HEALTH SYSTEMS BUILDING BLOCKS SESSION 2- LEADERSHIP AND GOVERNANCE

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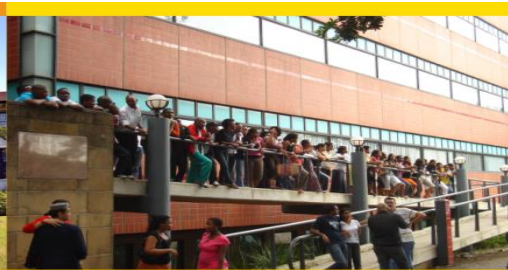
Outline of Presentation
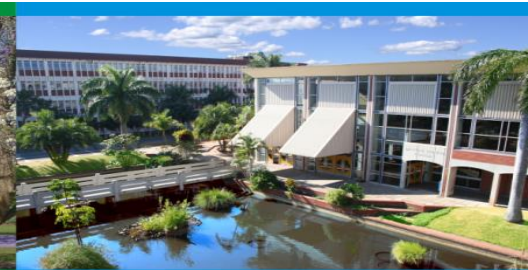
Leadership and Governence (Stewardship)

Definition

Components of stewardship

What is Stewardship?

- Important health system building block

- Ranks above the other building blocks

  - *the ultimate responsibility for the overall performance of a country's health system must always lie with government*

Definition of stewardship

- *"function of a government responsible for the welfare of the population, and concerned about the trust and legitimacy with which its activities are viewed by the citizenry" (1).*

- *It requires vision, intelligence and influence, primarily by the health ministry, which must oversee and guide the working and development of the nation's health actions on the government's behalf of its citizens*

What is wrong with stewardship today?

- *among the most bureaucratic*
- *least effectively managed institutions in the public sector.*
- *Health ministries often suffer from myopia*
- *Health ministries sometimes turn a blind eye*

General model for Stewardship
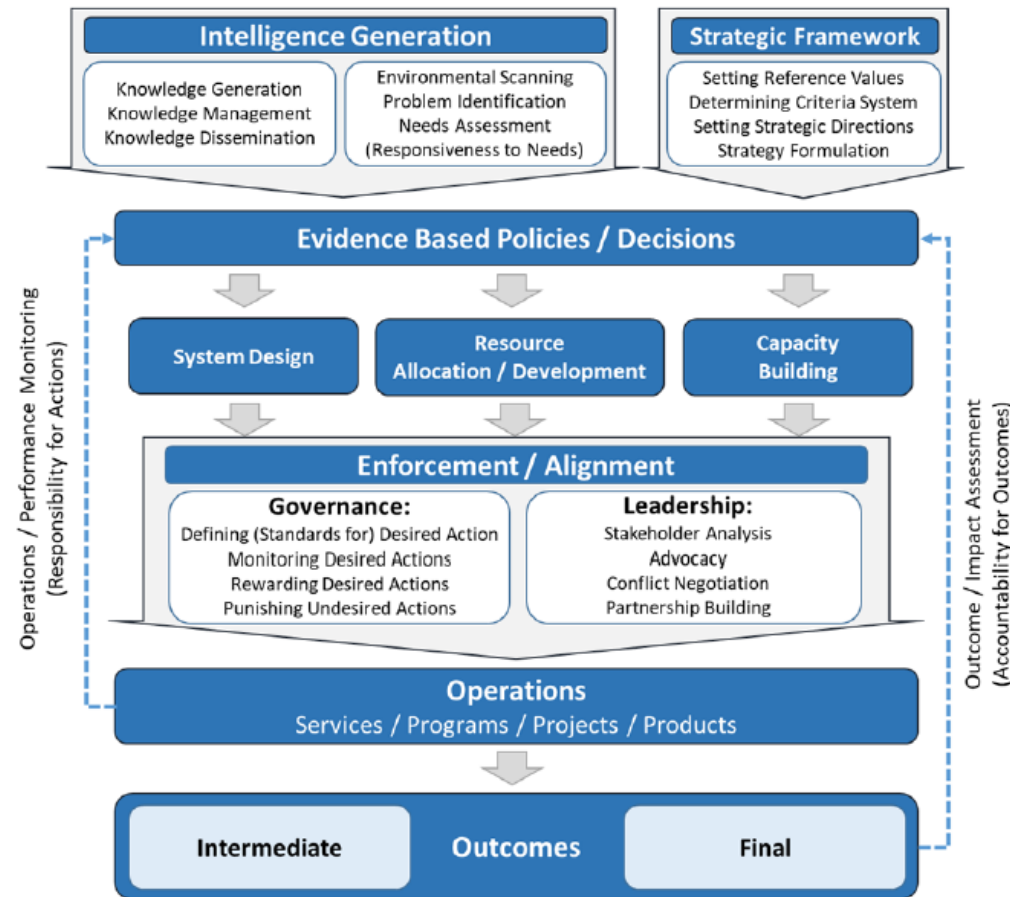
Stewardship and Health system

