LWG Survey Responses

Q1: What are the real world health system problems that happen if governance is not well designed or accomplished? Please, illustrate with an example or two.

1. Duplication of resources or efforts at several levels or from different donors or sources, as well as gaps in funding and coverage due to failure to coordinate during planning. Lack of norms and standards and their use in accountability - lack of national or regional/local accountability for the use of resources and for results. Lack of transparency as well. Inadequate top level strategic thinking with the forward looking and prioritizing functions that result in mobilization of resources, people, political will to carry out a complex plan. Often results in dominance by a few people or a single sector which makes decisions and controls resources without consulting or participation with users, contributors, implementers - a less democratic, participative, multi-sectoral form of organization.

2. Waste of resources.
   Failure to use personnel, supplies and equipment toward the overriding goal of improving health
   Duplication of effort
   Allowing pride, lack of focus or other factors stand in the way of collaboration
   Multiple agencies NGO s doing the same thing in the same place
   Unwilling to share technology, skills, processes that could benefit other NGOs

3. There will be no coordination, monitoring and lack of accountability
   Example: Key Objectives of the organization not achieved.
   Also, funding is not available or put o or used for the key activities.

4. Social, economic and political collapse can happen -- the unfolding Ebola situation is a useful example. It need not happen at a national level to all populations. It can affect specific groups (e.g. marginalized, youth, specific professional such as health care providers, military) but the outcome is still the same -- it destabilizes society and society has to go back and pick up the pieces

5. Another system is emergency situation. If the health systems are not prepared, they cannot withstand the shocks, including shocks such as earthquakes, terrorist attacks, natural disasters......because the health system is truly the first response for security and order, disarray in this sector can send horrific messages to the public and thereby establish the disastrous consequences.... Bottom line however is that good governance in health does not exist in isolation; it exists in the context of good governance in the other sectors. Without good governance in other sectors, good governance in health is greatly weakened.

6. Wars - non Democratic governance practices

7. From experience the two I will give two extremes; Drugs in a facility only last a few weeks when supplied and the rest of may be three and two weeks there are no drugs. 2) Health workers who trained at high costs and are in short supply in the public sector are not hired appropriately or deployed. So you find many jobless and seeking employment but no jobs. 3) High levels of
specialization and high physical infrastructure investment with no supply and human resource allocation.

8. 1. Lack of leadership 2. Inability to implement policies 3. People do not take responsibility

9. There will be no oversight and as such accountability for the system or organization may be compromised. Governance structures provide opportunities for organizations to be assessed against what was agreed upon targets. The governance system if not well designed will be incapable of demonstrating its use in providing oversight or and advisory services and as such will have impact on the delivery of the health system.

10. Governance at its core manages the ethic of the entity governed. It exists to preserve the values of the entity be it a country, company or civic group. Without a well-designed and well-functioning governing system then anarchy begins to advance and there is no established predictable order to the organization. At the national level there are examples of countries where anarchy has replaced a dysfunctional governing body. Within the healthcare environment one need only look to those parts of the world without established healthcare delivery systems to find examples of massive epidemics and premature death. Ebola of course garners the most press but many more people are dying due to lack of basic healthy infrastructure such as access to clean water. Competent governance, that is governance that serves the people, would prevent this.

11. Lack of decentralization, lack of professional management and lack of management capacity throughout health systems of developing countries.

12. Major problem is a lack of knowledge for balanced allocation of financial resources. That led to the impossibility of obtaining health care services for those most socially vulnerable. Also, if there is no enough skilled people in certain positions who decide on medicines that are necessary for certain diseases, that situation can have catastrophic consequences. An example is that for the treatment of osteoporosis in Serbia: patient is in position not to receive adequate treatment, if not use large amount of its own financial funds, for drugs as well as for treatment services and rehabilitation services. If there is not enough money for drugs, treatment and rehabilitation of the mentioned illness, that situation rapidly led to progression of disease, disability, which consequently costs the State a lot more. Examples are endless, like when lack of investments in preventive measures and programs led to spending of a large fund on treatment of bad effects.

13. It will result in weak health system incapable of responding to even common community health problems. We have seen countries what have well designed health system effectively responding to epidemics likes of HIV. And have seen the recent EBOLA epidemic being difficult to contain in weekly governed health systems.

14. A big example of poor governance leading to poor health care is Mid Staffordshire Hospital in the UK where poor clinical leadership, ineffective governance and lack of engagement with the public and patients led to very poor quality care and poor outcomes. This led to several major investigations including a public enquiry, none of which helped remedy the problem but simply made it harder to resolve. A well-publicized object lesson where nevertheless most of the commentators got the solution wrong!
15. Without key governance practices, there will be a high risk of "lack of Accountability", lack of shared vision with local authorities for the conduct of their field missions. Health workers and managers do need to know their work environment, to be exposed to national guidelines, and regulatory texts and information.

16. Lack of accountability among the civil servants. Example, in a health system where the community and other major stakeholders are not brought on board in the planning and implementation of health programs managers will have the freedom of making decisions that may even go against the interest of the system. This is because the stakeholders do not have enough information (due to lack of transparency) to catch the managers accountable.

17. Managers will not feel responsible and accountable to any one. Increased corruption because of lack of transparency.

18. Prevention of communicable diseases not in place but more spending to control when these diseases eventually now happen. Lack of basic things like water and electricity that can help with quality life achievable lacking.

19. Governance affects the whole health system i.e. in social health insurance, lack of governance in ensuring the "real poor" would be identified as sponsored members will lead to non-inclusion and poor targeting. In the conditional cash transfer program has generated demands for health services however supply side issues remain such as availability of quality facilities, medicines and health workers.

20. Organizational failure to meet its Mission and Vision. When governance micromanages the Administration it employs, not only are the senior leaders disempowered, it creates organizational distrust, dissonance, discord, and inability to make necessary decisions for the growth of an organization. In these cases, the senior leaders often spend more time managing their Board versus meeting their strategic goals. This leads to a depressed and de-energize culture and failure. If the Board does not have confidence in its Administrator or Administrative team and feels it has to micromanage, it should replace them with the talent to operate the organization. Boards that bicker or fight between Board members create much of the above consequences, also. Not only is it embarrassing to all the employees and leaders, it is often open enough to affect the community the Board serves. The public media loves these types of conflicts to generate negative stories about the Board, leadership, and the community. This conflict can also be a result of poorly designed Board structure, policies, and lack of understanding their role in governance.

21. The environment is changing worldwide at an enhanced pace driven by economics/affordability, the demand for access and quality inclusive of information ie data transparency. One engaged in health care for the past 25 years would acknowledge that these three drivers have not changed rather it is the terms used, how the expectations and drivers are packaged and most recently the intensity with which they are being addressed that has changed. To be simple it is "more real" and not just USA centered. This calls upon a new style of governance and leadership for the health systems capable of positioning themselves for the future. The slow, strategic plod of business as usual is no longer tolerable. Pricing and Value
equating to revenue and customer satisfaction are the two core elements that will falter if health systems governance is neither well designed nor competent in its strategy work.

22. Human potential is not realized. Staffs do not grow professionally, organizations do not grow, services do not improve, opportunities are lost. Government workers often are left in a position of "laying low" to not draw attention and therefore risk displacement when there is a change in government. Lack of vision results in a few top leaders in the know, and disempowered workers doing the minimum to survive.

23. Lack of clarity about accountability and authority to take decisions. Vacancies stay unfilled for months, vehicles don't get repaired, supplies are sporadic or inappropriate

24. Perhaps 3 main ones: 1. Health priorities setting, [advance planning], and [scarce] resource [financial - most obviously, but maybe even more unforgivably though more subtle, human and "national/institutional knowhow"] allocation. Illustrative case is recent Ebola scare in West Africa, adequate preparation was everything. 2. Execution efficiency of whatever are the selected priorities [whether they are the wisest/optimum vs needs or not] still being able to obtain the best return for the invested resources. Using the Ebola illustration again, an analysis would be interesting on how countries respond to wealth understood and fairly easily controllable health crises with loud with a loud 'presence' [like Ebola] in contrast to others "less understood, perhaps more fundamentally damaging but creepy "challenges like Child Nutrition, Sanitation, etc. 3. Mobilizing, rewarding and keeping motivated all the involved stakeholders. Ebola again is a good illustration of how easy leadership has a big role in major mobilization on high profile crises, and the taken of a "French brake" with the "creepy" systemic health problems.

