

CAPABILITY STATEMENT

# Health Systems Governance

## About Oxford Policy Management

We work in partnership, providing analytical and practical policy expertise through our global network to support economic growth and reduce poverty and disadvantage in low- and middle-income societies. With over 40 years' experience and several hundred staff across a global network of offices, we work across the policy cycle to deliver projects that lead to real and lasting change. We work in all areas of economic and social policy and governance, including health, climate change, social protection, and public financial management.

## The problem

Health systems need effective, accountable governance to deliver quality services. Without effective governance systems and processes and institutions, health systems will fail to meet the health needs of populations and improve health outcomes.

Poor governance manifests through differing, interconnected failings, which ultimately hamper the ability

of health systems to perform effectively and deliver on Universal Health Coverage. These include:

- Fragmented leadership and coordination
- Lack of effective oversight mechanisms and systems
- Inadequate regulatory capacity
- Inefficient resource allocation
- Weak accountability and transparency
- Limited stakeholder participation
- Lack of responsiveness to population health needs

## Our capacity

We are at the forefront of advancing health systems governance. Our work spans the entire implementation cycle, from research and policy development to organisational reform, technical assistance, implementation, capacity building, and monitoring & evaluation.

- We bring expertise in working with governments and global health institutions to put effective governance systems, processes and build the capacity of institutions to deliver at all levels of the health sector.

- We collaborate with national and subnational governments, multilateral organisations, civil society, the private sector, and communities to ensure health systems deliver services for all. We prioritise supporting accountability and equity, making sure that processes and delivery are inclusive, citizen-oriented and transparent.
- Our expertise and experience covers multiple aspects of health systems governance: building government capacity around public financial management, results based budgeting, strategic planning, development of Primary Health Care (PHC) performance management frameworks, private sector engagement, evidence generation, feasibility assessments, through to building trust in vaccines and family planning, and promoting civil society organisations (CSOs) and community engagement in the delivery of health services.

Figure 1:



## Public Financial Management (PFM)

We work with governments and devolved administrations to strengthen the PFM cycle in the health sector, strengthening budget preparation, budget execution, accounting and reporting, and audit and oversight.

**Nepal Health Sector Support programme:** We provided strategic policy advice to enhance health system governance in Nepal by supporting planning and budgeting, financial management, supply chain systems, procurement, to build institutional capacity. This also included supporting development of the Ministry's Public Financial Management and Public Procurement Frameworks. We worked with national and subnational governments to strengthen PFM and public procurement practices following decentralisation.

To support public expenditure tracking in Nepal, we conducted assessments of basic health services planning, budgeting and execution, in selected municipalities to allow for service delivery bottlenecks to be understood and assess delivery of basic health services (FCDO, 2011-23).

**Sub-National Governance (SNG) programme:** In Pakistan, under the SNG-II programme, we supported government to strengthen health systems to improve access and equity. We supported provincial governments in Khyber Pakhtunkhwa and Punjab to improve budget planning and allocation, leading revisions of PFM training guides, and supporting the development of roadmaps for planning. In Khyber Pakhtunkhwa, we worked with government to strengthen their procurement and contract management procedures, and to implement a programme of outsourcing 11 un-utilised hospitals in the province. Outsourcing increased access to secondary health services for 1.1 million people across the province (FCDO, 2019-22).

## Policy planning and implementation support

We support health policy design and implementation by providing targeted assistance throughout the policy development process. This includes support to governments and partners on situation and political economy analysis; generation and synthesis of evidence; stakeholder mapping, consultation, and consensus-building; option appraisal and prioritisation; drafting of policies, strategies, road maps, and implementation plans; and financing analysis and costing. Our support is underpinned by a strong focus on equity, feasibility, and alignment with national systems and development objectives, helping to ensure that health policies are evidence-based, context-appropriate, and ready for effective implementation.

**In Romania, we supported the Ministry of Health in developing a primary care strategy along with an Action Plan and Monitoring Framework.** Through a transparent and participatory process, led by the ministry, we also worked with key stakeholders like state purchaser (SHI Fund), professional associations, and independent PHC experts (World Bank, 2011-12).

Key activities and outputs:

- PHC landscape analyses
- Development of the primary care strategy for Romania
- Development and costing of PHC action plan
- Development of monitoring frameworks

**In Kazakhstan, we supported the government in introducing Social Health Insurance (SHI) within a predominantly budget-funded health care system.** Our support included conducting feasibility assessments and actuarial modelling, designing SHI system parameters; providing assistance with the development

of SHI-related regulations; defining the organisational structure, functions and business processes of the SHI Fund; developing the health services benefit package to be covered under SHI; and designing service purchasing mechanisms and contracts, among other activities (World Bank, 2016).

