# UNPACKING INTRAGOVERNMENTAL COORDINATION: AN INTERDISCIPLINARY EXPLORATION TO ADVANCE THE MULTISECTORAL APPROACH TO UNIVERSAL HEALTH COVERAGE IN UGANDA

PROEFSCHRIFT VOORGELEGD TOT HET BEHALEN VAN DE GRAAD VAN
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# DEDICATION

To the giants, the great ladies and gentlemen, on whose shoulders I have stood over time. Without their efforts and sacrifices, I would not be where I am today.

I especially dedicate this doctoral thesis to the memories of my beloved father, Thomas Cosmas Mbaziira, my mother, Rosemary Nabbosa, and my grandmother, Dorothy Namazzi.

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| | |
|---|---|
| ATS | Alternate Template Strategy |
| CI(s) | Coordination Instruments |
| CM(s) | Coordination Mechanisms |
| GOU | Government of Uganda |
| ED. | Executive Director |
| HDREC | Higher Degrees Ethics and Research Committee |
| HPAC | Health Policy Advisory Committee |
| HPSR | Health Policy and Systems Research |
| HSDP | Health Sector Development Plan |
| HTM | Hierarchical type mechanisms |
| IC(F) | Informed Consent (Form) |
| IFCPPI | Institutional Framework for Coordination of Policy and Program Implementation |
| IGC | Intragovernmental coordination |
| IOB | Institute of Development Policy |
| IRB | Institutional Review Board |
| ITM | Institute of Tropical Medicine, Antwerp |
| KI | Key Informant |
| KII | Key Informant Interview |
| LMICs | Low and Middle-Income Countries |
| MakSPH | Makerere University School of Public Health |
| MCF | Multidimensional Coordination Framework for Government Action |
| MDAs | Ministries, Departments and Agencies |
| MoFPED | Ministry of Finance Planning and Economic Development |
| MOH | Ministry of Health |
| MPs | Members of Parliament |
| MSA | Multisectoral action |
| MTM | Market tye mechanisms |
| MTF | Multitheoretical Framework |
| MWE | Ministry of Water and Environment |
| NCDs | Non-communicable diseases |
| NDP | National Development Plan |
| NPA | National Planning Authority |
| NPM | New Public Management |
| NSA | Non-state actors |
| NTM | Network- type mechanism |
| OP. | Office of the President |
| OPM | Office of the Prime Minister |
| PAT | Principal agency theory |
| PBB | program-based budgeting |

| | |
|---|---|
| PEA | Political Economy Analysis |
| PI | Principal Investigator |
| PNFP. | Private not-for-profit |
| RDT | Resource dependence theory |
| RMNCAH | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| ROU | Republic of Uganda |
| SDG(s) | Sustainable Development Goals |
| SWG | Sector Working Group. |
| TCE | Transaction Cost Economics |
| TWG | Technical Working Group |
| UHC | Universal Health Coverage |
| UN | United Nations |

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# ABSTRACT

**Introduction:** Advancing a multisectoral approach to universal health coverage in Uganda and similar settings is crucial for improving the population's overall health and wellbeing. A multisectoral approach involves coordination among various policy domains such as health, education, economy, agriculture, and trade to address the multiple determinants of health comprehensively. This PhD takes a government perspective premised on the limited exploration of intragovernmental coordination (i.e. internal coordination among public sector organisations such as ministries, departments and agencies from various policy sectors) to advance a multisectoral approach to health and other development aspirations. Intragovernmental coordination refers to the voluntary or forceful alignment of different government entities' actions, resources and efforts to address many contemporary development goals and challenges. However, achieving such coordination is an ongoing challenge. The government is often considered a homogeneous entity without unpacking its unique structural, organisational and functional complexities. Using the case of the national government in Uganda, it investigates intragovernmental coordination over the 2015-20 period to inform the country's multisectoral efforts towards health Sustainable Development Goals (SDGs) espoused under universal health coverage.

**Methods**: This study evolved as an interdisciplinary, iterative and theoretical-empirical exploration comprising three related work strands: a) theory development, b) empirical inquiry and c) synthesis of findings to draw insights to inform policy, practice and future research. The theory development stream entailed the development of conceptual and theoretical tools (through narrative reviews focused on different topics and expert feedback) that were applied during the empirical phase. The main tools included a) a multidimensional coordination framework for government action, b) a typology of coordination instruments, and c) a multitheoretical framework (combining the transaction cost economics theory, principal-agent theory, resource dependence theory and political economy perspective). The empirical inquiry involved a single-embedded case study of Uganda's national government. The study deployed a majorly qualitative research strategy comprising a narrative review approach, stakeholder engagements and observations during the 2015-20 period, 26 in-depth interviews with national-level stakeholders and document review. The findings were later synthesised into lessons, implications and recommendations to enhance intragovernmental coordination and advance the multisectoral approach to universal health coverage and other development goals.

**Results:** Intragovernmental coordination manifests as a relational, multidimensional and multilevel phenomenon comprising external-internal and vertical-horizontal interorganisational relationships towards short-term, medium-term or long-term outcomes. The national government is a multiorganisational entity, and each government entity is multilayered. In its merit, each entity is and exists in an intricate web of vertical-horizontal and internal-external relationships that must be managed judiciously. The complex and dynamic interactions among multiple factors and actors, internal and external to the government, influenced the coordination process. Interdependencies, coordination costs, non-aligned interests, and institutional and ideational factors were crucial to the coordination process. The power dynamics within the bureaucratic structures and the agency of coordinating entities influence the coordination efforts. The functioning of the bureaucracy is influenced by historical path-dependent features such as public sector reform processes and broader factors such as neopatrimonialism, political settlements and colonial legacies, which are also characteristics of other African states. New Public Management principles promoted in the 1990s by institutional strengthening projects of donors, characterised by agencification and the setting up of independent agencies to circumvent ineffective big line ministries, created further fragmentation within the government. Dissatisfaction with the new public management promise has instigated counter-reforms such as increased (re)centralisation and use of political appoints to ensure more political control over the bureaucracy. The donors and international agendas were occasionally supportive but sometimes counterintuitive to national coordination efforts. Other findings indicate that coordination in government entails activating several structural and management instrument mixes based mainly on hierarchy and network mechanisms. However, the market logic linked to neoliberalism that underpins many aspects of the political, social and economic life in Uganda plays a fundamental role. The instruments' functionality depends on the inherent mechanisms, (counter-)interactions with each other and the broader contextual factors that shape actors' behaviours. On a related note, horizontal coordination between health and other sectors was shaped by technical and political factors such as lopsided framing of (inter)dependence, actor opportunism and asymmetrical interests. The structural-institutional factors existent at the intrasectoral level interact with the broader national context to shape internal and external coordination.

**Conclusion:** Pursuing a multisectoral approach to universal health coverage and other development goals is inseparable from the (national) government's efforts to coordinate its affairs. This thesis underscores that an interdisciplinary approach drawing on domains of knowledge such as public administration, organisational theory, public policy, political

science and development studies, where thinking on coordination within and across government entities has advanced over time, can enrich multisectoral efforts towards public health issues. An iterative process of theory development and empirical inquiry is pertinent to an emerging area of study and essential for understanding how and why coordination takes place. The thesis affirms that the coordination process requires time and resources to guide the software aspects of institutional change—articulating a shared vision of coordination across government. Policy actions and implementation arrangements should promote incentives to align interests, manage coordination costs and navigate historical institutional context, countervailing political actions and inherent power dynamics. Understanding the interactive dynamics among coordination instruments is vital. The role of the health sector in leading or supporting multisectoral efforts for health advancement should be contingent.

# KEY DEFINITIONS USED IN THIS THESIS

Below, I provide a list of key terminologies used in the study:

**Abduction:** the analytical process involving theoretical redescription of data. Interpretation and redescription of components and aspects of a phenomenon using theory(ies) (Danermark, Ekström and Karlsson, 2019; Buch-Hansen and Nielsen, 2020). Through abduction, various theoretical interpretations and explanations can be compared, evaluated, and perhaps integrated during abductive processes.

**Agency:** It takes two meanings in this study.

a) A semi-autonomous public organisation that operates at arm's length from the government, usually reporting to a ministry and mandated to carry out public tasks ( *e.g.* regulation, service delivery, policy implementation) in a relatively autonomous manner ( *i.e.* with less hierarchy and political influence in daily operations and with more managerial freedom)(OECD, 2023).

b) In relation to structure-agency debate, agency refers to the deliberate and willful action of actors within a given context (Archer, 1995; Elder-Vass, 2010).

**Cabinet:** This term is used to refer to the collective meeting of Ministers (OECD, 2023)

**Civil servant**: An employee of the state, either permanent or on a long-term contract, who would remain a state employee if the government changes (OECD, 2023).

**Coordination instruments are** the specific structures and activities that underpin coordination efforts (Bouckaert, Peters and Verhoest, 2010).

**Coordination mechanisms** are defined in the thesis as abstract and general basic processes that underpin coordination arrangements. The ideal-type mechanisms applied to this thesis are hierarchy, networks and markets  (Bouckaert, Peters and Verhoest, 2010). A combination of ideal-type mechanisms of hierarchy, networks and markets underpins coordination instruments.

**Coordination:** coordination is ultimately defined in this study as a complex relational, multidimensional and multilevel process involving resource sharing and joint action amongst entities in and outside government towards short, intermediate and long-term goals. These goals include creating "a greater coherence and reduc(ing) redundancy, lacunae and contradictions within and between policies, implementation or management"(Bouckaert, Peters and Verhoest, 2010;16). During coordination, an organisation endeavours to voluntarily or forcefully align its actions with other organisations' activities, resources and outcomes.

**Epistemological relativism**: the argument that reality is socially constructed and subjective, aligned neatly with the qualitative approach incorporated in this study right from the start (Danermark, Ekström and Karlsson, 2019; Buch-Hansen and Nielsen, 2020).

**Government entity:** We use this generic term to refer to Ministries, Departments, Agencies, Directorates, Sections, or any other organisational segment that can be identified within the government organisational structure.

**Government perspective** is a viewpoint that focuses on the aspects of government entities (Christensen and Lægreid, 2007; Bouckaert, Peters and Verhoest, 2010). The government perspective in this study focuses on the national government level, which implies the study's focus on coordinating IORs among government entities. It can be contrasted with a focus on levels below (district/subnational/local perspectives) or levels above (supranational/global/regional perspectives).

**Government Program**: The program covers policies and legislation that the government intends to implement during its period in office. It may be updated and refined on an annual basis(OECD, 2023).

**Government**: The government is the particular group of people that controls the state apparatus at a given time and is the means through which state power is employed (for example, the adoption of laws). In a democracy, the state is served by a continuous succession of different governments. The number of governments is determined by the number of terms served by the head of the executive branch (where a term is defined by a change in the executive or an election that renewed support for the incumbent government) (OECD, 2023).

**Head of Government:** This term is used to refer to the Prime Minister or President – or both - depending on the political system of the country(OECD, 2023). The head of government in Uganda is the President (RoU, 1995).

**Health policy and systems research (HPSR)** is an emerging field that seeks to understand and improve how societies organise themselves to achieve collective health goals and how different actors interact in policy and implementation processes to contribute to policy outcomes. By nature, it is inter-disciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies and how health policies can shape − and be shaped by − health systems and the broader determinants of health (Gilson, 2012; Topp *et al.*, 2021).

**Implementation:** the processes and actions that need to be taken once a new policy or law has been adopted to ensure that the policy or law is given concrete effect. It can also be called

operationalisation, reflecting the fact that policies have no effect unless and until they are made operational(OECD, 2023).

**Instrument mixes:** This is a combination of various coordination tools for a given policy issue or domain. Coordination efforts involve a mix of structural and non-structural ( or management) instruments, which could be underpinned by either hierarchical, network, or market-type mechanisms.

**Interdisciplinary research:** Research initiative that draws on several disciplines or bodies of knowledge. There is advocacy for research that embraces interdisciplinarity, i.e. research that transcends conventional academic boundaries and combines several insights to address increasingly complex social challenges such as health, poverty, climate change, food, energy and water ('Why interdisciplinary research matters', 2015; Ledford, 2015; Humboldt-Dachroeden, Rubin and Sylvester Frid-Nielsen, 2020; Goodfellow, 2022).

**Interorganisational relations (IORs):** Interactions and relations among various organisations(Cropper *et al.*, 2009). In our study, IORs pertain to relationships between ministries, departments and agencies within the national government systems.

**Judgmental rationality**: Notion that some knowledge of the world is more certain than others and better approximates reality (Danermark, Ekström and Karlsson, 2019). This perspective was consistent with the overall study aspirations of developing theory-based explanations of coordination practice.

**Line Ministry:** The term line ministry designates the majority of ministries that exercise delegated sectoral powers. The finance ministry is not a line ministry (OECD, 2023).

**Methodological pluralism:** Accommodating the use of both qualitative and quantitative methods (Danermark, Ekström and Karlsson, 2019)

**Minister:** Political head of a ministry in Uganda. A junior minister is referred to as a state minister or minister of state. Ministers are generally in charge of one or more ministries and have a portfolio of responsibilities derived from the areas of responsibility covered by the ministry or ministries(OECD, 2023). Some ministers do not head up a ministry but are in charge of specific issues supported by an office ('minister without portfolio')(Peters, 2005). In most parliamentary systems, ministers are drawn from the legislature but keep their parliamentary seats. In most presidential systems (ministers are not elected officials and are appointed by the President(OECD, 2023). In Uganda, ministers may be chosen from the Members of Parliament who retain their parliamentary seat.

**Ministerial Committee:** Committees of ministers are usually set up to deal with specific sectors of government activity and policy, such as economic and social affairs, to confirm a course of action and to resolve disagreements (OECD, 2023). A relevant senior minister usually chairs them. A key objective is to minimise the number of issues that need to be put to the Cabinet and to identify the priority issues that deserve Cabinet attention.

**Ministry:** An organisation which forms part of the central core of the executive branch of government. A ministry is responsible for the design and implementation of an area or sector of public policy and administration (e.g. agriculture, education, economy, foreign affairs) in line with the government program and strategy (OECD, 2023). A ministry is also responsible for the direction of agencies under its authority. In some countries, such as Australia, Norway, the United States and the United Kingdom, ministries are called 'departments'. A ministry has a delegated budget to exercise its responsibilities under the authority and direction of the finance ministry or equivalent organisation responsible for the budget in the central government.

**Multisectoral action for health:** Refers to "all activities involving non-health sectors that can potentially improve health" (Rasanathan et al. 2017, pg 5). This thesis uses the "multisectoral approach" as a synonym for multisectoral action.

**Office of the President:** The term refers to the administrative structure that serves the Executive (President and the Cabinet collectively). It works with the Office/Ministry of the Presidency, Council of Ministers Office, etc. In many countries, the centre of government is made up of more than one unit, fulfilling different functions. A unit that is virtually found in all central governments is the unit that serves specifically the head of the government. This structure, too, has a variety of names, such as the Cabinet of the Prime Minister or the Private Office or state house.

**Public policy:** Public policy defines a consistent course of action designed to meet a goal or objective and respond to an issue or problem identified by the government as requiring action or reform. It is implemented by a public body (ministry, agency, etc.), although elements may be delegated to other bodies (OECD, 2023). Examples include a public policy to tackle climate change, educational reform, and support for entrepreneurship. Public policy is often given a formal framework through legislation and secondary regulations, especially in countries with a system of civil law. The policy is given practical effect through a defined course of action, programs and activities. It is, as necessary, funded from the state budget. A priority policy is a policy that matters more than others in order to achieve the government's strategic objectives. The responsibility for taking forward a public policy may rest with the relevant line ministry or, in the case of policies that cut across ministerial boundaries, may be shared by relevant ministries (OECD, 2023).

**Realist ontology:** Belief in a reality independent of the individual or researcher. Critical realism posits layered ontology, which comprises empirical, actual events and real levels (Danermark, Ekström and Karlsson, 2019).

**Retroduction:** The process in CR analysis involves specifying and examining the structures' fundamental constitutive properties and mechanisms and how they operate in practice. (Danermark, Ekström and Karlsson, 2019; Buch-Hansen and Nielsen, 2020). In practice, abduction and retroduction are closely linked as theories provide interpretative frameworks to theorise causal mechanisms. New theoretical perspectives might arise from the retroductive process. Retroduction might focus on complex explanations at one or multiple levels of analysis (Dubois and Gadde, 2002; Jagosh, 2020)

**Sector** refers to spheres of economic activity and thematic policy domains such as health, education, agriculture and transport (Pridmore et al., 2015; Rasanathan et al., 2017; Bennett, Glandon and Rasanathan, 2018).

**State:** Set of enduring institutions, usually given legitimacy in a constitution and related legal forms, through which public power is distributed. In the social sciences, a sovereign state is a compulsory political organisation with a centralised government that maintains a monopoly of the legitimate use of force within a defined territory (Weber) and is internationally recognised as such (through, for example, membership in the United Nations) (OECD, 2023).

**Universal Health Coverage** means everyone receives a full range of health services (including promotive, preventive, curative, rehabilitative and palliative) without financial hardships (WHO, 2015).

**Whole of Government:** Public sector agencies working formally or informally across their portfolio boundaries to achieve shared goals and integrated government response to a particular issue. These coordination approaches can focus on policy development, program management and service delivery (Christensen and Lægreid, 2007). There are several synonyms for the whole of government, such as joined-up government, horizontal government and holistic government.

*No phrase expresses as frequent a complaint about the federal bureaucracy as does "lack of coordination." No suggestion for reform is more common than "what we need is more coordination."*

*Pressman and Wildavsky (1984:133)*

# MATERIAL PUBLISHED AND PRESENTED AT CONFERENCES

Some material presented in this thesis has been published or presented as conference papers. These have been adjusted to fit the narrative of this thesis and updated with newer information.

1. **Ssennyonjo. A (2022**). Coordination of Multisectoral Action for Health: A multidimensional Framework for government action and Application at the national level in Uganda.

   - I presented at the Inaugural PhD Colloquium at Makerere University School of Public Health on 8 September 2022.
   - Corresponds closely to Section 3.2.
   - Draft manuscript under development

2. **Ssennyonjo. A** (2022) Examining Intragovernmental coordination for multisectoral health efforts in Uganda through a critical realist paradigm: Practical experiences and implications

   - Presented at the International Association of Critical Realism annual conference, Hague, Netherlands, August 2022.
   - This conference presentation corresponds to section 9.7 (the reflection in the discussion chapter on the potential of applying CR in this study).

3. **Ssennyonjo, A**., Van Belle, S., Ssengooba, F., Titeca, K., Bakubi R., and Criel, B., 2022. Not for us, without us: Examining horizontal coordination between the Ministry of Health and other sectors to advance health goals in Uganda. *Health Policy Plan. 2022;37(10):1221-1235. doi:10.1093/heapol/czac079.*

   - The analysis corresponds to Chapter 8.
   - The preliminary manuscript draft was presented at the 6th Health System Research Symposium, Dubai, in January 2021

4. **Ssennyonjo, A**., Criel, B., Van Belle, S., Ssengooba, F. and Titeca, K., 2022. What are the Tools Available for the Job? Coordination Instruments at Uganda's Central Government Level and Their Implications for MSA for Health. *Health Policy Plan. 2022;37(8):1025-1041. doi:10.1093/heapol/czac047*

   - Material corresponds closely to section 3.3, the analysis in chapter 6 (coordination instruments), and the discussion chapter.

5. **Ssennyonjo, A.** (2022). 'Beyond "Lack of Political Will": Elaborating Political Economy Concepts to Advance "Thinking and Working Politically"; Comment on "Health Coverage and Financial Protection in Uganda: A Political Economy Perspective"', *International Journal of Health Policy and Management*, (), pp. -. Doi: 10.34172/ijhpm.2022.7297

   - This manuscript corresponds to some excerpts from the section on political economy in Chapter 5, theoretical framework.

6. **Ssennyonjo, A**., Ssengooba, F., Criel, B., Titeca, K. and Van Belle, S., 2022. 'Writing budgets for meetings and teas?' a multitheoretical analysis of intragovernmental coordination for multisectoral action for health in Uganda. *BMJ Global Health*, *7*(2), p.e007990.

   - The manuscript corresponds closely to Chapter 7 on the multitheoretical analysis of factors shaping intragovernmental coordination in Uganda.

7. **Ssennyonjo, A**., Van Belle, S., Titeca, K., Criel, B. and Ssengooba, F., 2021. Multisectoral action for health in low-income and middle-income settings: how can insights from social science theories inform intragovernmental coordination efforts? *BMJ Global Health*, *6*(5), p.e004064.

   - This article corresponds closely to Chapter 5.
   - Draft manuscripts were presented at the 4th International Conference for Public Policy (ICPP) held in Montreal, Canada, in June 2019 and the International Conference of UHC, in August 2019, in Kampala, Uganda.

8. Rasanathan, K., Bennett, S., Atkins, V., Beschel, R., Carrasquilla, G., Charles, J., **Ssennyonjo, A**... & Zaidi, S. (2017). Governing multisectoral action for health in low-and middle-income countries. *PLoS Medicine*, *14*(4), e1002285.

   - Foundational work was produced from the international workshop on the governance of multisectoral action for health in low and middle-income countries held at Rockefeller Foundation Bellagio Centre in June 2016.

# 1 GENERAL INTRODUCTION

## 1.1 Introduction

Advancing a multisectoral approach to universal health coverage ( UHC) in Uganda and similar settings is crucial for improving the population's overall health and wellbeing. A multisectoral approach involves coordination among various policy domains such as health, education, economy, agriculture, and trade to address the multiple determinants of health comprehensively. This PhD takes a government perspective premised on the limited exploration of intragovernmental coordination (i.e. internal coordination among public sector organisations such as ministries, departments and agencies from various policy sectors) to advance a multisectoral approach to health and other development aspirations. Intragovernmental coordination (IGC) refers to the voluntary or forceful alignment of different government entities' actions, resources and efforts to address many contemporary development goals and challenges. However, achieving such coordination is an ongoing challenge. The government is often considered a homogeneous entity without unpacking its unique structural, organisational and functional complexities. Using the case of the national government in Uganda, it investigates intragovernmental coordination over the 2015-20 period to inform the country's multisectoral efforts towards health Sustainable Development Goals (SDGs) espoused under UHC.

This chapter introduces and contextualises the study within the ongoing global discourse on coordinating multisectoral action (MSA) for health in developing countries. It provides the motivations for the direction of inquiry in this study, strategically situating this thesis at the nexus of government, politics, health and development. The chapter begins by positioning health aspirations within the agenda of sustainable development goals (SDGs). The following section introduces universal health coverage (UHC), social determinants of health (SDH), and the imperative for multisectoral action (MSA) in health. The following section provides an overview of the coordination challenges in multisectoral efforts and government action in general. Next, I highlight the embedded nature of the study, underscoring the contextual realities and policy developments at the dawn of the SDGs and UHC over the 2015- 20 period. The study objectives and questions are provided, followed by a brief overview of the theoretical embeddedness, study scope and thesis overview.

## 1.2   Advancing Health in the Era of Sustainable Development Goals

In 2015, the global community replaced the Millennium Development Goals (MDGs) with seventeen sustainable development goals (SDGs) to rally and coalesce development efforts until 2030 (Schmidt, Gostin and Emanuel, 2015; United Nations (A/RES/70/1), 2015; World Health Organization, 2015; UNDP, 2018). The 2030 Agenda for Sustainable Development is premised on five core principles, two of which, namely a) interconnectedness and indivisibility and b) multi-stakeholder partnerships, are of particular interest to this thesis. The *interconnectedness and indivisibility* principle of SDGs argues that the SDG agenda rests on all 17 SDGs being interconnected and inseparable. This principle implies that all entities implementing SDGs need to approach them in their entirety as a whole and not as a menu list to not cherry-pick from. In addition, the SDGs require multi-actor and multisectoral partnerships to mobilise collective action and share resources and expertise to facilitate the attainment of the SDGs across countries (United Nations, 2017). The official UN  document (United Nations (A/RES/70/1), 2015,pg 4) affirms:

> *"We are determined to mobilise the means required to implement this Agenda through a revitalised Global Partnership for Sustainable Development, based on a spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable and with the participation of all countries, all stakeholders and all people. The interlinkages and integrated nature of the Sustainable Development Goals are of crucial importance in ensuring that the purpose of the new Agenda is realised".*

The third SDG concerns ensuring good health and wellbeing for all (United Nations (A/RES/70/1), 2015). Considering the indivisibility principle above, the interlinkages between SDG 3 and the other SDGs should be acknowledged to drive development action (Cerf, 2019; Hussain *et al.*, 2020). Figure 1 below illustrates the World Health Organisation's (WHO) depiction of the connections between SDG 3 and the other 16 SDGs. The image underscores that SDG 3 is interlinked to all SGDs- achieving it requires contributions across all SDGs. Similarly, attaining other SDGs requires action on SDG 3.

*Figure 1: Contributions from other sectors to good health and wellbeing in the SDG era*

Source: (WHO and The World Bank, 2017, pg xi)

The illustration above reaffirms that having a healthy and productive population is a prerequisite to achieving global and national development aspirations. Health is considered an input, a component and an outcome of development efforts (World Bank, 1993; Marshall and Keough, 2004; Das P, Das and Samarasekera, 2011). Maintaining good health and wellbeing is thus an indispensable part of government and societal business (Kickbusch and Behrendt, 2013). In brief, although improving health is not the only goal of government and development efforts, it is logically inconsistent to consider those efforts fully successful without attaining good health and wellbeing.

Considering these interlinkages, the SDG agenda demands integrated development efforts across sectors of government and society (United Nations (A/RES/70/1), 2015). The SDG 17 concerns partnership to support the attainment of the SGDs and advances mainstreaming of multisectoral thinking in implementing the SDG agenda(United Nations (A/RES/70/1), 2015; Graham *et al.*, 2018; Kuruvilla *et al.*, 2018). Health benefits arise from interactions of several factors and actors operating at the individual, organisational/institutional and environmental levels (World Bank, 1993; Laterveer, Niessen and Yazbeck, 2003; Amri, Chatur and O'Campo, 2022). By implication, health-promoting actions may arise within or beyond the health sector (Rasanathan *et al.*, 2017; Hussain *et al.*, 2020). This thesis strives to contribute to the efforts to harness health benefits from non-health sector initiatives (Rasanathan *et al.*, 2017). It focuses on coordination as a critical

ingredient to ensure coherence and harmonisation of multisectoral efforts towards health and other development objectives (Mcqueen *et al.*, 2012; Hagen *et al.*, 2015; Clavier, 2016; Candel, 2019). In particular, the thesis focuses on how coordination within the national government in Uganda can be pursued to support multisectoral efforts towards the UHC goal as the overarching aspiration of the health sector during the SDG period.

## 1.3 Universal Health Coverage, Social Determinants of Health and the imperative for a multisectoral approach to health

Within the global health community, achieving universal health coverage (UHC) was adopted as an overarching target under the SDGs (WHO, 2013a; World Health Organization, 2015; Pablos-Mendez, Cavanaugh and Ly, 2016). Universal health coverage means everyone receives a full range of health services (including promotive, preventive, curative, rehabilitative and palliative) without financial hardships(WHO, 2015). According to the WHO (2023)[1]:

*The inclusion of UHC in the SDGs presents an opportunity to promote a comprehensive and coherent approach to health, focusing on health systems strengthening. Countries that progress towards UHC will make progress towards the other health-related targets and towards the other goals. Universal health coverage has, therefore become a major goal for health reform in many countries and a priority objective of (the) WHO.*

The path to UHC is generally country-specific (World Health Organization, 2015). However, two general observations with critical implications for this study are worth noting. First, UHC aspirations are often represented as a cube (see Figure 2 below) with three dimensions of population coverage, service coverage (package of quality services) and financial protection (reducing financial barriers to healthcare access).
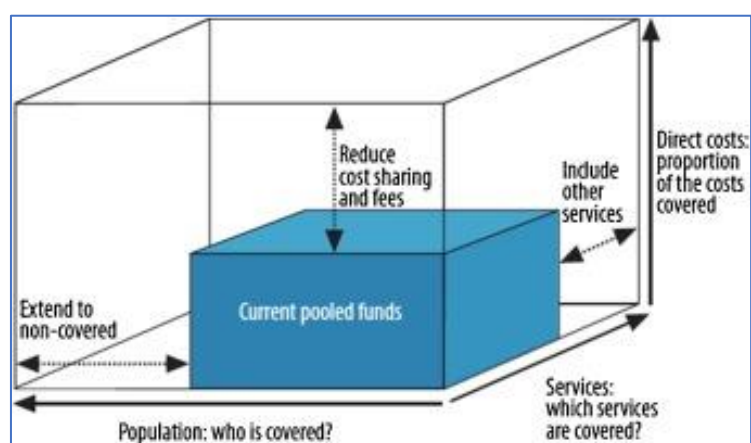


*Figure 2: Universal Health Coverage Cube*

Source: WHO,(2015, pg 8)

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[1] https://www.who.int/data/gho/data/themes/theme-details/GHO/universal-health-coverage

This conceptualisation emphasises UHC's health service, population and financial dimensions. It focuses on health sector actions such as system interventions to improve access to healthcare services and remove financial barriers. The implication of this framing of UHC is adopting policy actions focusing on health care reforms and prioritising health financing reforms such as National Health Insurance. This narrow view of UHC[2] perpetuates a healthcare-centric approach to health improvement and obscures the need for multisectoral action[3].

Second, contrary to the above, is the broader conceptualisation of health that delves into factors and actions beyond the health sector. There is emerging international consensus that addressing development challenges (such as urbanisation, food insecurity, socio-economic disparities and climate change) that have far-reaching health effects sits at the core of the efforts towards UHC and the broader SDG 3 agenda (Schmidt, Gostin and Emanuel, 2015). In this regard, the pursuit of UHC also supports the attainment of other SDGs. The 2019 UN Political Declaration of the High-level Meeting on Universal Health Coverage aptly emphasised that:

*..Universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and wellbeing but also to eradicate poverty in all its forms and dimensions, ensure quality education, achieve gender equality and women's empowerment, provide decent work and economic growth, reduce inequalities, ensure just, peaceful and inclusive societies and to build and foster partnerships while reaching the goals and targets included throughout the 2030 Agenda for Sustainable Development is critical for the attainment of healthy lives and wellbeing for all, with a focus on health outcomes throughout the life course (UN, 2019, pg 2)*

The 2008 WHO Commission on Social Determinants of Health (CSDH) emphasised that health represents the collective effect of social, economic and physical living conditions. Health outcomes arise from an interplay of the societal conditions in which people are born, grow, live, work, age and die, referred to as social determinants of health (SDH)(World Health Organization, 2008; Kickbusch and Gleicher, 2012). These factors (such as agriculture and food production, unemployment, education, water and sanitation, built environment, road safety, health care services, living and working conditions and housing) affect the health of individuals and populations.

The 2011 Rio declaration on SDH asserted that "health equity is a shared responsibility and requires the engagement of all sectors of government, of all segments of society, and all members of the international community, in an "all for equity" and "health

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[2] This healthcare focus has been entrenched in the indicators for UHC at the global level focusing on individual focused health care such as extent of catastrophic health expenditure.

[3]. This narrow focus runs contrary to the fact that improvements in health care access also requires investments in support systems such as electricity, water, road infrastructure, supplies management and workforce training and broad resource management which are outside the mandate of the health sector.

for all" global action" (World Health Organisation, 2011). Addressing SDH requires actors and actions beyond the control and mandate of the health sector. Instead, it demands contributions from other sectors such as the environment, economy, education, transport and agriculture (Kickbusch and Gleicher, 2012; Kickbusch and Behrendt, 2013). Consequently, achieving UHC is increasingly recognised as a property of other sectors, such as the environment, economy, education, and transport and food systems  (Kickbusch and Behrendt, 2013; Kickbusch and Gleicher, 2014; Storm *et al.*, 2016). The UHC goals in any setting cannot be left to the health sector alone. Hence, there is a need for research, policy and practice to focus on how such contributions from non-health sectors can be mobilised to advance these development aspirations. Relatedly, there is the question of how the pursuit of UHC can be leveraged to advance the goals and priorities of other non-health sectors.

Over the years, related concepts such as "multisectoral action", "intersectoral action", "multisectoral coordination", "intersectoral collaboration", "healthy public policies", and "health in all policies" have been employed in global health discourse and practice to represent an approach towards the attainment of health goals through collective actions beyond those of the health sector (De Leeuw and Peters, 2015; De Leeuw, 2017). A multisectoral approach has been applied to a) initiatives to address determinants of health conditions such as obesity(Callahan *et al.*, 2018), nutritional status (UNICEF, 2013), non-communicable diseases(Arora *et al.*, 2012);b) establishment and implementation of public health programs such as tobacco control (Isett, 2013), reproductive health (Rasanathan *et al.*, 2015)  or physical activity(Hämäläinen *et al.*, 2016; Kang, 2016); as well as c) attainment of health outcomes such as reduction in health inequities (Storm *et al.*, 2016) and early child development (Zaidi *et al.*, 2018).

I am also cognisant that within development practice, multisectoral actions have been pursued in other policy areas such as environment, natural resources management, trade and economics and other social services with direct or indirect effects on health, whether intended or not (Emerson, 2018). Given these realities, this thesis advances the idea that MSA for health must move beyond the usually narrow scope focusing on health sector efforts. This study will use the terms *multisectoral action (MSA) for health* and *multisectoral approach* interchangeably to encompass these efforts. The  MSA for health or multisectoral approach is defined in this study as a deliberate effort to leverage "all activities involving non-health sectors that can potentially improve health" (Rasanathan et al., 2017, pg 5). This view draws attention to health-enhancing actions across the broader government.

## 1.4 The state and development: Underscoring the centrality of intragovernmental coordination for a multisectoral approach for UHC.

The global convergence around SDGs and targets, such as UHC, spotlights a) why and how governments can engage in development practice and b) the significance of coordination within the government for the success of the multisectoral approach (United Nations, 2015). The role of the state is a subject of intense scrutiny in public health, public administration, and political science literature. One strand of literature advances that government have an increasingly diffused and reducing role in development (Verhoest and Bouckaert, 2005; Candel, 2019), while the other body of scholarship argues otherwise (The World Bank, 1997; Olivier de Sardan, 2008; Jessop, 2009; Blyth, 2013; De Andrade *et al.*, 2015). As elaborated in Chapter 4, varying views of the state's role have shaped several public sector reforms. In the following paragraphs, I summarise the debates on the evidence of a waning or (still) powerful state in global and national development.

Evidence for a reducing and minimalist government power is linked to several changing global and development dynamics. Notably, some studies on LMICs argue that due to the complexity of development problems, policy-making and development practice are polycentric, meaning that decision-making is distributed within and across multiple power centres (Ostrom, 2010; Synnevåg, Amdam and Fosse, 2018). Indeed, the concept of 'governance' is often used to capture the nature and management of the relationships between governments and non-state actors such as civil society, development partners, private sectors and citizenry (Ansell and Gash, 2008a; Osborne, Radnor and Nasi, 2013). Within the governance paradigm, some scholars point to governments' weakened positioning and capabilities in multi-actor settings. Scholars sometimes summarise these convictions under the notion of "hollowing out of the state' (Verhoest and Bouckaert, 2005; Candel, 2019).

In contrast, some scholars argue that governments remain the central and powerful players in development work as they hold and exercise power and control over many spheres of life (Reid *et al.*, 2021). As custodians of public trust, governments are considered the only players with the capacity and resources to address some development challenges, such as market failures (Kaplan, 1997; Australian Public Service Commission, 2007; Brian W. Head and Alford, 2015). Governments can ensure the provision of public goods such as roads, security and healthcare that cannot be provided effectively and equitably through the market. This thesis subscribes to the second strand. Arguably, the COVID-19 pandemic increased the salience and urgency of considering the role and capacities of governments to address contemporary and emerging development challenges (Weible *et al.*, 2020). The governments deployed various

policy tools, drawing on diverse capabilities to enforce unprecedented 'restrictive' pandemic control measures across levels and geographical jurisdictions (Huang, 2020; Goyal and Howlett, 2021). The COVID-19 experience renders notions of waning state power naive or premature. Indeed, the 2019 UN Political Declaration of the High-level Meeting on Universal Health Coverage reaffirmed:

> *The importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage in accordance with national contexts and priorities and underscore the importance of political leadership for universal health coverage beyond the health sector in order to pursue whole-of-government and whole-of-society approaches, as well as health-in-all-policies approach, equity-based approaches and life-course approaches (UN, 2019, pg 2)*

Hence, as the state and governments remain central players in driving health and development efforts, their internal coordination is a critical subject of study and practice. The following section introduces the coordination challenges for multisectoral and general government efforts.

## 1.5 The coordination challenge for multisectoral action for health and overall government efforts

The preceding sections highlighted an emerging consensus with the global health community that the major assets for health, the determinants of ill health and pursued outcomes (such as UHC) are best addressed by mobilising contributions within and outside the health sector across the government architecture (Kickbusch and Gleicher 2012). However, such outcomes that require many different skills or capabilities usually suffer from poor cooperation (Shrestha, Berardo and Feiock, 2014). Coordination becomes vital to bring the actions of various sectors in harmony and coherence.

Public health and administration literature underscores that achieving such coordination is an ongoing challenge (Rasanathan *et al.*, 2017; Tangcharoensathien *et al.*, 2017). According to 6 (2004, pg 131), "coordination is an eternal and ubiquitous problem in public administration," and "finding ways for organisations that are organised differently to work together is eternal and ubiquitous not only in public management but also in every part of social life". As elaborated in Chapter 4, government systems in all countries are characterised by organisational specialisation and fragmentation amplified by public sector reforms (Christensen and Laegreid, 2007; Christensen, Fimreite and Lægreid, 2014). Inadequate coordination manifests as inefficiencies in planning and implementation that increase the costs of managing government and accessing public services. Due to fragmentation, service users receive an incomplete set of services. Government and citizens

are also faced with unintended harmful consequences from the haphazard interaction of various policies and programs. For example, business operators might face compliance challenges to contradicting and incompatible regulatory mechanisms (Peters, 1998). Information needs may be inconsistent, and firms may be required to submit the same information to various government agencies. Hence, the call for increased IGC to reduce duplication and redundancy (Christensen and Lægreid, 2006; Australian Public Service Commission, 2007; Christensen Tom and Laegreid Per, 2007; Christensen *et al.*, 2014).

Following Elinor Ostrom, three interrelated problems regarding coordination, shared vision, and politics undermine multisectoral efforts (Ostrom, 2014). First, the coordination problem relates to bringing the actions of diverse actors into synergy. Public health issues such as nutrition and tobacco control are regulated separately by health, trade, and treasury ministries. Those policies need to be coordinated around the same ends to avoid conflicting policies. Second, building a shared vision and consensus on a common objective amongst multiple actors engaged in a given context is difficult. Thirdly, the political aspects pertain to the contestation and negotiation over interests, power, ideas and institutional contexts (Ostrom, 2014). Other scholars (Cejudo and Michel, 2017; Trein, Meyer and Maggetti, 2018) have highlighted the following causes of coordination challenges within a government setting:

a) The goals of different public organisations may be contradictory and incompatible. This context breeds interorganisational politics and calls for thinking and working politically through negotiation, bargaining or even upper-level authority exerting power to force these organisations to work in a more coordinated fashion through mechanisms such as "whole of government" and "joined up government" (Batley and Harris, 2014).

b) Coordination creates accountability challenges. Instruments and approaches such as mingled funds used to achieve coordination make accountability difficult as the responsibility is shared across several agencies. This situation may disincentivise coordination (Peters, 2005).

c) Multisectoral coordination is not a panacea**.** Sometimes, competition and incoherence are functional and productive. Coordination may not be helpful where experimentation is needed to generate the most feasible solutions to a problem. Unlike in very streamlined systems, redundancy and duplication may provide room for error (Peters, 2005).

This thesis took a government perspective focusing on intragovernmental coordination (IGC) within the national government in Uganda and similar Sub-Saharan African settings. Intragovernmental coordination denotes coordination among public sector organisations (ministries, departments, and agencies (MDAs)) from various policy sectors.

The concept of IGC is elaborated in Chapter 3. This phenomenon is related to other terms used in literature and practice, such as interministerial/interdepartmental/interagency coordination or collaboration (Mcqueen *et al.*, 2012; Bistaraki, 2017; Muir, Johnston and Howard, 2018; Agbo *et al.*, 2019; Ikeanyibe *et al.*, 2020).

In brief, pursuing MSA for health is intrinsically linked to broader efforts in many governments regarding the coordination rationale and challenges. Therefore, knowing how and why government systems are coordinated is critical for organising and coordinating MSA towards goals such as UHC (Glandon *et al.*, 2018). The coordination challenges within government systems also pertain to the coordination of MSA for health. Against this backdrop, this thesis recasts attention to the internal coordination of the national government in Uganda as a key ingredient in advancing health (UHC) and other development aspirations in the country.

## 1.6 Embedded scholarship and contextualising the study in Uganda

The preceding sections have presented background information that situates the thesis within contemporary global sustainable development efforts (1.2) and the health aspirations regarding UHC, social determinants of health and the multisectoral imperative (1.3). I have highlighted the discourses on the role of the state in development (1.4) as well as the concern that coordinating multisectoral efforts for health and government affairs, in general, remains an ongoing challenge (1.5). In this section, I present the motivations of the study arising from the national UHC policy developments in Uganda. The linkages between this doctoral study and the broader project in which it was nested are introduced.

### 1.6.1 The national commitment towards a multisectoral approach for UHC over the 2015-2020 period

This study's focus on IGC took shape as Uganda's commitment to UHC became crystallised as a multisectoral agenda over the 2015-2020 period. The thesis thus primarily documents and analyses the national developments over this period to draw implications and insights to bolster the multisectoral approach to UHC. Below, I briefly situate this doctoral study within these policy dynamics.

In 2015, Uganda, like other countries, adopted the Agenda 2030 for Sustainable Development. The country's SDG health aspirations were espoused around achieving UHC. At the dawn of the SDGs, the health sector adopted a new strategic plan, the Health Sector Development Plan (HSDP) 2015/16-2019/20 (MoH, 2015). The goal of the HSDP was to "accelerate movement towards Universal Health Coverage (UHC) with essential health and

related services needed for the promotion of a healthy and productive life" (ibid; pg ix). Specific objective 2 of the HSDP sought to address key determinants of health through "strengthening intersectoral collaboration and partnerships for effective implementation of the following program areas: safe water, environmental health and sanitation, food and nutrition services, environmental pollution control, housing and urbanisation, school health, road safety, veterinary services, energy and gender and human rights" (MoH, 2015) (p.48). The HSDP document also highlighted sectors such as finance, labour, water, environment, transport and works and agriculture as key for Uganda's UHC aspirations. These developments coincided with other MOH-led efforts, such as reorienting and prioritising health programming from curative health services to health promotion and disease prevention. However, the HSDP did not articulate how contributions from non-health sectors could be harnessed for UHC advancement in the country.

National-level consultations, dialogues and symposia on UHC over the 2015-20 period reaffirmed and expanded the HSDP thinking that UHC requires more than expanding access to healthcare services but attention to broader health and wellbeing determinants. These stakeholder engagements underscored that a multisectoral approach (integrating contributions from different sectors) was vital for UHC and that coordination among government sectors and MDAs was essential for such a multisectoral effort. Accordingly, UHC in Uganda was strategically defined in the national roadmap for UHC in multisectoral terms as

*"All persons in Uganda have equitable access to affordable, comprehensive, quality health and related services - delivered through a multi-sectoral approach."(MoH, 2020, pg 1)*

However, the prevailing evidence showed that working cross-sectorally was sub-optimal, leading to uncoordinated efforts within the Ugandan government (GoU, 2015 ). The National Development Plan (NDP) II highlighted weak public sector management and administration, as exemplified by conflicting, overlapping, and duplicate mandates, as one of the most binding constraints to Uganda's development (GoU, 2015 ). This shortcoming, in turn, undermined Uganda's government's ability to address crosscutting complex policy issues, such as malnutrition, poverty, healthcare access, and unemployment, due to a "lack of synergies and coherence across sectors on what priorities to be taken" (17; 9). One illustrative example of incoherence in priorities across government ministries has direct implications for UHC-concerned health workforce planning in Uganda (SPEED Project, 2017). Meanwhile, the Ministry of Health (MOH) advocated recruiting additional health workers, while the Ministries of Finance and Public Service prioritised cost containment by establishing a wage bill ceiling. At the same time, the education ministry pursued the

liberalization of medical training with the establishment of several private health training institutions. In 2015, the Ministry of Foreign Affairs agreed to export Ugandan medical workers to Trinidad and Tobago to strengthen bilateral diplomatic relations[4]. These examples highlighted that non-health sectors were taking actions and decisions without regard to their health implications.

### 1.6.2    *Aspiration to contribute to the objectives of the SPEED Project (2015-20)*

This PhD was conceptualised and pursued within the framework of the SPEED Project. I subsequently delve into these matters. SPEED stands for "Supporting Policy Engagement for Evidence-based Decisions (SPEED) for UHC in Uganda project"[5]. This 5-year partnership (2015-2020) was led by Makerere University School of Public Health ( MakSPH) and included three other entities in Uganda as well as two international institutions. The national partners included the National Planning Authority (NPA), the Economic Policy Research Centre ( EPRC)  and the Uganda National Health Consumers Organisation ( UNHCO).  The international partners were the Human Sciences Research Council (HSRC), Pretoria, South Africa and the Institute of Tropical Medicine (ITM), Antwerp, Belgium. The European Union funded the SPEED project as one of the eight country projects under the Supporting Public Health Institutes Program (SPHIP).  I now briefly introduce the linkages between the SPEED project and this PhD study.

a) First, my doctoral project aimed to contribute to the aspirations of the SPEED initiative. The second part of the project vision was having state and non-state agencies understand what UHC entails and what roles they individually and collaboratively have to play in its realization. The overall objective of SPEED was to strengthen the capacity for policy analysis, advice, and influence at MakSPH and partner institutions and contribute to accelerating progress towards universal health coverage and health system resilience in Uganda. The project's first specific objective was to engage and influence policymakers with contextually adapted evidence for health policy and systems changes to advance UHC. The second objective concerned supporting policymakers in monitoring the implementation of vital programs for the realisation of UHC policy goals. These

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[4] This move was rescinded by public outcry from different health stakeholders including donors such as the United Sates of America and Belgium. The main concern was undue attention to decision's implications on an already understaffed healthcare system. Belgium vowed to halt health sector aid for 11 million Euros (https://www.monitor.co.ug/uganda/news/national/ugandan-government-insists-on-sending-240-health-workers-to-caribean-1604190 ( accessed 27th September 2023)     and     https://www.newvision.co.ug/news/1325337/belgium-withhold-sh37b-uganda-exports-medics ( accessed 27th September 2023). Eventually, the move to export the medical officers was abandoned.

[5] http://speed.musph.ac.ug/   and   https://capacity4dev.europa.eu/discussions/speed-uganda-advancing-universal-health-coverage-uhc-uganda-highlights-contributions-speed-project

objectives were essential in shaping the focus and scope of the study. This study's objectives echo these aspirations ( next section 1.7). The project's third objective was "to enhance the expertise, knowledge and resources for policy analysis and advice and influence at MakSPH and partner institutions," which underpinned the sandwich DGD scholarship arrangement under which the PhD was pursued. This PhD is considered one of the capacity-building initiatives under the SPEED project.

b) The project's start in March 2015 coincided with the dawn of the SDGs, UHC and the new HSDP in 2015. This development enabled the project to evolve alongside the national UHC policy developments presented above. The SPEED implementation framework entailed convening and supporting stakeholder engagements to advance UHC efforts and health systems resilience in the country. I served as the SPEED project manager with direct roles in the planning, implementation, monitoring and evaluation of the project activities. These engagements and related evidence-generation activities embedded me in the national policy discourse and practice. As recommended by the 2023 World Health Report (Research on Universal Health Coverage), my thesis was approached as embedded research to support the national UHC policy developments. Early in 2015, the national engagements recommended research into how coordination within government could be shaped to support a multisectoral approach to UHC. Specifically, during the priority setting for the UHC research agenda in Uganda (May and August 2015), stakeholders recommended studies "about the tools, methods and approaches required to motivate or enable multisectoral collaboration in health"(Ssengooba, Ssennyonjo, Rutebemberwa, *et al.*, 2021), pg 7. This thesis aims to respond to this call. As detailed in the next chapter, especially the positionality section (2.3), the study design (2.4) and the data collection section (2.5), the SPEED Project provided a vantage platform for collecting the data on which this thesis is based. This embeddedness in national processes was equally useful in navigating the practical realities of elite interviews (section 2.9).

c) Third, the SPEED Project adopted a flexible approach to ensure it remained relevant and responsive to emerging issues and questions raised by stakeholders. Similarly, this thesis adopted a flexible and iterative approach (see overview of the research process in section 2.2) for similar reasons. For example, during the conceptualisation of the PhD study, it became apparent that the Ugandan government had undertaken several public reforms to strengthen the coordination of the government system to perform more effectively and efficiently. During the past two decades, the government has established several internal coordination processes and structures, such as adopting government-wide strategic planning frameworks led by the National Planning Authority (NPA). The

Office of the Prime Minister (OPM) spearheaded the adoption of the 2016 National Coordination Policy (OPM, 2016). I then became interested in the functioning of such coordination instruments and how they could be leveraged to advance the UHC-related multisectoral aspirations in Uganda.

d) Furthermore, the stakeholder engagements and literature highlighted the essence of examining the relationship between the health sector (and, in a stricter sense, the MOH as the lead government health agency) and other sectors as essential for advancing a multisectoral approach to UHC. This emphasis informed the focus on examining how MoH (and the entire health sector) could be better internally organised to support a multisectoral approach to the UHC agenda in the country. Overall, the flexible SPEED approach formed the foundation for a similar strategy for this project. It also informed the direction and scope of the thesis (section 1.9) and supported the methods used (chapter 2).

e) Fourth, until its end in August 2020, the SPEED partnership provided a control and accountability system that ensured that the study remained viable and attuned to the project's aspirations and stakeholder interests. I have continued to work with two of the SPED project leads as my supervisors.

## 1.7 Study Objectives and Research Questions

### 1.7.1 The main study objective and research question

In light of the motivations above, this thesis seeks to investigate the coordination context and processes within the national government (among government MDAs) to inform Uganda's multisectoral approach to UHC. The study aims to describe and examine intragovernmental coordination within Uganda's national government over the 2015-2020 period in order to advance the multisectoral approach towards Universal Health Coverage. The main research question guiding this study is as follows:

*How is coordination pursued within the national government in Uganda, what factors influence this process, and how can current practices be enhanced and leveraged to support a multisectoral approach to universal health coverage in Uganda?*

### 1.7.2 Specific study objectives and related questions

To answer the question above, the study covered the following specific objectives and research questions.

1. To develop a comprehensive theoretical framework for understanding and analysing intragovernmental coordination within the national government in Uganda.

a) What does coordination within a national government setting entail?

b) How can selected organisational theories and political economy perspectives inform the study and implementation of intragovernmental coordination efforts?

2. To explore and describe coordination approaches at the national government in Uganda.

a) What strategies and instruments exist to coordinate the Ugandan national government's ministries, departments and agencies?

b) What are their main attributes in terms of underlying mechanisms, functioning and interaction dynamics?

3. To critically examine the influence of contextual factors and actor and power relations on the coordination processes within the national government of Uganda.

a) How do external and internal government context, actor relations, and power dynamics influence coordination within Uganda's national government?

4. To critically examine the influence of contextual factors and actor and power relations on the horizontal coordination between the health sector and other non-health sectors in Uganda.

a) How do external and internal health sector contexts, actor relations and power dynamics influence horizontal coordination between Uganda's health and non-health sectors?

5. To identify and propose strategies for improving intragovernmental coordination and advancing the multisectoral approach to UHC in Uganda.

a) What actions are required to strengthen coordination among MDAs to advance the multisectoral approach to UHC in Uganda?

b) How can the existing opportunities be leveraged?

## 1.8 An interdisciplinary approach and theoretical embeddedness

In line with other scholars (Rule and John, 2015; Collins and Stockton, 2018; Van Belle, Van De Pas and Marchal, 2017; Glandon *et al.*, 2019), this thesis argues that a theory-informed approach is a more fruitful way to inform global health practice. Analysing a complex phenomenon such as IGC requires an interdisciplinary approach that blends theoretical and empirical approaches. Early into the PhD conceptualisation, it was also apparent that my study required an interdisciplinary approach incorporating public administration and management, management theory, organisational theory, public policy, public health and political science (Malone and Crowston, 1994; Brown, Deletic and Wong, 2015; Bennett, Glandon and Rasanathan, 2018).To this end, I developed and applied several conceptual and theoretical tools (objective 1) from several disciplines to facilitate the

practical examination of the coordination process and context at the national government level in Uganda.

First, drawing on empirical and practical insights from low-and middle-income contexts, sub-Saharan Africa[6] (and occasionally high-income countries), I elaborated on the concept of coordination in the national government setting, emphasising the multidimensional and multilevel nature of IGC (section 3.2). I synthesised a wide range of public administration, policy, public health and management literature (such as Peters, 1998, 2005; Verhoest *et al.*, 2005; Bouckaert, Peters and Verhoest, 2010a; Emerson, Nabatchi and Balogh, 2012; Bryson, Crosby and Stone, 2015; Emerson, 2018; Shankardass *et al.*, 2018b). This synthesis culminated in the MCF for government action (presented in chapter 3.2), which was used to guide the levels of analysis and embedded units presented in the methodology chapter (specifically section 2.4).

Second, I adapted a typology of coordination instruments that links instruments and ideal type coordination mechanisms to explore and describe the intragovernmental coordination instruments and their interaction dynamics. As elaborated in section 3.3, the framework served as a descriptive and analytical tool in the study (see research process and methodology chapter 2.2). This framework was informed by public administration, policy (especially policy design) and political science literature. The framework was applied to categorise coordination instruments at the national level in Uganda (Chapter 6) and, to a smaller extent, at the interface of horizontal coordination between the MOH and other MDAs (Chapter 8). Typologising coordination instruments supported the differentiation of their interrelationships and inference of the causal mechanisms and powers underlying their functioning.

Third, to examine factors and mechanisms shaping IGC at the levels of the national government, MOH-MDA coordination relationships and coordination instruments, I developed a multitheoretical framework (MTF). The rationale and details of the selected theories are elaborated in Chapter 5.

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[6] The study acknowledges that Africa is a diverse continent. However, I use the term Africa throughout to refer to the Sub-Saharan part of the continent.

## 1.9   Scope of the study

### *1.9.1   Focus on Uganda*

In the next chapter (section 2.4), I highlight that Uganda is chosen as a case in a single case study design. The study set out to investigate coordination within the national government (intragovernmental coordination) to advance multisectoral efforts towards UHC in the country. The choice of Uganda was essentially pragmatic. As introduced in section 1.6, this thesis was conceived within the context of national UHC policy developments and the framework of the SPEED project. The researcher is a health policy and systems researcher based at Makerere University School of Public Health (MakSPH), one of the leading schools of public health in the Sub-Saharan African region. My work sits at the intersection of public health, public policy and development studies. I am also a member of several professional and technical bodies that embedded him in policy development processes. Thus, accessibility and the ability to follow and document in-depth the phenomena of IGC and UHC policy developments were critical considerations.

The country also contributes particularly well to investigating the IGC phenomenon for several reasons. Uganda shares several institutional and contextual features with other African states. These aspects are introduced in the next section and elaborated in chapters 4 and 7. It is a former British colony with a history of armed conflict and civil wars. Like other African countries, donors have shaped a deep history of institutional reforms in Uganda with essential implications and lessons for IGC and a multisectoral approach to UHC in the country and similar settings[7]. Relatedly, Uganda, like many other LMICs (Bennett, Glandon and Rasanathan, 2018; Graham *et al.*, 2018; Milman *et al.*, 2018), was grappling with improving multisectoral coordination to advance health goals. Documenting and analysing the country's experiences implementing the agenda to improve internal government coordination was considered valuable for other countries. Next, I situate the Ugandan case with a broader scholarship on LMIC with a focus on SSA.

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[7] However, as discussed in methodology chapter, the empirical chapters and under limitations section (Conclusion chapter), some aspects undermine the generalisability of our accounts of the Ugandan experience. For example, Uganda is a low-income country so does not compare seamlessly with more developed counterparts. It is strongly donor-dependent and has previously benefitted from global debt relief initiatives. Politically, Uganda is a unitary Republic headed by a President who has been in power for almost four decades. The president is a central figure in Uganda's development over these decades. Also, the regional governments at the subnational level in Uganda are not functional as opposed to federal states like Nigeria or fully devolved countries like Kenya. Regarding UHC agenda, Uganda was also one of the first African countries to abolish user fees (instituted during structural adjustment policies) which led to increased access to healthcare services financial access under the structural adjustment programs (SAPs). The country also instituted universal programs such as universal primary and secondary education reflecting unique and evolving state-citizen relationships.

### 1.9.2 Low- and middle-income countries with a focus on Sub-Saharan African settings

This study examines IGC to inform the multisectoral approach to UHC in Uganda. The central premise for this focus is that IGC is critical for attaining the objectives of multisectoral action for health (Shankardass *et al.*, 2018). I situated this study in the recent concerns that scholarship on multisectoral actions for health is majorly from high-income countries (HICs) (Bennett, Glandon and Rasanathan, 2018; Glandon *et al.*, 2018, 2019). However, the scholarship on multisectoral action for health in low and middle-income countries (LMICs) has expanded in the recent past. These studies reveal the coordination process among government agencies remains an understudied topic in public health literature (Glandon *et al.*, 2018, 2019; Shankardass *et al.*, 2018). Several studies have focused on how relationships across sectors can be governed to support effective outcomes within LMIC settings(Molnar *et al.*, no date; Shankardass *et al.*, 2015; Rasanathan *et al.*, 2018, 2017; Blomstedt *et al.*, 2018; Zaidi *et al.*, 2018; Glandon *et al.*, 2018, 2019; Kaba *et al.*, 2018; Kanchanachitra *et al.*, 2018; Okeyo, Lehmann and Schneider, 2020a; George *et al.*, 2021; Amri, Chatur and O'Campo, 2022; Ssennyonjo, Ssengooba, *et al.*, 2022).

The expanding LMIC focus is a welcome development as these countries have unique features that do not lend themselves well to western explanatory models and thinking frameworks[8]. These countries are generally characterised by a) weak public institutions (due to limited funding, low staff numbers and capacity), b) bureaucratic challenges such as unclear reporting and accountability lines, c) informal practices such as corruption and patronage that undermine formal rules and regulations and d) predominance of external actors or donors who shape national development through several modalities such as conditional aid and norm shaping through technical support (Michael R Reich, 2002; Hecht and Bennett, 2016; AfDB, 2017; Bennett, Glandon and Rasanathan, 2018; Cilliers, 2021).

However, LMICs are diverse and not a homogenous group. For example, there is a rich scholarship on the uniqueness of African states in development studies and political science. The literature underscores that pursuing IGC in Africa is a unique endeavour worthy of more attention. African bureaucracies are characterised by historical and institutional contexts rooted in colonialism and subsequent unsatisfactory steps in state-building post-independence (Therkildsen, 2017; Yanguas, 2017). In addition to colonial heritage, critical features of the contemporary African state include influences of armed conflicts, ethnic

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[8] This does not mean there are no crosscutting features in public bureaucracies worldwide. As discussed throughout this thesis, developed and developing countries share some similarities such as political-administrative systems characterised by fragmentation and institutional silos driven by cycles of reforms that prioritize their specialisation or integrated approaches.

diversity, externally driven institutional reforms, high donor dependence, expansive neopatrimonialism, and extensive global influences on national development processes. This blend of features makes deviations between official norms and actual practice a characteristic feature in Africa (Olivier de Sardan, 2008, 2018; Khan, 2010; De Herdt and de Sardan, 2015). However, a genuinely satisfactory scholarship on MSA for health cognisant of the peculiarities of IGC in African states has not been achieved yet. An African focus was thus prioritised in this study to expand the scholarship on IGC and illuminate the implication for multisectoral health efforts in these settings. Chapter 4 delves deeper into these contextual realities of African states in relation to the study focus of IGC.

### 1.9.3   Focus on the national government level

In preceding sections (for example, 1.1 and 1.4), the justification for the government focus was provided. Here, I provide the rationale for focusing on the national government. This thesis acknowledges that coordination between national and local government levels and partnerships between government and non-state actors such as academia, civil society and donors are essential to advance health objectives. However, such relationships are not the primary focus of this study. This project prioritised central/national government coordination for the following reasons. First, there is considerable work on public-private partnerships for health globally and in Uganda (Richter, 2004; Lochoro, Bataringaya and Tashobya, C. K., & Kyabaggu, 2006; Buse and Harmer, 2007; Tashobya Christine; Musoba Nelson; Lochoro Peter, 2007; Awor *et al.*, 2012; FHI 360, 2012; MOH, 2012; Seitz and Martens, 2017; Ssennyonjo *et al.*, 2018). Second, the study notes that multilevel coordination between central and local government units, such as districts, is valuable in advancing development objectives. However, these relationships have been substantially covered in scholarship on decentralisation (Akin, Hutchinson and Strumpf, 2005; Peckham *et al.*, 2005; Mitchell and Bossert, 2010; Bossert, 2016; Barasa *et al.*, 2017; Kigume and Maluka, 2018; Kigume, Maluka and Kamuzora, 2018; McCollum *et al.*, 2018; Tashobya *et al.*, 2018).

Thirdly, the national government remains the principal custodian of national development efforts. For example, lack of coordination at this upstream level can undermine downstream-level coordination (Peters, 2005). Indeed, the SDG era requires "greater collaboration between different sectoral groups within agencies and between different specialised agencies, particularly at the country level" (Rasanathan *et al.*, 2017; 7). However, my initial reading indicated that despite increasing interest, studies focusing on how national governments can coordinate to function as a whole are limited (Pollitt, 2003; Peters, 2005; Karré *et al.*, 2012; Tosun and Lang, 2017; Synnevåg, Amdam and Fosse, 2018). Public health

studies on multisectoral action also tended to focus on specific initiatives usually pertaining to particular disease conditions (Rasanathan *et al.*, 2017; Bennett, Glandon and Rasanathan, 2018; Glandon *et al.*, 2018, 2019).

By focusing on the national government, this study aims to develop a broader perspective in which specific coordination efforts can be framed, understood and pursued. Since research in this field is still in its infancy and exploratory stage, the current main priority is theory development and empirical exploration. Validated frameworks, measures and tools to assess the effectiveness of coordination are still lacking. Hence, there is still a need to examine the strategies deployed as well as the constraints and facilitators facing government entities in discharging their roles in a coordinated manner.

### 1.9.4   *Study period*

The study focuses on IGC at the national government level in Uganda over the 2015-20 period. This period covers the internal governmental efforts to align with, contextualise and institutionalise the SDGs in the health sector and country systems. Key actions included orienting the National Development Plan II towards SDGs and adopting the national SDGs coordination framework (OPM, 2018). At the same time, the health sector goals shifted to achieving SDG aspirations toward UHC (MoH, 2015). However, as subsequent chapters indicate, our work draws on historical development before this period to the extent that they explain or contextualise the recent attempts toward coordinated government action and multisectoral efforts for health.

## 1.10 Thesis Overview

The thesis consists of several chapters that draw, to a large extent, on previously published material. These materials have been adjusted and adapted to this PhD's research design and narrative. This thesis should be seen as one logically structured document and not paper-based. Although several of these publications have benefited from input from my supervisors, peer reviewers, and commentators during conference presentations, I take full responsibility for the views expressed in this thesis. The thesis flows as follows:

*Chapter 1* sets the background for the thesis and presents the global and national backdrop for this study. The focus is on how global and national developments have inspired interest in MSA for health, specifically in low-income and middle-income countries and Uganda. The research objectives and the rationale for the study scope are presented. Lastly, the thesis structure is presented.

*Chapter 2* presents the study design and methodology, starting with the research process overview. The choice of qualitative approach and case study strategies is then justified. The chapter then presents the data collection methods and procedures. The chapter then lays out the overall analytical approaches under labouring the iterative connections between this study's conceptual/theoretical and empirical aspects. Finally, considerations for quality assurance (including reflexivity and positionality and managing elite interviews) and ethical research conduct are discussed.

Chapters 3,4 and 5 set the stage for this PhD's conceptual and theoretical foundations and contributions based on narrative reviews of the grey and academic literature and expert feedback *(study objective 1).*

*Chapter 3* presents an in-depth and multidimensional description of IGC. To this end, I introduce the MCF for government action and consider its implications for the study. I explore the dimensions of the coordination process, such as direction, contents, and outcomes. Next, I extend the conceptual contributions by elaborating on one of the dimensions of coordination – coordination instruments. Inspired by public administration and policy scholarship debates, I adapt a typology by Bouckaert et al. 2010, as an analytical tool linking coordination instruments (CIs) and mechanisms. The above authors have previously applied this framework to study the evolution of coordination arrangements of seven (7) national governments in HICs over 30 years.

*Chapter 4* is dedicated to contextual factors that shape IGC in Africa. It discusses relevant implementation experiences, highlighting the barriers and facilitators for coordinated government action in Africa presented in political science, public administration, policy, development studies and public health studies. The chapter then contextualises the coordination of MSA for health through a multidisciplinary lens combining experiences from public health, public management/administration and public policy perspectives. The chapter then

*Chapter 5* extends the thesis' theoretical contributions and presents insights into how social science theories that conceptualise IGC as an embodiment of interorganisational relations (IORs) can inform IGC and MSA for health *(second research question under study objective 1).* First, the notion of theory building is briefly discussed, followed by the rationale and applications of the (multi)theoretical approach to health policy and systems research (HPSR). Next, an overview of the MTF based on rational choice theories (transaction cost economics, principal agency theory) and power-based theories (resource dependence theory and political economy perspectives) is introduced. Each theory is then elaborated, drawing on experiences across LMICs and public health literature. Finally, the chapter ends with a

summary of insights from the theories on the contextual factors, actor relations and power dynamics that shape how and why IGC occurs.

Chapters 6,7 and 8 present the empirical analysis of this study, drawing on the theoretical and analytical tools presented in the theoretical chapters (3-5) in the thesis.

Chapters 6 and 7 focus on the national government as a whole. Chapter 6 corresponds to *objective two* and explores and describes the coordination instruments regarding underlying mechanisms, functioning and interaction dynamics. Chapter 7, corresponding to *objective 3*, then examines the contextual factors and actor-relations and power dynamics shaping IGC at the national level. Finally, Chapter 8 covers *objective four* and focuses on the intersectoral level and particularly internal dynamics within the health sector. It examines how contextual factors, actor relationships and power dynamics within and external to the health sector level influence horizontal coordination between the health sector and other non-health sectors (the intersectoral level).

Chapters 9 and 10 reflect how the insights on IGC can inform the multisectoral efforts towards UHC in Uganda (*objective 5*). Chapter 9 discusses the study's main findings per objectives. First, it discusses the findings in the context of the existing literature, focusing on their practical implications. Next, I present reflections on the methodological choices. First, the contributions, implications and considerations for a multitheoretical approach are discussed. The chapter then reflects on the potential of applying the CR paradigm as a frame for future research. I share CR's philosophical and methodological principles, its challenges, and its (potential) benefits. Chapter 10 first summarises the contributions of the thesis before presenting the study's limitations and proposals for future research. Finally, I present the recommendations for practice and policy.

# 2 STUDY DESIGN AND METHODOLOGY

## 2.1 Introduction

The preceding chapter presented the general introduction and background to this study. It has covered the global and national development aspirations converging on SDGs and UHC. It highlighted the emerging focus on social, economic and political determinants of health, underscoring the role of the state in development and multisectoral efforts towards health and development goals. An overview of coordination challenges, the embedded nature of the study, objectives, theoretical embeddedness and scope were presented. In this chapter, I present the design and methodology followed in this thesis. First, I elaborate on the study research process (2.2) and positionality (2.3). The next sections elaborate on case study design (2.4), data collection methods (2.5) and analysis (2.6). I then reflect on the quality assurance and measures to ensure rigour (2.7). Then, the ethical considerations in this study are discussed in section 2.8. Finally, in section 2.9, I reflect on the practical experiences of conducting elite interviews.

## 2.2 Overview of the research process

In this section, I offer an overview of the research process followed in this study. I first provide the general approach, emphasising the iterative nature of the study. This effort is followed by an attempt to divide the research process into four discrete phases. I emphasise that in practice, these phases were greatly intertwined, interactive and iterative.

### 2.2.1 *An iterative study approach.*

Our understanding of the world is conceptually mediated. That is, it is hard to understand the world without the use of ideas to make what is being observed simple and straightforward (O'mahoney and Vincent, 2014, pg 13). Because of science's 'transitive' nature, conceptualisation was also considered an ongoing and iterative exercise. Our conceptualisations can change and be refined over time as social scientific knowledge and theories are fallible and corrigible (Trampusch and Palier, 2016; Karlsson and Bergman, 2017).

Similarly, I approached this thesis as an evolving learning process- acquiring new insights and iteratively and recursively judging their suitability to the study. For example, this research started as a mixed-method study (majorly qualitative with limited quantitative data). However, the quantitative part was abandoned because a qualitative research strategy became sufficient by gathering and triangulating insights from various sources, including primary and secondary sources (Ackroyd and Karlsson, 2014; Haigh *et al.*, 2019). Overall, the qualitative

research approach deployed in this thesis comprised a narrative review approach, stakeholder engagements and observations during the 2015-20 period, 26 key informant interviews with national-level stakeholders and a document review. Each of these methods will be detailed in section 2.5.

### *2.2.2   Specifics of the actual research journey*

Despite the overall iterative nature of the study approach,  Figure 3 below delineates four interrelated phases of the study. These include a) preparation and proposal development, b) developing the conceptual and theoretical foundations of the thesis, c) the empirical research and d) synthesis of findings into implications and recommendations.  As pointed out in Chapter 1, this thesis is set out as an interdisciplinary endeavour. It sits at the intersection of scholarship on government, politics, health and development, as highlighted in the centre of Figure 3 below. The rest of the section details each of the four phases.



**Preparation and proposal development**
- Preliminary literature review
- Researchers' experience
- Informed by previous engagements and participant observations at with national and international levels
- Approved proposal Contained initial RQs, objectives, analytical framework, study tools, Consent forms

**Developing conceptual and theoretical foundations**
- Methods: Exploratory narrative reviews focused on multidimensional nature of IGC, coordination instruments and mechanism, governance and political context in Africa, Health systems reforms and critical realism
- Supplemented and refined through by stakeholder feedback, expert inputs,
- Iterative with insights from empirical and synthesis components
- Correspond to objective 1 and chapters 3-5

Government

Development

Politics

Health

**Synthesis of implications and recommendations**
- Build on findings from narrative review and empirical findings ( chapter 3 -8).
- Focuses on insights and recommendations for theory development, research, practice and policy.
- Emancipatory : How unpacking and advancing IGC towards multisectoral approach to UHC

**Empirical research focused on Uganda**
- Methods: Stakeholder engagement and participant observations, key informant interviews, Expert inputs (supervisors, conferences, examination jury, peer reviews), document review & literature review
- Correspond to objectives 2-4 & chapters 6-8
- Adjusted and refined by insights from narrative reviews and synthesis.

***Figure 3: Study phases and components***

### 2.2.2.1   Preparation and proposal development

As elaborated under 1.6.2, this thesis was conceptualised with the framework of the SPEED Project to contribute to the project goals and support Uganda's quest for UHC. At the beginning, the PhD project *preparation and proposal development phase* involved developing the research concept and proposal. I presented the ideas and documents on different occasions

to establish the relevance and discuss the viability of the topic, including the SPEED partnership, Health Policy and Governance advanced course group at the Institute of Tropical Medicine (ITM), Antwerp, and the Makerere University School of Public Health (MakSPH) PhD Forum, both in March 2018. I also presented my concept to the ITM scholarship committee to secure the PhD scholarship in September 2018. I later presented it to the Research Ethics Committee at ITM and MakSPH (June and September 2019, respectively) as a requirement to secure ethical approval for the study. The ultimate product was an approved protocol with consent forms and data collection tools.

### 2.2.2.2 Theory development

Following the proposal development phase, as Figure 3 shows, this doctoral study comprises three interrelated work strands: a) development of the study's conceptual and theoretical foundations, b) empirical research and c) synthesis of findings to draw insights to inform policy, practice and future research. This approach attempted to transcend the dualisms between theoretical and empirical aspects of research, as commonly observed in practice that some empirical research is 'atheoretical' (Collins and Stockton, 2018; Danermark, Ekström and Karlsson, 2019).

As indicated in Figure 3, the theory development strand corresponds to *objective one* and entails the development of conceptual and theoretical tools that were applied during the empirical phase. The tools were developed through narrative reviews, expert inputs and peer feedback. The main tools included a) a multidimensional coordination framework (MCF) for government action (section 3.2), b) a typology of coordination instruments (section 3.3), and c) a multitheoretical framework (MTF) (in chapter 5) that combines the transaction cost economics theory, principal-agent theory, resource dependence theory and political economy perspective. Further conceptual enrichment derived from narrative reviews focused on a) the nature and functioning of African states, politics and bureaucracies, b)contextual factors and historical influences shaping multisectoral action for health in LMICs and SSA (chapter 4) and c) critical realism (section 9.7).

### 2.2.2.3 Empirical inquiry

The empirical inquiry involved a single-embedded case study taking a 'whole of government' perspective (Christensen and Lægreid, 2007). The details of the case study approach are discussed in section 2.5. Data collection methods included stakeholder engagements and participant observations, key informant interviews, and document and literature reviews. The findings correspond to *objectives 2-4* and are presented in *chapters 6-8.*

#### 2.2.2.4  Synthesis of implications, lessons and recommendations

The fourth phase corresponds to *objective five* and involves the synthesis of findings into lessons, implications and recommendations to enhance IGC and advance the multisectoral approach to UHC and other development goals. Considering the iterative nature of the project, synthesis was conducted throughout the study phases. Back and forth, I navigated secondary and primary data using theoretical tools, deriving new insights and thereby sharpening these theoretical tools further. The synthesis and analysis resulted in several manuscripts and several conference presentations. The processes availed opportunities for expert and peer feedback that facilitated further refinement of the analysis and synthesis. The data management and analysis processes are elaborated on in section 2.6. The synthesis of the implications, practical relevance and future research orientations emerging from the preceding work streams is covered in the Discussion and Conclusion chapters.

To enrich the theory development, empirical inquiry and synthesis, the narrative reviews were expanded or contracted as the study focus evolved and as guided by expert feedback. For example, during this stage of writing the thesis, I was introduced to critical realism as a potential philosophical lens to anchor my work. Subsequently, I tried to ensure that this worldview informed the analysis and thesis development. However, incorporating the CR lens at such an advanced stage created more complexity and difficulties in presenting my work. I decided to focus on the implications and future orientations of CR-informed research, which is now covered in the discussion chapter (section 9.7). At the predefence stage, I was also introduced to the literature on African governance and politics, focusing on how the nature and functioning of African states and bureaucracies influence IGC. The findings of this narrative review are presented in section 4.2. Consistent with the iterative approach, the new insights inspired me to sharpen my empirical findings and subsequent synthesis.

## 2.3  Positionality and reflexivity

Researchers are advised to reflect on how their position about the object of study, their biases and realities affect the conduct of their research(Tong, Sainsbury and Craig, 2007; Walt *et al.*, 2008). My professional background, work as a researcher at Makerere University School of Public Health, and coordinating a 5-year project on supporting policy engagement for evidence-based UHC policy developments are very critical to this whole doctoral journey. I reflect on these issues before detailing the study design, methods and research practicalities in the next sections.

### 2.3.1 *Professional background and influences on the PhD study*

This PhD study is a culmination of contextual developments and personal evolutions that started over a decade ago. I traced my inspiration to study public policy in 2010 when I served the Makerere University Student's Guild as the Deputy Minister of Academic Affairs. These experiences of representing fellow students to the topmost academic body at the university, the Senate, and other university committees introduced me to 'boardroom' dynamics and organisational politics. As a Commonwealth Shared Scholar in 2012, I pursued a Master of Science in Global Health and Public Policy at the University of Edinburgh, the United Kingdom. This program deepened my orientation to global public health, including the global politics and social determinants of health, paving the way to looking at public health through a multilayer and multidisciplinary prism. My transition from a medical doctor to a health policy and systems researcher thus sprouted from such a solid interdisciplinary foundation drawing on political science, health economics, public policy, public administration, epidemiology and organisational sciences, among other disciplines. Since then, I have transformed into a "social scientist, " as some colleagues always remind me. This evolution partly explains this thesis's intense focus on social theory and social research methods.

Starting from an HPSR background meant some strengths, such as competencies in conducting evidence synthesis and stakeholder engagements, which formed a strong foundation for my narrative review approach and participant observations, respectively. However, I had some gaps in proficiencies related to disciplines such as development studies and political sciences pertinent to this thesis. It became apparent at different stages of the thesis that my orientations in some aspects of my thesis, such as the understanding of African states and politics and critical realism, were fairly underdeveloped. These gaps were evidenced in limited engagement with key notions such as neopatrimonialism, patronage, real governance, practical norms and political settlements in my framing of political economy analysis. These realisations inspired more in-depth reviews of literature and the inclusion of expert inputs, further shaping my interpretation of the empirical findings and refining the emerging implications and recommendations. This approach was consistent with the iterative nature of the thesis (section 2.2).

### 2.3.2 *Reflections on insider-outsider positioning.*

Based on the professional background above, I approached this study as an outsider and an insider. This double identity offered me more benefits than challenges throughout the study. First, as detailed above, I was an organiser and participant in several national

meetings over the study period (2015-20). My close engagement with the government's policy and reform process and having relationships with key government agencies and officials made me an 'insider' on what was ongoing. 'Having ears on the ground' was vital to situate this doctoral research within the contemporary policy development agenda in the country. I feel confident that this research is attuned to the practical dilemmas regarding 'inadequate' multisectoral coordination in government. This focus has boosted the relevance of my thesis as many respondents characterised the study as 'timely and topical'.

Secondly, I have been invited to several policy meetings as a speaker and participant/ researcher/consultant with relevant expertise on health policy and systems matters in the country. I was interacting closely with government officials at policy dialogues and in-country conferences, creating a sense of "being part of us". I participated in IGC as an active player and observer through these engagements. I had several formal and informal conversations with some interviewees and other government officials. These conversations covered the challenges they or their MDAs confront and the strategies to mitigate them. Although some of the information gathered through these fora was not directly included in the data analysis, it helped understand the research questions and contextualise their responses. Based on the trust built over time, the respondents provided valuable insights and guidance on practical needs, such as proposing to other potential respondents. This interaction also meant that my data collection and analysis were in flux as more insights emerged from observations of routine and emerging developments in the government and broader context. For example, the SPEED team, including the doctoral researcher, participated in documenting meeting deliberations. The reports later became useful data sources for the doctoral thesis. The SPEED project was one of the many initiatives at the researcher's home institution, Makerere University School of Public Health (MakSPH). The MakSPH enjoys a very cordial working relationship with the health sector and MOH, as well as other sectors and MDAs. Through teaching, research and community engagements, MakSPH has established networks, technical expertise and legitimacy that facilitate embedded scholarship as this research might be characterised (Ghaffar *et al.*, 2021). It also meant that I had privileged access to some relevant documents and fora which were not accessible to the general public.

This position as an insider could have influenced how respondents answered my interviews (social desirability bias) by assuming I was aware of the events they referred to. I emphasised to the respondents that I was a PhD student and expected to understand their views clearly from the proper perspective. Where necessary, clarity was sought through

probing during interviews. Attempts were also made to confirm the information through triangulation.

The insider perspective could have biased my analysis as most sentiments on coordination presented a gloomy picture. This shortcoming was offset by the following.

a) The internal and external review processes enabled me to nuance my interpretations in several instances. For example, the peer reviewers were very keen to see how things worked in practice and the positive experiences of coordination.

b) Internal discussions among the researcher and the supervisory team checked our biases. While some supervision team members participated in the national policy development processes, others did not, creating a rich balance. Internal deliberations within the supervisory team addressed any matters of concern.

c) The use of theories helped in positioning and viewing my work in light of broader scholarship on this topic and practice. Different pieces of the work were presented at both national and international conferences and meetings through which the study findings were validated.

A part of me remained an outsider. As an academic at the leading school of public health in Uganda, I have created a reputation and perception as a critical and constructive analyst capable of generating "objective" solutions to national development challenges. I have worked closely with the MOH and other partners, e.g., the National Population Council and National Planning Authority, in evidence generation to inform policy development and practice for UHC and health financing. I was also part of the MakSPH teams consulted to produce the national documents, such as the National framework for results-based financing and the national roadmap for UHC. Being at the forefront of other research activities under the SPEED project and as a member of the MakSPH research community reinforced the view of an outsider coming to study government systems with an 'objective' eye. Overall, these close ties with national actors and processes enabled me to pursue this thesis as embedded research relating my work to ongoing policy developments and decision-making (Ghaffar *et al.*, 2017, 2021; Olivier, Whyle and Gilson, 2018). This embeddedness offered opportunities for access (section 2.10) and a contextualised and nuanced understanding of data. The concerns about research biases and the potential for conflating their views and data associated with qualitative research (Creswell, 2009) were minimised by implementing a rigorous approach, as highlighted in section 2.7.

## 2.4 Study design: an exploratory, descriptive-explanatory embedded single case study design

The previous section frontloaded my positionality and background as a researcher, which shaped my doctoral journey and the choices I made along the way. This reflection is important to contextualise and justify the methodological choices within the thesis. In this section, I detail the study design, highlighting the rationale of the single case study of Uganda. I also present the embedded units and analytical levels focused on in the thesis.

### 2.4.1 Rationale for Case Study Design

This study adopted a single case study design. In general, case studies are the preferred strategy when "how" or "why" questions are being posed when the phenomenon of interest cannot be meaningfully disentangled from its broader context and has to be examined in its life context (Yin, 1994; Creswell *et al.*, 2007; Ridder, 2017). A case study design was naturally appealing because it enabled an in-depth examination of the complex phenomenon of intragovernmental coordination within its contextual reality within and outside the government (Creswell *et al.*, 2007).

Research methodologists distinguish case studies into exploratory, descriptive and explanatory based on the overarching research purposes (Yin, 1994; Bryman, 2012; Gilson, 2012). Based on the study objectives, I approached this PhD as an exploratory and explanatory research endeavour. As an exploratory inquiry, this study aims to obtain a better and deeper understanding of the coordination process and context in Uganda and generate conceptual and theoretical tools for further research, policy, and practice. This exploration heavily relies on descriptions of several aspects of government settings and processes. The study is also explanatory, enabling an investigation of 'how' and 'why' IGC occurs. However, as highlighted in the first chapter, the inquiry of IGC is not an end in itself. The study's purpose is to generate insights and actions for advancing a multisectoral approach to UHC in Uganda. Accordingly, the thesis also has an emancipatory objective (Gilson, 2012). Through a blend of theoretical and empirical work, the study aims to generate a contextualised understanding of the IGC process and actionable strategies to advance the coordinated multisectoral approach to UHC in Uganda. The emerging insights can be useful to inform similar efforts in other settings.

### 2.4.2 Clarifying the type of case study design

Research methods literature distinguish case studies based on the number of cases involved (single or multiple case studies) or whether the case is examined as a whole

(holistic) or has sub-units that are analysed (embedded case studies)(Yin, 1994; Creswell *et al.*, 2007; Baxter and Jack, 2008). These distinctions are summarised in the typology summarised in Table 1 below (Yin, 1994).

*Table 1: Typology of case study designs*

|  | Single-case designs | Multiple-case designs |
|---|---|---|
| Holistic (single unit of analysis) | TYPE I | TYPE 3 |
| Embedded (multiple units of analysis) | TYPE 2 | TYPE 4 |

Source: (Yin, 1994, pg 39)

This thesis used a single case-embedded study design. Hence, it falls under Type 2 according to table 1 above. The single case was attractive because it supported the generation of detailed narratives of how things happen, especially when combined with applying existing theory(Creswell, 2007; Baxter and Jack, 2008; Gilson, 2012).

The embedded case study design provided an occasion for a rich analysis to illuminate the case. As argued by Baxter and Jack (2008),

*"The ability to look at sub-units that are situated within a larger case is powerful when you consider that data can be analyzed within the subunits separately (within-case analysis), between the different subunits (between case analysis), or across all of the subunits (cross-case analysis)."*

### 2.4.3 Description of the case

This study is a case of intragovernmental coordination at the national level in Uganda over the 2015-20 period. The case study focuses on the context and process of coordination among government organisations (sectors, ministries, departments, and agencies) and its implications for a multisectoral approach towards UHC in Uganda. The choices on the scope of the study were informed by Crowe *et al.* (2011, pg 5 ), who emphasised that:

*"Each case should have a pre-defined boundary which clarifies the nature and time period covered by the case study (i.e., its scope, beginning and end), the relevant social group, organisation or geographical area of interest to the investigator, the types of evidence to be collected, and the priorities for data collection and analysis."*

Several considerations shaped the scope and boundaries of this case study. First, this thesis connects international and country-level experiences in coordination. At the international level, it takes the perspective of an LMIC focusing on IGC with African states. Uganda was chosen as a study setting for majorly pragmatic reasons, mainly ease of access and a need to address expressed stakeholder questions on enhancing multisectoral efforts for UHC. In that case, the following guidance by Crowe *et al.* (2011, pg 6 ) was instructive:

*"The selected case study site(s) should allow the research team access to the group of individuals, the organisation, the processes or whatever else constitutes the chosen unit of analysis for the study. Access is, therefore, a central consideration; the researcher needs to come to know the case study site(s) well and to work cooperatively with them. Selected cases need to be not only interesting but also hospitable to the inquiry if they are to be informative and answer the research question(s)".*

As elaborated in the positionality section, I am well embedded in the national policy processes, which facilitated access and contextualised examination of the internal government coordination dynamics.

The thesis focuses on one tier of government, i.e. the national level. The research acknowledges that the national government comprises other levels and exists within broader systems with dynamic interactions and influences on each other (Egeberg and Trondal, 2016; Putturaj *et al.*, 2020). As empirical chapters show, I consider the linkages and interactions with and influences of the supranational and subnational levels.

### 2.4.4   *The units of analysis*

Empirical and conceptual considerations informed the choice of the specific units of analysis. The conceptual and empirical bases for choosing the particular units of analysis are summarized below:

Conceptually, as pointed out in section 3.2, the choice of analytical domains of IGC was informed by the multidimensional view of this complex phenomenon. The multidimensional coordination framework (elaborated in section 3.2) depicts the levels and dimensions of coordination within the national government. In terms of levels of analysis, the thesis prioritises the national government as a whole and the intersectoral levels.  Taking the national government as a whole, the study covers two aspects: a) coordination instruments and their interaction dynamics and b) contextual factors, actor-relations and power dynamics that influence IGC. Within the CIs, the structural and non-structural coordination instruments are the embedded units of analysis (chapter 6). The intersectoral level focuses on the horizontal coordination between the health sector and other non-health sectors. As the lead government health agency, the MoH is the primary unit of analysis focusing on its internal and external contextual realities, actor relations and power dynamics in shaping the intersectoral linkages with non-health MDAs.

From an empirical point of view, the rationale for the overall study has already been briefly elaborated in the introductory chapters. Below, I reiterate the main assertions about choosing this thesis's analytical levels and units.

a) As argued in the introductory chapters and preceding subsection, the government focus is motivated by the limited attention to internal government dynamics in HPSR on

multisectoral collaboration (Shankardass *et al.*, 2018; Glandon *et al.*, 2019; Ssennyonjo, Ssengooba, *et al.*, 2022).

b) For coordination instruments, there is increasing interest in the approaches and strategies to pursue coordinated MSA for health in these settings (Rasanathan et al., 2017; Kuruvilla et al., 2018). The pursuit of MSA for health is intrinsically linked to broader efforts in many governments to achieve greater internal coordination. Therefore, knowing how government systems are coordinated is critical for organizing and coordinating MSA for health (Glandon et al., 2018).

c) Insights from the literature review also inform the focus on MoH's relationship with other sectors. For example, little is currently known about the horizontal relationship between health and other sectors within a government setting. However, understanding the MOH-related factors that shape MSA for health and why and how would enable the MoH, health sector stakeholders, and governments to consider the appropriate actions to pursue effective multisectoral efforts. In addition, within public health scholarship, the management of external relationships for institutional strengthening has been promoted as one of the four MoH governance roles (Sheikh et al., 2020, 2021). There is consensus that examining the nature of the relationships between the MOH and other agencies and how they are governed influences the attainment of health and development goals.

Overall, oscillating between the whole (national government) and constituent parts ( interministerial relationships and coordination instrument mixes) is consistent with advice from research methodologists for researchers to avoid analysing "at the individual subunit level and fail to return to the global issue that they initially set out to address"(Baxter and Jack, 2008, pg 550). To that end, Yin (1994, pg 44) emphatically cautions that:

> *If too much attention is given to these subunits, and if the larger, holistic aspects of the case begin to be ignored, the case study itself will have shifted its orientation and changed its nature.*

## 2.5  Data collection methods

The case study design above deployed a qualitative approach that used narrative literature reviews, document reviews, stakeholder engagement with participant observations and key informant interviews as data collection methods. As pointed out and further detailed in the various subsections, the methods were shaped by my professional standing as a Ugandan researcher focusing on HPSR. More so, I am an interdisciplinary researcher actively engaged in national policy developments. Table 2 below summarises the methods per objective. The rest of the section details each method.

*Table 2: Overview of the research processes in relation to the study objectives and thesis structure*

| Objective | Scope | Data collection methods | Data sources | Analysis and specific analytical tools |
|---|---|---|---|---|
| *Workstream 1: Articulation of the study rationale and elaborating conceptual and theoretical foundation of the study* | | | | |
| 1. To develop a comprehensive theoretical framework for understanding and analysing intragovernmental coordination within African settings. *Chapters 2-4* | - Primarily LMICs and African states. <br> - Included relevant literature from HICs. | - Narrative review <br><br> - Stakeholder engagements, inputs <br><br> - Expert feedback | - Published and grey literature <br> - Stakeholders and experts, including supervisors, peer reviewers, conference participants and PhD Jury members | Thematic analysis |
| *Workstream 2: Empirical research on Uganda's national government* | | | | |
| 2. To explore and describe coordination approaches at the national government in Uganda  *Chapter 6* | National government-Uganda | - Literature review <br><br> - Document review | - Published and grey literature <br><br> - National-level stakeholders within government and beyond. <br><br> - Experts, including supervisors, peer reviewers, conference participants and PhD Jury members | - Thematic analysis <br> - Adapted typology supported the description of how CIs work in practice |
| 3. To critically examine the influence of contextual factors and actor and power relations on the coordination processes within the national government of Uganda. *Chapter 7* | National government-Uganda | - Stakeholder engagements and Participant observations <br><br> - Key informant interviews | | - Thematic analysis <br> - Applied the MTF |
| 4. To critically examine the influence of external and internal health sector context, actor-relations and power dynamics on the horizontal coordination between health (MOH) and other sectors, *Chapter 8* | Health sector level (Intersectoral and intrasectoral coordination) | | | - Thematic analysis. <br> - Applied MTF to examine contextual factors internal and external to the health sector and actor-power relations in shaping horizontal coordination. |

| Objective | Scope | Data collection methods | Data sources | Analysis and specific analytical tools |
|---|---|---|---|---|
| *Workstream 3: Implications, recommendations and considerations for policy, practice and future research* | | | | |
| 5. To identify and propose strategies for improving intragovernmental coordination and advancing the multisectoral approach to UHC in Uganda and similar contexts. *Chapters 9 and 10* | - National government<br>- Intersectoral level<br>- Health sector level | Synthesis from findings for objectives 1-4 above | Findings from chapter 3-8 | Synthesis of implications and proposed recommendations |

### 2.5.1  *Narrative literature reviews*

#### 2.5.1.1  The rationale for the narrative review approach

As Table 2 above shows, the narrative literature review methodology is a central feature of this study (Greenhalgh, Thorne and Malterud, 2018). This PhD thesis adopts a narrative review approach to align with the exploratory and evolutionary nature of the study (Greenhalgh, Thorne and Malterud, 2018; Basheer, 2022). The review methodology prioritises adaptability over a predefined strategy, embracing a flexible and iterative process guided by evolving insights from multiple paradigms and expert input(Grant and Booth, 2009). In this regard, my approach mimics some of the principles of meta-narrative reviews, including 1) a pragmatic approach, 2) illuminating the topic from multiple perspectives (principle of pluralism), 3) examining contestation in the emerging evidence ( principle of contestation), 4) continuous reflexivity and 5) peer review for feedback (Greenhalgh et al., 2005; Wong et al., 2013). I reflect on these issues further.