Stewardship function

Stewardship

- generating intelligence (information and evidence),
- formulating strategic policy direction
- incentives and sanctions
- building and sustaining partnerships
- fit between policy objectives and organizational structures and cultures
- ensuring accountability
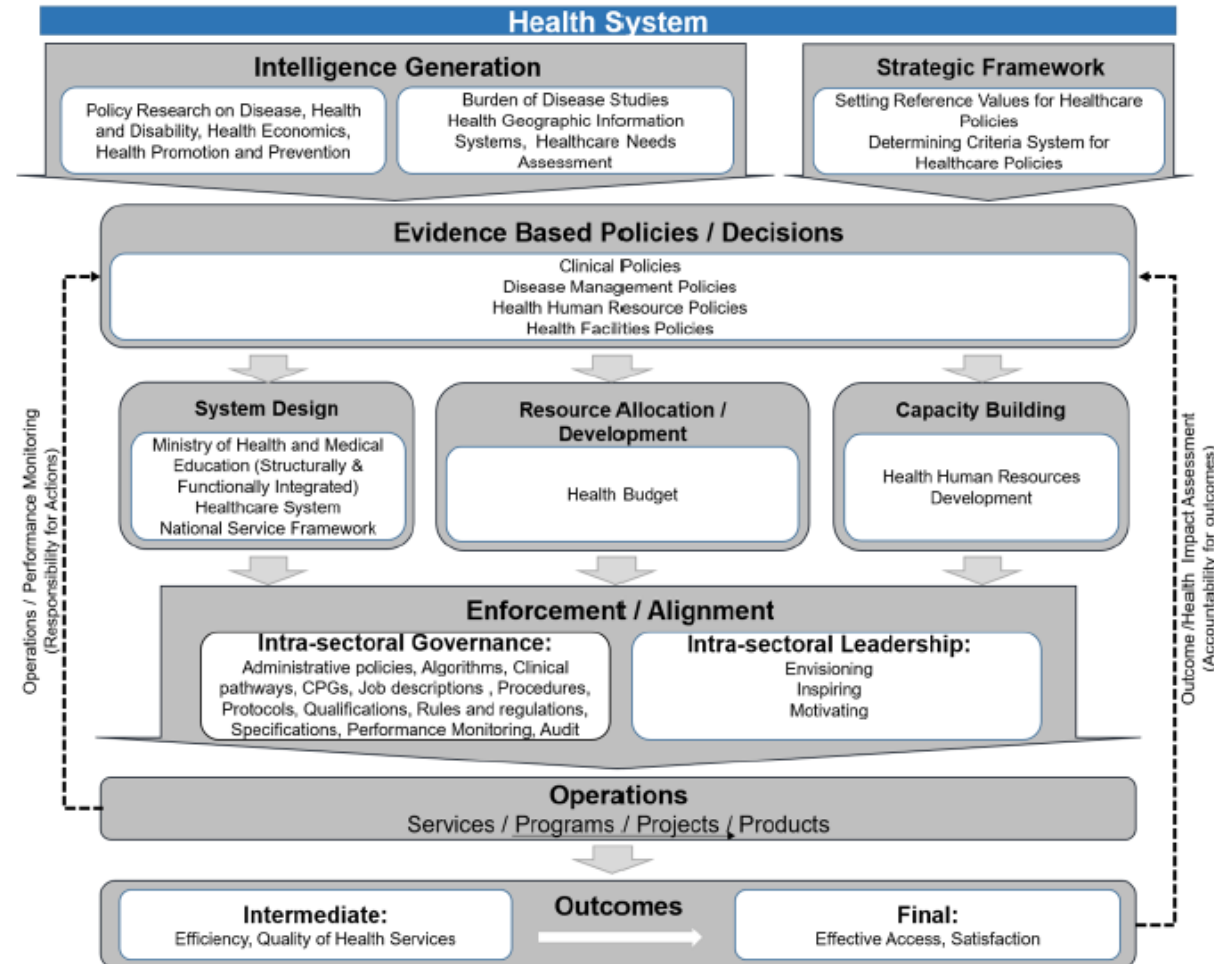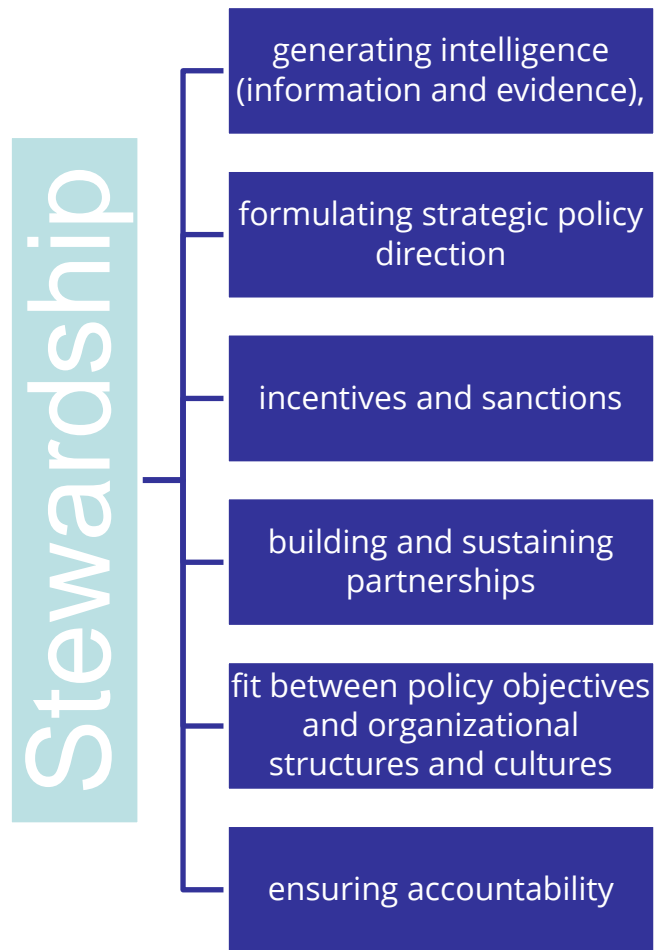
Common features in definition

- Government function,
- reflective of shared norms and values,
- ethically driven,
- focused on health system and population health outcomes,
- engaged in strategic health system design,
- embodying transparent and accountable decision making

