

Multistakeholder Governance for Health Systems in Transition: The Role of Policy Dialogues

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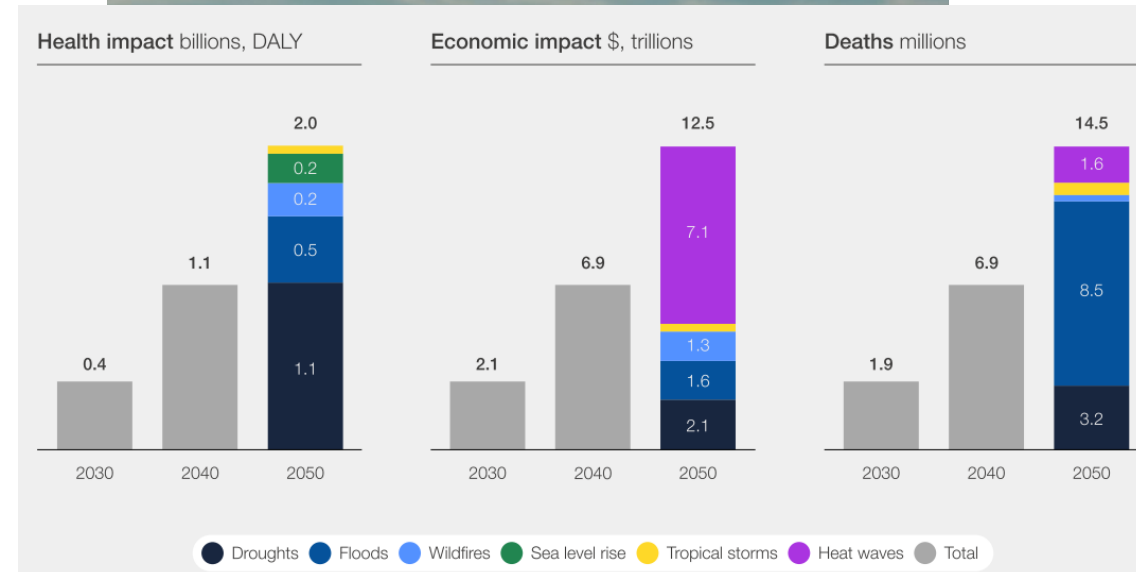
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Federal Foreign Office

1. Health systems need to be reformed / transformed to achieve UHC and address challenges of climate change
2. Health systems are complex and reforms require involvement of multiple stakeholders
3. Evidence can inform health policy-making → and policy dialogues can support the use of evidence in health policy-making
4. Policy-dialogues can strengthen (multi-stakeholder) governance
5. Assuring sustainability of the Ghana Health Policy Dialogue will require sustained and reliable funding

Health Systems world-wide face major challenges: Improving health, while dealing with climate change

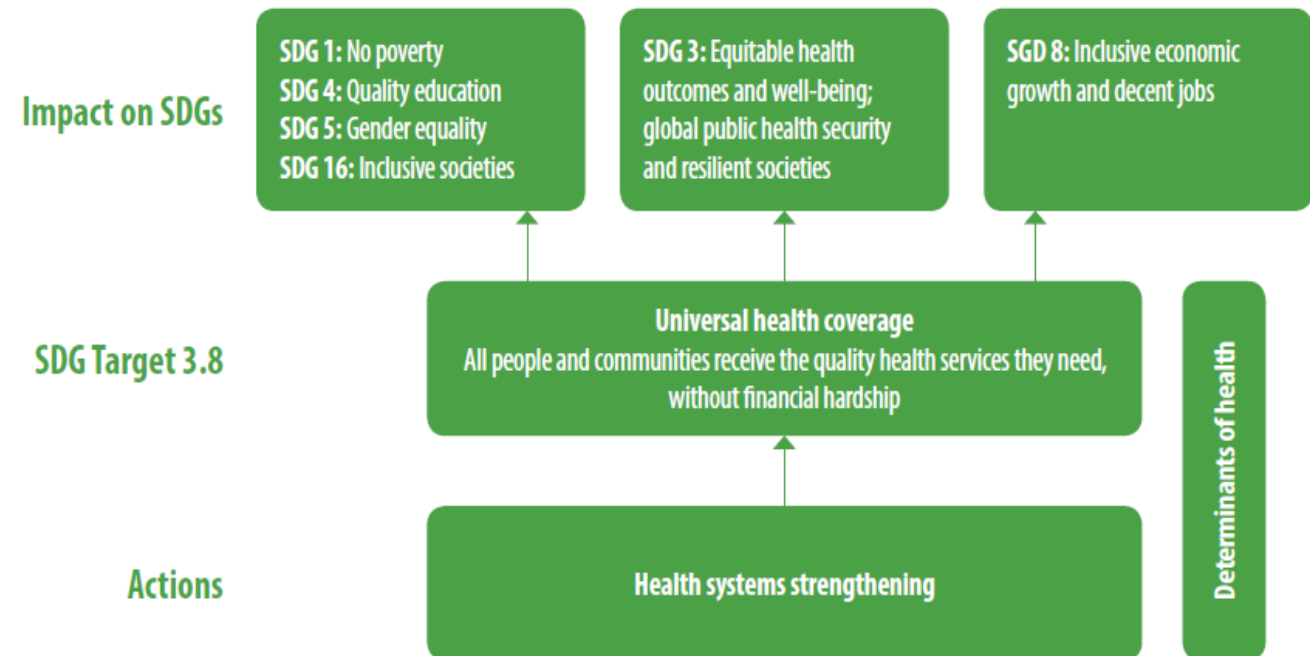


Universal Health Coverage as the most important health-related SDG requires Health systems strengthening

