MASTER OF PUBLIC HEALTH

A cooperative Program of

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

&

INDIAN INSTITUTE OF HEALTH MANAGEMENT RESEARCH

Capstone Project at The IIHMR University

By

Dr. Hemant Sharma

IIHMR/JHSPH MPH

2013-2015

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Re-examining Health System Project from the Governance Perspective, a Report

By

Dr. Hemant Sharma

Under the guidance of

Dr. Nutan P Jain

Master of Public Health

Year 2013-15

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Hemant Sharma student of Master of Public Health Program offered by Institute of Health Management Research; Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone capstone training at Indian Institute of Health Management Research on the topic Re-examining Health System Project from the Governance Perspective, a Report,

from May 2013 to October 2014

He has successfully carried out the study designated to him during capstone training and his approach to the study has been sincere, scientific and analytical.

The Capstone is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dean, Academics and Student Affairs

IIHMR, Jaipur

Capstone Advisor

IIHMR, Jaipur

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CERTIFICATE BY SCHOLAR

This is to certify that the Capstone Project titled ***Re-examining Health System Project from the Governance Perspective, a Report*** and submitted by **Dr. Hemant Sharma Enrollment No 4** under the supervision of **Dr. Nutan P. Jain** for award of **Master of Public Health** carried out during the period from May to October embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Hemant Sharma

Signature

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Abstract

Need for effective governance in health sector has come out as the key. This capstone project aims at effective governance in a health system in developing countries. The objectives are to: (i) define role of governance in health system development; (ii) analyze governance using data (like project implementation plan, including equipment, drugs and medicines) in one of the health system development projects in India; and (iii) develop a model of governance applicable to health system project in developing countries. The project is based on personal experiences and participatory observation as part of the HSDP team. Key principles and indicators were identified through literature review and internet surfing. A framework and indicators were complied after the review. The observations were presented in the framework based on the review of documents. The results show that the HSDP experiences were fitting to the framework but at the same time there was no clarity on actions to be taken to achieve the effective governance. Efforts were made to identify the missing links and to address the same what is feasible.

A democratic county like India, people select the government and look forward for their development. Therefore, we may refer to Mr. Abraham Lincoln's words which are true for any health system development project that these projects should be implemented "to the people", "of the people" and "by the people" for effective governance.

Acknowledgement

This project would not have been possible without the support of Dr. Nutan P. Jain, who is also the advisor for this Capstone project. Dr. Jain's sincere efforts in explaining the subject and the related topics helped me to accomplish each step through the project. Thereby I extend my sincere thanks to Dr. Jain, for her active involvement right from the beginning of the project. Also I am grateful to the entire IIHMR faculty for being extremely helpful throughout my capstone project.

I am also extremely thankful to the staff of Medical Directorate for providing me information and recollecting HSD project data which I consider a difficult task accomplished in a short time.

Contents

INTRODUCTION

Governance matters for everything: desired or undesired results. Effective governance is a key factor for the desired outcome(s). In democratic county like India, people select the government and look forward for their development. Hence, good governance is a big issue. In general, governance is considered a key function of government. The government has to work effectively, because it spends its assets/revenue that people pay through taxes and social insurance, and because government system formulate all the rules and regulations that govern the functioning of health services in other private and voluntary organizations. But if we need good governance, it is beyond the present role of any government. Good governance in health is much more relevant because it directly deals with the human resources of a country or a state.

What will happen if we do not have good governance? In health sector the basic assumption is to "serve the people". If we do not serve the people in desired manner, they will not live healthy life. The proportion of GDP is allocated for health, may go waste, means without contributing to the life of people, rather creating a good infrastructure (building, equipment, etc.).

Rajasthan Health Systems Development Project (RHSDP) was launched in July 2004 by the Rajasthan Government in India with support from The World Bank to improve effectiveness and quality of the health care delivery system through strengthening of secondary level health institutions in the State with a focus to serve the poor and underserved population. In this project governance mainly addressed the policy formulation and planning, civil works, provision of equipment and drugs, training of health functionaries in clinical and managerial skills, provided information for creating awareness of services about the health system, and public-private participation. This capstone project tries to understand governance principles in the context of health system development project.

Aims and Objectives:

This capstone project aims at effective governance in a health system in developing countries. The objectives are:

- To define role of governance in health system development.
- To analyse governance using data (like project implementation plan, including equipment, drugs and medicines) in one of the health system development projects in India.
- To develop a model of governance applicable to health system project in developing countries.

Outline of the Research Approach

The capstone project is a case study based on some personal experiences working under a health system development project. The first step was defining the term "governance" and its principles based on literature review. The personal experiences were complied to give a shape with the key principles of the good governance. The felt missing links for effective governance were pointed out and tried to suggest a model for the same.

Capstone Project Period:

May – October, 2014

LITERATURE REVIEW

Defining Governance:

Now-a-days governance is much talked about at the national and international forums. It is a complex issue. A brief review of the definitions of the "governance" is presented below with the purpose of understanding the term clearly.

World Health Organization definition:

According to WHO (http://www.who.int/healthsystems/topics/stewardship/en/ dated July 18, 2014) governance in the health sector refers to a wide range of steering and rule-making related functions carried out by governments/decision makers as they seek to achieve national health policy objectives that are conducive to universal health coverage. Governance is a political process that involves balancing competing influences and demands. It includes:

- maintaining the strategic direction of policy development and implementation;
- detecting and correcting undesirable trends and distortions;
- articulating the case for health in national development;
- regulating the behavior of a wide range of actors - from health care financiers to health care providers; and
- establishing transparent and effective accountability mechanisms.

