

The governance of basic health coverage: A systematic review

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Abstract

Background: Governance is a concept with multiple meanings. In health coverage systems around the world, there is always an interest in studying governance and measuring its impact on the performance of existing systems and proposing evaluation tools.

Objectives: This study aimed to assess the application of governance in health medical coverage systems across the globe by conducting a systematic literature review. Specifically, it looked at whether we can define a standard model of health coverage governance and assess the governance of a country's medical coverage.

Methods: A systematic review of the literature was conducted using Google Scholar in July 2019. We searched studies, published from 2002 to July 2019, on the governance of basic health coverage that were published in English and French. A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology was followed to conduct systematic reviews.

Results: We identified 27 studies that met our inclusion criteria. The governance of basic health coverage is analyzed in all publications that focused on health systems in a particular country or more than one country or looked at the phenomenon globally. A few of the included studies carried out specifications of governance in a health medical coverage context. The World Bank proposes an evaluation framework of the governance of health medical coverage using five main dimensions: coherent decision-making structures, stakeholder participation, transparency and information, supervision and regulation, and consistency and stability.

Conclusions: Our systematic review of the governance of basic health coverage showed that few studies have focused on this topic. The difficulty lies in the interaction that exists between basic health coverage and other systems: health and social protection systems. Our study also concluded that one study, that of the World Bank, evaluated the governance of basic health coverage. This reflection will be useful for all decision-makers who want to assess the governance of their health care system, provided that it is adapted to the country context. [*Ethiop. J. Health Dev.* 2020; 34(3): 217-225]

Key words: Governance, social security, health insurance, basic health coverage

Introduction

Whether it is a relatively new concept in health research and social protection is a moot point, however the concept of governance is certainly not a recent phenomenon. Two possible conceptions of governance can be distinguished: the restricted definition, which limits governance to representativeness of a board of directors and its functioning in relation to the general meeting of shareholders; and the extended definition, which is interested in the political substance of business activity and the extension of its categories to other organizations and institutions, combining the two notions of complying with procedures and of using credible and legitimate arguments to defend the idea of regulatory... (1).

For our study, we have opted for the extended definition of governance as the basis for analysis. Governance in public services inherits common aspects of corporate governance, however other elements related to the purpose of public affairs management are added. Several sub-types have emerged with the emergence of the concept. For example, we talk about

the governance of associations, internet governance, financial governance, information governance, the governance of a public program and so on. Medical coverage is an interesting context in which governance is at the intersection of several actors: public service, private sector and social. Basic health coverage (BHC) is a fundamental element of any social protection policy. Its governance model varies from country to country depending on the available means, the political system and the legal framework.

Objectives

Our study aims to answer the following questions: Can we define a standard model of health coverage governance? How can we assess the governance of a country's medical coverage?

Methods

Study design: A systematic review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist, as shown in Figure 1.

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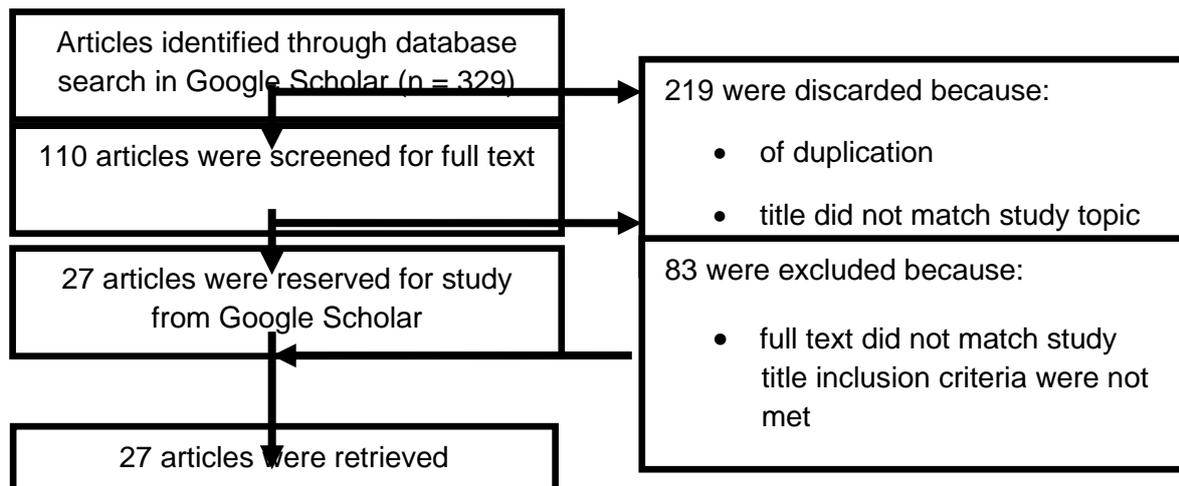


