

Editorial

Health Governance: An approach to inform ‘health for all’ and healthy policies for all

It is a privilege to accept the opportunity to contribute an introduction and editorial for the Journal of Public Health and Development.

To gain some inspiration for this I reviewed the articles selected for publication and without going into the detail of each article they provide content in terms of ‘Aging in the Thai and Japanese contexts, issues of hypertension, polysubstance abuse in adolescents and a concern about the health and wellbeing of nursing staff involved in shift work, the prevalence of lower back pain in oil field workers in Myanmar and the determinants of skilled birth attendance in one Lao Democratic republic Province’.

These authors and researchers are increasingly focussed on the ‘burden of chronic disease’ that both developing and developed countries are attempting to address. It is the new emerging health and illness agenda that will increasingly take our attention and includes the lifestyle diseases that see a significant rise in obesity, the tendency towards diabetes, mental health instability and a retreat from healthy lifestyles.

This context raises questions about the appropriateness and adequacy of health systems to face these new challenges and about the need to work across organisations and, increasingly to better and more directly engage with communities to address contemporary health needs.

It brings into focus the importance of socio-economic determinants in addressing health issues and the strategic approach of attempting to achieve sustainable development goals to improve health outcomes. Are our existing health systems ‘fit for purpose’ in addressing these challenges when we need to engage beyond existing health systems boundaries to achieve improved health outcomes?¹

Central governments are increasingly delegating policy responsibility and design for health reform to ‘non-traditional’ policy actors and agencies. The articles in this issue support the inclusion of other non-health agencies in suggesting a role for communities in caring for the aged, the approach to youth pregnancy can be a legitimate concern for local government and that drug and alcohol use by youth might require the engagement of schools and the education system. These concepts are not new but how health systems govern in these contexts is a challenge that requires our greater consideration. There is increasing recognition that policies outside the health sector are critical to health.²

A more expansive change to health policy involves recognition that real health reform requires us to develop the capacity of health delivery systems.³ It also suggests that the ‘relationship between healthcare governance and leadership for practice-based innovations is, at best, poorly understood’,¹ and require us to innovate, collaborate, coordinate and strategise in concert with stakeholders who are mostly external to the health system. This recognizes the fact that healthy societies are a product of many forces beyond the health system.² This prompts the question as to what is the ‘best strategic direction in which to place the governance of multiple players and in the tensions of competing interests of efficiency versus effectiveness and of quality and safety in governing for healthcare?’¹

The literature suggests that ‘governance for health’ and ‘healthy public policy’ might be a strategic

basis for bringing diverse service providers, clinicians, communities and other stakeholders together, to more effectively improve access and equity of healthcare across the system.¹ This suggests a need to progress from health policy to healthy public policy² and the concept of moving towards governance for health rather than corporate governance of organisations and systems³ Governance across sectors and systems ‘requires ‘health stewards’ to seek consensus amongst diverse entities’.²

This recognizes the fact that ‘healthy societies are a product of many forces beyond the health system per se: transport and environmental policies, food and nutrition policies, educational policies, and so on’.²

At a more practical level what does this mean for our researchers, authors, readers in making their contributions relevant? A critical lens is required where we ask ourselves ‘what problem, challenge or question are we attempting to resolve’?⁴ how do we address the differing perspectives of structural interests who are likely to have competing interests and viewpoints about health policy? Are we clear in understanding the language we use or is there diversity in understanding because of differing understandings of health literacy and the meaning of the language of health reform? What implications are there in our research findings for policy and practice? Importantly, how do we translate new knowledge into practice to improve our governance of health systems?⁵⁻⁶

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