Beyond the formal health system, governance means collaborating with other sectors, including the private sector and civil society, to promote and maintain population health in a participatory and inclusive manner. In countries that receive significant amounts of external development assistance, governance should also be concerned with managing these resources in ways that promote national leadership, contribute to the achievement of agreed policy goals, and strengthen national health systems. While the scope for exercising governance functions is greatest at the national level, it also covers the steering role of regional and local authorities.

'Governance for health' is defined as the attempts of governments or other actors to steer communities, countries or groups of countries in the pursuit of health as integral to wellbeing through both a 'whole-of-government' and a 'whole-of-society' approach. It positions health

and well-being as key features of what constitutes a successful society and a vibrant economy in the 21st century and grounds policies and approaches in values such as human rights and equity. Governance for health promotes joint action of health and non-health sectors, of public and private actors and of citizens for a common interest. It requires a synergistic set of policies, many of which reside in sectors other than health as well as sectors outside of government, which must be supported by structures and mechanisms that enable collaboration. It gives strong legitimacy to health ministers and ministries and to public health agencies, to help them reach out and perform new roles in shaping policies to promote health and well being. (http://www.euro.who.int/data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf dated July 18, 2014).

The World Bank definition:-

In the 1994 report entitled "Governance: The World Bank's Experience", the recent progress made by the Bank in this area is set out under four different aspects, which provide a template against which its governance work can be assessed:

(a) *Public-sector management.* This is the most readily identified dimension of the World Bank's governance work. The language of public-sector management is predominantly technical, changing the organizational structure of a sector agency to reflect new objectives, making budgets work better, sharpening civil-service objectives and placing public-enterprise managers under performance contracts.

(b) *Accountability.* Governments and their employees should be held responsible for their actions.

(c) *Legal framework for development.* Appropriate legal systems should be created that provides stability and predictability, which are the essential elements in creating an economic environment in which business risks may be rationally assessed.

(d) *Transparency and information.* The themes of transparency and information pervade good governance and reinforce accountability. Access to information for the various players in the market is essential to a competitive market economy.

Governance is the potential to enable sustainability of the effective health interventions as well as the ability to scale them up in order reach many more people. The three approaches to better governance in health are increasing government effectiveness, controlling corruption and giving voice to the people.

United Nations Development Program (UNDP) Definition:-

The definition of good governance is set out in a 1997 UNDP policy document entitled "Governance for Sustainable Human Development". The document states that governance can be seen as the exercise of economic, political and administrative authority to manage a country's affairs at all levels.

Good governance is, among other things, participatory, transparent and accountable. It is also effective and equitable. And it promotes the rule of law. Good governance ensures that political, social and economic priorities are based on broad consensus in society and that the voices of the poorest and the most vulnerable are heard in decision-making over the allocation of development resources.

Governance thus relates to both the Public and private sphere of human activity and sometimes a combination of the two. Interpretations can also be made that if focus of national political outlook towards Governance in Health sector can increase the likelihood of scale-up success in Health sector.

Health governance is the action and means adopted by a society to promote collective action and deliver collective action and deliver collective solutions in pursuit of common goals.

The Asian Development Bank (AsDB) Definition:-

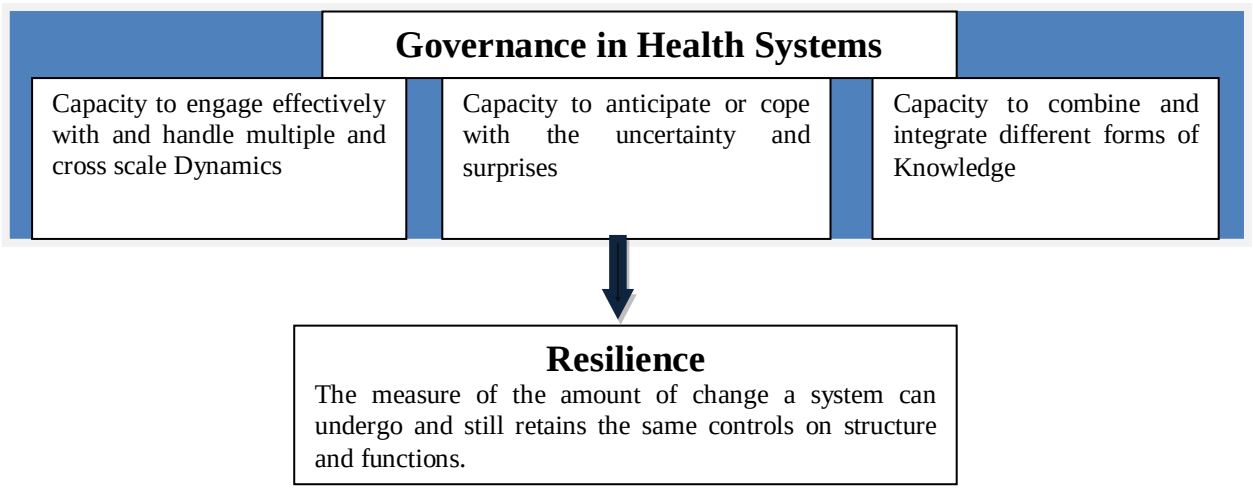
In an October 1995 policy paper called "Governance: Sound Development Management", the AsDB outlined its policy on this topic. Good governance is defined as "the manner in which power is exercised in the management of a country's economic and social resources for development". Further, in a separate opinion issued by the AsDB General Counsel, it was explained that governance has at least two dimensions:

(A) Political (e.g., democracy, human rights) and (B) Economic (e.g., efficient management of public resources)

According to Rosenaue (1990): Governance reflects to activities backed by shared goals that may or may not derive from legal and formally prescribed responsibilities and that do not necessarily rely on policy powers to overcome defiance and attain compliance. The other aspect to be addressed is identifying those critical elements of governance that prevent the efficient and fair delivery of health services to the common people (Karl Blanchet (2013) A Network Based Theory of Health Systems and Cycles of Well-Being" Department of Clinical Research, London School of Hygiene and Tropical Medicine, London, UK Received: 9 July 2013, Accepted: 23 July 2013, ePublished: 24 July 2013).

