

# Governance Maps, Traps and Emergent Strategies

A framework to analyze and engage with  
governance conditions in health systems,  
especially in complex settings

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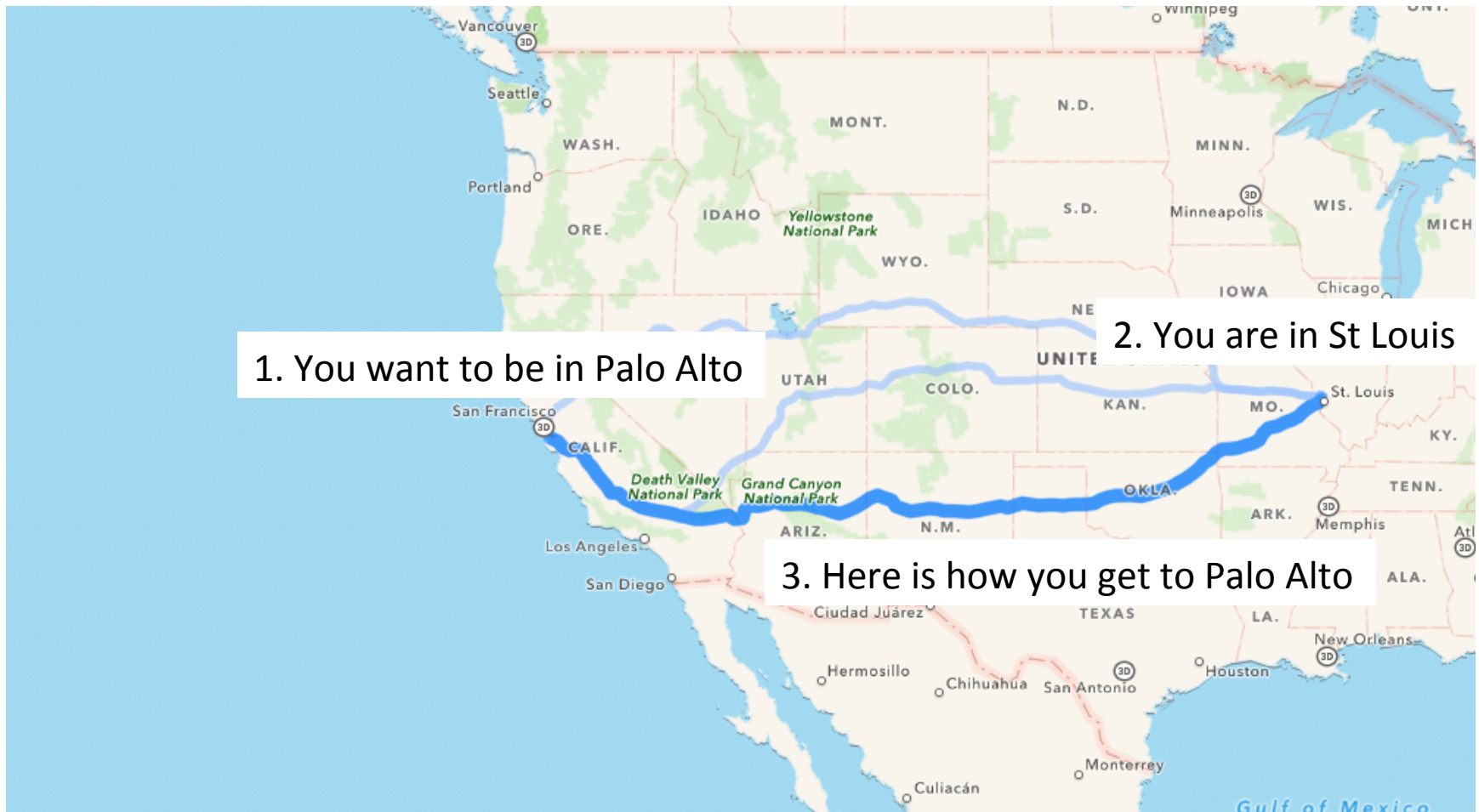
# This Talk, in Short