Essential Public Health Functions
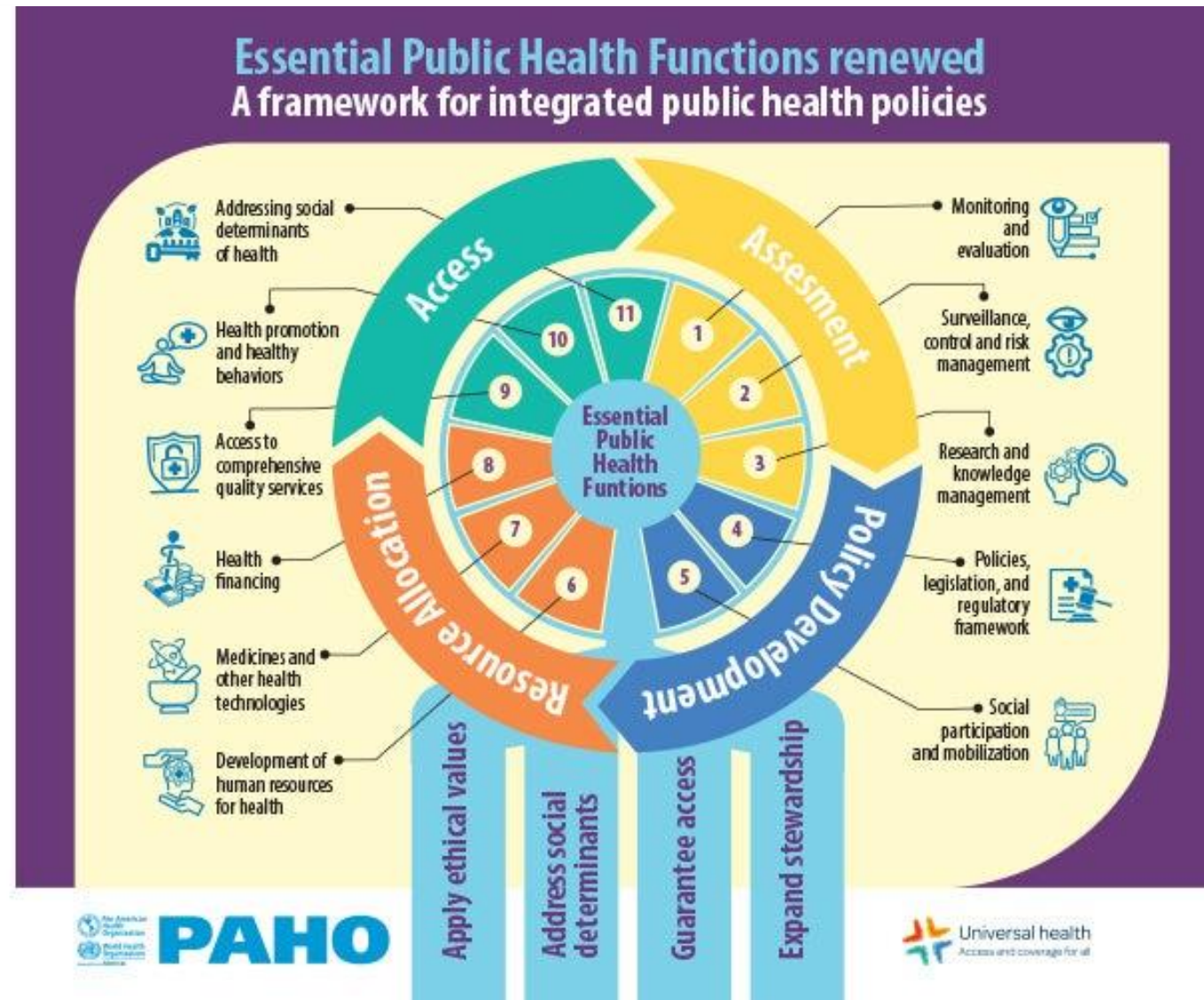
