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The quality of health governance in Portugal: an evaluation of the Troika's intervention period

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Abstract *This study aims to evaluate the quality of the Portuguese Government's action in the health sector during Troika's intervention period (2011-2015), taking as criterion the concern with the application of Good Governance principles, in terms of degree and diversity. The intention is to understand the extent to which the public action promoted by the Ministry of Health has developed seeking to contribute to the strengthening of Good Governance practices. Fifty measures of the Ministry of Health, distributed by nine intervention areas, were analyzed, based on documental analysis, supported on the law and on other official documents. The principles of Good Governance that demonstrate a more transversal concern are clearly that of "transparency" and of "effectiveness/efficiency", present in eight of the nine intervention areas. The concern with "orientation to consensus" is essentially present in the measures classified as Agreements, "independence" in the Ethics area, the "strengthening of the rule of Law" in the Control area and "equity/inclusion" in the area of the Citizen in the Centre of the NHS.*

Key words *Good governance, Health, Portugal, Troika*

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Introduction

At the beginning of 2011, Portugal, in a situation of great financial weakness, found itself constrained to request support to the International Monetary Fund (IMF), to the European Commission and to the European Central Bank (ECB), a set of funding bodies which was popularly known as *Troika*. The Memorandum of Understanding (MoU)[1], signed on 17 May 2011, imposed several structural reforms which, on the health sector, implied interventions in three priority areas: a) focus on the efficiency and effectiveness of the health system; b) expenditure control and more rational use of resources; c) cost reduction in the hospitals.

According to the statements of the President of the Health Regulatory Authority's Board of Directors[2], the MoU envisaged a reduction of the public expenditure with medicines in 1.25% of the GDP until the end of 2012 (about 516 million euros) and in about 1% of the GDP in 2013 (approximately 431 million euros). The acquisition of complementary diagnosis and therapeutic means by private entities would suffer a 10% decrease in 2011 and more 10% in 2012; furthermore, the competition between private providers should be reinforced and a periodical review of the prices paid to them should be established. The MoU also envisaged the reduction, in one third, of the costs with patient transport.

At a hospital level, there was a target for a decrease, in the operational costs, of 100 million euros in 2011 and other 100 million euros in 2012, given that approximately 50% of the costs concerned staff costs. These amounts did not include the values of debts to suppliers.

The MoU stipulated the creation of a schedule for the settlement of all arrear payments (over 90 days) and the introduction of standardized control procedures to prevent the resurgence of such situations. At the end of 2010, the average term for the payments to suppliers was 78 days for the hospitals of the public administration sector and 212 days for the public business sector.

Regarding the budget of the public subsystems, the MoU established a 30% reduction in 2012 and an additional reduction of 20% in 2012. It also set that, in 2016, the subsystems would have to be self-funded.

Moreover, the MoU envisaged the review of the categories of exemption from user charges, positively differentiating the primary health care, through lower charges, in detriment of the specialty appointments and emergency episodes, automatically indexing them to inflation. It also indicated a two thirds reduction of the health expenditure's tax deductions.

The reorganization and rationalisation of the hospital network were one of the measures provided for in the MoU, with the intent of an additional reduction in the operational costs of, at least, 5% in 2013, through the specialization, services concentration and joint management of units. It also envisaged a more efficient use of the health professions, mainly regarding the nursing career, and the adoption, by all of the staff, of a stricter control of the work hours, in order to achieve, at least, a 10% reduction of the expenditure with overtime hours in 2012 and additional 10% in 2013.

In this framework of severe budgetary restrictions and great external constraints, imposed by the funding bodies through the targets established in the MoU, the action of the 19th Constitutional Government was developed. In our view, the significant impact observed on the health sector makes it relevant to assess the governance action regarding the concern with the strengthening of Good Governance practices (principles) in this key sector for society. Therefore, this study aims to answer the question: Does the Portuguese Government's action in the health sector between 2011 and 2015 (*Troika*'s intervention period) show a concern with the application of the Good Governance principles? The aim is to assess the public action's contribution promoted by the Ministry of Health for the strengthening of the Good Governance practices, given its principles, in degree and diversity.

Theoretical foundations

Globalization transformed the public action stage. The States must answer to complex and frequently diffuse problems, in a space no longer confined to the borders that traditionally delimited their sovereignty. They are aware of growing interdependency levels on the search for solutions for shared problems: between the States and the supra and infra-state entities, between the public and the private, between the center and the periphery.

Governance is more than a trendy expression, it is the acknowledgement that the last decades brought transformations regarding how governance is developed, boosted by alterations in the framework in which the States act.

Governance is not defined in a cohesive and consensual paradigm[3]. It is the result of the as-

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sumption of an evolving reality, which means changes on the exercise of the State's role and its interaction with civil society. Likewise, it is not a process of standardizing transformation as the institutions, in each country, end up adopting the governance structures and mechanisms best suited for their choices, beliefs and traditions. This implies the inexistence of equal reform exercises. In practice, the decision-makers select the key-ideas, the values, the objectives and the measures deemed as closer to their intention, as well as to the political and cultural traditions of the populations and territories, although this selection is based on reform doctrines disclosed by international bodies, as well as by academic and professional means of Public Administration.

The last four decades were essentially marked by two reform doctrines - the New Public Management (NPM) and the Public Governance - which oppose the governance paradigm dominant for almost a century: the bureaucratic model, also known as professional Weberian model. In the first half of these four decades, the innovation practices were inspired by NPM; however, the last twenty years have led to the triumph of governance, a magical concept, according to Pollitt e Hupe[4]'s classification, as it is broad and ambiguous, modern and progressive, consensual and widely used by the pertinent communities.