Figure 1: Selection of articles for the systematic review

Search strategy: Google Scholar was the source of the systematic literature review. A search strategy was prepared using the key words shown in Table 1. Related publications were reviewed by title and abstract to acquire information relevant to governance in BHC. Relevant articles were accessed in full text and further investigated for information related to the topic of interest.

Inclusion and exclusion criteria: Studies from 2002 to July 2019 on the governance of BHC, and published in the English and French languages, were included. Studies which did not describe governance of BHC, and review articles, were excluded.

Outcomes of interest: The major outcomes of interest of this systematic review were to collect and summarize information about governance of BHC; provide information for the research community to conduct further scientific investigations; and identify dimensions of BHC assessment in order to help governments improve their existing models based on the context of their countries.

Data extraction: For each of the included studies, information related to BHC governance was extracted

Table 1: Key words and search terms used in the systematic review

Governance	Basic health coverage	Health insurance	Social protection
Governance AND	Basic health coverage OR	Health insurance OR	Social security
Corporate governance AND	Basic health coverage OR	Health system OR	Social protection

Synthesis of review findings

The findings of included studies were synthesized using narrative synthesis, which is useful in synthesizing different types of studies without losing the diversity of study designs and contexts. Included studies are summarized by objective in the results section, and by grouping them by the angle of analysis of governance in BHC. Also, we extracted all the ideas

about our subject from the included studies in order to have a holistic view.

Results

Description of included studies: We identified a total of 329 articles through database searching, of which 27 met the inclusion criteria (see Figure 1 and Table 2).

Table 2: **Typology of studies related to basic health coverage governance**

Name of article	Discipline	Author(s), Year, Country	Angle of analysis of governance in basic health coverage
La gouvernance dans le domaine de la santé: une régulation orientée par la performance	Public health	Contandriopoulos A, 2008, France	Description of the specificities of governance in the health sector
Social health insurance systems in western Europe	Social protection	Saltman RB, Busse R, Figueras J, 2004, UK	History of health insurance systems
L'assurance maladie en France: Beveridge et Bismarck enfin réconciliés?	Public health	de Pourvoirville G, 2011, France, UK and Germany	Benchmarking study of governance in two countries
Les trompe-l'œil de la «gouvernance» de l'assurance maladie	Public health	Hassenteufel P, Palier B, 2005, France	Analysis of the governance model of health insurance in a country
L'évolution des rapports de pouvoirs dans un système bismarckien: le cas de la France	Public health	Hassenteufel P, 2008, France	Analysis of the governance model of health insurance in a country
La nouvelle gouvernance de l'assurance maladie: la consécration d'une régulation marchande?	Health Economy	Domin JP, 2010, France	Analysis of the governance model of health insurance in a country
Les transformations du mode de gouvernement de l'assurance maladie: une comparaison France/Allemagne	Public health	Hassenteufel P, 2011, France and Germany	Benchmarking study of governance in two countries
Statutory health insurance in Germany: A health system shaped by 135 years of solidarity, self-governance, and competition	Social protection	Busse R, Blümel M, Knieps F, Bärnighausen T, 2017, Germany	Analysis of the governance model of health insurance in a country
La gouvernance des systèmes de santé et d'assurance maladie, une perspective internationale	Public health	Polton D, 2017, France	International analysis of health insurance governance models
Governance and the effectiveness of the Buenos Aires public health insurance implementation process	Public health	Báscolo E, Yavich N, 2009, Argentina	Analysis of the governance model of health insurance in a country
Supervision in social health insurance: A four country study	Public health	Maarse H, Paulus A, Kuiper G, 2005, Belgium, Germany, Switzerland and The Netherlands	Analysis of the governance of basic health coverage in a global context, such as the health system or social protection
Governance in the health sector: A strategy for measuring determinants and performance	Public health	World Bank/Savedoff WD, 2011, The World	Analysis of the governance of basic health coverage in a global context, such as the health system or social protection
Governance quality impact on health economics in selected countries: The panel data approach	Health economy	Salatin P, Noorpoor N, 2015, Iran, Angola, Algeria, Colombia, China, Dominican Republic, Ecuador, Fiji, Argentina, Angola, Iraq, Jamaica, Jordan, Mexico, Peru, Russia,	Analysis of the governance of basic health coverage in a global context, such as the health system or social protection

