

6. Leadership and governance



Leadership and governance

6.1 Introduction

Governance in health is being increasingly regarded as a salient theme on the development agenda. Leadership and governance in building a health system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. The need for greater accountability arises both from increased funding and a growing demand to demonstrate results. Accountability is therefore an intrinsic aspect of governance that concerns the management of relationships between various stakeholders in health, including individuals, households, communities, firms, governments, nongovernmental organizations, private firms and other entities that have the responsibility to finance, monitor, deliver and use health services (1). Accountability involves, in particular:

- delegation or an understanding (either implicit or explicit) of how services are supplied;
- financing to ensure that adequate resources are available to deliver essential services;
- performance around the actual supply of services;
- receipt of relevant information to evaluate or monitor performance;
- enforcement, such as imposition of sanctions or the provision of rewards for performance.

Governance in health is a cross-cutting theme, intimately connected with issues surrounding accountability. In the context of health systems strengthening, it is an integral part of the health system components discussed in earlier sections of this handbook. Despite consensus on the importance of leadership and governance in improving health outcomes, they remain inadequately monitored and evaluated.

6.2 Indicators for measuring health system governance

Two types of indicators have been proposed for measuring governance: rules-based and outcome-based (2).

Rules-based indicators measure whether countries have appropriate policies, strategies and codified approaches for health system governance. In the health systems context, these indicators include the existence, for example, of a national essential medicines list or a national policy on malaria control. They are part of a larger class of indicators called governance determinants (3). In addition to the existence of rules (called “formal procedures”), the determinants of health-care-provision governance include four other broad categories: ownership arrangements, decentralization, stakeholder participation, and contextual factors. In this framework, determinants of governance are contrasted with governance performance.

Outcome-based indicators measure whether rules and procedures are being effectively implemented or enforced, based on the experience of relevant stakeholders. For health systems, examples may include the availability of essential medicines in health facilities or the absenteeism of health workers. Since the outcome-based indicators relate directly to the functioning of other health system “building blocks”, only the rules-based indicators for measuring health system governance are discussed in this section.

When selecting indicators for measuring governance in health, a high value should be placed on their usefulness and relevance. Nevertheless, even the most suitable governance indicators may be unable to adequately predict whether developments in a country or sector can be attributed to a change in governance. Thus, in general, governance indicators should not be used in isolation when designing policy responses to health system performance issues (4).

6.3 Sources of information on health system governance

Measurement of rules-based health system governance indicators will, in most cases, rely on both expert analysis of available sources such as administrative records (including legal/regulatory documents) coupled with expert reviews of national health policies. Administrative records are the important main data sources for rules-based indicators of governance and include legal and regulatory documents, national health strategies, budget documents, and regulations and guidelines that relate to the management, organization and financing of the health sector. Administrative records can be obtained from government publications, legal and administrative document departments and official web sites.

The outcome-based governance indicators, which are discussed in other sections of this handbook, are generated using various data sources, including facility surveys, public expenditure reviews or client assessments.

6.4 Core indicators

A composite governance policy index, comprising 10 rules-based indicators that cover health policies for different disease interventions¹ and health system aspects, is presented. The index provides a summary measure of governance quality from a rules-based perspective. The indicators assess whether countries have policies, regulations and strategies in place to promote good leadership and governance in the health sector, but do not aim to assess enforcement.

Each indicator is given a score of 0 if an adequate policy does not exist or cannot be assessed; and 1 if an adequate policy is available. The maximum score for the policy index is therefore 10.

Each indicator is described below and summarized in Table 6.1.

Recommended core indicator 1a: Existence of an up-to-date national health strategy linked to national needs and priorities

Formulating national policies and strategies is a basic function of governments, and the task of formulating and implementing a health policy falls within the remit of the health ministry. An explicit health strategy defines the vision for the future, and outlines how objectives will be achieved. National health policies should outline priorities and the expected roles of different actors, inform and build consensus, and estimate the resources required to achieve goals and priorities. A recommended core indicator, therefore, is the existence of effective national health strategies and policies that reflect national needs and priorities, as opposed to factional political or financial interests, to foster broad-based political support and ownership of policies.

1 Focusing particularly on diseases that are common in low-income and middle-income countries.

Recommended core indicator 1b: Existence and year of last update of a published national medicines policy

A NMP defines a framework for setting and monitoring medium- to long-term objectives in the public and private pharmaceutical sectors. It should encompass three objectives: (i) ensuring equitable availability and affordability of essential medicines; (ii) ensuring that all medicines are safe, efficacious and of high quality; and (iii) promoting rational use of medicines by health-care professionals and consumers. By attaining these objectives, countries can reduce morbidity and mortality, decrease the incidence of catastrophic illness that can increase impoverishment, and prevent large-scale losses to health and economic systems (5). Further elaboration of this indicator can be found in Section 4 of this handbook.

