The Governance Report 2019

Health Governance: Challenges and Recommendations

Executive Summary

Health matters. Virtually every area of life is influenced by the state of a population's health. Professional productivity, cultural creativity, political and social participation, and people's quality of life directly depend on health. The global population is ageing and chronic illnesses are on the rise, and with these, the demand for healthcare is increasing as well.

Healthcare systems matter. Our national and global health systems face diverse economic, political, social, and organisational challenges. Present-day healthcare systems are not only highly complex, fragmented, and costly but also are primarily geared toward the imperatives of professionals, sometimes in opposition to the needs, preferences, and value orientations of patients and users who tend to be socially unorganised.

Health governance matters. Health governance refers to all actions and means a society uses to achieve collective solutions to maintain and promote health as a common good. It involves actors in politics, science, business, and civil society, alongside health professionals and patients. In a globally networked and interdependent world, health governance requires local, regional, national, and international approaches. How health systems and healthcare are governed inevitably has implications for health promotion, protection for all, and healthcare provision for patients.

The Governance Report 2019, edited by Klaus Hurrelmann, Mujaheed Shaikh, and Claus Wendt, highlights key challenges for healthcare systems, identifies best practices in terms of effective governance, and discusses potential solutions to effectively meet the needs of health systems and the people served by and working within them.

The Governance Report 2019, prepared by a team of experts assembled by the Hertie School with the financial support of the Robert Bosch Stiftung, is the seventh in a series highlighting governance challenges and how to approach them.

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Unequal Level and Distribution of Health and Healthcare

As Elodie Besnier and Terje Andreas Eikemo (Chapter 2) report, significant progress in the level of health has been made in recent decades: from 1990 to 2017, global life expectancy rose from 65.6 years to 73 years and healthy life expectancy rose from 57 years to 63.3 years. However, as the global burden of communicable diseases such as malaria and tuberculosis declines, the burden of non-communicable diseases (NCDs) such as cancer and diabetes is growing. Furthermore, progress is slowing in certain areas, and disease-specific burdens continue to pose a threat. For example, deaths from several neglected tropical diseases have risen, and the number of years people spend in poor health is increasing as life expectancy lengthens at a faster pace than healthy life expectancy.

Inequity in health and access to healthcare results in social and economic costs for the whole society.

In addition, there are inequalities between countries and regions, posing differing challenges. Healthcare systems are increasingly strained in high-income countries, where people are living longer and ageing populations are dealing with NCDs, while low-income countries face the double affliction of a rising burden of NCDs at the same time as communicable diseases and perinatal conditions remain among the main causes of death and ill health.

Above all, stark health inequalities persist within countries. As Clare Bambra (Chapter 3) highlights, the unequal level of health and uneven distribution of healthcare in advanced economies are often overlooked in policy deliberations. On average, low-income Europeans report good health 20 percentage points less than Europeans with high income, and people with weaker socioeconomic backgrounds are less likely to access and use healthcare services than those in higher socioeconomic groups with the same health need.

Lack of equal access to healthcare has adverse health implications in particular for vulnerable groups. This means life expectancy and healthy life expectancy differ greatly between high and low socioeconomic groups. And inequity in people's health and the distribution of healthcare creates social and economic costs for the whole society in the long run.

Evidence shows that high-income and low-income countries face unprecedented challenges to sustain progress made so far and meet future needs.

Recommendations

- **Collect and analyse timely and accurate assessments of population health to measure progress and identify areas of improvement,** in order to ensure the sustainability of health achievements and reduce inequalities. We cannot improve what we do not know. Finding new and better ways to measure health while enhancing the data literacy of policy-makers must be an ongoing task. Accurately measuring reality and progress is essential to inform health governance and to develop, implement, and evaluate relevant policies.

- **Pay more attention to the level, trends, and impact of existing and potential threats** to health in the global and local governance agenda. In particular, identifying their effect on different socioeconomic groups is crucial in making policy decisions to tackle inequality.