25. In my opinion, the real world health system problems that happen if governance is not well designed include poor quality health services delivery, increased mortality of patients, lack of job satisfaction, turnover amongst health workers, shortcoming of skilled and qualified health workers, inequality to health services, lack of continuity of care, and poor infrastructure. For example, when health workers as well as patients, communities, families are not involved in decision-making while developing health policies their well-being, health promotion and prevention cannot be attained. If also government does not collaborate with stakeholders and private sector to determine the health priorities that need to be based on while allocating resources it could be hard to reach out the well-being of the population.

26. People feel unempowered to fulfill their responsibilities, disengage and become ineffective and detached from results. Their potential to contribute to results is not realized. A cleaning woman who prepares/maintains the delivery room potentially makes a great contribution to quality of services but is often disrespected;, disregarded by the medical/service providing staff.

27. The biggest problem I see is an inability to shift from single-source donor (USAID) funding to a more differentiated stream of revenue from multiple donors and funders. As I work with NGOs across Africa teaching them to draft business plans to start generating new sources of revenue, including revenue generated from the direct sale of services, I find they lose energy at the prospect of having to actually pitch themselves to new funders. I have explained, however, that they must do their due diligence or new funders and investors will not feel their investments are protected.
28. Effective Governance is critical to the functionality of any health system. When governance is weak or poorly designed several things may happen. Most apparent is the effect on availability of services to those who need it most, particularly the poor and marginalized who have no other alternatives other than the public health care systems. Availability of services may be caused by poor planning, including a mismatch between funds allocated for health services and the scale of need. Secondly, poor governance often results in the lack of efficiency in service delivery. In health facilities where governance is a problem, resources are used inefficiently and the cost of running the services often increases unnecessarily. For instance, when there is corruption, more individuals than required may be hired and for a job that should be done by one, there may be two. Of course the reverse is also true that many health systems suffer the lack of sufficient health care staff. When health care workers are too few to serve, they become overburdened, frustrated and ineffective in their work. Lastly, poor governance results in a lack of vision and commitment to quality. When there is no clearly defined vision and motivation for the workforce, the result is weak delivery and no commitment to improve quality of services. Health systems require leaders with a vision and real commitment to saving lives and improving human well-being.

29. I have witnessed weak governance in a health system of about nine clinics serving low income residents in Los Angeles. Without good governance from HQ: 1. New initiatives to improve patient care do not get championed. In fact, initiatives don't get promoted or even inquired about. As a result, these initiatives languish and eventually get discarded, and quality doesn't improve. 2. Clinic managers feel that they have no power over health providers, so they cannot insist on changes to improve patient care. Ultimately, clinic managers can get demoralized because the providers don't pay much attention to them and just do things as they want, which can lead to more manager turn-over. 3. There are too many conference calls on various issues, involving more people than are necessary. This cuts into productive work time and hinders patient flow, which can lead to more frustration and cutting corners to meet patient targets.

30. In my personal opinion the main problems are centered on the following: • Prevention/Patient-Centered Care • Access to Care • Cost Savings Good examples are HIV/AIDS, Malaria and Multidrug-Resistant Tuberculosis.

31. The most obvious are fraud and abuse related issues. The reality of the situation is far more complex in today's healthcare environment. Governance bodies have gone from very sleepy groups of well-heeled individuals in a given community to very dynamic groups empowered with the future health of the populations. This requires them to be highly knowledgeable, proactive and dynamic leaders who are willing to chart a course into largely uncharted waters. If not designed or led well, delivery mechanisms can and have in fact failed in many communities. The very design and make-up of the governance body is a strong determinant of its ability to ultimately fail or succeed.

32. 1. Distrust - Bad governance stigmatizes all government activities. (Ex. Immunization in W. Africa, in the past Family Planning almost everywhere). The counterpoint is NGOs and international donor activities bring credibility to the health issue. 2. Corruption - It wastes resources, skews policy decision, and keeps functions in the government that could be more economically managed in the private sector. (Ex. drug procurement almost everywhere;
redirection of resources for the poor to the paying middle class; overly complex government review intended to create maximum opportunity for bribes (Ex. new drug review)

33. Delay in response is a common problem that arises where coordination is lacking. It results in lost time and, often, wasted resources. Duplication of effort by multiple agencies is a common concern as coordination can be lacking.

34. The cost-sharing policy in the Tanzanian public health service system was introduced in July 1993 as part of economic recovery and structural adjustment programmes aiming to improve efficiency and foster sustainability in the provision of health services through community participation mixture of opinions at community level concerning the issue of quality of service following the introduction of user charges. Some were of the opinion that user charges have increased health workers’ attention to patients and have improved the quality of some services, while the remaining majority of the discussants felt that the quality of services was still poor.

35. In the absence of truly committed independent governance those in positions of authority are easily able to manage in a manner that enriches them and their business associates. The patients’ needs are subverted and services are delivered that are of questionable benefit and are often necessary (depending upon the method of reimbursement extant in the country) One only need examine any number of hospitals in Malaysia and surrounding countries in order to observe the above. In these circumstances effective governance is nearly entirely absent as those on the "Board" are selected carefully in order to not pose a barrier to the accumulation of personal wealth at the expense of the population. Patient care is secondary to financial considerations, population health is totally neglected, quality review and improvement is meager at best and most often nonexistent (even in JCI accredited facilities, due to the desire of the JCI to build and cultivate business as opposed to rigorous evaluation of institutional performance.)

36. For example people started dying in Africa from HIV/AIDS because most of them did not know how and where to get medication.

37. The world today has more than 200 million women who would like to plan their families but have no access to services, information or proper supplies. This is both a problem of political will AND of a weak health infrastructure. The current Ebola crisis is a prime example of what happens when governance is poorly designed and/or implemented. In Africa in particular, health systems are extremely precarious just when we need them most.

38. Poor engagement. Without proper governance processes with patient care at its heart, staff, patients and care givers can't engage sufficiently and this leads to low morale and satisfaction and ultimately poor patient outcomes and experience. Poor resource management - weak decision making potentially leading to resource wastage and inefficiency. The UK's poor experience in Mid Staffordshire NHS FT was a particularly relevant example of poorly designed and delivered governance.

39. The most important is attitude towards the health matters the community staff the government and the NGOs
40. If governance is not well designed or accomplished the following can happen: 1. Poor performance of institution or employee individually: Ex: If a hospital leader is not involved in quality assurance or accreditation process as it is the case in my country today. 2. Stock out of medicines: This can be due to poor inventory, delayed requisition, short of finance due to poor recovery system.

41. Lack of strategic perspective, tendency to focus on fine-tuning current operations. Lack of awareness of problems not readily reflected by existing measurement systems. Failure to spot emerging trends that have important implications for the organization.

42. Planning and allocation of resources. Bureaucracy preventing procurement processes.

43. Governance is the key for implementation of any project if governance is viable and performing well people will get the benefits and if governance is not performing. The performance of any institution depends upon the leadership decisions to be implementing. For example in Pakistan there is heavy load shedding is the problem of governance in HESCO.

44. Patients feel they are discriminated against as they have no forum where they can express or complain of their problems or frustrations, especially issues of negligence of health persons. For example, where the health personnel give out a prescription of ear drop to be used for eye treatment which resulted in the patient losing any eye for lifetime.

45. 1. Quality of health care drops because workers who need to feel valued and supported in their work see themselves as people struggling in a system that looks only at opportunities to assign blame. 2. There will be disconnect between the problems that staff face and the efforts and resource mobilization and management. 3. When service providers feel that their needs are not being met, morale drops resulting in client dissatisfaction later on seen in low utilisation of services. Example: I have seen where health care planning is done by higher management without the input of the front line supervisors. These front line supervisors who are key in implementing care activities of realising the objectives view the goals as those of management that do not address their immediate felt service needs. Higher level managers need to involve front line managers/supervisors in goal and objective setting, and evaluation so that ownership of the whole system by these people and the service providers will result.

46. 1. Not involvement of stakeholders, 2. Accountability and transparency will be not ensured. So that the phenomena of Corruption will be supervene.