## Performance management and performance assessments at Primary, Hospital and Systems levels

Existing performance management approaches in health systems in low- and middle-income countries (LMICs) are generally ineffective at driving organisational-level and population-level outcomes. They are largely directive: they try to control behaviour rather than support and enable teams by leveraging intrinsic motivation, fostering collective responsibility, and empowering teams to self-organise and use data for shared sensemaking and decision-making. We worked with the Gates Foundation to develop a new performance management framework that supports and enables teams to deliver quality care.

### Performance management in complex adaptive health systems

Performance management approaches in LMIC health systems are often ineffective at driving organisational-level and population-level changes. We reviewed existing performance management models, analysing findings to develop a Performance Management framework which recognised interactions between the performance management cycle and the broader health system. The framework brings together the individual, organisational and system-level performance management layers and links them with the enabling factors – Means, Motives and Opportunities – as well as the process feedback and learning loops, and direct supervision (Gates Foundation, 2020-21).

Read the paper on [Performance management in complex adaptive systems: a conceptual framework for health systems](#) published in BMJ Global Health.

To improve hospital effectiveness, and delivery of safe, high-quality, efficient, and equitable care, we have developed and implemented **hospital performance assessments**. Our assessment frameworks provide robust, comparable evidence on governance and management structures and processes, service delivery, financial management, and patient experience that help health authorities and hospital leaders strengthen accountability and transparency, inform strategic and operational decision-making, and identify priority areas for improvement. When used consistently, it also helps drive continuous improvement, optimise resource allocation, and monitor progress over time, ultimately contributing to stronger health system performance and improved health outcomes.

### Performance assessment of public hospitals with arrears in Romania

Through the World Bank supported project, we conducted this assessment using a three-pronged approach: examining general hospital performance, conducting a financial audit, and analysing the overall health sector context in relation to hospital organisation, governance, financing, and service purchasing.

We developed methodologies and instruments for performance assessment by:

- Identifying 10 public hospitals to be assessed with approval from the Ministry of Health;
- Collecting primary data from 10 public hospitals located in different regions;
- Doing financial audits in the same 10 public hospitals;
- Completing analyses, data syntheses and reporting on system-specific and hospital-level challenges that cause arrears in the assessed public hospitals;
- Organising the process for the review of findings and deliverables; and
- Making recommendations to the ministry on improving hospital performance, and sector-wide recommendations

The project generated evidence on the public hospital performance in Romania, summarised in ten stand-alone hospital performance assessment reports and ten audit reports. It identified and suggested mitigation measures for addressing systemic issues hampering hospital performance, including revisiting hospital sector configuration and prototypes, updating regulatory frameworks, harmonising performance management measures and instruments, and improving hospital management and financial management capabilities (World Bank, 2016-17).

Read the paper on [Assessment of Public Hospital Governance in Romania: Lessons from 10 case studies](#) published in International Journal of Health Policy and Management.



We also conducted health systems performance assessments as part of our support for the development of Nigeria Annual Health Report in 2024 and 2025.

### Addressing structural performance barriers in Nigeria

A key constraint to tackling the structural barriers that impact on the performance of Nigeria's health system is the lack of a coherent, institutionalised systems for routinely monitoring and reporting health system performance at national and sub-national levels. This hinders the evidence-based planning and decision-making that would deliver measurable and sustained improvements in health system performance and enable Nigeria to inch closer to attaining Universal Health Coverage.

To improve information availability, and support evidence-based planning, we provided technical assistance to the Federal Ministry of Health and Social Welfare (FMHSW) to produce comprehensive State of Health of the Nation Reports in 2024 and 2025. Under the coordination of the FMHSW, multiple stakeholders, including federal and state health ministries, agencies, and parastatals, contributed to the report. Together, they defined and selected priority indicators and supplied the necessary data, enabling systematic tracking of health sector performance.

This provides a validated, publicly available evidence base to inform national and sub-national health planning and monitoring of sector performance. By combining rigorous data analysis with broad stakeholder consultations, engagement and ownership, the State of Health Reports provide a baseline for strengthening governance, improving service delivery and helping to drive better health outcomes in Nigeria (USAID, 2024. Nigeria FMHSW, 2025).

### Building trust in immunisation

Vaccines are one of the most successful and cost-effective health innovations to prevent diseases, thereby improving health outcomes. Today, there are more than 20 life-threatening diseases (like diphtheria, tetanus, measles, etc) for which preventive vaccinations exist, helping people live healthier, longer lives everywhere. Trust in vaccination is crucial to ensure vaccine uptake and provide population coverage. With the outbreak of the Covid-19 pandemic, the importance of increasing vaccine uptake was highlighted.