Stewardship function
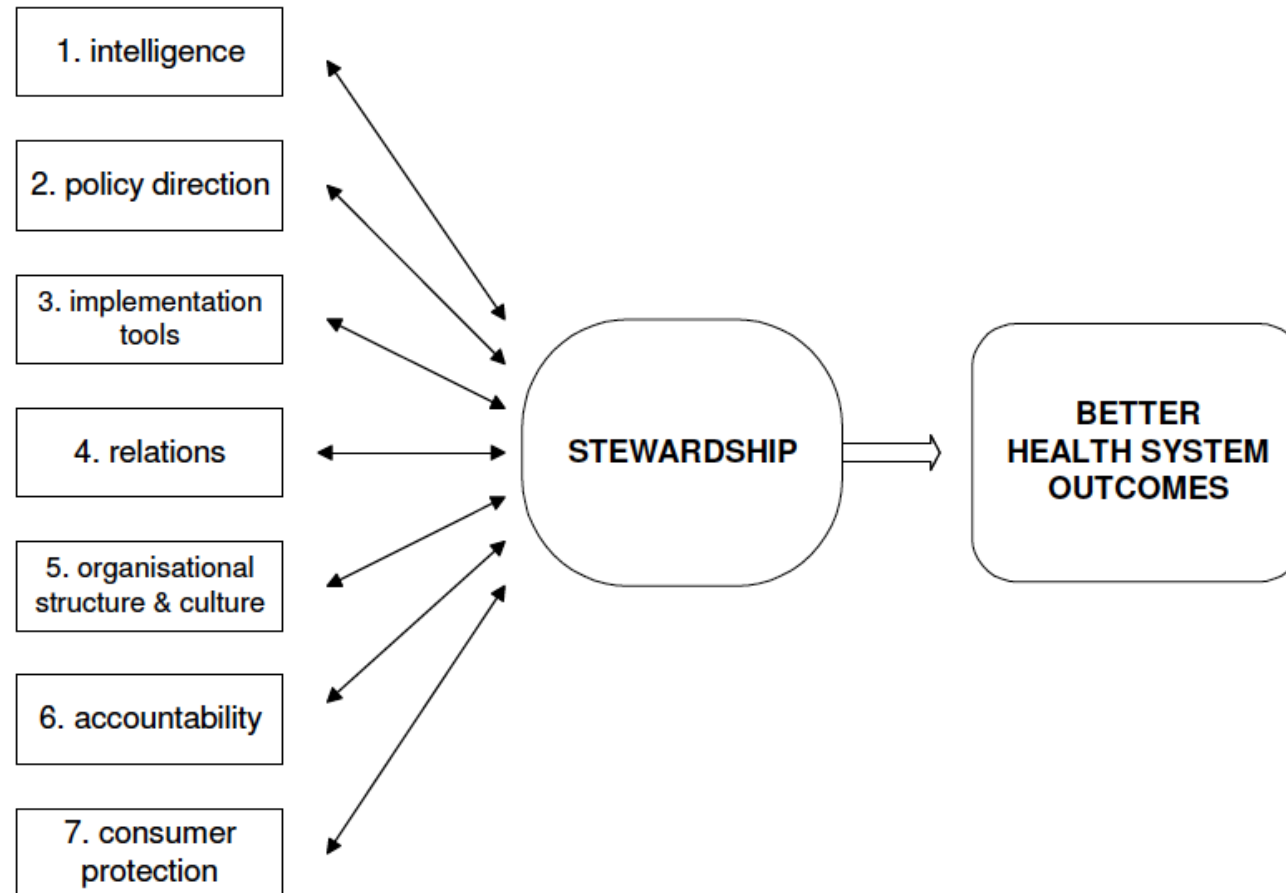
Generations of intelligence