There is no single definition of Governance but it helps to make the situation easier, to rebuild the structure so as to improve the functioning more effectively. Moreover, it can be interpreted that although each of the elements of good governance is valid but works according to the needs and current scenario of that health systems.

Fig: 1: Three key factors of good governance in the health system



(Ref: 'Blanchet, K. (24 July 2013). Governance of health systems comment on "A network based theory of health systems and cycles of well-being".*Vol 1*, 179.)

"The process of decision making and the process by which decisions are implemented (or not implemented)" (UNESCAP 2009)

The term good governance is used with a great deal of flexibility there is no single definition or delineation of scope that is universally accepted. The United Nations Development Program (UNDP) identifies nine interdependent principles that are widely used to characterize good governance (UNDP 1997).

Strategic vision: Leaders and the public have a broad and long-term perspective on good governance and human development, along with a sense of what is needed for such development (UNDP 1997).

Participation: All men and women should have a voice in decision making, either directly or through legitimate intermediate institutions that represent their interests. Effective participation occurs when group members have an adequate and equal opportunity to place questions on the agenda and to express their preferences about the final outcome during decision making (UNDP 1997).

Transparency: Sharing information and acting in an open manner. Processes, institutions, and information are directly accessible to those concerned with them, and enough information is provided to understand and monitor them. Transparency allows stakeholders to gather information that may be critical to uncovering abuses and defending their interests.

Transparent systems have clear procedures for public decision making and open channels of communication between stakeholders and officials, and make a wide range of information accessible (UNDP 1997).

Consensus-orientation: Good governance requires mediation of the different interests in society to reach a broad consensus on what is in the best interest of the whole community and how this can be achieved (UNESCAP 2009).

Rule of law: The rule of law reigns over government, protecting citizens against arbitrary state action, and over society generally, governing relations among private interests. The rule of law is an essential precondition for accountability and predictability in both the public and private sectors (UNDP 1997).

Equity: Impartial or just treatment, requiring that similar cases be treated in similar ways (UNDP 1997).

Effectiveness and efficiency: Processes and institutions produce results that meet needs while making the best use of resources at their disposal (UNDP 1997).

Responsiveness: Institutions and processes try to serve all stakeholders within a reasonable timeframe (UNESCAP 2009).

Accountability: The requirement that officials answer to stakeholders on the disposal of their powers and duties, act on criticisms or requirements made of them, and accept (some) responsibility for failure, incompetence, or deceit. Accountability requires freedom of information, stakeholders who are able to organize, and the rule of law (UNDP 1997).

The above-mentioned definitions are also basically the principles of a health system governance. The Principles are as follows:

- Strategic Vision
- Participation and consensus orientation
- Rule of law
- Transparency
- Responsiveness
- Equity
- Effectiveness and Efficiency
- Accountability
- Intelligence, information
- Ethics

To summarize governance is not limited o government only. Governance is defined in different ways. In some cases, the focus is solely on governments and how they function and exercise authority. Other definitions address protection of the public interest, stakeholder involvement, and use of public resources, leadership or direction of organizations, decision making, and accountability.

A compilation of various frameworks of good governance in health system/ sector of developed and developing nations are presented (Table 1).

Table 1: A summary of 12 governance frameworks

Sr. No.	Name of the Journal/ Report	Principles →	Geographical Accessibility	Availability	Affordability	Acceptability	Community Participation	Health Equity	Performance Management	Fairness	Legitimacy and Voice	Responsiveness	Transparency	Equity and Inclusiveness	Intelligence and Information	Ethics	Strategic Vission/ Leadership	Accountability	Third Part decision making quality - PDCA
1	Addressing access barriers to health services: An analytical framework for selecting appropriate interventions in low-income Asian countries		√	√	√	√	√	√	√	X	X	X	X	X	X	X	X	√	X
2	Framework for assessing governance of the health system in developing countries: Gateway to good governance		X	X	X	X	√	√	X	√	√	√	√	√	√	√	X	√	X
3	Governance for health in the 21st century: a study conducted for the WHO Regional Office for Europe		X	√	√	X	√	√	√	√	X	√	√	X	X	√	X	√	X
4	Governance in High-Performing Community Health Systems Governance A report on Trustee and CEO Views		X	X	X	X	X	X	X	X	X	X	√	X	X	√	X	√	X
5	Governance of Health Systems Comment on "A Network Based Theory of Health Systems and Cycles of Well-Being"		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	√	X
6	Governing for Health in Low and Middle-Income Countries Perspectives from the Field		X	X	√	X	√	X	X	X	X	√	√	X	X	X	X	√	X
7	Health Systems Assessment Approach: A How-To Manual		X	√	√	√	√	√	√	√	√	√	√	X	X	√	X	√	X
8	International Fund For Agriculture Development Good Governance: An overview		X	X	X	X	X	X	X	X	X	√	√	X	X	X	X	√	X
9	Leadership and governance in seven developed health systems		X	√	X	X	X	X	√	X	X	√	√	X	X	X	X	√	X
10	Leadership and governance of the health sector		X	X	√	X	√	√	√	X	X	√	√	X	X	√	X	√	X
11	Health system governance for improving health system performance, Report of a WHO global consultation		X	√	X	X	√	√	X	√	√	√	√	√	√	√	X	√	X
12	Strengthening evidence-based decision-making: is it possible without improving health system stewardship?		X	√	X	X	X	√	√	X	X	√	X	X	X	X	X	X	X

To the present capstone project, governance is discussed in a context of HSD project, namely AAAA HSD project and the background is discussed below.

