Third Governance for Health Roundtable Conference

Summary Report
September 29-30, 2014

Summary Report of the Third Roundtable Conference on Governance for Health
Cape Town, South Africa
September 29-30, 2014

Governance is good when decisions are based on information, evidence, and shared values; the process is transparent, inclusive, and responsive to the needs of the people the organization serves; those who make and those who implement decisions are accountable; strategic objectives are effectively, efficiently, ethically, and equitably met; and the services the organization provides are sustained in the long run. Good governance is increasingly seen as an essential part of strengthening health systems[1] and enhancing country ownership.[*]

In collaboration with the Health Financing and Governance (HFG) Project, the Health Policy Project (HPP), and the CapacityPlus Project, the Leadership, Management, and Governance (LMG) Project convened the Third Roundtable Conference on Governance for Health to share experiences in governance development in the health sectors of low- and middle-income countries, and to explore trends and strategies for establishing good governance. This two-day conference was held in Cape Town, South Africa, on September 29-30, 2014, in conjunction with the Third Global Symposium on Health Systems Research 2014.

The roundtable conference had six themes:
1. Measuring the impact of governance and generating evidence
2. Transparency, accountability, and trust as good governance
3. Inclusive governance: engaging women and traditionally marginalized populations
4. Political will and governance
5. Case studies in governing decentralized health systems
6. Investing in good governance for health

Sessions lasting 90 minutes to two hours were centered on the above six themes. The seventh session was the concluding session (see the Program schedule in *Annex 1*). Over 40 governance experts, thought leaders, and practitioners participated in the deliberations (see *Annex 2* for the list of participants, *Annex 3* for participant biographies, *Annex 4* for links to the conference video, and *Annex 5* for links to the conference blogs).

This report summarizes observations from the six sessions of the Roundtable Conference, and distills key lessons from each. Recommendations and action plan ideas that emerged at the conclusion of the conference, and progress in their implementation are also included.

Conference proceedings were audio and video recorded. This report is based on the transcript of the proceedings, conference presentations, conference-related blog posts, and other materials referenced above.

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[1] Management Sciences for Health (MSH) understands that governance for health embraces many dimensions and types of health sector organizations; however we focus on this definition of governance for health service delivery organizations in resource constrained countries. Governance is a structured process wherein a group of people (usually referred to as a governing body or board) make decisions about policy, plans and rules of collective action, and use power and resources to define, protect, promote and achieve the health mission of an organization, system, program, country or institution.

*Session 1 (**Evidence and Impact**)* participants acknowledged that ***context matters.*** In generating evidence, one should look at methods that integrate a consideration of context. Governance interventions—unless there is a clear, proximal, cause-effect relationship—will benefit from mixed methods assessments, case studies, and newer methods like **contribution analysis** (step-by-step approach designed to help managers, researchers, and policymakers arrive at conclusions about the contribution their program has made to particular outcomes) and **realist review** (a relatively new approach to synthesizing research that seeks to unpack the mechanism of how and why complex interventions thrive or fail in a particular setting, designed for complex interventions) that are being used to examine complex interventions. Colleagues felt that understanding what works, why, and in what context provides an essential grounding to advance effective governance interventions at all levels of the health sector.

This first session, which focused on the **challenges and opportunities of generating evidence**, resulted in five key findings:

1. Donors and development partners, civil society organizations, and public officials and governments may have different perspectives on what good governance is and how it improves service performance, but all models could use more evidence of impact.
2. Establishing causal link between interventions and results is a challenge; resources should be invested to explore the association if not causation.
3. Exploring the impact of governance practices will benefit from mixed methods assessments, case studies, and newer methods like contribution analysis and realist review that are being used to examine complex interventions.
4. A realistic theory of change or conceptual framework for the governance intervention is essential to build a monitoring and evaluation plan. LMG Project is working on it in collaboration with the cross-sectoral team in USAID's Center of Excellence on Democracy, Human Rights and Governance.
5. Ex-post evaluations (evaluations conducted after a certain period has passed since the completion of the intervention) provide the most opportunities to move the field forward. These studies focus on two criteria: impact and sustainability. Their results can be fed back to interventions in the planning phase. They are less expensive compared to experiments and quasi-experiments in terms of time and resource cost.

*Session 2 (**Transparency, Accountability, and Trust**):* Transparency is foundational to accountability. Without accurate insights into focus of, criteria for, participants in, and the results from the governance decision-making processes, it is very difficult to achieve true accountability.

Key findings from the second session include:
1. ***Transparency is foundational*** to accountability to remedy asymmetries of information among citizens, service providers, and state actors. Collaboration should be established between Transparency International, donors and implementing partners.
2. ***Capacity gaps*** (on the part of those who are positioned to demand accountability) and ***incentive gaps*** (on the part of those who should be held accountable) create barriers for establishing accountability. These should be addressed when strengthening the work of governing bodies. Addressing gaps in the supply and demand for accountability is critical to sustainable governance improvement activities. Without groups of people calling for accountability, there may be few incentives for health facilities and institutions to increase accountability and change

the way they operate. Likewise, without the ability to implement changes through policies, systems or oversight, calls for increased accountability are often not implemented.

3. The link between *accountability and legitimacy* can be understood in two ways—external and internal.
   - Externally, if more accountability results in better health services, the public has greater trust and confidence in the system to deliver, and they may be more willing to access services more regularly.
   - Efforts to strengthen internal accountability often face hurdles as they challenge the existing power structure. The incentives to move forward can be easily derailed. Building the legitimacy of the efforts themselves is critical for their sustainability.

Participants in *Session 3 (Inclusive Governance)* discussed engagement of women and traditionally marginalized populations in governance. Meaningful engagement in health systems governance must include the involvement of beneficiaries and vulnerable populations—from situation assessment and evaluation, to significant consultation with them on operational plans and priorities, as well as involving them in all phases of programming and research, and engaging them in advocacy for continuous system performance improvement.

Key findings from *Session 3* include:
1. Meaningful engagement in health governance must include *the involvement of beneficiaries and vulnerable populations* in situation assessment and evaluation, consultation with them on operational plans and priorities, involving them in all phases of programming and research, and engaging them in advocacy.
2. Bringing vulnerable and marginalized populations into health systems improvement conversations is imperative so their voices are heard, and so they can make meaningful contributions to improving their own situations.
3. Conflict resolution, negotiation, and collective action have very *strong political dimensions*. These are central to inclusive governance and at the same time make it quite complex and dynamic.
4. *Training of key populations to engage with governance structures and strengthening networks* by linking them to policymakers, helping them develop and implement advocacy plans, and mentoring are some of methods available for building the capacity of marginalized populations.

Session 4 (Political Will) was moderated by Derick Brinkerhoff, Distinguished Fellow in International Public Management, from the Research Triangle Institute (RTI) and Health Policy Project.