- Stewards should have access and ensure that all health system actors have access, to reliable and up to- date information.

- Three broad categories are suggested:
  - Current and future trends in health and health system performance
  - Important contextual factors and actors
  - Possible policy options, based on national and international evidence and experience.

Strategic policy formulation

- *Key components are whether there is :*
  - *Articulation of health system goals and objectives*
  - *Clear definition of roles of public, private and voluntary actors in financing, provision, resource generation and stewardship functions*
  - *Identification of policy instruments and institutional arrangements required to achieve improvements in financing, provision, resource generation, stewardship and thus health system goals*

Strategic policy formulation

- *Outline of feasible strategies for making required changes*
- *Guidance for prioritising health expenditures, based on realistic resource and needs assessment ; including decisions or priorities for major capital investments and investments in HRD*
- *Outline of arrangements to monitor performance*

Ensuring tools for implementation

- *Powers, incentives and sanctions*
  - *exercising the powers to guide the behaviours of different actors.*
  - *Stewards have powers commensurate with their responsibilities and they are used properly*
  - *Stewards set and enforce rules, incentives and sanctions for actors involved in provision, financing and resource generation*
  - *They ensure that the rights and responsibilities of users and consumers are defined and mechanisms to protect consumers are fairly exercised.*

Building and sustaining relationships

- *(coalitions, partnerships)*
- *This is the second domain related to implementation capacity.*
- *The relationships can be characterised by their type, parties involved and purposes they serve.*
- *Types of partnerships vary along a spectrum of formality from loose affiliations to legally binding partnerships.*
- *They may be bilateral or multilateral.*

Building and sustaining relationships

- *The parties involved might include professional associations, patient and consumer groups, other Ministries, private enterprises involved in service delivery, organisations playing a role in resource generation like medical schools and the pharmaceutical industry, research foundations, national and local politicians, insurance funds, NGOs, ….*

Fit between policy objectives and organizational structure and culture

- *This is the third domain related to implementation capacity.*
- Components to consider are:
    - The extent to which organisational arrangements minimise overlap, undesirable duplication and fragmentation
    - Whether intended separation or integration of functions is reflected in organisational arrangements
    - Whether clear and operational lines of communication and reporting exists.

Policy Fit

- *The management culture within the system and the government's credibility in the eyes of other health actors will determine the effectiveness of stewards.*

- *Contributing factors to are:*
  - *Policy stability and institutional memory*
  - *A supportive management culture (fostering and communicating successful innovation and experiment, reducing patronage, rewarding good performance)*
  - *The quality of bureaucracy, institutional rigidity, irregular payment, competence of civil servants*
  - *Resources available to identify and built stewardship skills and management capacities to carry out responsibilities.*

Ensuring accountability

- It is stewardship responsibility to ensure that all health system actors are held accountable for their actions.
  - Other health system actors are held accountable to stewards as representatives of the population
  - Stewards themselves are held accountable to the population
- A wide variety of instruments, channels and mechanisms exist: political, bureaucratic, technical, financial, the media.

Information
- Lack of data on:
  - Types of services predominantly delivered by the private sector
  - Categories of patients seeking care in the private sector
  - Service quality, pricing, and equity
- Few incentives for public and private sectors to generate data and evidence
- No mechanisms for systematic data collection
- Little evidence on impact of various policy interventions that harness the private sector

1. Without good information on the composition of the private sector, it is difficult to develop a road map of priority actions to enhance health system stewardship.
2. With limited political will to promote health system stewardship, it is difficult to motivate the human and financial resources necessary to gather high-quality information on private financing and provision.

1. Limited capacity makes information gathering difficult because of a lack of skills, money, and incentives.
2. Without information on private sector financing and services, it is difficult to identify priority areas for capacity development for health stewards.

Priorities
- Lack of political commitment for collaboration between public and private sectors
- Focus on access to specific disease interventions, rather than universal coverage
- No understanding of composition of private sector actors
- Inadequate focus on financial protection

1. Lack of capacity can create barriers to identifying priority areas of intervention for improved stewardship function because of:
   - Lack of incentives by health system stewards to do so
   - Lack of skills to undertake priority-setting exercises and analysis
2. Lack of prioritization of the stewardship function will render it difficult or impossible to identify key areas for improving skills and addressing incentives for health system stewards.

Capacity
- Weak regulatory capacity and limited enforcement capacity
- Few incentives for proper monitoring and enforcement
- Corruption and policy capture
- Scant monitoring for quality and fairness in pricing