First, my narrative review approach accommodates the dynamic scope of the study by expanding and minimising some aspects based on evolving guidance and emerging insights. It offers an opportunity to accommodate the changing focus and depth of literature reviews (Horsley, 2019; Stratton, 2019). As section 2.2 points out, the objective and foci of the literature reviews evolve with the study. The initial aim of reviewing the literature is to identify relevant ideas, concepts, and theories that can be critiqued or adapted for this study (Edgley *et al.*, 2016; Buch-Hansen and Nielsen, 2020). Table 3 below shows that the reviews support several dimensions of this thesis, such as the continued refinement of the study focus, articulation of rationale and background information, elaboration of contextual insights, and facilitation of validation and triangulation of study findings.

Second, the flexibility of the narrative review approach offers an opportunity to generate diverse and valuable insights from various paradigms often missed by more rigid review methodologies which focus on specific bodies of literature (Greenhalgh, Thorne and Malterud, 2018). For instance, a particular aspect of the literature review is an "immanent critique" (Bhaskar, 2005; Singh, Bhaskar and Hartwig, 2020), which focuses on the internal examination of different theoretical lenses to identify their strengths, shortcomings, contradictions and ambiguities that inform the development of the multitheoretical framework in chapter 5. Considering the disregard for the contextual conditioning of human behaviour (Reitan, 1998) as one of the shortcomings of rational-based theories, I complement them with power-based theories, which are more compatible with the notions of the situated nature of social reality. This flexible back-and-forth process throughout the research phases

is permissible within a narrative review setup (Greenhalgh, Thorne and Malterud, 2018). On the contrary, the narrative review approach has potential limitations associated with a less structured methodology, such as limited standardisation and reproducibility (Pai *et al.*, 2004; Grant and Booth, 2009).

Third, in terms of data sources, the narrative review encompasses various sources, including published work, theses, and grey literature, promoting an interdisciplinary perspective(Popp *et al.*, 2014; Basheer, 2022). Identifying and prioritising relevant literature involves snowballing and expert guidance, facilitating an evolving and organic selection process. This flexibility in the search techniques, including speculative online searches and adaptation to emerging concepts, is particularly beneficial for an exploratory study (Greenhalgh, Thorne and Malterud, 2018; Kunisch *et al.*, 2023).

### 2.5.1.2   The specific foci of the different sets of literature reviews.

Table 3 details the different sets of literature reviews done in the context of this study. These include the literature focusing on a)the concept of coordination in a government context, b) coordination approaches, instruments and mechanisms, c) selected social science theories relevant to the study coordination processes, d) the nature and functioning of African states, politics and bureaucracies, e) experiences of multisectoral action for health and systems developments in Africa and f) critical realism as a potential philosophical paradigm to study IGC. The reviews received technical input from the supervisors, academics at conferences and peer reviews during the publication of related scientific products. Table 3 further shows the final outputs and their relevance to the study. For example, the first review led to the development of the multidimensional coordinating framework, which informs the elements of the study design, such as the analytical levels covered in this thesis ( see section 2.4.4 above).

*Table 3: Details of the narrative review approach conducted in the study.*

| Specific review focus | Complimentary methods for enrichment and refinement | Outputs and relevance to the study |
|---|---|---|
| 1.  Development of the MCF detailing the dimensions of IGC and applications of emerging insights in the study. | • Stakeholder inputs were elicited at the inaugural PhD symposium at MakSPH (September 2022). <br> • Supervisors inputs | • Framework basis for prioritising three analytical levels (chapter 2.2.4) <br> • IGC is examined as a multidimensional phenomenon <br> • Draft manuscript |
| 2.  Developing a typology to classify CIs and their mechanisms. | • Enriched through empirical application and publication of empirical chapter 6. | • Typology was an analytical tool for CIs and CMs (Chapters 3.3 and 6). |

| Specific review focus | Complimentary methods for enrichment and refinement | Outputs and relevance to the study |
|---|---|---|
| | | • Used in publication on coordination tools. |
| 3. Development of the multitheoretical framework | • Presented at international conferences, e.g. ICCP4 (Montreal, June 2019) & 3rd UHC Symposium (Kampala, Aug 2019)<br>• Published as manuscript<br>• Feedback from supervisors and examination jury | • Analytical tools for empirical chapters on factors shaping IGC |
| 4. Factors shaping IGC in Africa | • Feedback from supervisors and examination jury | • Drafted into chapter 4, enriched the MTF (chapter 5) and empirical analysis (chapters 6-8) and informed practical implications (chapters 9-10) |
| 5. Positioning Multisectoral action for health within broader internal government coordination efforts. | • Feedback at seminars, conferences and other academic meetings.<br>• Inputs from supervisors and peer reviewers. | • Chapter 4.3 explored essential themes relevant to pursuing multisectoral action for health globally and in Africa.<br>• Defined the concept of sectors, followed by a historical overview of multisectoral efforts in health and its implications.<br>• Summarised the implications of different framings for health production and multisectoral action for health. |
| 6. Articulating the principles, philosophical underpinning and methodological influences of CR | • Presented at International Conference on Critical Realism (IACR), (Online, August 2022<br>• Feedback from supervisors recommended reflecting on CR in the discussion chapter. | • Chapter 9.7 highlights the potential for CR and key methodological and practical considerations in applying it. |

### 2.5.2 *Embedded scholarship: Stakeholder Engagements and participant observations*

As indicated in the positionality section (2.3), the research was conceptualised with the HPSR paradigm. HPSR is generally interdisciplinary and uses embedded approaches(Gilson, 2012; Olivier, Whyle and Gilson, 2018; Ghaffar *et al.*, 2021). In section 1.6, I introduced the embedded nature of this study. I highlighted the national UHC policy development context and SPEED project as the overarching intervention in which this thesis is nested. I pointed out that stakeholder engagement played various roles during the evolution of my PhD. In the beginning, these engagements introduced me to the national policy scene and, with time, aroused my interest in articulating a multisectoral approach to UHC in the country. They served as platforms and opportunities for a) observations and b) documenting policy processes through meeting reports and conference proceedings. These documents later on became valuable data sources in this doctoral study. As a researcher based at MakSPH, I am also invited to such meetings to share information and receive feedback on ongoing research. Later, such engagements served to validate insights emerging during the study process.

As the SPEED project manager, the researcher was at the centre of organising and documenting several notable national-level engagements, as noted in Table 4 below. These meetings were often organised in collaboration with the NPA, MOH, development partners and other non-state actors. As documented in the MTR for HSDP and its final evaluation report, the SPEED project was extensively entangled in the country's UHC activities, whether led by MoH or other partners. All these engagement processes were consultative.

Table 4 also shows several academic engagements such as workshops, short courses, seminars and conferences through which I got feedback and insights to improve my work. As highlighted, guidance and validation of my initial PhD ideas and overall conceptualisation involved presenting my work at the internal SPEED team meetings, the MakSPH PhD Forum, two conferences, institutional review boards for ethical approval and during doctoral short courses.

*Table 4: Overview of stakeholder engagements contributing to the doctoral study.*

| Engagements[9] | Researcher's roles | Contribution to the study |
|---|---|---|
| **1. National policy meetings** <br> e.g. *national consultation on the first Health Sector Development Plan- HSDP I (May 2015), the consultative dialogues on UHC research agenda development (May & August 2015), the Multisectoral Dialogue on Social Determinants of Health (August 2016)) & Joint Review Mission (September 2019)* | – As the SPEED project manager, the researcher was at the centre of organising and documenting proceedings at several notable national-level engagements. <br> – I also produced reports and policy briefs that were inputs at engagement meetings. | – Critical in establishing the roots of this doctoral study. For example, critical concerns over gaps and challenges in multisectoral coordination were raised early as the country tried to institutionalise the SDGs in 2015. <br> – Enabled participant observations and active participation in documenting some of these meeting processes and proceedings into reports, later becoming valuable data sources. |
| **2. National UHC Roadmap Development (2018-19)** | – Member of interministerial committee on UHC. <br> – Supported secretariat. <br> – Provided consultancy services during the development of the UHC Roadmap. | – Up-close interaction with actors within and outside the health sector through interviews and participation in inter-ministerial committee deliberations. <br> – Examined linkages among sectors and respective MDAs for health advancement. <br> – UHC Roadmap is one of the critical documents that was reviewed. |
| **3. Other SPEED project-related engagements** <br> Topics covered included: <br> – Phasing out enrolled nurses in Uganda <br> – The UHC policy paper led by the National Planning Authority (NPA) <br> – harnessing the demographic dividend <br> – national health insurance, | Actively participated in over fifty[10] policy dialogues, think tank meetings, coalition meetings, technical working groups meetings, task force and advisory committee meetings on several topics that required multisectoral participation and action. | – Up-close interaction with actors within and outside the health sectors <br> – Establishing rapport and networks for effective research processes. |

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[9] In essence, apart from the project internal activities such as the annual planning meetings, all SPEED activities were convened in partnership with other stakeholders especially MOH. In Uganda, it is common practice to have a project's invitations letter signed by the MoH Officials to improve appeal to other stakeholders. Also, invitation letters from SPEED often pointed out that meetings are co-organised in collaboration with MoH and other relevant stakeholders.

[10] Over 5-year period, SPEED convened 124 engagements and responded to 311 requests related to UHC deliberations, of which only 28% were international. Over this period, over 3000 people attended the SPEED engagements.

| Engagements[9] | Researcher's roles | Contribution to the study |
|---|---|---|
| - indoor residual spraying,<br>- national budget<br>- social protection<br>- multisectoral road safety intervention dubbed *fika salaama (Swahili words for reach safely)* | | |
| 4. **Production of UHC book** titled "*Universal Health Coverage in Uganda: Looking Back to Speed up Progress.*[11]*"* | - I was the author and secretary to the editorial team. Actively engaged in coordinating author teams and compiling the chapters. | The compendium of national and health systems development experiences in Uganda served as a situational analysis for UHC in Uganda. |
| 5. **UHC Symposia**<br>- 1st UHC symposium (August 2015)<br>- 2nd International Symposium on Health Financing for UHC (August 2017).<br>- 3rd International Symposium on UHC (August 2019) | - The researcher played several roles, including planning and organising sessions and overseeing the documentation proceedings into reports, daily bulletins, and newspaper articles.<br>- The researcher was vice chair of the steering committee and a scientific committee member for the second symposium.<br>- The researcher was secretary to the steering committee and chair of the scientific committee for the third symposium. | - Some of these documents later provided background information, study rationale and sources of data on coordination processes.<br>- Proceedings covered several topics directly relevant to the thesis, including governance of UHC, leveraging investments in the non-health sector and multisectoral collaboration in practice.<br>- The third symposium notably provided insights on partnerships for health improvements across governments and societies at local, national and global levels. |
| 6. **National and international academic meetings/conferences.**<br>- Health Systems Research Symposium in Liverpool, United Kingdom (2018).<br>- Meeting on the governance of multisectoral action in LMICs (Rockefeller Foundation Bellagio Center (July 2016))<br>- WHO experts meeting on Political economy of health financing (Barcelona 2017) | - Made presentations.<br>- Conducted studies that led to presentations | - In the beginning, I received guidance, validation of the initial PhD ideas and overall conceptualisation.<br>- Internal engagements complemented observations in Uganda.<br>- Engagements and related research outputs further catalysed the conceptualisation of the doctoral project, e.g., the need for theory-based research and social science scholarship, such as public |

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[11] Book is accessible online at https://speed.musph.ac.ug/uhc-book/

| Engagements[9] | Researcher's roles | Contribution to the study |
|---|---|---|
| – The MakSPH PhD forum seminar (March 2018),<br>– ITM health policy course (Mar 2018),<br>– ITM scholarship board (Sept 2018),<br>– 4th International Conference on Public Policy  ICPP4 (Montreal, Canada-June 2019)<br>– The short course on case study research in Oslo (July 2019)<br>– IRB presentations<br>– SPEED team meetings<br>– The health systems research (HSR) symposium 2020 Dubai, UAE.<br>– The International Conference on Critical Realism, Online (Aug 2022)<br>– Public Management Research Conference, Phoenix, AZ (May 2022) | | administration and management.<br>– Multidisciplinary conferences supported the development of an interdisciplinary enterprise that helped develop proficiency across academic traditions and disciplines: public health, policy, administration, organizational sciences, management, political science and development studies. |

Table 4 shows that the SPEED project led the organisation of three UHC symposia; the 3rd focused on multisectoral partnerships. In Table 5 below, I briefly elaborate on the guiding questions and topics covered at this symposium.

*Table 5: Examples of questions and topics relevant to multisectoral coordination discussed at the 3rd UHC symposium, Kampala, Uganda (August 2019).*

| Questions | Topics covered |
|---|---|
| 1. How can UHC and health improvement agenda be mainstreamed across government ministries, departments and agencies? | a) Mainstreaming health into development programming<br>b) Aligning the UHC agenda with other national development goals such as social protection and antipoverty initiatives.<br>c) Managing drivers of development outcomes such as changing demographic profiles.<br>d) Development of national UHC roadmaps |
| 2. How can multisectoral efforts be nurtured, and what mechanisms are available to ensure coordination and coherence in action for health | a) Addressing key determinants of health (Water, Sanitation and Hygiene, nutrition, education, housing etc). |

| improvements across sectors of government and society? | b) Governing multisectoral action (structures, processes, political economy considerations and outcomes) |
| | c) Implementing health in all policies |
| | d) Investment in stakeholder coordination and collaborative capacities. |
| | e) Experiences on collaborative initiatives from "non-health" sectors. |
| 3. How are global and regional partnerships influencing progress towards UHC at international, national and sub-national levels? | a) Globalisation and influence on health developments. |
| | b) Medical tourism and regional competitiveness |
| | c) Climate change and planetary health |
| | d) Trade liberalisation and health advancement |
| | e) Global health governance architecture |
| | f) Harnessing international aid for UHC advancement |

Source: Symposium Proceeding report (SPEED Project, 2019b).

Table 4 also shows that the national-level UHC processes were concretised during the development of the National Roadmap for UHC between 2018 and 2019. The UHC roadmap development was a multisectoral and consultative process led by the MOH and the National Planning Authority (NPA), supported by the SPEED Project team members as consultants. An Interministerial Committee comprising representatives from several MDAs and non-state players oversaw the process. This process allowed me to interact closely with actors outside the health sector through interviews and participation in interministerial committee deliberations. Ultimately, a national definition for UHC and several strategies were adopted.

Furthermore, under the SPEED Project framework, national experts wrote a book titled "*Universal Health Coverage in Uganda: Looking Back to Speed up Progress*[12]". This compendium of national and health systems development experiences in Uganda served as a situational analysis for UHC in the country. This process further showed the need for my doctoral study. My close involvement in this process made it clear how a multisectoral approach was essential to address health systems and broader national constraints to UHC. At the same time, coordination seemed to mean different things to different people. These realisations motivated my interest in elaborating the coordination concept in the context of the national government apparatus. The UHC agenda was conceptualised as a 'whole of the government' effort.

My observations in Uganda were greatly complemented by my participation in developments on the international scene, such as the July 2016 meeting at Rockefeller

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[12] Book is accessible online at https://speed.musph.ac.ug/uhc-book/

Foundation Bellagio Center and the 2018 Health Systems Research Symposium in Liverpool, United Kingdom. These engagements and related research outputs further catalysed the conceptualisation of my doctoral project, such as the need for theory-based research and drawing on social science scholarship, such as public administration and management. The work by Rasanathan, Bennett and Glandon ((Rasanathan *et al.*, 2017, 2018; Bennett, Glandon and Rasanathan, 2018; Glandon *et al.*, 2018, 2019) was influential in shaping several conceptual and methodological aspects of this study. Thus, I approached this thesis as an evolving contribution to contemporary global and national development efforts and focused on a topic of high national and international interest. I aimed to shed light on Uganda's experiences coordinating the national government to inform progress towards multisectoral UHC efforts.

### 2.5.3 *Key informant Interviews*

Two principal benefits of case studies are the ability to gather the descriptions and interpretations of other people as a phenomenon will not be viewed the same by everyone (Yin, 1994; Crowe *et al.*, 2011). Hence, there is a need to use methods that permit the discovery and documentation of the multiple views of the focal issues. Interviews are the main road to gathering these multiple perspectives (Bryman, 2012; Brönnimann, 2022). The methodological focus on stakeholder views is a mainstay feature of qualitative research(Agee, 2009; Crowe *et al.*, 2011; Ospina, Esteve and Lee, 2018).

As Table 2 above shows, key informant interviews were a data collection method for the empirical chapters alongside other methods. In this study, I interviewed stakeholders to elicit their insights on how and why coordination at the national government level practically ensues. The interviews focused on several questions corresponding to the study objectives. They facilitated the triangulation of information from other methods, i.e., literature review, document review, and stakeholder engagements and observations, as Table 2 shows above. As the section below shows, I followed insights and guidance on conducting elite interviews considering the nature of the respondents and topics (Harvey, 2011; Liu, 2018).

#### 2.5.3.1 **Respondent categories and selection**

A total of twenty-six key informants, categorised as seven MOH officials (MOH 1-7), fourteen non-health MDA government officials (MDA 1-14) and five non-state actors (NSA 1-5), were interviewed. The three respondents' categories were determined *a priori* to provide variable but complementary insights based on their respective vantage points (Bryman 2012, pg 418). The respondents comprised purposively selected national-level

government officials and non-state actors from the health and non-health sectors, as per Table 6 below.

*Table 6: Respondents per category*

| Respondent category | Organisational affiliation | Number | Designated labels of interviews* |
|---|---|---|---|
| Government actors | MOH | 7 | MOH 1-7 |
| | Non-Health MDAs | 14 | MDA 1-14 |
| Non-state actors | Donors | 2 | NSA 1-5 |
| | Academia | 1 | |
| | Civil Society Organisation | 1 | |
| | Non-Government Organisation | 1 | |
| **Total** | | **26** | |

*The transcript labels include the respondent category and number.

The government officials were chosen based on their government positions relevant to the phenomenon under study. They ranged from senior officers to ministerial positions. The inclusion criteria were a) being, at the minimum, a senior officer in the government system and b) working in a department or agency with coordination functions for either the whole government or ministry or specific crosscutting health policy issues such as maternal child health, nutrition, epidemics and non-communicable diseases. The MOH respondents were chosen from various departments to reflect diverse programmatic areas (such as epidemic management/outbreak control, maternal, neonatal and child health and non-communicable diseases) and governance mandates (planning and policy).

The non-state actors were included to gather their "outsider" perceptions of the workings of government. For non-state respondents, inclusion criteria were a) being a national-level actor and b) having experience working directly with the government as a member of technical working groups or sector governance structures such as the Health Policy Advisory Committee (HPAC). Five (5) non-state actors (NSA) were selected to represent critical constituencies, i.e., development partners (2), civil society organizations (1), non-governmental organizations (1) and academia (1) and based on membership in the main MOH governance structure, the Health Policy Advisory Committee (HPAC). The non-state respondents were all national-level actors. The section below delves into how the notions of saturation and triangulation influenced the overall number of respondents and specific numbers across the various categories.

**2.5.3.2   Reflection on saturation and number of interviews conducted**

Unlike quantitative approaches, where the sample size is computed to ensure statistical power and generalisability of data to the study population, the number of interviews in a qualitative study is informed by, among other considerations, data saturation (Seawright and Gerring, 2008; Bryman, 2012). That is, interviews continue until no new information is generated (O'Reilly and Parker, 2013). There is no standard number of interviews for a qualitative study. For instance, a review of 560 abstracts of qualitative doctoral theses in Great Britain found that the sample size ranged from 1- 95, with an average of 31 and a median of 28 respondents (Bryman, 2012). Bryman (2012, pg 425) further advises:

> *"The size of (the) sample that is able to support convincing conclusions is likely to vary somewhat from situation to situation in purposive sampling terms, and qualitative researchers have to recognize that they are engaged in a delicate balancing act" and need to ensure that the sample sizes are not too small to undermine data or theoretical saturation or too large to make it difficult to generate indepth analysis."*

Considering the wide range of questions, the interviews proceeded until saturation was attained at 26 interviews. Their extensive work experience ensured that the respondents could comment on institutional trajectories over a more extended period from different positions they had taken up (presumably) throughout their careers. On average, every respondent had been previously posted to, or their daily work routinely brings them into contact with at least 3 MDAs. Their work operations often require multisectoral efforts. The respondents had a bird's eye view and frontline experiences over time, within and across policy issues and sectors. The interview tools were comprehensive and covered all the aspects of IGC examined in this study. The interview process navigated this wide range of issues, paying attention to where more information or corroboration was needed.

However, considering the limitations of elite interviews, such as power disparities between the interviewee and interviewer (Harvey, 2011; Liu, 2018), access challenges and unreliability of interviewee accounts due to the propensity to give official accounts (Richards, 1996), I triangulate and corroborate interview data with data from documents, literature reviews, and observations (Baxter and Jack, 2008; UNAIDS, 2010). The previous sections have elaborated on these other methods. Notably, the interviews were conducted against the backdrop of the a) 3rd UHC symposium held in Kampala in August 2019 (SPEED Project, 2019b), the national UHC roadmap development through multisectoral processes (over 2018-2019 period) (MoH Uganda, 2020; Kiendrébéogo *et al.*, 2021), c) midterm review of the Health Sector Development Plan ( 2018-2019) )(MOH, 2018),  and d) the 2019 annual sector performance review meeting i.e Joint Review Mission.

From personal experience as an embedded health policy and systems researcher and actual documentation of policy deliberations (see section 2.3 on positionality), government policies in Uganda usually emerge from consultative processes involving multiple stakeholders. I am confident that insights from the various data sources reflect stakeholder views across multiple levels and constituencies. Similarly, meeting or conference proceedings reports presented a collective view from multiple participants. In this case, the study incorporated insights from more people beyond the 26 respondents who served as the primary data sources for the elite interviews.

### 2.5.3.3 Procedures for Reaching Key Informants

A list of key MDAs and potential respondents with their contacts was generated in consultation with the study team and key stakeholders in the Ministry of Health (MOH), Office of the Prime Minister (OPM) and the National Planning Authority (NPA). The initial list of respondents developed by the research team was supplemented with referrals from other respondents through a snowballing technique (i.e. asking interviewees for contacts and details of other potential respondents). Key informants were contacted and followed up by email or telephone to secure their participation in the research. The consent form containing essential information on the study was attached to the inception email. Informed consent was confirmed before the start of the interview. Section 2.9 summarises the practical experiences and coping approaches in conducting elite interviews in this study.

### 2.5.3.4 Interview procedures

The key informant interviews (KIIs) were conducted in English by the PhD student and two graduate-level research assistants. These interviews were conducted face-to-face between December 2019 and March 2020 at the respondents' workplaces. Most interviews (25/26) were audio-recorded and supplemented by field notes capturing immediate reflections and insights from the interviews. Extensive notes were taken for the non-taped interview. The interview duration ranged from 20 minutes to 1 hour and 30 minutes, mainly dictated by the respondents' time constraints. Priority questions were asked for very busy high-level officials. The PhD supervisors and research ethics bodies reviewed the semi-structured interview guides described below. The semi-structured tools allowed a pragmatic choice of what to focus on with particular respondents to optimise their contribution. There was also room to refer to emerging insights and information in documents during these interactions.

### 2.5.3.5 Key informant guides

A generic semi-structured interview guide was developed based on the literature view on public sector management and the theoretical framework guiding this study. The interviews sought information on the following aspects: the status of coordination at the national government level and horizontal coordination between different sectoral MDAs with the health sector (MoH). Perceptions were elicited on mandates and interdependencies between sectors, the rationales (drivers, contingencies and motivations) and barriers to coordinate or not, and the consideration of how to coordinate (current coordination mechanisms- structural or process mechanisms). In addition, information was elicited on the nature of current coordination instruments to determine factors shaping their operations and functionality.

The generic tool was customized to the following categories: 1) The actors from MDAs from non-health sectors, including representatives from agencies with central coordination functions (Office of Prime Minister, (OPM), National Planning Authority (NPA), Ministry of Finance Planning and Economic Development (MoFPED), Ministry of Public Service (MoPS), Office of the President, Secretary to Cabinet, Secretary to the Treasury). This is appended as 12.1.1. The second tool (attached as 12.1.2) corresponded to respondents from MOH. The third interview guide (annexe 12.1.3) was developed for representatives of non-state agencies (such as development partners, academia and civil society organisations) from within and outside the health sector to gather their views on the coordination between MOH and other MDAs to advance health objectives.

Generally, the tools included introductory, specifying, probing, and direct and indirect questions. The actual approach was flexible to allow for in-depth exploration of leads and confirmation of inconsistencies in responses (Bryman, 2012).

### 2.5.4  *Document review*

Over thirty national policy and strategic documents were reviewed. The priority documents listed in Table 7 below were purposively selected as they represent the central strategic policy and planning documents for coordinating national development in Uganda over the 2015-20 period. For example, the Office of The Prime Minister (OPM) developed the National Coordination Policy. Relatedly, the NPA developed the sector planning guidelines, National Development Plans and Vision 2040. These national documents were supplemented by key reports such as the evaluation report on the coordination function at OPM and sector Working Groups (SWGs) (Roberts and Ssejjaaka, 2017). All the documents

(except two obtained from interviewees) were readily available in public domains. They were retrieved from the websites of the various MDAs.

*Table 7: Selected national government, sectoral and MDA documents reviewed.*

| Document origin/ author | Type of document | Year | Title |
|---|---|---|---|
| 1.   GoU | Constitution | 1995 | The Constitution of the Republic of Uganda |
| 2.   NPA | Guidelines | 2015 | Sector development planning guidelines |
| 3.   NPA | Regulations | 2018 | Sector Development Planning Regulations 2018 ( |
| 4.   NPA | Plan | 2015 | The National Development Plan (NDP) II (2015-20) |
| 5.   NPA | | | Consolidated National Development Planning Framework |
| 6.   NPA | Plan | 2012 | The Vision 2040 |
| 7.   NPA | Plan | 2020 | The National Development Plan III 2020/21-2024/25 |
| 8.   NPA | Guidelines | 2020 | Guidelines for Transitioning to Programme Planning and Budgeting Approach |
| 9.   OPM | Policy | 2016 | The National Coordination Policy |
| 10. OPM | Report | 2017 | Evaluation report on the coordination function at OPM and sector Working Groups (SWGs) (Led by Consultants Roberts and Ssejjaaka) |
| 11. OPM | Policy | 2014 | The National Policy for Disaster Preparedness and Management |
| 12. OPM | | 2018 | Roadmap for Creating an Enabling Environment for Delivering on SDGs in Uganda. |
| 13. OPM | Plan | 2021 | Roadmap for the Implementation of the Sustainable Development Goals in Uganda (SDGS 2020/21 – 2024/25). |
| 14. Cabinet Secretariat | Report | 2013 | Report of the Assessment of the Policy Capacity of the Uganda Public Service. |
| 15. GoU | Law | 2015 | Public Finance Management Act (GoU, 2015) |
| 16. Ministry of Energy and Mineral Development | Plan | 2015 | The Energy and Mineral Development Sector Development Plan (EMDSDP) 2015/16 to 2019/20. |
| 17. Ministry of Works and Transport | Plan | 2015 | The Works and Transport Sector Development Plan (WTSDP) 2015/16 – 2019/20 |
| 18. Ministry of Water and Environment | Plan | 2015 | The Water and Environment Sector Development Plan 2015-20 |
| 19. Ministry of Gender, Labour and Social Development June | Plan | 2016 | The Social Development Sector Plan (SDSP), |
| 20. Ministry of Defence and Veteran Affairs | Plan | 2016 | The Security Sector Development Plan for 2015/16-2020/21. |

| 21. Ministry of Education and Sports | Plan | 2017 | Education And Sports Sector Strategic Plan 2017/18 - 2019/20 |
|---|---|---|---|
| 22. MoFPED | Plan | 2017 | Accountability Sector Strategic Investment Plan (2017/18 - 2019/20) |
| 23. Ministry of Information and Communications Technology. | Plan | 2015 | ICT Sector Strategic and Investment Plan (2015/16 – 2019/20). |
| 24. The Justice, Law and Order Sector (JLOS) | Plan | 2017 | The Justice Law and Order Sector (JLOS) Fourth Sector Development Plan (SDPIV) (2017-2020). |
| 25. Parliament | Plan | 2016 | The Parliament of Uganda Strategic Plan 2016/17- 2019/20. |
| 26. MoFPED | Plan | 2015 | The MoFPED Strategic Plan 2016-2021. |
| 27. Ministry of Water and Environment. | Plan | 2015 | Water and Environment Sector Development Plan (2015/16-2019/20). |
| 28. Ministry of Tourism Wildlife and Antiquities | Plan | 2015 | National Tourism Sector Development Plan (2015/16 – 2019/20). |
| 29. MOH | Plan | 2015 | Health Sector Development Plan (2015/16 - 2019/20). |
| 30. MOH | Report | 2017 | Uganda National Health Accounts FY 2014/15 -2015/16. |
| 31. MOH | Plan | 2020 | A Roadmap Towards Universal Health Coverage in Uganda (2020/21 - 2029/30). |
| 32. Ministry of Public Service (MoPS) | Report | 2014 | Statement By the Minister of State for Public Service to Parliament on Payment of Salaries |
| 33. MoPS | Report | 2018 | Update of Tax Identification numbers and supplier numbers of public officers to facilitate payment of salary, pension and gratuity. |
| 34. MoPS | Guidelines | 2022 | Establishment Notice (EN) NO.1 OF 2022- Guidelines on Human Resource Management in Public Service' |

For the document review, full-text reading was done initially to orient the researcher on the contents of the documents. Then, a whole text search was done for further analysis, corresponding to the following keywords: "coordination, health, Ministry of Health, institutional framework, structures, determinants of health". Table 8 below presents sample text extracted from key sectoral documents.

*Table 8: Selected excerpts related to "health" extracted from sectoral development plans.*

| Sector | Sample text with page numbers |
|---|---|
| **Education and sports** | - School Health and Safety Policy: - Develop and implement a Policy that ensures that the learning environment in Schools and Training Institutions is safe for the learner and teacher within the mandate of MoES - pg 53 |
| **Energy sector** | - Absence of MOUs with relevant MDAs such as customs department, UNBS, NEMA, Police, and Ministry of Health, etc. to help ease regulatory operations. - pg 42<br>- The activities in the Energy and Mineral Development Sector have a profound effect on the climate and the health of the people - pg 207 |
| **ICT** | - At the national level, the government, with support from development partners, has established several initiatives/projects to promote the creation and usage of ICT awareness in key sectors such as agriculture, education, and health. - pg 32<br>- Ensure automation and integration of priority sectors and services, i.e. National ID, e-Procurement, Single Window for Government, e-Agriculture, e-Tourism, e-Education, e-Energy, e-Health - pg 108. |
| **Tourism** | - Engage in partnerships with good quality local health facilities to provide technical services during emergencies/accidents and provide training to all staff in charge of leading clients into the mountains. - pg 48. |
| **Social Development** | - The Occupational Safety and Health Act No. 9 (2006) provides for the enforcement and observance of the labour and occupational safety and health laws - pg 38.<br>- However, resources for mobilisation are scattered in the service delivery sectors such as health, water and sanitation - pg 49; |
| **Security** | - Disease threats - health risks such as pandemics pose another growing challenge to National security. - pg 17<br>- The Ministry of Defence and UPDF achieved significant results in terms of infrastructure development. A number of health and sanitation facilities have been constructed - pg 2 |
| **Works and Transport** | - Poor access and lack of a means of transport can impact significantly on maternal health. - pg 68.<br>- Violation of labour and occupational health and safety standards during construction works - pg 71 |
| **Water and Environment** | - Enhance enforcement of the Public Health Act, sanitation ordinances and bylaws through lower-level political structures. - pg 37<br>- Streamline the institutional roles and responsibilities for hygiene education, sanitation management, and public health inspection - pg 59; The Ministry of Health (MoH) is responsible for hygiene and sanitation promotion for households through its Environmental Health Division (EHD). - pg 63 |

## 2.6  Data analysis

### 2.6.1  General principles of data analysis

Overall, thematic analysis (TA) was deployed (Clarke and Braun, 2014). The general approach was inspired by Braun, Clarke and Weate's (2016, 7) view that

"*doing TA (well) usually involves a recursive, reflexive process of moving forwards (and sometimes backwards) through data familiarization, coding, theme development, revision, naming, and writing up. It is crucial, though, to remember that your analysis is not in the data, waiting for you to discover it; your themes do not simply 'emerge'. Instead, your analysis is produced through the intersection of your theoretical assumptions, disciplinary knowledge, research skills and experience, and the content of the data themselves. Analysis is an active process".*

Consistent with the above and the general approach to the research (section 2.2), my analysis was iterative and malleable to contextual realities and reflective as the researcher developed a deeper understanding of the topic and various analytical approaches. In practical terms, as explained under 2.2, the theoretical and conceptual insights from chapters 3-5 guided the data collection, interpretation and generation of implications and recommendations from this work. For example, the constructs and assertions from the MTF (chapter 5) and other conceptual tools informed the interview questions and analytical themes during the entire analysis (Baxter and Jack, 2008, pg 551). Section 5.9 mainly summarises how the MTF guided the research processes. For example, the interview questions on reasons and motivations to coordinate or not explicitly explored the following contingencies derived from theoretical perspectives: *necessity, asymmetry, reciprocity, efficiency, stability and legitimacy*. I relied on the MTF to examine empirical phenomena creatively and profoundly (P. Harris, 2013; Fletcher, 2017; Haigh *et al.*, 2019; Hastings, 2020), especially in chapters 7 and 8. In this sense, I tried to go beyond mere deductive analysis. Generally, I followed an abductive process as applied by Harris, Sainsbury and Kemp (2014), where data and theory were used iteratively to interpret and deepen the meanings of empirical data.   Each theory provided an alternative but complementary explanation, thereby supporting my attempts to unearth (i.e. retroduce) the structures and causal mechanisms that underpin how and why government organisations coordinate or not.

### 2.6.2  The analytical processes in practice.

Braun et al. (2008, 79) state, "t*hematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail. However, frequently, it goes further than this and interprets various aspects of the research topic".* The steps taken include the following:

*Phases 1-2 entail* data familiarisation and initial coding (Braun and Clarke, 2006): this was achieved through repeated reading of the text with an analytical focus to identify

data relevant to the study questions. Through descriptive coding derived from the analytical tools, labels were assigned to relevant text. Some text was assigned more than one code in some cases, while others were left uncoded. The coding framework is presented in Appendix 12.2.

*Phases 3-6:* According to Braun and Clarke (2006)(Braun and Clarke, 2006), phases 3-5 involve theme development, refinement and naming. The codes were organised and reorganised to generate themes (higher meanings combining several ideas). This iterative process required oscillation between the data, research questions and analytical frameworks (Braun, Clarke and Weate, 2016). The themes were renamed to reflect the changes in meaning and interpretation of the data. These processes culminated in the final phase of writing, which was equally a back-and-forth endeavour.

The researcher read the transcripts to ensure they captured all the information. Atlas.ti version 9, a qualitative data management software package, was used to code and analyse the data from the interviews, extensive notes for the non-recorded interview and documents (Atlas. ti, 2021). For data from the interviews and extensive notes, text related to specific codes was highlighted, and the code was attached. The codes followed deductive and inductive data coding (Bryman, 2012; Wicks, 2017). Codes were applied to represent corresponding constructs in analytical frameworks used in this study right from the conceptualisation phase. After that, query reports were generated for the codes, followed by sorting and grouping texts with similar meanings into subthemes. Finally, the related subthemes were grouped into themes.

The text excerpts from documents were also exported from Atlas ti to Microsoft Excel for further analysis, similar to the interview transcripts.

I used the Consolidated Criteria for Reporting Qualitative Results(Tong, Sainsbury and Craig, 2007) to guide the study and report the findings. Illustrative quotes are used to exemplify and substantiate the subthemes. Analysing the data from both data collection methods was concurrent and iterative to boost the integration and validity of the findings. Triangulation around the emerging findings was achieved through consensus generation and iterative and critical data interpretation (Baxter and Jack, 2008; UNAIDS, 2010). Additional efforts to ensure rigour in data processes, especially during analysis, are discussed in section 2.7.

## 2.7 Study rigour and quality assurance

Qualitative research and case study strategies are often criticised for their limited scientific rigour and for offering a limited basis for generalisation (i.e., producing findings that may be transferable to other settings) (Crowe *et al.*, 2011). This is considered more so for single cases. Rigour is often defined in terms of the implicit application of survey and quantitative views of statistical generalisation to case study research. In contrast, case studies offer analytical/ theoretical generalisation where the efforts are to generalise findings to a phenomenon and theory (Yin, 1994). Over time, researchers have tried to make explicit criteria to assess and ensure quality in performing and reporting qualitative research. Table 7 draws on Gilson's principles to elaborate on the efforts to ensure rigour in this research (Gilson, 2012). These aspects are discussed subsequently.

### 2.7.1 Engagement with subject

As highlighted in the introductory chapter (section 1.6) and the positionality section (2.3), this work emerged out of national processes for which I was an active participant as a researcher, consultant and policy advisor in various forms. I stayed in the country throughout my studies, except for occasional international travels. This process facilitated access to and rapport with study participants. The SPEED provided background to the study, exposing me to the policy discourse that informed the choice and concretisation of the study topic. The SPEED project also offered me a platform to engage in national and international meetings at which observations were made and further validation of my work took shape (see Table 4 above). It further facilitated opportunities for policy engagements and the production of technical products and inputs into policy development processes.

### 2.7.2 Using theory

The application of the theory was explicit right from the conceptualisation phase of this study (sections 1.8 and 2.2). This aligns with a theory-informed approach, providing a richer analysis of a complex phenomenon in HPSR(Gilson, 2012; Van Belle, Van De Pas and Marchal, 2017). As elaborated in section 5.4, this study engaged with three streams of theory development, namely a) MCF, b) the typology of coordination instruments, and c) the MTF. I applied these tools at different stages of the study, including data collection and analysis. The theoretical assertions from the MTF served as a "sufficient blueprint for the study". (Yin 1994, pg 28) used to build explanations for why and how government agencies coordinate with others or not across the three levels of analysis pursued in this study.

### 2.7.3   Case selection

As highlighted above (section 2.4), there is a clear basis for the choices regarding the case study and analytical units in this embedded single case study. Uganda was chosen for pragmatic reasons related to the practicalities of conducting research. Its instrumental value was also evident in IGC experiences in Uganda, exemplifying an LMIC setting, particularly in SSA. The embedded design was justified from conceptual and philosophical standpoints. For example, the rationale for focusing on the "whole of government" approach, coordination instruments, and horizontal relationship between health and non-health sectors was based on the multidimensional conception of IGC.

### 2.7.4   Triangulation

The use of multiple methods, data sources, researchers and theories is considered essential for triangulation, ensuring an exploration of a phenomenon from multiple perspectives, leading to a holistic picture (Creswell *et al.*, 2007; Baxter and Jack, 2008; Gilson, 2012). I used different data collection methods, including in-depth interviews, document/literature review and observation. For example, government policy documents and performance review reports were reviewed to examine functionality and interaction dynamics among coordination instruments and strategies. I interviewed government respondents (within MOH and other government agencies) and non-state actors with variable experience durations. Analysis was further facilitated by the MTF that provided rival but (when taken together) complementary explanations and propositions. Several strategies enable cross-checking and validation of findings across different constituencies (member checking). For instance, the study findings were discussed with peers and supervisors. Other pieces of this work were presented at conferences and scientific meetings for further validation. I conducted informal discussions with different respondents to verify emerging insights from the data.

### 2.7.5   Sampling

Section 2.5.3 shows that the categories of respondents across government and non-state actors were selected purposively based on their professional experience and job positions at the time of data collection. Some respondents also engaged in related national processes that led to the development of policy and strategic documents such as the UHC Roadmap. Study objectives and scope informed the choice of documents and literature. As presented in 2.5.1, the literature review process was dynamic to fit the study's evolution. The documents were selected based on their contribution to the various aspects of the study.

### 2.7.6 Rigour in data analysis

*R*igour in analysis can be enhanced through triangulation, negative case analysis, member checking, peer validation, using theory, double coding (coding the same data at different times) and having more than one researcher independently code data and later discuss to get consensus (Yin, 1994; Baxter and Jack, 2008; Gilson, 2012). The MTF provided constructs and propositions that supported abductive and retroductive analysis across three analytical levels. (Miles and Huberman, 1994; Robson, 2002; Gilson, 2012a). A coding framework based on the research question and the three analytical frameworks was inserted in Atlas ti. Contextualization of findings was integral to both descriptive and explanatory phases of the study by looking at the phenomenon within contextual conditions (Bryman 2012).

*Table 9:Criteria for ensuring rigour in the study.*

| Criteria to assess study rigour | Application in this study |
|---|---|
| 1. Prolonged engagement with the subject of inquiry | • Lengthy and repeated interaction with respondents and national policy processes before and throughout the study. |
| 2. Use of theory to guide sample selection, data collection and analysis and interpretative analysis | • The MCF, the adapted typology of coordination instruments, and the MTF were developed based on the exploration of literature and professional experiences.<br>• Analytical units were chosen based on the MCF.<br>• Analysis and categorisation of CIs based on the adapted typology of CIs.<br>• Analysis of contextual conditions and underlying mechanisms for how and why IGC occurs in practice and the three analytical units were informed by the multitheoretical framework. |
| 3. Case selection: purposive selection to allow prior theory and initial assumptions to be tested | • Case and embedded units were selected based on explicit philosophical, conceptual, and empirical justifications. The IGC at the national level is conceptualised as a multilevel and multidimensional phenomenon. |
| 4. Triangulation | • Categories of respondents across government and non-state actors based on their professional experience and current position at the time of data collection.<br>• Three methods of data collection: in-depth interviews, document/literature review, and observations.<br>• Triangulation of findings across data sources and methods. Findings were integrated. |

| Criteria to assess study rigour | Application in this study |
|---|---|
| | • Triangulation across researchers: presented to and discussed with a complementary team of supervisors, peers, and other scientists for validation. |
| 5. Negative case analysis: looking for findings that contradict explanations | • The MTF provided a complementary set of propositions to explain how and why IGC for MSA for health occurs or not in practice. |
| 6. Respondent validation: a review of findings by respondents | • Informal discussion with stakeholders and key resource findings to validate the theoretical and empirical findings. Study findings were triangulated with documents that have been derived through consultative processes with a wide range of stakeholders. |
| 7. Peer debriefing: a review of findings by other researchers | • Findings reviewed co-supervisors and peers. Inputs gathered through conference presentations, peer discussions at MakSPH PhD Forum, and peer review process during the publication process |
| 8. Audit trail of methods of data collection and analysis | • Detailed protocol developed and approved. Elaborating and documenting processes and choices followed throughout the study. |

### 2.7.7 *Other quality assurance measures*

Gilson (2012) provided a blueprint for a critical and questioning approach to ensure good quality in HPSR. Below, I reflect on how these were implemented in this study.

a) A constant process of conceptualizing and reconceptualizing through the initial use of theory for preliminary understanding of the situation of focus and revisiting this in light of evidence

As elaborated in several areas in the thesis and summarised in the research process overview, this work started with a strong foundation of theory building through the development of the MCF for government action, the adaptation of the typology of coordination instruments, and the formulation of the MTF. The frameworks guided the process of data collection and analysis. For example, the MTF provided constructs and propositions that supported data analysis. The discussion chapter expands this theory-building process by offering reflections on the multitheoretical approach and other conceptual processes.

b) Crafting interpretive judgements built on credible evidence, especially in a context that considers contradictory findings and confirmations by respondents.

The study considered the internal and external contexts of the national government as critical to the intragovernmental coordination process. The MTF provided a wide net to

gather complementary and, at times, contradictory explanations. The findings of different phases of the work have been presented at several conferences and meetings to elicit feedback from other experts. These validation processes were supplemented with informal discussions with key stakeholders and unstructured observations during the different phases of the research project.

c) Researcher reflexivity ensures explicit consideration of one's views, biases and assumptions and their influence on the research process.

As indicated in section 2.2, although the research was a flexible process, attention was taken to ensure that my assumptions and biases did not cloud my interpretations and findings. Other approaches, such as triangulation and constant discussion with my supervisors and peers, facilitated reflexivity.

d) Additional quality assurance measures

To ensure that the data collected was valid, this study was guided by quality control measures inherent in the PhD study and routine research processes. These included:

- The approval of the research protocol by the various ethical bodies to ensure conformity to ethical standards.

- Submission of progress reports to the university and funder.

- Recruitment and training of competent graduate-level research assistants with experience in qualitative research and conducting high-level (elite) interviews.

- Secure storage of raw data to enable an iterative analysis of data.

- Tape recording of interviews and meeting deliberations (after obtaining consent) to minimize loss of information.

## 2.8  Ethical Issues

### 2.8.1  *Ethical review*

This study was submitted for formal review and approval to the Institutional Review Board of the ITM, the Higher Degrees Ethics and Research Committee (HDREC-702) at MakSPH and the Uganda National Council of Science and Technology (number SS 5111). Participants gave informed consent to participate in the study before taking part. No participants were enrolled, or participant-related activities were performed before written approval from these bodies was obtained.

- Clearance was sought from relevant offices at the different agencies, such as permanent secretaries of various ministries, the Office of the Prime Minister, etc.

- Confidentiality and privacy were upheld during all phases of the study.

### 2.8.2  *Obtaining Informed Consent*

Informed consent was sought from all study participants. Before starting the interviews, the respondents were informed of their rights and risks of participating in the study, and written consent was obtained. An information sheet and consent form (attached as annexe 0) were sent to study participants via email, inviting them to participate. Where verbal or email acceptance to participate was obtained, the consent was sought again, and the consent form was signed before the interview started. The consent forms bore contact details (name, phone number, and address) of representatives of the ethics bodies as well as the principal researcher. To ensure anonymity, interviewer codes were used instead of participants' names to track the data collection forms. Participation in the study was voluntary, and respondents were reminded that their participation was voluntary. Any challenges?

## 2.8.3  *Other ethical aspects.*

### 2.8.3.1  Confidentiality

Ensuring privacy and confidentiality was paramount throughout the various study phases. All data were collected in a private setting. Identifiers were removed from raw data, restricting access to the core study team. Materials such as recorders with interview audio recordings, transcripts, and field reports were secured under lock, and access was limited to the core research team.

### 2.8.3.2  Possible Risks

Many respondents answered in their professional capacity. So, a breach of confidentiality would generate potential risks to the participants, such as damaging interpersonal and interorganisational relationships. Mitigation measures included strict adherence to privacy and confidentiality practices described above. We have ensured that broad descriptors of categories of actors are used when presenting respondents' answers to avoid giving away an individual's identity. For instance, when presenting quotes, we have used descriptors like "MOH official" instead of "Top manager, MOH" or "Government official, non-health sector" instead of "program manager, National Planning authority". None of the individuals' answers were shared with their supervisors or colleagues during or after the data collection processes.

### 2.8.3.3  Possible Benefits

There were no direct benefits for the individual study participants, and no direct compensation was provided for participating in the study. However, respondents were informed that their participation would lead to organisational and societal benefits as their information would inform efforts to enhance the coordination of MSA for health in Uganda.

## 2.9  Navigating field practicalities of elite interviews

One prominent feature of this research is its focus on the national level and government elites as respondents. Peculiar considerations for the interview and research elites have been discussed in the literature(Harvey, 2011; Liu, 2018). According to Harvey (2011, pg 431), challenges and considerations related to interviewing elites include the following:

"Gaining trust and gauging the tone of the interview, how to present oneself in the interview, asking open and closed questions, pitching the appropriate length of an interview, whether to record the interview, coping with difficult interviews, asking awkward questions, managing respondents who do not answer the question, keeping respondents interested in the interview and finally gaining feedback from respondents". Error! Reference source not found. Table 10 below reflects how I navigated these challenges. I demonstrate how I leveraged my insider-outsider positioning (2.3) to overcome the anticipated challenges. All of the above issues might apply to any particular group. Still, the literature indicates possibilities of particularities that are exclusive to or more nuanced among elites. For instance, elites "often try and control an interview and be more particular about the questions they are willing to answer than other interview subjects" (Liu, 2018, pg 16).

*Table 10: Practical field challenges and navigation strategies during Elite interviewing*

| Practical field challenges | Coping strategies adopted in the study |
|---|---|
| • Access and entry to offices and respondents<br>• | • Accessing high-level government officials may be difficult. I, particularly, leveraged institutional relationships with the MOH, National Planning Authority and Office of the Prime Minister under the SPEED project to facilitate access to the interview respondents and enhance the use of findings.<br>• Compliance with the requirements for physical access, such as undergoing security clearances, showing identification cards, using introduction letters and signing visitors' books at the entrance.<br>• Patience for the few interviews I had to reschedule several times to ensure that crucial constituencies were not missed.<br>• Presenting the PhD study's ethical clearance and consent procedures to government officials and top leadership at the |

| Practical field challenges | Coping strategies adopted in the study |
|---|---|
| | • various MDAs improved the acceptability of the research and permission to access offices and respective respondents.<br>• Acceptability was enhanced by negotiation over the timing of the interviews. As a result, interviews were mainly conducted within operational hours for the MDAs.<br>• Relying on other officials to propose to other respondents and occasionally serving as intermediaries introducing me to their peers or superiors opened doors to various entities/ interviewees. |
| • Confidence in the topics and reputation of the researcher.<br>• Trust in the relevance of the subject.<br>• Recording of interviews. | • The research topic was considered sensitive, and gaining respondents' confidence to respond to sensitive questions was anticipated to be challenging. However, this was not the case, as all respondents agreed to the interviews, and only one refused to be recorded.<br>• Assurances of anonymity and confidentiality when obtaining informed consent were essential.<br>• Continued assurance of anonymity by using broad categories such as "Non-state actor", and "government official", "MOH official.<br>• The possibility of not giving truthful answers was considered low as the interview questions required reflection on broader organisational aspects and not personal matters. |
| • Understanding the research and respondents' context | • Leveraged existing knowledge about organisational and actor mandates and operations.<br>• Framing the interview regarding relevance, timing, and benefits to individuals, their organisations and broader society.<br>• Customisation of study tools to respondent categories.<br>• Questions were open-ended and exploratory to allow probing for contextual details and further clarity. |
| • Time consideration during the interview | • Some respondents are extremely busy by virtue of their office.<br>• Creatively navigated the trade-off of asking every question and being proactive in focusing on the most relevant questions. |
| • Building rapport | • Some interviewees were known to the researcher.<br>• For all researchers, a formal introduction and consenting process were followed.<br>• Formalities of rapport creation were eased through the consent process and introductions by other officials.<br>• Interviews were situated in contemporary discourse and reform processes, linking issues to mandates.<br>• Seeking feedback on the interview process and questions to benefit subsequent interviews<br>• The starting question was what the respondent's routine looks like. Kept the tough substantive questions generally in the middle of the interview. |

| Practical field challenges | Coping strategies adopted in the study |
|---|---|
| • Disruptions during the interview | • Disruptions were minimal, but a few occasional ones came up, especially with phone calls and occasional intrusion by administrative staff, as most interviews were conducted at the workplace alongside other competing obligations.<br>• Had to pause and allow respondents to deal with urgent affairs. |

Overall, the efforts above eased the primary data collection processes. Of course, there is no 'one size fits all' approach to interviewing elite subjects and the research subject, the personality of the interviewer and the interviewee, as well as the location, time and context of the interview, should, to a large degree shape individual approaches(Harvey, 2011; Liu, 2018).

## 2.10 Chapter Summary

This chapter presents a flexible and iterative research process followed in this study, as separate phases were sequentially linked to the next ones in a back-and-forth fashion. I have elaborated on the data collection procedures and analytical approaches. Finally, the reflections on the practical aspects, positionality and ethical matters were considered. The following chapters (3-8) present the results emerging from this study. Chapters 3-5 present an extensive review of the literature with expert feedback laying out the theoretical and conceptual foundations of this thesis. Chapters 6-8 cover the empirical part of the thesis. This chapter underscores the case study design to investigate how and why coordination among government entities takes place within the Ugandan context. The explanation of IGC dynamics is derived from an empirical and theoretical analysis that emerged through iterative and exploratory research processes elaborated on in this chapter.

# 3 INTRAGOVERNMENTAL COORDINATION: ELABORATING THE CONCEPT AND APPROACHES

## 3.1 Introduction

This chapter is the first of three literature review chapters forming the theoretical and conceptual foundations of this thesis. It specifically presents findings from two narrative reviews on aspects of coordination within government settings. As outlined in section 1.7, this thesis has set out to investigate the coordination context and processes within the national government (among government ministries, departments, and agencies (MDAs)) to inform Uganda's multisectoral approach to UHC. Sections 1.8 and 2.2 underscored the interdisciplinary nature and theory-building aspiration of this thesis. The first review (3.2) is a synthesis of conceptual and empirical literature to elaborate on the concept of intragovernmental coordination at the national level. Based on this review, I present the multidimensional coordination framework (MCF) of government action that informed this study's scope and general analytical direction. This work has been presented at conferences and is due for submission for publication. The second review (3.3) mainly draws on theoretical and empirical works from public administration, policy studies, and political science on approaches to coordination in government settings, with the intention of developing a typology of coordination instruments. This typology links instruments to ideal type coordination mechanisms. It serves as a framework for exploring and describing coordination instruments at the national governmental level in Uganda. The work based on this typology is presented in Chapter 6, and an earlier version of this chapter was published (Ssennyonjo et al. 2022b).

## 3.2 What is Intragovernmental coordination?

This section elaborates on IGC as a core concept in this study by providing an in-depth and multidimensional description of the coordination process at the national government levels in African settings. However, like other conceptual and theoretical aspects of this thesis, my conception draws on practical experiences from high-income countries as necessary to emphasise and substantiate the ubiquitous nature of the phenomena covered in this thesis. The section starts with a brief overview of coordination and related concepts before an in-depth dive into the complex nature of coordination practice- elaborating on its dimensions in the process. These insights are then summarised and illustrated in the MCF. This section provides a foundation for the next one (3.3) that examines one dimension of the framework, the coordination instruments, emphasising their existence in mixes underpinned by three ideal type mechanisms (hierarchy, networks and markets).

### 3.2.1  Coordination and related terms

Different terms are used in literature and practice to refer to working together across and beyond organisational boundaries. Within public administration literature, terms such as cooperation, coordination,  collaboration and integration have been used to denote the need for working across organisational boundaries to address the increasing complexity of development practice, policy-making and implementation(Oliver, 1990; Dornisch, 2005; Castañer and Oliveira, 2020). Examined from a management perspective, coordination, collaboration, and cooperation are said to be "at the core of interorganisational relationships (IORs), such as alliances, buyer-supplier relationships, and cross-sector partnerships"(Castañer and Oliveira, 2020) pg 966. In some instances, the terms are used interchangeably but are delineated in others to "construct discriminant validity, parsimony, and cumulativeness"(Castañer and Oliveira, 2020; pg 966).  This study uses the term coordination to represent formal and informal forms of IORs within and across government entities.

However, coordination in government remains an elusive concept despite longstanding efforts to clarify its multiple dimensions and meanings (Bouckaert, Peters and Verhoest, 2010; Carey and Crammond, 2015). Public administration scholars (Peters, 2005; Bouckaert, Peters and Verhoest, 2010) emphasise that coordination is a process of bringing together the decisions of different actors and the consequence (outcome) of that process. For example, Bouckaert, Peters and Verhoest (2010; pg 9) define coordination as the process by which organisations endeavour to consider other organisations' activities, resources, and outcomes. Malone and Crowston (1994; pg 90) defined coordination as "managing dependencies between activities." This view concurs with other scholars that there is nothing to coordinate if there is no interdependence (Pfeffer and G. R. Salancik, 2003; Hillman, Withers and Collins, 2009).  In the context of this thesis, focusing on understanding coordination in practice and extending the conceptualisation of IGC beyond these definitions was useful. The following subsection represents my attempts at this ambitious aspiration.

### 3.2.2  A multidimensional view of intragovernmental coordination

Public administration scholarship indicates that coordination within the government comprises multiple dimensions and meanings (Castañer and Oliveira, 2020). It remains a complex phenomenon to study and pursue in practice. The differences in understanding the constitutive attributes of coordination undermine governments' efforts to address present and future wicked policy problems(Christensen and Lægreid, 2008). In line with public administration literature (Peters, 2005; Bouckaert, Peters and Verhoest, 2010), I conceived IGC as a complex multidimensional social phenomenon. In the next sub-sections, I examine

the complex nature of coordination in a government setting, elaborating on its core dimensions and empirical manifestations. In brief, I present the national government as a heterogeneous entity where coordination arises from interactions and relationships among entities at various levels.

### 3.2.2.1 Direction of coordination: vertical-horizontal and external-internal dimensions

Within an organisational context, coordination might be internal or external. Internal and external coordination pertains to intra-organisational and inter-organisational aspects, respectively. The section below differentiates these dimensions at the national government and ministerial levels. Taking the national government, internal coordination pertains to coordination within the national government among and across the MDAs. External coordination pertains to coordination between the national government and other non-state actors, supranational entities and subnational governments (Peters, 2005; Bouckaert, Peters and Verhoest, 2010). This study uses the term intragovernmental coordination to refer to internal coordination within the national government.

The internal and external coordination forms could be described as "inward-looking" or 'outward-looking' respectively. In practice, many public health studies on multisectoral coordination focus on external coordination between government and non-state actors. In public health scholarship, the term governance and its derivatives, such as intersectoral, collaborative, and new public governance, have been applied to denote the relationships between government and non-government actors(Kooiman *et al.*, 2008; Rasanathan *et al.*, 2017; Bennett, Glandon and Rasanathan, 2018; Emerson, 2018). On the contrary, efforts such as health in all policy approaches, health impact assessments, and healthy public policy(Harris, Kemp and Sainsbury, 2012; World Health Organization, 2012; Amri, Chatur and O'Campo, 2022) presuppose IGC among government entities. External and internal coordination have additional vertical and horizontal dimensions (Christensen and Lægreid, 2008). Horizontal coordination occurs among organisations or units at the same hierarchical level. Vertical coordination is multilevel and connotes coordination between organisations or units at different hierarchical levels, as shown in Table 11 below.

*Table 11: Different coordination forms at the national government level*

|  | Horizontal coordination | Vertical coordination |
|---|---|---|
| Internal coordination | Intra-level coordination between MDAs or policy sectors | Inter-level coordination between central agencies and MDA or parent ministry and subordinate agencies and bodies |
| External coordination | Coordination with civil society organisations/private-sector interest organisations | Coordination a) upwards to supranational/international organisations or b) downwards to local governments |

*Based on* (Christensen and Lægreid, 2008, pg 12)

### 3.2.2.2   Content and Intentions of Coordination

In terms of content, coordination empirically regards the coordination activities, depth of coordination, objects of coordination (policy and administrative coordination), coordination instruments and coordination outcomes,

### 3.2.2.2.1   Core coordination activities

Table 12 below, based on Bryson *et al.* (2009, pg 7), shows that coordination could be understood to exist along a hierarchy of inter-organisational relationships (IORs). It includes exchanging information, sharing resources, and conducting joint activities within IORs.

*Table 12: Coordination in the continuum of organisational sharing*

| What is shared | Mechanism of sharing | | | |
|---|---|---|---|---|
| Authority | | | | Merger |
| Power | | | Collaboration | |
| Activities and resources | | Coordination | | |
| Information | Communication | | | |

Source: Bryson *et al.*, 2009, pg 7

Relatedly, Honadle and Cooper (1989) conceptualise coordination as comprising three core activities: information sharing, resource sharing, and joint action. First, at the very minimum, information sharing is an essential coordination feature (Peters, 2005). Second, coordination is also concerned with sharing resources owned by another actor. Following other scholars, we acknowledge that resources could be framed broadly to include power, authority and legitimacy (Ansell and Gash, 2008a; Candel, 2019; Okeyo, Lehmann and Schneider, 2020). Organisational literature provides similar examples of resources shared in IORs, including technical expertise, legitimacy and in-kind resources such as vehicles and space (Huxham and Vangen, 2004; Cropper *et al.*, 2009).

This type of thinking has two implications. First, the distinctions between collaboration and coordination (indicated in 3.2.1) become blurred as collaborative arrangements have features described under coordination. Hence, attempts to distinguish between the various forms of interorganisational sharing do not offer practical benefits. In a real sense, coordination entails the exchange of authority and power in addition to the activities, resources and information. Second, considering information to be one of the resources exchanged in IORs, the first element of Honadle and Cooper's (1989) framework could be subsumed in the second domain of *resource sharing*. However, differentiating the resources exchanged might be helpful in guiding the tools and managing arrangements for each resource or a combination of several resources (Malone and Crowston, 1994).

Honadle and Cooper (1989) state that the third coordination feature entails working together (*joint action*). During coordination, the completion of tasks could be physically synchronized, simultaneous, or sequentially arranged (Reitan, 1998; Castañer and Oliveira, 2020). Several terms describe interorganisational entities for joint action, such as alliances, joint ventures, partnerships, consortia and collaborations (Oliver, 1990; Castañer and Oliveira, 2020). Within a government setting, such IORs manifest as joint implementation arrangements such as one-stop shops and undertaking joint monitoring and reviews (Kriegner *et al.*, 2020). By implication, a granular examination of IORs in government can be enhanced by exploring the related coordination activities.

### 3.2.2.2.2 Objects of coordination: Policy and Administration

Another facet of coordination is indirectly linked to the level and object of coordination. Coordination activity could focus on policy development or administration (or implementation) (Bouckaert, Peters and Verhoest, 2010). Studies into coordination often present the phases of policy development, i.e., design, implementation, monitoring, and evaluation, as entry points and objects for coordination (Bouckaert, Peters and Verhoest, 2010; B Guy Peters, 2018). Administration coordination is generally a downstream phenomenon aiming to improve service delivery issues. In contrast, policy coordination is generally upstream and characterized by agreement among actors at the strategic level (Peters, 1998). Relatedly, some public management scholars differentiate the focus of coordination into policy development, program management, and service delivery (Christensen and Lægreid, 2007; Christensen Tom and Laegreid Per, 2007). Program design as a locus for coordination focuses on the organization of service delivery arrangements. The most common application in practice is that services are organized around programmatic areas (such as maternal health) and service user groups (e.g. children) (Phillips *et al.*, 2016; Blomstedt *et al.*, 2018; Zaidi *et al.*, 2018). Table 13 provides an overview of the differences between policy and administration coordination.

*Table 13: Distinguishing policy and administration coordination*

| Coordination types | Key features |
|---|---|
| Policy coordination | – Centralised, upstream. Focus on choosing policy instruments such as program design and strategic planning.<br>– Goal or strategy or political congruence<br>– *Architects*: politicians and top-level technocrats<br>– Could be internally and externally oriented |
| Administration coordination | – Downstream focuses on implementation (e.g., policy implementation, program management and service delivery).<br>– *Architects*: mainly implementers/technocrats<br>– Could be internally and externally oriented |

Source: Author's elaboration

Whether politicians, administrators or technocrats drive coordination is closely linked to policy and administrative coordination. The political leadership can steer the focus on coordination during policy development or implementation. Politicians and central-level agencies could prefer to allow discretion to the lower-level actors during implementation so that they are not to blame in case of policy failures (Bouckaert, Peters and Verhoest,2010a). On the contrary, political leaders could leverage their power to enforce coordination between organizations, intrinsically linking policy or administration coordination to the notion of control or imposed coordination (Peters, 2005; Giljevic *et al.*, 2018).

### 3.2.2.2.3 Coordination instruments

Coordination is achieved through several instruments that embody mechanisms ( i.e., the causal forces) that bring about coordinated action (Vancauwenberghe and Bouckaert, no date; Bouckaert, Peters and Verhoest, 2010). *Coordination might be an *imposed or bargained* phenomenon. Literature highlights three strands of coordination mechanisms, namely hierarchy, market and networks (Peters, 1998; Bouckaert, Peters and Verhoest, 2010), that influence whether coordination is imposed or achieved through a negotiated process. Coordination is achieved through hierarchical mechanisms where higher-level authorities impose it, or it is a negotiated process through market or network mechanisms (Peters, 1998). These insights on coordination instruments are elaborated on in section 3.3.

### 3.2.2.3 Coordination consequences in terms of outputs and outcomes

Several distinctions among coordination results are elucidated from literature based on the duration taken to actualise short-term, medium-term and long-term. These subcategories could be further defined as direct or indirect and internal or external (Emerson, 2018; Kuruvilla *et al.*, 2018; Edelman *et al.*, 2021). As Table 14 below indicates, these analytical distinctions are intricately interlinked in practice.
Still, they are separated to facilitate a nuanced and comprehensive assessment of the results of IGC in practice.

Short-term results are the direct outputs of coordination activities, including policy documents, structural changes, plans, programs, and related instruments developed directly through collaborative decision-making. They tend to be short to medium-term rather than long-term outcomes that arise indirectly from government action. These products could subsequently serve as coordination instruments (inputs into) the subsequent coordination process(Kim *et al.*, 2017; Jagnoor *et al.*, 2019). Process indicators such as the consistency of participation, trust levels and conflict management in the collaborative process could serve as proxies for assessing the quality of the coordination process (Peters *et al.*, 2017; Emerson, 2018). In the medium to long-term results, the coordination process is expected to induce organizational and systems-level adaptation, such as structural reform and procedural

adjustments to respond to coordination imperatives. Such adaptation leads to intermediate coordination outcomes such as improved efficiency, effectiveness and access to public services (Shankardass *et al.*, 2018; Molenveld, Verhoest and Wynen, 2021).

*Table 14: Characterising coordination results in government*

| Results categories | Key features |
|---|---|
| Short-term (direct outputs) | • Generally, it is internally oriented but could be externally focused. <br> • Direct outputs include policy tools such as plans, guidelines, policy documents or programs. |
| Medium-term/intermediate Outcomes | • Both internal focus and externally oriented <br> • Entails intraorganisational or system-level adaptations such as adopting and implementing new structures or processes. <br> • Improved performance: efficiency, equity, effectiveness, access etc. <br> • Generally indirect and contingent outcomes. |
| Long-term (impacts) | • Generally, it is externally oriented. <br> • Generally, population-level development and health contributions, such as improved livelihoods and better health status <br> • Indirect and contingent results |

Ultimately, coordinated efforts are meant to contribute to development goals such as reduced poverty, improved quality of life and health outcomes such as reduced morbidity and mortality (Emerson, 2018). These results might be internal to the national level pertaining to a country's priorities as opposed to external outcomes linked to goals beyond the government level (e.g., international development goals). However, global goals are often customised or adapted at the national level, negatively or positively influencing IGC efforts (Mondal *et al.*, 2021). For example, global goals such as UHC have been adapted into national priorities, instigating coordination debates in many countries (Reich *et al.*, 2016; van de Pas, Ssennyonjo and Criel, 2017).

Some coordination efforts do not focus on externally oriented policies but rather on the internal management practices of the public sector entity, as both usually require some organizational reform. Examples of internally oriented efforts include coordination practices around financial and human resources (Bouckaert, Peters and Verhoest, 2010). Externally oriented outcomes relate to specific policy objectives/domains such as health or education or systemic and crosscutting goals such as environment and gender(De Leeuw, 2017; Emerson, 2018).

### 3.2.2.4 Intragovernmental coordination as an outcome: understanding levels of coordination.

According to Peters (2005), IGC as an outcome can be graded into negative coordination, positive coordination, policy integration and development of government strategies. These aspects are summarised in Table 15 below.

Negative coordination minimises interaction and avoids harming each other's operations or programs. Positive coordination entails more profound and more active levels of interaction (Bouckaert, Peters and Verhoest, 2010). In practice, many governments focus on the 'coordination of specific policies and problems, (while directing) some efforts at the policies and behaviour of the politico-administrative system more broadly'(Bouckaert, Peters and Verhoest, 2010, pg 22). I find the distinctions between policy integration and the whole of government (WOG) strategies included in positive coordination. Henceforth, this thesis focuses on the positive coordination efforts embodying policy integration and the whole of government approaches.

*Table 15: Depth (hierarchy) of coordination levels in government*

| Coordination type | Descriptions |
|---|---|
| Negative coordination | • Involves a basic effort to avoid conflict as each organization tries to get out of the other's way in the conduct of their respective businesses.<br>• Less sustainable and not likely to yield significant changes in policy and practice. |
| Positive coordination | • Actors move beyond mutual recognition of each other's role toward an agreement to work together/cooperate in delivering services.<br>• Entities remain autonomous.<br>• Positive coordination requires the deliberate design of mechanisms to attain coordination goals(Bouckaert, Peters and Verhoest, 2010). |
| Policy integration | • Involves agreement on policy goals pursued and cooperation beyond service delivery.<br>• It is politically challenging as lower and top levels of government need to cooperate during policymaking and implementation.<br>• Policy goals of different public organizations may be contradictory and incompatible(B Guy Peters, 2018; Trein, Meyer and Maggetti, 2019) |
| The whole of government strategies | • Deepest coordination level that covers the entire government<br>• Pertains to the *development of strategies such as* "whole of government" or joined-up government" approaches to achieve IGC(Christensen and Lægreid, 2007; Arora *et al.*, 2012; Kickbusch and Behrendt, 2013). |

Source: Elaborated by the author based on Peters's (2005) classification.

### 3.2.3  *Elaborating the multidimensional coordination framework for government action and implications for the study*

Based on the insights in the preceding section, I developed the multidimensional coordination framework (MCF) for government action to guide this thesis. In particular, the framework emerged by synthesising other conceptual tools related to this study. The core dimensions of coordination, i.e. direction and content of coordination, were adopted from the framework of Peters and colleagues from public administration (Peters, 1998, 2005; Verhoest *et al.*, 2005; Bouckaert, Peters and Verhoest, 2010a). Emerson and colleagues' integrated collaborative governance framework (Emerson, Nabatchi and Balogh, 2012; Emerson, 2018) informed our attention to coordination process dynamics and outcomes.

Inspired by Shankardass *et al.* (2018a), the MCF distinguishes the extra-government and internal government contexts. The internal government context entails intra- and interorganisational contexts. We noted overlaps and convergence across the literature that further concretised our conceptions of intragovernmental coordination. For example, considering external and internal aspects of the IGC leads to distinctions between intragovernmental context and extra-governmental contexts that are aligned well with the external-internal, vertical-horizontal dimensions in the MCF. Intragovernmental context essentially entails relationships among government entities such as ministries, departments and agencies (Shankardass *et al.*, 2018).

The framework is illustrated in Figure 4 below, presenting its analytical domains. The following subsection provides the insights emerging from the preceding sections and their implications for our study of the IGC process in Uganda.
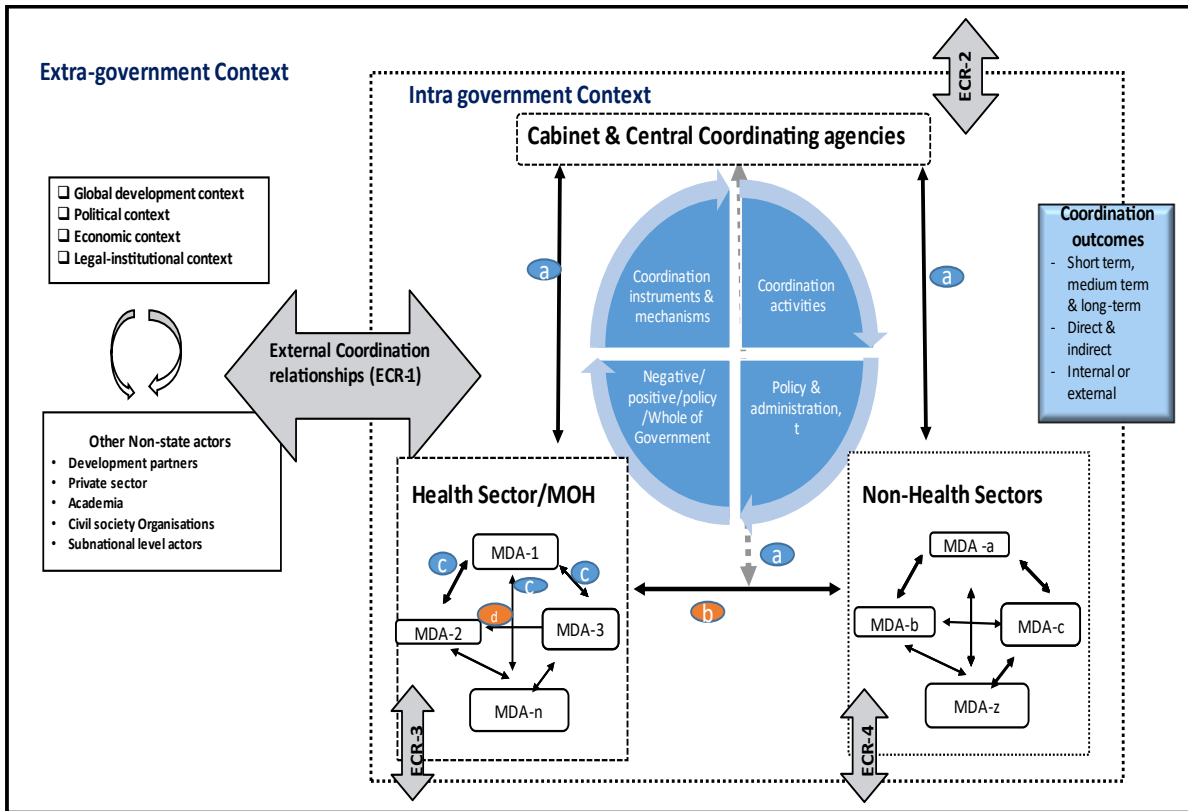
*Figure 4: Multidimensional framework for intragovernmental coordination*

### 3.2.3.1 Insight 1: The National government is a multi-organisational and multilevel entity.

Building on the work of Shankardass *et al.* (2018a), the MCF presents the national government as layered into three levels: a) national government as a whole, b) intersectoral or interorganisational levels, and c) intrasectoral/intraministerial levels. At each level, organisational entities coordinate horizontally with those at the same level and vertically with those at superior or inferior hierarchical positions. By implication, IGC at the national level is a multi-organisational, multidimensional and multilevel phenomenon. This thesis spans the three levels, with the national government and intrasectoral levels converging at the intersectoral level. Chapters 6 and 7 focus on the Ugandan national government as a whole. Chapter 6 describes the coordination instruments, inferring their underlying mechanisms, functioning and unpacking their interaction dynamics. Chapter 7 examines the contextual factors, actor relations and power dynamics shaping IGC at the national level. Finally, Chapter 8 examines how contextual factors and actor-power dynamics at the health sector level influence horizontal coordination between the health sector and other non-health sectors (the intersectoral level).

### 3.2.3.2 Insight 2: Understanding coordination dimensions should be nuanced depending on the level of analysis.

As presented in Section 3.2.3.1 and Table 11, IGC has vertical and horizontal dimensions in addition to internal and external dimensions (Peters, 2005; Bouckaert, Peters and Verhoest, 2010). Linking the dimensions to the analytical level is essential as the distinctions denote power dynamics in coordination relationships.

Regarding the whole national government, internal-vertical coordination concerns how hierarchically superior entities (such as central organizations with coordinating mandates) relate with other MDAs at a lower hierarchical level (vertical arrows a, in Fig 4). In this study context, Chapter 6 delves into the coordination dynamics of the central coordinating bodies such as the Cabinet, Office of the Prime Minister, and National Panning Authority advance internal coordination through vertical power relations with the MoH, other MDAs or intersectoral entities (arrow b in figure 4). On the other hand, internal-horizontal coordination relates to coordination among MDAs at the same hierarchical level in the government system (horizontal arrow b in Fig 4). As intimated already, this aligns with Chapter 8. It is important to note that superior coordinating bodies can instigate internal-horizontal coordination at the whole government and sectoral level.

Table 16 below, using the example of MoH, shows that the coordination dimensions above lead to more nuanced realities at the sectoral or ministerial level. In brief,

- External coordination will involve relationships between MoH and other MDAs or non-state actors.

- Internal coordination is intraorganisational or specifically intraministerial/intrasectoral.

- Internal-horizontal coordination refers to coordination within MoH among departments or units at the same level.

- By extension, internal-vertical coordination refers to coordination within MoH among units at different hierarchical levels.

- External-horizontal coordination pertains to coordination between MoH and other non-health MDAs or non-state actors at the same hierarchical level.

- Finally, external-vertical concerns include the coordination of MoH with superior bodies such as the Office of the Prime Minister or inferior bodies such as local governments.

Our analysis in Chapter 8 examines the external horizontal coordination between MoH and other MDAs with a deep dive into the internal (without explicit distinctions between vertical and horizontal aspects) MoH coordination.

*Table 16: Coordination dimensions at the Ministry of Health level*

|  | **Horizontal Coordination** | **Vertical Coordination** |
|---|---|---|
| **Internal Coordination** | - Intra-sectoral/ organization coordination between departments/units at the same level *(line d in Figure 4)* | - Inter-level coordination in sector/Ministry between top management/higher-level units and subordinate agencies and bodies *(lines c in Figure 4* |
| **External Coordination** | - Coordination with other MDAs *(line b Figure 4)* and/or civil society organizations/private-sector interest organizations at the same hierarchical level *(ECR-3- Figure 4)* | - Coordination a) upwards to central coordinating agencies *(lines Figure 4* or international organizations and downwards to local government *(lines ECR 3 in Figure 4)* |

*Based on* (Christensen and Lægreid, 2008, pg 12)

### 3.2.3.3 Insight 3: Contextual factors shaping coordination also have internal-external dimensions.

The MCF underscores that every entity (e.g. MDA or sector or the whole national government) has an internal and external dimension with corresponding sets of interacting and counteracting factors and conditions that influence how and why the coordination process takes place at the level (Christensen and Lægreid, 2008).

Considering the national government level, the internal or endogenous factors could be referred to as intragovernmental factors, while external contextual influences or exogenous factors (presented as *ECR 1-4 in Figure 4*) could be termed extra-government factors. Figure 4 above further emphasises that the extra-government factors could influence or interact with several entities within government, namely a) with government as a whole (ECR-1), with Cabinet and central coordinating agencies (ECR-2), with health sector/MoH (ECR-3) and with non-health sectors/MDAs (ECR-4). Chapter 4 discusses the influence of internal and external forces on public sector reforms and broader contextual realities in African countries. Section 4.3 presents international experiences on multisectoral approaches from a health sector perspective. Chapter 7 presents the empirical analysis of the contextual factors and actor dynamics that influence IGC in Uganda.

Internal and external dimensions correspond to intrasectoral/intraorganisational and intersectoral/interorganisational contexts for a specific sector or MDA. Although, in reality, these dimensions are intertwined (Shankardass *et al.*, 2018), these analytical distinctions allow a differentiated analysis of coordination at the sectoral or intersectoral levels. Accordingly, section 4.3 details empirical experiences on internal and external health sector factors that influence MSA for health globally. More so, chapter 8 delves into empirical work on how internal and external contextual factors and actor dynamics in the Ugandan health sector influence horizontal coordination between the health and non-health sectors.

#### 3.2.3.4 Insight 4: The coordination content and outcomes interact and span other coordination dimensions.

The centre of the framework presents the elements that constitute the content of coordination. The empirical manifestation of IGC concerns a) coordination activities, b) enactment and operationalization of coordination instruments (existing as unique but interacting entities), and c) focus on coordination objects (for example, policy development or administration). These aspects and the framework's last domain, the coordination process's outcomes, span vertical-horizontal and internal-external dimensions. Concerning this study, achieving UHC could be considered the ultimate outcome of the IGC process. Our analysis across the empirical chapters shows that coordination towards such an ambitious agenda is generally an interactive phenomenon across levels and dimensions.

## 3.3 How is intragovernmental coordination elicited in practice? Coordination instruments, mixes and mechanisms

This subsection elaborates on the dimension of coordination instruments in the MCF. It presents a condensed literature review on approaches and strategies to achieve coordination within national governments. Drawing on public administration, policy and political science literature, it unpacks two central concepts this thesis uses: coordination instruments and mechanisms. First, I establish the conceptual linkages and distinctions between the two terms. This effort led to an exploration of their respective definitions. Next, I go beyond definitions to delve into each of these terms. The coordination strategies are divided into structural and non-structural instruments. Building on the linkages between instruments and mechanisms for coordination, an adapted typology of coordination instruments is presented as a descriptive and analytical tool used to explore the nature and functioning of coordination tools at the national government level in Uganda. This section explores the empirical experiences of deploying various coordination tools. In brief, this section establishes that coordination approaches consist of interacting instruments whose functioning is underpinned by one or more ideal-type mechanisms.

### 3.3.1 Defining coordination instruments and mechanisms: conceptual linkages and distinctions

To understand how coordination in government is achieved in practice, this study draws majorly on extensive public administration literature on coordination approaches deployed within and across government entities(Alexander, 1995; Peters, 2005; Bouckaert, Peters and Verhoest, 2010; Molenveld and Verhoest, 2018).

In this public administration literature, 'coordination mechanisms' and 'coordination instruments' are often used to refer to Coordination approaches and strategies in government. Distinguishing these two concepts is critical. The concepts are elaborated subsequently.

Coordination approaches are labelled variably- at times called coordination mechanisms (CMs) or coordination strategies or coordination instruments (CIs)" (Blouin, 2007; Cristofoli and Markovic, 2016; Claggett and Karahanna, 2018; Juma *et al.*, 2018). In addition, they are sometimes defined in terms of each other. For instance, as the definitions below indicate, CMs are often defined in terms of instruments. According to Lægreid and colleagues, CMs are described as "formal or informal arrangements (activities, structures, instruments, and procedures) used to bring actions of different sectors (ministries, departments, and agencies-MDAs) into harmony and ensure coherence within and between policies and practices" (Per Lægreid, Tiina Randma-Liiv, Lise H. Rykkja, 2013). Parnini & Verhoest (2008;94) similarly define CMs as "the strategies, instruments and structural interfaces involved in managing relations between ministers, parent ministries and other public organisations".

In contrast to the above, some public administration scholars posit that although related, CMs and CIs are distinct analytical concepts (Bouckaert, Peters and Verhoest 2010a, Alexander 1995, Verhoest and Bouckaert 2005). In this thesis, I adopt this thinking. The CMs are defined as *abstract and general basic processes that underpin coordination arrangements*, while CIs are *the specific structures and activities that underpin coordination efforts* (Bouckaert, Peters and Verhoest, 2010).

Theoretical and empirical work on interorganisational CIs presents various typologies (Alexander, Dorfhuber and Gant, 1996; Bouckaert, Peters and Verhoest, 2010). According to Mintzberg, coordination is pursued through either 1) mutual adjustment, 2) direct supervision or 3) standardization of skills and norms, work processes, and results (Mintzberg, 1980; Unger, Macq and Bredo, 2000). Alexander (1995) presented several formal structural instruments characterised by being ex-ante or ex-post (provided before or after specific organisational acts, respectively) and differentiable by hierarchical levels. The liaison officer (boundary spanner) was considered the least hierarchical. Inter-organisational groups and the coordinator were in the middle, while coordination units and lead organisations were the most hierarchical (Alexander, 1995, p. 117). Perri 6 (2004) classified coordination tools based on the initiating agency into top-down (centrally defined and steered) and bottom-up (driven by local managers mainly targeting service delivery levels). Top-down tools include initiatives driven by budgetary systems, using plans, targets, performance management tools, central initiatives in localities, creating centrally appointed brokers or "tsars'' and using mandated or incentivized partnerships between centrally defined subnational agencies. Bottom-up tools include a) a formally agreed partnership structure and b) informally emergent relationships with no central direction or mandates.

Peters' (2003) typology (see Table 17 below) includes structural and process-based coordination strategies. The national level structures are subcategorized into the core executive, ministerial levels, interministerial and public organisations with coordination functions. The core executive strategies include expanding staff with the Office of the President or Prime Minister, Cabinet (including full and junior ministers and ministers without portfolio) and central agencies to coordinate crosscutting functions such as finance and public service. The procedural strategies related to budgeting, policy-making, regulatory and performance monitoring functions (Peters, 2005; Verhoest *et al.*, 2005).

*Table 17: Common Coordination Instruments at the National Government level*

| Structural coordination mechanisms | Specific strategies and political realities of implementation |
|---|---|
| **1) The core executive:** | |
| **The core executive is a major coordination structure in all countries. In most governments, the overall coordination centre is in the office of the president, prime minister, or their equivalent. Different strategies facilitate multisectoral collaboration and ensure public sector coordination at this level (Peters, 2005).** | a) *Expanding staff in the office of the government's Chief Executive officer* (e.g. the President) to look at specific policy issues. (Peters, 2005) |
| | b) *Establishing Central agencies to coordinate budgetary, policy, and personnel management organization*s, such as ministries of Finance and Public service, that report directly to the chief executive or have designated authority of central coordination of policy and implementation management. Central agencies may be effective coordinators, but tensions between these agencies' staff and line ministries are possible. The line staff resent control and accuse the central agencies of having a limited understanding of the problems and programs being implemented. At the same time, the central agency staff accuses the staff of line ministries of having a narrow view of government priorities (Peters, 2005). |
| | c) *The Cabinet is usually the best place to negotiate priorities*. However, the cabinet may be a space for a minister to defend the interests of their ministry, thereby undermining whole-of-government thinking. For example, cabinet committees could be constituted to work on a policy area or several related issues, or an overarching committee for "joint planning and coordination" could be constituted within the cabinet to harmonize positions of different ministries. However, the proliferation of these committees may also need coordination leading to "coordination of the coordinator". The committees may also blur boundaries among policy areas and ministries(Peters, 2005). |

| | |
|---|---|
| | d) *Minister without Portfolio or with additional portfolio:* Substantive ministers may be very busy and conflicted, so a minister without a department home may be selected to undertake particular tasks like coordinating government programs. The main problem is that a minister without portfolio may face limited authority and resources to undertake this task effectively. S/he, too, may also become overloaded with multiple portfolios.<br><br>e) *Junior ministers* may be assigned specific areas under a policy domain to support the substantive minister. However, they usually have limited clout and authority to perform these duties. They may also be perceived as a threat to the minister's authority (Peters, 2005). |
| **2) Coordination within the Ministerial organizations**<br>**At the ministerial level, the mechanisms attempted to enhance coordination include the creation of super ministries, advisory committees, or governing boards(Peters, 2005; Bouckaert, Peters and Verhoest, 2010)** | a) *Creating super ministries* to oversee related areas is one of the strategies to improve coordination. However, merging ministries may create additional coordination problems for the ministers due to the creation of several internal units within the big ministry. |
| | b) *Advisory Committees* are intended to bring together representatives from different line ministries and interest groups. Significant policy endeavours by a ministry must be sent to the Advisory Committee for discussion and allow at least information sharing among ministries to occur. However, the agenda-setting is usually controlled by the hosting ministry. |
| | c) *Governing Boards*: These are usually composed of government and non-state representatives to oversee policy direction for semi-autonomous agencies. Boards help draw organizations to broader perspectives than would have been the case otherwise. |
| **3) Agencies with portfolios relevant to coordination** | a) Special ministries could be created to coordinate the provision of services to the demographic and regional populations. However, these usually have limited authority and resources and still need to ensure alignment with other ministries. |
| **4) Interministerial organizations**<br>**All governments have interministerial governance mechanisms.** | a) Taskforces, working groups, and ad-hoc committees are coordination entities used where temporary solutions or clarification of the problem is required for a short period (Peters, 2005). |
| | b) Special programs are created as coordinating organisations. |
| **Processes-based coordination mechanisms** | |
| **Coordination may be enhanced through adjustments in processes and procedures such as budgeting, regulatory reviews and evaluation of policies and** | a) *Budgeting* is essential for ensuring fiscal discipline and policy and program coherence. However, in the reality of competing priorities and reducing funding, the tendency is for people to retreat to their silos and underinvest in coordination. |
| | b) *Regulatory review:* There is usually a process to review new policies, their cost to the government, and their relationship to existing regulatory frameworks. The main question is the (economic, political or policy) criteria on which to base these decisions. |

| | programs (Peters, 2005; Bouckaert, Peters and Verhoest, 2010): | c) *Evaluation of Policies and programs* may highlight deficiencies or challenges with program/ intervention coordination. Evaluation of complex programs without due consideration of the constellation of policies and nested contextual environment may reveal the effectiveness of the program and mask deficiencies from a broader systemic perspective. |
| | | d) *Coordination comments*: This mechanism is employed in some settings like Australia, where before any issue is taken to the cabinet, comments are solicited from relevant ministries to avoid surprises in the cabinet. |

Source: Based on (Peters, 2005; Bouckaert, Peters and Verhoest, 2010a, pp 52-54)

### 3.3.2 Coordination mechanisms (hierarchies, markets, and networks) and their influence on how instruments work

Coordination mechanisms (CMs) are based on the ideal institutional logic of hierarchy, markets and networks (Lowndes and Skelcher, 1998; Verhoest *et al.*, 2005; Kooiman *et al.*, 2008; Torfing *et al.*, 2012). This trilogy provides a typology to analyze the basic processes that underlie coordination efforts in the public sector (Bardach, 2017). According to Tenbensel (2018;3), CMs are "ideal types of institutional designs that can be harnessed by governmental and non-governmental actors to govern policy problems. As ideal types, they provide a way of mapping governance types analogous to the way that compass points of north, west, south and east provide a foundation for mapping geographical space". Rooted in organizational theories (majorly transaction costs economics (TCE) and principal-agent theory (PAT)), the firm (hierarchy) or the market are extremes of the coordination modes for exchange relationships (Ouchi, 1979; Williamson, 1995; Dekker, 2004). In reality, the networks exist between the two extremes of the market and hierarchy(Williamson, 2014).

These coordination mechanisms are distinguished based on their essential characteristics, such as the decision-making processes, the interactions among actors and the power sources they primarily draw upon. Table 18 below summarises these distinctions.

