

Governance for Health: A Critical, but Poorly Understood, Health System Component

The paper by Bernal-Sundiang et al.¹ in this issue of *Acta Medica Philippina* provides one of the more extensive and in-depth empirical discussion of governance in the health sector. Utilizing data collected over a one-year period as part of the Philippine Primary Care Studies in urban, rural, and remote settings, the authors reported on challenges their team encountered in project implementation as it relates to leadership and governance. One strength of the paper is that it situates leadership and governance as a health system keystone that links to all the other components of infrastructure and supply chains, information system, health workforce, financing, and stakeholder engagement, and monitoring and evaluation. This harks back to the framework posited in the World Health Report 2000², highlighting the interaction between governance and the other system elements.

Despite this critical role of governance, however, it has been characterized as being poorly understood, and often difficult to operationalize, not least because of poor capacities of different institutions and actors to bring to the fore the good governance agenda.³ For instance, it has been suggested that good governance, regardless of the sector, is “accountable, transparent, responsive, equitable and inclusive, effective and efficient, participatory, consensus-oriented and follows the rule of law.”⁴ This characterization assumes the existence of traditions and institutions that places the common good front and center, something which may not be present, if not willfully disregarded, in many jurisdictions. Another set of related buzzwords for governance is that it entails a “whole-of-government” and “whole-of-society” approaches, which means the mobilization of public agencies, on the one hand, and private sector and civil society organizations, on the other, towards the realization of shared goals.⁵ Aside from the need for conceptual and operational clarity on these two terms, the reality of token participation and siloed working environments remain barriers to achieving true multisectoral approaches in health and other areas.

Relatedly, I wish to bring to the discussion one insight from our case study of tuberculosis program implementation.⁶ In this research, we identified facilitating and hindering factors to the successful implementation of the tuberculosis prevention and control program in cities and municipalities, and we posited that these factors were rooted in a common source of governance for health. We further extended the argument by stating that focusing on the local chief executive as the responsible entity for good governance is a myopic view of the issue as it only covers the levels that can be labelled as “broader governance environment” and “public policies.”⁷ The more fine-grained institutional or sectoral governance is within the ambit of the local health officer, while what we propose to refer to as “program-level” governance is the realm of the program coordinator. The scope and specificity of governance as exercised across these levels, and consequent access to precise information, differ, which highlights the shared responsibility of these three principal actors at the local level in so far as exercise of good governance is concerned.

Good governance in health has been an aspirational goal for many decades, and was identified as an important constituent in our quest for better health and sustainable development. The recommendations outlined by Bernal-Sundiang et al.¹ provide a starting point on how we can gradually improve the health sector to come closer to this ambition. However, embedding good governance in institutions and society at large will be critical in sustaining such gains moving forward.

Carl Abelardo T. Antonio, MD, MPH

*Department of Health Policy and Administration
College of Public Health
University of the Philippines Manila*

REFERENCES

1. Bernal-Sundiang N, De Mesa RYH, Marfori JRA, Fabian NMC, Calderon YT, Dans LF, et al. Governance in primary care systems: Experiences and lessons from urban, rural, and remote settings in the Philippines. *Acta Med Philipp*. 2023;57(3):5-16. doi: 10.47895/amp.vi0.4834
2. World Health Organization. The world health report 2000. Health systems: Improving performance [Internet]. Geneva: World Health Organization. 2020 Jun 14 [cited 2022 Nov 2]. Available from: <https://www.who.int/publications/i/item/924156198X>
3. Brinkerhoff DW, Bossert TJ. Health governance: principal-agent linkages and health system strengthening. *Health Policy Plan*. 2014 Sep;29(6):685-93. doi: 10.1093/heapol/czs132.
4. Kickbusch I, Gleicher D. Governance for health in the 21st century [Internet]. Copenhagen: WHO Regional Office for Europe. 2012 [cited 2022 Nov 2]. Available from: https://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf
5. Ortenzi F, Marten R, Valentine NB, Kwamie A, Rasanathan K. Whole of government and whole of society approaches: call for further research to improve population health and health equity. *BMJ Glob Health*. 2022 Jul;7(7):e009972. doi: 10.1136/bmjgh-2022-009972.
6. Antonio CAT, Guevarra JP, Medina PVN, Roxas EA, Cavinta LL, Manalo JA, et al. Facilitators and barriers to the implementation of selected local tuberculosis control programs in the Province of Laguna, Philippines. *Philipp J Sci*. 2021 Dec;150(6A):1501-1506.
7. Fryatt R, Bennett S, Soucat A. Health sector governance: should we be investing more? *BMJ Glob Health*. 2017 Jul;2(2):e000343. doi: 10.1136/bmjgh-2017-000343.