About Health System Project

The AAAA Health System Development Project (HSDP) was planned for a period of five years (July 2004 to September 2009) and with performance driven extension it has continued till September 2011.

The project had three main components (Data from PIP of Project)

Component 1: Policy Development and Project Management

The component consisted of the following sub-components:

1.1: Improving the Institutional Framework for policy development

1.2: Strengthening Management and Implementation Capacity: Project Management Structure.

1.3: Strengthening Human Resources: Training and Capacity Building

1.4: Strengthening Health Management Information System.

Component 2: Improving Quality and Efficiency of Public Health Care Services at the Primary and Secondary Level

This component had the following sub-components:

2.1: Extending and Renovating Facilities under the Project

2.2: Improving Health Care Waste Management System

2.3: Upgrading Quality and Effectiveness of Clinical Management and Support Services

2.4: Improving Referral Mechanisms and Linkages with Primary and Tertiary Level

Component 3: Improving Access to Health Care Services for Poor Populations

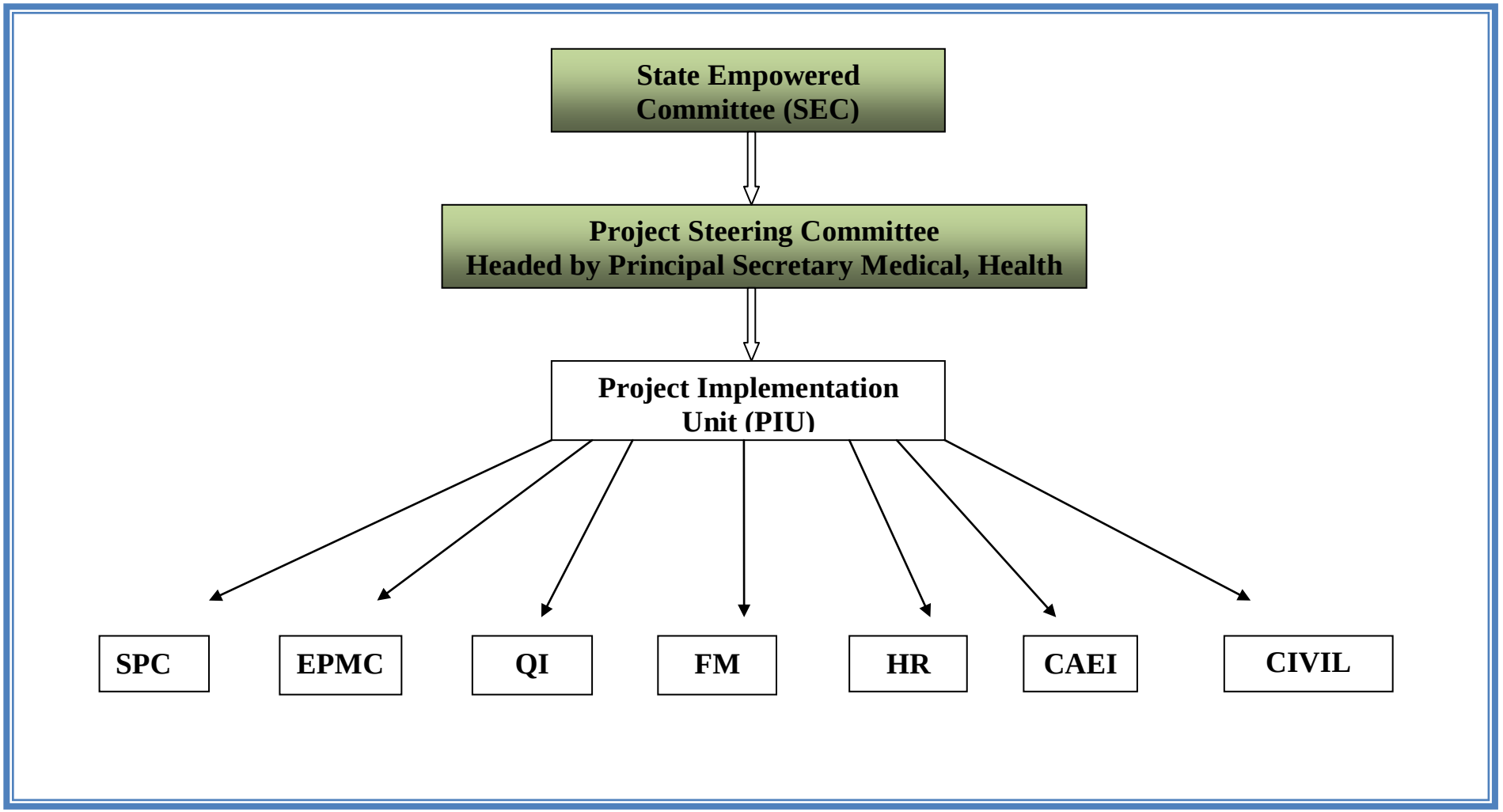
This component had the following sub-components:

3.1: Improving Health Seeking Behavior in Community

3.2: Enhancing Access to Health Care

3.3: Supporting Public-Private Partnerships

Fig.2: AAAA State Level Health System Project Organogram



METHODOLOGY

Based on the governance principles, a framework has been developed and past direct and participatory observations (working in a health system project) were examined under the health system development project. In addition, leadership situation was examined under the project. Financial accountability was examined in a narrowed way in terms of allocated funds and the expenditure made.