47. A. damage to credibility of Public health in general and the reputation of the government services in particular B. damage to economy, because of inefficiency and or corruption that is unchecked. C. demoralization of underpaid health workers in an under-resourced health system D. fragmentation of whole of community approach to address and manage health problems E. poor regulatory framework and implementation will lead to industry capture of regulators

48. I have had the honor of acting as a consultant to the University of Minnesota project to provide technical assistance to establishing and expanding a national blood supply in Afghanistan. My fear is that it all falls apart as we withdraw external aid. In addition, while they have been very successful at blood drives at various embassies, as we withdraw, that donor base will obviously not be sustainable. We have provided significant amounts of training to a limited number of
personnel, so my concern is that if the situation gets more difficult they will take their training to other countries where they will now be employable and the knowledge and experience will leave with them. The Ministry of Health is run very top down and appointments are made by political connection. Hence the administrative director is a very kind and thoughtful physician, but he came to the directorship with absolutely no knowledge either of neither hematology nor running a blood center. With extensive training and multiple visits there is now a growing ability to provide at least the minimum amount of blood available, but to date, the director has kept so much of the management to himself, that in his absence little gets done. In practice, he is acting as director of recruitment, collections, finance and medical direction. We have assisted him to obtain grants for further training and he is working on masters of health administration.

49. Morale of workers erodes higher risk of wasted resources from corruption plans are not focused on real health needs and the plans are not well defined

Q2. What is an example of the benefit of good governance in the performance of a health system or health service delivery organization?

1. 1) Tanzania CCM - re PSM costs and role of Chair in accountability 2) Mauritania CCM re reimbursement of disallowed expenditures 3) Tanzania TNCM re rural and district strategy for HIV/AIDS and for civil society engagement

2. Empowering management
   Community engagement

3. The benefit I believe is when services are received by the users as a result of interventions effected by the good governance systems.

4. Among the low-middle income countries, I think Rwanda is a good example. I also believe that Costa Rica is still a good example. For Costa Rica, it seems the country has been able to endure the challenges that are leading to the exodus of children from El Salvador, Guatemala and Honduras to the US.....

5. There will be improved health infrastructures, enough and qualified health service providers by availability of nurse training centers. Timely and improved salary scales. Efficient mechanisms for drug chain and finance/staff management

6. 1) Health workers are motivated and can make independent decisions 2) Efficient use of resources 3) Providers and uses of services are more likely to be satisfied

7. 1. Proper information flow 2. Good job description and ability to take responsibility 3. Success in implementation of policies

8. A good example would be where the system is well designed and the governance system is measure against the set targets and performance indicators. Most of the governance systems do not have this in place or is weak. The benefit would be that the health system or health service delivery organization will have a reliable system that will provide checks and balances for the system.
9. Good governance advances the mission of the organization or entity governed. The performance of the organization will be directly related to the manner in which the governance is managed toward achieving the mission. Failure to put in place and enforce a structure that focuses on the mission will allow for the intrusion of other objectives that cause the organization to lose its focus and can quickly bring attention away from the core mission or duty.

10. Good health service delivery and accountability.

11. A good example is the organization of health services for kids and women. All children have direct access to pediatricians, without referral, as well as all women to gynecologists in Serbia.

12. The resources will be fairly/equitably distributed. Health workforce well motivated. client satisfaction insured

13. Good governance means that health care can be progressed more safely, efficiently and faster with clear focus on outcomes and good interaction with those who are served so that the patient is at the heart of their care. Issues and problems will be monitored more effectively and can be remedied faster. Successes can be identified, celebrated and good practice spread.

14. Good governance leads to professionalism: Health workers and managers will fulfill their functions as professional bodies rather than individual experts within the national health system. Good governance "engulf" competencies for common results.

15. Good governance of a health system leads to equitable distribution of resources and monitoring of the quality of care. The implications of this are that there is data available for monitoring of equity and quality and hence this is one action that should result from good governance. In low resource settings there are often attempts at good governance that are frustrated by political interests and pressure, as well as having a diversity of stakeholders who influence the system. This is the case in Palestine, which is not low income, but is affected by occupation and consequent distortion of the economy. There is a great capacity to be able to reform systems to reflect good governance, but there is little will. One great example of good governance is Duke Hospital, North Carolina. They have taken an inclusive approach across their many facilities and quality is reflected everywhere, as is the intention to put the patient first. Of course Duke is wealthy and salaries are good, but all the same, this is a good lesson in what is possible.

16. if there is good governance people affected by the health problem/intervention will have enough information they need to take part in the efforts to solve their own problems

17. Simplification of procedures, increased social accountability, and increased transparency

18. Governance that led to low cost medicines wherein appropriate budgets, reference pricing established and honest and transparent procurement set in placed addressed access and affordability. Establishment of monitoring tools i.e. Dashboard provides feedback and guidance in decision making and planning making data readily available. Ensuring appropriate application of the Maternal and Child health benefit package will lead to enhanced access to prenatal care, facility based delivery and postnatal care as well as family planning service
19. A healthy, growth oriented organization focused on quality, service and financial stability that meets the community that it serves, their current and future healthcare delivery needs.

20. I think of good governance of health systems as the process that assures that the limited health care resources flow to the place within the system where they can have the most positive health outcome for the population covered by the system. I realize that's in the eye of the beholder: It may prolong one person's life, it may reduce somebody else's suffering, it may improve the care experience of many just a little bit, it may prevent 10 cases of cancer. Classically in the US we've relied on the market place to help us decide where to place these resources, now with health care reform we will be increasingly asked to make strategic planning decisions to look at improving health care quality. Of course health care leaders will still do this in a competitive environment, and so health care quality that "makes your organization look good" will count for more than some less tangible improvement in health in the community. Politics, ego's, favoritism, personal interests and cronyism will always influence these decisions as well, but good governance will increase the likelihood that the decision makers will "do the right thing" (as judged from the perspective of the patients). Ultimately good governance will build a system that will make it easier for the leaders to do the right thing because it creates a system that makes it also in the leaders' interests to make the right decisions. No system is perfect, and I could go on for a few more pages on where my system's governance has failed the patient, but ultimately I think Kaiser Permanente has a system of governance, checks and balances and alignment of interests that truly makes it "easy to do the right thing."

21. The top leadership has high expectations, and creates an environment for people to achieve those expectations. There is security in their leadership role knowing that the success of others is their own success, not their own demise. Good governance defines the policies and then monitors compliance. The Afghan health system established a basic package of health services, and then outsourced services to NGOs. Because they had clear policies (BPHS) they were able to compare NGO to NGO performance and also manage costs. This was hugely important in enabling the government to play its stewardship role effectively.

22. Key decisions are made promptly. (e.g. the manager has authority to get vehicles repaired) Priorities can be set at a low level to respond to local needs. Job satisfaction is higher and retention improves because staff are clear what they are required to do and what success looks like (and it is recognized)

23. My favorite is perhaps the "side benefits" how for example I've observed say a 20 year old Family Planning Association plod through their first ever Strategic Plan and come up with a reasonably good one for a first time - but more often than not, also quite incidentally, the whole process becomes incredibly empowering in their day to day outlook of how much they can take charge of the health and other challenges around them

24. The benefit of good governance is that the patients, families, communities are motivated to use health services. For example when patients are assisted to get right medical diagnoses, right doses, and right treatment at minimum cost due to premium reduction and availability of skilled and qualified staff, with good ratio between population and health providers. This could be an indicator of good governance because there will be no social, gender exclusion and inequity to health services yielding health promotion and the well-being of the population. When there good governance, there is no high mortality of children and mothers, decrease in communicable
diseases and empowerment in health literacy, for instance about healthy behaviors seeking, are likely to increasing the life expectancy of the people.

25. Good governance equips, empowers and supports decision-making, problem-solving, action-taking at the lowest appropriate level of service. This allows those who are best placed to identify and address impediments to good service delivery. An iterative process at the local level...between service providers, local government and (especially) communities can support the sensitization/knowledge of all parties and their consensus/collaboration in sorting out and addressing health issues and priorities. The best leaders (at the top) are those that empower and enable their teams/subordinates to succeed.

