Reviewer's report

Title: Governance in Health Systems: towards a new framework for assessment

Version: 3 Date: 16 June 2011

Reviewer: Christina Zarowsky

Reviewer's report:

Major compulsory revisions

1. This manuscript could be a useful contribution to meso-level theory and practice in analyzing governance and performance of health systems. In order to do so, however, the framework and approach need to be situated in a broader conceptual framework (or at least a definition of “governance” and its differentiation from, say, “management”) that recognizes that health systems are also SOCIAL AND POLITICAL systems, embedded within and in dynamic interaction and often competition with other systems. I believe this is a major compulsory issue which fundamentally weakens what I think the authors are trying to convey, but unless the authors fundamentally disagree I believe that they are very capable of addressing it, based on their own previous work.

2. In the absence of such an overarching framework the manuscript comes across as fragmented rather than engaging in SYSTEMS thinking, and politically naive. The primary purpose of a health system may well be to improve health, but the primary objectives of a government (and its “decision makers”) are much more complex and contested, the primary objective of private companies is to ensure a profit for the shareholders, the first order objective of a health worker (indeed of most workers) is probably to maintain a secure livelihood, and so forth. The authors are clearly aware of this, and hint at the relational and contextual realities facing both citizens and policy makers or “stewards” in resource-constrained settings. However in failing to situate the proposed framework and approach within a broader socio-political context and suggest where there might be room for a relatively less politicized analysis and practice, the manuscript gives the impression that the authors see “governance” as a process of detailed but fairly uncontroversial, rational and transparent analysis where everything can be discussed, leading to a consensus-based correction of “incorrect” incentives and strategies by actors who are all equal and all equally committed to health (indeed the health of disadvantaged groups) as the primary purpose and goal of their endeavours. I believe that this seriously misrepresents both the depth of experience and the depth of understanding of the authors of the social and political realities – and hence governance challenges – of health systems. It also seriously undermines the value of their contribution, which is discussed in comments 7 and 8 below.

3. The framework within which I believe the specific contributions of this manuscript should be situated would at least recognize and preferably draw on
some of the extensive political science and social science literatures on governance and governability. Unlike most health, WHO, World Bank and other UN or donor approaches, these literatures explicitly address politics and power and help us to remember that health and health systems are not at the centre of most political or social actors’ attention. (In this manuscript, the word “power” appears to occur only once, in the last quarter of the manuscript. More importantly than the word itself, the acknowledgement that power is involved in governance is only obliquely evident.) Situated in such a conceptual framework, the approach described in this manuscript offers a useful way to acknowledge organizational, institutional and interpersonal histories and power relations—including professional turf wars—and then to create a kind of diplomatic or neutral space in which multiple “stakeholders” can bracket these elephants in the room, identify goals which ARE shared despite differences, and tackle the nuts and bolts of governance challenges related to specific problems in a systematic but also systems-sensitive and dynamic way.

Minor essential revisions

4. The authors need to address inconsistencies in the paper between several apparently unexamined statements that suggest little engagement with any social or political theory (for example, “...many donors and governments were forced to [sic] cut back funding for health” – forced by whom?; the suggestion that “transparent information”, “appropriate policies with clear rules” and “correctly set incentives” are or should be somehow fairly straightforward to agree; “A well-designed system...should encourage participation of all [sic] stakeholders...[and] should strive to seek consensus” – consensus of ALL stakeholders, even where they have conflicting interests and goals?) and others which indicate but do not make explicit a more nuanced and politically aware understanding of “governance” as a contested process where all stakeholders are not equal. There are a few unreferenced assertions or comments (e.g. 1st para: “traditional factors”; 3rd para, methods: “or rule based indicators as they are sometimes referred to”) which the authors should review and reference. The flow of the argument is sometimes uneven and unclear as it moves between discussions of governance per se versus evolving conceptualisations of health systems. I think putting the core of the proposed framework closer to the start of the paper will help to anchor the argument (comment 6 below).

5. The first paragraph of the paper speaks to (undefined and unreferenced) “traditional factors” which cannot explain the variations in health systems performance, and calls for a deeper understanding of governance. However, the authors’ own working definition of “governance” is not made explicit, nor are the points seen to be particularly relevant and interesting from across the “increasing global and national interest in developing theoretical frameworks for defining and measuring governance”. It is only several pages later that an operationalization of governance in relation to health systems is quoted, but one which again assumes but does not make explicit any underlying model of policy or political processes both internal to and affecting health systems.

Discretionary revisions/further comments
6. I would suggest the authors consider beginning the manuscript with a short introduction that makes some of these assumptions explicit, then move to the current “how this framework can be applied” section (or the highlights of it), and then situate their proposed contribution in relation to the specific examples and approaches within the health systems field as well as related literature and frameworks. This may help to foreground the new contribution of this manuscript, position it in relation to other frameworks which still emphasize technical and administrative aspects of governance in health, and situate the set of these complementary frameworks in a broader socio-political and truly “systems” and “governance” context.

7. The emphasis of the authors on problems rather than structures or actors, and the flexible and iterative approach examining multiple dimensions of a given health systems problem and which helps the participants in a process get quite specific about a complex challenge rather than avoiding the “devil in the details” through general exhortations for “good governance”, are a valuable contribution to the knowledge base, particularly when (as the authors suggest) they complement rather than replace other approaches discussed in the manuscript. This manuscript and these authors are very well situated to push public health and health systems thinking beyond the boundaries of the health system, even the more fluid and dynamic boundaries proposed in their model. Some attention to the kinds of inconsistencies mentioned above, and even a few bridging sentences and references (for example, indicating that Step One of the proposed approach has been usefully explored by authors such as Walt and Gilson in their policy analysis work, or by Reich in his political mapping/Policy Maker software; offering a few examples of definitions of governance; acknowledging that health systems and their “building blocks” are not isolated from politics and from broader social processes and contestations; referencing the work of the WHO Commission on Social Determinants of Health, including the Health Systems Knowledge Network, etc) would help to convey the message that a) the authors are aware that their work needs to be situated in a broader context ; b) social and political theory may have something to contribute to health systems research; c) it is possible to be aware of a bigger and more complex picture while still making progress on important “technical” and relational challenges that may be tractable even in the presence of ongoing social and political contestations and may thus improve the performance of health systems relative to even imperfectly shared health and health equity goals.

8. A technicist and depoliticized approach can be a powerful strategy to address bottlenecks and brainstorm solutions, and indeed within the political arena of policy making and policy implementation it is often helpful and at times essential to pretend that there are no competing interests or power struggles involved. But researchers and the public health community should, in my view, move beyond “common sense” normative views and include insights from social and political theory in our own “systems thinking” and practice.

**Level of interest:** An article whose findings are important to those with closely
related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.