Different literatures were reviewed and net surfing was done to prepare the frameworks, results and drawing conclusion.

RESULTS

The results are discussed as per the objectives of the capstone project.

Role of governance in health system development

Before we discuss the role of governance, to understand better one of the health system project is discussed briefly. The AAAA Health System Development Project (HSDP) was planned for a period of five years (July 2004 to September 2009) and with performance driven extension it has continued till September 2011. The project had three main components (ref: PIP)

Component 1: Policy Development and Project Management

Component 2: Improving Quality and Efficiency of Public Health Care Services at the Primary and Secondary Level

Component 3: Improving Access to Health Care Services for Poor Populations

Health system governance concerns the actions and means adopted by a society to organize itself in the promotion and protection of the health of its population (Dodgson R, Lee K, Drager N, WHO, 2002). Health systems governance is a critical factor because every health system needs to demonstrate results and accountability in the changing demographics and epidemiologic scenario, a fast growing private health sector and medical technology.

Without effective governance all the desired results, i.e. enhancing the performance, effectiveness and efficiency of the health system might not be achieved. Governance has a significant role in health system development. The role of governance means having shared vision across the system and establishing transparent policies, and guidelines to implement the plan in desired manner. At the same time the governance role is improving health levels among disadvantaged group and backward regions in participatory decision making (involving key stakeholders). In addition, fostering public-private partnership (joint action of health and non-health sectors) and establishing mechanisms for improved health management information systems which may help in decision making, are also major roles of good governance.

W H O defines health governance; the governance of the health system and health systems strengthening. In this manner, health system governance concerns the rules and institutions that shape policies, programs, and activities related to achieving health sector objectives. These rules and institutions determine which societal actors play which roles, with what set of responsibilities, related to reaching these objectives. If citizens are also take part in decision making for a common interest, that is, raising health status, is called ‘governance for health’.

To analyse the data (limited data as per the recall of experiences and some figures and document) of the HSD project from the governance perspectives, the following framework was used. To my understanding '4 As' like Availability (Ensuring the availability of medicines, supplies, equipment, and facilities so health workers can perform), Accessibility (how easily accessible, easy to use, friendliness, understanding and openness is there in the system), Acceptability (how suitable any reform or a new venture is to the community) and Affordability (the purchaser/government is in accords with the resources to provide service delivery for the people) are the overall objectives of any health system development project.

Therefore, the framework for a HSDP is limited to strategic vision/ leadership, participation (not limited to community only), health equity, performance management, fairness/ transparency, legitimacy and voice, equity and inclusiveness, information system, decision making, and accountability. For each principle, indicators were also identified as per the information collected or recalled.

Table 2: Derived framework for HSDP and its' indicators

Principles	**Proposed Indicators for HSDP (as per the information collected/ recalled)**
Strategic vision / leadership	Head of the project by tenure
Participation	Involvement of NGOs/ voluntary organization
Health equity	Gender and caste
Performance management	Review of performance against the targets
Fairness/ Transparency	Availability of project implementation plan and guidelines
Legitimacy and voice	Procurement process
Equity and inclusiveness	Vulnerable population like scheduled caste and schedules tribes
Information system	Availability of computerized information system
Decision making	Participatory decision making based on evidence
Accountability	Financial and targets-wise

Proactive or reactive approach:

The planning in state government is proactively done at the central directorate level; this process is accomplished mainly through some handful people. The process of planning takes long time and by the time of implementation the requirements have been changed. Therefore it can be inferred that the approach of planning is proactively done but performance in the field is seldom done.

Strategic Vision/ Leadership:

For good governance of the AAAAHSDP, the vision of the project is as follows:

For good governance stewardship is one of the major indicators. We understand that leadership is for transforming the change in the system and why this change, surely for good governance. At the same time it is important to focus on the organizational culture to thrive the basic ethos/ values.

Leadership is big term and we understand that any person at any stage of hierarchy may be in a leadership role. However, in the government system, we follow the leadership as per the designations in hierarchical system and therefore, the “project director” position was considered as the “leadership position”. The commitment to the vision; and shared vision is the most important. The Table 1 shows that average duration of a PD was about less than 12 months. The frequent change of the leadership position has significant impact towards the understanding vision and its implementation.

Table 3: Details of leadership of the RHSDP

Sr. No.	PD/ APD	From	To	Total period in months/Days
1	X	June 2004	May 2006	24 months
2	XX	May 2006	April 2007	11 months
3	XY	April 2007	May 2007	20 days
4	YY	May 2007	Oct 2008	17 months
5	XXYY	Nov 2008	Dec. 2008	1 month
6	YYY	Dec. 2008	30 Dec. 2008	20 days
7	XXXX	31 Dec. 2008	31 Dec. 2010	24 months
8	YYYYY	Jan. 2011	March 2012	15 months
	Average months= 93/ 8 i.e. approximately less than 12 months		Total Months	93 months

(Data collected from DOP site/ RHSDP data center Rajasthan Govt.)

