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## Review

## A review of health governance: Definitions, dimensions and tools to govern



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## ABSTRACT

**Background:** The premise that good governance will ultimately lead to better health outcomes has been central to the proliferation of work in this area over the past decade.

**Objective:** To consolidate and align literature on governance by presenting an overview of efforts to define, describe and operationalize the health governance function.

**Methods:** A targeted review of governance literature.

**Results:** (1) A variety of terms have been assigned to precede health governance definitions. These terms commonly describe governance ideals (e.g. good, democratic) or characteristics of the organization of actors in governance arrangements (e.g. hierarchical, networked). (2) Dimensions of governance are defined from different perspectives and in varied combinations, capturing values, sub-functions and/or outcomes of governance. (3) Tools used to govern remain to be cataloged, however, measures can be aligned according to dimensions of governance or their ability to create specific relationships between actors.

**Discussion:** Resolving the conceptual confusion around health governance requires recognition for the differences in the premise and approaches taken to defining governance, as well as specifying core dimensions and aligning applicable tools.

**Conclusion:** Despite a growing literature base, a concerted effort is needed for a more accessible understanding of health governance that is both practical at present and actionable for policy-makers.

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## 1. Introduction

Governance – either in terms of leadership, stewardship, regulation, oversight or governance itself – has repeatedly been asserted as a core function in theories and frameworks on health system [1,2]. The World Health Organization (WHO) first framed the concept as ‘stewardship’ in the *World Health Report 2000*, defined as “the careful and responsible management of the well-being of the population” [3, p. 45]. Later iterations of WHO’s systems-thinking [4,5] and work from other dominant

actors in health [6–10] has allowed for the function to mature and evolve, characterized at various stages as ‘stewardship’, ‘leadership’ and/or ‘governance’ [hereafter ‘health governance’]. Complemented by a continuously growing literature base, there is now clear and compelling consensus about the importance of the health governance function and its role in ensuring that priorities for population health and well-being are realized.<sup>1</sup>

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<sup>1</sup> A chronological account of health stewardship and governance has been detailed in other literature (see [1,8]). Pertaining to the WHO, this includes the endorsement of leadership and governance in its framework for strengthening health systems in 2007 [4]. In the European Region, this has also included an affirmed commitment to the stewardship function in 2008 at a ministerial conference in Tallinn, Estonia. More recently, the adoption in the European Region of the guiding policy framework, Health 2020, has prioritized improving leadership and participatory governance

While solidified in its importance, the health governance function itself remains an elusive concept to define, assess, and operationalize [11–13]. This has historically been attributed to an absence of conceptual thinking [11,14]. However, the premise that ‘good’ governance will ultimately lead to improved health outcomes has been the presumption motivating the study of health governance with renewed vigor over the past decade [4,6,15,16]. The conceptual chaos that has followed can be viewed as an effect of the lack of consensus on nomenclature, models and measures for governance in the health domain. In the absence of conceptual agreement, the comparability of literature and the extent to which findings obviously converge toward a common understanding of the concept has been compromised [11].

Adding to the conceptual challenges is the changing context of government and society, which has necessitated the continued evolution of the health governance function. Global trends – such as changing population demographics and epidemiology, widening social inequalities, and a context of financial uncertainty [7,10,11] – has influenced health system priorities and subsequently the setting of the health governance function. A shift in the general architecture of health systems can also be observed, as systems move toward increasingly decentralized structures, engaging diverse and heterogeneous networks of actors<sup>2</sup> for generating resources, delivering services and financing care [7,17]. The emerging consensus that health is a property of many complex systems and dynamic networks has demanded new and formal interactions with varied actors, found often beyond the domain of health itself [10].

Faced with such trends, the boundaries of the health sector appear to be less clearly defined and the collective interaction needed across ministries, including social services and education for example, is importantly realized. In effect, the health governance function has become increasingly diffused and the relationships between actors, largely ambiguous. A concerted effort is thus needed to resolve conceptual confusion on health governance, while also attempting to evolve earlier notions of governance to respond to health and health systems of the 21st century. Ultimately, a clearly (re)defined vision for the health governance function must be seen a means rather than an end in itself, to then address an arguably more pressing agenda: the needed arsenal of policy tools and instruments to then create the conditions for improving the health and well-being of populations [10].

## 2. Purpose and rationale

In this review, we aim to consolidate and align the literature on health governance by presenting an overview of governance literature pertaining to health since its initial

introduction as ‘stewardship’ in the year 2000. Earlier literature on governance in the public and development sector is considered more generally, recognizing this as a starting point for much thinking on governance in the health domain. Consideration has been given exclusively from a national health systems perspective, seeing the purview, potential influence and formal application of governance tools taking a unique quality at this level, and thus, meriting a targeted reflection. In chronicling the growing body of literature on health governance among leading international organizations that have contributed to this field overtime, we hope to contribute to an understanding of health governance that is most meaningful and accessible to those in a national stewardship role. This is seen here as a necessary prerequisite to then position further study on health governance that is also responsive to the context of the 21st century.

To this end, the review attempts to consolidate the findings around the following key questions: how is governance defined; what dimensions are commonly used to describe governance; and what are the common tools used to govern?

## 3. Methods

A restricted review of literature was conducted. The perspective of governance taken here is that of a national public steward and the governance function is framed according to this role. The work of international organizations in health governance was deemed most relevant for this perspective. While giving focus to the work of primarily international organizations has narrowed the breadth of literature, this inclusion criteria is felt merited by the unique mandate of such actors; supporting the process of translating more conceptual thinking into policy tools and instruments and with the work of such actors speaking to an audience of policy-makers and system stewards with national public officials as the target.

As the work of these organizations is primarily published outside of academic literature, the websites of these key actors were searched, namely: WHO and the works of its Regional Offices, the World Bank, the United Nations Development Programme (UNDP), the Organization for Economic Cooperation and Development (OECD), the European Commission, the Council of Europe, Management Sciences for Health (MSH) and the United States Agency for International Development (USAID).

Additional searches were conducted using PubMed and Google Scholar to identify scientific literature on governance in general and pertaining to health in particular. Governance in the health domain was considered from varied orientations, including the following: health governance, stewardship or leadership and management; governance of specific health system functions (e.g. governance of medicines and technology); or frameworks for overall health system strengthening. Online searches included various combinations of the following key words: ‘health’, ‘health systems’, ‘governance’, ‘stewardship’, ‘framework’, ‘mechanisms’ and ‘tools’. Experts in the field were consulted in order to gain further access to relevant sources of literature. The reference lists of literature

for health as one of two main strategic objectives toward improved health and well-being of populations [9].

<sup>2</sup> Actors in health are broadly characterized here as those individuals, organizations, groups or coalitions that have the capacity to exert influence over policy or decision-making or are mandated with the responsibility to carry out a particular aspect of a given health system function [64].

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