*Table 18: Characteristics of Coordination Mechanisms*

| Attribute | Hierarchy | Markets | Networks |
|---|---|---|---|
| **Base/type of interaction** | Authority and dominance | Exchange and competition | Cooperation and solidarity |
| **Purpose** | Consciously designed and controlled goals | Spontaneously created results | Consciously designed purposes or spontaneously created results |
| **Guidance, control and evaluation** | Top-down norms and standards, routines, supervision, inspection, intervention | Supply and demand, price mechanism, self-interest, profit and losses as evaluation, courts, the invisible hand | Shared values, common problem analyses, consensus, loyalty, reciprocity, trust, informal evaluation-reputation |

| Role of government | Top-down rule maker. steer, dependent actors as controlled by rules | Creator and guardian of markets, the purchaser of goods, actors are independent | Network enabler, network manager and network participant (facilitator) |
|---|---|---|---|

Source: (Bouckaert, Peters and Verhoest, 2010, pg 35).

Hierarchical type mechanisms (HTM) are based on a central authority's imposition and top-down control. Centralized management animates rules, standard operating procedures, and mandatory processes such as collaborative planning (Peters, 1998; Bouckaert, Peters and Verhoest, 2010). Market-type mechanisms (MTM) lead to coordination through exchange and bargaining between "buyers" and "sellers" with various interests but a shared understanding that the exchange will be mutually advantageous (Bouckaert, Peters and Verhoest, 2010). The "invisible hand" created through the interplay of price mechanisms, incentives, and self-interest coordinates actors' activities. The medium of exchange may be money, but sometimes virtual markets are created (Peters, 1998; Bouckaert, Peters and Verhoest, 2010a). The network-type mechanisms (NTMs) include bargaining approaches. Networks are characterized by mutual dependence, trust and collaborative role assignment. Coordination is achieved through a mutual exchange of financial, human and information resources. The central government or specific public sector entities may be network members or managers and impose horizontal coordination among government entities(Dewulf et al., 2011; Zaidi et al., 2018)

### 3.3.3 Analytical framework: Linking ideal type coordination mechanisms and instruments.

Bouckaert and colleagues (2010a) highlight that some CI typologies, such as Perri 6 (2004), are rather generic and more structure-oriented. They further observe that although other typologies consider non-structural tools (such as administrative processes like budgeting and planning) to complement the structural strategies, they do not explicitly link the instruments to the CMs (Bouckaert, Peters and Verhoest, 2010). Thus, the thesis, building on public administration scholarship (Adler and Borys, 1996; Peters, 1998, 2005), proposed a typology of CIs linked to their respective CMs.

Table 19 below elaborates on the typology by Bouckaert et al. 2010. With very slight modifications, this thesis adopted this typology proposed by Bouckaert and colleagues (2010; 54) because it distinguishes structural and non-structural instruments and links these tools to the "hierarchy–networks–markets" mechanisms framework. As indicated already, the typology below was applied in Chapter 6 to explore the types and functioning of coordination instruments at the national level in Uganda. Their interactions and the explanations for their functioning or lack thereof are explored.

*Table 19: Typology of CIs and linkages to predominant ideal type coordination mechanisms*

| Instrument | | | Underlying mechanism |
|---|---|---|---|
| **Major category** | **Type** | **Variants/examples** | |
| Structural instruments | IA Organisation restructuring | Mergers | Hierarchical type mechanism (HTM) |
| | IB Reorganizing and altering control lines and levels within a hierarchy | Super minister to control related ministries | HTM |
| | IC: Creation of coordination function or bodies. | Liaison officers, coordinating units, lead organization | HTM |
| | ID: Regulated markets | Internal markets, quasi-markets, external markets | Market type mechanism (MTM) |
| | IE: Structure of solidarity and cooperation | IE(a): Systems for information exchange | Network type mechanism (NTM) |
| | | IE(b): Creation of consultation or negotiation bodies, e.g., task forces, advisory bodies | NTM |
| | | IE(c): Entities for Collective decision-making, e.g., Cabinet, permanent structures | NTM |
| | | IE(d): joint organisation | NTM |
| Management instruments | IIA: Strategic management tools: | IIA(a)Top-down process is usually a common planning instrument | HTM |
| | | IIA(b)Bottom-up planning process | NTM |
| | IIB-Human resources and culture management instruments | Training, reshuffling/rotation of staff within civil service, and common training to foster interprofessional collaboration | NTM |
| | IIC- The financial management system. | IIIC(a)- hierarchical input-based financial systems | HTM |
| | | IIIC(b): Systems are performance-linked, allowing incentives and sanctions for performance | MTM |

From the table above, structural tools relate to structural interfaces for driving coordination and include organizational reform and restructuring (e.g., joint bodies), bodies with coordination functions, and regulated markets. There are also structures for solidarity and cooperation (e.g. formal entities for collective decision-making, structures for consultation and negotiation, formation of joint organisations, and systems for information exchange (Peters, 2005; Verhoest *et al.*, 2005). Non-structural tools are procedural and entail adjustments to government administrative processes and management practices. These include the means for "strategic management, financial management, and cultural and knowledge management" practices (Bouckaert, Peters and Verhoest, 2010; pg 55).

Figure 5 below provides an overly simplified depiction of the interlinkages between CMs and instruments within Uganda's central government setting.
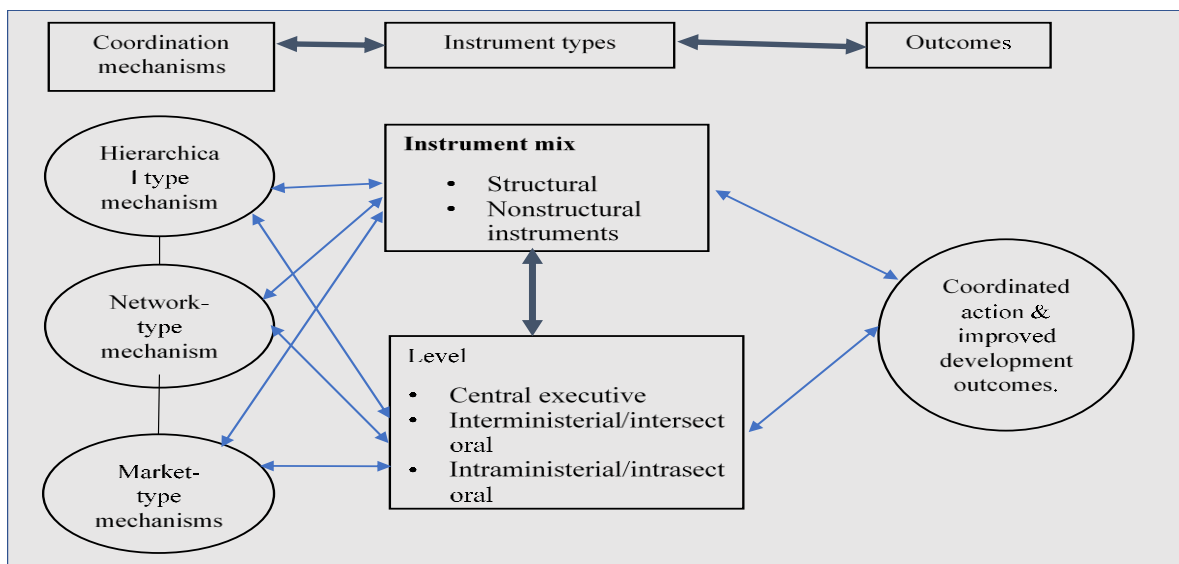


***Figure 5: Conceptual linkages between coordination mechanisms, instruments, and levels at the national government level in LMICs.***

Source: Author elaboration based on (Verhoest and Bouckaert, 2005) and Bouckaert et al. (2010, chapter 3).

## 3.4 Chapter Summary

This chapter examined the concept of intragovernmental coordination and approaches to coordination drawing from multidisciplinary literature. The definition of coordination as a process or outcome is elaborated into different dimensions, culminating in the MCF for government action. The framework then guided the focus of the empirical chapters, building on the emerging insights. Second, a design perspective is presented, emphasising coordination approaches. This approach underscores coordination dynamics through the choice, implementation and change of coordination instruments existing in mixes and underpinned by different mechanisms.

# 4 FACTORS SHAPING INTRAGOVERNMENTAL COORDINATION AND MULTISECTORAL ACTION FOR HEALTH

## 4.1 Introduction

Chapter 3 elaborated on IGC and its approaches, presenting the Multisectoral Coordination Framework (MCF) and typology of coordination instruments. It also highlighted how the emerging insights informed this study (3.2.3). This chapter extends the need to examine the internal and external contextual factors for coordination at any level of analysis introduced in sub-section 3.2.2. The chapter approaches IGC and the multisectoral approach to UHC through an interdisciplinary lens, combining experiences from public health, public management/administration, development studies, political science and public policy perspectives. It presents findings from a narrative review drawing on these disciplinary perspectives. After the introduction, the second section examines the context of governments and states in the SSA. By situating this thesis in a historical context of government reforms and broader contemporary governance dynamics in SSA, the section highlights the crucial precedents to the current multisectoral health efforts, underscoring that the current coordination efforts are not new but rather continuations of a perennial quest for more effective government action. This section situates the pursuit of a multisectoral approach to UHC in Uganda within the discourse on the evolution and complexity of the state and government machinery and functioning in SSA.

The third section covers global health literature on multisectoral health efforts. It underscores the influences of contexts internal and external to the health sector.

## 4.2 The state and government systems, bureaucracy and intragovernmental coordination efforts in Sub-Saharan Africa

Empirical and theory-informed studies on (intragovernmental) coordination and MSA for health in developing contexts such as African countries are limited in public health scholarship. Recent reviews have tried to explore theoretical application in LMIC studies on MSA for health in general. For example, Bennett, Glandon and Rasanathan (2018) applied the political economy perspective to explore factors influencing multisectoral collaboration in LMICs. Section 1.9 on the study scope highlighted that just a few studies on MSA for health, such as Shankardass *et al.* (2018a), have embraced a government focus, leading to a systems theory-based framework for examining coordinated government action in developing contexts. Generally, the potential of theories in informing multisectoral approaches in developing countries is yet to be optimised (Glandon *et al.*, 2019). Most theory-building in public health research on this

topic is still mainly HIC-based, obfuscating certain aspects of public administration, such as institutional and governance arrangements common to both HICs and LMICs, but may be more apparent in LMICs. This situation is attributed to the limited application of insights from public management and development research from developing countries in HPSR and studies on the governance of multisectoral action for health (Bennett, Glandon and Rasanathan 2018). In the following sections, I draw on a rich scholarship on sub-Saharan African states from political science, public administration and development studies to illustrate the unique aspects of African states and governments and their implications for IGC and multisectoral action for health goals such as UHC. However, before delving into SSA-specific aspects, I provide an overview of the Weberian legal-rational model of government on which government systems have largely modelled.

### 4.2.1 *The Weberian model of bureaucracy*

The history of the public sector reveals a process of continuous change driven by some predominant logic, notably the influence of early 20th-century management gurus Frederick Taylor's scientific management and Max Weber's principles of Administration. The thinking espoused by both scholars was 'standardisation, routinisation and professionalisation of management practice in both private and public organisations (Kiiza, 2000; Erdmann and Engel, 2007; Hizaamu, 2018). The weberian view promoted a bureaucratic legal-rational model of public management with the following features:

1  An impersonal, consistent, impartial and ruthless application of and compliance to established bureaucratic rules and regulations.

2  Replacement of older practices based on patronage and allegiance to the kin, neighbourhood and political loyalties with a merit-based system. Professional experts were recruited based on merit to serve as bureaucrats. They were expected to exercise discretionary power as guided by the legal framework in performing their duties.

3  Pursuit of efficient, predictable and impartial delivery and access to public services to the citizens irrespective of age, sex, socioeconomic status and family background (Erdmann and Engel, 2007; Lynn, 2008; Bouckaert, 2022).

This weberian model has guided the development of government systems in most developed countries and, to some degree (at least in principle), the government systems in developing countries, including African countries, Uganda inclusive. However, the weberian model is very much an ideal system, which is rarely achieved in any context, whether in high- or low-income countries. In the section below, I delve into the unique expressions of the government systems and bureaucracies in SSA.

### *4.2.2   The nature and functioning of bureaucracies in African governments.*

A complex interplay of structural factors such as historical path-dependent post-colonial features, public sector reform processes, and broader political factors influences the functioning of bureaucracies in African settings. These factors influence the prevailing governance and political landscape under which IGC efforts are pursued. Understanding these factors is paramount to fostering progress towards a multisectoral approach to UHC within Uganda and similar settings. Long-term, sustainable, meaningful progress requires context-specific approaches considering each African country's unique challenges and opportunities. These elements are discussed subsequently.

#### 4.2.2.1   Historical path-dependent features

Historical contexts underscore the path-dependent features of African states. Grounded in historical institutionalism, path dependence refers to the notion that the current state of affairs is shaped by past events and decisions (Hall and Taylor, 1996; Thelen, 1999; Béland, 2009). A decision can lock a system into a trajectory that cannot easily be reversed. Contextual realities under which IGC occurs are often path-dependent, meaning that past events and decisions continue to shape the present context, systems, and future outcomes (Bennett and Elman, 2006; Immergut and Anderson, 2008). Many African countries have a colonial past that has shaped the fundamentals of their governance and political systems, state administrative architecture, bureaucratic structures, and institutions.

Colonial governments worked to leverage or transform pre-colonial administrative structures and political systems to serve their interests. Therefore, the post-colonial governments took over bureaucratic systems that were formerly designed to fit the interests of the colonialists. Indeed, making the governments serve the interests of the local citizens was a significant motivation for the pre-independence struggles in Africa, as the colonial governments were perceived to promote colonialists' interests at the expense of local needs. Many features of post-independence governments perpetuate the inefficiencies inherent in the colonial bureaucratic structures, including the following:

a) Certain political-administrative structures and traditions adopted during the colonial period have persisted (Ayee, 2005; Hizaamu, 2018). One example is the centralised administrative structures, which concentrate power at the national level among the governing elite. At the same time, another colonial heritage is the creation of districts as politico-administrative units that served the interests of the colonial masters and were generally dependent on the centre for survival (Tumusiime *et al.*, 2019). The district administrators were extensions of the central rulers and were offered political and material benefits for their work. These realities have shaped how the health sector is

organised in terms of decentralised units and the functioning of district health systems (Tumusiime *et al.*, 2019).

b) Strategies adopted by the colonial masters, such as co-opting African elites as political appointees in the bureaucracy and 'divide and rule' policy through the exploitation of ethnic, cultural, linguistic, tribal and religious differences, are still applied by African political leaders (Morrock, 1973; Beekers and Van Gool, 2012). Patronage networks and corruption practices inherent in historical bureaucratic systems undermine effective decision-making processes and the success of multisectoral efforts. Whereas these practices afford politician means to 'steer the implementation of their agenda through the state apparatus', they 'weaken the integrity and professionalism of the bureaucracy'(Naidoo, 2022, pg 4). Some of these governance features do not rhyme with the interests and aspirations of the population and, therefore, weaken accountability mechanisms and undermine the implementation of governance and democratisation reforms.

c) The post-independence state-building efforts following the exit of the colonial governments were challenging. In addition to the influence of colonial legacies, African states have faced limited capacity and resources to form functional bureaucracies (Yanguas, 2017). These capacity gaps led to dysfunctional competition, inefficiencies, and disincentives in coordination and cooperation among various actors and government entities. The rapid expansion of authoritarianism, fluctuating political freedoms and dissatisfaction with how national resources and power were shared led to various civil conflicts and bloodshed in several African countries over the decades following independence(Olukoshi, 2004). These patterns limit the scope for effective reforms and desirable bureaucratic behaviours. Generally, African countries, through an interplay of various factors, have struggled to develop their internal institutional capacity to support state obligations to the citizenry (Robinson, 2002; Ayee, 2005).

### 4.2.2.2 The broader political factors and governance context for intragovernmental coordination in Sub-Sahara Africa

While the historical outlook above is a powerful frame for understanding and explaining the nature and functioning of African states and bureaucracies in several instances, there are additional political considerations to deepen the examination of the contemporary state bureaucracy in SSA. Political factors play a central role in shaping the functioning of bureaucracies and how IGC efforts are approached (Peters, 1998; De Leeuw, 2017). For example, the political dynamics shape the overall policy environment, resource allocation, and decision-making processes within the government. The vested interests and power struggles among different government actors can affect the prioritization of sectors and resource allocation for MSA initiatives (Greer and Lillvis, 2014; Mauti *et al.*, 2019). In

the next sections, I draw on additional literature to capture the important political factors and dynamics impacting MSA coordination efforts in the SSA setting. These include notions of a) neopatrimonialism, patronage and patron-client relationships, b) practical norms, c) political settlements and d) external influences. Overall, the political landscape in SSA countries can be diverse, with varying degrees of political stability, democratization, and corruption (Yanguas, 2017). These aspects are relevant to how the governments are set up and function. These insights are elaborated below.

**a) Neopatrimonialism, patronage, informality and practical norms.**

It is important to embed the analysis of IGC within the realities of the states in SSA. Consensus indicates that in SSA, "states and public services operate in *clientelist* mode, the general model is *neopatrimonial* in nature, and most practices fall into what is called the *informal* realm (Olivier de Sardan, 2008, pg 1; italics in original). Literature on neopatrimonialism shares some conclusions on the extensive personalisation of formal authority leading to the use of public office for personal use, including securing political and material rents (Chukwu, Ume and Dibia, 2018; Cheeseman, 2019). Neopatrimonialism is also associated with expansive patronage and clientelism, where patron-client relationships are interwoven with the legal-rational model of bureaucracy (section 4.2.1). In this case, various actors attempt to secure personal gains from the public system (Bratton and van de Walle, 1994; Beekers and Van Gool, 2012).

Related literature on Zambia, Zimbabwe, Uganda and DRC point to the existence of the shadow state defined as "an informal network of domestic and international actors, many of whom are not elected or are not operating in their official capacity, who collude to wield political, social and economic authority for their own benefit" (Cheeseman *et al.*, 2021, pg 7). The intricate interweaving of private and public spheres of society and other transactional relationships are at times framed as "politics of the belly" (Bayart, 1993). These realities and dynamics make the role of individual leaders more prominent compared to the systems or organisations to which they belong, thereby perpetuating informality. Patronage shapes the relationship between politicians and bureaucrats as well as the citizenry (Harris *et al.*, 2023). It offers holders of formal authority, such as the head of state or government officials, the means to advance their agenda, goals and interests by leveraging public offices.

The patron-client networks, interdependences of personal ties and procurement of personal benefits can be pervasive or useful depending on the congruence between the patron's interests and those of the organisation or system (Maracha and Bespalov, 2021). The deviations from the ideal expectations, consistent with neopatrimonialism, can also shape the autonomy and effectiveness of the bureaucracy (Bouckaert, 2022). For example, there is a tendency to bypass or undermine merit-based recruitment and promotion systems (Brierley, 2021).

Sometimes, the "big men" use formal systems to recruit and promote loyal supporters, which guarantees them material and political rents such as enhanced political support and prolonged stay in power (Bøas, 2001; Briggs, 2015).

Cooperation between politicians and bureaucrats is another important dynamic relevant to IGC. Mutual benefits between the concerned parties often shape it. As highlighted by Nyadera and Islam (2020, pg 7), "financial, institutional, and informational resources shared between politicians and bureaucrats but useful for both encourages both parties to work closely". The authors cite examples of judicial officers delaying the prosecution of abuse of office or corruption offences on politicians while politicians facilitate expedited promotion of the concerned bureaucrats.

The nature of the political regime, whether authoritarian, hybrid, or democratic, will also influence the expression of neopatrimonialism, the functioning of the bureaucracy and the pace of reforms towards IGC in SSA (Bonga, 2021; Cilliers, 2021). In less democratic settings, as found in several SSA, the ruling elite tend to use the bureaucracy for patronage and clientelism, which hampers effective governance (Cilliers, 2021; Maracha and Bespalov, 2021). The personalisation of public authority becomes more prominent and entrenched as one's stay in public office. This situation is salient in several African states where presidents have overstayed in office (Croke, 2023). However, deviations from formal systems are not necessarily retrogressive (Hickey, 2019). As powerful patrons use informal networks to get things done, it can help overcome bureaucratic resistance and inertia towards development goals (Toral, 2023). Considering the milieu of patronage and informality, the commitment from power holders (patrons) is essential for breaking down silos and promoting multisectoral approaches among different ministries and agencies.

The discussion above resonates well with the scholarship on the notions of real governance and practical norms (De Herdt and de Sardan, 2015; Olivier de Sardan, 2018) and reaffirms the co-existence of the formal norms and informal practices as the actual behaviours deviate from the ideal expectations. From the perspective of practical norms, real governance embodies informality in how public services are delivered and accessed by the citizens (Olivier de Sardan, 2018). This implies that the actual implementation of policies and plans takes a different shape from what is envisaged in the planning documents. Examples of practical norms include informal payments for social services such as education and health, where the official policies prohibit the practice (Olivier de Sardan, 2008).

## b) Political settlements: bargaining and stability at various government levels

The second strand of literature focuses on the concept of political settlement, defined by (Khan, 2010, pg 10) as the "social order' based on political compromises between powerful groups in society that sets the context for institutional (arrangements) and other policies".

Understanding the political power distribution in a given setting is essential for effective development efforts (Grindle, 2023). The concept of political settlement focuses attention on the deeper power structures that underpin actor relations and dynamics within a given setting. These social and political structures are less amenable to change, unlike transient stakeholder interests for or against a specific policy proposal. Scholars characterise power configurations along two dimensions: a) as concentrated or dispersed power and b) founded on narrow or broad social bases (Hickey and Giles, 2023). The political settlements literature underscores that the nature of these power configurations influences the in-country decision-making cultures, political stability, and development trajectories (DFID, 2010; Khan, 2010; Hickey and Giles, 2023). Ethnicity and religious factionalism are a mainstay feature of political settlements in several African states. They are often bases for the formation of political coalitions formations and sources of social and political tensions in several African countries. Generally, political conflicts such as coup d'états, civil strife and wars in SSA form along ethnic and religious lines (Ogundiya, 2009; DFID, 2010; Hickey and Pruce, 2023).

Recent scholarship across several African countries underlines that political bargains among various coalitions can foster or undermine development aspirations. For example, literature on pockets of effectiveness shows the alignment of the interests of the ruling alliances has been essential in safeguarding certain government MDAs from political interference, thereby reserving their effectiveness (Hickey, 2019; Hickey and Pruce, 2023). These insights echo other studies that offer an understanding of the formations, constitution and functioning of powerful coalitions as key considerations for making bureaucratic systems effective and efficient(Sabatier, 1988; DFID, 2010; Hickey, 2019). In the same vein, aligning the interest in IGC with those of the powerful elites offers a realistic route towards development aspirations.

The state of governance and the rule of law also affect bureaucratic coordination (Beekers and Van Gool, 2012; Chikerema and Nzewi, 2020). Weak rule of law and corruption can undermine the implementation and effectiveness of relevant reforms and create uncertainties for IGC (Bonga, 2021). Literature on democratic transition and consolidation reveals that the level of democratic governance and accountability in African countries can vary widely and are associated with varying development outcomes (Khan, 2004; Bach and Gazibo, 2013). Strong democratic institutions and practices can improve IGC and more effectively reform the public sector by prioritising consensus and deliberative processes. Relatedly, the involvement of civil society organizations and active citizen engagement can shape public sector reform agendas and hold the bureaucracy accountable (Peters, 2005; Molenveld *et al.*, 2020; Mondal *et al.*, 2021). Their role in advocating for greater coordination and efficiency cannot be underestimated (van de Walle, 2013).

On the contrary, highly deliberative and participatory approaches might become counterproductive as reconciling multiple interests within the state and government is

challenging (Arts and Tatenhove, 2004; Hudson and Leftwich, 2014). Extensive consultative decision-making might make coordinated action costly to initiate and sustain. In that regard, a context of authoritarian or semi-authoritarian regimes or concentrated political settlements might make it easier to coordinate as actors follow the fiat of the political leadership who deploy the coercive mechanisms of command and control or exploit their patronage networks(Khan, 2004; Ayee, 2005). Such leaders often have strong veto power to facilitate or undermine coordination through formal institutional and patron-client mechanisms (van de Walle, 2013).

Political instability and frequent changes in government leadership can disrupt policy continuity and derail ongoing MSA efforts by disrupting the prevailing political settlement and patron-client networks. These realities and dynamics challenge the long-term planning and implementation of reform efforts at the national and subnational levels (Ogundiya, 2009; Refugee Law Project, 2014). Frequent changes in national political leadership, either through a democratic electoral process or other undemocratic means such as civil war and coup d'états lead to political instability and disruptions of political settlements, which fosters uncertainty and discourage sustained efforts to improve bureaucratic coordination(Solomon, 2015; Yanguas, 2017). The ultimate result is a tendency towards short-term efforts as regimes focus on quick results to guarantee political wins and stability (Khan, 2010; Hickey, 2019; Chinsinga *et al.*, 2022). Another strategy is to staff the bureaucracy with political loyalists to safeguard political interests even when there is a change in political power (Kelsall and Matthias, 2020). Overall, the (re)configuration of political settlements can lead to disjointed coordination efforts and difficulties in implementing reform measures across the entire government and sustainably over time (Briggs, 2015). At the MDA levels, frequent changes in political and technical leadership may also disrupt reform efforts and create inconsistency in policies and implementation. It disrupts relationships and the trust built among key actors within and across sectoral boundaries (Khan, 2010; Bukenya and Golooba-Mutebi, 2019).

### c) External Influences

Another strand of literature underscores that one outstanding difference between the public sector reform process in Africa and other developed counterparts is the prominent role of external influence (van de Pas, Ssennyonjo and Criel, 2017; AU/UNECA/ /AfDB/ UNDP, 2022). Regional and international actors, including bilateral donors and multilateral organizations, often significantly shape public sector reform agendas in African countries (Oxman and Fretheim, 2009; African Union, 2015; Paul *et al.*, 2018). External actors may provide support, expertise, or conditional funding to promote certain reforms, which can either facilitate or complicate development processes (Fisher, 2015; Koch, 2015; Stubbs *et al.*, 2017; Douch *et al.*, 2022). Donor priorities and conditionalities attached to aid and loans

can influence the content and direction of reforms and IGC efforts, sometimes diverting attention from critical IGC efforts (Brown, 2005; Cammack, 2007; Brown and Raddatz, 2014). The external actors may also shape the focus of MSA efforts by advancing these reforms as best practices and international standards, sometimes leading to misalignments with national priorities. Conversely, responding to global and regional obligations, such as anti-tobacco control measures (Oladepo, Oluwasanu and Abiona, 2018; Mondal *et al.*, 2021), can be an impetus for internal reorganisation within countries and national governments towards cohesive policy adoption and implementation arrangements.

The aid also shapes the fiscal resources available to the political elites to extend political patronage, perpetuating clientelist networks and prevailing political settlements undermining coordination(Mwenda and Tangri, 2005; Cammack *et al.*, 2007). External aid has been cited as a source of political instability that often distorts or realigns existing political settlements, distorting state capacity and functioning. Donor practices often constrain the success of reforms, for instance, without considering a nuanced understanding of the context-specific dynamics (Paul *et al.*, 2018).

In contrast to the viewpoint of Africa's dependency and helplessness, some scholars have highlighted the role of Africans in shaping the continent's global standing(Bayart, 2000, 2016; Cheeseman, 2019). The notion of extraversion underscores the prominent role of African elites in the creation and perpetuation of "the relationship of dependence between Africa and the rest of the world because it has often been in their interests to do so..highlight(ing) the capacity of African leaders and governments to manipulate their country's unequal relationships with other states to their own benefit"(Cheeseman, 2019, online resource). In an expression of agency and opportunistic behaviours, African countries only superficially adopt the reforms to access external resources, including financial benefits and legitimacy (Brinkerhoff and Brinkerhoff, 2015). This tokenism and empty mimicry do not guarantee the long-term sustainability and resilience of reforms (Brinkerhoff and Brinkerhoff, 2015; Zakumumpa *et al.*, 2021). On the contrary, donor aid aligned with local political dynamics can lead to spur stability and long-term development through the notion of 'developmental patrimonialism' as been cited in Rwanda (Kelsall *et al.*, 2010; Booth and Golooba-Mutebi, 2011).

### 4.2.3 Intragovernmental coordination and government reforms in Sub Sahara Africa: fitting the bureaucracy for context and purpose?

Intragovernmental coordination takes place within the context of public sector reform initiatives undertaken in many African countries to modernize and improve the functioning of bureaucracies. Inspired by internal concerns and external influences, these reforms aimed to enhance government institutions' efficiency, effectiveness, and responsiveness(van de

Walle, 2013; Brinkerhoff and Brinkerhoff, 2015). These reforms often target corruption, inefficiency, and lack of accountability within the bureaucracy.  The public sector reforms in Africa have entailed changes in administrative structures, civil service reforms, decentralisation efforts, public service delivery mechanisms, e-government initiatives and anti-corruption measures(Bonga, 2021). These reform experiences and implications for coordination within governments in Africa are discussed subsequently.

### 4.2.3.1 From Weberianism to managerialism and marketisation: New Public Management and democratic governance reforms

The organizational specialization and fragmentation in the public sector in many countries (Christensen and Laegreid, 2007; Christensen, Fimreite and Lægreid, 2014) were amplified by public sector reforms over the last three decades based on New Public Management (NPM) and democratic governance (i.e. decentralisation) principles  (Peters, 1998, 2004).   The NPM agenda was underpinned by theoretical propositions that governments adopting the private sector managerialism and free market principles would enhance efficiency in service delivery and maximise customer satisfaction(Hood, 1995; Brinkerhoff and Brinkerhoff, 2015; Jessop, 2018). Central governments were encouraged to become leaner and work more efficiently. The government would set broader policy guidelines and leave the implementation of policies and programs and service delivery to non-state actors. Privatization and contracting out service delivery to private sector players were the significant modes of implementing this reform(Peters, 2005). Another element of the NPM reform has been "agencification," which is creating autonomous public agencies such as authorities and councils that are considered to work more efficiently and effectively than large ministries.

The democratic governance reforms, on the contrary, argued that lower levels of government and society should be empowered to make decisions about their issues. The major outcomes of these reforms are the introduction of participatory decision-making and decentralization within government and health sectors (Peters, 2005). Despite being based on different assumptions, both NPM and democratic reforms have led to a multiplication of actors, fragmentation of decision-making, and decreased control over policymaking and implementation by the central government apparatus. Policy control and coordination were undermined while empowering public and private sector actors to make more decisions than otherwise (Dotti and Gleiser, 2005; Peters, 2005; Bouckaert, Peters and Verhoest, 2010).

In Africa, The NPM reforms were introduced against a backdrop of colonial legacy and state-building efforts in the post-independence African countries highlighted in the preceding section (Cornell and Svensson, 2022).

### 4.2.3.2 Beyond the NPM orthodoxy: nature of and drivers for post-NPM reforms

In response to the limitations of the NPM reforms, several counter-initiatives emerged towards the end of the 20th century (Carayannopoulos, 2017; Tosun and Lang, 2017; Trein, Meyer and Maggetti, 2019). Within public administration literature, notions of joined-up government, networked government, and the whole of government have been used to characterise the post-NPM reforms. These terms refer to efforts of public sector agencies working formally or informally across their portfolio boundaries to achieve shared goals and integrated government response to a particular issue(Pollitt, 2003; Peters, 2005). The joined-up government concept was introduced by the Blair government in 1997 and was premised on coordinating the various levels and agencies in the Labour government. According to Christensen and Lægreid (2007, pg 8 ), the term 'joined-up' refers to:

*"The aspiration to achieve horizontal and vertical coordination to eliminate situations in which different policies undermine each other, to make better use of scarce resources, to create synergies by bringing together different stakeholders in a particular policy area, and to offer citizens seamless rather than fragmented access to services."*

The whole-of-government (WOG) approach considers the efforts of governments to function as a collective, coordinated enterprise. In the context of the Australian Public Service, WOG was defined thus:

*«Whole-of-government denotes public services agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal or informal. They can focus on policy development, program management, and service delivery.» (Connecting the Government Report, referenced in Christensen and Lægreid, 2007, pg 9).*

The definitions above indicate overlaps among the various terms used to define a set of responses to increased specialisation and fragmentation within the public sector and to improve coordinated government action.

Recentralisation has become one of the main features of the post-NPM reforms (Peters, 2005). Such recentralisation efforts have taken different forms, such as 1) reorganizing the state to reduce the power and autonomy of agencies and introducing more political control over implementation. 2)Increasing levels of politicization of public service by making political appointees into bureaucratic agencies, and 3) Strengthening the Office of the President or prime ministers, for example, increasing staffing levels, thereby undermining other ministries in the process (Peters, 2005; Christensen and Lægreid, 2007). Recentralisation has also been a significant feature of recently instigated counter-reforms in African countries such as Uganda (Cammack *et al.*, 2007), Kenya(Barasa *et al.*, 2017) and South Africa(Kroukamp, 2000). These developments have shaped the nature and functioning of states and governments, causing implications for internal coordination and coherence within the politico-administrative systems in these settings.

The post-NPM reform trends have been attributed to the following factors. First, political and economic integration at regional and global levels requires the government to speak in a coherent and coordinated way, justifying the "whole of government approach"-coordination across all levels and departments of government (Christensen and Lægreid, 2007). Second, NPM and participatory reforms did not achieve the desired coordination and policy coherence levels. Third, decentralization and reliance on autonomous or private agencies bred accountability problems for government officials and the public. Due to their diversity and independent status, the former are less able to influence implementation decisions and wield political power to influence non-state entities.

Fourth, contemporary development challenges are "wicked" problems; they are difficult to define, are multicausal, and have much interdependence (Australian Public Service Commission, 2007; Ramalingam *et al.*, 2008). Attempts to solve wicked problems may lead to unforeseen consequences as such problems are dynamic, have no clear solutions, and are socially complex (Rittel and Webber, 1973). Wicked problems are usually associated with chronic policy failures (Australian Public Service Commission, 2007; Crowley and Head, 2017). Examples of wicked societal problems highlighted in the literature include a) broader societal concerns such as poverty, inequalities, climate change and unemployment; b) health-related conditions such as obesity, malnutrition and diseases such as HIV and cancers; and c) health systems challenges such as health workforce management (Kreuter *et al.*, 2004; Knol, Briggs and Lebret, 2010; Agyepong *et al.*, 2012; Fauvel and Lake, 2015; Alford and Head, 2017). Attempts to solve such socially complex ("wicked") problems are never within the remit of one single organisation or sector (Australian Public Service Commission, 2007; Ramalingam *et al.*, 2008). They require coordinated action across organisations, sectors, and government, as well as iterative and adaptive approaches.

### 4.2.3.3 The coexistence of NPM and post-NPM reform features: Navigating the tensions

The above centripetal inter-and intra-organizational linkages, the related legal and institutional architecture, and the centrifugal counter-reforms form the backbone of most countries' current internal government context in Uganda and other developing countries. This reality breeds tensions in pursuing coordinated action with government systems. Specifically, the concurrent pursuit of WOG approaches and performance management efforts (under NPM logic) at the individual organisational or sectoral levels has inherent dilemmas for government functioning (Christensen and Lægreid, 2007; Tosun and Lang, 2017). Performance management focuses on single organisations and attaining their performance goals and targets. In contrast, the WOG approach emphasizes joint working and coordination. Evidence indicates that if the targets for collective performance do not get the same emphasis as organisation-specific performance goals, WOG efforts tend to suffer

(Synnevåg, Amdam and Fosse, 2018; Okeyo, Lehmann and Schneider, 2020a). Pursuing WOG in the context of the division of labour and specialisation in government blurs accountability lines and risks, creating counter-intuitive tensions in performance expectations (Halligan, Buick and O'Flynn, no date).

Furthermore, solving wicked development problems requires adopting non-linear, dynamic and reflexive thinking instead of linear rational thinking, where non-linear implies that a logical cause-effect sequence is not necessarily followed (Brian W Head and Alford, 2015; Dentoni, Bitzer and Schouten, 2018). Although suited for multisectoral efforts, such an iterative, adaptive and progressive approach is counterintuitive to NPM principles that emphasise strict adherence to organisational performance targets. These tensions and emerging disincentives should be considered when pursuing and implementing coordinated multisectoral approaches within government.

Despite its limitations, the features of NPM remain attractive as detachment from the "centre" is justifiable for administrative and political reasons(Peters, 2005). Administratively, some degree of autonomy at lower levels is likely to produce more effective political administration and cushion political actors from risks arising from policy failure. Institutional designers must contend with structural reforms' potential unintended adverse effects to enhance coordinated responses. Despite its attractiveness, coordination is not a panacea. The recent attempts to recentralise may return to old hierarchical bureaucracies that may undermine the numerous benefits of the NPM-induced reforms(Brinkerhoff and Brinkerhoff, 2015), calling for the reasonable pursuit of coordination in government.

The success and impact of the above reform efforts have varied significantly across countries. Critical influences on public sector reform processes include institutional capacity and human resources, fiscal constraints and economic context, cultural and societal factors, external influences and political forces such as political will and resistance from entrenched interests(Erdmann and Engel, 2007; Meessen, Soucat and Sekabaraga, 2011; Bender *et al.*, 2021).

### 4.2.4 Section Summary

Section 4.2 has underscored that the functioning of bureaucracies in African settings is a complex process shaped by historical legacies, ongoing public sector reforms, and the prevailing political context. Addressing these factors is critical for achieving effective IGC efforts and multi-sectoral approaches to tackle complex development challenges on the continent. In contexts where political power is concentrated in the hands of a few elites or a dominant political party, coordination efforts may be hindered by a lack of inclusivity and a tendency toward (re)centralization.

Conversely, more democratic and inclusive political systems may provide better opportunities for coordination and cooperation among government agencies and stakeholders. Moreover, factors such as political clientelism, ethnic or regional divisions, and resource scarcity can also impact IGC. Competition for resources and political patronage may lead to inefficiencies and challenges in implementing a coherent MSA approach. A comprehensive understanding of these factors is essential for designing effective strategies to enhance stakeholder coordination to pursue sustainable development goals. A nuanced understanding of the context-specific dynamics and a commitment to building strong, transparent, and accountable public institutions is required.

## 4.3 Positioning Multisectoral action for health within broader internal government coordination efforts

Another literature review explored essential themes relevant to pursuing multisectoral action for health globally and in Africa. The section below delves into these issues. First, I define the concept of sectors, followed by a historical overview of multisectoral efforts in health and its implications. Then, the impacts of different framings for health production and multisectoral action for health are summarised. The influences of public sector reforms on the health sector in Africa are then discussed briefly.

### 4.3.1 Defining 'sectors' in multisectoral action

According to Abbas, Shorten and Rushton (2022, pg 389), "the idea of multisectoral collaborations has been variously referred to by related terms such as integration, partnerships and collaboration as well as multi-sector and inter-sector. All these terms refer to related but distinct concepts of working together". However, what is meant by sector in 'multisectoral' varies in development and public health literature. In some cases, 'sector' refers to spheres of economic activity and thematic policy domains such as health, education, agriculture and transport(Pridmore *et al.*, 2015; Rasanathan *et al.*, 2017; Bennett, Glandon and Rasanathan, 2018).

In other instances, sector refers to ownership of organisations distinguishing between government and non-government entities ((Emerson, Nabatchi and Balogh, 2012; Emerson, 2018; Abbas, Shorten and Rushton, 2022). This study adopts the first usage of the term *sectors*. It focuses on actions across policy domains within a government setting (Burstein, 1991).

However, I note that sectors as unique entities combine government and non-government organisations working in a thematic policy area. Within the primary confines of the study, I use the term intragovernmental coordination, which is more precise in capturing the inward working of government agencies, ministries, and departments at the national level.

The term also caters for efforts within and across the sub-units below the sectors within the national government setting.

### 4.3.2 Historical context of multisectoral action for health

The multisectoral approach to health benefits from the broad definition of health adopted in the 1948 WHO constitution. Accordingly, health is "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*". The WHO Constitution further affirms that; "*governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures*" (WHO, 1948, pg 1). As specified in its constitution, the functions of the WHO also consider broader determinants of health and the need to work across sectors. Precisely, function (i) is phrased as: "*to promote, in co-operation with other specialised agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene*" (WHO, 1948, pg 2). The opportunity inherent in the broad definition of health is linked to how health is framed and how health-enhancing actions are pursued.

Over the years, multisectoral efforts have been pursued under different approaches such as primary health care, healthy public policy, healthy cities, health in all policies and health impact assessments (Kickbusch, 2008; Harris, Kemp and Sainsbury, 2012; de Leeuw, 2019; de Leeuw *et al.*, 2021). Indeed, over several decades, health agendas such as the primary health care agenda adopted in Alma Ata in 1978 (WHO, 2008), the 1986 Ottawa Charter for Health Promotion (World Health Organisation, 2011), social determinants of health(Marmot *et al.*, 2008), universal health coverage(De Andrade *et al.*, 2015), and health in all policies(WHO, 2013b) articulated the need for MSA to harness the non-health sector contributions for health advancement.

### 4.3.3 External government contextual factors and multisectoral efforts

In global health, the realities of external influences on national health processes and outcomes have been highlighted in studies looking at a) global influences on national health policies (Carrin, G James & Evans, 2005; Meessen *et al.*, 2006; Honda, 2013; Brinkerhoff and Brinkerhoff, 2015; van de Pas, Ssennyonjo and Criel, 2017), policy transfer (Stone, 2001; Holmes and Lwanga-Ntale, 2012; Sieleunou *et al.*, 2017) and health governance(Mikkelsen-Lopez, Wyss and De Savigny, 2011; Cohn, 2013; Fox and Reich, 2015; Sheikh *et al.*, 2021). Exogenous factors positively associated with increased demand for coordination include regional and international cooperation and related development agendas. As countries engage in international exchanges such as trade negotiations, they must build internal policy coherence at the national level(Labonte and Sanger, 2006). As

emphasised in the introductory chapter, global development agendas such as the SDGs and UHC have recently renewed interest in MSA for health(Nordbeck and Steurer, 2016; Tangcharoensathien *et al.*, 2017). Similarly, international policies and related instruments, such as the Framework Convention for Tobacco Control (FTCT), have provided means to drive coordination at the national level(Oladepo, Oluwasanu and Abiona, 2018; Sanni *et al.*, 2018) and sub-national levels in some settings (Mondal *et al.*, 2022).

The extra-government context in LMICs also includes the donors or other non-state actors who operate as principals mandating or facilitating multisectoral initiatives and are associated with mixed implications for IGC (Orem Juliet *et al.*, 2009; Ravishankar *et al.*, 2009). Experiences from the Global Fund against Malaria, TB and HIV/AIDS (GFATM) requiring a functional Country Coordination Mechanism to oversee the utilisation of their finances demonstrate donors inducing and facilitating coordination at the national level(Garmaise, 2017). The donor community also funded the establishment of National AIDS Commissions in several African countries as coordination structures for multisectoral HIV/AIDS response(Hongoro, Akim J and Kembo, 2012). The downside of non-state actors and donors' plethora is the increased coordination and accountability problems within the internal government context (Orem Juliet *et al.*, 2009; Zakumumpa *et al.*, 2021).

### 4.3.4   *Influences of internal government contextual factors*

For the internal government context, conditions inherent to the government politico-administrative system influence the need and design for coordination arrangements such as coordination bodies. The public sector in many countries is characterised by organisational specialisation and fragmentation (Christensen and Lægreid, 2008). The implications of the bureaucratic architecture, political factors, and broader national context for IGC are elaborated on in section 4.2 above. Among these internal factors, the political salience of health and how national resources are distributed and negotiated across sectors are very important. Below, I summarise the influence of NPM reforms on health sector developments with implications for multisectoral action for health. Experiences in the application of government coordination instruments for multisectoral efforts follow this.

#### 4.3.4.1   **NPM influences on health sector developments in Africa.**

The legacy of the NPM perspective discussed above (section 2.3) remains. It manifests in continuing administrative reforms such as decentralisation and privatisation within governments and health sectors across countries (Bossert, 2016). Across Africa, decentralisation has taken different shapes and trajectories, partly indicative of the contextualisation of these reform processes. One recent example is the devolution reform in Kenya, wherein the organisation and delivery of health services were assigned to the county

level(McCollum *et al.*, 2018). "Agencification"- creating autonomous public agencies such as authorities and councils is typical of these reforms(Verschuere and Vancoppenolle, 2012). Across Africa, independent agencies have been set up, including in the health sector. One example is establishing independent national health insurance agencies to manage national health insurance schemes (NHIS). For example, Ghana's National Health Insurance Authority was created in 2004 to manage their NHIS (Dixon, Tenkorang and Luginaah, 2013).

The late 20th century reforms influenced by the World Bank's good governance principles and the Bamako Initiative (characterised by the introduction of user fees in health facilities) emphasised the need for participatory decision-making, arguing that lower government levels be empowered to make decisions about their affairs(Bossert, 2016). These reforms introduced participatory decision-making structures (e.g. village health councils) and health sector decentralisation in LMICs as significant outcomes (Peters, 2005). In addition, privatisation of public health service provision (through outsourcing/contracting or public-private partnerships) was sometimes undertaken. Overall, both NPM and democratic reforms led to a multiplication of actors, fragmentation of decision-making (with a detrimental impact on coordination towards health goals)(Brinkerhoff and Brinkerhoff, 2015), and a decreased control by the central government apparatus over health policymaking and implementation (Peters, 2005; Bouckaert, Peters and Verhoest, 2010).

### 4.3.4.2 Leveraging Government Coordination Instruments in multisectoral health efforts

Public health initiatives such as primary health care, universal health coverage, and the global development agenda centred around sustainable development goals are hinged on having tools to effectively coordinate multisectoral efforts(Rasanathan *et al.*, 2017; Hussain *et al.*, 2020). Coordination arrangements give practitioners and researchers resources and the means to bring together interdependent actors and actions to achieve collective goals. Public health literature from LMICs reveals a plethora of such approaches. Such tools include multisectoral plans and structural interfaces such as inter-ministerial committees and councils (Freiler et al., 2013; Matthias Wismar et al., 2012). In addition, some coordination strategies have been developed for specific disease conditions such as non-communicable diseases (NCDs), HIV/AIDS and nutrition (Zaidi et al., 2018; Mahlangu, Goudge, and Vearey, 2019) or policy issues such as tobacco control (Mondal *et al.*, 2021). In addition, public health practitioners and researchers have advocated for government-wide strategies, including the health-in-all policies (HiAP) approach, healthy cities, and one health approach (De Leeuw, 2017).

The scholarship above articulates that coordination instruments to pursue health sector goals are similar to the tools adopted by governments to advance internal coordination

and reduce the adverse effects of fragmentation. Public policy research, for example, offers the notion of policy integration and shows that various tools, such as procedural instruments, coordinate government entities and actions during policy development (Cejudo and Michel, 2017; Lagreid and Rykkja, 2015). This research draws on the insights above to specifically explore the nature of coordination arrangements for intragovernmental efforts at the national level in Uganda (objective 1). The government focus is motivated by the limited attention to internal government dynamics in HPSR on multisectoral collaboration (Shankardass *et al.*, 2018; Glandon *et al.*, 2019; Ssennyonjo, Ssengooba *et al.*, 2022a).

### 4.3.5   *Contextual factors and influences on MSA specific to the health sector*

The Ministry or Department of Health (M/DoH) is the mandated government agency for health in most countries. The horizontal relationship between health and other sectors within a government setting is an essential domain of research to foster MSA for health. Understanding how internal health sector factors interact with the broader government context would enable the MoH, health sector stakeholders, and governments to undertake appropriate actions to pursue effective multisectoral efforts.

Within global health scholarship, the management of external relationships for institutional strengthening has been promoted as one of the four MoH governance roles (Sheikh *et al.*, 2021). The nature of the relationships between the MOH and other agencies and how they are governed influences the attainment of health and development goals. Several studies highlight that the internal context of the health sector in general and the MoH in particular shape how and why the health sector coordinates with other sectors and vice versa. Such factors include organisational structure, culture, capacities, positioning in the government bureaucracy, resourcing and interdependencies (De Leeuw, 2017; Watkins *et al.*, 2017; Sheikh *et al.*, 2021). Relatedly, how the health sector is perceived influences the willingness of non-health sector actors to coordinate with their health counterparts (Okeyo, Lehmann and Schneider, 2020a). For instance, perceptions of health imperialism were countervailing in the pursuit of health in all policies and strategies in Kenya (Mauti *et al.*, 2019) and other countries (Rasanathan *et al.*, 2017). In addition, the health sector is often accused of a narrow focus on disease conditions linked to the dominance of medical doctors in MoH leadership positions (Badejo *et al.*, 2020; Belrhiti, Van Belle and Criel, 2021).

Empirical evidence shows that considerable time and energy are required to establish and maintain overtime mechanisms to facilitate coordinated multisectoral actions to address interdependent development problems(Rasanathan *et al.*, 2017; Bennett, Glandon and Rasanathan, 2018; Kuruvilla *et al.*, 2018). Multisectoral action for health should be approached judiciously and does not necessarily have to involve the health sector. Indeed, the MSA for health has been classified based on the role of the health sector or lack thereof.

For instance, Rasanathan et al. proposed a typology recognising that health-enhancing collaborative actions may be led by or partially include the health sector or not at all (Rasanathan *et al.*, 2015, 2018) and based on the same logic, an analysis by George et al. noted that the health sector was a lead actor of one (1) and a possible leader actor of two (2) out of eleven multisectoral adolescent health interventions in LMICs.

Furthermore, the authors found that alignment between sectoral contributions ranged from "indivisible, enabling or reinforcing to the other extreme of constraining and counterproductive"(George *et al.*, 2021), pg 1. Another critical factor is how health is considered to be produced. These conceptual issues are discussed subsequently/below.

### 4.3.6  *Framing health for multisectoral action: models of health production and implications*

Global health literature on multisectoral action underscores the influential tensions between broader and narrow views of health and how these shape how health improvements are pursued and coordinated in practice. For example, the varied position between WHO and the United National Children Fund (UNICEF) over whether to adopt comprehensive or selective PHC in the 1980s led to tensions at the national level in countries such as Uganda(Okuonzi, 2009; Costello AM and Dalglish SL on behalf of the Strategic Review Study Team, 2016). Ssengooba and Hongoro (2017) provide a useful typology of the health production paradigms, including biomedical, social behaviour, ecological, political, and human capital development models.  These are briefly discussed below, reflecting their implications on MSA for health.

a) The biomedical model underpinned by the germ theory and disease prevention and curative service remains a predominant view of attaining health. Within this framework, health-enhancing efforts related to medical solutions include establishing facilities where people can access health services, training healthcare specialists, and making people demand health services. The disadvantage of the narrow concept of health is that improving population health and well-being may be taken to signify business confined to the health sector. Such solutions come off as connected to the work of other policy domains or broader government and development objectives(De Andrade *et al.*, 2015).

b) The social model of health improvement focuses on individuals' and communities' agency to improve their health by changing unwanted behaviours or adopting desirable ones. Examples include individual-level anti-smoking, weight loss and educational campaigns. The main limitation is undue attention to the broader structural-institutional context that shapes what actors can or can not do(Lodge and Wegrich, 2016; Ewert, 2020)

c) The ecological model situates individuals and groups in the broader context and acknowledges their mutual interactions and influences on their respective health. For example, One Health is promoted as a multisectoral approach that operates at the intersection of human, animal and environmental sectors(Abbas, Shorten and Rushton, 2022).

d) The political economy perspective considers health to arise from the actions of different actors within a context of competing interests and competition over resources and power. This line of thought fits closely with recent interests in the political and economic determinants of health (Hussain *et al.*, 2020).

e) The human capital development model positions health within the macro-economic discourse where skilled, healthy and productive populations are considered vital inputs into development. It approaches health improvement as one of the factors of production in the economy. Health becomes an input, measure and outcome of economic development (Das P, Das and Samarasekera, 2011).

The critical implication is that by presenting the differing views on health production, the various models emphasise different entry points for enhancing health. Advancing coordination MSA for health requires the adoption of perspectives that emphasise the contextual contingency and multifactorial nature of health production. Models that align with public sector management and broader development practice, such as human capital development and political economy perspectives, make the need for multisectoral efforts within and beyond government more obvious.

## 4.4 Chapter Summary

In this chapter, I have elaborated on the context for intragovernmental coordination, building on the notion of public sector reforms and critical features of African states. This review provides the background for examining the context and actor dynamics for IGC in Uganda (Chapter 7). This overview positions the doctoral study with the previous and ongoing public sector reforms in general and the health sector in particular. The next chapter, 5, presents the multi-theoretical framework, which provides additional insights for understanding intragovernmental coordination and enhancing a multisectoral approach to UHC in Uganda.

# 5 THE MULTITHEORETICAL FRAMEWORK: INTRAGOVERNMENTAL COORDINATION AS EMBODIMENT OF INTERORGANISATIONAL RELATIONSHIPS

## 5.1 Introduction

The previous two chapters kick-started the theory-building efforts on IGC. The preceding chapter (4) specified the contextual and historical foundations for IGC and MSA for health in Africa, highlighting the factors shaping the nature and functioning of government systems and bureaucracies. Chapter 3 elaborated on the concept of coordination and approaches within the context of government. The multidimensional coordination framework for government action and typology of coordination instruments were presented, as well as their implications for the study. This chapter extends these efforts by introducing the multitheoretical framework (MTF) guiding this study. This chapter lays the foundation for demonstrating how researchers and other decision-makers within and outside the government can apply theoretical perspectives to initiate, develop, and facilitate coordinated government efforts to advance development goals such as UHC.

The first section defines theory building, followed by contextualisation of theory-building efforts in health policy and systems research. This section is followed by an overview of the MTF development process, justifying the rationale for the four selected theories. Subsequently, the insights from the different theories are detailed. We then provide vital conclusions from the chapter, including reflections on the methodological implications of the MTF in this thesis.

## 5.2 Unpacking theory-building

Danermark, Ekström and Karlsson (2019, pg x) observe that "social science practice has often been characterised by either a theoretical or an empirical dualism: where such dichotomies undermine the essential but sometimes challenging work of "linking empirical research to theorising'. This practice, at times, leads to empirical descriptions short on theory. However, "theoretical generalisations are (considered) more enduring and can be applied through time and space"(Vincent and O'mahoney, 2018). It is important to emphasise that this doctoral project aimed to develop an in-depth understanding of the how and why of IGC at the national government level in Uganda to inform the multisectoral approach to UHC in the country. This thesis considers this process of developing and refining conceptualisations through iterations of conceptualization and empirical exploration of the IGC phenomenon as

an effort of theory building. Indeed, several approaches to theory building are noted in the literature (see (Whetten, 1989; Langley, 1999; Cairney, 2013; Karlsson and Bergman, 2017; Collins and Stockton, 2018; Danermark, Ekström and Karlsson, 2019). These range from a wholesale revision of a theory's core propositions to simply tweaking concepts and reconsidering relationships with other concepts (Whetten, 1989). This effort could entail importing and combining concepts from different theories. Some scholars use an existing theory and apply its core concepts to develop a new one. Sometimes, several theories are synthesised and integrated into new ones (Cairney, 2013). Theorising could also emanate from empirical observations and a researcher's curiosity. According to Dubois and Gadde (2002), theory-building could be simply about specifying conditions and contexts of a particular phenomenon. In the words of (Karlsson and Bergman, 2017, pg 60):

> *Theorising is seldom about producing an entirely new theory; it usually concerns further development of an already existing theory- including one that you have formulated yourself in your present research process- for example, in (the) form of displays of relations between concepts.*

## 5.3 Theory-building in health policy and systems research

The theoretical endeavour in this study was inspired by the fact that although theory-building is well-suited to explain complex social phenomena such as intragovernmental coordination to advance MSA for health (Rule and John, 2015; Collins and Stockton, 2018), the application of theory in HPSR studies is limited (Van Belle, Van De Pas and Marchal, 2017; Glandon *et al.*, 2019). Reeves et al. 2008's (Reeves *et al.* 2008) affirm that "theories give researchers different "lenses" through which to look at complicated problems and social issues, focusing their attention on different aspects of the data and providing a framework within which to conduct their analysis" (pg 1).

Some recent HPSR studies have applied theories to varying public health problems in multiple ways. For example, theories have been used to derive and describe research problems (Baum *et al.*, 2018). In other instances, theory-guided data analysis is used to interpret and explain data (Paina and Peters, 2012; Baum *et al.*, 2014; Mukuru, Suzanne N. Kiwanuka *et al.*, 2021). There is also interest in the number of theories used in a given research enterprise(Cairney, 2013). There are instances when one theory has been used to interpret empirical data in LMICs-based case studies (Shroff, Roberts and Reich, 2015; Mukuru, Suzanne N Kiwanuka, *et al.*, 2021). Conversely, some HPSR scholars have used more than one theory in their inquiry (Ssengooba, McPake and Palmer, 2012). The multitheoretical approach derives richer and deeper analyses by drawing on the different theoretical world views and propositions, thereby overcoming the potential slanted analysis

associated with no or a single theoretical perspective(Langley, 1999; Christopher, 2010; Cairney, 2013; Gerbl *et al.*, 2015). I appreciate the observation that while a pragmatic combination of theories originating in conflicting paradigms is fairly normal in HPSR, which is essentially an interdisciplinary field of study and research (Gilson, 2012)[13], it might not be the case in other research disciplines. Indeed, combining theories has been a hallmark of public health research (Harris, Sainsbury and Kemp, 2014; Harris, Friel and Wilson, 2015; Shankardass *et al.*, 2018; Haigh *et al.*, 2019; Harris *et al.*, 2022).

## 5.4 Developing the Multitheoretical Framework and rationale for selected theories

The political scientist Paul Cairney (Cairney 2013) points out three approaches to applying multiple theories: 1) identifying the most appropriate theory, 2) using the theories in a complementary manner, and 3) synthesising several theories into a new one. According to Cairney (2013), the choice of the multitheoretical approach depends on the envisaged benefits of the study. This study thus adopted the second form of multi-theoretical approaches to derive complementary and, at times, competing explanations from the selected theories on why government organisations coordinate or not.

Bouckaert, Peters and Verhoest (2010a);9 emphasise that "governments are inherently multi-organisational". Hence, this thesis considers coordination in government as an embodiment of inter-organisational relations (IORs) among MDAs. Considering that IGC is a relational affair, I adopted an interorganisational view of coordination. This viewpoint informed the choice of theories[14] included in the MTF. My conceptualisation was particularly inspired by the works of Rossignoli and Ricciardi (2015) and Oliver (1990), which elaborate on dynamics in interorganisational relationships (IORs). For instance, Oliver articulated the contingencies/reasons and conditions for forming various types of IORs. The author emphasised that "organisations typically operate in a relational context of environmental interconnectedness and that an organization's survival and performance often depend critically upon its linkages to others" (Oliver 1990, pg. 241). These considerations shape the formation and implementation of IORs in government. Relatedly, Rossignoli and Ricciardi

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[13] Health policy and systems research (HPSR) is an 'emerging' field that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. By nature, it is inter-disciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape − and be shaped by − health systems and the broader determinants of health. Cfr https://ahpsr.who.int/what-we-do/what-is-health-policy-and-systems-research-(hpsr)

[14] I acknowledge that the variety of potential theories is endless in literature, for example, collective action, governance, and complexity theories have been applied.

(2015) discussed and demonstrated the central tenets, propositions and empirical applications of the three theories (Transaction Cost Economics (TCE), Principal Agency Theory (PAT) and  Resource Dependency Theory (RDT) that form the core of the MTF.

The TCE and PAT are founded upon rational choice, while RDT denotes power dynamics inherent in IORs (Benson, Pfeffer and Salancik, 1978; Reitan, 1998; Pfeffer and G. Salancik, 2003; Hillman, Withers and Collins, 2009). The RDT was complemented with political economy (PE) to bolster the power-based perspective. The PE perspective is increasingly applied in development, public management and public health research and practice under the mantra of 'thinking and working politically' (Stuckler *et al.*, 2010; D. Harris, 2013; Hudson and Leftwich, 2014; Brinkerhoff and Brinkerhoff, 2015). This viewpoint enabled me to focus on the politics of development and coordination and the role of the political context in shaping IGC.

The four theoretical viewpoints were valuable in explaining the a) nature of IORs in government, b) the drivers and c) contextual conditions, facilitators and obstacles to IGC. They were complementary by providing rival explanations- thereby allowing a holistic examination of IGC and the implications for advancing multisectoral action for health in Uganda. Complex social phenomena such as coordination in multi-organisational settings can best be explained through a multifaceted multi-theoretical approach (Langley, 1999). Each theory is elaborated subsequently.

## 5.5   The Transaction Cost Economics (TCE) theory

Organisations often perceive cross-cutting objectives as resource-intensive (Molenveld and Verhoest, 2018) and prioritise the decisions that minimise such costs. These costs include material expenses such as money, staff and equipment and political costs such as loss of power and influence. The TCE posits that the costs of exchange relations influence actors' decisions to a) coordinate or not and b) organise interdependencies efficiently (Williamson, 1979, 1981; Kaufman, 2007). The TCE theory was very appropriate in guiding the examination of the nature, sources, and influences of coordination costs and how they behave under different conditions that coordinating government organisations face. The following insights deepen this perspective.

"Transaction" is the central concept in TCE. Coordination within the government often gets down to exchanges between MDAs. These exchanges exist within the following relations: 1) politicians and bureaucratic officials, 2) one sector and another or 3) government and non-state actors. Examples of exchanges in multisectoral arrangements include information, financial resources, staff and mandates (Peters, 1998). These exchanges link

well with the core coordination activities elaborated in 3.2.2.2.1. Understanding these exchanges and related costs becomes an entry point for exploring the obstacles and opportunities to enhance coordination among government entities (Honadle and Cooper, 1989). The costs associated with exchange relations are a central motivation for why MDAs engage in coordination in the first place. Transaction costs include search and information costs (related to finding information about and meeting coordinating parties), bargaining costs (negotiating with other entities on coordination arrangements) and enforcement and policing costs (ensuring compliance of another party). TCE explains weak coordination between health and finance ministries by referring to high transaction costs. For example, physicians and economists use different languages, care about different things, and have trouble identifying shared values(De Leeuw, 2017). These high TCs constitute a significant obstacle to coordinated intragovernmental action. , coordination is pursued to improve efficiency and not a desire to conform to mandate requirements or propensity to control or pursue mutually beneficial goals (Oliver, 1990).

TCE also explained the decisions on organising or governing. The theory supported my inquiry into how the need to minimise the cost of coordinating transaction exchanges influences the choice of coordination mechanisms in government (Williamson, 1979; Peters, 2005; Rossignoli and Ricciardi, 2015). The TCE linked the strategic decisions of outsourcing and internal production described above well to the ideal type mechanisms framework described in 3.4.3. The TCE perspective presents the market (outsourcing) and firm (internal production) as two extremes of coordination mechanisms. Market exchanges manifest as referrals and outsourcing efforts (Reitan, 1998). Internal production manifests as hierarchical coordination arrangements within the entire government or a selected ministry (Peters, 2005).

TCE was further insightful in specifying the conditions that increase or decrease the likelihood of market, hierarchy or hybrid mechanisms by shaping transaction costs. The more specific the assets involved in the exchange relationship, the higher uncertainty due to environmental dynamics and the bounded nature of the actors' rationality forces actors to prefer the internal production of goods and services to minimise the cost of coordinating transaction exchanges (Williamson, 1979; Rossignoli and Ricciardi, 2015). Similarly, when exchanges are frequent, and measurement of results is difficult, organisations prefer internal hierarchical-based coordination instruments (Ouchi and Maguire, 1975). Conversely, infrequent transactions favour market-based coordination mechanisms (Rossignoli and Ricciardi, 2015). Considering the high uncertainty, challenges in the measurement of results, and specificity of sectoral contributions to UHC, hierarchical tools are predictably a mainstay feature of coordinating government efforts.

## 5.6 Principal-Agent Theory (PAT)

Principal-agent or agency theory looks at coordination arrangements as constitutive of principal-agency relationships with specific features and implications for IGC. Principal-agent relations exist where a principal engages an agent to undertake particular tasks because the former have limited capabilities and are less efficient at performing them (Kim and Mahoney, 2005; Rossignoli and Ricciardi, 2015). Agency theory emphasises several factors that influence coordination. Below, I reflect on PAT-based insights on the nature of IORs and the drivers and factors that shape IGC and MSA for health.

The PAT draws attention to the several principal-agent relations within an intragovernmental setup. For instance, politicians and civil servants are comparable to principals and agents. Politicians often articulate their broader goals and leave public officials to implement them. Hence, this delegation causes uncertainty of results and the principal (politicians)' tendency to promote mandated multisectoral coordination to govern agents' (MDAs') actions (Molenveld and Verhoest, 2018). Other examples of principal-agent relations in the context of MSA for health include those 1) between the health sector (specifically MOH) and MDAs in other non-health sectors and 2) a relationship between a central-level agency (like the Ministry of Finance) and the MOH.

Agency theory posits that a principal engages an agent to perform tasks that the principal could not. However, the principal and agent have different goals and interests and are generally opportunistic. The PAT underlines goal (in)congruence, which is common in coordination relationships. It also underscored that the MOH or other MDAs (either as the principals or agents) are opportunistic and aim to maximise their interests. Examples of opportunistic behaviours include limited efforts by agents and shirking of responsibilities (moral hazard) or misrepresentation of abilities and hidden information (adverse selection) (Mason and Slack, 2005). Empirical evidence suggests that principals ( such as central coordinating bodies and donors) have to contend with the limited incentives of other government entities (as agents) to coordinate as they prioritise "tasks which are of primordial importance to them, for which they are accountable, and benefits them the most" (Molenveld and Verhoest, 2018, pg 2). In addition to the material costs, the agents calculate the potential effects on their power and resources to decide whether to coordinate (Molenveld and Verhoest, 2018). To align interests and achieve goals congruence, the principals have to closely monitor the agent because information disparities lead to agents' tendency to engage in opportunistic behaviour (Eisenhardt, 1989). Therefore, information exchange practices and information systems require considerable attention to advance coordinated actions.

The principal can also achieve coordination by creating incentives to induce cooperative behaviours among the agents. The agency theory underscores contracts as coordination tools available to principals to align the agents' actions to their objectives. Two types of contracts are determined based on the ability to measure outcomes and the extent of the risk in getting results, namely a) behaviour-based contracts and b) outcome-based contracts (Rossignoli and Ricciardi, 2015). Behaviour-based contracts are preferred in instances of difficulty in measuring outcomes, task programmability (ability to specify agent action in advance), uncertainty about the outcome, long-term relationships and risk-averse agents or principals. The principals monitor the agents' behaviours, such as participation in joint meetings and procedures, as a proxy for the commitment to work in a coordinated manner.

Examples of behavioural-based contracts include coordination instruments for collective actions from HPSR are collaborative planning through tools like health technology assessments(Kang, Park and Kim, 2011) and joint implementation arrangements such as one-stop shops and undertaking joint monitoring and reviews (Kriegner *et al.*, 2020). In addition, policy development stages such as agenda-setting, policy formulation, implementation, and evaluation can be valuable entry points for exploring the coordination process (B Guy Peters, 2018). An example is Okeyo et al., who looked at coordination in the adoption phase of an intersectoral First 1000 Days Initiative targeting early childhood in South Africa(Okeyo, Lehmann and Schneider, 2020a). HSPR literature on the Health in All Policies (HiAP) approach covers a broad array of coordination issues during the adoption and implementation of policies(De Leeuw and Peters, 2015; Tosun and Lang, 2017; Shankardass *et al.*, 2018). Examples of policy or program integration efforts include adopting national multisectoral nutrition policies (UNICEF, 2013), anti-tobacco legislation (Oladepo, Oluwasanu and Abiona, 2018), and school health policies and programs (Sidaner, Balaban and Burlandy, 2013). Another common practice is monitoring the participation in social and health services around user groups, such as children, the elderly, and women, through multisectoral maternal and child health programs (Zaidi *et al.*, 2018).

Outcome-based contracts are preferred where measuring outcomes is easy (Ouchi and Maguire, 1975). They are also applicable when there is more certainty about outcomes, non-risk-averse agents, high goal conflict, limited task programmability and short-term relationships (Rossignoli and Ricciardi, 2015). Outcome-based contracts use performance-based contracts and incentives to reward outcomes. They are consistent with market-based approaches, such as result-based management tools advanced through new public management (Christensen and Lægreid, 2007).

## 5.7 Resource dependence theory (RDT)

The resource dependency theory postulates that organisations seek coordination mechanisms to ensure a smooth and predictable flow of resources under other entities' control. Coordination is driven by the need to control external resources. MOH and other MDAs consider mutually beneficial collaboration based on the interdependencies that arise because each MDA possesses resources needed by another (Pfeffer and G. Salancik, 2003). The external environment includes, among other elements, the various government and non-government organisations that constitute the interorganisational context. To survive, organisations should continually seek to influence this environment to ensure stability and predictability of the flow of resources outside their control. Coordination efforts "serve as coping strategies to forestall, forecast, or absorb uncertainty to achieve an orderly, reliable pattern of resource flows and exchanges" (Oliver, 1990)[245]. Consistent with this driver for coordination are coordination mechanisms such as stakeholder dialogues that serve as platforms to support information and resource sharing and joint action (Nabyonga-Orem *et al.*, 2016).

The RDT underscores the prominence of interdependencies among different sectors. Mutual reliance on achieving common and specific development goals becomes a launchpad for effective coordination of multisectoral action. For instance, the objectives of non-health sectors such as education, agriculture and the economy depend on having healthy and productive populations(Bennett, Glandon and Rasanathan, 2018). From the RDT perspective, the expected coordination mechanisms are network-based, voluntary and based on negotiation, not coercion or imposition. However, higher authorities can shape networks by determining their composition and processes. Thus, coordination in networks might be imposed, induced, or mandated by a higher authority(Bouckaert, Peters and Verhoest, 2010). The interdependencies that arise when each actor possesses resources needed by others lead to IORs by the contingency of reciprocity. Resources involved in MSA for health as per RDT are broadly considered. They include finances, human resources, information, social support, authority, technology, access to political offices and acknowledgement (Reitan, 1998). Reciprocity underlies the pursuit of interests and goals that are mutually beneficial. Coordination between MOH and other MDAs is emphasised instead of control, power, or domination in asymmetrical motivations. Interorganisational relations based on the reciprocity contingency assume that resource scarcity leads to cooperation instead of competition. The process is characterised by harmony and mutual support rather than coercion and conflict.

Network theory and related concepts such as network governance, network management or networked government accentuate the nested nature of public sector organisations(Klijn and Koppenjan, 2000; Tenbensel, 2018). Like resource dependence theory, network theory also acknowledges the dynamic interactions between (potential) collaborators and their environments. Consistent with Berg (Berg, 2007), power-based theories hold that coordinated action occurs in two sets of environments, namely "internal" and "external" organisational contexts. The two settings correspond to the two categories of coordination challenges faced in practice: vertical and horizontal difficulties.

Vertical challenges arise because each coordinating entity is embedded in a web of other organisations. Through stakeholder analysis(Brugha and Varvasovszky, 2000), the type and network of actors needed to address a problem or actualise the solutions can be identified and presented in a matrix linking issues and actors (Honadle and Cooper, 1989). Researchers can use tools such as social network analysis(Dornisch, 2005; Ssengooba, Kawooya, *et al.*, 2017) to describe the intensity and scope of the IORs. The WHO EURO governance mapping tool is another example of such an instrument (WHO Regional Office for Europe, 2018). In the context of government, each MDA or part thereof is part of larger systems and networks. Horizontal challenges arise because there are variations among organisations at the same hierarchical level regarding goals, strategies, language, and work routines. For example, how results are registered and reported may vary across organisations (Berg, 2007). These internal and external linkages shape the action and decision spaces within which the actors can operate.

Asymmetrical motives in forming interorganisational interactions, as evidenced by the desire to exercise power or reluctance to give up control over other organisations' resources, have been documented(Oliver 1990;242). Power and control explain the inclination towards hierarchical coordination arrangements. The public sector coordination should be seen to operate within a political (contested and negotiated) environment characterised by manipulation, conflict, information distortion, coercion and exploitation(Mcloughlin, 2014). Empirical evidence further shows that it is difficult to achieve coordination in networked relationships. Documented issues related to which sector should lead or where the secretariat for MSA should be housed (Balarajan and Reich, 2016). Therefore, considerable time and energy are required to establish and maintain overtime mechanisms to facilitate coordinated actions to address interdependent development problems (Rasanathan *et al.*, 2017; Bennett, Glandon and Rasanathan, 2018; Kuruvilla *et al.*, 2018).

## 5.8 The Political Economy (PE) Perspective: unpacking the politics of development and multisectoral coordination

In this section, we elaborate on the political economy perspectives relevant to this study. We define the key concepts (such as structure-agency relationships, ideas, power, interest and institutions) and explore their empirical insights using relevant examples from SSA and beyond. In doing so, this section builds further on section 4.2, where we discussed the nature and functioning of African states, politics and bureaucracies. In this section, we reemphasise frequently used concepts such as neopatrimonialism, practical norms, real governance, and political settlements, which are often applied in African politics and development literature.

'Thinking and working politically' ensures that actors understand the local environment in which they operate and the actual drivers or barriers to change. Political economy analysis (PEA) is an important tool to enable actors to understand their contexts and develop realistic strategies towards long-term development outcomes.

The PE viewpoint is also increasingly considered a separate analytical lens in many health policy and systems studies(Bennett, Glandon and Rasanathan, 2018) and is worth examining in-depth. The global community has an emerging consensus that politics matters in policy and development practice. In fact, in many instances, the lack of traction in the policy process has been explained in terms of the '*lack of political will'*(Michael R. Reich, 2002; Ssennyonjo, 2023). However, such thinking has been rightly critiqued as simplistic(Michael R. Reich, 2002) and a lazy excuse for failure to perform political (economy) analysis(Hudson and Leftwich, 2014). Hence, the rallying around the mantra- 'thinking and working politically'(Hudson and Leftwich, 2014) has increased. Writing about the attractiveness of PEA (Whaites, 2017): 4) underscored that:

*Development actors realised that understanding why the drive for change was missing (or where it might actually exist) required a better picture of what those with (the) power wanted (and did not want). It also meant finding out what factors make change possible. PEA, therefore, helps us to unpack all the issues previously lumped into the `political will' box so that we can consider the factors to which we must adapt and those that we can try to influence and change."*

Specifically, PEA enabled a better understanding of the various dimensions of institutional, ideational and power contexts in which cross-sectoral coordination exists (D. Harris, 2013). The PEA examines the incentives, relationships, distribution and contestation of power between different groups and individuals – all of which greatly impact how collaborations evolve and work (John, 2018). The following definition by Hudson and Leftwich (2014) spotlights the difficulties in unpacking this concept. Accordingly, politics can be understood as the interaction of the

*"..structures, institutions and operation of power and how it is used in the competition, conflict and deliberation over ideas, interests, values and preferences; where different individuals, groups, organisations and coalitions contest or cooperate over resources, rights, public rules and duties, and self-interest; where deals are struck, and alliances made or broken; and where establishing, maintaining or transforming political settlements, institutions and policies is an ongoing process"(pg 5).*

From this complex but comprehensive definition, we can delineate that the political process is characterised by 1) the complex operation and interaction of different forms and sources of power and 2) the influence of structures, ideas, institutions and interests(Fox and Reich, 2015). The rest of this section attempts to refocus on the broad conception of politics by unpacking the notions of structure-agency relations, ideas, interests, institutions and power.

### 5.8.1  *Structure-agency interactions*

We cannot delink PEA from the '**structure-agency**' debates in social sciences that question the extent to which the observed outcomes (e.g., change in behaviour, policies and actions) result from the context or actions of strategic actors(Archer, 1995; Hudson and Leftwich, 2014). PEA explores the dynamic interaction between context and conduct. The PEA framework can help understand how agents (individuals, groups or organisations) act, considering the constraints and opportunities deriving from their local and broader conditions. To reinforce this logic, the following assertions grounded in social science theory are vital(Hudson and Leftwich, 2014). First, the structure does not determine behaviours but shapes them. Second, whereas agents work politically (make strategic decisions) to pursue their ideas and interests, they do so in a space of limited possibilities. Put simply, the structure is the medium for agency. Without structures, agents cannot act, and without agents, structures cease to exist(Hudson and Leftwich, 2014). Understanding the bidirectional interaction between structure and agency is a precondition to working politically. In this study, structure refers to the context's political, social-economic, and legal-institutional aspects.

### 5.8.2  *Ideas and ideational factors*

Structures are material and social, constructed from shared **ideas** (Hudson and Leftwich, 2014). Agents have to interpret the opportunities and risks facing them, often in a situation of uncertainty. Exploring agents' beliefs, values, and other cognitive filters is central to understanding their actions. However, ideational analysis tends to miss in many PEAs (Béland and Henry Cox, 2011). For example,  experiences from Uganda and beyond reveal that public sector and health sector reforms in the 1990s were contingent on the

ideologies of actors about free health care and the neoliberal logic of market supremacy promoted by global players like the World Bank (Nannini, Biggeri and Putoto, 2021). International development frameworks like the SDGs entrench specific ideas that drive national policies and development actions.

Understanding how ideas are defined or classified is intuitive and can support ideational analysis in PEA. For instance, Hudson and Leftwich (2014) categorised ideas into a) universally and collectively held beliefs, such as religion, that shape the social world or b) normatively held views of what is right and wrong, including ideas of how the world does or should work. Relatedly, Belan (2010) described three types of ideational processes: a) ideas as the interpretation of the issues and policy problems, b) ideas as assumptions that guide the selection of alternative policy solutions and c) ideas as "framings" to justify policy direction and reason for the change. In other words, ideas shape how policy problems and solutions are understood.

### 5.8.3  Interests

Interests were discussed in the preceding theories as central to how and why actors. Interests are often presented in relation to ideational analysis (Hudson and Marquette, 2015). Conventional views argue that interests generate ideas to legitimise and justify them(Hudson and Leftwich, 2014). However, counterarguments exist that agents use ideas and interpretations to construct their interests (Beland, 2010). Thus, ideas help develop and frame interests for or against policy choices. Interests are real but not objective. They are somewhat subjective and emerge from complex and conditional assessments of possibilities of success under prevailing contexts based on reflective and strategic reasoning (Hudson and Leftwich, 2014).

One significant implication is exploring how different actors react differently to the same context. The interests of various actors have been discussed in previous chapters and sections. For example, political actors might be interested in political survival or accessing state benefits. Consequently, one can infer how they interpreted and weighed up their opportunities and constraints from their actions. However, analysis should also look into the evolutions of actors' interests as these are not static over time. This reality has implications for choosing and implementing coordination tools and strategies. Whereas actors might agree on the goal towards better coordination, the means to achieve the target might be variable, contingent and contentious.

Policy scholars argue that policy change comes down to the choice of instruments (Capano and Lippi, 2017). Working politically requires remembering that agents perceive and respond differently to incentives inherent in the focal policy. They "do not bend like reeds in

the wind"(Hudson and Leftwich, 2014). Hence, understanding the variability and volatility of actors' interests can help explain the little support for specific instruments despite evidence of agreement on the overall policy aspirations (better coordination).

### 5.8.4 Institutions

Similar to ideas and interests, **"institutions"** are central to PEA. Institutions[15] have various definitions, but they are generally defined as the formal or informal rules of the game that constrain or facilitate human action (Michael R. Reich, 2002; Hudson and Marquette, 2015). As part of the structural configurations, institutions require "*institutional work*" to be established and maintained(Lawrence, Suddaby and Leca, 2011; Hudson and Marquette, 2015). Without political work, they degenerate. Institutional arrangements are modified or maintained through processes of power and political work. Therefore, those applying PEA must pay attention to "processes and activities that produce, reproduce, change institutions and the resources that sustain them"(W. R. Scott, 2008) (p57).

It is further essential to underscore that institutions are social constructions. So, ideas about the institutions are as important as the institutions themselves. Moreover, ideas and institutions interact in complex and dynamic ways to shape the behaviour and decisions of policy actors(Hudson and Leftwich, 2014). One political dimension of institutions is that they are not neutral. They disadvantage some actors while creating advantages for others. Following Hudson and Leftwich( 2014), I underscore three critical considerations when deploying PEA.

First, regarding the different institutions, the literature differentiates between formal and informal institutions (W. R. Scott, 2008; van de Walle, 2013). In section 4.2, I presented the literature on notions of neopatrimonialism, real governance and practical norms in African states to further unpack this dynamic(Bach and Gazibo, 2013; Olivier de Sardan, 2018; Cheeseman, 2019). In reality, informal institutions coexist with formal ones. Occasionally, the former trumps the latter such that actual practice deviates from what is expected. Different sets of literature on the African state specifically deal with this element(von Soest, 2007; Yanguas, 2017; Khan, 2018; Hickey and Giles, 2023). The states have public and private spheres of life and influence fused. Those with power use state apparatus to pursue their interest, which might be political power or economic rents generally(Bach, 2020; Harris *et al.*, 2023). This literature emphasises how power is personalised in the "big man' – which is at the head of a pyramid-like system (Bach and

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[15] In some instances (e.g Nannini et al 2021) institutions and organisations are conflated. This approach is strongly critiqued by institutionalists such as Scott (W. R. Scott, 2008), who argue that these are very distinct concepts. Organisations are actors.

Gazibo, 2013; van de Walle, 2013; Cilliers, 2021). Patron-client networks, corruption, and nepotism are central ' practices in this context, and they transpire through all aspects of public administration and public services. For example, Willott (2009) noted that succeeding in the Nigerian higher education sector required three intersecting factors: merit (bureaucracy), personal connections (patron-client networks) and money (financial corruption). Neopatrimonial practices include politicians using bureaucratic structures and processes, such as appointing politically loyal individuals to bureaucratic positions for which they are not technically competent (Hoffmann, 2018).

Second, it is important to explore how institutions influence human action. According to Scott (2008;56), institutions consist of "regulative, normative and culture-cognitive elements, that together with associated activities and resources, provide stability and meaning to social life". Regulative elements motivate actor behaviour through the *logic of consequences*. The actor is driven by the contingency of *necessity* to comply with the demands of the superior or fulfil their interests.

Normative elements of institutions motivate actor action based on the notion of *appropriateness* (Scott, 2008). Premised on this logic, organisations will coordinate to improve their *legitimacy* by conforming to prevailing institutional environments (norms, beliefs, values and expectations) from external actors. Engagement in coordination can be considered an organisation's motive to "demonstrate or improve its reputation, image, prestige, or congruence with prevailing norms in its institutional environment"(Oliver, 1990,246). Societal values such as trust have more explanatory power than other reasons for coordination decisions. For instance, trust can be an essential mediator of transaction costs. Where trust exists, the need for monitoring performance and information is lessened(Reitan, 1998). These institutional elements derive conformity and lead to more voluntary coordination arrangements.

The cultural-cognitive pillar relates to taken-for-granted beliefs[16] that drive action through *fiat* (Scott, 2008). In reality, institutional arrangements consist of several institutional mixes that are often incoherent and embody conflicting or contradictory logic. Implementing such institutional arrangements is a negotiated process, and outcomes are less certain (Streeck and Thelen, 2005).

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[16] This institutional mechanism is close to the influence of ideational factors above.

Third, Hall and Taylor (1996) differentiate new institutionalism into three categories, thereby providing useful but varied insights into how institutions emerge or change. According to the authors:

a) Historical institutionalism emphasises the path-dependent nature of institutions. New ones emerge through historically contingent evolutions where past decisions lock in certain change trajectories which are difficult to change. Changes are usually incremental and on the margins. However, big leaps are possible at critical junctures when conditions are favourable (Bennett and Elman, 2006; Immergut and Anderson, 2008; Andrews and Bategeka, 2013). This view ties well with the discussion on the historical context for IGC in African states (section 2.2). The historical legacies shape the present opportunities for internal coordination in government.

b) Sociological institutionalism focuses on the mechanisms of isomorphism, where the need to conform to prevailing best practices and professional standards leads organisations and actors to want to emulate others. This viewpoint helps explain the adoption of similar coordination tools and reforms across policy domains or geographical contexts. Isomorphic mechanisms might be coercive, normative or mimetic(W. R. Scott, 2008; Powell and Bromley, 2015). Coercive pressures lead an organisation to adopt reforms, processes, structures, policies, and programs because it is demanded by another on which it is dependent or subordinate (DiMaggio and Powell, 1983; Jaja, Gabriel and Wobodo, 2019).

In this study context, coercive pressures include donor conditionality, government coordination requirements, reporting mandates and regulatory compliance (Meyer and Rowan, 1977; Adam and Gunning, 2002). Mimetic processes lead organisations to copy others who are considered superior, better performers, or more legitimate (Meyer and Rowan, 1977). Normative pressures manifest when employees or staff adopt certain behaviours to conform to professional demands and standards. In our study, transferring staff across government MDAs could expand networks across civil service that diffuse these normative pressures and facilitate intersectoral coordination. On the contrary, the dominance of professional groups with specific sectors tends to lead to homogeneity in thought, practices and structures, which constrains coordination.

c) Rational choice institutionalism shares the same theoretical foundations as the rational choice theories (TCE and PAT) already discussed above.

Streeck and Thelen (2005) advance several modes of change, including displacement, layering, conversion and drifting, that inform the adoption of coordination instruments.

In practice, new tools might replace the old ones (displacement), existing tools may be made to perform a new role (conversion), or new ones might just be superimposed on existing ones (layering). These conceptions were vital in explaining the interactions among structures and institutional forces that shape the IGC.

### 5.8.5 Centrality of power

Power is the *sine qua non* in political action and analysis (Topp *et al.*, 2021). As the preceding sub-sections indicate, power emanates from different sources, such as ideas. Power is the "channel and mechanism through which structures 'do' structuring"(Hudson and Leftwich, 2014) (pg.77). Power and its distribution, forms and expression- is the force through which other actors' ideas, beliefs and interests are influenced, and the political context in which agents act is shaped(Hudson and Leftwich, 2014). In brief, how power is conceptualised and related to other concepts in PEA needs further interrogation.

One of the most common political actions is strategic framing to influence how other agents interpret their realities and how they should or could act in them(Michael R. Reich, 2002). This observation is linked to the notion of ideational power- "the capacity of actors (whether individual or collective) to influence other actors' normative and cognitive beliefs through applying ideational elements"(Carstensen and Schmidt, 2016) [pg 322]. Examining the various sources and mechanisms of ideational power is vital to advancing thinking and working politically. Yet, the authors do not pursue this angle profoundly. I consider the typology by Carstensen and Schmidt (2016) instructive in exploring ideational power ( see Table 20 below).

*Table 20: Typology of Ideational Power*

| Power type | Definition |
|---|---|
| Power through ideas | The capacity of actors to persuade other actors to accept and adopt their views of what to think and do through the use of ideational elements. |
| Power over ideas | The capacity of actors to control and dominate the meaning of ideas. This power manifests as a) actors with the power imposing their ideas, b) powerless actors seeking to compel other actors to conform with their ideas or norms, and c) actors having the capacity to resist even considering alternative ideas. |
| Power in ideas | Focuses on background ideational processes – constituted by systems of knowledge, discursive practices and institutional setups such as epistemic communities – that, in important ways, affect which ideas enjoy authority at the expense of others. |

Source: (Carstensen and Schmidt, 2016)**.**

Power is also embedded in, framed and shaped by structures and institutions and by agents in a bi-directional interplay leading to "institutional politics" of a situation (Lawrence, 2008). The institutional context constrains what agents can do, but it can also be produced, mobilized, and drawn upon by these agents to shape and modify institutions and structures of power. This interaction relates to Lawrence's three dimensions of institutional politics (Lawrence, 2008), which help explain how and why institutional contexts change how they do. The three dimensions are a) institutional control, b) institutional agency and c) institutional resistance. Institutional control refers to the effect of institutions on the beliefs, actions and behaviours of individual or collective actors. Here, power is often subtle but demonstrated by actors' compliance with rules and norms (Lawrence, 2008).

Institutional agency refers to the observable work of actors to create, modify or disrupt institutions. In contrast, institutional resistance refers to actors' work to resist institutional agency and control. According to the above conception, power can be categorized into structural or agential forms that underpin institutional control and institutional agency, respectively. The power of agents draws on institutional and structural power. However, institutional power (de jure power) also depends on agents to apply and sustain it (Hudson and Leftwich, 2014; Hudson and Marquette, 2015).

Structural power is embedded and expressed in institutions that also require implementation by agents. Power (and its distribution, forms and expression)- is the forces through which other actors' ideas, beliefs and interests are influenced, and the political context in which agents act is shaped. This study examined how power is embedded in, flows from, and exercised by actors in relation to the existing institutional context to undermine or facilitate multisectoral collaboration. Structural power is embedded and expressed in institutions and can be considered systemic, while agential power is episodic and characterized by discrete expression of strategic actions by actors (Lawrence, 2008; Lawrence, Suddaby and Leca, 2011). This study examined how power is exercised by actors in relation to the existing institutional context to undermine or facilitate multisectoral coordination.

Consistent with power-based theories, asymmetrical motives in forming IORs are characterised by the desire to exercise power or reluctance to give up control over other organisations' resources (Rossignoli and Ricciardi, 2015). As a result, government MDAs tend to resist external control by another agency and resort to turf wars over mandates to maintain independence, thereby undermining coordination efforts (Rasanathan *et al.*, 2017). For instance, Mauti & colleagues documented that the Health in All Policies (HiAP) strategy in Kenya was

hampered by concerns by non-health sectors that such initiatives perpetuate asymmetrical intentions of 'health imperialism' (Mauti *et al.*, 2019).

Coalition formation and coordination can be considered political actions to amplify agential power and effectively wrestle with entrenched interests and power relationships (Nannini, Biggeri and Putoto, 2021). This thesis also spotlights manifestations of structural power embedded in bureaucratic government systems. For example, health financing reforms occur within a web of existing practices and rules, leading to path dependence. Relatedly, public financial management systems act as institutional arrangements shaping how health financing reforms in various settings (Sparkes *et al.*, 2019). In development practice and studies, the notion of political settlements that was discussed in section 4.2.2.2 captures the configuration of power within a given setting to shape institutional arrangements and how decisions are made or implemented (Khan, 2010; Hickey *et al.*, 2015). Political settlement analysis has been applied in several settings to analyse how the political context shapes the reform process and its success or failure (Moshonas and Stylianos, 2018; Bukenya and Golooba-Mutebi, 2019; Grindle, 2023).

## 5.9 Summary of factors that shape intragovernmental coordination in Sub-Saharan African country settings.

In summary, this chapter covered four theories that are helpful in understanding and explaining obstacles and opportunities to IGC and MSA for health in sub-Saharan African settings. I have elaborated on the constructs and insights from the selected theories on aspects of IORs from a government perspective. Table 21 below provides an overview of these theoretical insights. These emerging insights from the MTF are summarised below:

1. The four theoretical lenses implicitly or explicitly recognise that government organisations exist within an environment consisting of other organisations, albeit emphasising different elements. The theories propose different views on context conditions and social mechanisms for initiating and implementing coordinative relationships by public sector organisations. For instance, the TCE highlights the transaction costs related to exchange and considers efficiency the main driver for choosing to coordinate and how to do so. From the other theories, understanding the nature of interdependencies and distribution of resources (RDT), existing principal-agent relationships (agency theory), and the power dynamics and control over resources in a given historical political context (PE) are critical for multisectoral action.