The word "governance" has its etymological origin in the Greek *kybernan*, which was translated to Latin as *gubernare*, meaning to pilot, guide or drive[5,6]. Due to its popularity, it has been used in several meanings and contexts, inhibiting a precise definition. Nevertheless, we can find some approaches to its delimitation.

One of the reference texts on governance is by Rhodes[7] who, in the mid-nineties, outlines six common uses for governance: minimum state, corporate governance, new public management, good governance, socio-cybernetic system and, finally, self-organized networks. While governance as a minimum state has suffered from a lower accession, as the awareness of the State's need to assume the role of the system's regulator[8] grows, the other meanings started to mark the reform plan[8]. This paper highlights the concept of Governance as Good Governance, that is, seek that governance meets the society needs, making good use of the public resources and respecting a set of values such as justice, equity, impartiality, legality, legitimacy and transparency.

In short, we can affirm that Governance, similarly to NPM, may be regarded as the answer to the society's growing complexity and to the difficulty shown by the classic social State on dealing with this complexity[9]. It aims to redefine the structures, processes and roles of the public sector, so that Public Administration can be a catalyst of democratic governance, going beyond the search for a greater efficiency, cost reduction and improvement of the quality of the public services provision, which are the basis of NPM. Through the prism of networks governance and the focus on the interorganizational dimension, implicit in the public policies process and on the provision of public services, the instruments to use reinforce the coordination of the several involved players, using their knowledge to improve the quality in the services provision and in the preparation and implementation of public policies, as well as to increase the legitimacy of the decisions made, through co-creation, co-production and co-accountability processes.

The current governance framework is the result of the influence of the Public Governance paradigm, together with the managing perspective of NPM, based on the virtuous inheritance of the Weberian model. If the face the reform paradigms as part of a *continuum* of juxtapositions in which, according to the context, there is a simultaneous presence, although in variable proportions, of different paradigms, we tend to understand the need of the system's good governance to know how to deal with the hybrid administrative practice and, consequently, with the legacies of previous paradigms.

Methodological procedures

The assessment of the governance's quality may take two possible analysis paths which, although complementary, correspond to clearly distinct approaches. The first and most frequent is the assessment of the outcomes' evolution. The second and less common corresponds to the assessment of the adoption and application of the Good Governance principles by the stakeholders on the design and implementation of public policies[10].

This study opted for the second approach, seeking to assess the quality of the governance in Health, in the *Troika*'s intervention period (2011-2015), aiming to assess if the public action promoted by the Ministry of Health mirrors a compromise towards the strengthening of the Good Governance practices, evident on the concern with the promotion of its principles, considered in degree and diversity terms. Therefore, it aimed to answer the following question:

Does the Portuguese Government's action in the health sector between 2011 and 2015 (*Troika*'s intervention period) show a concern with the application of the Good Governance principles? It intends to understand if it is possible to identify, in the public action promoted by the Ministry of Health, a concern with the governance quality, materialized on the adoption and promotion of the Good Governance principles observed in the research carried out. The key question previously indicated was divided in four research questions to which the study tried to answer:

What are the Good Governance principles that can be identified in the Ministry of Health's public action?

What is the global incidence degree of the concern with the promotion of each of the Good Governance principles, evident on the Ministry of Health's public action?

Is the relative weight of the concern with the promotion of each of the Good Governance principles identical in all areas of intervention of the Ministry of Health?

Does the Ministry of Health's public action show a similar level of transversality of the concern with the promotion of each of the Good Governance principles?

Good Governance Principles considered

The concept of Good Governance appears, for the first time, in 1989 in a report by the World Bank[11], within the scope of support to the development, as a way to answer to the need to assess the governance quality of the States which applied to support programmes. This subject is emphasized on a 1992 report called "Governance and Development". It includes the first definition of governance as "the way the power is exercised on the management of a country's economic and social resources, for the development"[12] and approaches four governance areas: the management of public sector; the accountability; the legal framework for the development; and the information and transparency. Still within the scope of the support to the development agenda, several other definitions appeared, by funding bodies, such as the United Nations[13,14], IMF[15], European Commission[16] and OECD[17]. Having arisen focused on the developing countries, the concept of Good Governance and its structural principles were extended to the governance of developed countries where, in fact, they found the inspiration for the advocated good practices. This expansion of the concept's application was particularly evident on the countries which suffered interventions by the international funding bodies, due to the 2008 crisis. It is also evidenced in the pursuit of the Sustainable Development Goals (SDG), highlighting the convergence of different countries in a common development ideal, although with a diverse achievement[18].

Highlighting the World Bank's doctrine regarding Good Governance, it is emphasized that it concerns two domains: a technical domain and a social domain. Within the technical level, the World Bank highlights the institutional capacity for the preparation and implementation of policies concern with the economic development and life quality. In the social level, it defends a plural society, in which the governance instances are open to the expectations and claims of civil society, accommodating them on the preparation of the pursuit measures. In the legal level, the technical concerns fall on values such as justice and freedom or, regarding the management of the institutions, on efficiency and effectiveness. The social concerns emphasize values such as the legitimacy, accountability (provision of accounts and liability), participation and transparency [19].