uhc2030



Fig. 2. Investing in health systems to reach UHC and the SDGs

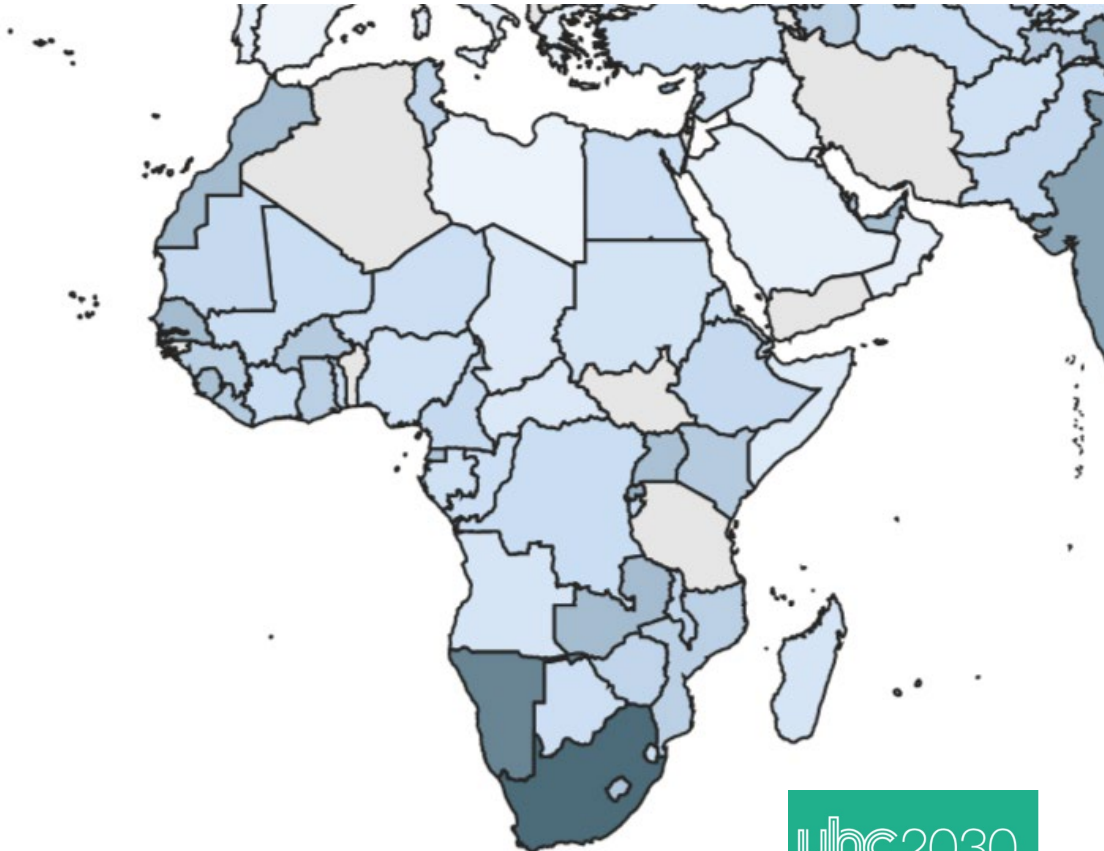


Source: adapted from Kieny et al., 2017 WHO Bulletin (13).

Ghana has made progress towards UHC but more reforms are needed

This map showcases progress countries have made on the Service coverage index (SDG indicator 3.8.1) over time.

Progress from 2000 to 2021
Less More

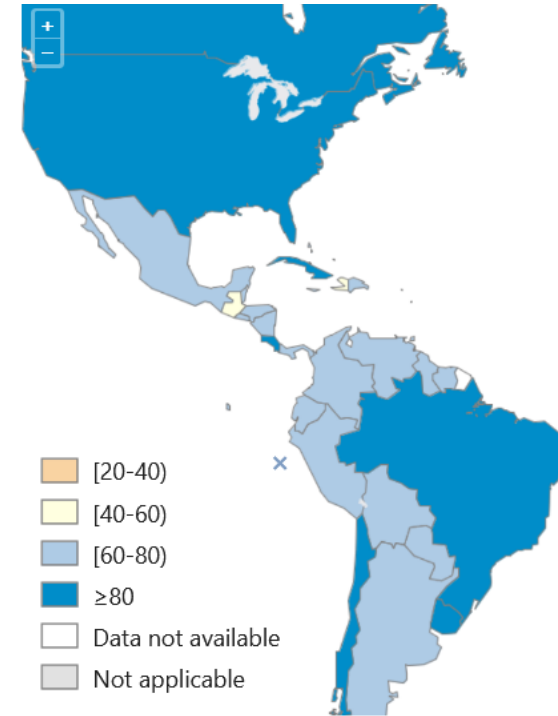


UHC Service Coverage Index (SDG 3.8.1)

FILTERS

Year

2021



- [20-40)
- [40-60)
- [60-80)
- ≥80
- Data not available
- Not applicable

Disclaimer

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Health systems are reformed across the world: here an overview from Europe

