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A Glance on Efforts to Strengthen Healthcare Governance in the MENA Region

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The MENA Health Policy Forum (MENA HPF) is an independent non-profit research organization registered in Switzerland in 2008 and operating out of Cairo, Egypt. The membership of the Forum is drawn from health policy researchers and policy experts from MENA countries.

The mission of the MENA HPF is to contribute to the development, of effective, efficient, equitable and sustainable policies that improve health and/or that mitigate adverse consequences of ill health in the MENA region for those who are most disadvantaged.

In implementing its mission, the Forum seeks to influence policy development and dialogue by: commissioning and disseminating high quality original policy research and analysis; building national and regional capacity in carrying out independent policy research and analysis; and facilitating networking and exchange of ideas and experiences amongst those with an interest in health policy. It should be noted that the Forum is currently the only independent nongovernmental health policy network in existence covering the MENA region.

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Acronyms and Abbreviations

MENA HPF	MENA Health Policy Forum
CSO	civil society organization
HSG	health system governance
NGO	nongovernmental organization
MENA	Middle East and North Africa
MOH	Ministry of Health
OECD	Organisation for Economic Co-operation and Development
UHC	universal health coverage
UNDP	United Nations Development Programme
WHO	World Health Organization
WHO-EMRO	World Health Organization Regional Office for the Eastern Mediterranean

Executive Summary

Widespread discontent, economic hardship, and corruption over the past several years have resulted in a number of upheavals across the Middle East and North Africa (MENA) region. The healthcare sector, like others, was far from immune to this pervasive dissatisfaction, which called for radical and instant action. Increasingly, MENA citizens have started demanding more accountable, accessible, and high-quality healthcare services. To meet their aspirations, many stakeholders have recognized the importance of governance and accountability as core elements to improve overall health system performance, and have thus initiated notable activities to create an enabling environment for strengthening healthcare service delivery.

The study herein aims at documenting ongoing activities, programmatic actions, and efforts undertaken on health system governance (HSG) across the MENA region by different stakeholders since the recent upheavals. The paper primarily provides a summary of various efforts undertaken by different groups of stakeholders pushing for good governance across the MENA region for health system strengthening, and ultimately paving the road for universal health coverage (UHC).

Capitalizing on both the regional multistakeholder symposium held in Tunisia in 2012 by the MENA Health Policy Forum (MENA HPF) and the annual regional meeting held in Istanbul in 2013, respective participants of these events were contacted. Interviews were eventually conducted with those key informants who responded to the invitation to participate. The purpose was to allow interviewees to provide insights and expert opinions on the ongoing efforts with respect to HSG in their respective countries. In semi-structured interviews ranging from 30-45 minutes, participants were asked to share their views and hands-on experience on the following dimensions: recent and current governance activities; the role of different stakeholders in pushing HSG forward; the types of activities initiated; hurdles and/or implementation bottlenecks; and suggested mechanisms to overcome challenges. Sixteen interviewees from nine MENA countries (Algeria, Egypt, Iran, Jordan, Lebanon, Palestine, Sudan, Tunisia, and Yemen) participated. Six interviewees come from academic institutions, five from government organizations, and three from civil society organizations (CSOs). In addition, interviews were carried out with interviewees from two multilateral organizations (World Bank and WHO-EMRO).

The data collected for this study revealed a number of important directions for policy and decision makers to take HSG further and emphasized the need to join efforts and collaborate on a regional level. Four main policy directions compiled from the study's main findings fall under the following action areas:

- Multi-stakeholder Representation and Approaches

Based on the study's findings, HSG as a topic still attracts a limited range of stakeholders. Only a small number of stakeholder groups (mainly academic scholars, civil society, and government) are interested and engaged in governance initiatives, as reflected in the region's governance efforts described herein. The private sector has limited interest in and

contribution to HSG. Efforts to engage the private sector in different shapes and forms are rarely successful.

As such, more focus is needed on stakeholder management techniques to more actively engage the private sector and to stimulate its interest to contribute while keeping existing stakeholders continuously engaged. This would be reflected in enlarging the network from within each stakeholder group and expanding the range of stakeholder groups included .

- More Information Sharing and Documentation

The lack of concrete information on HSG has dire repercussions manifested in different spheres. Desk research for this study found no available updated literature. Only outdated information about HSG and different governance structures was accessible. More focus is needed on documenting governance assessments and structures to increase the supply and quality of literature on the topic.

Other sectors are replete with case studies published and used for teaching and training purposes, but the healthcare sector remains case study-poor. HSG and UHC case studies for teaching and research purposes are still very limited in the MENA region. More efforts should thus be undertaken to promote more publications and better information sharing on a regional level to open up opportunities for cooperation.

- More Collaboration/Cooperation/Coordination

Leading multistakeholder platforms needs a participatory approach to create ownership in the process and more dedicated champions. Sustainable development requires a process of constructive dialogue and consensus building of all stakeholders as partners who collaboratively define problems, design possible solutions, and work together to implement them, as well as monitor and evaluate outcomes. Moreover, participants should join and work only towards the mandate of the platform itself, not with personal agendas. It is important to work on institutionalizing these efforts for better sustainability and better distribution of participants' roles and responsibilities.

- Establishment of a Unified Understanding

Having different definitions of governance can create tension when different parties join efforts. Stakeholders with different backgrounds and notions of governance come together on the same platform but bring a variety of worldviews with them. The lack of a unified vision for governance in healthcare makes it difficult to develop concrete action plans and leads to misunderstandings. When this happens, some policy makers may perceive governance as a threat, accordingly resisting and in some cases fighting it. A unified understanding of HSG is thus crucial for better outcomes. Respective buy-in of policy makers and creation of ownership are important to be able to move forward with HSG in the MENA region.