The four key findings from this session include:
1. Country officials are at the forefront of reform efforts. *Political will* is the commitment of health system actors to act on policy objectives and sustain the costs of those actions over time.
2. Strong political will to improve health *translates into health system successes*.
3. Political will has seven components that *can be rated* on a sliding scale to capture degrees of political will, from weak to strong:
   a. Government initiative for policies and programs
   b. Choice of policies and programs based on scientific evidence and technically-sound options
   c. Mobilization of stakeholders
   d. Public commitment and allocation of resources
   e. Design and application of credible incentives

      f.   Continuity of effort

      g.   Learning and adaptation

4. Applying a more rigorous analytical framework to political will can move health systems much closer to the goal of strengthening health systems for the long run.

*Session 5 (**Case Studies**)* - the case study presentation and roundtable discussion portion of the conference - began with lead remarks by Diana Cammack, Research Associate, Overseas Development Institute, and Senior Democracy Fellow in the Cross-Sectoral Team in USAID's Center of Excellence on Democracy, Human Rights and Governance. The discussion in this session focused on lessons learned in Malawi, Uganda, Rwanda, and Niger with respect to how health and sanitation services are governed at local level, to what impact, and what could be done to improve them. It then explored two case studies—Devolution in Kenya and Provincial and District Health Governance in Afghanistan.

Key lessons learned from the case studies are:

1. Good governance, participation, transparency, and accountability comprise a normative or value-judgment based agenda driven by donors. Political economy is about finding out how nations and organizations are governed in reality.

2. Policy incoherence emanating from incomplete and poorly rolled out decentralization by central government results into many adverse consequences that constrain governance in improving service performance. These can range from fragmented authority, poor coordination of services in all the sectors, a non-rational use of funds and other resources, legal confusions, inconsistencies and ambiguities in the law, functional fragmentation, complex structures, over-complicated processes, multiple funding streams for local services, overlapping jurisdictions in a sector, conflicting authorities to jurisdiction and coordination failures.

3. Dysfunctional institutional arrangements lead to collective action failures in policy-making and they produce bad regulations and policies. Poor policy-making has an impact on service delivery at the local level. The quality of institutions is key to collective action.

4. The absence of credible sanctions or the discipline to enforce the rules leaves room for informal institutions, i.e., old arrangements and behaviors, to gain hold in the ministry.

5. It can take a long time to make change happen in the way nations, ministries, and organizations are governed.

6. USAID's Center of Excellence on Democracy, Human Rights and Governance has recently issued Political Economy Assessment (PEA) Field Guidance. PEA is a field-research methodology to explore not simply how things happen but why. It is particularly concerned with how power is used to manage resources. PEA asks questions about a set of factors that include politics, rules and norms, social and cultural practices, beliefs and values, and historical and geographical determinants. It can be applied at various levels and in different sectors. Deploying this tool before the governance intervention will help avoid some of the pitfalls mentioned above.

*Session 6 (**Donor Support**)* focused on donor investment in good governance for health. The main focus of the discussion during this session was on three donors—the United States Agency for International Development (USAID), the Department for International Development (DfID), and the Japan International Cooperation Agency (JICA). All three donors are investing to strengthen governance in country health systems and health service delivery organizations.

There were three main lessons from this session:

1. Governance is about political ownership, political buy-in, and political accountability.

2. Good governance is essentially the intermediate outcome; we must be able to demonstrate health impact of the governance interventions.
3. Donor coordination is important for the success of both national and subnational governance interventions.

The final, concluding session (*Session 7*) summarized the key findings from each session and generated recommendations to continue the international dialogue on practical ways to strengthen understanding about factors that encourage more effective governance practices for enhanced health system performance. Table 1 summarizes actions the participants suggested for the next 9 days, the next 9 weeks, the next 9 months, and the current status of their implementation.

Table 1. Recommendations and Next Steps

#	Actions Proposed by the Roundtable Participants	Responsible	Status as of 06/30/2015
9 days			
1	Encourage Blogging by all collaborators	Roundtable participants	Ten blog pieces written and posted on the LMG website
2	Share presentations and audio transcript	LMG	Presentations shared with all attendees, YouTube links will be shared
3	Share the Govern4Health smart phone app with all participants	LMG	Link sent to all participants
4	Report insights to HSR Cape Town Symposium Wednesday, October 1	LMG and HPP	Done in a special session at the Third Global Symposium on Health Systems Research 2014
9 weeks			
1	Establish "communities of interest" among participants on various aspects of governance identified in the Roundtable, e.g., inclusion, evidence, links to governing finance organizations, links to policy and political-economy assessments etc.	Roundtable participants	To be explored
2	Circulate conceptual framework for governance and Theory of Change related to interventions and indicators that drive capacity development for better governance for health system and health programs	LMG	Conceptual Framework and theory of change regarding LMG's governance interventions have been discussed with the Cross Sectoral Programs Division of USAID's Center of Excellence on Democracy, Human Rights and Governance
3	Share video clips with the collaborators and on the web portal	LMG	To be done
4	Encourage blogging among participants	Roundtable participants	Ten blog pieces written and posted on the LMG website
5	Petition Health Systems Research Global Symposium to establish Thematic Group on Governance	LMG working with Roundtable participants	To be explored
6	Society for International development – Washington Chapter Roundtable in Washington DC scheduled on November 4 is recorded for virtual access	LMG	Seminar was successfully conducted. Audio recording & audio transcript are available.

7	Design joint study with LMG HPP, HFG, others on evidence that smarter governance matters	Implementing Partners	Possibilities are being explored
9 months			
1	Develop standard set of indicators for good governance that can be used in research on G4H effectiveness	Implementing Partners	HFG is currently working on this per guidance from the Office of Health Systems
2	Explore collaboration on Health Sector Governance Index with Mo Ibrahim Foundation	MSH	MSH Governance Technical Lead is in discussion with the Foundation
3	Establish enhanced links with governance groups in DFID, USAID, WHO and World Bank	LMG and MSH	Link with these groups has been established
4	Arrange webinars for follow-up and follow-through	LMG	Two webinars and two seminars have been successfully conducted
5	Contribute to MSH new reference text "Leaders Who Govern" as sequel to "Managers Who Lead"	LMG and MSH	The Leaders Who Govern book is ready and will be released in public domain in August 2015
6	Publish series of case studies on good governance samples and also failures	LMG	LMG published a case study in peer-reviewed journal Conflict and Health and in USAID Top Ten Health Systems Strengthening Cases 2014
7	Explore new G4H Roundtable with additional players Fall 2015	LMG and MSH	Proposed in PY5 work plan of LMG, to be conducted in collaboration with Africa Union at Addis in January 2016

[*] Azfar, Omar, Satu Kahkonen, and Patrick Meagher. *Conditions for effective decentralized governance: A synthesis of research findings.* IRIS Center, University of Maryland, 2001, 67–73.