		Thailand, Tunisia, Turkey, Serbia, Lebanon and Venezuela	
A new governance space for health	Public health	Kickbusch I, Szabo MMC, 2014, USA	Analysis of the governance of basic health coverage in a global context, such as the health system or social protection
Governance arrangements for health systems in low-income countries: An overview of systematic reviews	Public health	Herrera CA, Lewin S, Paulsen E, Ciapponi A, Opiyo N, Pantoja T, <i>et al.</i> , 2017, Chile	Analysis of the governance of basic health coverage in a global context, such as the health system or social protection
Gouvernance et gestion du changement dans le système de santé au Canada	Public health	Denis JL, 2002, Canada	Analysis of the governance of basic health coverage in a global context, such as the health system or social protection
Leadership and governance in seven developed health systems	Political science	Smith PC, Anell A, Busse R, Crivelli L, Healy J, Lindahl AK <i>et al.</i> , 2012, Australia, England, Germany, the Netherlands, Norway, Sweden and Switzerland	Analysis of the governance of basic health coverage in a global context, such as the health system or social protection
Health aid and governance in developing countries	Public health	Fielding D, 2011, New Zealand	Analysis of the governance of basic health coverage in a global context, such as the health system or social protection
Health governance and healthcare reforms in China	Public health	Ramesh M, Wu X, He AJ, 2013, China	Analysis of the governance model of health insurance in a country
Qu'est-ce que la couverture universelle en matière de santé?	Public health	Organisation mondiale de la Santé (World Health Organization), 2014, The World	International analysis of health insurance governance models
Universal health coverage: A political struggle and governance challenge	Public health	Greer SL, Méndez CA, 2015, Chile	International analysis of health insurance governance models
Governance and (self-) regulation in social health insurance systems	Social protection	Chinitz D, Wismar M, Le Pen C, 2004, Europe	Relationship between health insurance governance and social protection
Social governance: Corporate governance in institutions of social security, welfare and healthcare	Social protection	Verdeyen V, Buggenhout BV, 2003, Belgium	Relationship between health insurance governance and social protection
Lignes directrices de l'AISS: bonne gouvernance	Social protection	Association internationale de la sécurité sociale (International Social Security Association), 2013, The World	Governance guidelines
Principles for good governance in the 21st century	Management	Graham J, Plumptre TW, Amos B, 2003, Canada	Governance guidelines

Governance: A review and synthesis of the literature	Tourism management	Ruhanen L, Scott N, Ritchie B, Tkaczynski A, 2010, Australia	Governance dimensions
Governing mandatory health insurance: Learning from experience	Public health	World Bank/Savedoff WD, Gottret P (eds), 2008, The World	Evaluation framework for the governance of health insurance

Analysis of the studies included in our review

Governance – is it a new concept?: BHC governance models have a strong relationship with the health system model in a country. At first, it must be underlined that the use of the concept of governance in the health field is recent and refers to multiple explanations. In the field of health, governance requires thinking of a new area of collective regulation. Its application is linked not merely to the principles of management, but it shows an interest in taking into account the complexity of the processes to be arranged for achieving the desired results. In addition, implementing performance assessment instruments is a concept inextricably linked to governance (2).

The existing literature on BHC systems deals with governance indirectly, in that it considers the advantages and disadvantages of affiliation rules, individual or plural funds, alternative payment mechanisms, and options for defining the benefits of contribution rates.

BHC, as a service of the state, is constituted for two reasons: to support the social protection system that covers other social risks; and to participate in the financing of the health system and improve the financial accessibility of the citizen to the offer of care.

In this regard, BHC is expected to have unique governance characteristics, as it combines elements of civil society, institutional mechanisms for negotiation, and decision-making between stakeholder groups and regulation. This mixture evolved well before the governance phenomenon. A report from the European Observatory on Health Systems and Policies refers to the issue of the governance of health insurance systems, noting that the roots of systems of compulsory health insurance in countries are essential to the understanding of governance, and that the impact of history and culture vary across countries and places (3).

