

Governance and Health Study Group Summary Report July 11-22, 2016

<https://www.globalhealthlearning.org/user/login?destination=community/269376>

BACKGROUND

Between October and December 2015, Management Sciences for Health launched four new courses on Global Health eLearning Center: *Governance and Health*, *Key Practices of Good Governance*, *Infrastructure for Good Governance*, and *Good Governance in the Management of Medicines*. These courses comprise the Governance and Health certificate track.

The course authors, in collaboration K4Health, hosted a two-week, facilitated, online study group to allow learners the opportunity to share experiences and to discuss the challenges and nuances of practical application of governance practices.

Study group discussions focused on the contents of the governance for health certificate track, particularly the courses on *Key Practices of Good Governance* and *Infrastructure for Good Governance*, concerning the five practices of good governance: cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance improvement.

The study group was promoted to anyone who had started or completed any of the courses in the *Governance and Health* certificate track or those who are more broadly among MSH's and K4Health's networks.

Discussion statistics

Number of participants: 105

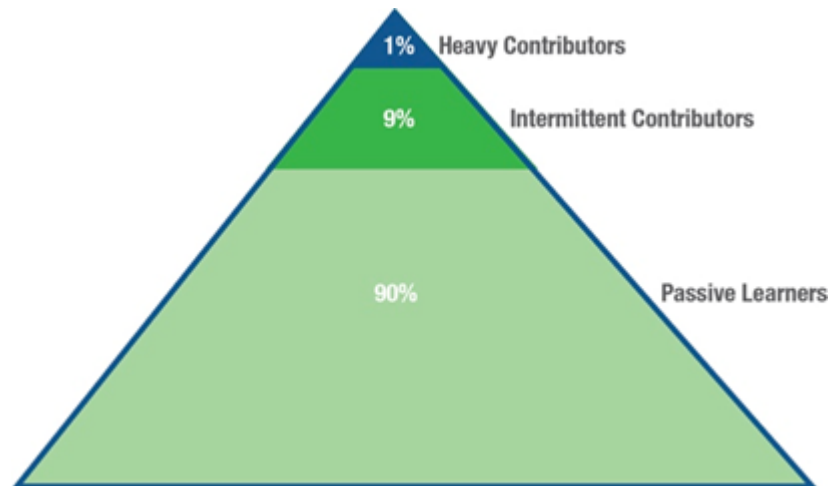
Number of participants' countries: 35

Number of contributions: 81 by 31 active participants

Number of countries contributing: 14 - Afghanistan, Cambodia, El Salvador, Ghana, Kenya, Niger, Nigeria, South Sudan, Sudan, Uganda, United States, Vanuatu, Zambia, Zimbabwe

Refer to Appendix A, for a table on country participation.

The participation rate of approximately 30% (31 of the 105 participants) is exceptionally high according to emerging research from the Nielsen Norman Group that suggests that in most online communities 90% of members are passive learners, while 9% of members contribute a little and 1% of members account for most of the contributions and interactions¹.



MAIN THEMES AND GUIDING DISCUSSION QUESTIONS

The study group centered around 6 topics related to the practical application of good governance practices in health. They are as follows:

- Cultivating Accountability
- Engaging Stakeholders
- Setting a Shared Strategic Direction
- Stewarding Resources
- Continuous Governance Improvement
- Governance to Achieve Global Health Goals

Each topic was accompanied by a set of guiding discussion questions, some of which presented hypothetical scenarios. Appendix B provides a summary of the emerging themes that were shared in response to the study group guiding discussion questions.

¹ [1] Nielsen, J. October 9, 2006. "The 90-9-1 Rule for Participation Inequality in Social Media and Online Communities." Nielsen Norman Group, <http://www.nngroup.com/articles/participation-inequality/>.

POST-STUDY GROUP SURVEY RESULTS

A post-study group evaluation survey was sent to all 105 participants, of which 25 responded (24% response rate).

I. Background and motivation

Table 1: Governance and Health study group participant responses - Background & motivation

No. of surveys completed and countries represented	25 Countries represented: Nigeria (10), Kenya (2), Malawi (2), Sudan (2), Zambia (2), Cambodia, El Salvador, India, Mali, Niger, United States, and Zimbabwe
Top organization types represented	<ul style="list-style-type: none"> ● International NGO (36%) ● Hospital (16%) ● National/local NGO (12%) ● Government/ministry (12%)
% who started at least one course	92%
% who completed at least one course	74%
Top reasons for signing up for the study group	<ul style="list-style-type: none"> ● To take part in professional development opportunity (71%) ● To learn from and network with colleagues (67%) ● To better understand course content (58%) ● To learn from and network with course authors (58%)

II. Usefulness and use of study group

Overall the post-study group survey findings revealed that participants found the study group useful. The majority of respondents (92%) responded that the study group helped them to better understand course content. Other findings are found in the table below.