Recently, the generalization of the concept's use caused the appearance of proposals from other sectors, for example the civil society associations such as the British and Irish Ombudsman Association (Bioa)[20], the Chartered Institute of Public Finance and Accountancy (CIPFA)[21,22] or the academics, such as Rhodes[7], Weiss[23], de Hyden[24] or de Smith[25], among others.

Within the scope of public health, the Good Governance concept is regarded as necessary and intellectually useful by the World Health Organization[26], and its growing relevance in the sector is recognized by experts, such as Brand[27]. It is deemed as an ideal to achieve through a continuous improvement process and is considered an ethical requirement and an instrument of change, which must continue to earn relevance on the health agenda.

Despite the existent relevant consensus on the operationalization methodology of the concept - which consists on the identification of principles that must guide the intervention of the State and remaining stakeholders, so that the governance quality is improved - the proposals are significantly different regarding the definition of the principles associated to Good Governance.

Considering the previously mentioned examples, it is possible to determine a total of 24 Good Governance principles, from which only five are present in almost all proposals. The five prin-

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ciples around which there is a broad consensus are: accountability; efficiency and effectiveness; transparency; participation of the stakeholders; and reinforcement of the rule of law.

This study adopted the Good Governance principles' structure used by the United Nations[14], which includes the five principles previously mentioned and which have a broad consensus, plus the principles of: responsiveness; orientation towards consensus; and equity and inclusion.

We deem as useful to also add the principle of independency, which we extracted from the principles' structure suggested by the *British and Irish Ombudsman Association*[20].

In short, this research considered nine Good Governance principles, which definition - detailed in Chart 1, was adjusted to the context of the health area and to the current object of study.

Operationalization of the Good Governance principles

Each initiative was classified according to the proximity to each of the selected Good Governance principles, based in three criteria: nature of the initiative (relationship with each Area of Intervention); main objectives/purposes to achieve (specificity of the initiative); proximity to the Good Governance principles.

To each initiative were associated three Good Governance principles, according to the definition and operationalization model presented in Chart 1, allowing to prepare the terms of association presented in annex A and enabling the assessment of the level of incidence of each of the Good Governance principles. The association was carried out through an analysis of the extensive content to all characterization documents of each initiative which could be accessed.

To compensate for the asymmetry observed on the dimension and comprehensiveness of the initiatives, some of them were divided into sub-initiatives, thus aiming to improve their comparability. The accounting of the occurrence for each of the Good Governance principles was considered given this subdivision, assigning to each initiative a weight proportional to the number of sub-initiatives in which it is divided.

Selection and structuring of the sample

The actions by the Portuguese Government, in the health area and in the analyzed period, were grouped into nine areas, each type built to correspond to the (theoretical) key-characteristics associated to the previously mentioned three governance paradigms and to the measurement of the Good Governance practices.

Fifty initiatives carried out by the Ministry of Health on the analyzed period - which comprise a sample quite close to the universe - were selected, was we can see on Chart 2, and its selection considered representativity criteria of each of the nine intervention areas. The analyzed initiatives are distributed by the direct or indirect intervention areas of the Ministry of Health.

Collection of information on the selected initiatives

The process for the collection of information began with exploratory conservations with several entities of the Ministry of Health, aiming to identify the measures that were taken in the health sector, as well as the objective sources of information on the way they were structured and how the formulation and decision-making process was developed. This process began with the General-Secretariat of the Ministry of Health, in the person of the General-Secretary, Dr Sandra Cavaca, enabling the identification of the great concerns of the Minister of Health regarding the strengthening of the Good Governance practices in the entire Ministry and the recognition, on a global perspective, of the formulation and diffusion mechanisms used by the Ministry's team regarding the emerging guidelines and policies (those already transposed to a legal diploma, published in the Official Gazette and implemented and also those who were under a formulation process). These first conversations also resulted in the scheduling of exploratory face-to-face interviews with the Ministerial Cabinet, ACSS - Central Administration of the Health System, SPMS - Shared Services of the Ministry of Health, IGAS - General Inspection of Activities in Health, DGS - General Directorate of Health, INFARMED - National Authority for Medicines and Health Products, among others. These interviews presented the ongoing research and the need for the project team to obtain information on the initiatives of those institutions that fit the principles of Good Governance presented. The research team had access to all relevant legislation, plans and activity reports, the interventions of the Ministerial team in different forums throughout the mandate, reports on the preparation of policies, expert opinions, reports on the practices adopted, minutes with the results of decision-making

Chart 1. Definition and operationalization of the nine Good Governance principles used in the study.