- A Focus on Implementation-oriented Solutions Rather than Awareness Creation

The responses from the interviews revealed that most participants have a clear understanding and a high level of awareness of their envisioned roles as important stakeholders in pushing governance forward in healthcare. There is no disparity between interview responses and literature; yet the main disparity is in putting those envisioned roles into practice. It is obvious that the challenges in implementation are not due to lack of awareness of stakeholder roles but rather to other factors like bureaucracy, centralization, and lack of documentation.

The exchange of cases that articulate certain shared problems and their shared solutions is a positive step towards overcoming common hurdles regionally for overall better healthcare service delivery, and ultimately paving the way for UHC across the MENA region. Thus, any supporting activities should be directed to solve the aforementioned hurdles in implementation rather than engaging in unnecessary awareness creation.

1. Introduction

1.1 General Context of Governance in the MENA Region

Widespread discontent, economic hardship, and corruption over the past several years have resulted in a number of upheavals across the Middle East and North Africa (MENA) region. Citizens' extreme discontent called for radical and instant reaction, and revolts and extreme protests were the channels by which people called for reform and accountability. Citizens sought more participation in decision-making, better use of effective anti-corruption mechanisms, and greater responsiveness to their demands. Many citizens were not content with MENA governments' quick fixes, which had failed to improve the poor performance of the state institutions serving their citizens. The need to improve services offered by the state and to enhance quality of life across the region put pressure on MENA governments to respond as promptly and efficiently as possible. Failure to do so would jeopardize the governments' standing in the eyes of the public. With this as a backdrop, several MENA countries undertook reforms in a variety of sectors. Although much remains to be done, the actions taken in the context of this complex situation demonstrate that proper governance practices and social accountability mechanisms can help address citizens' needs.

1.2 Healthcare Governance in the MENA Region

By nature, healthcare systems are multifaceted and complex, directly or indirectly affecting every citizen. The recent momentous uprisings in the MENA region brought to the forefront citizens' need for more inclusion in decision-making processes and for more equitably distributed benefits from economic and social development. Healthcare, like other sectors, did not escape citizens' demands for more accountable, accessible, and high-quality services. Rhetoric around and attempted applications of health system governance (HSG) have thus become a priority across the MENA region. HSG articulates the need to work on the roots of problems through structural reform in the healthcare sector.

Research and studies have shown that better HSG means: better tackling of the social determinants of health; better health system functions; more equity, accountability, and fairness in health service delivery to populations; and better health outcomes as a result. Several MENA countries, governments, academics, and civil society organizations (CSOs) have worked separately and together to ensure that health is listed as a basic right and that universal health coverage (UHC) is referred to in constitutions or legislative documents. The study "*Public Health in the Arab World*"¹ shows that MENA's various countries do involve civil society and different stakeholders in bodies for health policy making and strategic direction; Jordan's higher-level health committee is a good example. Different governments and CSOs have also attempted to ensure public sector health institutions' responsiveness by conducting patient satisfaction surveys in Jordan, Lebanon, and Tunisia.²

¹ Jabbour, S., & Yamout, R. (2012). *Public Health in the Arab World*. Cambridge University Press. Chapter 28, pp. 364.

² Ibid.

1.3 Stakeholders' Responsiveness to Pressing Needs

To bridge the gap between theory and practice in stakeholder participation and inclusiveness, significant debate over healthcare reform has taken place in the MENA region. Many stakeholders recognize the importance of governance and accountability in the healthcare sector and have initiated notable activities to create an enabling environment for respective developments. Some initiatives serve as platforms for further reform and others are projects tackling governance in healthcare on multiple levels.

Among other stakeholders, the MENA Health Policy Forum (MENA HPF) has responded to the pressing needs of Middle Eastern societies with regards to healthcare governance. MENA HPF is an independent, non-profit research organization that brought together state and non-state actors from twelve MENA countries promoting governance in the healthcare sector to strengthen health systems and pave the road for UHC.

Strengthening activities and efforts in HSG and health systems have been conducted to enable countries to implement UHC programs that seek to provide curative, preventive, rehabilitative, and better health for all at affordable prices, by accessible means, and in an equitable and fair manner to everyone.³ Across the globe, the goals and path towards achieving UHC differ according to country context, abilities, and commitment, with implementation models ranging from that of Germany (social health insurance) to that of Brazil (whose model was established by CSOs⁴). Similarly, in the MENA region, activities have been championed by different actors including governments, academic institutions, and private sector and nonprofit organizations as well as international organizations working in the fields of health and development.

Some efforts by academics have outlined the deficiencies of HSG in the MENA region and produced evidence-based information to address them; however, academia's research agendas often fail to meet those of national policy makers in a timely, effective, and suitable manner.⁵ The efforts of various ministries and national actors have not been successful because of their inability to utilize evidence, insufficient capacity, and inability to invite all relevant stakeholders to participate in, implement, and monitor the policy formulation process.

International organizations' and CSOs' efforts to help in governance initiatives have pushed extensively for these ideas and capacity-building activities have been conducted to further promote them. However, these activities have not been harmonized with other efforts taking place in the region, with a resultant loss in synergy and impact.⁶

³ <http://www.soas.ac.uk/economics/research/workingpapers/file92588.pdf>

⁴ Saleh, S. S., Alameddine, M. S., Natafji, N. M., Mataria, A., Sabri, B., Nasher, J., Siddiqi, S. (2014). The path towards universal health coverage in the Arab uprising countries Tunisia, Egypt, Libya, and Yemen. *The Lancet*, 383(9914), 368–381. doi:10.1016/S0140-6736(13)62339-9

⁵ Ibid, p.369.

