national and international) was described as a key practice of governing. Several participants gave an example of how the intra-sectoral collaboration with the involvement of several departments and ministries had resulted in successful health interventions and helped achieve the desired health outcomes. Many respondents voiced the utility of having a forum where such collaboration could take place on a regular basis. This would enhance outreach to the different sectors and levels, and keep collaborators interested in a task. This practice was frequently mentioned in the context of government or public sector governance. An informant said,
“I really believe in multiple service networks where the public and private sectors achieve a mix. There is no perfect mix, but they achieve a balance where the Government may control, yet the Government must leave a space to the private sector for it to fulfill its role.”

To steer was one of the most frequently voiced practice of governing. To identify a policy problem, to advocate policy, to set policy agenda, to have a policy dialogue, to decide a strategic direction, to analyze policy options, and to make sound policies were the recurring subthemes under this theme. An informant described it thus:

“You have to know where you want to go so you can set a course. Think of what steps one after another, you have to take to get there. Sometimes you are winning, at other times you are losing, sometimes it’s a win-win, sometimes it is negotiate and sometimes it is enforce.”

Policy formulation was mentioned as an important part of the governance process. As one informant pointed out,

“Policy should be evidence-informed, as well as context relevant and context sensitive, culturally compatible and equity promoting.”

Many participants stated this practice in terms of setting the big picture, setting up a direction for the institution, and making policies in people’s interest based on fairly good evidence. Some participants have stated that they are using incentives to steer the health system in the desired direction. One informant stated:

“We are counting more on incentives in our contracts to steer the system, to steer it towards more cost effective care.”

To allocate emerged as one of the significant practices of governance stewardship. Smart resource allocation, referred to by one informant as “distribution with logic,” or placing money properly irrespective of political gain, is perceived to be a part of the governance process. To allocate responsibility of policy implementation and also authority and resources to carry out that responsibility effectively was seen by many participants as a significant part of the governing process. As with other practices, the participants focused on the linkage of this practice with the end result. One participant called it “prudent application of resources—managing resources such that at the end we get the desired results.”

The role of a governing board in approving plans and budgets was highlighted by many when they said that the board has to make sure that the actual resources that are needed are made available to the level of the health system where you want these policies to be implemented. Resource mobilization for the organization was also mentioned as one key practice of governance.

To oversee is another key part of the governance process that is carried out to assure implementation. According to one informant, governance is effective when people know what they are supposed to do and what is expected of them. The participants clearly perceived the oversight role of the governing body to oversee that management is doing what it needs to do to deliver the long-term strategy of the
institution. Oversight by leadership and key actors within government health services was perceived as critical in ensuring good governance principles within the public health system.

Rewarding those who perform well and sanctioning those who do not was, participants felt, part of governing. Financial oversight (defined by an informant who leads and manages as “responsibility to oversee our finances so that we are using the finances that are entrusted to us in the way that we ought to be using them”) was underlined as important by many of the participants. Some participants had a longer-term vision of the oversight role; one saw it as “setting up systems in terms of monitoring progress, outcomes and impact assessment.”

To regulate, a majority of the participants felt, was a significant part of governing process. To formalize policies through laws, rules, regulations, protocols, standard operating procedures, or resolutions appeared as a recurring theme while discussing practices of governance. “They set up rules that people are supposed to follow,” said one participant in this context. Another saw this practice as “setting into motion transparent and credible processes which are difficult to undermine.” A strong regulatory system based on merit and a stronger capacity to develop standards were thought to lead to a situation where “politicians would have a lesser influence.”
### Table 3: Practices of governance: Themes and representative quotes

<table>
<thead>
<tr>
<th>Practice of governance</th>
<th>Description</th>
</tr>
</thead>
</table>
| **To include**         | 1. The government has to make sure that people do participate effectively and they have a space for providing their views in regards to quality of services being provided and whether they are satisfied with what has been done or whether they have any proposals for improvement. I think we have to provide such avenues. We in a way then will be contributing to improvements in the health of our population.  
2. Leadership involves the governed  
3. Look at the needs of the people; plan on how to achieve them and define the best models and ways to achieve the same that is satisfactory both in the eyes of the leaders and in the eyes of the people  
4. You must listen to what’s happening. You must be willing and able to accommodate  
5. Ability to persuade  
6. To involve more people, persuade more people and train more people  
7. Governance consists of a set of skills, but most of all, these skills have to do with the ability to reconcile the different views, the different positions, the different epistemologies and ideologies that exist in order to deal with a specific issue, and to be able to lead the resolution of a public issue  
8. To explain exactly what happened  
9. We bring together and include stakeholders/beneficiaries/customers/utilizers of service in the process to achieve results  
10. Being responsive to whatever the local needs and issues are |
| **To collaborate**     | 1. We should be able to have a forum where we are able to exchange ideas widely  
2. An effective coordination among the key players…if we talk about the health service……the players within the health departments, the NGOs, health service providers, everybody who is taking part  
3. Outreaching to the different sectors, and to try to keep them interested in a task  
4. Have inter-sectoral and intra-sectoral collaboration with the involvement of several departments  
5. To say “strong” doesn’t mean it should be centralist. I really believe in multiple service networks where the public and private sectors achieve a mixture, there is no perfect mixture, but they achieve a balance where even though the Government must control, the Government must leave way to the private sector in order to enable it to fulfill its role. |
| **To steer**           | 1. Bring strategic planning to the institution……one of their key roles is in setting the big picture…sort of a direction for the institution  
2. They set policies.  
3. Working with management to set their policy and strategy  
4. Governance is about being able to organize yourself in such a way that leads in a particular direction  
5. Governance can be defined in terms of policy making which is in people’s interest but based on fairly good evidence  
6. We are counting more on incentives in our contracts to steer the system, to steer them towards more cost effective care. |
| **To regulate**        | 1. To set up …….rules that people are supposed to follow  
2. You need a fairly good regulating system down the line, not one which is witch-hunting but which is capable of detecting fraud and capable of cracking down on it but most importantly you need to take preemptive measures by setting into motion transparent and credible processes which are difficult to undermine  
3. What we are trying to strengthen our regulation capability to develop standards and to develop a merit system we regulate……..we have the laws and decrees that should be implemented regarding patient safety in different domains  
4. Governance is really rules by which an institution operates. These rules and processes help one to be efficient. |
Practice of governance | Description
--- | ---
**To Allocate** | 1. Prudent application of resources, managing resources such that at the end we get the desired results  
2. They approve those plans for what we want to do in the course of a given year and approve the budgets that go with them and they make sure that the actual resources that are needed are made available to the level of the health system where you want these policies to be implemented

**To oversee** | 1. Providing oversight of what it is that the management does to ensure that they are delivering the best possible results for the institution, for the organization, for the stakeholders, for the communities we are there to serve, and for the governments that we partner with  
2. Provide oversight in terms of where we as an organization want to go, our vision and mission, policies, strategy, the bigger picture relating to that and then oversight to management, with regards to how it is that we are doing in terms of achieving or delivering on that vision and mission. They would have responsibility to oversee our finances that we are using the finances that are entrusted to us in the way that we ought to be using them. They would have a responsibility to make sure that as management we are abiding by whatever policies they set and also the laws of the respective countries that we operate in  
3. The role of the governance is to oversee that management are doing what they need to do to deliver on their long term strategy for the institution  
4. Rewarding those who perform well. If they are not rewarded adequately, then there could be a possibility that these people also fall back and they behave differently.  
5. Monitor the implementation of the decisions taken/monitoring what 16 departments were doing  
6. Looking at maternal health, child health, nutrition as broad areas in which lack of progress has frequently been attributed to … issues that are of direct relevance to oversight and accountability  
7. Elements that are critically needed to implement good governance in health systems are first and foremost linked to accountability at the grassroots level, then secondly to oversight capacity.  
8. Who is monitoring, and who is watching  
9. Setting up systems in terms of monitoring progress, intermediate outcomes and impact assessment

We have a companion paper on essentially same domains in which we record findings of a quantitative survey of 477 health leaders, managers, and those who govern in the health sector in 80 low- and middle-income countries. We synthesize the findings of these two surveys in a synthesis paper and define four basic practices of governing: Steer and Regulate, Steward, Engage and collaborate, and Oversee.

**Effective governance in the context of health**

While defining effective governance in the context of health, the participants were acutely aware of its linkage with the quality of health services and health outcomes. The participants felt that effective governance in the context of health is governance that leads to both an improvement in health service and the health of individuals and populations, and this impact is its defining feature. “To achieve results” was probably the most common theme heard across all the domains of this enquiry. Results achieved testify that the governance was effective. An informant gave an insight from his experience:

“Allways try to improve and never forget the objective, which is the health of the people.”

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The participants on average believed in the power of effective governance to achieve outcomes. One informant, typical of many other participants, said:

“Effective governance matters for everything. For everything: in health, in education, in everything it matters very much because if you don’t have good governance, the whole system will not work. Resources should not be wasted. People should get what they need and then for the resources also, the decision-makers should be accountable and should be able to say this is what we planned and this is what we have achieved with these resources, and all the time the decision makers should be transparent. That’s very important. If you don’t have that, nothing will move.”

