



Explaining the Indicators of Good Governance in the Health System

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ABSTRACT

Realizing the goals and policies of the health system becomes possible by recognizing the indicators of good governance in the field of health and then, the measures of government to improve these indicators. In this study, we have first discussed the general concept of good governance and the governance of the health system and then, we have explained the indicators of good governance that are considered in the field of public governance and the health system governance. Although, in good governance, a series of principles and basic features related to good governance are considered as international and for all countries and governments, it should be noted that the implementation of them in different countries is different and that what needs to be done and prioritized in a specific country is a matter that needs to be studied. Hence, countries must recognize and identify their national and domestic models of good governance, and to do so, identifying the historical experience of a country, its culture and its domestic values is essential.

Keywords: good governance , health system governance, indicators of good governance



1. INTRoODUCTION

Good governance is also defined as the good government, but these two concepts should not be understood as synonyms, because all the community institutions are not summed up in the executive branch and other institutions also play their part in the process of governing a country. But there is a consensus among many scholars that the existence of good government is a prerequisite for good governance. According to studies on good public governance, some models have been identified, but research on the governance of health systems is still in its beginning steps. In the past years, several frameworks have been proposed for assessing governance in the health system (Siddiqi et al., 2009, Lewis and Pettersson, 2009, Brinkerhoff and Bossert, 2008)

These frameworks represent the process of governance and its relationship with the health outcomes. However, none of them has clearly addressed the role of the health system. Health systems are complex and can vary significantly from one context to another. For this reason, the good governance framework was developed by the United Nations Development Program to define the indicators of good governance, consisting of eight main features, including participation, rule of law, transparency, accountability, equity, efficiency and effectiveness, responsiveness, and consensus orientation and it seems that most aspects of good governance are considered in this definition. This study has been used to explain the indicators of good governance in the health system. (Danila, R., & Mohamed, 2013)

2. GOOD GOVERNANCE IN THE HEALTH SYSTEM

Health is considered as one of the main and critical indicators of macroeconomics and politics, resulting in governments, businesses, communities, and citizens engaging in health governance. The role of laws, regulations, and policies in maintaining and improving the health of the community is a tool and community as a whole and with health governance needs a set of interactive and synergistic policies, most of which are in sectors other than health and outside the government and need support through structures and mechanisms that facilitate collaboration. Participation of the individuals is one of the most important and significant factors.



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Accordingly, reform of the health system and its governance which means focusing on providing proper services based on the needs of users through hospitals and the centers that provide health service, is a global phenomenon that is highly regarded. Health Governance explores the use of this tool to ensure the conditions in which citizens can live with the highest levels of health and well-being (Institute of Medicine, 2002).

Significant conditions regarding the health of the community are numerous and widespread, including various fields such as the field of communication (health communication, advertising and information); field of environment (air, water); field of residence (rural, urban); socioeconomic field (tax, expenditures, poverty) and so on. Health governance includes regulation in the field of business, such as occupational safety and health, and in relation to citizens, such as the use of equipment and helmets. Given the complexity of threats and challenges in the field of health at macro-level, such as global warming and the like, the management of issues such as organizational structures is also considered. Given that the main responsibility of public health is the responsibility of governments, which is applied through various ministries and departments, such as the Ministries of Health, roads and urban development, transportation, energy and the like, so the effective governance in the field of the health of the community requires the consideration of health in all policies and the government must consider the health and well-being of the community in all its policies and measures (Bennett, 2008).

The important note is that governance is not just about the government, but also is the overall responsibility of the community at macro-level. The main stakeholders of community, including businesses, employees, universities, media and civil society, have a significant impact on health, and strengthening the energy of these sectors and coordinating their activities is essential for the health of the community (Syrett and Quick).

Also, the aging population and its pressures, the ever-increasing advances in medical technology and treatment, the complex combination of health services and social factors, and other similar factors, reflect the fact that costs in the health system increases more rapidly relative to the exclusive budget and the growth of the gross domestic product of the country (NSW Department of Health, 2000).



