# Evaluating effective health system governance in the context of Universal Health Coverage globally: results of a scoping review to inform a priority setting exercise

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UHC/NHI Forum Webinar
25 September 2025

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The South African Medical Research Council

recognizes the catastrophic and persisting consequences of colonialism and

apartheid, including land dispossession and the intentional imposition of

educational and health inequities.

Acknowledging the SAMRC's historical role and silence during apartheid,

we commit our capacities and resources to the continued promotion of justice and

dignity in health research in South Africa.

# BACKGROUND

- Universal health coverage (UHC) is a major focus and priority for **global health reforms**.

- UHC aims to ensure that everyone can **access quality health** services **without** facing **financial hardship**.

- UHC represent major policy changes that will require a significant re-organisation of the healthcare system.

United Nations. Transforming our World: The 2030 Agenda for Sustainable Development. 2015. Available from: https://sdgs.un.org/publications/transforming-our-world-2030-agenda-sustainable-development-17981

South Africa. National Health Insurance Act No. 20 of 2023. Government Gazette, 16 May 2024. Available from: https://www.gov.za/documents/acts/national-health-insurance-act-20-2023-english-afrikaans-16-may-2024

# BACKGROUND

The NHI aims to **address inequality** in health services and **strengthen the health system** to deliver UHC

The NHI will:

a) Pool funds

b) Serve as the single purchaser and payer of health care services, medicines and health goods from accredited and contracted health care service providers
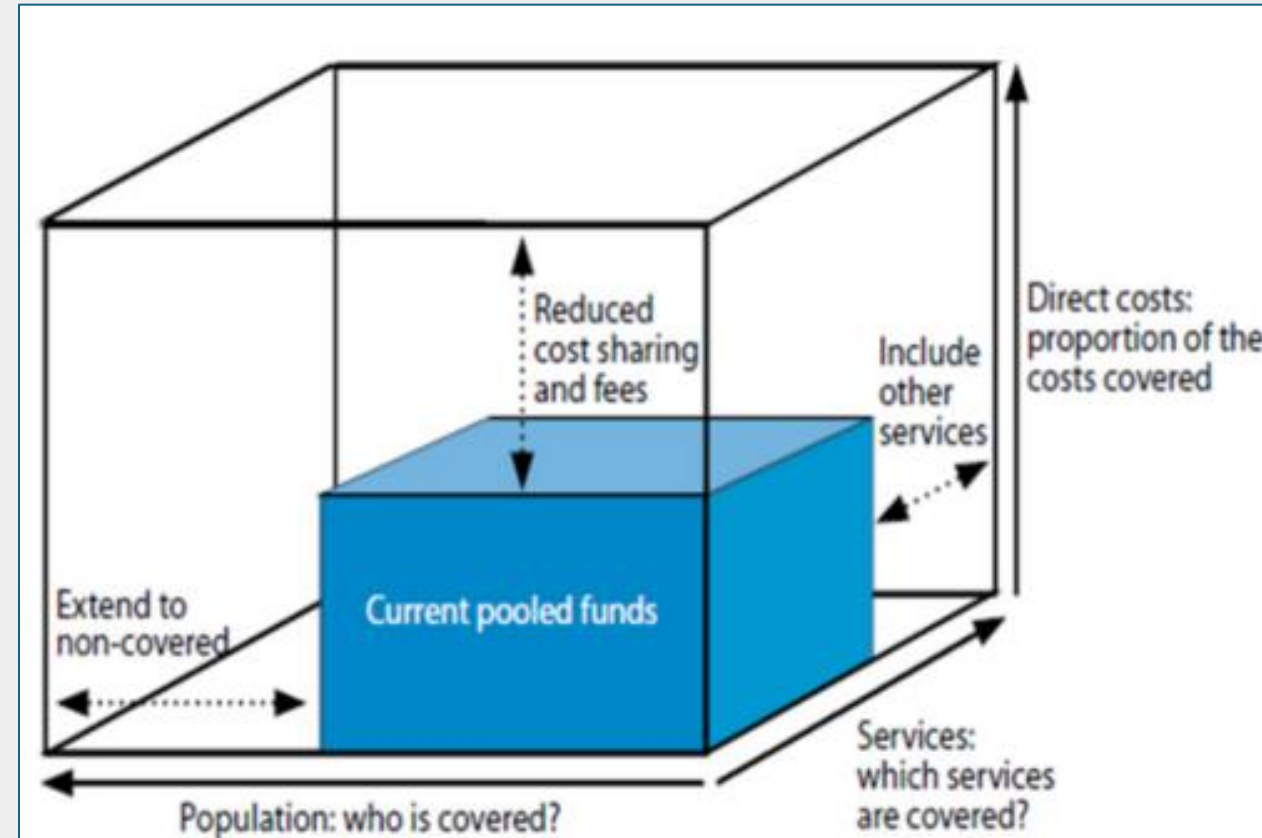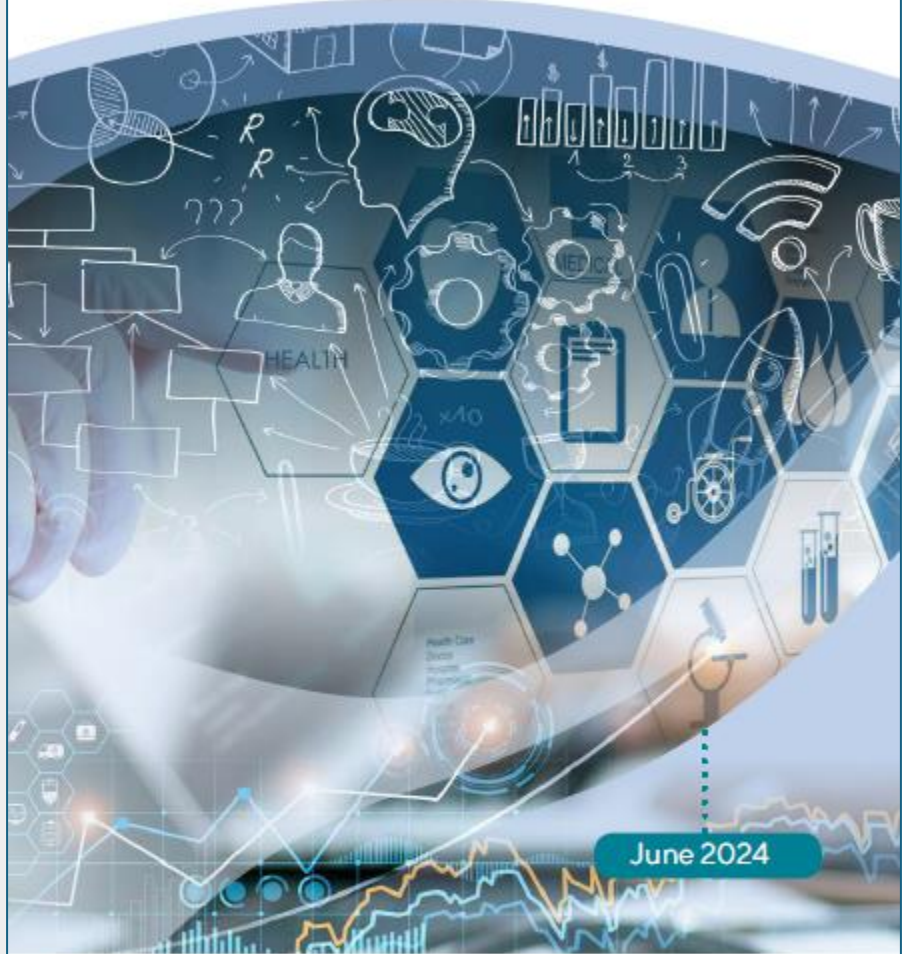


Image from: Balutussen et al. Progressive realisation of universal health coverage: what are the required processes and evidence? BMJ Glob Health. 2017; 2:e000342. Doi: 10.1136/bmjgh-2017-000342

# BACKGROUND

- Good governance is key for the successful implementation of these reforms and achievement of UHC.

- Governance issue or challenges including leadership gaps, health sector corruption, and mismanagement are of major interest in South Africa

- The Academy of Science of South Africa commissioned a consensus report on health system governance and launched the report 28 June 2024.