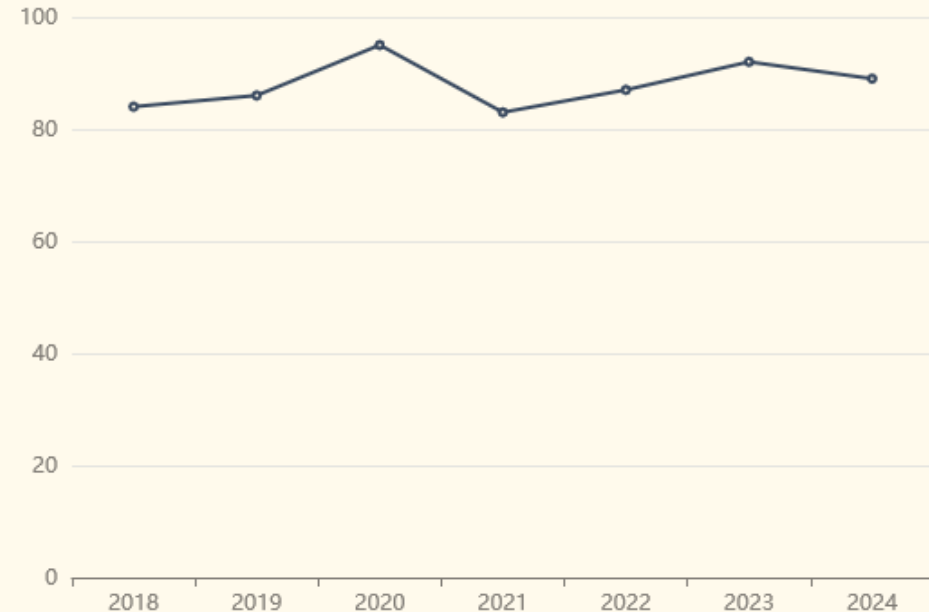
Analysis

See a detailed list of reforms that match the filter. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Quasi deserunt neque molestiae nesciunt sunt dolore nam, ipsam aliquam illo vitae nisi consectetur aut suscipit voluptates deleniti libero sed voluptate ut.