The presupposition of this study is that the realization of the goals and policies of the health system becomes possible by recognizing the indicators of good governance in the field of health and then, the measures of government to improve these indicators. The indicators of good governance that was developed by the United Nations Development Program, consisting of eight main features, including participation, rule of law, transparency, accountability, equity, efficiency and effectiveness, responsiveness, and consensus orientation can be used for the explanation of good governance in the health system

The indicators of good governance in the health system

There are various definitions of health system governance that outline the broader concept of governance and the principles and dimensions of the appropriate method for the health sector. There are also references to the governance practices of institutions that incorporate the health system.

For example, the United States Agency for International Development (USAID) insists that governance of the health system is in fact a kind of governance committed to protect and promote human health.

In this concept, governance includes: (1) determining the strategic direction and goal, (2) making policies, rules, regulations, or decisions, and the provision and establishment of resources for strategic goals; (3) monitoring and ensuring of implementation of strategic goals

(WHO) has included leadership in this concept. Leadership and governance include ensuring the existence of a strategic policy making framework along with effective monitoring, creating unity, legislation, paying attention to system design and accountability. This requires monitoring and directing the health system (as a public unit, not a government system) to protect public interests and this is a broader matter than only improving the health status. (Danila, R., & Mohamed, 2013)

(Siddiqi et al, 2009) extended this list to 10 components (Table 1), including strategic vision, participation and consensus orientation, rule of law, transparency, accountability, equity and inclusiveness, efficiency and effectiveness, responsiveness, intelligence and information, and ethics.



(Kingia 2011) suggests some reforms in the framework of good governance of Siddigi et al. in accordance with the terms of "Governance in the Development of Health" in the Africa-Asia region, he believes that the new concept of "Good Governance in the Development of Health" is appropriate for the Africa-Asia region. In this study, the indicator for the governance of health development has been developed with 10 functions and 42 sub-systems as follows.

1. Public health leadership and management

• **Leadership responsibilities:** Extent to which the Ministry of Health gives direction and effectively communicates that vision to align people with it; protect the health system from external threats; clarifies the roles and responsibilities of various actors; manages conflict internally and externally; motivates and inspires health workers (and other stakeholders) by satisfying their basic human needs to sustain their focus on the health development vision; and shapes the norms

• **National health policy (NHP):** existence of an updated national health policy based on a thorough situation analysis of health systems goals (health, fairness in financing and responsiveness to non-medical expectations) and functions (governance, health financing, resource creation and health service provision) and policy dialogue, and existence of clearly spelt out strategic vision for health development, guiding principles and underlying values, goals, health development priorities (based on rational criteria, e.g. cost-effectiveness analysis), implementation framework, resource mobilization mechanisms, and modalities for monitoring and evaluation

• **National health strategic plan (NHSP):** contain a background; situation analysis (socioeconomic context; health situation; state of health services supply and demand; strengths, weaknesses, opportunities and threats); strategic health development priorities (vision, mission, goal, guiding principles, objectives, targets, strategic thrusts, expected results/outcomes, activities and performance indicators); resource requirements, including human resources, building space, vehicles, equipment, materials and supplies, information, communication and technology (ICT); finance plan (containing prospective estimates cost, available funds, financing gap and ways of bridging the gap); implementation framework specifying the roles and responsibilities of various people,



institutions and organizations involved in health development; monitoring and evaluation, including mechanisms, schedule and cost; conclusion; and appendices

- **Dissemination of NHP and NHSP:** the NHP and NHSP are widely available at national, provincial/regional, district and community levels in relevant local languages.
- **National health strategy:** Extent to which NHSP has been translated into results-oriented operational programs and plans as expressed in medium-term expenditure frameworks and annual program budgets

2. Rule of health-related laws

- **Existence of health-related legislations:** Existence of public health laws related to governance, health financing, resource/input creation (essential health technologies, human resources, and infrastructure), provision of personal and public health services, research for health, ethical practice