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1. **Conference Venue**: Hotel Park Inn by Radisson Cape Town Foreshore
   Erven 113 and 114 Roggebaai Foreshore – 8000 – Cape Town – South Africa – +27 (21) 427 4800
2. **Facilitators for the conference**: Noddy Jinabhai, Ministerial Representative on the Academy for Health Leadership and Management in South Africa, and Jim Rice, Project Director, Leadership, Management, and Governance (LMG) Project
3. The summary of the discussion to be presented to the Global Health Systems Research Symposium via a panel on Wednesday, October 1, 4:30 – 6:00 pm in room 1.63-1.64.

Sunday, September 28, 2014

6:00pm – 8:00pm	**Evening reception for participants and guests from the Third Global Symposium on Health Systems Research** Hilton Cape Town City Centre 126 Buitengracht Street, Cape Town, 8001, South Africa TEL: +27-21-4813700 FAX: 27-21-4813701

Monday, September 29, 2014

7:30am – 8:00am	**Refreshments and registration:** Sarah Lindsay
8:00am – 8:30am	**Welcoming remarks. Review agenda and objectives. Introductions** § Opening Statements: Jim Rice, Temiyato Ifafore, Health Workforce Technical Advisor, USAID Global Health Bureau, Office of Population and Reproductive Health, Services Delivery Improvement Division, and Dr. Ayanda Ntsaluba, Former Director General Health, South Africa § Participant Introductions § Reporting of the outcomes of the first two roundtables – Jim Rice § Review of Agenda – Jim Rice
8:30am – 10:00am	**Lead Project: HFG** **Session 1: Measuring the value of health sector governance** Moderator: Catherine Connor, Deputy Director, Health Finance and Governance (HFG) Project, Abt Associates Inc. Panelists: § Marian Eslie Jacobs, Health Research, Health Systems Strengthening and Child Health Expert, South Africa § Reshma Trasi, Director, Monitoring, Evaluation and Research, LMG Project, Management Sciences for Health § Suneeta Sharma, Project Director, Health Policy Project, and Futures Group Roundtable discussion and report out

10:00am – 10:30am	**Break: Networking and phone calls**
10:30am – 12:30pm	Lead Project: LMG **Session 2: Transparency, Accountability, and Trust: Bridges to more equitable access to services** Moderator: Chantal Uwimana, Regional Director for Africa, Transparency International Panelists: § Taylor Williamson, Health Governance Specialist, RTI International and Health Policy Project § Mahesh Shukla, Senior Technical Advisor, LMG Project, Management Sciences for Health § Jeremy Kanthor, Governance Advisor, HFG Project, DAI Roundtable discussion and report out
12:30pm – 1:30pm	**Light Lunch and Networking**
1:30pm – 3:00pm	Lead Project: LMG **Session 3: Inclusion: Engaging vulnerable and marginalized populations in governance for health gains** Moderator: Dr. Ayanda Ntsaluba, Former Director General Health, South Africa Panelists: § Laili Irani, Senior Policy Analyst, Health Policy Project, Population Reference Bureau § Dheepa Rajan, Technical Officer, Dept. for Health Systems Governance and Financing, World Health Organization, Geneva § Dirk Mueller, Regional Health Advisor, DFID Roundtable discussion and report out
3:00pm – 3:30pm	**Break and Networking**
3:30pm – 5:00pm	Lead Project: HPP **Session 4: Politics and health governance: Strategies for ensuring commitment to health systems** Moderator and Lead Remarks: Derick Brinkerhoff, Distinguished Fellow in International Public Management, RTI International (Research Triangle Institute) and HPP will frame the discussion *A model of political will for strengthening health systems.* Discussants: § Aaron Mulaki, Health Systems/Public Administration Advisor, RTI International, and Health Policy Project, Kenya – Political will and decentralization in Kenya § Anele Yawa, Treatment Action Campaign Representative § Christopher Tapscott, Director, School of Government, University of the Western Cape Roundtable discussion on own experiences with political will challenges and the strategies used to overcome them and report out

5:00pm – 6:00pm	**Lead Project: LMG**
	Session 5: Case studies: Governance of health service delivery at local level
	Case study presentation and roundtable discussion
	The session begins with lead remarks on lessons learned in Malawi, Uganda, Rwanda, and Niger with respect to how health and sanitation services are governed at local level, to what impact, and what could be done to improve - by Diana Cammack, Research Associate, Overseas Development Institute, and Senior Democracy Fellow, USAID/DCHA /DRG Cross-Sectoral Team. It then explores two case examples/case studies.
	    1. The Kenya Situation
	    2. The Afghanistan Situation
	Panelists:
	§ Dr. Ruth Kitetu, Ministry of Health, Kenya – Devolution in Kenya
	§ Dr. Zeliakha Anwari, Program Manager Health System Strengthening, LMG Afghanistan Project – Afghanistan experience in health governance in the provinces and districts

6:00pm – 6:30pm	**Reception with invited guests**

Tuesday September 30, 2014

7:30am – 8:00am	**Refreshments and registration**
8:00am – 8:30am	**Welcoming remarks. Review day one outcomes**
8:30am – 10:00am	**Session 6: Investing in good governance as an enabler for health systems strengthening** Moderators: Jim Rice, LMG Project and Temi Ifafore, USAID Panelists: § Jodi Charles, Health Systems Advisor, USAID § Dr Kenneth Grant, Health Practice Manager, Mott MacDonald/HLSP, and Director HLSP Institute § Dr. Tomohiko Sugishita, Senior Health Advisor, JICA § Rockefeller Foundation – tbc Roundtable discussion and report out
10:00am – 10:30am	**Break: Networking and phone calls**
10:30am – 11:45am	**Session 7: Review conclusions and define strategic road map for enhanced governance for health in low- and middle-income countries** § Rapporteur 1: Barry Kistnasamy, Former Dean of the Nelson Mandela School of Medicine in Durban and Executive Director of the National Institute for Occupational Health and the National Cancer Registry in Johannesburg, currently serving as the Compensation Commissioner for Occupational Diseases § Rapporteur 2: Jan Sobieraj, Director, UK NHS Leadership Academy § Reactions: Dr Kenneth Grant The session moderator will invite closing remarks from all interested parties.
11:45am – 12:00pm	**Closing Statements and adjourn**

Annex 2
PARTICIPANT LIST

Mohammadullah Alishungi
Health Services Provision Coordinator
Health Policy Project/Afghanistan
Futures Group

Laurent Aholofon Assogba
Deputy Director General
West African Health Organization

Johanna Austin-Benjamin
Director
Department of Primary Health Care
West African Health Organization

Whitney Booysen
Training Coordinator
Gender DynamiX

Derick Brinkerhoff
Distinguished Fellow
International Public Management
RTI International
Health Policy Project

Diana Cammack
Research Associate
Overseas Development Institute
Senior Democracy Fellow, USAID/DCHA/DRG Cross-Sectoral Team

Tim Cammack
Public Financial Management Specialist

Jodi Charles
Health Systems Advisor
Office of Health Systems
Bureau for Global Health
USAID

Catherine Connor
Deputy Director
Health Finance and Governance Project
Abt Associates, Inc.