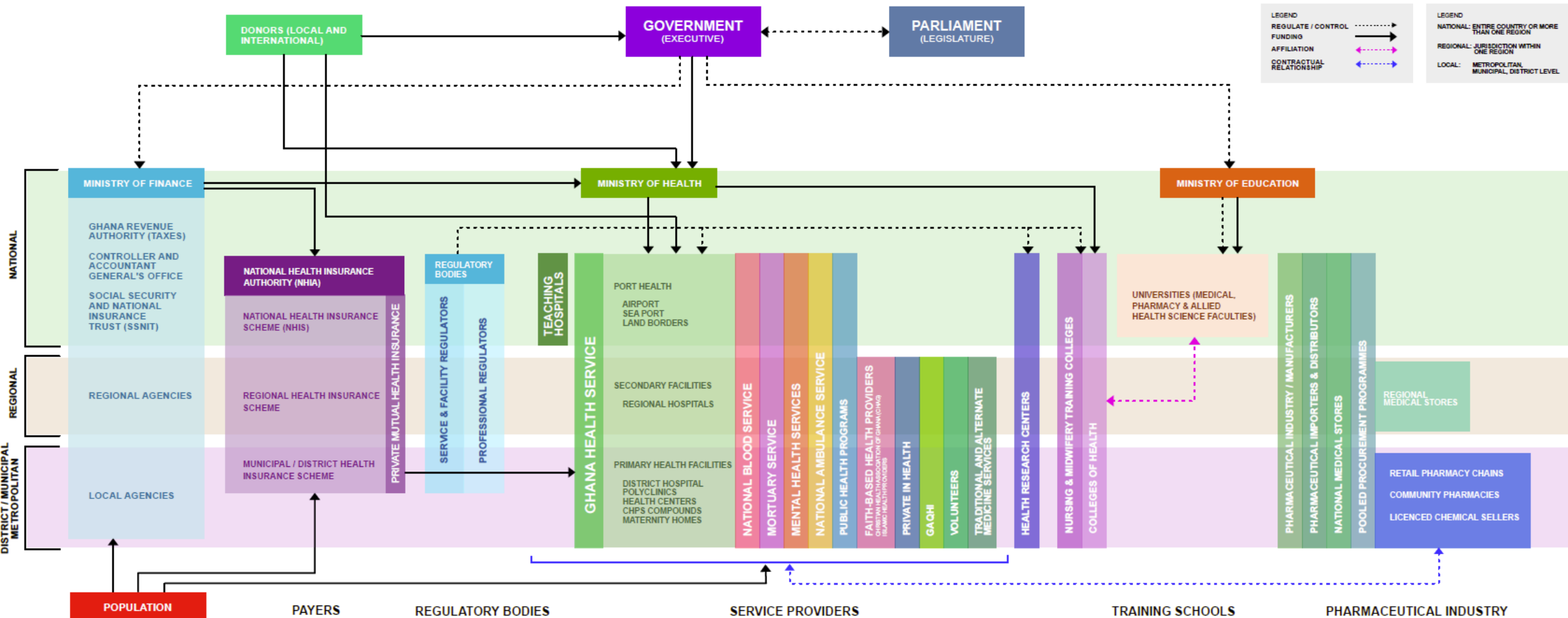
DISTRIBUTION OF REFORMS BY CLUSTER



TOTAL NUMBER OF REFORMS BY YEAR



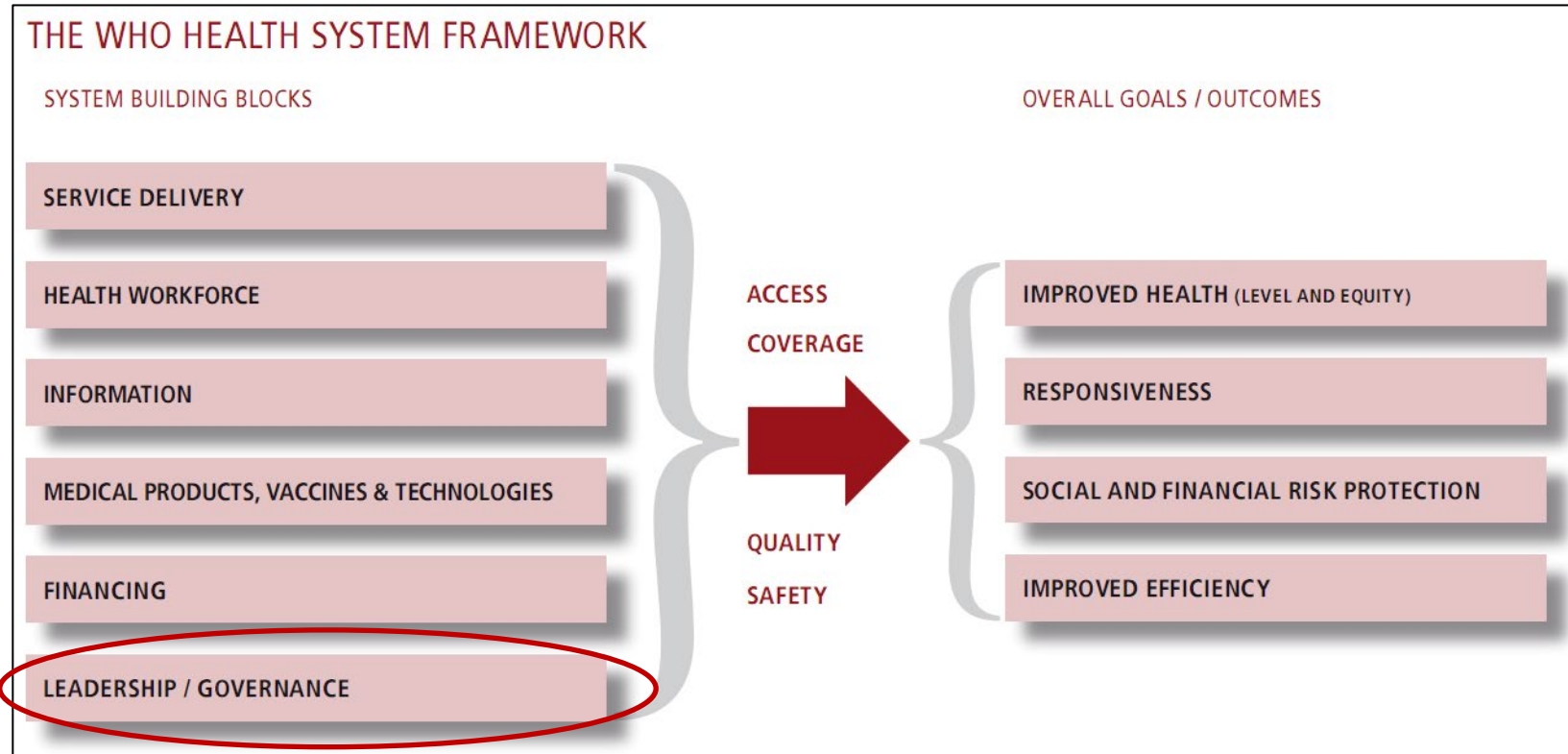
The Ghana health system is complex and reforms require involvement of multiple stakeholders



Governance is how societies make and implement collective decisions.
Greer et al. 2016

Governance describes the **process** through which **state and non-state actors** interact to **design and implement policies** within a given set of **formal and informal rules** through which authority in a country is exercised.
World Bank, 2017

Governance is the foundational building block of health systems



“ensuring that **strategic policy frameworks** exist and are combined with **effective oversight**, coalition building, **regulation** and attention to system design and **accountability**.”

Source: World Health Organization (WHO). (2007) *Everybody's business: Strengthening health systems to improve health outcomes. WHO's framework for action*. Geneva: WHO Document Production Services.

Health systems are complex adaptive systems –
shaped by people → acting and re-acting

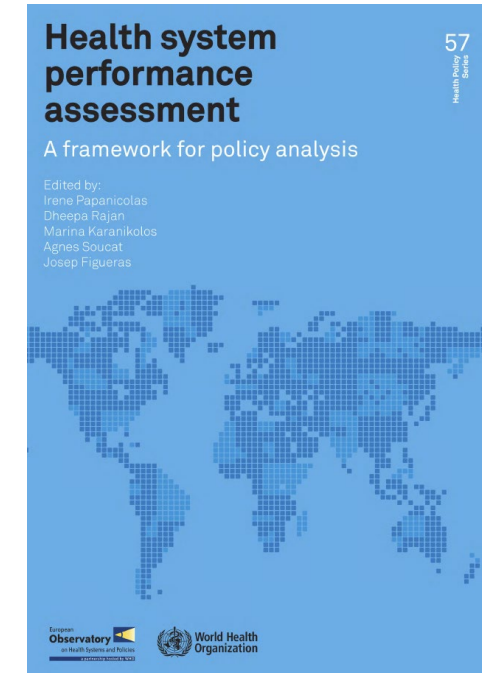
WHO systems thinking



“Building blocks do not constitute a system It is the multiple relationships and interactions among the blocks that convert these blocks into a system.”

Including stakeholders can contribute to better governance

Dimensions in definition	Sub-function	Similar concepts in literature
Strategic policy frameworks	Policy and vision	Ensuring strategic vision and policy-making
Coalition building	Stakeholder voice	Ensuring participation/partnerships/collaboration
Accountability	Information and intelligence	Ensuring transparent, data-driven, and evidence-based decisions
Effective oversight, regulation	Legislation and regulation	Ensuring legislation and regulation towards public health goals



Evidence can play a role of the policy cycle

Evidence-informed
policy-making

step



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Evidence-based policy-
making?

Problem
definition and
agenda setting

Which problem is
important? What exactly
is the problem?