2. Harnessing the insights from these theoretical approaches allows us to explain the IGC dynamics better, especially the development or change of IORs within the government and the change, stability, and functioning of coordination instruments and mechanisms.

Notably, it unravels how the coordination process results from and is shaped by the actions of rational actors within a dynamic and complex internal and external environment. Importantly, the thesis does not set out a research agenda that is pure macro, meso, or micro-level. Instead, it aspires to theorise IGC as a process that links micro-level processes (like reasoning and deployment of cognitive faculties) to meso-level processes and phenomena (such as the pursuit of organisational interests) to macro-level phenomena (political and institutional power dynamics).

3. Contextual factors external and internal to the government interact in complex ways to shape the coordination process within the government in LMICs (Shankardass *et al.*, 2018). In developing settings such as Africa, inadequate coordination has been attributed to several contextual factors, such as weak institutions, predominance of neo-patrimonial practices, limited resources, over-reliance on external actors and limited state capacity (De Leeuw, 2017; Rasanathan *et al.*, 2017; Bennett, Glandon and Rasanathan, 2018).

4. The main reasons and motivations for one MDA to coordinate with other MDAs could be summarised as follows:

   a) **Necessity**: linkages or exchanges with other organizations established to meet necessary legal or regulatory requirements of powerful actors such as the government or external actors such as donors.

   b) **Asymmetry:** prompted by the potential to exercise power or control over another organization or its resources.

   c) **Reciprocity:** to pursue common or mutually beneficial goals or interests.

   d) **Efficiency:** Internal considerations for immediate or potential improvements in efficiency and costs of internally producing or outsourcing the results.

   e) **Stability**: relationships established and managed to absorb uncertainty and achieve stability, predictability, and dependability in their relations with others and in the flow of resources and exchanges

   f) **Legitimacy**: organizations are pressured to increase their legitimacy to appear in agreement with the prevailing norms, rules, beliefs, or expectations of external constituents.

*Table 21: Multitheoretical Framework for analysing drivers for and obstacles to inter-organisational relationships in government.*

| Theories | Summary of theoretical assertions | Main Motivations for coordination | Coordination obstacles |
|---|---|---|---|
| Transaction Cost Economics | • The costs of the exchange relationship and the need to reduce these costs are the main drivers of coordination mechanisms. | • Efficiency | • High transaction costs are associated with negotiating, monitoring, and enforcing a contract.<br>• Opportunism of actors is reinforced by uncertainty and environmental complexity because of the bounded rationality of the options and the 'small number' problem/incontestable mandates of actors. |
| Principal-Agent Theory (PAT) | • Coordination of multisectoral actions requires incentives/ sanctions to encourage organisational motivation. Principals apply external controls and contracts to create incentives for agents to coordinate | • Power of Incentives | • Bounded rationality and opportunism of actors and complexity in the performance environment.<br>• Uncertainty over outcomes.<br>• Conflicting goals and interests between the principal and the agent.<br>• Different attitudes toward risk between the principal and the agent. |
| Resource dependency theory ( RDT) | • Organisations seek mechanisms to ensure the smooth and predictable flow of external resources from those who control them. The acknowledgement of interdependence drives the coordination because each actor possesses the resources the other needs. | • Stability of resource flow.<br>• Interdependence/reciprocity for mutual benefits. | • Limited acknowledgement of interdependencies.<br>• Asymmetrical control logic promotes competition instead of cooperation. |
| Political economy (PE) perspectives | • Coordination dynamics and mechanisms evolve through a political (contested and negotiated) process.<br>• Internal politics of coordination unfolds within the dynamic interactions between actors and context.<br>• Actors are enmeshed within broader structures and complex power, institutional and ideational contexts that condition their actions. Over time, when conditions are amenable to change, actors' agency can influence structures and create new structures. | • Necessity in response to regulatory instruments<br>• Legitimacy in response to normative elements.<br>• Path dependence and institutional structures.<br>• Power structures and motivations of those that hold vital power for needed actions (resources, positional, knowledge reverence, etc. | • Conflicting institutional logic and interests promote organisational silos.<br>• Multiplicity of power centres arising from institutions, ideas, and agents.<br>• History and normative values for action or inaction |

Source: Ssennyonjo, *et al.*, 2021a) and Ssennyonjo 2023.

5. Coordination dynamics and mechanisms evolve because of political (contested and negotiated) processes. For example, hierarchically positioned agencies with constitutional powers often steer government-wide processes such as budgeting, strategic planning and civil service management. The bureaucratic setup entails political and power dynamics as entities contest mandates, ideas, scarce resources and diverse interests operating within multiple layered institutional settings comprising formal and informal institutions (Carstensen and Schmidt, 2016; Emerson, 2018; Shankardass *et al.*, 2018; Harris *et al.*, 2020).

6. The PE perspective supports generating politically feasible solutions and ensures realistic expectations of what can be achieved (Mcloughlin, 2014). Coordination must be proactively sought, and collective efforts require political work to be sustained. The PE perspective illuminates the political actions that MDAs engage in to facilitate or constrain coordination among government entities. Political actions include dialogue, coalition building, backdoor deals, bureaucratic politics, lobbying, campaigning, turf wars, and framing (Hudson and Leftwich, 2014). Path- dependence influences what change is possible and why.

7. A coordinated approach can be strengthened using different forms of power. Regulative institutional elements explain necessity as the primary contingency for forming coordination arrangements and mechanisms (W. R. . Scott, 2008). In this case, coordination is mandated by higher authorities (higher government agency, regulatory body, professional body), and organisations respond positively to meet legal or regulatory imperatives. The actors consider the anticipated consequences of non-compliance (e.g., resource loss) to conform to mandated relations.

8. Other issues of concern include transaction costs related to contracting and monitoring, alignment of political aims, goal (in)congruence, development of shared vision, cross-organisational learning between implementing agencies, control over resources, and the management of interdependencies. Uncertainty due to environmental dynamics and actors' self-interest and opportunism (rent-seeking) discourage actions across sectoral and organisational boundaries (De Leeuw, 2017). The other essential considerations include challenges of measurement of outcomes and ease of task programmability.

9. The interactions of institutions, ideas, interests and agency are paramount. Actors are enmeshed within broader structures and complex power, institutional and ideational

contexts that condition their actions. Over time, when conditions are amenable to change, actors' agency can influence structures and create new structures.

10. All these factors cannot be understood by linear logic or a singular theory. They would benefit from relational thinking and analysis (Danermark, Ekström and Karlsson, 2019; Harris *et al.*, 2020). The theoretical perspectives are suitable. They emphasise the salience of the a) nature and costs of exchange relationships (TCE), b) incentives and contracts within principal-agent linkages (agency theory), interdependencies (RDT) and politics (PE) as crucial considerations in IGC efforts.

## 5.10 Chapter Summary

Overall, the insights derived from the theories and practice explain why it is challenging for governments to work in a coordinated manner in any straightforward sense. There is a need to take these internal and external challenges and opportunities more seriously and not simply encourage MDAs to coordinate. The aforementioned theoretical insights could inform the choice of coordination mechanisms. For example, the choice between hierarchical-type, market-type, and hybrid-type mechanisms is contingent on the factors highlighted in the theories. Chapters 3-5 present the conceptual and theoretical foundation of this study developed through narrative reviews, stakeholder feedback and expert inputs. They are broader in outlook, incorporating insights from high-income country (HIC) settings and LMICs with a bias on SSA. The next three chapters, 6-8, present the empirical part of this thesis investigating IGC within the national government in Uganda.

# 6   COORDINATION INSTRUMENTS, THEIR FUNCTIONALITY AND INTERACTION DYNAMICS IN UGANDA

## 6.1   Introduction

Managing sectoral interdependencies requires functional tools that facilitate coordinated multisectoral efforts. The pursuit of MSA for health is intrinsically linked to broader efforts in many governments to achieve greater internal coordination. This chapter explores and describes the coordination instruments (CIs) for IGC at the national level in Uganda, as well as examining the complexities underpinning their functioning. An adapted descriptive framework by Bouckaert and colleagues (2010) described in section 3.3 was used as a typology of coordination instruments (CIs) for categorising the coordination approaches into structural and management/process tools and inferring their underlying coordination mechanisms based on their design and operational features. To a very limited extent, the MTF (chapter 5) is applied in the macro analysis of the factors influencing the implementation dynamics and functioning of the tools. The findings are elaborated on in the next sections. First, a summary of the dimensions of IGC is presented, building on insights in Chapter 3 (section 3.2). The next section presents an overview of Uganda's national government's coordination instruments following the categorisation into structural and non-structural tools that were elaborated in section 3.3. The next section elaborates on the coordination instruments, starting with the structural tools and followed by non-structural or management processes. The functional and operational aspects of these tools are explored. The next section presents an analysis of the interaction dynamics of the CIs. Lastly, the summary of the chapter is presented.

## 6.2   General overview of coordination instruments

Inadequate IGC has been a significant concern over time in Uganda (OPM, 2016; Roberts and Ssejjaaka, 2017). Table 16 summarises the findings on CIs and their underlying CMs. The study revealed a mix of structural and non-structural instruments used at the central government level in Uganda over the 2015-20 period. The table shows several interministerial and intersectoral structures for collective decision-making and joint action, including issue-specific ad hoc committees, taskforces and technical working groups. In addition, there are

information systems that facilitate the sharing of information and evidence. Many of these are based on IT systems under the e-government efforts (Ssennyonjo, Criel *et al.*, 2022). Concerning non-structural tools, coordination of national development efforts from 2010 converged around the comprehensive national development planning framework comprising the national Vision 2040 and a series of five-year national development and sectoral plans (The Republic of Uganda, 2012).

Table 22 and the subsequent analysis further show that there are dynamic interactions among the CIs. Coordination instruments co-exist, complement or contradict each other in several instances. For example, table 16 shows several MDAs responsible for coordinating crosscutting functions such as budgeting (under the auspices of the Ministry of Finance, Planning and Economic Development), overall implementation monitoring and coordination in government (under the mandate of the Prime Minister's Office), and national strategic planning (under the mandate of the National Planning Authority) (Ssennyonjo et al., 2021). The Office of the President and related bodies such as the Cabinet and Cabinet Secretariat sit at the apex of government hierarchy and provide overall coordination of national policy-making processes. Our findings reveal that coordination mechanisms underpin functionality. As summarised in Table 22, each instrument possesses underlying mechanisms with the hierarchical and network-based mechanisms predominant. However, as discussed later in this and subsequent chapters, the market logic perpetuated under neoliberalism and new public management reforms in the 1990s undergird the political and social spheres of Ugandan society (Jörg Wiegratz, Martiniello and Greco, 2018).

*Table 22: IGC instruments and mechanisms at the central government level in Uganda*

| Instrument typology | | | Findings | |
|---|---|---|---|---|
| **Major category** | **Sub-type** | **Specific examples** | **Specific Instruments** | **Underlying mechanism** |
| **I. Structural instruments** | **Core executive and central bodies with crosscutting coordination functions.** | (a)coordinating units & lead organisation | The Cabinet & office of the president are the topmost decision-making structures in the executive branch. Rely on a constitutional mandate. The office of the prime minister has a legal mandate. Other central agencies coordinate and supervise functions such as budgeting, planning and data systems. Central authority undermined by sectoral independence | Predominantly Hierarchical type mechanisms (HTM) but embody some network-type mechanisms (NTM) |
| | **Regulated markets** | Internal markets, quasi-markets, external markets | Not used in the central government in Uganda | N/A |
| | **Interministerial structures for solidarity, cooperation, and mutual decision-making** | (a) Systems for information exchange | ICT-based systems are considered under the mandate of the National Information Technology Authority-Uganda (NITA-U) & e-government initiatives. | NITA-U is Predominantly HTM; e-government initiatives embody NTM elements, too. |
| | | (b): 'non-binding' consultation or negotiation bodies, e.g., task forces, advisory bodies | Adhoc taskforces and technical working groups at sectoral levels | Predominantly HTM with elements of NTM |
| | | (c) Entities for Collective decision-making, e.g., permanent structures and joint organisations | Sector working groups with variable functionality. Minimal use of joint organisation, e.g. One Health Platform | |
| | | IE(d): joint organisation | | |

| Instrument typology | | | Findings | |
|---|---|---|---|---|
| Major category | Sub-type | Specific examples | Specific Instruments | Underlying mechanism |
| II. Management/process instruments | IIA: Strategic management tools: | (a)Top-down process is usually a common planning instrument.<br><br>(b)Bottom-up planning process | The comprehensive national development planning framework, sectoral development plans, issue-specific multisectoral documents, and SDGs guide NPA's top-down planning processes. Bottom-up elements exist in the processes. | Predominantly HTM with elements of NTM |
| | IIB: Human resources & culture management instruments | Training, reshuffling/rotation of staff within civil service, and common training to foster interprofessional collaboration | Transfer of staff in public service and liaison officers. Policy analysts under the Office of the President are distributed to various ministries. | NTM |
| | IIC: The financial management system. | (a)- hierarchical input-based financial systems | Input-based budgeting is being transitioned to program-based budgeting (PBB). Top-down guidelines from MoFPED | Majorly HTM and moving towards more NTM under PBB |
| | | (b): systems are performance-linked, allowing incentives and sanctions for performance | | |
| | | (c) result-oriented financial systems emphasise information exchange and cooperation and managing cross-cutting issues, e.g., program-based budgeting | | |
| | IID- Procedures for mandatory consultation | Review of proposals and drafts for policies, legislative instruments, and other plans | Procedures are specified for policymaking, such as a certificate of financial implication and regulator impact assessments. Joint reviews are suboptimal. | HTM, because of the compulsory nature of these requirements |

## 6.3 Main structural instruments

### 6.3.1 *Core executive and central bodies with crosscutting coordination functions.*

The respondents and documents reviewed acknowledged several agencies with specialized mandates to coordinate crosscutting government functions through mainly hierarchical mechanisms. They are elaborated on below.

#### 6.3.1.1 The Office of the President and Cabinet

Office of the President (OP) is a Government Ministry through which the Minister for the Presidency, on behalf of the Executive, provides leadership in public policy management and good governance for National Development[17]. This Ministry was established by the Constitution of Uganda under Articles 98 and 108, which specify that there shall be a President of Uganda who shall be the Head of State, Head of Government and Commander-in-Chief of the Uganda Peoples Defence Forces (UPDF) and the Fountain of Honour (RoU, 1995; Cabinet Secretariat, 2013). Similar to other MDAs, The OP is made up of various directorates and Departments, including the Cabinet Secretariat, Directorate of Ethics and Integrity, Directorate of Economic Affairs and Research, Security Organizations (Internal Security and External Security Organization), National Honours and Awards Chancery, Finance and Administration, Uganda AIDS Commission, RDC Secretariate, National secretariat for Patriotism clubs and Manifesto Implementation Unit[18].

Concerning its mandate[19], the core roles of the OP are multifaceted, with different implications for IGC. The OP provides overall leadership in public policy management and the promotion of good governance in public institutions, which is a bedrock for the state's capacity to support coherent policy action. The OP is also tasked with ensuring that government policies, programs and projects are adequately communicated, monitored and evaluated, which ensures that investments are effectively used to spur national development. Relatedly, the Manifesto Implementation Unit has been able to mobilize the population towards achieving social and economic development and to promote government programs such as "Prosperity for All". The Uganda AIDS Commission coordinates all agencies fighting the HIV/AIDS pandemic through a multisectoral approach. Other mechanisms of OP's Influence on IGC are indirect and regard

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[17] https://op.go.ug/ (accessed 12th October 2023)
[18] https://op.go.ug/ (accessed 12th October 2023)
[19] https://op.go.ug/ (accessed 12th October 2023)

detecting, preventing and curtailing the commission of politically motivated crime and providing intelligence information to other agencies.

Our study highlighted the Office of the President (OP) and Cabinet as the top executive bodies coordinating government policymaking and implementation in the entire government (The Republic of Uganda, 2009). This superiority is rooted in the continued consideration of the supremacy of the 1995 Constitution (with several amendments) as the overarching legal instrument (RoU, 1995)[20]. Most respondents indicated strong hierarchical inclinations within the Cabinet, which denote power dynamics within this structure. Some sources of power differentials in the Cabinet are formal and expected as they arise from hierarchical positioning. For example, "full" Cabinet ministers who provide political leadership to sectoral MDAs are expected to be more powerful than the less powerful junior (state) ministers and ministers in charge of specific population groups (e.g., elderly, youths) or geographical regions (e.g., Karamoja, Teso, Bunyoro). In addition, some ministers serve in traditionally powerful ministries such as OPM, Finance and Defence.

However, some power sources are informal, and the real governance of the Ugandan Cabinet is defined by clientelist linkages overriding formal decision-making structures. Interview evidence showed that, in reality, some "junior" ministers are more politically connected and possess more de facto power than their "full" counterparts. Similarly, some ministers have a direct connection to the ruling elite and first family and exploit patronage to derive informal power in a society that values such political connections, patronage, clientelism and informality (Pritchett, Sen and Eric Werker, 2018; Ssennyonjo, Ssengooba, *et al.*, 2022; Hickey, Bukenya and Matsiko, 2023). Some ministers have served in government for a long time across various portfolios, which is interpreted as enjoying the favour of the President. Others have been praised publicly by the President for their 'loyalty', which raises their political profile [21]. All these attributes confer benefits to such individuals, such as political clout and power that could be leveraged to drive the government agenda. In the country, such power may be exploited to extend patronage and personal rents, as noted with some corruption scandals involving Cabinet ministers over time (Kakumba, 2021; Transparency International, 2022). The realities lead to practical norms where distortions of accountability and reporting relationships within government, ministries and across Cabinet are prevalent. This precarious situation of extensive

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[20] According to the I995 constitution, the President supported by an executive of ministers (the Cabinet), the Office of the President and its structures such as the Cabinet Secretariat, and the State House has mandate to oversee government operational and strategic business.

[21] https://www.monitor.co.ug/uganda/magazines/people-power/contrasting-amin-obote-and-museveni-cabinets-3460704

neopatrimonialism, where informal relationships and rules trump formal institutions, threatens cohesion within the Cabinet and the entire government apparatus, leading to dysfunctional structures[22].

A few respondents noted that ministers were also curtailed in their exercise of formal power by the strong authority of the President and that "*so many of these activities done in ministries are also linked in the President's office. -MDA-1_MANAGER NPA0.* Media reports highlight the expansion of the Office of the President and State House in terms of staff and financial resources. The centralisation of power and duplication of institutions under the direct supervision of the State House has been major contributing factors[23]. This dynamic has weakened public institutions as their roles are absorbed or replicated in the State House[24]. As such, some government officials and even ministers tend to be less assertive of their mandates as they do not want to conflict with the "power above" One development partner further remarked as follows.

> *The power in the Cabinet is overcentralized. The President is too powerful. That is why we do not have standing cabinet committees. We have a lot of ad-hoc committees, which is not good. When you have standing committees, they allow you to disperse power to constituencies that will take an interest in thematic issues. -NSA-1- SENIOR OFFICIAL_UN AGENCY*

Accordingly, understanding the functioning of the OP and Cabinet cannot be delinked from the examination of the Ugandan state and the exercise of the power of the President over time. These aspects are covered in detail in Chapter 7. Here, I summarise the core observations. The findings reveal that President Museveni has been instrumental in the adoption and performance (early success and later suboptimal success) of public sector, economic and institutional reforms since the 1990s(Robinson, 2004; Jörg Wiegratz, Martiniello and Greco, 2018; Hickey, Bukenya and Matsiko, 2023). These scholars note a convergence of interests of external development actors such as international financial institutions (for example the World Bank) and the powerful national actors such as the President. Several semi-autonomous agencies such the Uganda Revenue Authority have been created and successful as the country attempted to align with the international reforms and development agenda (Hickey, Bukenya and Matsiko, 2023). Uganda has been considered an international success story for economic development, guaranteeing the government of President Museveni continued aid and international rating despite concerns over frequent corruption (Jörg Wiegratz, Martiniello and Greco, 2018; Titeca, 2022). Therefore, these institutional changes are considered to secure and propagate political benefits locally and internationally for the President's

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[22] https://www.monitor.co.ug/uganda/oped/commentary/fishermen-s-cabinet-is-on-stormy-waters-4392638

[23] https://www.monitor.co.ug/uganda/news/national/money-power-tied-to-our-presidency-1838364 (accessed 23-Oct 2023)

[24] https://www.bbc.com/news/world-africa-55550932 (accessed 23-Oct-2023)

ruling coalition (Biecker, 2012; Hickey, 2013). In brief, there is an opportunity to advance IGC by aligning national development aspirations, international development agenda and interests of powerful elites.

Evidence shows that such strong and committed political and technical leadership has benefits and challenges for the internal functioning of the government. 'Strong" leaders can drive reforms and promote coordination at the sectoral level through direct control or even coercive means if and when necessary. However, weak leadership or political interference can hinder progress by distorting power relationships and incentives for coordination within the government apparatus (Robinson, 2004; Hizaamu, 2014). Politically connected technocrats tend to successfully run government agencies, as was the case for several Uganda Revenue Authority directors and Mr Tumusime Mutebile, the most recent[25] Bank of Uganda governor (Hickey, Bukenya and Matsiko, 2023). As such, multisectoral efforts could leverage such powerful actors to advance a collective agenda within the government. However, caution should be exercised as the strong agencies can promote conflict and competition instead of cooperation with the parent ministry (Hickey, Bukenya and Matsiko, 2023).

As noted above, the OP is led by the Minister of the Presidency and supported by technical structures, notably the Cabinet Secretariat (for administrative support to the Cabinet) and Manifesto Implementation Unit, to advance its mandate. Document review affirmed that these structures embody hierarchical control, which is exploited for policy coherence. Specifically, they gatekeep policymaking and enforce government policymaking guidelines to ensure coherence during policy development (Cabinet Secretariat, 2013). Contrary to the predominant hierarchical mechanisms, the Cabinet also exhibits features of network-based mechanisms which provide a different pathway to cooperative action. For example, the Cabinet is bound by a principle of collective responsibility. As a platform where the whole of government priorities and (inter)sectoral policies are negotiated and approved (The Republic of Uganda, 2009), the Cabinet offers an opportunity to agree on government priorities ahead of implementation. The use of network-based approaches and 'soft power' such as organising capacity building could be leveraged to build a shared understanding of policy-making processes. One senior official affirmed:

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[25] Mr Mutebile is considered one of the leading economists who shaped Uganda's economic development over 40 years. He died in 2022 while still serving as Bank of Uganda governor despite a long period of illness https://www.bloomberg.com/news/articles/2022-01-23/Uganda-central-bank-governor-tumusiime-mutebile-is-dead-ubc

*We also go there to do capacity building. We also move out (do outreach) to train them (MDAs) on how they coordinate policy formulation and implementation practically. For example, starting tomorrow, we are meeting the 'prison people'. Last week, we met the information, communication, and national guidance ministry. - MDA-2_COMMISIONER OP*

### 6.3.1.2 The Office of the Prime Minister

The post of Prime Minister (PM) was created when Uganda was receiving its independence in 1962. In 1966, the fighting between Prime Minister Milton Obote and President Edward Mutesa II led to the latter going into exile. Obote suspended the Constitution, promulgated a new constitution that abolished the post of Prime Minister, and declared himself President (Uzoigwe, 1983; Tripp Mari Aili, 2010). The post was restored in the 1980s. Article 108A of the 1995 Constitution (RoU, 1995) mandates the Prime Minister to:

(i) Be the leader of Government business in Parliament and be responsible for the coordination and implementation of government policies across ministries, departments, and other public institutions.

(ii) Perform such other functions as may be assigned to him or her by the President or as may be conferred on him or her by the Constitution or by law.

The OPM is capable of deploying both direct and indirect approaches in its coordination function. Examples such as nutrition were cited as examples of OPM's direct intervention. One non-state actor noted that.

*After the realization that it (nutrition) is a cross-cutting issue that was discussed comprehensively until a consensus was reached that nutrition should be coordinated elsewhere (from the agriculture ministry) ... The different stakeholders operate around the coordination from the Prime Minister's office. - NSA-4_ACADEMIC*

As is the case for epidemics, the OPM also exercise indirect coordination by delegating some roles to specific MDAs. However, it retains ultimate control. A government official affirmed.

*For public health events, we have a structure that comes from top to bottom. We have the National Emergency Coordination Center (NECOC) at the OPM. It coordinates all events/ hazards in terms of disasters. But our National Taskforce for Emergencies deals with health emergencies, and it is delegated by the OPM to deal with emergencies- MOH-5_COMMISISONER.*

Some respondents expressed dissatisfaction with the performance of the OPM, which was reportedly constrained by technical and political issues. Technical issues included limited funding and stretched capacities due to "misplaced" priorities. The political constraint to OPM's

hierarchical power stemmed from the agency of the coordinated MDAs and internal political dynamics at OPM due to departmentalization.

*The coordinator of government ..we see on the ground is not the one the spirit of the law envisaged. The constitution establishes the Office of the Prime Minister to coordinate all government business…but when you look at the current set-up of the Prime Minister's Office, its strength is elsewhere. It is in special programs for Teso, Bunyoro, Karamoja, northern Uganda, refugees and disasters. So how do you reconcile that? - NSA-1- SENIOR OFFICIAL_UN AGENCY*

It was noted that the OPM has quite a particular history concerning the relationship between the President and the PM. As noted above, this relationship is essential for the performance of OPM (Roberts and Ssejjaaka, 2017). In addition to the political dynamics post-independence (Tripp Mari Aili, 2010), one non-health official affirmed that OPM's effectiveness often depends on the goodwill of other MDAs:

*The OPM has been promoting delivering as a government as one. You find that one ministry will say no law requires us to work with them, so they will do it out of courtesy. -MDA-1_MANAGER NPA*

The President appoints the Prime Minister with the approval of Parliament. The OPM mainly draws on this hierarchical control inherent in its constitutional mandate to coordinate government affairs by deploying power and authority over other entities (OPM, 2016). All respondents concurred with the documents and acknowledged the same, as the quotes below illustrate:

*It is the duty of the OPM to call agencies to order. Also, ensure value for money. Although much of the value for money is done by the Ministry of Finance and the Auditor General's office, the OPM does the general oversight- MDA-1_MANAGER NPA.*

*OPM is mandated to lead government business in Parliament, but majorly, what we do is coordinate all sectors, agencies, and ministries to ensure that synergies are realized so that we can improve public service delivery-. MDA-8_ SENIOR OFFICIAL OPM.*

Making the Prime Minister answerable to the President preserves the superiority of the President as the head of the Executive Branch as it tries to address the power conflicts during the post-independence government (Uzoigwe, 1983; Tripp Mari Aili, 2010). Ongoing efforts to realise the OPM's mandate included recourse to this higher authority of the President, occasional use of coercive forces, creation of new structures and attempts to prioritise focal policy issues. A senior official remarked.

*The (OPM's) delivery unit is pursuing a presidential directive of realizing twenty million bags of coffee by 2020. People embraced it because it was a directive, and it received a lot of support…. but I do not know. But you cannot have a hundred directives. - MDA-7_SENIOR OFFICIAL OPM.*

In the Ugandan context, having the blessing of the President is essential to succeed within the government, and appointees apparently need to garner his support (Hickey, Bukenya and Matsiko, 2023; Khisa, 2023). On the contrary, the overreliance on the President's authority implies that the PM, as a political appointee, primarily serves the interests of the President and the ruling government. S/he could be sacked at the discretion of the appointing authority. Yet, the power and political clout of the PM matter for effective coordination within the government. One respondent intimated an assertion that MDAs were very responsive to a previous PM who was considered independent and politically powerful. *"But I am told during the days of <name withheld>, there was no compromise. They (ministers and errant officials) had to show up MDA-8_ SENIOR OFFICIAL OPM*. The referenced PM was said to wield great power and effectively exercised greater authority over the government apparatus compared to the successors.

The reputation of the OPM has also been tainted by internal dynamics, such as several instances of corruption, especially relating to the refugees and disaster management portfolios over the years. For example, there have been several reports in the media[26] and academic journals on these affairs (Titeca, 2022). These internal dynamics have weakened the legitimacy and overall capacity of the OPM to perform its roles. A few interviewees attributed some of these scandals to leadership failures at the OPM, where the choice of the PM often depends on one's political standing with the President, reflecting the broader influence of political patronage in government appointments in the country. However, some scholars relate these corruption scandals to the convergence of the interests of the donors and elites in Uganda, which undermines the national efforts against corruption. Hence, this constrains effective governance and institutional building in the country (Amundsen, 2006; Kakumba, 2021; Titeca, 2022).

Another challenge confronting the OPM is that it is not a homogenous entity- but organised itself into several ministries and departments, which further contributes to internal silos. Concerning organisational structure, Figure 6 shows that there are political and technical arms within the OPM. The political side is headed by the Prime Minister, assisted by three Deputies: the Minister for General Duties, the Minister for Disasters and Refugees, the Minister for Karamoja, the Government Chief Whip and several Ministers of State responsible for several regions. The technical arm includes the PM's Delivery Unit, the Permanent Secretary, three

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[26] https://www.monitor.co.ug/uganda/news/national/refugee-scandal-opm-suspends-4-officials-1739130, https://observer.ug/news/headlines/77620-forged-records-in-refugee-office-cast-doubt-on-validity-of-claims

directorates and over ten departments. The structures do not necessarily work seamlessly together. One OPM respondent in one department observed:

> *"you know refugees fall under a ministry in OPM, ministry of disaster and refugees, so there are certain things one cannot do. One cannot go to <name of Minister of disasters> (to brief him) because they do not work under the Ministry of Refugees. So, the issue of mandate can actually be a bottleneck. - MDA-7_SENIOR OFFICIAL OPM*
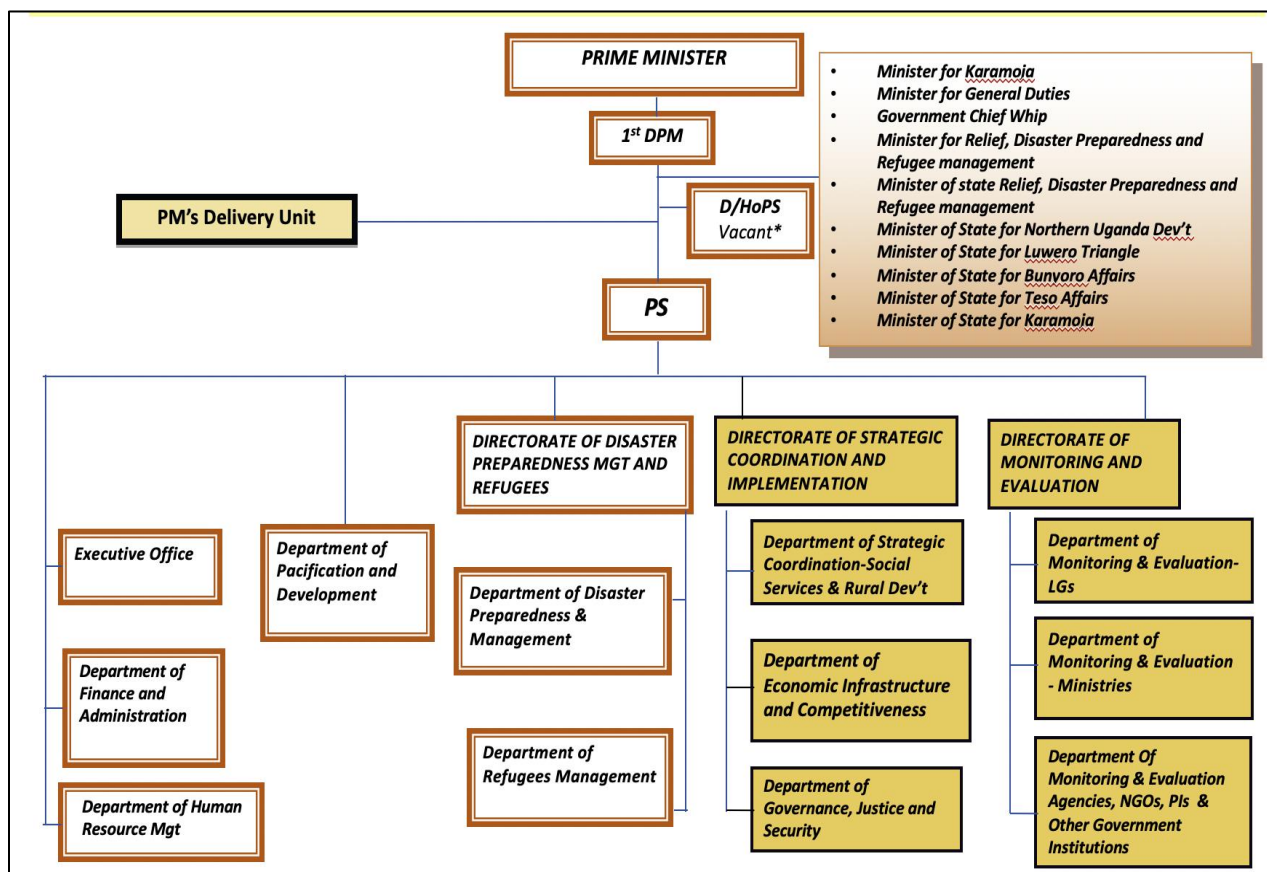


*Figure 6: Macro-structure of OPM*

Source: https://opm.go.ug/opm-macro-structure/

Interviews also revealed that the OPM had also undertaken internal structural reorganization, such as creating the Prime Minister's Delivery Unit to effect its mandate of overseeing the implementation of government programs. In addition, the Institutional Framework for Coordination of Policy and Program Implementation in Government (IFCPPI) was adopted under the OPM in 2003 as the overall national coordination structure (OPM, 2016). Through its Strategic Coordination and Implementation Directorate, the OPM has strived to strengthen the Implementation of the IFCPPI through coordination platforms such as the

Partnership Forum, Presidential Roundtable on Investment, Nutrition Forum and the Joint Public Sector Management Review (JPSMR)[27]. The above coordination framework has proved essential in articulating the relationships between hierarchical decision-making structures for policy development and implementation monitoring, as elaborated in Figure 7 and Table 23 below.

*Table 23: Hierarchical coordination structures under the Institutional Framework for Coordination of Policy and Program Implementation in Government (IFCPPI).*

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|---|
| The Policy Coordination Committee (PCC) is a cabinet committee chaired by the prime minister and is responsible for policy coordination and monitoring progress on the implementation of government programs. |
| The Implementation Coordination Steering Committee (ICSC), which consists of Permanent Secretaries and is chaired by the Head of Public Service and Secretary to Cabinet, directs the implementation of activities. |
| The multi-sectoral Technical Implementation Coordination Committee (TICC), chaired by the Permanent Secretary (Office of the Prime Minister), coordinates and monitors program implementation across ministries and sectors. |
| The IFCPPI is supported by 16 joint Sector Working Groups responsible for the implementation of the National Development Plan and service delivery at the sector level. In addition to that, there are several thematic and ad hoc coordination groups. |
| Source: National Coordination Policy 2016 (OPM, 2016). |

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[27] https://opm.go.ug/strategic-coordination-implementation/
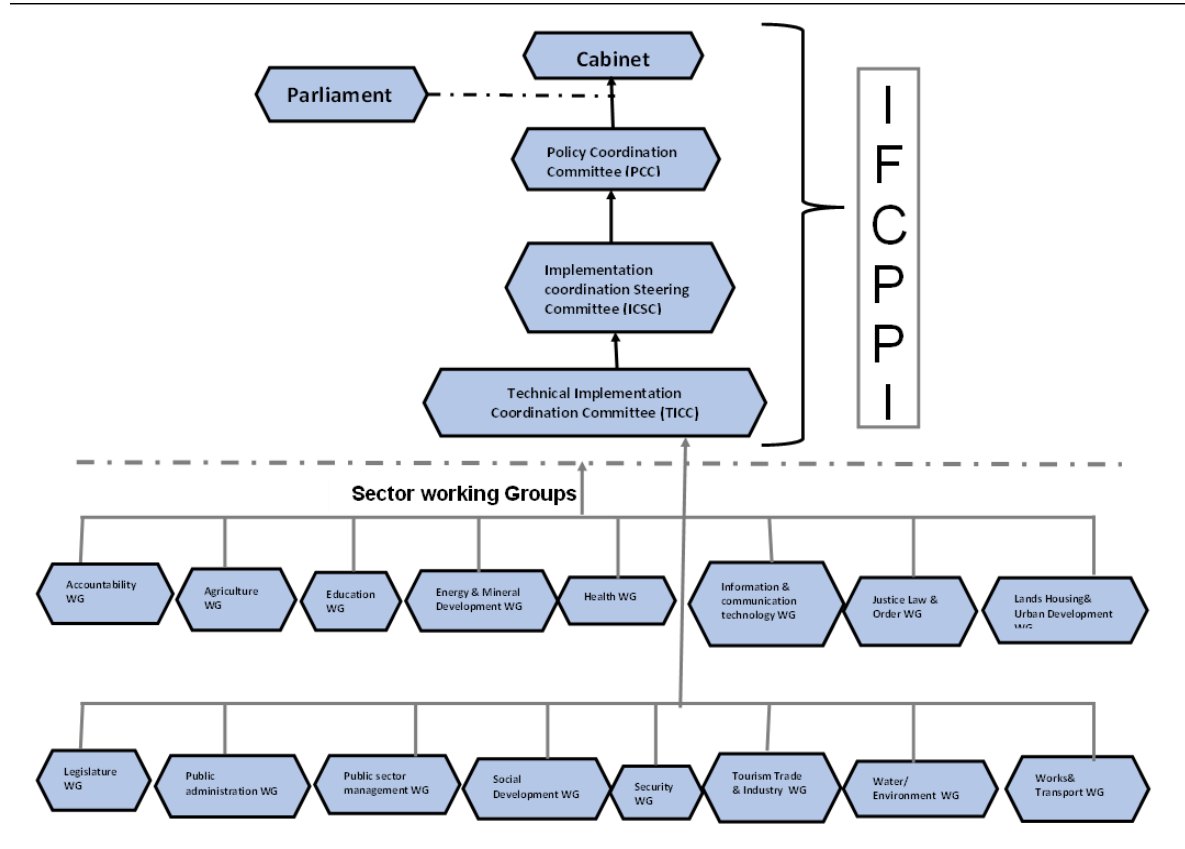
*Figure 7: The Institutional Framework for National Coordination in Uganda*

*Source: Office of the Prime Minister*

In addition to internal structural changes, the OPM spearheaded the development of the national coordination policy that was adopted in 2016 (OPM, 2016). Some of the policy objectives include a) strengthening synergies across MDAs, b) standardizing reporting, and c) strengthening secretariats at the Sector Working Groups (SWGs). However, the document and interviewees revealed that the operationalization of the IFCPPI was suboptimal. Some structures, such as the Technical Implementation Coordination Committee (TICC), had never met for over five years at the time of the interviews (Ealy 2020s). The underlying causes included TICC's very broad membership and ineffective corrective efforts to streamline participation. One government official affirmed:

*"...apparently this committee (TICC) was too big at that time. Its membership is very big. So, they were trying to see how they do not call anyone and then have nothing to talk about that affects them- MDA-8_ SENIOR OFFICIAL OPM.*

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### 6.3.1.3   The National Planning Authority

Other central-level agencies with coordinating authority also draw on their legal mandates to develop policies and guidelines for the other MDAs. These coordination entities expect compliance from other MDAs in return. In this section, I focus on the National Planning Authority (NPA), underlining the legal basis for its mandate, the organisational set and coordination experiences. The NPA was established in 2002 through the NPA Act (15 of 2002) per Article 125 of the 1995 Constitution of the Republic of Uganda (Hickey, 2013)[28]. The Authority is an agency established to build capacity and a framework for short-term, medium-term and long-term development planning in Uganda. Based on this mandate, the NPA controls the country's strategic planning. The NPA is structured as follows[29]:

a)  The policy-making organ is called the Authority and is comprised of five Members, namely the Chairperson, Deputy Chairperson, and three other Authority members. There are 25 institutions affiliated with the Authority that are ex-official members. The NPA reports to the Presidential Economic Council under the president's stewardship.

b)  The Secretariat, on the other hand, is headed by an Executive Director assisted by a Deputy Executive Director. There are two directorates, namely the Directorate of Development Planning[30] and the Directorate of Research and Development Performance[31] , each headed by a director, while a manager heads each department.

c)  Administrative units are responsible for the following functions: legal affairs, procurement, human resource management, finance and internal audit.

The NPA has demonstrated capacity and power over other MDAs over time. It spearheaded the development of the Comprehensive National Development Planning Framework (CNDPF) as the overall instrument for this purpose (The Republic of Uganda, 2012). The National Vision 2040 and 5-year plans constitute instruments that serve as a foundation for pursuing multisectoral coherence over time. The NPA has also produced sector planning guidelines (National Planning Authority, 2015b) and regulations (National Planning Authority,

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[28] http://www.npa.go.ug/about-npa/background/
[29] http://npa.go.ug/wp-content/uploads/2016/06/NPA-Organogram-SIP-Structure.jpg and http://www.npa.go.ug/about-npa/organisational-structure/
[30] Responsible for coordinating and spearheading development planning at national and decentralized levels and consists of six departments: Strategic Planning, Local Government Planning, Human Resource Planning and Development, Production, Trade and Tourism Planning, Population and Social Sector Planning and Industry and Physical Planning
[31] Responsible for strengthening NPA's think tanking role and is composed of five departments and one unit, namely: Policy Research and Innovation, Macro-Economic Planning, Monitoring and Evaluation, Information and Communication Technology, Governance and Public Sector Planning and Project Development Unit

2018), which MDAs comply with during their planning. In addition, the NPA has led the development of multisectoral plans such as the Uganda Nutrition Action Plan (NPA, 2015) through multisectoral convenings. The NPA also issues compliance certificates indicating alignments of sectoral and local government plans and budgets with national development plans.

Respondents reported that the NPA occasionally draws on its structural power and hierarchical authority to facilitate other government agencies effectively performing respective coordination roles. For example, using its convening power, under the auspices of the SPEED project partnership, the NPA steered an interministerial committee to a) define universal health coverage (UHC) as a multisectoral goal focusing on social determinants of health, b) articulate actor roles and performance indicators, and c) determine the costs of these interventions (SPEED Project, 2019a; Kiendrébéogo *et al.*, 2021). One NPA official affirmed that "*we undertook as the NPA to lead the multisectoral policy coordination for universal health coverage*" (*MDA-3_MANAGER NPA*), culminating in the UHC policy paper and national roadmap[32].

Activation of fora for deliberative decision-making was considered an essential mechanism for eliciting coordinated actions across MDAs and sectors.

> *Also, the National Planning Authority is supposed to generate policy options for the government because we are the secretariat of PEC, which is the Presidential Economic Council. So, we are supposed to generate business for PEC, evaluate policy effectiveness, look at (an) affordable policy that will improve (the) performance of government, and as well consult stakeholders on policy effectiveness through the National Development Planning Forum- MDA-1_MANAGER NPA.*

Factors facilitating NPA coordination function include its higher position in government bureaucracy, favouring a focus on broader government issues, inclination towards consensus building, and regular monitoring and evaluation activities as a basis for demanding accountability from government MDAs. Government officials said as follows.

> *.. the mandates are described by law or policy, and they work like that. But as NPA, because we sit at the apex, we have seen that we need to break these silos because we do not see the desired results- MDA-3_MANAGER NPA.*

> *Now, there are also other legal provisions that allow (the) NPA to compel other institutions to provide particular information. Still, the NPA has not usually invoked such provisions because harmonious working is always preferred to pulling the last stroke. - MDA-1_MANAGER NPA4.*

One major constraint to NPA's work is its roles and mandate, which closely resemble the development planning mandate of the MoFPED from which the Authority was carved. This situation reflects a broader pattern in Uganda of curving semi-autonomous entities from ministries

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[32] These processes were co-developed with other SPEED project partners. The researcher being the coordinator of the SPEED project played active roles in their development.

and retaining residual mandates within the parent ministry(Hickey, Bukenya and Matsiko, 2023). Dynamics such as the efflux of technical staff from the ministry to the new agency, as were reported when the Uganda Revenue Authority was created from MoFPED (Hickey, Bukenya and Matsiko, 2023), have been a source of animosity between NPA and MOFPED.  Generally, each entity produces guidelines independently of the other. This situation breeds conflicts and institutional politics that have threatened the effectiveness of coordination efforts at the strategic level (Hickey, 2013). However, there are indications that these dynamics are receding with the pursuit of synergies between program-based planning and budgeting by both entities under NDP III (National Planning Authority, 2020).

### 6.3.1.4  Other central agencies with coordination mandates

Documentary evidence recognized the Ministry of Public Service ( MoPS)[33], Ministry of Finance Planning and Economic Development (MoFPED) and the Uganda Bureau of Statistics (UBOS)[34] to coordinate the civil service, budgeting process[35] and national statistics systems, respectively (Roberts and Ssejjaaka, 2017). The UBOS reportedly  *"in collaboration with MoFPED (finance ministry), NPA and OPM"* spearheaded the development of the National Standard Indicator Framework in 2016 "*aimed to align the performance monitoring requirements at the outcome level between the NDPII, the Sustainable Development Goals (SDGs), and Sector Working Groups (SWGs)*" (Roberts and Ssejjaaka, 2017; 6).  Interviews further acknowledged UBOS' efforts to harmonize (inter)sectoral data systems but noted that this was still less developed. One senior government official remarked.

> *"(The process of developing national data systems) involved engaging the respective sectors and sector heads like the permanent secretaries to think about statistics in a more organized manner".*
> *MDA-1_MANAGER NPA3*

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[33] MoPS' mandate is to develop, manage and administer human resource policies, management systems, procedures and structure for the public service in Uganda (https://publicservice.go.ug/ accessed on 11th October 2023).

[34] The Uganda Bureau of Statistics (UBOS) Act, 1998 provides for the development and maintenance of a National Statistical System (NSS) to ensure collection, analysis and publication of integrated, relevant, reliable and timely statistical information. It established the Bureau as the coordinating, monitoring and supervisory body for the National Statistical System. UBOS comprises the following Directorates: Directorate of Internal Audit / Chief Auditor, Directorate of Economic statistics, Directorate of population and social statistics, Directorate of Methodology and statistical coordination services, Directorate of digital solutions and data capability, Directorate of corporate services and Directorate of legal services / secretary to the board.

[35] The mandate of the ministry of Finance, Planning and Economic Development is broader and includes a) to formulate sound economic policies that enhance economic stability and development, b) to mobilize local and external financial resources for public expenditure, c) to regulate financial management and ensure efficiency in public expenditure and d) to oversee National Planning and Strategic Development Initiatives for Economic growth (https://www.finance.go.ug/ accessed on 11-10-2023).

Other hierarchical-type agencies, including the Uganda AIDS Commission (UAC) and National Population Council, coordinate specific issues, namely national multisectoral HIV/AIDS response and population management, respectively.

The critical observation from this subsection is that coordination mandates are diffused across the structures within the government apparatus. The central coordination entities draw their mandate from the constitution, which is the foundation of their authority. However, these structures are facilitated and constrained by both external and internal factors and actors. These factors are both technical and political and are closely related to the broader contextual factors of the government as a whole. General efforts towards collective decision-making within the government moderate their reliance on hierarchical mechanisms.

## 6.3.2 *Interministerial structures for solidarity, cooperation, and mutual decision-making.*

The structures discussed below predominantly had features consistent with network-type mechanisms (NTM), albeit underlaid with hierarchical elements.

### 6.3.2.1 E-government Systems for information exchange

The Government of Uganda (GoU) has attempted to adopt Information Computer Technology (ICT)-based systems in its operations by "automating work functions and reducing paperwork for greater internal operational efficiencies"(The Republic of Uganda, 2012; 59). Under the framework of e-government, the study revealed ongoing efforts to leverage ICT as "a tool and enabler of other sectors' performance" and a means to "create efficiency in coordination" (MoICT, 2015, pg 15). The National Information Technology Authority-Uganda (NITA-U) was created and mandated to coordinate information technology services in Uganda to achieve this objective. As an autonomous statutory body established under the NITA-U Act 2009, NITA-U has the attributes of a hierarchy-based central coordination agency.

The fourth objective for NITA-U is to "promote cooperation, coordination and rationalization among users and providers of information technology at the national and local level to avoid duplication of efforts and ensure optimal utilization of scarce resources" (NITA-U, 2022). NITA-U was driving several innovations to foster easy data sharing and collaboration across MDAs and Local governments. These included the NITA Service Desk, National Cloud Data Center, Unified Messaging and Collaboration Systems ( UMCS), E-payment portal, Deepening national connectivity and UGhub Systems Integration Platform (NITA-U, 2022).

These innovations seemed aligned with adjustments in the government reporting systems under the program-based planning approach. One non-health government official emphasized that

*"When you look at the programs, the reporting format in the ministry has to change to the extent that the outputs that are being reported on are for the program…those are the things that force people to work together.  You are supposed to report together. MDA-1_MANAGER NPA4*

To support proper planning, policy-making and access to government services, the country embarked on establishing a National Identification Register for all citizens and non-citizens residing lawfully in the country under the auspices of the National Identification and Registration Authority (NIRA) established by the Registration of Persons Act, 2015(GoU, 2015a). The NIRA is also responsible for registering births, deaths and adoption orders, assigning a unique national identification number (NIN) and issuing national Identification (NID) Cards. The Digital Identity Country Report for Uganda underlines efforts towards an integrated and functional identity landscape that integrates key areas such as voter registration, business registration, and access to healthcare services (Handforth and Wilson, 2019). NIRA is central to making ministry databases interoperable and supporting a unified citizen database to support access to e-government services. The NIRA is, however, undermined by several constraints, such as a defective governance board, management concerns, logistical challenges and staff shortages(Uganda, 2019; CHRGJ, 2021). These factors have led to operational delays in issuing national IDs, which have, in turn, undermined access to the financial and social services tied to having an NID card (CHRGJ, 2021)

Since 2011, the Ministry of Public Service has used the Human Resource Management Information System known as the Integrated Personnel and Payroll System (IPPS) to strengthen accountability and coordination. The system consists of automated and integrated human resource management functions from recruitment to retirement. The systems have focused on payroll management to offset wage deficits and ghost workers and updated payroll data to inform policy and practice(Ministry of Public Service, 2014, 2018, 2022). Coordination is enhanced by linking the payroll data to MoFPED's Integrated Finance Management Systems (IFMS) and Uganda Revenue Authority (URA) tax management systems. Following the Circular from the Permanent Secretary, Ministry of Public Service on 30th November 2018, each public officer has a Tax Identification Number (TIN) and supplier number linked to the IFMS, IPPS and URA systems(Ministry of Public Service, 2018). This administrative change was intended to enhance coordination and accountability to reduce wastage within government systems.

However, documents and respondents observed that government IT systems were disjointed and not interoperable. Capacity gaps, incoherent stakeholder interests, and disincentives inherent in donor programmes have reportedly undermined the coordination of information generation, exchange, and use within the government. One government official intimated

*"I talked about funding too. The other one is capacity gaps. Some people lack capacity in terms of reporting and even data collection. It is a weak system – MDA-5_NATIONAL COORDINATOR (AGENCY).*

## 6.3.2.2 'Non-binding' consultation or negotiation bodies

Other examples of network-based instruments in Uganda include inter-ministerial committees and advisory bodies without formal decision-making powers. All interviewees reported the existence of several inter-ministerial committees and task forces to coordinate responses for specific policy issues such as nutrition, UHC and early childhood development. Other informal structures, such as the Forum for the Permanent Secretaries and Commissioners, were reported. The sectors' technical working groups (TWGs) were considered formal structures to harness multisectoral contributions.

*But, the Technical working groups are mandated to make sure that other sectors of relevance, including academia, are invited. They are part of the process and part of the decision-making process. - MOH-7_COMMISSIONER*

Several interviewees revealed that their daily coordination activities included participating in technical working groups (TWGs) within and beyond their respective sectors. These structures enabled cross-sectoral engagement and catalysed the emergence of shared vision and mutual support. These coordination structures reportedly signified the acknowledgement of mutual dependence among organizations. These structures served as the media for the outcome of joint action and resource sharing.

Despite the opportunities currently offered by the TWGs, several respondents felt they could do more. Interviewees noted that these structures were further constrained by the suboptimal participation of actors outside the hosting sector(s) and a lack of binding authority.

*Actually, some technical working groups require that we co-opt these other sector people. Some of them work more easily, for example, for adolescent health. But others do not work. By design, they are programmed differently. Different activities are going on. - MOH-7_COMMISSIONER*

Informal and voluntary committees are challenged to sustain stakeholders' interest in collaboration. Concerns about mandates and limited shared vision underpinned this matter. For

example, one MOH official intimated an experience regarding non-communicable diseases (NCDs):

> *First, we formed a multisectoral committee for the prevention and control of NCDs, and we met for some time. Of course, it involved all the key sectors, i.e., Gender, Agriculture, Trade, Works, OPM, Finance, President's office. It was inaugurated in 2018. But the challenge is that it is inactive now because the other sectors do not find the motivation... They do not see it as their own mandate to talk about health. -MOH-6_COMMISSIONER*

Accordingly, these structures often played advisory roles, and their decisions usually needed ratification by a hierarchically higher body (Ssennyonjo, Criel *et al.*, 2022)

### 6.3.2.3  Entities for collective decision-making and joint organizations at sectoral levels

Apart from the central coordination agencies with cross-cutting mandates above, the presence of sector working groups (SWGs) presents an opportunity for formal collective decision-making at the sectoral level. These structures benefit from being recognised by the National Coordination Policy that articulates that "*the government will promote the Sector Wide Approach (SWAP), which entails coordination within and among the Sector Working groups'(OPM, pg 11).* Documentary evidence (e.g. National Planning Authority, 2015; Roberts and Ssejjaaka, 2017) and interviews revealed disparities between the ideal and actual functionality of the SWGs as regards advancing internal coordination within sectors. One non-state actor remarked.

> *"Sectors have been constituted into sector working groups, but these sectors are not all working. For example, some do not have functioning secretariats, others do not have budgets, others do not have active steering mechanisms, and others do not have regular engagements- NSA-1- SENIOR OFFICIAL_UN AGENCY.*

The study noted the constraining factors were similar to those affecting the TWGs. For example, several government officials highlighted the challenges of not designating budgets for multisectoral initiatives. The concern about power dynamics with sectors with multiple agencies is a big concern as MDAs tend to work independently. There is also a challenge of weak secretariats (Roberts and Ssejjaaka, 2017). Cross-cutting policy issues such as sanitation suffered unique challenges. Most importantly, in the absence of coercive control mechanisms, the functionalisation of multisectoral structures depends on the goodwill of respective sectors.

> *.... if an activity is due, then there (should be) an arrangement that ensures that it is financed because most of the multisectoral arrangements depend on courtesy, on pleadings- MDA-1_MANAGER NPA_MANAGER NPA*

> *...(regarding sanitation), you find the Ministry of Water has dedicated for several years two billion, (but) the Ministry of Health (has done) nothing- MDA-4_COMMISIONER MWE*

One tactic that seemed to help was to formally request sectors to designate membership and representation to intersectoral structures. These efforts were presented as a workable attempt to boost the functionality of these structures.

*...they will always invite based on that (technical working) group, ... they will say members of this committee technical working group are ABCD. They will always write to the permanent secretary- MOH-2_SENIOR PLANNER.*

Relatedly, the use of joint organizations – "new common organizations with shared control powers among 'parent' organizations that created it" was another, albeit an uncommon coordination instrument. These are fairly voluntary organisations that arise through consensus among the respective MDAs. The One Health (OH) approach was mentioned as a typical example of a joint structure where the overall leadership rotates quarterly among the key ministries. Such structures highlight the potential of voluntary efforts to facilitate harmonious collective decision-making at the intersectoral level. One MOH official affirmed:

*"In the areas, for example, (the) animal industry, they are interested in what we do because they have been very supportive of One Health Initiative. They have come on board, and we have developed one health strategy with a number of these sectors"- MOH-1_ASST. COMMISSIONER.*

## 6.4 Non-structural instruments

In line with Bouckaert, Peters and Verhoest (2010a), structural instruments were complemented by strategic management tools, financial management tools, instruments for knowledge and culture management and mandatory procedures for policy making. These views were re-echoed by respondents from the various MDAs.

*...(we) coordinate with various ministries to ensure that the policies they make are interlinked with no contradiction - MDA-2_COMMISIONER OP.*

*We bring results from our evaluations so that stakeholders (can) inform them more before the Presidential Economic Council (PEC) papers are developed, or policy suggestions can be sent to Cabinet -MDA-1_MANAGER NPA.*

Coordination entailed strategic aspirations and operational frontline actions in synchrony with the country's planning, programming, and service delivery needs. For example, nutrition coordination was moved to the Office of the Prime Minister after realising that it required a hierarchically superior body beyond the ministerial level. Generally, multisectoral efforts to mobilize holistic responses to various complex policy issues such as nutrition, environment, road safety and climate change were adapted to the policy areas of concern.

*So, if there is a policy area, we look at how we can bring people together, identify the problem, identify the solutions, and support the implementation. So, that's the process- MDA-2_COMMISIONER OP.*

*After (the) realization that (nutrition) is a cross-cutting issue, then that was discussed comprehensively until a consensus was reached (was)that nutrition should be coordinated elsewhere. At the moment, it is housed in the OPM. Then, the different stakeholders operate around the coordination from the Prime Minister's Office. – NSA-4_ACADEMIC_ACADEMIC*

### 6.4.1 Strategic management tools

As evident in the section on hierarchical structures above, strategic planning in Uganda is a predominantly hierarchical top-down planning process spearheaded by the NPA (National Planning Authority, 2015b, 2018). Strategic documents such as Vision 2040, steered by the NPA, espouse national consensus on general overarching goals, objectives, and targets expected to get cascaded and customized at sectoral and local government levels. The national strategic planning process also embodies features consistent with network-based mechanisms. For example, developing the national and sectoral development plans involves bottom-up aspects, with sectors developing their issue papers (primers for sector development plans) that get consolidated into the National Development Plan (National Planning Authority, 2015b). The centre (NPA) specifies and reviews sectoral priorities in these sectoral papers. The final documents emerge from a consultative and negotiated process involving various sectors and actors within and outside government. The quote below illustrates the example of Vision 2040.

*"The National Planning Authority, in consultation with other government institutions and other stakeholders, has thus developed the Uganda Vision 2040 to operationalise this Vision statement" (The Republic of Uganda, 2012; pg iii)*

Respondents noted a long history of national (multisectoral and strategic) plans, drawing their legitimacy and national appeal from internationally agreed goals. Regarding maternal health, one development partner recollected the impact of the International Conference on Population and Development (ICPD):

*It was actually 1994 when we had the ICPD conference in Cairo. So, the ICPD became a platform for us to explain the entire (women) health and its relation to many other sectors. - NSA-5_SENIOR OFFICIAL UN AGENCY*

Regarding national statistics strategy, one government official referenced the Marrakesh Plan for Statistics (The World Bank, 2022), compelling countries to develop national strategies for development statistics (NSDS).

*They call them 'NSDS, National Strategy for the Development of Statistics. At the centre of it again is coordination because you are coming up with a strategy that brings (together) the key actors in the country. The Uganda Bureau of Statistics had to bring on (board) other institutions in the Strategy for Statistics. So, it involved engaging the respective sectors and sector heads, like the permanent secretaries, to think about statistics in a more organized manner- MDA-1_MANAGER NPA.*

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Respondents and documents revealed that the SDG's agenda served as a significant impetus for driving national coordination efforts in Uganda. The country established a national SDG Coordination Framework that articulated mandates for planning, implementation, resource mobilization, use, and other decision-making processes for various government entities (Muhwezi, 2016). The SDG coordination functions were anchored within national coordination structures (described in the preceding section) and inherited their underlying mechanisms (Roberts and Ssejjaaka, 2017). The National SDG Roadmap elaborated as follows:

*The SDG coordination institutional framework in Uganda has two core level players: The political core team that comprises the Cabinet and Parliament and works through the National Policy Coordination Committee, and the technical team that comprises the national technical coordination team, the TWGs, Programme Working Groups (PWGs), MDAs and HLGs as implementing entities of public programmes ((OPM, 2021, pg 5).*

There were indications that SDG coordination structures were relatively functional due to the 'good' alignment between SDGs and existing sectoral mandates. One government official commented.

*"... the SDGs have their fitting into this (coordination systems) ... we have what we call a national SDG task force. And this one happens every quarter. That one takes place". The SDGs...entirely fit into our mandates... we have a call for all sectors to be contributing to that (SDG agenda). When you call upon them concerning SDGs, they come. They always come and provide guidance-MDA-8_ SENIOR OFFICIAL OPM*

SDGs also framed health broadly, providing an entry point to mobilise MSA for health. One non-state actor affirmed:

*So, our Ministry of Health, the mandate I talked about, is, to a large extent, about healthcare. But, if we are talking in the context of SDGs, we are talking in the context of health. Then the effort has to be beyond healthcare to bring other players that contribute immensely as well to the health outcomes - NSA-2-ED PNFP*

On a related note, developing multisectoral plans to coordinate specific policy issues such as disaster, early childhood development and nutrition was reported to be a critical feature of Uganda's strategic planning culture. However, such tools were limited by their narrow focus on sectoral priorities, limiting their appeal across the board.

According to one non-state actor intimated.

*"If you look for multisectoral plans, they are very few. I remember the nutrition action plan, (which) is a very good example of a multisectoral plan. I would have expected this country to have a multisectoral plan on urbanization, industry, and, in fact, health because most of the (health) problems are in the education and water sectors. But how do education, health and water interact strategically? Do they have a reference point? NSA-1- SENIOR OFFICIAL_UN AGENCY.*

Strategic plans such as the NDP and multisectoral policies were considered tools to induce multisectoral coordination by serving as a 'common reference point' for mutual accountability.

*...and that is why we are currently drafting the third National Development Plan. The theory of change is that we move to a program-based approach, and it is all intended to strengthen the multisectoral collaboration- MDA-3_MANAGER NPA*

*So, we came up with ...a common policy and common strategy so that at least people, to the extent possible, it is not always 100%, but at least there is a reference point. - MDA-4_COMMISIONER MWE*

However, political considerations played a role in ensuring buy-in across sectoral boundaries. For example, the policy documents had to be titled and framed strategically, usually through negotiated processes. One non-health government official gave an example:

*For example, the environmental health policy, we wanted (to call it) a sanitation health policy, but it was difficult....so we called it an environmental health policy to encompass what the environmental health division (at MOH) was doing then- MDA-4_COMMISIONER MWE*

The multisectoral plans empowered bodies with cross-government coordination functions to perform legitimate roles and stimulated 'coordination among the coordinators. One non-health government official aptly summarised

*What the national development plan was saying (is that) 'We want to see how you are going to plan for how you are going to deliver this (result). OPM says, 'We want to see how you will deliver on this. We want to monitor'. UBOS was like, 'We want to see the statistics'. (NPA was like) 'where is the plan?' (the Ministry of) finance is like 'we want to see your budget'. So, a combination of the four (central agencies) working together made them get up on their feet. So, we needed a coordination mechanism between the oversight functions- MDA-1_MANAGER NPA.*

Another strategy was to tag coordination to senior civil servants' job descriptions and performance contracts.

*.... (coordination) is a major function of the chief executive. One had not realized it was a core role until there was a need to develop a contract, a service agreement. Then, coordination of the national statistical system was one of those (performance indicators for the ED) that would be checked to see the bureau's efficiency in terms of coordinating- MDA-1_MANAGER NPA.*

The country was reportedly adopting a program-based planning approach as a tool for horizontal coordination under the third National Development Plan III (2020-25)(National Planning Authority, 2020). The quote below from one senior government planner illustrates optimism with the new planning approach.

*If you read this NDP (III), it is no longer a sector plan. It is now a program-based plan... If we are talking about human capital development, we are not only looking at education as a silo because you can provide a very good education, but kids go without feeding, which means that you have not addressed certain aspects of nutrition. So, the programmatic arrangement was coming to deliver that approach. MDA-1_MANAGER NPA*

There were expressions of caution on the effectiveness of strategic planning tools because the strategic plans were often not effectively translated into operational plans. One MoH Official noted as follows:

*Every year, people plan for what they are supposed to do (but) with very little focus on the multisectoral component-where you know I am going to do this but not necessarily for my sake but because this (other) sector requires it so much- MOH-2_SENIOR PLANNER*

Indeed, despite attempted harmonisation, duplicated policies were still prevalent. According to one non-state actor

*So, in government, it is possible to find five policies that try to achieve the same thing but are driven by different institutions. So, you have a type of business in government where there is some competition, (and) ministries are struggling to do the same things and ending up producing laws and policies that are duplicating each other. -NSA-1- SENIOR OFFICIAL_UN AGENCY*

More so, whereas strategic planning and policy development seemed better coordinated, implementation, monitoring, and evaluation were often disjointed processes. So, the existence of the tools was reported not to guarantee successful implementation as the practice often deviated from expectations. According to a senior government official:

*Frameworks are in place... some guidelines and institutions have been put in place, like these meetings have to take place, and so and so is supposed to do this., but most often, they are on paper when it comes to practice. They (MDAs) do their own things- MDA-2_COMMISIONER OP.*

The discrepancy above was attributed to plans not being linked to the budgets, asynchronous sectoral priorities and fights over mandates. One non-state actor illustrates this.

*... (The) Ministry of Health will say, we need a health facility here. The community needs it. But the people responsible for water will say we do not have a plan for taking water in that direction. Then the Ministry of Health might say in our budget, we are going to put a budget for water, but the other ministry will say that is not your mandate- NSA-2-ED PNFP*

### 6.4.2  *Human resources management instruments*

Several instruments focused on managing interorganisational culture and shared visions, norms, values, and understanding between public organizations. Reshuffling staff within the public service and using liaison officers are prominent examples of these instruments. For instance, issue-specific focal persons, commonly called "desk officers", such as nutrition desk officers, served as liaison officers across MDAs. In addition, policy analysts under the Directorate of Policy Coordination at the Cabinet Secretariat were distributed in all sectors to support the coordination of policy development. One senior government official confirmed:

*"...we have what we call the policy analysts cadre, and each ministry has a policy analyst unit or department or division, so we have quarterly coordination meetings"-MDA-2_COMMISIONER OP.*

Policy champions galvanized MSA around specific policy issues. For example, regarding adolescent health, one respondent reiterated that "*working with partners, (they) managed to attract the First Lady to be the champion*"- MOH-7_COMMISSIONER. Such policy champions draw on their structural and agential power to influence multisectoral programming and policy developments.

### 6.4.3   The financial management system

All respondents agreed that the government budgeting system was mainly input-based and exhibited hierarchical traits based on the following features. First, the Public Finance Management Act (2015)(GoU, 2015b), as the primary legal instrument, dictated the operations of Uganda's public finance management system. Second, the MoFPED has strong authority over other MDAs' budgets, use and accounting for their resources. Third, the budgetary plans followed the budgeting cycle and entailed instruments such as guidelines (i.e., budget circulars and budget framework papers) produced by the Finance Ministry.

Further scrutiny, however, noted elements consistent with network-based approaches. For example, there are opportunities for negotiations and conflict resolution processes through budget conferences and ministerial policy statements presented to Parliament for harmonization. In addition, the transition to program-based budgeting (PBB) made the budget more network-based. The PPB was envisaged to strengthen network-based structures such as sector working groups.

> "The current budget process does not provide a strong incentive to engage in joint sector planning and budgeting. The transition to Programmed Based Budgeting is an opportunity to review the role of SWGs in prioritizing and monitoring sector investments." (Roberts and Ssejjaaka, 2017, vi).

### 6.4.4   Procedures for mandatory consultation and review of proposals and drafts for policies, legislative instruments, and other plans

The discussion under structural tools highlighted that the government of Uganda has consultation processes during planning, policymaking, and program design that are closely linked to the coordination structures and other procedural instruments. Policy and administration coordination.

The policy development and strategic planning process noted strong national coordination attempts. The policy-making process was described as a deliberative and multi-stakeholder endeavour. Accordingly, coordination entailed convening stakeholders, directing deliberations and developing several policy products. Supportive activities also pertained to

generating evidence products such as policy papers to inform policy-making processes. Effective coordination reportedly entailed undertaking reviews and adjustments of the government policy documents. The MDAs also undertook policy analysis, which involved examining policy problems, evaluating various policy strategies, and advising on the most appropriate choices.  A senior government official in the Office of the President affirmed.

*..(we) coordinate with various ministries to ensure that the policies they make are interlinked with no contradiction - MDA-2_COMMISIONER OP.*

A respondent from the National Planning Authority re-echoed these views.

*We bring results from our evaluations so that stakeholders inform them more before the Presidential Economic Council (PEC) papers are developed or policy suggestions can be sent to Cabinet -MDA-1_MANAGER NPA.*

Coordination entailed strategic aspirations and operational frontline actions in synchrony with the country's planning, programming, and service delivery needs.  For example, nutrition coordination was moved to the Office of the Prime Minister after realising that it required a hierarchically superior body beyond the ministerial level. Generally, multisectoral efforts to mobilize holistic responses to various complex policy issues such as nutrition, environment, road safety and climate change were adapted to the policy areas of concern.

*So, if there is a policy area, we look at how we can bring people together, identify the problem, identify the solutions, and support the implementation. So, that is the process- MDA-2_COMMISIONER OP.*

*After (the) realization that (nutrition) is a cross-cutting issue, then that was discussed comprehensively until a consensus was reached (was)that nutrition should be coordinated elsewhere. At the moment, it is housed in the OPM. Then, the different stakeholders operate around the coordination from the Prime Minister's Office. – NSA-4_ACADEMIC_ACADEMIC*

These coordination processes generally exhibit both hierarchical and network features. For example, the Cabinet procedures and guidelines provide for a negotiated process that accords ministers (on behalf of their respective MDAs and sectors) opportunities to review and consider the (likely) impacts of policy proposals on their sectors (The Republic of Uganda, 2009). Conversely, the Public Finance Management Act 2015(GoU, 2015) mandates a certificate of financial implications from the Ministry of Finance for every new law and policy underscoring hierarchical control. Similarly, every new law and policy is subjected to a regulatory impact assessment (RIA) to determine its alignment and harmonization with existing national and international laws and legal institutional instruments (The Republic of Uganda, 2009). The RIA also embodies top-down control, which is typical of hierarchical mechanisms.  Other mandatory processes include joint monitoring and reviews embedded in the policy management cycle

corresponding to network mechanisms. However, evidence indicated that participation in these collaborative processes was minimal, unstructured and less active. The underlying reasons were similar to those undermining other coordination instruments discussed in the preceding sections. For example, one development partner emphasised that "*we (Uganda) do(es) not consciously audit our policies, review them and keep removing inconsistencies, contradictions and stuff like that*"- NSA-1- SENIOR OFFICIAL_UN AGENCY.

## 6.5 Analysis of interaction dynamics among coordination instruments and mechanisms

Many respondents and documents (The Republic of Uganda, 2012; OPM, 2016; Roberts and Ssejjaaka, 2017) lauded the existence of a legal and policy framework supportive of IGC. Coordination was said to emanate from the *necessity* to comply with such legal imperatives. The mandates of several CIs at the national government level are largely consistent with the existing legal frameworks. For example, the 1995 constitution, as an overarching national legal framework, specifies the roles and mandates of various bodies, such as the Office of the President and the Office of the Prime Minister (OPM) (RoU, 1995). The Constitution also specified the roles of the central and local governments. The central government plays strategic roles in policy making, resource mobilisation and regulation. Service delivery is the mandate of the local governments(GoU, 1997). External influences are equally important in shaping how these government entities work. For instance, donors have also, over time, introduced sector-wide approaches and results-based planning and management approaches (Brinkerhoff and Brinkerhoff, 2015). Central-level agencies with coordination functions often use their structural power to bring together government agencies to coordinate. One non-MOH official in the NPA provided an illustrative example:

> *"Nutrition is a crosscutting issue. It is not only a health issue, nor is it an agricultural issue, trade, or education issue. So, we took it up as National Planning Authority because it is a key development issue for the country. We coordinated planning to come up with a (multisectoral) (nutrition) action plan. – MDA-3_MANAGER NPA*

On the other hand, the study identified several limitations in the legalistic approach with deleterious effects on IGC. Generally, IGC was undermined by a shallow focus on enacting or following laws without due attention to their counteractive effects on incentives and organisational practices. The legal frameworks sometimes provide inconsistent and maligned incentives(Roberts and Ssejjaaka, 2017). For instance, accountability requirements of the Public Finance Management Act (GoU, 2015b) reportedly generated disincentives for joint action. Pooling and sharing resources among MDAs were also conceived as misappropriating resources

by encouraging actual 'misaccounting' of resources and results in other instances. An MOH official remarked that

> "...unfortunately, that is the way the investigative arms of government look at it (cross-sectoral investments) ... They tend to say you have misallocated resources. The other area is misaccounting for interventions because some sectors may actually account for interventions that might not have primarily been done by them"- MOH-1_ASST. COMMISSIONER.

The observation raised questions about the extent to which IGC should be approached as an imperative to be enforced or something that should arise voluntarily. The central agencies and MDAs are all power centres. The structural power embodied in the position in government was a basis for driving coordinated actions across the government architecture. The study documented inconsistent guidance from the central coordinating agencies. For example, Roberts and Ssejjaaka (2017, pg vi) found that "*MoFPED, OPM and NPA provide separate guidance to sectors*" deriving from their competing approaches. The structures work on closely linked functions with high chances of overlaps and duplication, leading to political dynamics surrounding their interactions. The establishment of the NPA led to a new focus on development planning in the country with the adoption of a longer-term agenda.

At a closer examination, consistent with the neopatrimonial practices (Tripp, 2010; Hickey, Bukenya and Matsiko, 2023) and neoliberal traditions that underpin most aspects of the Ugandan society (Jörg Wiegratz, Martiniello and Greco, 2018), the political actors permitted the contestation over mandates between the NPA with MoFPED to continue as a way of ensuring more central control by the Office of the President. For example, the NPA is governed by the Presidential Economic Council (PEC), which is answerable directly to the President (Hickey, 2013). The resultant competition among agencies, whether deliberate or unintended, reflects the deep entrenchment and institutionalisation of the neoliberal market logic in the Ugandan government and society at large(Jörg Wiegratz, Martiniello and Greco, 2018). This observation implies that market mechanisms co-exist with the hierarchical and network mechanisms and operate in fairly diffuse and subtle ways. Overall, the duplication of roles and conflicts between the NPA and MoFPED ultimately undermined coherent action. However, as noted under the NPA sub-section, more synergetic efforts are pursued in the NDP III by linking programme-based budgeting and planning.

Relatedly, the cultural norms of ministerial autonomy limit the ability of the central bodies to sanction non-compliance through purely hierarchy-based mechanisms. Interview respondents observed that despite legal mandates, there was limited control over other MDAs because of gaps in legal institutional frameworks.

*"The planning act provides that the Minister has the power to compel and penalize institutions that do not provide relevant information for planning if requested by the NPA...So, I think those legal provisions compel participation in planning processes and alignment of budgeting processes to planning processes. However, there is a grey area on enforcement mechanisms and penalties"* MDA-1_MANAGER NPA.

To ensure compliance with and commitment to multisectoral efforts, coordinating bodies use soft power through norm-shaping and ideational forces through training. Several entities defined their coordination activities in relation to the hierarchical government setup. Coordination also involved delegating roles to lower-level entities or serving as a convergence point charged with compilation, sorting, consolidation, and clearing information for vertical decision-making by hierarchically superior entities. This process entailed managing diffuse stakeholder interests during decision-making. As such, the work of several central coordination bodies was connected to efforts to facilitate horizontal coordination among MDAs. Quotes from senior government officials illustrate these realities.

*We also coordinate with the ministers to ensure they all get the right information so that they can make common decisions in the Cabinet. Our office also deals with vetting or quality assurance of all documents that go to the Cabinet. No document goes to the Cabinet without going through that Office. So, in that process, we also do the coordination- MDA-2_COMMISIONER OP_COMMISIONER OP*

*…coordination entails being a convener, like providing leadership over particular activities. For example, if I say the National Planning Authority coordinates planning, it means it is the central point where planning from the different institutions meets. So, you provide guidance (and) receive feedback. You give documentation (and) guidelines to guide people to perform what you want them to perform…… So, I would say, (in terms of) coordination, you are like a secretariat, which I would informally term as a meeting point for those you are trying to coordinate in particular activities. And in this case, planning- MDA-1_MANAGER NPA*

Policy analysts under the Office of the President, economists under MoFPED, human resource officers under MoPS and other desk officers are often transferred across MDAs. The transfer of staff across government is essential for mutual learning and cultivating a common language across sectors. These civil servants are answerable to the parent ministry but, in essence, help the respective sectors align with the obligations of central coordinating agencies. However, such relocations carry risks for IGC, such as the loss of institutional memory and disruptions in cooperative networks. Officers usually face a steep learning curve of the internal dynamics and organisational cultures of where they are posted. Professional officers also use technical language, which may be considered foreign to officials with different backgrounds.

Additionally, this chapter shows that coordination instruments should also be situated within the broader contemporary and historical (internal and external) government context. The 2015-2020 period coincided with internal governmental efforts to align with the global SDG agenda and coordinate better. These coordination efforts included developing and orienting strategic planning documents such as the National Development Plan II towards SDGs and adopting the national SDGs coordination framework (OPM, 2018). At the same time, the health sector's goals shifted to achieving SDG aspirations toward UHC, which necessitated developing a multisectoral roadmap (MoH, 2015; MoH Uganda, 2020). Several reforms have recently been introduced, such as program-based planning and budgeting, to strengthen intersectoral collaboration and facilitate the realisation of the coordination mandates of these central agencies (National Planning Authority, 2020). Sectoral ministries carry mandates over specific policy domains, thereby substantially affecting coordination during policy-making, implementation, monitoring, and evaluation (National Planning Authority, 2020).

From a historical perspective, coordination has also been pursued around national development aspirations espoused in national strategic plans and documents such as the poverty reduction strategy papers (PRSPs), Plan for Modernisation of Agriculture (PMA) and poverty eradication action plan (PEAP) (Government Of Uganda, 2015). Other government-wide efforts to enhance coordination over time - have included recentralisation, adopting sector-wide approaches (SWAPs), creating sector working groups, and functionalising these coordination structures and plans(Roberts and Ssejjaaka, 2017).

Considering the above, the functionality of formal structures such as SWGs is often suboptimal due to both political and technical factors (Roberts and Ssejjaaka, 2017). There is a promise for more coherence between planning and budgeting functions emanating from the adoption of programme-based budgeting and planning approaches in the NDP III. However, early implementation experiences have raised concerns about the rollout of these changes. Although it is still early to determine their full effectiveness, early experiences (Abewe *et al.*, 2021) agree with lessons from past initiatives that indicate the likelihood of suboptimal results due to limited shared understanding and ownership of these programs as well as the political influences that propagate informality as opposed to strengthening formal systems and practices (Robinson, 2004; Jörg Wiegratz, Martiniello and Greco, 2018; Titeca, 2022; Hickey, Bukenya and Matsiko, 2023).

## 6.6 Chapter Summary

This chapter examined the CIs within Uganda's government. It analyses in good detail the interactions between the structural and non-structural tools as well as the interaction dynamics between the various CIs and CMs. Some coordination entities have been analysed in more detail than others. Balancing depth and breadth, the chapter attempted to describe and analyse the CIs during a recent timeframe (2015-20). The arguments presented build primarily on the public administration literature linking coordination instruments and ideal type mechanism, insights from the MTF (chapter 4) and political science and development research on the nature and functioning of African states. The chapter is not an objective assessment of the effectiveness of each CI based on explicit evaluative criteria. Rather, it extends an argument about the functioning of the coordination tools being a function of external and internal factors, power dynamics and actor interactions. This chapter summarises the findings on how coordination takes place in practice by focusing on the nature, interactions and functioning of CIs. It provides, to a reasonable extent, the factors underlying the functioning of the CIs in pursuit of IGC in Uganda.

a) First, the chapter shows that the government of Uganda uses a range of structural and management instruments that mutually influence each other. These instruments constitute and generate the resources that structure IORs across vertical and horizontal boundaries. Such entities served as reference points where different actions and actors (within and outside government) converged to advance shared goals.

b) Second, the instrument mixes create hybrid institutional configurations that generate complementary but, at times, conflicting influences. Our analysis revealed that IGC at the central level in Uganda is pursued through CIs underpinned by mainly hierarchical and network logic. However, the influence of market logic at the heart of neoliberalism underlies the context for IGC in Uganda. It underpins the competition and contestation among MDAs, influencing IGC in more variable ways, as expounded in the next chapter.

c) Third, despite my focus on the 2015-2020 period, the coordination instruments should be contextualised within the several structures, frameworks and systems established to perform coordination functions in government over a longer timeframe. It underscores the salience of political influences on CIs' adoption and implementation. For example, the deepening concentration of power under the Office of the President and State House could be considered a double-edged sword. The president can stimulate and incentivise

IGC through more direct hierarchy-based control mechanisms by exerting both formal and informal power. However, the strong centralisation of power undermines the capacity and agency of the MDAs with formal mandates to coordinate specific aspects of the government machinery and functions. The effectiveness of the OPM, for example, is influenced by the political clout of the PM, which often derives from the state of political standing with the Presidency.

d) Fourth, technical factors abound. Internal compartmentalisation within agencies further deepens silos undermining their coordination capacities. Other threats to the power of these agencies related to their receding legitimacy due to corruption have been the case with OPM. This situation leads to the erosion of trust among MDAs and other development actors. Other systems of e-government have been progressively developed to provide evidence for strategic and operational planning. Internal capacity gaps and limited interoperability compromise their effectiveness in guiding decision-making. Other joint organisations and collective decision-making structures created don't have formal mandates and depend on the goodwill of the participating parties. The overall planning system was streamlined through the CNDPF, vision 2040 and NDPs. However, some sectors don't have well-developed SDPs, frustrating the alignment of action across government sectors and MDAs.

e) Fifth, hierarchies, markets and networks have been presented as useful reference points for a general description of institutional arrangements for coordination. This chapter further demonstrated that a contextualized examination of specific coordination tools could be enhanced by delineating the underlying institutional forms of ideal-type mechanisms. Such an approach can inspire more complex analysis and comparisons of CIs within and across government levels, policy domains or issues over time. Understanding the CMs might explain the resources and social processes that underlie the preference, functionality and change of the instruments or lack thereof.

f) Sixth, contextualizing the pursuit of a multisectoral approach to UHC within IGC efforts guides decision-makers on the broader government problems and possible options. Public health research needs to pay attention to the mix of public sector instruments, the dynamic change processes, and the factors that enhance or threaten the instruments' effectiveness. The next chapter analyses these contextual factors and actor-relations that constitute drivers, facilitators and barriers to IGC at the national level in Uganda.

In brief, this chapter portrays a mixed picture and ongoing tensions in leveraging CIs to advance IGC in Uganda. On the one hand, the ongoing efforts to improve the performance of the government and deepen internal cohesion are promising, but they are from a majorly technical perspective. The influences of the political and broader contextual realities still prevail, with huge potential for unintended negative outcomes. The overreliance on hierarchical-based mechanisms is increasingly combined with consultative and participatory strategies that draw from network logic. However, the organisational competition underscores that the underlying influence of the market logic perpetuated through the neoliberal reforms of the 1990s is still ongoing. The next chapter extends the inquiry into these matters, highlighting the contextual factors, actor relationships and power dynamics that influence IGC at the level of the whole national government in Uganda.

# 7 FACTORS INFLUENCING INTRAGOVERNMENTAL COORDINATION AT THE NATIONAL LEVEL IN UGANDA

## 7.1 Introduction

As noted in the preceding chapters, coordination across policy domains and government agencies is critical for addressing complex challenges such as inequities, urbanisation and climate change. This chapter is premised on the following gaps: a) the factors influencing coordination among government entities in Low- and Middle-Income Countries (LMICs) countries, especially African states, are not well known (chapter 4 and 1.9); b) although theory-building is well-suited to explain complex social phenomena, theory-based health policy and systems studies are limited (chapter 5). Chapter 6 explored national-level coordination through the lens of coordination instruments- examining their functioning by elaborating on the different instrument types and their interaction dynamics. This chapter presents findings on the factors influencing coordination among government entities at the central government level in Uganda. The chapter explores and analyses the drivers, enablers and constraints to achieving IGC using the multitheoretical approach (Chapter 5) and insights into African states (Chapter 4).

The research question guiding this research was: *how do external and internal government context, actor relations and power dynamics influence the coordination within the national government in Uganda?* The findings are organised according to the concepts from the theoretical frameworks guiding this study. Significant coordination problems such as duplicated mandates, incoherent policy actions, and fragmented structures arise from interactions among different structural-institutional and operational factors, both internal and external to government apparatus. The political context is comprised of neopatrimonial tendencies, and various power relations variedly influence IGC. Critical influential factors included interdependencies, coordination costs, non-aligned interests, institutional and ideational aspects and the logic of traditional bureaucracy of specialisation enhanced by new public management principles and ethos. These are elaborated subsequently.

## 7.2  Coordination-related transaction costs

The transaction cost economics and agency theories predict that costs associated with coordination, including search costs, designing and enforcing contracts and performance monitoring, influence coordination decisions(Rossignoli and Ricciardi, 2015). These factors relate to institutional and organisational capacity for coordination and performance. Weak institutions, insufficient training, and a brain drain of skilled personnel can hinder the government's ability to carry out its functions efficiently(Bouckaert, 2022) and coordinate intragovernmental efforts. The effectiveness of the bureaucracy depends on its institutional capacity and the competence of its workforce (Ayee, 2005). Relatedly, fiscal constraints and economic conditions can also influence the functioning of the bureaucracy. Limited financial resources may lead to underfunded government agencies and hinder their ability to implement policies effectively(von Soest, 2007). It also heightens competition over scarce resources instead of cooperation. From the interview narratives, we deduced two categories of coordination costs:1) costs borne by the central agencies with coordination mandates and 2) those faced by the coordinating entities. The next section presents these issues in detail.

### 7.2.1  *Costs born by the central agencies with mandates to coordinate others.*

The previous chapter elaborated that some agencies are mandated to coordinate crosscutting functions such as planning, budgeting, implementation monitoring and statistics. The costs borne by such agencies (e.g. the OP or OPM) were considered a predominant constraint to coordination. These costs were often presented as financial and technical resources whose shortages were framed as organisational capacity gaps. The gaps pertained to the capabilities to map actors, specify roles, develop explicit contracts and monitor other entities (as agents)(The Republic of Uganda, 2012; OPM, 2016; SPEED Project, 2019b). As a result, coordination duties reportedly outmatched the existing human resources in terms of time and technical competencies.

Regarding OPM's mandate to coordinate government business, one MDA official emphasised that:

> "The (OPM coordination) department is very understaffed. We are talking about eighteen sectors (and) about six people. So, you find one person is doing a lot and nothing" (MDA-8_ SENIOR OFFICIAL OPM).

The capacity gaps rendered these entities weak as principals were mandated to coordinate strong agents and could not enforce coordination requirements.

The coordinating agencies' broad mandates and often competing priorities exacerbated the resource gaps. For example, the OPM, as coordinator of government affairs, was said to be distracted by non-coordination functions. Relatedly, the financial resources dedicated to coordination were considered to be insufficient to meet the demands of coordinator roles and stakeholder expectations. One non-state actor observed

*The (OPM) coordination department spends less than three billion annually to coordinate the whole government.... It is less than three billion to coordinate twenty-seven trillion- NSA-1-SENIOR OFFICIAL_UN AGENCY.*

A non-MOH government official further emphasised.

*"I have to mention the issue of resources. People do not believe in coordination. (They say) 'How can you keep writing budgets for meetings and teas?'. (Yet) you cannot call people (or a meeting) and not give them anything. Besides teas, real coordination needs money". - MDA-8_ SENIOR OFFICIAL OPM*

Attempts to overcome resource gaps were reportedly further undermined by gaps in the legal-institutional framework, i.e., description of roles and responsibilities and accountability relationships. For example, bureaucratic controls surrounding procurement and accountability procedures constrained operational-level actors to effectively negotiate collaborative efforts or mobilise resources to service their mandates.

### 7.2.2 *Opportunity costs of coordinating with others*

Consistent with the conventional conceptualisation of transaction and agency costs related to the development and monitoring of contracts, coordination omg MDAs was perceived to be costly and a risky endeavour associated with actual loss of benefits (such as resources) in an environment of competing public sector organisations. In addition, risk-averse organisations reportedly harboured concerns about losing control, making such actors less enthusiastic about engaging in coordinated initiatives. According to a civil servant of the MOH

*Coordination is expensive not only in terms of direct costs to optimally coordinate people and institutions with different mandates but also in terms of opportunity costs. People tend to look at coordination activities as taking them away from their core mandates and spending time at the interface between one sector and another. MOH-1_ASST. COMMISSIONER.*

This reality was said to lead to fights over priorities during the annual government budgeting processes. Ideally, the budgeting processes should be informed by technical considerations such as Medium Term Expenditure Framework (MTEF), historical patterns and allocative efficiency (GoU, 2015b). In reality, the prevailing political economy conditions shaped the resource mobilisation, macroeconomic context and budgeting processes. Positioning

the contestations and conflicts around the budget within the broader political dynamics of development financing and resource allocation in the country was useful (Kasirye and Lakal, 2019).

Concerning the resource base, Uganda faces budgetary challenges, with the government operating in deficit as the expenditures are higher than revenues. A review of the financing trends in Uganda based on MoFPED records and World Bank databases revealed important aspects of the macroeconomic context in Uganda (Margini, Tapley and Aliyi, 2021). For example, in FY 2017/2018, the annual deficit was 4.5% of GDP, with the gap covered by external borrowing from the World Bank and China. Overall, between 2014/15 and 2018/19, the funding deficit led to an increase in the national debt-to-GDP ratio from 26.2% to 36.1%, undermining long-term funding sustainability (ibid). The government's main income source is taxes, which are mainly charged on goods and services and individuals (Thornton, 2022). The Tax to GDP ratio has hovered over 14-17% over the last decade, with the prospects of this improving uncertain (Bank of Uganda, 2019; Abewe *et al.*, 2021). Expanding the tax revenues and fiscal space is undermined by the large informal sector, tax evasion, generous policies that extend tax havens and holidays to some businesses (Kasirye and Lakal, 2019), and resistance by the population, as was the case for taxes on mobile money transactions and social media use[36]. Furthermore, all revenues are consolidated under the single treasury account with no earmarking. This means that every year all cost centres have to draw from the same pool, heightening uncertainty over their respective allocations (Margini, Jordanwood and Walimbwa, 2021).

The approval of the budget is a fairly contested and negotiated process involving each MDA leadership having to justify their budgets through the Ministerial Policy Statements and presentations to respective Parliamentary Committees. Usually, the members of various political parties also convene to ensure the national budget aligns with their party manifestos and priorities. Indeed, over the 2010s, several media reports[37] show efforts by the ruling NRM party to influence the budgetary allocations progressively directly through internal caucus deliberations. This practice is outside the provisions of the 2015 Public Finance Management Act (GoU, 2015b).

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[36] https://www.monitor.co.ug/uganda/news/national/mixed-reactions-as-0-5-mobile-money-tax-is-effected-1790888 and https://www.voanews.com/a/uganda-social-media-tax-stay-despite-protests/4489655.html ( accessed on 9th October 2023).

