

# The Literature Review of the Governance Frameworks in Health System


P C Lai

## Cite this paper

Downloaded from [Academia.edu](#) 

[Get the citation in MLA, APA, or Chicago styles](#)

## Related papers

[Download a PDF Pack](#) of the best related papers 



[The Relation between Public Managers' Compensation and Governance](#)

Mario Coccia, Igor Benati

[Good Governance at the Local Level: Meaning and Measurement](#)

Zack Taylor

[Transitional Local Governance and Minority Political Participation in Post War Sri Lanka](#)

Esther M McIntosh

# The Literature Review of the Governance Frameworks in Health System

Anthony NTR

Department of Community Health, Faculty of Medicine, University Putra Malaysia

Rosliza A. M

Department of Community Health, Faculty of Medicine, University Putra Malaysia

Lai P. C

UM Innovation and Commercialization Centre, University Malaya

E-mail: [pcresearch7@gmail.com](mailto:pcresearch7@gmail.com)

Received: Aug. 15, 2019 Accepted: Sep. 18, 2019 Online published: Sep. 29, 2019

doi:10.5296/jpag.v9i3.15535 URL: <https://doi.org/10.5296/jpag.v9i3.15535>

## Abstract

**Introduction:** Governance in the health system refers to a range of decision making, and implementation undertakings conducted by decision-makers as they find ways to achieve national health policy objectives that are favourable to each country's health system. Currently, there are different types of frameworks that have been developed and these frameworks try to operationalize and assess how principles of governance at different levels of a health system are administered. While a number of frameworks for assessing governance in the health sector have been proposed, their application is often constrained by impractical indicators that are often not well-grounded, resulting in limited pragmatic work on governance in the health systems itself.

**Methods:** Adopting a scoping review method, articles were identified using these databases namely BMC, Emerald, Elsevier, PubMed, Science Direct, Sage, Springer, Taylors & Francis, WHO and Wiley. Only articles written and published in English from 2009 to 2019 were included.

**Results:** 5 of the frameworks have actually been tested and operationalized in practice from the 13 identified and reviewed frameworks that are largely theoretically based.

Conclusion: A multitude of frameworks to assess health systems governance exist, however, there are not many examples of their application in the literature and healthcare systems with well-grounded proven results. Consequently, to facilitate a more comprehensive assessment and peruse of governance frameworks in health systems, the health system should have clear goals with continuous and committed support by accountable decision-makers pivoted by principles of good governance.

**Keywords:** healthcare, health system frameworks, public health governance

## 1. Introduction

Governance has often been infused in various domains such as economics, political science, health system, information technology and international relations utilizing different theories to operationalize governance. Governance proceedings are crucial as it is concerned with how different actors across the globe interact and operate based on the motives behind their decisions (Kaufmann et al., 2003). However, the literature on health systems governance is still unfettered at large. Good Governance is thought to be a key determinant that will accelerate economic improvement, social furtherance, and overall headway, as well as for the realization of the Sustainable Development Goals (SDG) in low- and middle-income countries. However, the governance of the health system is the least inferred aspect of health systems research (Mutale, Mwanamwenge, Balabanova, Spicer, & Ayles, 2013). Thus, this paper will assess the governance in the health system and discuss the domains of governance based on existing frameworks established to support the management decision making towards more responsive and inclusive health systems.

## 2. Literature Review

Research objectives for this paper are to assess the governance in the health system to establish domains that will support the management decision making for a more responsive and inclusive health system in the future. The research questions are as follows:

1. What is the structural domain that affects the health system?
2. What is the operational domain that affects the health system?
3. What is the regulatory domain that affects the health system?
4. What is the community domain that affects the health system?

The health system, also known as the healthcare system, that investigates the demands of health needs in the target populations with regards to the health care services delivered by organizations, people, and resources. Through histories and company structures, a number of health systems have been developed around the world. White (2015) stated that countries need to design and develop health systems in accordance with the countryman's needs and resources and especially on the collective features of public health and primary healthcare. The former resonates with the WHO intention; where the health system's primary aim is to promote, rehabilitate or maintain health via good governance actions.

