Governance challenges facing provincial and district health systems, multi-sector governing bodies, and public hospitals

Presentations by Mahesh Shukla, Jason Wright, and Jim Rice
Housekeeping rules

• Participants will be automatically muted
• Audio through computer
• Raise hand function
• Feedback function
• Q&A chat function

Social media #govern4health
Governance Enables Stronger Health Systems and Greater Health Impact

Governance is a structured process wherein a group of people (usually referred to as a governing body) make decisions about policy, plans and rules of collective action that wield power and resources intended to define, promote, protect and achieve the health mission of an organization, system, program, country or institution.

Implementing this definition requires a focus on essential practices

These practices occur in many venues in LMICs:
- Public and Private
- All Health Issues
- All levels
Smart Governance Series

▪ Two Webinars Illustrate Practices in six settings:
  ▪ March 11  Public Sector Governing Bodies
  ▪ April 15  Civil Society Governing Bodies
▪ LeaderNet Learning Experience May 11-13

▪ Key Messages from Series:
  ▪ Good governance occurs in many venues
  ▪ Good governance is the big enabler for those who deliver and manage health services organizations
  ▪ Smart governance is focused on the continuous improvement of four essential practices
Smart Governance: Public Sector Applications
Webinar March 11, 2015

Mahesh Shukla
Provincial Setting
Afghanistan
- Challenges
- Lessons

Jason Wright
Multi-Sectoral Setting
Global Fund
- Challenges
- Lessons

Jim Rice
Hospital setting
Lagos Nigeria
- Challenges
- Lessons
Governance challenges facing provincial health systems

Mahesh Shukla, Senior Technical Advisor
Key Messages

- Good governance enables those who manage and deliver health services in decentralized public systems.
- An approach based on practices of good governance helps the leaders who govern these systems consistently apply these practices.
- Good governance of these systems can improve their performance, its potential remains underutilized.
Governance effectiveness is perceived differently depending on where you are

1. Health Service User
   - I don’t get the medical help when I need it
   - I do not trust that I will get care I need in this public facility, hence I go to an expensive private clinic

2. Health Service Provider
   - I want to provide the best care to my patients, but I cannot since this facility does not have basic equipment I need, whatever little is there is in persistent state of disrepair

3. Member of senior health management team in the province
   - We are hamstrung in terms of authority and resources, all important decisions are taken in the capital
   - Members in our team are all medical personnel, they have no prior experience, orientation or training in management or governance

4. Ministry of Health official
   - There will be corruption and mismanagement if we give more authority and resources to the provinces
## Good governance enables better service delivery

| Good governance                        | The organization has a well-defined governing role
|                                      | Competent people are performing the governing role
|                                      | **They consistently apply practices of good governance**
|                                      | They establish essential governance infrastructure
| Sound management                     | The organization has a well-defined managing role
|                                      | Competent managers are performing the managing role
|                                      | They consistently apply sound management practices
|                                      | They establish effective and efficient management systems
| Reliable service delivery             | The organization has service providers it needs
|                                      | Competent providers are delivering health services
|                                      | They consistently apply evidence-based clinical practices
|                                      | Service is safe, timely, effective, efficient, and responsive
| Better outcomes                       | Patients and communities are engaged with the health system
|                                      | They adhere to treatment and adopt health behaviors
|                                      | Population is healthier |
Practices of good governance
Governing bodies in Afghanistan’s health sector
More than 100,000 individuals are performing a governing role
Not equipped with governance competencies, need governance orientation

<table>
<thead>
<tr>
<th>Level</th>
<th>Total</th>
<th>Committee Membership</th>
<th>Number of Members Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial Public Health Coordination Committees (PPHCCs)</td>
<td>34</td>
<td>22</td>
<td>748</td>
</tr>
<tr>
<td>Provincial Hospital Community Boards</td>
<td>28</td>
<td>10</td>
<td>280</td>
</tr>
<tr>
<td>District Health Coordination Committees (DHCC)</td>
<td>90</td>
<td>8</td>
<td>720</td>
</tr>
<tr>
<td>District Hospital Shura</td>
<td>71</td>
<td>10</td>
<td>710</td>
</tr>
<tr>
<td>Health Center Shura</td>
<td>1260</td>
<td>14</td>
<td>17640</td>
</tr>
<tr>
<td>Health Post Shura</td>
<td>9356</td>
<td>9</td>
<td>85824</td>
</tr>
<tr>
<td><strong>Total number of members performing a governing role</strong></td>
<td></td>
<td></td>
<td><strong>105,922</strong></td>
</tr>
</tbody>
</table>
Implementation of governance development action plans

- Percentage of Activities Not Started
- Percentage of Activities That Did Not Progress Much
- Percentage of Activities Half-Complete
- Percentage of Activities at Advanced Stage
- Percentage of Activities Near-Complete or Complete

Wardak, Khost and Herat PPHCCs:
- 58% Not Started
- 7% Half-Complete
- 10% Near-Complete or Complete

Eleven Pilot DHCCs:
- 45% Not Started
- 12% Half-Complete
- 19% Near-Complete or Complete
# Health system performance and health outcomes

Antenatal care visit rate in the pilot provinces increased by 20%
Lessons

Approach based on practices of good governance makes governance development accessible to the leaders who govern.