Delanyo Yao Tsidi Dovlo
Head of Country Office
Rwanda
World Health Organization

Carole Evans
Country Operations Management Unit Director South Africa
Management Sciences for Health

Kenneth Grant
Health Practice Manager
HLSP-Mott MacDonald Group

Jay Gribble
Deputy Director
Health Policy Project
Futures Group

Temitayo Ifafore
Health Workforce Technical Advisor
Office of Population and Reproductive Health Services Delivery Improvement Division
Bureau for Global Health
USAID

Laili Irani
Senior Policy Analyst
Health Policy Project
Population Reference Bureau

Marian Jacobs
Chair
Ministerial Advisory Committee
Academy for Leadership and Management in Health Care

Noddy Jinabhai
Adjunct Professor
School of Health Sciences
University of Fort Hare

Jeremy Kanthor
Governance Advisor
Health Finance and Governance Project
Development Alternatives, Inc.

Tshepo Kgositau
Gender DynamiX
South Africa

Barry Kistnasamy
Compensation Commissioner
Department of Health
South Africa

Ruth Kitetu
Ministry of Health
Kenya

Marcus Low
Policy Chief
Treatment Action Campaign
Cape Town

Dirk Mueller
Regional Health Advisor
DFID

Aaron Mulaki
Advisor
Health Systems/Public Administration
Health Policy Project/Kenya
RTI International

Robert Ndieka
Monitoring and Evaluation Expert
African Union Commission

Constance Newman
Senior Team Lead
Gender Equality and Health
IntraHealth International

Ayanda Ntsaluba
Executive Director, Discovery Health
Former Director-General of Health
South Africa

Susan Putter
Principal Technical Advisor
Systems for Improved Access to Pharmaceuticals and Services Program
Management Sciences for Health

Dheepa Rajan
Technical Officer
Department for Health Systems Governance and Financing
World Health Organization

Jim Rice
Project Director
Leadership, Management & Governance Project
Management Sciences for Health

Eva Ros
Director of Global Partnerships and Advocacy Leadership, Management & Governance Project
Management Sciences for Health

Eunice Seekoe
Head of School of Health Sciences
University of Fort Hare

Suneeta Sharma

Project Director
Health Policy Project
Futures Group

Kieran Sharpey-Schafer
Country Director
South Africa
Di Magi

Kabir Sheikh
Senior Research Scientist
Public Health Foundation of India

Mahesh Shukla
Senior Technical Advisor
Leadership, Management & Governance Project
Management Sciences for Health

Jan Sobieraj
Managing Director
National Health Service Leadership Academy

Tomohiko Sugishita
Senior Advisor
Japan International Cooperation Agency

Christopher Tapscott
Director
School of Government
University of the Western Cape

Göran Tomson
Professor
Karolinska Institute

Reshma Trasi
Director
Monitoring, Evaluation and Research
Leadership, Management & Governance Project
Management Sciences for Health

Chantal Uwimana
Regional Director for Africa and the Middle East
Transparency International

Taylor Williamson
Health Governance Specialist
Health Policy Project
RTI International

Anele Yawa
Representative
Treatment Action Campaign

Third Global Governance for Health Roundtable
Participant Biographies

Mohammadullah Alishungi is the Health Services Provision Coordinator with Health Policy Project/FGGO, and is located in the Afghan Ministry of Public Health (MOPH) to support and coordinate activities of private health sector with the MOPH. Previously, Alishungi worked as a physician, hospital director, advisor with Ministry of public health (MoPH) Afghanistan, program manager with Health and Human Services Department/USAID. He has more than 25 years clinical, health management and training/coaching experience with the government and non-governmental organization. Alishungi is a medical doctor graduated from Kabul Medical University with a specialty in internal medicine and also holds a diploma of business administration and a one year training certificate on leadership and project management from United Nation Institute on Training and Research (UNITAR). *Contact:* MAlishungi@futuresgroup.com

Bob Armstrong joined the Aga Khan University in June 2010 as the Abdul Sultan Jamal Professor of Paediatrics and the Foundation Dean of the Medical College in the Faculty of Health Sciences at the Aga Khan University in East Africa. Prof. Armstrong completed a BSc degree from Simon Fraser University, an MD from McMaster University and MSc and PhD in Human Growth and Development from McMaster University. He completed specialty training in Paediatrics and sub-speciality training in Developmental Paediatrics at McMaster University and the University of British Columbia. Prior to joining AKU, Prof. Armstrong was Professor and Head, Department of Paediatrics at the University of British Columbia and Chief, Paediatric Medicine at BC Children's & Women's Hospital. His other appointments included Associate Faculty, School of Population and Public Health and Senior Associate Clinical Scientist at the Child and Family Research Institute. In 2010 he was appointed a Fellow of the Canadian College of Health Sciences. *Contact:* robert.armstrong@aku.edu

Laurent Aholofon Assogba is the Deputy Director General of the West African Health Organization. *Contact:* laurentaholofon.assogba@yahoo.com

Dr. Johanna L. Austin-Benjamin is the Director of the Department of Primary Health Care with the West African Health Organization. *Contact:* jaustin@wahooas.org

Dr. Hakim Aziz was born in 1958 in Kapisa of Parwan province. He attended primary, secondary and high school at Mir Masjidi High School of Kapisa. In 1977, Dr. Aziz graduated from this high school and was admitted to the Kabul Medical Institute in the same year. He graduated from the Kabul Medical Institute in 1984. His first employment started as medical officer in Takhar Provincial Hospital where he worked from 1985 to 987. From 1987 through 1997, he served as a specialist of

internal medicine in Jamhoriat Hospital, Kabul Province. Dr. Aziz joined Ibni Sina Emergency Hospital in Kabul as trainer of trainers and served in this position from 2001 through 2002. He served as Director of Curative Medicine of the Ministry of Public Health (MoPH) from 2003-2004, and was Provincial Health Director of Takhar Province from 2005 through 2009. Since 2010, Dr. Aziz has been Director of Provincial Liaison of the Ministry of Public Health. *Contact: drhakim2003a@yahoo.com*

Whitney Booysen works in Cape Town as Outreach Co-ordinator at Gender DynamiX. She is a qualified community development worker and has filled a number of community work positions before coming to work for Gender DynamiX. *Contact: training@genderdynamix.org.za*

Derick W. Brinkerhoff is Distinguished Fellow in International Public Management with RTI International (Research Triangle Institute) and is an associate faculty member at George Washington University's Trachtenberg School of Public Policy and Public Administration. He is a specialist in policy implementation, democracy and governance, decentralization, state- society relations, and fragile/conflict-affected states. He has worked with public agencies, NGOs, and the US military across a broad range of development sectors in 30 countries. He was health governance team leader for USAID's Health Systems 20/20 Project for six years, and is currently health governance advisor for the Health Financing and Governance project and the Health Policy Project. Dr. Brinkerhoff has published extensively, including eight books and numerous articles and book chapters. He holds a doctorate in public policy and administration from Harvard University and is a Fellow of the National Academy of Public Administration, elected in 2010. *Contact: dbrinkerhoff@rti.org*