Implementing governance at the policy and health development stage should be the key factor to be introduced in the health sector especially in the developing countries.

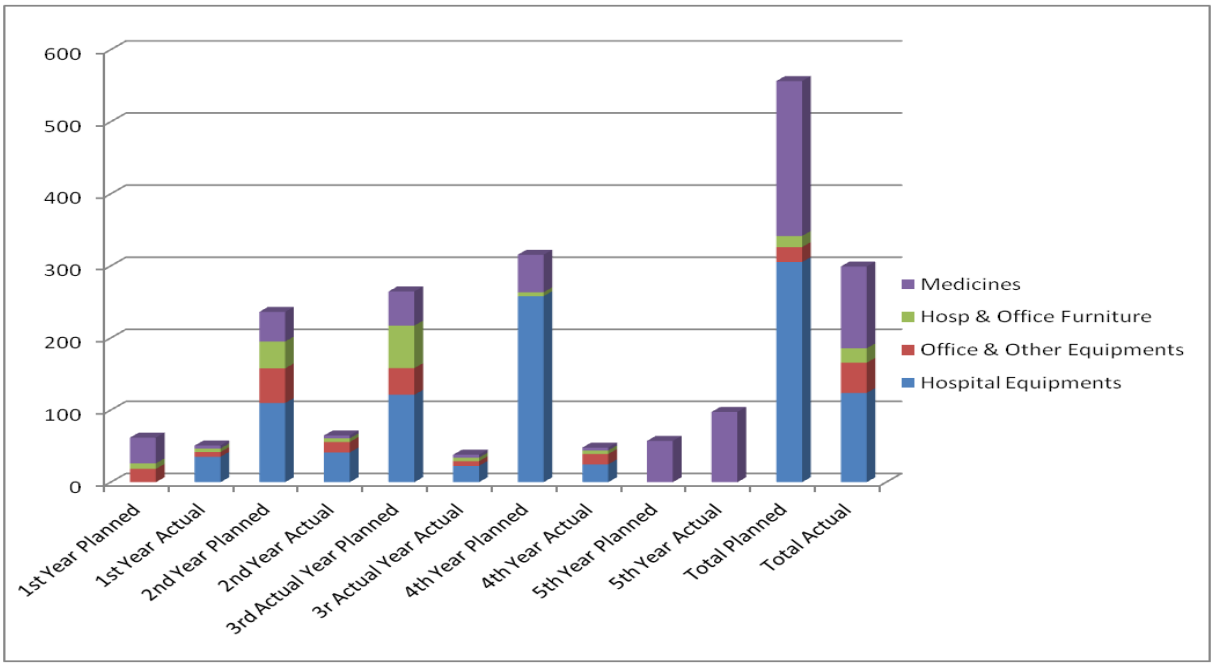
Financial accountability (Monitoring is based on expenses vs. budget)

Table 4: Details of procurement expenses (in million INR) of 2004-2009 years

Type of expenditure	1st Year		2nd Year		3rd Year		4th Year		5th Year		Total	
	Planned	**Actual**	**Planned**	**Actual**	**Planned**	**Actual**	**Planned**	**Actual**	**Planned**	**Actual**	**Planned**	**Actual**
Hospital Equipments	0	35.3	109.81	41.21	121.28	22.61	258.06	24.71	0	0	305.38	123.84
Office and other Equipments	18.47	6.5	48.1	14.55	36.96	6.5	0	14.3	0	0	20.8	41.85
Hospital and Office Equipments	7.62	5.0	37.2	5.0	59.02	5.0	5.41	5.0	0	0	15.41	20.0
Medicines	35.79	4.0	41.16	4.0	47.34	4.0	52.07	4.0	57.28	97.54	214.89	113.54
Total	61.88	50.8	236.27	64.76	264.6	38.11	315.54	48.01	57.28	97.54	556.48	299.23

The difference in cost during the time of budget allocation and actual procurement. The total cost of the proposed project was estimated at about **Rupees 4725.77**millions including taxes and duties, this amount also included civil works, IEC material and other, miscellaneous expenses. This data reflects total mismatch of planning and actual expenditure (Table 5).

Fig: 3: A comparison between the planned and actual expenses (in million INR) under the AAAA HSDP



The Fig. 3 shows lack of efficiency and effectiveness, in procurement process planning, budgeting and implementing process of government sector. Although the World Bank procurement process were adopted but due to following reasons there was delay in process:

- Lack of coordination between demand and supply.
- No policy on complain disposal during Bidding process.
- Shortage of technical staff and overburdened existing staff.
- Political interference.
- Due regular transfer posting causes delay in decision making process.

Resulting in unutilized costly instruments and equipment purchased but for no benefit to the people. This causes direct impact on the people who are paying heavy taxes to the government.