Table 2: Governance and Health study group participant responses - Feedback on study group

Top aspects of the study group that were most useful	<ul style="list-style-type: none"> ● Opportunity to learn from others (65%) ● Clarified concepts in the course (57%) ● Provided additional examples from the field (44%)
Confidence to apply what they have learned as a result of participating in the study group	65% reported more confidence 26% reported somewhat more confident
Feedback about instructors <ul style="list-style-type: none"> ● Directed and stimulated 	91% agreed or strongly agreed

discussions <ul style="list-style-type: none"> • Posted stimulating discussion questions • Answered questions carefully and completely • Increased understanding of the subject • Explained concepts and ideas clearly 	91% agreed or strongly agreed 83% agreed or strongly agreed 96% agreed or strongly agreed 96% agreed or strongly agreed
% who shared information from the discussion with others	57%

III. Use patterns

The post-study group survey respondents included 9 respondents who did not post in the study group (35%) as well as those 16 who did (65%). This helps capture the experience of some of the potential “lurkers” (i.e., those who followed along but did not actively contribute) and provides insights as to why they didn’t post to the discussion. Reasons provided included time constraints, limited internet connectivity, and preference in reading other people’s views.

For the individuals who posted, the majority (87%) found that it was easy to post messages.

The survey also revealed that the majority of participants (74%) used a computer (desktop/laptop) to participate while 26% accessed the study group by mobile phone. No one indicated using a tablet.

IV. Suggestions for Improvement

The survey included an open-ended section that asked participants for suggestions on how to improve the Governance and Health study group. Some respondents either shared that they had no suggestions or included positive comments, such as the following:

- *“This study group was very educative.”*
- *“Behavioral revolution, that is [it] changed our attitudes towards governance and leadership.”*
- *“Responses from staff encourage[d] participation of study group”*
- *“The authors should make it a consistent event because of the impacts it had on the participants.”*

Some suggestions for improvement included the following:

- Include more practical exercises about the topics
- Video conferencing options
- Have the topics known in advance so participants can prepare before the discussion

For the full report on the post-study group online survey results, see Appendix C.

FINDINGS

The study group was successful in three primary areas:

1. Promoting the sharing of solutions and resources to effectively carry out governance improvement activities

In a discussion on cultivating accountability, a participant from Sudan remarked that good governance practices have a better chance of being applied successfully when it's implemented from the top; and that it may take time to make into a reality, especially in developing country contexts. As a "small employee" in a huge institution, she is unsure of her role in committing to good governance practices. Facilitators of the study group offered practical solutions, such as applying practices at a personal level in order to model good behavior for others, working with supervisor or a small team to identify an area of improvement, agree on a target, and then monitor progress, while holding everyone including themselves accountable for achieving it within a realistic timeline. Governance guides and resources, including one on leading changes in organizational culture, were offered, to which the Sudanese participant responded, "I read the paper you attached and [was] really inspired by it and will be sure to expand the sphere of my influence....I'm so grateful and I'm looking forward to learn a lot during this study group."

This is one of many examples of how the study group promoted the sharing of solutions and resources to carry our governance improvement activities.

2. Promoting professional connections and exchange of experiences

In addition to the two primary course authors who facilitated the study group, two experts from MSH provided practical insights on implementing governance activities as it relates to civil society organizations and pharmaceutical systems. Having facilitators from various backgrounds of expertise provided perspectives on the similar role that governance plays in different sectors as well as the nuances that exist in applying governance practices in different sectors.

Participants came from a wide range of professional backgrounds: implementers of USAID projects, pharmacists interested in the role of governance in pharmaceutical systems, specialists from civil society organizations and local NGOs, public health physicians, as well as aspiring health promotion educators and good governance advocates. Participants shared their personal stories and reasons for enrolling in the course. For example, a pharmacist from Sudan shared,

"I worked in private sector for many years and I was so frustrated about my inability to offer my fellow citizens good pharmaceutical services because of many reasons. Private sector is all about gaining money at first place but

sometimes the patients themselves resist our attempts to give them a better services they just want us to tell them the price of medicines put them in a bag and let them go...after working for 7 years in private community pharmacies I quit and now I work for government. I'm a part of the medical supply chain in my country and I'm hopeful that I can give more and make a change especially because my institution is trying to apply good governance.”

We witnessed participants sharing personal experiences as well as responding to each other’s questions and comments. During a discussion on engaging stakeholders, a participant from Cameroon shared his personal experience. He elaborated on his experience during establishment of medical school in a remote region of Cameroon. Their health committee engaged diverse stakeholders, such as various ministries (education, higher education, and health), health service providers, local politicians in the assembly, and the university authorities. Successful stakeholder engagement was at the heart of their success in establishing the medical school.

Another participant remarked, “the platform is convenient and efficient for learning. It [is] priceless and I am glad to be part of the group.”

3. Reinvigorating promotion efforts and raising awareness about the Governance and Health certificate track courses:

One of the three study group objectives was to introduce and encourage learners of the Governance and Health certificate track courses to progress to the higher level application-oriented courses on key practices and infrastructure for good governance. This objective was achieved to a large extent.