Recommended core indicator 1c: Existence of policies on medicines procurement that specify the most cost-effective medicines in the right quantities; open, competitive bidding of suppliers for quality products

Expenditures on pharmaceuticals are highly susceptible to various forms of corruption. The pharmaceutical sector, with a global market value of over US\$ 600 billion, is particularly vulnerable in the area of procurement. Procurement involves inventory management, aggregate purchasing, public bidding contests, technical analysis of offers, proper allocation of resources, payments, receipts of drugs purchased and quality control checks. These processes are often poorly documented and are thus a vulnerable target for corruption and fraud. Therefore to mitigate this threat, and to promote good governance, open bidding processes, good technical specifications and consistent and transparent procedures are essential.

Recommended core indicator 1d: Tuberculosis—existence of a national strategic plan for tuberculosis that reflects the six principal components of the Stop-TB strategy as outlined in the Global Plan to Stop TB 2006–2015

Tuberculosis (TB) remains one of the world's leading killers. In response to this global public health concern, WHO launched the Stop-TB strategy to assist countries in scaling up control activities, while also addressing the spread of TB-HIV co-infection and multidrug-resistant TB (MDR-TB). This indicator is therefore motivated by global TB control efforts to ensure that national TB plans are aligned with the six principal components of the Stop-TB strategy:

Pursue high-quality DOTS expansion and enhancement (DOTS, or directly observed treatment, short-course, combines political commitment, microscopy services, drug supplies, surveillance and monitoring systems, and use of highly efficacious regimes with direct observation of treatment for TB).

Address TB-HIV and MDR-TB and the needs of poor and vulnerable populations.

Contribute to health system strengthening based on primary health care.

Engage all care providers.

Empower people with TB, and communities through partnership.

Enable and promote research.

Recommended core indicator 1e: Malaria—existence of a national malaria strategy or policy that includes drug efficacy monitoring, vector control and insecticide resistance monitoring

WHO formulates global malaria policies and strategies. Vector control, i.e. the reduction of malaria morbidity and mortality through a reduction in the levels of mosquitoes, is generally the most effective intervention to prevent malaria transmission and therefore serves as one of the basic technical elements of the Global Malaria Control Strategy. Malaria control requires an integrated approach, involving prevention, treatment

with effective antimalarials, and monitoring and control at all levels. This indicator therefore monitors whether national malaria control programmes are aligned with the major priorities outlined by WHO, including drug efficacy monitoring, vector control and insecticide resistance monitoring.

Recommended core indicator 1f: HIV/AIDS—completion of the UNGASS National Composite Policy Index questionnaire for HIV/AIDS

At the close of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, 189 Member States adopted the Declaration of Commitment on HIV/AIDS. This reflects the global consensus on a comprehensive framework to mitigate and control the spread of the HIV epidemic by 2015. An integral part of the core UNGASS indicators is the National Composite Policy Index, which reflects consensus among stakeholders on effective mechanisms for HIV/AIDS control. This index is designed to assess progress towards the development and implementation of national AIDS policies and strategies. It serves to track whether national policies and HIV/AIDS programmes are comprehensive and in line with the global priorities set forth by the UNGASS Declaration. In its annual country survey, the National Composite Policy Index includes questions on whether countries have developed a national multisectoral strategy or action framework to combat HIV/AIDS and comprises, formal programme goals, clear targets and/or milestones, detailed budget of costs per programmatic area, indications of funding sources, and a monitoring and evaluation framework (6).

Recommended core indicator 1g: Maternal health—existence of a comprehensive reproductive health policy consistent with the ICPD action plan

The 1994 International Conference on Population and Development (ICPD) articulated a vision of the relationships between population, development and individual well-being. At the Conference, 179 governments adopted a 20-year plan of action, including reproductive health and rights, as well as women's empowerment and gender equality as the cornerstone of population and development programmes. This indicator monitors whether reproductive health policies are both comprehensive and consistent with the ICPD plan of action.

Recommended core indicator 1h: Child health—existence of an updated comprehensive, multiyear plan for childhood immunization

Immunization programmes are often based on past achievements and trends, with separate initiatives for each targeted disease, and too often seek to respond to specific global goals rather than to country needs and priorities. A comprehensive, multiyear plan for childhood immunization would face up to these challenges by proposing strategies that are all-inclusive and integrated with other health interventions. A comprehensive multiyear plan would evaluate the costs and financing options to ensure the financial sustainability of the programme and create linkages to broader health sector planning and budgeting processes. Such efforts would help to strengthen the capacity of countries to deliver immunization and child health services.