26. In Ethiopia a local NGO is not allowed to work in the area of Advocacy and receive funding from ANY government.

27. -With good governance there is no high turnover in human resources and this lead to a good accomplishment of the duties -There always be patient satisfaction because personnel also are satisfied

28. The Ministry of Health - Kenya around 2007/2008 saw key MDG health indicators losing ground. They started an initiative called "Reversing the Trend," engaged (with MSH) in a transparent assessment of what was in place and what was needed to improve leadership and management in the overall health sector including public and NGO. They have remained committed to providing staff time for learning and they have supported integration of practical leadership and management skills + governance into pre service training at several levels in their health and education system. This is an example of being aware of slipping performance, inclusive in engaging stakeholders in assessing and planning for what was needed and committed to following through.

29. The Community-Based Therapy for Multidrug-Resistant Tuberculosis in Lima, Peru is an excellent example of good governance. Community-based outpatient treatment of multidrug-resistant tuberculosis can yield high cure rates even in resource-poor settings.

30. Good governance is defined by the ability to act steadfast in the role as a fiduciary body to the organization by remaining free of political influence, power and control issues. It is also imperative that they represent a broad swath of economic, political, professional, ethnic, racial, gender and age specific backgrounds. The more closely aligned a governance body is with the demographic make-up of a population the more balanced a healthcare delivery mechanism will be in its governance of the delivery model.

31. 1. Empirically based program management - Use of DHS (Ex. Kenya, Bangladesh, Indonesia) appropriately designed and used service statistics systems (Indonesia, Thailand, Korea) 2. Improved governance seems to be associated with government focus shifting from basic services to quality services. 3. Greater focus on marginalized populations. 4. Greater cooperation with the private and NGO sectors (Ex. Thailand, Bangladesh) 5. Use of professional managers vs. medical doctors Note: Good governance in health is based on the availability of resources and then the effective use of resources. Good skills and intentions don’t improve health in the absence of the resources.
32. An organized response is always noticeable in comparison to a disorganized response. Managing the media side of issues, while daunting, can represent significant benefit if the word gets out quickly and accurately and there are scheduled updates.

33. Health workers and community leaders were aware that the collection and expenditure of revenues from user charges has to follow the officially acceptable policy guidelines, although local authorities had some mandates to oversee the process in line with the decentralization policy. The government guidelines stipulate that the revenue collected from user fees must be used to improve health services at the health facility in question, although all the planned or contingency expenditure of that money at local level must be approved by the DMO’s office.

34. The establishment of organizational goals directed toward improvement in the community health status coupled with strong internal and external reporting by management thus permitting governance to assess progress toward those goals. This can be seen in the National Health Service in GB, as well as in France. Its absence is observable in organizations such as the US Veterans Administration in which valid assessment of achievement of goals was obviously impossible due to failure of governance to insist upon rigorous external assessment and auditing.

35. When the Sahara countries started getting funds from abroad counties to help them buy ARVS to keep them at least move on with life.

36. In Malawi when Joyce Banda was President, services were available for pregnant women during the pregnancy and labour and delivery. Maternal Mortality rates plummeted. Now that the president is a different one, there has been no water or electricity in the main maternity hospital for several weeks and it is about to (has already?) closed. Oh my!!! Another GREAT delivery organization is Marie Stopes International which brings sexual and reproductive health information and services to very neglected areas of the world with great success.

37. Transparent and open approaches leading to greater involvement, accountability and ultimately better decision making.

38. Continual education of the Board on current "environmental" realities, both national and local, that affect the future direction and potential for success for the organization. Occurs at every Board meeting, board committee meeting, and annual educational retreat of the Board. Assiduously manages the separate and related responsibilities of governance and management. The board fulfills its fiduciary duties, while holding management responsible for its role in operating the company and not involving itself in those functions which are appropriately those of management.

39. Good service delivery

40. Good governance helps to: -Continuously good quality maintained. -Availability of medications -Motivated staff with low turnover

41. Being able to reflect perspectives of multiple stakeholders. Genuine oversight that promotes management accountability. Board having a meaningful role in shaping organization's strategic direction.
42. Equity and broad coverage of services thus wider reach.

43. If the governance is good and performing well the benefits will be revealed on public if municipal services are improving it means the work of TMA has been improved and people are getting benefits of good governance.

44. Patents understand what service(s) can be offered to them, but also of what quality. The result is confidence and trust in the health system. So physiologically the patient is looking forward that he/she will be helped

45. Good governance is about making health systems work better. -Good governance should, in theory, lead to better performance. More accountability to beneficiaries.

46. 1. The stakeholders will be engaged in the process (planning...... 1. Monitoring and evaluation and result presentation) 2. Resource will be used effectively and efficiently 3. Community will feel ownership of the services

47. Better cost-efficient health outcomes.

48. Right people are in the right posts doing the right work, with the right competencies, with the right supplies, commodities and equipment, for the right people, at the right quality and at reasonable costs

Q3. What factors have you seen frustrate governance working well in district or provincial health systems or organizations? Illustrate with an example or two.

1. If governance at this level has no real authority, their activities are simply consultative and do not result in decisions, recommendations or actions that are implementable. Therefore the willingness of participants will wane over time since there is no real "point" to carrying out the governance activities. Governance bodies at any level must have at least a few things for which they are responsible, decisions that only they can make, in order to give the governance body a reason to live.

2. Politics prescribes certain perhaps outdated, clinical policies and procedures. Failure of government to support basic public health functions, shifting burden to private sector

3. Especially when Managers cannot cope with the expectations because there is a capacity issue.

4. Commitment -- the national levels can be energetic and committed but can seem to simply pass on the obligations to the mid and lower levels, in the context of decentralization. These lower levels may not have the funds, commitment, personnel or technical skills to prioritize what has arrived from above. So district and provincial systems/organizations need to have adequate consultation and preparation before the "event", and also "during and after the event". Do not want to name specific examples in case this is sensitive. However, because districts and provinces can reflect ethnic, cultural or socio-economic differences, command-and-control approaches in health systems governance from the top can be horribly misinterpreted and flop in some communities, e.g. male circumcision. On the other hand, astute use of leadership in the
same setting can lead to great successes, e.g. male circumcision in Kenya. Poor roads and no PHCC in place

5. At district very much the individual health worker and leader abilities in social skills. At regional complete lack of guidance and actual roles and budget At national levels politics and grid At international level unfortunately arrogance and the attitude of we know better and short term politically visible approaches lead total wastage of vital resources

6. 1. Overlooking the hierarchy of communication 2. Lack of leading/managing skills among team leaders

7. Well, I answer this question by giving a real world example from my experience. I started working in a rural government health care facility right after graduation. After working there for almost one year, I decided to quit my job seeking a better and satisfying working environment. The following were the major reasons to quit my job: 1) Political interference at the district health office: Many of the top-level officials in the district where I was working were appointed simply because they were loyal to the ruling-party, without competent knowledge and exposure in leadership. I strongly believe that the ruling party can produce policies and strategies, but appointing less competent people (simply b/c they are "loyal") doesn't make sense at all. These people are known for producing highly-inflated figures in their reports, which are "partly fake." A very practical illustration for this is the following. The district health officials received an ambitious plan from the higher officials to construct latrines for each household. They forced us (all the health care providers) to stop working at the health center and go to the villages for latrine construction. I was really upset by that. Finally, they produced a fake report and reported it to the higher level. 2) Less satisfactory in terms of promotion, career development, and job satisfaction. The health facility where I was working was poorly staffed, less equipped (no enough medicines and no adequate equipment), and no incentives at all. As a result, I started looking babies dying of treatable diseases such as pneumonia while they were on the way to a higher level referral. This made me upset more and caused on me less job satisfaction. I finally decided to quit. 3) Less organized and poorly supported health care system: The record keeping, reporting and planning were all done in a very traditional way. 4) High staff turnover 5) etc...

8. Factors that frustrate the governance system include the choice of individuals appointed to be on Boards. Some are for tokenism while others are too busy to provide the required input on the Board while others do not have the passion to serve the organization especially in this era where there is little or no money for sitting allowances.