The overall course completions increased by 27%. Before we started promoting the study group, there were 481 successful course completions between the four courses in the Governance and Health certificate track. After we promoted the study group and up until a week after its completion, we saw an additional 130 learners successfully complete the course.

Course completions in all four courses increased (36% for *Governance and Health*; 42% for *Infrastructure*; 18% for *Key Practices*, and 13% for *Management of Medicines*).

Table 3: Course completions numbers - overall

Course	Course Completion (prior to Study Group - July 10, 2016)	Course Completion (post study group - as of August 5, 2016)	Added course completion
Governance and Health	176	241	+65
Infrastructure for Good	74	105	+31

Governance			
Key Practices of Good Governance	87	103	+16
Good Governance in the Management of Medicines	144	162	+18
Total	481	611	130

Specifically for the participants in the study group, before we started the study group, there were 53 successful course completions and 54 course starts between the four courses in the Governance and Health certificate track. After the study group and up until a week after its completion, there were 10 additional course completions and 9 additional course starts. Course completion increased by 19%.

Table 4: Course completions numbers - specific to Study Group participants

Course	Course Completion and Starts (prior to Study Group - July 10, 2016)	Course Completion and Starts (post study group - as of August 5, 2016)	Added course completion and starts
Governance and Health	26 completion 36 starts	29 completion 39 starts	+3 completion +3 starts
Infrastructure for Good Governance	9 completion 8 starts	12 completion 15 starts	+3 completion +7 starts
Key Practices of Good Governance	11 completion 2 starts	12 completion 2 starts	+1 completion +0 starts
Good Governance in the Management of Medicines	7 completion 8 starts	10 completion 7 starts	+3 completion -1 starts
Total	53 completion 54 starts	63 completion 63 starts	+10 completion +9 starts

REFLECTIONS

In addition to the suggestions provided by the survey respondents, K4Health conducted an informal after action review with the study group's main facilitators to learn from their perspective what went well and what areas could be improved.

The study group facilitators felt well prepared for the two-week learning event given the advanced planning, specifically in producing a detailed schedule and list of possible guiding

discussions questions. In addition, regular and prompt communication between the facilitators and K4Health helped mitigate any issues or challenges that arose. For example, concerned about the lack of participation in the study group midway through the first week, the facilitators and K4Health devised a plan to have one of the main facilitators personally write to active participants, acknowledging their contributions, and passive participants, to encourage them to join the conversation. This personal form of communication helped to raise participation in the study group as well as raise response rates for the post-study-group survey evaluation. In addition, the combination of referencing individual participants in summary posts or responses, offering encouraging (or “cheerleading”) comments, sharing information, and questioning/debating on points made seemed to lead to more fruitful discussions.

The main facilitators remarked that the study group was successful. One of the main facilitators has had experience with similar learning platforms, and noted that participation is often a challenge and that the level of engagement in the Governance and Health study group was higher than online seminars he has conducted in the past. The facilitators felt that about 10-15 participants provided very consistent and high quality contributions, and that other participants’ responses were sparser. In comparison with the other study groups conducted to date, the Governance and Health study group had the highest participation rate (see table below).

Table 5: Participation rates of GHeL study groups to date

Study group	Number of participants	Number of contributions/posts	Participation rate
Gender and Health System Strengthening	104	63 contributions from 22 active participants	21%
GIS Techniques for M&E of HIV/AIDS and Related Programs	73	42 contributions from 17 active participants	24%
mHealth Basics	177	90 contributions from 44 active participants	25%
Improving Health Care Quality	95	93 contributions from 28 active participants	29%
Governance and Health	105	81 contributions from 31 active participants	30%

The objectives of the study group were:

- 1. Introduce and encourage learners of the introductory course on Governance and Health course to progress to the higher level application-oriented courses on key practices and infrastructure for good governance*
- 2. Assist learners with applying what they have learned from the courses in their work environments to improve their organizational performance and also achieve health priorities of their organization*
- 3. Spark peer-to-peer exchange related to the practical application of the concepts*

Based on the increased course completion rates, high quality exchange of ideas and experiences, and positive evaluation results, the study group facilitators believe that the objectives were achieved.

The study group facilitators reported that the pacing and 2-week timeframe worked well. One week may be too fast-paced, and anything more than 2 weeks may not be feasible for busy professionals and is unlikely to dramatically drive up participation. Overall, they reported that the platform was easy to use. However, they did provide excellent suggestions for future study groups. These included:

- **Integrate personal emails to increase responsiveness of participants.**
- **Incorporating other technologies (i.e. short videos, interactive mapping) to further engage participants.**
- **Define “ground rules” or policy on plagiarism.** On separate instances, one participant posted a response that was copied from another resource, and another posted multiple responses that were copied directly from that of another participant. Upon knowing this, the facilitators and K4Health took immediate action by cautioning the participants directly by email, posting comment in the respective discussion thread and overall summaries about the need to cite the source of materials, and deleting the plagiarized posts.

