Governance for Health

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Governance for Health - Outline

- Health system governance vs Global health governance
- Public and private concepts of governance
- Governance of mixed health systems in transition: key issues
“Where you sit determines where you stand...”

Public hospital network governance – Board of directors

Private health provider contracted to provide services funded by government – Board of Directors

Advising Ministers on “whole-of-government and “collaborative” governance:

NSW Ministerial Advisory Committee on Ageing

Ministerial advice - Mongolia – Oyu Tolgoi Planning for Health

“...governance refers to activities backed by shared goals that may or may not derive from legal and formally prescribed responsibilities and that do not necessarily rely on police powers to overcome defiance and attain compliance.”

“Health governance concerns the actions and means adopted by a society to organize itself in the promotion and protection of the health of its population.”
Moreover:


"The governance mechanism, in turn, can be situated at the local/subnational (e.g. district health authority), national (e.g. Ministry of Health), regional (e.g. Pan American Health Organization), international (e.g. World Health Organization) and...the global level. Furthermore, health governance can be public (e.g. national health service), private (e.g. International Federation of Pharmaceutical Manufacturers Association), or a combination of the two (e.g. Malaria for Medicines Venture)."

Conceptual Frameworks

- **Definition of governance 2:** WHO/EURO: Governance for Health in the 21st Century

**Collaborative governance:** “...governance is co-produced by a wide range of actors at the level of the state (e.g. ministries, parliaments, agencies, authorities, commissions), society (e.g. businesses, citizens, community groups, global media including networked social media, foundations) and supranationally (e.g. the European Union, the United Nations).”

**Note:** presumption that “governance” is always “produced”; it may be “good governance” or not. Discuss.

Essential elements of GHG include:
1. "deterritorialisation" of the definition and approach to promoting health, and
2. The consequent “need to address factors which cross, and even ignore, the geographical boundaries of the state."

*Is thus more concerned with:*

- Globalisation of health issues
- Trans-border problems, solutions and structures

*And requires cooperation among and between nations, and*

*Supra-national structures that define, monitor, promote and enable*
The 2 Conceptual Frameworks are distinct but not incompatible:

(Dodgson):

“The solution lies not in turning one’s back on globalization, but in learning how to manage it. In other words, there is a crying need for better **global governance** (emphasis added)....”

UN Deputy Secretary-General Louise Frechette (1998)

“...**global governance cannot replace the need for good governance in national societies**; in fact, in the absence of quality local governance, global and regional arrangements are bound to fail or will have only limited effectiveness. In a way, governance has to be built from the ground up and then linked back to the local conditions.”

Conceptual Frameworks

*Nossal focus: Global Health Governance, Governance for Health or both?*

Discuss
Public and private concepts of governance

**Critical differences:**

- **Public (Gov’t) organisations typically have accountability but not authority**
- **Private entities have both**
- **Public organisations operate in a politicised environment - implications**
- **Private organisations must comply with law and regulations; penalties.**
Governance for Health – Private Sector - Many Actors

Source: USAID SHOPS project led by Abt Associates (2010)
Governance for Health — Public Sector — “Whole of Government”

- Health
- Treasury/Finance
- Transport
- Housing
- Education
- Planning
- And more – see Mongolia case study
Governance of mixed health systems in transition: Issues

- Generally a lack of engagement (policy or technical level) – discrete governance
- Lack of cooperative/collaborative planning
- Duplication and gaps

*Failure to ‘harness’ constructively – but this is changing*
Common Approaches

- Minimal engagement (may include regulation).
- Tacit acceptance (interdependence)
- Policy discussions
- Pro-active planning
- Provision for specific private sector role (may include special regulation, PPPs); may define specific pop’n segments for private sector
- Collaboration on a population level (“Collaborative governance for health”)
Effective “Governance for Health” - Examples

Discuss