WHO in the year 2007 updated and release the WHO report 'Everybody's Business:

Strengthening Health Systems to Improve Health Outcomes, a WHO's Framework for Action'. The report also proposed a health system framework where the health system architecture was further expatiated as having six building blocks: leadership and governance; health workforce; information; medical products, vaccines, and technologies; financing; and service delivery. Other than the World Health Organization, the World Bank also played a central role in ushering governance into the development agenda for developing countries, by introducing the concept of 'good governance' in 1989 in a landmark health report on sustainable growth in sub-Saharan Africa (Boerma et al., 2010). The report also expounded on the concept of governance which comprises different functions both within and outside the health sector. In the literature, these functions are commonly described as 'principles', 'concepts', 'dimensions', or 'components', bounded by larger domains such as Structural, Operational and Regulatory Governance.

Health system governance is crucial particularly for a developing country like Malaysia in the face of increasing demands to demonstrate results and accountability in the health sector. This is more so when the public continues to scrutinize the manner in which government spends and a growing demand for abidance to the principles of governance not limited to accountability, transparency and performance (Caballero, Mely; Anthony; Cook, Alistar D. B.; Amul, Gianna G. H.; Sharma, 2015) among government officeholders. Currently, there are different types of frameworks that have been developed and these frameworks try to operationalize and assess how principles of governance at different levels of a health system are administered. While a number of frameworks for assessing governance in the health sector have been proposed, their application is often constrained by impractical indicators that are often not well-grounded, resulting in limited pragmatic work on governance in the health systems itself.

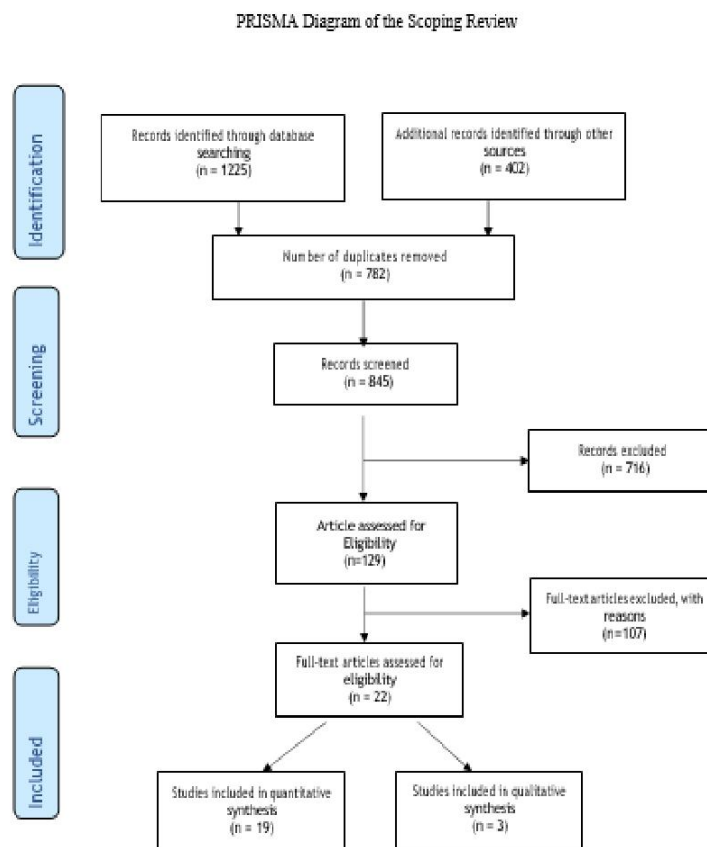
In developing the Governance framework for Health System, key issues that need consideration included the role of the state versus the market; role of the ministries of health versus other state ministries; role of actors in governance; static versus dynamic health systems; equality and equity, and health reform versus human rights-based approach to health (Pyone, Smith, & Van Den Broek, 2017)

Assessment of governance as the gateway for promoting good governance of the health system is a key consideration that underpins the earlier mentioned key issues. The paucity of good governance will directly or indirectly affect all other health system attributes, thereby having good governance leads to improved performance of the health system and ultimately to better health outcomes, provided if implemented in the correct manner (Chhotray & Stoker, 2009).

As the conceptualization of health systems continued to evolve in accordance with each country's own pace, so has a better understanding of the crucial role of governance. However, approaches and methods to systematically assess governance in health systems is arduous labour. Hence, the aim of this review will look into various studies that have focused on governance in health and highlight the substantial contributions which they have made towards our overall understanding of frameworks in the health system.

