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GOVERNANCE OF HEALTHCARE SYSTEM: FRAMEWORKS FOR GENDER MAINSTREAMING INTO PUBLIC HEALTH

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Abstract

The governance of health system is a very important aspect to consider ensuring the equitable distribution of healthcare services to the population. The governance of health system is based on the equitable provision of resources, designing of appropriate strategies to improve the health conditions and people well-being, by adhering to proper, adequate rules and procedural guidelines for measuring its actions. This paper presents the gender-based governance frameworks designed by several health organizations to measure the performance of a health system. These governance frameworks were adopted from the annual reports of International health organizations and analyzed through the perspective of gender. There is a need to measure the governance of a health system within the particular framework. In this light, to regulate the structure of governance, the government is responsible to assure the provision of health services both in the public and private sectors. Unfortunately, the process of planning and financing health care services lacks accountability. Thus, to ensure a gender balanced structure of governance in the health system, there is a need to integrate the gender perspective on all levels of health system starting from the policy to its implementation.
Keywords
Health System, Governance, Frameworks, Gender Analysis

1. Introduction

The governance of the healthcare system is defined as the efforts made by the political, economic and government authorities in administering the health matters of a country. It is based on the complex strategy and procedure to manipulate the interests and priorities of governments, citizens and other institutions through their legal rights and responsibilities. In this regard, the governance of the healthcare system can be measured through the performance of a country’s health ministry and related departments, formulation of health policy as well as the stewardship and leadership supremacy to govern the public health system (Siddiqui, 2007).

Governance in the health system is based on the concerns of providing equitable, healthier and proper healthcare on time, which can accomplished through social and legislative measures (Fikree & Omrana, 2004). The role of the government is asserted by the structure of governance which provides power to local citizens and the civil society, as well as private sector to play an important role in the health sector. This will create links between government and other sectors of the society.

In the meantime, the primary responsibility of the local government in the governance of health systems is to strategize and accomplish the health resources with the expedition of the ministry of health. However, due to mismanagement of financial resources, corruption and low quality health services, the users of these health services feel reluctant to use it (USAID, 2007). The United Nations Development Program (UNDP) also indicated that besides the government’s responsibility to govern the state issues, other political, administrative and financial entities should play an active role in the process of governance (Kaufman, et al, 2005). In this light, health policy is one of the important indicators to assess the governance in a health system, thus, it is necessary to understand the relative underlying factors such as political, socioeconomic and demographic of a country which influences the process and formulation of health policies (Phillips 2002).

1.1. Governance of Health System

To facilitate universal health coverage for all, the acceptable directions for service delivery arrangements have to be articulated for both public and private partners in the health
system. Besides that, the mechanisms and means for health financing need to be clearly affirmed. Other considerations for governance include the decentralization of the health system, mechanisms of social protection, and interventions of market forces, as well as the assessment of health services. Another major concern of governance is to formulate effective health policies keeping in the mind the effects of globalization, disease security and health risks existing within the country.

Resource allocation and utilization are very important in the efficient use to health service deliveries. In most countries, the government’s spending on health promotion is low per its needs (McGinnis, et al 2002). A research conducted by Chaudhry et al (2006) indicated that healthcare management is the crucial factor to maintain good governance structure in the health system. Consequently, the lack of or poor healthcare management would hinder the effort to achieve the required outcomes, particularly in the government sector. The study described that the comprehensive health care system is based upon the complex issues like finance, performance and specific standards to measure its outcomes. Therefore, it is necessary to build a code of ethics and standards to enable information exchange between national and international healthcare organizations to achieve better results in healthcare promotion.

Another research indicated that the factors influencing health information system must be evaluated in the particular context in which it has been implemented as they reflect the success or failure of health care system. The evaluation method should address the functional, organizational, behavioral, cultural, managerial, technical and strategic factors to evaluate health information systems. These factors help to successfully measure the performance and characteristics of health information system for planning, development and implementation (Brender, 2008).

1.2. Approaches of Gender and Health

There is an obvious dichotomy in the public-private health care system in Pakistan. The budget for the public health sector is borne by the state while private sector works independently to gain profit. The government of Pakistan has spent a substantial amount on health care to improve the poor health indicators by establishing new programs such as immunization, family planning education and awareness programs on disease prevention as well as improving access to healthcare. However, the unsatisfactory quality of basic health facilities and the lack of
accessibility make it difficult to achieve this target. The problems may flourish due to lack trained health professionals available, especially female medical personnel (Sheikh et al 2007).