The origin of medical coverage systems – what role for governance?: Before analyzing its governance, note that BHC (or compulsory health insurance) was launched with the start of two separate social protection systems: the social insurance model (the Bismarckian¹) and the national model (the Beveridgean²). These two models overlap in the

¹ Named after Chancellor Bismarck (1815-1898), Federal Chancellor of the Confederation of Northern Germany, who in 1883 introduced a law making health insurance coverage compulsory for all workers.

² Named after the British economist and politician Lord Beveridge (1879-1963), who in 1942 advocated the introduction of a system of compulsory contribution for

principles of universality of coverage provided, the mandatory nature of the service, and funding based on the contributor's ability to pay, and not on the expected cost of the illness. However, these two models are differentiated by: the type of financing (the contribution on the basis of income for the social insurance scheme and the contribution from all income for the national model); and the management mode (management by organizations under state trusteeship for the social insurance model, and state management for the national model) (4).

BHC systems have numerous 'interveners' (insured, health professionals, employers, institutions and so on) who have different interests. The challenge of governance is to create mechanisms in order that all parties can participate in decision making by thinking they have not been ignored. For example, governance mechanisms need to provide relevant and accurate information to all stakeholders about system funds and decisions made.

Governance and reform of the Bismarckian and Beveridgean models: Understanding the governance of health insurance helps us to analyze the models of some countries. Patrick Hassenteufel and Bruno Palier, based on two fundamental dimensions of governance to make a comparison of the French and German systems: the first dimension concerns the establishment of horizontal relationships between actors state and non-state actors, and the second evokes the importance given to the negotiation between multiple actors (5). However, beyond this comparison, this work did not introduce a theoretical reflection on the governance model of health insurance, but detailed the set of reforms related to governance carried out by the two systems on the political, organizational and legal levels.

Several analyses have been made of the Bismarckian system of health insurance in Europe to ensure its sustainability. In France, the governance of the health insurance system refers to the establishment of horizontal relationships between state actors and non-state actors. However, the evolution of powers within the health insurance system with the strengthening of control, are explained more by a verticalization of relations between the state and the health insurance funds in the sense of the assertion of a regulatory state (6). The new governance of health insurance accelerates the social construction of a health market around a patient optimizer, capable of informed

all citizens, in order to cover a wide range of risks: sickness, unemployment and old age.

choices in terms of care and also as a manager of its health capital (7).

Converging the French and German health insurance systems can help us to better understand the impact of governance on the Bismarckian model. However, this convergence has presented limits related mainly to the differentiation between the two countries in terms of governance mode, impacted globally by the political system on the one hand, and on the other hand by the institutional organization of the BHC in both countries (8).

Germany is the founding country of the Bismarckian system, with its distinctive features and emphasis on solidarity and self-governance. Over the years, this model has been poorly understood because by the insured persons of its continuous development. The notion of self-governance is concretized by the creation of the 'Federal Joint Committee', which brings together the actors of the health insurance system. If the self-governance of the actors is too slow, unambitious or too divided, the government can set quality and efficiency objectives in the law and be more vigilant about their implementation and application (8).

In a health insurance system, we cannot study governance without talking about the concept of collective negotiation by setting citizen satisfaction as the ultimate goal.

Collective negotiation as a way of governance of health insurance is of paramount importance, and involves consultation with all stakeholders, including the medical profession and the pharmaceutical industry. In France, collective negotiation at start-up of BHC's system only concerned the outpatient sector, whereas in Germany, this mechanism has been at the heart of the health expenditure control strategy since the mid-1980s (5).

On the other side, the Beveridgean system of health insurance, the model in place in Great Britain, is considered too bureaucratic. Its principles of governance are clear and the role of the central state is affirmed. In recent years, several rules have been introduced to improve competition and to integrate economic responsibility and autonomy into hospitals (10).

The governance of health insurance must interact with its context to overcome its difficult circumstances (limited funds, multiplicity of stakeholders and health system problems). (11).

Governance is a global concept in health insurance systems, which includes several concepts, such as the concept of supervision. The supervision mode changes from one country to another. In the case of the European Union, enlargement of the territory can add a new dimension to the problem of coordination and supervision. Having correct competition between health insurers requires effective coordination between supervisory institutions in member states (12).