⁶ Ibid, p.370.

1.4 Objective of the Report

The study herein aims at documenting some of the ongoing activities, implementation-oriented actions, and efforts undertaken on HSG across the MENA region by different stakeholders since the recent upheavals.

It primarily provides a summary of various efforts undertaken by different groups of stakeholders pushing governance forward and sheds light on the need to strengthen health systems, ultimately paving the road for UHC. Key informant interviewees were chosen from the pool of experts that attended two symposiums held by MENA HPF in Tunisia in 2012 and Istanbul in 2013; in this way, the study leverages on the symposiums' participants' experience.

Although analysis and assessments of the impact of these efforts are beyond the scope of this work, policy areas for pushing governance forward in the healthcare sector are provided in the concluding section.

2. Defining Governance

Several definitions and perspectives have been developed with respect to the topic of governance. Principles of governance are addressed by different institutions, experts in the field, and many publications are dedicated to the topic. According to the World Bank, good governance is an underlying condition for the formulation of effective and efficient public policies, programs, and services. It implies a social contract and adherence to rules and laws that enable improved interaction between governments and constituents on transparency, accountability, and participation. Good governance is equitable and inclusive, responsive, and consensus-oriented.⁷ Other scholars assert that the key idea behind HSG is that it is not solely the responsibility of governments; rather, HSG is a complex technical and political process formed through the interplay of mechanisms, institutions, citizens, and groups from across the spectrum to organize and promote the health of populations.⁸

From an institutional perspective, governance refers to the procedures and processes according to which an organization is directed and controlled. According to the Organization for Economic Co-operation and Development (OECD), the corporate governance structure specifies the distribution of rights and responsibilities among various participants in the organization – such as the board of directors, managers, shareholders, and other stakeholders – and lays down the rules and procedures for decision-making.⁹ In the paper “Framework for assessing governance of the health system in developing countries: Gateway to good governance,” the World Health Organization (WHO) provides the domains of a stewardship model, while the United Nations Development Programme (UNDP) presents principles of good governance, having worked with national governments in the region to contextualize and conduct governance assessments of these principles as a part of their good governance efforts.¹⁰ In this context, each of the aforementioned definitions in sum provided the backdrop based on which different platforms and efforts were carried out by stakeholders across the MENA region.

3. Methodology

The data collection for this study was carried out through qualitative collection, where semi-structured interviews were determined to be the most appropriate research method. Capitalizing on the regional multistakeholder symposium held in Tunisia in 2012 by the MENA HPF as well as the annual regional meeting in Istanbul in 2013, the participants of these events were contacted and interviews were eventually conducted with those key informants who

⁷ World Bank. (2011). Middle East and North Africa Local Service Delivery Initiative: Promoting Social Accountability and Demand for Good Governance.

⁸ Saleh, S. S., Alameddine, M. S., Natafqi, N. M., Mataria, A., Sabri, B., Nasher, J., Siddiqi, S. (2014). The path towards universal health coverage in the Arab uprising countries Tunisia, Egypt, Libya, and Yemen. *The Lancet*, 383(9914), 368–381. doi:10.1016/S0140-6736(13)62339-9

⁹ www.ejournal.unam.mx/rca/216/RCA21609.pdf

¹⁰ Siddiqi, S., Masud, T. I., Nishtar, S., Peters, D. H., Sabri, B., Bile, K. M., & Jama, M. A. (2009). Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy*, 90(1), 13–25. doi:10.1016/j.healthpol.2008.08.005

responded to the invitation to participate in the study. The interviews were designed to gather expert opinions on the ongoing efforts and work done on HSG in the respective home countries of the key informants. In a semi-structured interview ranging from 30-45 minutes, participants were asked to share their views and hands-on experience on the following dimensions: recent and current governance activities; the role of different stakeholders in pushing HSG forward; the type of activities they initiated; the hurdles that hampered their efforts; and the way forward to overcome them. A total of 16 interviewees from nine MENA countries (Egypt, Jordan, Iran, Yemen, Tunisia, Palestine, Sudan, Lebanon, and Algeria) participated, as did from two multilateral organizations (World Bank and WHO-EMRO). Six interviewees come from academic institutions, five from government organizations, three from civil society organizations and two multilateral organizations. Interviews with participants outside of Egypt were conducted via online meetings. A set of predetermined interview questions was designed, along with further probing questions asked during the interview. The questions varied based on each country's context. The data were analyzed primarily by transcribing the interviews according to the dimensions and themes discussed; the similarities and conclusions drawn from the outcomes of the transcriptions are presented in the following section.

4. Findings: A Glance on the Efforts to Strengthen Healthcare Governance in the MENA Region

A general positive trend across the MENA region has endeavored to create a bridge between HSG theory and practice. Over the last few years, the general notion of HSG and its ongoing efforts have gained striking momentum at the regional level. A number of champions and experts have emerged who are willing to advance the notion of governance in the entire healthcare sector to be more effective and efficient in serving the needs of beneficiaries. The interview process used for this study revealed many similar pressures and hurdles facing healthcare sectors across the region. The interviews also showed similarities in the activities revolving around certain stakeholder groups. The main groups identified as active in HSG activities were academic institutions, CSOs, and governments. The study showed that these identified groups had a clear understanding and a relatively high level of awareness of their expected role as stakeholders in the healthcare sector and on their ideal responsibilities towards pushing governance forward in this realm. Yet the disparity between their high level of awareness and understanding versus implementation was the challenging part. The interviews' outcomes were organized and common policies formulated around these identified groups. However, it should be noted these efforts are sporadic and do not yet provide a full picture of the HSG landscape in the region.