Some of the photographs are attached showing unutilized equipment and instruments lying in hospital store rooms:

Cervical Biopsy set not in use

300 mA X-Ray machines packed, not in use

Eight Pulse Oxymeter for burn and Trauma Wards lying unused

Laparoscope lying packed/ not used

Table 5: Review of AAAA HSDP against the governance framework

	Contributed towards good governance	**Not good for the project's governance**
Strategic vision / leadership	Head of the project was available throughout the project period.	The Ho. PD was not necessarily from health sector and was appointed for <12 months on an average (Table 3).
		This not only causes a lot of financial burden on the government but also delays the work of such a vital component of the system. As doctors and other paramedical staff are given sufficient time to join their duties i.e. 7- 15 days including TA and DA types of allowances. Thereby the post on which the employee was working remains vacant till the other person joins.
Participation	NGOs were involved of for training in quality, health care waste management, creating information, education and communication and utilization of IEC/ BCC material	This involvement was for the activities but not to develop as a continuous process till the outcome has been achieved. The IEC/ BCC material was produced in bulk but required more user-friendly and updated as per the need
	Public-private partnership for MIS software (*e-aushadhi*) and information system networking	
Health equity	Women (widows and pensioners) were considered as vulnerable groups	To some extent the women were able to receive the services but without adequate awareness, the poorest of the poor could not.
	A national conference on gender mainstreaming was organized	Not a single recommendation of the conference was implemented.
	Weekly meetings were organized through video-conferencing to review the performance against the targets. The best performer was rewarded and recognized	Assessment of performance was in general, not considering the area-wise analysis (e.g. hard-to-reach areas, tribal areas, etc.)
	Constant interference of World Bank staff definitely reflected some noticeable improvement in the health standards but the outcome could have been better	

	Contributed towards good governance	Not good for the project's governance
	if consistent work force was involved.	
Fairness/ Transparency	Implementation of the activities was done as per the project implementation plan	Proportion of medical staff, related doctor patient ratio and Nurse patient ratio should be according to IPHS (Indian Public Health Standards). These ratios due to political intervene and personal benefits of medical staff were not followed.
		No transfer policies have been formed. A lot of corruption, dictatorship of white collar people and involvement of political people was seen. Due to change in the leadership of government frequency of transfer of doctors and other paramedical staff is widely seen in the department.
Legitimacy and voice	Procurement process was based on the lowest financial proposal	Low financial proposal does not mean the good quality of the product and therefore, compromising with the quality has direct effects of the services (direct observation).
		Due to legal litigation of medical staff on the government orders and pending of decision from judiciary point of view was a major drawback due to which timely and legitimately medical services were affected.
Equity and inclusiveness	Drug and medicines were distributed free-of-charge for the vulnerable population like scheduled caste and schedules tribes, widows, pensioners, and handicapped persons	All the essential drugs were not procured during the project period for the vulnerable population
Information system	Availability of online information system- free flow of information for all health matters; directly accessible to those concerned;	Enough information was not provided to understand and monitor health matters to make the appropriate decision making
Decision making	The program was very well planned and implemented well in its initial years by involving the officials in decision making	Staff recruitment was not done on the basis of merits or required qualification (understanding of health system functioning and desired serving attitude)) and therefore, the decisions were made in consultation

	Contributed towards good governance	Not good for the project's governance
		with the super seniors without availability of evidence
Accountability	A decentralized system was in place up to the district level. They were monitored on weekly basis against the targets.	The poor performers were not addressed with their real problems and were not facilitated to overcome it.
		Uneventful transfers of project directors by the ruling government reduced the accountability of the leader of the project. It also violated the guideline of the project implementation plan where it was mentioned that no transfers of any project person should be done at least during the project period (Table 3).
		The effectiveness of the health system project was attributed by financial accountability only (Table 4). A question emerges that whether it is sufficient to achieve the agenda of "development" under the health system development project?

The results show that there was scope for better governance in implementation of AAAA HSDP.

DISCUSSIONS

Every heath system has to provide not only the health care services (make the services available) but also make the geographic access to it. At the same time it is important that community should accept the services, and also can afford the direct and indirect cost of the services. If it is done smoothly and the objectives are met, it is called good governance.

Keeping in view the above-mentioned principles and framework (which is based on the available frameworks and principles), I find some missing links in terms of action points to implement effective or good governance.

Health is a basic human right. The World Bank supported HSDPs have focused on reforms to the financing, management, and structure of health systems. Protecting and promoting health and respecting, and fulfilling human rights are inextricably linked. However, it is observed that the framework did not mention explicitly the right-based perspective. In this perspective, all the health providers are “duty-bearers” and the community is “right-holders”.

The experience also draws attention towards the competencies of the project staff, especially health system development project staff. Competency (knowledge, attitude and skills) related to health system, which includes not only the government, health providers and the community. In general, community is not considered and therefore, lack of community participation rather lack of community engagement is observed.

Accountability is discussed but what about sustainability? Health system development projects are “development” project and need not to limit to propose activities rather should be continued for long. There is not mention of sustainability.

To include ethics, desired organizational culture need to be created. It may be the responsibility of leadership but I could not find any clarity mentioned about the same.

Similarly, if I consider the action points, concern for quality, teamwork, value for money are some of the issues need to address attention to achieve the effective governance.

Proposed model for governance for HSDP

WHO mainly relates the governance with stewardship (generation of intelligence, strategic policy direction, ensuring the tools for day to day functioning, fit between the objectives and the organizational structure, accountability and building partnerships). It is also important to develop such kind of capacities to govern the health system.

To discuss in terms of what to do, we need people who understand health systems. Any person without having a fair understanding of health system may not be able to govern the system effectively. In general, health system means the government structure of health (state to sub-center level). But the question is who produces health, certainly the health system does not produce the health; rather facilitate the household who actually produces health. These people should also have listening skills. The government needs to take care not to change health officials like pawn on a chess board. It would be better if we develop competency framework and define clear roles and responsibilities with the desired outputs and outcomes in both qualitative and quantitative terms.