### 3. Materials and Methods

The research strategy is vital to any study in order to identify the research framework and significance to research development (Lai, 2018; Bryman and Bell, 2007; Marczyk, DeMatteo and Festinger, 2005). Secondary data is being used in this research. A substantial number of studies have discussed the various effects of select aspects of governance on the health sector. In general, most of the literature on governance and health has focused on single elements of governance. Adopting a scoping review method, articles were identified using databases namely, *BMC, Emerald, Elsevier, PubMed, Science Direct, Sage, Springer, Taylors & Francis, WHO and Wiley*, keywords were combined with the Boolean operators (AND, OR) that incorporated governance (governance, leadership, accountability, stewardship) + health system (healthcare system, healthcare industry, prevention, and control, WHO) + frameworks (model, framework, dengue strategy, definition, measure). Only articles written and published in English within the last 10 years were included. The research framework using the Prisma diagram is presented in Figure 1.



**Fig. 1:** PRISMA Diagram of Frameworks to assess the governance of health systems: A scoping systematic review, as adapted from Moher, Tetzlaff & Altman, The PRISMA Group (2009)

### 4. Result

We identified a total of 13 frameworks developed to assess governance in the health system and will discuss them according to four types of Governance Domain which are; Structural,

Operational, Regulatory and Community Governance (Gisselquist, 2014; Offe, 2009).

## 5. Discussion

### *Structural Domain*

Structural governance is a category of public health governance domains (Offe, 2009). The ‘principal-agent theory’ was used in five of the seven frameworks which are used to assess health system governance. The frameworks assumed that governance is the result of interactions among principals and agents with diverse interests, as narrated by Oliver Williamson with emphasis on governance and the interactions of actors within a cost-transaction economics and loosely described as ‘the play of the game’. The postulation on the premise of using ‘principal-agent’ theory is; there are incentives and disapprobation for the different actors on their performance and act as an impetus for accountability on structural differences among existing groups with diverse characteristics and clout. From the percolated review, healthcare users are normally regarded as ‘principals’ while the state and healthcare providers are ‘agents’ providing healthcare services to users (Davis, Schoorman, & Donaldson, 2007).

Agents provide services to principals as long as they have some incentive to do so at an unrevealed cost to principals as agents have more information than their principals. Nevertheless, principals will also find ways to overcome the information asymmetry without incurring high transaction costs. Three of the frameworks also delineates three principal-agent relationships: government and healthcare providers; healthcare providers and citizens; and government and citizens (Hubbard, 2009).

### *Operational Domain*

Another health-system specific governance framework was developed by Siddiqi in 2009 that places emphasis on operational governance (Siddiqi et al., 2009). The authors adapt the United Nations Development Programme (UNDP) good governance concept to produce a framework that incorporates ten health system governance principles to assess the governance of the health system. This operational framework has been used for an assessment of health system governance in Pakistan and had identified several areas of drawbacks such as lack of accountability at the national level and the necessity for strategic vision in designing pragmatic policies.

Five of the eight frameworks evaluate on the patron-client relationship or clientelism in health systems. Despite the unpopularity of clientelism, it is regarded as an essential principle of operational governance which can lead to corruption or promote accountability mostly at a larger scale and/or national level. From the review of frameworks, the purpose of the framework is to identify reasons why clientelist practices persist and the authors use the concept of realist evaluation theory comprising of context, actions (methodology) and unforeseen ramifications to explain why subpar performance is the outcome of inept operational governance (Hollingsworth, 2012). Three of the frameworks also bring to light how collective decisions are made among key actors (both government and non-government actors) with different power leading to variation in operational consequences hence

performance by-product (Cleary, Molyneux, & Gilson, 2013).

Authors of the framework also propose a scoring system that determines whether governance is very poor (0%) or excellent (100%) for each function or indicator. A scoring item allows assessors to identify areas for improvement, and an overall index representing the overall governance situation in any given country can be calculated (Pyone et al., 2017).

### *Regulatory Domain*

Regulations aid governments to support economic growth, social welfare and procurement in the health system. The challenge is to design clear, coherent, and efficient regulations and to effectively implement them. Four frameworks were identified for the regulatory domain. Frameworks in this group classified the indicators into general governance (e.g. voice and accountability; political stability; government effectiveness; rule of law; regulatory quality and control of corruption) and health system-specific governance indicators (e.g. information/assessment capacity; policy formulation and planning; social participation and system responsiveness; accountability; and regulation) (Baez-Camargo & Jacobs, 2011). International development is concerned with how governance might be regulated according to the rule of law. Kauffman and Kraay in 2007 propose to measure governance in two ways using rule-based measures (e.g. a policy or a procedure exists) and outcome-based measures (Kaufmann, Kraay, & Mastruzzi, 2011).

