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Article Review 1

**BIBLIOGRAPHIC ENTRY.**

Houngbo, P., Coleman, H., Zweekhorst, M., Buning, T. D. C., Medenou, D. and Bunders, J. (2017), *A Model For Good Governance Of Healthcare Technology Management In The Public Sector: Learning From Evidence-Informed Policy Development And Implementation In Benin*, PLoS ONE 12(1): e0168842. https://doi.org/10.1371/journal.pone.0168842

**ABSTRACT**

Good governance is a widely-known process for making the best possible decisions within any organization. This article focuses on good governance (GG) in low and middle-income countries because the authors think that the lack of GG can lead to a shortage of resources for health care (Houngbo, 2017). There is a lot of research about GG, but there is not much information on how to implement it. Accountability, efficiency, and ethics are a few words that come to mind when GG is explained. This article goes over a way to develop a GG model for Health Technology Management (HTM). The GG model consist of six phases: (1) preparatory analysis, (2) stakeholder identification and problem analysis, (3) shared analysis and visioning, (4) development of policy instruments for pilot testing, (5) policy development and validation, and (6) policy implementation and evaluation (Houngbo, 2017). There have been reports that technology imported into poor countries are not tailored to the demands of the receiving nation (Remmelzwaal BL, 1996). The goal of this article is to analyze these problems and explore how the GG model will help transform developing countries health technology management processes. We will discuss big ideas of each phase within the GG model below.

**BIG IDEAS**

The good governance implementation (GGI) is structured based off an Interactive Learning and Action (ILA) approach which had five phases (Houngbo, 2017). One of the phases was divided up into two subareas, which is where the sixth phase comes from. The purpose of the preparatory analysis phase is to understand the effects of previous policies and address the need for a new system. When there is a problem with a process within any organization, it’s management’s job to understand the situation and get all the facts. The first phase is a perfect place to start because management will be gathering opinions from people who work within the current system. The next step was stakeholder identification and problem analysis. When trying to implement a good HTM system, the group must understand the previous pitfalls and try to figure out how they can avoid the same mistakes. Shared analysis and visioning is the third phase. The aim of the third phase is to identify root cause analysis of issues in HTM and start a work plan for potential solutions. Root cause analysis (RCA) will allow you to get down to underlying problem and determine if more than one problem exists within the system. RCA will help you document issues so that you do not follow previous mistakes. After this documentation is complete, the development of policy instruments for pilot testing will begin. The goal of the fourth phase is to develop a plan and implement interactive learning for testing based off the RCA to provide unique solutions for each issue that is found in phase two and three. It’s good to get feedback from multiple people and organizations to enhance the policy before its final release which the fifth phase will take care of. The last phase of GGI can implement and evaluate the system successfully. The evaluation should consist of feedback and validation models that are derived from the fifth phase.

**STRENGTHS**

The biggest strength of this article was the research done to implement GG. The research consisted of questionnaires, meetings, documentation, and analysis. All the research provided strengthens the case for the GGI within the healthcare industry and within other technology industries. While implementing the first phase, the authors did research which was comprised of three analysis of Benin’s Health Technology Management (HTM) (Houngbo, 2012). There is a gap between management, people using the technology, and people that are delivering the technology. The six phases that are discussed for GGI are a way to bridge the gap between all three groups. It first starts with recognition of the issue by management and GGI helps that.

**WEAKNESSES**

The article addressed a couple of flaws with the current HTM systems in third world countries. Those issues were corruption, top-down management approaches, and wrong healthcare technology being received. This was a strong article, so there wasn’t much that stuck out about it being weak because this was backed by a lot of research and detailed explanations.

**VALUE ADDED**

There is a lot of value added in this article. There is so much that other countries could take from this. Not only could low or middle-income countries benefit from GGI but rich countries could help emerging countries implement a better Health Technology Management process. GGI will contribute to providing better healthcare to low and middle-income countries. GGI can be used not only for Health Technology Management but can be used in other technology industries as well.

**SELF ASSESSMENT**

This article was long with a lot of detailed research information. I could read, comprehend, and summarize the research provided. I could do this because I know where the authors were coming from since I am in a Health IT field. My grammar and understand was good throughout the article review. I would give myself an A.

**References**

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