Diana Cammack holds a PhD in history from the University of California. She is an ODI Research Associate and a specialist in southern African politics. She has worked in the region for thirty years and has lived there for more than fifteen. She focuses on Malawian politics but has also written on aid, governance, human rights, and conflict in Africa generally. In recent years she has been involved in a number of political economy studies, with a focus on neopatrimonial and fragile states. She leads the APPP Local Governance and Leadership research stream and Malawi research team, which is studying governance and the delivery of public goods in peri-urban areas. *Contact: cammack@mweb.co.za*

Tim Cammack is a health finance specialist currently based in Cape Town. He has worked regularly in the health sectors of low and middle income countries for 15 years, mostly in sub-Saharan Africa. His activities have included participation in health sector reviews, health sector budgeting and budget reform, fiscal space analysis for the social sector, and the strengthening of health sector financial management centrally and at district level, as well as in hospitals and medical stores. Tim has led in

the design of SWAps and the selection of financial modalities for health sector support. Tim has an advanced degree in public economic management and is also a professionally qualified accountant. *Contact:* timcammack@mweb.co.za

Jodi Charles is the Health Systems Advisor in the Health Systems Division of the Office of Health, Infectious Diseases and Nutrition at USAID. In that capacity, she serves as technical advisor to the Health Systems 20/20 Cooperative Agreement, and provides USAID missions and regional offices with technical expertise in health finance, governance, operations and institutional capacity building. Jodi also provides country team support and serves as Global Health Liaison, collaborating in strategy development and program design teams. Prior to her fellowship, Jodi was Program Management Officer with the CDC in Vietnam. Jodi has a Master of Public Administration degree and a Master of Arts degree in International Studies from the University of Washington. *Contact:* jcharles@usaid.gov

Catherine Connor has 33 years of experience in health, both domestic and international, working with governments, NGOs, the private sector, bilateral, and multilateral agencies in Africa, Latin America, and Asia. Since joining Abt Associates in 1999, she has managed and delivered technical assistance in health sector reform and system strengthening. She is currently Deputy Director of USAID's global Health Finance and Governance Project where she oversees development of technical approaches and work plans, and implementation of health financing and governance activities including health insurance, health resource tracking and mobilization, and pay-for-performance. She leads selected assignments including a feasibility assessment of performance-based incentives in Mozambique, a health system assessment in Angola, and a regional health insurance workshop in Sub-Saharan Africa. Ms. Connor has an MBA with a concentration in Health Care Management from Boston University and is fluent in Portuguese. *Contact:* Catherine_Connor@abtassoc.com

Dr. Delanyo Dovlo was appointed Director of the Health Systems and Services Cluster at the WHO Regional Office for Africa (AFRO) in Brazzaville, Congo in July 2014. He was previously WHO Representative to Rwanda and prior to that was Health Systems Adviser at WHO-HQ. He trained as a general practice physician and public health specialist in Ghana and the UK, and has had over 30 years clinical and public health experience. He was Director of Human Resources in the Ministry of Health of Ghana and has consulted for various organizations on Human Resources for Health, Health Systems and on Health Sector Reforms. Dr. Dovlo qualified with an MB CHB from the University of Ghana, an MPH from University of Leeds, and MWACP from the West Africa College of Physicians. He is also a foundation fellow of the Ghana College of Physicians & Surgeons. *Contact:* dovlod@who.int

Carole Evans has worked in the development field for more than 20 years, first in Early Childhood Development and more recently at Management Sciences for Health. She is currently the Country Operations Management Unit Director and is responsible for compliance and ensuring good governance

for all USAID funded projects in South Africa. Carole's prime responsibility is to safeguard the interests of the donor and MSH by effective financial and human resource management and adherence to policies and regulations. *Contact:* cevans@msh.org

Ken Grant is HLSP's Technical Director and Director, HLSP Institute. He is a public health doctor with particular expertise in organisational and institutional development, monitoring and evaluation, and public-private mix including the role of the private sector (formal and non-formal) in interventions for malaria, TB and HIV/AIDS. Ken has wide ranging experience in health sector reform in Asia, Africa, Eastern Europe, Latin America and the Caribbean and has considerable experience in aid instruments including budget support and SWAps. *Contact:* ken.grant@hlsp.org

Jay Gribble is a demographer who has focused on family planning/reproductive health research and policy. Currently, he is a senior fellow with Futures Group, serving as deputy director for FP/RH of the Health Policy Project, and has been involved in efforts to support FP2020 and implement new policy models that generate evidence for family planning among decision makers. Gribble previously served as principal associate at Abt Associates' International Health Division, where he led efforts in monitoring and evaluation and served as family planning advisor for the SHOPS (Strengthening Health Outcomes through the Private Sector) Project. He has also served as vice president of international programs at the Population Reference Bureau and director of the IDEA (Informing Decision Makers to Act) Project, where he wrote on a range of FP/RH issues, including contraceptive security, youth, and the demographic dividend. Gribble completed his undergraduate studies in marketing and Spanish at the University of Texas at Austin and holds a masters and doctoral degree in demography from the Harvard School of Public Health. *Contact:* JGribble@futuresgroup.com

Temitayo (Temi) Ifafore is the Health Workforce Technical Advisor in the Service Delivery Improvement Division of the Office of Population and Reproductive Health at USAID. In that role, Ms. Ifafore provides technical assistance for human resources for health, capacity building in leadership, management and governance, and systems strengthening in the Service Delivery Improvement Division's projects and activities. Ms. Ifafore has a background in hospital administration and in past positions, has trained implementation M &E Teams on data-collection methods; analyzed, interpreted and communicated findings. She has a Masters in Public Health from the University of Michigan and BA from Yale University. *Contact:* tifafore@usaid.gov

Laili Irani is a Senior Policy Analyst at the Population Reference Bureau working on the Health Policy Project. Previously she worked on the Measurement, Learning and Evaluation Project as a Graduate Research Assistant. Laili is an alumna of the University of North Carolina at Chapel Hill, The Johns Hopkins University, and Hubert Kairuki Memorial University. *Contact:* lirani@prb.org

Marian Jacobs is Emeritus Professor of Child Health who recently retired as Dean of the Faculty of Health Sciences at the University of Cape Town, where she enjoyed a career in paediatrics and public health spanning almost forty years. Over this time, she was also privileged to contribute to global health development through leadership and service on governance boards in health research and committees such as the global Joint Learning Initiative on Human Resources for Health. She is currently serves as the Chair of the Ministerial Advisory Committee for the Academy for Leadership and Management in Healthcare in South Africa's National Department of Health. She is also a member of the Gulbenkian Foundation Global Mental Health Initiative Advisory Committee, the Doris Duke Africa Health Initiative Advisory Board, and the World Health Organization (WHO) Maternal, Newborn, Child and Adolescent Health Technical Reference Group. _Contact:_ marian.jacobs@uct.ac.za