- There is a growing focus on governance in health
  - Especially in development (WHO, World Bank, SDG, etc.)
  - Indicators are used to assess and inform reforms
- We need a framework to use these indicators
  - To understand their value and limits
  - ‘As maps or traps’
    - Where we test underlying assumptions of indicators and reform
    - And determine if they provide a map or a trap
- And to engage in contexts where they may not be helpful
  - ‘Emergent strategies’ where the maps are only partly helpful
  - And proposed routes do not exist or are blocked

**Note:** This is emerging work, building on studies about limits of indicators and reforms; it is an applied project based on the hypothesis that one can assess the usefulness of indicators and pursue reform through alternative means (PDIA) where indicators do not fit

# Governance Indicators as Maps

indicators **locate** a country **relative to a destination**,  
and **direct** on how to get to the destination



# Governance Indicators as Maps, contd.

indicators embed ideas about **final destinations** and **routes** towards these destinations

*Consider health sector governance indicators in development*

| <b>Governance involves:</b> | <b>A destination involves:</b>  | <b>The reform route requires:</b>  |
|-----------------------------|---|--|
| An oversight agent          | A strong, highly authorized central govt. health ministry   | Creating highly authorized central ministries of health  |
| Exercising authority        | Using policy, regulation, budget, capacity building   | Creating policy, regulation, budget, capacity building   |
| Over delivery agents        | To influence formal, capable (with discretion), accountable, devolved service providers (mostly in the public sector) | Creating formal, capable (with discretion), accountable, devolved (mostly) public sector service providers |
| To foster performance       | To improve MDG-type targets (addressing communicable diseases and maternal, prenatal and nutrition conditions )       | To ensure improvements on MDG-type targets   |
| For recipient agents        | For engaged, empowered citizens   | Empowering citizens  |
| In a given context          | In any given context  | Regardless of context  |

# Governance Indicators as (Potential) Traps

reforms often follow directions explicitly, regardless of **assumptions**, which should be deconstructed and analyzed

*Consider Liberia's example*

| <b>The ideal reform route requires:</b>  | <b>Liberia's reform involves:</b>   | <b>Underlying assumptions include:</b>                               |
|--|---|--|
| Creating central ministries of health    | The central Ministry of Health is the driver  | Authority can be centralized in this way                             |
| Creating policy, regulation, budget      | Creating 45 policies, regulations since 2007; more than doubling public budget, overall spending, capacity building | New formal policies, regulations, budget, etc. Improve functionality |
| Creating public sector service providers | Establishing devolved public sector health centers across the country   | These are capable (with discretion), accountable                     |
| To improve MDG-type targets              | To ensure improvements on MDG-type targets  | These goals are relevant   |
| Empowering citizens                      | Empowering citizens   | Capable, interested citizens   |
| Regardless of context                    | With limited attention to context   | Reforms are practically and politically possible                     |

# Governance Indicators as (Potential) Traps, contd.

a framework to test if indicators introduce maps as traps

*Consider Liberia's example*

- In all six areas, consider experience and test assumptions, using additional data
  - Some of which is collected for this work
  - Details of the measures are available, but will not be discussed here (due to time constraints)
- Not the final story, but a framework for using these indicators
  - To understand their value and limits

## Centralization of Health Sector Authority

LIBERIA: POLICY INDEPENDENCE FROM DONORS

LIBERIA: CENTRAL INTERGOVERNMENT INFLUENCE

LIBERIA: CENTRAL POLICY DOMINANCE

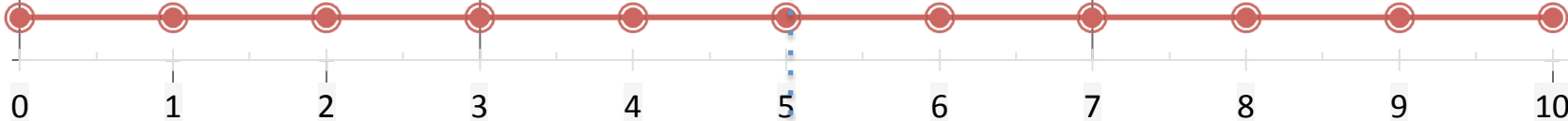


## Use and Impact of Formal Governance Mechanisms

LIBERIA: REGULATION IMPLEMENTATION (UNKNOWN)