9. Good governance depends on having a well-informed board with no "vested" interests; that is, each board member must put the good of the organization over the specific interests of his/her constituency. With many district hospitals in the U.S., board members are elected from the community at large that surrounds the hospital. Many of these board members do not bring the appropriate experience needed to function at a high level, as a team, to support the chief executive and to make the types of decisions necessary to advance the hospital’s ability to care for the sick and to improve the community's health. A district hospital in northern San Diego County went through a "hostile" takeover by less than a quorum of the board, fired the CEO and many of the executive team, fired the law firm that represented the hospital, installed a favored person to run the hospital, and caused significant disruption to the hospital staff and the community that continues to this day.
10. The core factor that undermines good governance is the lack of core belief of the governing body in its mission or duty. This may have many causes but the failure of a governing body can be laid at the feet of its members. The structure and rules of the governing body may often the target of blame but the fault lies with the governing body's failure to correct these issues. The lack of a common culture of the members to serve the governed is most often at the heart of governance failure. One of the most oft cited examples of such failure is the presence of graft within the governing body. In this situation graft is defined as the taking of assets by members of the governing body for personal gain. Every governing body in modern society should serve the people and should be structured to prevent personal aggrandizement.

11. Lack of delegations with resources. Political interference.

12. The issue of jurisdiction and autonomy of the work of those who work in the district or provincial systems as well as their integration and reliance on directives from the center of power. Governance from provincial area have no power and financial resources to help some health or pharmaceuticals company. Serbia's long-established pharmaceutical companies, which produce the majority of medicines consumed in the country, are going through profound financial and operational crises, but there is no Government assessment regarding country needs and consequent policy on how we are going to structure our drug production, how many companies we need in some area and how to help to organize production according to country needs and some particular area needs.

13. unclear authority for the district health system incapable staff deployed posts local or national level political will/competing priority

14. Governance will be challenging at the decentralized levels if there are disconnect with human, financial and material local resource as well as with local authorities perspectives.

15. Lack of policy and guidelines and knowledge of existing policies and guidelines In Ethiopia, I conducted a study on the decentralization process of the health system. I found that although there are so many enabling policies and guidelines managers at all levels did not have sufficient knowledge of those guidelines. That denied the health system of benefiting the process

16. Corrupt leaders at provincial health system level.

17. Politics, politics and politics. Greed and graft and corruption and politics

18. one of the major factors that have frustrated governance working well in the district or provincial health systems is poor facilitation of health workers from the top to the lower cadres. This has made health leaders at the district, leaders at district referral hospitals and other lower health centers to engage in private practice which is more lucrative in order to enhance their incomes. The government owned facilities have now become second priority and health workers are like doing part time creating a lot of absenteeism. A good example of this is Uganda where the president has had to create a special desk or department in the president’s office called the Medicines monitoring Unit headed by one Dr Diana Atwine. This unit has arrested many health workers or private practitioners with drugs and medical supplies meant for government health
facilities. They have also done random visits to rural and upcountry health facilities and found the in charge of the facility AWOL.

19. See # 1 and in Florida the Sunshine and Public Records laws. Publicly elected Board members with no requirements other than live in a voting district.

20. Lack of decision making authority over resources. Being the one to return from a training to the "home" worksite, and to find that everyone else is resistant to change. Later having the enthusiasm 'fizzle" as a result. An approach that builds networks across organizations or teams can help sustain the energy and support.

21. Too many competing donor programmes with different priorities unaligned with local need Minor decisions being reserved for remote and centralised officials Lack of regular communication between levels

22. Bureaucracy - How people who rose through those same District ranks but now from their "air conditioned corner offices" quickly forget all the things they wished the "top dogs" 'stuck to pure common sense' about. From as simple as being required to produce a stamped receipt from a tax registered field kiosk 300km into nowhere in on a field visit, to lack of provision of basic access to keep in touch with the latest developments in health approaches. And as the Supervisor of your own team your are then expected without fail to effect this on the team below you - "you are not paid to think" style.

23. I have realized that when people go to district hospitals or health centres and lack medicines despite the premiums paid and obliged to pay their out pocket money in private sector (pharmacy, dispensaries, clinics) is somehow frustrating. It also happen those governments fail to reimburse the district hospitals which impede the supply chain of health commodities. It is furthermore frustrating to see people who cannot be accessible to health services due to lack of health insurance due to inability to afford the premiums demanded by companies prior registration. Poor working conditions and poor salary are very frustrating as most of health workers leave the district hospitals to referral hospitals especially skilled human resources for health.

24. Health governance approach in Ghana follows a bureaucratic/political model with the state having the prime responsible for the establishment and operations of governing structures at the district and provincial levels. Health managers at these levels report administratively to the political leadership at that level but technically are responsible to the provincial health services in the case of the district and to the Ministry of Health/Ghana Health Services headquarters in the case of the province. There are Advisory Boards at these levels to play advisory role to support the managers at these levels. These Boards are to reflect community level involvement. It is worth noting that there are powerful labour unions also that help shape health governance at the district and provincial level. As public structures, funding at these levels largely depend on the central government and recruitment of professional staff is controlled centrally. The factors that frustrate governance at these levels relate to the kind of relationship that exists between the players at this level. Some of these factors include political interference, labour unrest, inadequate financing, inadequate human resources, poorly qualified personnel, poor communication, local community conflicts that disrupt health delivery, and weak health information system. Two areas worth expanding on are the political interference and labour
unrest. The dual reporting system sometimes creates difficulties for health managers at the local level. Provincial and District Political Authorities have demanded the removal of health managers to be replaced by personnel who they deem to be sympathetic to their political divide. Though the Ministry of Health/Ghana health Service has instituted recruitment process based on competence, the demand sometimes gets the sympathy of the appointing authority. Such interference lowers staff moral and sometimes productivity. Health programmes such as guinea worm eradication and expanded programmes on immunization have been affected in some districts where such interference have occurred before. Labour Unions in a third world country like Ghana primarily fight for better working conditions for their members. Every year Unions engage with governments in so far as there is economic instability. They sometimes resort to strike actions with total withdrawal of services when there is no resolution to the disputes. With or without strikes, once there is always the possibility of the interruption of work schedules, governance is affected especially at the district level where the resolution of such disputes is outside their control. Some of the MDGs such as maternal mortality have been affected because of the withdrawal of services within hospitals for which hospital management have no control.

25. Donors’ projects, ear-marked funds, separate M&E systems overtake and overwhelm local systems/governance for health. In a number of countries I have observed, provincial health systems are frustrated/undermined with unclear roles, inadequate staffing and means to provide an effective link between district and central levels.

26. This common issue stretches across all the questions but I will enter it here. A standard practice in developing countries is for the few medically trained nationals to be posted to provincial services shortly after graduation where they are given the role of provincial health director or deputy, essentially because they are the only medical graduates. Their prime love is generally to treat people and do something to improve the health of the population. But they find that they have all these other responsibilities hoisted on them. Moreover, they have not had training to take on the role. They struggle to work out how to do this new role well, because they are very committed, and frequently devote a lot of attention to administrative tasks that are assigned to them because "they are the senior officer responsible". Regardless of how well they do their administrative work, it is generally at the cost of them spending time on their clinical load. Invariably they become dispirited and frustrated, contributing to them wanting to move on and hence a vicious cycle of inadequate clinical services continues. It helps if they are given mentoring as to how they can fulfill the provincial health director role, or at least a senior management role, without getting drawn down into "administrivia", at using their clinical knowledge for strategic planning and oversight without taking time away from actually providing clinical services, at delegating the practical management tasks that are time consuming, (like HRM), and for which they are not trained in a way they ensures the tasks will be done - (ie delegation, not abrogation), at feeling confident in higher level management tasks without feeling that they need to master accounting etc., at working so they do not burn out. How to design simple, effective reporting systems, formats that will not be burdensome on the reporters or those receiving the reports, but still focused on the "vital signs". These are the practical things that a handbook can help with - a simple set of ready references that busy clinical managers can refer to - not lengthy, but still at a credible, professional level.

27. Factors *Divergent goals *Competing agendas *Lack of understanding of the health system Although the health board makes all decisions, the health system board members are elected
official who have little or no knowledge of health care delivery system and have little interest in learning resulting in antiquated systems, no clear mission or goals and complacency in decision making. The focus is placed on making politically correct decisions that will lead to being re-elected.

28. International Funding Agencies’ rules and regulations.

29. The influence of politics or political agendas is a constant frustration. There is tremendous disparity in this regard when it comes to private and public health care organizations. This is further influenced by the structure of medicine in a country. It is true that social systems of medicine are vastly different than quasi-governmental, free-market or hybrid systems of health care delivery. The common denominator in all of these equations is the role of government and therefore the role of governance in varying healthcare delivery models. It is also highly dependent on what a person’s definition of "working well" means. Does working well mean that a patient receives the right care, at the right time, in the right place and at the right cost? Or, does it mean the most efficient and cost effective form of health care delivery across a large and geographically dispersed population base of varied socioeconomic and cultural backgrounds? What is the ethnic culture of the population? In worldwide healthcare this is a significant determinant of acceptable cultural norms when it comes the healthcare delivery and therefore governance.

