

**American University of Beirut
Faculty of Health Sciences
Department of Health Management & Policy**

HMPD 320 (Fall 2017)

**Governance in Health Care
(2 credits)**

COURSE OUTLINE

**Professors: Walid Ammar MD; Ph.D.
Senior Lecturer**

Director General

**Ministry of Public Health
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Professor & K2P Director**

Faculty of Health Sciences / AUB

Office Hours: By appointment

Class time and Location: Friday 12:30 till 2:10 PM Room 332.

COURSE DESCRIPTION

The course examines the multiple levels of governance in health care systems, including theory, dynamics, approaches, dysfunctions and challenges. The objectives of the course are to: (1) introduce students to governance and accountability at the organizational, clinical, national, regional, and global levels (2) convey an understanding of governance and accountability of different healthcare structures; and (3) examine actors roles, responsibilities, interactions and challenges at each level of governance, including the international; (4) Factual interaction with principal stakeholders to grasp the governance decision making process and the operation inside concerned institutions.

This course will assist students in understanding the theory and practice of governance and accountability of health care. What does governance at different levels mean; how these levels are interrelated; how this operates in the real world; what are the implications of the existing challenges to achieving change – represent issues among the key questions that will be explored in this course.

By the end of this course, participants will have developed the following skills and abilities:

1. Understand the theory and practice of governance and accountability in health care;

2. Discuss the conceptual and the operational challenges of governance, management and accountability;
3. Understand structure of health system, the multiple and overlapping roles and responsibilities of the health system stakeholders; interaction between institutions, failures and dysfunctions, challenges and choices;
4. Analyze governance and accountability issues at the organizational, clinical, local, national, and global levels;
5. Be able to apply theories and concepts from the literature to describe, understand and analyze governance and accountability issues for case studies relevant to regional and national levels;
6. Identify gaps and obstacles to good governance and accountability;
7. Acquire a critical thinking, be innovative and identify avenues of improvement to make governance and accountability in health care more effective;
8. Identify health challenges and key global trends (political, economic, socio-demographic, environmental, health, technological) that are influencing the governance of health care in Lebanon, the region and globally.
9. Experience real interaction with governance actors including national; international and non-state actors; and

The main purpose of this course remains enhancing the role of future health professionals in good governance to learn how to participate actively in the accountability process and how to contribute in making their organization, and the health system as a whole, more responsive, efficient and equitable.

The pedagogical approach includes lectures, class discussions, case studies, and review of recent research, all of which will attempt to transmit an understanding of governance in health care. It also includes visits to institutions operating at different levels of governance, interviews with key actors in the health system and on site learning. The aim is to better prepare future health professionals for playing an active role in good governance in their professional careers so that they can bring change within their respective institutions.

Five Expectations from Students:

- 1- complete pre-readings for each session
- 2- attend and participate thoughtfully in the class conversations and discussions
- 3- participate to site visits and on site interviews. Share and react to ideas.
- 4- participate in preparing and presenting a group project: meets objectives 1 to 9
- 5- prepare one (individually prepared) case study analysis: meets objectives 1 to 9

Attendance in both class meetings and site visits is required. Class and on site sessions are group discussions and interviewing, not solely didactic presentations. Good discussions require collegiality and assume a shared conceptual base. In other words,

please complete the readings on each topic before that topic's class session occurs, and be prepared to engage in discussions. Students will be provided with the opportunity to draw from their own experience and from what has been learned in their academic programs.

COURSE GRADING AND ASSIGNMENTS

This course falls under category “Discussion Lecture + Assignment”. The midterm assignment is a group project and the final one is an individually prepared case study analysis. Each one of the assignments is designed to test the achievement of the ten objectives of this course.

Attendance & Participation In-Class Discussion	10%
Attendance & participation in site visits & interviews	20%
Group Project	30 %
Individually Prepared Case Study	40 %

Notes:

- The Rules and Regulations of the University stipulate that students cannot miss more than 1/5 of the sessions of any one course.
- Cell phones must be turned off or put on silence during class. Leaving the room to answer a cell phone is not tolerated.

Course Material

Course package of selected readings can be obtained from the University bookstore.

COURSE CONTENT

N.B. please note that the sequence of the site visits sessions might change based on availability of key stakeholders that you will meet. Thus, the sequence of some sessions might change.