- Our work builds on their findings.

Achieving Good Governance and Management in the South African Health System

Achieving Good Governance and Management in the South African Health System
http://dx.doi.org/10.17159/assaf.2024/95

June 2024

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# STUDY AIM

**We aimed to identify and describe interventions used to mitigate or address potential or actual health system governance challenges or risks in achieving UHC.**

# OBJECTIVES

1. We conducted a scoping review to **identify and analyse strategies** to address health systems governance challenges in countries transitioning to UHC **globally**.

2. We conducted a priority-setting workshop to share the findings of the scoping review with health systems Actors. To identify priority research questions for **South Africa**.

# GOVERNANCE DEFINITION

*"policy guidance to the whole health system; coordination between actors; regulation of different functions, levels, and actors in the system; and optimal allocation of resources and accountability to all stakeholders"* (Van Olmen 2010).

"the mortar holding all the health system building blocks together".

van Olmen J, Criel B, Van Damme W, Marchal B, Van Belle S, Van Dormael M et al. Analysing health systems to make them stronger. Antwerpen: ITGPress, 2010. 98 p. (Studies in Health Services Organisation & Policy; 27)

# SCOPING REVIEW

To explore **strategies** to address health system **governance challenges** in the context of countries transitioning to **Universal Health Coverage: globally**

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# METHODS

→ Methods based on Joanna Briggs Institute (JBI) guide for scoping reviews

→ Reporting according to PRISMA for Scoping Reviews extension.

**Search strategy:**

**key concepts and terms related to *governance*** i) governance, leadership, accountability, stewardship, **combined with terms related to the *health system*** ii) healthcare system, healthcare industry, healthcare reform, health system strengthening

**Electronic searches:**

- 5 Databases: Cochrane Database of Systematic Reviews, PubMed, Scopus, Health Systems Evidence, Epistemonikos
- No grey literature searches

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# CRITERIA FOR CONSIDERING STUDIES FOR THIS REVIEW

**Actors**

Health system actors at any level where the actions related to governance occur (primary healthcare, district, provincial and national).

**Concept**

Strategies that were implemented/tested to address Health system governance challenges/issues.

**Context**

Studies conducted in countries that are transitioning to UHC.

**Studies**

No study design restrictions

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# METHODS

## ANALYSIS: CHALLENGES

| GOVERNANCE ELEMENTS | HEALTH SYSTEM BUILDING BLOCKS | | | | |
|---|---|---|---|---|---|
| | Financing Governance | Health Workforce Governance | Information Governance | Medicines & Technology Governance | Governance |
| Participation and Consensus Orientation | | | | | |
| Strategic Vision and System Design | | | | | |
| Addressing corruption | | | | | |
| Being transparent | | | | | |
| Being accountable | | | | | |

Mikkelson-Lopez (2011) framework: identify and analyse health system governance challenges & strategies to address them.

- We categorised each challenge into one of the six WHO health system building blocks, whilst recognising the interconnectedness of many issues

- For each health system building block, we further grouped challenges into overarching themes

- We assigned key governance elements to the challenges

Mikkelsen-Lopez, I., et al. (2011). "An approach to addressing governance from a health system framework perspective." BMC international health and human rights 11: 1-11.

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# METHODS
## *ANALYSIS: STRATEGIES*

- For each challenge, the corresponding strategy was extracted

- The listed actors were sorted into three groups:
  1. strategy designers
  2. strategy implementers
  3. strategy recipients or beneficiaries