Which positive, negative,
intended and unintended
consequences does a
policy have? (*summative
Evaluation*)

Policy
evaluation

Policy
formulation

Which options exist to
address the problem?
Which effects have these
options had in other
contexts?

Which challenges
arise during
implementation?

Policy
implementation

How can this option best
be implemented
(*formative Evaluation*)?

Some people perceive a gap between researchers and policy-makers

BOX 2.1 THE 'TWO COMMUNITIES' MODEL OF RESEARCHERS AND POLICY-MAKERS

	University researchers	Government officials
Work	Discrete, planned research projects using explicit, scientific methods designed to produce unambiguous, generalizable results	Continuous flow of many different tasks involving compromise between interests and goals
Attitudes to research	Research justified by its contribution to knowledge base	Research only one of many inputs; justified by its relevance
Accountability	To scientific peers primarily, but also to research sponsors	To politicians primarily, but also the public, indirectly
Priorities	Expansion of research opportunities and influence of experts in the world	Maintaining a system of 'good governance'
Rewards	Built largely on publication in peer reviewed journals	Built on successful management of complex political processes
Training and knowledge base	High level of training, usually specialized within a single discipline	Often, though not always, generalists; expected to be flexible
Organizational constraints	Relatively few (except resources); high level of discretion e.g. in choice of research focus	Embedded in large, inter-dependent bureaucracies and working within political limits
Values	Independence of thought and action highly valued; belief in unbiased search for generalizable knowledge	Oriented to providing high quality advice, but attuned to a particular context

Source: Alliance for Health Policy and Systems Research, & WHO (2007).

Facilitators and Barriers for use of evidence in policy-making

Table 1 Most frequently reported barriers and facilitators of the use of evidence (n = # studies in which factor reported)

Top 5 barriers to use of evidence

- Availability and access to research/improved dissemination (n = 63)
- Clarity/relevance/reliability of research findings (n = 54)
- Timing/opportunity (n = 42)
- Policymaker research skills (n = 26)
- Costs (n = 25)

Top 5 facilitators of evidence use

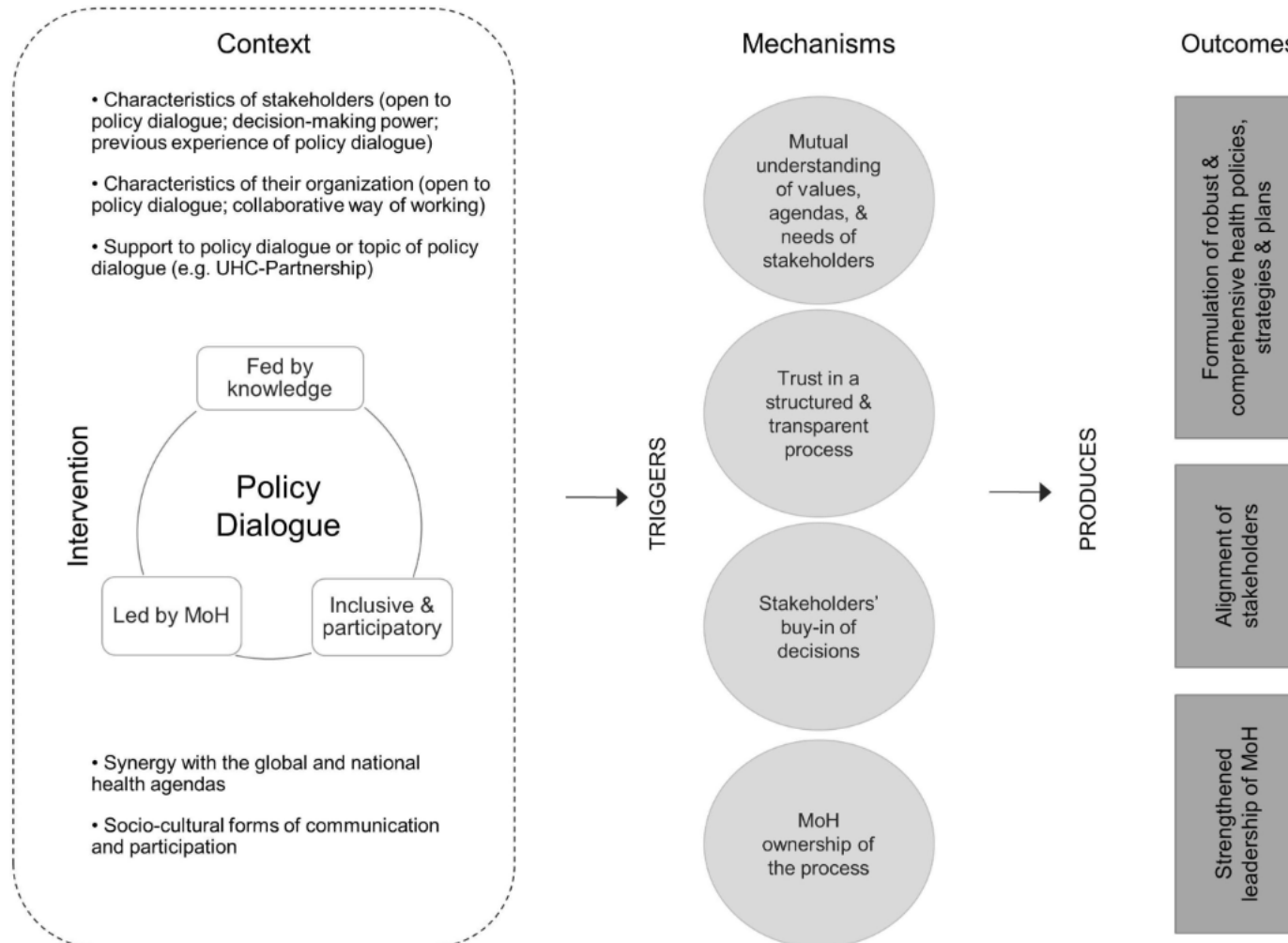
- Availability and access to research/improved dissemination (n = 65)
 - Collaboration (n = 49)
 - Clarity/relevance/reliability of research findings (n = 46)
 - Relationship with policymakers (n = 39)
 - Relationship with researchers/info staff (n = 37)
-