LIBERIA: EFFECTIVENESS OF CENTRAL PLANS AND POLICIES

LIBERIA: COMPLIANCE WITH POLICY AND REGULATION REFORM PLANS

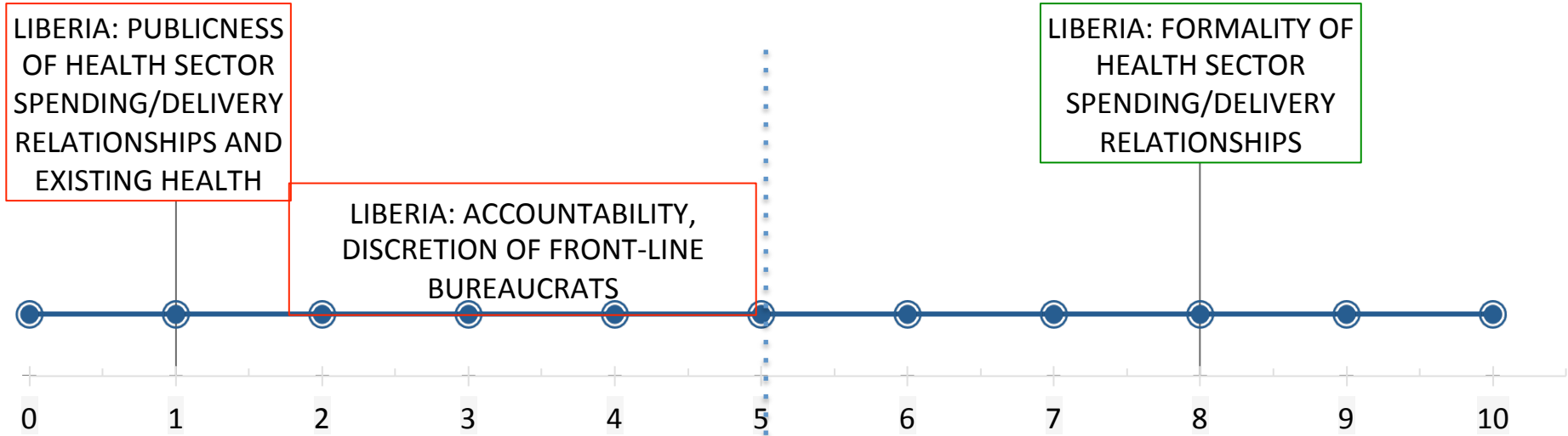


LIBERIA: RECORD OF CAPABILITY GROWTH

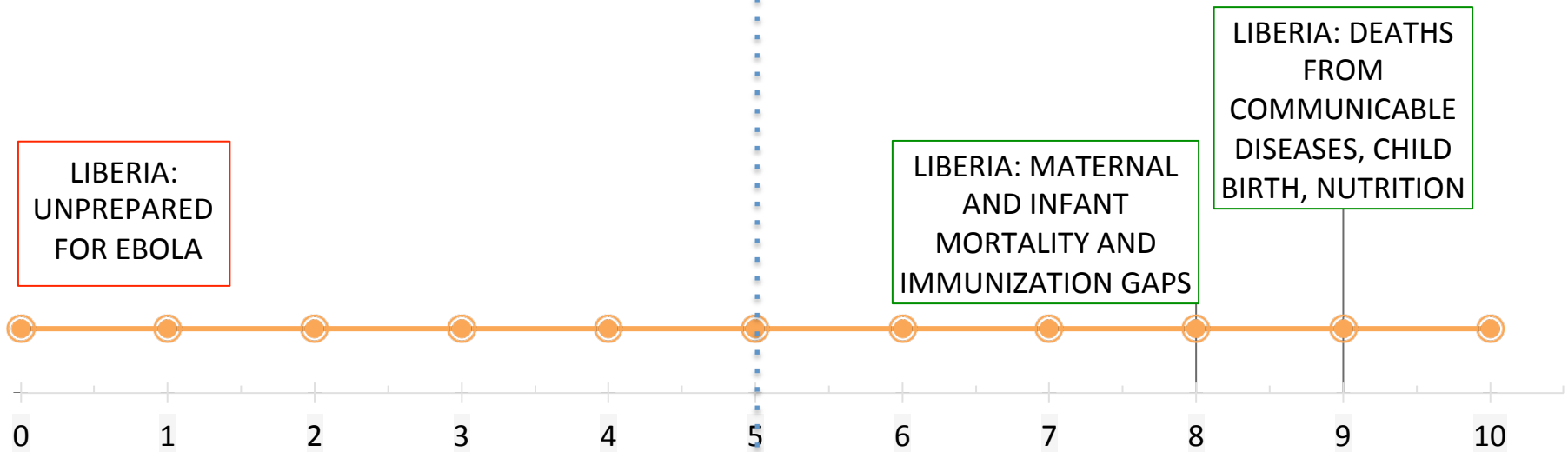
LIBERIA: PUBLIC AND PRIVATE HEALTH SPENDING EFFICIENCY