Noddy Jinabhai has worked with national and international agencies in developing and implementing education, training and research programmes in Public Health; supervised several doctoral candidates and successfully managed over a dozen international grants for the past three decades. In 1994 he was appointed as Head of the Department of Community Health / Public Health Medicine, and was promoted to full Professor and Chief Specialist from 1997 until 2012. Over the last 18 years, Noddy Jinabhai has established a large academic, research and consultancy programme. During his three terms as the Africa Councilor for the International Epidemiological Association (IEA), he co-ordinated several epidemiological & Public Health training programmes in Africa. Since 2001 he has served on the Higher Education Quality Committee of the South African Quality Authority (SAQA) as a Facilitator. Noddy has been involved in accreditation and review of academic programmes in Africa, India, UK and Brazil for the last 20 years. Currently he is serving as a Ministerial representative on the Academy for Health Leadership and Management and holds an Adjunct Professor position in the School of Health Sciences, University of Fort Hare and Research Professor at the Durban University of Technology (DUT). _Contact: n.jinabhai@gmail.com_

Jeremy Kanthor is a Senior Development Specialist for Governance at DAI. Since October 2012, he has served as a Governance Advisor on the Health Finance and Governance (HFG) project, USAID's flagship Health System Strengthening Project. For HFG, he leads activities to develop public financial management tools for improving Ministry of Health / Ministry of Finance engagement, serves as lead writer on a guide for civil society engagement in health finance and governance, and leads country level activities in Cote d'Ivoire to assess and improve health ministry accountability. Previously, he served as the Deputy Chief of Party for the USAID funded Promoting Governance, Accountability, Transparency and Integrity (PROGATI) project in Bangladesh that included several activities focused on the supply and demand for health services. _Contact: Jeremy_Kanthor@dai.com_

Barry Kistnasamy is a medical doctor with additional training in public health, occupational and environmental health. He has 25 years of experience in health policy, health planning and management in the public, non-governmental and private

health sectors as well as the provision of occupational health, HIV/AIDS and TB interventions in South Africa. He has worked with the World Health Organisation, International Labour Organisation and World Bank, served on many national and international boards, committees and commissions. He served in the Department of Defense during the integration of the armed forces, was the Deputy Director-General and Head of Health, Welfare and Environment in the Northern Cape province during the first term of the democratic government in South Africa, was the Dean of the Nelson Mandela School of Medicine in Durban and Executive Director of the National Institute for Occupational Health and the National Cancer Registry in Johannesburg. He currently serves as the Compensation Commissioner for Occupational Diseases covering compensation for occupational diseases in the mines and works sector in South Africa and reports to the Minister of Health. He trained as a medical doctor and specialist in public health at the University of Natal and has had additional education and training in Health Economics and Planning at the University of York in the United Kingdom, Occupational and Environmental Health at the University of Michigan in the USA, Epidemiology at the New England Epidemiology Institute in USA and Health Leadership at the University of Cambridge in the United Kingdom. He is an Associate Fellow of the College of Public Health Medicine of South Africa and has specialist registration with the Health Professions Council of South Africa. *Contact:* barry@fnbconnect.co.za

Dr. Ruth Kitetu is a member of the Ministry of Public Health and Sanitation in Kenya. *Contact:* kiteturuth@yahoo.com

John Kuehnle has over ten years of public health experience, including managing HIV programs at the city and federal government level. Expertise in health economics, health systems strengthening (HSS), and strategic information (SI). Demonstrated leadership in USAID/Forward Implementation and Procurement Reform initiatives including Local Capacity Development and Government to Government programs. Strengths include teamwork, interagency coordination, and communication skills.
Contact: jkuehnle@usaid.org

Mmapaseka "Steve" Letsike is a young and vibrant human rights defender, feminist, and LGBTI activist. She has lots of high-level advocacy and policy experiences, worked with a number of leading NGOs to date. She is the current South African National AIDS Council (SANAC) Deputy Chairperson, She is the leader and chairperson for SANAC Civil Society Forum, she serves as the chairperson for National Council against Gender Based Council (NCGBV) Executive Committee. She is the director of the newly established Access Chapter 2 a rights based organisation from women centered approach, LGBTI and Civil Society mobilisation. Steve serves on various boards, mentors a number of activists and organisations. Her passion for human rights goes a long way having, and her previous experience includes working with Anova health Institute, Open Society Initiative for Southern Africa (OSISA), OUT LGBT Well-Being and Department of Social Development, including working with Global LGBTI, HIV/AIDS, Gender Equality, democracy and leadership groups. Steve is currently studying with University of South Africa –BA in Social and Human Science specialization in development Studies. *Contact:* msletsike@gmail.com

**Marcus Low** is the Head of Policy at the Treatment Action Campaign in South Africa. *Contact:* *marcus.low@tac.org.za*

Dirk Mueller is the Regional Health Advisor for the Department for International Development (DFID). *Contact:* *D-Mueller@dfid.gov.uk*

Aaron Mulaki is health systems practitioner with hands on experience in the development and implementation of various health systems strengthening programs over the last 12 years. His experience spans across all the levels of the health system in Kenya and Rwanda. He is currently the devolution technical lead for the USAID supported Health Policy Project since 2012. During this time, Mulaki has been instrumental in among other things, providing technical support to the Kenya MoH to conduct functional analysis, develop analytical tools, and plan for the transition to devolved governance flowing from Kenya's new constitution enacted in 2010. *Contact:* *amulaki@nb.rti.org*

Mr. Robert Ndieka is the M&E Expert at the African Union Commission. He has previously worked for the East African Community (EAC), African Union, Interafrican Bureau for Animal Resources (AU-IBAR), African Medical and Research Foundation (AMREF) and International Center for Reproductive (ICRH) among others. He has extensive knowledge in M&E and health systems strengthening in the continent and a wealth of experience in putting in place accountability mechanisms, policy advocacy, diplomacy and regional health programming and integration. He holds a Master of Public Health and Epidemiology degree. *Contact:* *NdiekaR@africa-union.org*

Constance Newman is the senior team leader for gender equality and health at IntraHealth International. In this role she creates and uses practical approaches to help decision-makers and leaders at all levels understand the challenges of gender inequality in health systems. Ms. Newman has over 25 years of experience in health and development programs in 34 countries. She conducts research on gender discrimination in the health workforce in Uganda, Tanzania, Zambia, and Kenya, and assists organizations to use results to promote equal opportunity and gender equality at work. She has been an advisor to national governments and nongovernmental organizations on evaluation, research, policy, and gender equality, and is adjunct faculty in the Department of Maternal and Child health at the University of North Carolina Gillings School of Global Public Health. *Contact:* *cnewman@intrahealth.org*
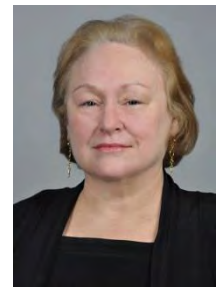
Ayanda Ntsaluba is an Executive Director for Discovery Holdings Limited. He is also a Board Member for Medical Research Council as well as a Director-General for the Foreign Affairs Department of the Republic of South Africa. He participated in the running of health services of ANC SA exiled community in various southern African countries from 1987-90. *Contact:* *AyandaNtsa@discovery.co.za*