Good Governance Principles	Definition	Operationalization Model
Accountability	To create conditions to bind the organizations and its managers to account for their actions and decisions to the remaining stakeholders and overall public. The accountability principle is associated to the principles of transparency and reinforcement of the rule of law	- Strengthening of the data transparency (existence of 24/7 information systems) - Execution of regular meetings with the NHS' Top Managers - Availability to clarify the doubts of supraministry entities and remaining stakeholders - Promotion of the managers' autonomy - Promotion of accreditation and quality
Efficiency and effectiveness	To create conditions to produce outcomes that meet the society needs, better using the available resources that contribute for a cost reduction without sacrificing the outcomes' quality	- Promotion of the cost's reduction - Use of cost-benefit analysis - Analysis and/or promotion of financial sustainability - Investment regulation and control - Boost for the reduction of inefficiencies - Rationalization of spaces - Profitability of the installed equipment - Reinforcement of health care - Reinforcement of the health promotion
Transparency	To create conditions to bind and commit the institutions to provide clear and precise information, which is an added value to the remaining stakeholders. All initiatives which promote the stakeholders' trust on the decision-making and management processes are included	- Strengthening of the data transparency (existence of 24/7 information systems) - Renegotiation of the agreements - Inclusion of investigated cost-benefit analysis in the agreements - Strengthening of the ethical issues - Articulation with the Court of Auditors - Public interventions of the ministry's team - Promotion of external assessments - WHO Universities
Participation of the stakeholders	To create conditions to, in an organized way, involve and commit the parties interested on the outcomes and their effectiveness. The participation on the decision-making processes may be carried out direct or indirectly, through institutions with legitimate representativity	- Negotiations and Agreements with relevant stakeholders of civil society (Professional Associations or Entities) - Articulation, in negotiations, with the Ministry of Finance and Social Security - Creation of conditions for the participation in negotiations of the Ministry of Health's institutions of direct or indirect management
Reinforcement of the rule of law	To contribute for the existence of a fair legal framework, effectively and impartially applied, which is a support to the equity and justice claims	- Execution of internal audits - Execution of external audits - Reinforcement of the inspections - Interventions of the Court of Auditors, Criminal Policy and Public Prosecution - Reinforcement of the intervention of the Health Regulatory Authority (HRE) - Creation of legislation on conflicts of interest - Promotion of the fight against fraud

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meetings involving multiple groups with participants from institutions of other ministries (Economy, Finance, among others) and other organizations (Trade Unions, Pharmaceutical

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Chart 1. Definition and operationalization of the nine Good Governance principles used in the study.

Good Governance Principles	Definition	Operationalization Model
Responsiveness	To create conditions so that the Ministry of Health and other dependent entities may offer to the stakeholders an appropriate answer, within a reasonable period	- Reinforcement of the health care network - Innovation on the negotiation with the pharmaceutical industry - Creation of reference centers - Promotion of quality - Reinforcement of the NHS' human resources and skills - Reinforcement of the NHS' information systems and technologies - Promotion of health - Promotion of disease prevention
Orientation towards consensus	Mediation of the different interests within the health sector, promoting a broad consensus on the objectives to be established and how to achieve them	- Participation, in negotiations, of the Ministry of Finance and Social Security - Participation, in negotiations, of the Ministry of Health's institutions of direct or indirect management - Participation, in negotiations, of the public, social and academic sector and civil society
Equity and inclusion	To create conditions to ensure the access, to all citizens, to health care, acknowledging that their needs and capacities are different	- Improvement of the access to health care - Promotion of the service's quality - Creation/improvement of the communication mechanisms with the patient - More favourable access to medicines - Reinforcement of free vaccination - Promotion of a greater connection of the Hospitals' Advisory Boards to the region they serve
Independency	To create conditions for the decisions to be made without influence, pressure or duress, external or internal	- Purchase processes by shared services - Strengthening of the ethical issues - Promotion of the management's autonomy - Creation of legislation on conflicts of interest and incompatibility schemes Purchasing processes for shared services

Source: Adapted for this study, from the Good Governance principles' structure proposed by UNESCAP[14] and Bioa[20].

Associations, Pharmaceutical Industry, Associations, etc...). Based on the collected information, 50 initiatives and sub-initiatives were selected and characterized - including aspects of the negotiation and decision-making process (a total of 86 types of actions implemented by the Ministry of Health in this period from 2011 to 2015 were worked on), and care was always taken to cross-check the information obtained, in order to ensure its reliability. Complementary interviews were also conducted with supra-ministerial bodies such as the Court of Auditors, in the person of the Counsellor Judge responsible for the health area, the Ombudsman, in the person of the Head of the Ombudsman's Office and the Coordinator of the health area, and CReSAP - Commission for Recruitment and Selection for the Public Administration, an independent administrative entity responsible for recruiting and selecting candidates for senior management positions in the State Central Administration and assessing the adequacy of the profile of public managers, in the person of its President. From these conversations, in addition to the fundamental contribution to the understanding of the context and initiatives, it was also possible to obtain information on the perception that these stakeholders had of the Government's action in the health area - which, in general, was that there was a great openness to dialogue and cooperation by the ministerial team - but as the focus of this study was not the stakeholders' perceptions of the government's ac-

Chart 2. Distribution of the 50 analyzed initiatives through the nine areas of intervention (AI) established.