Governance of medical coverage – what relationship with the health system?: The governance of the BHC interacts with the health system governance model, which is a rich subject for research analysis.

There is a major difficulty in finding a consensus for governance in the health sector, as governance operates at many different levels. Governance can be analyzed at the broadest level of political actors. Governance can also be determined by the principles of institutions, laws and enforcement mechanisms. Researchers began to measure health system governance to determine which country has implemented good governance practices and improved health system indicators. Thus, it is necessary to distinguish the determinants of governance – such as ownership, decentralization, formal procedures and stakeholder participation – from the performance of governance (for example, if formal procedures are implemented, workers fulfill their responsibilities, or stakeholders make a substantial contribution to the decision-making process) (13).

Since the emergence of studies on health governance, the hypothesis of a correlation between improving governance and the performance of the health system has been discussed in the literature. The results obtained from a study in the selected middle-income country (Iran, Angola, Algeria, Colombia, China, Dominican Republic, Ecuador, Fiji, Argentina, Angola, Iraq, Jamaica, Jordan, Mexico, Peru, Russia, Thailand, Tunisia, Turkey, Serbia, Lebanon and Venezuela) between 2002 and 2011 concluded that the quality of governance has a significant impact and positive effect on life expectancy, and is therefore a health economics indicator. Therefore, the hypothesis of a significant positive correlation between the quality of governance and health economics in middle-income countries cannot be rejected (14).

Actions in the area of health system governance can reduce inefficiency, waste and corruption and provide better value for money in the provision of care (15).

Changes in governance arrangements can affect health and goals in many ways. In general, this is likely to occur through changes in authority, accountability, openness, participation and coherence, as shown in a study that focused on identifying knowledge about the effects of governance's rules for health systems in low-income countries (16).

A study has examined the relationship between change and regional governance in the Canadian health care system, highlighting the interconnectedness of many factors that make regional governance analysis complex, given that it is an action system based on managerial control, political negotiation and democratic participation (17).

The governance of the health system is also aligned with other concepts, therefore, among other things, it is wise to think about the role of national leadership and its relation to governance. (18).

In terms of international aid to countries to improve their health systems, a finding has been revealed linking the improvement of the political situation and rights with an increase in aid. This overall governance effect of the country is more likely to result from donors' desire to use health assistance to reward democratic reforms, rather than basing aid allocations solely on the aid needs of a country or its efficiency in spending (19).

The relationship between the achievement of health system objectives and governance is the focus of many researchers. A study that examined the role of governance in meeting the goals of China's health system reforms shows that the failure of reforms in the 1980s and 1990s was partly due to insufficient attention to health governance (20).

In recent years, the concept of universal health coverage (UHC) has brought together efforts deployed by the governments in the health system and the health insurance system. The idea that most nations in the world would commit to UHC was considered unlikely and certainly not a priority for the global health community. As a worldwide objective, we have moved from compulsory health insurance to a new vision of health risk coverage.

UHC is based on three interrelated components (21): a full range of health services as needed; financial protection against the direct payment of health services used; and coverage of the entire population. This means that policy-makers need to be involved in understanding the mechanisms linking UHC governance, policies, forces and decisions. Although studies have shown the interaction of parties and institutions under democratization, much remains to be understood about the coalitions and political strategies that shape UHC (22).

To understand the governance of a health system, we must integrate the so-called atmospheric conditions around the system. In other words, it is not possible to understand the technical details of the transaction of health system modes, such as global budgeting, without understanding the broader social and political context of the country (23).

In this sense, governance in the health system has a clear place in understanding its performance. Being interested in this component is no longer a choice for decision-makers to improve the health of their citizens. Governance must be at the heart of the debate about health systems in the future.

In addition, work dealing with the governance of social protection implicitly discusses the issue of health risk governance, given the common parameters between the medical coverage system and systems for covering other social risks.

The governance of medical coverage and the social protection system: The social protection system is a major challenge for all countries. Researchers are interested in the notion of governance in the social

sector; even if the actors are not shareholders in the economic logic, they are health providers and social security institutions. This model is called 'social governance' (24).

