

# HEALTH POLICY PLUS

*Improving Health Outcomes through Strengthened Governance*

June 2020



Since 2015, the Health Policy Plus (HP+) project has supported the achievement of health outcomes by improving country enabling environments and strengthening health stewardship and governance. To achieve outcomes, we've given special attention to ensure that governments are on a path to self-reliance and are good stewards of health, acting transparently and being held accountable for their actions. We work to strengthen the links between citizens/civil society, the state, and providers. This brief provides a framework around health governance and examples of our support across the globe.

## **Advancing Self-Reliance with Key Governance Actors**

A country's journey to self-reliance is dependent on an enabling environment with supportive institutional structures and processes, evidence-based policies and associated programs, sufficient resources, and societal actors with capacities and incentives that motivate them to engage with each other in positive ways. The relationships among these components constitute what is commonly called health governance: the arrangements, both formal and informal, that establish the rules that govern the fulfillment of public health functions that support health objectives. The roles that societal actors play within the health system, their responsibilities, and how they collaborate to implement policies, find solutions, and achieve objectives are fundamental to the HP+ approach to health reform and efforts to support nations along their unique paths to sustainability.

HP+ views health governance as involving three sets of actors: the state, providers, and citizens/civil society. As illustrated, the key feature of the relationship between citizens/

civil society and the state is **advocacy** to communicate needs, preferences, and demands to public officials, policymakers, and politicians. Conversely, the state's role is to be **responsive** to expressed needs, preferences, and demands, characterized by accountability and transparency. The essence of the link from state actors to providers is **direction and oversight**, which can take the form of policy and program objectives and related resources, regulation, and legal enforcement. The major governance link from providers to state actors involves **reporting**, which provides information that enables accountability for performance and feeds data for evidence-based policymaking. Lastly, the core of the relationship linking citizens/civil society to providers is communicating needs and demands for services—and level of satisfaction. In response, providers offer the mix of quality services that satisfy citizen needs and demands. Reinforcing **citizen power** to influence provider incentives for better **service delivery** is key to making this governance linkage function effectively.

Given the importance of the state in health governance, HP+ pays particular attention to stewardship, one key component of governance that is focused on the state. The ability of a government to exercise its stewardship functions—generating intelligence, formulating strategic policy directions, ensuring tools for implementation, building coalitions and

partnerships, ensuring a fit between policy objectives and organizational structure and culture, and ensuring accountability—affects the relationships between all three actors and underpins every country's journey to self-reliance (see box for an example of our stewardship support in Nigeria).

## The Link between Citizens/ Civil Society and the State

A key component of accountability and transparency is vibrant engagement between the state and citizens/civil society. HP+ works to empower citizens and civil society to work collaboratively with the government throughout the policy-to-action cycle while also developing the capacity of the government to meaningfully engage with citizens and civil society. Examples of these efforts include the following:

**Strengthened government capacity for meaningful engagement with civil society in Cambodia.** [The Prime Minister signed a policy circular](#) that included a measure acknowledging the important role of civil society organizations in responding to HIV, along with a commitment to continue to provide financial support. In addition, HP+ supported the National AIDS Agency with outreach to ensure that civil society voices will be incorporated into a new strategy to mobilize resources to continue to support provision of priority HIV services by nongovernmental organizations at the community level.

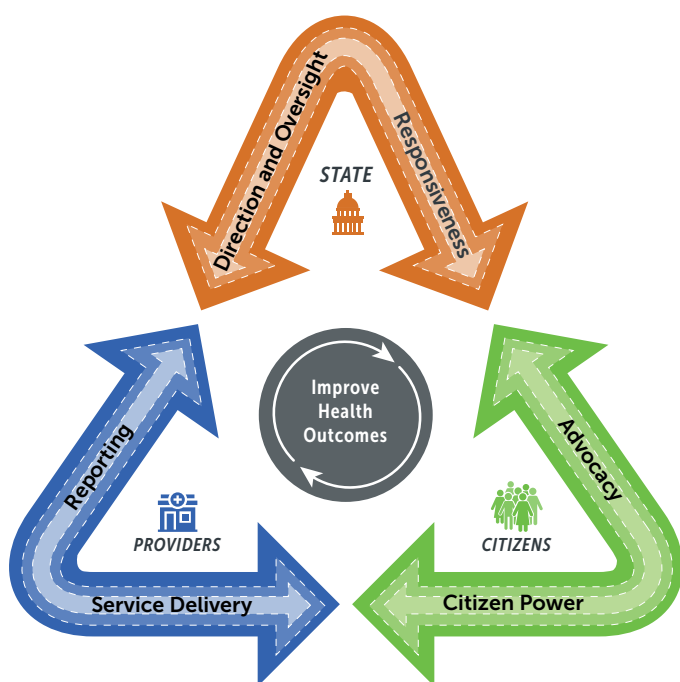
### Malawi youth empowered to engage in the country's Global Financing Facility Taskforce.

Often, decision-making spaces are closed to civil society and citizens, including youth and vulnerable populations. Malawi is working to change that. In 2018, a [youth champion for reproductive health rights](#) joined Malawi's Global Financing Facility taskforce as a civil society representative. The champion used what she learned at an HP+ training to conduct a situation review and bottleneck analysis to help the task force identify cost-effective priority health interventions for vulnerable populations.