Transparency, accountability, participation and inclusion were the predominant and recurring themes when the participants discussed effective governance. Ethical and moral integrity, focus and vision, and efficiency and equity were other important themes that emerged again and again in all regions of the world.

Table 4: Effective governance: Predominant themes

<table>
<thead>
<tr>
<th>Effective governance: Predominant themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on health service and health of people</td>
</tr>
<tr>
<td>Respondents who manage and lead</td>
</tr>
<tr>
<td>Transparency</td>
</tr>
<tr>
<td>Accountability</td>
</tr>
<tr>
<td>Participation</td>
</tr>
<tr>
<td>Inclusion</td>
</tr>
<tr>
<td>Ethical and moral integrity</td>
</tr>
<tr>
<td>Focus and vision</td>
</tr>
<tr>
<td>Efficiency and equity</td>
</tr>
</tbody>
</table>

The participants gave many examples of effective governance and many examples of poor governance. An informant cited how they achieved success in prevention of HIV/AIDS and malaria with participation of all the key actors, from the national to grassroots level. Another informant cited that many of the health facility management committees were doing a good job of governance in his country. The board chair of a hospital described how they were able to improve patient care when the board establishes clear expectations that quality was an essential goal.

An informant cited an example of a province while describing how governance mattered for HIV/AIDS outcome:

“Take the example of the State of __in this country. In fact the first HIV/AIDS infection was reported from this state. Prevalence started rising, it reached almost one percent which is a concentrated epidemic. Right from the beginning, the state has used innovative approaches in setting up systems addressing this issue and in using the funds allocated by the national program to effectively implement the program in the state. They have devised a system of governance whereby [service providers] can spend funds they get from national government very effectively albeit quickly. They have also developed
a governance architecture which has a very strong representation of not just government but also civil society. Because leadership is important they put a senior level state official in charge of the program, which you won’t find in other states. Beginning in 1994 and in about eight to nine years this state has shown that they could level out the infection rate and indeed they were the first in the country to control the epidemic.”

Another informant cited the example of the very same province while describing transparent governance:

“If you look at the State of___, there is a centralized purchase of drugs through a very transparent system, quality assured drugs are procured at a fairly low price and particularly generic drugs at low cost and they are distributed to the district level warehouses and then subsequently these are delivered to all the public health facilities. In things like transfers and postings of health officials, the kind of horse-trading that goes on for posting doctors and health officers elsewhere is not what we see happening in this state. The fact that there is a good public health cadre has helped good planning and delivery of health services.”

The same participant expressed that it is important to have people engaged in governance if not in terms of actual design or delivery of programs, at least in monitoring of programs, and have people demand services and hold the system accountable. He relates that the community protests immediately when things do not work because people are watching and monitoring the program.

A participant who leads, manages and governs from within the government had first-hand experience in using governance strategies for improving the health outcomes in contracting with NGOs:

“We tell them, according to the contract, we are not assessing you according to the quantity of services you are providing in the primary health center. We are not assessing you according to outputs. We are assessing you according to the improvement of the health status of the community; in other words, according to outcomes, according to the impact of your intervention on the health of the community.”

Yet another participant, leading and governing for more than two decades within government, described the key to the success of their birth spacing program. The key was participation. Said the participant:

“The planning was good, the whole-of-the-government including the Ministry of Finance was involved. Other organizations such as women’s associations and mass media were very supportive. It was good for the families, the mothers and the children. The kids got proper attention. Health of the mothers and the children improved. The total fertility rate was reduced from a pre-program level of 8.4 to a post-program level of 4.”
An informant who leads and manages laid out her vision of effective governance at some length:

“The governing board has the representatives of the communities that the hospital is there to serve, and that particular governing board makes sure that we have the different skill sets that are required for effective governance. When you're talking about a healthcare facility, you must have people who understand health. A mix of the different skill sets that would contribute to the effective running of the facility will be required. It would be a governing board that would meet on a regular basis that would receive reports from management that would critically examine those reports and take management to task where management is not delivering what they ought to be delivering. Decisions are informed by what…the communities that we are there to serve have to say about the quality of services that we are providing in that particular healthcare facility. The board would be able to help us in sorting out our relations with the different people at the different levels; advocate for the hospital; help mobilizing resources to support the running of the hospital; and link us to potential donors within country and with the different government levels.”

One of the participants described how from his perspective a governing body or a person who governs can be a good steward and allocate resources efficiently and have an impact on people's health:

“If we put our resources in the budget more for curative services, we are just dealing with a personal good. When you are sick you are sick as an individual and if we pour resources into you, we are pouring it into an individual but when we immunize, when we provide water, when we do sanitation, when we control malaria; we are dealing with a population. More meaningful impact, greater impact and that is where we should put the resources.”

The participants who had a managing role felt that governance is effective when management is given the leeway to do what it needs to be done to achieve its mission and vision. Governance was perceived to be poor when “the board functions like the government and the people who are in the board are hopelessly trying to constrain the ability to perform.”

Poor governance to some participants was like drifting or “like losing the compass.” Governing entities were seen as weak because they lacked competent leaders who had a capacity to facilitate participation or for that matter the capacity to make strategic decisions. Poor governance was seen to cause an exodus of key people and a decline in the quality of care provided. Poor governors failed to take the management to task for allowing wastefulness in the health facility, and had no particular sense of targeting of their resources. They were not effective ‘hirers and firers’ of top managers:

“Currently, in the public sector for example, you mess in one institution, you're transferred. What happens is the problem is transferred to another place. Moving them around is poor governance.” Another informant gave a similar example: “The government does not care and keeps changing health officials like pawns on a chess board and the programs don't work.”
Examples of poorly governing entities were quoted whose governing suffered because of “the issues of corruption, issues of misuse of power, issues with the non-performance,” or the entity did not have resources under its authority since resource allocation decisions were made elsewhere. Corruption by far emerged as one of the top determinants of poor governance. Said one participant:

“In [name of province], governance is broken at every level; not just at the top but at every level of the administration right from transfers of low level functionary within their system to the whole area of procurement of drugs, everywhere you will see the leakages and criminal misappropriation of funds which is featured very prominently in the recent years. The chief medical officers of the state enjoy life expectancy lower than that of an average citizen. You see a glaring example of how government breaks down in full public view.”

Others cited instances of the minister hiring people based on considerations other than their merit or their qualifications. Issues of corruption were also linked to a lack of true democracy:

“You can only have responsive systems in a functioning democracy and not in a Kleptocracy (a government in which those in power steal) disguised as a democracy, or dictatorship.”

An informant represented many participants when he said:

“I feel shame for the actions of others because I have a feeling that in this country, certain notions, such as, “honesty” have been changed. An honest person now is considered to be a fool, a fool who does not enrich rapidly even when possible to do so. In my family, one of the rules is—something that my father taught me and that I always take with me from my grandparents—that it does not matter that you don’t make a fortune, but what matters is that you can sleep at night. And for you to sleep at night, you have to be sure that you did not steal from anybody. And if this money that is being misused, not to say “steal,” is money that comes from the people, the sin is worse.”
Table 5: Effective governance: Themes and representative quotes