Although initial scarcity led to a massive demand for vaccines, with increased production and better access we witnessed anti-vaccination sentiment in several parts of the world. Despite ongoing efforts by global health agencies, development partners and national governments, this sentiment continues to exist. Also, there is a need to strengthen governance for vaccination, including improving the structures, processes, and capacities that guide how immunisation policies are made, implemented, and overseen. Some of our recent projects illustrate this:

### Evidence on demand generation for immunisation

To better understand how acceptance of vaccines can be improved, we conducted assessments of interventions that generate vaccination demand in four countries - Armenia, Georgia, Moldova, and the Kyrgyz Republic.

We examined existing interventions: whether these were *ad hoc* or followed a regular plan, were designed in a targeted manner to address local gaps and looked at the extent to which they were systemically integrated in a government's immunisation programme.

We also assessed if the interventions were allocated domestic budget and if they were implemented through government structures with competent, adequately trained government staff. The information collated was used to make country specific actionable recommendations to incorporate interventions towards increasing vaccine uptake, into government policies, structures and budgets. This was undertaken so that mainstreaming of demand generation is given required priority in national immunisation programmes which often focus on aspects related to supply (UNICEF, 2021-23).

In **Ethiopia**, we provide embedded support to strengthen national immunisation policy and strategy. Our advisor provides technical leadership and strategic advisory support to immunisation system strengthening and the GAVI 6.0 application process, and helps advance policy coherence, facilitates partner coordination, and supports evidence-based planning (Mannion Daniels/ GAVI, 2025-26).

### Digitising immunisation training

In Pakistan, to improve the quality and reach of vaccine services, we are working with the Federal Directorate of Immunisation (FDI) to develop a standardised, competency based digital training platform for immunisation workers that will be accessible to vaccine workers across the country. We are developing a standardised curriculum, based on global best practices, to be used to create a digital platform, hosted by the FDI, which provides training and simulation materials for vaccinators and managers in different languages (GAVI, 2024-25).

### Engaging civil society

We work to put communities and CSOs in a driving seat to achieve representation of citizens' voices, strengthen accountability, and help ensure that policies and services respond to population needs, particularly those of marginalised and hard-to-reach groups.

### [CSO engagement in immunisation in Ethiopia](#)

We are working with Mannion Daniels to expand and strengthen Gavi's capacity to engage with CSOs to increase demand for and access to immunisation services for zero-dose and under-vaccinated children and communities in hard-to-reach and underserved woredas (districts) in Ethiopia.

The project aims to increase demand for vaccines, and improve access, and quality of vaccine services. Selected CSOs participate in immunisation technical working groups, and work with zonal and woreda EPI staff to plan and coordinate; CSOs bring unique local knowledge and understanding of contexts, which aids planning of activities. CSOs work with EPI staff to build trust with communities, bridge access gaps, and to deliver vaccines, especially in conflict affected areas. CSOs work with community and religious leaders to run awareness and engagement campaigns to increase uptake and deploy mobile health teams to aid immunisation follow-up and increase contact with nomadic pastoralist communities (Mannion Daniels/ GAVI, 2024-26).

### **Development of pathways for the governance of mixed health systems**

The private sector's role is growing across many settings, especially in LMICs, where the sector constitutes 50% of health service delivery (with huge variations across countries). However, the sector remains under-governed in many contexts, despite the WHO's call to action on

strengthening governance for private sector engagement in health (2019). With ambitious SDGs, the combined resources of the public and private sectors will need to be effectively and efficiently harnessed to meet this demand which would also require new governance structures and ways of working.

### [WHO health sector governance progression pathways:](#)

We developed a progression pathway intended to provide national governments with a standardised qualitative approach for assessing, planning, and facilitating work to reform a country's current governance arrangements about the private sector in health (World Health Organization, 2022-23).

Key activities and results:

- A scoping review synthesising available literature on governance of private health care financing, delivery and governance across LMICs, incorporating narrative synthesis of 108 identified articles.
- The development of the Progression Pathway for Governance of Mixed Health Systems and the publication by WHO as a technical normative product.
- Two publications in the BMJ, a separate stand-alone publication on the regulation component of the scoping review, and a practice paper on the development of the progression pathway.

Read the paper on [Approaches, enablers and barriers to govern the private sector in health in low- and middle-income countries: a scoping review](#) published in BMJ Global Health.



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