- Identified implementation levels: primary health care, hospital care, district, provincial, or national policy level, including the whole healthcare system
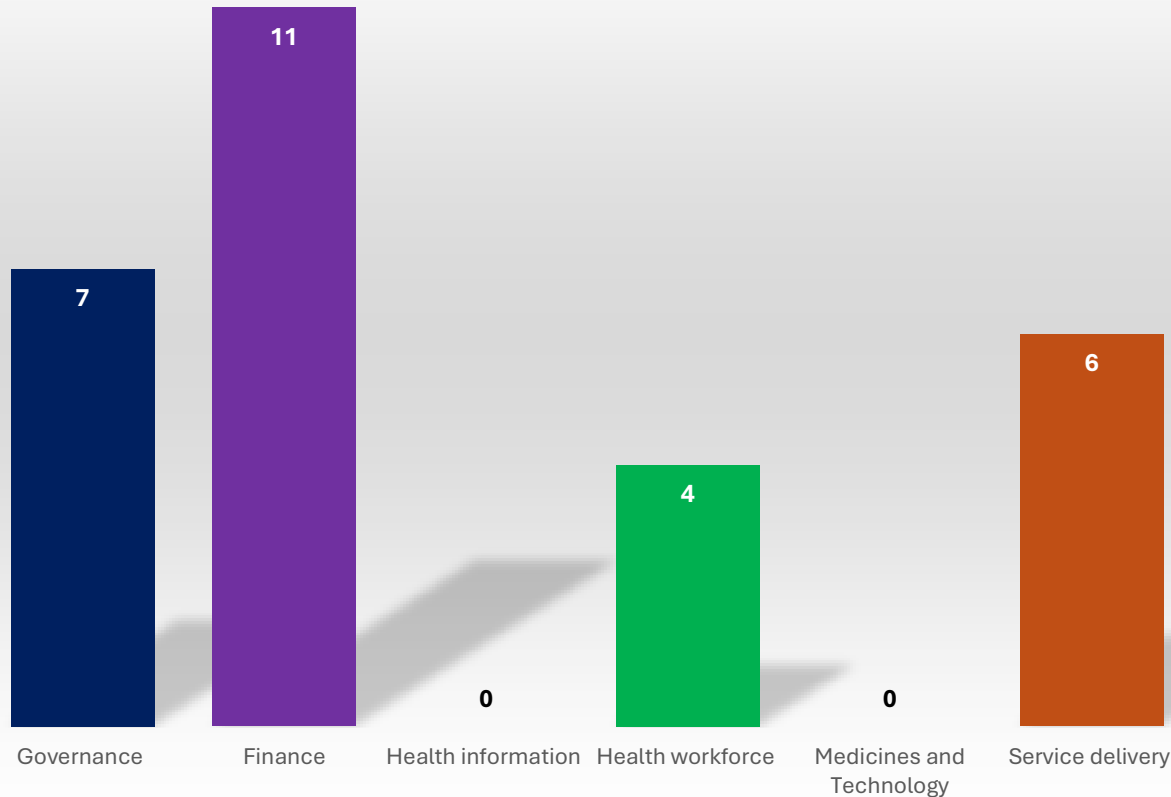
# RESULTS
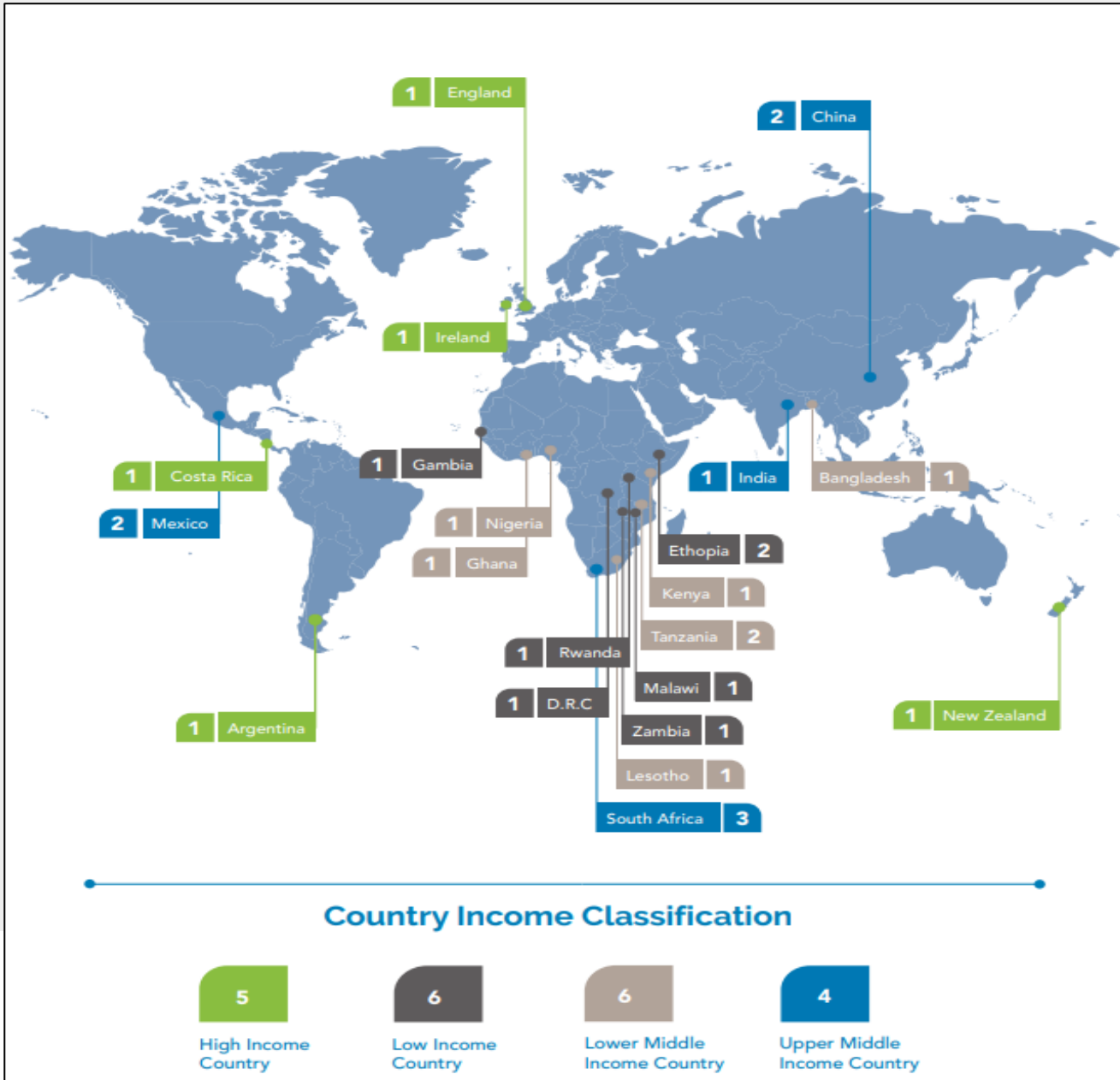