In addition the suggestions offered by the facilitators, it might be worthwhile to follow-up with some of the most active participants to interview them for case studies or some other communications product to highlight how their participation enhanced their learning or improved their job performance. Four participants from Kenya, Sudan, United States and Zambia accounted for 28 of the 81 contributions posted during the study group period.

Governance and Health Study Group Report - Summary and Recommendations

Summary of Findings

- The study group was successful in 3 primary areas:
 - Promoting the sharing of solutions and resources to effectively carry out governance improvement activities
 - Promoting professional connections and exchange of experiences
 - Reinvigorating promotion efforts and raising awareness about the Governance and Health certificate track courses
- Evaluation survey revealed positive feedback from active participants and passive observers (lurkers)
- Advanced planning and regular communication helped mitigate issues that arose
- Personal communication to participants helped to increase participation rate

Recommendations/Next Steps

- Maintain two week timeframe for future study groups
- Establish policy to address plagiarism and overall ground rules
- Possible follow-up with the identified champion participants to document their experience in participating in the online study group
- Consider sending a short survey to those who registered but did not visit the site at all to better understand the reasons for not visiting.
- Consider more rigorous follow-up (6-months to one year) to assess gain in knowledge and change in behavior over time (Kirkpatrick's Training Evaluation Model)

APPENDIX A: COUNTRY PARTICIPATION

Country	# of Participants	Country	# of Participants
Nigeria	34	El Salvador	1
Kenya	10	Ethiopia	1
US	8	Fiji	1
Nepal	4	India	1
Uganda	4	Kazakhstan	1
Cote d'Ivoire	3	Lao	1
Ghana	3	Lesotho	1
Sudan	3	Malawi	1
Tanzania	3	Mali	1
Zambia	3	Myanmar	1
Zimbabwe	3	Niger	1
Cambodia	2	Philippines	1
Cameroon	2	Saint Lucia	1
DR of Congo	2	South Africa	1
Haiti	2	South Sudan	1
Liberia	2	Turkey	1
Afghanistan	1	Vanuatu	1
Burundi	1		

APPENDIX B: DISCUSSION TOPICS, QUESTIONS, AND EMERGING THEMES

Discussion 1. Cultivating Accountability

When accountability is strengthened, the opportunity for corruption diminishes, and beneficial outcomes of the health system, such as responsiveness, equity, and efficiency, surge. The session on cultivating accountability in the Key Practices of Good Governance course explores the nine domains of cultivating accountability in detail, and also presents a variety of tools and resources to support activities in these nine domains.

Consider this hypothetical scenario: As the director of a provincial public hospital, you and the hospital governing board chairperson have decided to improve the quality of services the hospital provides to people. There have been many complaints regarding shortages of key medicines, long waiting times to see a doctor, informal charges, etc. from numerous people who use the hospital's services.

- How will you build a culture of accountability in the hospital to achieve this goal? What steps should be taken to cultivate accountability internally within the organization and also accountability of the organization to its external stakeholders?
- Transparently measuring performance and providing effective oversight are key ingredients of accountability. How is this being done in your own organization?
- Reflect on your own experience in trying to apply this practice of good governance. What seems to be working well? What are some of the unresolved challenges? Did your organization use new information technologies to improve accountability? How?

Emerging themes and issues discussed from Discussion 1

The following are five pearls of wisdom collected during the first two days of the seminar.

1. Trying to apply this practice of cultivating accountability is not an easy task - availability of resources and capacity, attitudes, perceptions and behavior of key health system actors, and organizational values and culture remain formidable if not insurmountable barriers.
2. For you to achieve accountability in an organization, there ought to be a behavioral revolution.
3. Processes of accountability may be defined by the management or executive level, but for them to be successful all staff must participate in them and exhibit accountable behaviors.
4. As researchers, we generate a lot of data that is rarely translated into policies. This is mainly due to inadequate know-how in how to engage the leaders at various levels.
5. Accountability and participation are the bedrocks of good governance.

Overall, we had a good discussion on the practice of cultivating accountability; how to go about practicing it in the context of health service delivery organizations, what are the challenges and minefields, what could be done to overcome these challenges, etc. The facilitators brought many examples from the field and also resources to bear on the discussion.

Discussion 2. Engaging Stakeholders

There are many benefits of engaging with stakeholders. Participation in defining the problem improves the quality of solutions and the willingness of stakeholders to help define practical ways to implement

the solutions. This engagement helps advance the awareness and ability of stakeholders to hold decision-makers accountable for their decisions. It also fosters ownership of the decision and willingness to measure and improve the results.

To help you think about engaging stakeholders by taking actions in these seven domains, consider this hypothetical scenario: The governing council of an HIV and AIDS program wants to engage more with key populations in the governance decision-making processes. You are working as executive director of the program, and the council has sought your advice.

- Who are the key stakeholders to involve and why? How should you best engage with them? What should be done to not only involve them now, but to have them be ready, willing, and able to sustain their engagement over the next 3-5 years?