### *Community Domain*

Community governance focuses on the power that communities exercise in order to achieve policy outcomes that suit their needs (Abimbola, Negin, Jan, & Martiniuk, 2014). Effective execution of health programme at the community level requires partnership, coordination, and collaboration at multiple and intersectoral levels, public and private, government and non-governmental, and national and international.

From the review conducted, the framework of Global Strategy for Dengue Prevention and control incorporates advice on how to move from a reactive response to proactive risk assessment, an adaptation of early warning systems, and groundworks for preventive measures, marshalled by epidemiological surveillance and entomological (WHO, 2015). The framework also looks into ways to bolster country and regional level progress towards diminishing of morbidity and mortality from dengue and other arboviral diseases. The framework was designed and targeted for the peruse of various stakeholders from different levels of health systems (Beatty et al., 2010; WHO, 2015).

Four other frameworks discuss on the mapping of the power distribution by key decision-makers who can affect the behaviour of health system actors in a community context (Baez- Camargo & Jacobs, 2011; Brinkerhoff & Bossert, 2014; Lopez, 2014; Siddiqi et al., 2009).

### *Management Implication*

In this paper, we have discussed the healthcare system governance according to four types of Governance Domain which are; Structural, Operational, Regulatory and Community



Governance (Gisselquist, 2014; Offe, 2009). An effective governance framework crafted from the four domains has the potential to address and translate into an operating model that is needed to enhance management's ability to implement governance and the governing body's ability to exercise proper oversight (Deloitte, 2013). The categorization of the domain framework sheds light on how to bridge the gap between the governance framework and operational realities on the level of roles, responsibilities, reporting lines, and risk communications (Dang, Visseren-Hamakers, & Arts, 2016; Koh, 2009).

A robust governance framework can also contribute a remedy towards the common management dilemma of management by memo. Very often for the board or management simply to be grandiloquent on principles, policies, and issues thrust on the subordinates (Cleary et al., 2013). However, the governing body should also see to it that people have the right tools, motivation, discernment and capacity to implement them.

### *Health System Governance Challenges and Recommendations*

The concept of governance goes beyond the formal mechanisms of government and refers to the inclusiveness of methods in which a society decides, organizes and collectively implements and manages its endeavour. The perennial threats of global health issues such as the health effects of climate change and trade policies, undernutrition, reproductive health problems and challenges arising from globalization itself, will urge multilateral engagement outside the traditional health sector domain that requires good governance (Newell & Wilson, 2002).

To confront the challenges, a robust response to this state of affairs requires improved governance of health systems — certainly at the national level but also at a transnational level. In a world of sovereign nation-states, health continues to be primarily a national responsibility; however, the encroachment and intensified transfer of health risks across borders mean that the determinants of health and the calibre to fulfil that responsibility surpasses the limitations and the control of anyone nation-state (Lopez, 2014).

Governance challenges in the health system are not new and adoption of a pragmatic framework will also help to address the intra and inter-sectoral challenge and also cross-sectoral health advocacy with other agencies.

### *Conclusion and Further Research*

To facilitate a more comprehensive assessment and peruse of governance frameworks in health systems, the health system should have clear objectives with continuous and committed support by accountable decision-makers pivoted upon principles of good governance.

There is a need to validate and apply the existing frameworks and share lessons learned regarding which frameworks are compatible in which settings to inform decision-makers on how existing frameworks can be adapted. A comprehensive assessment of governance will enable policymakers to prioritize solutions for problems identified as well as replicate and scale-up examples of good practice. Governance is a challenging discipline to study and



much more if subjected to translational that requires further research. Yet, it is increasingly acknowledged to be an explicate element that will impact the success of countries' efforts towards reforming their health systems to better address the population utilitarian needs.

Bearing in mind that health systems vary greatly across different countries, it will remain the task of decision-maker to produce collective outcomes pivoted on good governance principles to adapt and tailor existing frameworks for their deployment in their respective countries.

## References

Abimbola, S., Negin, J., Jan, S., & Martiniuk, A. (2014). Towards people-centred health systems: a multi-level framework for analysing primary health care governance in low-and middle-income countries. *Health Policy and Planning*, 29(suppl\_2), ii29-ii39. <https://doi.org/10.1093/heapol/czu069>

Anthony, M. C. (2015). *Health Governance and Dengue in Southeast Asia*. Centre for Non-Traditional Security Studies (NTS), S. Rajaratnam School of International Studies.