Source: Oliver et al. 2014

Policy dialogues may contribute to evidence informed policy-making

- Better relationships: (informal) interaction during Policy Dialogue strengthens relationships between researchers and policy-makers
- Greater timeliness: Policy Dialogues intend to provide timely answers to urgent problems, responding to demands of policy-makers
- Alignment with values/beliefs: Policy Dialogues enable identification/discussion about alignment of research findings with values, interests, political goals and strategies

Policy dialogues may contribute to evidence informed policy-making under certain conditions



BMJ Open Realist evaluation of the role of the Universal Health Coverage Partnership in strengthening policy dialogue for health planning and financing: a protocol

Emilie Robert,¹ Valery Ridde,^{2,3} Dheepa Rajan,⁴ Omar Sam,⁵ Mamadou Dravé,⁶ Denis Porignon⁴

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ABSTRACT

Introduction In 2011, WHO, the European Union and Luxembourg entered into a collaborative agreement to support policy dialogue for health planning and financing; these were acknowledged as core areas in need of targeted support in countries' quest towards universal health coverage (UHC). Entitled 'Universal Health Coverage Partnership', this intervention is intended to strengthen countries' capacity to develop, negotiate, implement, monitor and evaluate robust and integrated national health policies oriented towards UHC. It is a complex intervention involving a multitude of actors working on a significant number of remarkably diverse activities in different countries.

Methods and analysis The researchers will conduct a realist evaluation to answer the following question: How, in what contexts, and triggering what mechanisms, does the Partnership support policy dialogue for health planning and financing towards UHC? A qualitative multiple case study will be undertaken in Togo, Liberia, Democratic Republic of Congo, Cape Verde, Burkina Faso and Niger. Three steps will be implemented: (1) formulating context-mechanism-outcome explanatory propositions to guide data collection, based on expert knowledge and theoretical literature; (2) collecting empirical data through semistructured interviews with key informants and observations of key events, and analysing data; (3) specifying the intervention theory.

Ethics and dissemination The primary target audiences are WHO and its partner countries; international and national stakeholders involved in or supporting policy dialogues in the health sector, especially in low-income countries; and researchers with interest in UHC, policy dialogue, evaluation research and/or realist evaluation.

INTRODUCTION

Universal health coverage (UHC) as a core objective within the Sustainable Development Goals is a journey in which multiple stakeholders, from the local, national and international levels, partake. It involves ongoing discussions and negotiations among these stakeholders on the different facets of UHC, among which financing and planning

Strengths and limitations of this study

- The in-depth study of six countries ensures internal validity, and the potential to generalise the findings is increased by building explanations, taking the context into account in the production of outcomes and using existing literature to provide theoretical foundations to the findings.
- Methodological developments are expected, as the study is among the few realist evaluations to focus on policy dialogue, especially in low-income and middle-income countries.
- The study involves training and ongoing supervision of West African researchers who come from a different educational background, contributing to capacity building in health policy and systems research in low-income and middle-income countries.
- The study does not include countries or cases outside of the West African region.
- Comprehensive data collection may be challenging in some countries with an unstable political situation.

questions.^{1,2} Under the leadership of national health authorities, stakeholders will thus have to agree on priorities for action, and health financing and health system organisation modalities.

Policy dialogue is where such discussions take place. WHO describes policy dialogue as an iterative process that targets both the technical and policy aspects of the problem being discussed, involving evidence and sensitive policy discussions, in which a wide range of stakeholders participate.³ This dialogue has a concrete objective, such as the development of a plan, a strategy or a policy. Policy dialogue is thus understood as a deliberative process by which different stakeholders are brought together to discuss issues of public policy to feed into decision-making.

In low-income and middle-income country (LMIC) settings, the topic area of policy dialogue is attracting interest as a target

Figure 3 Initial subtheory of policy dialogue (subtheory 2). MoH, Ministries of Health.

Seven Years ago: The start of the Ghana Health Policy Dialogues

Health Policy Dialogues



- Introducing a new annual event in Ghana
- First dialogue in Oct 2017
- Aims:
 - Facilitate knowledge translation from research to practice
 - Link health systems researchers and policy-makers
 - Build networks between researchers, policy-makers – and alumni of German universities



Policy dialogues (an idea which we have copied from the European Observatory on Health Systems and Policies)



- Demand-driven
- Neutral (non-prescriptive)
- Informal (Chatham House rules)
- Focused – tailored - targeted
- Implementation-oriented
- Shared ownership

- Demand-driven: Policy-dialogues should address a high-priority issue for the health system
- Focused: should address a particular policy-problem, breaking down the problem into its main components and discussing options to address the problem
- Evidence informed: Policy dialogues should be informed by evidence e.g. policy-briefs, systematic review(s), presentations, knowledge
- Tailored-targeted: evidence has to be tailored to the specific context and to the participants of the dialogue
- Action/implementation-oriented: should consider actions that need to be taken to address the problem

- Neutral (non-prescriptive): Aim should be to discuss options and their implications → not to prescribe solutions or to develop consensus
- Participatory: should ensure all relevant stakeholders (involved in or affected by the issue) are represented/invited to the dialogue → but not too many to enable deliberations
- Informal (Chatham house rules): participants can use information – but should not reveal identity or affiliation of speakers/participants → to ensure that people can speak freely
- Shared ownership: should be owned/planned/chaired together by researchers and policy-makers → as is the case in Ghana