Participation of the governance leaders enhances their commitment.

Leadership of the ministry matters; the MOPH has now decided to apply this approach in all 34 provinces.

Governing bodies at decentralized levels can represent community concerns and resolve them.

Governance improvements need time to translate into improved health system performance.
Thank you for your attention!
Questions and comments

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Global Fund Governance

Jason Taylor WRIGHT, MSFS, MA
Director, Leadership, Management & Governance (LMG) Project
2. Functions – Board and CCM Functions Mapped to MSH Governance Practices
3. MSH (LMG and Grant Management Solutions [GMS] Project) Technical Support Approaches and Tools:
   • Eligibility and Performance Assessments (EPAs)
   • Grant oversight tools (dashboards)
   • Technical Support to East and Southern Africa (ESA) and West and Central Africa (WCA) Board Delegations
Board Experience

- Global Fund to Fight AIDS, Tuberculosis, and Malaria
  - October 2013-Present, Developed Country NGO Board delegation
- Joint United Nations Program on HIV/AIDS (UNAIDS)
  - December 2009-June 2014, U.S. Government Board delegation
- Global Health Council (GHC)
  - December 2012-Present
Global Fund
Overall Structure
Global Fund Board Structure

Donor Bloc (10):
- Canada and Switzerland
- EC, Belgium, Italy, Portugal, and Spain
- France
- Germany
- Japan
- Point Seven
- Private Foundations
- Private Sector
- U.K. and Australia
- U.S.

Implementer Bloc (10):
- Communities
- Developed Country NGOs
- Developing Country NGOs
- Eastern Europe and Central Asia
- East and Southern Africa
- Eastern Mediterranean
- Latin America and Caribbean
- South East Asia
- West and Central Africa
- Western Pacific

Non-Voting Members (5):
- Joint United Nations Program on HIV/AIDS (UNAIDS)
- World Bank
- World Health Organization (WHO)
- Partners (Roll Back Malaria Partnership, Stop TB Partnership, and UNITAID)
- Executive Director
Country Coordinating Mechanism (CCM) Structure

• Government (Ministries of Health, Finance and Planning, Women’s and Social Affairs, International Cooperation, and Interior)

• Civil society (watchdog organizations, key affected populations, women's organizations, children and young people, international NGOs working in three diseases, national NGOs working in three diseases, charitable organizations, and academia)

• Private sector (large for-profit companies with proven commitment to fighting three diseases, organizations representing small and medium-sized enterprises and informal sector, business associations to fight three diseases, representatives from exposed industries, private practitioners and for-profit clinics, and charitable foundations established by corporations)

• Multilateral and bilateral development partners working in-country
MSH Governance Practices
Board Functions Mapped to MSH Governance Practices

1. Strategy development
2. Governance oversight
3. Commitment of financial resources
4. Assessment of organizational performance
5. Risk management
6. Partnership engagement, resource mobilization, and advocacy

- Cultivate accountability
- Engage stakeholders
- Set shared direction
- Steward resources
CCM Functions Mapped to MSH Governance Practices

1. Meaningfully participate in National Strategic Plan (NSP) discussions at country level
2. Convene stakeholders to engage in inclusive country dialogue and agree on funding split
   3. Coordinate development and submission of concept notes
   4. Nominate PR(s)
5. Oversee implementation of grants and submit requests for continued funding
   6. Approve any reprogramming and submit requests for continued funding
7. Ensure linkages and consistency between Global Fund grants and other national health and development programs

Cultivate accountability
Engage stakeholders
Set shared direction
Steward resources
CCM Eligibility Requirements

Assessed at time of Concept Note submission:

1. Transparent and inclusive Concept Note development process
2. Open and transparent Principal Recipient (PR) selection process

Assessed annually through Eligibility and Performance Assessments (EPAs):

3. Oversight planning and implementation
4. CCM membership of affected communities, including and representing people living with diseases and of people from and representing key affected populations (KAPs)
5. Processes for electing non-government CCM member
6. Management of conflict of interest on CCMs
Eligibility and Performance Assessments (EPAs)

• Funders:
  • *U.S. Government* – *MSH under LMG and GMS*
  • *Global Fund* – *International HIV/AIDS Alliance*
  • French Government – *France Expertise Internationale (FEI)* under 5% Initiative

• Roles:
  • Consultant training
  • Technical support
Grant Oversight Tools (Dashboards)