Based on your own experience,

- What are different ways in which your organization engages with its diverse stakeholders (including patients and health service users, affected populations and communities, doctors, other clinicians, health workers, and sectors outside health that have an impact on health)? What more can be done?
- Reflect on your experience in building trust with your organization's stakeholders? What is working well? What are some of the unsolved challenges?

Emerging themes and issues discussed from Discussion 2

The following are five pearls of wisdom collected from this discussion:

1. Accountability is key in all management areas in that it diminishes corruption; it creates a sense of responsibility where everyone is conscious of their obligation. This should be cultivated during orientation program of the new employees.
2. Some participants have seen how governance based on vested interests has translated into poor health service delivery at the local level.
3. The top three success factors for stakeholder engagement found in the literature are “managing stakeholders that have a stake from economic, legal, environmental and ethical perspective”, “assessing the stakeholders' areas of interest and issues of their concern”, and “communicating with stakeholders properly and frequently”.
4. Engaging stakeholders is very very important for the realization or success of any health project or program.
5. Stakeholder engagement is one of the key strategies for ensuring sustainability.

The high-water mark of the discussion in these two days was a participant's elaboration of his experience during establishment of medical school in a remote region of Cameroon. He described in detail how their health committee engaged diverse stakeholders like ministry of education and higher education, ministry of health, health service providers, health service user parents, local politicians in the assembly, and the university authorities. Successful stakeholder engagement was at the heart of their success in establishing the medical school.

Jim Rice brought the discussion to a nice close by taking us down to practical level. His suggestions for effective stakeholder engagement include sincere invitation, face-to-face interaction, and focus groups discussion where necessary. Most importantly, he exhorted us not just to collect the stakeholder ideas, but to do something positive with these ideas, and then to thank the stakeholders publicly for their help and show them how their ideas were used.

Discussion 3. Setting a Shared Strategic Direction

The leaders who govern determine the organization's strategic direction and policies. They set out the organization's strategic direction to deliver its mission, goals, and objectives. In the session on setting shared strategic direction in the Key Practices of Good Governance course, we presented six domains of setting shared strategic direction.

Consider this hypothetical scenario: You are the executive director of a public hospital in the nation's capital. Your hospital governing board has asked your advice on how to go about creating and implementing a successful 3 to 5-year strategic plan for the hospital.

- What advice would you give? How can the board and management team establish a shared vision among key stakeholders of the organization? What actions should the governing board take to ensure the strategies for improving health services are successfully implemented?

Now coming to your own organization where you work on daily basis,

- How has your organization defined its strategic direction and how is it progressing in that direction?
- What refinements would you like to see in the application of this practice in your organization?

Emerging themes and issues discussed from Discussion 3

The following are pearls of wisdom collected from this discussion:

1. While discussing the strategic planning process, it's vital to see if goals are SMART (Specific, Measurable, Achievable, Relevant, and Time-bound).
2. Literature recognizes two forms of rules or institutional arrangements - rules in form and rules in operation. Setting strategic direction is like setting "the rules in form". But realizing it requires "rules in operation" or enforcement.
3. When making strategic plans, we need to consult with various sectors both internally (i.e. with different medical areas, pharmacy, administrative) and externally (e.g. with health service users). We must consider available data on the accomplishments and barriers in the implementation of previous strategic plans.
4. In the creation and implementation of a strategic plan, we need to ensure we capture the views of our customers and suppliers. We need to carry out a survey to get a view of how our customers i.e. patients view our staff and services offered. We need to give them room to share with us what we need to improve in order to meet their expectations. Suppliers too have expectations of us.
5. Accountability means responsibility, answerability and expectation of account-giving. For the organization to achieve the three key mentioned results, each and everyone involved including the patients should embrace accountability. Top management must play a leading role.
6. Some participants have been very forthcoming. One acknowledged that his government hospital does not have a strategic plan. He ascribes several challenges like poor financial management, demoralized staff, corruption, poor quality healthcare and absence of infrastructural improvement that they are facing to the lack of strategic vision and planning.
7. There are five obstacles and barriers to the governing body (or the leaders who govern) creating good conditions for cultivating accountability in the organization.
 - Conflict of interest among board members
 - Incompetency and cluelessness on what needs to be done on the part of the top management
 - Failure to follow due process when sourcing and employing personnel e.g. Board members employing family members and friends without considering level of competence and ability to perform the roles
 - Corruption

- Lack of sufficient resources to ensure activities are well funded. Drugs are sourced and stored in safe place, qualified pharmacy personnel are employed, qualified clinicians are employed and hospital administrators are qualified, competent, have integrity and are result-oriented.

Discussion 4. Stewarding Resources

Health sector leaders who govern effectively are those who: (1) define the scale and nature of resources required to implement their organizations' strategic plans; (2) raise the needed resources from diverse sources; and (3) ensure that the resources are carefully used by managers, clinicians, and health workers.

Stewardship is the ethical and efficient use of resources of the organization in pursuit of desired health outcomes. Waste, fraud, and abuse of resources in a health system result in higher costs and lower quality of care, disproportionately affecting the poor.