Dr. David Peters, MD, DrPH, MPH, has worked in health systems as a researcher, policy advisor, educator, manager, and clinician in dozens of developing countries over the last two decades. His work addresses the performance of health systems, poverty and health systems, implementation of health services in low-income countries, innovations in organization, technology, and financing of health systems, the role of the private sector, and institutional capacity in low-income countries. Since 2009, Peters has been the Director of the Health Systems Program, which has over 20 staff, 75 students and 40 faculty who lead approximately 60 research grants across the globe. Since 2005, he has been the director of Future Health Systems (FHS): Innovations for Equity. FHS is a consortium of researchers from Uganda, Nigeria, India, China, Bangladesh, Afghanistan, the UK, and the USA, which is aimed at generating knowledge to shape health systems to benefit the poor. *Contact: dpeters@jhu.edu*

Susan Putter is a Principal Technical Advisor with the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program, implemented by MSH. She joined MSH in 2006 and is currently based in South Africa where she is the technical lead on governance, leadership development, and monitoring and evaluation. Her recent work includes investigating how countries can improve governance within the pharmaceutical sector. Prior to joining MSH, Ms. Putter worked for seven years as senior manager of professional affairs in the office of the South African Pharmacy Council and also has previous experience drafting pharmaceutical policies and legislation, developing standards of practice, and establishing competency standards and qualifications for pharmacy personnel. Ms. Putter has postgraduate qualifications in pharmacy and public administration. *Contact: sputter@msh.org*

Dheepa Rajan is the Technical Officer for the Department for Health Systems Governance and Financing at the World Health Organization. *Contact: rajand@who.int*

Jim Rice is the Director of the Leadership, Management, and Governance (LMG) Project. Prior to joining MSH, Dr. Rice served as an Executive Vice President in the Governance and Executive Compensation practice of Integrated Healthcare Strategies, where he focused his consulting work on strategic governance of tax-exempt health sector organizations and integrated care systems; visioning for health sector and not-for-profit organizations; and leadership development for physicians and medical groups. Dr. Rice has engaged in governance and strategy projects in over 32 countries for the past 40 years. He serves as vice chairman of The Governance Institute, an organization dedicated to research and education for health system boards and leadership teams. Dr. Rice's career includes service as a senior officer of one of the largest integrated healthcare system in Minnesota, where he gained extensive experience in integrated system development and managed care. Dr. Rice holds Master's and Doctoral degrees in management and health policy from the University of Minnesota. He has received the University of Minnesota School of Public Health Distinguished Alumni Leadership Award, a National Institute of Health Doctoral Fellowship, and the American Hospital Association's Corning Award for excellence in hospital planning. He is a Fellow in the American College of Healthcare Executives (ACHE). *Contact: jrice@msh.org*

Eva Ros is the Director for Global Partnerships and Advocacy and Team Lead for LMG LIbya. She is an international public health expert with 13 years of experience in public-private partnerships, capacity building and organization development across multiple countries and regions. Previously, she directed The Kaizen Company's health strategy and new business development for USAID-funded activities. As Operations Officer with IFC (World Bank Group), she worked with governments in Africa, Asia, Latin America and the Middle East to identify, design and implement public-private partnerships in health infrastructure and worked closely with client governments' Ministries of Health and Ministries of Finance. Her IFC project, the Tlalnepantla (Mexico) Hospital concession, was awarded "Latin American PPP Deal of the Year" by Project Finance magazine. Ms. Ros also served in Jordan for 3 years as the Deputy Chief of Party for a $12 million USAID-funded family planning/reproductive health project. She holds an MBA and MPH from the University of California, Berkeley. She is fluent in English, Spanish and Catalan; fair in French, Portuguese, and Italian, and basic in Arabic. *Contact:* eros@msh.org

Kieran Sharpey-Schafer has been working on mhealth projects in Southern Africa since 2006. He has journeyed from mobile developer to technical PM on various projects with Cell-Life & UNICEF in the region, working with NGOs and government partners to build, evaluate and scale up innovations. Many of these projects involved successful partnerships with Dimagi (including the founding of the javarosa open source project) so joining the team in 2012 was a natural fit.He has generally discovered that the people problems around adopting innovations are often more difficult than the technical challenges, and usually more interesting too. *Contact:* ksharpey@dimagi.com

Eunice Seekoe is the Head of the School of Health Sciences at the University of Fort Hare. *Contact:* ESeekoe@ufh.ac.za

Dr. Suneeta Sharma is the Director of $200 million USAID-funded Health Policy Project. Dr Sharma has over 20 years of experience in health policy, financing, and equity. She has expertise in leading and managing USAID global, regional, and country level projects, and providing technical direction in the design, implementation, and monitoring of workplans and budgets for FP/RH, HIV/AIDS, and health. She served as the Managing Director of Futures Group India. and the Chief of Party of Innovations in FP Technical Assistance project focusing on design, testing, evaluating, and scaling up innovative public private partnership models. As Assistant Professor in the Indian Institute of Health Management Research (IIHMR), she taught Health Care Financial Management, Essentials of Economics, and Strategic Planning courses to post-graduate students (Health and Hospital Management). Dr. Sharma earned a Master's and a Doctorate degree in economic administration and financial management from the University of Rajasthan, and a Master's degree in health policy and administration from the University of North Carolina at Chapel Hill. *Contact:* ssharma@futuresgroup.com

Kabir Sheikh is a senior research scientist at the Public Health Foundation of India, where he directs the Health Governance Hub – PHFI's interdisciplinary programme of health policy & systems research. He is also director of the Nodal Institute of the Alliance for Health Policy & Systems Research at PHFI. He is an Honorary Senior Lecturer at the London School of Hygiene & Tropical Medicine, Asian Century Visiting Fellow at the University of Melbourne, Expert Resident at the Universities of Cape Town and the Western Cape, and visiting professor at BRAC University Dhaka and Delhi University. Kabir is a health policy & systems researcher with broad interests in systems strengthening in low and middle-income countries. He has been engaged in research, teaching, and policy engagement for health systems strengthening in diverse contexts in India and in several other countries including South Africa, Tanzania, Zambia, Bangladesh, Brazil, Australia, UK and Belgium. In 2011, he led the technical team (citizen & private sector participation) for the Govt of India commissioned report on Universal Health Coverage. Kabir is actively involved with global and national initiatives to strengthen the field of health policy & systems research and maximize its relevance for real-world change. _Contact:_ kabir.sheikh@phfi.org

Dr. Mahesh Shukla is senior technical adviser in the USAID-funded Leadership, Management and Governance (LMG) Project. He is a public health physician, and health policy and health systems strengthening expert with 25 years of professional experience. He has designed and implemented LMG Project's health governance interventions and measured their effectiveness in capacity constrained and fragile environments. He has worked for the World Bank, UNDP, and with local, state and national governments in India prior to joining the LMG Project. He did his MD at Nagpur University, MPA at Maxwell School of Citizenship and Public Affairs, and DrPH at the George Washington University. _Contact:_ mshukla@msh.org