- **CCM dashboard** (Excel)
  - Piloted in 2008 and 2009 in six countries (Ghana, Mali, Mongolia, Morocco, Namibia, and Peru)
  - Dashboard, set-up and maintenance guide, summary of technical support process, and guidance paper on CCM oversight available on Global Fund website

- **Principal Recipient (PR) dashboard** (SAP)
  - Piloted in 2014 in six countries (Côte d’Ivoire, Dominican Republic, Laos, Senegal, South Africa, and Uganda)
  - Dashboard and supporting documents to be available on Global Fund website
CCM Dashboard

Dashboard: Ficticia - HIV / AIDS

HIV / AIDS Round 8, Phase 1

Grant No.: FIC-910-G01-H

Select the option you want to see:

Grant Information
- List of Indicators
- Data Entry
- Grant Detail

Indicators
- Finance
- Management
- Programmatic

Reports
- Recommendations
- Actions
Technical Support to East and Southern Africa (ESA) and West and Central Africa (WCA) Board Delegations

• 2011-2012:
  • Governance Reform Task Force
  • New governance framework

• 2013-2015:
  • Policy analysis function (Bureau)
  • Planning (legal status, organizational structure, and position descriptions), budgeting, tendering, and resource mobilization
  • Interim Bureau at Africa Population and Health Research Center (APHRC) in Nairobi (funded by Gates Foundation)
  • Permanent Bureau to be in Addis Ababa
Lessons Learned

- Structures of governing bodies must include all relevant stakeholders.
- Functions of effective governing bodies map to MSH governance functions (cultivate accountability, engage stakeholders, set shared direction, and steward resources).
- Approaches must be developed and tools created to maximize adherence to requirements, transparency and accountability, and Board performance:
  - Eligibility and Performance Assessments (EPAs; consultant training and technical support)
  - Grant oversight tools (CCM and PR dashboards)
  - Technical support to African Board delegations (policy analysis)
Thank you for your attention!
Questions and comments

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Governing Public Hospitals in Nigeria

Jim Rice, Global Technical Lead Governance
Management Sciences for Health
Two Day Governance Academy

Challenges

Priorities

999 Action Plan
The Challenges

- The state Commissioner for Health, Dr. Jide Idris formed the eight person boards, charged members to ensure the provision of optimal healthcare services to general populace of the state. 2 January 2010
- Unclear Terms of Reference
- Unclear Appointment Process
- Uncertain Experience in Governing in Hospitals
- No strategic vision nor work plans
Priorities

Governing Body Development
Where to focus Board Development?

1. Expand board understanding of and competencies in PPP for services enhancement (6.7 on 7 point scale)
2. Boards should have more education 6.5
3. Expand competency in innovation for quality and patient service experience 6.4
4. How to grow service volumes 6.4
5. Patient safety 6.3
6. Alignment with physicians 6.3
7. Business planning 6.3
999 Action Plan

Where to focus Board Work? (Please refer to handout)

- 9 Days
- 9 Weeks
- 9 Months

Operations Imperatives Defined:

1. Raise Money
2. Save Lives
3. Save Money
4. Increase patient satisfaction in ED
5. Worker recognition Programs
6. Strategic Plan with Community
How best to ensure we follow-up and follow-through for enhanced governance and leadership effectiveness in coming year?
Thank you

www.LMGforHealth.org
@LMGforHealth
LMG Project has made **governance learning resources** available for use of the governing bodies in the health sector

**Governance guides**

1. **Cultivating accountability for health systems strengthening** *(English | French)*
2. **Engaging stakeholders for health systems strengthening** *(English | French)*
3. **Setting shared strategic direction for health systems strengthening** *(English | French)*
4. **Stewarding resources for health systems strengthening** *(English | French)*
5. **Continuous governance enhancement for health systems strengthening** *(English | French)*

**Governance training facilitation handbooks**

1. **For the Ministry of Health Governance Leaders and Staff** *(English | French)*
2. **For Provincial Health Office Governance Leaders and Staff** *(English | French)*
3. **For District Health Office Governance Leaders and Staff** *(English | French)*
4. **For Hospital Governance Leaders and Staff** *(English | French)*
5. **For Health Center Governance Leaders and Staff** *(English | French)*

**MSH publications**

1. **The eManager: How to govern health sector and its institutions effectively** *(English | French | Portuguese | Spanish)*
2. **The eManager: Good governance in civil society organizations** *(English | Spanish)*
3. **Chapter 3 of MSH eHandbook: Governance of health systems and health organizations** *(English)*

**Peer-reviewed journal article**

**Implementing people-centred health systems governance in 3 provinces and 11 districts of Afghanistan: a case study**

**Governance apps**

1. **Govern4Health app** *(Available at Google Play Store and App Store for download on Android or iPhone)*
2. **GovScore**, an app to measure the governance maturity of an organization *(coming soon)*