Now consider this hypothetical scenario: Imagine that you are a physician working in the government hospital for many years. Recently you were appointed Director of a Provincial Health Department. You want to be a good steward of limited resources and use them for improvement of health status of the people living in the province.

- How can the provincial health committee help you in this stewardship function? How can you in turn help them perform their role?

Now going back to the organization where you work on daily basis,

- What measures have been taken in your organization to reduce the opportunities for corruption? Are they working? Why? Why not??
- How will you promote the practice of ethical and moral integrity in your organization?

Emerging themes and issues discussed from Discussion 4

The following are pearls of wisdom collected from this discussion:

1. A strong health committee can help spot health needs of the community and help in addressing these needs.
2. The harsh reality is that resources will always be limited and thus the little that we have got should be put in good use.
3. One can eradicate or at least minimize corruption in an organization by running a transparent and accountable stewardship. Heads of departments/organizations should and must lead by example; this will send a signal.
4. The concept of resource scarcity and the corollary need for efficiency, effectiveness and prioritization are most critical aspects of resource stewarding in health governance.
5. The governance practice of "setting shared direction" also involves the governance practice of "engaging stakeholders". One can't set shared direction without engagement of stakeholders. The practices of good governance are highly interrelated and reinforce each other.

Related to the scenario-based question, one explained how active and committed Ward Development Committees can play a vital role in containing waste, fraud, and abuse of resources. Another clearly describes the respective roles of provincial health director and provincial health committee in stewarding resources of a provincial health system.

Discussion 5. Continuous Governance Improvement

In this post, we discuss the fifth and the last but not least practice of good governance, continuous governance improvement. Application of this practice will make sure that the earlier four practices are consistently and continuously applied. Good governance requires a continuous commitment to improvement; therefore it is necessary to have a process for periodic governance assessment and continuous governance enhancement in place.

Governance development plan usually comprises periodically assessing application of governing practices and continuously trying to improve. This is often done through conducting governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive governing body meetings, establishing governance policies, and using governance technologies like governance dashboard.

Consider this hypothetical scenario: Imagine that you are Permanent Secretary in the Ministry of Health and you are asked to chair a task force to design ways to continuously improve the governance of your ministry.

- What advice would you give to the Health Minister who has asked for your advice? How could you tell if governance was indeed improving?

Now going back to the organization where you work on daily basis,

- What measures have been taken in your organization to improve governance? Are they working? Why? Why not??
- How will you promote the culture of continuous governance improvement in your organization?

Emerging themes and issues discussed from Discussion 5

The following are five pearls of wisdom that participants contributed in this discussion.

1. Accountability is one's ability to take responsibility for his/her acts i.e. take the blame or be answerable for any wrong committed. Organizations that embrace the culture of accountability tend to blossom in their activities.
2. Corruption and political interference create room for anarchy in an organization.
3. Just as humans grow and develop continuously, organizations undergo continuous development. One way through which organizations develop is via continuous governance improvement.
4. Establish internal structures such as audit committee which will ensure accountability in the financial management system.
5. Good governance needs a commitment to continuously improve every meeting, every committee, and every member of the governing body.

Discussion 6. Governance to Achieve Global Health Goals

The world is pursuing ambitious health goals - ending preventable child and maternal deaths, ending the epidemics of AIDS, tuberculosis, malaria, reducing deaths resulting from non-communicable diseases and traffic accidents, and enabling universal access to sexual and reproductive health-care services. This is not the complete list. To achieve these goals by 2030, we need robust and resilient health systems. Significant work beckons us in all the health system building blocks. Leadership, management and governance bring together information, medicines, financing, and human resources, making them work as a system and enabling them to deliver health services for the people.

Governance of an organization or health system is a powerful determinant of its performance. Poor

governance impedes and good governance facilitates higher organizational performance. Effective governance of the health sector and of other sectors that contribute to improving health, and that of health systems and health organizations can accelerate our journey toward critical health goals - AIDS-free generation (AFG), ending preventable child and maternal deaths (EPCMD), and universal access to family planning and reproductive health (FPRH) services.

The overall objective of the session is to build on the deliberations of the previous five sessions, reflect on what governance can do to accelerate our journey to AFG, EPCMD, and universal access to FPRH services and to indicate broad contours of a roadmap to 2030 to realize this potential of governance.

These are reflection questions for you to think and then respond. We encourage each of you to say something in response to these questions.

- How has good governance (participation, inclusion, transparency, and accountability) facilitated or how has poor governance impeded the progress of our journey towards AFG, EPCMD, and universal access to FPRH services? What is hindering its use?
- The destination is AFG, EPCMD, and Universal Access to Family Planning and Reproductive Health Services by 2030. How will governance help us get there? What ought to be the roadmap for governance to reach this destination?

