

# Collaborative governance on big health problems in developing countries

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## Collaborative governance research may help tackle big health problems in developing countries, says Michael P. Ryan. Here, he explains how

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Some public administration researchers propose that collaborative governance may help tackle big global health problems in developing countries, such as HIV/AIDS in Africa. Collaborative governance of a public-nonprofit- private, or cross-sector network in public administration and organization studies means ‘a governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliberate and that aims to make or implement public policy or manage public programs or assets.’ <sup>(1)</sup> Public-nonprofit-private collaborative governance in public administration and organization studies involves ‘the processes and structures of public policy decision-making and management that engage people constructively across the boundaries of public agencies, levels of government, and/or the public, private, and civic spheres to carry out a public purpose that could not otherwise be accomplished.’ <sup>(2)</sup>

### What can collaborative governance achieve in addressing health problems in developing countries?

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Collaborative governance, if properly designed and implemented, can help leaders clarify problems, identify known solutions, experiment with potential solutions, organize cooperative structures and processes, reconcile values, forge decision-making consensus, prioritize resource allocations, integrate diverse organization capabilities and individual skills, legitimate procedures and distributive outcomes, manage stakeholders, agree on outcome preferences, and achieve better outcomes. Nobody says collaborative governance is easy to achieve. Yet, health needs in Africa call for cooperative action, and collaborative governance shows promise as an organizational means.

My field research study of HIV/AIDS action in Uganda contributes insights regarding collaborative governance in an institution context under-explored in public administration and organization studies, the developing non-democracy. <sup>(3)</sup> Ugandans were one of the first in Africa to take action against HIV/AIDS, and they achieved and maintained considerable success over the decades of the HIV/AIDS era. Ugandan public executives developed a participatory model for collaborative governance to achieve network coordination and control. Ugandan public executives established a committee structure and process by establishing the Uganda AIDS Committee. The AIDS Committee structure enabled a participatory process of regular, trust-creating dialogue and joint decision-making among the international donor representatives and the state ministers who would

design the action strategy, allocate financial resources, and coordinate the action network of Ugandan public and local groups as well as international governmental and non-governmental organizations. Ugandan public executives established an administrative unit tasked with operations management of the action network with the Ministry of Health. They organized for network coordination and network control.

Collaborative governance confronts the tension between efficiency and inclusivity in structure design and operation. <sup>(4)</sup> The case of HIV/AIDS in Uganda provides insights into the tension between efficiency and inclusiveness in collaborative governance outcomes. Integration of public administration and organization studies with development and comparative studies sheds light on network effectiveness and participatory accountability in the context of a developing non-democracy. Ugandan public executives sought the efficiency gains achievable within a committee composed of a small, limited group of ministers and donor representatives who worked closely with a committed public chief executive and public executive administrator.

### **Ugandan HIV/AIDS action plan in the startup era**

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Collaborative governance, when conducted in a democracy, typically involves citizens and their representatives, including legislators, civil society groups, interest groups, and the media. <sup>(5)</sup> Collaborative governance in a democracy tends to be inclusive, with more stakeholders than the public chief executive in Uganda included in the AIDS Committee. The governance context in Museveni's Uganda was personal-rule autocracy in the HIV/AIDS start-up era, not pluralist democracy.

In a personal-rule autocracy, a president does not hold elections, at least contestable and transparent ones, and Museveni's Uganda did not hold elections during the AIDS action start-up era. The Ugandan public chief executive made himself accountable to the citizens of Uganda through national HIV/AIDS action, though not as specified in the democracy. He did not make himself accountable to elected members of the Parliament, as defined in a democracy.

President Museveni was himself a tribal chief in southwest Uganda. He spoke to local leaders as tribal chief as well as president. He legitimated within Ugandan society the need for action against HIV/AIDS as shared social responsibilities among local leaders with the people within their communities. The Ugandan HIV/AIDS action plan in the startup era emphasized awareness education campaigns about HIV prevention and AIDS care at the local community level in the Ugandan countryside and in the Kampala capital area. They took their messages to leaders of the various religious communities within the country—Roman Catholic, Protestant, and Muslim—and to ethnically diverse and geographically dispersed tribal leaders. Ugandan political leaders spoke about HIV/AIDS action in a non-democracy polity context as social protectors, not as elected representatives of the people.

In a personal-rule autocracy, a president may not organize collaborative governance with the participation of citizen representative groups in formal decision-making. Ugandan public executives later reformed collaborative governance of HIV/AIDS action. They reconsidered AIDS Committee collaborative governance because of the tension between efficiency and inclusiveness. Decision making efficiency had become inhibited by too little inclusiveness. The AIDS Committee had a very small group of top-leader participants. Yet, hundreds of local and international public, nonprofit, and private organizations shared the mission of HIV/AIDS action in Uganda. Information and communication gaps existed among the hundreds of organization participants. There was no mechanism to communicate or share general information with participating organizations.

Ugandan public executives renamed and reconstituted the AIDS Committee as the AIDS Partnership Committee to include elected representatives from United Nations agencies and foreign government development-assistance agencies, local-level Ugandan public authorities, People Living with AIDS organizations, private sector, national nongovernmental organizations and civil society organizations, international nongovernmental organizations, faith-based organizations, and research, academia, and science. Additionally, Ugandan public executives welcomed the AIDS Partnership Committee and elected representatives of the Ugandan Parliament, media, arts and culture, and young people. Ugandan public executives revealed their country's political evolution from personal rule autocracy to semi-autocracy. Parliamentary elections, political parties, and limited press freedoms are characteristics of a semi-autocracy.

Collaborative governance of a public- nonprofit-private network in public administration and organization studies may help tackle big health problems in developing countries.

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