LIBERIA: INCREASE IN PUBLIC AND PRIVATE HEALTH SPENDING

# Publicness, Formalization, Capability of Service Delivery Relationships

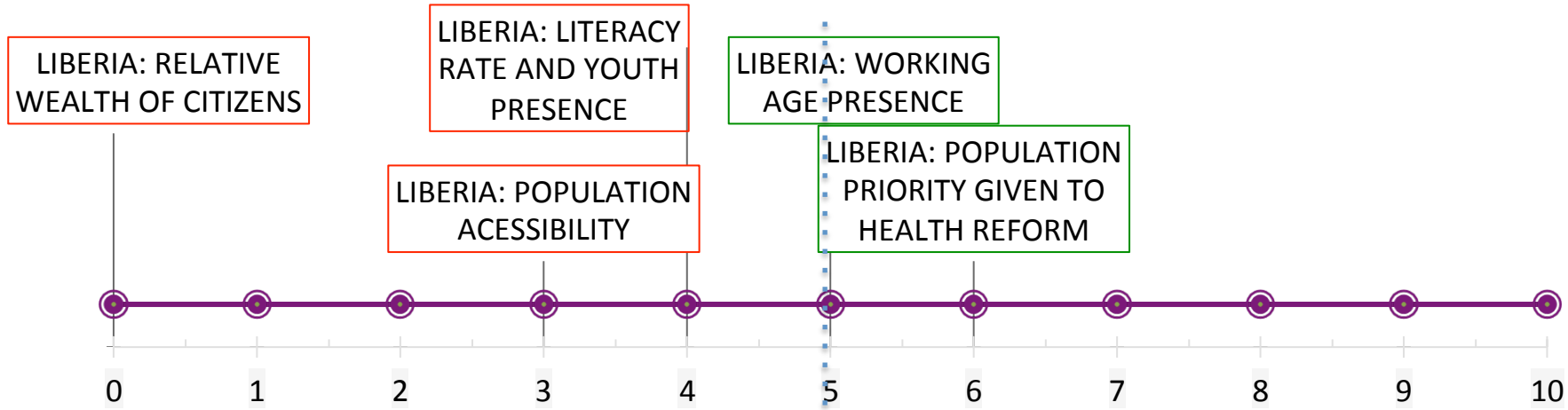


# Relevance of MDG and Related Goals in Governance Discussion

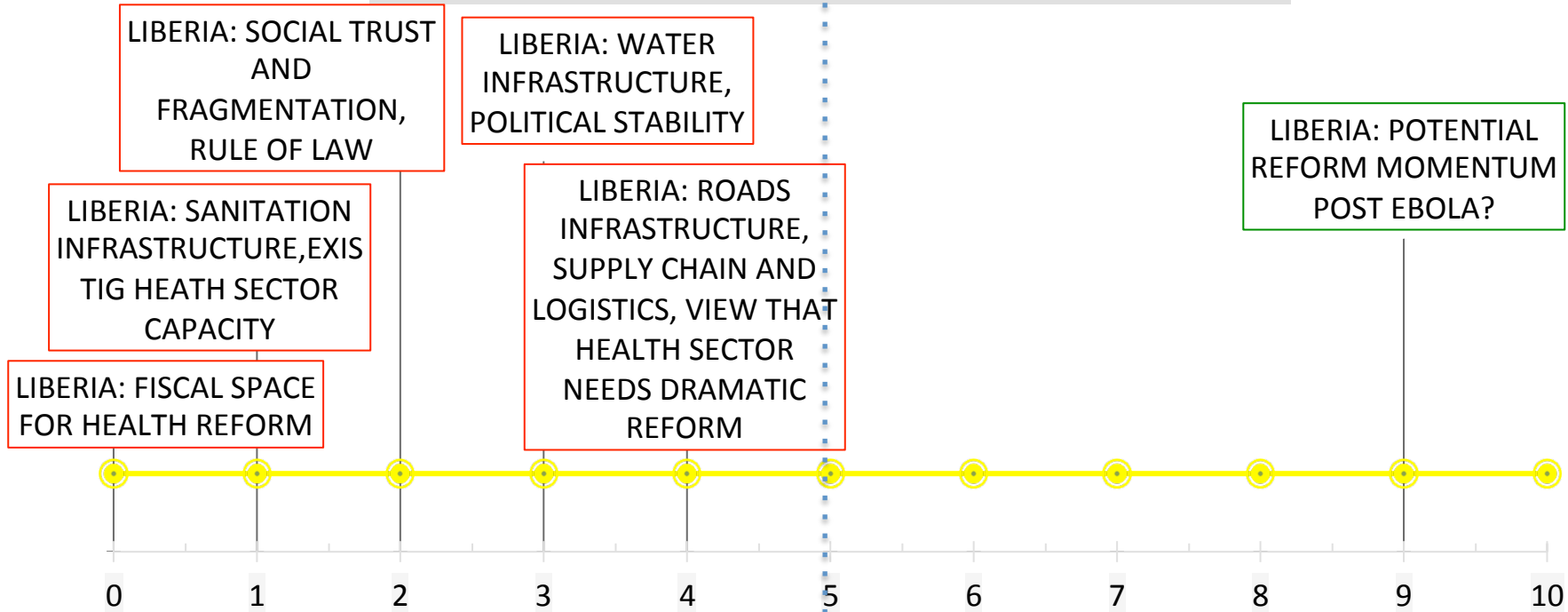




# Are Citizens Accessible, Empowered, and Interested?



# Is the Approach Politically and Practically Possible?



# Observations?

- Indicators **as maps**—and related **reform routes**--assume a lot
  - Much of which is not present in many places
- The unmet assumptions vary across countries
  - Afghanistan looks like Liberia, for instance
  - But South Africa looks different, as do India and China
- Identifying assumption gaps helps us understand the potential of indicators **as traps**, not maps
  - More gaps = less helpful indicators
  - More serious gaps = a need for different strategies
    - Arguably, in places like Liberia
    - But also, arguably, in many other situations where governance reforms have not generated functional improvements

# Where there are **many** assumption gaps, our indicator map is **compromised**

We do not know exactly where to go, may not know exactly where we are in relation to that destination, and are unsure of a viable route

**Our journey involves doing new things and writing new maps**



Like Lewis and Clark in 1803:

- 'Get to the West Coast'....
- Where is that? Where are we in relation to that?
- How do we get there?

# Emergent Strategies to Make New Maps

- How do we work in such contexts?
- One idea: Use the homework in the indicator analysis framework to guide directions.
  - Do political economy analysis, risk analysis, and more
  - Determine which parts of the road map are still relevant, the speed to take, etc.
- This has been a shift in the development community
  - Recognizing that formal best practice is limited, and context matters, the emphasis is on doing studies and being prepared
- But does this really help?