Interviewees' responses were grouped into three overarching dimensions: framing the envisioned role of different stakeholders in pushing governance forward; identifying recent/current governance and social accountability initiatives across the MENA region and enumerating the associated challenges and hurdles facing stakeholders in their respective home countries. Stakeholder groups' insights were elaborated for each of these three dimensions, as follows.

4.1 The Envisioned Role of Different Stakeholders in Pushing Governance Forward in the MENA Region

Every stakeholder group has a different role in carrying out activities in the healthcare sector. They take different access points based on their respective interest and school of thought. The interviewees' responses show that most participants have a clear understanding and a high level of awareness of their envisioned roles as important stakeholders in pushing governance forward in healthcare. There is no disparity between interview responses and literature; yet the main disparity is in putting those envisioned roles into practice. It is obvious that the challenges in implementation are not due to lack of awareness of stakeholder roles but rather to other factors like bureaucracy and centralization. The following section presents the expected roles that stakeholder groups ideally perform, as expressed by the interviewees.

Academic institutions' role in HSG: Academic institutions' primary mission is to dedicate their efforts to education and research that feeds into different developmental fields. Their ability to innovate and to document benchmark cases to change practice puts them in a leading position to influence HSG. The interface between the role of academic institutions

and practitioners is important to enhance the quality of decision making and innovation. The new hybrid created through joint efforts from different sides bridges the gap between theory and practice. Using the three missions of any academic institution (teaching, research, and community service) enhances the implementation of innovative solutions. It capitalizes on the wide network of state and non-state actors around academic institutions that is generally respected and seen as credible. Building partnerships between academic institutions and other parties takes place in different sectors and industries. Promising practices to build healthcare capacity through collaborative efforts with academic institutions is an example of the positive impact of academic involvement. University partnerships have proven to be effective in building healthcare capacity. Engaging in extracurricular activities and developing educational material with undergraduates creates the necessary critical mass and outreach among youth. The representation of academia in different settings is mostly well respected and accepted as legitimate.

Civil society's role in HSG: With the growing manifestations of inequality and injustice in different sectors of public interest in the MENA region, civil society's engagement in the public sphere was needed to elevate attention to human distress. Globally, significant progress in a number of public spheres is attributed to the increasing influence of CSOs nationally and internationally in driving policy change. Different approaches and activities carried out by CSOs reflect their three roles: as participants in the design of strategies; as service providers through community organizations and national NGOs; and as watchdogs to ensure government fulfillment of commitments.¹¹ Despite the slow pace of change and fundamental hurdles faced by CSOs, the development of civil society's role in the MENA region is no different from that in the rest of the world. CSOs have achieved phenomenal efforts despite the nascence of healthcare governance as a topic of interest in the region. Growing interest in evidence-based policy processes in developing countries has reinforced the need to include CSOs.

Government's role in HSG. The state's primary responsibility is to protect its citizens' health through the performance of a variety of roles. The state's role in healthcare mainly falls under the categories of provider, financier of healthcare services to citizens, and regulator of the healthcare industry. Its involvement in healthcare may be direct provision of services to people through its own healthcare delivery units. Alternatively, governments may purchase services from service providers (not-for-profit or private) other than the ones they own. Even if the state does not finance or provide healthcare service delivery, it has an overarching role to regulate and steer the different stakeholders' relationships. This implies steering healthcare service providers, financing agencies, and end users and regulating the market between them, rather than engaging directly in service provision. This encompasses setting rules and frameworks to manage the different interests and rights of diverse players in a way that guarantees justice and fair competition, while aligning them towards a common vision.

¹¹ Ghaus-Pasha, A. (2004). Role of Civil Society Organizations in Governance. *6th Global Forum on Reinventing Government towards Participatory and Transparent Governance Seoul South Korea.*

4.2. Recent/Current Governance and Social Accountability Initiatives across the MENA Region

Governance sets the stage for coordination between the various rights and interests of different stakeholders, whether conflicting or aligned. The MENA region's need to implement HSG is no different from that of the rest of the world. A wide range of governance attempts took place across the MENA region after the Arab Spring. But the turbulent political environment has induced radical changes. The different political constructs and ideologies along with rapidly changing governments and priorities created a high-pressure environment for many of the governance attempts initiated after the revolution. This turbulent environment led some countries to deviate from long-term goals, and to focus on short-term goals instead. In countries like Tunisia, Yemen, and Egypt, the conversion of political systems changed the agenda and priorities of governments accordingly. A government that accentuated the necessity of structural reform to healthcare institutions might be followed by a government that responds more to short-term crises and coordination of administrative work than to long-term projects. Despite the changing landscape, many governance initiatives led by individual champions, civil society, and government authorities have taken place in the MENA region.

Interventions of academic institutions. Particularly in HSG, academia plays an important role in awareness creation around the topic among scholars and decision makers. Academic institutions' potential role and impact are relatively large compared to their current actual influence. Fostering linkages and strong positioning enable academic scholars to put governance on decision makers' agendas and to create the need for healthcare reform. At a governmental and policy level, having direct relationships with and strong representation of academia creates a healthy dynamic that embraces evidence-based material and topics for improvement in the healthcare sector.