Baez Camargo, C., & Jacobs, E. (2011). A framework to assess governance of health systems in low income countries.

Beatty, M. E., Stone, A., Fitzsimons, D. W., Hanna, J. N., Lam, S. K., Vong, S., ... & Kuritsky, J. (2010). Best practices in dengue surveillance: a report from the Asia-Pacific and Americas Dengue Prevention Boards. *PLoS neglected tropical diseases*, 4(11), e890. <https://doi.org/10.1371/journal.pntd.0000890>

Boerma, T., Abou-zahr, C., Bank, W., Bos, E., Hansen, P., & Fund, G. et al (2010). Monitoring and evaluation of health system strengthening.

Brinkerhoff, D. W., & Bossert, T. J. (2013). Health governance: principal-agent linkages and health system strengthening. *Health Policy and Planning*, 29(6), 685-693. <https://doi.org/10.1093/heapol/czs132>

Chhotray, V., & Stoker, G. (2009). Governance theory and practice: a cross-disciplinary approach. Palgrave Macmillan. p296. <https://doi.org/10.1057/9780230583344>

Cleary, S. M., Molyneux, S., & Gilson, L. (2013). Resources, attitudes and culture: an understanding of the factors that influence the functioning of accountability mechanisms in primary health care settings. *BMC health services research*, 13(1), 320. <https://doi.org/10.1186/1472-6963-13-320>

Davis, J. H., Schoorman, F. D., & Donaldson, L. (1997). Toward a stewardship theory of management. *Academy of Management review*, 22(1), 20-47. <https://doi.org/10.5465/amr.1997.9707180258>

Gisselquist, R. M. (2014). Developing and evaluating governance indexes: 10 questions. *Policy Studies*, 35(5), 513-531.

Hollingsworth, B. (2012). Revolution, evolution, or status quo? Guidelines for efficiency measurement in health care. *Journal of Productivity Analysis*, 37(1), 1-5.

Hubbard, R. (1999). Criteria of good governance. *Optimum: The Journal of Public Management*, 30(2), 37-50.

Kaufmann, D., Kraay, A., Mastruzzi, M., Levy, M., Shute, A., & Baroudi, M., et al (2009). Governance Matters III: Governance Indicators for 1996-2002

Kaufmann, D., Kraay, A., & Mastruzzi, M. (2011). The worldwide governance indicators: Methodology and analytical issues. *Hague J Rule Law*, 3(2), 220-46. <https://doi.org/10.1017/S1876404511200046>

Lai, P. C. (2018). Research Methodology for Novelty Technology, *Journal of Information Systems and Technology Management*. <https://doi.org/10.4301/S1807-1775201815010>

Lopez, I. K. M. (2014). Health System Governance In Tanzania : Impact on service delivery in the public sector, 1-157.

Mutale, W., Mwanamwenge, M. T., Balabanova, D., Spicer, N., & Ayles, H. (2013). Measuring governance at health facility level: developing and validation of simple governance tool in Zambia. *BMC Int Health Hum Rights*. <https://doi.org/10.1186/1472-698X-13-34>

Newell, R., Wilson, G., & Corporate Governance (2009). A Premium for Good Governance. *McKinsey Q*, 3(4), 20-3.

Offe, C. (2009). Governance: An "Empty signifier"?. *Constellations*, 16(4), 550. <https://doi.org/10.1111/j.1467-8675.2009.00570.x>

Pyone, T., Smith, H., & van den Broek, N. (2017). Frameworks to assess health systems governance: a systematic review. *Health Policy and Planning*, 32(5), 710-722. <https://doi.org/10.1093/heapol/czx007>

Siddiqi, S., Masud, T. I., Nishtar, S., Peters, D. H., Sabri, B., Bile, K. M., & Jama, M. A. (2009). Framework for assessing governance of the health system in developing countries: gateway to good governance. *Health policy*, 90(1), 13-25. <https://doi.org/10.1016/j.healthpol.2008.08.005>

Williamson, O. E. (1979). Transaction-cost economics: the governance of contractual relations. *The journal of Law and Economics*, 22(2), 233-261. <https://doi.org/10.1086/466942>

World Health Organisation. (2010) Global Strategy for dengue prevention and control, 2012–2020. WHO.

### Copyright Disclaimer

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).