# Emergent Strategies to Make New Maps, contd.

- Looking at 44 health sector projects in 22 countries, half by World Bank and half by Global Fund
  - Some were more and less successful in fostering functional improvements
  - Where sector was stronger, delivered more, after projects
- Examined whether the projects had high levels of preparation in advance or not
  - Scoring all projects from 1-4
- And found that there were no real differences
  - More successful = 2.22; Less successful = 1.93
  - They all had similar levels of ex ante preparation

# Emergent Strategies to Make New Maps, contd.

- Why preparation often did not make the difference:
  - Analysis proved to be incomplete, incorrect, often done by outsiders without contextual knowledge
  - But gave MORE credibility to highly structured and inflexible plans, so led to lower flexibility when realities proved problematic
- How did the ‘success’ stories do it, then?
  - **My hypothesis:** They adopted a **problem focus** (on contextual problems) and built **flexibility** into their design, so that they could continually evaluate assumptions and adapt to new information

# Emergent Strategies to Make New Maps, contd.

- **How I assessed the problem focus of reforms:**
  1. Are locally defined, specific problems mentioned as a frame for the project?;
  2. Are baseline indicators of these problems measured in the early stages of the project?;
  3. Are activities directly determined as solutions to these problems?;
  4. Is progress in solving problems routinely evaluated and considered in adjusting content?
- **How I assessed the flexibility of reforms:**
  1. Evidence of ongoing assessment of progress and results (not just periodic accountability-based monitoring and evaluation);
  2. Evidence of constant feedback on how well the project is addressing key problems, what lessons are being learned, and what issues are being encountered;
  3. Evidence that opportunities were created to adjust project content, given lessons from ongoing assessments;
  4. Evidence of new ideas actually emerging and being incorporated into project activities during implementation.

# Emergent Strategies to Make New Maps, contd.

- What the analysis showed...

|                     | More successful projects | Less successful projects |
|---------------------|--------------------------|--------------------------|
| Ex ante preparation | 2.22                     | 1.93                     |
| Problem orientation | 3.05                     | 1.6                      |
| Flexibility         | 2.72                     | 1.06                     |

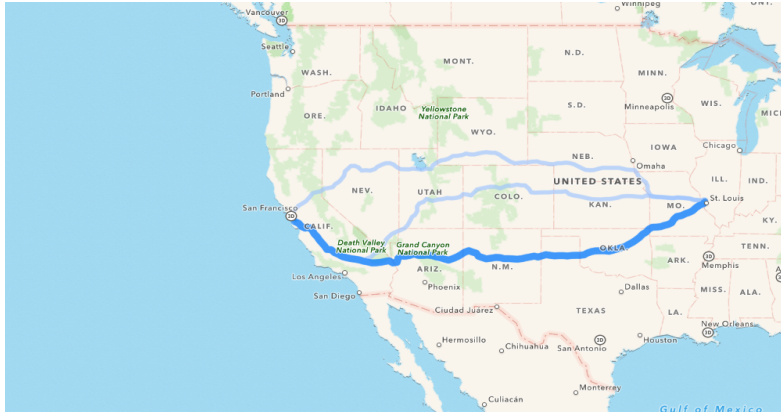


# Emergent Strategies to Make New Maps, contd.

- Theory behind this observation:
  - A problem focus is inherently contextual, and addresses factors needed for major change:
    - Revealed disruption, Reflection on weaknesses of incumbents, Search for relevant alternatives, Mobilization of attention and support for change
  - Structured flexibility (where adaptation is based on reflection) allows for learning, agile adjustments by those doing reforms
    - Assumptions are always tested and findings are always given response, allowing lessons and empowering reformers to find and fit their own solutions
- Part of what we call Problem Driven Iterative Adaptation (PDIA), which is our framework for working in complex places where assumptions of standard governance narratives do not hold

# Concluding thoughts

- We are trying to develop frameworks for thoughtfully using governance indicators, in the health sector and beyond
- The framework emphasizes deconstructing the indicators, identifying assumptions, and testing these assumptions
- We are also working on theoretical and practical ideas to determine when one just follows the indicator map or recognizes it is a trap (are you facing a 2015 journey or an 1803 journey)



- This is where we get to the emergent strategy approach (try, learn, adapt) for those places where maps still need to be made
  - We are experimenting to see how this works in places like Liberia, Albania, and beyond

Thank you