[37] https://www.monitor.co.ug/uganda/news/national/nrm-now-to-spearhead-budget-writing-process-1534552, https://chimpreports.com/7796-museveni-nrm-must-lead-budget-process/ and https://eagle.co.ug/2021/08/19/museveni-calls-nrm-caucus-meeting-over-implementation-of-parish-development-model.html (accessed 10-10-2023)

Within Parliament, there are also issue-specific coalitions that advocate for specific causes, such as malaria control and maternal health[38]. For example, the Network of African Women Ministers and Parliamentarians-Uganda Chapter (NAWMP) has been at the forefront of maternal health advocacy efforts[39][40]. These issue networks have advocated for more funding to their focal priorities and, on a few occasions, have been successful in blocking government funding decisions. For example, in 2012, an impasse[41] ensued after the MPs refused to pass the national budget until measures to reduce maternal mortality were prioritised, such as increasing the health budget and lifting the ban on recruiting medical workers (Bukenya and Golooba-Mutebi, 2019).

Non-state actors such as civil society organisations and UN agencies also influence the budget processes through technical support, pre-and post-budget dialogues and other capacity-building efforts (Abewe *et al.*, 2021). The budgeting process is also characterised by lobbying and advocacy by issue-specific interest groups that court like-minded MPs through dialogues, training, and extensions of overt rents, such as financial 'facilitation' for attending their activities.

On another front, the quest for self-preservation makes MDAs introduce many new activities during the budgeting processes. One non-MOH official summarised the concerns and perceptions that multisectoral working leads to loss of resources and other rents.

*It is all about protecting the budget, protecting your budget or the money that comes to your ministry. People think that when you accept to work together, you are ceding activities. When you cede activities to another agency, it means you are giving up money. - MDA-1_MANAGER NPA*

Tensions between demanding designated coordination budgets from the Finance Ministry and making internal budget adjustments were reported. Reorienting organisational activities and budgets was deemed risky due to the foregone benefits of attaining the core mandate's objectives. As a result, the MDAs were said to often renegade on coordination commitments.

*"The resources are limited. [under such circumstances], people would concentrate on their core mandates, and you (calling meetings) will not be given priority". - MOH-2_SENIOR PLANNER*

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[38] https://www.parliament.go.ug/news/6732/mps-call-adequate-financing-maternal-health (accessed on 10th October 2023).

[39] https://chimpreports.com/mps-tasked-to-prioritize-track-budget-allocation-for-maternal-health/ (accessed 10-10-2023)

[40] https://ugandaradionetwork.net/story/mps-under-staffing-key-problem-in-maternal-health-service-delivery (accessed 10-10-2023)

[41] https://ugandaradionetwork.net/story/mps-insist-on-health-budget-as-museveni-calls-nrm-caucus and https://www.cehurd.org/museveni-calls-ministers-over-health-budget-deadlock/ (accessed on 10-10-2023).

## 7.3 Principal-agent linkages: (inter)dependences, interests and agent behaviours.

Several principal-agent relationships were highlighted as influential to intragovernmental coordination. These included politicians-technocrats, donors-government and horizontal interministerial relationships. These relationships embodied vertical-horizontal and internal-external dimensions and were generally linked to the mandated roles of specific MDAs. A few stakeholders argued that they coordinate internally and horizontally at the respective sectoral and MDA levels.

> *…. coordination is done at different levels. Even in my department, I coordinate. What do I mean by coordination? (It is) ensuring that people come together and work together towards achieving a goal. So, it is not only (the) OPM that brings people together to work together.… All policies, for example, in the health sector…involve coordination. And therefore, you're not going to pull it out from the health sector for OPM to coordinate…MDA-2_COMMISIONER OP.*

There was consensus that agency problems such as varied interests, hidden actions (moral hazard) and hidden information (adverse selection) characterised these relationships and undermined coordination. These aspects are discussed in the rest of the section.

Consistent with theoretical insights from TCE and agency theory, respondents attributed these to opportunistic behaviours, the difficulties in monitoring and managing these behaviours (e.g. bounded rationality) and uncertainty(Reitan, 1998). In line with RDT thinking, interdependence was considered a key driver for coordination. It was said to lead to either cooperative or competitive behaviours depending on whether the interests were perceived as mutual among the (would-be) coordinating parties or not.

Our findings revealed that collaborative efforts often arose from opportunistic motives to meet organisational interests, such as fulfilling mandates and accessing resources owned by other agencies or "from the collective pool." The views were shared within and beyond MOH, as the quotes below illustrate.

> *"Different sectors do observe that there is a comparative advantage they can exploit by working with other sectors. So, they do it (coordination) as a method of fulfilling their objectives, and so that motivates them to collaborate and coordinate"- MOH-1_ASST. COMMISSIONER*

> *"People look at a multisectoral approach as an opportunity of synergies given the limited funding and being able to deliver your mandate or objectives with limited resources and using other people's expertise"- MDA-5_NATIONAL COORDINATOR (AGENCY).*

Risk aversion and opportunism were also reported to characterise coordination efforts pertaining to refugee health programming. For example, interviews revealed that the OPM had asked the MOH to plan for refugee health after their resources had been depleted. This

development could be interpreted as attempts by OPM to access financial and other resources within MOH to support their mandate pertaining to refugee programming (OPM-Uganda, 2010; Titeca, 2022).

The varied interests were said to lead to, at times, competition instead of cooperative behaviours. Several organisations were said to prefer "*working in cocoons*" and not sharing resources with others to "*maintain their flags*" and enhance their reputation.

Consistent with PAT, some MDAs reportedly hide information and their true interests (exhibited adverse selection) during planning until later during the implementation of interventions. Several respondents remarked that such behaviours led to these instances of shirking roles and "holding up" coordination (moral hazard) later during implementation. Two non-MOH officials argued that

> *"You have interests (but) you hide them. A policy comes (in place), and those interests continue playing out. They will completely just frustrate it"*- MDA-1_MANAGER NPA.
>
> *One of the main reasons [for limited coordination] is that people want to work in silos. Even if they bring them together, they can accept verbally.* - MDA-2_COMMISIONER OP

In addition, collaborative endeavours were said to disincentivise coordination by blurring organisational boundaries and creating accountability challenges. *"We have seen some sectors attribute some outcomes to interventions that have not been primarily done by them"*, one MOH official reported. These disincentives were perceived to be enhanced by an institutional setting wherein MDAs report individual, organisational performance only. On the other hand, reporting on success under a collective banner encouraged opportunistic MDAs to coordinate while discouraging the aggrieved ones.

The interviews revealed significant influences of the differences in the interests and views of the sectoral and ministerial political heads on the one hand and technical officers on the other. Whereas the technical officers could agree to the multisectoral intervention, their political leaders would not necessarily do so. The malalignment of interests and perspectives personified power dynamics within MDAs and was said to undermine organisational commitment to collaboration. One non-MOH official narrated.

> *"I have really seen this so much where the technical leadership agrees on something. The political leadership is saying, 'Whom did you consult?'. I have learnt so much that the political economy plays a very big role in the multi-sectorial approach because technical persons sometimes do their work. Still, when it comes to binding the top leadership of these agencies(to such commitments), divergent ideas start coming in, and that will make everything collapse"*- MDA-1_MANAGER NPA.

## 7.4 The political context, historical-institutional factors and path dependency

In line with political economy (PE) theory(Peters, 2005; Hudson and Leftwich, 2014), path dependency was considered a vital attribute of the Ugandan government systems through which history shaped future actions and systems. Consistent with theory, interviews and reviewed policy documents(Government Of Uganda, 2015; National Planning Authority, 2015a; Roberts and Ssejjaaka, 2017) revealed that institutions have both facilitative and constraining influences on intragovernmental coordination. Similarly, they are actively shaped and evolve as actors exercise their agency(Hall and Taylor, 1996; Immergut, 1998; Hudson and Marquette, 2015).

The critical aspects of Uganda's institutional landscape include a) historical institutional and political context characterised by colonial legacies, neopatrimonial practices, NPM legacy of agencification with organisational specialisation, co-existing of formal and informal institutions related to informally sanctioned practical norms such as rent-seeking and corruption and b) donor dependence and transnational influences. All these are dynamics underpinned by a complex interplay of different forms and sources of power. The next sections unpack these issues.

### 7.4.1 *Historical Context for Uganda's political-administrative system*

This section shows that the functioning of the Ugandan state mirrors the experience of other Sub-Saharan African states (section 4.2), which has implications for IGC. Before delving into these aspects, I briefly describe the history of Uganda's politico-administrative systems.

Uganda is a low-income country found in East Africa. It received independence from the United Kingdom in 1962. Uganda was a quasi-federal state with five sub-regional monarchies, non-monarchical districts, and a central government until 1967, when the republican constitution was adopted (Uzoigwe, 1983; Tripp Mari Aili, 2010). Consequently, monarchies were abolished, and ultimately, political power was assigned to the elected president (Uzoigwe, 1983; Tripp Mari Aili, 2010). According to the 1995 Constitution, Uganda is described as a presidential republic(RoU, 1995). The executive branch is headed by a president, supported by a cabinet of ministers who are the political heads of different ministries (Cabinet Secretariat, 2013).

The current National Resistance Movement (NRM) government is headed by President Yoweri Museveni, who has been in power since 1986 (Titeca, 2019). Uganda had a no-party political system

until 2005, when a return to a multi-party system occurred following a national referendum (Tripp, 2010). Uganda also implements a democratic parliamentary system (Hizaamu, 2014). The Parliament was introduced to make laws and hold the executive accountable. In addition, the Judiciary was created as the third pillar of government(RoU, 1995). These government pillars are expected to work in a complementary and synergistic manner, but this is usually not the case (Hizaamu, 2014; Roberts and Ssejjaaka, 2017).

Uganda's position along the democratic-authoritarian continuum has evolved throughout President Museveni's tenure. In the early 2000s, scholars put Uganda midway - comprising a hybrid regime implying the coexistence of democratic and authoritarian tendencies (Goetz, 2002; Kannyo, 2004; Tripp, 2010). As a democratic republic, the country was described in terms of a governance system comprising central and local governments with systems of collective decision-making through formal institutions and processes such as elections by adult suffrage (Tripp, 2010). The constitution also provided for a system of decentralisation and local governments[42], further consolidated in the Local Governments Act 1997(GoU, 1997). These local and national governments comprise political and technical leaders who preside over designated affairs corresponding to their politico-administrative levels. The technocrats are supposed to be answerable to the political leadership. Structures such as Local Councils and the Cabinet serve as platforms for deliberative and participatory decision-making(Tripp Mari Aili, 2010; Titeca, 2021). However, recent development studies and political science literature (Khisa, 2023; Macdonald, Owor and Tapscott, 2023; Wilkins, 2023) position Uganda under the authoritarian categories due to the reportedly receding state of governance.

### 7.4.2 Public sector reforms and intragovernmental coordination in Uganda

The national coordination efforts in Uganda could be understood historically. Hence the salience of historical legacies and path dependence of agencification and culture of silos perpetuated through various waves of public sector reforms. Relatedly, the longstanding bureaucratic structure and culture of silos in government was a significant constraint to attaining multisectoral coordination. The government's financing and budgeting traditions reportedly reinforced incentives for perpetuating siloed government action. The quotes below show concurrence among the interviewees.

*It (coordination) is not an easy concept in our systems because of the way our sectors are structured. Our government delivery system has been structured so that sectors deliver as single*

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*agencies. They deliver vertically, not both vertically and horizontally. If it is health (sector), they look at health alone. If it is water (sector), they look at water alone and do not consider how water is linked to health. - MDA-3_MANAGER NPA*

*It is not easy to break it (siloed approach) because this is how things have been for quite a long time. The way we have structured our budget promotes the silo approach because you have the ministry with its votes, and money goes to those votes. - MDA-1_MANAGER NPA.*

Over the past three decades, public sector management reforms in most countries have been based on either new public management principles (to make government slimmer to work more efficiently) or democratic values (to make governance more participatory) (Molenveld and Verhoest, 2018). However, such reforms have created vertical and horizontal fragmentation, increasing coordination challenges and the need to steer collective action in government (Peters, 1998; Peters, 2004; Christensen, 2012). Uganda is one of the countries whose public sector reforms have been shaped by New Public Management (NPM) and democratic reforms (Hizaamu, 2014; OPM, 2016). Below, I briefly summarise the public sector reforms over the last three decades and their influences on IGC.

The late 1980s coincided with a post-war recovery led by President Museveni and his National Resistance Movement (NRM) government. This development coincided with structural adjustment programs and efforts toward a leaner government inspired by the Bamako Initiative and driven by the Washington Consensus (Tashobya, Ssengooba and Cruz, 2006). Strong donor influence on national policy and political landscape has been well-documented in Uganda for a long time (Okuonzi and Macrae, 1995). In the words of Jörg Wiegratz, Martiniello and Greco (2018, pp 20-21)

*...actors from the international development/aid sector (IFIs[43], etc.) had a major role in advancing market society by providing substantial financial, ideological, discursive and military resources that kicked off and kept in place neoliberalisation, providing technical 'assistance', insisting on certain policies and programmes (and de-campaigning others), and exerting keep on-track pressure on government and other actors when needed. Foreign actors, in extraordinary ways, boosted the power of government and domestic ruling classes more broadly and severely altered the power structure and relationships (including inter-class power asymmetries) of the country.*

These observations reiterate debates in development studies about aid in Africa, whether external actors and development assistance advance national development or sustain political actors in power (Courtney, 2012; de Haan and Warmerdam, 2015). Wiegratz, Martiniello and Greco (2018, pg 22) confirmed the convergence of external aid and the long stay in power of the NRM party in Uganda:

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[43] IFI stands for International Financial Institutions such as the World Bank (WB) and International Monetary Fund (IMF).

*Powerful foreign actors have been central to the emergence of the ruling coalition and to its persistence, not least because they provided crucial resources to the NRM, including funds for electoral campaigns. Interacting with Uganda's long-standing political culture, neoliberal policies have enabled the NRM to pursue and achieve its core objective: power consolidation and regime maintenance.*

Relatedly, since the 1990s, rapid decentralization has been marked by the creation of numerous local government units, usually coinciding with political electoral cycles (see Figure 8 below). This rapid decentralisation has been partly driven by the political interests of the ruling government to consolidate political power (Titeca, 2021) despite the official narrative that more decentralisation takes services closer to the people and improves participation of the communities in managing their affairs (Tashobya *et al.*, 2018).
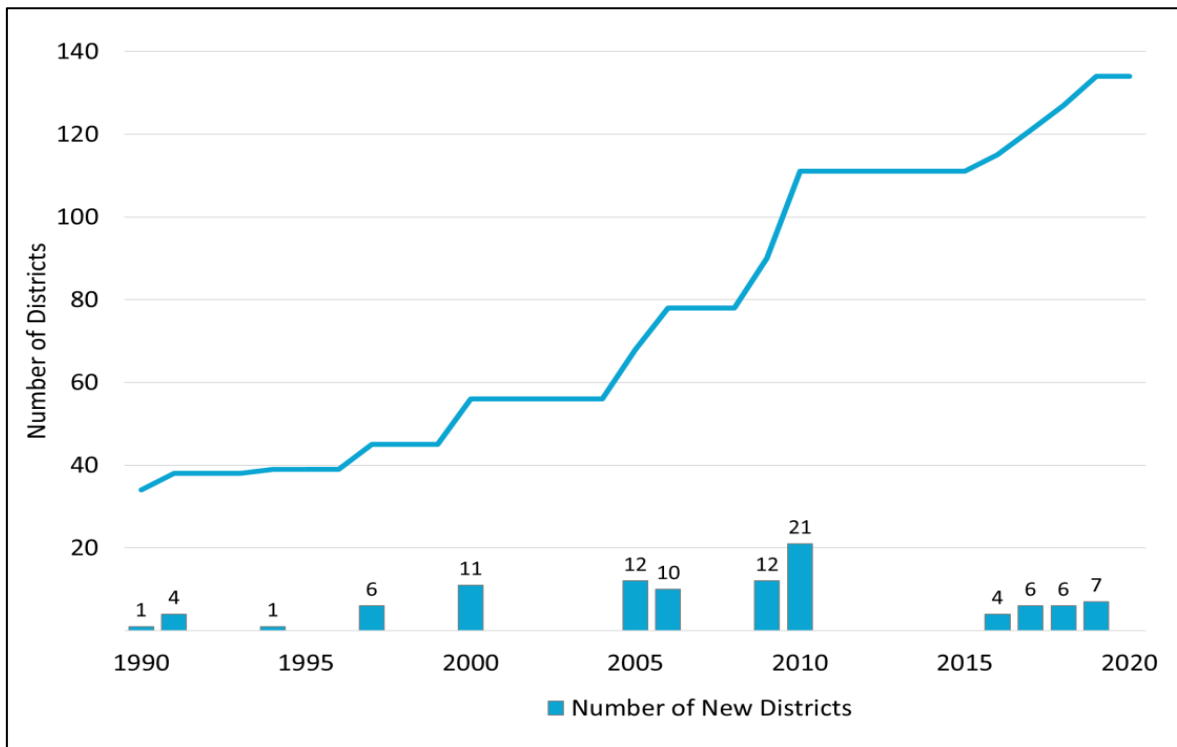


***Figure 8: Evolution of creation of new districts (1990-2020)***

Source: Jordanwood *et al.* (2020, pg 12)

Furthermore, driven by the NPM neoliberal logic, several autonomous agencies have been created to perform specific functions, such as the Uganda Revenue Authority (for tax management) and Uganda National Road Authority (transport infrastructure development)(Hickey, Bukenya and Matsiko, 2023). However, the extensive decentralisation and intense agencification characterised by duplication mandates, inefficiencies, and capacity gaps have been cited to constrain IGC significantly in the country (Roberts and Ssejjaaka, 2017).

As a result of the ongoing NPM traditions, fragmentation and duplication in the national government set-up are prevalent. As of 2017, the central government's political-administrative architecture was divided into 21 ministries and departments and 41 semiautonomous agencies (Uganda Ministry of Public Service, 2017). These MDAs fall under fifteen sectors[44] galvanized around sector working groups (SWGs) (Roberts and Ssejjaaka, 2017). Overcoming the fragmented character of the Ugandan government has been an objective of many government agencies over the years, but progress has often been slow (Hizaamu, 2014; National Planning Authority, 2020). Despite these shortcomings, the Government of Uganda has continued to improve its internal coordination.

### 7.4.3 Neopatrimonialism and power dynamics shaping intragovernmental coordination

The documentary evidence and interview narratives presented intragovernmental coordination as a political process rife with power imbalances and infighting within government linked to the notions of control and influence within coordination relationships. Coordination was also presented as an ongoing negotiation over power within the government bureaucracy consistent with structural-institutional power. The respondents shared varied views on how structural power, agential power and institutional control were exercised across and within MDA relationships.

> *Most of the multi-sectorial arrangements depend on courtesy, on pleadings, saying you were supposed to do A, B, C, D -MDA-1_MANAGER NPA.*
>
> *You rarely get that (horizontal coordination). It is always vertical flows of directives from the top and answers from the bottom instead of having a more horizontal engagement. - NSA-1- SENIOR OFFICIAL_UN AGENCY*

Insights from the study underscore features consistent with neopatrimonial logic found in other African states, as described in Chapter 4. Indeed, Uganda's political context mirrors that in other African states where the political leadership has played a fundamental role in the enactment, success or failure of institutional reforms (Golooba-Mutebi, 2003; Bonga, 2021). Robinson (2004), exploring the political economy of reform in Uganda, highlighted the role

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[44] The SWGs are as follows in alphabetical order: Accountability WG, Agriculture WG, Education WG, Energy and Mineral Development WG, Health WG, Information & Communication Technology WG, Justice, Law & Order WG, Lands Housing & Urban Development WG. Other WGs are Public Administration WG, Public Sector Management WG, Social development WG, Security WG, Tourism Trade & Industry WG, Water & Environment WG, and Works & Transport WG. The 16th WG is the Legislature WG which corresponds to the Parliament. Recently efforts to merge government have been proposed (Roberts and Ssejjaaka, 2017; Uganda Ministry of Public Service, 2017)

played by the President in shaping civil service reforms such as retrenchment of staff and reduction in cabinet size. The president was also at the forefront of establishing the Uganda Revenue Authority as an autonomous body for revenue collection. Similarly, anti-corruption efforts such as creating the Inspectorate of Government enjoyed tremendous support from him. On the reverse, continued political considerations and contextual realities of unstable political settlements have undermined the success of these reforms (Robinson, 2004; Mwenda and Tangri, 2005). Patronage and clientelism have constrained the effective application of anti-corruption measures as culprits enjoy immunity from the law by leveraging their networks and connectedness to the powerful elites (Mwenda and Tangri, 2005).

Indeed, similar observations were made regarding the country's decentralisation reforms. Decentralisation in Uganda has been reportedly constrained by the expansive creation of subnational units such as local governments and constituencies, often through patronage and to extract political benefits for the ruling government (Cammack *et al.*, 2007; Titeca, 2021). These political dynamics are influenced by shifts in political settlements and other cultural and societal factors that affect decision-making processes and the extent to which informal, practical norms are followed instead of formal rules and regulations (Bukenya and Golooba-Mutebi, 2019; Titeca, 2021). Generally, the political settlement is shaped by considerations of ethnic, regional and religious representation within various government structures (REF). Cultural norms, social values, and traditional power structures also play a significant role in shaping how the bureaucracy operates and how IGC is pursued at various levels of government (Bukenya and Golooba-Mutebi, 2019). The interviewees also reported a culture of "untouchables" in government, frustrating efforts to work together. For example, respondents pointed out manifestations of the power dynamics within the Cabinet, where some ministers are more powerful than others. In some cases, politically connected civil servants are beyond the reach of formal institutional controls (Bukenya and Golooba-Mutebi, 2019; Hickey, Bukenya and Matsiko, 2023) and able to wield strong control and leverage over their MDA.

Third, segments of respondents reported ongoing struggles to balance the power and incentives within formal and informal relationships and institutions. These "practical norms'(Olivier de Sardan, 2008) generate tensions within the government between what is formal and informal, the ideal and real. Many rules and regulations were said to be only "on paper" with limited enforcement. The inconsistency between the ideal and practice was attributed partly to the institutional logic of patron-client relationships and the actors exercising

agency to actively undermine them and attain their respective interests, as confirmed by the non-MOH official below.

*"Systems are in place, but you know, human beings beat the systems. The systems, like the accountability mechanisms and codes of conduct, are there. Everything is in place, but just the people. In fact, like I always say, there is a lot of indiscipline and impunity across the whole field because you find people know the right thing but decide to do otherwise"- MDA-2_COMMISIONER OP.*

Literature on Uganda further reveals the consolidation of power within the executive branch, especially under the office of the President, as a central feature of Uganda's political landscape (Bukenya and Muhumuza, 2017; Hickey, Bukenya and Matsiko, 2023). This context has varying influences on IGC efforts by shaping the functioning of the Ugandan government, especially the bureaucratic systems. For example, drawing on the formal constitutional powers and, at times, informal institutions, the President can influence the nature and functioning of the bureaucracy and conduct of societal affairs to a considerable extent (Tripp, 2010; Goodfellow and Titeca, 2012). The president has veto powers over Parliamentary decisions and appointments within the civil service and judiciary. Related instances pertain to the creation of parallel oversight structures and development programs within the Office of the President and State House, with overlapping and duplicated mandates as other MDAs (Hickey, 2013; Bukenya and Golooba-Mutebi, 2019). Several bodies, such as the President's Investor Roundtable and Health Monitoring Unit, have been created under the direct stewardship of the President for political oversight (Bukenya and Golooba-Mutebi, 2019). These are directly answerable to the president, creating distortions in reporting, accountability and oversight through the responsible MDAs.

Relatedly, the interviews and literature review revealed that the undermining effects of corruption are enhanced by weak enforcement of laws, a culture of rent-seeking, and poor accountability (Kakumba, 2021; Transparency International, 2022). Corruption practices led to individual and interorganisational distrust and actors pursuing personal instead of collective societal benefits (Kelly Annie, 2009; Mukuru, Suzanne N Kiwanuka, *et al.*, 2021). Respondents noted that coordination implies holding each party accountable. However, this need for "too much" transparency was construed to have high transaction costs and risky in an institutional setting with counterproductive actions by some actors and instances of corruption. The hesitancy to collaborate was thus explained by the need for some actors to protect their corrupt cliques, as the benefits from these informal networks and factions outmatched the benefits from the formally organised collaborative arrangements. One non-MOH official argued that

*"Then the other thing is there is a lot of distrust, and this is actually motivated by corruption. You know there is a lot of corruption, and it is a very big problem. People feel that once they share information, (or) work together…some people might discover their loopholes of corruption'- MDA-2_COMMISIONER OP.*

### 7.4.4 *Practical norms related to multisectoral engagement*

Further analysis revealed several features associated with the design and implementation of multisectoral engagements. First, inadequate stakeholder mapping and engagement were exposed as a significant feature of interorganisational culture and a barrier to developing a shared understanding within the national government. The insufficient stakeholder cooperation led to duplication of actions, e.g., the Ministry of Water and Environment and the MOH were said to have parallel efforts to expand latrines and sanitation coverage. Related to this was a concern about bureaucratic principles that designate the permanent secretary as the primary spokesperson for the ministry, undermining the confidence with which government officials engage with other sectors. In that case, people felt unauthorised to make certain decisions on behalf of their MDA for fear of consequences such as disciplinary action for insubordination or abuse of office.

Second, a few respondents and documents noted limited acknowledgement of sectoral and inter-organisational interdependencies. The interlinkages among MDAs were reportedly not evident nor well communicated. Multisectoral efforts were perceived as attempts at patronage and external control. A MOH official asserted that.

*"These ministries ask, 'Why should the Ministry of Health come and guide us?'. There is a communication problem, and I think if it is solved, working with other sectors will be much easier-MOH-1_ASST. COMMISSIONER*

Third, some respondents noted a countervailing practice of delegating junior staff instead of legitimate officials to intersectoral fora. This practice is seen as an example of neopatrimonial practices, i.e. superiors (as patrons) wanting to maintain control over these processes and not trusting their (competent) subordinates. The above practice was often interpreted by (would be) collaborating parties as a sign of disrespect and a gesture of disinterest in collaboration. The role of neopatrimonialism in these circumstances should not be surprising. In essence, some 'junior' staff hold more power than their hierarchically positioned superiors (Hickey, Bukenya and Matsiko, 2023). Their power emanates from their relationship with the powerful technocrats or the ruling elites. The practices also portray informal lines of patronage as such junior staff reward their patrons with loyalty and ensure other rents from collaborative endeavours such as opportunities to earn from these meetings(Ssennyonjo, Ssengooba, *et al.*, 2022; Hickey, Bukenya and Matsiko, 2023).

Fourth, different MDAs were reported to have dominant professional groups with varying training, 'languages' and approaches to operations. For instance, the MOH was reportedly predominantly occupied by clinical professional groups having a solid professional identity (grounded in a specific socialisation process during training). The lack of a common language frame and working ethos among civil servants at the central level constrained interprofessional collaboration and working across sectors. According to one MOH official

> The other internal issue I can think of is that the Ministry of Health is filled with doctors, and with the nature of their training, they tend to look inward. Sometimes, we find it very difficult to interface with the other sectors- *MOH-1_ASST. COMMISSIONER*

## 7.5   Donor dependence and power dynamics

In many instances, the respondents related IGC to dynamics beyond the national level. Narratives underscored that the national government existed within broader systems where external forces influenced IGC.  In particular, the descriptions of the national policy development processes highlighted the overlaps between IGC and external coordination between government entities, non-state actors, and local governments. Some aspects of donor influence have been discussed under public sector reforms (section 7.4.2).  Donors and global development priorities and goals constituted core drivers for intragovernmental coordination. The interview narratives and documents indicate that donor influence on IGC mainly manifested as the institutional architecture based on NPM principles promoted by Uganda's development partners in the late 1990s (section 7.4.2). The resulting vertical and horizontal specialisation led to multiple departments and agencies with different and, at a time, overlapping and conflicting mandates, systems, activities, and funders.(Tashobya, Ssengooba and Cruz, 2006; Tashobya Christine; Musoba Nelson; Lochoro .Peter, 2007; Hizaamu, 2014; Roberts and Ssejjaaka, 2017).

According to interview narratives and the document review (The Republic of Uganda, 2012; MoH, 2015; OPM, 2016; Roberts and Ssejjaaka, 2017), MDAs often coordinate toward externally inspired objectives, at times driven by the external entities themselves. In particular, all government documents refer to the international development agenda, conventions, treaties, and obligations that Uganda is expected to abide by. For example, the HSDP referred to the SDGs and UHC agenda explicitly as the goal was framed as accelerating progress to UHC (MoH, 2015; MOH, 2018). The National Development Plan II and National Development Plan III made explicit reference to the Agenda 2030 for sustainable development and the Africa Agenda 2063(African Union, 2015). A senior MOH official intimated:

*But sometimes, we also coordinate around partners and make it happen, usually around an issue, process, or product. Sometimes, they make sure that they fund an activity and encourage a multisectoral approach. By virtue of that, we find ourselves working together. – MOH-7_COMMISSIONER*

Table 24 below elaborates on an example of the efforts for multisectoral coordination of nutrition in Uganda inspired by Scaling Up Nutrition (SUN), an international initiative, over the 2010-2020 period (UNAP, 2011). The nutrition case study demonstrates an internationally inspired multisectoral initiative being customised to national and subnational level systems to facilitate better coordination and institutionalisation. Donors have continued to provide technical and financial resources to support implementation. For example, the European Union, in the recent past, have funded the establishment of national information systems for nutrition. This example illustrates how donor resources and capacities can be leveraged to catalyse national-level multisectoral efforts.

*Table 24: Overview of donor-inspired SUN movement and multisectoral nutrition coordination in Uganda.*

| Aspect of multisectoral planning | Details |
| --- | --- |
| Objectives and rationale for multisectoral planning | In 2011, the Uganda Nutrition Action Plan (UNAP) 2011-2016 was launched under the theme of "scaling up multi-sectoral efforts to establish a strong nutrition foundation for Uganda's development" (Government of Uganda, GoU 2011). The UNAP was donor-inspired as part of an international effort espoused under the Scaling Up Nutrition (SUN) initiative. Recognizing the complex and cross-sectoral nature of effective strategies to address malnutrition, the UNAP adopted a multisectoral approach that prioritizes cross-sectoral, inter-agency collaboration. Malnutrition is a cross-cutting issue with political, biomedical, and socio-cultural dimensions interacting in complex ways (GoU 2011). Therefore, the UNAP (GoU 2011; ix) rightly asserted that "many of the actions that are |

| | |
|---|---|
| | needed to address malnutrition are already within the mandates of the various sectors, most notably agriculture, health, trade, gender and social development, water and environment, and education". |
| Multisectoral coordination in action | The development of the UNAP followed a participatory and consultative manner (GoU 2011). Donors facilitated the process by providing technical and financial resources. Through these processes, multisectoral structures at national and subnational levels were proposed. Drawing from international experiences and in an attempt to align with the national government systems, overall implementation coordination was allocated to the OPM away from The Ministry of Agriculture, Animal Industry and Fisheries (MAAIF). Other proposed coordination structures included the Uganda Nutrition Coordination Forum and Sectoral-Level Coordination Committees. Similar structures were proposed at the subnational level to align with the decentralisation policy. The UNAP further proposed a multisectoral monitoring and reporting system to support the implementation of the plan. This tracking system was later established in the OPM as the National Information Platforms for Nutrition (NIPN), funded by the European Union (https://nipn.opm.go.ug/about-nipn/). |

A few respondents contrasted coordination within the government with external coordination between the government and donor agencies. Overall, intragovernmental systems were reported to be less stringent. In the words of a senior government official, a less demanding bureaucratic culture prevailed within the government.

> *.... in government, there is no real demand for coordination meetings. They just want a report, a work plan and then these auditing requirements... But with donors, (coordination) is a requirement, and there is real demand.... they want to see results. So coordination is more in demand on the ( development) partners' side. -MDA-5_NATIONAL COORDINATOR (AGENCY)*

The respondents cited several examples of coordination efforts being part of larger global development endeavours in other (health-related) areas (beyond nutrition in Table 24 above), such as UHC and reproductive, maternal and child health. There was consensus across interview categories that these donor efforts embody narratives and framings of problems and solutions around which coordinated national-level efforts were being rallied. The donors thus draw on various forms of power. Through ideational power, they drive a shared understanding of problems and solutions and provide a common frame of practice. National governments pursue

legitimacy through the logic of appropriateness and mechanisms of mimetic isomorphism to align with international and regional goals, conventions and standards (Brinkerhoff and Brinkerhoff, 2015; Yanguas, 2017).

However, in some instances, donors have displayed structural power and deployed more coercive strategies such as conditioning aid to specific results, institutional changes and standards (Mwenda and Tangri, 2005; Orem Juliet *et al.*, 2009; van de Pas, Ssennyonjo and Criel, 2017). Donor contributions to national development comprise both on and off-budget support (Margini, Jordanwood and Walimbwa, 2021). These initiatives were also noted to carry norms and ideas of what matters or is to be funded and the resources that influence how countries respond. These donor actions instigate coordination in government by contingency of necessity and logic of consequences as the government complies to access these external resources(Amundsen, 2006; van de Pas, Ssennyonjo and Criel, 2017)

Donor funding and support were said to often catalyse MSA in the recipient countries by synergising the effects of government efforts (SPEED Project, 2019b). For instance, the SDGs were perceived as aligned with national coordination efforts in Uganda. A non-MOH official acknowledged that

*"Another good thing for coordination is the sustainable development goals because they entirely fit into our mandates. We have a call for all sectors to be contributing to them. So, when you call upon them (MDAs) concerning SDGs, they always come and provide guidance"- MDA-8_ SENIOR OFFICIAL OPM*

However, there were reports of antagonistic effects based on donors' interests and the incentives these induce. The donor influences contextualised in the practice of neopatrimonialism could stimulate or undermine IGC by providing resources to patron-client networks in government (Mwenda and Tangri, 2005; Courtney, 2012). Historical narratives point to debt relief under the Highly Indebted Poor Country (HIPC) initiative in the early 2000s ((Kuteesa and Nabbumba, 2004; Jörg Wiegratz, Martiniello and Greco, 2018). These funds catalysed the initiation and initial expansion of primary health care grants in the country(Ssennyonjo *et al.*, 2018). Over time, donor funds have facilitated infrastructure development in the health sector through renovations and expansion of health facilities and hospitals. Although these facilities provide political capital from the electorate, often, they do not reach full operational capacity because of under-resourcing (Orem Juliet et al., 2009; Ekirapa-Kiracho et al., 2022). Donors have also introduced new technologies,

such as vaccines, which are expensive and sustainable in the long run (MoH Uganda, 2020). Further, market-based funding innovations such as results-based financing have been expanded in the country's health sector despite concerns about the unintended effects such as focusing on incentivised services and eroding intrinsic motivation of health workers(Ssengooba, Ssennyonjo, Musila, et al., 2021; Ssennyonjo, Ekirapa–Kiracho, et al., 2021). In maternal health, shifts in international agenda and planning frameworks have led to drastic changes in the country's maternal policies and distortions in programming over time(Mukuru, Gorry, *et al.*, 2021).  One non-MOH official summarised as follows:

> *"But you know that (donor funding) is not sustainable. It will give you more mileage if you, yourself, have strong systems. When they find you more organised, they give you more results in a short time. When you are more disorganised, then they disorganise you further with their own independent desires or directions" MDA-8_ SENIOR OFFICIAL OPM*

## 7.6 Ideational factors

The interviews and policy documents(The Republic of Uganda, 2012; Government Of Uganda, 2015; OPM, 2016; Roberts and Ssejjaaka, 2017) revealed that framing problems and solutions did, and at times did not, support multisectoral collaboration. Considering development problems and solutions as crosscutting and requiring MSA was said to underlie many government and donor funding decisions. The example of nutrition was presented to demonstrate how ideas of interdependence successfully shaped multisectoral efforts in Uganda, leading to the adoption of a multisectoral Uganda Nutrition Action Plan(Government Of Uganda, 2015; Roberts and Ssejjaaka, 2017; SPEED Project, 2019b). The ideational factors are illuminated subsequently.

### 7.6.1  *Varied understanding of coordination and its objectives.*

There was a varied understanding of the objectives being pursued in the short-term, medium-term, and long-term, as well as coordination in relation to OPM's mandate. The findings revealed that the understanding of the objectives pursued under coordination varied. A MOH official asserted that

> *The market (government entities) poorly understands why coordination is important. Because of that, there is a very big problem that we have to surmount first. - MOH-1_ASST. COMMISSIONER*

The study findings convey widespread normative sentiments on the instrumental value of coordination. Coordination was described as processes toward short-term, intermediate and long-term results at organisational and government-wide levels. A government official succinctly summarized:

*We attach great significance to it (coordination) in government, and we are not even satisfied with what we are doing. We want to do more because we believe that if we coordinate better, we will get better results- MDA-9_ SENIOR MINISTER OPM*

Below, we elaborate on the short- to medium-term outcomes and long-term effects of coordination efforts.

Short to medium-term coordination effects described in the interview narratives and documents included direct products and intermediate organizational and system-level changes. For example, strategic documents such as national development plans and operational-level tools such as guidelines were direct products of coordinated government processes. Using the example of the NPA, a government official summarised outputs from the national planning processes as follows:

*Basically, what (the) NPA does is coordinate development planning in the country and ensure that the country has medium- and long-term plans that are integrated. That means that you must coordinate the stakeholders and make sure that you develop comprehensive development plans for the country in all sectors. - MDA-3_MANAGER NPA*

Relationship nurturing and building a shared vision among MDAs were considered requirements and proximal outcomes from the coordination processes. The removal of fear over the university and the attainment of mutual trust reportedly reinforced coordination practice. A government official remarked:

*At times, people fear that multisectorality may be a threat. However, it also needs time to nurture these relationships and reduce the fears of getting cooperation. If you just go there and think that people will respond because you have a common deliverable, that is a no. You need to be mindful and respectful of so many things that are pulling them apart. - MOH-7_COMMISSIONER*

Organisational-level short-term changes included a) reinforcements of organizational and individual capabilities to play legitimate roles in policy making and implementation, b) awareness of respective roles, and c) articulation of potential benefits of collaboration among parties. The quotes below link the outcomes to the core coordination activities mentioned earlier.

*We also go there to do capacity building. We also move out to train them (the officials in MDAs) on how to do coordination of policy formulation and implementation – MDA-2_COMMISIONER OP.*

*We are also working with them to make sure that they understand the human health implications, for example, of the animal pharmaceuticals they use. The attempt is to really influence their decision-making to be cognizant that whatever decisions they take around animal health are actually affecting human health- MOH-1_ASST. COMMISSIONER*

Coordination was generally associated with positive government-wide and organizational performance outcomes in the medium term, such as) improved knowledge about other sectors' business, b) strengthened relations between coordination instruments and c)

reduction in wastage, duplications and contradictions. Moreover, most respondents drew interlinkages between several coordination benefits, implying coordination as a vehicle toward several ends. The quote by a senior MOH official below summarises these convictions.

*As I said, we are developing the next five-year development plan. One of the strategic shifts is multisectoral coordination, collaboration and programming. It is one of the five strategic shifts we want to see because we think that with that shift, there will be convergence, efficiency, effectiveness, and ownership of the outcomes- MOH-3_COMMISSIONER.*

Based on previous experiences, several stakeholders described unwanted adverse situations such as "duplication in sectors" as signs of inadequate coordination or missed benefits. The quotes below illustrate the outcomes of the missed opportunities.

*As a government, there are systems. And naturally, the bureau had systems. But, the systems did not pay attention to coordination as a critical point of engagement, a point of connectivity, a point of building relationships, a point of improving the working and the functionality of the system to ensure that there is coherence to ensure that there is no duplication, to ensure that there is harmony in the way things are done - MDA-1_MANAGER NPA.*

*So, in government, it is possible to find five policies trying to achieve the same thing but being driven by different institutions [...] where there is some competition. Ministries are struggling to do the same things and end up producing laws and policies that duplicate each other. NSA-1- SENIOR OFFICIAL_UN AGENCY*

Some respondents cited efficiency as a major driver for coordination, while others emphasised the effectiveness of development initiatives. Inefficiencies in resource mobilization and use were attributed to inadequate multisectoral coordination. Coordination reduced costs in working together and served as a coping mechanism in the context of limited resources. Coordination ensured the efficient deployment of scarce resources.

*If you bring them (drugs) under one roof, there are those economies of scale (to exploit). Management becomes easy in terms of human resources and logistics. But if you spread...It becomes difficult. - MDA-1_MANAGER NPA0*

Effectiveness was another performance outcome linked to better coordination. An illustrative quote from non-state actors underscores these views.

*So, I see (coordination) as a central function in organizational effectiveness, achieving their intentions, (and) having organizations perform. You need the different constituent functions and actors to work together. So that is how I look at it mainly. - NSA-1- SENIOR OFFICIAL_UN AGENCY*

The National Coordination Policy(OPM, 2016) specified several objectives being pursued at the national level, including improving service delivery and related results from government programs. The attainment of intermediate internal organisational and systems outcomes, such as the coherence of policies, was seen as a means toward external long-term

development outcomes, i.e., development targets (such as the human development index (HDI) or SDGs)

There were also sentiments that coordination is not a panacea and could undermine other goals, such as innovation and accountability. One non-state actor argued that

*Coordination or multisectoral work is not the answer to everything. Actually, the more you add, the more you will lose quality of detail…. So, you should not be obsessed so much with multisectoralism. You should also question when it is relevant (NSA-4_ACADEMIC)*

Our analysis revealed that the varied understanding of coordination had implications on MDAs' perceptions of what was to be achieved by coordination, how, and what their respective contributions were. Coordination was not considered to occur within and across all government levels, despite emphasis by some respondents that it should be "everybody'*s responsibility*." According to one non-MOH official

*"The other issue is people do not understand coordination. I have engaged several stakeholders, and there is a misconception that coordination is OPM. When you tell people, 'Why don't we do better coordination,' they will tell you, 'Why do you want to do OPM mandate?'. I tell them that is not true. Coordination is done at different levels. Even at my department, I coordinate, so it is not only OPM that brings people together to work together, right? So, the problem is actually a very low understanding of coordination. -MDA-2_COMMISIONER OP.*

### 7.6.2 (Dis)incentives for information exchange.

Several study participants and documents acknowledged that coordination entailed information sharing as the foundation for working together. The information shared within a specific MDA covered several aspects, such as (potential) contributions from other MDAs and non-state partners and ways of steering intersectoral efforts toward sector-specific goals. Coordination activities also included stakeholder mapping to inform engagement strategies. For example, one MOH official with a planning mandate summarized:

*So we are basically supposed to help the Ministry understand which partners are working in the health space- what are they bringing to the table? What are their areas of interest? How do we ensure that their areas of interest can be synergized with government priorities? How do we work with partners to better direct them to the areas that are priorities for health? We also help the Ministry with mapping partners and ensuring they know what they do. - MOH-1_ASST. COMMISSIONER*

Reinforcing the varied understanding of coordination highlighted in the previous subsection were inadequacies in information exchange reportedly driven by both political and technical factors. For political reasons, actors conceal information because of strategic concerns that disclosing such information could compromise future organisational interests. This

uncertainty and notions of distrust formed strong incentives for stringently guarding information. One non-MOH official argued that

> *"Information sharing is done, and that is a good thing. Though the information shared is selective. They (MDAs) do not share it all. Some crucial information they hold to themselves so that they are the monopoly of the information" MDA-2_COMMISIONER OP.*

The respondents linked inadequate information sharing to four technical reasons. First, inconsistencies in who participates in the multisectoral fora and variations in their respective competencies. For example, actors who participate in policymaking differ from those tasked with implementation because bureaucratic systems dictate that those who participate in the policy development phases are different. Second, opportunities for feedback and updating the sectoral players on the outcomes from multisectoral deliberations were limited. The failure to brief the sector players and broader governance structures within an MDA reportedly undermined the ability to follow through with multisectoral commitments/action points.

Third, fragmented information systems across and within sectors undermined information exchange. For example, one non-MOH official noted that "*some projections on key indicators used by MOH are different from those from the Uganda Bureau of Statistics (UBOS)*"- MDA-5_NATIONAL COORDINATOR (AGENCY). While some sectors, like health, had elaborated information systems from the village level, others, such as agriculture, lacked them (Roberts and Ssejjaaka, 2017). The capacity to design and implement complex multilevel data systems was also considered suboptimal in government. Donor funding practices and reporting requirements also exacerbated fragmented data systems. In the words of a non-MOH official

> *"We (the government) do not have an integrated information management system, and it is a big problem. There are so many scattered information systems, and one of the reasons is the funding. There is nobody to harmonise the funding and say that they want to integrate all the systems- MDA-5_NATIONAL COORDINATOR (AGENCY)*

Fourth, frequent staff movements within public service were reported to sometimes take away institutional memory and allies supportive of multisectoral initiatives.

### 7.6.3  Government as a learning organisation

Some respondents emphasised that limited evidence generation and use in government undermined shared appreciation of problems and solutions. These respondents concluded that the little efforts to evaluate government policies and programs undermined evidence-informed decision-making and rendered the government not a 'learning organisation'. A non-state actor remarked that

*"You are not doing evaluations. So how will you know which policies are causing you the problems? Sometimes, we do not even know the source of the coordination problem because we do not consciously audit our policies, review them, and keep removing inconsistencies, contradictions, and stuff like that - NSA-1- SENIOR OFFICIAL_UN AGENCY.*

## 7.7   Chapter Summary

This chapter focused on how external and internal government context, actor relations and power dynamics influence coordination within the national government in Uganda. Table 25 below summarises the factors that shape IGC.  Significant coordination problems such as duplicated mandates, incoherent policy actions, and fragmented structures arise from interactions among different structural-institutional and operational factors, both internal and external to government apparatus.  Critical factors included coordination costs and principal-agent linkages and dynamics in terms of (inter)dependences, non-aligned interests and counterproductive agent behaviours. The political context is comprised of neopatrimonial and various power relations that also variedly influence IGC. Critical influential factors include historical legacies, formal and informal institutional aspects and ideational issues. These factors undermined the logic of the traditional bureaucracy of specialisation enhanced by new public management principles and ethos.

*Table 25: Overview of contextual factors, actor relations and power dynamics influencing intragovernmental coordination at the national level in Uganda.*

| *Factors* | *Specifics of contextual factors, actor relations and power dynamics* |
|---|---|
| *1.  Coordination-related costs.* | **a)**  *Costs born by central agencies with coordination functions.*<br><br>• Shortages in financial and technical resources were framed as organisational capacity gaps.<br>• Competing priorities of the coordinating agencies exacerbated the resource gaps.<br>• Legal-institutional frameworks undermine efforts to respond to the gaps above.<br>• Accountability procedures in government constrained efforts to negotiate collaborative efforts or mobilise resources to service the mandates.<br><br>*b)  Opportunity costs of coordinating with others*<br><br>• Coordination was perceived to be costly and a risky endeavour associated with actual loss of benefits (such as resources and control) in an environment of competing public sector organisations.<br>• Competition over priorities led to competition over resources during annual budgeting processes. |

| | | |
|---|---|---|
| | | • Tensions exist between demanding designated coordination budgets or making internal budget adjustments at MDAs. |
| 2. | *Principal-agent linkages: (inter)dependences, interests and agent behaviours.* | • Agency problems such as varied interests, hidden actions (moral hazard) and hidden information (adverse selection) characterised these principal-agent relationships in government and undermined coordination.<br>• Interdependence was considered to lead to either cooperative or competitive behaviours depending on whether the interests were perceived as mutual among the (would-be) coordinating parties or not.<br>• Collaborative efforts often arose from opportunistic motives to meet organisational interests, such as fulfilling mandates and accessing resources owned by other agencies or "from the collective pool."<br>• Coordination opportunistically pursued to shift risks of potential policy failure to others.<br>• Actors hide information and their true interests during planning until later during the implementation of interventions.<br>• Self-interest is exacerbated by institutional settings where MDAs report their organisational performance only and not collective performance. |
| 3. | *Political context, historical-institutional factors, path dependency and power dynamics.* | a) *Public sector reforms: Agencification and organisational specialisation*<br>• NPM reforms resulted in vertical and horizontal specialisation, leading to multiple departments and agencies with different and, at times, overlapping and conflicting mandates, systems, activities, and funders.<br>• Longstanding bureaucratic structures and the culture of silos in government were significant constraints.<br>b) *Neopatrimonialism: formal versus informal institutional arrangements*<br>• Convergence of power in the President with power to shape bureaucratic institutions formally and informally.<br>• Broadening the base of political settlements shapes the behaviours of the executive to extend rents to various factions in the state.<br>• Legal and policy frameworks were supportive of intragovernmental coordination.<br>• Legal frameworks were inconsistent and had maligned incentives. |

| | |
|---|---|
| | <ul><li>Coordination structures were rife with power dynamics. For example, within the Cabinet, some ministers are more powerful than others.</li><li>A culture of "untouchables" in government frustrated efforts to work together.</li><li>Informal institutions related to unsanctioned behaviours, such as rent-seeking and corruption, had constraining effects.</li><li>Rules and regulations were said to be only "on paper" with limited enforcement.</li></ul>*c) Practical norms related to multisectoral engagements.*<ul><li>Inadequate stakeholder mapping and engagement were significant features of interorganisational culture and barriers to developing a shared understanding within the government.</li><li>Delegating junior staff instead of legitimate officials to intersectoral fora was a countervailing practice.</li><li>Different MDAs had dominant professional groups with varying training, 'languages' and approaches to operations.</li></ul>*d) Influence of donors and international development agendas*<ul><li>Donors were reported as critical principals to the successive Ugandan governments that drove international norms and agendas for coordination over several decades.</li><li>The donors, through these practices, help ruling elites consolidate political power.</li><li>Donor efforts embody narratives and framings of problems and solutions around which coordinated national-level efforts were rallied.</li><li>Donor initiatives carry norms and ideas of what matters or what is to be funded and the resources that influence how countries respond.</li></ul> |
| *e)* ***Ideational factors*** | *a) Varied understanding of coordination and its objectives.*<ul><li>Disparities in understanding objectives that are being pursued in short term, medium term and long term.</li><li>Coordination was considered a role of specific agencies, especially OPM.</li><li>Understanding that coordination is not a panacea and, at times, is counterintuitive.</li></ul>*b) (Dis)incentives for information exchange.*<ul><li>Limited interest in information sharing due to political and technical reasons.</li><li>Political reasons were a) protecting information on the organisation's strategic interests and b) power dynamics between political leadership and technical officers at MDAs.</li></ul> |

| | |
|---|---|
| | • Technical reasons included a) inconsistencies in organisational representatives to collaborative efforts, b) limited opportunities to provide feedback to sectoral players, c) fragmented information systems, and d) staff transfers in public service.<br><br>c) *Government as a learning organisation*<br><br>• Limited evidence generation and use in government partly due to suboptimal efforts to evaluate(multisectoral) interventions. |

The chapter has affirmed that the factors that shape IGC might emerge internally within or externally outside the government, are contingent, and have mixed (positive or negative) influences. In brief, IGC in the Ugandan state is underpinned by colonial legacies of fragmented administrative systems and neo-patrimonial practices within a socially diverse context. The donors and external influences have been prevalent and have mixed effects on IGC. The country has had a rich experience of externally driven reforms covering the public sector, national economy and social sectors such as health and development. There is a complex interplay of technical and political factors as actors navigate a dynamic and complex environment.

This chapter also demonstrates the potential of applying three organisational theories and a political economy perspective to analyse factors that shape IGC at Uganda's national government level and presents several insights. Generally, the multi-theoretical approach holds the promise of a more holistic approach to exploring factors shaping the coordination of intragovernmental efforts and MSA in health. The theoretical assumptions and propositions provide a broader lens to understanding and examining coordination drivers, obstacles and opportunities by emphasising transaction costs (TCE), agency problems and costs (agency theory), interdependencies between stakeholders (RDT), politics, power, interests, institutional and ideational factors (PE perspective). The next chapter examines IGC further through the perspective of horizontal coordination between the health sector and non-health sectors.

# 8 HORIZONTAL COORDINATION BETWEEN THE HEALTH AND OTHER SECTORS IN UGANDA

## 8.1 Introduction

Little is known about the coordination relationship between health and other sectors to advance health and development goals in low- and middle-income countries (LMICs). The Ministry or Department of Health (M/DoH) is the mandated government agency for health in all countries. However, achieving good health and well-being requires the health sector to coordinate with other sectors, such as the environment, agriculture, and education. This chapter concentrates on the horizontal relationship between the health sector and other non-health sectors, focusing on the relationship between the MoH (as the lead health sector agency) and other government entities (ministries, departments, and agencies (MDAs)) at the national level in Uganda. The research presented in this chapter answers the question: *How do external and internal health sector context, actor relations and power dynamics influence horizontal coordination between the health and the non-health sectors in Uganda?*

To understand the analysis presented in this chapter, I briefly revisit the multidimensional conception of IGC (chapter 3). It is important to distinguish various coordination dimensions pertaining to the health-non-health sector relationship. Within an organizational context, coordination is a multidimensional phenomenon, internal or external to an entity (Christensen and Lægreid, 2008). Internal and external coordination pertains to intra-organisational and inter-organizational aspects, respectively. Within the context of the health sector/MOH, internal coordination refers to coordination within the health sector/MOH. In contrast, external coordination pertains to coordination between the health sector/MOH or other MDAs outside the health sector.

In addition to external and internal dimensions, there are vertical or horizontal dimensions. Horizontal coordination occurs among MDAs or units at the same hierarchical level. Vertical coordination is multi-level and connotes coordination between organizations or departments at different hierarchical levels. This study focuses on the external horizontal coordination between the health sector/MOH (a lead government agency in the health sector) and other MDAs in non-health sectors as per the matrix in Table 26 below. The vertical dimension of coordination is more hierarchy-based, while the horizontal coordination is more network-based (Verhoest *et al.*, 2005). This chapter underscores that the internal coordination at MOH and external-vertical coordination within government systems

influence the coordination between MOH and other sectors. The relevant aspects of these factors are also covered in this thesis.

*Table 26: Coordination dimensions for the Ministry of Health*

|  | **Horizontal Coordination** | **Vertical Coordination** |
|---|---|---|
| **Internal Coordination** | Intra-sectoral/organization coordination between departments/units at the same level | Inter-level coordination in sector/Ministry between top management/higher-level units and subordinate agencies and bodies |
| **External Coordination** | Coordination with other MDAs, civil society organizations/private-sector interest organizations at the same hierarchical level | Coordination a) upwards to central coordinating agencies or international organizations & or b) downwards to local government |

*Based on* (Christensen and Lægreid, 2008, pg 12)

## 8.2 Actor relations and political dynamics during external coordination

The coordination of the horizontal relationship between the MOH and other MDAs is influenced by factors relating to actor relations and power dynamics operating within the health sector and beyond. These are discussed below.

### 8.2.1 Articulating (inter) dependencies and contributions of non-health sectors.

In line with the resource dependence perspective (Pfeffer and G. R. Salancik, 2003), managing interdependencies sits at the core of the coordination relationship between the health sector/MoH and other MDAs. Coordination was reportedly motivated by the need to ensure predictability and stability of the flow of resources and reduce uncertainty in the context of sectoral interdependencies. The MOH was reported to depend on other sectors to address several disease conditions or programmatic areas such as HIV/AIDS, nutrition, emergencies, reproductive, maternal, newborn, child, and adolescent health (RMNCAH). In addition, infectious disease surveillance and health security were mentioned as other vital areas with an emerging emphasis on coordination. Generally, these mentioned areas reflected programmes for which MOH receives donor funding.

*There is also health security, which has different aspects and joint interests in disease surveillance across different sectors. So, it is a big space for collaboration- MOH-1_ASST. COMMISSIONER*

Product development, such as strategic documents, policies, plans, and guidelines, was presented as a direct result of the coordination process between MOH and other MDAs. An MOH official cited a concrete example of joint actions during sanitation programming.

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*For example, when they have their strategy development meeting for water and sanitation, they invite the Ministry of Health to be part of that. We have also been able to develop interventions in the area of water jointly, especially around the WASH program and the provision of safe water and sanitation facilities, principally around excreta disposal-MOH-1_ASST. COMMISSIONER*

However, most interviews framed sector interdependencies as sectoral contributions to the health sector's core business of healthcare delivery. For example, the Defence and Internal Affairs ministries were revealed to support the health services mandate through the army, police, and prison health departments. Other sectors contributed to broader determinants of health. For example, the Ministry of Agriculture Animal Industry and Fisheries (MAAIF) and the Ministry of Trade and Cooperatives were said to contribute to the food security and nutrition objectives. Critical contributions included building health literacy and health workforce development for the education sector. One senior MOH respondent highlighted the interdependencies with the energy sector as an emerging area of attention.

*Many of our diagnostics require energy. They respond very badly to energy surges. Many of our facilities need simpler, more sustainable forms of energy. Many of them are located in areas where the grid has not yet reached, so we are working very hard to make sure we can harness solar energy. -MOH-1_ASST. COMMISSIONER*

Another respondent highlighted ongoing efforts toward multisectoral programming for non-communicable diseases (NCD) interventions.

*Coordination means that there are very many people concerned about NCDs. Many partners may want to do something here and there. However, they need to be coordinated so that we avoid duplication and waste of resources. Then the other one is that (the) prevention of NCDs is multisectoral. Many of the risk factors are actually outside the health sector MOH-6_COMMISSIONER.*

Sectoral interdependence was further affirmed in the documents reviewed. For example, the Health Sector Development Plan (HSDP) 2015-20 emphasized that whereas the MoH was responsible for providing stewardship for health, other sectors were critical for attaining health objectives. These sectors included Finance, Planning and Economic Development; Education and Sports; Gender, Labour and Social Development; Local Government; Works and Transport; Water and Environment; and Energy, among others. The HSDP framed the objective of intersectoral collaboration as "*addressing the key determinants of health*" (MoH, 2015) pg xv. The HSDP highlighted the priority programs as environmental health and sanitation, food and nutrition services, school health, road safety, safe water, energy and gender, and human rights. Specifically, the HSDP proposed establishing and tracking the functionality of MOH instruments for intersectoral and inter-

ministerial collaboration. However, how this was to be achieved was not clarified (MoH, 2015).

The third objective of the National Development Plan (NDP) II also focused on addressing the critical determinants of health. Accordingly, the NDP II proposed adopting health in all policies and a whole of government approach (Government Of Uganda, 2015) as a means to harness MSA for health. As observed by a few respondents, the areas that require MSA were concretized during MOH's recent efforts to develop the national UHC roadmap. Table 27 illustrates the expected sectoral contributions in the UHC Roadmap.

*Table 27: Outline of the expected responsibilities and roles of the different sectors to the UHC roadmap*

| Sector | Ideal sectoral contributions |
|---|---|
| Water and Sanitation | • Universal access to safe water, environment and domestic hygiene, urban and rural sanitation programs |
| Transport and road safety | • Road safety laws, awareness, and enforcement programs. Safe motorable roads. Certified motor conditions and drivers; safe pedestrian walkways |
| Labour, Gender and Social Development | • Workplace programs for safety and health services; mitigation of domestic and workplace violence and stress; control of child marriages and teenage pregnancy; functional education on health and poverty |
| Justice, Law and Order | • Updating and awareness of laws, rights, and obligations; Vital registration and surveillance of important events; Law enforcement, standards for food and medicines products and regulatory vigilance for health risks. |
| Finance, Planning and Economic Development | • Expansion of the tax base and revenue collections; Allocation of finances to vital determinants of health; Better management of external aid for social programs; Expansion of employment opportunities and markets. |
| Housing and Urban Development | • Universal access to decent housing, environmental sanitation, and pollution reduction. Partnerships to address pro-poor services. Urban health and sanitation programs |
| Health | • Prevention of Communicable and Non-Communicable Diseases; Family planning and birth control, RMNCAH, health promotion and behaviour change communication (BCC), Outpatient and Inpatient services; Laboratory and diagnostic services; outbreak and epidemic management; health systems strengthening; Nutrition; Mental Health; accident and emergency services |
| Education and Sports | • Functional life skills – including fertility education, reproductive literacy, and healthy behaviours; School health services; Workforce preparation and Health; Vocation planning |
| Local Government | • To design and coordinate service delivery, orchestrating partnerships, and accountability for health promotion and prevention (HPP) and community development programmes. |

*Source: Uganda Roadmap for Universal Health Coverage* (MoH, 2020, pg 14)

In 2020, the inter-ministerial committee for roadmap development defined UHC as a multisectoral policy issue that calls attention to the social determinants of health. A non-health government official affirmed.

> *We have defined what we mean by Universal Health Coverage in Uganda as different stakeholders, both health and non-health stakeholders. UHC means not just achieving the health-specific goals that we know but really working around the whole set of determinants of health to realize health. - MDA-3_MANAGER NPA*

Having described the nature of interdependences between MOH and other MDAs, the following section analyses the factors that shape that relationship and the nature of their influences, providing insights into the mechanisms that underpin the observed state of MOH-MDA coordination.

### 8.2.2  The politics of external coordination: strategic framing, actor interests and power dynamics in managing sectoral (inter)dependencies.

Consistent with rational choice theories (transaction costs economics, principal agency) and resource dependence theory (Ssennyonjo, Van Belle, *et al.*, 2021), this study revealed the relationship between MOH and other non-health sectors as characterized by dynamic interactions among actor opportunism, (asymmetrical) interests and concerns over transaction costs (e.g. resource and time losses). These mechanisms shaped the framing and management of sectoral (inter)dependencies in practice.

> *...given that health is not made by the Ministry of Health or the health sector, it is a key issue to focus on multi-sectoral (action). Of course, (to reap) the efficiency, the benefits you can get from those sectors, the resources you find if the multi-sectoral approach worked- MOH-2_SENIOR PLANNER*

The convergence of intersectoral interests was supportive of coordination, while the opportunistic and self-interested nature of MoH and the non-health sectors had counter effects on the relationship, inducing actions such as institutional resistance and expression of agency to oppose external pressures to coordinate.

#### 8.2.2.1  Convergence of interests enhances coordination.

The reviews, narratives and observations noted positive experiences of concurrence of interests and reciprocity between MOH and other MDAs supporting collaborative action. Cooperative behaviours manifested as joint planning, resource mobilization and implementation of interventions in areas such as school health, immunisation and WASH. One senior MOH official intimated

> *We have also been able to jointly develop interventions with (the Ministry of) water, especially around the WASH program and provision of safe water and sanitation*

*facilities, principally around excreta disposal. So, we have developed interventions together, looked for funding, and then jointly implemented them. -MOH-1_ASST. COMMISSIONER*

Adaptive behaviours and agency by MOH were also reported. For example, the MOH was noted to judiciously calibrate its interests and determine collaborative partners depending on the issues at hand. This calculative behaviour greatly reflected the predominant logic of consequence in MOH's approach. A senior MOH official confirmed these sentiments regarding epidemics.

*So, we coordinate at the national level and deal with different sectors depending on the public health emergence... When we are dealing with waterborne diseases, we are looking at the Water and Environment Ministry – MOH-5_COMMISSIONER.*

Multisectoral coordination between MOH and other sectors was associated with the attainment of easier, better and more results than a siloed approach, revealing an emerging intersection of the logic of consequences and appropriateness. A government official reflected on the ongoing practice, confirming the documentary insights in official sector documents such as the HSDP (2015-20)(MoH, 2015), the Midterm Review of the HSDP(MOH, 2018) and the UHC Roadmap (MoH Uganda, 2020)

*One of the key motivators of multisectoral collaborations is that results come out easier as opposed to working alone, and many sectors have seen this. For example, if we talk about the health sector, they have been struggling to work alone ... So they could achieve much more results than when they work alone. - MDA-3_MANAGER NPA*

The National documents such as the NDPII(Government Of Uganda, 2015), the National Coordination Policy(OPM, 2016), the SDG Roadmap(OPM, 2018, 2021) and the review of the functioning of the SWGs (Roberts and Ssejjaaka, 2017) reflect similar sentiments. The deliberative process and multistakeholder engagements, such as policy dialogues and national UHC symposia, have enhanced this emerging shared vision. The MOH has strategically rallied with the NPA, Civil society and academia for strategic framing, resource provision and joint planning (SPEED Project, 2019b; Kiendrébéogo *et al.*, 2021).

## 8.2.2.2 Structural and agential power, conflicting interests and opportunism undermine coordination.

In contrast to the above situation, opportunism and divergence of interests among MOH and other MDAs are characteristic features of the MOH-MDA relationship. These had constraining effects on the pursuit of MSA for health, as elaborated below:

Several narratives through interviews and observations at meetings revealed an imperialistic, opportunistic and self-interested MoH. Overall, there were concerns that

MOH's pursuit was opportunistic in advancing health sector goals without a sense of reciprocity. The internalization of health imperialism and perceptions of navel-gazing led to disincentives and deliberate decisions for other sectors not to engage with MOH (Ssennyonjo, Van Belle *et al.*, 2022). In specific terms, the health sector was accused of framing most intersectoral actions for health in an inward-looking way and being less concerned about whether and how multisectoral efforts could be of mutual benefit to other MDAs. One MOH official remarked on this 'not for us, without us' perspective as MDAs seemed to respond negatively (albeit rationally) to the likelihood of not benefiting from the MOH-led multisectoral endeavours. Several respondents expressed the MOH's weaknesses in communicating sectoral interdependence effectively. This generated apprehension among MDAs about collaborating with MoH.

> *...but to say to people [other sectors], 'we are going to reduce maternal and child mortality... So, all you are talking about is health. What about them? What do they benefit? All these are health indicators. How about the strategic objectives of the other sectors? - MOH-3_COMMISSIONER*

> *... the other sectors do not find the motivation; they think those (health goals) are health (sector) things. So, we met for some time, but when we invited them, they didn't come. They don't see it as their own mandate talking about health- MOH-6_COMMISSIONER*

The people in the MOH were often described as "not available" for coordination, "busy running projects", and "scattered everywhere". They were accessible to engage outside their core business. Whereas there could be genuine issues about the big scope of their work, the inducements of earning opportunities from big donor initiatives seemed to play a big role. One senior government official articulated this as follows:

> *What makes it (coordination) hard is that people in the Health (Ministry) are very busy. They are running big projects. People are running multiple tasks. MDA-5_NATIONAL COORDINATOR (AGENCY).*

These views pointed to implicit considerations among MOH actors of the coordination costs (time and resource losses) associated with diverting focus from their core business. Several respondents opined that the MOH's selective and opportunistic participation in multisectoral efforts furthered their interests, such as seizing control over other MDA's (would-be) coordination initiatives. One MOH official agreed:

> *Even when the other sectors where the factors necessary for population health are influenced are planning and strategizing, we are usually not part of the discussion. This becomes problematic. -MOH-1_ASST. COMMISSIONER*

Third, MOH's technical capacity was overstretched because of the combination of planning, regulatory, and oversight roles with service delivery. This situation stifled time and

resource capabilities for reaching across sectors. As exemplified by the following quotes, such sentiments were shared within and outside the MoH.

*.. you have a provider and a purchaser both fused (under MOH) .... you are doing regulation, monitoring and evaluation and then service delivery. Some people are saying construction as well. So basically, yes, you find that you are overwhelmed. – MOH-2_SENIOR PLANNER*

*The MOH mandate is to create policies, but now they are engaged in the implementation. It has really disorganized the linkage (with other sectors). That is why they look so busy; they are so involved in implementation. MDA-5_NATIONAL COORDINATOR (AGENCY).*

### 8.2.2.3 MOH exercises agency and institutional resistance: coping with opportunistic behaviours of other sectors.

In concert with the resource-dependence perspective and PEA, our analysis revealed perceived asymmetrical intentions of non-health MDAs pursuing MSA as a ploy to access resources within the health sector. A quote from an MOH official captures those sentiments as driven by the logic of consequences on the part of the non-health sector actors.

*...different sectors observe a comparative advantage they can exploit by working with other sectors. So, I think they do it (coordination) as a method of fulfilling their own objectives. This motivates them to collaborate and coordinate- MOH-1_ASST. COMMISSIONER.*

This view led to the hesitations of MOH actors to coordinate with other sectors as a coping mechanism. The perspectives that the health sector enjoys higher levels of donor support than several other sectors have been documented. The strong donor presence considerably affords the sector significant structural power. Statements that MOH has "a lot of resources and money" and "huge projects with vast vehicle fleets" were common during the interviews. The vast resources in MOH reportedly created a culture of expectations of rents, such as financial benefits, from non-health sectors. Citing an example of NCD programming, a senior MOH official intimated the frustrating experience of actors disengaging in multisectoral efforts once personal benefits dried up.

*The other challenge is that they (MDA representatives) needed some facilitation. I did not have any more facilitation when WHO (funding) stopped. So, the other challenge is finding the money to do coordination. MOH-6_COMMISSIONER.*

## 8.3 Internal coordination and influence of structural-institutional and political factors

In addition to the above factors, structural-institutional factors operating within the health sector and beyond influenced the MOH-MDA coordination relationship either positively or negatively, as detailed below.

### 8.3.1 The essence and status of Internal MOH coordination

Our study found internal MOH coordination a critical factor in shaping the external relationship between the MOH and other sectors. Respondents emphasized ongoing efforts to improve it, albeit with some deficits, which reportedly significantly undermined external horizontal coordination with other MDAs. Internal coordination was reported deficient and internal silos manifested as multiple dysfunctions, such as a) clashing meetings, b) dysfunctional competition within and among the MOH departments (e.g., the commissioners), and c) limited awareness among MOH staff about the strategies and activities of other departments. A non-state official and an MOH official affirmed the following:

> *Internally, there is also a lack of coordination, even within the Ministry of Health. You just see they will invite you to two meetings, and those two meetings could have been held together. The departments also do not speak to each other. There is a lot of segmentation that could be improved. -NSA-3_ED CSO*

> *You know silos are very prominent in the sectors. For example, here (in health), if you go and ask people what other programs and departments are doing, you will find that people do not know MOH-1_ASST. COMMISSIONER.*

Consistent with political economy notions of politics and institutional factors, the health sectors' and MOH's structural-institutional context variably influenced internal and external coordination at MOH. Three subthemes emerged: organisational politics, effective coordination instruments and alignment of the MOH's organizational structure and resources to its mandate, as elaborated below.

### 8.3.2 Health sector politics: Political settlements, issue-based coalitions and factionalism

Informal discussions and anecdotal experiences underlie the political dynamics and power relationship within the health sector and MOH as the sector lead. The work on political settlements by Bukenya and Golooba-Mutebi (2019) highlighted several facets of the political issues with implications for internal coherence within the MOH and health sector. The authors observed that.

> *"Since 2001, the ministry has not had stable leadership, as it has received fresh ministers every electoral cycle. The high ministerial turnover and the absence of an overarching vision driven by either the presidency or the ruling party have deprived the ministry of much-needed stability and consistency in its operations. And then there is the deleterious effect of national politics on policy-making and staff deployment, which has caused a high turnover of senior officials and delays in replacing them ...Also significant is the disruption stemming from the appointment and posting of presidential advisors and ruling-party cadres and activists to management positions within MoH and the sector more generally". Bukenya and Golooba-Mutebi (2019,8-9)*

The above observations affirm and concur with the literature that underscores the intersection of internal and external political factors, including frequent change in sectoral political leadership, effects of national politics on staff deployment, the political nature of policymaking and the existence of multiple power centres and factions(Francisco, 2010; Mukuru, Suzanne N Kiwanuka, *et al.*, 2021; Hickey, Bukenya and Matsiko, 2023). These realities are salient for internal and external coordination in the health sector. Indeed, the study revealed several coalitions and factions organised around specific issues such as maternal health, family planning, malnutrition, NCDs, malaria and sickle cell diseases. Some program areas, such as malaria, TB and HIV/AIDS, enjoy more funding than others because they are prioritised for donor funding(Stierman, Ssengooba and Bennett, 2013; Ssennyonjo *et al.*, 2018). Result-based financing programs have prioritised reproductive, maternal and child health services (Ssennyonjo, Ekirapa-Kiracho *et al.*, 2021). Underlying these factors are donor funding practices that tend to prioritise specific issues. These issue-specific alliances often lobby powerful political elites to enhance their political salience, reinforce the legitimacy of their concerns and improve their favourability during policy development and funding decisions. For example, the First Lady and Speaker of Parliament have served as patrons for maternal health services (Bukenya and Golooba-Mutebi, 2019; Mukuru, Kiwanuka *et al.*, 2021). The President has also championed the fight against malaria and HIV/AIDS[45] in the country, raising the profile of these disease conditions (Tripp, 2010). These issue-specific groups also organise multi-stakeholder engagements, which build shared understanding, enhance the political salience of the focal issues, and broaden their collective agency.

The compartmentalisation of the sector business around departments and TWGs entrenches internal sectoral politics. The TWGs promote focused attention to specific issues, further perpetuating these internal silos. The opportunities for cross-linkages and exchange of ideas across the TWGs were absent.

Health workers constitute another crucial political actor in the health sector. They often organise into membership groups for advocacy and collective bargaining. The health professionals at management and frontline levels have deployed several political strategies to achieve their ends. For example, through confrontational strategies such as sit-down strikes,[46] they have advocated for better pay and more supportive work environments

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[45] Recently, the President spearheaded the national response to COVID-19 providing leadership across the government.

[46] https://www.reuters.com/article/uganda-health-idINKBN1D61ZL, https://www.reuters.com/article/uganda-health-idINKBN1D61ZL

(Wasswa, 2017). The national workforce strikes have motivated the establishment of multisectoral task forces over time, usually bringing together the OPM, MOH, MoFPED and MoPS[47]. The Uganda Medical Association has also strategically engaged the President directly to enhance their causes. Over time, these efforts have yielded improved workforce remuneration[48] in Uganda but at the detriment of the overall resources available for service delivery. The sectoral budget has been heavily skewed, with the PHC wage bill outstripping PHC non-wage grants over the recent past (Margini, Jordanwood and Walimbwa, 2021). Figure 9 below shows trends in per capita spending on wages, operations and development.
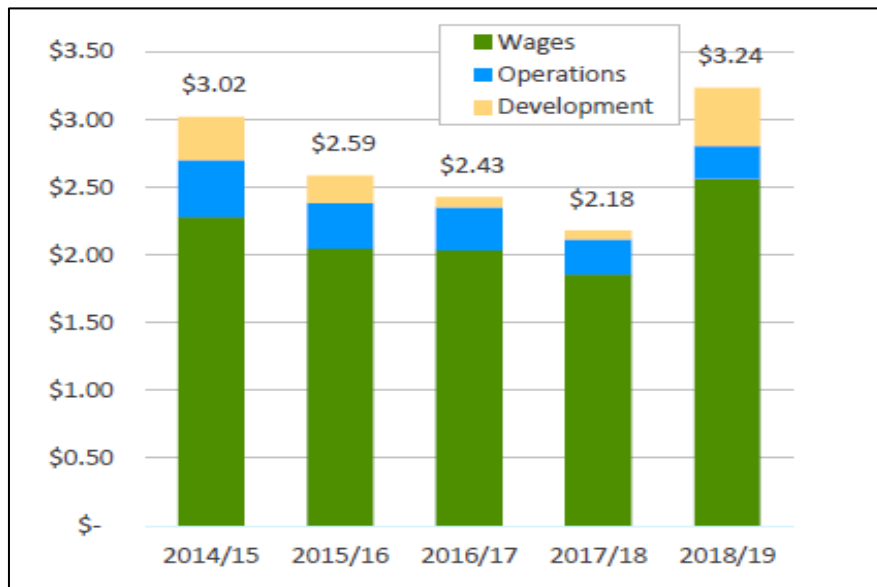


*Figure 9: Trends in per Capita PHC wage, operations and Development allocations*

Source: (Margini, Jordanwood and Walimbwa, 2021)

The Ministry of Health's internal restructuring reforms were another recent development over 2015-20. The MOH was divided into three Directorates and 12 Departments. According to official narratives, these reforms were prompted by the goals to promote internal coherence and rationalise the department roles to perform the sectoral mandate adequately(MOH, 2017b; Kwarisiima, 2020). Like all changes, there were winners and losers, and the personnel and organisational changes led to the exit of some cadres from MOH and some demoralised civil servants (Kwarisiima, 2020). In addition, as played in some media reports[49], the process exposed internal conflicts and bickering in the MoH. These

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[47] https://www.monitor.co.ug/uganda/news/national/nabbanja-meet-fails-to-end-doctors-strike-4234258( Accessed 3rd Sept 2023)

[48] https://www.monitor.co.ug/uganda/news/national/museveni-doctors-strike-pay-deal-3629218 ) Accessed 3rd September 2023)

[49]https://observer.ug/news/headlines/59946-doctor-reveals-rot-in-health,
https://www.monitor.co.ug/uganda/magazines/people-power/the-dog-fights-at-health-ministry-through-prof-mbonye-s-

structural reforms were described as a culmination of internal infights at the top health government body for almost a decade. The top managers were said to influence the recruitment of staff and use the process to remove some officials considered antagonistic while bringing in others deemed loyal. Reportedly, competent individuals were sidelined as they did not align well with the existing power centres in the MOH. In that regard, these processes could be considered to entrench neo-patrimonial tendencies. In brief, whereas these institutional reforms could have attuned and aligned the MOH better to its broad mandate, they also deepened sentiments of entrenched factionalism within the MOH. These realities constrain internal coordination and external linkages for multisectoral action.

### 8.3.3  *Health sector instruments for internal and intersectoral coordination*

The findings revealed the existence of a comprehensive toolset of legal-institutional frameworks within the health sector to facilitate MOH-MDA coordination and manage sectoral interdependences. MOH's internal and external coordination efforts entailed leveraging these instruments. Objective xiii) of the 2nd National Health Policy (NHP) II was "to strengthen collaboration between the health sector, government ministries and departments and various public and private institutions dealing with health and related issues, for instance, Universities and Professional Councils" (MOH, 2010;y). Accordingly, MOH elaborated three sets of structures to coordinate efforts for health improvement in Uganda (MOH 2013). These are as follows:

a) The management structures focus on internal ministry coordination functions. They are headed by the minister of health, supported by the office of the Permanent Secretary (PS) and Director General of Health Services (DGHS), and several other semi-autonomous government agencies in charge of quality control.

b) Governance structures: These include the Cabinet, Parliament, Top Management Committee, Health Policy Advisory Committee (HPAC), senior management committee (SMC), technical working groups (TWGs) and (sub) committees at the national level. At the sub-national level, structures include regional management committees, district health management committees (DHMT), health sub-district (HSD) management teams, and the health unit management committee (HUMC).

c) Partnership structures include the Health Development Partners (HDP) group, interagency Coordination Committees for HDPs, and the Public-Private Partnership (PPP) Unit responsible for public-private collaboration in health.

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eyes-3503472 , https://chimpreports.com/health-ps-atwiine-drags-prof-mbonye-to-court-over-defamation/

Interview narratives confirmed the documentary evidence of several instruments to support MOH's internal and external coordination. Interviewees reported the Health Policy Advisory Committee (HPAC), a multisectoral governance body, as a major organ of collective decision-making. Technical working groups (TWGs)(Ministry of Health, 2015) and inter-ministerial committees were also frequently mentioned. These structures provided platforms for multisectoral working.

> *We are active participants (in the technical working groups within the sector) because we are interested in knowing which partners are in which area of interest. We think that is very important for us- MOH-1_ASST. COMMISSIONER*

> *I think the Ministry of Health tries to use, for example, the Health Policy Advisory Committee to bring in different stakeholders…. All the key ministries, academia, and the players down in the district are represented. So that is the forum that sets the tone and direction of people working together from the perspective of the health sector- NSA-2-ED PNFP*

In addition to the structure above, interviews revealed several legal frameworks, such as the Public Health Act and other health sector strategic planning instruments. The Uganda Nutrition Action Plan and the Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH) Sharpened Plan were frequently mentioned examples. By emphasising coordination, respondents felt these tools served as foundations for working with other sectors. MOH officials cited a few examples:

> *We have an RMNCAH plan (with) an emphasis on five strategic shifts. One of the shifts has to do with multisectoral platform coordination, partnership, and working together to attain our results and impact. MOH-7_COMMISSIONER.*

> *(we undertake) strategic planning and operational planning for the Ministry. Basically, we do planning and coordination with other sectors. After planning, you do implementation support, especially at (the) sub-national level. Then, you report on an annual basis. Then, you do evaluations at mid-term and end-term but also support (the) development of policies and strategies- MOH-2_SENIOR PLANNER.*

However, the findings indicated several challenges concerning the coordination tools' functionality and abilities to mobilise contributions from the non-health sector. Some coordination tools, such as the Public Health Act[50], were considered outdated and warranted an update to serve their purpose. A senior MOH official affirmed suboptimal cross-sectoral participation in TWGs.

> *There are some multisectoral bodies like inter-ministerial committees (and) technical working groups where we expect membership from people from other sectors. Still, members from other sectors of these technical working groups are not active - MOH-1_ASST. COMMISSIONER*

Furthermore, unlike the service delivery objectives, the mechanisms for harnessing MSA were not elaborated on in the HSDP (MoH Uganda, 2020). Indeed, one development

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[50] The Public Health Act was amended in 2022 with expanded mandate for health sector and the minister of health to respond to the contemporary challenges to public health in Uganda.

partner argued that the HSDP was majorly health sector-focused and not adequately multisectoral in outlook. Therefore, the adoption of a multisectoral plan for health was recommended, according to a non-state actor.

*The health (sector) has always issued a health sector plan that is very siloed in its outlook. This idea that in the health sector plan, you have roles for local government and water is good. But I think it would be better if there was a multisectoral plan that connected water, nutrition, education, and (and) social mobilization with health. NSA-1- SENIOR OFFICIAL_UN AGENCY*

The gaps in coordination structures were further exemplified by a) sporadic meetings for TWGs and b) heavily burdened Health Policy Advisory Committee (HPAC) and MOH top management structures. According to a senior MOH official, these concerns were epitomized in the meeting agenda for these structures:

*.... When you go to HPAC, you find twelve items if you look at the (meeting) agenda. Then you go to senior management; it is nineteen items. That is a symptom that some things should have been sieved through before they reach there- MOH-2_SENIOR PLANNER.*

The constrained functionality of multisectoral coordination structures was said to be underpinned by inadequate financial and human resources. One senior MOH official affirmed these sentiments regarding the new MOH Department of Health Partners and Multisectoral Coordination created to steer multisectoral coordination. Another senior government official observed that the department's authority was undermined because the MOH does not have the legitimacy and structural power to control other MDAs.

*"This being a new department, it is not well-resourced, but we are working with the government to increase the allocation that goes to the department. Also, we are talking to (development) partners" MOH-1_ASST. COMMISSIONER*

*That is a department! But you see that the department of partnerships and multisectoral coordination is misplaced...... Health cannot summon local government....They can coordinate their (health) partners, but coordinating government ministries, departments, and agencies is the role of OPM - MDA-7_SENIOR OFFICIAL OPM.*

### 8.3.4  *Inadequate alignment of the MOH's organizational structure and resources to its mandate*

The study revealed other features of MOH's historical-institutional context that significantly impede achieving (multi)sectoral aspirations with other sectors. They included a narrow focus on health care and the misalignment of organizational structures and staff resources to the actual MOH mandate.

Challenges balancing the prioritization of health care services and the broad mandate were highlighted. Most interviewees acknowledged that the MOH's mandate was comprehensive, covering a continuum of issues such as health care and the social determinants of health. Although this extensive mandate was said to present opportunities

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(e.g., serving as an entry for multisectoral dialogue), several challenges were experienced in practice. For instance, the focus on service delivery was reported to draw the MOH away from its core stewardship and coordination functions, increase incentives for an inward-looking culture at the MOH, and inadvertently undermine multisectoral coordination. In addition, focusing on core roles of health care delivery reflected a narrow conception of health, which in turn narrowed the scope around which MSA was pursued. One development partner remarked:

> *The Ministry is more into operations, but you are inside-looking every time you turn a ministry from the coordination or strategic level to the operation(s) level. The planner in the MOH will stop thinking about planning for health and start thinking about planning for medical services. ... They will find it very difficult or (have) no room to coordinate with the Ministry of Water and Ministry of Roads to deliver the services in the country. They will just think about malaria and antimalarials. -NSA-1- SENIOR OFFICIAL_UN AGENCY*

Ultimately, performance in non-healthcare issues, such as determinants of health, lags behind that of health sector-specific indicators. One government official noted:

> *When we analyze the health indicators, we realize that the health sector does well with the indicators that are purely within the health sector mandate, the curative. There is progress in the treatment-related indicators. You find that they are doing well. But, you would realize the indicators that require the participation of other players are not doing well. We realize a gap that requires multi-sectoral collaboration, specifically the determinants of health- MDA-3_MANAGER NPA.*

A mismatch between organizational structures and (human) resources was another significant constraint to internal coordination. Despite the MoH being considered in a recent assessment of sector working groups (Roberts and Ssejjaaka, 2017) to have better internal coordination structures than other sectors, there were concerns that the MoH's organizational structure was not attuned to the primary mandates, such as the provision of a broad range of health services and coordination). As one senior MDA official remarked:

> *When you look at the structure of the MOH, its mandate and organogram are far disconnected. Their mandate is to plan, coordinate, (and do) resource mobilization- MDA-1_MANAGER NPA.*

The dominance of clinicians in senior management roles was raised as one of the main drivers of a siloed culture at the MOH. Due to the power and societal prestige of the medical establishment, a sense of superiority among clinicians at MOH was reported. According to a senior government official

> *If I could use a 'hard" word, they (the people in MOH) are a bit arrogant. But not to blame them, (it is) because of probably their training and the feeling that perhaps nobody (else) knows about health, which is not true. -MDA-3_MANAGER NPA*

Human resource personnel with broader competencies attuned to MSA and MOH's core policy development mandate, such as policy analysts, were said to be under-appreciated at MOH. One senior government official observed:

*If you go to the Ministry now, it has shrunk the planning department. Almost M&E (monitoring and evaluation) is nonexistent. But then you see Commissioner Ambulance, etc., and all these are doctors… Policymaking is the number one mandate, but a ministry as big as the MOH has one policy analyst to deal with all those policies. MDA-1_MANAGER NPA.*

## 8.4 Situating MOH-MDA relationships within broader government and global development efforts

Our study underscored MOH's coordination effort as positioned within broader government systems and influenced by developments external to government. The findings indicated these interlinkages sometimes support or constrain the MOH-MDA coordination relationship.

### 8.4.1 *Leveraging government-wide coordination instruments*

The coordination relationship between MOH and non-health sectors featured MOH's deliberate attempts to align with and leverage national and global planning frameworks. These expressions of the actor agency were acknowledged as supportive of MOH's external coordination with other MDAs. A senior MOH official remarked.

*'There is convergence with the National Development Plan. There is convergence with the Health Sector Development Plan, and there is convergence with global and regional protocols in health.'-MOH-3_COMMISSIONER.*

Health sector development efforts were vertically related to the national development framework. The national policy documents expressed the need for government sectors to work together to advance general development and specific health objectives (MoH 2010, 2015). For instance, the third objective of the National Development Plan II was to address the key determinants of health by strengthening intersectoral collaboration and partnerships by adopting a health-in-all-policies approach (Government of Uganda 2015, pg x). The priority areas of health governance and partnerships in NDP II were highlighted as reinforcement of the partnership and governance structures, management, and stewardship; public and private partnerships and their coordination; supportive legal environment and regulation; knowledge translation and improving the sector's competitiveness. For example, the Health Sector Development Plan (HSDP) stated that the document provided "clear coordination mechanisms for the various stakeholders" to advance the health sector and national development goals(MoH, 2015). Figure 10 below visualizes the position of health

sector development frameworks and coordination efforts within the broader government and the global development agenda. The pursuit of health sector goals and objectives was integrated into broader systems. Furthermore, internal MOH practices such as budgeting and operational planning were synchronized with government systems.
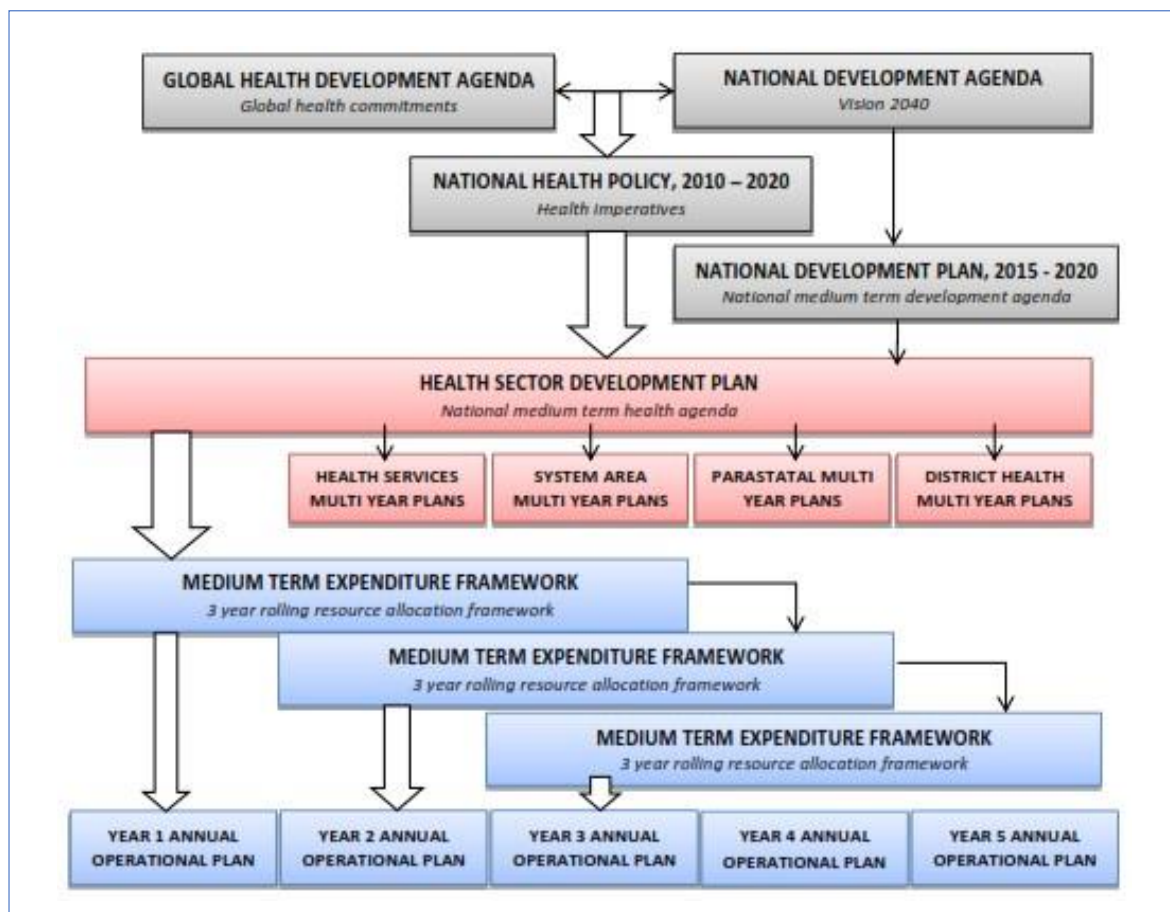


*Figure 10: Linkages between the Health Sector Development Plan and the global and national development priorities in Uganda*

Source: MOH HSDP 2015(MoH, 2015), pg19

The National Development Plan III (2020-25), with its strategic shifts to program-based planning and budgeting approaches, was said to promise further alignment between MOH and the government's pursuit of coordinated MSA. A senior MOH official epitomised such optimism.