30. 1. Unplanned decentralization (Ex. Indonesia) 2. Lack of supervision capacity (Ex. almost everywhere), or mandate (Ex. Indonesia) 3. Local governments have varying levels of capacity, so policies and programs vary in their impact. And - it is difficult for the health sector to improve local governance, especially since "one size does not fit all."

31. One government dispensary (Kwamndolwa korogwe tanga Tanzania) was found to have not yet spent any revenues collected in the last 6 months. Neither was there a budget plan showing how the funds would be spent. It was stressed that delays in getting budget approval by the DMO in relation to user-fee revenues requested have somehow demoralized user-fee revenue collectors at the health facility and members of health-facility committees source: User charges in public health facilities in Tanzania: effect on revenues, quality of services and people’s health-seeking behaviour for malaria illnesses in Korogwe district NMIR research paper

32. Self-selection, co-opting of governing board members by management, lack of independence, the presence of internal conflicts of interest, financial entanglements, lack of knowledge concerning the role of governance. Of these perhaps the greatest is the ability of entrenched management to completely co-opt the governing body through either financial or egocentric means. The governing Board of a very prestigious Miami Medical Center largely through the establishment of conflicts of interest and egocentric appointments. For profit facilities in Malaysia and surrounding nations in which governance is essentially ineffective due to the selection of members by existing management personal and those on the board with conflicts of interest in need of protecting.

33. One of the factors that I have seen frustrate governance working well in Malawi is when the structure within the government is not supported by adequate resources and there is a situation of authority, but insufficient responsibility. For example, we have zonal offices that are intended to supervise and oversee the work of the districts, but the zones lack staff and resources and
even if they desire to fulfill their role, they are unable to do so. A similar situation applies to the decentralization of the responsibility of managing human resources. This is a highly centralized function in Malawi. The District Health Officer (DHO) is supposed to be responsible for results and performance in his/her district and yet the DHO does not have the authority to hire, fire or discipline personnel. In both cases, the responsibilities exist on paper, but the authority is not there, either due to resources or the structure.

34. When people go for treatment most of the medicines are not available.

35. There are two key factors which frustrate local health providers... an under supply of trained health workers (and all the things that go with that, salaries paid on time, supervision, refresher courses, etc.) and stock-outs which hobble services.

36. Lack of clarity about accountability arrangements and competing priorities. Poor resource investment (i.e. only seen as unnecessary overhead rather than appropriate focus on a system to benefit patients. Numerous governance failures in UK - Mid Staffs, Winterbourne View, pediatric cardiology

37. corruption lack of man power poor research poor working relationship with the community

38. Staff motivation while one is learning a hospital in remote area Recovery system not working well especially when health insurances are not paying properly and on time, but a the same time one doesn't have money for purchasing medications.

39. Dominance of Board deliberations by CEO and other senior managers. Most information flow is one-way, to the Board, with little opportunity for real Board input.

40. Interference from politicians. Customs.

41. Governance at district and provincial level in sector is not playing positive role due to this problem people are suffering and they are not getting the real benefits of health services. At BHU level there is no doctor on duty shortage of medicines is another issue people are scurrying for proper treatment but doctors and medicines are not available.

42. Political influence: Politicians taking advantage of the system because they are in power by demanding preferential treatment abroad. and corruption where medical contracts are offered to non-qualified service providers at exorbitant prices for kickbacks and nothing is done to remedy the situation

43. 1-Availability of well trained staff. 2-Tha design of the health system. 3-The financial resources availability. 4-The level of Education of people. 5-Integration with other sectors (Education, Media, Information, Leaders ...).

44. Bad Politicians Community apathy and lack of education and knowledge Poverty and corruption are back to back factors

45. Political pressure forces weak players into governing positions
Q4. What actions in your experience have helped improve the governance of a health system or health service delivery organization? Illustrate with an example or two.

1. 1) periodic training and capacity building of governance members, along with periodic renewal of membership 2) expanding membership to include user/beneficiary representatives 3) establishing and carrying out active oversight of the activities, including problem identification with implementers and tracking of solution/actions 4) use of data and results information, as well as health data to discuss performance, needs, status, etc., rather than a more impressionistic style of governance 5) using a secretariat or support staff that acts as an information clearing house, logistics support, but does not control or block decision making 6) having a small but adequate budget to support governance activities without creating financial incentives to participate 7) recognition of the governance body by high level authorities, demonstration of political support for governance

2. Established criteria for board membership, including skills sets needed by the board
   Board education about the organization and the environment it operates in
   Board familiarity with its consumers
   Clear delineation of board and management roles
   Education about the role and responsibility of government
   Strong committees

3. There must be clear communication strategies in place. The expectations must be made clear with instruments laid out to obtain the expected results at all levels of the health system.

4. Strategic partnerships with communities, through working with trained and paid community health workers. In Ethiopia and Rwanda, the community health workers are folded into the public health governance system and compensated accordingly. This demonstrates the value that governments place on communities, and their ability to contribute in a meaningful way worth paying for. A perfect example is mothers-2-mothers mentor program that was invented in South Africa, and works with HIV+ mothers to support other new HIV+ mothers.

5. Performance-based management in Rwanda or South Africa, where public score cards demonstrate performance at provincial and district level, and so puts pressure on low-performing entities. These challenges frequently lead to friendly competition that engages communities across the board to become vested partners.- Advocate for health budget - advocate for policies that can improve health services

6. 1) Positive attitudes at all levels 2) Training in management and proper support supervision by a senior who actually understands the issues and is willing to take other people's concerns into account 3) Realistic devolution of power 4) “Involving” the people concerned or affected.

7. I lived in my experience unanimous improved governance of the health system after training LDP headquarters and some regional and departmental directors. The choice of the challenge for a group was "How to improve the timeliness and completeness of the data transmitted to the Central Information Branch" They started to search and find all the decrees creating these entities. They searched all the obstacles and root causes of these obstacles. They then identified and plan activities for the améliorions strategic information. The arrêtés were sent to all regional and departmental directors, it was the TDR their mission. At a meeting of all DR and DD,
the Director-General of Health to remind them of their role in the collection and transmission of strategic information. The results have been impressive since six months later it had increased from 45% to 80% of DD who passed on their information correctly. We believe such training is likely to help strengthen the health system.


9. Orientation of Board members on their roles and responsibilities and getting their understanding to serve the system is key to improving the governance system.

10. Governance of any sort requires the acquiescence of the governed and the establishment of laws or rules that create confidence among the governed that their best interests are being placed above the personal interests of the governing body. Attaining this goal requires the creation of a common culture or set of core beliefs that underpin the society or organization. In healthcare, this will usually center on a belief that good health for the community is the common goal. The organizational mission should reflect this in some way. Once the core mission is established then it is of paramount importance that the governing body abide by this mission and create a governance/management structure that perpetuates this mission by putting in place comprehensive checks and balances to support the mission throughout the organization.


12. The most important is to have right people on the right places. We had situation that poor results of the assessment of Serbian health system performance led to intensively negative reaction of the last Health officials and situation when new one want to improve system according to given instruction

13. Having clear health system organization with clearly defined responsibility 'properly' staffed posts having 'good' political leverage etc.

14. Close monitoring and support to health managers at all levels in some parts of Ethiopia decentralization of the health system resulted huge gains in terms of population health status and organization of the health programs. This was largely related to good governance

15. Choosing the right, skillful and honest human resources for health particularly in senior positions

16. Setting up standards of care for accreditation of health facilities ensure quality services Setting-up Dashboards and operations monitoring assure availability of information for planning and budgeting

17. Education from third parties like the Governance Institute and other governance consultants to help Board members better understand their roles and responsibilities to their organization and their community. Frankly, some just do not know how to be effective Board members and/or have never served in this role. Also, establish process where various Boards can collaborate with best practices.
18. One on one coaching of executive level staff has been very effective. Systematic approaches that set concrete goals and build in follow up technical assistance - this increases the accountability for moving forward within a set timeframe. Working at an organizational and individual level simultaneously allows for increased buy-in and a sense of purpose.