<table>
<thead>
<tr>
<th>Transparency, Accountability and Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. We can’t have sustainable families if there is no accountability between the family members and transparency in the relationships. If one member of the family is being left out on key matters that relate to the family then it doesn’t work well. Similar is the case with governing.</td>
</tr>
<tr>
<td>2. Focus and accountability are critically important. Accountability not only within the health system but also of the political leadership is important. Transparency would be important and certainly accountability to constituencies would be very important. So, I think those two things are extremely important; transparency, and accountability. Governance in that context is transparency, accountability, evidence based implementation and being responsive to the community needs.</td>
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<tr>
<td>3. Do things in a way that avoids corruption. Practices where authority and institution are accountable, efficient, and effective and then in taking decisions it’s a participatory and transparent process and of course, it’s responsive. For me these are the key elements that one should look out for when you are talking about good governance.</td>
</tr>
<tr>
<td>4. Making sure that we do have the systems in place to ensure accountability, transparency and community participation in development processes…..health services...........making sure that we do have necessary tools, guidelines and manuals in place to be able to monitor the processes in line with the governance principles........the other action is joint review........making sure that we involve all the key actors at all levels of the process from identification, designing, implementation, monitoring and evaluation........ensuring that all the key actors do participate.</td>
</tr>
<tr>
<td>5. Accountability, transparency, rules, regulations, people’s duties and people’s rights are all important in this process.</td>
</tr>
<tr>
<td>6. An effective governance first, it has to be cost effective, it has to use the resources well, it has to be accountable. It has to be, as I said, fair and equitable. It has to be transparent. For me, these aspects are very important and also, it has to really be responsive and it has to be according to the need of the communities and the people who need that decision.</td>
</tr>
<tr>
<td>7. There are three key principles of effective governance. The principle of accountability, the principle of transparency and the principle of participation. And when we talk about accountability, accountability on resources that are being used for various interventions in relation to provision of health services, accountability in terms of making appropriate use of those resources to deliver what is expected to and then on the issue of transparency we are talking about sharing of information and making everything known by all the key actors and the issue of participation, how do we engage the different actors in the purposes as they relate to provision of health services.</td>
</tr>
<tr>
<td>8. It is a governance structure which will allow change to occur, which will allow thoughts of open and free minds to be put on the table. It’s governance which is facilitating rather than constraining.</td>
</tr>
<tr>
<td>9. Mechanisms and institutions involved allow for accountability, for transparency, for effectiveness in the delivery of services. For example, if we’re talking about health services, then effectiveness in the delivery of health services, efficiency, equity and also allowing citizen’s voice in the process become important.</td>
</tr>
<tr>
<td>10. One which gives the beneficiary a voice to participate in decisions and the monitoring of the services. One which is accountable, one which is transparent, one which is effective, and efficient.</td>
</tr>
<tr>
<td>11. Involves participation in that you’re drawing in all the groups that need to be there.</td>
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<tr>
<td>12. Is connected with the democracy.</td>
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<tr>
<td>13. The effective governance is the one that would have a listening structure; that is participatory; governance that is dynamic in which you’ll be able to include diverse people, and diverse ideas; governance in which you have room for review; and governance that is not dictatorial. Governance that would allow representation. Governance that would enhance management productivity. Governance that listens to the people.</td>
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<tr>
<td>14. An effective process of governance requires a lot of dialogue, a lot of discussion and debate.</td>
</tr>
<tr>
<td>Effective governance: Themes and representative quotes</td>
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<tr>
<td>-----------------------------------------------------</td>
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<tr>
<td>15. When people participate, when people are involved, well, we know what they want, what they are looking and searching for and if people are not involved, we simply don’t know….when people participate in these processes, I believe that there is a high impact on users’ satisfaction.</td>
</tr>
<tr>
<td>16. Need to consider the groups including the women, the youth and the poor, you have to protect and hear them particularly the poor, weak, youth, and those who are vulnerable. You must find the ways of taking their issues on board. This is really important.</td>
</tr>
<tr>
<td>17. Any governance needs to be participative. You need to get the views of everybody; the young, the women, the men, the civil society and the government, the communities and everybody. The decision made – has to be responsive to the needs of the people. Decision has to be also fair— but it has to be also effective. It has to be transparent so that you can be questioned about it and you can be asked to respond.</td>
</tr>
<tr>
<td>18. Governance is effective when it is transparent especially at higher levels.</td>
</tr>
<tr>
<td>Efficiency and equity and overall impact on health</td>
</tr>
<tr>
<td>1. Effective governance in the health sector is one that facilitates the delivery of effective and efficient health services and provides the oversight that’s required to make sure that health service delivery is as it is intended and is making a difference for the people and that it’s delivered in the most cost effective way possible and it contributes to a significant improvement in the quality of services that are rendered.</td>
</tr>
<tr>
<td>2. The board was clear on what their role is, what they need to do and they were prepared to do that.</td>
</tr>
<tr>
<td>3. The resources we are responsible for in public institution must bear results and they must be properly targeted because they are not endless resources.</td>
</tr>
<tr>
<td>4. To distribute resources with logic. To place the money in its proper place irrespective of any political gain.</td>
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<tr>
<td>5. Making people have access to high-quality health services, and services are accessible to everyone.</td>
</tr>
<tr>
<td>6. Where there is transparency, less bureaucracy and less hierarchy and power is in balance</td>
</tr>
<tr>
<td>7. Governance is effective when the decisions in the end are useful to people. No governance can be called effective if it does not leave an impact. Outcomes for people are important rather than outputs.</td>
</tr>
<tr>
<td>Focus and vision</td>
</tr>
<tr>
<td>1. Focus and accountability are critically important.</td>
</tr>
<tr>
<td>2. To be results oriented and to be focused in terms of targets.</td>
</tr>
<tr>
<td>3. They were able to influence things because they kept very proper focus.</td>
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<tr>
<td>Ethical and moral integrity</td>
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<tr>
<td>Governance can be defined in terms of policy making in people’s interest but based on good evidence. Effective governance is context sensitive, culturally compatible and equity promoting. There is a clear lack of corruption. Decisions are made in public interest with commitment to public good. Of particular importance is focus on equity. Being ready to be held accountable for policies and programs, being open to evaluation, providing information as freely as possible in the public domain, to me, that's good governance. Efficiency is also important in terms of ensuring that whatever services have been promised are effectively delivered and delivered at a prudent cost. There has to be a cost effectiveness consideration and a value for money consideration, all of these attributes go into good governance. If you can have a tertiary health care which is popular which yields good results of care, good for some people who require healthcare but then if you’re diverting the major part of your health budget to that and ignoring primary healthcare completely, then that’s not good governance. So we’ll have to look at good governance in many dimensions.</td>
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</table>
Enablers and deterrents of effective governance

Factors that frustrate good governance are asserted to be: Inadequate transparency; inadequate participation of community, citizens and clients; inadequate accountability; corruption; ineffective leadership; poor governance in sectors other than health; inadequate financial resources for governance; lack of governance competencies; ineffective management; lack of vision or focus; policies not based on scientific evidence; data and information inadequacy; political context; and historical, social and cultural context.

Table 6A: Deterrents: Themes, and representative quotes

<table>
<thead>
<tr>
<th>Deterrents: Themes, and representative quotes</th>
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<tbody>
<tr>
<td><strong>Inadequate transparency</strong></td>
</tr>
<tr>
<td>1. If you make the system more transparent, engaging in the favoritism or corruption becomes difficult.</td>
</tr>
<tr>
<td>2. The contract with the hospital is signed by the minister, so he may favor one hospital over another or one NGO over another. So this is where transparency matters and limits his improper decision— when he knows that the public sees what he is doing.</td>
</tr>
<tr>
<td><strong>Inadequate participation</strong></td>
</tr>
<tr>
<td>If you don’t have buy in from people, then it’s a policy just for yourself.</td>
</tr>
<tr>
<td><strong>Inadequate accountability</strong></td>
</tr>
<tr>
<td>1. What we have is lack of accountability, a lot of corruption, a lot of “don’t care” attitude in most of our people entrusted with the responsibility.</td>
</tr>
<tr>
<td>2. Effective governance of the health system within a country is dependent upon who the whistleblowers are, who are the people who hold the other people’s feet to the fire? That’s the role of academia, researchers, that’s the role of media, that’s the role of civil society organizations, and NGOs.</td>
</tr>
<tr>
<td><strong>Corruption</strong></td>
</tr>
<tr>
<td>1. I don’t think there is anything which can be held up as a gold standard of governance where you can’t even point a finger at those elements. We have to compare between various shades of governance.</td>
</tr>
<tr>
<td>2. It appears that corruption is a major issue. I mean, wherever you go people talk about how problematic the whole issue of transfers of personnel is, how problematic the whole issue of procurement of drugs and the equipment is so I think in terms of health services, I think corruption is a very big issue though it’s not widely talked about. It’s only when scandal breaks out the people talk about it but it’s a widely known fact that the services are riddled with corruption; petty corruption often but corruption nevertheless.</td>
</tr>
<tr>
<td>3. The greatest bane of health in ....(a country).... is corruption and the poor governance.</td>
</tr>
<tr>
<td>4. Personal and institutional interests prevail over the public good.</td>
</tr>
<tr>
<td><strong>Ineffective leadership</strong></td>
</tr>
<tr>
<td>1. It is the fact that people who are in leading positions think they have the absolute truth. They cannot admit that they are wrong and that the idea that has just been told is much better than theirs.</td>
</tr>
<tr>
<td>2. If the chief minister of a province is not focused at the right priority, you can do whatever you like, my friend, and nothing will change. If a politician decides that she wants to spend the money building statues of elephants then you and I can do whatever we like and nothing is going to change.</td>
</tr>
<tr>
<td>Deterrents: Themes, and representative quotes</td>
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<tr>
<td>---------------------------------------------</td>
</tr>
</tbody>
</table>
| **Inadequate financial resources for governance** | 1. The major obstacles are political obstacles and of course financial constraints.  
2. If you want to procure at government level; for example, procurement of health products, you have to follow the principles as articulated in the national procurement law and regulations but then it involves a certain cost; for example, to advertise widely, you have to do the evaluation and these involve costs and sometimes the limited resources could be a hindrance in observing these transparency principles. |
| **Lack of governance competencies** | 1. Do people fully understand what they are doing when sitting in the governing council? I went through training for being an effective director and in that training I realized that many people are called to be the director of a company and they have no idea what their actual role is or how much trouble they can get into for being a director and not knowing what their role is.  
2. When someone is placed in the position of one who governs and they are not adequately prepared for it, something like this happens a lot in our cases like I’m a medical doctor and so I’ve been put in a position of one who governs. I’m not trained as an administrator; or in the issues that have to do with the administration, finances and human resource management that I’m not adequately trained in to govern in the district or to be in charge in the district. There is a lot of inadequacy in training. |
<p>| <strong>Ineffective management</strong> | 1. We also had inadequate number of people with necessary skills in monitoring and evaluation, because when you implement you need to have a strong system for monitoring and evaluation to be able to track progress in whatever plan that you need to achieve, but when you don’t have adequate people in that line, then it becomes a bit challenging. There is another problem with the decentralized structures at the grassroots level and as much as we wanted to ensure active engagement of the community in our programs, we’ve been facing with the challenge of weak capacity at the local government levels because they don’t have adequate skills to facilitate many of the key functions that are required to facilitate the grassroots engagement in national development processes. |
| <strong>Lack of vision or focus</strong> | Health is not a political priority. |
| <strong>Policies not based on scientific evidence</strong> | Look at maternal health, child health, and nutrition as broad areas in which lack of progress has frequently been attributed to lack of evidence based policy making. |
| <strong>Data and information inadequacy</strong> | There is not enough information to effectively govern. |</p>
<table>
<thead>
<tr>
<th>Deterrents: Themes, and representative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political context</td>
</tr>
<tr>
<td>1. The political leadership doesn’t have the maturity to see that this is an important issue. Health is an issue which has a direct bearing on the lives of people. That maturity that you will not find in the most of the political class in some of the poorly governed states and that makes all the difference.</td>
</tr>
<tr>
<td>2. In any case when the minister as a politician intervenes, this is to do a favor, to break the rules, things like that.</td>
</tr>
<tr>
<td>3. The political interference is a major hindrance to our work.</td>
</tr>
<tr>
<td>4. This is very important and also, when you are aware that some interventions are very cost effective and then, you have political leader’s decision to allocate resources to less cost-effective interventions.</td>
</tr>
<tr>
<td>Historical, social and cultural context</td>
</tr>
<tr>
<td>1. We have a culture of not wanting to confront the problem very directly. It’s always sort of you want to go around the problem.</td>
</tr>
<tr>
<td>2. People want to jump queues, people want to cut corners, and people don’t want to follow due process.</td>
</tr>
<tr>
<td>3. People don’t want to change.</td>
</tr>
<tr>
<td>4. Decisions have to be based on beliefs and culture to be successfully implemented.</td>
</tr>
<tr>
<td>5. I believe that another one is jealousy. When we see that one person emerges and creates something that is worth, those who are below rather than helping him to go up, or go up all together, instead they pull him down for him to fall, and a lot of good ideas and good intentions stay put. Jealousy is a serious issue.</td>
</tr>
</tbody>
</table>