3. Community participation & responsiveness

- **Participation in NHP and NHSP development:** Extent to which communities (either directly or through elected leaders) are involved in the health needs assessment, national health policy development, and planning of health development.
- **Participation in NHSP implementation:** Extent to which communities (either directly or through elected leaders) are involved in management of health services and other health enhancing services (e.g. water, sanitation, environmental pollution control).
- **Participation in tracking of progress:** Extent to which communities (either directly or through elected leaders) are involved in monitoring and evaluation in the achievement of health development objectives and targets spelt out in the NHSP.
- **Responsiveness to communities non-medical expectations:** Extent to which health systems exercise respect for persons (dignity, autonomy in choice of interventions and confidentiality) and are client-oriented (prompt, adequate basic amenities, access to social support networks, choice of provider)

4. Effective internal and external partnerships for health

- **Intersectoral action:** Existence of vibrant intersectoral committees for tracing progress on socioeconomic determinants of health.



- **Public-private partnerships:** Extent to which the legislative and policy environment forges partnerships with the faith-based organizations and private-for-profit sector in health financing, health systems input creation and health services provision to facilitate implementation of NHP and NHSP.
- **Alignment of aid flows to national health development priorities:** Percentage of aid flows for health development channeled through general government budget support.
- **Strengthen capacity by coordinated support:** Percentage of technical cooperation flows implemented through coordinated programs consistent with NHSP.
- **Use of country procurement and public financial management systems:** Percentage of donor aid that flow through recipient/partner country procurement and public financial management systems.
- **Strengthen national capacity by avoiding parallel implementation structures:** number of parallel health project implementation units in a country.
- **Aid is more predictable:** Percent of health-related aid disbursed according to multi-year frameworks.
- **Aid is untied:** Percentage of bilateral aid for health that is untied to donor conditionality.
- **Shared analysis:** Percentage of health-related field missions and country analytic work undertaken jointly between the cluster of health donors and national government.
- **Sufficient integration of global programs and initiatives into NHSP:** Percentage of global programs (e.g. Global Fund for Aids, Tuberculosis and malaria; GAVI) and initiatives supporting the implementation of NHSP.

5. Horizontal and vertical equity in health systems

- **Horizontal equity:** Extent to which there is the allocation of equivalent resources for people with equivalent capacity to benefit from health enhancing health interventions and socio-economic interventions.
- **Vertical equity:** Extent to which there is allocation of different resources for people with different levels of capacity to benefit from health enhancing health interventions and socio-economic interventions.



- **Health fairness in financial contribution (HFC):** Extent to which the ratio of total contribution to health from each household through all payments mechanisms (HE) to that household's capacity to pay (CTP) - which is the effective non-subsistence income - is identical for all households, independent of the household's health status or use of the health system

$$HFC = HE / CTP$$

6. Efficiency in resource allocation and use

- **Allocative efficiency:** Percentage of various levels of fixed health facilities allocating health resources to their most highly valued uses.
- **Technical efficiency:** Percentage of various levels of fixed health facilities using physical health systems inputs to produce either health services without waste.
- **Productivity growth:** Percentage of various levels of fixed health facilities experiencing total factor productivity growth due to efficiency improvement and/or technological growth.
- **Institutionalization of efficiency monitoring:** Extent to which economic efficiency monitoring has been institutionalized within the national health management information system.

7. Accountability and transparency in health development

- **Existence of transparent results-oriented reporting and assessment frameworks:** to assess progress against NHSP targets indicators.
- **Diagnostic reviews:** Extent to which diagnostic reviews of national arrangements and procedures for public financial management, accounting, auditing, procurement, results frameworks and monitoring provide reliable assessments of performance, transparency and accountability of country systems.
- **Use of information from diagnostic reviews:** Extent to which evidence from diagnostic reviews is used in the design of reforms to ensure that national systems, institutions and procedures for managing all health resources are effective, accountable and transparent



- **Publishing of audit reports for public consumption:** Extent to which reliable and timely budget execution and audit reports are transparently reviewed by relevant parliamentary committees and published in mass media for public scrutiny.