19. A transparent schedule of delegation. All staff having job descriptions showing their accountability and levels of authority Devolution of some budgets (where economies of scale are not a key issue) Improved communication between levels of management (e.g. regular cascade team briefing)

20. Notwithstanding, above barriers: 1. The individual HW's determination and focus to provide a health solution, somehow. So individual (as opposed to just technical) attributes and skills - including preparation in handling adversity and challenges. 2. Somehow setting up the organisation's system in such a way that there is space - even hopefully search and promotion - for these "survivor/performer" types. Often, this has seemed to work best when, while the big level [national/County policy type] efforts are going on equal energy is also being invested at the more day to day institutional or individual health unit/team level with a mind set of "it's OK to limit our objectives, let's just fix what is within our reach rather than wait forever." Places that I have seen both of these examples work most clearly is in recently unstable countries or regions still trying to find their feet with still little formed government, and where when you are posted [especially to the District] "you are basically on your own" to 'please try and save your people'. That I've observed the same issues and helps

21. In my experience, what has helped improve the governance of a health system is to increase the budget allocated to the ministry of health and increase the number of people who have health insurances. In my country, people were used to purchase themselves mosquito nets due to ignorance and lack of money and when government supplied them to the population we saw a steady decrease of malaria. This goes the same with the government support of anti-retro-viral therapy which resulted not only in high adherence to treatment but also in life expectancy of Rwandan population.

22. I have always been very impressed with the Quality Assurance project (URC) which facilitates and supports local-level problem identification and resolution. Niger Tahoua Region was a first-hand example I had the privilege to observe. I have seen how local-level health committees can provide a true counterforce to the health system/local health facility and ensure accountability of services and health decision-making of the entire system. Benin's COGES in the late 90s/early 2000s is a good example, although in the meantime some of them have been coopted into the system. Also in Benin, the establishment of an autonomous entity for the purchase of essential generic drugs, contracted with the MoH, greatly improved the transparency and governance of drugs procurement and distribution. Important features of this model were: representatives of COGES on the Board of this procurement agency; and the recruitment of staff on a purely competitive basis versus the appointment of civil servants who were not necessarily well qualified or transparent in their actions.

23. Writing business plans.

24. Engaging and involving all players in the development and introduction of a new health system is vitally important to ensure ownership, use, and impact of a new or revised health system. This
includes, most importantly, allowing for all voices to be heard and listening to these voices at all stages of creating, introducing and in the early stages of using the system. If these steps are followed, smooth governance of the system is certain to follow. MSH's involvement in the creation and introduction of the National Health Management Information System in Afghanistan during the REACH program is an excellent example of success in this area.

25. Global health services and approaches.

26. A diverse board with different types of expertise, mix of local and geographically external people, efficient meetings with well-run committees and consent agenda, sufficient prior notice to prepare for meeting, understanding difference between governance and management, long range view in terms of both community and time.

27. There are many things that can be done to improve governance of healthcare organizations. There are a couple of standout issues though that critical to the governance success in healthcare. First, careful board succession planning is becoming increasingly critical to the success of any governance model and ultimately the organization. Second, a well-defined education and mentoring process for current and future board members. It is all too often that individuals on healthcare boards come with the "been there...done that" attitude only to find themselves knee deep in muck they don't understand and want to get out of right away. Healthcare is an extremely complex and daunting environment that few who work outside of it can truly appreciate. Healthcare governance leaders of tomorrow need not be clinicians but they need to be voracious learners and knowledge seekers who are willing to seek broad counsel and guide the organization in the right strategic direction. They must be visionary individuals who can see past the tyranny of the now and focus on doing what is right for the health of people in the long-term. They also must be willing and have the ability to devote significant amounts of time to guide the organization along its' visionary path.

28. 1. Strong research and evaluation capacity. 2. Structure for collaboration between stakeholders 3. A commitment to strategic planning (looking back at what worked, looking ahead to what is needed, defining short and long term goals. 4. Advocacy to develop and maintain political support for addressing health issues. 5. When donors communicate, it leverages their impact.

29. Several thoughts: Consider active tours by board members of new programs and/or technologies, facilities. The more familiar they are with these the more "ownership" they take. I have long believed but failed to implement orientation and re-orientation programs where board members and others (physicians?) are required for a brief time to get in patient garb and lie in a bed for a specific service (e.g. lab, x-ray, etc.). We tend to forget over time what this feels like and how dehumanizing it can be.

30. The public health sector has two main sources of resources: domestic or internal and external resources. External resources are channeled to the health sector in three forms: the general budget support, health basket funding, and direct programme or project support. As complements to the sources of finance for the health sector, there exist the National Health Insurance Fund (NHIF) and community contributions in the form of prepayment schemes and direct fees in service delivery points. However, evidence over time shows that though important at the service delivery point, complementary financing in Tanzania is just a marginal proportion of the total public health sector financing. Apart from the subventions received from the central
government, councils generate their incomes from various local sources and set aside some funds for the health sector. Source: HEALTH SECTOR PERFORMANCE PROFILE REPORT 2010 UPDATE

31. Very strong externally imposed conflict of interest provisions and the design of a mechanism to assure that such conflicts are not permitted to fester. Independence between the governing boards, information systems, and management. Rigorous and ongoing external auditing of both financial and patient care practices and outcomes. Insistence upon the development of organizations' goals addressing both community and national health care priorities. For example, while the Asian nations are experiencing smoking rates approaching 70% of all adult males, crushing rates of Diabetes and obesity, these issues are seldom made the focus of the health system or individual (isolated) licensed health delivery organizations. In summary: Governance of health care organizations must enjoy a significant degree of independence from managerial influence in order to be truly effective. Managerial influence is easy to achieve in nearly any setting including the US. Without such independence, "governance" is simply window dressing and cannot truly serve the population.

32. When most of the organizations get funds from donors to buy necessary facilities.

33. Political will...both from the policy side (Health Ministers) coupled with financial allocations (from Finance Ministers). When you have those in place...wow...look out! Check out the countries where maternal mortality has declined...

34. Sharing good practice, practical examples, visits to well-performing systems. Clear external expectations from external bodies such as funders, regulators. External scrutiny - ie UK Monitor Good practice guides - ie NHS Leadership Academy Healthy Board toolkit Trained staff - leadership development and Company Secretaries Accreditation - UK Care Quality Commission

35. We put needs on the table seek solutions after working with the community.

36. Team work was the most element improving the governance of a health system. Whenever we sit down with my time, we manage to find a solution: Ex. We do every year a retreat whereby annual action plan and other concerns are discussed by high authorities of the Hospital. This have been helpful.

37. Information systems that give Boards just the right amount of information, avoiding tendency toward micro-management while supporting Board's oversight role and ability to provide strategic direction. Other tools that let Boards explore strategic alternatives.

38. Health education. Community involvement from planning to execution.

39. Following actions can improve the governance in health system: - Appointment of staff should be on merit - Proper capacity building of staff should be carry out on regular bases - Minimize the influence of political parties - local level leadership should be empower.