## INCLUDED STUDIES

- 27 studies included from 8001 screened records
- Data from 21 countries were included

# RESULTS

**Number of publications per health system component**



Bar chart values:
- Governance: 7
- Finance: 11
- Health information: 0
- Health workforce: 4
- Medicines and Technology: 0
- Service delivery: 6

# IDENTIFIED STRATEGIES

- Health governance strategies aimed at addressing challenges within four of the WHO building blocks

- Most strategies (n=14, 50%) were implemented at the district level.

- These strategies were:
  - Primarily (n=24, 65%) **designed by** the National Department of Health.
  - Many (n=10,26%) were **implemented by** the National Department of Health
  - Most (n=13,36%) **recipients** of the strategies were local communities

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**Health governance building block**

Corruption → Hospital ombudsman (Malawi)

Corruption ↔ Fragmented two-tier healthcare model.

Fragmented two-tier healthcare model. → Sláintecare reform to decentralize healthcare based on population needs (Ireland).

Variations in Skill and performance across district health systems. → **'Twinning Partnership Strategy'** A strategy promoting co-learning and collaboration through formal cooperation and mutual commitments (Ethiopia).

Centralised power in healthcare →
- Community participation, with quotas for women and marginalised groups (India)
- Hospital boards (Ethiopia)
- District health boards (New Zealand)

Lack of community engagement and low trust in health system →
- Transparent feedback mechanisms (The Gambia)
- Public dialogues on cost benefits (Kenya).
- Community engagement to ensure public support & financial sustainability (Tanzania).

**Health Workforce building block**

Top-down decision making

Lack of essential leadership skills

Relationships (tension) among staff

Clinical Commissioning Groups (CCGs) (England) -giving physicians more decision-making power

Blended learning program to improve leadership and management skills through co-learning and collaboration (Zambia).

o Workshops to build professional relationships and strengthen capacity among staff (Costa-Rica).