8. Evidence-based decision-making

- **Health management information systems:** Extent to which a country has legal and policy frameworks supported by sufficient human resources, financing and infrastructure; core health indicators identified covering determinants of health, health system inputs, outputs and outcomes; key data available from six main sources and standards for their use - for census, vital events monitoring, health facilities statistics, public health surveillance, population-based surveys and resource tracking; optimal processes for collecting, sharing and storing data, data flows and feedback loops; dissemination of information and effective use of data for policy and advocacy, planning and priority setting, resource allocation, and implementation and action.
- **Information, Communication and Technology Connectivity:** (i) Existence of a comprehensive national policy and a legal and strategic framework to guide and nurture the growth of ICT, while at the same time protecting the welfare of its citizens. (ii) Extent to which the necessary investment in ICT infrastructure, including fixed phone lines installation, equipment (e.g. computers, servers, networks) and Internet connectivity in the entire health system, i.e. from the Ministry of Health headquarters down to the level of community-based public health programs.

9. Ethical practices in health research and service provision

- **International ethical guidelines for medical practice and health research:** Extent to which a country have adapted appropriately international ethical guidelines for medical practice (e.g., the International Code of Medical Ethics of the World Medical Association or the International Conference on Harmonization guidelines for Good Clinical Practice) and biomedical research involving human subjects, made them available to all national health and health-related research institutions and health facilities, and are being adhered to.
- **Bioethics review system:** Existence of operational bioethics research review system, which includes national, regional, district and institutional (health facility) ethics



committees for protecting the dignity, integrity and health safety of all its citizens participating in research and those consuming health services.

10. Macroeconomic and political stability

- **Link between National Economic Development Plan (NEDP), Poverty Reduction Strategy Paper (PRSP) and National Health Policy (NHP) and National Health Strategy Plan (NHSP):** Existence of NEDP and PRSP with a health component linked with the NHP and NHSP.
- **Existence of a medium-term expenditure framework (MTEF):** Existence of a MTEF with a clear health component.
- **Political stability:** Existence of non-violent processes by which those in authority are selected and replaced.

The Economic and Social Commission for Asia and the Pacific and the United Nations Development Program have identified good governance indicators in eight dimensions (Figure 1). WHO has discussed these indicators in assessing the governance of health system (WHO, 2012).

These indicators are described as follows:

1- The rule of law

The right to health includes the conditions that governments are committed to in order to provide a healthy living. The government's commitments to promote the right to health, like any other human right, has three dimensions

- ✓ **Commitment to Respect:** The government should act in a manner that preserves the freedom to act and dignity of the individual. In the context of the right to health, this applies through government laws and policies.
- ✓ **Commitment to support:** Under this commitment, the rights of individuals are respected, and not only the government should not interfere itself, but also should prevent third-party intervention. This commitment means that the governments should try to minimize the health risks and take the necessary steps to protect the people's right to health against third party intervention.
- ✓ **Commitment to act:** Under this commitment, governments are required to take actions that enable people to be healthy (Ghaneirad and Mousavi, 2008).



2. Transparency

In the contemporary era, increasing public awareness, the growth of health information, seeking justice and participation have made the transparency of activities and affairs as a public value and demand. This process has been shaped in developed communities through multilateral and gradual changes and in coordination with the change in economic, political and cultural structures. As a result of this process, respect for human rights and the realization of justice has exceeded the level of individual morality and has been part of the moral responsibility of organizations. "The moral responsibility of organizations is to commit to do the right, just, and fair thing, and avoid doing any harm." In the 1960s, the first action was taken to reduce mistakes in developed countries. Accordingly, countries such as the United States, the United Kingdom and France, in order to standardize medical knowledge, maintain the professional independence of physicians, and avoid the loss of financial resources of the country, developed a set of guidelines that were essential to diagnose illness, treatment, and management of the patients. This process indirectly provided a basis for assessing the professional competence of physicians, maintaining patient safety and improving the quality of treatment, and led the patient-physician relationship to enter into a part of the general context and to take a new form of bureaucratic supervision, rationality and knowledge "(Graham et al., 2003).