Recommended core indicator 1i: Existence of key health sector documents that are disseminated regularly (such as budget documents, annual performance reviews and health indicators)

The publication and dissemination of key health sector documents and reports, including annual budgets and performance reviews, promote accountability and transparency in the health sector. Such documentation helps to create an informed public and serves to improve government accountability to the population. A core indicator relating to the annual publication and dissemination of such materials seeks to create an environment that is responsive to public needs and concerns.

Recommended core indicator 1j: Existence of mechanisms, such as surveys, for obtaining opportune client input on appropriate, timely and effective access to health services

Surveys of patient satisfaction and utilization of health services are useful tools for obtaining information on the quality and responsiveness of health services. Such surveys may measure inputs (including whether facilities are properly equipped with essential medicines), processes (including whether waiting times are reasonable and treatment protocols are followed) and outcomes (including whether medical interventions reduce morbidity and mortality). Hence, an indicator that measures whether consumer satisfaction is taken into account in the assessment of health services reflects the responsiveness of health systems.

Table 6.1 Summary of proposed indicators for health systems governance

Indicators	Data collection method	Scoring
Policy index		Sum of the scores of 10 indicators. Max. score: 10
1a. Existence of an up-to-date national health strategy linked to national needs and priorities	Review of national health policies in respective domains (such as essential medicines and pharmaceutical, TB, malaria, HIV/AIDS, maternal health, child health/immunization).	If adequate policy does not exist or cannot be assessed: 0
1b. Existence and year of last update of a published national medicines policy		If adequate policy is available: 1
1c. Existence of policies on medicines procurement that specify the most cost-effective medicines in the right quantities; open, competitive bidding of suppliers of quality products		
1d. Tuberculosis—existence of a national strategic plan for tuberculosis that reflects the six principal components of the Stop-TB strategy as outlined in the Global Plan to Stop TB 2006–2015		
1e. Malaria—existence of a national malaria strategy or policy that includes drug efficacy monitoring, vector control and insecticide resistance monitoring		
1f. HIV/AIDS—completion of the UNGASS National Composite Policy Index questionnaire for HIV/AIDS		
1g. Maternal health—existence of a comprehensive reproductive health policy consistent with the ICPD action plan		
1h. Child health—existence of an updated comprehensive, multiyear plan for childhood immunization		
1i. Existence of key health sector documents that are disseminated regularly (such as budget documents, annual performance reviews and health indicators)		
1j. Existence of mechanisms, such as surveys, for obtaining opportune client input on appropriate, timely and effective access to health services		

Selected tools and resources

Citizen report card surveys: Washington DC, World Bank (<http://siteresources.worldbank.org/INTPCENG/1143380-1116506267488/20511066/reportcardnote.pdf>, accessed 27 April 2010)

These surveys are a mechanism to promote civil engagement and demand-side accountability, and empower individuals to express their views to government bodies. The surveys allow citizens to contribute to oversight and regulation and therefore aim to improve the quality and integrity of public services.

Good governance for medicines: assessment instrument. Geneva, World Health Organization, 2006 (http://www.who.int/medicines/areas/policy/goodgovernance/GGM_assessment.pdf, accessed 11 April 2010).

The WHO has initiated the Good Governance for Medicines (GGM) programme in an attempt to curb corruption in pharmaceutical sector systems by increasing transparency and accountability and promoting ethical practices. The GGM programme offers a three-step technical support package, namely national transparency assessment, development of national GGM programme, and implementation, to obtain a picture of the level of transparency and potential vulnerability to corruption in the public pharmaceutical sector using WHO's assessment instrument. The assessment looks at six functions: registration of medicines, control of medicines promotion, inspection of establishments, selection of essential medicines, procurement and distribution. Licensing of establishments and control of clinical trials will be added soon.

Measuring transparency in medicines registration, selection and procurement: four country assessment studies. Geneva, World Health Organization, AusAid, 2006 (http://www.who.int/medicines/areas/policy/goodgovernance/WHO_PSM_PAR_2006.7.pdf, accessed 11 April 2010).

Procurement (which involves inventory management, aggregate purchasing, public bidding contests, technical analysis of offers, proper allocation of resources, payments, receipts of drugs purchased and quality control checks), in particular, is vulnerable to corruption and fraud. In addition, the issue of counterfeit drugs has become salient as drugs are too often deliberately and fraudulently mislabelled with respect to their identity or source. Counterfeiting occurs both with branded and generic products, and counterfeit medicines may include products with the correct ingredients but fake packaging, with the wrong ingredients, without active ingredients, or with insufficient active ingredients.

Further reading

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