### Improved civil society and state joint accountability for family planning in Zambia and Tanzania.

While governments are responsible for making FP2020 commitments, they must work with all stakeholders within a country to achieve

## The Health Governance Triangle



## HP+ Supports Stewardship

In Nigeria, the Ministry of Health's strategic policy direction follows the National Health Act. In support of the ministry's efforts to implement the health act, HP+ strengthened stewardship at the ministry, in Abia, Ebonyi, and Osun states, and in the Federal Capital Territory, resulting in the following achievements.

- At federal and state levels, the government **utilized intelligence around the financial needs** of the Federal Ministry of Health, the National Health Insurance Scheme, the National Primary Health Care Development Agency, and their counterpart state-level institutions to advocate for increased health investments and continued release of allocated funds.
- **Legislative efforts ensured that states have mechanisms** in place—such as a primary healthcare board and state health insurance agency—to receive allocations through the Basic Health Care Provision Fund.
- The Federal Ministry of Health and corresponding state actors **strengthened their multisectoral partnerships** and helped ensure the organizational structure and culture at national and state-levels support the National Health Act's policy objectives.
- The Federal Ministry of Health, the National Health Insurance Scheme, and the National Primary Health Care Development Agency **supported alignment between National Health Act policy objectives and organizational structure and culture** by developing and rolling out a joint training guide and training-of-trainer guide on the Basic Health Care Provision Fund.
- **Accountability is embedded** from the national-to-local levels through the quality improvement system, which empowers health facilities to respond to national scorecard assessments, put plans in place for quality improvement, and ensure funds are released to help implement quality improvement plans. Social accountability has also been integrated through an extensive platform of town hall meetings, linking providers, local political leaders, and citizens to discuss the new health system and facility challenges, and galvanize commitment to address those challenges.

those objectives. In Zambia and Tanzania, the Samasha Medical Foundation worked with local civil society organizations to scale up the [Motion Tracker](#), a civil society-led process developed by the foundation that promotes joint accountability for family planning and reproductive health between government and civil society. Quarterly stakeholder meetings and media outreach have increased transparency around progress toward meeting FP2020 goals and supports coordinated efforts among diverse stakeholders.

## The Link between the State and Providers

HP+ works to strengthen relationships, guidance, and dynamics between the state and providers. This includes supporting the state to make clear guidelines, roles, and responsibilities and developing state oversight capacity to, for example, establish inclusive task forces or committees. At the same time, HP+ works with providers to improve monitoring and evaluation

and reporting of critical data. Examples include the following:

**National respectful maternity care guidelines developed in India.** HP+ has been working with the government of India to improve the quality of care in labor rooms and maternity wards in public health facilities. As part of this work, HP+ partner WRA India has been instrumental in developing the National Respectful Maternity Care Technical, Operational, and Training Guidelines that will serve as the roadmap to operationalize respectful maternity care in public healthcare facilities across the country.

**Dissemination of key health policies and strategies in Madagascar.** The government of Madagascar developed ministerial decrees to ensure that health workers understood [a new law that guarantees universal access to family planning services](#). The decrees clarify parts of the law and specifies the roles and responsibilities of both health workers and community health volunteers.



**Women leaders trained in joint accountability for family planning in Uganda.** Engaging women leaders in Uganda from the government, media, faith-based organizations, and civil society, HP+ led a [participatory assessment on joint accountability for family planning](#). The assessment found that district-level family planning data collectors did not understand certain indicators, nor their importance—a key contributing factor to unreliable data. This prompted the Ministry of Health’s family planning unit to train district-level officials on family planning indicators, data collection, and reporting.

## The Link between Citizens/ Civil Society and Providers

Information and expertise imbalances often make it difficult for citizens to feel empowered to engage with or challenge service providers. These imbalances can be exacerbated when combined with social distance, particularly for poor and marginalized populations. HP+ helps to provide forums and other mechanisms for citizen’s voices to be heard, while also strengthening the capacities of providers and ensuring knowledge and understanding of relevant policies. Examples include the following:

**Training reduces stigma and discrimination toward people living with HIV in Tanzania.** To counter the pervasive stigma that people living with HIV and key populations face in seeking health services, Tanzania implemented a [total facility approach](#) to reduce stigma and discrimination at health facilities. Provided to all facility staff, the program resulted in [significant reductions in stigmatizing attitudes and behaviors among health facility staff](#).

**Strengthened government capacity to build partnerships and ensure accountability in Burkina Faso.** The Ministry of Health in Burkina Faso led a multisectoral group of stakeholders to develop a national antiretroviral transition plan, as well as ensure accountability for implementing the plan. Full implementation of the plan will translate to improved HIV services and promotion of equitable access to those services, especially for key populations.

## Stewardship, Governance, and Self-Reliance

HP+’s governance work plays a critical role in supporting each country’s journey to self-reliance. Our efforts to strengthen the entire health governance triangle contribute to more open and accountable governance by improving stewardship, reporting, and dialogue with both the private sector and citizens. HP+ supports inclusive development by ensuring the most marginalized are included in health system planning and programming. All of HP+’s approaches are focused on strengthening government, civil society, and citizen capacities to effectively play their respective roles within the health system. Our efforts to strengthen governance recognize that improved capacities depend upon building commitment among key health system actors. The examples cited in this brief demonstrate how new skills, better policies, more effective procedures, and empowerment interact with motivation and incentives to enhance the potential for sustainable results.

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Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project’s HIV activities are supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This publication was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this document is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.

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