AI	Orientation of the initiatives – main objectives	A	C
Agreements	Initiatives that promoted the negotiation and establishment of agreements with multiple players outside the Ministry of Health, but with an impact on NHS performance. These agreements resulted in new negotiation methodologies, new contractual models, follow-up and monitoring commissions with the inclusion of all parties, and also the setting up of processes that allow the assessment of the effectiveness of the agreements based on transparent information for the players	7	95%
Citizen in the center of the NHS	In addition to ongoing health promotion actions, it includes initiatives aimed at promoting greater access to health care for the elderly and vulnerable. It also includes: the reformulation of palliative and continuing care networks; the appointments of the presidents of the hospital advisory boards (41 appointments from 2012 to 2015) whose mission is to include the citizen in the strategy and administration of the hospital or local health unit	9	30%
Communication and action with the stakeholders	Initiatives dedicated to establishing flows of information and accountability to stakeholders on the projects, actions and results of the Ministry of Health's performance. This area was strongly driven by ACSS for providing data for hospital benchmarking and ACES. Another initiative is the multiplicity of times that the Minister and officials of the Ministry went to the Assembly of the Republic to answer to the parliamentary committees and the plenary	3	90%
Efficiency	There were also four-monthly progress meetings between the Minister of Health and the Ministry's managers	8	50%
Control	Initiatives aimed at improving the management of all the Ministry's institutions by strengthening the continued mechanisms for verifying good management, identifying good and bad practices and preparing proposals for recommendations. These inspections and audits are the responsibility of all entities of the Ministry through the internal auditors, the inspection structures (General Inspection of Health Activities) and the regulatory structure (Health Regulatory Entity), as well as entities outside the Ministry (Court of Auditors)	9	95%
Ethics	Initiatives aimed at strengthening ethics issues in all Ministry institutions, allowing for more confidence-based interactions regulated by a set of rules negotiated and agreed upon by participants in the internal network (including rules ensuring protection of conflicts of interest between Ministry staff) and external to NHS. This includes the Committees of the National Ethics Council for Life Sciences (CNECV) and the Ethics Committee for Clinical Research (CEIC)	4	95%
Anti-Fraud	Initiatives aimed at fighting fraud and waste. To this end, the Ministry emphasized not only the detection of anomalous situations through the Invoice Conference Centre but also the articulation with the Criminal Police and the Public Prosecution. During this period, the Ministry reinforced twice the number of inspectors of the General Inspection of Health Activities	3	95%
Innovation in the Processes	Initiatives aimed at innovation and administrative modernization, particularly in the Purchasing sector and in the development of information systems and technologies. Through horizontal and interoperable platforms, involving all hospital and primary care institutions, the central entities of health administration and the citizen, enhancing interaction with the NHS through digital means. For example, we mention the electronic health record, the health data platform, the medical electronic prescription and the dematerialization of prescriptions	3	50%
Quality	Initiatives aimed at ensuring higher quality for NHS patients, such as combating nosocomial infections, creating standards of clinical guidance and mechanisms for their monitoring, reducing caesarean rates, and also initiatives aimed at providing more health care safety, such as the personal card for rare diseases, combating antibiotics, the national incident reporting system, among others. In this area, we included the accreditation of quality systems in hospitals and ACES initiated, ongoing and completed in this period, as well as the strengthening of human resources and their empowerment in healthcare activity	4	50%

Caption: A = Number of measures analyzed in each area of intervention (sample); C = Degree of comprehensiveness of the analyzed measures regarding the total of measures carried out (universe).

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tion, we chose not to consider the information collected, which essentially focuses on the assessment that these stakeholders made of the participation/cooperation of their institution with the ministerial team.

Analysis and discussion of the outcomes

The construction of the association matrix - using the methodology described - between the 50 initiatives analyzed and the nine principles of Good Governance (Chart 3), allowed - without taking into account the segmentation by areas of intervention - to obtain the overall relative weight of each of the principles of Good Governance. The analysis of these relative weights revealed a predominance of the principles of "effectiveness/efficiency" and "transparency", with a combined relative weight of 44%, indicating a clear concern of the Ministry of Health to promote the satisfaction of users' needs with a rational use of resources and to promote the confidence of the various stakeholders in the decision-making processes.

If in the case of the concern with "efficiency/effectiveness" it seems legitimate to us to assume that it results largely from an imposition of the MoU, the concern with transparency already, in our opinion and that of the majority of the interviewees in the exploratory talks, should be attributed to a reflection of the way the ministerial team acts.

The improvement of the "responsiveness" of the health system - meeting the needs of users - the "accountability" for the decisions taken and the contribution to the "strengthening of the rule of law" - creating conditions for a fair and effectively and impartially applied legal system in the health area - were also visible concerns in the Ministry of Health's actions, assuming a joint relative weight of 35%.

Concerns about "stakeholder participation" in decision-making processes, "equity" in access to health care, the "guarantee of independence" of managers and the creation of "consensus" around the main objectives to be defined and how to achieve them are also present in the work of the ministerial team and have a joint relative weight of 21%.

Analysis per area of intervention

When the data from the association matrix (Chart 3) are analyzed, taking into account the aggregation of initiatives in areas of intervention, it becomes possible to segment the analysis of the relative weight of each of the principles of Good Governance. The analysis of the degree of incidence of the principles in the different areas of intervention shows a significant difference between areas.

The significant number of areas of intervention and principles generates a high number of relative weights, which become complicated to analyze. Chart 4 seeks to facilitate this task by showing the differences in the incidence of Good Governance principles in the various areas of intervention, identifying for each principle the areas of intervention with maximum incidence. Each initiative is associated with 3 principles of Good Governance, which implies that the incidence of each principle is a maximum of 33%.

At a first level, we have the principle of "effectiveness/efficiency" which is present with maximum incidence in 4 of the 9 areas of intervention, followed by the principles of "transparency" and "strengthening of the rule of law", present with maximum incidence in 3 areas. This evidence reinforces the conclusions indicated in the previous point and indicates that these principles are being applied across the board. At a second level are the principles of "responsiveness", with maximum incidence in 2 areas of intervention and the principles of "stakeholder participation", "consensus orientation" and "independence", which have maximum incidence in only one area.

Analysis per Good Governance principle

In order to better understand how the principles of Good Governance were applied in each of the areas of intervention, the table of association presented in Chart 3 was read in reverse, calculating the relative weight of each area of intervention in the incidence of each of the principles of Good Governance.