Dimensions in definition	Sub-function	Similar concepts in literature	Role of policy dialogue
Strategic policy frameworks	Policy and vision	Ensuring strategic vision and policy-making	Defining problems, exploring solutions
Coalition building	Stakeholder voice	Ensuring participation/partnerships/collaboration	Including views, experiences, tacit knowledge of those involved/affected by policies
Accountability	Information and intelligence	Ensuring transparent, data-driven, and evidence-based decisions	Strengthening knowledge exchange, informing policy decisions and future research
Effective oversight, regulation	Legislation and regulation	Ensuring legislation and regulation towards public health goals	Reflecting on and refining of actionable solutions that are implementable given context-specific constraints

African Health Observatory Platform on Health Systems and Policies (AHOP) Policy Dialogues



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AHOP Policy Dialogues

Policy Dialogues are highly focused events with a small group of policymakers and key stakeholders that provide a platform for knowledge exchange and mutual learning. Each dialogue provides a safe place to discuss and is intended to feed into a decision-making process. The event is highly customized with evidence tailored to meet policy needs and deliberate use of cross-country evidence and experience to illuminate national discussions.



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2023 Annual Ghana Health Policy Dialogue

24th – 27th Sept. 2023

Elements contributing to sustainable implementation of policy dialogues

1. Clear definition of objectives
2. Chatham house rules
3. Steady and predictable funding – but not substantial
4. Reliable evidence as the basis
5. Convener with organisational capacity
6. Facilitator – neutral and impartial
7. Participation of relevant stakeholders

Original research

BMJ Global Health

Policy dialogue as a collaborative tool for multistakeholder health governance: a scoping study

Emilie Robert ¹, Dheepa Rajan ¹,² Kira Koch,² Alyssa Muggleworth Weaver,² Denis Porignon,² Valéry Ridde ³

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ABSTRACT

Introduction Health system governance is the cornerstone of performant, equitable and sustainable health systems aiming towards universal health coverage. Global health actors have increasingly been using policy dialogue (PD) as a governance tool to engage with both state and non-state stakeholders. Despite attempts to frame PD practices, it remains a catch-all term for both health systems professionals and researchers.

Method We conducted a scoping study on PD. We identified 25 articles published in English between 1985 and 2017 and 10 grey literature publications. The analysis was guided by the following questions: (1) How do the authors define PD? (2) What do we learn about PD practices and implementation factors? (3) What are the specificities of PD in low-income and middle-income countries?

Results The analysis highlighted three definitions of policy dialogue: a knowledge exchange and translation platform, a mode of governance and an instrument for negotiating international development aid. Success factors include the participants' continued and sustained engagement throughout all the relevant stages, their ability to make a constructive contribution to the discussions while being truly representative of their organisation and their high interest and stake in the subject. Prerequisites to ensuring that participants remained engaged were a clear process, a shared understanding of the goals at all levels of the PD and a PD approach consistent with the PD objective. In the context of development aid, the main challenges lie in the balance of power between stakeholders, the organisational or technical capacity of recipient country stakeholders to drive or contribute effectively to the PD processes and the increasingly technocratic nature of PD.

Conclusion PD requires a high level of collaborative governance expertise and needs constant, although not necessarily high, financial support. These conditions are crucial to make it a real driver of health system reform in countries' paths towards universal health coverage.

Key questions

What is already known?

- Health system governance is an overlooked area which needs strengthening in countries' path towards universal health coverage.
- Collaborative mechanisms such as policy dialogue are emerging as a key facilitating factor for strengthening multistakeholder health governance.
- The concept is characterised by inconsistent definitions, stakeholders' hazy understanding of the concept and the challenge of evaluating its implications.

What are the new findings?

- Policy dialogue may be understood as a knowledge exchange and translation platform, a mode of governance or a negotiating instrument in international development.
- Policy dialogue, as a multistakeholder collaborative governance tool, requires critical skills from both facilitators and participants, as well as adequate and sustained funding.
- The following conditions are necessary to foster continued stakeholder engagement in policy dialogue: a transparent and institutionalised policy dialogue process, a shared understanding of the goals of policy dialogue and a policy dialogue approach that fits the intended goals.

What do the new findings imply?

- Because of limited country-level organisational and technical capacities in low-income and middle-income countries, skills in the realm of health system governance should be fostered.
- There is a need to step up efforts to build the capacity of stakeholders for and support policy dialogue as a valuable health system governance tool.
- Policy dialogue processes and activities require steady and predictable monies rather than substantial financial support, as well as a high level of technical expertise.

INTRODUCTION

Governance involves 'ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and

accountability'.¹ It is 'a process of coordinating stakeholders, social groups and institutions to achieve objectives that have been collectively defined and discussed' (Le Gales, p 301).² In the health sector, governance is