In this context, Iran provides a good example of positive and strong positioning of academic institutions in health reform. Iran's informal and formal channels of dialogue have led to strong connectivity of academic institutions. The direct relationship between them and decision makers in the government and the Iranian Ministry of Health enables academic institutions to participate in policy dialogues for health reform. Interestingly, academic researchers and scholarly writers in Iran are delegated to work on research topics of public interest by practitioners, health policy makers, and Ministry of Health officials. This puts them in a position to influence and advocate for different topics like governance by materializing it in policies. These direct linkages attempt to create a shared platform, bringing together the best of both worlds. Likewise in Lebanon, academic institutions have been very successful in influencing policy decisions; academic institutions listen to the government's priorities in healthcare sector and provide policy makers with associated evidence. Sudan has focused intensively on empowering academics' presence and contribution in HSG by encouraging governance-related teaching material and content in academic curricula. For example, courses on health management and public health leadership are taught in the Institute of Public Health.

Interventions of CSOs. The political instability and recent uprisings in the MENA region accentuated the role of CSOs. CSO involvement takes place via different mechanisms: opinion shaping, advocacy, and mobilization of the masses. CSOs have a fundamental responsibility in the creation of new leadership potential in the public arena and with regards to respective participation in decision-making processes as partners in a shared vision. Peaceful conflict resolution and calls for government organizations to be more transparent and accountable are pillars of civil society efforts.

One form of civil society involvement is for CSOs to actively take the lead on certain projects and advocate for them. CSOs play a very important role in Lebanon's healthcare sector. Their major advantage there, compared to other MENA region countries, is that lines of communications and cooperation with the government and ministries are wide open and easy to develop and maintain. However, professional voluntary associations have no external sources of funding for reports and studies unless they contract with international organizations such as WHO, UNFPA (United Nations Population Fund), and ESCWA (United Nations Economic and Social Commission for Western Asia); hence, funding is episodic and targeted more to the needs of donors and funding parties. Apart from small membership fees, professional associations have no means to activate their own plans and projects on governance and social accountability, or on any other subject, for that matter. In Palestine, the inclusion and representation of CSOs in the health insurance law issuance process was marked with great success given the positive influence they had on the law. However, CSOs have limited involvement in HSG as there is weak understanding of governance and its linkages to the healthcare sector.

Egyptian CSOs' involvement in healthcare reform and fostering social accountability is a positive example. These CSOs drew inspiration from the inception of the European Charter for Patient Rights, which started with a civil society-led draft patient rights charter. Based on this, similar efforts have taken place. For example, a CSO-led initiative is now using a participatory approach to develop a patient rights charter. The rationale for using such an approach in drafting the charter is to create enough critical mass to push for a social accountability tool.¹² The results of the approach are drafted and compiled in a document with 30 proposed rights, in which people can indicate the corresponding importance and weight of each right. This process is still ongoing. The final patient rights charter will be a document written by the people. As a next step, hospitals and healthcare service providers should pledge to adhere to it. If successful, the charter may be adopted in other MENA countries, further enhancing its relevance.

The situation is quite different in Tunisia, where NGOs have a relatively limited contribution to direct HSG efforts and initiatives. CSOs' attempts in healthcare are mainly associated with the right to health and advocacy for equality between citizens. CSOs have no direct engagement in HSG as a topic of interest.

Interventions of governments. In an attempt to increase the involvement of stakeholder groups in healthcare reform, the Egyptian Ministry of Health (MOH) initiated the Taskforce

¹² <http://eipr.org/pressrelease/2014/11/24/2283>

for Governance with multistakeholder representation from academic scholars, experts in the field of governance and healthcare reform, government officials, civil society, etc. The first expert group created was through a ministerial decree announced by the Egyptian Ministry of Health and Population (MOHP) in 2014. The Taskforce is working on a national plan for governance and social accountability in the healthcare sector. Its objective is to direct the efforts, experiences, and visions of various parties in the national plan to improve citizens' health through good governance practices, a more transparent health system, and greater accountability. Such a multistakeholder representation in a government-led initiative is a positive step towards ensuring the inclusion of stakeholder groups. Based on the same approach, the Palestinian MOH initiated through a ministerial decree a multistakeholder committee for policy and planning in which many discussions are held on healthcare reform, with a particular focus on refugees' health issues.

Jordan provides another case study of the inclusion of multiple stakeholders in government-led initiatives, particularly for governance in the pharmaceutical sector. Under the umbrella of Jordan's High Health Council, a coalition of CSOs was created in 2009 to support civil society engagement. The High Health Council's national objectives are directed to the enhancement of transparency, social accountability, and the fight against corruption. CSOs in this context play a major role by joining efforts with the government; advocating and monitoring the pricing process for pharmaceutical products is one area where CSOs have had success.

Similarly in Sudan, a number of government-led initiatives have taken place in the past few years. A partnership between the Sudanese Medical Council related to the MOH and the Ministry of Higher Education resulted in an agreement to integrate governance of health professions in the accreditation system operated by the Sudanese Medical Council. The inception of a Medical and Health Taskforce through the Council of Higher Education is another ongoing activity to improve the medical profession by executing model guidelines for establishing medical schools and enhancing medical professions. Additionally, based on a WHO-EMRO pilot to report on HSG, Sudan's MOH dedicated a pillar in its national strategy for governance of its health system. The establishment of the Institute of Public Health, in which courses on health management and public health leadership are taught, is a significant government-led intervention.