**Service Delivery building block**

Poor coordination among community health workers, inadequate leadership, limited community engagement

Limited district team participation
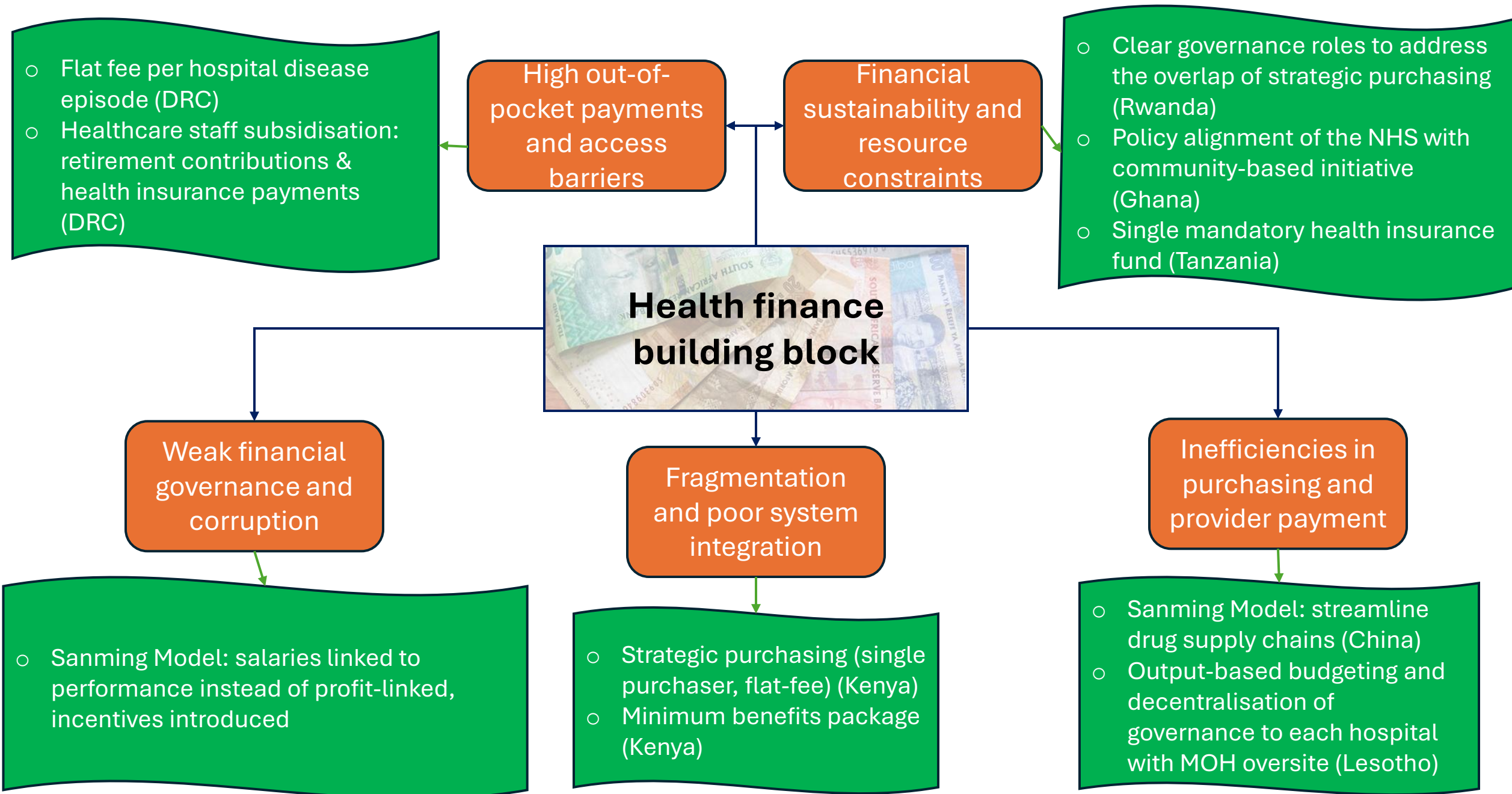
Limited community participation

- Coordination and role clarification (Bangladesh, South Africa)
- Staff training and incentives (Ghana)
- collaboration with local groups (Nigeria).