Emerging themes and issues discussed from Discussion 6

1. We need good governance at different levels - global, national, sub-national and especially community levels to achieve the health goals; international actors must set an example and national leaders must demonstrate political will to act.
2. The practices of good governance we discussed are relevant across settings, geographies, and sectors.
3. There is a multitude of governing bodies in the public sector and they have a tremendous potential. These range from community health councils to health center committees to hospital boards to district and provincial health councils to committees and boards at national level working for the ministry of health. They surely have a potential to contribute to improved health services provided they are supported in terms of clear mandate, authority, and resources.
4. Civil-society organizations (CSOs) play an important role in achieving the critical health goals. They will be able to play this role effectively if they are governed properly.
5. The application of PITA (participation, inclusion, transparency and accountability) principles in the health sector and health settings is crucial if we are to achieve the ambitious health goals.
6. Fewer resources are allocated to health care and people are treated as passive voices in matters that concern them; governance leaders have a role to play and a duty to discharge in this regard. Governance leaders must understand, unravel, and address complex causes and risk factors that reflect the culture, context, and history of countries, communities, families, and individuals in different societies.

APPENDIX C: EVALUATION SURVEY RESULTS

1. Why did you sign up for the Governance and Health study group? (Select all that apply.)

Answer Options	Response Percent	Response Count
To better understand course content	58.3%	14
To share my experience in applying improvement activities	45.8%	11
To learn from and network with colleagues working on similar improvement activities	66.7%	16
To learn from and network with the course authors	58.3%	14
To learn more about the topic because I just started the course and have not had enough time to finish it	16.7%	4
To take part in an online professional development opportunity	70.8%	17
Other (please specify)	4.2%	1
<i>answered question</i>		24
<i>skipped question</i>		1

Number	Other (please specify)	Categories
1	SIGNED UP BUT NEVER USED IT	

2. Please describe the type of organization in which you work.

Answer Options	Response Percent	Response Count
University/research institution	0.0%	0
International NGO (e.g. Save the Children)	36.0%	9
National/local NGO	12.0%	3
Civil society organization (CSO)	0.0%	0
Government/ministry	12.0%	3
Hospital	16.0%	4
Consultancy firm	4.0%	1
Self-employed	0.0%	0
Bi-lateral/Multilateral organizations (e.g. UN, WHO, or other donor agency)	4.0%	1
Private commercial sector	4.0%	1
News media	0.0%	0
Other (please specify)	12.0%	3
<i>answered question</i>		25
<i>skipped question</i>		0

Number	Other (please specify)	Categories
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- 1 Milky Way Youth Movement
- 2 Student
- 3 Health home agency

3. Which of the following courses have you started on Global Health eLearning Center? (Select all that apply.)

Answer Options	Response Percent	Response Count
Governance and Health	88.0%	22
Key Practices of Good Governance	52.0%	13
Infrastructure for Good Governance	40.0%	10
Good Management in the Management of Medicines	32.0%	8
I have not completed any of the courses listed above.	8.0%	2
<i>answered question</i>		25
<i>skipped question</i>		0

4. Which of the following courses have you completed on Global Health eLearning Center? (Select all that apply.)

Answer Options	Response Percent	Response Count
Governance and Health	65.2%	15
Key Practices of Good Governance	34.8%	8
Infrastructure for Good Governance	30.4%	7
Good Management in the Management of Medicines	30.4%	7
I have not completed any of the courses listed above.	26.1%	6
<i>answered question</i>		23
<i>skipped question</i>		2

5. Why did you sign up for the Governance and Health study group? (Select all that apply.)

Answer Options	Response Percent	Response Count
To better understand course content	58.3%	14
To share my experience in applying improvement activities	45.8%	11
To learn from and network with colleagues working on similar improvement activities	66.7%	16
To learn from and network with the course authors	58.3%	14
To learn more about the topic because I just started the course and have not had enough time to finish it	16.7%	4
To take part in an online professional development opportunity	70.8%	17
Other (please specify)	4.2%	1
<i>answered question</i>		24
<i>skipped question</i>		1

Number	Other (please specify)	Categories
1	SIGNED UP BUT NEVER USED	

IT

6. Did participating in the Governance and Health study group help you to better understand the course content?

Answer Options	Response Percent	Response Count
Yes	91.7%	22
No	8.3%	2
<i>answered question</i>		24
<i>skipped question</i>		1

7. What specifically did you find useful about participating in the study group? (Select all that apply.)

Answer Options	Response Percent	Response Count
It clarified concepts in the course	56.5%	13
It provided me with additional examples from the field	43.5%	10
It provided me with additional resources and references	34.8%	8
It provided me with an opportunity to ask questions that I had	30.4%	7
It provided me with an opportunity to learn from others dealing with similar issues	65.2%	15
I did not find the study group useful	4.3%	1
Other (please specify)		1
<i>answered question</i>		23
<i>skipped question</i>		2

Number	Other (please specify)	Categories
1	NEVER USED IT	

8. To what extent do you feel that the discussion helped you to apply what you learned from any of the Global Health eLearning courses?