In the Kingdom of Saudi Arabia (KSA), a number of initiatives have recently been undertaken by the government to govern the healthcare sector. Creation of a separate post for the 'Deputy Minister for Public Health' within the MOH, who will operate side-by-side with the Deputy Ministers for noncommunicable diseases, preventive medicine, and primary healthcare, is considered a positive step forward. In 2014, the Deputy Minister for Public Health initiated a 'public health and primary healthcare reform initiative' in an attempt to move from technical representation only to a diverse initiative in its representation. Both KSA and Palestine have made the development of accountability mechanisms for dual practice a priority, along with other mechanisms for private sector participation.

In Jordan, the government has initiated research on the link between accountability and quality of healthcare service delivery. This is with the aim to elicit mechanisms to improve

monitoring and create an incentive-based systems to enhance upstream, midstream and downstream accountability.

Lebanon's government prioritized a community health insurance program and a health insurance project and has made initial attempts to better govern the pharmaceutical industry as well.

4.3. Challenges and Hurdles Facing Different Stakeholders

In turning HSG theory into practice, a number of hampering factors exist depending on the area of reform, country and the type of activity. The key informant interviews conducted for this study revealed similarities in the types of issues faced by stakeholders in their execution of HSG initiatives.

Challenges for academic institutions: Despite the efforts already made in enhancing HSG, this process is still at its beginning. Very limited literature and case studies are available on the contribution of academic institutions in pushing the topic forward and proactively creating a platform, particularly in the MENA region.

Apart from the conventional hurdles on the macro level, academia is characterized by a general lack of motivation to tackle HSG. Researchers prefer medical and clinical topics over governance, which leaves the topic poor in literature and research documentation. In some cases, experts and scholars in government-led initiatives are treated as visitors to rather than owners of the process, leaving academics feeling alienated and reluctant to participate. Adding to that, academics recognize that the notion of HSG is not given substantial weight relative to governance in other pressing sectors, as governments tend to place more importance on financial sector and political governance.

The aforementioned points are manifested in different countries, such as Tunisia, where academic institutions' contribution is very limited. In Tunisia, the lack of information shared by the MOH puts pressure on academic institutions; by not being transparent, no room exists for a common platform between academic institutions and the government to collaborate. These factors have resulted in academic institutions' limited involvement and motivation to participate in HSG efforts.

In Lebanon, one issue facing academia is that their representation is neither structured nor institutionalized. Aside from the lack of resources, gaps in the literature and research remain in the area of governance and social accountability in Lebanon's healthcare sector, despite researchers' interest in these topics.

Challenges for CSOs. The magnitude of common challenges facing civil society in different MENA countries is quite considerable, ensuring their continued influence. Bureaucracy and lack of transparency from centralized authorities are the main hurdles hampering CSOs from engaging in healthcare reform in the MENA region. Limited bureaucratic responsiveness to change and reform constrains potential improvements and favors the conduct of administrative work over structural reform.

The main factors affecting civil society's efforts are both internal and external. Internal pressures are manifested in the strong divisions within civil society itself, the lack of collective action, and weak strategic thinking. These internal pressures lead to fragmentation and duplication of effort, which in turn leads to polarized dialogue and mutual accusations from different parties, creating an unhealthy and unproductive environment of mistrust.¹³ External pressures can be summarized as weak inclusion in existing transition mechanisms, short-term funding cycles, and uncertainty in a restrictive regulatory environment. In some national initiatives, civil society's inclusion in decision making is only granted as a formality, without actual weight given to civil society representation.

Short-term funding cycles and the focus on project funding have been at the expense of CSOs' organizational development and capacity building.¹⁴ Uncertainty in already restrictive regulatory environments affects donors' willingness and capacity for action.

This is especially true in Egypt, where tough debates have taken place regarding the status of foreign funding for NGOs. The demonization of foreign funding, often perceived as foreign intervention, explains the recent favoring of tight and state-controlled donor legislation. This led to disincentives for and reductions in donor responses, evidenced by risk avoidance and short-term, project-focused funding.¹⁵ The tendency to prioritize projects over core funding makes sustainable partnerships difficult and significantly threatens the existence of fragile civil society groups.¹⁶

The severity of the issue of funding is clear in Lebanon. A more serious issue is the lack of funding facing NGOs. CSOs struggle to fund preparation of position papers and/or to hold meetings and workshops. Participants who must work on a *pro bono* basis are less committed and provide far less input.

Another important obstacle hampering HSG efforts is the personalization of participation in certain committees or initiatives. People who are not invited in their personal and organizational capacities take it personal, therefore losing their sense of ownership to the committee in action and would rather start a new committee, leading to a vicious cycle. In Jordan, this is a valid problem that led to duplication in governance efforts.

Challenges for governments. Like other stakeholders, governments face factors that hinder their efforts in HSG. In MENA countries that have recently experienced turbulent events, the level of uncertainty is quite high particularly for a topic like governance that by nature has a long-term orientation.

In a country like Yemen, it is very difficult to continue with governance efforts given the rapidly changing political landscape and the fact that a change in political leadership

¹³ The Graduate Institute, AUC School of Public Policy and Global Affairs, Geneva Center for Security Policy (GSCP). (2013). Civil society in Transition: Facing current challenges in Egypt and Tunisia. Cairo Issue Brief. *The Centre on Conflict, Development and Peacebuilding (CCDP)*

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

immediately equals a change in the government's priorities. In countries in transitional phases, long-term planning and strategizing is not favored. The lack of stability coupled with political vulnerability gives governments a greater tendency to pursue short-term wins rather than long-term strategic plans. However, it needs to be underlined that after the widespread social protests, governments are in no place to jeopardize dialogue and consensus building. Considering this, the fostering multistakeholder dialogue and reaching consensus around certain issues remains challenging (even in stable countries).