- **Target the social determinants of health inequality** such as access to health services, better housing, access to education, and social protection. Clear, earmarked, and explicit strategies to reach goals and outcomes make policies successful. Setting appropriate targets and backing those up with effective and realistic action can reduce inequalities and improve overall health. Raising the minimum wage, increasing public spending, government interventions in specific locations, regulating risk behaviours, and improving access to healthcare have been effective in different contexts.

- **Recognise that such policies involve multiple actors**, most of whom are outside the health system. Coordinated and coherent actions by governments, international players, private entities, and citizens

are crucial to fostering and maintaining a holistic approach to health. The Health in All Policies (HiAP) approach, for example, helps measure the health impact of the whole range of public policies, and could engage different levels of government to take a multisectoral approach to health and well-being. Global initiatives such as the Millennium Development Goals and the Sustainable Development Goals have contributed significantly to progress over the last thirty years, recognising that health challenges require national and transnational governance.

National and Transnational Health Security

As Suerie Moon and Anna Bezruki (Chapter 4) as well as Ilona Kickbusch and Austin Liu (Chapter 5) demonstrate, there is now greater recognition that we need global governance mechanisms to address global health threats and challenges. Governance for health and well-being thus has not only become more global but also more multisectoral, reflecting a wider understanding of health as both a driver and a consequence of sustainable development. Indeed, health is now one of the most crowded and diverse fields of global activity.

Despite a growing number of actors, much activity, and some successes, global health governance is ill prepared to deal with current and future challenges.

Outbreaks of infectious diseases continue to threaten global health security and have significant economic and social implications at all levels. Due to the transnational nature of these outbreaks, global governance along with national and subnational capacities form an important line of defence. Despite the necessity of effective global coordination and some progress since the SARS (2002–3) and Ebola (2014–15) crises, governance gaps remain. Countries must be more committed to preparedness, knowledge-sharing must be swifter and more effective, research and development efforts must take into account accessibility and affordability, and financing and accountability mechanisms must be firmly established and coordinated.

More generally, the growing multitude of actors and interests has not necessarily led to more coherent approaches to global health governance and to sustained commitment between health crises. New organisations and partnerships have focussed energies on specific diseases or goals, often stimulating new financing but also drawing key resources from core budgets and global health institutions such as the World Health Organization. Geopolitical shifts, such as the greater involvement of non-western governments, and ideological ones, are undermining support for international organisations and agreements, raising doubts about health as a collective issue, and weakening financing mechanisms. Beyond communicable disease outbreaks, numerous challenges to global health such as anti-microbial resistance, NCDs, and climate change loom, but global health governance appears ill prepared to deal with them.

Recommendations

- **Intensify efforts to enhance country capacity and commitments** to outbreak preparedness, response, and containment and their financing. Disease threats often emerge, spread rapidly, especially once they have reached urban areas, and quickly cross borders. International cooperation and, where resources are scarce, assistance are crucial to ensure that such threats are identified and met. Capacity assessments and external peer review must be sustained and changes in capacity monitored.

- **Promote community participation and training in preparedness and response**. Locally, community engagement is key to breaking disease transmission chains and curbing the spread of outbreaks. However, national will is important to finance community initiatives where governance must balance a better handling of outbreaks with efforts to achieve universal health coverage.

- **Establish a comprehensive and systematic monitoring and accountability system engaging all stakeholders** to keep political attention focused on preparedness, even between health emergencies. In addition to tracking country capacity, the system would trace investments in preparedness and responses. The recently established Global Preparedness Monitoring Board aims to serve this purpose.

- **Develop an overarching framework for knowledge-sharing and coordination**. Timely and transparent sharing of disease data and results, lab samples and clinical trial data, vaccination successes and failures, and combined global surveillance systems can greatly aid the handling of outbreaks. Sharing models have been tried but need further evaluation.

- **Fill the leadership gap**. National political leadership and global stewardship are required to ensure the global health system adds up to more than the sum of its parts.

Health Policy and Politics

Protecting the population and promoting its health and well-being are important functions of the state and other governance actors. Health governance is highly political, involving strategic interaction between many different players. Incorporating all actors and considering all overt and hidden interests is anything but trivial.