In England, in order to improve the patient's therapeutic efficacy and patient safety, the issue of electronic record of patients' files has been done since 1997 (Checkland et al 2007). In Sweden, since the beginning of the 1990s, the reform of the health system aimed at increasing the transparency (Blomgren 2007). European Union in 1991 and the United States in 1998 endorsed the law of free access to information that provides for the transparency of information. In this regard, Austria has launched the Medical Informatics System to strengthen the quality of health care. This system has the potential to reveal the misuse, mistakes and unpredicted side effects of health care. Design, implementation and operation of this system require the collaboration of doctors, nurses, hospital managers and informatics specialists (Gunthe 2001).

Considering the research findings in Iran, there are some barriers and insufficiencies in the realization of transparency. For example, examining the status of several selected



hospitals showed that the lack of proper infrastructure for electronic health records, the use of inappropriate hardware, the existence of various software systems in the hospital, and the lack of integrity of data are of the most important challenges in using computerized medical records and information transparency (Saghaiannejad et al 2011).

In general, transparency is achievable in a community in which a system for recording information in all its contexts is established; access to information is not considered as a political and security matter; but is considered as a part of civil rights; a community in which the monitoring mechanisms are not only from the upper to the lower levels But also from the lower to upper levels; a community in which intellectual pluralism, freedom of speech and media diversity are respected and the critique of power holders has become a part of public culture; and in the economic context, promotion of efficiency, customer satisfaction and serious confrontation with corruption are of basics.

3. Accountability

Social institutions are interconnected and interdependent in the community. The institution of culture, the institution of religion, the institution of the family, the institution of education, the institution of history, and ... all in a close relationship, form a complex skein. So that changes in each make changes in others.

The convergence of institutions has been emphasized in various theories of social sciences and communication and sociology in different ways and by different scholars. The institution of power is not an exception among social institutions and is subject to interactions that occur in other institutions. (Gostin 2008)

The relationship between the institution of power and other institutions, same as the relations of other institutions, is interactive and influences of other institutions, consciously or unconsciously, affect the institution of power. Weather we consider the power as the representative of the community and its choice for administration of affairs, or as the chosen intellect, which is beyond and superior to the community, in any case, it has a fundamental, cause and effect relationship with the community. Without a community and people, the government has no meaning, and without a well-established, understanding and wise government, the nation will be destroyed.



Lastly, the process of accountability, trust, and gradual collaboration is simultaneous. Neglecting true, honest and realistic accountability will lead to the lack of trust, suspicion, and eventually distrust, and distrust will lead to the lack of support, and then to opposition and resistance. Accountability should be consistent with practice and constructive action and the strong but false claims will ultimately lead to the destruction (Lundvall et al. 2008).

Similar to many health systems, achieving the appropriate accountability has remained a challenge for the Iranian health system. In a qualitative study, Biglar et al. (2011) examined the most important educational challenges of the country's medical education system from the point of view of the owners of the education process. In this study, the most important educational challenges of the medical education system were extracted as follows: lack of transparency of research priorities for providing data required by the policymaker in the context of medical education, inadequate ability of staff in information management related to the field of medical education, the lack of transparency of the Ministry of Health's programs and strategies in reaching the 20-year perspective program on medical education, the weakness in developing the attitude of intersectoral cooperation at university levels, weakness in evidence-based decision-making and policy-making, weakness in attracting stakeholder participation for the elaboration and implementation of educational policies, complete inconsistency of annual budgeting with development programs and other issues. In this study, it was noted that the medical education system suffers from several challenges in each of the three points underlined by the World Health Organization (health promotion, accountability to reasonable expectations of the community and participation in the financial provision).

In a study by (Rashidian et al., 2011) in Iran, more than 90% of respondents believed that accountability was a very important topic, and researchers had argued that Iran's health system should pay more attention to accountability to non-medical expectations of its users. Therefore, the issue of accountability as one of the main goals of the health system should be given more attention.

4. Consensus orientation



Health can't be regarded as merely a sectoral goal which in order to achieve it, responsiveness of a system or ministry would be enough. The health is intersectoral and the product of dynamic and complex relationships.