5. Concluding Remarks and Areas of Action: Towards an Enabling Environment for HSG

Governance is a mean to an end, rather than an end in itself – a view that is hardly contested. This means that it is important to keep the bigger picture in mind, which requires amongst other things a move beyond the simple measurement of governance. A strategic mindset that focuses on the healthcare system itself would indeed open the door for success that benefits society at large.

The data collected for this study revealed a number of important directions for policy and decision makers to take HSG further and emphasized the need to join efforts and collaborate on a regional level. To give a summary overview, respective conclusions will be presented in the following final section comprising five main clusters.

5.1. Multistakeholder Representation and Approaches

Across the MENA region, approaching HSG from a multistakeholder perspective and interconnectedness has gained more importance and shown signs of success in engaging different stakeholders over the last few years.

As this study shows, a number of positive initiatives exist. Aware of their significance, the High Health Council in Jordan created a coalition for CSOs under its umbrella. As in Egypt, the formation of a Taskforce based on a multistakeholder approach was a positive step towards involving a diverse range of stakeholders contributing to a national plan for governance.

The regional examples presented demonstrate the critical role of stakeholders in carrying out activities in this realm. This was clearly reflected in Egypt in the role played by independent CSOs through the inclusion of patients in the drafting process for the Patient Rights Charter in Egypt in a civil society-led initiative. The strong positioning of civil society and its role is clearly seen in Lebanon, where professional organizations have a direct link with the government. And the role of academia and its associated activities was clearly visible in Iran, where academics have open channels with government officials and policy makers.

Yet HSG as a topic still attracts a limited range of stakeholders, based on the study's findings. Only a small number of stakeholder groups (mainly academic scholars, civil society, and government) are interested and engaged in governance initiatives, as reflected in the region's governance efforts described herein. The private sector has limited interest in and contribution to HSG. Efforts to engage the private sector in different shapes and forms are rarely successful.

Representation of various stakeholders is often carried out through personal networks and connections rather than through proper scientific stakeholder mapping exercises, which usually results in a narrow band of stakeholder interest. This also results in representation confined to a few individuals from each group. This deficiency makes it difficult to achieve

diversity in platforms and working groups, both nationally and regionally. Thus scientific stakeholder mapping exercises and management techniques are essential to include the right target groups and the relevant stakeholders in HSG, particularly the private sector. As such, more focus is needed on stakeholder management techniques to more actively engage the private sector and whet its appetite to contribute while keeping existing stakeholders continuously engaged.

These types of initiatives can create great progress in joining efforts by broadening the spectrum on two levels: (i) enlarging the network from within each stakeholder group; and (ii) expanding the range of stakeholder groups included.

Apart from that, HSG initiatives are usually project-based rather than process-based, implemented in short cycles with interruptions, thereby putting pressure on their sustainability and continuity. Because there are limited follow-up activities affiliated with these projects, many stakeholders feel disengaged and demotivated to contribute again at a later stage in something that might not be sustainable. Over time, thus, the credibility of these projects is jeopardized. To ensure better sustainability, it is therefore important to move from a project-based to a process-based approach. Making sure that initiatives will continue and securing their resources before starting them will ultimately lead to more engaged participants and stronger impacts. For better continuity, any multistakeholder platform has to be based on strong participation and engagement coupled with sustainable follow up activities.

5.2. More Information Sharing and Documentation

Despite the great efforts undertaken to facilitate access to information, challenges still remain. On one hand, the lack of solid consolidated information on HSG has dire repercussions manifested in different spheres. Desk research for this study found no available updated literature. Only outdated information about HSG and different governance structures was accessible.

On the other hand, literature and case studies on different HSG efforts at the regional level were even more limited. Interviewees did not have a lot of information to share about other activities taking place in their home countries, not to mention in the entire region. Interviewees were only confident about information regarding the programs or initiatives with which they have been directly involved. Thus currently the only way to obtain credible information is through direct involvement and communication in activities. This creates asymmetric and unequal access to information by different stakeholders. As a consequence, cooperation between different parties is difficult given that one party does not know what the other one does in terms of governance efforts. This also leads to duplication of effort and “reinventing the wheel” at both the national and regional level, as no information is shared about success stories and lessons learned. In this context, more cases to document efforts and share hands-on experience would lay a firmer foundation for cooperation between stakeholders regionally and nationally. Other sectors are replete with case studies published and used for teaching and training purposes, but the healthcare sector remains

case study-poor. HSG and UHC case studies for teaching and research purposes are still very limited in the MENA region.

Therefore, more focus is needed on documenting governance assessments and structures to increase the supply and quality of literature on the topic. Documenting cases proved that ongoing activities exist but do not show up in literature reviews because they are not scientifically formulated and documented. More efforts should thus be undertaken to promote more publications and better information sharing on a regional level to open up opportunities for cooperation.

5.3. More Collaboration/Cooperation/Coordination

Governance is a complex topic that needs collective action and joint efforts. Otherwise, lack of coordination makes the HSG's impacts weak and limited. Some notable efforts for more collaboration and coordination between different stakeholder groups and different countries from the MENA region were described in this report.

By bringing together state and non-state actors from MENA region countries at the first "Regional Multistakeholder Symposium on Improving Governance and Accountability in Health Systems" in 2012 in Tunisia, the MENA HPF provided an important platform for participants to share expert opinions and experience from their home countries to advance the notions of governance and social accountability. Inspired and stimulated by the Symposium, a number of participants carried out several initiatives in their home countries.