Factors that facilitate good governance were cited as: Openness and transparency; client/community participation in decision making; governing with accountability to citizens/clients; competent leaders governing with ethical and moral integrity; effective governance in sectors other than health; adequate financial resources for governance; building governance competencies; sound management of health sector; governing with vision; governing based on scientific evidence; and governing in a free media environment.
<table>
<thead>
<tr>
<th>Enablers: Themes, and representative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Openness and transparency</strong></td>
</tr>
<tr>
<td>1. It could be part of a general or societal decay in values but I think we need to bring sunlight into the mix. People should be able to know and see what is happening. The other thing i.e. the right information has to be helpful to some extent and people are demanding information and that also comes into play. I think more transparent we make the process the better it is and as the saying goes, sunlight is the best disinfectant because the more open you make things the better they become.</td>
</tr>
<tr>
<td>2. We should build systems which are transparent, predictable and rational and keep them open to public scrutiny and then the chances of such systems being tampered with will substantially reduce.</td>
</tr>
<tr>
<td>3. By making the system more transparent, the margin of maneuver for the minister becomes tight.</td>
</tr>
<tr>
<td><strong>Client/community participation</strong></td>
</tr>
<tr>
<td>1. We believe that participation is a strategic element to achieve the objectives, especially in health.</td>
</tr>
<tr>
<td>2. I think partly it is important to have people engaged in the governance if not in terms of actual design and participation in the delivery of programs, at least in terms of monitoring of programs and having people holding the system accountable is important.</td>
</tr>
<tr>
<td>3. The participation is important and we have different committees in the ministry that have prerogatives, such as accreditation, registration of drugs and marketing of drugs. These committees include people, representatives from the Order of Physicians, Order of Pharmacists and the academia. What facilitates my work is when I include people, and other stakeholders in the decision making process. This helps the administration to find solutions to problems and when your stakeholders are participating in decision making, they comply more easily to implement whatever you plan or whatever regulations you make.</td>
</tr>
<tr>
<td><strong>Accountability to citizens/clients</strong></td>
</tr>
<tr>
<td>Elements that are critically needed to implement good governance in health systems are first and foremost linked to accountability at the grassroots level.</td>
</tr>
<tr>
<td><strong>Ethical and moral integrity</strong></td>
</tr>
<tr>
<td>The “honesty” issue is critical because while there is corruption, no system can operate well.</td>
</tr>
<tr>
<td><strong>Competent leadership</strong></td>
</tr>
<tr>
<td>To know with certainty what you want and to that end, you have to analyze and review all possibilities and to know where you will really focus or on what you will focus. Firstly, to be crystal clear in what you want. Secondly, to have determination, courage, bravery, discipline, consistency to focus and to work hard on what you want and to be really consistent with that. Thirdly, to be able to negotiate, to provide inspiration, to move, to line up, to persuade others, to show them the way and to be sufficiently convincing and clear for the people to believe in you. This kind of leadership facilitates effective governance.</td>
</tr>
<tr>
<td><strong>Good Governance in sectors other than health</strong></td>
</tr>
<tr>
<td>1. The health issues appear everywhere; that is, building a road is a health issue. … a multi-dimensionality exists in connection with health, because dealing with the health issue from health (health ministry alone or health sector alone) is dealing with illness instead of health.</td>
</tr>
<tr>
<td>2. To see that things are interconnected and that health will not solve its problems per se only in the health sector but that other sectors need to be involved as they are related</td>
</tr>
</tbody>
</table>
Enablers: Themes, and representative quotes

| Adequate financial resources for governance | Governance doesn't come in cheap. It is expensive. |
| Building governance competencies | 1. Some of them were medical doctors, they hadn’t had any management training, they hadn’t had any participatory training, we realized it was not solely our fault, they lacked a skill, so we put them into training and gave them the skill and thereafter things started improving. |
| | 2. There are those who will distinguish themselves as excellent managers, yet they are doctors. That’s fine, but on the mainstream, you won’t find those people. They chose a career and they hardly shift to learn governance or management skills and we should respect that but those who distinguish themselves in these skills, they must carry forward the management and governance of those institutions. |
| Sound management | Most managers at the district level have undergone health systems training, and it helped. The teamwork is important, as well as the ability to follow-through and to control the manner in which this delegating is done. |
| Vision | You can lose your direction but never the objective. |
| Scientific evidence | Decisions have to be evidence based. We need to look at what research is available, what studies have been done which can aid in the decision making process. |
| Free media environment | 1. One has to ensure firstly that there is a challenge to any position which is inappropriate which can be raised in the public domain, not just the media but also by the general public so that those who govern know that they are being watched. |
| | 2. If you can actually get the people on your side and get the media on your side to some extent….the role of the media is very important in governance. |

Linkages between governance and health outcomes

The participants felt effective governance is a necessary but not a sufficient condition to achieve good health for people:

“I’m thinking an example of our HIV/AIDS programs and malaria control program. Those are the areas in which we have done well and partly because we are trying to adhere with good governance practices, and through that adherence we’ve managed to maintain HIV prevalence below 1% and for malaria we have been able reduce the prevalence from about 20% in 1990s to below 1% at the moment.”

At the same time, the majority of the participants expressed that governance is critical for achieving good health outcomes for individuals, and especially for populations. They suggested certain key mechanisms through which governance translates into good health outcomes. One participant said:

“We work better because the employees are more motivated. They love their work and then of course a motivated and a happy worker works better. The health workers come to work on time, they offer quality care and the patient
outcome is wonderful because these workers are available and that they give their best and the patients get well.”

Another participant said:

“When you have poor governance in healthcare, it translates into less of health promoting, health maintaining and disease prevention interventions within communities and; when that happens, obviously the diseases that could potentially have been prevented allowing communities to remain healthier for long, are not being prevented.”

Participants were also cognizant of the influence of governance in the sectors other than health sector on health outcomes:

“The health issues appear everywhere; that is, building a road is a health issue. …a multi-dimensionality exists in connection with health, because dealing with the health issue from health (health ministry alone or health sector alone) is dealing with illness instead of health.” Another informant hinted at the social determinants of health: “To see that things are interconnected and that health will not solve its problems per se only in the health sector but that other sectors need to be involved as they are related.”

The impact of effective governance on health service and health is perceived as its defining feature by the majority of the participants. The participants spoke clearly on how governance matters for the health outcomes. The participants also clearly assert that governance matters for health service delivery. The participants have indicated that the effect of governance on health is mediated through its impact on health service or health care in case of governance in health sector and through the social determinants of health in case of governance in sectors other than health.

Participants described the impact of governance on health service in terms of enhanced equity and access, effectiveness, efficiency, affordability, sustainability, and timeliness. On the whole, participants saw effective governance as crucial to stronger health systems, and greater health gain.
Impact on Health

1. This is very critical particularly in health services because a lapse in governance and follow up is not simply like a mechanical or an engineering lapse. It has big effects and it may cost life. So it is very critical and as much as it is one of the sensitive areas. For those who are working in the medical world, it's a wakeup call. The health sector governance should be taken with a level of seriousness that ensures that there is not such a lapse. Then it will make things work the best for the patients.