September 8, 2017: Session 1 Understanding Multi-levels Governance in public health

This session will focus on the complex nature of governance in health care including the different levels of governance

- Barbazza, E., & Tello, J. E. (2014). A review of health governance: Definitions, dimensions and tools to govern. *Health Policy*. 116(1)
- El-Jardali F, Political Economy of Health in the Middle East And North Africa (MENA) Region, MENA Health Policy Forum. Cairo, Egypt, March 2015
- Hunter, M., Badr, Y. A Glance on Efforts to Strengthen Healthcare Governance in the MENA Region. MENA Health Policy Forum. Cairo, Egypt, March 2015

- Herrera, C. A., Ciapponi, A., Bastías, G., Lewin, S., Marti G.S., Okwundu, C. I., Opiyo, N., Oxman, A.D., Pantoja, T., Paulsen, E., Peñaloza, B., Rada, G., & Wiysonge, C. S. (2014). Governance arrangements for health systems in low-income countries: an overview of systematic reviews. *The Cochrane Library*.
- Jakubowski, E., Saltman, R.B. (2013) The changing national role in health system governance. *European Observatory on Health Systems and Policy*.

September 15, 2017: Session 2 National Governance: The Government Monitoring Bodies

This session will introduce students to the government. It will explain the balance of power between the legislator, the executive and judiciary branches of government and the mechanisms of checks and balances. This session will also introduce the Public Administration and Monitoring Bodies in Lebanon. These include the Civil Service Board, the Central Inspection, the Court of Account, and the Higher Disciplinary Board. The role of the Council of State is examined as well.

Required Reading

- UNDP/OECD (2007) Good Governance for Development in the Arab Countries
- Siddiqi.S and Jabbour.S (2012).Health System Governance, Chapter 28, Section 6:Health toward Equity and Accountability, pg 362-373

September 29, 2017: Session 3 Organizational Governance

This session will first introduce students to the multiple levels of governance in health care systems. Then, discussion will delve into one of its levels – the organizational governance. Particularly the session will examine the theory, models, practice and challenges of organizational governance. Case study on the Primary Health Care System will be discussed

Required Reading

- Strategic Directions to Improve Health Care Financing In The EMR: Moving Towards Universal Coverage.
57 session of the EMR Regional Committee. Agenda item 3
www.emro.who.int/rc57/documents.htm
- Sanjay Basu, Jason Andrews, Sandeep Kishore, Rajesh Panjabi, David Stuckler. Comparative Performance of Private and Public Healthcare Systems in Low- and Middle-Income Countries: A Systematic Review.
www.plosmedicine.org
- Eid, Florence (2001) Hospital Governance and Incentive Design: the Care of Corporatized Hospitals in Lebanon
- Eldenburg L. , Hermalin B. , Weisbach M.S., and Wosinka M. (April 2001) *National Bureau of Economic Research*, Hospital Governance , Performance objectives and organizational form

- Jha A., and Epstein A., Hospital Governance and the Quality of care. *Health Affairs January 2010*

October 6, 2017: Session 4 On site lecture: Visit to the Parliament

Meeting with the Secretary General and / or the head of the Parliamentary Commission of Health and Social Affaires.

Required Readings

- Laws and regulations related to the Promotion of Herbal Medicines in Lebanon.
- Law No. 174 Tobacco Control and Regulation of Tobacco Product's Manufacturing, Packaging and Advertising:
www.tobaccocontrol.gov.lb/Legislation/Pages/NationalLaw.aspx
- El-Jardali F, Hammoud R, Younan L, Smaha Nuwayhid H, Abdallah N, Alameddine M, Bou-Karroum L, Salman L, The Making of Nursing Profession Practice Law in Lebanon: A Policy Analysis Case Study, *Health Research Policy and Systems. In press*

October 13, 2017: Session 5 National Governance: Monitoring Bodies and Non-Government Actors

This session will continue the discussion of role and powers of the monitoring bodies, their prerogatives and the appeal against their decisions. Non-Government actors will be introduced including civil society organizations, interest groups and the mass media. The discussion will extend to touch the private sector and market forces.

A particular emphasis is put on the stewardship role of the Ministry of Health (MOH)

Required Reading

- Kronfol, N. Good Governance of improving health system performance: Analytical framework to assess governance in health – The Republic of Lebanon The World Health Report 2010. Chapter 4. More Health for the Money pp. 61-84. www.who.int/en
- Nunes, R., Rego, G., & Brandão, C. (2009). Healthcare regulation as a tool for public accountability. *Medicine, Health Care and Philosophy. 12(3)*

October 20, 2017: Session 6 Visit to the Ministry of Public Health

Meeting with the Minister

Presentation on “transparency of administrative procedures & accountability”.