When analyzing the data from the perspective of the principles of Good Governance, it can be seen that the weight of the intervention areas in each principle varies significantly, and it is possible to identify two distinct behaviors: 1) principles with a more transversal incidence (maximum dispersion) and which are present, albeit with variable weights, in several intervention areas; 2) principles whose incidence is mainly concentrated in one intervention area (maximum concentration), which reaches a relative weight above 50%. In order to facilitate the analysis of these two behaviors, we constructed Graph 1, in which each principle of Good Gover-

Chart 3. Terms of association of the Good Governance principles to the assessed initiatives.

#	Area	Initiative	Number of Sub-Initiatives	Accountability	Efficiency and Effectiveness	Transparency	Participation of Stakeholders	Reinforcement of the Rule of Law	Responsiveness	Orientation towards consensus	Equity and inclusion	Independency	Total
11	Agreements	Revision of the Conventions (amendment of the legal)	1			2	3			1			3
12	Agreements	Agreements with the Pharmaceutical Industry	1		2		3			1			3
13	Agreements	Agreements with the National Pharmaceutical Association	1		2		3			1			3
14	Agreements	Agreements with Medical Unions	1			2	3			1			3
15	Agreements	Agreements with Misericórdias / New forms of articulating with the third sector	1		2		3			1			3
40	Agreements	Agreement with the Portuguese Firefighters League	1		2		3			1			3
41	Agreements	Agreement with the Nurses Union	1			2	3			1			3
		Subtotal	7	0	**4**	**3**	**7**	**0**	**0**	**7**	**0**	**0**	**21**
7	Communication and action with the Stakeholders	Data Transparency	8	1	3	2							3
23	Communication and action with the Stakeholders	Minister's Situations Meetings with NHS Management	1	1	3	2							3
35	Communication and action with the Stakeholders	Intervention by the members of the Government in the area of Health in the Assembleia da República (Parliament)	3	1		2		3					3
		Subtotal	12	3	2	3	0	1	0	**0**	**0**	**0**	**9**

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nance is represented according to the number of intervention flights to which it is associated.

It should be noted that, at this point, it is not a question of analyzing the degree of overall incidence of Good Governance principles, but of assessing their level of dispersion (transversality) across the different areas of intervention (in Graph 1, for example, the principle of transpar-

Chart 3. Terms of association of the Good Governance principles to the assessed initiatives.

#	Area	Initiative	Number of Sub-Initiatives	Accountability	Efficiency and Effectiveness	Transparency	Participation of Stakeholders	Reinforcement of the Rule of Law	Responsiveness	Orientation towards consensus	Equity and inclusion	Independency	Total
8	Efficiency	Mandatory cost information note	1	3	1	2							3
9	Efficiency	Reduction of excessive margins / opacity prices	1		1	2	3						3
10	Efficiency	Agreements with cost analysis / scrutinable benefits	1		1	2	3						3
16	Efficiency	Inclusion of EPE Hospitals in the Central Government Budget Perimeter	1	2	1	3							3
42	Efficiency	Increase of the Autonomy of the EPE Board of Directors	1	2	1							3	3
44	Efficiency	Inclusion of ADSE in the Ministry of Health	1		1				2		3		3
45	Efficiency	Space Occupation Rationalization Program	1		1		3			2			3
46	Efficiency	Heavy Equipment driver certification	1		1		3		2				3
		Subtotal	8	3	**8**	**4**	**4**	**0**	**2**	**1**	**1**	**1**	**24**
1	Control	External Audits to all the NHS units	1	2		3		1					3
2	Control	Appointment of the Heads of Internal Audit Officers	1	2		3		1					3
5	Control	Reinforcement of the competencies of the General Inspectorate of Health Activities	1	2		3		1					3
6	Control	Reinforcing licensing and evaluation competencies of the Health Regulator	1	2		3		1					3
43	Control	Monitorization of the MoU measures	1		2	3		1					3
28	Control	Statements by the Court of Auditors	1	2		3		1					3
33	Control	Changes in the Legislation of the Orders	1	2		3		1					3
47	Control	Request by the Ministry of Health for a Legal Auditor	1	2		3		1					3
48	Control	External Evaluation	7	2		3		1					3
		Subtotal	15	8	1	**9**	**0**	**9**	**0**	**0**	**0**	**0**	**27**

it continues

ency is associated with eight of the nine areas analyzed, regardless of their degree of incidence in each area).

In Graph 1 it is possible to identify three behavior profiles: 1) The principles that demonstrate a more transversal application by the Min-

Chart 3. Terms of association of the Good Governance principles to the assessed initiatives.

#	Area	Initiative	Number of Sub-Initiatives	Accountability	Efficiency and Effectiveness	Transparency	Participation of Stakeholders	Reinforcement of the Rule of Law	Responsiveness	Orientation towards consensus	Equity and inclusion	Independency	Total
3	Ethics	Reformulations of the Conflicts of Interest and Incompatibility Rules	1			2		1				3	3
17	Ethics	NHS Code of Ethics	1			2		1				3	3
36	Ethics	CNECV and CEIC intervention	1			2		1				3	3
49	Ethics	Commission for Medically Assisted Breeding	1			2		1				3	3
		Subtotal	4	0	0	4	0	4	0	0	0	4	12
4	Citizens in the centre of the NHS	Dinamização dos Conselhos Consultivos	1		3				2		1		3
20	Citizens in the centre of the NHS	Gilead – Hepatite C – 2015	1		3				2		1		3
21	Citizens in the centre of the NHS	More affordable health for the most vulnerable	1		3				2		1		3
22	Citizens in the centre of the NHS	Improved access to medicine	1		3				2		1		3
24	Citizens in the centre of the NHS	Paliative Care Network	1		3				2		1		3
25	Citizens in the centre of the NHS	Reinforcement Continuing Care Network	1		3				2		1		3
26	Citizens in the centre of the NHS	Free Flu Vaccination > 65 years and Prevenar13	1		3				2		1		3
27	Citizens in the centre of the NHS	Health Line 24 Senior	1		3				2		1		3
38	Citizens in the centre of the NHS	Health Promotion / Disease Prevention (tobacco, alcoholism, drugs / smartphones	1		3				2		1		3
		Subtotal	9	0	**9**	**0**	**0**	**0**	**9**	**0**	**9**	**0**	**27**

it continues

Chart 3. Terms of association of the Good Governance principles to the assessed initiatives.

