Stewardship of health systems

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Stewardship of health systems

- What is stewardship?
- How does it differ from governance?
- New concepts and models for stewardship, governance and regulation of mixed health systems
- experiences in high income countries.
What is stewardship?

• ‘Health Stewardship’ was central to the World Health Report 2000 ‘Health Systems: Improving Performance’. The report defines four key functions:

• providing services; generating the human and physical resources that make service delivery possible; raising and pooling the resources used to pay for health care; and, most critically, the function of stewardship – setting and enforcing the rules of the game and providing strategic direction for all the different actors involved.
What is stewardship?

• The careful and responsible management of the well-being of the population – stewardship – is the very essence of good government. The health of people is always a national priority: government responsibility for it is continuous and permanent.

• Stewardship is ultimately concerned with oversight of the entire system, avoiding myopia, tunnel vision and the turning of a blind eye to a system’s failings.

(Gro Harlem Brundtland, Geneva, June 2000)
6 health ministry activities for health system stewardship

1. they define a vision for health, and strategy and policies to achieve better health;
2. they exert influence across all sectors of government and advocate for better health;
3. they ensure good governance supporting the achievement of health system goals;
4. they ensure the alignment of the health system design with goals pursued;
5. they make use of legal, regulatory and policy instruments to steer health system performance; and
6. they collect, disseminate and apply appropriate health information and research evidence.

(The European Health Report 2009, WHO Europe)
Governance, Regulation, Management and Planning

• While stewardship is directed toward the health of a county’s population, governance is directed toward the operation of the health system.

• Planning, regulation and management all need to be governed, and each may in turn govern subsidiary fields of endeavour.

• Governance always involves a cascade from one structure to another to another. Ideas, policies and power flow through these cascades.
# Whole of system governance

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Whole of system governance

• Creating public value: ownership, return on investment, health stewardship.

• Strategy should be appropriate, feasible, sustainable and accountable; and most of all comprehensible.

• Risk governance: Hazards; financial, operating and organisational risks; and strategic risks.
concepts and models for stewardship, governance and regulation

• Governmentality
• Responsive regulation
• Networked governance
• Multilevel governance
Governmentality

• 3 modes of Governmentality: governmental rationality, or the mentality of government. (Foucault M. Security, territory and population. Palgrave MacMillan 2007)

• War: command and control, focussed on external security

• Welfarist mode of government: managerial, focussed on homeland security (Health, education, housing, social security).

• Neoliberalism: an economical approach to establishing self-governing spheres of civil endeavour
Responsive Regulation (Braithwaite)

- Ruinous powers
- Directives
- Review against requirements
- Self-regulation
- Quality Improvement
Networked Governance

• Regulators, boards, councils and ministries have overlapping jurisdictions.
• They need to recognise and work with each other
• With opportunism & creativity!
Multilevel governance

• Multilevel governance is a feature of federal systems (such as Australia, Indonesia, India, the US...) and international associations (such as the UN, WHO, ASEAN...)
• At its core, it moves functions and authority across jurisdictions.
• Because each jurisdiction has some level of sovereignty, multilevel governance arrangements generate continual negotiation
Multilevel governance

• Australia, as a federation, has evolved through three phases of federalism (Fenna):
  • Constitutional federalism – where some powers (not health!) were ceded by the states to the Commonwealth in the act of federation
  • Cooperative federalism – where overlapping jurisdictional interests (such as health) were cooperatively pursued.
  • Integrated federalism – where different levels of government take on varying but interdependent functions (eg Commonwealth financing and state operation of health services)
From systems thinking to negotiation in public policy

• Systems engineering is a big part of the health policy imagination, and can lead to concerns about the ungovernability of health

• Many things in health are too big to engineer in a planned way.

• Perhaps the biological system is the better metaphor: things will evolve (eg establish social health insurance, which will leaven the evolution of health services).

• Perhaps negotiation is the best governance mechanism to put in place for large projects.
A final thought: Navigation

• Henrik Vigh (2006) has suggested that social navigation is the movement within a social environment. ‘It represents the phenomenon of engaging in a terrain, which at the same time engages you, or, in a more kinetic perspective, moving within an element, which simultaneously moves you.’
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