As André J. van Rensburg and Piet Bracke (Chapter 6) recount, the emergence of and response to complex health challenges such as the opioid crisis in the United States depend on more than health policy alone. Key stakeholders including politicians and policy-makers, service providers, citizens and patients interact in ways that shape policy and its implementation. In the opioid crisis, both pharmaceutical companies and patient advocates lobbied for healthcare providers to pay more attention to pain, without necessarily considering the consequences. Companies used that opening to influence medical professionals to (over)prescribe powerful pain relievers, overlooking the risk of addiction. An opioid crisis ensued, as did lobbying to stem opioid regulation and its enforcement. As the crisis mounted, patients and their advocates began protesting and states sued the pharmaceutical companies. This search to balance making life-enhancing pain treatment available and controlling its abuse highlights the politics of health policy.

Health governance is highly political, a balancing act involving politicians and policy-makers, corporations, physicians, citizens, and patients, all with competing interests and varying power.

Health is often treated as an orphan in social policy debates. Yet, as Hanna Schwander (Chapter 7) argues, health is closely intertwined with other social and economic goals. It thus merits closer integration into social policy-making and particularly in social investment approaches that emphasise human capital development and social inclusion. Investing in health and especially in reducing health inequalities contributes to social cohesion. It makes people more employable, underpinning active employment policies, higher productivity, and economic growth. Such social investment can turn the vicious circle of poverty, poor education, and ill health into a virtuous one of well-being and social and economic participation.

Recommendations

- **Focus welfare state policies on social investments that raise the stock of human capital**. Health interacts with multiple dimensions of people's lives, such as educational achievement, employment, productivity, and knowledge. The welfare state should thus invest in transforming its population into a productive force through social investment.

- **Continue social investments throughout life**, particularly during early childhood, when people are most vulnerable to adverse events but also most amenable to public policies. Social investments such as income safety nets, employment protection policies, and general minimum income benefits have a strong protective role. Even during difficult (fiscal) times, such investments should be continued, and increased if necessary, and new affirmative schemes for vulnerable people should be introduced.

- **Promote and protect voice and participation in health governance**. The interactions between governance actors often require a careful understanding of their motives and actions. Health advocates and policy-makers need advanced negotiation skills to successfully influence and implement governance agendas. Citizens need a voice and a prominent role in the governance process. Organised public action and legislation that enables independent public interest organisations to act are required to promote human rights and protect those affected by health politics.

- **Ensure that social policies consider health inequalities**. Although welfare states such as those in Scandinavia are known to reduce social inequalities, they seem less successful in reducing health inequalities. Governance measures must ensure that social policies and investments, alongside health policies, are better equipped to reduce health inequalities.

Patient-centred Delivery and Receipt of Healthcare

Despite vast efforts, almost all countries in the world–whether high-income or low-income–have not yet succeeded in reorganising the healthcare sector and implementing an effective user-oriented and user-centred structure. These highly complex and fragmented systems still concentrate primarily on the people and institutions that provide care rather than the needs of patients and users. However, as Ellen M. Immergut, Andrea Roescu, and Björn Rönnerstrand (Chapter 9) find, current reforms are moving in the right direction, shifting from market management in healthcare governance to democratic management and a greater emphasis on patient rights, quality of care, and transparency. Indeed, since 1990, most eastern and western European governments have legislated patient rights reforms, including the right to information, formal complaint procedures, and waiting time guarantees.

Healthcare reforms are moving in the right direction, shifting to greater emphasis on patient rights, quality of care, and transparency, but more needs to be done.

As Christian Traxler (Chapter 8) describes, appropriate incentives and mechanisms that engage both patient and provider are necessary steps towards successful and patient-oriented care. At the patient level, preventive medicine, medication adherence, and choice of health insurance plans offer scope for behavioural intervention. At the provider level, behavioural techniques and interventions that nudge medical staff to change prescription behaviour, actively offer preventive services, engage in personal hygiene at the workplace, and improve quality through social norms messages work in many contexts.