Health is a major social goal that is not only inseparable from human well-being, social and economic development, and environmental protection, but also an essential element of "good governance" for "sustainable development."

The Adelaide Statement outlines the need for a new social contract between all sectors to advance human development, sustainability and equity, as well as to improve health outcomes. This requires a new form of governance where there is joined leadership within governments, across all sectors and between levels of government (local, regional, national, and international). Public goals are best attained when all sectors consider health and welfare as key elements of their political development, because the causes of health and welfare are outside the health sector and are socially and economically evolved (Logie et al 2008).

In this regard, at the Almaty Conference in 1978, the Almaty statement set a new path for health policymaking with an emphasis on the principles of justice, proper use, engagement of people and participation among sectors of community. (Lewis, 2005)

Almaty statement declares that the role of the government in the field of health in all countries, both developed and developing, needs to be reviewed and strengthened, and intersectoral practice is the key to health promotion. According to the statement, health strategies need to be consolidated so that not only health services are provided, but also the political, social and economic causes of health deficiencies will be identified. This call for coordination and collaboration to promote community health can be considered as the first systematic effort to highlight the relevance and important role of other political sectors in health policymaking.

(Kickbusch, Gleiche 2012) In a study entitled "Governance for Health in the 21st Century", "Health in All Policies" introduced a network approach to policy-making throughout the government and as an innovation in governance, and concluded that in response to the new and interconnected environment, especially with regard to the consequences of globalization and the issue of power balance between markets and



governments, institutional adaptation is required. Their study focused on the need to change the way institutions work, admitting interests and diverse interests in the political agenda, bringing together different actors (including representatives of community, government and businesses), coalitions and networks, which are considered as "whole Government "and" the whole community ". These terms, which are increasingly being used in national and international documents such as the European Health Vision of 2020 and the Helsinki Statement, are applied in English-speaking countries of Australia, Canada, New Zealand and the United Kingdom while developing this style of governance and coordinated horizontal and/or vertical operations at different levels of government (WHO2012).

5. Equity

Sustainable welfare in community will be possible by recognizing equal rights for all people. In the community, it needs to be ensured that individuals share the interests of the community in proportion to their activities. In other words, in good governance, everyone must have equal opportunities.

6. Effectiveness and efficiency

The concept of value is connected with service or quality at a low cost, while in the current care systems, the issue of quality and cost is facing serious difficulties. One of the main issues is that the current health payment system encourages the provision of services in a volume-based manner and not based on value, so, doctors, hospitals and other health care providers by providing service to more people will gain more profits and thus contribute to increasing the cost of health services and inflation. So, in this process, we will not see much improvement in health outcomes. In fact, this traditional payment system has not been able to keep people healthy, and has been unable to reduce medical errors and avoid unnecessary services. However, the revolutionary shift from volume to value in the provision of health services and healthcare purchases based on value will bring many benefits in providing high quality services and reducing costs (Stanton 2009).

The trend governing the global information environment is such that today and in the future, people will face the phenomenon of "information everywhere" that based on this information, the price and cost of health services of hospitals and clinics as well as



therapeutic methods is transparently available to healthcare users and as a result, patients can choose high-quality services at a low cost (of their choice) and, based on this phenomenon in the current decade, the patients will greatly promote the health business in the future (Azafar et al 2001).

In this megatrend, which will increase health and increase the quality of service, patients themselves will establish their own health care plans individually. The IT platform also enables the formation of virtual communities of interconnected patients, and, with the formation of a social context of the health service where its clients will be interconnected, patients can share their experiences about health and disease and with the formation of these online communities, patients will be socially empowered to make the team of therapists and healthcare providers to respect their opinions and insights. In fact, in the social and virtual healthcare context, because of the process of transparency and accountability (which are growing elements of the recent decade), patients will be able to achieve the best health information and choose their own treatment methods. Clinical information along with intelligent decision-making algorithms will also be placed on smartphones, resulting in patients having access to the same information as physicians, nurses and the team of therapists. Hence, choosing the therapeutic options by patients and the respect of therapists will be of the mainstays of the formation of collaborative treatment.