2. I would say that governance plays a very significant part in the variation of the HIV/AIDS prevalence rates across the states. Governance may not be the only factor; it has a very significant impact on the state of the epidemic in the states.

3. When efficient and effective services were provided, children became healthy and women did not die during childbirth.

4. Bad governance is at the root of not reaching health goals – there is no accountability, no transparency and no rights. Good governance is required to reach these goals.

5. In our primary healthcare contracts with NGOs, we have developed this new culture of accountability; accountability to work for improving the health of the community.

Impact on Health Service

I think effective governance is crucial to effective healthcare service delivery. I'd say, very definitely it matters and yes, it very definitely makes a difference.

Equity and access

1. If there is bad governance and the people are not able to access services or even if they are accessing services, these services are not of expected quality, then you could easily see whether or not the governance system is making a difference.
2. I've seen services expanded to community level and improvement of the health facilities.
3. It makes a big difference. If there is effective governance and systems are in place, people are able to access healthcare cheaply, they are able to access healthcare without any discrimination, they don't have to have to travel 15 to 30 kilometers to get to the nearest dispensary.

Effectiveness

Care will be delivered more effectively and more efficiently from a well governed healthcare delivery entity.

Efficiency

1. Efficient, in the sense that care is delivered in the manner that minimizes the wastage that so often happens in healthcare service delivery. Efficient meaning that we use the minimum resources required to be able to deliver a good quality healthcare service.
2. Less resources being applied in a better way, and in the long term to achieve better effects on population.

Sustainability

Service becomes sustainable.

Timeliness

Its impact is that there is no negligence of patients. The services are provided much faster. Quick attention is given to the patient.
Measuring governance

The participants suggested three ways to measure governance: 1) measuring the processes of effective governance; 2) measuring outcomes; and 3) measuring long-term impact. The majority were in favor of measuring outcomes. Within the theme of measuring outcomes, there were two sub themes: measuring the attributes of health services, and measuring health outcomes resulting from effective governance interventions. Many expressed that both the process and outcomes should be measured. A minority of the participants felt that long-term impact is a true measure of effective governance. The participants illustrated what they said with concrete examples of the measures.

Table 8: Measuring governance: Themes and subthemes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processes</td>
<td>Process</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Health service attributes</td>
</tr>
<tr>
<td></td>
<td>Health outcomes</td>
</tr>
<tr>
<td>Both processes and outcomes</td>
<td>Process</td>
</tr>
<tr>
<td></td>
<td>Health service attributes</td>
</tr>
<tr>
<td></td>
<td>Health outcomes</td>
</tr>
<tr>
<td>Impact</td>
<td>Health impact</td>
</tr>
<tr>
<td></td>
<td>Impact beyond health</td>
</tr>
</tbody>
</table>

An overwhelming majority of the participants asserted that effective governance must be measured by the results it has been able to produce in terms of improvement in health services, and the health of individuals and populations. A typical comment was: “I think it is fundamental to be able to show results.” The participants cited many examples of such measures related to maternal and infant mortality rate, disease incidence and prevalence rates.

There was a sole dissenting voice:

“Does [effective governance] translate into good health? I’m not sure. Somebody has to show me conclusive evidence.”

Table 9: Measuring governance: Themes and representative quotes

<table>
<thead>
<tr>
<th>Measuring governance: Themes and representative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many times did the board members meet? What sort of issues did they transact at that time? What sort of difference have they been able to make? What sort of contribution have they been able to make to the healthcare service? Did the board members actually take time to go through that sort of thing in advance of coming? How well did they understand their function?</td>
</tr>
<tr>
<td>2. I think the first thing is to look at is if the governance structure has a strategy. A strategy that has smart and strategic objectives. I think that is really where it should start. Do they have the discipline to implement and after they implement, to have a look at outcomes?</td>
</tr>
</tbody>
</table>
### Measuring governance: Themes and representative quotes

3. To measure governance, we need to measure the following: measure people’s participation: Have people participated in decision-making? Do people know the rules and regulations? Their awareness. Performance: Have targets been achieved against indicators? Are there policy units and think tanks involved in the processes of policy and decision-making? Is there external evaluation of work?

4. You just look back at the three key principles: the accountability, transparency and the participation. What should be the indicator for each of these key principles and now if you talk about result based management, we need to create indicators so that we’re able to track the results that have been achieved in every each of the three areas.

### Health service attributes

1. One way to measure effective governance is through efficiency: higher productivity, and better application of available resources.

2. First question; if good governance leads to better management of finances; okay yes, it does. Does it (effective governance) translate into good health? I’m not sure. Somebody has to show me conclusive evidence.

### Health outcomes

1. I think governance should be measured on the impact of the health of the population. What is it that we have changed? We need to have a baseline where we were before and then because of that good governance, the health of the population has improved. Let’s take one example. Maternal health. Maternal mortality is at this rate at the beginning – before we make the governance decision, but because we have implemented that decision very well at the end of the period that we said we will change this maternal mortality has been reduced. Then that has made a difference.

2. When things are governed well, there is an attentive staff, the health is improved, the community will be able to give an indication of governance of the institution.

### Both process and outcomes

Whether or not there is transparency in the health system, whether or not there is accountability in the health system, whether or not citizens have voice in the system, whether or not services are efficient and effective, whether or not services are equitable?

### Impact on health

1. We measure governance by measuring the quality of health that people have.

2. I believe that it is done through results. I think it is fundamental to be able to show results. When we talk about health and the lives of the people, the results of governance are measured by the increased wellbeing of the people.

### Impact beyond health

Whether kid finishes his University studies........That’s one measure, in the long term.

### Measuring attributes of effective governance

Many participants described the details of how they would like to measure transparency, accountability and participation in governance. These measures were typically a mix of process and outcome measures. One participant said:

“When we talk accountability in health services, we would like to see at the end of the day that the resources allocated resulted in the decreased morbidity and mortality and with particular attention to maternal mortality and the child mortality; those are key indicators. We will see improvement in the quality of life of the people, and increase in the life expectancy which can be measured..."
through information available through census.

“Again on accountability, we look on a set of issues whether the structures and systems for accountability are in place. Do we have monitoring and evaluation systems in place and are operational and effective? Do we have effective systems for financial management? Do we have effective systems for tracking progress in the implementation of these various programs we are implementing?

“On transparency, we need to have indicators that enable us to identify whether there are systems for information sharing, how information is flowing from lower levels to higher levels, and how is this information being used for planning, in the decision making, and how do we provide feedback to the constituency we serve, to the people we serve? And then, whether we have systems for participation and how have we engaged stakeholders and all the key actors in the planning processes, and in other key processes like monitoring and evaluation, and implementation of programs that we planned.

“To what extent have we involved the most vulnerable groups, for example as far as health services are concerned, to what extent have we engaged with people living with HIV/AIDS, people with disabilities, people suffering from certain chronic illnesses accessing various services within the health system. These are some of the key indicators that we need to think of in measuring the impact of good governance practices within our system.”

An informant underlined the importance of external evaluation of governance. Another hinted at a subtle measure of attitude of those who govern: “Being ready to be held accountable for policies and programs and being open to evaluation.” The perspective of the measurer, the participants said, is key in determining measures of governance. An informant gave an example of a politician who would like to treat the number of votes he received in an election as a measure of success of his governance, and accordingly he would configure his governance strategy—if he ascertains that facility construction makes all the difference in the number of votes, he would rather do that for his constituents. One informant mentioned measuring “the softer yet important” outcomes of governance, such as whether a mother had to wait for more than 30 minutes to receive immunization for her child.


**Gender in Governance**

We examined the responses of the participants on gender in governance in four domains: 1) beginning with the gender issues related to women in boardrooms or governing positions; 2) increasingly broadening the scope of domains with gender issues related to women in health workforce; 3) issues related women as users of health care; and 4) what could be done on the issues surfaced by the participants.

Rao Gupta (2000) defines three approaches to gender in programming: gender-sensitive approaches; gender-transformative approaches; and gender approaches that empower. The Interagency Working Group (IGWG) later developed a conceptual framework known as the Gender Integration Continuum that defines the concepts of gender blind, gender exploitative, gender accommodating and gender transformative in the context of gender integration. We adapted and used these gender approaches for our analysis of the positions taken by the participants or the situations described by them.

We received a range of informant responses from those that were essentially gender-blind to those seeking gender transformation in different domains. On average, across all of the domains we found the perspective of 14 (56%) of our participants to be gender-responsive; four (16%) were gender transformative, three (12%) were gender accommodating, two (8%) were gender blind, and two (8%) would be considered gender-exploitative. Those who expressed a gender-exploitative perspective said:

“Gender is culturally oriented. Culture is more important in the context of gender,” or “gender is context dependent.”

They appeared to be tolerant of maintaining gender inequalities or stereotypes if culture defined them. Participants with a gender blind perspective typically said, “We would also like competencies to

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be there as well,” or:

“To me it doesn’t matter which gender one belongs to as long as they have the
skills, the knowledge and the qualifications to be involved in any aspect of
health delivery.”