#	Area	Initiative	Number of Sub-Initiatives	Accountability	Efficiency and Effectiveness	Transparency	Participation of Stakeholders	Reinforcement of the Rule of Law	Responsiveness	Orientation towards consensus	Equity and inclusion	Independency	Total
18	Anti-Fraud	Anti-Fraud Infrastructures	3		2		3	1					3
31	Anti-Fraud	Interventions by the Research Police	1		2	3		1					3
32	Anti-Fraud	Public Prosecution Interventions	1		2	3		1					3
		Subtotal	5	0	3	2	1	3	0	**0**	**0**	**0**	**9**
30	Innovation in the process	SGMS Public Purchasing Process	1		1	3						2	3
29	Innovation in the process	SPMS Public Purchasing Process	1		1	3						2	3
37	Innovation in the process	Information Systems and Technologies in the NHS	15		1	3			2				3
		Subtotal	**17**	**0**	**3**	**3**	**0**	**0**	**1**	**0**	**0**	**2**	**9**
34	Quality	Accreditation – Quality Systems	1	2	3				1				3
39	Quality	Reinforcement of the Human Resources and Leadership Skills	1		2	3			1				3
50	Quality	Health Quality	6				3		1		2		3
19	Quality	Reference Centres	1		3				1		2		3
		Subtotal	9	1	3	1	1	0	4	0	2	0	12
		Total	86	15	33	29	13	17	16	8	12	7	150
Global weight of each principle			-	10%	22%	19%	9%	11%	11%	5%	8%	5%	-

Source: The authors.

istry of Health are clearly those of "transparency" and "effectiveness/efficiency", present in eight of the nine intervention areas, although their degree of incidence in each of the areas does not exceed 29% in the case of "transparency" and 30% in the case of "effectiveness/efficiency"; 2) the principles of "stakeholder participation", "responsiveness" and "accountability", with a lesser degree of transversality, but still without an intervention area with a relative weight of more than 50%; 3) the principles of "orientation towards consensus", "independence", "equity and inclusion" and "strengthening of the rule of law", with a clear predominance of one of the intervention areas, which presents a relative weight clearly above 50%.

Graph 2 shows the principles of Good Governance that fit into the third profile identified in Graph 1, with an indication of the predominant area of intervention and the respective relative weight.

These results come as expected. In fact, the process of aggregating initiatives by area of intervention (e.g. initiatives in the area of agreements)

associates, in some cases, more immediately (as is the case of the four areas indicated in graph 2) a given area with a given principle of Good Governance (e.g. the area of agreements is more naturally associated with the principle of "consensus orientation", which explains its great concentration when we specifically analyze this principle).

Conclusions

With regard to the analysis of the quality of governance of the health sector in the period under review, and using the application of the principles of Good Governance as a criterion, it can be concluded, in global terms, that there was a clear predominance of the principles of "transparency" and "effectiveness/efficiency". The public action of the Ministry of Health shows a clear concern with the promotion of the satisfaction of users' needs with a rational use of resources and with the adoption of measures that stimulate the confidence of the various stakeholders in decision-making processes. If in the first case it seems legitimate to us to assume that it results, to a large extent, from an imposition of Troika, very present in the measures provided for in the MoU, the concern with "transparency" should already, in our opinion, be attributed to an option for action by the ministerial team. The concern with improving the "responsiveness" of the health system, meeting the needs of users, with "accountability" for the decisions taken and with contributing to the "strengthening of the rule of law" - creating conditions for a fair and effectively and impartially applied legal system in the health area - are also visible, at a second level, in the work of the Ministry of Health. With less focus, although present, there are concerns about the "participation of stakeholders" in decision-making processes, with "equity" in access to health care, with the guarantee of the "independence" of managers and with the creation of "consensus" around the main objectives to be defined and the way to achieve them.

Analyzing the framework of association between the 50 measures considered and the 9 principles of Good Governance, segmenting by the 9 areas of intervention defined, it is possible to understand that the incidence of the principles is not identical in all areas, which indicates differentiated concerns on the part of the ministerial team. The principles of "transparency" and "effectiveness/efficiency" are present in eight of the nine areas of intervention, proving to be a more transversal concern. At the other extreme are the principles that are essentially associated with a single area of intervention, such as: "orientation" towards consensus", with an incidence of 88% in the Agreements area; "independence", with an incidence of 57% in the Ethics area; "strengthening the rule of law", with an incidence of 56% in Control; and "equity/inclusion", with an incidence of 53% in the NHS Centre for Citizens.

Chart 4. Identification of the areas of intervention where each of the Good Governance principles has a relevant incidence.