Answer Options	Response Percent	Response Count
I feel more confident to apply what I have learned	65.2%	15
I feel somewhat confident to apply what I have learned	26.1%	6
I do not feel confident to apply what I have learned	4.3%	1
I did not learn anything new	4.3%	1
<i>answered question</i>		23
<i>skipped question</i>		2

9. Which discussion topic(s) was the most useful and informative during the participant study group? Why?

Answer Options	Response Count
	16
<i>answered</i>	16

question	
skipped question	9

Number	Response Text	Categories
1	All the course was very useful for me, the discussion help me to understand more about the governance	
2	Good governance and health because my dissertation for mbs is about the effect of good governance concepts in improving managerial performance	
3	I couldn't participat in the discusion of all the topics so can't tell but the one I joined(Cultivating Accountability) was useful and informative	
4	LEADERSHIP, GOVERNANCE AND MANAGEMENT, UNDERSTANDING THE INTERRELATIONSHIP, RESPONSIBILITIES.	
5	ACCOUNTABILITY	
6	Discussin 5.	
7	Accountability in health	
8	Enhancing transparency and accountability in an organization I found the discussion on resource stewardship to be the most informative and useful. The reason I found it useful is that it addressed the question of ethics in resource allocation which in my view is the major cause of failed governance efforts in many institutions : the problems of corruption, inflated costs of programs and poor feasibility assessments that result in poor resource optimization and missed goals	
9		
10	Governance and accountability	
11	Strategies development	
12	ENGAGING STAKE HOLDERS AND ACCOUNTABILITY Although the topics were all interconnected and I learned from all of them, but the first topic by Dr. Mahesh Shukla: Practice of good governance, cultivating accountability stood out for me. Because the government has a huge role to play when it comes to health care more especially in developing countries.	
13	Governance and ownership for activities	
14	because it will promote sustainability	
15	All topics were very useful.	
16	The good governance health of medicine	

10. Please rate the following statement about the study group instructors.

Answer Options	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Rating Average	Response Count
The instructors effectively directed and stimulated discussions.	13	8	2	0	0	1.52	23
The instructors posted stimulating and interesting discussion questions.	13	8	1	1	0	1.57	23
The instructors answered questions carefully and completely.	11	8	3	0	0	1.64	22

The instructors increased my understanding of the subject.	14	8	1	0	0	1.43	23
The instructors explained concepts and ideas clearly.	11	11	0	0	0	1.50	22
answered question							23
skipped question							2

11. How did you primarily participate in the study group?

Answer Options	Response Percent	Response Count
By desktop/laptop	73.9%	17
By tablet	0.0%	0
By mobile phone	26.1%	6
answered question		23
skipped question		2

12. Did you post any messages in the study group?

Answer Options	Response Percent	Response Count
Yes	65.2%	15
No	34.8%	8
answered question		23
skipped question		2

13. Did you have an easy or difficult time posting messages?

Answer Options	Response Percent	Response Count
Easy	86.7%	13
Difficult	13.3%	2
answered question		15
skipped question		10

14. Why didn't you post a message?

Answer Options	Response Count
	4
answered question	4
skipped question	21

Number	Response Text
1	intermittent or poor internet connectivity.
2	I like to read peoples views on issues am interested in.i was carried away
3	I was a bit busy and I have no field experience I like exploring so many things

- that's why I studied these courses
- 4 Most of the time I found am late

15. What did you find difficult about posting?

Answer Options	Response Count
	2
<i>answered question</i>	2
<i>skipped question</i>	23

Number	Response Text
1	Logging in was difficulty
2	question similar

16. Did you share any information from the study group discussion with others (colleagues, friends, etc.)?

Answer Options	Response Percent	Response Count
Yes	56.5%	13
No	43.5%	10
	<i>answered question</i>	23
	<i>skipped question</i>	2

17. What suggestions do you have for improving the Governance and Health study group?

Answer Options	Response Count
	16
<i>answered question</i>	16
<i>skipped question</i>	9

Number	Response Text
1	Improve more practical exercises about the topics
2	summarising all opinions of participants and analyse for better understanding the issue of good govrnance
3	nothing in particular
4	posting responses from staff encourage participation of study group as time difference is considered.
5	THE AUTHORS SHOULD MAKE IT A CONSISTENT EVENT BECAUSE OF THE IMPACTS IT HAD ON THE PARTICIPANTS
6	ANY
7	The topics should be known in advance so that we can prepare before the discussion
8	If could be via video conferencing
9	I do not have any suggestions yet, look perfect as is.

- 10 None
- 11 To make the quizzes simplified
- 12 Behavioral revolution, that is changes in our attitudes towards governance and leadership.
This study group was very educative. At a point, I was intimidated when I discovered that I was in a group made up of professionals in public health who are speaking from experience base on the job they are doing, while I was the only person speaking from "theory" base on what I learned in my graduate school. I learned a lot and will want to use this opportunity to thank the organizers of the group. It was very interactive and I sure have learned from you all.
- 13
- 14 to continue with other method to promote ownership and sustainability
The group is ok. I do not have any suggestion at the moment only that I request you correct the error with Good management in management of medicines. Some questions were not having accurate answers when I last did the course
- 15 sometimes back this year. Especially the final examination.
- 16 Governance and Health