*We think that with that shift, there will be convergence. There will be efficiency (and) there will be effectiveness. There will be ownership of the outcomes, and in it (NDPIII), we have specifically focused on programming, integrated programming, and even developed action points - MOH-3_COMMISSIONER.*

MoH was also said to occasionally take advantage of the support of the central-level agencies with government-wide coordination mandates. For example, the multisectoral

nutrition plan and UHC roadmap were examples of NPA's formal authority facilitating their development. In addition, a MOH official cited a case of delegation for epidemic control.

> *For public health events, we have a structure that comes from top to bottom. We have the National Emergency Coordination Center (NECOC) at the OPM. It coordinates all events/ hazards in terms of disasters. But our National Taskforce for Emergencies deals with health emergencies, and it is delegated by the OPM to deal with emergencies- MOH- 5_COMMISISONER.*

### 8.4.2  Donor and transnational influences

Uganda, especially the health sector, enjoy favourable support from development partners. Over the 2015-2020 period, donor financing contributed about 40 % of the total health expenditure- to address global and national agendas such as reproductive, maternal, newborn, child and adolescent health (RMNCAH), HIV/AIDS, Malaria, Tuberculosis and recently global health security and COVID-19 (MOH, 2018, 2021; MoH Uganda, 2020).

In Uganda, like other countries, the public sector reforms based on NPM and democratic principles undertaken in the late 20th century influenced the health system's organisation and performance. Privatisation and liberalization of social sectors, such as education and health, as well as decentralisation reforms, were undertaken in the 1990s, albeit with mixed results on service delivery (Okuonzi, 2004; Ssengooba F, Yates R, Oliveira-Cruz V, 2006; Ssengooba *et al.*, 2007; Roberts and Ssejjaaka, 2017). Within Uganda's health sector, key reforms have included a) decentralisation reforms that included the establishment of subnational health governance and management structures and b) increased engagement with private sector actors (Okuonzi, 2004; Tashobya Christine; Musoba Nelson; Lochoro Peter, 2007; MoH, 2015; MOH, 2017a; van de Pas, Ssennyonjo and Criel, 2017; Ssennyonjo *et al.*, 2018a).  Evidence of increased realization of the need for MSA for health in Uganda to respond to the effects of these reforms and other contemporary developments exists. For instance, the  Ministry of Health (MoH), as the mandated government agency for health, proposed establishing and tracking the functionality of coordination mechanisms for inter-ministerial collaboration, such as joint planning and budgeting and regular performance reviews (MoH 2015).

The global health and SDGs agenda reportedly inspired the MOH's coordination relationship with other sectors. These global actors and their agendas sometimes provided opportunities for coalescing multisectoral efforts. A non-state actor and a MOH official remarked.

> *I would say that the intention of the Ministry of Health is clear in trying to coordinate in view of the global agenda of the SDGs, in particular, SDG3 concerning universal health coverage. The Ministry of Health intends to get everybody together to work on that. NSA-2-ED PNFP*

*We also participate a lot in the dialogues and discussions that health development partners conduct. At their level, we are always invited to be part of their discussions so that we can better understand what they intend to do in what areas and better be able to guide them based on the priorities we have. -MOH-1_ASST. COMMISSIONER*

Indeed, attention to global priorities was said to positively shape MSA by challenging the norms in the health sector, which primarily focuses on health care. Comments from a non-state actor noted that.

*..the Ministry of Health's mandate, to a large extent, is about health care. But, if we are talking in the context of SDGs and we are talking in the context of health, then the effort has to go beyond healthcare to bring other players that contribute immensely to the health outcomes – NSA-2-ED PNFP.*

To some degree, coordination among MDAs was driven by actions to reach international development targets such as universal health coverage. However, global attention to health determinants equally shaped how health financing was being approached.

*I think they (the health sector) used the money so much in the curative approaches. However, now we also need to open (up) and see how the determinants of health can be financed. Actually, we want now to convince the partners to go out and finance the key determinants of health in the various ministries- MDA-3_MANAGER NPA.*

The global efforts toward health promotion, good health and well-being also facilitated the explicit acknowledgement of the linkages between health and development outcomes at the national level('THE REPUBLIC OF UGANDA MINISTRY OF HEALTH A ROADMAP TOWARDS UNIVERSAL HEALTH COVERAGE IN UGANDA 2020 / 21 to 2029 / 30', no date; van de Pas, Ssennyonjo and Criel, 2017; OPM, 2018). These developments contributed to the positioning of multisectoral efforts for health in broader development discourse and practice.

*Largely, health is not an issue for the Ministry of Health. Health is a development issue, and since it is a development issue, there are many players. All sectors are players. They contribute to the development, and therefore, we largely coordinate and collaborate with all sectors for better health - MOH-3_COMMISSIONER.*

Coordination also fostered increased interprofessional engagement within the health systems.

*..because of the burden they have faced and seen, they (the health sector stakeholders) have realized the need to work with other people like social doctors, environmental doctors, technicians, mobilizers and researchers to improve health- MDA-3_MANAGER NPA*

Despite the positive influences above, a few concerns about the global developments potentially entrenching silos were reported. Multisectoral coordination often happens because of earmarked funding from a specific "vertical" programme. The example of RMNCAH programming indicated that MOH had to coordinate its activities within the frame

of the funding specifications, and international-level changes animated national-level adjustments. One donor intimated

*So as new monies come on the globe, even... the strategizing changes. After this period (2005-2015), new monies came from the globe to fund focused investments in maternal health. Again, countries were asked to draw plans for the health sector to invest in - NSA-5_SENIOR OFFICIAL UN AGENCY.*

Conversely, the power associated with high donor funding to the health sector incentivised "protectionism" over the generously funded health programs. This reality led to MOH officials adopting behaviours to safeguard control over these resources. The relationship between MOH and other sectors was characterized by anti-cooperative behaviours such as the unwillingness to delegate internally or collaborate externally. Accounts of non-health government officials affirm

*The other thing is that people tend to own programs, so it is tough at times if the person is not there. People do not delegate. It is a big problem- MDA-5_NATIONAL COORDINATOR (AGENCY)*

*One problem is that they (MOH) are overwhelmed. The resources that come (to specific health programs) create more silos than connections within them-MDA-1_MANAGER NPA3*

## 8.5   Chapter Summary

This chapter examined the experiences of coordination relationships between non-health sectors and MOH in Uganda between 2015 and 2020. The influence of several contextual factors, actor relationships and power dynamics on the MoH-MDA relationship have been elaborated. These aspects are summarized in Table 28 below.

The chapter has underscored several aspects of actor relations and political dynamics during external coordination. The health sector has strived to articulate the inter(dependences) and contributions of non-health sectors. The MOH-MDA coordination relationships are generally framed lopsidedly as advancing health sector goals, not vice versa. The aspects of politics of external coordination were considered, including strategic framing, diverse actor interests, and power differentials among MDAs.

Regarding internal MOH coordination, the chapter has underlined the influences of structural-institutional factors and other broader political factors. Internal MOH coordination has been presented as essential for the success of external coordination. Health sector politics manifests as fluctuating political settlements, issue-based coalitions and factionalism that threaten internal cohesion and coherence of efforts. Several structural and non-structural instruments have been adopted to support internal and external coordination. These have varied functionality. The alignment between the MOH's organisational mandate and

resources that support its mandate is inadequate to sustain the core roles of the MOH. The chapter has further highlighted the need to situate MOH-MDA relationships within broader government and global development efforts.

*Table 28:Factors and their influences on the MOH-MDA relationship*

| Factors | Supportive influences | Constraining influences |
|---|---|---|
| 1)Actor relations and political dynamics during external coordination | • Various actors acknowledged and codified in policy and legal documents.<br>• Explicit linkages of MDA contributions to their mandates<br>• Actor interests and actions in managing sectoral (inter)dependencies.<br>• Positive collaborative experiences due to convergence of interests towards mutual goals. | • Lopsided framing of benefits towards health goals.<br>• Some actor roles are not explicit or mutually understood.<br>• Opportunism and Conflicting interests: the opportunistic and self-interested MoH<br>• The internalization of health imperialism and perceptions of navel-gazing<br>• Asymmetrical intentions of non-health MDAs |
| 2) Influence of structural-institutional context and political dynamics on internal MOH coordination | • existence of a comprehensive toolset constitutive of legal-institutional frameworks for horizontal and vertical coordination within and outside the health sector<br><br>• Compartmentalisation, issue-specific factions and advocacy and frequent changes in political leadership drive internal political dynamics. | • Deficits in internal coordination within MOH were undermining external coordination.<br>• Comprehensive focus but skewed attention towards health care.<br>• misalignment of organizational structures and staff resources to the actual MOH mandate<br>• Gaps related to MOH legal institutional frameworks, such as constrained functionality and limited resources.<br>• Influence of broader historical and political landscape |
| 3)Linkages with the broader government and development efforts | • Deliberate attempts to align internal coordination efforts with national and global planning frameworks.<br>• Several global agendas as extant opportunities for coalescing multisectoral efforts, | • Concerns of international forces entrenching silos within the government |

Specifically, the MOH has attempted to leverage government-wide coordination instruments such as structures such as the NPA and planning processes such as the development of the national UHC roadmap to advance coordination towards its mandate and goals. The evolving and dynamic influence of donors and international development agendas

such as MDGs, SDGs and UHC on the pursuit of coordinated action towards health goals have been underscored.

This chapter should inform the critical actions to improve coordination between the health and non-health sectors. Introspection within the MOH is vital to inform efforts to modify the MOH's internal functioning and positioning within the broader government to advance the MOH's development aspirations strategically. The nature of MoH's role in multisectoral efforts should be contingent. Considerations of mutual sectoral interdependencies and interactions with and within broader government systems are critical. Our findings should inspire decision-makers and researchers to consider how MOH should modify its internal functioning to coordinate with other sectors. Furthermore, these findings are relevant to MSA( to address contemporary challenges such as COVID-19 (Lee and Morling, 2020) and SDG objectives such as universal health coverage, no hunger, zero poverty, climate change, urbanization and good education (Graham *et al.*, 2018; Hussain *et al.*, 2020). These emerging insights, their implications and recommendations are discussed in depth in the next two chapters.

# 9 DISCUSSION

## 9.1 Introduction

This thesis aims to unpack and advance intragovernmental coordination at the national level to contribute to the multisectoral approach to UHC that the country committed in its National UHC Roadmap. Pursuing those objectives contributes to the growing body of knowledge on what intragovernmental coordination entails, the coordination instruments and the role of internal and external contexts in shaping IGC at various levels within the national government. The thesis applied a diverse set of theoretically and empirically informed approaches to investigate how and why government entities coordinate with each other (or not) to draw lessons to advance health and development objectives. This chapter and the next chapter examine the implications and recommendations for research, policy, and practice (objective five). This chapter synthesises and discusses the findings of each of the study objectives. This discussion will be followed by methodological insights highlighting the reflections on applying the multitheoretical approach and the potential of the critical realist (CR) paradigm for framing future research orientation.

## 9.2 Intragovernmental coordination is a complex and multidimensional phenomenon.

The first objective of this study was to develop an in-depth and multidimensional view of coordination practice in LMIC settings with a focus on SSA, particularly settings similar to Uganda. The popularity and causal usage of the coordination concept provided the impetus to clarify its meaning within the context of national government. The implicit questions are: *what does coordination under such circumstances entail? How is it conceptualised, and what are the implications thereof*? Such a complex phenomenon could not fit into a simple definition. Therefore, an MCF was developed from the literature review (chapter 2.3) to guide this thesis.

The study, through a narrative review and synthesis of literature, developed the multidimensional coordination framework (MCF) for government action. The MCF emphasizes coordination's external-internal and vertical-horizontal dimensions. Based on this framework, this study analysed IGC across two strata, namely a) national government and b) intersectoral levels- each with both internal-external and vertical-horizontal dimensions. Coordination instruments were treated as unique entities across all government strata (chapter 3.3 and Chapter 6). The IGC entails three other dimensions: a) core coordination activities/processes, b) objects of coordination and c) the associated outcomes.

The thesis demonstrated the need to pay attention to the specific dynamics within and across these dimensions. For example, an important consideration is whether coordination is being

pursued towards a short-term product (e.g., a multisectoral plan) or a long-term outcome (such as improved health status).

Practically, the MCF proved helpful for capturing the multifaceted nature and complexity of the IGC of MSA for health. The analytical domains and their interrelationships aided in gathering and assessing various dimensions of coordination in a structured and systematic way. Arguably, the framework could be applied to derive a rich understanding of the coordination of MSA by first appreciating that the national governments are not homogenous entities. They are multi-organizational and multilevel entities with vertical and horizontal dimensions. They are not simply bureaucratic and symbolic edifices but comprise active interactions among entities.

Practical experiences from our study reported policy development and implementation (policy and administration coordination) as coordination objects. Following other studies, coordination could be described regarding the stages of policy development(Baum *et al.*, 2019; Okeyo, Lehmann and Schneider, 2020b). The planning and policy-making processes serve as an opportunity to deliberate the problems and solutions. Several direct outputs, such as programs, plans and strategies, emanate from these processes. Dependences (e.g., sequential dependence where one output forms input into the next phase) are mainstay features of the intergovernmental coordination process (Ashworth et al., 2013). Policy products function as inputs into implementation.

Public health efforts pursued under health in all policies and healthy public policy usually focus on policy processes at the whole government level(Harris, Kemp and Sainsbury, 2012; World Health Organization, 2012; Lawless *et al.*, 2018a). The MCF shows that exploring how and why such approaches are implemented requires articulating the dimensions under consideration. For instance, the external entities an organisation coordinates with vary by its hierarchical positioning in government and policy issues. The scope and details of coordination efforts will vary depending on the level under consideration. Relatedly, approaching MSA from the angle of thematic policy domains or specific programmatic areas will affect how coordination ensues. Our study hinted at policy areas such as nutrition with a longstanding tradition of IGC efforts(Pomeroy-Stevens *et al.*, 2016). These could provide valuable lessons for other policy domains by serving as reference points during coordination efforts.

## 9.3  Emerging insights on coordination instruments and implications for MSA for health in Uganda

This study's second objective contributes to the ongoing debate on how to structure and organize coordinated MSA for health in Uganda, taking a government perspective and

drawing on interdisciplinary insights from public administration, policy studies and a multi-theoretical framework. Using an adapted typology of coordination instruments, we highlighted the nature of CIs based on their underlying coordination mechanisms and the factors influencing their functioning.

### 9.3.1 *Coordination instruments exist as mixes with hybrid institutional mechanisms.*

Consistent with public administration literature (Peters, 1998, 2005; Institute on Governance, 2014), this study found a hybrid body of structural and non-structural instruments to coordinate Uganda's intragovernmental efforts at the central level. This CI mix forms the repertoire of tools available to pursue coordinated MSA for health within the national government context. This study adapted Bouckaert and colleagues' (2010) framework to support the identification and differentiation of central government CIs, infer their underlying CMs, and analyse how these influence their functioning. This framework provided a more sophisticated and comprehensive analysis beyond a mere description of instruments.

Our study revealed that Uganda's CIs are underpinned by hierarchy and network mechanisms at the national government level. Many instruments integrate both mechanisms. For example, the negotiation and consultative bodies such as inter-ministerial committees, although primarily based on a network logic, also possessed hierarchical attributes to draw on the associated structural power. Indeed, the recourse to central coordination agencies personified by the Ministry of Finance (wielding power over line ministries through budget approvals) and the PM's office (wielding coordination power relying on its hierarchical power) epitomise coordination through structural power derived from legal mandates (Peters, 1998; Bouckaert, Peters and Verhoest, 2010). The rationale and implications of co-existing two CMs within a single or set of related CIs are worth further scrutiny. According to Tenbensel (2018), each mechanism has inherent strengths, weaknesses and resources it draws on. Two CMs in one instrument could provide complementary or contradictory features that support or constrain CI functionality. These aspects are explained subsequently.

### 9.3.2 *Interactive dynamics among instruments and mechanisms influence their actual functionality.*

Our findings hinted at empirical disparities between coordination instruments' ideal and actual functionality. Despite clear mandates, central-level agencies such as the OPM and NPA were constrained by limited technical capacity and non-material resources, such as legitimacy. In the case of OPM, the frequent corruption scandals play a contributory role. This observation is consistent with other assessments (Cabinet Secretariat, 2013; Pomeroy-Stevens *et al.*, 2016; Roberts and Ssejjaaka, 2017; Ssennyonjo, Ssengooba *et al.*, 2022) and with

literature from LMICs emphasising the causal importance of relational and technical factors (Hongoro, Akim J and Kembo, 2012; Zaidi *et al.*, 2018; Mahlangu, Goudge and Vearey, 2019).

Similar to public administration and policy scholars (Alexander, 1995; Capano and Howlett, 2020), our study noted that these CIs co-exist interdependently, sometimes in harmony and occasionally not. Functionality then becomes dependent on these interactions as (a set of) CIs shape(s) and are shaped by other CIs. CIs can be considered as inputs and outcomes of each other's functioning. For example, structural tools such as Cabinet and Interministerial committees serve as drivers, spaces and contexts for adopting and implementing non-structural tools. The former also serve as arenas through which coordination problems are revealed and discussed in search of solutions(Bouckaert, Peters and Verhoest, 2010). Similarly, procedural instruments correspond to the processes through which coordination structures are established and operationalized. When pursuing coordinated MSA for health, unearthing and considering these interdependences, inherent interactions, compatibility, complementarity, or contradictions among the different instruments and their underlying mechanisms is vital (Bryson, Crosby and Stone, 2015).

### 9.3.3 *Application of the lessons learned for managing interaction dynamics among CIs.*

I draw the following implications from the observations above:

1. Our study reveals a strong tendency in Uganda towards hierarchically superior central coordination instruments such as the OPM and Cabinet. However, consistent with political economy perspectives, the functioning of hierarchical bodies is not straightforward. The existing institutional arrangements shape and are influenced by actors' interests, power dynamics and underlying ideas. At the same time, the coordinated MDAs were noted to exercise agency in responding to top-down control, at times resisting it overtly.

2. Structure and agency are considered analytically different but related concepts, and understanding complex social phenomena such as coordination requires deliberately examining their interactions (Archer, 1995; Lamsal, 2012; Danermark, Ekström and Karlsson, 2019). Structures shape what agents (individual or collective) can or cannot do, but they do not determine their actions. Similarly, structures such as political institutions, norms, values and other institutional arrangements in government and society depend on agents to reinforce, perpetuate or undermine them (Hudson and Leftwich, 2014). These power dynamics invite caution against indiscriminately using hierarchical tools. Efforts to situate the coordination of health goals, such as UHC at central coordinating agencies in Uganda (MoH Uganda, 2020),

are reasonable but should consider the agency of the coordinated MDAs. Over-centralising can lead to resurfacing inefficiencies (Peters, 2005).

3.  Relatedly, coordination bodies are in themselves agents that seek to optimise organisational or collective goals, pointing to the dual nature of these entities. They undertake deliberate action to facilitate their coordination function. In Uganda, the OPM internally reorganised and developed relevant policy tools (e.g. National Coordination Policy). A granular examination of coordination bodies indicates that they are not homogenous but layered entities with multiple sub-ordinate entities, increasing their complexity. For example, the First Lady, who was chosen to champion adolescent health, also heads the Ministry of Education, which is considered to play a prominent role in adolescent health(George *et al.*, 2021). The OPM is divided into special ministries and several departments (Roberts and Ssejjaaka, 2017). Our findings emphasise that such compartmentalisation infuses and activates power differences and entrenches internal silos undermining the functioning of the coordination bodies.

### 9.3.4 *Implications for managing change processes for coordination instruments*

First, the co-existence of several CIs within government systems implies that the choice, implementation and modification of CIs are both political and technical processes (Candel and Biesbroek, 2016; Capano and Lippi, 2017). Procedures for mandatory consultation, negotiation and review of drafted policies and legislative instruments illustrate the application of hierarchical power as part of the coordination culture in government. Actors have to judiciously navigate existing institutional and power arenas comprised of other CIs. Similarly, the requirement for new policies in Uganda to align with the national strategic vision and development plans smoothen the need to contest over ideas, resources and interests for enhanced IGC(National Planning Authority, 2015b).

Second, our study revealed that market-based tools were generally absent at the national government level, despite the recent global trends such as the pursuit of result-based management approaches in Africa underpinned by neoliberal market logic (African Development Bank 2017, Oxman and Fretheim 2009). The Ugandan context (like other LMICs) is characterized by challenges in performance measurement, risk-averse principals, weak capacity to monitor, high transaction costs, strong interdependence, high complexity and uncertainty (Roberts and Ssejjaaka, 2017; Uganda Ministry of Public Service, 2017; Mukuru, Suzanne N Kiwanuka, *et al.*, 2021; Ssennyonjo, Ssengooba, *et al.*, 2022). These features favour the dominance of tools based on hierarchical and network-based mechanisms as per the TCE and PAT theories (Rossignoli and Ricciardi, 2015). Additionally, the limited application of market-based tools can be explained by notions of path dependency in institutional change (Thelen, 1999). New CIs and mechanisms are historically contingent (Hall and Taylor, 1996).

As demonstrated by the SDGs, leveraging and capacitating existing systems might offer benefits such as reduced resistance, higher legitimacy and lower transaction costs (OPM, 2021). This consideration partly explains the delegation of coordination powers (e.g. from OPM to MOH for epidemics) to reduce coordination costs.

Similarly, adopting new market-based CIs, such as program-based planning and budgeting (PBB), which attempt to tag budgets to development outcomes, is envisaged to be problematic. Early experiences of the PBB reforms in Uganda were reportedly constrained by performance measurement challenges, the incongruence of information systems and the malalignment of reforms with existing administrative structures (Abewe et al., 2021).

## 9.4 Factors that influence intragovernmental coordination at the national level

The third objective of this thesis is to examine the contextual factors, actor relations, and power dynamics that influence IGC at the national government level in Uganda. The study found that significant coordination problems arise from dynamic and complex interactions among different structures, actors and causal processes. Interdependencies, coordination costs, broader political context, misaligned interests, institutional factors, and ideational aspects were key factors that had diverse and contingent influences on the IGC. The traditional bureaucratic logic of specialisation and associated professional bureaucracy enhanced by NPM principles created an (inter)organisational context that encouraged fragmentation in government (Brinkerhoff and Brinkerhoff, 2015). The legal-institutional context, especially regarding budgeting, perpetuated siloed planning and program implementation. Informal institutions such as corruption created a de facto institutional culture antagonistic to coordination. Resource dependence is a significant driver of intragovernmental coordination(De Leeuw, 2017; Ssennyonjo, Van Belle, *et al.*, 2021) but was undermined by the desire to control other parties' resources instead of pursuing mutually beneficial outcomes. Inside the government, various MDAs often compete for resources. These realities induce civil servants' resentment toward collaborative initiatives (Bouckaert, Peters and Verhoest, 2010a; Shankardass *et al.*, 2018a).

### 9.4.1 Coordination-related transaction costs influence coordination decisions.

The TCE perspective recognises that coordination involves costs inherent in the exchange processes (Rossignoli and Ricciardi, 2015). The MDAs are motivated to minimise costs, which explains why an agency internally absorbs some transactions and not others. This study distinguishes transaction costs between coordinating entities from those incurred by central entities with coordination roles. The costs involved in searching for partners to coordinate with within the government are usually reduced by a clear assignment of mandates.

However, this is rarely the case (Carey, Mcloughlin and Crammond, 2015; Shankardass *et al.*, 2018). As our study reveals, there are costs related to building a shared vision, bringing together organisations with various mandates and cross-organisational learning. Consistent with PE perspectives and RDT, the findings confirm that these costs could be positively mediated by trust, considerations of what interdependence entails, a communication strategy and earmarked budgets for coordination(Ssennyonjo, Van Belle *et al.*, 2021a).

### 9.4.2 *Intragovernmental coordination of multisectoral action as a political process*

The study revealed several manifestations of power dynamics, including competition and conflicts over resources (especially budgets), external donors inducing compliance through conditioning coordination on aid, contestations over mandates, framing issues in self-interested ways and adopting behaviours (such as non-compliance to rules) to undermine the power of coordinating agencies. Consistent with political economy literature(Hudson and Leftwich, 2014; Balarajan and Reich, 2016), informal norms of demanding economic rents, such as teas and transport allowances and instances of corruption, such as misappropriation, were encountered.

#### 9.4.2.1 Power disparities are entrenched in government bureaucratic systems and the broader political context.

This study confirms the significance of several social mechanisms related to coordinating parties' perspectives, interests and power (Hudson and Leftwich, 2014). Organisational and individual interests were reportedly pursued by emphasising professional superiority, lobbying for budgets and external resources, and justifying resistance to change because of favourable power structures. Power and politics underpinned by structural positions in the government bureaucracy were often counterbalanced by the agential power of individual MDA derived from respective legal mandates and control over resources. The incongruence of interests and conflicting incentives among political leaders and technical experts negatively affected coordination by the politicians renegading on positions agreed upon by their technocrats. Such dynamics should be managed judiciously.

The study underscored power disparities in a government system associated mainly with official organisational mandates as experienced elsewhere(Peters, 2005). The study further underscores that effective coordination entails role specifications and considerations of the interdependencies within those roles and processes(Bennett, Glandon and Rasanathan, 2018). Coordination practice manifests itself as differentiation, internalization, and operationalization of mandates and roles within the government.

For the Ugandan case, coordinating the OPM working with other line ministries is fundamental(OPM, 2016). Relatedly, OPM's coordination with NPA was highlighted as the

former coordinates policy implementation while the latter coordinates national strategic planning(Roberts and Ssejjaaka, 2017; Ssennyonjo, Ssengooba, *et al.*, 2022). Stakeholder mapping should be a core coordination activity to establish legitimate role bearers, their interests, and potential contributions.

The study underscored that the political dynamics in Uganda resemble other African states and are underpinned by neopatrimonial practices coexisting with formal institutions(Okuku, 2015; Cheeseman, 2019). The political elites tend to undermine the Weberian principles of the legal-rational bureaucracy. The exercise of power by the ruling coalitions and the President has a significant bearing on how the bureaucracy functions to advance the development agenda(Bukenya and Muhumuza, 2017; Bukenya and Golooba-Mutebi, 2019). For example, appointing political loyalists into formal positions of authority breeds tensions between political and organisational goals(Hickey, Bukenya and Matsiko, 2023). The political settlements shape the incentives facing those with power. For example, political leadership and ruling factions also have the power to drive IGC if their interests are well aligned with the development agenda and reforms(Robinson, 2004). Therefore, political actions such as strategic framing, coalition building, and advocacy are essential to improve political salience and collective agency for health and IGC(Michael R. Reich, 2002). These political realities are rooted in the historical colonial past and are perpetuated by donor and external influences. Enhancing IGC requires attention to these realities.

### 9.4.2.2 Ideational factors and the primacy of framing in multisectoral efforts

Ideational factors such as what constitutes interdependences, their meaning and corresponding values, and what is considered coordination problems and solutions underlie the political dynamics of coordination (Bennett, Glandon and Rasanathan, 2018). Some actors erroneously reduced coordination to meetings and refreshments, negatively impacting commitments to and resourcing coordination efforts. Therefore, the following are crucial: a) how one communicates the vision of why coordination matters and b) how this vision is perceived and potentially shared or not by different MDAs with different mandates, roles, responsibilities and interests are critical. Limited information exchange and unfavourable perspectives, such as considering coordination as a purview of agencies higher in the bureaucratic hierarchy, undermine coordination efforts.

Regarding the MoH-MDA relationship, contrary to Rasanathan et al.'s. (2015) assertion that MSA for health is not equivalent to health imperialism, our study found indications that MoH was behaving "superior" to other sectors. This aspect manifested in how MSA was framed (as other sectors must contribute to the health sector mandates) and MoH's limited participation in efforts led by other sectors. MOH's pursuit of MSA was assumed to be motivated by self-interest to advance its mandate and oblivious to the risk aversion of other

MDAs. Consequently, non-health actors hesitated to participate in MoH-led efforts, reflecting a "*not for us, without us*[51]" attitude. The MOH must confront the negative reputation and address its tendency not to join multisectoral efforts led by non-health MDAs. The health sector should also revisit the framing of multisectoral strategies, such as Health in All Policies, that carry notions of health imperialism (Mauti *et al.*, 2019).

Our study agrees with other literature (Rasanathan *et al.*, 2017; Kuruvilla *et al.*, 2018) that MSA for health is occasionally defined narrowly around disease conditions and healthcare solutions. Proper healthcare is and will always remain an essential demand from people. However, MoH officials must "understand" that health services alone will not suffice in the long run. If health is defined and approached broadly (i.e., beyond healthcare), then the MSA for health could also be framed as the MSA for other development goals, such as better education or nutrition. Perhaps this case has not been adequately justified and communicated to other sectors. So, "tactically" speaking, an entry point to MSA that does not put health at the centre but makes the case that each sector needs collaboration with other sectors to fulfil their core mandates may be more palatable to other sectors. Thus, MOH would appear less "imperialistic", and MSA would be easier to implement. MOHs should consider communication and public relations strategies and deliberate advocacy agendas that articulate these aspects. Furthermore, fragmented information systems perpetuated by interests and practices of intragovernmental and external actors enhanced information asymmetries between government actors. These conditions (further) hamper effective internal government coordination by increasing transaction costs and distrust arising from opportunistic behaviours (De Leeuw and Peters, 2015).

### 9.4.2.3 Achieving long-term coordination outcomes requires sustained efforts.

Based on the multidimensional framework, coordination was considered a rational and instrumental process to achieve sector-specific and general development goals. Our study draws attention to the specific goals that galvanize coordination efforts. Accordingly, coordination goals can be categorized into short-term, intermediate, and long-term outcomes (Ansell and Gash, 2008b). Consistent with the literature, coordination was expected to ensure efficiency and effectiveness in government operations(Santos, Behrendt and Teytelboym, 2010; Akl *et al.*, 2015).

Coordination for short-term results, such as developing a policy document or plan, is arguably easier to attain than efforts toward long-term results, such as poverty reduction or universal health coverage. This situation is partly because of the challenges to sustaining

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[51] *Not for us, without us* is used to reflect tendencies to oppose single-sided development processes that do not involve the primary targets or beneficiaries of an intervention or process. In the context of this paper, it reflects the MDA response to shun multisectoral efforts where they are not involved in the planning and development phase.

interests, ownership, mutual accountability and political support that vary during the collaborative process (George *et al.*, 2021; Abbas, Shorten and Rushton, 2022). For example, Okeyo et al. (2021) documented the experiences of waning interest over time in intersectoral efforts for an early child development intervention in the Western Cape province in South Africa. These observations underscore the salience of insights from policy studies that highlight the impacts of collaborative dynamics during policy development (B Guy Peters, 2018). The design of multisectoral interventions should be mindful of the supportive actions toward long-term results. For example, setting realistic expectations and synchronising efforts with the policy cycle is essential. The short-term outcomes emphasized (such as building shared understanding) are critical catalysts for long-term commitment to coordination efforts. Investments in forums for engagement, such as policy dialogues, are essential to facilitate these outcomes(Emerson, 2018).

### 9.4.3 History matters: New Public Management, agencification and organisational specialisation.

Motivations and barriers to coordination can be understood within the spectrum of history(Fraser, 2013). This study confirms observations from high-income settings (Verhoest, 2013) and other countries in Sub-Saharan Africa. According to Agarrat (2015), government architecture is path-dependent on NPM and related public sector reforms of the late 20th century(Christensen and Lægreid, 2008; Doorgapersad, 2011; Brinkerhoff and Brinkerhoff, 2015). These findings concur with Cejudo et al. (Cejudo and Michel, 2017) that due to NPM, "over time, different policy domains (sectors) developed their segmented conception of policy problems, appropriate solutions, ideologies and interests". These realities further underscore the role of institutional and ideational change in advancing intragovernmental coordination (Ssennyonjo, Van Belle, *et al.*, 2021).

The NPM reforms were a constellation of principles and institutional arrangements that emphasised organisational specialisation, narrowing the purview of government and increasing privatisation and decentralisation(Agarrat, 2015; Brinkerhoff and Brinkerhoff, 2015).

Over time, the national strategic vision has been espoused in the Poverty Reduction Strategic Study (PRSP), the Plan for Modernisation of Agriculture (PMA), and the Poverty Eradication Action Plan (PEAP)(Government Of Uganda, 2015). Donors have also introduced sector-wide approaches and results-based planning and management approaches (Brinkerhoff and Brinkerhoff, 2015). In addition, a National Coordination Policy was adopted in 2016. This study investigated these efforts by focusing on the various instruments used to promote intragovernmental coordination.

This study revealed that the influence of the NPM reforms is still ongoing. Therefore, their mixed (facilitative and constraining) effects on Uganda's context and motivations for IGC should be anticipated and appropriately managed (Doorgapersad, 2011; Brinkerhoff and Brinkerhoff, 2015). In a broader sense, NPM might have led to flexible decision-making and more heterarchical structures as it diffuses state power by engaging non-state players in governance(Jessop, 1998). Those could be genuine and desirable outcomes. However, such goals are achieved at the expense of undermining internal coordination within government due to increased fragmentation and agencification. At the minimum, as the NPM benefits are being harnessed, the detrimental effects on coordination should be paid attention to. Unsurprisingly, counter-reforms towards more (re)centralisation have been adopted in several countries (Kroukamp, 2000; Cammack *et al.*, 2007; Brinkerhoff and Brinkerhoff, 2015; Madinah *et al.*, 2015).

### 9.4.4 *Donor dependency and extra-government influences shape intragovernmental coordination.*

Similar to other studies (Oliveira Cruz and McPake, 2010; Nikraftar and Shokri, 2014; Walsh, 2014; Pelletier *et al.*, 2017; Ssengooba, Namakula, *et al.*, 2017; van de Pas, Ssennyonjo and Criel, 2017; Rasanathan *et al.*, 2018; Mahlangu, Goudge and Vearey, 2019; Mukuru, Suzanne N. Kiwanuka, *et al.*, 2021; Ssengooba, Ssennyonjo, Musila, *et al.*, 2021), the influence of the extra-government context and actors were prominent and realised through shaping development agendas, norms, ideas and resource flows. By illuminating the donors' power in shaping the development agenda over the last 30 decades, this study underscores a context particular to donor-dependent LMICs and a period when certain donors pushed for institutional strengthening of MDAs as a way to bolster ("good") governance(Brinkerhoff and Brinkerhoff, 2015).

Donors are strong players and can facilitate or constrain coordinated behaviours by, for example, pushing separate agencies, fragmented funding and data systems that perpetuate sectoral silos(Buse and Walt, 1996).

The study affirmed the heavy dependence of health programming in Uganda on donor support (Orem Juliet *et al.*, 2009; Stierman, Ssengooba and Bennett, 2013; Ministry of Health, 2017; Odokonyero *et al.*, 2017; Ssengooba, Namakula, *et al.*, 2017; van de Pas, Ssennyonjo and Criel, 2017) as an influential factor for MSA for health in practice. The strong donor support accorded the health sector a privileged position compared to other ministries, yielding considerable structural power. Sometimes, donor-funded projects provide incentives for coordination or perpetuating self-interest among MDAs. Related global agendas such as the social determinants of health, SDGs, UHC and global health security promise to support MSA

by articulating the case for sectoral independence, shaping resource flows and inculcating positive ideas of working across sectors(van de Pas, Ssennyonjo and Criel, 2017). The COVID-19 pandemic has fostered government-wide multisectoral strategies in many countries, including Uganda (Federica Margini *et al.*, 2020). Lessons from such efforts should be documented to inform national multisectoral coordination efforts.

## 9.5 Specific considerations for navigating coordination relationships between MOH and other government entities

The factors that influence intragovernmental coordination covered in section 9.4 above are still relevant to the horizontal coordination between health and other sectors in Uganda and offer lessons for other SSA settings. However, this study also analysed in-depth the MoH-related factors that shape the nature and extent of its coordination with other MDAs (objective 4). Below, we discuss these findings and their implications.

### 9.5.1 Politics of managing interdependences and contingent role of MOH in leading multisectoral action for health

Our study also revealed potential tensions between meeting the specific organisational and system-wide goals for the whole government. Previous research indicates that coordination often fails between actors trying to maximize their primary ministerial or sectoral goals(De Leeuw, 2017). The costs in terms of financial resources, time, and staff capacities also have substantial impediments to cross-sectoral working (Rasanathan *et al.*, 2017; Hussain *et al.*, 2020). Our study concurred with existing literature (WHO, 2013b; Chircop, Bassett and Taylor, 2015; De Andrade *et al.*, 2015) that many health improvement efforts are outside the control of the MOH despite the latter carrying the mandate for health in Uganda. From this assessment, it is essential to acknowledge that MSA for health is not a preserve of the health sector or MOH alone.

Other sectors, such as energy, education, agriculture, and trade, have legitimate and critical contributions. Although the health sector is usually a leading proponent of MSA for health, it is not always the best suited to lead such efforts (Rasanathan *et al.*, 2017). Therefore, the appropriate MoH/health sector roles should be systematically analyzed and negotiated with other actors for each MSA initiative, such as water and sanitation, social protection and road safety programs.

The assessment and planning to differentiate sectoral roles can be supported by frameworks such as the typology of MSA(Rasanathan *et al.*, 2017; George *et al.*, 2021) and the Appreciation, Influence and Control (AIC) framework (Honadle and Cooper, 1989). Rasanathan et al.'s (2017) affirm that MSA could arise with or without the health sector's input. The health sector would benefit from outcomes arising from actions in other sectors. Similarly,

following the AIC framework, the influence sphere corresponds to the external environment where the MoH cannot fully control what other MDAs do. By implication, the hierarchical top-down authority internal to the MOH does not fit horizontal coordination (Synnevåg, Amdam and Fosse, 2018). Hence, network-based approaches that acknowledge equal power, negotiation, and mutual learning are more appropriate to MSA.

### 9.5.2 Internal coordination as the foundation for external coordination: MoH internal politics as a reflection of broader political dynamics

The study revealed several relevant aspects of internal politics within the health sector, particularly the MoH. One dimension is single-issue advocacy and factionalism, which threaten a broader and comprehensive approach to health improvements. These realities are perpetuated by the organisational set-up of the sector where policy issues such as maternal and child health, nutrition, sanitation and disease control programs such as malaria are compartmentalised within specific departments and divisions (Kwarisiima, 2020; MoH Uganda, 2020). These programs tend to be verticalised with limited horizontal coordination.

Other dynamics related to neopatrimonial practices of patronage are closely intertwined within the national political landscape (section 8.3). These have manifested particularly regarding the recruitment of sector leaders and officials (Kwarisiima, 2020). The frequent changes in the top ministry leadership along electoral cycles disrupt the continuity of programming and the pursuit of a long-term vision within the sector (Bukenya and Golooba-Mutebi, 2019). The conflicts among top ministry leadership have occasionally played out openly in the media. The study revealed a particular concern that some top MoH officials were illegitimately recruited based on their political affiliations other than technical competencies during the 2018-19 MOH restructuring. The dominance of medical professionals in the sector, although useful in driving the technical aspects of the sector, also tends to deepen the medicalisation of health. Some critical cadres, such as policy analysts, are underrepresented yet required to support the MoH's primary mandate of policy development and pricing a strategic direction. Positive political actions like mobilising political leaders to champion certain causes promise to offer opportunities to raise the clout and political salience of UHC.

### 9.5.3 Implications of MOH's attempts to leverage ongoing government-wide efforts

MoH's aspirations for MSA should be contextualized within the changing broader government system and external environment(Ssennyonjo, Van Belle, *et al.*, 2021). MOH's hesitancy to work with other sectors is not unique but typical of the government bureaucracy in Uganda (OPM, 2016; Roberts and Ssejjaaka, 2017) and elsewhere (Carey and Crammond, 2015; Molenveld, Verhoest and Wynen, 2021). Nevertheless, the aspirations for whole-of-government coordination espoused at the strategic levels of government could act as

springboards for better coordination of MSA for health (Tosun and Lang, 2017). The study revealed that the MoH possessed several instruments and strategies for MSA, albeit with varying levels of functionality. The functionality of coordination and partnership structures, such as the TWGs and senior and top management(MOH, 2013), was suboptimal. These structures and activities could become core magnets for general and issue-specific coordination(B. Guy Peters, 2018; Mauti *et al.*, 2019). These should be resourced to coordinate units and departments in MoH and externally with other MDAs. In addition, planning instruments such as the HSDP and issue-specific plans such as the UHC roadmap should be marketed internally and externally within the entire government. Specifically, the study respondents recommended that multisectoral plans linking several sectors be streamlined for crosscutting issues.

Therefore, efforts to coordinate at MoH co-exist within a broader external institutional context that constitutes facilitative or constraining forces. For example, the new MOH's Department for Multisectoral Coordination in Uganda operates within a setting where multisectoral coordination is considered a mandate of the Office of the Prime Minister(Roberts and Ssejjaaka, 2017). As a result, the MOH coordination department will likely be limited by a lack of authority and power over other departments in MOH and other MDAs. Therefore, supportive systems and tools for negotiation, reciprocity and mutual learning will be critical to its success. Agendas such as program-based planning and financing promise to inculcate a culture of multisectoralism in government, but these are still nascent(National Planning Authority, 2020).

Our study identified several short to medium-term outcomes, such as structural and process reengineering. Such changes should be a starting point for building synergies and alignment among organizational and sectoral goals (George *et al.*, 2021). Glandon *et al.* (2019) underscore gaps in the evidence of the effectiveness of multisectoral collaboration. We have documented contributions of coordination toward efficiency, effectiveness and development impacts. However, more work is required to build the evidence base on what works and how, in the short to long term, as factors and actors vary over time (Okeyo, Lehmann and Schneider, 2020a).

## 9.6 Methodological Reflections

### 9.6.1 *Embedded scholarship and implications for scope and methodology*

This study was initially conceptualised and approached as an HPSR, where embedded scholarship is a key feature(Koon *et al.*, 2013; Olivier, Whyle and Gilson, 2018). My active engagement in the national policy processes for UHC over the 2015-20 period shaped the focus, scope and actual research methodology. The prevailing concerns in the scholarship on

multisectoral action for health such as limited engagement with social sciences (Bennett, Glandon and Rasanathan, 2018; Glandon *et al.*, 2019), an exploratory study focusing on understanding how and why multisectoral coordination takes place was a more realistic focus.

As articulated in my positionality section (2.3), the SPEED project for which I served as the project manager provided the background to the study, exposing me to the policy discourse that informed the choice and concretisation of the study topic. Being a researcher at a prominent public health school in Uganda made the single case study focused on Uganda an attractive prospect and the most viable design for my doctoral study. The SPEED project offered me a platform to engage in national and international meetings at which observations were made, and further validation of my work took shape. The SPEED project further facilitated opportunities for policy engagements and the production of technical products and inputs into policy development processes. As noted in the methodology chapter 2, the SPEED team, including the doctoral researcher, participated in documenting meeting deliberations. The reports later became useful data sources for the doctoral thesis. The meetings and professional assignments, such as research consultancies, helped to expand my networks and cultivate crucial working relationships across key agencies such as MoH, OPM and the NPA. These realities attest to the benefits of a strong foundation for supporting the adoption of policy-relevant research topics and questions. Such embeddedness is also critical for successfully negotiating several practical aspects of research, such as gaining access to the elite interviewees and navigating the corridors of power, as documented in Chapter 2.9.

Whereas the embedded nature of HPSR supported the generation of contextually adapted solutions (Koon *et al.*, 2013), my positioning as a health expert had limitations that made conducting interdisciplinary research challenging. However, my general approach allowed me to continuously adjust the orientation and depth of my work as more relevant insights became apparent. For example, I had to offset the methodological and conceptual deficit in political economy dynamics by deepening my review of literature from other disciplines, such as development studies and political science. My exploration of the relevant literature on African states, governance, and politics took place in the advanced stages of the study. Overall, adopting a flexible research process permits attuning one's study to the evolving practical realities of applied research. Research on complex phenomena such as IGC and multisectoral approaches to health should accommodate useful adaptations to be fruitful.

### 9.6.2 Multitheoretical approach and its utility in the investigation of intragovernmental coordination

This study reinforces health policy and systems research, especially on MSA for health, that has not adequately drawn on theory (Bennett, Glandon and Rasanathan, 2018; Van Belle,

Van De Pas and Marchal, 2017; Glandon *et al.*, 2019)). It also demonstrates how theory can be infused within research investigating underlying factors for intragovernmental coordination. However, there remains scope to consider other implications of the MTF in closing the research-practice gap. More so, this study contributes to theory-building from LMICs. Several scholars argue that theory building does not originate from empirical case research from LMICs(Glandon *et al.*, 2019); the theories tested are from the global north – yet there might be different theories emerging from south case research that are also useful for the global north(Bennett, Glandon and Rasanathan, 2018). Below, I reflect on the usefulness of the MT across the three analytical strands covered in this thesis. The MTF was helpful in the following ways:

1. Providing more comprehensive explanations of the nature and causal mechanisms for intragovernmental coordination at the national level.
2. Explaining the choice and functionality of coordination instruments.
3. Articulation of consideration for nurturing horizontal relationships between MOH and other sectors

These insights are elaborated on below.


### 9.6.2.1 Providing more comprehensive explanations of the nature and causal mechanisms for intragovernmental coordination at the national level

This study contributes to the literature on theory-building and, more specifically, applying a multi-theoretical approach to research(Devlin and Calley, 2007; Sommers-Flanagan, Richardson and Sommers-Flanagan, 2011) and examines the empirical relevance of the MTF proposed by Ssennyonjo et al. 2021(Ssennyonjo, Van Belle, *et al.*, 2021). This work contributes to health policy and systems studies using theories to analyse data and interpret findings (Ssengooba, McPake and Palmer, 2012; Shroff, Roberts and Reich, 2015; Khayatzadeh-Mahani *et al.*, 2016; Mukuru, Suzanne N Kiwanuka, *et al.*, 2021).

a) First, the theoretical perspectives provided new and more profound ways of conceptualising and examining the nature of intragovernmental coordination beyond conceptual frameworks. For example, the usual approach of dividing coordination context into legal, political, economic and social dimensions exemplifies a thematic, purely descriptive categorisation for descriptive purposes, an entirely different thing from a theoretical approach grounded in CR epistemology and ontology(Cambon and Alla, 2021). Realism has proven to be attractive in HPSR (Gilson, 2012) and is increasingly being used in health implementation research. This development fits well with my position as a health policy and systems researcher, as highlighted in the positionality statement (section 2.3).

The (multi)theoretical approach permitted a more profound and multifaceted analysis of a complex social phenomenon. For example, the TCE considered the intra-governmental coordination a constellation of exchanges between the MDAs within and across levels and policy areas (each with interests above and beyond their institutional mandate)(Reitan, 1998). Agency theory spotlighted the inherent interorganisational interactions in government as principal-agent relationships characterised by opportunism, bounded rationality, and information asymmetry that actors often exploit to hide information (adverse selection) or hide actions (moral hazard)(Reitan, 1998; Rossignoli and Ricciardi, 2015). The PE perspective underscored the internal central government context as a (political) arena, facilitator, constraint, and outcome of multisectoral action(Shankardass *et al.*, 2018). Insights from my thesis align with literature from development studies and political science on neopatrimonialism, real governance, practical norms, political settlements and patronage that highlight a) the historical legacies of colonialism and post-independence state-building in SSA and b) the informality and power dynamics that characterise the nature and functioning of the contemporary state in SSA(Olivier de Sardan, 2008; Arriola, 2009; Briggs, 2015; Hickey, 2019). The next natural step is distilling these insights into a CR-informed causal model for further testing and refinement(Haigh *et al.*, 2019).

The next section (9.7) reflects on the potential of CR as a philosophical and methodological foundation of an inquiry into IGC.

b) Secondly, the MTF underscored the diversity of causal mechanisms for coordination at the national level of government. The TCE, with emphasis on transaction costs; the agency theory, with a focus on principal-agent relationships in government; the RDT, with its emphasis on interdependence; and the political economy theory, with its attention to politics and contestation over ideas, interests and resources, each provide a partial explanation of the reasons for coordination or not. They provided explanations consistent with rational choice and power theories (Ssennyonjo *et al.*, 2021a). This MTF underscores that organisations face multiple pressures and interests at any time. As a result, the coordination decisions rarely come down to a single factor. They often emerge from considering numerous related concerns, leading to compromise and trade-offs (Watkins *et al.*, 2017; Rasanathan *et al.*, 2018). For instance, desirable transitions from the existing norms, practices, and structures could be abandoned because of the transaction costs related to the design, implementation and monitoring of new institutional arrangements.

### 9.6.2.2 Explaining the choice and functionality of coordination instruments

Two benefits of the MTF towards the examination of CIs and CMs were elucidated in this study.

a) The selected theories provide insights into the logic that underlies the (potential) choices regarding coordination instruments. The TCE provided insights into how consideration of the transaction costs associated with each CM (hierarchy, network and market) inform the choice of CIs. Relatedly, the concerns about agents acting opportunistically, challenges in performance measurement and monitoring and uncertainty about how actors will behave in the future justify the use of behavioural contracts (associated with hierarchy) to outcome-based contracts (analogous with the market) (Ouchi and Maguire, 1975)

b) The complementary theoretical perspectives adequately explained the deviations between the ideal functionality and reality (Danermark, Ekström and Karlsson, 2019). The theories provide new conceptualisations of the CIs as embodiments of power and discourse (PE perspective), principal-agent relations (PAT), exchange relationships characterized by transaction costs (TCE), and resource (inter)dependences (RDT).  For example, based on PE, an organization's position in the government hierarchy determines its power and authority to control the implementation of centrally decided agendas. Still, coordinated entities may exercise agency and resist vertical control(Hudson and Leftwich, 2014).

### 9.6.2.3 Articulation of the considerations for nurturing horizontal relationships between MOH and other sectors

The complementary nature of the MTF was pertinent in drawing implications for cultivating the coordination relationship between the MoH and other government entities. MoHs actively manage an array of relationships within and outside government. Following Honadle and Cooper (Honadle and Cooper, 1989), these relationships can be described as constitutive of three core coordination activities - information sharing, resource sharing and joint action. Considering the value of theory to implementation research in global health practice (Van Belle, Van De Pas and Marchal, 2017), I affirm that (social science) theories could help explain relationship evolutions, predict coordination challenges, and inform solutions to nurture such relationships.

a) The resource dependence perspective (Pfeffer and G. R. Salancik, 2003) revealed tendencies of asymmetrical interests by MoH, especially manifesting as a lopsided pursuit of health goals without regard to other sectors' primary goals.

b) The TCE theory posits that attention to coordination costs is critical. For example, the pursuit of intersectoral interdependence must overcome (perceived) coordination costs that lead to competition over budgets and resources (Bennett, Glandon and Rasanathan, 2018). The actors in the health sector are often guilty of promoting siloes by advocating for increased government health funding (PATH, 2015). Budgetary competition enhances silos. Collaborative efforts should be supported by advocating that government resources flow to the most suitable sectors, not necessarily health.

c) The principal-agent theory (Eisenhardt, 1989) provides insights into agency problems that should be anticipated in coordination relationships. For example, measuring and monitoring agents' actions is costly. According to our findings, the horizontal coordination between MoH and other MDAs was often inspired, reinforced or sustained by other principals, such as central-level agencies (such as the NPA) and donors. Structures such as the HPAC and TWGs provide an opportunity to minimize agency costs of hidden information (adverse selection) and hidden actions (moral hazard). However, the participation and representation of MDAs outside health in these fora were reportedly inconsistent and inadequate. Such behaviours were explained through incongruous incentives and power dynamics among MDAs that should be anticipated and managed (Rossignoli and Ricciardi, 2015). In brief, managing evolving, convergent and divergent interests is part and partial of ongoing coordination processes.

d) The political economy perspective could help policymakers and researchers anticipate the effects of several path-dependent organizational cultures and power dynamics within the structural-institutional context for coordination (Hudson and Leftwich, 2014).

Our study found the constraining impact of institutionalized perspectives that MoH was too resourced, busy, not available, dominant, arrogant, inward-looking, and focused on medical care. The predominant presence of clinicians at MoH was presented as an institutional context perpetuating preponderance towards health care and medical focus. Internal politics shaped by issue-based factionalisms is linked to a broader national political landscape characterised by notions of patron-client networks, dynamic political settlements and a continuous quest for political salience and prioritisation of particular issues. Thus, there is a need to nurture organizational and professional cultures of mutual dependence to strengthen MSA for health. One of the avenues to shape such a pro-MSA vision would be to start at the level of medical school training to introduce medical trainees to the notions of multisectorality in promoting health and well-being. Improving internal coordination and a positive view of MOH coordination is a precondition for better horizontal coordination between MOH and other MDAs.

## 9.7 A critical realist approach: potential and implications as the frame for future research

Crowe *et al.* (2011) state that: "*case studies may be approached in different ways depending on the epistemological standpoint of the researcher" (pg 4.).* In the advanced stages of the study, I was introduced to critical realism (CR) through a peer review process of one of my PhD manuscripts. Gilson (2012) affirms the growing interest in (critical) realism within HPSR. For example, critical realism has underpinned evolutions in realist evaluation, which is

an emerging area of inquiry and practice within HPSR(Kwamie, Dijk and Agyepong, 2014; Flynn *et al.*, 2019; Mirzoev *et al.*, 2021).  Within health, CR has inspired a few studies, including doctoral research on health in all policies (Harris 2012) and human rights and health (Haigh 2015). There is also an extensive body of literature and textbooks beyond the health field.

A CR-informed approach provides an innovative way of thinking and systematically undertaking a study focused on a complex multidimensional phenomenon. However, the application of these insights in HPSR is still under development. I discuss CR's potential and how it can inspire and expand new dimensions of research and practical approaches to  IGC and other complex phenomena in HPSR.

### 9.7.1   Critical Realism:  conceptual assertions and methodological implications

According to O'Mahoney and Vincent (2014, pg 1),

*"for a researcher, ontology (the study of nature of reality) and epistemology (study of knowledge of the reality) are important because they have consequences for the possibilities and limits of the research methods, techniques, and analyses that they employ".*

As noted in the overview of the research process, clarity of the research philosophy took shape during the analysis and writing phase of the study. During the peer review process of my first empirical papers, One of the reviewers nudged me to read about CR, specifically the work of Margaret Archer (Archer, 1995), Patrick Harris(Harris, Sainsbury and Kemp, 2014) and Fiona Haigh(Haigh *et al.*, 2019). Right away, the alignment between CR and the methodological choices became apparent. Below, I illuminate the main assertions and conceptual and methodological implications of a CR-informed approach.

### 9.7.2   The potential of CR's ontological and epistemological assertions for HPSR

Adopting a CR-informed approach espouses the following ontological and epistemological views:

*'an (objective) world exists independently of people's perception, language, or imagination'…. part of that world consists of subjective interpretations which influence the ways in it is perceived and experienced"  (O'mahoney and Vincent, 2014, pg 2-3)*

CR lies between the positivist and constructivist paradigms that are arguably predominant and relatively well-covered in scientific scholarship (Archer et al., 1998). CR has elements from both paradigms (Danermark, Ekström and Karlsson, 2019). A CR-informed approach was attractive for the following reasons:

a)  CR's ontological position of the *existence of objective reality,* including a metaphysical world, which is not accessible to our senses, observations and measurements (Danermark, Ekström and Karlsson, 2019), aligned with interest in this thesis to go beyond generally

thin descriptions of the empirical realities towards examining the deeper layers of social reality.

b) The CR's notion of '*epistemological relativism*", that is, the argument that reality is socially constructed and subjective, aligned neatly with the qualitative approach incorporated in this study right from the start (Danermark, Ekström and Karlsson, 2019; Buch-Hansen and Nielsen, 2020).

c) CR thinking also guards a study against extreme constructivism that espouses idealist views that reduce reality to language and discourse(Danermark, Ekström and Karlsson, 2019; Buch-Hansen and Nielsen, 2020). The idealists point to multiple realities that change from one actor to another, thereby reducing science to identifying, examining and reinterpreting meanings. Furthermore, idealists consider all knowledge and theories equal, and reality is reduced to what it is said to be. In concert with CR, I deemed this position extreme and liable to generate thin and distorted explanations of reality (Taylor, 2018).

d) Contrary to the idealist views above, CR commits to *judgmental rationality*, which posits that some knowledge of the world is more certain than others and provides a better approximation of reality (Danermark, Ekström and Karlsson, 2019). This perspective was consistent with the overall study aspirations of developing theory-based explanations of coordination practice. Indeed, consistent with the principle of judgmental rationality, this research involved identifying, critiquing, evaluating and applying the MTF (chapter 5) to explain the empirical observations and aid in delineating the mechanisms from the entities, thereby deriving more profound knowledge of the coordination phenomenon (Mingers and Standing, 2017; Danermark, Ekström and Karlsson, 2019).

e) Literature on critical realist research methodologies (Tsang, 2014; Vincent and Wapshott, 2014; Danermark, Ekström and Karlsson, 2019; Saxena, 2019; Buch-Hansen and Nielsen, 2020; Jagosh, 2020) underscores the exploration of mechanisms that underlie empirical observations (Danermark, Ekström and Karlsson, 2019; Wiltshire and Ronkainen, 2021). According to CR, abduction and retroduction are the additional modes of inference to deduction and induction (Danermark, Ekström and Karlsson, 2019; Jagosh, 2020) that support such an exploration. Jagosh (2020, pg 2) aptly defines and relates the analytical processes of retroduction and abduction.

> *"Whereas retroduction is inference to theorise and test hidden mechanisms, abduction is the inventive thinking required to imagine the existence of such mechanisms. Abduction is 'pragmatic theorising with a focus of creativity as a logic of inference' and 'being able to understand something in a new way by observing and interpreting this something in a new conceptual framework".*

Overall, embracing a philosophical foundation that links the nature of reality (ontology), the practical approach to studying the nature of reality (methodology) and theoretical tools in practical research is an attractive prospect.

### 9.7.3 *Methodological implications of notions of stratified reality and complex causality.*

This thesis investigated the how and why of the coordination process among government entities (ministries, departments and agencies) at the national level in Uganda to inform multisectoral health and development objectives. Two CR insights are particularly attuned to the inquiry into the complex causality of coordination in government.

First, the notion from Bhaskar (1978) that three realms constitute an ontologically deep reality: (1) the empirical, (2) the actual, and (3) the real is critical to such an inquiry (See Figure 11 below).
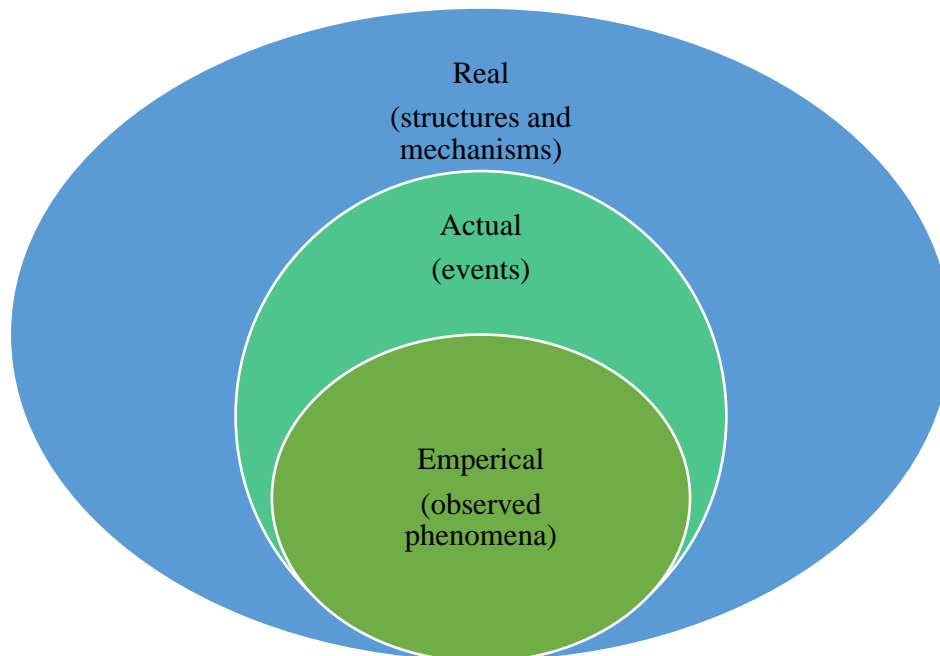


*Figure 11: Domains of reality as per critical realism*

To comprehensively understand how and why IGC occurs, my analysis implicitly extended beyond empirical and actual domains of reality to unearth the deeper structures and mechanisms that cause and sustain the coordination phenomenon. In this regard, my approach mimicked a CR-informed approach and brought into salience the structures, causal powers and mechanisms that underpin the observable events. Although these entities were not "directly accessible to the sense experiences" during analysis (2.6), they were "theoretically constructed and muddled through a process of conceptual abstraction" – known as retroduction(Chris and Mark, 2014, pg 138). Indeed, analysis informed by CR insights is not mere hypothesis-testing deductive processes associated with positivist thinking.

Second and related to the above, the causal powers of various mechanisms may be latent, exercised or actualised. The latent form of these causal powers could be conceptualised as embodied in the prevailing structures or human agency, underscoring the position of the structure-agency relationship in CR and this thesis (Elder-Vass, 2010; Mingers and Standing, 2017). Thus, CR is consistent with my view of the coordination phenomenon, which does not exclusively focus on the structure or over-reliance on the actors. My view is analogous to the viewpoint espoused by critical realists (e.g. Margaret Archer), who argue that structure and agency are analytically and ontologically different but connected phenomena (Collier, 1994; Elder-Vass, 2010). The significant implication of this perspective is that coordinated government action has to be considered contingent on the interplay between the causal powers embodied in human agency and social structures.

In addition, the conceptualisation of latent (causal) power corresponds with the inherent abilities related to an MDA's structural position in the government hierarchy.

In contrast, activating and exercising these causal powers pertains to actions and strategies to use that power. For example, the ability of government agencies to convene multisectoral meetings, impose sanctions on others or establish new guidelines or regulations for other entities to follow connotes inherent powers in that entity. However, in real life, such envisaged manifestations of causal powers might not be achieved due to countervailing forces and mechanisms (Elder-Vass, 2010; O'mahoney and Vincent, 2014). The study findings that coordination outcomes were unpredictable could be considered consistent with the assertions that the outcome of the interactions among causal powers and mechanisms are contingent and not predictable (Elder-Vass, 2010).

In practice, thinking about causality in terms of deep layers of reality (structures, causal powers and mechanisms) motivates one to revisit the framing of research questions, their sequencing and the analytical processes adopted in their inquiry. For example, the dive into CR would motivate several iterations and alterations to the wording of the research questions to reflect the need to examine the ontological features of IGC in Uganda. Methodologically, the thinking above enhances the relevance of the theory-informed approach espoused from the start of this thesis.

### 9.7.4 How can CR enhance the study and implementation of coordination of multisectoral action for health in government settings?

Having reflected on the fundamentals of CR, the following section offers explicit considerations for the research and practice of IGC to inform MSA for health.

#### 9.7.4.1 The essence of articulating the difference between the nature of coordination (ontology) and our knowledge of it (epistemology)

One fundamental contribution of CR is to put more spotlight "on ontology than epistemology" as they believe that "being" (the intransitive dimension of science) is more fundamental than knowledge of it (transitive dimension of science)" (Buch-Hansen and Nielsen, 2020, pg 29). This CR view is critical of empiricists because the latter emphasises the observable phenomenon and the knowledge thereof. This tendency to reduce 'being' to what is known about it is called an *epistemic fallacy,* which refers to the conflation of ontology with epistemology. For example, proposing that IGC can be reduced to what we know about it would be committing an *epistemic fallacy*. Similarly, suggestions that our knowledge of the coordination practices directly reflects what the phenomenon is, in reality, is tantamount to committing the *ontic fallacy* (Buch-Hansen and Nielsen, 2020). Hence, CR overcomes both fallacies by differentiating the intransitive and transitive dimensions of science. These views have fundamental implications for theorising in social sciences, which are discussed next.

#### 9.7.4.2 Considerations for theorising, theory building and a multitheoretical approach

Related to the discussion above, "scientific inquiry at any time concerns the set of theories about the nature of the world, which are presumably our best approximation to the truth about the world"(A Collier, 1994, pg 50-51). Rival theories are inherently different because they have different transitive objects. However, they are all about the same world. By their virtue of being scientific theories, they are intended to deepen knowledge about the intransitive object of science. As illuminated below, the usefulness of the MTF takes on a deeper meaning in the context of a CR paradigm,

1) The MTF (chapter 5) supported my attempts at retroduction and abduction to unearth the deeper reality of structures, causal powers and mechanisms that are not apparent in the empirical realm (O'mahoney and Vincent, 2014). This process corresponded to oscillating among the empirical, actual and real domains of reality. The theoretical insights are essential to ensure that the research process, although theoretically informed, is empirically substantiated.

2) Second, the theories have different philosophical foundations and opposing worldviews, so their application was another intriguing experience. The apparent contradictions between theoretical premises proved helpful for a comprehensive understanding of how and why IGC occurs or not. All four theories provided complementary explanations. However, to harness the full potential of CR methodology, there is a need to translate these insights into a causal model- providing alternative explanations that one can evaluate.

3) Third, CR argues that theory is fallible and evolves as better and more accurate information becomes apparent(Collier, 1994; Danermark, Ekström and Karlsson, 2019). The

consequence of upholding only theories which are testable and falsifiable while downgrading theories which are beyond the reach of testability or are difficult to test is a flattening of theoretical insight and scientific innovation (Buch-Hansen and Nielsen, 2020; Jagosh, 2020). The result is missed opportunities for generating wisdom and insight and possibly even radical departures from conventional knowledge –needed to address and solve complex problems across scientific disciplines.

4) It is argued that "theories in social sciences are qualified guesses about how things work" (Karlsson and Bergman, 2017, pg 49). This viewpoint should motivate ongoing reflections on how far the selected theoretical lens would adequately explain the mechanisms underlying the empirical observations. In addition to their fallibility, there is always a residual potential of the chosen theories not being optimal for a study. For example,

   a) Some mechanisms speculated by the theory might not be activated and actualised, hence making it challenging to study.

   b) The study context might not permit studying the events associated with mechanisms underpinning the phenomenon.

### 9.7.4.3 Extending the conceptual and practical value of the Multidimensional Coordination Framework.

This study aimed to investigate IGC at the national level in Uganda to support the country's commitment to a multisectoral approach to UHC. The first step was to unpack the nature of coordination in a government setting- an ontological focus. I developed the MCF presented in chapter 3.2.3 to support the development of better knowledge of the nature of the IGC phenomenon- an epistemological focus. Although the framework is based on solid theoretical grounding(Williamson, 1981; Reitan, 1998; Hillman, Withers and Collins, 2009; Hudson and Leftwich, 2014) and practical observations from literature(Peters, 2005; Bouckaert, Peters and Verhoest, 2010), its total value is yet to be fully explored beyond this thesis. In the next section, I demonstrate further implications of CR for expanding the utility of the MCF.

1) The CR-informed approach views the national government as a stratified entity consisting of interrelated entities such as ministries, departments and agencies with various mandates and operating at various hierarchical levels. Hence, IGC is a multidimensional and multi-level phenomenon emergent from interactions among entities and mechanisms across and beyond the government bureaucracy (Bouckaert, Peters and Verhoest, 2010).

2) Considering emergence, lessons from one setting can not necessarily be transferred to another as entities usually comprise different causal powers and properties (Haigh *et al.*, 2019). Unpacking the nature of these entities in each context is vital. By implication,

a) The pursuit of IGC to inform MSA for health in one country should consider the country's unique aspects, such as compartmentalisation into sectors, departments, and agencies and how mandates are distributed within the respective government structure.

b) Findings from coordination efforts regarding a given policy issue (like nutrition or early childhood development) could pertain to entities with contrasting properties and powers even within the same country setting. Therefore, the applicability of evidence from one collaborative setting or initiative to another must consider that the constitutive entities might differ across contexts, time or policy problems(Humboldt-Dachroeden, Rubin and Sylvester Frid-Nielsen, 2020; Hinton *et al.*, 2021).

3) According to this CR viewpoint, reducing coordination to the observable and measurable aspects alone, e.g., financial commitments, budgets, and adoption of multisectoral plans, is equivalent to epistemic fallacy. An epistemic fallacy can also be evidenced by a narrow focus on the presence or absence of coordination instruments and processes, such as using participation in coordination meetings as proxies of active coordination practice. A comprehensive examination of coordination should interest itself in the 'real' domain to avoid 'shallow realism' (Colier 1994-pg 10). This process entails embracing an approach that focuses on the deep-seated structural features of government systems and theorizing the underlying causal powers and mechanisms.

### 9.7.4.4 CR and embedded case study design

From a philosophical standpoint, CR aligns well with the embedded case study design. As underscored in the preceding chapters, right from the start, this thesis took a relational view of coordination as a social phenomenon involving government bodies as social entities composed of relations and relations of relations (Elder-Vass, 2010; Karlsson and Bergman, 2017). Crystallising this approach would benefit from the CR insights around the notion of emergence[52] presented by Elder-Vass(2010). The term `entity` refers to a thing or objects such as atoms, people, organisations, teams, ministries, or governments which are "*a persistent whole formed from a set of parts that is structured by relations between these parts* ( italics in original*)(Elder-Vass, 2010, pg 17). Elder-Vass (2010; pp 49-50), building on the earlier work of Bhaskar and Colier, advanced for "a laminated view of (an) entity", underscoring the need to "treat a whole entity quite explicitly as a stratified ensemble of parts at various ontological levels".

In other words, an entity has causal powers different from the sum of causal powers of constituent parts. For example, teams have properties distinct from those of different members. (O'mahoney and Vincent, 2014, pg 7). This relational view of emergence is different from the

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[52] The concept of emergence describes the possession of emergent properties by an entity in relation to its parts.

temporal understanding of emergence as development or evolution over time (which is successionist causality) (Elder-Vass, 2010). By implication, the properties of the national government (made up of several units such as MDAs as distinct entities) are considered different from those of the individual MDAs. The hierarchical and horizontal relationships among entities such as departments, sectors, agencies, ministries and interministerial bodies depict a layered nature of government systems as social entities. Arguably, the greater explanatory power of our research resided in exploring how coordination within various strata (in the national government system) relates as part of the whole. This perspective provided the theoretical justification for the choice of the analytical sub-units in this case study, namely a) the national government as a whole and b) the horizontal relationship between MoH and other MDAs.

The views above avoid reductionist tendencies to reduce what happens to the whole (e.g. national government) to aggregation of what happens at lower level parts (e.g. interministerial or intra-ministerial level (Bhaskar, 2010; Elder-Vass, 2010; Danermark, Ekström and Karlsson, 2019). Similarly, each coordination instrument was treated as an entity with causal powers and properties different from those of the collection of the instruments as a whole. The individual instruments' causal powers and mechanisms interact unpredictably, leading to various events and outcomes. Furthermore, each ministry is also a layered entity with different units such as departments, divisions and programs. The MOH, for example, was treated as an entity comprising several entities that influence the emergent powers of the ministry. At the interministerial level, horizontal coordination arrangements or bodies are emergent entities. They have properties different from the constitutive MDAs or their parts. Therefore, the interministerial entities should not be reducible to the constituent MDAs.

### 9.7.4.5 The centrality of stakeholder perspectives and ideational factors towards better coordination

The constructivist epistemology in CR (that advances that knowledge and meanings are socially constructed) aligns with the view that the mechanisms and power embedded in ideas are causally efficacious (Béland, 2010). This thesis zooms into stakeholders' perceptions of how IGC is operationalized in practice. Ideas have power, and ideational factors are inherent mechanisms through which practice is shaped and vice versa (Carstensen and Schmidt, 2016; McDougall, 2016).

Our findings link well into conceptual debates in the literature on the impacts of stakeholder perspectives and practice for MSA for health(Bach *et al.*, 2020; Okeyo, Lehmann and Schneider, 2020b; Abbas, Shorten and Rushton, 2022). Conceptions of what coordination entails embody causal powers to shape why and how the coordination of MSA for health and other development goals ensues at the central government level in Uganda. Carstensen and

Schmidt (2016) hold that ideational power manifests in three forms, i.e., power through ideas (shaping other's perceptions and actions), power over ideas (controlling what others hear or believe) and power in ideas (institutionalised systems of knowledge and briefs that make some ideas superior over others).

These insights should guide a multi-pronged analysis and interventions to address ideational forces shaping intragovernmental coordination. In this study, we considered ideational forces as core factors that shaped multisectoral coordination. However, it was not part of the multi-theoretical framework.

### 9.7.5 *(Potential) challenges and remedies in a CR-informed research project*

Allowing my work to be informed by the critical realist paradigm was fascinating, intriguing and challenging at the same time. It was fascinating because I was introduced to new vocabulary and a very iterative process of analysing data and communicating research findings. I grew confident as CR insights provided an alternative framework to organise and frame my thesis. It was intriguing because such a rich scope of theoretical and practical endeavour is not well articulated or often applied to HPSR or public health per se. This observation could be partly because of the dominance of the positivist and constructivist approaches in the primary public health disciplines, including epidemiology, biostatistics, medical sciences, economics, sociology and economics (Gilson, 2012; Haigh *et al.*, 2019). However, systems thinking and realist evaluation offer promise for extending CR thinking in public health research (Kwamie, Dijk and Agyepong, 2014; Renmans, Holvoet and Criel, 2017; Jagosh, 2020). However, my interaction with CR was equally challenging in two main ways. Below, I reflect on these challenges likely to confront those who may want to deploy CR and offer potential remedies to overcome them.

1) There is limited, inconclusive and incoherent guidance on applying CR in practice. I realised this was a significant development area in the CR researchers' network- the International Association for Critical Realism (IACR). Many recent works shared in the IACR network (e.g. (Wynn and Williams, 2012; Zachariadis, Scott and Barrett, 2013; Vincent and Wapshott, 2014; Fletcher, 2017; Danermark, Ekström and Karlsson, 2019) were premised on making CR applicable in research practice. These resources were beneficial but varied in the complexity of language and ease of understanding. In other words, getting acquainted with CR can be a long and intellectually daunting journey. This intellectual task is still fertile ground as more practical tool development work is required for CR to become practical. One wishing to apply CR should invest time reading and networking with other critical realists. The literature,

conferences, seminars and YouTube videos provide a rich foundation for a quick orientation to CR.

2) Second, differentiating ontology and epistemology was an ongoing challenge as I struggled not to conflate the two philosophical aspects. In my study, I tried clarifying the nature of the object of inquiry (IGC for MSA at the national level) and the approaches to examine its complexity (i.e., theoretical and methodological approaches). This dynamic demonstrates how the efforts towards clarity of the nature of reality (ontological focus) should be intertwined and iterative, with work looking into how such reality can be studied (the epistemological realm).

# 10  CONCLUSION, RECOMMENDATIONS, LIMITATIONS & FUTURE RESEARCH

## 10.1 Introduction

The thesis focused on unpacking IGC within the national government in Uganda to support the country's commitment to a multisectoral approach to UHC. The focus on the national government level was inspired by this government level being the principal custodian of national development efforts. The national level is also uniquely positioned to provide strategic direction and policy development to be implemented by subnational entities. It also interacts with supranational entities such as regional and international development agencies to actualise regional and international obligations (Peters, 1998). A lack of coordination at this upstream level usually undermines downstream-level coordination (Peters, 2005; Christensen and Lægreid, 2008; Arora *et al.*, 2012). This study addressed the following research questions: *How is coordination pursued within the national government in Uganda, what factors influence this process, and how can current practices be enhanced and leveraged to support a multisectoral approach to universal health coverage in Uganda?*

On a practical level, this thesis comprised a theory-building component (based mainly on several narrative reviews) and an empirical component that examined the coordination instruments and mechanisms, contextual conditions, actor relationships and power dynamics operating at whole government, intersectoral and health sectoral levels in Uganda. This chapter summarises the scientific and societal contributions and contributions from this thesis. The first section highlights the scientific contributions, a tentative causal model for IGC across the three facets of the empirical analysis in this thesis, the study limitations and the agenda for further research. The last section implicitly underscores the thesis' contribution to society, highlighting recommendations for policy and practice across levels of government.

## 10.2 Contributions of the thesis

Within public health scholarship, extensive work has been conducted on how the national government can coordinate with non-state actors and decentralized structures, with little attention paid to how national government units coordinate with each other for health advancement. Furthermore, how MSA for health can be coordinated in resource-constrained contexts has received limited attention (Bennett, Glandon and Rasanathan, 2018). Most work on coordinated government has been concentrated in high-income countries (Buse and Hawkes, 2015; Storm *et al.*, 2016).

This study advances knowledge on pursuing the coordination of government entities for MSA for health in Uganda with broader benefits for other LMIC settings, particularly in SSA. Scientific products, including this thesis and several scientific journal manuscripts, advance new knowledge frontiers and practical insights as summarized below:

### 10.2.1 Conceptual and empirical elaboration of a multidimensional view of intragovernmental coordination.

Theoretically, this study elaborated the dimensions of IGC in the multidimensional coordination framework (MCF) of government action that constitutes interacting domains that should be explored to develop a comprehensive analysis of the coordination phenomenon. Gaining a complete picture of the IGC for MSA for health would benefit from considering as many dimensions as practically possible. Such a broad approach, supported by the MCF, offers a deeper reflection of the dynamism and uncertainty regarding interventions to improve the coordination of multisectoral efforts (Brian W. Head and Alford, 2015). Focusing on these dimensions should direct attention to the social and institutional structures and underlying causal mechanisms. A multidimensional depiction of coordination provides a launch pad for a holistic approach to interventions to enhance coordination. Important activities could focus on shaping the nature and management of interorganisational relationships, organisational agency and actors' responses. In the Ugandan case, key actions included capacity-building through training and enhanced information sharing. Pursuing a shared coordination vision should adopt such a broad outlook. Accordingly, I propose the following definition of IGC with respect to multisectoral health efforts :

> *"Interorganisational and multilevel process by which government entities (ministries, departments and agencies) share resources and undertake joint action along phases of policy development across internal -external and vertical and horizontal dimensions towards internal or external short term, medium- and long-term health and related development outcomes. The processes are facilitated by a mix of structural interfaces or management process underpinned by hierarchical, network or market mechanisms".*

### 10.2.2 Articulation and application of typology of coordination instruments and linking them to ideal type mechanisms.

This thesis contributes to the design of coordination arrangements by articulating the typology of instrument types, linking the tools to their underlying mechanisms and basis to infer how their interactions shape collaborative efforts. These conceptual and theoretical tools provide an entry into related research streams, such as the choices, implementation, and sustainability of the instrument mixes across sectors and within policy areas and issues over time. The contextualised examination of specific coordination tools can be enhanced by delineating the underlying institutional forms of the ideal type mechanisms.

Adopting an approach that inspires more complex analysis and comparisons of CIs within and across government levels, policy domains, or issues over time is fundamental. HPSR needs to pay attention to the instrument mixes in government systems and their dynamic interactions, evolutions and change processes. Multitheoretical analysis inspired by a critical realist paradigm can also enhance practice by providing lenses to examine mechanisms that underpin the functionality and interaction dynamics of coordination instruments in practice. Such analysis would comprehensively anticipate coordination challenges and inform policy solutions and strategies for coordinated MSA for health.

### 10.2.3 Situating horizontal coordination dynamics at the MOH-MDA interfaces within a broader government context.

This thesis examined MSA at an intersectoral level from the health sector and broader government perspectives.

a) From a health sector stance, it sheds light on how the internal MOH structures, systems, and practices support or constrain MSA for health. Internal politics within the sector are driven by issue-specific coalitions, donor funding priorities, and broader governance and political landscape, which are essential for internal coherence and external coordination.

b) From a whole government perspective, the coordination of MSA for health is inherently inseparable from governments' efforts to coordinate their affairs. The health sector has no monopoly over government business. It is one of the several government sectors and usually competes with other policy domains. Public health efforts through health in all policies, healthy public policy, and intersectoral action for health presuppose government systems and actions as central to these multisectoral efforts. However, public health scholarship engagement with these government systems and processes is still limited. This study affirms assertions by other scholars that MSA to health would benefit from such streams of work outside the health sector ((Emerson, 2018; Shankardass *et al.*, 2018). Health sector players' limited attention to these realities risks rendering public health efforts out of place, naïve, partial or outright impractical. For example, knowing and engaging with the policy-making cycles in government has been emphasised as critical.

c) This thesis has articulated the contingent nature of policy reforms on political economy dynamics, as noted in several related literature (Brinkerhoff and Brinkerhoff, 2015; Bennett, Glandon and Rasanathan, 2018).

d) Assessments of coordination of disease or program-specific initiatives are essential and illuminating. However, they might miss the broader governmental structure-institutional aspects that underpin MDA-MOH relationships. Moreover, the focus on specific policy

issues does not position well the multiple and competing interests often facing policymakers.

### *10.2.4 Application of an interdisciplinary theory-building approach*

This doctoral study applied several social science theoretical perspectives that deepened its conceptual and theoretical value and contribution to theory building. As noted in several areas (e.g., 1.8 and 5.3), applying theories on MSA for health is not mainstreamed in public health scholarship.

1. The thesis covered literature across several disciplines, such as public health, public administration, policy studies, development studies, and organisation theory. The topics covered included public sector reforms, coordination arrangements, bureaucracy, interorganisational relationships, neoliberalism, development aid, colonialism, organisation and institutional change. This study demonstrated that studying complex phenomena is best approached as an interdisciplinary endeavour. This thesis strived to place IGC and the pursuit of a multisectoral approach to UHC in Uganda within public administration, management and policy literature and practice, where the mechanics and dynamics of (coordinated) government action have been intensely studied over time. This study affirms assertions by other scholars that MSA to health would benefit from such streams of work outside the health sector ((Emerson, 2018; Shankardass *et al.*, 2018). At the same time, it responds to the call by critical realists for multidisciplinary research to deepen knowledge of complex reality (Sayer, 2010; Danermark, Ekström and Karlsson, 2019).

2. This thesis wrestled with the challenge of theory building from the global south as an effort toward propositions and principles to navigate a complex, dynamic and inherently political coordination process in a developing context. The study reconceptualises and redescribes interorganisational relations in government in terms of theoretical perspectives as exchange relations (transaction cost economics theory TCE), principal-agent relationships (principal agency theory), interdependences among entities (resource dependence theory) and political and power-laden interactions rooted in historical contexts, structure-agency relationships, neopatrimonial practices  (political economy). This work has described and analysed the complexity of the coordination process and multisectoral coordination. In this study, the rational-based theories complement power- and political-based theories. Therefore, this thesis navigates the tension between undertaking purely technical processes and the political analysis of coordination practice.

3. Using multiple theories arguably offsets the limitation of applying one or no theory, as these lead to slanted analysis and limited depth (Collins and Stockton, 2018). Indeed, social theories help explain the complex social world.

4. The thesis also shows that a multi-theory approach can be used at the initiation, implementation, and evaluation of coordinated actions to diagnose (potential) problems and inform solutions.

5. The theories could be used to examine coordination relationships and practices within and between policy domain(s), e.g. health, environment, trade, and agriculture and policy issues that typically require multisectoral action, e.g. HIV/AIDS, nutrition, and non-communicable diseases(De Leeuw and Peters, 2015).

### *10.2.5 Proposing elements of the initial causal model for intragovernmental coordination to inform the multisectoral approach to UHC in Uganda*

This thesis ( section 9.7) demonstrates how a research approach inspired by critical realist foundations can move the explanation of the coordination phenomenon beyond the observed empirical patterns to deeper structures, conditions and mechanisms that shape how coordination develops and operates in practice. The emerging insights on how and why government entities coordinate or do not inform the elements of the initial causal model that is presented below, linking structures, mechanisms and outcomes at various levels of analysis. This preliminary model can be refined by fully embracing the CR approach.

#### 10.2.5.1 Conditions and causal mechanisms for coordination at the national government level

Intragovernmental coordination arises from the relationships between government entities and their causal powers as they interact within broader government systems and external contexts. Structures and mechanisms internal and external to the national government have been revealed to combine dynamically to create the conditions that enhance or constrain the actualisation of the causal powers for IGC in Uganda. For example, structural features such as colonial legacies, neopatrimonialism, interdependencies, coordination costs, non-aligned interests, and institutional and ideational aspects were crucial. The structural power inherent within the bureaucratic structures and the coordinated entities' agency influence the coordination efforts' effectiveness.

The New Public Management principles promoted in the 1990s by donor institutional strengthening projects (characterised by agencification and setting up of independent agencies to circumvent ineffective big line ministries) created further contexts of fragmentation within the government. The donors and international agendas were occasionally supportive and sometimes counterintuitive to national coordination efforts, such as providing resources, shaping development agenda, influencing national priorities and institutional strengthening efforts. The coordination process is essentially political (Reich, 2002). The alternative to purely

technical approaches is a 'radical' approach through deliberate and overt political action that entails continuous negotiation and contestations to keep attention on coordination efforts.

### 10.2.5.2 Conditions and causal mechanisms for coordination at the intersectoral level

Coordination at this level also emerges from the influences of causal powers and mechanisms found in the separate sectoral entities (e.g., MDAs and coordination instruments). These forces operate inwardly and externally to shape intraorganisational and inter-organisational relationships. For example, the MOH-MDA coordination relationship was generally characterised by interdependences framed lopsidedly in health sector goals and not vice versa. Actor opportunism and asymmetrical interests interacted with structural-institutional factors, contributing to variable influence on internal and external coordination within and beyond the MOH. Supportive mechanisms include a) diverse health sector legal-institutional frameworks, b) their alignment to broader government efforts, and c) the MOH's agency to leverage government-wide efforts. Constraints arose from gaps in the legal-institutional framework, b) demands on resources due to the "broad" MOH mandate, and c) the norms of the MOH's professional bureaucracy and the predominance of medical professionals.

### 10.2.5.3 Coordination instruments as causal entities

Regarding coordination instruments, this thesis advances the idea that the government of Uganda uses a range of structural and management instrument mixes that mutually influence each other and are mainly based on hierarchy and network mechanisms. These instruments constitute and generate the resources that structure IORs across vertical and horizontal boundaries. The instrument mixes also create hybrid institutional configurations that generate complementary but sometimes conflicting influences. The contextualised examination of specific coordination tools can `be enhanced by delineating their underlying institutional forms of the ideal type mechanisms[53]. Such an approach can inspire more complex analysis and comparisons of CIs within and across government levels, policy domains or issues over time. As part of the structural-institutional features, these instruments shape what agents (individual or collective) can or cannot do, but they do not determine their actions. Similarly, they depend on agents to reinforce, perpetuate or undermine them (Hudson and Leftwich, 2014).

Progress towards institutional arrangements supporting coordination requires propagating ideas or policy frames that justify the need for a more integrated government system. Developing shared visions requires strengthening agencies with coordination roles to use their structural power. Once functionalized, the coordination structures will support mindset change and build a shared understanding of the common problem and goals, role

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[53] Hierarchy, Networks and Markets

specifications, expected contributions and how actions can be sequenced. To be effective, such avenues should accommodate open discussion on the challenges to coordination instead of promoting the pretence that things are okay, yet they are not.

## 10.3 Limitations and recommendations for future research

Despite the strengths above, this thesis has several limitations. These are discussed below, as well as the implications for future research.

### *10.3.1 Scope-related limitations and future research prospects*

1. Due to time and logistical constraints, there were scope limitations. For example, the study focused on coordination at the national government level, focusing on the executive activity and broader bureaucracy. The study did not consider the coordination with or within the legislature and Judiciary. Although the research focused on the whole national government level, the entry point took a health sector perspective partly because the study question arose on how the health sector could coordinate with other sectors. Also, the researcher was more familiar with the health sector. However, the triangulation of methods such as narrative reviews, document reviews, stakeholder engagements, participant observations and key informant interviews supported a rich, deep and more extensive examination of IGC in Uganda. The stakeholders engaged throughout this study also had extensive experience gathered throughout their tenure in government or professional careers.

    a) Future research could consider other methods, such as surveys, that allow a bigger number of observations. Still, these methods would require re-examining their underlying paradigm. This thesis has discussed the potential of CR. Quantitative approaches have been used with CR (Hastings, 2020, 2021). However, one should consider that under CR, a) the research question should guide the methods, and b) the emphasis is on unearthing the deeper layers of reality beyond empirical regularities.

    b) Research could also expand to other pillars of government, such as the Parliament and Judiciary, beyond the executive arm.

    c) Similar research should be conducted at the local government level to explore the dynamics among local government departments.

    d) Considering that MSA for health can emerge from any sector, it is essential to examine multisectoral efforts led by other sectors to which health might be a contributing or fringe player.

## 10.3.2 Methodological limitations and future research implications

2. There are several methodological limitations, namely, a) KIIs using a sample consisting mainly of (senior) technical personnel and a few political leaders at the elite level, b) focusing on a single country case limiting generalisability of findings, and c) late consideration and partial application of CR in the thesis development. Despite the limitation regarding KIIs, the study triangulated data from several sources. More so, stakeholder engagements and inputs underpin other data collection methods and sources. For example, policy documents capture the diverse perspectives of the different segments of government stakeholders since such policy documents are produced through a consultative process. Furthermore, the generalisation of study findings beyond Uganda was enhanced by applying the MTF and theoretical perspectives and constructs such as neopatrimonialism, neoliberalism, real governance and practical norms, which enjoy a broader appeal and application across several African contexts beyond Uganda.

   a) Future research considerations include a) applying the frameworks developed in this study to other LMICs and African settings through comparative approaches to contribute further to theory-building on IGC and multisectoral coordination for health in LMICs and African countries, which is undoubtedly a virgin study area; b) Refinement of the causal model guided by CR philosophical and methodological principles is recommended. Testing the model across settings and policy issues will be useful in deepening its theoretical and practical relevance in studying, designing, implementing and evaluating multisectoral efforts.

3. One drawback is that our analysis did not capture evolutions of coordination efforts within specific sectors or policy issues over time. Coordination changes within one sector or policy issues are intrinsically linked to broader government systems. Evolutions in the various domains converge and produce the overall coordination picture in government(Bouckaert, Peters and Verhoest, 2010).

   a) Historical case studies should be considered to improve understanding of the evolutionary dynamics and the path-dependent nature of coordination practice.

4. I was unable to measure the performance of the coordination instruments objectively. Whereas it could be desirable, there is a lack of evaluative frameworks to assess the effectiveness (success or failure) of IGC and multisectoral approaches. This is largely because this is still an emerging area of study in health policy and systems research. As articulated in the scope section (1.9), the theory-building and exploratory approach adopted fits well with an area of study still in its infancy.

a) In the future, research into developing explicit evaluative criteria and frameworks should be a priority. However, such tools should embrace the complexity and dynamism which characterise the coordination process. Within the frame of this study, the non-linear causal pathways, myriad technical and political influences, and interlinkages among the various coordination dimensions should be important considerations in that endeavour.