Good Governance Principle	Area(s) of intervention where the principles has maximum incidence
Efficiency and Effectiveness	Efficiency Citizen in the center of NHS Anti-Fraud Innovation in the processes
Transparency	Control Ethics Innovation in the processes
Reinforcement of the Rule of Law	Control Ethics Anti-Fraud
Responsiveness	Citizen in the center of NHS Quality
Accountability	Communication and action with the stakeholders Control
Equity and Inclusion	Citizen in the center of NHS
Participation of the stakeholders	Agreements
Orientation toward consensus	Agreements
Independency	Ethics

Source: The authors.

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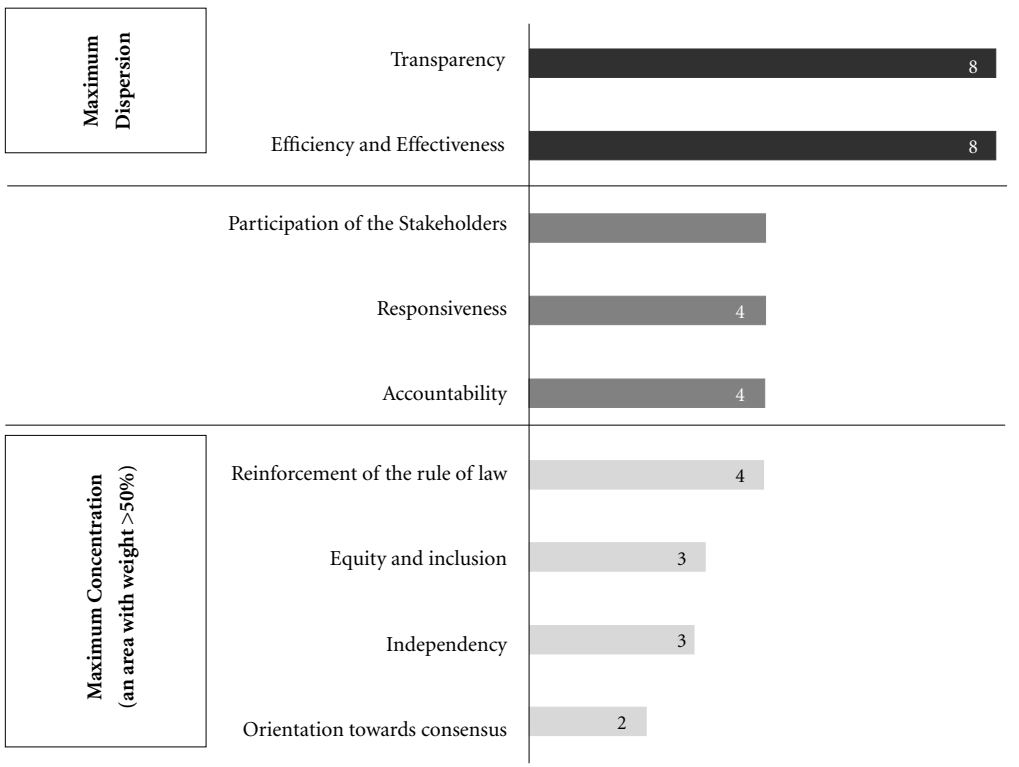
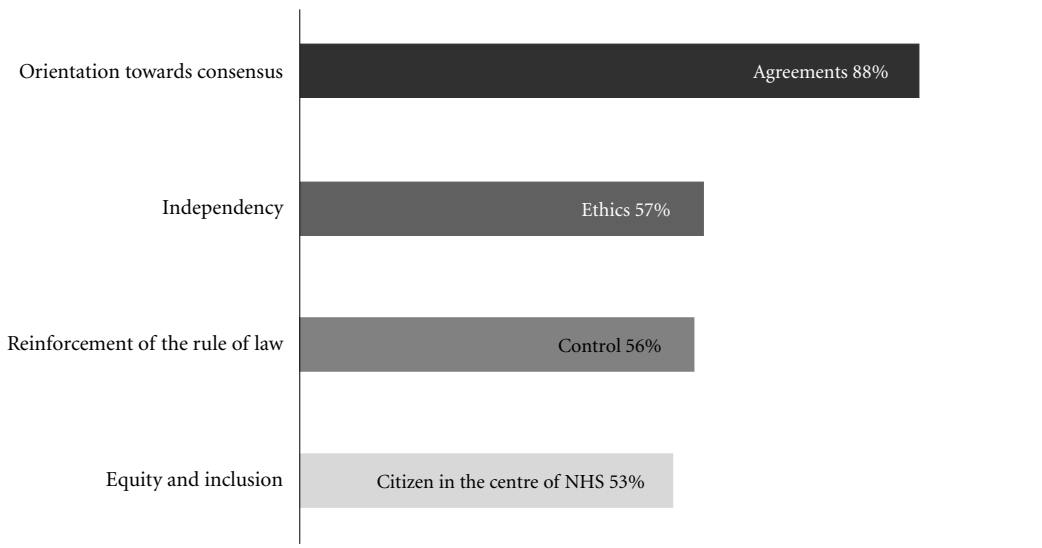


Graph 1. Number of areas of intervention where the incidence of each Good Governance principle is observed.

Source: The authors.



Graph 2. Identification of the predominant area of intervention (weight over 50%) in the Good Governance principles where it exists.

Source: The authors.

Collaborations

R Ramos Pinto contributed for the god governance theoretical framework and for the analysis of the incidence of good governance principles. MH Monteiro performed the content analysis of the legislation and the official documents of the 50 considered initiatives. MM Martins contributed with the methodological design. ER Carvalho contributed for the theoretical framework.

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