Appropriately allocation of required resources, like, a team of human resources, availability of equipment and material which are necessary to accomplish the day-to-day work, and provision of regular maintenance of the equipment are important for good governance. We need to appreciate principle of "interdependence" because a complete healthcare service is not only based on "one" rather "many" important resources collectively. In case one critical "link" is missing, it means all other resources may not be utilized because of just one.

Concern and commitment for quality is not limited to the top management but for good governance, it is important that each and every person need to feel competitive for quality – journey of excellence.

Another important aspect is "teamwork" for good governance. It means mutuality and working together.

Generally, at the end of the financial year all the allocated funds need to be saturated. It needs timely allocation and release of funds so that all the planned activities are conducted sequentially to meet the desired results as per the annual plan. Financial accountability is acceptable only with the community benefits. For example, training, development of IEC material, procurement of equipments are important and mostly achieved because these are just outputs. Until we link the outputs with the outcomes, we are not fair and not demonstrated value for money.

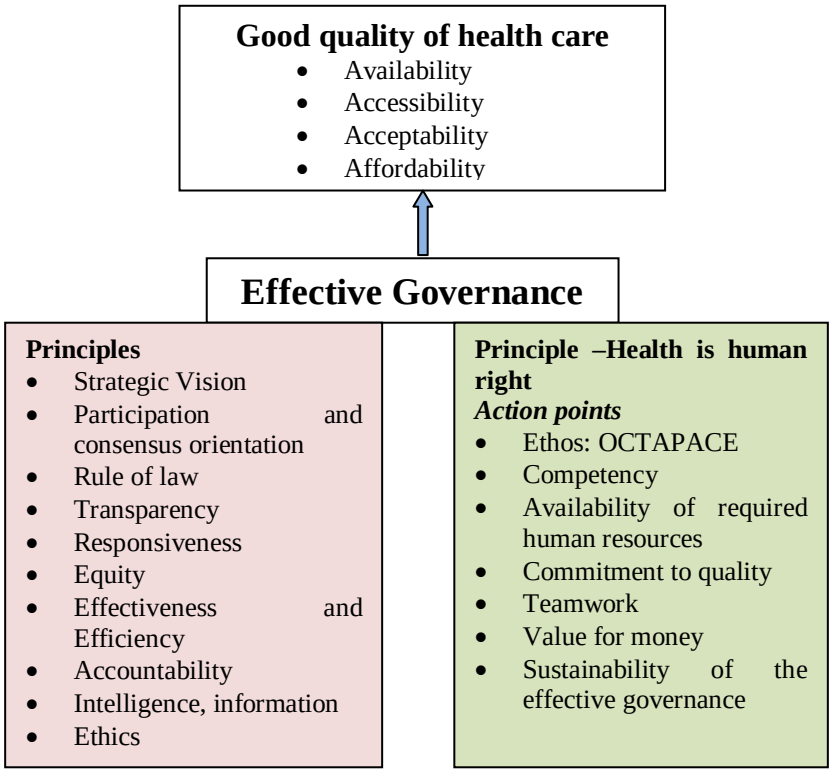
Technology advancement is faster than the improvement of heath status. We need to appreciate value for money by utilizing the updated latest technology so that every layperson can be benefited by using that, if required.

Participation principle is good but we would propose community engagement. People and households are also engaged in various activities. Engagement is two-way process. They need to be engaged in visioning.

Once effective governance is felt, and archived but so what? It needs to be continued and this should be considered as a benchmark for further improvement. Sustainability of the good efforts needs to be concerns for all, especially the leadership. The health system has to institutionalize the successful efforts to sustain that level. Sustainability model has to be worked out after extensive research work. In addition, human factor (a small group orientation to collective orientation) is also important while we plan for roll over model.

Health is neither a political priority nor a household priority and therefore, effective governance is much more required.

Fig: 4: Proposed Model of Governance for health system project



The proposed model mentioned above is OCTAPACE Profile which was proposed by Professor Udai k. Pareek. (OCTAPACE profile is a 40-item instrument that gives the profile of organization's ethos in eight values). Refer to the principles of ethics to discuss the good governance model proposes ethos- the psyche of good governance in terms of actionable points:

Openness: A spontaneous expression of feelings and thoughts, and the sharing of these without defensiveness. Openness is in both directions, receiving and giving. Both these may relate to ideas (including suggestions), feedback (including criticism), and feelings.

Confrontation: Facing rather than shying away from problems. It also implies deeper analysis of interpersonal problems. A better term would be confrontation-cum-exploration.

Trust: Maintaining the confidentiality of information shared by others, and in not misusing it. Trust is also reflected in accepting what another person says at face value, and not searching for ulterior motives. Trust is an extremely important ingredient in organization building processes.

Authenticity*:* Congruence between what one feels, says and does. It is reflected in owning up one's mistakes, and in unreserved sharing of feelings.

Pro-action*:* Taking initiative, preplanning, taking preventive action, and calculating the payoffs of an alternative course before taking action.

Autonomy*:* Using and giving freedom to plan and act in one's own sphere. It means respecting and encouraging individual and role autonomy.

Collaboration*:* Giving help to, and asking for help from, others. It means working together (individuals and groups) to solve problems and team spirit.

Experimenting*:* It means that by use and encouraging innovative approaches to solve problems, using feedback for improving, taking a fresh look at things and encouraging creativity.

CONCLUSION

Health system development projects without political will are no longer a vehicle for development and improving health status. This fact can be attributed in significant manner while planning for strengthening health systems. At the end, I would refer Mr Abraham Lincoln's words which are true for any health system development project that these should be "**of the people", "by the people"** and **"for the people"** for effective governance**.**

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