Recommendations

- **Incorporate behavioural science insights to develop patient-oriented approaches to deliver care**. However, what works in one context may not work everywhere. Ideas must be tested, adapted, and re-tested to ensure good results. Such policy instruments must be accompanied by high ethical standards and transparency requirements to avoid manipulation, and by efforts to enhance health literacy and patient capabilities.

- **Place the patient at the centre of care delivery**. Patient rights are already gaining a foothold in political and policy debates in some countries, but not everywhere. Policy-makers and patient advocates should look to what has worked in other settings for ideas that can be translated in their own contexts.

- **Offer a comprehensive range of outpatient health centres**. Establishing an appropriate infrastructure of integrated care and multiprofessional health centres must ensure that all patients can reach them. Furthermore, the functions of the non-physician health professions have to be expanded. Communication, coordination, and cooperation must be promoted urgently in specialist medical care.

- **Re-orient hospitals to the needs of patients**. Outpatient care services in hospitals will complement the infrastructure of outpatient health centres. Since the hospital is at the interface with other care areas, a cross-sector contact point for patients and their relatives will ensure further care, treatment, and monitoring. The initial contact point, the health centres, and cross-sectoral hospital care will need to ensure continuity of healthcare in all sectors of the health system.

Digitalisation of Delivery and Receipt of Healthcare

Digitalisation and the role of technology in healthcare delivery have never been more topical than now. Digital health can help solve many of the coordination and delivery issues–globally through the exchange of timely information in the event of a health crisis, nationally at the health system level through electronic health records, and at the patient level through personalised health records involving the patient in the care pathway. Digital wearable devices, precision medicine, robotics, and big data are some technologies offering healthcare advances.

Digital health holds considerable promise to solve coordination and delivery issues but raises important governance dilemmas that must be addressed in a global digital health charter.

However, digital health raises important governance dilemmas, as Robin Gauld (Chapter 10) explains. These include patient data protection, ownership and individual control, resistance on the part of providers, access to digital technologies, cross-border regulatory concerns, global fit of locally developed digital solutions, and the need for expertise to assess and operate technology.

Recommendations

- **Develop a digital health charter** to ensure that the governance of digital health is balanced and focused on key issues that require effective and robust responses. It must address multiple cross-border and cross-sector questions about the role of technology in healthcare. Led by the global community, developing the charter should engage patients and the larger public, using more traditional and newer forms of engagement to gather feedback and preferences. The charter itself should, among others:

- **Emphasise data storage, usage, and protection**. Patients must be informed about how data may be used and by whom, the limits to data usage, how data are governed, how and when data may be shared, and their right to withdraw consent at any stage. Furthermore, origins and changes must be clearly recorded, particularly for personal health data. Blockchain technology could be utilised to assist with security and auditable documentation of individual health bios.

- **Place the public at the centre** of discussions about digital health development and related policy and practices. Any charter should give the public the potential to control how data are used, including

changing the activities of commercial as well as public entities. It should prioritise ethical considerations around data and technology usage and standards for data-sharing over profitability.

- **Define standards and expectations regarding data-sharing** unambiguously.

- **Detail expectations for accountability and audit** to ensure that these guidelines are followed. For this, it is important to forge a governance agenda including government leaders, policy-makers, the industry, and patients.

Conclusion

Health was one of the first areas for which an international governance structure was developed in the new world order that was beginning to emerge in the mid-nineteenth century. Since then, a wide array of institutions, mechanisms, and actors have emerged as the world moved from international to global health and realised their growing interdependence. They all offer the opportunity to better address the circumstances that affect the health of individuals and communities and reduce health inequalities between and within countries.

The challenges to achieving this remain enormous. These include containing costs without reducing quality of care and developing a new approach to health with a strong emphasis on health maintenance, well-being, and quality of life. Testing new ethical standards for health systems and care, new priorities for care, and new forms of funding is also critical, especially in the face of ageing populations, growing demand, shortage of healthcare personnel, and limited scope for increasing healthcare spending.

By providing a diverse set of recommendations and best practices for policy-makers and analysts, *The Governance Report 2019* serves as a starting point in the search for new healthcare governance models and ensures that the concept of governance assumes a pivotal role in designing and implementing future policies.

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