The gender-accommodating perspective was reflected in a statement like:

“We’ve tried to do that in our committees and we are seeing that we need to
have two women representatives.”

The gender-responsive perspective was reflected in assertions like:

“We are conscious of that. We always have ladies in our board. In our board of
12, you will find we have four. If they don’t get elected, we have an option to
coop people. We don’t want a board of all men.”

Another participant said:

“[We] purposefully encourage representation of women in such bodies and allow
space for them to be able to contribute what their thoughts and their opinions
are on a given matter without making them feel intimidated by some of the
cultural and other norms that tend to prevail in these environments.”

The gender-responsive perspective was by far the predominant perspective which was nar-
rated effectively in one of the responses:

“All the differences in those peculiarities between men and women in regards to
access to health services have to be taken into consideration…my suggestion
is to make sure that we ensure engagement of both women and the vulnerable
groups in the key processes as they relate to planning for health services. In
resource allocation, we also have to look into the different needs of the various
groups within our population. Some have specific needs that have to be taken
into consideration and we need to create an environment to ensure that those
needs are well taken care of. The other issue is to have friendly services for
all the groups when it comes to provision of services; and we need to ensure
confidentiality in health service delivery.”

The participants with a gender-transformative perspective advocated measures like af-
firmative action, or special dispensation: “Unless there is a special dispensation available
in the health program which addresses the access to services, we are not really addressing
gender issues in governing for health. Get those services at the doorstep for the women.”

The need for gender awareness, gender responsiveness, and gender transformation in gov-
ernance was expressed by the overwhelming majority of the participants. One participant
represented the viewpoint of many of the participants when she says:
“In a situation like that where governance basically is a male thing, then women’s issues are likely to get forgotten. Yet, when it comes to healthcare service utilization, you find that women do have, because of the obstetric function, the need to utilize healthcare services a lot more than men do and also because of their caregiver role, they are the ones who are likely to be bringing children to for services, not the men. And when the men are unwell, they bring the men, too. It is important to recognize that women are key users of services, and yet women tend to be grossly underrepresented within governance bodies.”
### Table 10: Gender in governance: Themes and representative quotes

<table>
<thead>
<tr>
<th>Theme</th>
<th>What can be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women in boardrooms and women in governing positions</td>
<td>1. Once women are included in the processes of governance, I believe, the treatment must be equal. That is, their opinion should not be invalid because it comes from a woman, or from a homosexual. The value of an opinion depends on the ability to present it, to propose it, to sustain it and maintain a point of view. This is what makes an opinion count.</td>
</tr>
<tr>
<td>Gender exploitative comment by a group of leaders</td>
<td>2. Whatever sex is either managing or governing or leading should be given the same audience, the same understanding, the same respect.</td>
</tr>
<tr>
<td>They are very blunt… the older doctors said we didn’t realize you (women medical association) had so many good ideas… we thought you just have tea parties….that sort of organization.</td>
<td></td>
</tr>
<tr>
<td>Gender blind position</td>
<td>1. It is a requirement that there should be gender representation but the issue comes in if – usually it is actually the women who are over represented in our committees. It is a good thing but we would also like competencies to be there as well.</td>
</tr>
<tr>
<td>2. In my view, it is about competence. To me it doesn’t matter which gender one belongs to as long as they have the skills, the knowledge and the qualifications to be involved in any aspect of health delivery.</td>
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</tr>
<tr>
<td>Gender accommodating position</td>
<td>3. Consider the affirmative action of gender.</td>
</tr>
<tr>
<td>Encourage very positively and openly participation of women but it needs to be merit based because if it’s not merit based then even those decisions will be then sub-optimal.</td>
<td>3. Consider the affirmative action of gender.</td>
</tr>
<tr>
<td>Gender responsive position</td>
<td>4. You need to have a gender policy in any organization, everything should be gender sensitive. All the data we’re collecting should be gender disaggregated and we should monitor that regularly. The implementation needs to be monitored regularly. It doesn’t happen really regularly and I should really make it happen and we should monitor that we have included gender in every area in which we are working.</td>
</tr>
<tr>
<td>We are conscious of that. We always have ladies in our board. In our board of 12, you will find we have four. If they don’t get elected, we have option to co-opt people. We don’t want a board of all men.</td>
<td>4. You need to have a gender policy in any organization, everything should be gender sensitive. All the data we’re collecting should be gender disaggregated and we should monitor that regularly. The implementation needs to be monitored regularly. It doesn’t happen really regularly and I should really make it happen and we should monitor that we have included gender in every area in which we are working.</td>
</tr>
<tr>
<td>Gender transformative position</td>
<td></td>
</tr>
<tr>
<td>We have no discrimination against women in the health sector:Women are totally involved in governance in the MoH. Out of the 16 Departments in the Ministry, 10 are headed by women.</td>
<td></td>
</tr>
<tr>
<td>Need for gender awareness, gender responsiveness, and gender transformation</td>
<td>1. Some of the boardrooms are full with men. They don’t even know about some of the issues that need to improve in the systems and in governance.</td>
</tr>
<tr>
<td>2. Most of the times we find that people who are occupying the chief positions are males. I think that could be the reason females are not able to make decisions.</td>
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</tr>
<tr>
<td>3. The health sector used to be male dominated so now that the women are coming in and there are many, there is the challenge of the males accepting to be governed by the women on their wards for example in my setting.</td>
<td>3. The health sector used to be male dominated so now that the women are coming in and there are many, there is the challenge of the males accepting to be governed by the women on their wards for example in my setting.</td>
</tr>
<tr>
<td>4. Most of the time governance positions are held by men and at the decision making level very few women are there but also most of the decisions we make are not gender disaggregated. Women are not involved in the decision making, men make the decisions for women and there is a lot of problem in this but we’re making a little bit of progress particularly in our continent. It’s moving slowly but we’ll get there.</td>
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</tr>
</tbody>
</table>
Gender in governance: Themes and representative quotes

**Women in the health workforce**

**Gender relations are transforming**

1. Conventionally, this place for leadership is usually constricted for women. So very often we are looking for more women to be trained and deployed as medical doctors, as nurses, and midwives, and so on and so forth. So I am happy that in Africa women are generally in higher numbers in this field.

2. We used to have more male physicians than female so it is a little bit adjusting now and we used to have more female nurses than male and this is also adjusting. It has to do with the tradition and the history. In the area of nursing, we have been working to encourage male nurses because we have a big problem of shortage of nurses. If you go to the university now you see more women studying in universities, medical schools or pharmacies or etc., you see more women than men.

**Women as users of health care**

**Need for gender awareness, gender responsiveness, and gender transformation**

1. I think women are at a disadvantage in terms of access to services because they are confined to their houses and their health always comes secondary, the health of the man comes as the primary thing in the family and the woman’s childbearing and child caring, even general health come as secondary.

2. Women are somewhat neglected in terms of the access to health services, even in terms of their own health seeking behavior. That’s again a societal thing which actually puts a lower premium on women’s health in the family and also the whole social milieu doesn’t provide them adequate access to health services and they do not have sufficient income at their disposal to also purchase services.

3. Women have such unacceptably high levels of underweight and anemia and particularly adolescent girls are being neglected.

1. More women doctors, more women health administrators, more women policy makers and of course with 33 per cent reservation in the elected councils is a good policy.

2. Consider the affirmative action of gender

3. Create an agenda to overcome the issues of discrimination, segregation, ostracism, experienced not only by women, but also by transsexuals.

4. Have a gender policy for the organization.

**Inter-relationship and interaction of leadership, management and governance**

Three themes clearly emerged out of the responses of the 25 participants. First, leadership, management and governance are interdependent, intricately linked, and reinforce each other; all three roles interact in a balanced way to serve a purpose or to achieve a desired result. In addition, there is a clear overlap between the roles of leading, managing, and governing, even though each of the roles is distinct and relevant. Finally, leaders are critical to the governing process—effective leadership is a prerequisite and a keystone for ensuring effective governance and effective management.
Table 11: Inter-relationship and interaction of leadership, management and governance: Themes, sub themes and representative quotes