7. Responsiveness

Responsiveness can be considered as one of the key components of good governance. In addition to government agencies and institutions, private organizations and civil society institutions should also be responsible for their policies and actions. It should be noted that the principles of good governance are interconnected and the implementation of each of them requires the implementation of other principles. For example, one can't expect accountability and responsiveness to affect the community without transparency and the rule of law.



In analyses, it is said that in the revision of the World Bank in its policies and the presentation of this idea, three factors have played a major role: 1. Eastern European experience; 2. East Asian crisis; 3. China's experience. In fact, the experience of the Eastern European countries and the East Asia crisis showed that when we free the economy without a good government, we would be in a crisis, and the experience of China showed that in a system, if the government would manage the disruptions properly, it could yield good results (Morrison, 2013).

8. social participation

The social participation in the modern society is an interesting issue in last decades. while past generations believe social participation is only knowing the decisions, and imagine them only unilateral statements from managers of the society, today several concepts are proposed for social society which make it more diverse.

The main benefit of the social participation which presented in different papers is enhancing responsibility and consciousness of people related to the individual and social health. The other benefit of them is gain power from making new skills and control of new resources. Actually, participations learn to control their destiny and prepare an equal opportunity between themselves and health care providers. The participation in the healthcare make an opportunity for distribution of health knowledge in the society and it will leading to mastery in general health promotion. Strong participation of local people can reduce feeling of marginality and the feeling of authority and dominance of official organizations will be eliminated. All of these issues affect health people and society as positively. (Shahbolagh Mohammadi 2013)

Experts believe that in good governance, a series of principles and basic features related to good governance are considered as international and for all countries and governments, but it should be noted that the implementation of them in different countries is different and that in one country what needs to be done and prioritized in an specific country is a matter that needs to be studied. Hence, countries must recognize and identify their national and domestic models of good governance, and to do so, identifying the historical experience of a country, its culture and its domestic values is essential. (Kingia 2011)

3. CONCLUSION



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Given that many health systems in the world are badly managed and still many countries in the world are facing a lot of problems in decision making for their health care sector, it is necessary to make significant changes in the health care system. The governance of the health system requires interaction and cooperation between the health and non-health sectors, the public and private sectors, and all citizens, in order to provide common and significant benefits to all, provide high-quality and low-cost services, and provide satisfaction to all stakeholders of the health system under transparency and accountability. Health governance leads to granting strong legitimacy to institutions involved in health issues so that they can play a role in elaborating and implementing health and welfare policies.

Table 1. Health system governance principles (Siddiqi et al)

Governance principle	Operation
Strategic vision	Leaders should have a broad and long-term perspective on health and human development, along with a sense of strategic directions for such development.
Participation and consensus orientation	All men and women should have a voice in decision-making for health, either directly or through legitimate intermediate institutions that represent their interests.
Rule of law	Legal frameworks pertaining to health should be fair and enforced impartially.
Transparency	Transparency is built on the free flow of information for all health matters.
Responsiveness	Institutions and processes should try to serve all stakeholders to ensure that the policies and programs are responsive to the health and non-health needs of its users.
Equity and inclusiveness	All men and women should have opportunities to improve or maintain their health and well-being.
Effectiveness and efficiency	Processes and institutions should produce results that meet population needs and influence health outcomes while making the best use of resources.



Accountability	Decision-makers in government, the private sector and civil society organizations involved in health are accountable to the public, as well as to institutional stakeholders.
Intelligence and information	Intelligence and information are essential for a good understanding of health system to make informed decisions that meet the demands of different interest groups.
Ethics	The commonly accepted principles of health care ethics include respect for autonomy, non-maleficence, beneficence and justice.

Fig. 9. Good governance



Source: UNDP (1997).

Figure 1. The dimensions of good governance



UN DP (1997). Good governance – and sustainable human development. A UNDP policy document. New York, United Nations Development Programme (<http://mirror.undp.org/magnet/policy/chapter1.htm>, accessed 30 May 2012)

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