- Monitoring and Response Unit to enhance accountability and integrate evidence-based decision-making into district health systems (SA)

- Community-led health innovations (Zambia).

# DISCUSSION AND CONCLUSION

- We aimed to identify specific strategies that have been tested but did not evaluate
  - →how effective or
  - →why they did or did not work
- This is a starting point for Future research
- We acknowledge that the challenges and strategies cannot be contained in one health system building block, as the health system is dynamic.

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# LIMITATIONS

- Methods: single screening – may have missed something

- No studies from Thailand, which is known for UHC

- Surprisingly, we did not find strategies or Medicines, Health information

- We summarised challenges & strategies to one WHO building block but
  - → many relevant across building blocks and
  - → Mickelson-Lopez criteria so may be over-simplified

# PRIORITY SETTING

To share the findings of our scoping review in a priority setting workshop with health systems researchers, implementers, civil society organisations and policymakers to identify priority research questions for further study.

# BACKGROUND

- Priority setting is defined as the process of ranking different topics to inform decision-making.

- It can be used to ensure alignment of funding and resource allocation.

Sibbald, S. L., et al. (2009). "Priority setting: what constitutes success? A conceptual framework for successful priority setting." BMC health services research 9: 1-12.

Arvidsson, E., et al. (2010). "Priority setting in primary health care-dilemmas and opportunities: a focus group study." BMC Family Practice 11: 1-9.