The efficient delivery of health care services is based on the effective and sound policies which also reflect the governance of the health system. In developing countries, women are using lesser health services than men because they are economically disadvantaged and they cannot afford health services. A research conducted by Denton & Walters (1999) measured the gender-based health status and indicated that gender-based health inequalities are also the outcome of the lack of social support, physical activities, different health needs between women and men and the structure of social economic condition and that the quality of healthcare varies at different levels of socio-economic status. Women, particularly those who are full time housewives, often have no income and spend their time isolated inside their home and this leads to poorer health status. Moreover, less attention is paid to the public health sector where most women seek healthcare from.

Currently, researchers focused on two main approaches to conduct research on gender and health:

1. Gender Equity Approach
2. Women’s Health Needs Approach

Gender equity means that fulfilling demands according to each gender’s requirements. To achieve gender equality, all resources should be equally divided between both genders, meanwhile, in regard to gender equity, resources are divided according to the needs of men and women as both have their specific needs and encounter different types of barriers to access their needs. The gender equality approach is useful to address the issues of gender relations. The approach highlights the circumstances which promote inequality between men and women in relation to access and utilization of healthcare services. Women always depend upon their male family members as well as face social barriers to use the health services (Hedderich, 2004).

Women health need’s approach indicates stresses due to women’s reproductive role as their health needs are specific and different from men. They are at a disadvantage in society for their reproductive circle. According to the research, this includes control of women’s fertility as well as the provision of resources necessary to ensure a healthy pregnancy and childbirth. Therefore, reproductive health care is a means to offer a compensation of women’s helplessness in order to undertake equity among men and women (Hedderich, 2004).
The World health organization (WHO) has developed a framework for assessing health system governance. This analytical framework is based on the principles of strategic vision, participation, and rule of law, transparency, responsiveness, equity, efficiency, accountability, information and ethics. Nine countries in the world have applied this framework to assess the governance of its health system. The countries include Afghanistan, Egypt, Islamic Republic of Iran, Jordan, Lebanon, Pakistan, Sudan, Syrian Arab Republic and Tunisia.

Health system governance is important to analyze in a national context for the development of the nation. There is no single model of governance, but the model must respond to national and local concerns of any country. The World Bank has also developed health system governance framework which is based on three clusters and six basic concepts of governance. First, the process by which authorities are selected or replaced that is based on voice & accountability and political instability. Second, is the ability of the government to formulate and implement sound policies that reflect the government effectiveness and regulatory burden? Third, the respect of citizens and the state on the rule of law and the control of corruption. The United Nations Development Program (UNDP) has also formulated five principles of good governance that are, legitimacy (voice participation & consensus orientation), direction (strategic vision), performance (responsiveness & effectiveness), accountability (decision-making & transparency) and fairness (equity & rule of law) (WHO, 2007).

As policy-making is a complex and dynamic process, there are numerous models provide the conceptual and analytical frameworks to analyze the health policy. Walt, (1996) describes four stages of policy-making process which are problem identification, policy formulation, policy implementation and policy evolution.

2. Research Design

By using qualitative research paradigm, content analysis of governance frameworks was conducted. Gender-based analysis of different frameworks designed by health organization was analyzed to measure the health system. The governance frameworks were adopted through the annual reports of International health organizations such as WHO, UNICEF & UNDP. Gender analysis frameworks were used to analyze the frameworks and policies.

3. Results

3.1. Gender Analysis Frameworks
Different models and frameworks were reviewed to evaluate gender discrepancies and the policy analysis based gender needs. The analysis assisted to recognize the forms of gender inequalities prevailing in the society such as men and women access to and control over resources, gender stereotypical roles as well and gender based subordination. (Miller & Razavi, 1998). The following section describes some of the important gender analysis framework chosen to analyze the present study.

3.1.1. The Harvard Analytical Framework

The Harvard Analytical Framework also mentioned as the “Gender Roles Framework” or the “Gender Analysis Framework” developed by researchers at the Harvard Institute of International Development (HIID) in collaboration with USAID. The framework inspects the situation in which resources have been allocated to women and men in developmental programs. The framework emphasized the data collection methods to explore gender based activities performed at individual and household level identified as either “reproductive” or “productive” role. It measured that how these activities reflected access to and control of resources by men and women. (Rao, Mary & Catherine, 1991).

3.1.2. The Moser Gender Planning Framework

Caroline Moser develops the framework to explore women’s roles in the large scale development and planning process. The Moser’s framework emphasized on three interrelated roles of women such as production, reproduction, and community management. It also concentrated on the practical and strategic needs of both men and women and their access to and control over resources (Moser, 1993).