Championed by the Symposium's construct, Egypt initiated a "Multistakeholder Partnership for Governance, Transparency and Social Accountability." Its inception attempts to crystalize the Multistakeholder Partnership and build its members' capacity and "know-how" to collectively champion a change process that will lead to better governance, more transparency, and greater social accountability. This process will require time and continuous support.

In this context, Tunisia serves as an interesting case. During the Symposium, government officials from Tunisia's MOH did not propose any priorities or commitments. However, the Symposium indirectly provided the impetus for continuation of the healthcare dialogue started in 2012 under the MOH's umbrella. Initial steps for dialogue to improve the decision-making process and citizen engagement are now taking place.

In Lebanon, a few months after the Tunisia workshop, one participating civil society representative called for a meeting of other Lebanese participants. The initiative was received with limited response from participants and limited recapping activities.

Efforts for these types of platforms always face a number of hampering factors. Stakeholders with personal agendas weaken platforms' power for collective action and the lack of solid structures institutionalizing the initiatives puts pressure on their sustainability and continuity.

To overcome these hurdles, leading multistakeholder platforms need a participatory approach to create ownership in the process and more dedicated champions. Sustainable development requires a process of constructive dialogue and consensus building of all stakeholders as partners who together define problems, design possible solutions, collaborate to implement them, and monitor and evaluate outcomes. Moreover, participants should join and work only towards the mandate of the platform itself, not with personal agendas.

Finally, it is important to work on institutionalizing these efforts for better sustainability and better distribution of participants' roles and responsibilities.

5.4 Establishment of a Unified Understanding

The diversity in definitions and schools of thought addressing governance enriches its literature and its applications. Diversity creates space for different approaches to take hold. Each expert, champion, and institution described in this study based its efforts on a different definition and school of thought tackling governance. The results of the interviews were striking. Some tackled the topic by bringing an institutional governance perspective to the healthcare sector; others focused on clinical governance and its applications; and others concentrated on social accountability and its implications for good governance. Even in literature, multiple attempts leverage different perspectives towards governance. For example, WHO's definition of governance is different from that of the World Bank and the OECD. Organizations and champions capitalized on different perspectives of governance in carrying out their efforts. Those diverse efforts and areas of focus reflect a great mosaic construct attempting to elevate the healthcare sector at large.

However, this diversity also has a downside to it. When parties join efforts and collaborate, having different definitions of governance can create tension. Stakeholders with different backgrounds and notions of governance come together on the same platform but bring a variety of world views with them. The lack of a unified vision for governance in healthcare makes it difficult to develop concrete action plans and leads to misunderstandings. When this happens, some policy makers may perceive governance as a threat, accordingly resisting and in some cases fighting it.

A unified understanding of HSG is thus crucial for better outcomes. The buy-in of policy makers and creation of ownership are important to be able to move forward with HSG in the MENA region.

5.5 Focusing on Implementation-oriented Solutions Rather than Awareness Creation

The study showed that there is a consensus among determined stakeholder groups on their expected roles. The responses from the interviews revealed that most participants have a clear understanding and a high level of awareness of their envisioned roles as important stakeholders in pushing governance forward in healthcare. There is no disparity between interview responses and literature; yet the main disparity is in putting those envisioned roles

into practice. It is obvious from the interviewing process that the challenges in implementation are not due to lack of awareness of stakeholder roles but rather to other factors like bureaucracy and centralization.

The study found that bureaucracy, centralization, and lack of resources, information sharing, and documentation comprise the bundle of shared challenges facing HSG in most MENA region countries. Overcoming these factors and creating an enabling environment for HSG will result in unparalleled success in the healthcare sector.

Sharing the same problems on a regional level creates an opportunity for pooling of resources and a joint movement in the MENA region. The exchange of cases that articulate certain shared problems and respective shared solutions is a positive step towards overcoming common hurdles regionally for overall better healthcare service delivery, and ultimately paving the way for UHC across the MENA region. Thus any supporting activities should be directed to solving the aforementioned hurdles in implementation rather than engaging in unnecessary awareness creation.

Annex

Template: Interview Questions

The objective of the study is to recap on the ongoing activities and implementation-oriented actions taking place by the participants in the MENA HPF Seminar “Improving Health Systems Performance through Better Governance and Accountability in the Middle East and North Africa (MENA) Region 2012 Regional Multistakeholder Symposium” held in June 2012 in Tunisia.

Kindly have the following questions answered

- 1- What are the recent governance and social accountability initiatives done in *(XYZ country)* in the healthcare sector on a national level?
- 2- What are the running activities done by *(XYZ stakeholder name)* to improve governance and social accountability in healthcare?
- 3- What is the role of *(XYZ stakeholder group)* in improving healthcare governance and social accountability in *(XYZ country)*?
- 4- What are the current frameworks for transparency in the healthcare sector in *(XYZ country)*?
- 5- What are the challenges facing the *(XYZ country)* healthcare system for better governed health sector?
- 6- Generally, what are the steps to follow to improve the healthcare sector on governance and social accountability?
- 7- What are the current activities conducted to materialize these notions?
- 8- What are your ideas about moving forward with the topic of governance and social accountability in healthcare in *(XYZ country)*, specifically?
- 9- What are your ideas about the futuristic steps to move forward in the **MENA region?**

*** Further probing and country-specific questions were asked depending on the context of the country.*