Governing the social protection system is based on the political will of a country, while being in harmony with the recommendations of international bodies. The work of the International Social Security Association (ISSA) has focused on good practices that social security institutions can apply to succeed in their governance model by developing guidelines for good governance (25). These guidelines provide a model for institutions and funds of compulsory health insurance, but they do not reflect on the governance of the overall system of the BHC with the multitude of stakeholders and the divergence of interests.

Other issues that have interested researchers is whether governance is measurable and how it can be evaluated. In our research, we noted that a few studies have proposed governance assessment grids based on individual studies. However, since 1996, the World Bank and its research department have developed six Global Governance Indicators (GMIs) to measure the quality of countries' governance systems. The six dimensions of 'good governance' are: citizen voice and accountability; political stability and the absence of violence; government effectiveness; quality of regulation; rule of law; and control of corruption. Another study attempted to group the principles proposed by the United Nations Development Programme (UNDP) under five main dimensions: legitimacy and voice; direction; performance; responsibility; justice (26). However, the definition of the concept and its dimensions remain ambiguous. This is because governance is a multidimensional concept that is hard to pin down (27).

The World Bank's study on the governance of medical coverage: According to our findings, the first work that focused directly on the issue of assessing the governance of the overall system of BHC or compulsory health insurance is the World Bank's 'Governing mandatory health insurance: Learning from experience' (2008). The book explains the influence of governance mechanisms on the performance of compulsory health insurance systems by presenting a governance assessment tool based on case study studies from four countries in order to draw useful lessons and recommendations for decision-makers in BHC. The book presents an evaluation framework for the governance of BHC using five dimensions (28):

1. Coherent decision-making structures: Consistent decision-making structures are needed for the system to perform well. In a complex system as the BHC, decisions will necessarily be made in many different hierarchically dissociated locations. However, decision-making is consistent if decision-makers are also endowed with the discretion, authority, tools, and resources necessary to achieve it, and especially if they do not confuse their interests with the objectives of the system.

2. Stakeholder participation: This concerns all actors in direct or indirect relation with the system. Stakeholder participation is sometimes done through elections or direct appointment. This dimension is also interested in the influence of civil society and other organizations that do not have a direct interest in the system.

3. Transparency and information: This is the centerpiece of the system – the insured must have access to information at the right time and during decision-making by those in charge. Any illusion of information has a direct impact on the responsibility of the insured and their confidence in the applied reforms.

4. Supervision and regulation: This is a very important dimension that centers on improving the credibility of the system and the liability of insurers. Supervision and regulation differ from one country to another, and can be the responsibility of a government office, an independent body or, in some countries, a private institution. Supervision and regulation also link to the standardization of contracts and the terms of engagement or withdrawal of the insured and health insurance funds.

5. Consistency and stability: This dimension is strongly influenced by a country's political system and legal context. The general conditions that frame the insurance market must not generate a kind of competition between the BHC system and the private health insurance offered. This dimension also focuses on the conditions of care provision and support of the BHC system for technological advances in the health field.

Conclusions

This systematic review brings together the literature on BHC governance, firstly by describing and critiquing how the concept of governance and the theories underpinning it have been applied to BHC systems, and secondly by identifying which dimensions have been used to assess the governance of BHC systems, and how this has been done to date globally.

A variety of articles analyze the governance of health insurance systems, but there are not many examples of framework assessment in the literature. There is a need to validate and apply the existing framework of the World Bank (28) and share lessons learnt regarding which dimensions work well in which settings to inform how existing frameworks can be adapted. A comprehensive analysis of governance could enable policy-makers to prioritize solutions for difficulties identified by integrating good practices. Governance is not an 'apolitical' process, and there are no absolute principles that define governance – it is a vague concept that cuts across disciplines. However, whether it is applied to health systems or social protection, governance of BHC is concerned with how different actors in a given system or organization function and operate, and the reasons for this.

The effect of governance is evident regardless of the health insurance model in place. The performance of health insurance funds is impacted by the governance mechanisms in place, but also by the interaction of

these mechanisms with the general policy and social context of the country.

Authors' contributions

Study design: Karsi Mohammed and Bennana Ahmed

Data collection: Karsi Mohammed

Data analysis: Karsi Mohammed and Bennana Ahmed

Manuscript writing: Karsi Mohammed and Bennana Ahmed

Conflicts of interest

The authors declare no conflict of interest.

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