Discussion with heads of concerned Departments.

Required Readings

- Health Insurance Reform

Labor versus health perspectives

Ammar W.; Awar M.

<http://www.lebanesemedicaljournal.org/articles/60-1/editorial.pdf>

- Visit the website of the MOPH www.moph.gov.lb, look attentively to its different sections, and be prepared for a discussion on the contribution of the MOPH website to good governance, particularly in enhancing transparency & accountability and in promoting stakeholders participation in policy decision making.
- www.moe.gov.lb
- www.socialaffairs.gov.lb

October 27, 2017: Session 7 Clinical Governance – Accreditation

This session will provide an understanding of clinical governance and how to make organizations accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Discussion will include the role of accreditation in Lebanese health care systems. Case study on Accreditation will be discussed.

Required Readings

- Ammar W, Wakim R, Hajj I, Accreditation of hospitals in Lebanon: a challenging experience. *Eastern Mediterranean Health Journal* 2007; 13:138-149.
- El-Jardali, F., Jamal, D., Dimassi, H., Ammar, W., Tchaghchaghian, V. (2008) The Impact of Accreditation on Quality of Care in Lebanese Hospitals, *International Journal for Quality in Health Care*.
- El-Jardali F, Ammar R, Hemadeh R, Jamal D, Jaafar M. Improving Primary Health Care through Accreditation: Baseline Assessment of Readiness and Challenges in Lebanese Context, *International Journal of Health Planning and Management*, 2013 Mar 20
- Donaldson, Lima J. and Muir Gray, J.A (1998) Clinical governance: a quality for health organizations. *Quality in Health Care*. 7(Suppl):S37-S44
- Buetow, SA. and Roland, M. (1999) Clinical governance: bridging the gap between managerial and clinical approaches to quality of care. *Quality in Health Care*. 8:184-190
- EL-Jardali.F, Jaafar.M, Dimassi.H, Jamal.D, and Hamdan.R (2010). The Current State of Patient Safety Culture in Lebanese Hospitals: a study at baseline. *International Journal for Quality in Health Care*.
- El-Jardali F., Jaafar, M., Jamal, D. Integrating Patient Safety Standards into the Accreditation Program: A Qualitative Study to Assess the Readiness of Lebanese Hospitals to Implement into Routine Practice, *Journal of Patient Safety* 2012 Sep;8(3):97-103.

El-Jardali F†, Dimassi H., Jamal D., , Jaafar M., Hemadeh, N. Predictors and Outcomes of Patient Safety Culture in Hospitals, *BMC Health Services Research*, 2011, 11(1):45

El-Jardali F†, Fadlallah R, A review of national policies and strategies to improve quality of health care and patient safety: A case study from Lebanon and Jordan, *BMC Health Serv Res.* 2017

November 3, 2017: Session 8 Visit to a PHC center

On site lecture and discussion with the head of PHC Department & the responsible of the Health Center

Required Readings

- The AUB – UNRWA project document.
- Liu, Xingzhu, David Hotchkiss, Sujata Bose, Ricardo Bitran, and Ursula Giedion. September 2004. Contracting for Primary Health Services: Evidence on its Effects and a Framework for Evaluation. Bethesda, MD: The Partners for Health Reform plus Project, Abt Associates Inc. PHR-InforCenter@abatassoc.com
www.PHRplus.org
- El-Jardali F, Jaafar M, Hemadeh R, Sagherian L, El-Skaff R, Mdeihly R, Jamal D, Ataya N, The Impact of Accreditation of Primary Healthcare Centers: Successes, Challenges and Policy Implications as Perceived by Healthcare Providers and Directors in Lebanon, *BMC Health Services Research* 2014, 14:86
- Baig, M. B., Panda, B., Das, J.K., & Chauhan, A.S. (2014) Is public private partnership an effective alternative to government in the provision of primary health care? A case study in odisha. *Journal of Health Management.* 16(41)

November 10, 2017: Session 9 Decentralization, devolution and corporatization

This session will discuss the concepts of decentralization and devolution in health care and will convey an understanding of governance and accountability issues related to central, peripheral and autonomous structures. The issue of Autonomy will be also discussed with examples from Lebanon.