### 10.3.3 Limitations about theory building and recommendations for extending conceptual and theoretical developments.

5. This thesis did not aim to cover all theories relevant to the study of coordination within the government. The search for theories covered in the MTF was exploratory. The four perspectives in the MTF were selected pragmatically based on scholarship on inter-organisational relations as a means for coordination(Rossignoli and Ricciardi, 2015) to illustrate the potential contribution of social theories to the study of the coordination phenomenon (Glandon *et al.*, 2019). The conceptual and theoretical components in chapters 3-5 cover a wide range of insights from public administration, policy studies, political science and development studies. This interdisciplinary approach should be considered a launchpad for a more systematic approach embracing theory development and empirical inquiry. As shown in the discussion chapter, there is room to incorporate other lenses, such as policy change theories and CR.

   a) More theory-driven analyses are needed to optimise the value of theories in informing what strategies work, when and how and support the development of measurements for IGC. The study of IGC and multisectoral action for health can be reinforced by applying the MTF across diverse organisational environments and country contexts. Our view is not to use the MTF rigidly or be too prescriptive. It can be enhanced by introducing another 'rival' set of theories, e.g. critical interpretative theory(Fischer, 2003). Using it as a starter programme theory or theory of change, the framework could be applied to study evolutions of coordination instruments, collaborative government initiatives, or partnerships involving government and non-government entities(Lawless *et al.*, 2018b).

6. There are several gaps regarding the design and implementation of coordination instrument mixes. These include insufficient exploration of a) the potential of e-government efforts b) the constraining effects of the prevailing mixes, which structurally limit the emergence of a fundamentally new instrument set, thereby depriving alterations in the underlying CMs (Howlett, Mukherjee and Woo 2015; Capano and Mukherjee 2020); c) how the political economy reality favours or constrains change or stability and d) beyond the national government level.

a) The potential for ICT for e-government arrangements to improve coordination needs further exploration.

b) There is a need to further interrogate the political economy factors that allow actors to adopt only specific instruments (mixes) and how these factors favour or disfavour the choice of particular tools.

c) In addition, in-depth inquiry, for example, through case studies focusing on policy issues such as HIV/AIDS and nutrition, would illuminate how and why instrument mixes are adopted, sustained or changed. For example, it is perhaps "easier" to engage in multisectoral coordination for some health problems (like HIV/AIDS) than others because of differential donor interest and funding. This is an exciting proposition to investigate in the future. Such an inquiry would enable examining the day-to-day implementation of coordination arrangements. It would unravel the do's and don'ts, facilitating factors, and obstacles.

d) HPSR must also pay attention to the instrument mixes in government systems and their dynamic interactions, evolutions and change processes. Empowered with such knowledge combined with deliberate effort, tools such as health impact assessment (Delany et al., 2014) and health equity analysis (Scheele, Little and Diderichsen, 2018) can then be tactfully deployed within and along the government-wide instruments to advance MSA for health.

## 10.4 Recommendations for policy and practice

The following recommendations are essential to inform policy and practice in Uganda and beyond.

1. **The multidimensional view of intragovernmental coordination should inform the design, implementation, and evaluation of such coordination efforts.**

The national government is not a homogenous entity. More so, each government MDA is multilayered. In its merit, each entity is an intricate web of vertical and horizontal internal and external relationships that must be managed. We encourage the future design of multisectoral efforts to adopt this multidimensional and complex view of coordination within government systems. Also, pursuing an MSA for UHC should go beyond the broad characterisation of the collaborative relationships between government and non-state actors (as in health governance literature) or central and subnational levels (in health decentralisation studies) but should deepen inquiry at every government level.

Adopting a multidimensional view of IGC would be a fruitful framework to unpack coordination intricacies at a given tier of government.

2.  **The choice of and changes to coordination instruments mixes should be judicious to ensure functionality, alignment, coherence and synergies.**

Governments and their partners should consider the interactive dynamics among CIs and underlying CMs. Structural changes in government apparatus should be introduced with simultaneous (re)structuring of financing, monitoring, evaluation and reporting systems to reflect sectoral and MDA interdependence and entrench multi-sectorial working. Financing the multisectoral collaboration should be institutionalised in the budget. However, strategies such as creating central agencies with coordination mandates to respond to NPM pressures for more government integration and vertical coordination should be approached judiciously, as such efforts risk reintroducing an inefficient and ineffective bureaucracy. The hierarchical structures and processes are not a panacea; their choice should be contingent and contextually adapted.

3.  **Advancing thinking and working politically, considering that achieving UHC, IGC, and multisectoral action for health are political processes. The politics of intragovernmental coordination and multisectoral approaches should be acknowledged and proactively managed.**

Researchers and practitioners should be cautious when turning a political and dynamic process into a solely technical process. Promoting the conception of a coordinated approach to government action requires strengthening national-level actors and agencies and the possibilities of these actors to use their structural and agential power. To institutionalise multisectoral efforts at the ministerial level, there is a need to confront the disparities between what technical people agree on and what political leadership takes up.  For example, their respective ministers and top management should sign off on the different ministries' multisectoral commitments. There is a further need to situate the national multisectoral UHC efforts within a country's broader political, institutional, social and economic context. Considering the political and economic risks and threats of coordination is essential.

If UHC is to rise and stay on the political agenda in Uganda for the long run, national ownership of the UHC agenda should be deepened and expanded beyond the current 'champions.' Advancing a multisectoral approach to UHC requires contextualising the efforts to reflect the historical, governance, and political realities of a country. Critical factors pertinent in Uganda and other SSA countries include colonial legacies, neopatrimonialism, real governance, practical norms and dynamic political settlements for health and specific agendas.

4.  **Mitigate coordination costs by building trust-based and mutually accountable relationships.**

The MTF underscores that a culture of trust and legitimacy is vital in shaping exchange relationships. There is a need to build trust among the various players. Suspicions and distrust among actors within and across MDAs led to hiding information and efforts (moral hazard and adverse selection). Time is needed to nurture these relationships and reduce the fears of getting cooperation. Without mutual trust, high transaction costs make coordination expensive. So, there is a need to build trust, knowing that all MDAs serve the same citizens despite the different ideologies. They should confront corruption as one of the drivers of limited transparency.

5. **Nurture shared vision by propagating ideas, policy frames and communication tools that support the need for more and better multisectoral coordination.**

Managing the mindset change process calls for change agents and managers. Efforts to ensure that non-health sectors identify with the focal issues (e.g.,g nutrition, adolescent health, and maternal health) should be supported and resourced. The policy processes (program planning and budgeting) should be more conscious of these frames and be leveraged to induce or even mandate cross-sectoral working. Socialisation processes such as transfers of staff and desk officers across MDAs should be supported as they contribute to building a common frame and support interprofessional collaboration. The political and technical aspects of this process must be acknowledged and properly managed. Deliberate efforts are needed to identify champions and continually functionalise appropriate mechanisms at all levels. Tapping into information communication and technology (ICT) and other digital solutions will support the specific ministries and the entire government in reaching out more, engaging more, and getting more feedback. E-government efforts should be supported as such systems build trust and reduce coordination costs related to information asymmetry and actor opportunism.

6. **Adopt a profound theory-informed approach towards sustained transformative change.**

The depth ontology espoused by CR implies that changes in a situation are practically impossible without fully attending to the underlying social structures and their causal powers. The approach to change in coordination practice can easily be reduced to superficial tinkering if there is no evident transformation in the underlying structures. Those interested in improving or sustaining the IGC of MSA for health should focus on actions to improve understanding of and activate the underlying causal forces and mechanisms. Such an approach would lead to insights into how desired change or stability within and across government entities can be sustained.

In addition, the various decision-makers should apply a multi-theoretical approach within and outside the government to develop and facilitate coordinated multisectoral efforts

over time and across levels and geographical scales. The theoretical approaches could be descriptive, predictive, and prescriptive. Therefore, a multi-theory approach can be used at the initiation, implementation, and evaluation of coordinated actions to diagnose (potential) problems and inform solutions. In addition, such an approach could be used to guide the evaluation of coordination relationships within and between policy domain(s), e.g., health, environment, trade, and agriculture and policy issues that typically require multisectoral action, e.g., HIV/AIDS, nutrition, and non-communicable diseases(De Leeuw and Peters, 2015).

7.  **Leverage positive influences of global development aspirations and support of non-state actors while mitigating adverse effects.**

Global development agendas such as the SDGs provide a frame of reference for governments and their partners to reemphasize the need for coordination in policy and program planning and implementation across several policy areas. However, donor support and international development agendas such as SDGs should be judiciously leveraged to engender and catalyse internal workings in LMICs. Situating multisectoral coordination within the broader government context in LMICs is necessary to counter wishful thinking and transplantation of ideas from developed countries. This practice will lead to more realistic and feasible solutions.

8.  **Strengthen internal coordination in MOH through introspection and internal adjustments by health sector players.**

Internal coordination should be considered a foundation for successful external coordination. For example, the MOH in Uganda should strengthen and provide resources to the Department of Partnership and Multisectoral Coordination to enhance intersectoral coordination. Such efforts will optimise the linkages between institutions with other mandates across the government. In addition, recruiting experts from different professional backgrounds is vital to enhance multisectoral efforts at ministerial levels. They provide diversity in perspectives and external linkages with other sectors. To complement the dominant medical practitioners in the health sector, there is a need to integrate skill sets such as policy analysts, economists, and political scientists to help MoH maintain a broader outlook on its operations and strategic agendas.

9.  **MOH should leverage government-wide coordination efforts and align its aspirations to the pursuit of broader coordinated government action.**

The MoH and the health sectors worldwide should leverage government-wide actions towards a culture of the whole-of-government approach. In Uganda, the SDGs, the new National Development Plan III with a program-based approach (bringing together sectors into programs), and program-based budgeting provide opportunities to engender and increase

recognition of sectoral interdependence. Such reforms should be leveraged as the catalysts required for the health sector to reflect and reorient the pursuit of multisectoral collaboration within government-wide efforts. The health sector players should strive to be active within government-wide and intersectoral coordination structures and processes to ensure the success of Health in All Policies (HiAP) and other strategies advocated by the health sector.

There are issues and times when MoH should play supportive roles rather than lead. Introspection by MOH and cross-sectoral deliberations should guide these actions. Related actions should make the lead sectors aware of these interlinkages and frame development problems and solutions as requiring multisectoral efforts. The health promotion and disease prevention agenda allows other sectors to contribute to health goals. These warrant expanding MOH's attention beyond healthcare and biomedical solutions. The coordination of MSA will come more naturally for prevention than curative services as roles are easier to demonstrate, and contributions are more straightforward to justify. A broad understanding of the determinants of health provides a direct rationale to harness other sectors' contributions. More so, there is a need to frame health as a development issue that must be participatory.

# 11 REFERENCES

6, P. (2004) 'Joined-Up Government in the Western World in Comparative Perspective: A Preliminary Literature Review and Exploration', *Journal of Public Administration Research and Theory*, 14(1), pp. 103–138. doi: 10.1093/jopart/muh006.

Abbas, S. S., Shorten, T. and Rushton, J. (2022) 'Meanings and mechanisms of One Health partnerships: Insights from a critical review of literature on cross-government collaborations', *Health Policy and Planning*, 37(3), pp. 385–399. doi: 10.1093/heapol/czab134.

Abewe, C. *et al.* (2021) *Transition to programme budgeting in Uganda: status of the reform and preliminary lessons for health*, *Health financing case study; Budgeting in health*. Available at: http://apps.who.int/bookorders. (Accessed: 11 April 2022).

Ackroyd, S. and Karlsson, J. C. (2014) 'Critical realism, research techniques and research designs', in Edwards, P. K., O'mahoney, J., and Vincent, S. (eds) *Studying Organizations Using Critical Realism: A Practical Guide*. Oxford: Oxford University Press, pp. 21–45.

Adam, C. S. and Gunning, J. W. (2002) 'Redesigning the aid contract: Donors' use of performance indicators in Uganda', *World Development*, 30(12), pp. 2045–2056. doi: 10.1016/S0305-750X(02)00123-7.

Adler, P. S. and Borys, B. (1996) 'Two Types of Bureaucracy: Enabling and Coercive', *Administrative Science Quarterly*, 41(1), p. 61. doi: 10.2307/2393986.

AfDB (2017) *Synthesis of Evidence of Multisectoral Approaches for Improved Nutrition*. Africa Development Bank,Abidjan Côte d'Ivoire.

African Union (2015) *Agenda 2063: The Africa we want - Background Note*. Available at: https://au.int/sites/default/files/documents/33126-doc-01_background_note.pdf.

Agarrat, W. S. (2015) *Agencification as a Strategy for Implementing Public Policy in Trinidad and Tobago*. Walden University.

Agbo, S. *et al.* (2019) 'Establishing National Multisectoral Coordination and collaboration mechanisms to prevent, detect, and respond to public health threats in Guinea, Liberia, and Sierra Leone 2016–2018', *One Health Outlook*. Springer Science and Business Media LLC, 1(1). doi: 10.1186/s42522-019-0004-z.

Agee, J. (2009) 'Developing qualitative research questions: A reflective process', *International Journal of Qualitative Studies in Education*, 22(4), pp. 431–447. doi: 10.1080/09518390902736512.

Agyepong, I. A. *et al.* (2012) 'When "solutions of yesterday become problems of today": Crisis-ridden decision making in a complex adaptive system (CAS) - The Additional Duty Hours Allowance in Ghana', *Health Policy and Planning*, 27(SUPPL. 4). doi: 10.1093/heapol/czs083.

Akin, J., Hutchinson, P. and Strumpf, K. (2005) 'Decentralisation and government provision of public goods: The public health sector in Uganda', *Journal of Development Studies*. doi: 10.1080/00220380500187075.

Akl, E. A. *et al.* (2015) 'Effectiveness of mechanisms and models of coordination between organizations, agencies and bodies providing or financing health services in humanitarian crises: A systematic review', *PLoS ONE*. Public Library of Science, 10(9), p. e0137159. doi: 10.1371/journal.pone.0137159.

Alan Whaites (2017) 'The Beginner's Guide to Political Economy Analysis (PEA)', pp. 1–13. Available at: https://www.gov.uk/government/news/nsgi-publishes-political-economy-analysis-beginners-guide.

Alexander, E. (1995) *How Organizations Act Together: Interorganizational Coordination in Theory and Practice*, *How Organizations Act Together*. Amsterdam: Gordon and Breach. doi: 10.4324/9781315075822.

Alexander, E. R., Dorfhuber, C. and Gant, D. B. (1996) 'Book Review How Organizations Act Together: Interorganizational Coordination in Theory and Practice', *Computational and Mathematical Organization Theory*, 2(3), pp. 247–251.

Alford, J. and Head, B. W. (2017) 'Wicked and less wicked problems: a typology and a contingency framework', *Policy and Society*, 36(3), pp. 397–413. doi: 10.1080/14494035.2017.1361634.

Amri, M., Chatur, A. and O'Campo, P. (2022) 'Intersectoral and multisectoral approaches to health policy: an umbrella review protocol', *Health Research Policy and Systems*. BioMed Central Ltd, 20(1), pp. 1–5. doi: 10.1186/S12961-022-00826-1/PEER-REVIEW.

Amundsen, I. (2006) 'Political corruption and the role of donors (in Uganda)', pp. 1–45. Available at: https://open.cmi.no/cmi-xmlui/handle/11250/2474946.

De Andrade, L. O. M. *et al.* (2015) 'Social determinants of health, universal health coverage, and sustainable development: Case studies from Latin American countries', *The Lancet*. doi: 10.1016/S0140-6736(14)61494-X.

Andrews, M. and Bategeka, L. (2013) *Overcoming the limits of institutional reform in Uganda*, *CID Working paper*. doi: 10.1017/CBO9781139060974.

Ansell, C. and Gash, A. (2008a) 'Collaborative governance in theory and practice', *Journal of Public Administration Research and Theory*, 18(4), pp. 543–571. doi: 10.1093/jopart/mum032.

Ansell, C. and Gash, A. (2008b) 'Collaborative governance in theory and practice', *Journal of Public Administration Research and Theory*, 18(4), pp. 543–571. doi: 10.1093/jopart/mum032.

Archer, M. S. (1995) *Realist Social Theory: The Morphogenetic Approach*. Cambridge University Press. doi: 10.2307/3341629.

Arora, M. *et al.* (2012) 'Multi-Sectoral Action for Addressing Social Determinants of Noncommunicable Diseases and Mainstreaming Health Promotion in National Health Programmes in India', *Indian Journal of Community Medicine*, 36(5), p. 43. doi: 10.4103/0970-0218.94708.

Arriola, L. R. (2009) 'Patronage and political stability in Africa', *Comparative Political Studies*, 42(10), pp. 1339–1362. doi: 10.1177/0010414009332126.

Arts, B. and Tatenhove, J. Van (2004) 'Policy and power: a conceptual framework between the "old'and 'new''' policy idioms"'', *Policy Sci*, 37(3–4), pp.

339–56. doi: 10.1007/s11077-005-0156-9.

Atlas. ti (2021) *ATLAS.ti: The Qualitative Data Analysis & Research Software*. Available at: https://atlasti.com/ (Accessed: 3 October 2021).

AU/UNECA/ /AfDB/ UNDP (2022) *2022 AFRICA SUSTAINABLE DEVELOPMENT REPORT. Building Back Better from the Coronavirus Disease While Advancing the Full Implementation of the 2030 Agenda for Sustainable Development*.

Australian Public Service Commission (2007) *Tackling wicked problems: A public policy perspective*, *Commonwealth of Australia*. doi: 10.4324/9781849776530.

Awor, P. *et al.* (2012) 'Private sector drug shops in integrated community case management of malaria, pneumonia, and diarrhea in children in Uganda', *American Journal of Tropical Medicine and Hygiene*, 87(SUPPL.5), pp. 92–96. doi: 10.4269/ajtmh.2012.11-0791.

Ayee, J. R. A. (2005) 'Public Sector Management in Africa', *Economic Research Working Paper Series*, 82(2), p. 60 72.

Bach, A. *et al.* (2020) 'Multisectoral Integration of Nutrition, Health, and Agriculture: Implementation Lessons From Ethiopia', *Food and Nutrition Bulletin*. Food Nutr Bull, 41(2), pp. 275–292. doi: 10.1177/0379572119895097.

Bach, D. C. and Gazibo, M. (2013) *Neopatrimonialism in Africa and Beyond*, *Neopatrimonialism in Africa and Beyond*. doi: 10.4324/9780203145623.

Bach, T. (2020) 'Top officials' careers and the relationship between politics and administration', *NISPAcee Journal of Public Administration and Policy*, 13(2), pp. 35–48. doi: 10.2478/nispa-2020-0013.

Badejo, O. *et al.* (2020) 'Confronting power in low places: historical analysis of medical dominance and role-boundary negotiation between health professions in Nigeria', *BMJ Global Health*. BMJ Specialist Journals, 5(9), p. e003349. Doi: 10.1136/BMJGH-2020-003349.

Balarajan, Y. and Reich, M. R. (2016) 'Political economy challenges in nutrition', *Globalization and Health*. BioMed Central, 12(1), p. 70. doi: 10.1186/s12992-016-0204-6.

Bank of Uganda (2019) *Bank of Uganda State of the Economy*. doi: 10.1016/j.bbabio.2004.04.017.

Barasa, E. W. *et al.* (2017) 'Recentralization within decentralization: County hospital autonomy under devolution in Kenya', *PLoS ONE*. Doi: 10.1371/journal.pone.0182440.

Bardach, E. (2017) 'Networks, Hierarchies, and Hybrids', *International Public Management Journal*. Routledge, 20(4), pp. 560–585. doi: 10.1080/10967494.2015.1127863.

Basheer, A. (2022) 'The art and science of writing narrative reviews', *International Journal of Advanced Medical and Health Research*, 9, p. 124-6. doi: 10.1002/pbc.20146.

Batley, R. and Harris, D. (2014) *Analysing the politics of public services: a service characteristics approach*. London.

Baum, F. *et al.* (2014) 'Evaluation of Health in All Policies: concept, theory and application', *Health Promot Int*. Oxford University Press, 29(1), pp. i130–i142. doi: 10.1093/heapro/dau032.

Baum, F. *et al.* (2018) 'Qualitative protocol for understanding the contribution of Australian policy in the urban planning, justice, energy and environment sectors to promoting health and health equity', *BMJ Open*, 8, p. 25358. doi: 10.1136/bmjopen-2018-025358.

Baum, F. *et al.* (2019) 'Understanding Australian policies on public health using social and political science theories: Reflections from an Academy of the Social Sciences in Australia Workshop', *Health Promotion International*. Oxford University Press, pp. 833–846. doi: 10.1093/heapro/day014.

Baxter, P. and Jack, S. (2008) 'Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers', *The Qualitative Report*, 13(4), pp. 544–559. doi: 10.46743/2160-3715/2008.1573.

Bayart, J. (1993) *The State in Africa. The politics of the Belly*. London & New York: Longman. Available at: https://archive.org/details/stateinafricapolOOOObaya.

Bayart, J. (2016) 'Africa in the world: a history of extraversion', in Cheeseman, N. (ed.) *African Politics: Critical Concepts in Political Science. Volume 1 Africa and the World: Sovereignty, Dependency and Extraversion*. First. London & New York: Routledge Taylor & Francis Group, pp. 141–189.

Bayart, J. F. (2000) 'Africa in the world: A history of extraversion', *African Affairs*, 99(395), pp. 217–267. doi: 10.1093/afraf/99.395.217.

Beekers, D. and Van Gool, B. (2012) 'From patronage to neopatrimonialism. Postcolonial governance in Sub-Sahara Africa and beyond', *African Studies Centre Working Paper*, (101), pp. 1–35.

Beland, D. (2010) 'Policy change and health care research', *J Health Polit Policy Law*, 35(4), pp. 615–641. doi: 10.1215/03616878-2010-019.

Béland, D. (2009) 'Ideas, institutions, and policy change', *Journal of European Public Policy*, 16(5), pp. 701–718. doi: 10.1080/13501760902983382.

Béland, D. (2010) 'The idea of power and the role of ideas', *Political Studies Review*, 8(2), pp. 145–154. doi: 10.1111/J.1478-9302.2009.00199.X.

Béland, D. and Henry Cox, R. (2011) *Ideas and Politics in Social Science Research*. Edited by D. Béland and R. Henry Cox. Oxford University Press. Available at: http://centredelangues.ens-lyon.fr/anglais/espace-etudiants/retire/the-transatlantic-circulation-of-ideas-and-policies/class-1-theoretical-approaches-to-ideas-and-policies/Daniel Beland - Robert Henry Cox -eds- - Ideas and Politics i (Accessed: 11 October 2017).

Van Belle, S. B. *et al.* (2010) 'How to develop a theory-driven evaluation design? Lessons learned from an adolescent sexual and reproductive health programme in West Africa', *BMC Public Health*, 10, p. 741. doi: 10.1186/1471-2458-10-741.

Van Belle, S. (2019) 'Global health research, anthropology and realist enquiry methodological musings', *Anthropology in Action*, 26(1), pp. 42–51. doi: 10.3167/aia.2019.260105.

Van Belle, S., Van De Pas, R. and Marchal, B. (2017) 'Towards an agenda for implementation science in global health: There is nothing more practical than good (social science) theories', *BMJ Global Health*. Doi: 10.1136/bmjgh-2016-000181.

Belrhiti, Z., Van Belle, S. and Criel, B. (2021) 'How medical dominance and interprofessional conflicts undermine patient-centred care in hospitals: historical analysis and multiple embedded case study in Morocco', *BMJ global health*. BMJ Glob Health, 6(7). doi: 10.1136/BMJGH-2021-006140.

Bender, K. *et al.* (2021) 'Different pathways of social protection reforms: An analysis of long-term institutional change in Kenya', *World Development*. Elsevier Ltd, 137. doi: 10.1016/j.worlddev.2020.105210.

Bennett, A. and Elman, C. (2006) 'Complex causal relations and case study methods: The example of path dependence', *Political Analysis*, 14(3), pp. 250–267. doi: 10.1093/pan/mpj020.

Bennett, S., Glandon, D. and Rasanathan, K. (2018) 'Governing multisectoral action for health in low-income and middle-income countries: Unpacking the problem and rising to the challenge', *BMJ Global Health*. BMJ Glob Health, 3(Suppl 4). doi: 10.1136/bmjgh-2018-000880.

Benson, J. K., Pfeffer, J. and Salancik, G. R. (1978) *The External Control of Organizations.*, *Administrative Science Quarterly*. California: Stanford University Press. Doi: 10.2307/2392573.

Berg, A. M. (2007) 'What did happen to the public service professionals ? - Organisational reforms and professional roles', in *To the EGPA Annual Conference, Madrid, Spain, September 19-21 2007 EGPA Study Group 3: Public Personnel Policies "Leadership, Professionalisation and HR Strategies" Sub-theme 2: Professionalisation.* Madrid, pp. 1–15.

Bhaskar, R. (2005) *The possibility of naturalism: A philosophical critique of the contemporary human sciences*. Third, *Critical Realism: interventions*. Third. Edited by R. Bashkar. Taylor & Francis e-Library.

Bhaskar, R. (2010) 'Reclaiming reality: A critical introduction to contemporary philosophy'. London & New York: Routledge Abingdon, Oxon; New York, pp. 1–175. doi: 10.4324/9780203843314.

Biecker, S. (2012) 'Museveni's Uganda: Paradoxes of power in a hybrid regime', *African Affairs*, 111(442), pp. 160–162. doi: 10.1093/afraf/adr067.

Bistaraki, A. (2017) *Interagency Collaboration in Mass Gatherings: The Case of Public Health and Safety Organizations in the 2012 London Olympic Games*. City, University of London. doi: 10.1017/s1049023x17003855.

Blomstedt, Y. *et al.* (2018) 'Partnerships for child health: Capitalising on links between the sustainable development goals', *BMJ (Online)*, 360, p. k125. doi: 10.1136/bmj.k125.

Blouin, C. (2007) 'Trade policy and health: From conflicting interests to policy coherence', *Bulletin of the World Health Organization*, 85(3), pp. 169–173. doi: 10.2471/BLT.06.037143.

Blyth, M. (2013) 'Paradigms and paradox: The politics of economic ideas in two moments of crisis', *Governance*, 26(2), pp. 197–215. doi: 10.1111/GOVE.12010.

Bøas, M. (2001) 'Liberia and Sierra Leone - Dead ringers? The logic of neopatrimonial rule', *Third World Quarterly*, 22(5), pp. 697–723. doi: 10.1080/01436590120084566.

Bonga, W. G. (2021) 'Exploring the Impact of Neopatrimonialism Dominance in Africa', *Dynamic Research Journals Journal of Economics and Finance (DRJ-JEF*, 6(1).

Booth, D. and Golooba-Mutebi, F. (2012) 'Developmental patrimonialism? The case of Rwanda', *African Affairs*, 111(444), pp. 379–403. doi: 10.1093/afraf/ads026.

Bossert, T. J. (2016) 'Decision Space and Capacities in the Decentralization of Health Services in Fiji; Decentralisation of Health Services in Fiji: A Decision Space Analysis&quot';, *International Journal of Health Policy and Management*, 5(7), pp. 443–444. doi: 10.15171/ijhpm.2016.51.

Bouckaert, G. (2022) *The neo-Weberian state: From ideal type model to reality?, Working Paper Series (IIPP WP 2022-10)*. London. Doi: 10.1353/max.2023.0002.

Bouckaert, G., Peters, B., G. and Verhoest, K. (2006) 'Reforms of central government coordination in OECD-countries: culture as counterforce for cross-national unifying processes?', in *Paper for the EGPA Permanent Study Group on 'Governance of public sector organisations' Session 2006: 'Coordination of public sector organizations in the era of marketization and joined-up government' Milan, 6-8 September 2006*.

Bouckaert, G., Peters, B. G. and Verhoest, K. (2010) *The Coordination of Public Sector Organizations.Shifting Patterns of Public Management*. 1st ed, *Public Sector Organizations Series*. 1st edn. Edited by G. Bouckaert, B. G. Peters, and K. Verhoest. Palgrave Macmillan Limited. Houndmills, Basingstoke, Hampshire RG21. Doi: 10.1057/9780230275256.

Bratton, M. and van de Walle, N. (1994) 'Neopatrimonial Regimes and Political Transitions in Africa', *World Politics*, 46(4), pp. 453–489. Doi: 10.2307/2950715.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77–101. doi: https://doi.org/10.1191/1478088706qp063oa.

Braun, V., Clarke, V. and Weate, P. (2016) 'Using thematic analysis in sport and exercise research', in Smith, B. and Sparkes, A. C. (eds) *Routledge Handbook of Qualitative Research in Sport and Exercise*. London: Routledge, pp. 213–227. doi: 10.4324/9781315762012-26.

Brierley, S. (2021) 'Combining patronage and merit in public sector recruitment', *Journal of Politics*, 83(1), pp. 182–197. doi: 10.1086/708240.

Briggs, R. C. (2015) ' Neopatrimonialism in Africa and Beyond ', *Journal of Cold War Studies*, 17(3). doi: 10.1162/jcws_r_00526.

Brinkerhoff, D. W. and Brinkerhoff, J. M. (2015) 'Public Sector Management Reform in Developing Countries: Perspectives Beyond NPM Orthodoxy', *Public Administration and Development*. John Wiley and Sons Ltd, 35(4), pp. 222–237. doi: 10.1002/pad.1739.

Brönnimann, A. (2022) 'How to phrase critical realist interview questions in applied social science research', *Journal of Critical Realism*, 21(1), pp. 1–24. doi: 10.1080/14767430.2021.1966719.

Brown, R. R., Deletic, A. and Wong, T. H. F. (2015) 'Interdisciplinarity: How to catalyse collaboration', *Nature*, 525, pp. 315–317. doi: https://doi.org/10.1038/525315a.

Brown, S. (2005) 'Foreign aid and democracy promotion: Lessons from Africa', *European Journal of Development Research*. Palgrave, 17(2), pp. 179–198. doi: 10.1080/09578810500130799.

Brown, S. and Raddatz, R. (2014) 'Dire consequences or empty threats? Western pressure for peace, justice and democracy in Kenya', *Journal of Eastern African Studies*. Taylor & Francis, 8(1), pp. 43–62. doi: 10.1080/17531055.2013.869008.

Brugha, R. and Varvasovszky, Z. (2000) 'Stakeholder analysis: a review.', *Health policy and planning*, 15(3), pp. 239–46. doi: 10.1093/heapol/15.3.239.

Bryman, A. (2012) *Social Research Methods*. 4th Editio, *Oxford Unversity Press*. 4th Editio. Oxford University Press.

Bryson, B. J. M. *et al.* (2009) *Designing and managing cross-sector collaboration : A case study in reducing traffic congestion*, *IBM Center for The Business of Goverment*.

Bryson, J. M., Crosby, B. C. and Stone, M. M. (2015) 'Designing and Implementing Cross-Sector Collaborations: Needed and Challenging', *Public Administration Review*, 75(5), pp. 647–663. doi: 10.1111/puar.12432.

Buch-Hansen, H. and Nielsen, P. (2020) *Critical realism : basics and beyond*. 1st edition. London: Red globe Press.

Bukenya, B. and Golooba-Mutebi, F. (2019) *Political Settlements and the Delivery of Maternal Health Services in Rural Uganda*, *ESID Working paper*. 113. Manchester. The UK. doi: 10.2139/ssrn.3328452.

Bukenya, B. and Muhumuza, W. (2017) *The politics of core public sector reform in Uganda: Behind the façade*. 85. Manchester. The UK. Available at: www.effective-states.org.

Burstein, P. (1991) 'Policy Domains: Organization, Culture, and Policy Outcomes', *Annual Review of Sociology*, 17(1), pp. 327–350. doi: 10.1146/annurev.so.17.080191.001551.

Buse, K. and Harmer, A. M. (2007) 'Seven habits of highly effective global public-private health partnerships: Practice and potential', *Social Science and Medicine*, 64(2), pp. 259–271. doi: 10.1016/j.socscimed.2006.09.001.

Buse, K. and Hawkes, S. (2015) 'Health in the sustainable development goals: ready for a paradigm shift?', *Globalization and Health*. BioMed Central, 11(1), p. 13. doi: 10.1186/s12992-015-0098-8.

Buse, K. and Walt, G. (1996) 'Aid coordination for health sector reform: A conceptual framework for analysis and assessment', *Health Policy*, 38(3), pp. 173–187. doi: 10.1016/0168-8510(96)00855-X.

Cabinet Secretariat (2013) *Report of the Assessment of the Policy Capacity of*

*the Uganda Public Service*. Uganda: Cabinet Secretariat.

Cairney, P. (2013) 'Standing on the Shoulders of Giants: How Do We Combine the Insights of Multiple Theories in Public Policy Studies?', *Policy Studies Journal*, 41(1), pp. 1–21. doi: 10.1111/psj.12000.

Callahan, E. A. *et al.* (2018) 'Voices for Healthy Kids: A multisectoral collaboration to accelerate policy changes that promote healthy weight for all children and adolescents in the United States', *BMJ (Online)*, 363, p. k4763. doi: 10.1136/bmj.k4763.

Cambon, L. and Alla, F. (2021) 'Understanding the complexity of population health interventions: assessing intervention system theory (ISyT)', *Health Research Policy and Systems*. BioMed Central Ltd. doi: 10.1186/s12961-021-00743-9.

Cammack, D. *et al.* (2007) *Neopatrimonial Politics, Decentralisation and Local Government : Uganda and Malawi in 2006, Good Governance, Aid Modalities and Poverty Reduction Working Paper Series*. Working Paper 2.

Cammack, D. (2007) 'The logic of African neopatrimonialism: What role for donors?', *Development Policy Review*, 25(5), pp. 599–614. doi: 10.1111/j.1467-7679.2007.00387.x.

Candel, J. J. L. (2019) 'The expediency of policy integration', *Policy Studies*. Doi: 10.1080/01442872.2019.1634191.

Candel, J. J. L. and Biesbroek, R. (2016) 'Toward a processual understanding of policy integration', *Policy Sciences*. Springer New York LLC, 49(3), pp. 211–231. doi: 10.1007/s11077-016-9248-y.

Capano, G. and Howlett, M. (2020) 'The Knowns and Unknowns of Policy Instrument Analysis: Policy Tools and the Current Research Agenda on Policy Mixes', *SAGE Open*, 10(1). doi: 10.1177/2158244019900568.

Capano, G. and Lippi, A. (2017) 'How policy instruments are chosen: patterns of decision-makers' choices', *Policy Sciences*. Springer New York LLC, 50(2), pp. 269–293. doi: 10.1007/s11077-016-9267-8.

Carayannopoulos, G. (2017) 'Whole of Government: the Solution to Managing Crises?', *Australian Journal of Public Administration*. Blackwell Publishing Ltd, 76(2), pp. 251–265. doi: 10.1111/1467-8500.12227.

Carey, G. and Crammond, B. (2015) 'What Works in Joined-Up Government? An Evidence Synthesis', *International Journal of Public Administration*. Taylor and Francis Inc., 38(13–14), pp. 1020–1029. doi: 10.1080/01900692.2014.982292.

Carey, G., Mcloughlin, P. and Crammond, B. (2015) 'Implementing Joined-Up Government: Lessons from the Australian Social Inclusion Agenda', *Australian Journal of Public Administration*. Blackwell Publishing Ltd, 74(2), pp. 176–186. doi: 10.1111/1467-8500.12096.

Carrin, G James & Evans, D. (2005) *Achieving Universal Health Coverage: Developing the Health Financing System*, *Technical Brief for Policy-Makers: No. 1, World Health Organization, Geneva.* Available at: www.who.int/health_financing/documents/cov-pb_e_05_1-universal_cov/en.

Carstensen, M. B. and Schmidt, V. A. (2016) 'Power through, over and in

ideas: conceptualizing ideational power in discursive institutionalism', *Journal of European Public Policy*. Routledge, 23(3), pp. 318–337. doi: 10.1080/13501763.2015.1115534.

Castañer, X. and Oliveira, N. (2020) 'Collaboration, Coordination, and Cooperation Among Organizations: Establishing the Distinctive Meanings of These Terms Through a Systematic Literature Review', *Journal of Management*. SAGE Publications Inc., 46(6), pp. 965–1001. doi: 10.1177/0149206320901565.

Cejudo, G. M. and Michel, C. L. (2017) 'Addressing fragmented government action: coordination, coherence, and integration', *Policy Sciences*. Springer US, 50(4), pp. 745–767. doi: 10.1007/s11077-017-9281-5.

Cerf, M. E. (2019) 'Sustainable Development Goal Integration, Interdependence, and Implementation: the Environment–Economic–Health Nexus and Universal Health Coverage', 3. doi: 10.1002/gch2.201900021.

Cheeseman, N. (2019) *A Dictionary of African Politics*, *A Dictionary of African Politics*. Doi: 10.1093/acref/9780191828836.001.0001.

Cheeseman, N. *et al.* (2021) *The Shadow State in Africa Impact of elections in Africa: DRC, Uganda, Zambia, Zimbabwe*. Available at: https://www.researchgate.net/publication/354605732.

Chikerema, A. F. and Nzewi, O. (2020) 'Succession politics and state administration in Africa: the case of Zimbabwe', *Journal of African Elections*, 19(2), pp. 146–167. doi: 10.20940/jae/2020/v19i2a8.

Chinsinga, B. *et al.* (2022) 'Using political settlements analysis to explain poverty trends in Ethiopia, Malawi, Rwanda and Tanzania', *World Development*, 153. doi: 10.1016/j.worlddev.2022.105827.

Chircop, A., Bassett, R. and Taylor, E. (2015) 'Evidence on how to practice intersectoral collaboration for health equity: a scoping review', *Critical Public Health*, 25(2). doi: 10.1080/09581596.2014.887831.

CHRGJ, I. & U. (2021) *Chased Away and Left to Die: How a National Security Approach to Uganda's National Digital ID Has Led to Wholesale Exclusion of Women and Older Persons*.

Christensen, T. (2012) 'Post-NPM and Changing Public Governance', *Meiji Journal of Political Science and Economics*, 1, pp. 1–11. Available at: http://mjpse.meiji.jp/articles/files/01-01/01-01.pdf (Accessed: 1 June 2018).

Christensen, T. *et al.* (2014) *The Governance of Wicked Issues: A European Cross-Country Analysis of Coordination for Societal Security*. Working Paper 6-2014.

Christensen, T., Fimreite, A. L. and Lægreid, P. (2014) 'Joined-Up Government for Welfare Administration Reform in Norway', *Public Organization Review*, 14(4), pp. 439–456. doi: 10.1007/s11115-013-0237-8.

Christensen, T. and Laegreid, P. (2007) *The Challenge of Coordination in Central Government Organizations*. Available at: http://uni.no/media/manual_upload/168_N05-07Christensen-Laegreid.pdf.

Christensen, T. and Lægreid, P. (2006) *The Whole-of-Government Approach – Regulation, Performance, and Public-Sector*.

Christensen, T. and Lægreid, P. (2007) 'The whole-of-government approach

to public sector reform', *Public Administration Review*, 67(6), pp. 1059–1066. doi: 10.1111/j.1540-6210.2007.00797.x.

Christensen, T. and Lægreid, P. (2008) 'The challenge of coordination in central government organizations: The Norwegian case', *Public Organization Review*, 8(2), pp. 97–116. doi: 10.1007/s11115-008-0058-3.

Christensen Tom and Laegreid Per (2007) *The Challenge of Coordination in Central Government Organizations Working paper 5*. 5. Available at: http://uni.no/media/manual_upload/168_N05-07Christensen-Laegreid.pdf (Accessed: 4 September 2017).

Christopher, J. (2010) 'Corporate governance-A multi-theoretical approach to recognizing the wider influencing forces impacting on organizations', *Critical Perspectives on Accounting*, 21(8), pp. 683–695. doi: 10.1016/j.cpa.2010.05.002.

Chukwu, C. C., Ume, I. S. and Dibia, S. B. (2018) 'The role of neo-patrimonialism in elections and the challenge of national security in contemporary Nigerian society : An appraisal', 7(6), pp. 1800–1814.

Cilliers, J. (2021) 'Good Governance, Democracy and Development', in *The Future of Africa*. Doi: 10.1007/978-3-030-46590-2_13.

Claggett, J. L. and Karahanna, E. (2018) 'Unpacking the structure of coordination mechanisms and the role of relational coordination in an era of digitally mediated work processes', *Academy of Management Review*, pp. 704–722. doi: 10.5465/amr.2016.0325.

Clarke, V. and Braun, V. (2014) 'Successful Qualitative Research: A Practical Guide for Beginners', *The Qualitative Report*, (May). Doi: 10.46743/2160-3715/2014.1206.

Clavier, C. (2016) 'Implementing health in all policies - Time and ideas matter too!: Comment on "understanding the role of public administration in implementing action on the social determinants of health and health inequities"', *International Journal of Health Policy and Management*. doi: 10.15171/ijhpm.2016.81.

Cohn, A. (2013) *Intersectoral Governance for Health in All Policies: Structures, actions and experiences*, *Revista de Direito Sanitário*. doi: 10.11606/issn.2316-9044.v14i1p264-267.

Collier, A. (1994) 'Critical realism : an introduction to Roy Bhaskar's philosophy', p. 276.

Collins, C. S. and Stockton, C. M. (2018) 'The Central Role of Theory in Qualitative Research', *International Journal of Qualitative Methods*, 17(1), pp. 1–10. doi: 10.1177/1609406918797475.

Cornell, A. and Svensson, T. (2022) 'Colonial origins of modern bureaucracy? India and the professionalization of the British civil service', *Governance*, (February), pp. 1–21. doi: 10.1111/gove.12683.

Costello AM and Dalglish SL on behalf of the Strategic Review Study Team (2016) *"Towards a Grand Convergence for child survival and health: A strategic review of options for the future building on lessons learnt from IMNCI."*, *World Health Organization*. Geneva. Available at:

http://apps.who.int/iris/bitstream/10665/251855/1/WHO-MCA-16.04-eng.pdf?ua=1.

Courtney, M. (2012) 'Aiding Development or Aiding Politics? How Politics in Sub-Saharan Africa Impact the Efficacy of Official Development Assistance in Ethiopia', *Consilience: The Journal of Sustainable Development*, 9(1), pp. 47–69.

Creswell, J. W. (2007) *Qualitative Inquiry and Research Design*. 2nd edn. Los Angeles, CA: SAGE Publications Ltd. doi: 10.1111/1467-9299.00177.

Creswell, J. W. *et al.* (2007) 'Qualitative Research Designs: Selection and Implementation', *The Counseling Psychologist*, 35(2), pp. 236–264. doi: 10.1177/0011000006287390.

Creswell, J. W. (2009) *Research Design. Qualitative, Quantitative and Mixed Methods Approaches*. Third. Los Angeles, CA: SAGE Publications Ltd.

Cristofoli, D. and Markovic, J. (2016) 'How to make public networks really work: A qualitative comparative analysis', *Public Administration*, 94(1), pp. 89–110. doi: 10.1111/padm.12192.

Croke, K. (2023) 'Comparative Politics, Political Settlements, and the Political Economy of Health Financing Reform Comment on "Health Coverage and Financial Protection in Uganda: A Political Economy Perspective"', *International Journal of Health Policy and Management*, 12(1), p. 7630. doi: 10.34172/ijhpm.2023.7630.

Cropper, S. *et al.* (2009) *Introducing Inter-organizational Relations*. 1st edn, *The Oxford Handbook of Inter-Organizational Relations*. 1st edn. Edited by S. Cropper et al. Oxford, United Kingdom: Oxford University Press. Doi: 10.1093/oxfordhb/9780199282944.003.0001.

Crowe, S. *et al.* (2011) 'The case study approach', *BMC Medical Research Methodology*, 11, p. 100. doi: 10.1186/1471-2288-11-100.

Crowley, K. and Head, B. W. (2017) 'The enduring challenge of "wicked problems": revisiting Rittel and Webber', *Policy Sciences*, 50(4). doi: 10.1007/s11077-017-9302-4.

Danermark, B., Ekström, M. and Karlsson, J. C. (2019) 'Explaining society: Critical realism in the social sciences', *Explaining Society: Critical Realism in the Social Sciences*. 2nd Editio. Routledge Abingdon, Oxon; New York, pp. 1–228. doi: 10.4324/9781351017831.

Dekker, H. C. (2004) 'Control of inter-organizational relationships: Evidence on appropriation concerns and coordination requirements', *Accounting, Organizations and Society*, 29(1), pp. 27–49. doi: 10.1016/S0361-3682(02)00056-9.

Dentoni, D., Bitzer, V. and Schouten, G. (2018) 'Harnessing Wicked Problems in Multi-stakeholder Partnerships', *Journal of Business Ethics*, 150, pp. 333–356. doi: 10.1007/s10551-018-3858-6.

Devlin, J. M. and Calley, T. (2007) 'Applying Multitheoretical Psychotherapy Integration to Family Therapy', *The Family Journal*, 15(4), pp. 387–391. doi: 10.1177/1066480707305469.

Dewulf, A. *et al.* (2011) 'Fragmentation and connection of frames in collaborative water governance: A case study of river catchment management in Southern Ecuador', *International Review of Administrative Sciences*, 77(1), pp. 50–

75. doi: 10.1177/0020852310390108.

DFID (2010) 'The Politics of Poverty: Elites, Citizens and States - Findings from ten years of DFID-funded research on Governance and Fragile States 2001–2010', *DFID Synthesis Paper*, p. 104.

DiMaggio, P. J. and Powell, W. W. (1983) 'The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organizational Fields.', *American Sociological Review*, 48(2), p. 147. doi: doi:10.2307/2095101 10.2307/2095101.

Dixon, J., Tenkorang, E. Y. and Luginaah, I. (2013) 'Ghana's National Health Insurance Scheme: A national level investigation of members' perceptions of service provision', *BMC International Health and Human Rights*, 13(1). doi: 10.1186/1472-698X-13-35.

Doorgapersad, S. V. (2011) 'Paradigm shift from New Public Administration to New Public Management: theory and practice in Africa', *The Journal for Transdisciplinary Research in Southern Africa*, 7(2), pp. 235–250.

Dornisch, D. (2005) 'Network Analysis of Public Sector Coordination and Collaboration : Conceptual and Methodological Applications', *Public Administration*, (1994), pp. 37–46. Available at: https://pdfs.semanticscholar.org/3bd4/13ff735cb2998eee11366abe1ba4ff9fc870.pdf (Accessed: 1 June 2018).

Dotti, G. and Gleiser, R. J. (2005) 'Gravitational instability of Einstein-Gauss-Bonnet black holes under tensor mode perturbations', *Classical and Quantum Gravity*, 22(1), pp. 222–237. doi: 10.1088/0264-9381/22/1/L01.

Douch, M. *et al.* (2022) 'Aid effectiveness: Human rights as a conditionality measure', *World Development*. The Author(s), 158(June 2016), p. 105978. doi: 10.1016/j.worlddev.2022.105978.

Dubois, A. and Gadde, L. E. (2002) 'Systematic combining: An abductive approach to case research', *Journal of Business Research*, 55(7), pp. 553–560. doi: 10.1016/S0148-2963(00)00195-8.

Edelman, A. *et al.* (2021) 'Modified scoping review of the enablers and barriers to implementing primary health care in the COVID-19 context', *Health Policy and Planning*. Oxford University Press (OUP). Doi: 10.1093/heapol/czab075.

Edgley, A. *et al.* (2016) 'Critical realist review: exploring the real, beyond the empirical', *Journal of Further and Higher Education*, 40(3), pp. 316–330. doi: 10.1080/0309877X.2014.953458.

Egeberg, M. and Trondal, J. (2016) 'Why Strong Coordination At One Level of Government Is Incompatible With Strong Coordination Across Levels (and How To Live With It): the Case of the European Union', *Public Administration*. Wiley-Blackwell, 94(3), pp. 579–592. doi: 10.1111/padm.12236.

Eisenhardt, K. M. (1989) 'Agency Theory: An Assessment and Review', *The Academy of Management Review*. The Academy of Management, 14(1), p. 57. doi: 10.2307/258191.

Ekirapa-Kiracho, E. *et al.* (2022) 'Strategic Purchasing Arrangements in Uganda and Their Implications for Universal Health Coverage', *Health Systems and*

*Reform*. Taylor & Francis, 8(2). doi: 10.1080/23288604.2022.2084215.

Elder-Vass, D. (2010) *The Causal Power of Social Structures: Emergence, Structure and Agency*. 1st edn, *The Causal Power of Social Structures: Emergence, Structure and Agency*. 1st edn. Cambridge: Cambridge University Press. Doi: 10.1017/CBO9780511761720.

Emerson, K. (2018) 'Collaborative governance of public health in low- and middle-income countries: lessons from research in public administration', *BMJ Global Health*. BMJ Specialist Journals, 3(Suppl 4), p. e000381. Doi: 10.1136/bmjgh-2017-000381.

Emerson, K., Nabatchi, T. and Balogh, S. (2012) 'An integrative framework for collaborative governance', *Journal of Public Administration Research and Theory*, 22(1), pp. 1–29. doi: 10.1093/jopart/mur011.

Erdmann, G. and Engel, U. (2007) 'Neopatrimonialism reconsidered: Critical review and elaboration of an elusive concept', *Commonwealth and Comparative Politics*, 45(1). doi: 10.1080/14662040601135813.

Ewert, B. (2020) 'Moving beyond the obsession with nudging individual behaviour: Towards a broader understanding of Behavioural Public Policy', *Public Policy and Administration*, 35(3), pp. 337–360. doi: 10.1177/0952076719889090.

Fauvel, A. M. and Lake, D. L. (2015) 'Tackling Wicked Food Issues: Applying the Wicked Problems Approach in Higher Education to Promote Healthy Eating Habits in American School Children'.

Federica Margini *et al.* (2020) *Case Study: The Initial COVID-19 Response in Uganda*. Available at: https://thinkwell.global/wp-content/uploads/2020/09/Uganda-COVID-19-Case-Study-_18-Sept-20201.pdf (Accessed: 24 March 2021).

Fischer, F. (2003) *Reframing Public Policy: Discursive Politics and Deliberative Practices*. Oxford University Press.

Fisher, J. (2015) '"Does it Work?" - Work for Whom? Britain and Political Conditionality since the Cold War', *World Development*. Elsevier Ltd, 75, pp. 13–25. doi: 10.1016/j.worlddev.2014.12.005.

Fletcher, A. J. (2017) 'Applying critical realism in qualitative research: Methodology meets method.' *International Journal of Social Research Methodology*. Routledge, 20(2), pp. 181–194. doi: 10.1080/13645579.2016.1144401.

Flynn, R. *et al.* (2019) 'A realist evaluation to identify contexts and mechanisms that enabled and hindered implementation and had an effect on sustainability of a lean intervention in pediatric healthcare', *BMC Health Services Research*. BMC Health Services Research, 19(1), pp. 1–12. doi: 10.1186/s12913-019-4744-3.

Fox, A. M. and Reich, M. R. (2015) 'The politics of universal health coverage in low- and middle-income countries: A framework for evaluation and action', *Journal of Health Politics, Policy and Law*. Duke University Press, 40(5), pp. 1023–1060. doi: 10.1215/03616878-3161198.

Francisco, A. H. (2010) 'Neopatrimonialism in contemporary African politics', *International Relations Studies*, pp. 1–5. Available at: http://www.e-

ir.info/2010/01/24/to-what-extent-can-neopatrimonialism-be-considered-significant-in-contemporary-african-politics/.

Fraser, M. R. (2013) 'Bringing it all together: Effective maternal and child health practice as a means to improve public health', *Maternal and Child Health Journal*. Doi: 10.1007/s10995-012-1064-1.

Freiler, A. *et al.* (2013) 'Glossary for the implementation of Health in All Policies (HiAP)', *Journal of Epidemiology and Community Health*, 67(12), pp. 1068–1072. doi: 10.1136/jech-2013-202731.

Garmaise, D. (2017) *Uganda CCM and the Global Fund at odds over funding request.Aidspan*. Available at: http://www.aidspan.org/gfo_article/uganda-ccm-and-global-fund-odds-over-funding-request (Accessed: 29 November 2017).

George, A. *et al.* (2021) 'Adolescent health in the Sustainable Development Goal era: Are we aligned for multisectoral action?', *BMJ Global Health*. BMJ Publishing Group. doi: 10.1136/bmjgh-2020-004448.

Gerbl, M. *et al.* (2015) 'A multi-theory approach to understanding the business process outsourcing decision', *Journal of World Business*. Elsevier Inc., 50(3), pp. 505–518. doi: 10.1016/j.jwb.2014.08.009.

Ghaffar, A. *et al.* (2017) 'Strengthening health systems through embedded research', *Bulletin of the World Health Organization*, 95(2), p. 87. doi: 10.2471/BLT.16.189126.

Ghaffar, A. *et al.* (2021) 'The value and promise of embedded research', *Health Research Policy and Systems*. BioMed Central, 19(Suppl 2), pp. 2–4. doi: 10.1186/s12961-021-00744-8.

Giljevic, T. *et al.* (2018) 'Coordination Instruments in Croatian Integration Policy: Classification, Evaluation, and Proposals for Improvements Europeizacija hrvatske javne uprave: utjecaj na razvoj i nacionalni identitet View project Upravni kapaciteti za regulaciju područja migrac'. doi: 10.31297/hkju.18.3.1.

Gilson, L. (2012) *Health Policy and Systems Research. A methodology Reader*. World Health Organization. doi: 10.1016/j.healthpol.2012.02.006.

Glandon, D. *et al.* (2018) 'Identifying health policy and systems research priorities on multisectoral collaboration for health in low-income and middle-income countries', *BMJ Global Health*. BMJ Specialist Journals, 3(Suppl 4), p. e000970. doi: 10.1136/bmjgh-2018-000970.

Glandon, D. *et al.* (2019) 'Methodological gaps and opportunities for studying multisectoral collaboration for health in low- and middle-income countries', in *Health Policy and Planning*, pp. II7–II17. doi: 10.1093/heapol/czz116.

Goetz, A. M. (2002) 'No shortcuts to power: Constraints on women's political effectiveness in Uganda', *Journal of Modern African Studies*, 40(4), pp. 549–575. doi: 10.1017/S0022278X02004032.

Golloba-Mutebi, F. (2003) 'Efficiency, Accountability and Implementation: Public Sector Reform in East and Southern Africa (Book).', *Development Policy Review*, 21(5/6), p. 718. Available at: http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11254757&lang=pt-br&site=ehost-live.

Goodfellow, T. (2022) 'Politics and the urban frontier: Transformation and divergence in late urbanizing East Africa', *Politics and the Urban Frontier: Transformation and Divergence in Late Urbanizing East Africa*, pp. 1–332. doi: 10.1093/oso/9780198853107.001.0001.

Goodfellow, T. and Titeca, K. (2012) 'Presidential intervention and the changing "politics of survival" in Kampala's informal economy', *Cities*, 29(4), pp. 264–270. doi: 10.1016/j.cities.2012.02.004.

GoU (1997) *The Local Government Act 1997*. Parliament of Uganda.

GoU (2015a) *Registration of Persons Act*. Uganda: The Uganda Gazette No 14.

GoU (2015b) *The Public Finance Management Act , 2015*. Kampala. Available at: https://www.ugandainvest.go.ug/wp-content/uploads/2016/02/Uganda_Public_Finance_Management_Act_2015_3.pdf.

Government Of Uganda (2015) 'Second National Development Plan - Uganda', *National Planning Authority Uganda*, 1(2), p. 344. doi: 10.1111/j.1475-6773.2006.00624.x.

Goyal, N. and Howlett, M. (2021) '"Measuring the Mix" of Policy Responses to COVID-19: Comparative Policy Analysis Using Topic Modelling', *Journal of Comparative Policy Analysis: Research and Practice*. Routledge, 23(2), pp. 250–261. doi: 10.1080/13876988.2021.1880872.

Graham, W. J. *et al.* (2018) 'Multisectoral collaboration for health and sustainable development', *BMJ (Online)*. British Medical Journal Publishing Group, 363, p. k4868. doi: 10.1136/bmj.k4868.

Grant, M. J. and Booth, A. (2009) 'A typology of reviews: An analysis of 14 review types and associated methodologies', *Health Information and Libraries Journal*, 26(2), pp. 91–108. doi: 10.1111/j.1471-1842.2009.00848.x.

Greenhalgh, T. *et al.* (2005) 'Diffusion of innovations in service organizations: systematic review and recommendations', *The Milbank quarterly*, 83(1), pp. 177–8. doi: 10.1111/j.0887-378X.2005.340_1.x.

Greenhalgh, T., Thorne, S. and Malterud, K. (2018) 'Time to challenge the spurious hierarchy of systematic over narrative reviews?', *European Journal of Clinical Investigation*, 48(6), pp. 1–6. doi: 10.1111/eci.12931.

Greer, S. L. and Lillvis, D. F. (2014) 'Beyond leadership: Political strategies for coordination in health policies', *Health Policy*, 116(1), pp. 12–17. doi: 10.1016/j.healthpol.2014.01.019.

Grindle, M. S. (2023) 'Foreword', in Hickey, S. (ed.) *Pockets of Effectiveness and the Politics of State-building and Development in Africa*. 1st edn. Oxford, United Kingdom: Oxford University Press.

De Haan, A. and Warmerdam, W. (2015) *The Politics of Aid Revisited: A Review of Evidence on State Capacity and Elite Commitment*, *The Politics of Inclusive Development*. doi: 10.1093/acprof:oso/9780198722564.003.0010.

Hagen, S. *et al.* (2015) 'Health in All Policies: A cross-sectional study of the public health coordinators' role in Norwegian municipalities', *Scandinavian Journal of Public Health*, 43(6), pp. 597–605. doi: 10.1177/1403494815585614.

Haigh, F. *et al.* (2019) 'Developing a critical realist informed framework to explain how the human rights and social determinants of health relationship works', *BMC Public Health*. BioMed Central Ltd., 19(1). doi: 10.1186/s12889-019-7760-7.

Hall, P. A. and Taylor, R. C. R. (1996) 'Political Science and the Three New Institutionalisms', *Political Studies*, 44(5), pp. 936–957. doi: 10.1111/j.1467-9248.1996.tb00343.x.

Halligan, J., Buick, F. and O'Flynn, J. (2011) 'Experiments with joined-up, horizontal and whole-of-government in Anglophone countries', in Massey, A. (ed.) *International handbook on civil service systems*. Edward Elgar Publishing, Inc. William Pratt House 9 Dewey Court Northampton Massachusetts 01060 USA, pp. 74–99.

Hämäläinen, R. M. *et al.* (2016) 'Cross-sector cooperation in health-enhancing physical activity policymaking: More potential than achievements?', *Health Research Policy and Systems*, 14(1). doi: 10.1186/s12961-016-0103-6.

Handforth, C. and Wilson, M. (2019) *GMSA Digital Identity Country Report: Uganda*. Available at: https://www.gsma.com/ GSM Association › wp-content › uploads › 2019/02 › Digital-Identity-... Digital Identity Country Report: Sri Lanka - GSMA.

Harris, A. S. *et al.* (2023) 'Activating the "Big Man": Social Status, Patronage Networks, and Pro-Social Behavior in African Bureaucracies', *Journal of Public Administration Research and Theory*, 33(1), pp. 94–105. doi: 10.1093/jopart/muac009.

Harris, D. (2013) *Applied political economy analysis: A problem-driven framework*, *Overseas Development Institute*. Available at: http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8334.pdf.

Harris, P. (2013) *The relationship between health impact assessment and healthy public policy : a critical realist investigation*. University of New South Wales.

Harris, P. *et al.* (2020) 'A glossary of theories for understanding power and policy for health equity', *Journal of epidemiology and community health*, 74(6). doi: 10.1136/jech-2019-213692.

Harris, P. *et al.* (2022) 'City deals and health equity in Sydney, Australia', *Health & Place*. Pergamon, 73, p. 102711. doi: 10.1016/J.HEALTHPLACE.2021.102711.

Harris, P., Friel, S. and Wilson, A. (2015) '"Including health in systems responsible for urban planning": a realist policy analysis research programme', *BMJ Open*. British Medical Journal Publishing Group, 5(7), p. e008822. doi: 10.1136/BMJOPEN-2015-008822.

Harris, P. J., Kemp, L. A. and Sainsbury, P. (2012) 'The essential elements of health impact assessment and healthy public policy: a qualitative study of practitioner perspectives', *BMJ Open*, 2(e001245). doi: 10.1136/bmjopen-2012-001245 ▸ .

Harris, P., Sainsbury, P. and Kemp, L. (2014) 'The fit between health impact assessment and public policy: Practice meets theory', *Social Science and Medicine*. Elsevier Ltd, 108, pp. 46–53. doi: 10.1016/j.socscimed.2014.02.033.

Harvey, W. S. (2011) 'Strategies for conducting elite interviews', *Qualitative Research*, 11(4), pp. 431–441. doi: 10.1177/1468794111404329.

Hastings, C. (2020) *Family Homelessness in Australia: A Quantitative Critical Realist Study*. Macquarie University, Australia.

Hastings, C. (2021) 'A critical realist methodology in empirical research: foundations, process, and payoffs', *Journal of Critical Realism*. Routledge, 20(5), pp. 458–473. doi: 10.1080/14767430.2021.1958440.

Head, Brian W. and Alford, J. (2015) 'Wicked Problems: Implications for Public Policy and Management', *Administration and Society*. SAGE Publications Inc., 47(6), pp. 711–739. doi: 10.1177/0095399713481601.

Head, Brian W and Alford, J. (2015) 'Wicked Problems: Implications for Public Policy and Management', *Administration & Society*, 47(6), pp. 711–739. doi: 10.1177/0095399713481601.

Hecht, R. and Bennett, S. (2016) 'Countries Transitioning From Donor Health Aid: We Need A Common Research Agenda And Mechanisms For Action', *Health Affairs*. doi: 10.1377/hblog20161104.057399.

De Herdt, T. and de Sardan, J. P. O. (2015) *Real governance and practical norms in sub-Saharan Africa: The game of the rules*, *Real Governance and Practical Norms in Sub-Saharan Africa: The Game of the Rules*. doi: 10.4324/9781315723365.

Hickey, S. (2013) 'Beyond the Poverty Agenda? Insights from the New Politics of Development in Uganda', *World Development*, 43, pp. 194–206. doi: 10.1016/j.worlddev.2012.09.007.

Hickey, S. *et al.* (2015) 'The Political Settlement and Oil in Uganda', *SSRN Electronic Journal*, (48). doi: 10.2139/ssrn.2587845.

Hickey, S. (2019) *The Politics of State Capacity and Development in Africa: Reframing and Researching 'Pockets of Effectiveness'*, *ESID Working Paper No. 117*. doi: 10.2139/ssrn.3467520.

Hickey, S., Bukenya, B. and Matsiko, H. (2023) 'The Politics of PoEs in Uganda: Trapped between Neoliberal State-building and the Politics of Survival?', in Hickey, S. (ed.) *Pockets of Effectiveness and the Politics of State-building and Development in Africa*. 1st edn. Oxford, United Kingdom: Oxford University Press, pp. 173–205.

Hickey, S. and Giles, M. (2023) 'Reconceptualizing the Politics of Pockets of Effectiveness: A Power Domains Approach', in Hickey, S. (ed.) *Pockets of Effectiveness and the Politics of State-building and Development in Africa*. 1st edn. Oxford: Oxford University Press, pp. 30–58.

Hickey, S. and Pruce, K. (2023) 'Pockets of Effectiveness and the Politics of State-building and Development in Africa', in Hickey, S. (ed.) *Pockets of Effectiveness and the Politics of State-building and Development in Africa*. 1st edn. Oxford, United Kingdom: Oxford University Press, pp. 3–29.

Hillman, A. J., Withers, M. C. and Collins, B. J. (2009) 'Resource dependence theory: A review', *Journal of Management*. doi: 10.1177/0149206309343469.

Hinton, R. *et al.* (2021) 'Specific considerations for research on the

effectiveness of multisectoral collaboration: methods and lessons from 12 country case studies', *Globalization and Health*. BioMed Central Ltd. doi: 10.1186/s12992-021-00664-w.

Hizaamu, R. (2014) 'Analysis of Public Administration System reform in Uganda: To what extent did it attain its objectives', *International Journal of Public Administration and Management Research (IJPAMR)*, 2(3), pp. 9–23. Available at: http://www.rcmss.com.

Hizaamu, R. (2018) 'Analysis of the pre-colonial, colonial and post-colonial bureaucracy of Buganda: The major milestones in its development', *African Journal of Political Science and International Relations*, 12(6), pp. 100–109. doi: 10.5897/ajpsir2014.0684.

Hoffmann, N. (2018) 'Diagnosing neopatrimonialism: an interview with Thandika Mkandawire', *Journal of Contemporary African Studies*, 36(4). doi: 10.1080/02589001.2018.1546047.

Holmes, R. and Lwanga-Ntale, C. (2012) 'Social protection in Africa: A review of social protection issues in research', (October). Available at: http://www.pasgr.org/wp-content/uploads/2017/01/Social-protection-in-Africa_A-review-of-social-protection-issues-in-research.pdf (Accessed: 13 March 2018).

Honadle, G. and Cooper, L. (1989) 'Beyond coordination and control: An interorganizational approach to structural adjustment, service delivery, and natural resource management', *World Development*. Pergamon, 17(10), pp. 1531–1541. doi: 10.1016/0305-750X(89)90025-9.

Honda, A. (2013) '10 best resources on... Pay for performance in low- and middle-income countries', *Health Policy and Planning*, 28(5). doi: 10.1093/heapol/czs078.

Hongoro, C., Akim J, M. and Kembo, J. (2012) 'Review of national AIDS councils in Africa : Findings from five countries Review of national AIDS councils in Africa : Findings from five countries', *SAHARA-J: Journal of Social Aspects of HIV/AIDS, 5:4, 192-200*, 0376. doi: 10.1080/17290376.2008.9724919.

Hood, C. (1995) 'The "new public management" in the 1980s: Variations on a theme', *Accounting, Organizations and Society*, 20(2–3), pp. 93–109. doi: 10.1016/0361-3682(93)E0001-W.

Horrigan, B. (no date) 'Session 5 : Governance in the Public Sector : Lessons from the Research " Preliminary Findings and Views "'.

Horsley, T. (2019) 'Tips for Improving the Writing and Reporting Quality of Systematic, Scoping, and Narrative Reviews', *Journal of Continuing Education in the Health Professions*, 39(1), pp. 54–57. doi: 10.1097/CEH.0000000000000241.

Huang, I. Y. F. (2020) 'Fighting COVID-19 through Government Initiatives and Collaborative Governance: The Taiwan Experience', *Public Administration Review*. Blackwell Publishing Ltd, 80(4), pp. 665–670. doi: 10.1111/puar.13239.

Hudson, D. and Leftwich, A. (2014) 'From Political Economy to Political Analysis', *The Developmental Leadership Program.Research paper 25*. Birmingham: Development Leadership Program (DLP). University of Birmingham, pp. 1–122. Available at: www.dlprog.org (Accessed: 28 April 2016).

Hudson, D. and Marquette, H. (2015) *Mind the Gaps: What's Missing in Political Economy Analysis and Why It Matters*, *A Governance Practitioner's Notebook: Alternative Ideas and Approaches*. Available at: http://www.oecd.org/dac/governance-peace/governance/docs/Governance Notebook.pdf (Accessed: 5 April 2021).

Humboldt-Dachroeden, S., Rubin, O. and Sylvester Frid-Nielsen, S. (2020) 'The state of One Health research across disciplines and sectors—a bibliometric analysis', *One Health*. Elsevier B.V., 10, p. 100146. doi: 10.1016/j.onehlt.2020.100146.

Hussain, S. *et al.* (2020) 'Health intersectoralism in the Sustainable Development Goal era: From theory to practice', *Globalization and Health*, 16(15). doi: 10.1186/s12992-020-0543-1.

Huxham, C. and Vangen, S. (2004) 'Doing things collaboratively: Realizing the advantage or succumbing to inertia?', *Organizational Dynamics*, 33(2), pp. 190–201. doi: 10.1016/j.orgdyn.2004.01.006.

Ikeanyibe, O. M. *et al.* (2020) 'Interagency collaboration and the management of counter-insurgency campaigns against Boko Haram in Nigeria'. doi: 10.1057/s41284-020-00237-3.

Immergut, E. M. (1998) 'The theoretical core of the new institutionalism', *Politics and Society*, 26(1). doi: 10.1177/0032329298026001002.

Immergut, E. M. and Anderson, K. M. (2008) 'Historical institutionalism and West European politics', *West European Politics*, 31(1–2), pp. 345–369. doi: 10.1080/01402380701835165.

Institute on Governance (2014) *Public Sector Governance*.

Isett, K. R. (2013) 'In and across bureaucracy: structural and administrative issues for the tobacco endgame.' *Tobacco control*, 22 Suppl 1(suppl_1), pp. i58-60. doi: 10.1136/tobaccocontrol-2012-050828.

Jagnoor, J. *et al.* (2019) 'Enabling factors and barriers to the sustainability and scale-up of drowning reduction interventions in Vietnam: a qualitative assessment.', *Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention*. England. doi: 10.1136/injuryprev-2019-043202.

Jagosh, J. (2020) 'Retroductive theorizing in Pawson and Tilley's applied scientific realism', *https://doi.org/10.1080/14767430.2020.1723301*. Routledge, 19(2), pp. 121–130. doi: 10.1080/14767430.2020.1723301.

Jaja, S. A., Gabriel, J. M. . and Wobodo, C. C. (2019) 'Organisational Isomorphism: The Quest for Survival', *Noble International Journal of Business and Management Research*, 03(05), pp. 86–94.

Jessop, B. (1998) 'The rise of governance and the risks of failure: the case of economic development', *International Social Science Journal*. John Wiley & Sons, Ltd, 50(155), pp. 29–45. doi: 10.1111/1468-2451.00107.

Jessop, B. (2009) 'The state and power', in *The SAGE Handbook of Power*. SAGE Publications Inc., pp. 367–382. doi: 10.4135/9780857021014.n20.

Jessop, B. (2018) 'Neoliberalization, uneven development, and Brexit: further reflections on the organic crisis of the British state and society', *European*

*Planning Studies*. Taylor & Francis, 26(9), pp. 1728–1746. doi: 10.1080/09654313.2018.1501469.

John, P. (2018) 'Theories of policy change and variation reconsidered: a prospectus for the political economy of public policy', *Policy Sciences*. Springer Science and Business Media, LLC, 51(1), pp. 1–16. doi: 10.1007/s11077-017-9297-x.

Jordanwood, T. *et al.* (2020) 'How Primary Health Care Services Are Financed in Uganda: A Review of the Purchasing Landscape', (September), pp. 1–27.

Juma, P. A. *et al.* (2018) 'Multi-sectoral action in non-communicable disease prevention policy development in five African countries', *BMC Public Health*. BioMed Central Ltd., 18. doi: 10.1186/s12889-018-5826-6.

Kaba, M. W. *et al.* (2018) 'IDPoor: A poverty identification programme that enables collaboration across sectors for maternal and child health in Cambodia', *BMJ (Online)*, 363, p. k4698. doi: 10.1136/bmj.k4698.

Kakumba, R. M. (2021) *A never-ending problem: Ugandans say corruption level has increased, rate government fight against corruption poorly. Afrobarometer Dispatch No. 435*. Kampala.

Kanchanachitra, C. *et al.* (2018) 'Multisectoral governance for health: Challenges in implementing a total ban on chrysotile asbestos in Thailand', *BMJ Global Health*. BMJ Specialist Journals, 3(Suppl 4), p. e000383. doi: 10.1136/bmjgh-2017-000383.

Kang, E. (2016) 'Intersectoral collaboration for physical activity in Korean Healthy Cities', *Health Promotion International*, 31(3), pp. 551–561. doi: 10.1093/heapro/dav020.

Kang, E., Park, H. J. and Kim, J. E. (2011) 'Health impact assessment as a strategy for intersectoral collaboration', *Journal of Preventive Medicine and Public Health*. doi: 10.3961/jpmph.2011.44.5.201.

Kannyo, E. (2004) 'Change in Uganda: A New Opening?', *Journal of Democracy*, 15(2), pp. 125–139. doi: 10.1353/jod.2004.0027.

Karlsson, J. C. and Bergman, A. (2017) *Methods for Social Theories: Analytical tools for theorizing and writing*. 1st edn, *Routledge*. 1st edn. New York: Routledge.

Karré, P. M. *et al.* (2012) 'Whole of government in theory and practice: An exploratory account of how Australian and Dutch governments deal with wicked problems in an integrated way', *Innovation and the Public Sector*, 17, pp. 97–113. doi: 10.3233/978-1-60750-998-1-97.

Kasirye, I. and Lakal, J. (2019) *The Political Economy of Development Effectiveness in Uganda*, *Occasional Paper Series No 56*. 56.

Kelly Annie (2009) 'Global fund hails corruption conviction', *The Guardian*, 17 April. Available at: https://www.theguardian.com/katine/2009/apr/17/ugandan-official-corruption-conviction.

Kelsall, T. *et al.* (2010) *Developmental Patrimonialism? Questioning the Orthodoxy on Political Governance and Economic Progress in Africa*, *Working Paper 9*. Available at: http://www.institutions-africa.org.

Kelsall, T. and Matthias, vom H. (2020) *Beyond Institutions : Political*

*Settlements Analysis and Development*.

Khan, F. (2018) 'Neopatrimonialism and corruption: towards a new common sense *', *Journal of Contemporary African Studies*. doi: 10.1080/02589001.2019.1574399.

Khan, M. H. (2004) 'Markets, States and Democracy: Patron-Client Networks and the Case for Democracy in Developing Countries', *Special Issue of Democratization: On the State of Democracy, Julio Faundez (ed.)*, (1), pp. 1–14.

Khan, M. H. (2010) 'Political Settlements and the Governance of Growth-Enhancing Institutions', *SOAS Research Online*, (July). Available at: http://eprints.soas.ac.uk/9968/1/Political_Settlements_internet.pdf.

Khayatzadeh-Mahani, A. *et al.* (2016) How Health in all policies are developed and implemented in a developing country? A case study of a HiAP initiative in Iran, *Health Promotion International*, 31(4), pp. 769–781. doi: 10.1093/heapro/dav062.

Khisa, M. (2023) 'Uganda's ruling coalition and the 2021 elections: change, continuity and contestation', *Journal of Eastern African Studies*. Routledge, 17(1–2), pp. 325–343. doi: 10.1080/17531055.2023.2246761.

Kickbusch, I. (2008) 'Healthy Societies: addressing 21st century health challenges'. Adelaide: Adelaide Thinker in Residence Department of the Premier and Cabinet. State of South Australia, pp. 1–62. Available at: http://www.thinkers.sa.gov.au/lib/pdf/Kickbusch_Final_Report.pdf.

Kickbusch, I. and Behrendt, T. (2013) *Implementing a Health 2020 vision: Governance for Health in the 21st Century*, *World Health Organization. Regional Office for Europe*. Copenhagen. Available at: http://www.euro.who.int/__data/assets/pdf_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf.

Kickbusch, I. and Gleicher, D. (2012) 'Governance for Health in The 21st century', *WHO*, pp. 1–106.

Kickbusch, I. and Gleicher, D. (2014) 'Smart governance for health and well-being: the evidence', *Smart governance for health and well-being: the ...*, p. 172. doi: 10.1017/CBO9781107415324.004.

Kiendrébéogo, J. A. *et al.* (2021) 'Reinforcing locally-led solutions for universal health coverage: A logic model with applications in Benin, Namibia and Uganda', *BMJ Global Health*, 6(2). doi: 10.1136/bmjgh-2020-004273.

Kigume, R. and Maluka, S. (2018) 'Health sector decentralisation in Tanzania: How do institutional capacities influence use of decision space?', *The International Journal of Health Planning and Management*. John Wiley & Sons, Ltd, 33(4), pp. e1050–e1066. doi: 10.1002/HPM.2587.

Kigume, R., Maluka, S. and Kamuzora, P. (2018) 'Decentralisation and health services delivery in Tanzania: Analysis of decision space in planning, allocation, and use of financial resources', *International Journal of Health Planning and Management*. John Wiley and Sons Ltd, 33(2), pp. e621–e635. doi: 10.1002/HPM.2511.

Kiiza, J. (2000) 'Market-Oriented Public Management in Uganda:

Benchmarking International Best Practise?', *Ufahamu: A Journal of African Studies*, 28(1). doi: 10.5070/f7281016587.

Kim, J. and Mahoney, J. T. (2005) 'Property Rights Theory, Transaction Costs Theory, and Agency Theory : An Organizational Economics Approach to Strategic Management', 242, pp. 223–242. doi: 10.1002/mde.1218.

Kim, S. S. *et al.* (2017) 'Understanding the role of intersectoral convergence in the delivery of essential maternal and child nutrition interventions in Odisha, India: A qualitative study', *BMC Public Health*, 17(1). doi: 10.1186/s12889-017-4088-z.

Kincheloe, J., Frates, J. and Brown, E. R. (2007) 'Determinants of children's participation in California's Medicaid and SCHIP programs', *Health Services Research*, 42(2), pp. 847–866. doi: 10.1111/j.1475-6773.2006.00624.x.

Klijn, E. H. and Koppenjan, J. F. M. (2000) 'Public management and policy networks: foundations of a network approach to governance', *Public Management: An International Journal of Research and Theory*, 2(2), pp. 135–158. doi: 10.1080/14719030000000007.

Knol, A. B., Briggs, D. J. and Lebret, E. (2010) 'Assessment of complex environmental health problems: Framing the structures and structuring the frameworks', *Science of the Total Environment*. Elsevier B.V., 408(14), pp. 2785–2794. doi: 10.1016/j.scitotenv.2010.03.021.

Koch, S. (2015) 'A Typology of Political Conditionality Beyond Aid: Conceptual Horizons Based on Lessons from the European Union', *World Development*. Elsevier Ltd, 75, pp. 97–108. doi: 10.1016/j.worlddev.2015.01.006.

Kooiman, J. *et al.* (2008) 'Interactive governance and governability: An introduction', *Journal of Transdisciplinary Environmental Studies*, 7(1), pp. 1–11. doi: 10.4337/9781783479078.

Koon, A. D. *et al.* (2013) 'Embedding health policy and systems research into decision-making processes in low- and middle-income countries', *Health Research Policy and Systems*, 11(1), pp. 1–9. doi: 10.1186/1478-4505-11-30.

Kreuter, M. W. *et al.* (2004) 'Understanding Wicked Problems: A Key to Advancing Environmental Health Promotion', *Health Education & Behavior*, 31(4), pp. 441–454. doi: 10.1177/1090198104265597.

Kriegner, S. *et al.* (2020) 'Promoting Intersectoral Collaboration Through the Evaluations of Public Health Interventions: Insights From Key Informants in 6 European Countries', *Int J Health Policy Manag*, 2020, pp. 1–10. doi: 10.34172/ijhpm.2020.19.

Kristof Titeca (2019) *Its own worst enemy? The Ugandan government is taking desperate measures to control rising dissent*. Available at: http://www.egmontinstitute.be/content/uploads/2019/01/APB22-corrected-Ugandan-gov.pdf?type=pdf (Accessed: 4 June 2019).

Kroukamp, H. (2000) 'Decentralisation or recentralisation: international lessons for South Africa', *Acta Academica*, 32(3), pp. 85–106.

Kunisch, S. *et al.* (2023) 'Review Research as Scientific Inquiry', *Organizational Research Methods*, 26(1), pp. 3–45. doi: 10.1177/10944281221127292.

Kuruvilla, S. *et al.* (2018) 'Business not as usual: How multisectoral collaboration can promote transformative change for health and sustainable development', *BMJ (Online)*. BMJ Publishing Group, 363, p. k4771. doi: 10.1136/bmj.k4771.

Kuteesa, F. N. and Nabbumba, R. (2004) 'HIPC Debt Relief and Poverty Reduction Strategies: Uganda's Experience', in J. Teunissen and A. Akkerman (eds) (eds) *HIPC Debt Relief. Myths and Reality FONDAD*. Available at: http://www.fondad.org/uploaded/HIPC Debt Relief/Fondad-HIPC-Chapter3.pdf.

Kwamie, A., Dijk, H. van and Agyepong, I. A. (2014) 'Advancing the application of systems thinking in health: Realist evaluation of the Leadership Development Programme for district manager decision-making in Ghana', *Health Research Policy and Systems*. BioMed Central Ltd., 12(1). doi: 10.1186/1478-4505-12-29.

Kwarisiima, D. (2020) *Drivers, processes and coping mechanisms of institutional restructuring in Uganda: A case study of Ministry of Health restructuring"*. Makerere University.

Labonte, R. and Sanger, M. (2006) 'Glossary on the World Trade Organisation and public health: Part 2', *Journal of Epidemiology and Community Health*, pp. 738–744. doi: 10.1136/jech.2005.038950.

Lægreid, P., Verhoest, K. and Jann, W. (2008) 'The governance, autonomy and coordination of public sector organizations', *Public Organization Review*, pp. 93–96. doi: 10.1007/s11115-008-0056-5.

Lagreid, P. and Rykkja, L. H. (2015) 'Organizing for "wicked problems" – analyzing coordination arrangements in two policy areas: Internal security and the welfare administration', *International Journal of Public Sector Management*. Emerald Group Publishing Ltd., 28(6), pp. 475–493. doi: 10.1108/IJPSM-01-2015-0009.

Lamsal, M. (2012) 'The Structuration Approach of Anthony Giddens', *Himalayan Journal of Sociology and Anthropology*, 5, pp. 111–122. doi: 10.3126/hjsa.v5i0.7043.

Langley, A. (1999) 'Strategies for theorizing from process data', *Academy of Management Review*, 24(4), pp. 691–710. doi: 10.5465/AMR.1999.2553248.

Laterveer, L., Niessen, L. W. and Yazbeck, A. S. (2003) 'Pro-poor health policies in poverty reduction strategies', 18(2), pp. 138–145. doi: 10.1093/heapol/czg018.

Lawless, A. *et al.* (2018a) 'Developing a framework for a program theory-based approach to evaluating policy processes and outcomes: Health in all policies in South Australia', *International Journal of Health Policy and Management*. Kerman University of Medical Sciences, 7(6), pp. 510–521. doi: 10.15171/ijhpm.2017.121.

Lawless, A. *et al.* (2018b) 'Developing a framework for a program theory-based approach to evaluating policy processes and outcomes: Health in all policies in South Australia', *International Journal of Health Policy and Management*, 7(6), pp. 510–521. doi: 10.15171/ijhpm.2017.121.

Lawrence, T. B. (2008) 'Power, institutions and organizations', in Greenwood, R. et al. (eds) *The SAGE Handbook of Organizational Institutionalism*. 1st edn. London, Thousand Oaks, New Delhi: SAGE Publications, pp. 170–197. doi:

10.4135/9781849200387.

Lawrence, T., Suddaby, R. and Leca, B. (2011) 'Institutional work: Refocusing institutional studies of organization', *Journal of Management Inquiry*, 20(1), pp. 52–58. doi: 10.1177/1056492610387222.

Ledford, H. (2015) 'How to solve the world's biggest problems.', *Nature*, 525, pp. 308–311. doi: https://doi.org/10.1038/525308a.

Lee, A. and Morling, J. (2020) 'COVID-19: The need for public health in a time of emergency', *Public Health*. doi: 10.1016/j.puhe.2020.03.027.

de Leeuw, E. (2019) 'Public policy for health promotion: a special curated collection', *Health Promotion International*. doi: 10.1093/heapro/daz118.

de Leeuw, E. *et al.* (2021) 'A health political science for health promotion', *Global Health Promotion*, 28(4), pp. 17–25. doi: 10.1177/17579759211034418.

De Leeuw, E. (2017) 'Engagement of Sectors Other than Health in Integrated Health Governance, Policy, and Action', *Annual Review of Public Health*, 38, pp. 329–349. doi: 10.1146/annurev-publhealth-031816-044309.

De Leeuw, E. and Peters, D. (2015) 'Review: Nine questions to guide development and implementation of Health in All Policies', *Health Promotion International*, pp. 987–997. doi: 10.1093/heapro/dau034.

Liu, X. (2018) 'Interviewing Elites: Methodological Issues Confronting a Novice', *International Journal of Qualitative Methods*, 17(1). doi: 10.1177/1609406918770323.

Lochoro, P., Bataringaya, J. and Tashobya, C. K., & Kyabaggu, J. H. (2006) 'Public-private partnership in health: working together to improve health sector performance in Uganda.', in *Health Systems Reforms in Uganda: Processes and Outputs*, p. 83.

Lodge, M. and Wegrich, K. (2016) 'The Rationality Paradox of Nudge: Rational Tools of Government in a World of Bounded Rationality', *Law and Policy*, 38(3), pp. 250–267. doi: 10.1111/lapo.12056.

Lowndes, V. and Skelcher, C. (1998) 'The dynamics of multi-organizational partnerships: An analysis of changing modes of governance', *Public Administration*. Blackwell Publishing Ltd, 76(2), pp. 313–333. doi: 10.1111/1467-9299.00103.

Lynn, B. L. E. (2008) 'What is a Neo-Weberian State ? Reflections on a Concept and its Implications Why Classify ?', (January), pp. 1–14.

Macdonald, A., Owor, A. and Tapscott, R. (2023) 'Explaining youth political mobilization and its absence: the case of Bobi Wine and Uganda's 2021 election', *Journal of Eastern African Studies*. Routledge, 17(1–2), pp. 280–300. doi: 10.1080/17531055.2023.2235661.

Madinah, N. *et al.* (2015) 'Recentralization of Kampala City Administration in Uganda', *SAGE Open*. SAGE Publications Inc., 5(3), p. 215824401559101. doi: 10.1177/2158244015591017.

Mahlangu, P., Goudge, J. and Vearey, J. (2019) 'Towards a framework for multisector and multilevel collaboration: case of HIV and AIDS governance in South Africa', *Global Health Action*. Taylor & Francis, 12(1), pp. 1–15. doi: 10.1080/16549716.2019.1617393.

Malone, T. W. and Crowston, K. (1994) 'The Interdisciplinary Study of Coordination', *ACM Computing Surveys (CSUR)*, 26(1), pp. 87–119. doi: 10.1145/174666.174668.

Maracha, V. and Bespalov, S. (2021) 'Neopatrimonial Model of Public Administration and its Transformation in the Context of Global Uncertainty', *EPJ Web of Conferences*, 248, p. 03003. doi: 10.1051/epjconf/202124803003.

Margini, F., Jordanwood, T. and Walimbwa, A. (2021) *Overview of health financing flows in Uganda*. Washington DC.

Margini, F., Tapley, J. and Aliyi, W. (2021) 'Overview of Health Financing Flows in Uganda', *ThinkWellGlobal*, (January).

Marmot, M. *et al.* (2008) 'Closing the gap in a generation: health equity through action on the social determinants of health', *The Lancet*, 372(9650), pp. 1661–1669. doi: 10.1016/S0140-6736(08)61690-6.

Marshall, K. and Keough, L. (2004) *Mind, heart, and soul in the fight against poverty*, *Washington, D.C.: World Bank, 2004, pp. xix, 284*. doi: doi:10.1596/0-8213-5868-5.

Mason, D. S. and Slack, T. (2005) 'Agency theory and the study of sport organizations', *Sport in Society*, 8(1), pp. 48–64. doi: 10.1080/1743043052000316614.

Mauti, J. *et al.* (2019) 'Kenya's Health in All Policies strategy: A policy analysis using Kingdon's multiple streams', *Health Research Policy and Systems*, 17(1). doi: 10.1186/s12961-019-0416-3.

McCollum, R. *et al.* (2018) 'Priority setting for health in the context of devolution in Kenya: Implications for health equity and community-based primary care', *Health Policy and Planning*. doi: 10.1093/heapol/czy043.

Mcdougall, L. (2016) 'Discourse, ideas and power in global health policy networks : political attention for maternal and child health in the millennium development goal era', *Globalization and Health*. Globalization and Health, pp. 15–17. doi: 10.1186/s12992-016-0157-9.

Mcloughlin, C. (2014) *Political Economy Analysis: Topic Guide*, *Birmingham, UK: GSDRC, University of Birmingham*. Available at: http://www.gsdrc.org/wp-content/uploads/2015/07/PEA.pdf.

Mcqueen, D. V *et al.* (2012) *Intersectoral Governance for Health in All Policies*, *Observatory Studies Series*.

Meessen, B. *et al.* (2006) 'Poverty and user fees for public health care in low-income countries: lessons from Uganda and Cambodia', *Lancet*, 368(9554), pp. 2253–2257. doi: 10.1016/S0140-6736(06)69899-1.

Meessen, B., Soucat, A. and Sekabaraga, C. (2011) 'Performance-based financing: just a donor fad or a catalyst towards comprehensive health-care reform?', *Bulletin of the World Health Organization*. World Health Organization, 89(2), pp. 153–156. doi: 10.2471/BLT.10.077339.

Meyer, J. W. and Rowan, B. (1977) 'Institutionalized Organizations: Formal Structure as Myth and Ceremony', *American Journal of Sociology*. University of Chicago Press, 83(2), pp. 340–363. doi: 10.1086/226550.

Mikkelsen-Lopez, I., Wyss, K. and De Savigny, D. (2011) 'An approach to addressing governance from a health system framework perspective', *BMC International Health and Human Rights*. BioMed Central Ltd, 11(1), p. 13. doi: 10.1186/1472-698X-11-13.

Milman, H. M. *et al.* (2018) 'Scaling up an early childhood development programme through a national multisectoral approach to social protection: lessons from Chile Crece Contigo.', *BMJ (Clinical research ed.)*. British Medical Journal Publishing Group, 363, p. k4513. doi: 10.1136/bmj.k4513.

Mingers, J. and Standing, C. (2017) 'Why things happen–Developing the critical realist view of causal mechanisms.', *Information and Organization*. Elsevier Ltd, 27(3), pp. 171–189. doi: 10.1016/j.infoandorg.2017.07.001.

Ministry of Health (2015) *Health Sector Development Plan 2015/16 - 2019/20*. Edited by Ministry of Health. Kampala: Ministry of Health. Available at: http://library.health.go.ug/publications/health-workforce-human-resource-management/performance-management/health-sector.

Ministry of Health (2017) *Uganda National Health Accounts FY 2014/15 - 2015/16*. Kampala Uganda: Ministry of Health.

Ministry of Public Service (2014) *Statement By the Minister of State for Public Service To Parliament on Payment of Salaries To*. Kampala, Uganda.

Ministry of Public Service (2018) *Update of Tax Indentification numbers and supplier numbers of public officers to facilitate payment of salary, pension and gratuity*.

Ministry of Public Service (2022) 'Establishment Notice (EN) NO.1 OF 2022- Guidelines on Human Resource Management in public service'.

Mintzberg, H. (1980) 'Structure in 5's: A Synthesis of the Research on Organization Design', *Management Science*, 26(3), pp. 322–341. doi: 10.1287/mnsc.26.3.322.

Mirzoev, T. *et al.* (2021) 'Realist evaluation to improve health systems responsiveness to neglected health needs of vulnerable groups in Ghana and Vietnam: Study protocol', *PLoS ONE*. Public Library of Science, 16(1 January). doi: 10.1371/journal.pone.0245755.

Mitchell, A. and Bossert, T. J. (2010) 'Decentralisation, Governance and Health-System Performance: "Where You Stand Depends on Where You Sit"', *Development Policy Review*. doi: 10.1111/j.1467-7679.2010.00504.x.