# METHODS
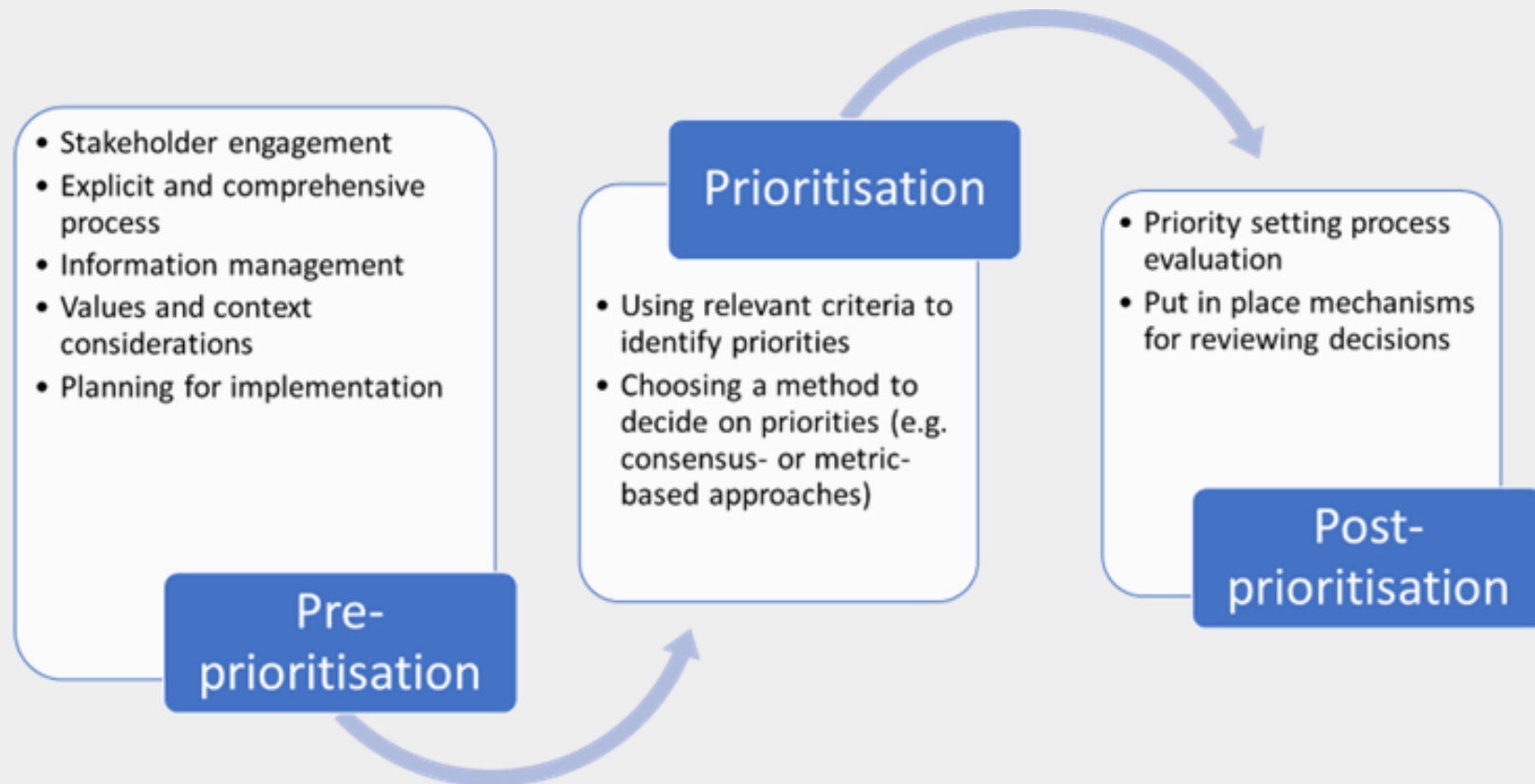


Elements of each priority setting stage (attribution Global Evidence Local Adaptation method)

# PRE-PRIORITISATION

- We formed a methods working group between TGI and SAMRC collaborators.

- We conducted a scoping review that informed the priority setting workshop.

- Identified and invited representatives from government, civil society, academia and healthcare professionals.

# PRIORITISATION

- We hosted a one-day priority setting workshop.
  - On the 21st of August 2025, at the SAMRC in Cape Town
  - With attendees representing civil society, government, academia, and health professionals.



This photo was designed by freepik

# PRIORITISATION

The workshop had four sessions.

- **Session 1** focused on understanding Health System Governance through the lens of practice and policy.

- **Session 2** focused on sharing local and global evidence on Health System Governance for UHC.

# PRIORITISATION

- **Session 3** was the **"World Café"** session, focused on discussing key South African health system governance challenges and then linking them to strategies to address them.

- **Session 4** focused on translating the strategies into research priorities.

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# POST-PRIORITISATION

Analyse the priorities shared by attendees.

**Preliminary results**

We had 40 attendees (Government 7, healthcare professionals 4, academia 24, civil society 5)

We identified governance strategies for all the WHO building blocks.

# POST-PRIORITISATION

Further consultation with researchers in the field to clarify what is already happening and what the true research gaps are.

# KEY LESSONS

- There is a need to keep strengthening the HPSR community and have open debates about health system issues .

- This method can be applied to other areas of health system priority setting.

**THANK YOU**

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# REFERENCES

1. United Nations. Transforming our World: The 2030 Agenda for Sustainable Development. 2015. Available from: https://sdgs.un.org/publications/transforming-our-world-2030-agenda-sustainable-development-17981

2. South Africa. National Health Insurance Act No. 20 of 2023. Government Gazette, 16 May 2024. Available from: https://www.gov.za/documents/acts/national-health-insurance-act-20-2023-english-afrikaans-16-may-2024

3. Academy of Science of South Africa (ASSAf). Achieving Good Governance and Management in the South African Health System. 2024. Doi: 10.17159/assaf.2024/95

4. van Olmen J, Criel B, Van Damme W, Marchal B, Van Belle S, Van Dormael M et al. Analysing health systems to make them stronger. Antwerpen: ITGPress, 2010. 98 p. (Studies in Health Services Organisation & Policy; 27)

5. Mikkelsen-Lopez I, Wyss K, de Savigny D. An approach to addressing governance from a health system framework perspective. BMC Int Health Hum Rights. 2011 Dec 2;11:13. doi: 10.1186/1472-698X-11-13.

6. Sibbald, S. L., et al. (2009). "Priority setting: what constitutes success? A conceptual framework for successful priority setting." BMC health services research 9: 1-12.

7. Arvidsson, E., et al. (2010). "Priority setting in primary health care-dilemmas and opportunities: a focus group study." BMC Family Practice 11: 1-9.

8. Schneider, H., et al. (2023). "What are health policy and systems research priorities for universal health coverage in South Africa?" South African Medical Journal 113(2): 61-64.