**STEER DON’T ROW? BUT HOW TO MOVE THE BOAT TOWARDS THE HARBOUR?**

*The TAPIC governance framework*

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**Summary:** Governance is important but hard to understand or do right. We use the TAPIC framework to shed light on governance’s contribution to policy success and failure via the Transparency, Accountability, Participation, Integrity and Capacity dimensions of governance. Looking at governance this way puts the old “steering versus rowing” debate in a fresh light. Elaborate separations of policy and management or complex public private-private partnerships can overtax governance and choke off valuable information, whether by making decisions opaque, diminishing accountability, or increasing demands on integrity and capacity. Simpler mechanisms can work better. As in boating, to steer is often to row.

**Keywords:** Governance, Steering, Health Services, TAPIC

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**Introduction**

The debate on the advantages of ‘steering against rowing’ has become ubiquitous in health policy circles since the early 1990’s when many governments looked at the application of New Public Management techniques including an increased role of the private sector, to health care services. The metaphor implies that some are responsible for keeping the course while others are charged with moving the boat. Together, they make progress towards defined goals. The premise is that the public sector should be less in the business of ‘rowing’, i.e. delivering health services, and more on to ‘steering’, i.e. providing and ensuring strategic guidance and direction. Without going into theorny issue of the theoretical differences (or lack of) between steering versus stewardship versus governance, we argue here that this debate is essentially about how to strengthen health sector governance from the public sector perspective.

While most commentators, regardless of their political positioning, would agree about the importance of governance; there is far less consensus about ‘how to go about it’ let alone about its definition ‘what is meant by governance’ itself. This article tackles this challenge by proposing TAPIC, an effective framework to assess and strengthen public sector governance, so governments can be as good at steering as they (hopefully) are in rowing.
What is governance?

Governance is often a much-abused term, one that can obscure as often as reveal or help. It has been widely used in the literature to mean very different concepts, ideas or strategies.

At the broadest level, governance can be defined as the ways in which societies make and implement decisions. But beyond this basic understanding of governance there is an impressive degree of confusion as different authors and organisations put forward very different propositions. A review of the literature shows that governance has been defined by a list of sometimes disparate attributes including democracy, rule of law, accountability, transparency, quality, control of corruption or formulating policy among many others.

Our approach to governance aims to avoid, first, treating governance as a shopping list of desirable things that may not be immediately relevant or applicable to the practical operational needs of health decision makers; and second endorsing a theory of governance that incorporates too many assumptions about how organisations and systems work.

We conducted a review of governance frameworks, synthesising key dimensions common to the many different frameworks that exist, and then tested with a series of case studies in health services, including areas such as primary care reform, health technology assessment and public-private partnerships, and broader public health including homelessness, trade, climate change and pollution, child health, care integration and the regulation of new technologies. The basic framework can be found in a variety of places.

In this process we developed a framework for understanding the important domains of governance where problems and opportunities for improvement can lie. There are five of them (see Box 1).

The TAPIC Framework

Put together, these five domains comprise the core of the “TAPIC framework.” The framework is diagnostic and prospective, designed to be used in identifying the ways in governance might endanger a current or possible policy. The first step of the process is to identify whether the problem is one of governance, as opposed to something else (e.g. lack of resources or a fundamentally flawed policy idea). If the problem is in the ways that decisions are made and implemented (“process”) then it is probably a governance issue.

The second step is then to ask what kind of governance issue it is. Which of the TAPIC components is the problem? Is it, for example, policies that fall afoul of legal challenges because a lack of policy capacity meant they lacked the necessary evidence base and process management?

That would call for a policy capacity investment. But if the problem is a lack of trust within the system due to capricious and poorly explained central decisions, then the problem is more likely to be transparency and perhaps participation mechanisms.

The third step is to identify the concrete policy ideas that can address the problem: for example, developing the participatory mechanisms that build trust and bring better information, or building policy capacity in order to better anticipate problems. There are long lists of such mechanisms and not all mechanisms are equally feasible or useful in every case.

The fourth step is to see what can be learned from the experience in order to avoid the problem recurring.

In each case, the question is not how to have “good governance” in some abstract sense but how governance can empower civil society and improve health.

Box 1: TAPIC Framework

Transparency is the extent to which decisions and the grounds on which they are made are clear and known.

Accountability is the extent to which actors must account for their actions to principals in a clear and productive way.

Participation is the extent to which affected parties are consulted in decisions relevant to them.

Integrity is the extent to which organisations have clear rules, procedures, and missions, including anti-corruption and rule of law measures to clear mandates and organisational goals.

Capacity is the extent to which the system has policy capacity to understand the system and the legal, economic, political, social and other challenges in policies.

Conclusions

This brings us back to our initial postulate; this short piece further endorses the need for clarity when ‘steering’ rather than ‘rowing’ is needed and when ‘rowing’ is essential to retain capacity and clout for steering: rowboats and even some galleys combine both rowing and steering indispensably, while other vessels separate them.

Yet it also shows the massive complexities and difficulties in practice, particularly in the face of the perennial scarcity in Capacity (the last of our TAPIC dimensions) in many public administrations. We refer here not only about capacity in terms of human skills and resources; but also, to the technical, information, legal and political resources to steer effectively. When this is not the case some government health administrations may be better off going back to the business of rowing to avoid the failures and negative impact of incompetent steering.
References


Strengthening health systems through nursing: Evidence from 14 European countries

Edited by: AM Rafferty, R Busse, B Zander-Jentsch, W Sermeus, L Bruyneel

Copenhagen: World Health Organization (acting as the host organization for, and secretariat of, the European Observatory on Health Systems and Policies), 2019


‘Who is a nurse?’ and ‘What is nursing?’ seem to be simple questions yet the answers are strangely elusive. This book explores the variations in structure and organisation of the nursing workforce across the different countries of Europe. This diversity, and the reasons for it, are of more than academic interest. The work of nurses has always had a critical impact on patient outcomes. As health systems shift radically in response to rising demand, the role of nurses becomes even more important.

This book (Part 1 of 2) provides a series of national case studies drawn from 12 countries which were chosen as the subject of a large EU-funded study of nursing (RN4Cast) along with Lithuania and Slovenia which were added to provide broader geographical and policy reach. Part 2, to be published later in 2019, will provide thematic analysis of important policy issues such as quality of care, workforce planning, education and training, regulation and migration.

The lessons learned from comparative case-study analysis demonstrate wide variation in every dimension of the workforce. It examines what a nurse is; nurse-to-doctor and nurse-to-population ratios; the education, regulation and issuing of credentials to nurses; and the planning of the workforce. While comparative analysis across countries brings these differences into sharp relief, it also reveals how the EU functions as an important ‘binding agent’, drawing these diverse elements together into a more coherent whole.

Contents: Foreword; Author affiliations; List of figures and tables; List of abbreviations; Acknowledgements; Introduction; Belgium; England; Finland; Germany; Greece; Ireland; Lithuania; the Netherlands; Norway; Poland; Slovenia; Spain; Sweden and Switzerland.