3.1.3. The Gender Analysis Matrix (GAM)

The Gender Analysis Matrix framework was developed by A. Rani Parker focuses on intrusion of arduous development and its effect on women and men. It follows the community-based procedure to explore gender differences predominant in the community. The framework is used to assess the obligatory information for gender analysis of whom lives are the matter of the analysis. In order to identify the impact of development on men’s and women’s labor, time, resources, and other socio-cultural factors, GAM focuses four levels of society: women, men, household and community are focused (Parker, 1993).

3.1.4. The Women’s Empowerment Framework (WEP)

Sara Hlupekile Longwe’s “The Women’s Empowerment Framework” addressed oppression and exploitation, and empowerment will help to reduce poverty. The
framework recommends five enlightened levels: control, participation conscientisation, access and welfare to measure inequalities from the highest to the lowest level, which are. The policy planner can take insight from the framework to understand the importance of men and women equality and empowerment into the developmental program. Carman et al (2013) stated that patient’s involvement as an important stakeholder is necessary to improve the quality of healthcare. Their engagement enhance the performance of healthcare system with respect to governance and policy making

3.1.5. **The Social Relations Approach**

The social relations framework was developed by Naila Kabeer from the Institute of Development Studies in Sussex, UK. She presented the Social Relations approach to demonstrate how gender and other inequalities are created and reproduced within structural and institutional factors and to design policies that can enable women to work to change the factors that constrain them. The focus of this framework is to analyse key institutions (state, market, community and family) which plays a major role in producing and maintaining social inequalities, including gender inequalities (Kabeer, 1994).

3.2. **Principles of Health-system governance**

Another governance framework designed by UNDP is also used to facilitate the in-depth study of the governance of health care system and the provision for women’s health. The framework is based on following five principles:

3.2.1 **Participation and Consensus Orientation**

The frame accentuates Stakeholders’ participation as significance influence in formulating any policy, plan, or program. According to Alma Ata Deceleration (1976), stakeholder’s participation is an important measurement to investigate the governance of health care system. Similarly, the WHO Harare Declaration (1987) also accentuated the consumers’ perspective of the health care system, regardless of their gender, must be involved in developing health care system programs and plans.

3.2.2. **Strategic Vision**

The strategic vision of healthcare system is reflected through health policies by emphasizing on developing cautious health system to meet the health needs of the entire population. Despite the strategic vision of the policies, the gap existed between the documentation of health policy and its implications.

3.2.3. **Performance (Responsiveness, Effectiveness and Efficiency)**
Measuring performances of healthcare providers is the important consideration of health policies. Various strategies are addressed in the policy level measured through the performances of health care providers and to maintain the balance of the utilization of resources. Moreover, on-job training is provided to upgrade the skills of the health professionals. Jampamool (2016) asserted that mentoring of managerial staff increased the leadership development among healthcare professionals. Therefore valid assessment tool to measure their performances is necessary to be incorporated in health system.

3.3.4. Accountability

An outstanding arrangement of healthcare governance can be facilitated when there is accountability in its system. Unfortunately, on ground reality shows lacks of accountability in the process of planning and financing of healthcare. Additionally, the development process and its implementation remains stable at the highest level and the actions taken are not apparent for all.

3.3.5. Fairness (Rule of Law)

Lack of regulation and legal expertise, reflected through fairness or rule of law. The legal procedure to ensure the access and utilization of health services to the masses need to monitor for fairness.

4. Conclusion

The study concluded that gender balanced structure of governance in the health system, is crucial to integrate a gender perspective at all levels of the health system i.e., from the policy level to its implementation. Healthcare providers also need to be aware about gender specific health needs and its impact on the health system. The governance of health systems based on the complex process where other market forces play a very pivotal role as they are influenced by the multiple public and private funding sources for health, and external forces that compel to address health needs while framing the policy. The gender based governance frameworks assure the mainstreaming of gender perspective into healthcare system. In this regard gender analysis is considered as an important tool to establish the links between the gender relations and its needs. The governance frameworks assist the analysis of health policies to identify the integration of gender needs into policy making and its implementation.

It is suggested that in order to promote gender equality in healthcare system, other sectors should work with the government for making effective and sound health policies and programs. The public sector’s capacity of managing and utilizing the available resources may be improved.
by providing better facilities to health care providers as they are the key stakeholders to promote the standard of the health system.

**References**