40. The political degree should be supportive and make the health as priority in their agenda. The independent of financial support for health -
41. Strengthening the governance of a health system or health service delivery organization. The purpose is to improve coordination, collaboration, productivity through performance and appropriate behaviors. This entails: • System wide planned change • Targeting human and the social processes; mainly intended to build capacity to adapt and renew organisations Actions to be taken 1. Needs Assessment of the system/organisation involving: a) Internal Environment b) External Environment a) Assessment of the internal environment aimed to determine its effective and sustainability over time • Understudy the vision, the values and Mission - (these usually derive from the people within the organisation; and - shapes all components of organisational development • Understudy other components of the organisation e.g. - Governance - Strategic thinking and planning - Programme development and implementation - Evaluation, Learning and accountability - Human Resource Management - Organizational Culture - Management Systems and Structures - Legal Compliance, Fiscal Management and Public Accountability - Resource Development - Constituent Relationships - Collaboration with other communities around it b) The analysis of the external environment should include: • Stakeholder analysis – Power/influence matrix • Market analysis - the current role of M&E, perceptions of people about M&E, - what data are collected and collated, - how the data are collected and transmitted, - what platforms are used; - how harmonized are the indicators within the platforms - do the indicators speak to each other • M&E systems SWOT analysis to identify strengths the weaknesses, the opportunities within the system, and the threat’s to the systems • A quick risk analysis (if need be) Careful attention should be given to two major sets of contingencies that may affect intervention success: a) Those relating to the change situation and b) Those relating to the target of change Those relating to the change situation such as: • Individual or group differences ( Need for autonomy) • Organizational factors (Management style and technical uncertainty • Dimensions of change process itself (Degree of top management support) • Organization’s readiness for change • Organization’s capability to change • Cultural context (Cultural values and assumptions held by members) • Capabilities of the change agent (When a mismatch is discovered, practitioners can explore - whether the intervention can be modified to fit their talents better, - whether another intervention more suited to their skills can satisfy the organization’s needs, or - whether they should enlist the assistance of another change agent who can guide the process more effectively Those relating to the target of change (Specific features or parts of the organization) include organizational issues and level of the organization at which change is to occur 2. Support to the change process In doing this, support must be provided to the system/organisation to understudy the processes and practices concerning: • Strategic issues - The need to decide what services provide and how to relate to their environments and how to transform themselves to keep pace with changing conditions. • Technological and structural issues – the need to decide how to divide work into departments and then how to coordinate among those departments to support strategic directions; and to make decisions about how to deliver services and how to link people to tasks. • Human resources issues- attracting competent people to the organization, setting goals for them, appraising and rewarding their performance, and ensuring that they develop their careers and manage stress. • Human process issues (such as team building and conflict resolution) - These issues have to do with social processes occurring among organization members, such as communication, decision making, leadership, and group dynamics. The responsibilities of decision-making should shift from being a task designated to managers to one that all the employees share. • Change must primarily occur in groups in order to make a difference in the culture, because teams make up an organisation. Groups within an organization must have a clear understanding about its purpose, mission and goals, as well as the purpose and organization of the company’s structure. In order to create change and promote open
communication, • An organization must have a culture of mutual trust. • Managers cannot expect employees to trust them automatically. Instead, in order to breed trust, managers must first show employees that they are trusted. Instead of creating an environment focused on competition to help motivate employees, a company should focus on creating a culture focused on collaboration. • Collaborative conditions can help improve teamwork and communication, as well as help employees feel their contributions are important. When a company invests in its employees, employees will invest their time and talents back into the company. • In addition to monitoring goals, providing feedback and reinforcing positive employee activities, organizations should also work toward developing the skills of their employees and enhancing their sense of well-being. Such investments can include educational opportunities, providing employee benefits and providing the support and tools needed to accomplish work efficiently. When working toward a goal, it is important for a company to understand that the responsibility of achieving goals falls on all levels of the organization, not just managerial strategies. Therefore, the organization as a whole, individual departments and employees must evaluate their activities against set goals. Employees will support what they help build. • In order to create change, all employees should have opportunities to participate actively in the decisions and achievements of their employer. • Doing so will help create a sense of ownership and loyalty in employees and help them to embrace change. Strategic interventions sometimes are necessary to create change within a company and its relationship with the external environment such as reestablishing relationships with relevant stakeholders in the environment. Please, note that the illustration with examples could not accompany this write up because of the time I require to explain any since they are numerous. However, I can be reached with the details provided.

42. 1. Information shared with public, 2. Feedback received from community 3. Community involved in planning and monitoring

43. Please integrate information about the law and its relevance to governance in this book. I would be happy to write that part. Michele Forzley, JD, MPH Senior Scholar O’Neill Institute of National and Global Health Law Global Health Lawyer and Consultant

44. 1. Systematic analysis of the health system performance as the first step to introducing national health planning process that involves all stakeholders 2. Improving the national health information system, including the cost evaluation tools that govern decision making and allocative efficiency 3. Controlling the private sector to be a complimentary component of the national system 4. Expanding coverage and creating an affordable social health insurance system. The two models most relevant that I participated in are Kuwait national health planning and the US affordable health care act. Success in both cases was not ideal yet the four major actions above contributed to progress in reforming these systems, and any shortage resulted from failure in one or more of these actions.

45. Responsive Institutions Accountable Leaders Supportive followers

46. Transparency education of governing body members smart, ethical and self-confident managers that support board development
Spanish language responses

Q1: What are the real problems that occur in the global health system when the system of government is not well designed or implemented? Please provide an example or two.
- lack of preventive medicine that save costs
- Late palliative treatment that adversely affect the workforce of a country
- frustration on teams of people dedicated to health care in the villages

Q2: Could you give an example of the benefits of good governance in the performance of organizations providing health services?
- improvement in quality of life
- physicians and users satisfaction
- best performing country resources

Q3: What are the factors that you have observed frustrate the good governance of organizations in health systems in general or the district or provincial level? Please provide an example or two.
- desconocimiento
- bureaucracy
- lack of commitment

Improvisation in the appointment of staff and delegation of charges of managers and staff in charge of the strategic and operational direction and control of systems, networks and health units.
Additional high turnover of such personnel, that is removed abruptly, without planning, without duly organized handover process and time, really short and often critical.
These staff often named simply as share of power the party that takes power and has to compensate fans with work. In other cases, personal or family friends who seize the moment of the Ministers or Secretaries of Health and friendship or cronyism with them to get a high paying job and privileges, such as transportation, bodyguards, travel and many privileges.
This staff usually lacks any preparation and does not meet the most minimal profile to perform with quality, these charges, so it is useless effort on the fly, provide tools, techniques and support as coaching staff ... he does not care, seeking other interests such privileges, money, position, etc. and moreover is rotating coming and leaving office with an amazing speed in many cases. Sometimes it is usual to observe changes of Ministers, Directors and Heads 4 or 5 in a year ... something unacceptable to the development of an effective quality management, as required in networks and health services.

Q4: In your experience, what are the actions that have improved governance of organizations providing health services? Please provide an example or two.
- knowledge of the problem and its solutions
- resource management organiz
- participation of medical health teams in the election and recommendation of best methods and treatments pezquiza
- pezquiza TBC with organized plans
- pezquiza breast cancer
- education projects impulzar patients
French language responses

Q1: What are the real problems of the health system that occur if governance is not well designed or made? Thank you illustrate with an example or two.

The real problems are:
- Vision is not shared with as stakeholder behavior: indifference to the performance of the health system such as procurement and inventory management system or the quality of services offered to the population
- Duplication of resources or activities in the same populations

For example:
The strong centralization of decision by an officer and the lack of accountability leads partner organizations to evolve in isolation or operationalize their activities without consultation justifying duplication of activity
Poor governance in the management of funds resulting in insufficient involvement of health workers (health providers) management of funds allocated to health districts to ensure delivery of inputs in health facilities is one reason for boycotting of supplies, thereof in input with consequent indifference to out of stock tracers inputs

Governance as conceived in our health systems is measured in terms of effective management of financial resources and not in terms of combined and efficient management of human, financial and material resources to improve the health of populations.
For example, during the annual balance oneself with the capacity to absorb funds without making a connection with the satisfaction of users of health services by ensuring proper justification of the resources used.

Q2: Can you give an example of the benefit of good governance in the performance of organizations that provide health services?

The preference of people for organizations providing health services in relation to public health facilities and even private is an example of the benefit of good governance.

Good governance enables the team to be aware of the responsibility and motivates team members to do better to achieve the expected results, there is now a synergy of action to improve performance.

Q3: What factors did you see that they prevent the functioning of governance in health systems of the district or province or organizations? Thank you illustrate with an example or two.

The frantic search for money by some of its agents raises the issue of availability of staff in the health systems of the district or province. For example:

1 / - different training workshops and document production are opportunities for staff to desert the service for per diems;
2 / - sometimes even made his personal benefit in one or two private clinics and is less available in the public health facility for which there are hired and paid by the taxpayer.
Lack of competence in the field of management, planning and monitoring and evaluation, lack of leadership, lack of definition of institutionnelles results and the lack of performance-based assessment system.

Q4: In your experience what are the actions that they have helped to improve the governance of organizations that provide health services? Thank you illustrate with an example or two.

Leadership and managerial capabilities, which allowed mobiliser of all team members around the corporate results

Trust and delegation of tasks accompanied by the transfer of resources to those who can do better improved governance of organizations that provide health services. For example:

HIV counseling and condom promotion by organizations of civil society have improved their governance based on results.