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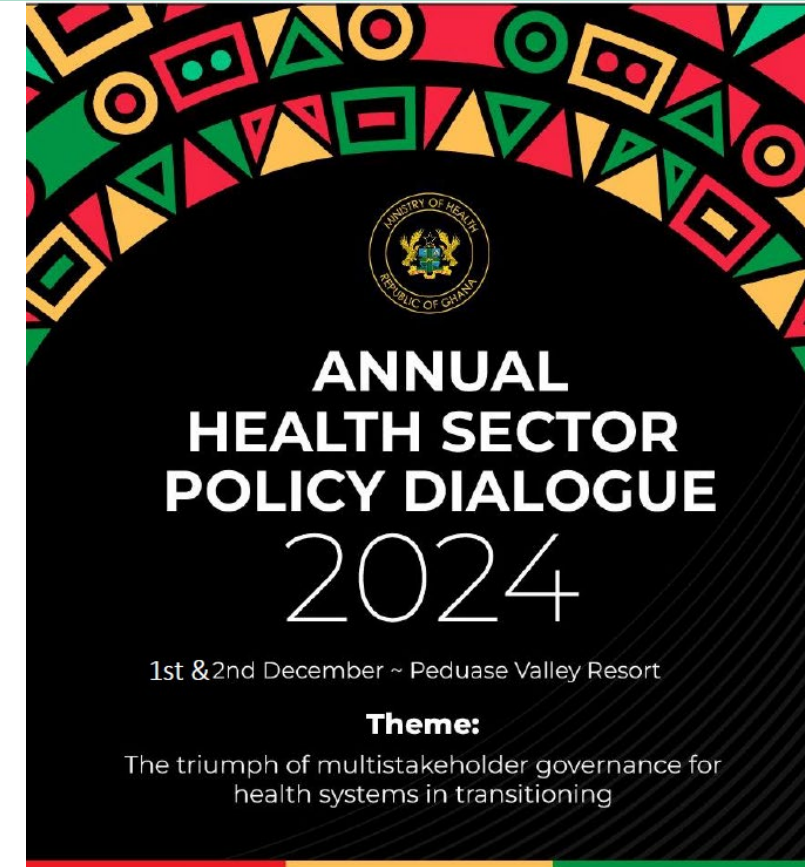
BMJ

Robert E, et al. *BMJ Global Health* 2020;4:e002161. doi:10.1136/bmjgh-2019-002161

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Elements contributing to sustainability of Health Policy Dialogues in Ghana

1. Clear definition of objectives 
2. Chatham house rules 
3. Steady and predictable funding – but not substantial 
4. Reliable evidence as the basis 
5. Convener with organisational capacity 
6. Facilitator – neutral and impartial 
7. Participation of relevant stakeholders 



1. Health systems need to be reformed / transformed to achieve UHC and address challenges of climate change
2. Health systems are complex and reforms require involvement of multiple stakeholders
3. Evidence can inform health policy-making → and policy dialogues can support the use of evidence in health policy-making
4. Policy-dialogues can strengthen (multi-stakeholder) governance
5. Assuring sustainability of the Ghana Health Policy Dialogue will require sustained and reliable funding

Thank you!



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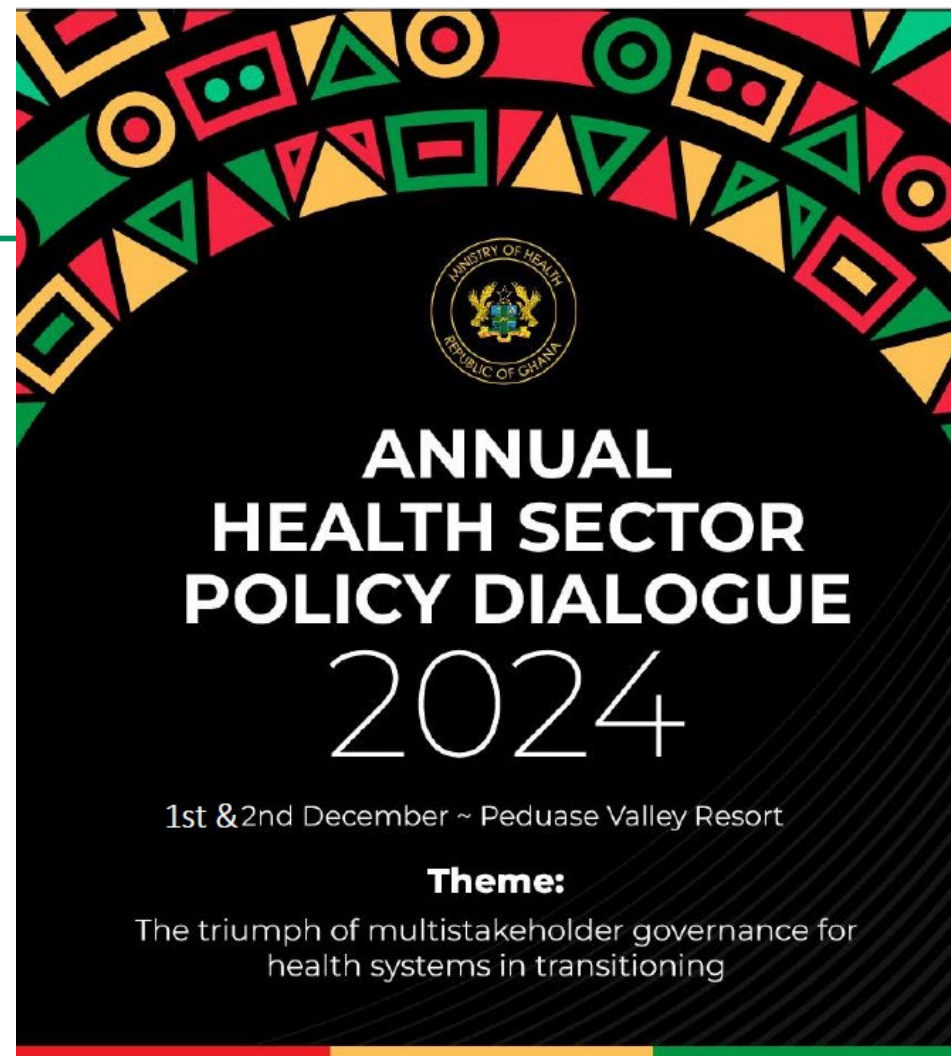
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