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
<th>Representative quotes</th>
</tr>
</thead>
</table>
| 1. Leadership, management and governance are interdependent, intricately linked, and reinforce each other. | 1. It’s a bit like if you think of the African stools--three-legged stools; you can’t quite say that this one leg is more important than the other, because without any of those three legs; it doesn’t effectively serve the purpose that the stool is meant to serve. Else think of the three stones that make a three stone cooking fire.  
2. It is like a three-legged stool; you can’t cut one leg and then say you’re still going to sit and balance.  
3. I can’t delink governance from leadership, nor can I delink management from governance because they are so closely intertwined that we need to consider to all of them together and not like in compartments.  
4. They are all so intricately linked. You can’t remove one from the other. They are part and parcel of each other.  
5. Leadership, management and governance are three legs of the same chair; let’s say they are key elements or fundamental factors in that to the extent that there is good leadership, there is also good governance. I cannot think of governance without good leadership.  
6. To the extent a good leadership or effective governance exists, they nourish each other and they grow together. On the contrary if there is one without the other two, there is entropy.  
7. I consider that as a reinforcing relationship. Each one will enforce each other.  
8. We (the Board) don’t take part in day to day decisions but we question everything they (management) do and then they (management) report to us. There is the governance to make sure that they (management) don’t go off on a tangent.  
9. Governance is the process that holds all three of them together. |
| 2. All three roles interact in a balanced way to serve a purpose or to achieve a result. | 1. They are related because most of the times, these positions are held by the same people or by the same person so it’s important that this person is a leader  
2. Both managers and governors do need to be leaders in their own individual right, they need to be able to inspire people to follow them and follow what it is that they want to see done, what it is that they want to see happen, the sort of things that they would want to be able to paint a picture of way that a given healthcare service is going to, a vision that others will be inspired by and can happily work towards.  
3. I think that they are on an equal footing. Interdependence exists among the three of them. Based on my experience, if there is governance but no leadership, it doesn’t work. Or the other way round. Each of the three has its own relevance and its own responsibility within an organization. |
Inter-relationship and interaction of leadership, management and governance: Themes, sub themes and representative quotes

1. Leaders are critical to the governing process.
2. Effective leadership is a prerequisite for effective governance and effective management.

| 1. Leadership makes a big difference in governance. |
| 2. There cannot be governance without leadership. Leadership is an integral part of good governance and good decision-making. In any unit or group, even in a family there has to be leadership. Leadership is the most important. |
| 3. I would say probably leadership is at the top. |
| 4. I think leadership comes first because someone has to carve a vision and know where they want to go. Then put in place their policies, guidelines, governance to be able to get there. |
| 5. I think leadership comes first because once you have the right leadership then you can have great governance systems in place and once you have the right governance and if you have the resources then you can have management that works well for the health sector. |
| 6. The most important thing about governance is leadership |
| 7. Leadership is most accurately the ability to make a change when required and where required. It requires the ability to take people along, to motivate them and use the best of their talents collectively to bring about that desired change and therefore good leadership is indispensable for transforming the health system and a good leadership is integral to good governance. |

Interventions to enhance governance practice

We gained insights into what should be done and what should not be done (the “dos and don’ts”) to improve governance, although this was not the principle focus of this qualitative enquiry. In the realm of “don’ts,” we learned that governance bodies will be frustrated if the resource allocation decisions are being made somewhere else. An informant related the ineffectiveness that results from this kind of arrangement:

“We formed district health management boards and hospital management boards way back in 1996. I am confident, and I can say without any contradiction, those boards have nothing to show in terms of improvement in health service delivery systems in this country. The governance structures we want to see are the governance structures which are given responsibility and resources. There is no point of creating a board and you keep those resources somewhere else. This can’t work. I want to see governance structures which have responsibility, authority, and resources, and which are accountable to the local communities.”

Another “don’t” was to do business as usual, for example, and allow the leaders at the top to remain unfocused, lack impact or misuse resources and allow people to suffer health-wise: “Unless the health of the people in measurable outcomes is a pronounced goal, you won’t make a difference in the health sector.”

Another “don’t,” especially in work within government, was to simultaneously have a policymaking-oversight role and also an operational role. This was seen to give rise to potential conflicts of interest:

“The central government or the ministry of health shouldn’t have a policy formulation role and oversight role as well as an operational role because
it’s a conflict where they (the government) say that these are the standards people must meet today to operate health facilities, and they themselves as the operators of the district hospitals and provincial hospitals don’t meet that benchmark.”

A subtheme that emerged was the lack of political accountability. Giving citizens a voice, making sure the people have enough influence on policymakers to hold them accountable, and in the process creating a demand for effective governance were suggested as mitigating or alleviating measures. Improving governance at local levels and in health institutions was perceived as a priority:

“Working in the health systems for 30 years, the most important thing to me is to have governance at the lower levels. That makes all the difference in the world because their world is a community. The facility or health belongs to them.”

Another subtheme was fostering a culture of effective governance by building competencies in governance:

“Develop and implement a framework for the training and the capacity building within the health sector for people to be able to think about and understand the issues in governance to be able to get the results they want to get.”

More resources to the health sector, creating policymaking capacity in the health sector (strengthening strategic thinking and policy thinking), using incentives for steering the health system toward desired outcomes, and establishing mechanisms of transparency, accountability and participation were essential subthemes. More transparency in the system makes it more difficult to have favoritism or corruption.

**Discussion and Conclusion**

From the perspective of those who lead, govern and manage the heath sector or the health institutions in the low and middle income countries, we found that leadership, management and governance are interdependent, intricately linked, and reinforce each other. All three roles interact in a balanced way to serve a purpose or achieve a result. There is a clear overlap between the roles of leading, managing, and governing. Nevertheless, each of these roles is distinct and relevant. In addition, leaders are critical to the governing process, and effective leadership is a prerequisite for effective governance and effective management.

Our key informants were those who lead, govern and manage defined governance and effective governance in the context of health. Governance to them is a process of making decisions, and ensuring that decisions are implemented. For them, governing has a purpose. To them, governing is power, and it has a distinct political and technical dimension to it.

Governing takes place in diverse settings and across diverse sectors. There are similarities and differences in governing across these settings and sectors. We attempted to distill the common denomi-
nator in the context of health regardless of setting or regardless of whether we were referring to the public or private sector. Governing from the perspective of our participants is steering, and regulating for a purpose. It is also raising and allocating resources and responsibility for a purpose. Governing is overseeing. It is also collaboration across settings and across sectors to achieve a purpose. Governing to our participants is about being inclusive; it is not a two-way street with constant interaction between those who govern to those who are governed.

Our participants define effective governance in the context of health first and foremost as governance that leads to both an improvement in health services and the health of individuals and populations. This impact is its defining feature. Other defining features of effective governance are: transparency; accountability; participation; inclusion; ethical and moral integrity; focus and vision; efficiency; and equity. Our participants have identified what impedes and what enables effective governance in the context of health.

Effective governance is seen by our participants as a necessary but not a sufficient condition to achieve good health for people. Nevertheless, they felt that effective governance is critical for achieving good health outcomes for individuals, and especially for populations. Governance in the health sector or within health institutions matters for health outcomes. In addition, participants are cognizant of the critical influence that governance in sectors other than health has on health outcomes.

Participants expressed that the effect of governance on the health of individuals and populations is mediated through its impact on health services and health care, and through social determinants of health with regard to governance in sectors other than health. Our participants have experienced the impact of effective governance on health services through enhanced equity and access, effectiveness, efficiency, affordability, sustainability, and timeliness of health services.

Participants suggested three ways to measure governance: 1) measuring processes of effective governance; 2) measuring outcomes; and 3) measuring long-term impact. Measuring outcomes, i.e. measuring attributes of health services and the health outcomes that result from effective governance interventions was the recurring theme, and was preferred by participants over measuring governance processes alone.

Many participants perceived governance in their settings basically as an all-male thing that relegates women’s issues, in particular the issues faced by women in health work force and women as users of service, to the background. The need for gender awareness, gender responsiveness, and gender transformation in governance was heard from the overwhelming majority of the participants. They also suggested multiple ways in which gender could be integrated effectively into governance practices.

To our knowledge, this is the first study of its kind in the international health setting, i.e., a qualitative study that explores the elements and practices of effective governance for health, its hindrances and enablers, and its linkage with health outcomes as told from the perspective of those who lead, govern and manage the health sector or within health institutions of low- and middle-income coun-
tries. The study has important implications for practice and policy in governance not only within the health context but also across other sectors. We have also carried out a companion quantitative survey on the same subject matter (“From Villages to Parliaments: 2012 MSH Survey on Governance for Health”—See Paper 5 in this research series). The results of this companion survey are similar and we have separately reported these results.

Limitations

Our study has several limitations. The study does not cover the perspective those who are governed at all. We would have liked to conduct a number of focus groups of those who are governed to distill their perspective on governing in the context of health. Given the challenges of working in an international setting and resource and time limitations, we did not conduct these focus groups. Another limitation is that the scope of the enquiry was very broad and prevented us from going into specifics on any particular dimension of governing for health, which would be quite useful from the practice point of view.

Although our participants are enlightened and highly educated leaders, governors and managers, they may not be representative of all those who lead, govern and manage the health sector or the health institutions of low- and middle-income countries. With regard to gender, women are grossly under-represented in governing positions in the international health context, and our study had 36% women respondents; ideally, we would have liked this percentage to be around 50% to ensure that all issues related to gender in governance are prominently brought out in the discourse.

The study had under-representation from the corporate and public sector, and over-representation form the civil society sector. In addition, only 16 of about 150 low- and middle-income countries are represented in the study. Those who lead, manage, and govern at state and local and institutional levels are also under-represented.

Finally, these are, after all, perceptions and opinions and are not findings of a social experiment. The researchers also had a bias in favor of the power of effective governance to achieve better health outcomes. In addition, we did not explore the political dimension of governing in any substantive way. Our exploration is largely technical. These limitations should be considered when weighing the credibility of the findings, the transferability of the lessons learned, and the scope and focus of future studies.