Required Readings

- Sreeramareddy,, C. T., & Sathyanarayana,, T. N. (2013). Decentralised versus centralised governance of health services. *The Cochrane Library*.
- Hearld, L. R., & Alexander, J. A. (2014). Governance processes and change within organizational participants of multi-sectoral community health care alliances: The mediating role of vision, mission, strategy agreement and perceived alliance value. *American journal of community psychology.* 53(1-2)

November 17, 2017: Session 10 Visit to Beirut Municipality

Meeting with the Governor and / or the President of the Municipal Council

Required Readings

- Jeppsson, A. and Okuanzi Sam A. (2000) Vertical or holistic decentralization of the health sector? Experiences from Zambia and Uganda. *International journal of Health Planning and Management*. 15: 273-289
- Partners for Health Reform Plus (2002) Decentralization and Health System Reform
www.PHRplus.org

November 24, 2017: Session 11: Governance, Accountability, Public Private Mix & Performance Contracting

The session will focus the understanding of the roles and responsibilities of public and private sectors in health care, including discussion on the emerging models of public-private partnerships (3Ps) in health care systems, the private sector and market failure; contractual agreements, and the capacity of the public sector to regulate the private sector in health care. Discussion will include failures/dysfunctions, challenges, gaps and obstacles to good governance and accountability.

Required Readings

- Neglected Health Systems Research: Governance and Accountability(October 2008). Alliance for Health Policy and Systems Research, Research Issues 3.
- El-Jardali.F, Jamal.D, Ataya.N, Jaafar.M, Raouf.S, Matta.C, Micheal.S and Smith.C (2011). Health Policy and Systems Research in Twelve eastern Mediterranean Countries: a stocktaking of production and gaps (2000 – 2008). *BMC Health Services Research*
- Tuohy, C.H. (2003) Agency, contract, and governance: Shifting shapes of accountability in the health care arena. *Journal of Health Politics, Policy and Law*. 28(2-3).
- Ammar,W., Khalife, J., El-Jardali, F., Romanos, J., Harb, H, Hamadeh, G., Dimassi, H. : Hospital accreditation, reimbursement and case mix: links and insights for contractual systems, *BMC Health Services Research*, 2013; 13:505
- El-Jardali, F., Saleh, S., Ataya, N., Jamal, D. (2011) Design, Implementation and Scaling Up of the Balanced Scorecard for Hospitals in Lebanon: Policy Coherence and Application Lessons for Low and Middle Income Countries, *Health Policy* 103: 305– 314
- Jamali, Dima (2004) Success and Failure Mechanisms of Public Private Partnerships (PPPs) in Developing Countries: Insights from the Lebanese Context, *International Journal of Public Sector Management*, Vol. 17 N.5 pp.414-430

- Sameen Siddiqi,^a Tayyeb Imran Masud,^b & Belgacem Sabri (2006) Contracting but not without caution: experience with outsourcing of health services in countries of the Eastern Mediterranean Region, *Bulletin of the World Health Organization* 84:867-875.

December 8, 2017: Session 12 On site lecture: Visit to the Syndicate of Private Hospitals

Meeting with the President of the syndicate and members of the board.

Be prepared for the debate on the dysfunctions in the relation between public financiers and private providers.

Required Readings

- Mills, A. (1998) To contract or not to contract? Issues for low and middle income countries. *Health Policy and Planning*. 13(1)
- Priority setting for health systems in Lebanon and the region – The Role of Non-State Sector Score Card initiative
- El-Jardali.F, Saleh.S, Ataya.N and Diana Jamal (2011). Design, implementation and scaling up of the balanced scorecard for hospitals in Lebanon: Policy coherence and application lessons for low and middle income countries. *Health Policy Journal*.
- Ammar,W., Khalife, J., El-Jardali, F., Romanos, J., Harb, H, Hamadeh, G., Dimassi, H. : Hospital accreditation, reimbursement and case mix: links and insights for contractual systems, *BMC Health Services Research*, 2013; 13:505

December 15, 2017: Session 13 Presentations and facilitated Dialogue with Students on Current governance issues and dysfunctions I

December 22, 2017: Session 14 Presentations and facilitated Dialogue with Students on current governance issues and dysfunctions II

Misconduct

“Students are expected to be honest in all dealings with the University.” The Student Code of Conduct at AUB is clear in defining dishonesty and the implications to the student, and it is the student’s responsibility to know and understand what constitutes plagiarism and cheating. In the event of cheating, plagiarism, and other academic violations, the student will be subject to penalties including failing marks on the assignment in question, suspension or expulsion from University and a permanent note of the disciplinary action on the student’s record. For further information, kindly visit AUB’s Policies and Procedures or <http://pnp.aub.edu.lb/general/conductcode>. AUB’s policies on both academic and non-academic misconduct (refer to student handbook) will be applied with no exception.