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# *GOVERNANCE AND IMPLEMENTATİON OF HEALTH POLİCY*

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**Abstract**

The legitimacy of the state's role in the implementation of public policy is increasingly being questioned in many developed nations. The breadth and significance of these issues are demonstrated by the fact that a recent issue of Public Administration was devoted to the subject. Clarifications of the issues distressing arrangement execution have long centered on the methodology embraced - i.e., hierarchical. Defenders of the hierarchical methodology address control and correspondence among progressive levels. However, advocates of the bottom-up approach take into account the political micro-processes that are in play among stakeholders with divergent interests and frequently conflicting values. They believe that negotiation is the process by which public policy is put into action, and that negotiation is influenced by the structure of the network of stakeholders, their interactions, and the distribution of power among them.

**Keywords:** Legitimacy, Health Policy

## 1. INTRODUCTION

Most recent studies that is devoted to the analysis of public policies places a greater emphasis on the issue of governance, which is defined as the organization of collective action in its broadest sense. Management is not as important to governance as strategic concerns.It is centered on a continuous negotiation and interaction process among stakeholders at various levels. Adopting common representations, structures, rules, and performance indicators to coordinate stakeholders and enable pluralistic power exercise is what it means to govern. Because it takes into account both the process and the distributed nature of collective action, adopting a governance perspective makes it possible to move beyond the debate regarding top-down versus bottom-up. Governance makes it possible to link various levels of analysis regarding the roles of the community, civil society, private enterprise, local and regional government, and the state because it emphasizes that a number of stakeholders who do not necessarily share the same interests can and frequently do participate in managing public affairs.

In the context of the implementation of health policy, our focus in this paper is on governance and the added value of regionalization. The establishment of an intermediate governing structure at the regional level that assumes functions previously performed by a central or local government has been aimed at strengthening governance capacity in the majority of Canadian provinces. The goals have been ambitious:improving the continuity of care, democratizing decision-making, being more responsive to public needs, distributing resources more fairly across regions, developing a more comprehensive approach to health issues, and redefining accountability rules.However, there is a wide range of opinion regarding the efficacy of regionalization. Even if there has been some progress regionalization has not reached its full potential.

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## 2. DISCUSSION

We understood governance to be based on a multi-centric, interactive view of collective action for the purposes of our research.This indicates, in particular, that the various stakeholders' roles in steering change were the focus of our governance analysis.In Canada, for instance, it is frequently expected of regional boards to exert influence over physicians, particularly influential members of the healthcare industry, through levers like resource allocation.Additionally, it is anticipated that regionalization will strengthen the power of community organizations, which have historically been less powerful than hospitals, thereby redistributing power among health institutions.

We relied on conceptual constructs that corresponded to models of collective action to improve our comprehension of the role that regional boards play in governance processes. According to Weber's definition of ideal types, these models are:a common mental construct in the social sciences derived from observable reality, although it does not conform to it in detail due to deliberate simplification and exaggeration,"An ideal type is useful for understanding the reality of a particular situation, relationship, or organization as a conceptual tool.

Denis and others Contandriopoulos et al. (1998)2004) identify three collective action models. Obedience to a central government that establishes policies, delegate authority, and exercises control is a feature of the technocratic model.The Ministry of Health and Social Services is the source of the legitimacy of Quebec's regional boards according to this model.A political perspective on change is represented by the political model.According to Contandriopoulos et al., "the fact that significant actors and organizations perceive themselves as being part of the decision process" is the source of a regional board's "legitimacy."2004:632).As a result, regional boards have a lot of freedom to use strategies, set agendas, and set rules for negotiations to change how power is distributed and encourage negotiation among stakeholders.A regional board's legitimacy "comes from making plausible the claim that deliberative processes are not biased and that the governing body can implement policies according to the collective will" under the democratic model, which corresponds to an institutional perspective.2004:633).Therefore, it is the responsibility of regional boards to contribute to the democratization of society by limiting the risk of dominant interest groups and encouraging public participation.Public participation is a complicated political phenomenon, as Contandriopoulos (2004) demonstrated.However, this should in no way be construed as a pessimistic statement implying that we should not be concerned about the arrangements made by institutions.As a result, the democratic model is kept separate as an analytical model in this paper.

While valuable, these three models don't uncover the mental idea of the cycles by which public arrangement is executed.Research in this field is growing recommends placing a greater emphasis on the role that knowledge plays in change processes. The cognitive model, which explains the role regional boards play in encouraging learning, is the result of this emphasis. Even though the political model and the cognitive model are very similar, regional boards don't always know what strategic interests they're working for because they encourage exploratory learning. Understanding this variable requires considering its relative freedom as a distinct phenomenon, even though knowledge production can be used to alter game rules and power distribution.

To fully comprehend the role of regional boards in governance processes, we have ultimately adopted all four possible action models.Since these models are ideal types, as we mentioned earlier, reality frequently corresponds to a complicated combination of the four.

Overall, progress was made possible by good governance.In the beginning, the regional board decided to require the primary regional hospital to implement the integrated oncological service network in order to utilize the expertise of its principal oncologist.The regional board decided to get more involved in the governance of change because of the opposition from the other hospitals in the region, whose directors and physicians were concerned about losing their clientele and professional autonomy.In order to establish a temporary committee that would be responsible for the implementation of PLC, the director of the medical affairs department of the regional board approached hospital medical directors with whom he had good relationships.To urge the emergency clinics to participate in the change cycle, this board of trustees split subsidizing between the different associations, in view of an investigation of their requirements, to cover drug administrations.The haemato-oncologists were also invited to a meeting of the regional medical directors' advisory board to learn more about the goals of the reorganization.It was decided to move forward with the project, despite maintaining the status quo.

A steering committee made up of representatives from the regional board and the health organizations in the region was set up to accomplish this. The integrated oncological services network's strategy was decided upon by the steering committee during the course of our investigation.Additionally, it managed the program's allocated budget from the regional board.At the same time, the regional board added an advisory committee to the steering

committee in an effort to increase participation in governance. This warning panel involved agents of medical care associations, different sorts of medical services experts, local area associations and clients.

## 3. CONCLUSION

The steering committee took an incremental, small-step approach to change due to physician opposition. It attempted to overcome stakeholder opposition in phase 1. A search for regional allies and a revision of the governance structure followed this endeavor. In the hope that these agents of change would gradually alter teams' practices, the committee introduced case manager nurses during phase 2. Impressive exertion was put resources into preparing these medical caretakers, who got broad oversight from a local master. By gradually training the other members of the hospital teams and partner organizations, the committee consolidated change in phase 3. The outpatient clinic teams also included psychosocial professionals. Last but not least, the committee set up a regional haemato-oncologists' committee in phase 4 to get doctors more involved. This committee was in charge of harmonizing and improving medical practices with information based on evidence. By promoting the idea that primary care physicians could devote a portion of their practices to the treatment of cancer patients in the acute stage, the steering committee also attempted to broaden the role that primary care physicians play in the management of cancer patients. However, the primary department of the regional board that is in charge of organizing general medical services has not yet accepted this strategy, claiming that it could hinder primary care.

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