Jan Sobieraj is the Managing Director of the NHS Leadership Academy which aims to be a centre of excellence and beacon of good practice on leadership development. Jan was appointed after having served in the post of Managing Director for NHS and Social Care Workforce at the Department of Health from July 2011. Prior to that he was Department of Health Director of Leadership and has been a Chief Executive in different NHS organisations for 13 years. Jan is a Honorary Professor of De Montfort University and a visiting Senior Fellow at Sheffield Hallam University and has held a number of senior roles on national bodies and in local organisations. _Contact:_ jan.sobieraj@leadershipacademy.nhs.uk

Dr. Tomohiko Sugishita is working both for the Senior Advisor to JICA HQs, Tokyo for responsible all the health programs in Africa and supporting for Japan's Global Health Diplomacy on Universal Health Coverage. He has been working as a health systems specialist in more than 25 countries in Africa. He obtained Doctor of Medicine (Tohoku), MPH (Harvard) and MA-Medical Anthropology (London). _Contact:_ Sugishita.Tomohiko@jica.go.jp

Chris Tapscott is a professor and director of the School of Government at the University of the Western Cape in South Africa. A sociologist, his current research focus is on governance challenges faced in the deepening of democracy in countries of the global South and on citizen struggles to hold states accountable - a theme which is addressed in the volume "Citizenship and social movement: perspectives from the global South" (Zed Press), co-edited with Lisa Thompson. *Contact:* *ctapscott@uwc.ac.za*

Göran Tomson is a MD pediatrician PhD Professor in International Health Systems Research Karolinska Institute, Stockholm. Honorary Guest professor Shandong University, China. Leader of the Health Systems and Policy (HSP) gr Vision to contribute to global health through generation of research evidence for universal health coverage with quality care in resource poor settings and in policy dialogues. Memberships: Swedish Research Council´s (SRC) Committee for Development Research. Chair Scientific Advisory Committee Alliance Health Policy Systems Research WHO, European Advisory Committee on Health Research WHO Euro. Netherlands Organisation for Scientific Research WOTRO Science for Global Development. Senior advisor WHO Evidence Informed Policy Network. Co-founder and senior advisor REACT Network to contain antibiotic resistance(ABR). Co-founder International Network for Rational Use of Drugs (INRUD). Board member Peking University China Center Health Development studies. Health Systems Consultant to Dag Hammarskjöld Foundation, EU, Sida, WB and African and Asian ministries.. Supervised 30 PhD students. Ongoing Sida and EU grants plus Sino-Swedish IMPACT Integrated Multisectorial Partnership Containing ABR funded by Swedish Research Council. *Contact:* *Goran.Tomson@ki.se*

Dr. Reshma Trasi leads the dynamic Monitoring, Evaluation and Research Team at the Leadership, Management & Governance Project. Reshma has over 15 years of incorporating research and evidence-based insights into programs and policies. She has worked to link performance monitoring, evaluation, applied research to strategy development, course correction, organizational learning and policy change in Asia and Sub-Saharan Africa. Throughout her professional career, Reshma has designed, implemented and supervised the research, monitoring and evaluation systems of (and for) complex multi-country and multi-faceted programs. She has a medical degree from the University of Mumbai, a public health and management degree from the Tata Institute of Social Sciences and an MPH from Yale University. *Contact:* *rtrasi@msh.org*

Karin Kanewske Turner is the Director of Business Development Global Health at BroadReach Healthcare. Previously she was the Health Systems Team Lead at USAID in Mozambique. Karin is an alumna of Johns Hopkins School of Public Health and University of Colorado Boulder.

Chantal Uwimana has extensive experience in the field of social development. Within this context, she worked in the area of rural micro-finance in Burundi, in Belgium on the social integration of refugees and in the Gambia on poverty alleviation. Before joining Transparency International-S, Ms. Uwimana worked for Voluntary Services Overseas (VSO) in the UK as Placement Adviser in the Business and Management Team and for John Snow International-UK (Centre for Sexual and Reproductive Health) as a Program Officer. She holds a Master's Degree in Development Policy and Management from the University of Antwerpen in Belgium. *Contact:* cuwimana@transparency.org

Taylor Williamson is a Health Governance Specialist for RTI International. He is an international public health and governance professional with 10 years of experience designing and managing complex international assistance programs across health systems, civil society strengthening, and governance. His work with RTI International has focused on providing technical assistance to governments, universities, and civil society to tackle a variety of health and development challenges. He previously worked for CHF International, where he was the HIV/AIDS and Capacity Building Technical Advisor, managing the civil society strengthening portfolios of the Community HIV/AIDS Mobilization Project (CHAMP) and the Behavior Change and Social Marketing (BCSM) project in Rwanda, including organizational development and cooperative development training and mentoring. He holds a B.A. in Biology from Colorado College and an M.P.H. from Tulane University. *Contact:* rtwilliamson@rti.org

Anele Yawa became a TAC member in 2002. From 2003 to 2005 he was a TAC district organizer in Nelson Mandela Metro (Port Elizabeth). Between 2000 and 2005 he worked with ward 43 residents on the housing issue until houses were erected for the community. In 2008 he was elected as the Deputy Chairperson of TAC in the Eastern Cape, and then from 2010 to April 2013, he served as the Provincial Chairperson; also serving as Member of the National Council of TAC. From July 2013, Anele has been Chair of TAC's National Council. At the February National Council meeting he was elected acting General Secretary of TAC and the Board confirmed Anele as General Secretary as from 1 July 2014. He served in the Nelson Mandela Metropolitan Municipality from 2011 to 2014 as a proportional representative councillor. He is presently obtaining a Diploma in School Management from the College of Public Administration. *Contact:* anele.yawa@mail.tac.org.za

Day 1 Opening: https://www.youtube.com/watch?v=JCvGbl-5zog
Session 1: https://www.youtube.com/watch?v=-rIxg8tJXPM
Session 2: https://www.youtube.com/watch?v=Ka1Be5z5oBo
Session 3: https://www.youtube.com/watch?v=lZmStIlw2Iw
Session 4: https://www.youtube.com/watch?v=RAkurNBVu9A
Session 5: https://www.youtube.com/watch?v=3KNzPY_inw0
Day 2 Opening: https://www.youtube.com/watch?v=IKPvNev76o4
Session 6: https://www.youtube.com/watch?v=ginL8dQ35Qo
Session 7: https://www.youtube.com/watch?v=lo5matwAXYM

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Monitoring and Evaluating Good Governance: Challenges and opportunities - By Reshma Trasi
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Women Must take Expanded Roles in Health Sector Governance - By Jim Rice
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Governance and Health in Africa: Voices from the Opening Plenary - By Sarah Lindsay
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