Practical Implications

Overall, the governance improvement interventions suggested by the key participants fall within six areas:

1. **Strengthen accountability**: Create a culture of accountability by linking resources to
outcomes (for example, performance-based financing); ensure inappropriate behavior or positions can be challenged in the public domain (not just the media); create demand for accountability and ensure that citizens have enough influence on policymakers to hold them accountable.

2. **Strengthen transparency**: Build systems that are transparent, predictable, and rational, and keep them open to public scrutiny to ensure that commitments to the public good are made and delivered.

3. **Strengthen participation**: Give citizens and clients a voice and establish mechanisms for their structured participation in the decision-making process.

4. **Regulate service delivery**: Develop standards and make them public; implement merit-based systems (for example, hospital accreditation); adopt performance-based payments; include incentives to steer the system toward more cost-effective care; assess according to outcomes, not outputs; use peer-review mechanisms.

5. **Build governance capacity**: Build the capacity of those who govern in accomplishing transparency, accountability, and participation in decision-making, and using information and evidence in policy-making and decision-making; create and implement induction programs for the individuals who are new to governing.

6. **Strengthen management and leadership**: Train and develop leaders, enabling them to focus and plan strategically, mobilize financial resources, increase absorptive capacity, develop long-term plans for service delivery, improve systems, processes and controls. In addition, train management in key areas such as transparency and accountability in financial management and procurement.

The implication of this study is that those who lead and govern—in the health sectors and health institutions of the low and middle-income countries—may require many specific governance improvement interventions in the six broad areas listed above.
Appendix A: Interview protocol

Key Informant Interviews

**Interview duration: About 45 minutes**

Face-to-face interview will be the preference. If face-to-face interviewing is unworkable, then a phone interview will be organized. Consent for audiotaping of the interview will be sought in advance while scheduling the interview. Preference will be to audiotape the interview if the interviewee has consented. The issues of governance are subtle and nuanced. An interviewee is apt to give much better information and more authentic views if they trust the interviewer and feel some relationship with them. Trust is the key, and a relationship of trust should be built by the interviewer.

General probes will be used when the interviewee's response indicates confusion or is not sufficiently detailed. Following are the examples of some of the general probes those could be used:

Please tell me more about ____________.

I would like to understand ____________ better. How did __________ work?

You just told me about __________. I also would like to know about __________.

**Table A1: Interview protocol**

<table>
<thead>
<tr>
<th>Introduction</th>
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<tbody>
<tr>
<td>(The interviewer to spend some time introducing an interview before launching into asking questions)</td>
</tr>
<tr>
<td>Thank you for agreeing to meet with us. I'm _____________ (name) ________ from the ___________ [organization] _________. I also have my colleague _____________ (name) _______________________ present to take notes for us.</td>
</tr>
<tr>
<td>Through this interview, we are trying to capture your thoughts and ideas on governance for health. What we learn from today's discussion will help us create a model of governance for health which in turn will inform our interventions in improving governance for better health outcomes.</td>
</tr>
<tr>
<td>Do you have any questions about the study?</td>
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<tr>
<td>Let us begin.</td>
</tr>
<tr>
<td>Q1:</td>
</tr>
<tr>
<td>1. Tell me about your background in terms of your work and education.</td>
</tr>
<tr>
<td>2. How does it relate to governance in general and governance for health in particular?</td>
</tr>
<tr>
<td>We are developing a model of governance to be applied in multiple countries at multiple levels.</td>
</tr>
<tr>
<td>Q2:</td>
</tr>
<tr>
<td>1. Based on your experience, what does governance mean? How would you define it? What would you say are its key elements?</td>
</tr>
<tr>
<td>2. Think of a person or a body of persons you know who governed. It could be you or some other persons. What did the person or the body of persons do to govern?</td>
</tr>
<tr>
<td>GENERAL PROBE</td>
</tr>
<tr>
<td>Can you give an example?</td>
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</tbody>
</table>
Q3:
1. As you think back over the times you have been involved with the governance or observed it, what are some things that go wrong? What kind of hurdles have you experienced or observed in trying to promote effective governance?
2. How were the hurdles overcome?

Q4:
1. Now I am interested in experiences you have had where governance was very effective. Can you tell me about that?
2. How would you describe effective governance in the health sector?
3. Give an example from real life. Tell me about a well governed health ministry, health department, or public, non-profit or for profit health institution.
4. What was its impact on health service?
5. What was its impact on health?

Q5:
1. Does effective governance matter in health services? Does it make a difference in a health service?
2. How?
3. Does effective governance make a difference in health of people?
4. How?
5. How do you suggest we measure governance?

Now we come to the final two topics of our today’s conversation

Q6:
1. What are the gender issues involved in governing for health?
2. How do you deal with these issues? How do you propose those who govern deal with them?

Q7:
1. How are leadership, governance and management inter-related?
2. Is one important over the other?
3. Does one come before another?
4. What kind of governance will enhance leadership and management?

Conclusion
(A conclusion includes another statement of thanks and reaffirmation of the value of the responses.)

Those were all of the questions that we wanted to ask. As you know, we are trying to learn more and develop a model of governance to inform our work. Is there anything I should have asked you or other information you would like to share that might help us understand these issues better?

(Answer any questions the respondent may have.)

Thank you for your time.

INFORMATION REQUESTED FROM THE INTERVIEWER (to be filled out after each interview)

What was the best quote that came out of the interview?
What was the best story that came out of the interview?
Gender of the respondent: Female/Male
Date of Interview:
Steps

**Step 1**

Notify each participant ahead of time that you want to schedule an interview, explaining its main purpose and importance.

About a week or two before the interview, participants will be notified about the time window and the main purpose of the interview. A personalized notification e-mail will be sent. This e-mail will be brief and include the following information:

- The approximate date when the interview is proposed to be scheduled (e.g., “the third week in January”)
- The main purpose of the interview
- Why it is important for the person to participate (e.g., “your feedback will help us create a model of governance for health”)
- The approximate time it will take to complete the interview (e.g., “about 45 minutes of your time”)
- A statement of thanks
- The organization or project sponsoring the interview

It will be made clear that participation in this interview is completely voluntary. If a person/subject decides not to participate there will not be any negative consequences. It will also be made clear that the subject may stop participating at any time and may choose not to answer any specific question. There is a minimal risk in taking this interview. Discussion on governance in general, governance in health sector, and gender in governance is a sensitive discussion in many local contexts. Issues related to corruption and poor governance may come up in the response of an interviewee which may not be viewed appropriately by the employer of the interviewee. In addition, the interviewee will spend 45 minutes in taking the interview which he or she could use otherwise. If the subject decides to participate, his/her permission will be sought for audio taping the interview. An informed consent form will be given for the interview subject’s perusal and understanding and for his/her conscious decision to sign it.

**Step 2**

Contact each participant personally to schedule the interview at a convenient time and confirm the interview. Check for permission about audio taping the interview. Check whether informed consent is administered and received according to the provisions in the informed consent form. Make sure that the participant understands both benefits and risks of the study and give at least 24 hours to the participant to make a decision to sign the informed consent form.

The participant will be given at least a week’s notice for scheduling the interview. We will let the par-
Participant determine the most convenient time and place for the interview and whether to allow audio taping. If the interviewee consents for audiotaping, we shall make all arrangements required for audio taping.

**Step 3**
Before the interview starts, establish rapport with the participant by engaging in an informal conversation and demonstrating an interest in the participant’s working environment.

**Step 4**
Introduce the interview, reviewing its purpose and importance, the policies you have established with regard to confidentiality, and the means by which you intend to record the interview data.

**Step 5**
With the permission of the participant, audiotape the interview and take brief notes on paper.

**Step 6**
Follow the interview protocol using a level of judgment; maintain control of the substance and pacing of the interview.

The interviewer will communicate neutrality. Although it might seem tempting at first to compliment the participant for answers, this runs the risk of implying that we favor his or her views — which, in turn, might lead the participant to make more “socially desirable” responses that don’t necessarily reflect the complexity of his or her thinking. Before the interview begins we may need to make it clear that we are biased in favor of the power of effective governance for health and the interviewee should not let that influence what the interviewee says since the purpose of interview is to solicit the range of ideas and thoughts from people such as the interviewee and not the interviewer.

**Step 8**
At the conclusion of the interview, thank the participant and collect any supporting materials.

**Step 9**
Later the same day, verify the quality of the interview data, expand on brief protocol notes, and document any unusual or other interesting aspects of the interview experience.

**Step 10**
To consider and compare what participants said in their interviews, interview audiotapes will be transcribed. A typed interview transcript will serve as a written record of every word spoken and thus will be the most usable and objective form of the interview data.
The USAID Leadership, Management, and Governance project is a five-year cooperative agreement with a funding ceiling of $200 million and is able to accept funding from all accounts. Missions and bureaus may access these state-of-the-art services and receive technical oversight and leadership from LMG through field support or sub-obligations on an annual or multi-year basis.

The LMG Consortium is also engaging with private sector partners to increase the impact of our activities and interventions, in particular to strengthen the capacity of our local partners to serve as stewards of the health systems and institutions they lead.

For further information, and to explore options for requests to address critical health leadership, management and governance challenges and needs in your country, please contact:

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