MoH (2015) *Health Sector Development Plan 2015/16- 2019/20*. Kampala: Ministry of Health. Available at: http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiklKnAl8zJAhXJhhoKHd7TC10QFggdMAA&url=http://library.health.go.ug/download/file/fid/580831&usg=AFQjCNFgvv93gmJLMzi905vjDJ_rnJmVTw.

MOH (2010) *National Health Policy II*. Available at: http://library.health.go.ug/publications/leadership-and-governance-governance/policy-documents/national-health-policy.

MOH (2012) *National Policy on Public Private Partnership in Health*. Kampala: MOH. Available at: http://library.health.go.ug/publications/leadership-and-

governance-governance/policy-documents/national-policy-public-private.

MOH (2013) *Guidelines for governance and management structures*. Kampala: MOH. Available at: http://library.health.go.ug/publications/leadership-and-governance-governance/guidelines/guidelines-governance-and-management.

MOH (2017a) *Annual Health Sector Performance Report 2016/17*. Kampala. Available at: http://library.health.go.ug/publications/health-workforce-human-resource-management/performance-management/ministry-health.

MOH (2017b) 'Re-aligned MOH structure', *National Anaemia Policy*. Kampala Uganda: MOH. Available at: http://library.health.go.ug/sites/default/files/resources/National Anaemia Policy 2002_0.pdf%0Ahttp://poshukach.com/redir?user_type=3c&type=sr&redir=eJzLKCk pKLbS1y8vL9crz8jXy8wr0c9JzSzOyE3My0wszizWTyotSknN0_f194gPTU_MS0m Mdy_NTEnNycxLLY5PyUxMz8sHKosvKUpNLM.

MOH (2018) *Mid-term review report for the Health Sector Development Plan 2015/16-2019/20*. Kampala Uganda.

MOH (2021) 'Ministry of Health. Sector Grant and Budget Guidelines to Local Governments FY 2020/21'.

MoH Uganda (2020) *A Roadmap Towards Universal Health Coverage in Uganda 2020/21 to 2029/30.* Kampala Uganda: Ministry of Health.

MoICT (2015) *ICT Sector Strategic and Investment Plan (2015/16 – 2019/20)*. Kampala.

Molenveld, A. *et al.* (2020) 'Images of Coordination: How Implementing Organizations Perceive Coordination Arrangements', *Public Administration Review*. Blackwell Publishing Ltd, 80(1), pp. 9–22. doi: 10.1111/puar.13136.

Molenveld, A. and Verhoest, K. (2018) 'The fit between coordination arrangements and organizational characteristics', (August 2016).

Molenveld, A., Verhoest, K. and Wynen, J. (2021) 'Why public organizations contribute to crosscutting policy programs: the role of structure, culture, and ministerial control', *Policy Sciences*. Springer, 54(1), pp. 123–154. doi: 10.1007/s11077-020-09379-y.

Molnar, A. *et al.* (no date) 'Using Win-Win Strategies to Implement Health in All Policies: A Cross-Case Analysis'. doi: 10.1371/journal.pone.0147003.

Mondal, S. *et al.* (2021) 'Policy Processes in Multisectoral Tobacco Control in India: The Role of Institutional Architecture, Political Engagement and Legal Interventions', *International Journal of Health Policy and Management*. Kerman University of Medical Sciences, x(x), pp. 1–12. doi: 10.34172/ijhpm.2021.66.

Mondal, S. *et al.* (2022) 'Using social network analysis to understand multisectoral governance in district-level tobacco control programme implementation in India', *BMJ Global Health*, 7(1). doi: 10.1136/bmjgh-2021-006471.

Morrock, R. (1973) 'Heritage of Strife: The Effects of Colonialist "Divide and Rule" Strategy upon the Colonized Peoples', *Science & Society*, 37(2), pp. 128–151.

Moshonas and Stylianos (2018) 'Power and policy-making in the DR Congo: the politics of human resource management and payroll reform', *IOB Working Papers*. Available at: https://ideas.repec.org/p/iob/wpaper/201801.html.

Muhwezi, B. J. (2016) 'Mechanisms to Steer Implementation of SDGs Agenda', *Uganda Bureau of Statistics*. Available at: http://ggim.un.org/docs/meetings/1st_EGM_WG_GI/1-14 Bernard Muhwezi.pdf (Accessed: 27 August 2017).

Muir, C., Johnston, I. R. and Howard, E. (2018) 'Evolution of a holistic systems approach to planning and managing road safety: the Victorian case study, 1970-2015.' *Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention*. England, 24(Suppl 1), pp. i19–i24. doi: 10.1136/injuryprev-2017-042358.

Mukuru, M., Gorry, J., *et al.* (2021) 'Designed to Fail? Revisiting Uganda's Maternal Health Policies to Understand Policy Design Issues Underpinning Missed Targets for Reduction of Maternal Mortality Ratio (MMR): 2000-2015', *International Journal of Health Policy and Management*, (x), pp. 1–11. doi: 10.34172/ijhpm.2021.127.

Mukuru, M., Kiwanuka, Suzanne N., *et al.* (2021) 'The actor is policy: Application of elite theory to explore actors' interests and power underlying maternal health policies in Uganda, 2000-2015', *International Journal of Health Policy and Management*, 10(7), pp. 388–401. doi: 10.34172/ijhpm.2020.230.

Mukuru, M., Kiwanuka, Suzanne N, *et al.* (2021) '"The Actor Is Policy": Application of Elite Theory to Explore Actors' Interests and Power Underlying Maternal Health Policies in Uganda, 2000-2015 ', *International Journal of Health Policy and Management*, 10(7), pp. 388–401. doi: 10.34172/ijhpm.2020.230.

Mwenda, A. M. and Tangri, R. (2005) 'Patronage politics, donor reforms, and regime consolidation in Uganda', *African Affairs*, 104(416), pp. 449–467. doi: 10.1093/afraf/adi030.

Nabyonga-Orem, J. *et al.* (2016) 'Policy dialogue to improve health outcomes in low-income countries: What are the issues and way forward?', *BMC Health Services Research*. BMC Health Services Research. doi: 10.1186/s12913-016-1450-2.

Naidoo, V. (2022) *Measuring the effects of politicisation on bureaucratic behaviour in Africa*. Available at: https://commerce.uct.ac.za/sites/default/files/content_migration/commerce_uct_ac_za/470/files/Politicisation%2520paper_final.pdf.

Nannini, M., Biggeri, M. and Putoto, G. (2021) 'Health Coverage and Financial Protection in Uganda: A Political Economy Perspective', *International Journal of Health Policy and Management*, (x), pp. 1–11. doi: 10.34172/ijhpm.2021.116.

National Planning Authority (2015a) *Sector Development Planning Guidelines*. Kampala, Uganda.

National Planning Authority (2015b) *Sector Development Planning Guidelines 2015*. Kampala, Uganda.

National Planning Authority (2018) *The National Planning Authority ( Development Plans) Regulations, 2018*. Kampala. Available at: http://npa.go.ug/wp-

content/uploads/2019/01/NPA-Development-Plans-Reg-18-1.pdf (Accessed: 21 September 2020).

National Planning Authority (2020) *The National Development Plan III 2020/21-2024/25*. Kampala Uganda: National Planning Authority. Available at: http://www.npa.go.ug/wp-content/uploads/2020/08/NDPIII-Finale_Compressed.pdf (Accessed: 21 September 2020).

Nikraftar, T. and Shokri, R. (2014) 'Dominant concourse about important barriers to promoting coordination in Iranian government machinery', *Transforming Government: People, Process and Policy*. Emerald Group Publishing Ltd., 8(3), pp. 357–373. doi: 10.1108/TG-05-2013-0010.

NITA-U (2022) *NITA Uganda – Ministry of ICT & National Guidance*. Available at: https://www.nita.go.ug/ (Accessed: 8 April 2022).

Nordbeck, R. and Steurer, R. (2016) 'Multi-sectoral strategies as dead ends of policy integration: Lessons to be learned from sustainable development', *Environment and Planning C: Government and Policy*. SAGE Publications Ltd, 34(4), pp. 737–755. doi: 10.1177/0263774X15614696.

NPA (2015) 'National Nutrition Planning Guidelines for Uganda'. Kampala, pp. 1–64. Available at: http://npa.ug/wp-content/uploads/nutrition-planning-guidelines.pdf (Accessed: 27 September 2017).

Nyadera, I. N. and Islam, M. N. (2020) 'Link Between Administration, Politics, and Bureaucracy', *Global Encyclopedia of Public Administration, Public Policy, and Governance*, pp. 1–8. doi: 10.1007/978-3-319-31816-5_3903-1.

O'mahoney, J. and Vincent, S. (2014) 'Critical realism as an empirical Project. A Beginner's Guide', in Edwards, P. K., O'mahoney, J., and Vincent, S. (eds) *Studying Organizations Using Critical Realism: A Practical Guide*. 1st edn. Oxford: Oxford University Press, pp. 1–20. doi: 10.1080/14767430.2016.1148440.

O'Reilly, M. and Parker, N. (2013) '"Unsatisfactory Saturation": A critical exploration of the notion of saturated sample sizes in qualitative research', *Qualitative Research*, 13(2), pp. 190–197. doi: 10.1177/1468794112446106.

Odokonyero, T. *et al.* (2017) 'The impact of aid on health outcomes in Uganda', *Health Economics*, (February 2016), pp. 1–13. doi: 10.1002/hec.3632.

OECD (2023) *A to Z of Public Governance Terms*. Available at: https://www.oecd.org/gov/a-to-z-public-governance.htm (Accessed: 7 October 2023).

Ogundiya, I. S. (2009) 'Political corruption in Nigeria: Theoretical perspectives and some explanations', *Anthropologist*, 11(4), pp. 281–292. doi: 10.1080/09720073.2009.11891117.

Okeyo, I., Lehmann, U. and Schneider, H. (2020a) 'Policy Adoption and the Implementation Woes of the Intersectoral First 1000 Days of Childhood Initiative, In the Western Cape Province of South Africa', *International Journal of Health Policy and Management*. Maad Rayan Publishing Company. doi: 10.34172/ijhpm.2020.173.

Okeyo, I., Lehmann, U. and Schneider, H. (2020b) 'The impact of differing frames on early stages of intersectoral collaboration: The case of the First 1000 Days

Initiative in the Western Cape Province', *Health Research Policy and Systems*, 18(1). doi: 10.1186/s12961-019-0508-0.

Okuku, J. A. (2015) 'Politics, the State and Limits of Oil-Led Development in Uganda', (July), pp. 0–26. Available at: https://misr.mak.ac.ug/sites/default/files/events/UGANDA OIL-LED DEVELOPMENT.pdf.

Okuonzi, S. A. (2004) 'Learning from failed health reform in Uganda', *BMJ : British Medical Journal*, 329(7475), pp. 1173–1175. doi: 10.1136/bmj.329.7475.1173.

Okuonzi, S. A. (2009) *Free-Market Illusions : Health Sector Reforms in Uganda 1987-2007*, *Health (San Francisco)*. University of Bergen. Available at: https://scholar.google.com/scholar_url?url=http://bora.uib.no/bitstream/handle/1956/3629/Main_thesis_Okuonzi-2.pdf%

Okuonzi, S. A. and Macrae, J. (1995) 'Whose policy is it anyway? International and national influences on health policy development in Uganda', *Health Policy and Planning*. doi: 10.1093/heapol/10.2.122.

Oladepo, O., Oluwasanu, M. and Abiona, O. (2018) 'Analysis of tobacco control policies in Nigeria: Historical development and application of multi-sectoral action', *BMC Public Health*. BioMed Central Ltd., 18(Suppl 1), p. 959. doi: 10.1186/s12889-018-5831-9.

Oliveira Cruz, V. and McPake, B. (2010) 'The "aid contract" and its compensation scheme: A case study of the performance of the Ugandan health sector', *Social Science and Medicine*. doi: 10.1016/j.socscimed.2010.06.036.

Oliver, C. (1990) 'Determinants of Interorganizational Relationships: Integration and Future Directions', *Academy of Management Review*, 15(2), pp. 241–265. doi: 10.5465/amr.1990.4308156.

Olivier de Sardan, J.-P. (2008) 'Researching the practical norms of real governance in Africa. Africa Power and Politics Programme, Discussion Paper No. 5'.

Olivier de Sardan, J.-P. (2018) *Practical norms: informal regulations within public bureaucracies (in Africa and beyond)*, *Real Governance and Practical Norms in Sub-Saharan Africa*. doi: 10.4324/9781315723365-2.

Olivier, J., Whyle, E. and Gilson, L. (2018) 'Technical Brief - Embedded Health Policy and Systems Research', (October), pp. 1–20.

Olukoshi, A. (2004) 'Changing Patterns of Politics in Africa', *Cadernos de Estudos Africanos*, (5/6), pp. 15–38. doi: 10.4000/cea.1045.

OPM-Uganda (2010) 'The National Policy for Disaster Preparedness and Management', *Directorate of Relief, Disaster Preparedness and Refugees*.

OPM (2016) *National Coordination Policy 2016*. Kampala, Uganda: Office of the Prime Minister.

OPM (2018) *Roadmap for Creating an Enabling Environment for Delivering on SDGs in Uganda*. Available at: https://www.undp.org/content/dam/uganda/docs/UNDPUg18 - Uganda SDG Roadmap.pdf.

OPM (2021) *Roadmap for the Implementation of the Sustainable*

*Development Goals in Uganda (SDGS 2020/21 – 2024/25).*

Orem Juliet, N. *et al.* (2009) 'Can donor aid for health be effective in a poor country? Assessment of prerequisites for aid effectiveness in Uganda', *Pan African Medical Journal*, 1(2). Available at: http://www.panafrican-med-journal.com/content/article/1/2/full (Accessed: 29 November 2017).

Osborne, S. P., Radnor, Z. and Nasi, G. (2013) 'A New Theory for Public Service Management? Toward a (Public) Service-Dominant Approach', *The American Review of Public Administration*, 43(2), pp. 135–158. doi: 10.1177/0275074012466935.

Ospina, S. M., Esteve, M. and Lee, S. (2018) 'Assessing Qualitative Studies in Public Administration Research', *Public Administration Review*. Blackwell Publishing Ltd, 78(4), pp. 593–605. doi: 10.1111/puar.12837.

Ostrom, E. (2010) 'Beyond Markets and States: Polycentric Governance of Complex Economic Systems', *Transnational Corporations Review*, 2(2), pp. 1–12. doi: 10.1080/19186444.2010.11658229.

Ostrom, E. (2014) 'Beyond markets and states: Polycentric governance of complex economic systems', *Nobel Lectures: Economic Sciences: 2006 - 2010*, pp. 171–176. doi: 10.1142/9789814635585_0004.

Ouchi, W. G. (1979) 'Conceptual Framework for the Design of Organizational Control Mechanisms.' *Management Science*, 25(9), pp. 833–848. doi: 10.1287/mnsc.25.9.833.

Ouchi, W. G. and Maguire, M. A. (1975) 'Organizational Control : Two Functions', *Administrative Science Quarterly*, 20(4), pp. 559–569.

Oxman, A. D. and Fretheim, A. (2009) 'Can paying for results help to achieve the Millennium Development Goals? A critical review of selected evaluations of results-based financing', *Journal of Evidence-Based Medicine*, 2(3), pp. 184–195. doi: 10.1111/j.1756-5391.2009.01024.x.

Das P, S. U., Das, P. and Samarasekera, U. (2011) 'The Commission on Macroeconomics and Health: 10 years on.', *The Lancet*, 378(9807), pp. 1907–8. doi: 10.1016/S0140-6736(11)61828-X.

Pablos-Mendez, A., Cavanaugh, K. and Ly, C. (2016) 'The new era of health goals: Universal health coverage as a pathway to the sustainable development goals', *Health Systems and Reform*, 2(1), pp. 15–17. doi: 10.1080/23288604.2015.1120377.

Pai, M. *et al.* (2004) 'Clinical Research Methods Systematic reviews and meta-analyses : An illustrated, step-by-step guide', pp. 86–95.

Paina, L. and Peters, D. H. (2012) 'Understanding pathways for scaling up health services through the lens of complex adaptive systems', *Health Policy and Planning*, 27(5), pp. 365–373. doi: 10.1093/heapol/czr054.

van de Pas, R., Ssennyonjo, A. and Criel, B. (2017) 'How are Developments at Global and Regional Levels Influencing Progress towards UHC in Uganda? Implications for Ensuring Good Health and Well-being', in Ssengooba Freddie, Kiwanuka SN, R. E. E. E. (ed.) *Universal Health Coverage in Uganda: Looking Back and Forward to Speed up the Progress*. Kampala: SPEED Project, Makerere University, pp. 48–70. Available at: http://speed.musph.ac.ug/wp-

content/uploads/2019/03/Chapter-3.pdf (Accessed: 4 March 2019).

PATH (2015) *Influencing Government Health Budgets in Uganda: A Guide for Civil Society*. Kampala Uganda.

Paul, E. *et al.* (2018) 'Performance-based financing in low-income and middle-income countries: Isn't it time for a rethink?', *BMJ Global Health*, 3(1), p. e000664. Doi: 10.1136/bmjgh-2017-000664.

Peckham, S. *et al.* (2005) 'Decentralisation, Centralisation and Devolution in publicly funded health services : decentralisation as an organisational model for health care in England', *Analysis*.

Pelletier, D. *et al.* (2017) 'Boundary-spanning actors in complex adaptive governance systems: The case of multisectoral nutrition'. Doi: 10.1002/hpm.2468.

Per Lægreid, Tiina Randma-Liiv, Lise H. Rykkja, K. S. (2013) *Lessons from Emerging Coordination Arrangements in European Public Sectors*, *European Policy Brief*.

Peters, B. G. (1998) *Managing Horizontal Government. The Politics of Coordination*, *Research paper No. 21*. Available at: http://publications.gc.ca/collections/Collection/SC94-61-21-1998E.pdf (Accessed: 26 July 2017).

Peters, B. G. (2005) 'The Search for Coordination and Coherence in Public Policy: Return to the Center?', *Department of Political Science University of Pittsburgh*. Available at: http://userpage.fu-berlin.de/ffu/akumwelt/bc2004/download/peters_f.pdf (Accessed: 1 June 2018).

Peters, B Guy (2018) 'The challenge of policy coordination', *Policy Design and Practice*, 1(1), pp. 1–11. doi: 10.1080/25741292.2018.1437946.

Peters, B. Guy (2018) 'The challenge of policy coordination', *Policy Design and Practice*. Informa UK Limited, 1(1), pp. 1–11. doi: 10.1080/25741292.2018.1437946.

Peters, D. T. J. M. *et al.* (2017) 'Policy coordination and integration, trust, management and performance in public health-related policy networks: a survey', *International Review of Administrative Sciences*. SAGE Publications Ltd, 83(1), pp. 200–222. doi: 10.1177/0020852315585061.

Pfeffer, J. and Salancik, G. (2003) *The External Control of Organizations: A Resource Dependence Perspective*. 1st edn, *Stanford Business Classics*. 1st edn. Stanford, California: Stanford Business Books.

Pfeffer, J. and Salancik, G. R. (2003) *The External Control of Organizations: A Resource Dependence Perspective - Jeffrey Pfeffer, Gerald R. Salancik - Google Books*, *Stanford University Press*.

Phillips, C. *et al.* (2016) 'To what extent do Australian child and youth health policies address the social determinants of health and health equity?: A document analysis study', *BMC Public Health*, 16(1). doi: 10.1186/s12889-016-3187-6.

Pollitt, C. (2003) 'Joined-up Government: A Survey', *Political Studies Review*. SAGE Publications, 1(1), pp. 34–49. doi: 10.1111/1478-9299.00004.

Pomeroy-Stevens, A. *et al.* (2016) 'Prioritizing and Funding the Uganda Nutrition Action Plan', *Food and Nutrition Bulletin*. Food Nutr Bull, 37(4_suppl), pp. S124–S141. doi: 10.1177/0379572116674554.

Popp, J. K. *et al.* (2014) 'Inter-Organizational Networks: A Review of the Literature to Inform Practice', *IBM Center for The Business of Government*, p. 122. Available at: www.businessofgovernment.org.

Powell, W. W. and Bromley, P. (2015) 'New Institutionalism in the Analysis of Complex Organizations', *International Encyclopedia of the Social & Behavioral Sciences: Second Edition*. Elsevier, pp. 764–769. doi: 10.1016/B978-0-08-097086-8.32181-X.

Pridmore, P. *et al.* (2015) 'Tackling the Urban Health Divide Though Enabling Intersectoral Action on Malnutrition in Chile and Kenya', *Journal of Urban Health*, 92(2). doi: 10.1007/s11524-015-9942-7.

Pritchett, L., Sen, K. and Eric Werker (2018) *Deals and Development: the Political dynamics of Growth episodes*. 1st edn, *Deals and Development*. 1st edn. doi: 10.1093/oso/9780198801641.003.0001.

Putturaj, M. *et al.* (2020) 'Towards a multilevel governance framework on the implementation of patient rights in health facilities: A protocol for a systematic scoping review', *BMJ Open*, 10(10). doi: 10.1136/bmjopen-2020-038927.

Rahman, M. H., Naz, R. and Nand, A. (2013) 'Public sector reforms in Fiji: Examining policy implementation setting and administrative culture', *International Journal of Public Administration*, 36, pp. 982–995. doi: https://doi.org/10.1080/01900692.2013.773031.

Ramalingam, B. *et al.* (2008) *Exploring the Science of Complexity: Ideas and Implications for Development and Humanitarian Efforts. Working Paper 285*. London: Overseas Development Institute.

Rasanathan, K. *et al.* (2015) 'Ensuring multisectoral action on the determinants of reproductive, maternal, newborn, child, and adolescent health in the post-2015 era', *BMJ (Clinical research ed.)*, 351, p. h4213. Doi: 10.1136/bmj.h4213.

Rasanathan, K. *et al.* (2017) 'Governing multisectoral action for health in low- and middle-income countries', *PLoS Medicine*. Public Library of Science, 14(4). doi: 10.1371/journal.pmed.1002285.

Rasanathan, K. *et al.* (2018) 'Governing multisectoral action for health in low-income and middle-income countries: an agenda for the way forward', *BMJ Global Health*. BMJ Specialist Journals, 3(Suppl 4), p. e000890. doi: 10.1136/bmjgh-2018-000890.

Ravishankar, N. *et al.* (2009) 'Financing of global health: tracking development assistance for health from 1990 to 2007', *The Lancet*, 373(9681), pp. 2113–2124. doi: 10.1016/S0140-6736(09)60881-3.

Rees, C. and Gatenby, M. (2014) 'Critical realism and ethnography', in Edwards, P. K., O'mahoney, J., and Vincent, S. (eds) *Studying Organizations Using Critical Realism: A Practical Guide*. 1st edn. Oxford: Oxford University Press, pp. 132–147.

Reeves, S. *et al.* (2008) 'Qualitative research: Why use theories in qualitative

research?', *BMJ*, pp. 631–634. doi: 10.1136/bmj.a949.

Refugee Law Project (2014) *South Sudan crisis and its implications on Post-conflict Recovery in Northern Uganda RLP Rapid Assessment Briefing Paper*. Available at: http://www.refugeelawproject.org/files/ACCS_activity_briefs/14_01_24_Rapid_Ass essment_Brief_Impact_of_South_Sudan_Crisis_in_Uganda.pdf (Accessed: 25 May 2017).

Reich, Michael R (2002) 'Reshaping the state from above, from within, from below: Implications for public health', *Social Science and Medicine*, 54(11), pp. 1669–1675. doi: 10.1016/S0277-9536(01)00334-3.

Reich, Michael R. (2002) 'The politics of reforming health policies.' *Promotion & Education*. SAGE PublicationsSAGE UK: London, England, pp. 138–142. doi: 10.1177/175797590200900401.

Reich, M. R. *et al.* (2016) 'Moving towards universal health coverage: Lessons from 11 country studies', *The Lancet*, pp. 811–816. doi: 10.1016/S0140-6736(15)60002-2.

Reid, M. J. *et al.* (2021) 'New development: Public sector responses to complex socio-ecological issues—no silver bullets for rabbits', *Public Money and Management*, 41(4). doi: 10.1080/09540962.2019.1685168.

Reitan, T. C. (1998) 'Theories of Interorganizational Relations in the Human Services', *Social Service Review*, 72(3). doi: 10.1086/515760.

Renmans, D., Holvoet, N. and Criel, B. (2017) 'Combining theory-driven evaluation and causal loop diagramming for opening the "black box" of an intervention in the health sector: A case of performance-based financing in Western Uganda', *International Journal of Environmental Research and Public Health*. doi: 10.3390/ijerph14091007.

Richards, D. (1996) 'Elite Interviewing: Approaches and Pitfalls', *Politics*, 16(3), pp. 199–204. doi: 10.1111/j.1467-9256.1996.tb00039.x.

Richter, J. (2004) Public–private Partnerships for Health: A trend with no alternatives?', *Development*, 47(2), pp. 43–48. doi: 10.1057/palgrave.development.1100043.

Ridder, H. G. (2017) 'The theory contribution of case study research designs', *Business Research*. Springer International Publishing, 10(2), pp. 281–305. doi: 10.1007/s40685-017-0045-z.

Rittel, H. W. J. and Webber, M. M. (1973) 'Dilemmas in a general theory of planning', *Policy Sciences*. Kluwer Academic Publishers, 4(2), pp. 155–169. doi: 10.1007/BF01405730.

Roberts, N. and Ssejjaaka, S. (2017) *Strengthening the Coordination Function at the Office of the Prime Minister and Sector Working Groups. Final Report*.

Robinson, A. J. (2002) 'States and Power in Africa by Jeffrey I. Herbst: A Review Essay', *Journal of Economic Literature*, 40(2), pp. 510–519. Available at: http://www.jstor.org/stable/2698386.

Robinson, M. (2004) *The political economy of governance reforms in Uganda*, *Study Commissioned by the Poverty Reduction and Economic Management*

*(PREM) Network The World Bank, Washington D.C.* doi: 10.1080/14662040701659910.

Rossignoli, C. and Ricciardi, F. (2015) 'Theories Explaining Inter-Organizational Relationships in Terms of Coordination and Control Needs', in Rossignoli, C. and Ricciardi, F. (eds) *Inter-Organizational Relationships. Contributions to Management Science*. Switzerland: Springer International Publishing, pp. 7–37. doi: https://doi.org/10.1007/978-3-319-11221-3_2.

RoU (1995) 'Constitution of The Republic of Uganda, 1995. Arrangement of the Constitution: Implementation of objectives.', *RoU*, pp. 1–150.

Rule, P. and John, V. M. (2015) 'A Necessary Dialogue: Theory in Case Study Research', *International Journal of Qualitative Methods*, 14(4), p. 160940691561157. doi: 10.1177/1609406915611575.

Sabatier, P. A. (1988) 'An advocacy coalition framework of policy change and the role of policy-oriented learning therein PAUL A. SABATIER', *Policy Sciences*, 21, pp. 129–168. doi: 10.1007/BF00136406.

Sanni, S. *et al.* (2018) 'Assessment of the multi-sectoral approach to tobacco control policies in South Africa and Togo', *BMC Public Health*, 18(Suppl 1), p. 962. doi: 10.1186/s12889-018-5829-3.

Santos, G., Behrendt, H. and Teytelboym, A. (2010) 'Part II: Policy instruments for sustainable road transport', *Research in Transportation Economics*. doi: 10.1016/j.retrec.2010.03.002.

Saxena, D. (2019) 'The Search for Mechanisms in Business Research: Reflections on Retroductive Analysis in a Multilevel Critical Realist Case Study.' *Electronic Journal of Business Research Methods*, 17(1), pp. 17–27.

Saxena, D. (2021) 'Guidelines for Conducting a Critical Realist Case Study', *International Journal of Adult Education and Technology*. IGI Global, 12(2), pp. 18–30. doi: 10.4018/ijaet.2021040102.

Sayer, A. (2010) 'Method in social science: A realist approach: Revised second edition', *Method in Social Science: A Realist Approach: Revised Second Edition*. Routledge Taylor & Francis Group, pp. 1–213. doi: 10.4324/9780203850374.

Schmidt, H., Gostin, L. O. and Emanuel, E. J. (2015) 'Public health, universal health coverage, and Sustainable Development Goals: can they coexist?', *The Lancet*. Elsevier, pp. 928–930. doi: 10.1016/S0140-6736(15)60244-6.

Scott, W. R. (2008) *Institutions and organizations: Ideas and interests*. 3rd Editio, *Sage Publications*. 3rd Editio. Los Angeles, CA: Sage Publications. doi: 10.1016/S0263-2373(97)89895-7.

Scott, W. R. . (2008) 'Three pillars of institutions', *Institutions and organizations: ideas and interests*. 4th edn. SAGE, pp. 55–85. doi: 10.1016/S0263-2373(97)89895-7.

Seawright, J. and Gerring, J. (2008) 'Case Selection Techniques in Case Study Research', *Political Research Quarterly*, 61(2), pp. 294–308. doi: 10.1177/1065912907313077.

Seitz, K. and Martens, J. (2017) 'Philanthrolateralism: Private Funding and Corporate Influence in the United Nations', *Global Policy*, 8, pp. 46–50. doi:

10.1111/1758-5899.12448.

Shankardass, K. *et al.* (2015) 'Strengthening the implementation of health in all policies: A methodology for realist explanatory case studies', *Health Policy and Planning*, 30(4), pp. 462–473. doi: 10.1093/heapol/czu021.

Shankardass, K. *et al.* (2018) 'The implementation of Health in All Policies initiatives: A systems framework for government action', *Health Research Policy and Systems*. BioMed Central Ltd., 16(1). doi: 10.1186/s12961-018-0295-z.

Sheikh, K. *et al.* (2021) 'Governance Roles and Capacities of Ministries of Health : A Multidimensional Framework', *International Journal of Health Policy and Management*, 10(5), pp. 237–243. doi: 10.34172/ijhpm.2020.39.

Shrestha, M., Berardo, R. and Feiock, R. C. (2014) 'Solving Institutional Collective Action Problems in Multiplex Networks', pp. 49–60. doi: 10.7564/14-CGN7.

Shroff, Z. C., Roberts, M. J. and Reich, M. R. (2015) 'Agenda setting and policy adoption of India's national health insurance scheme: Rashtriya Swasthya Bima Yojana', *Health Systems and Reform*. Taylor and Francis Inc., 1(2), pp. 107–118. doi: 10.1080/23288604.2015.1034310.

Sidaner, E., Balaban, D. and Burlandy, L. (2013) 'The Brazilian school feeding programme: An example of an integrated programme in support of food and nutrition security', *Public Health Nutrition*. doi: 10.1017/S1368980012005101.

Sieleunou, I. *et al.* (2017) 'Transferring the Purchasing Role from International to National Organizations During the Scale-Up Phase of Performance-Based Financing in Cameroon', *Health Systems & Reform*. Taylor & Francis, 3(2), pp. 91–104. doi: 10.1080/23288604.2017.1291218.

Singh, S., Bhaskar, R. and Hartwig, M. (2020) *Reality and its depths: A conversation between Savita Singh and Roy Bhaskar*, *Reality and Its Depths: A Conversation Between Savita Singh and Roy Bhaskar*. doi: 10.1007/978-981-15-4214-5.

von Soest, C. (2007) 'How does neopatrimonialism affect the African state's revenues? The case of tax collection in Zambia', *Journal of Modern African Studies*, 45(4), pp. 621–645. doi: 10.1017/S0022278X0700290X.

Solomon, H. (2015) 'African Solutions To Africa's Problems? African Approaches To Peace, Security and Stability', *Scientia Militaria - South African Journal of Military Studies*, 43(1), pp. 45–76. doi: 10.5787/43-1-1109.

Sommers-Flanagan, J., Richardson, B. G. and Sommers-Flanagan, R. (2011) 'A multi-theoretical, evidence-based approach for understanding and managing adolescent resistance to psychotherapy', *Journal of Contemporary Psychotherapy*, 41(2), pp. 69–80. doi: 10.1007/s10879-010-9164-y.

Sparkes, S. P. *et al.* (2019) 'Political Economy Analysis for Health Financing Reform', *Health Systems and Reform*. Taylor & Francis, 5(3), pp. 183–194. doi: 10.1080/23288604.2019.1633874.

SPEED Project (2017) *Phasing out Enrolled Nurses in Uganda. Policy Issues Paper*. Kampala.

SPEED Project (2019a) *Supporting Policy Engagements For Evidence-based Decisions ( SPEED ) for Universal Health Coverage in Uganda: Overview of Achievements and Progress (2015-2020).* Kampala Uganda. Available at: https://speed.musph.ac.ug/wp-content/uploads/2020/05/About-SPEED_Sept2019.pdf.

SPEED Project (2019b) 'Symposium on Partnerships, Policy and Systems Developments for Universal Health Coverage Proceedings report. 27th-29th August 2019. Golf Course Hotel', in. Kampala, Uganda. Available at: https://sph.mak.ac.ug/sites/default/files/2021-05/UHC SYMPOSIUM REPORT 2019- FInal_0.pdf.

Ssengooba F, Yates R, Oliveira-Cruz V, K. T. (2006) 'Have System reform resulted in a more efficient and equitable allocation of resources in the Ugandan health sector?', in Kirunga TC, Ssengooba F, O.-C. V (ed.) *Health systems reforms in Uganda: processes and outputs.* London: Health Systems Development Program, London School of Hygiene and Tropical Medicine.

Ssengooba, F. *et al.* (2007) 'Human Resources for Health Health sector reforms and human resources for health in Uganda and Bangladesh : mechanisms of effect', 13, pp. 1–13. doi: 10.1186/1478-4491-5-3.

Ssengooba, F., Kawooya, V., *et al.* (2017) 'Application of social network analysis in the assessment of organization infrastructure for service delivery: A three district case study from post-conflict northern Uganda', *Health Policy and Planning*, 32(8), pp. 1193–1202. doi: 10.1093/heapol/czx071.

Ssengooba, F., Namakula, J., *et al.* (2017) 'Sub-national assessment of aid effectiveness: A case study of post-conflict districts in Uganda', *Globalization and Health*. Globalization and Health, 13(1), pp. 1–12. doi: 10.1186/s12992-017-0251-7.

Ssengooba, F., Ssennyonjo, A., Musila, T., *et al.* (2021) 'Momentum for policy change: alternative explanations for the increased interest in results-based financing in Uganda', *Global Health Action*, 14(1), p. 1948672. doi: 10.1080/16549716.2021.1948672.

Ssengooba, F., Ssennyonjo, A., Rutebemberwa, E., *et al.* (2021) 'Research for universal health coverage: setting priorities for policy and systems research in Uganda', *Global Health Action*. Taylor & Francis, 14(1). doi: 10.1080/16549716.2021.1956752.

Ssengooba, F. and Hongoro, C. (2017) 'Framing the Determinants of Health and Well- Being for Universal Health Coverage', in Ssengooba, F. et al. (eds) *Universal Health Coverage in Uganda: Looking Back and Forward to Speed up the Progress*. Kampala: SPEED Project, Makerere University, pp. 3–23.

Ssengooba, F., McPake, B. and Palmer, N. (2012) 'Why performance-based contracting failed in Uganda – An "open-box" evaluation of a complex health system intervention', *Social Science & Medicine*, 75(2), pp. 377–383. doi: 10.1016/j.socscimed.2012.02.050.

Ssennyonjo, A. *et al.* (2018) 'Government resource contributions to the private-not-for-profit sector in Uganda: evolution, adaptations and implications for

universal health coverage', *International Journal for Equity in Health*. BioMed Central, 17(1), p. 130. doi: 10.1186/s12939-018-0843-8.

Ssennyonjo, A., Ekirapa–Kiracho, E., *et al.* (2021) 'Fitting Health Financing Reforms to Context: Examining the Evolution of Results-Based Financing Models and the Slow National Scale-Up in Uganda (2003-2015)', *Global Health Action*. Taylor and Francis Ltd., 14(1). doi: 10.1080/16549716.2021.1919393.

Ssennyonjo, A., Van Belle, S., *et al.* (2021) 'Multisectoral action for health in low-income and middle-income settings: How can insights from social science theories inform intragovernmental coordination efforts?', *BMJ Global Health*. BMJ Publishing Group, 6(5). doi: 10.1136/bmjgh-2020-004064.

Ssennyonjo, A., Van Belle, S., *et al.* (2022) 'Not for us, without us: examining horizontal coordination between the Ministry of Health and other sectors to advance health goals in Uganda', *Health Policy and Planning*. Oxford Academic, 37(10), pp. 1221–1235. doi: 10.1093/HEAPOL/CZAC079.

Ssennyonjo, A., Criel, B., *et al.* (2022) 'What are the tools available for the job? Coordination instruments at Uganda's national government level and their implications for multisectoral action for health', *Health Policy and Planning*. Oxford Academic, 37(8), pp. 1025–1041. doi: 10.1093/HEAPOL/CZAC047.

Ssennyonjo, A., Ssengooba, F., *et al.* (2022) 'Writing budgets for meetings and teas?': A multitheoretical analysis of intragovernmental coordination for multisectoral action for health in Uganda', *BMJ Global Health*, 7(2), pp. 1–16. doi: 10.1136/bmjgh-2021-007990.

Ssennyonjo, A. (2023) 'Beyond "Lack of Political Will": Elaborating Political Economy Concepts to Advance "Thinking and Working Politically" Comment on "Health Coverage and Financial Protection in Uganda: A Political Economy Perspective"', *International Journal of Health Policy and Management*, 12(1), p. 7297. doi: 10.34172/ijhpm.2022.7297.

Stierman, E., Ssengooba, F. and Bennett, S. (2013) 'Aid alignment: a longer-term lens on trends in development assistance for health in Uganda', *Globalization and Health*, 9(1), p. 7. doi: 10.1186/1744-8603-9-7.

Stone, D. (2001) *Learning Lessons, Policy Transfer and the International Diffusion of Policy Ideas*. 69. Coventry. Available at: http://www.csgr.org.

Storm, I. *et al.* (2016) 'How to improve collaboration between the public health sector and other policy sectors to reduce health inequalities? - A study in sixteen municipalities in the Netherlands.' *International journal for equity in health*. BioMed Central, 15, p. 97. doi: 10.1186/s12939-016-0384-y.

Stratton, S. J. (2019) 'Literature Reviews: Methods and Applications', *Prehospital and Disaster Medicine*, 34(4), pp. 347–349. doi: 10.1017/S1049023X19004588.

Streeck, Wolfgang and Thelen, K. (2005) 'Introduction: Institutional Change in Advanced Political Economies', in Streeck, W and Thelen K (eds) *Beyond continuity: institutional change in advanced political economies*. Oxford: University Press, pp. 1–39. Available at: https://nbn-resolving.org/urn:nbn:de:0168-ssoar-194981 (Accessed: 15 September 2021).

Stubbs, T. *et al.* (2017) 'The impact of IMF conditionality on government

health expenditure: A cross-national analysis of 16 West African nations', *Social Science and Medicine*, 174, pp. 220–227. doi: 10.1016/j.socscimed.2016.12.016.

Stuckler, D. *et al.* (2010) 'The political economy of universal health coverage. Background paper for the First Global Symposium on Health Systems Research%2C 16%9319 November 2010%2C Montreaux%2C Switzerland', *Pacific Health Summit*, (November), p. 16. Available at: http://www.pacifichealthsummit.org/downloads/UHC/the political economy of uhc. PDF.

Synnevåg, E. S., Amdam, R. and Fosse, E. (2018) 'Intersectoral planning for public health: Dilemmas and challenges', *International Journal of Health Policy and Management*, 7(11), pp. 982–992. doi: 10.15171/ijhpm.2018.59.

Tangcharoensathien, V. *et al.* (2017) 'Multisectoral Actions for Health: Challenges and Opportunities in Complex Policy Environments', *International Journal of Health Policy and Management*, 6(7), pp. 359–363. doi: 10.15171/ijhpm.2017.61.

Tashobya, C. K. *et al.* (2018) 'Decentralisation and the Uganda Health System: What can we Learn from Past Experiences to Facilitate the Achievement of Universal Health Coverage?', in Ssengooba, F. et al. (ed.) *Universal Health Coverage in Uganda: Looking Back and Forward to Speed up the Progress*. Available at: http://speed.musph.ac.ug/wp-content/uploads/2019/03/Chapter-6.pdf (Accessed: 24 August 2020).

Tashobya, C. K., Ssengooba, F. and Cruz, O. (2006) *Health Systems Reforms in Uganda: processes and outputs.* Edited by F. S. and Christine Kirunga Tashobya and Valeria Oliveira Cruz. Available at: http://eresearch.qmu.ac.uk/762/ (Accessed: 6 May 2016).

Tashobya Christine; Musoba Nelson; Lochoro .Peter (2007) 'Public Private Partnership for Health in Uganda: Will HSSP II deliver on the expectations?', *Health Policy and Development Journal*, 5(1), pp. 48–56. Available at: http://www.bioline.org.br/request?hp07006.

Taylor, S. P. (2018) 'Critical Realism vs Social Constructionism & Social Constructivism: Application to a Social Housing Research Study', *Basic and Applied Research*, 37(2), pp. 216–222. Available at: http://insight.cumbria.ac.uk/id/eprint/3596/http://gssrr.org/index.php?journal=Journal OfBasicAndApplied.

Tenbensel, T. (2018) 'Bridging complexity theory and hierarchies, markets, networks, communities: a "population genetics" framework for understanding institutional change from within', *Public Management Review*. Taylor and Francis Ltd., 20(7), pp. 1032–1051. doi: 10.1080/14719037.2017.1364409.

The Republic of Uganda (2009) 'A Guide to Policy Development & Management in Uganda', (July).

The Republic of Uganda (2012) 'Uganda Vision 2040'. Kampala, pp. 1–120. Available at: http://npa.ug/wp-content/themes/npatheme/documents/vision2040.pdf.

'THE REPUBLIC OF UGANDA MINISTRY OF HEALTH A ROADMAP TOWARDS UNIVERSAL HEALTH COVERAGE IN UGANDA 2020 / 21 to 2029 / 30' (no date).

The World Bank (1997) *World Development Report 1997: The State in a Changing World*. New York: Oxford University Press. doi: 10.2307/1149104.

The World Bank (2022) *Marrakech Action Plan for Statistics ,*. Available at: https://www.worldbank.org/en/data/statistical-capacity-building/marrakech-action-plan-for-statistics (Accessed: 7 April 2022).

Thelen, K. (1999) 'Historical institutionalism in comparative politics', *Annual Review of Political Science*. Annual Reviews Inc., 2, pp. 369–404. doi: 10.1146/ANNUREV.POLISCI.2.1.369.

Therkildsen, O. (2017) 'Understanding public management through neopatrimonialism: A paradigm for all African seasons?', in *The African Exception*. Doi: 10.4324/9781351147927-3.

Thornton, G. (2022) *Uganda Budget 2022*. Kampala.

Titeca, K. (2021) 'More is less? Decentralisation and regime control in neoliberal Uganda', *Uganda*, (November). doi: 10.5040/9781350223721.ch-005.

Titeca, K. (2022) 'Who depends on whom? Uganda's refugee "success story", corruption and the international community', *Third World Quarterly*. Routledge, 43(1), pp. 55–73. doi: 10.1080/01436597.2021.1989301.

Tong, A., Sainsbury, P. and Craig, J. (2007) 'Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups', *International Journal for Quality in Health Care*, 19(6), pp. 349–357. doi: 10.1093/intqhc/mzm042.

Topp, S. M. *et al.* (2021) 'Power analysis in health policy and systems research: a guide to research conceptualisation', *BMJ Global Health*. BMJ Specialist Journals, 6(11), p. e007268. doi: 10.1136/BMJGH-2021-007268.

Toral, G. (2023) 'How Patronage Delivers: Political Appointments, Bureaucratic Accountability, and Service Delivery in Brazil', *American Journal of Political Science*, 00(0), pp. 1–19. doi: 10.1111/ajps.12758.

Torfing, J. *et al.* (2012) 'Power and politics in interactive governance', in Torfing, J. et al. (eds) *Interactive Governance : Advancing the Paradigm*. Oxford University Press, pp. 1–4. doi: 10.1093/ acprof:oso/9780199596751.001.0001.

Tosun, J. and Lang, A. (2017) 'Policy integration: mapping the different concepts', *Policy Studies*. Routledge, 38(6), pp. 553–570. doi: 10.1080/01442872.2017.1339239.

Trampusch, C. and Palier, B. (2016) 'Between X and Y: how process tracing contributes to opening the black box of causality', *New Political Economy*, 21(5), pp. 437–454. doi: 10.1080/13563467.2015.1134465.

Transparency International (2022) *Uganda Corruption Rank - 2022 Data - 2023 Forecast - 1996-2021 Historical - Chart*. Available at: https://tradingeconomics.com/uganda/corruption-rank (Accessed: 31 October 2022).

Trein, P., Meyer, I. and Maggetti, M. (2018) 'The Integration and Coordination of Public Policies: A Systematic Comparative Review', *Journal of Comparative Policy Analysis: Research and Practice*. Routledge, pp. 1–18. doi: 10.1080/13876988.2018.1496667.

Trein, P., Meyer, I. and Maggetti, M. (2019) 'The Integration and

Coordination of Public Policies: A Systematic Comparative Review', *Journal of Comparative Policy Analysis: Research and Practice*. Routledge, 21(4), pp. 332–349. doi: 10.1080/13876988.2018.1496667.

Tripp, A. M. (2010) 'Museveni's Uganda: Paradoxes of power in a hybrid regime', in Tripp, A. M. (ed.) *Museveni's Uganda: Paradoxes of power in a hybrid regime*. Boulder, CO USA: Lynne Reiner Publishers, pp. 1–8. doi: 10.1093/afraf/adr067.

Tripp Mari Aili (2010) 'The Politics of Constitution-Making in Uganda', in Laurel, M. E. and Aucoin, L. (eds) *Framing the State in Times of Transition: Case Studies in Constitution Making*. 1st edn. Washington, DC: US Institute of Peace Press, pp. 158–175. doi: 10.2139/ssrn.3921425.

Tsang, E. W. K. (2014) 'Case studies and generalization in information systems research: A critical realist perspective.' *The Journal of Strategic Information Systems*. Elsevier, 23(2), pp. 174–186. doi: 10.1016/j.jsis.2013.09.002.

Tumusiime, P. *et al.* (2019) 'Towards universal health coverage: reforming the neglected district health system in Africa', *BMJ Global Health*. BMJ Specialist Journals, 4(Suppl 9), p. e001498. Doi: 10.1136/bmjgh-2019-001498.

Uganda Ministry of Public Service (2017) *Final Report on Comprehensive Review and Restructuring of Government Ministries, Departments and Agencies ( MDAs)*.

Uganda, P. (2019) *Report of the Sectoral Committee on Defence and Internal Affairs on the Petition and Oversight Visits on Operations of the National Identification and Registration Authority(NIRA)*. Kampala, Uganda.

UN (2019) 'Political Declaration of the High-level Meeting on Universal Health Coverage "Universal health coverage: moving together to build a healthier world"'. Available at: https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf.

UNAIDS (2010) *An Introduction to Triangulation*. Available at: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/10_4-Intro-to-triangulation-MEF.pdf.

UNAP (2011) 'Scaling up multi-sectoral efforts to establish a strong nutrition foundation for Uganda's Development'.

UNDP (2018) 'What does it Mean to Leave No One Behind?', *United Nations Development Programme*, (July), pp. 1–28.

Unger, J., Macq, J. and Bredo, F. (2000) 'Through Mintzberg's glasses: a fresh look at the organization of ministries of health.', *Bulletin of the World Health Organization*, 78(8), pp. 1005–1014.

UNICEF (2013) 'Multi-sectoral Approaches to Nutrition ':, pp. 1–4.

United Nations (2015) 'The Addis Ababa Action Agenda of the Third International Conference on Financing for Development I. A global framework for financing development post-2015', pp. 1–31. Available at: http://www.un.org/esa/ffd/ffd3/wp-content/uploads/sites/2/2015/07/Addis-Ababa-Action-Agenda-Draft-Outcome-Document-7-July-2015.pdf (Accessed: 13 March

2018).

United Nations (2017) 'The 2030 Agenda for Sustainable Development', *Knowledge Brief*. Bonn, Germany: UNSSC Knowledge Centre for Sustainable Development. Available at: https://www.un.org/development/desa/jpo/wp-content/uploads/sites/55/2017/02/2030-Agenda-for-Sustainable-Development-KCSD-Primer-new.pdf (Accessed: 14 July 2022).

United Nations (A/RES/70/1) (2015) 'Transforming our world: the 2030 Agenda for Sustainable Development', pp. 1–41. doi: 10.1201/b20466-7.

Uzoigwe, G. N. (1983) 'Uganda and Parliamentary Government', *The Journal of Modern African Studies*, 21(2), pp. 253–271. doi: 10.1017/S0022278X00023260.

Vancauwenberghe, G. and Bouckaert, G. (no date) 'Hierarchies, Markets and Networks A Public Administration View on SDI'. Available at: http://www.spatialist.be/download/agile2008/AGILE_presentation_GV.pdf (Accessed: 1 June 2018).

Verhoest, K. *et al.* (2005) *How coordination and control of public organizations by government interrelate: an analytical and empirical exploration.* Available at: https://lirias.kuleuven.be/handle/123456789/84985%5Cnpapers2://publication/uuid/ CCF8CB81-EADD-4BFF-A9B6-9EEE531FBF1B (Accessed: 4 April 2020).

Verhoest, K. (2013) 'Agencification Processes and Agency Governance : Organizational Innovation at a Global Scale?', in Valkama, P., Bailey, S., and Anttiroiko, A. (eds) *Organizational Innovation in Public Services. Governance and Public Management*. London: Palgrave Macmillan, London eBook. Doi: 10.1057/9781137011848.

Verhoest, K. and Bouckaert, G. (2005) 'Machinery of Government and Policy Capacity: The Effects of Specialization and Coordination', in Painter, M. and Pierre, J. (eds) *Challenges to State Policy Capacity*. London: Palgrave Macmillan, London, pp. 92–111. doi: 10.1057/9780230524194_6.

Verschuere, B. and Vancoppenolle, D. (2012) 'Policy-making in an era of agencification: An exploration of task divisions between politicians, core departments and public agencies', *Policy and Society*, 31(3), pp. 249–258. doi: 10.1016/j.polsoc.2012.07.006.

Vincent, S. and O'mahoney, J. (2018) 'Critical Realism and Qualitative Research: An introductory Overview', in Cassell, C., Cunliffe, A. ., and Grady, G. (eds) *The Sage Handbook of Qualitative Business and Management Research Methods*. London: SAGE.

Vincent, S. and Wapshott, R. (2014) 'Critical realism and the organizational case study: A guide to discovering institutional mechanisms', in Edwards, P. K., O'mahoney, J., and Vincent, S. (eds) *Studying Organizations using critical realism: A practical guide*. 1st edition. Oxford: Oxford University Press, pp. 148–167.

van de Walle, N. (2013) 'The path from neopatrimonialism: Democracy and clientelism in Africa today', *Neopatrimonialism in Africa and Beyond*, (3), pp. 111–123. doi: 10.4324/9780203145623-14.

Walsh, S. B. (2014) 'The improbability of accountability of nongovernmental

organisations to their intended beneficiaries: the case of ActionAid', (March). Available at: http://etheses.lse.ac.uk/876/1/__lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Etheses_Content_Theses submitted by students & alumni_Live theses_Walsh_Improbability_Accountability_nongovernmental_2014.pdf.

Walt, G. *et al.* (2008) '"Doing" health policy analysis: Methodological and conceptual reflections and challenges', in *Health Policy and Planning*, pp. 308–317. doi: 10.1093/heapol/czn024.

Wasswa, H. (2017) 'Uganda's hospitals doctors strike over low pay', *BMJ*. British Medical Journal Publishing Group, 359, p. j5221. doi: 10.1136/BMJ.J5221.

Watkins, D. A. *et al.* (2017) 'Intersectoral Policy Priorities for Health', *Disease Control Priorities, Third Edition (Volume 9): Improving Health and Reducing Poverty*. The International Bank for Reconstruction and Development / The World Bank, pp. 23–41. doi: 10.1596/978-1-4648-0527-1_CH2.

Weible, C. M. *et al.* (2020) 'COVID-19 and the policy sciences: initial reactions and perspectives', 53, pp. 225–241. doi: 10.1007/s11077-020-09381-4.

Whetten, D. A. (1989) 'What Constitutes a Theoretical Contribution?', *Academy of Management Review*. Academy of Management, 14(4), pp. 490–495. doi: 10.5465/amr.1989.4308371.

WHO (1948) *Constitution of the World Health Organisation*.

WHO (2008) *The World Health Report 2008 -- Primary Health Care (Now More Than Ever)*. Geneva: World Health Organization.

WHO (2013a) *Arguing for Universal Health Coverage*, *World Health Organization*. Available at: http://www.who.int/health_financing/UHC_ENvs_BD.PDF (Accessed: 12 January 2018).

WHO (2013b) 'Learning from Intersectoral Actions for Implementing Health in All Policies', pp. 1–21.

WHO (2015) *Tracking Universal Health Coverage: First Global Monitoring Report*, *World Health Organization*. doi: 978 92 4 156497 7.

WHO (2023) *SDG Target 3.8 | Achieve universal health coverage (UHC)*. Available at: https://www.who.int/data/gho/data/themes/theme-details/GHO/universal-health-coverage (Accessed: 7 August 2023).

WHO Regional Office for Europe (2018) *Tool for mapping governance for health and well-being: the organigraph method*.

WHO and The World Bank (2017) *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, *World Health Organisation*.

'Why interdisciplinary research matters' (2015) *Nature*, 525(7569), p. 305. doi: 10.1038/525305a.

Wicks, D. (2017) *The Coding Manual for Qualitative Researchers (3rd edition)*, *Qualitative Research in Organizations and Management: An International Journal*. Doi: 10.1108/qrom-08-2016-1408.

Wiegratz, Jörg, Martiniello, G. and Greco, E. (2018) 'Conclusion:

neoliberalism institutionalised', in *Uganda: The Dynamics of Neoliberal Transformation*. doi: 10.5040/9781350223721.0007.

Wiegratz, Jörg, Martiniello, G. and Greco, E. (2018) 'Introduction: Interpreting change in neoliberal Uganda.', in Wiegratz, J., Martiniello, G., and Greco, E. (eds) *Uganda: The Dynamics of Neoliberal Transformation*, pp. 1–40.

Wilkins, S. (2023) 'Authoritarian micro-politics: village chairpersons in NRM Uganda and the lessons of their 2018 re-election', *Journal of Eastern African Studies*. Routledge, 17(1–2), pp. 344–362. doi: 10.1080/17531055.2023.2237265.

Williamson, O. (1979) 'Transaction-Cost economics: the governance of contractual relations', *Journal of Law and Economics*. The University of Chicago PressThe Booth School of Business, University of ChicagoThe University of Chicago Law School, XXII, n. 2, pp. 233–261. doi: 10.1016/j.jcorpfin.2014.03.008.

Williamson, O. (1981) 'The Economics of Organization: The Transaction Cost Approach', *American Journal of Sociology*. The University of Chicago Press, 87(3), pp. 548–577. doi: 10.2307/2778934.

Williamson, O. E. (1995) 'Hierarchies, markets and power in the economy : An economic perspective', *Industrial and Corporate Change*, 4(1), pp. 21–49. doi: 10.1093/icc/4.1.21.

Williamson, O. E. (2014) 'Transaction cost economics: The natural progression', *Nobel Lectures: Economic Sciences: 2006 - 2010*, pp. 223–247. doi: 10.1142/9789814635585_0004.

Willott, C. (2009) *Refashioning Neopatrimonialism in an Interface Bureaucracy: Nigerian Higher Education*, *PhD Thesis*. University of Bath.

Wiltshire, G. and Ronkainen, N. (2021) 'A realist approach to thematic analysis: making sense of qualitative data through experiential, inferential and dispositional themes', *Journal of Critical Realism*. Taylor and Francis Ltd., 20(2), pp. 159–180. doi: 10.1080/14767430.2021.1894909.

Wong, G. *et al.* (2013) 'RAMESES publication standards: Meta-narrative reviews', *Journal of Advanced Nursing*, 69(5), pp. 987–1004. doi: 10.1111/jan.12092.

World Bank (1993) *World Development Report 1993: Investing in Health*, *Economic Development and Cultural Change*. Doi: 10.1596/978-0-19-520890-0.

World Health Organisation (2011) *Rio Political Declaration on Social Determinants of Health*. Available at: http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf (Accessed: 29 November 2016).

World Health Organisation (2014) *Health in All Policies (HiAP) Framework for Country Action*. Geneva.

World Health Organization(WHO) (2008) *Closing the gap in a generation Health equity through action on the social determinants of health. Final Report of Commission on Social Determinants of Health.* Geneva. Available at: http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf (Accessed: 28 November 2016).

World Health Organization (2012) 'WHO Discussion Paper 2: Lessons learned from existing multisectoral partnerships that may inform the global response

to NCDs', 2(March 2012), pp. 1–24.

World Health Organization (2015) *Tracking Universal Health Coverage: First Global Monitoring Report*. Geneva, Switzerland.

Wynn, D. and Williams, C. K. (2012) 'Principles for Conducting Critical Realist Case Study Research in Information Systems.' *Management Information Systems Quarterly*. University of Minnesota, 36(3), pp. 787–810. doi: 10.2307/41703481.

Yanguas, P. (2017) 'Varieties of State-Building in Africa: Elites, Ideas and the Politics of Public Sector Reform', *SSRN Electronic Journal*, (89). doi: 10.2139/ssrn.3031801.

Yin, R. (1994) *Case Study Research: Design and Methods*. Second edi. Thousand Oaks: SAGE Publications. Doi: 10.1201/b16851-12.

Zachariadis, M., Scott, S. and Barrett, M. (2013) 'Methodological implications of critical realism for mixed-methods research.', *Management Information Systems Quarterly*. University of Minnesota, 37(3), pp. 855–879. doi: 10.25300/misq/2013/37.3.09.

Zaidi, S. *et al.* (2018) 'Multisector governance for nutrition and early childhood development: overlapping agendas and differing progress in Pakistan', *BMJ Global Health*. BMJ Specialist Journals, 3(Suppl 4), p. e000678. Doi: 10.1136/bmjgh-2017-000678.

Zakumumpa, H. *et al.* (2021) 'Transitioning health workers from PEPFAR contracts to the Uganda government payroll', *Health Policy and Planning*. Doi: 10.1093/heapol/czab077.

# 12 ANNEXES

## 12.1 Interview guides

### 12.1.1 Interview guide for actors in other non-health MDAs and central agencies with coordination roles (e.g. OPM, NPA, MoFPED, MoPS, Cabinet secretariat).

*Title: Coordination of Multisectoral Action for Health in Uganda: Mechanisms, Actor Experiences, Motivations and Implications for Policy and Practice*

**INTERVIEW CODE:…………………….**

A. **DEMOGRAPHICS:**

1. Organisational Affiliation:
2. Sector:
3. What job title do you hold?          …………………………………………...
4. For how long have you been working in this position […………………] Years
5. How many completed years working in government [………………] Years

B. **INTRODUCTION**

6. What is the mandate of your <MDA> in general?
7. What do you understand by the term coordination? In your job, on a typical day, what constitutes coordination? In your area of work, what constitutes coordination?
8. What is the mandate of <your MDA> with respect to coordination among MDAs at the central government level?
9. Which MDAs do you coordinate with when discharging your duties? What kinds of transactions or exchanges do you make with such MDAs?
10. What are some of the experiences of coordination between <your MDA> and other government MDAs that you can share?
    a. What works or not, and why?
    b. What do you find easy, how and why?
    c. What do you find challenging, how and why?
    d. What factors internal to <your MDA> support or constrain coordination with other MDAs, and how?
    e. What factors external to <your MDA> make coordination with other MDAs easy or challenging, and how?

11. How familiar are you with overall coordination at the central government level?

12. Reflecting on the overall coordination at the central government level,

   a.  What works or not, and why?

   b.  What do you find easy, how and why?

   c.  What do you find challenging, how and why?

   d.  What factors internal to government make overall coordination among government MDAs easy, and how?

   e.  What factors internal to government make overall coordination among government MDAs challenging, and how?

   f.  What factors external to the government make overall coordination among government MDAs easy, and how?

   g.   What factors external to government make overall coordination among government MDAs easy and challenging, and how?


## C.  DRIVERS & MOTIVATIONS OF CENTRAL GOVERNMENT ORGANISATIONS TO COORDINATE OR NOT


13. What would happen if coordination is not there? What would you miss/ What is the value addition of coordination?  Does coordination make a difference?

14. To what extent are the following objectives being pursued through coordination among MDAs

   a)  Create a greater coherence between policies, implementation or management.

   b)  Reduction of redundancy and contradictions within and between policies of different sectors/ministries

   c)  Reductions in redundancy and contradictions between policy documents and implementation

   d)  Establishment of the needs or priorities for coordinated action

   e)  Framing issues for joint action

   f)  Alignment to global or regional expectations


15. What problems or solutions are you working on that require coordination with other MDAs?
   *Probe*: What these priority sectors/MDAs are, and why them

*16.* In your opinion, what are the main reasons and motivations for one MDA to coordinate with other MDAs? *Probe about:*

- **Necessity**: linkages or exchanges with other organizations established in order to meet necessary legal or regulatory requirements, donors or external actors.
- **Asymmetry:** prompted by the potential to exercise power or control over another organization or its resources.
- **Reciprocity:** for the purpose of pursuing common or mutually beneficial goals or interests.
- **Efficiency:** Internal considerations for immediate or potential improvements in efficiency and costs of internally producing the results or outsourcing them.
- **Stability**: relationships established and managed to absorb uncertainty in order to achieve stability, predictability, and dependability in their relations with others and in the flow of resources and exchanges
- **Legitimacy**: organizations are pressured to increase their legitimacy in order to appear in agreement with the prevailing norms, rules, beliefs, or expectations of external constituents.

17. What are the usual reasons why government MDAs are hesitant or not willing to coordinate with others? *Probe about*

- Control over resources
- Accountability needs; no repercussions
- Different priorities
- Effectiveness of coordination arrangements
- Costs of coordination-time time-consuming and resource intensive.

## D.  COORDINATION  INSTRUMENTS & MECHANISMS

### I.    Coordination instruments within central government in general

Coordination instruments are understood as formal or informal arrangements (activities, structures, strategies and procedures) to bring actions of different sectors (ministries, departments and agencies) into harmony and ensure coherence within and between policies and practices. Coordination instruments are required to align public organisations to crosscutting policy goals.

#### a.  *Locus of coordination efforts*

For questions 18 &19, explore the reasons for the responses given.

18. In what ways is coordination a **requirement** in the following areas of your work?

a) Policy development, b) Planning, c)  Budgeting, d) Program        design,        e) implementation of interventions and f) Evidence generation

19. What are your experiences of coordination during each of the above processes?

### b. *Coordination structures & tools*

**Note: Reflecting on coordination mechanisms at the central government level, ask about the use of the following structures and tools as means to achieve coordination.**

20. In what ways are the following coordination structures and tools applicable to your work? Elaborate on your answer. **How do these work in practice? Provide specific examples of such structures/tools as applicable.**

   a) Cabinet secretariat/Cabinet committees.

   b) Parliamentary Committees

   c) Ministries with special focus, e.g. elderly or geographical reason

   d) Permanent Interministerial committees

   e) Adhoc Interministerial committees /taskforces

   f) Technical working groups

   g) Contracts between MDAs

   h) Memoranda of Understanding between MDAs

   i) National Vision and development plans

   j) Sector/MDA development plans

   k) Policy documents, circulars or guidelines (policy frameworks)

   l) Issue specific Joint/multisectoral plans

### c. *Process mechanisms*

21. In what ways are the following coordination processes applicable to your work? Elaborate on your answer. **How do these work in practice? Provide specific examples as applicable.**

   a) Joint/multisectoral planning

   b) Joint Budgeting

   c) Joint Monitoring & evaluation

   d) Regulatory reviews

   e) Mergers

22. With respect to the coordination strategies above?

   a. What strategies do you think are effective, how and why?

   b. What strategies do you find easy to implement, how and why?

   c. What strategies do you find challenging to employ, how and why?

## II. Coordination tools and strategies between the health sector and other sectors/MDAs

23. From where you stand, what problems or solutions require you to work on or are you working on in coordination with MOH? **Probe**

    *a.* How closely do you coordinate with MOH in the conduct of your duty?

    *b.* In what ways is the health sectors' work linked to the goals/mandates of <your MDAs/sector>?

    *c.* In what ways does <your MDA/sector> contribute to the goals and mandate of the health sector/MOH?

    **Note: Reflecting on coordination mechanisms at the central government level, ask about the use of the following structures and tools as a means to achieve coordination with MOH.**

24. In what ways are the following coordination structures and tools applicable to your **coordination with MOH**? Elaborate on your answer. **How do these work in practice? Provide specific examples of such structures/tools as applicable.**

    a) Cabinet secretariat/Cabinet committees.

    b) Parliamentary Committees

    c) Ministries with special focus, e.g. elderly or geographical reason

    d) Permanent Interministerial committees

    e) Adhoc Interministerial committees /taskforces

    f) Technical working groups

    g) Contracts between MDAs

    h) Memoranda of Understanding between MDAs

    i) National Vision and development plans

    j) Sector/MDA development plans

    k) Policy documents, circulars or guidelines (policy frameworks)

    l) Issue specific Joint/multisectoral plans

*d.* *Process mechanisms*

25. In what ways are the following coordination processes applicable to your **<u>coordination with MOH</u>**? Elaborate on your answer. **How do these work in practice? Provide specific examples as applicable.**
    a) Joint/multisectoral planning
    b) Joint Budgeting
    c) Joint Monitoring & evaluation
    d) Regulatory reviews
    e) Mergers

26. With respect to the coordination strategies above?
    d. What strategies do you think are effective, how and why?
    e. What strategies do you find easy to implement, how and why?
    f. What strategies do you find challenging to employ, how and why?

27. Are there any examples of coordination tools/strategies or arrangements that have demonstrated lessons over time for Uganda to learn from?

**III.    <u>Issues that require multisectoral coordination</u>**

28. In relation to advancing the good health and wellbeing of Ugandans, mention any 5 (cross-cutting) areas/issues that require the MOH/health sector to coordinate its work with <your or other MDAs >?

    *List all areas/issues mentioned.*

    a. _____
    b. _____
    c. _____
    d. _____
    e. _____

*29.* What are the other sectors/MDAs that the health sector needs to coordinate with in respect to achieving its goals and mandate, and why these sectors/MDAs? *Probe for ways in which other MDAs/sectors contribute to the good health and well-being of Ugandans.*

**E. INCENTIVES TO COORDINATE WITH THE HEALTH SECTOR/MOH**

30. In your view, what are the factors or issues that make coordination with the MOH/health sector easy or difficult and how? *Probe for factors or issues internal and external to the MOH/health sector.*

    *Explore the following examples.*

a. Variations in resources to different MDAs

b. Use of different professional language.

c. A positive experience of collaboration.

d. A key figure who can forge a relationship.

e. Existence of common interest and shared understanding.

f. Clarity on how one's sector can contribute.

g. Presence of coordination structures

h. Framing of the problems.

i. Support of top management.

j. Presence of supportive legal-institutional frameworks.

## F. RECOMMENDATIONS

31. In What way can coordination of government action be improved to advance the good health and well-being of Ugandans? ***Probe for actions and strategies at the Cabinet level, interministerial level and health sector/MOH level***

## 12.1.2 Interview Guide for Actors in the Ministry of Health

*Title: Coordination of MSA for Health in Uganda: Mechanisms, Actor Experiences, Motivations and Implications for Policy and Practice*

**INTERVIEW CODE: ……………………**

### A. DEMOGRAPHICS:

1. Organisational Affiliation:
2. Sector:
3. What job title do you hold?          ………………………………………...
4. For how long have you been working in this position […………….] Years
5. How many completed years working in government […………….] Years

### B. INTRODUCTION

6. What is the mandate of your <MDA> in general?
7. What do you understand by the term coordination? In your job, on a typical day, what constitutes coordination? In your area of work, what constitutes coordination?
8. What is the mandate of <your MDA> with respect to coordination among MDAs at the central government level?
9. Which MDAs do you coordinate with when discharging your duties? What kinds of transactions or exchanges do you make with such MDAs?
10. What are some of the experiences of coordination between <your MDA> and other government MDAs that you can share?
    a. What works or not, and why?
    b. What do you find easy, how and why?
    c. What do you find challenging, how and why?
    d. What factors internal to <your MDA> support or constrain coordination with other MDAs, and how?
    e. What factors external to <your MDA> make coordination with other MDAs easy or challenging, and how?
11. How familiar are you with overall coordination at the central government level?
12. Reflecting on the overall coordination at the central government level,
    a. What works or not, and why?
    b. What do you find easy, how and why?
    c. What do you find challenging, how and why?

d. What factors internal to government make overall coordination among government MDAs easy, and how?

e. What factors internal to government make overall coordination among government MDAs challenging, and how?

f. What factors external to the government make overall coordination among government MDAs easy, and how?

g. What factors external to government make overall coordination among government MDAs challenging, and how?

## C. DRIVERS & MOTIVATIONS OF CENTRAL GOVERNMENT ORGANISATIONS TO COORDINATE OR NOT

13. What would happen if coordination is not there? What would you miss/ What is the value addition of coordination? Does coordination make a difference?

14. To what extent are the following objectives being pursued through coordination among MDAs

    a) Create a greater coherence between policies, implementation or management.

    b) Reduction of redundancy and contradictions within and between policies of different sectors/ministries

    c) Reductions in redundancy and contradictions between policy documents and implementation

    d) Establishment of the needs or priorities for coordinated action

    e) Framing issues for joint action

    f) Alignment to global or regional expectations

15. What problems or solutions are you working on that require coordination with other MDAs? *Probe*: What are these priority sectors/MDAs, and why them?

16. In your opinion, what are the main reasons and motivations for one MDA to coordinate with other MDAs? *Probe about:*

    - **Necessity**: linkages or exchanges with other organizations established in order to meet necessary legal or regulatory requirements, donors or external actors.
    - **Asymmetry:** prompted by the potential to exercise power or control over another organization or its resources.
    - **Reciprocity:** for the purpose of pursuing common or mutually beneficial goals or interests.

- **Efficiency:** Internal considerations for immediate or potential improvements in efficiency and costs of internally producing the results or outsourcing them.
- **Stability**: relationships established and managed to absorb uncertainty in order to achieve stability, predictability, and dependability in their relations with others and in the flow of resources and exchanges
- **Legitimacy**: organizations are pressured to increase their legitimacy in order to appear in agreement with the prevailing norms, rules, beliefs, or expectations of external constituents.

17. What are the usual reasons why government MDAs are hesitant or not willing to coordinate with others? *Probe about*
- Control over resources
- Accountability needs; no repercussions
- Different priorities
- Effectiveness of coordination arrangements
- Costs of coordination-time time-consuming and resource intensive.

## D. COORDINATION INSTRUMENTS AND MECHANISMS

## I. <u>Coordination instruments within central government in general</u>

Coordination instruments are understood as formal or informal arrangements (activities, structures, strategies and procedures) to bring actions of different sectors (ministries, departments and agencies) into harmony and ensure coherence within and between policies and practices. Coordination instruments are required to align public organisations to crosscutting policy goals.

### a. *Locus of coordination efforts*

For questions 18 &19, explore the reasons for the responses given.

18. In what ways is coordination a **requirement** in the following areas of your work?
   b) Policy development, b) Planning, c) Budgeting, d) Program design, e) implementation of interventions and f) Evidence generation
19. What are your experiences of coordination during each of the above processes?

### b. *Coordination structures & tools*

**Note: Reflecting on coordination mechanisms at the central government level, ask about the use of the following structures and tools as means to achieve coordination.**

20. In what ways are the following coordination structures and tools applicable to your work? Elaborate on your answer. **How do these work in practice? Provide specific examples of such structures/tools as applicable.**

a) Cabinet secretariat/Cabinet committees.

b) Parliamentary Committees

c) Ministries with special focus, e.g. elderly or geographical reason

d) Permanent Interministerial committees

e) Adhoc Interministerial committees /taskforces

f) Technical working groups

g) Contracts between MDAs

h) Memoranda of Understanding between MDAs

i) National Vision and development plans

j) Sector/MDA development plans

k) Policy documents, circulars or guidelines (policy frameworks)

l) Issue specific Joint/multisectoral plans


### e. *Process mechanisms*

21. In what ways are the following coordination processes applicable to your work? Elaborate on your answer. **How do these work in practice? Provide specific examples as applicable.**

f) Joint/multisectoral planning

g) Joint Budgeting

h) Joint Monitoring & evaluation

i) Regulatory reviews

j) Mergers

22. With respect to the coordination strategies above?

   a. What strategies do you think are effective, how and why?

   b. What strategies do you find easy to implement, how and why?

   c. What strategies do you find challenging to employ, how and why?

## I. Issues that require multisectoral coordination

23. In relation to advancing the good health and well-being of Ugandans, mention any 5 (cross-cutting) areas/issues that require the MOH/health sector to coordinate its work with <your or other MDAs >?

   *List all areas/issues mentioned.*

   a. _____

   b. _____

   c. _____

d. _____

e. _____

*24.* What are the other sectors/MDAs that the health sector needs to coordinate with in respect to achieving its goals and mandate, and why these sectors/MDAs? ***Probe for ways in which other MDAs/sectors contribute to the good health and well-being of Ugandans.***

## E. INCENTIVES TO COORDINATE WITH THE HEALTH SECTOR/MOH

25. In your view, what are the factors or issues that make coordination with the MOH/health sector easy or difficult and how? ***Probe for factors or issues internal and external to the MOH/health sector.***

   ***Explore the following examples.***

   a. Variations in resources to different MDAs

   b. Use of different professional language.

   c. A positive experience of collaboration.

   d. A key figure who can forge a relationship.

   e. Existence of common interest and shared understanding.

   f. Clarity on how one's sector can contribute.

   g. Presence of coordination structures

   h. Framing of the problems.

   i. Support of top management.

   j. Presence of supportive legal-institutional frameworks.

## F. RECOMMENDATIONS

26. In What way can coordination of government action be improved to advance the good health and well-being of Ugandans? ***Probe for actions and strategies at the Cabinet level, interministerial level and health sector/MOH level***

### *12.1.3 Interview Guide For non-state actors in the health sector*

*Title: Coordination of MSA for Health in Uganda: Mechanisms, Actor Experiences, Motivations and Implications for Policy and Practice*

**INTERVIEW CODE:……………………**

**A. DEMOGRAPHICS:**

1. Organisational Affiliation:
2. Sector:
3. What job title do you hold?          …………………………………………...
4. For how long have you been working in this position […………….…] Years
5. Any experience working in government? Yes or no

   If yes, how many completed years working in government [………………] Years

**B. INTRODUCTION**

6. What is the mandate of the health sector in general and <your organisation> in particular?
7. What do you understand by the term coordination? In your job, on a typical day, what constitutes coordination? In your area of work, what constitutes coordination?
8. Which MDAs do you coordinate when discharging your duties? What kinds of transactions or exchanges do you make with such MDAs?
9. What are some of the experiences of coordination between <your organisation> and other government MDAs that you can share?
   a. What works or not, and why?
   b. What do you find easy, how and why?
   c. What do you find challenging, how and why?
   d. What factors internal to <your MDA> support or constrain coordination with other MDAs, and how?
   e. What factors external to <your MDA> make coordination with other MDAs easy or challenging, and how?
10. How familiar are you with overall coordination at the central government level?
11. Reflecting on the overall coordination at the central government level,
    a. What works or not, and why?
    b. What do you find easy, how and why?
    c. What do you find challenging, how and why?

d. What factors internal to government make overall coordination among government MDAs easy, and how?

e. What factors internal to government make overall coordination among government MDAs challenging, and how?

f. What factors external to the government make overall coordination among government MDAs easy, and how?

g. What factors external to government make overall coordination among government MDAs challenging, and how?

## C. DRIVERS & MOTIVATIONS OF CENTRAL GOVERNMENT ORGANISATIONS TO COORDINATE OR NOT

12. What would happen if coordination is not there? What would you miss/ What is the value addition of coordination? Does coordination make a difference?

13. To what extent are the following objectives being pursued through coordination among MDAs To what extent are the following objectives being pursued through coordination among MDAs

   a) Create a greater coherence between policies, implementation or management.

   b) Reduction of redundancy and contradictions within and between policies of different sectors/ministries

   c) Reductions in redundancy and contradictions between policy documents and implementation

   d) Establishment of the needs or priorities for coordinated action

   e) Framing issues for joint action

   f) Alignment to global or regional expectations

14. What problems or solutions are you working on that require coordination with other MDAs? *Probe*: What are these priority sectors/MDAs, and why them?

*15.* In your opinion, what are the main reasons and motivations for one MDA to coordinate with other MDAs? *Probe about:*

   • **Necessity**: linkages or exchanges with other organizations established in order to meet necessary legal or regulatory requirements, donors or external actors.

   • **Asymmetry:** prompted by the potential to exercise power or control over another organization or its resources.

- **Reciprocity:** for the purpose of pursuing common or mutually beneficial goals or interests.
- **Efficiency:** Internal considerations for immediate or potential improvements in efficiency and costs of internally producing the results or outsourcing them.
- **Stability**: relationships established and managed to absorb uncertainty in order to achieve stability, predictability, and dependability in their relations with others and in the flow of resources and exchanges
- **Legitimacy**: organizations are pressured to increase their legitimacy in order to appear in agreement with the prevailing norms, rules, beliefs, or expectations of external constituents.

16. What are the usual reasons why government MDAs are hesitant or not willing to coordinate with others? *Probe about*
- Control over resources
- Accountability needs -no repercussions
- Different priorities
- Effectiveness of coordination arrangements
- Costs of coordination-time time-consuming and resource intensive.

## D.  COORDINATION INSTRUMENTS AND MECHANISMS

### IV.   Coordination instruments within central government in general

Coordination instruments are understood as formal or informal arrangements (activities, structures, strategies and procedures) to bring actions of different sectors (ministries, departments and agencies) into harmony and ensure coherence within and between policies and practices. Coordination instruments are required to align public organisations to crosscutting policy goals.

#### a.  *Locus of coordination efforts*

For questions 18 &19, explore the reasons for the responses given.

17. In what ways is coordination a **requirement** for the following areas of government work?

c) Policy development, b) Planning, c)  Budgeting, d) Program        design,        e) implementation of interventions and f) Evidence generation

18. What are your experiences of coordination during each of the above processes?

#### a.  *Coordination structures & tools*

**Note: Reflecting on coordination instruments at the central government level, ask about the use of the following structures and tools as a means to achieve coordination.**

19. In what ways are the following coordination structures and tools applicable to government work? Elaborate on your answer. **How do these work in practice? Provide specific examples of such structures/tools as applicable.**

> a) Cabinet secretariat/Cabinet committees.
>
> b) Parliamentary Committees
>
> c) Ministries with special focus, e.g. elderly or geographical reason
>
> d) Permanent Interministerial committees
>
> e) Adhoc Interministerial committees /taskforces
>
> f) Technical working groups
>
> g) Contracts between MDAs
>
> h) Memoranda of Understanding between MDAs
>
> i) National Vision and development plans
>
> j) Sector/MDA development plans
>
> k) Policy documents, circulars or guidelines (policy frameworks)
>
> l) Issue specific Joint/multisectoral plans
>
> ### b. *Process mechanisms*

20. In what ways are the following coordination processes applicable to government work? Elaborate on your answer. **How do these work in practice? Provide specific examples as applicable.**

a) Joint/multisectoral planning

b) Joint Budgeting

c) Joint Monitoring & evaluation

d) Regulatory reviews

e) Mergers

21. With respect to the coordination strategies above?

> a. What strategies do you think are effective, how and why?
>
> b. What strategies do you find easy to implement, how and why?
>
> c. What strategies do you find challenging to employ, how and why?

## V.   Coordination (instruments) between the health sector and other sectors/MDAs

22. From where you stand, what problems or solutions require you to work on or are you working on in coordination with MOH? **Probe**
    *a.* How closely do you coordinate with MOH in the conduct of your duty?

Note: Reflecting on coordination mechanisms at the central government level, ask about the use of the following structures and tools as a means to achieve coordination between other MDAs and MOH.

*a.* *Coordination structures & tools*

23. In what ways are the following coordination structures and tools applicable to **coordination between other MDAs and MOH**? Elaborate on your answer. **How do these work in practice? Provide specific examples of such structures/tools as applicable.**

   a) Cabinet secretariat/Cabinet committees.

   b) Parliamentary Committees

   c) Ministries with special focus, e.g. elderly or geographical reason

   d) Permanent Interministerial committees

   e) Adhoc Interministerial committees /taskforces

   f) Technical working groups

   g) Contracts between MDAs

   h) Memoranda of Understanding between MDAs

   i) National Vision and development plans

   j) Sector/MDA development plans

   k) Policy documents, circulars or guidelines (policy frameworks)

   l) Issue specific Joint/multisectoral plans

   *c.* *Process mechanisms*

24. In what ways are the following coordination processes applicable to the **coordination between other MDAs and MOH**? Elaborate on your answer. **How do these work in practice? Provide specific examples as applicable.**

   a) Joint/multisectoral planning

   b) Joint Budgeting

   c) Joint Monitoring & evaluation

   d) Regulatory reviews

   e) Mergers

25. With respect to the coordination strategies above?

   d. What strategies do you think are effective, how and why?

   e. What strategies do you find easy to implement, how and why?

   f. What strategies do you find challenging to employ, how and why?

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26. Are there any examples of coordination strategies or arrangements that have demonstrated lessons over time for Uganda to learn from?

**VI.** **Issues that require multisectoral coordination**

27. In relation to advancing the good health and well-being of Ugandans, mention any 5 (cross-cutting) areas/issues that require the MOH/health sector to coordinate its work with other MDAs.

       *List all areas/issues mentioned.*

       a. _____

       b. _____

       c. _____

       d. _____

       e. _____

*28.* What are the other sectors/MDAs that the health sector needs to coordinate with in respect to achieving its goals and mandate, and why these sectors/MDAs? *Probe for ways in which other MDAs/sectors contribute to the good health and well-being of Ugandans.*

**E. INCENTIVES TO COORDINATE WITH THE HEALTH SECTOR/MOH**

29. In your view, what are the factors or issues that make coordination with the MOH/health sector easy or difficult and how? *Probe for factors or issues internal and external to the MOH/health sector.*

       *Explore the following examples.*

       k. Variations in resources to different MDAs

       l. Use of different professional language.

       m. A positive experience of collaboration.

       n. A key figure who can forge a relationship.

       o. Existence of common interest and shared understanding.

       p. Clarity on how one's sector can contribute.

       q. Presence of coordination structures

       r. Framing of the problems.

       s. Support of top management.

       t. Presence of supportive legal-institutional frameworks.

## F. RECOMMENDATIONS

*30.* In What way can coordination of government action be improved to advance the good health and well-being of Ugandans? ***Probe for actions and strategies at the Cabinet level, interministerial level and health sector/MOH level***

## 12.2 Coding framework for interviews

| Code group | Code | Definition/Comments |
|---|---|---|
| Definition of Coordination | Definition of Coordination | What coordination means in daily work |
| Coordination context | External Government | Factors beyond national government at supranational and subnational levels, e.g. transitional influences, donor dependency, non-state actors |
| | Internal government | Factors within the general Internal government context, e.g. political, economic, and bureaucratic setup |
| | Internal MDA context | Factors within specific ministries, departments and agencies. Could be positive or negative |
| General Coordination experiences | What is being done? | Nature of coordination practice, e.g. constituent coordination activities, i.e. information exchange, resource sharing and joint action |
| | What works or is easy | Positive experiences of coordination in government |
| | Coordination challenges | Problems faced working with other sectors (refer to the MTF). Why coordination is slow. Why is it difficult? What is missing? What is the consequence of the gaps? |
| Coordination Instruments | Coordination Process | Non-structural/ management processes that entail coordination at the national level. Highlight locus, requirement, and application. |
| | Coordination structures | Bodies and structures with coordination responsibilities or serve as platforms for alignment of organisation actions. Highlight locus, requirement, and application. |
| Demographics | Completed years working in government. | Duration in government |
| | Duration | Total professional experience |
| | Title | Current job title |
| Coordination between H/S & other Sectors | Coordination Mechanisms for MOH | Structures and processes that involve MOH or the health sector. These are internal to the health sector. |
| | Experiences coordinating with MOH(Easy) | Instances and factors that facilitate coordination between non-health MDAs or with MOH. Specific focus on the health sector. |
| | Experiences coordinating with MOH (Difficult) | Factors that made coordination between non-health MDAs and MOH challenging. Focus on issues specific to the health sector. |
| | Issues requiring multi-sectoral coordination | Conditions/programs/policy issues that would benefit from MOH coordinating with other sectors |
| Mandate | Mandate | Constitutional and statutory responsibility of an organisation in regard to coordination or contribution to government |
| Drivers/reason/ Motivations for Coordination | Current issues/ problems requiring coordination. | What problem is coordination attempting to solve, and what objectives drive coordination? What is the added value or advantage of coordination within government? |
| | Efficiency | Consideration of the cost-benefit assessment of coordination. Improvements in efficiency or costs related to internally producing or outsourcing results |

| Code group | Code | Definition/Comments |
|---|---|---|
| | Legitimacy | Pressured to increase legitimacy to appear in agreement with prevailing norms, rules, beliefs or expectations of external actors. |
| | Necessity | Mandate or required coordination. Linkages and exchanges with other organisations are established to meet the legal or regulatory requirements of powerful actors such as hierarchically superior government bodies or donors. |
| | Asymmetry | Prompted by the potential to exercise power or control over another organisation or its resources. |
| | Reciprocity | Pursuit of common or mutually beneficial goals or interests. |
| | Stability | relationship established/managed to absorb uncertainty and achieve stability, predictability and expandability in the relations with others or flow of resources or exchange |
| Recommendations | Recommendations | How coordination can be strengthened. How barriers can be overcome. What needs to be done differently? |

## 12.3 Ethical clearances

### 12.3.1 Clearance from Makerere University Higher Degrees and Ethics Committee

**MAKERERE**

P.O. Box 7072 Kampala Uganda
Website: www.musph.ac.ug

**UNIVERSITY**

Tel: 256  414 532207/543872/543437
Fax: 256 414 531807

**COLLEGE OF HEALTH SCIENCES**
**SCHOOL OF PUBLIC HEALTH**
*HIGHER DEGREES, RESEARCH AND ETHICS COMMITTEE*

12th September, 2019

Aloysius Ssennyonjo, MBChB (Mak), MSc. (UoE), PGDM&E (UMI), AMRSPH
PhD student (Principal Investigator),
Institute of Tropical Medicine (ITM), University of Antwerp

**RE:APPROVAL OF A PHD RESEARCH STUDY TITLED: COORDINATION OF MULTISECTORAL ACTION FOR HEALTH IN UGANDA: MECHANISMS, ACTOR EXPERIENCES, MOTIVATIONS AND IMPLICATIONS FOR POLICY AND PRACTICE**

This is to inform you that the Makerere University, School of Public Health – Higher Degrees, Research and Ethics Committee (HDREC) reviewed the above referenced PhD study during a meeting held on 30th July, 2019, and provided comments and suggestions which you adequately incorporated.

This is to inform that the MakSPH HDREC has granted ethical approval to your study. Please note that the initial approval date for your proposal by HDREC is 12th/09/2019, and approval expires at every annual anniversary of this approval date. The current approval is therefore valid until: **11th/09/2020**.

Continued approval is conditional upon your compliance with the following requirements:

1) No other consent form(s), questionnaire and/or advertisement documents should be used. The consent form(s) must be signed by each subject prior to initiation of any protocol procedures. In addition, each subject must be given a copy of the signed consent form.

2) All protocol amendments and changes to other approved documents must be submitted to HDREC and not be implemented until approved by HDREC except where necessary to eliminate apparent immediate hazards to the study subjects.

3) Significant changes to the study site and significant deviations from the research protocol and all unanticipated problems that may involve risks or affect the safety or welfare of subjects or others, or that may affect the integrity of the research must be promptly reported to HDREC.

4) All deaths, life threatening problems or serious or unexpected adverse events, *whether related to the study or not,* must be reported to HDREC in a timely manner as specified in the National Guidelines for Research Involving Humans as Research Participants.

1
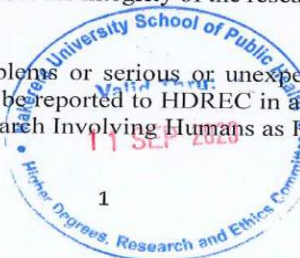
- Please complete and submit reports to HDREC as follows:
a) For renewal of approval the study – complete and return the continuing Review Report – Renewal Request (Form 404A) at least 60 days prior to the expiration of the approval period. The study cannot continue until re-approved by HDREC.
b) Completion, termination, or if not renewing the project – send a final report within 90 days upon completion of the study.

- Finally, the legal requirement in Uganda is that all research activities must be registered with the National Council of Science and Technology. The forms for this registration can be obtained from their website www.uncst.go.ug.

Yours sincerely

Valid Thru:

1 1 SEP 2020

Dr. John Ssempebwa

**Ag. Chairman: Higher Degrees, Research and Ethics Committee**

**Enclosures:**
a) A stamped, approved study documents (informed consent documents):

## 12.3.2 Clearance from Uganda National Council of Science and Technology

**Uganda National Council for Science and Technology**

*(Established by Act of Parliament of the Republic of Uganda)*

**UNCST**

Our Ref: SS 5111                                        11th November 2019

Dr. Aloysius Ssennyonjo
Principal Investigator
Makerere University School of Public Health
**Kampala**

Dear Dr. Ssennyonjo,

**Re: Research Approval: Coordination of Multisectoral Action for Health in Uganda:
Mechanisms, Actor Experiences, Motivations and Motivations and
Implications for Policy and Practice**

I am pleased to inform you that on **31/10/2019**, the Uganda National Council for Science and Technology (UNCST) approved the above referenced research project. The Approval of the research project is for the period of **31/10/2019** to **31/10/2021**.

Your research registration number with the UNCST is **SS 5111**. Please, cite this number in all your future correspondences with UNCST in respect of the above research project.

As Principal Investigator of the research project, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the research protocol or the consent form (where applicable) must be submitted to the designated Research Ethics Committee (REC) or Lead Agency for re-review and approval **prior** to the activation of the changes. UNCST must be notified of the approved changes within five working days.
3. For clinical trials, all serious adverse events must be reported promptly to the designated local IRC for review with copies to the National Drug Authority.
4. Unanticipated problems involving risks to research subjects/participants or other must be reported promptly to the UNCST. New information that becomes available which could change the risk/benefit ratio must be submitted promptly for UNCST notification after review by the REC.
5. Only approved study procedures are to be implemented. The UNCST may conduct impromptu audits of all study records.

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**LOCATION/CORRESPONDENCE**

Plot 6 Kimera Road, Ntinda
P.O.Box 6884
KAMPALA, UGANDA

**COMMUNICATION**

TEL: (256) 414 705500
FAX: (256) 414-234579
EMAIL: info@uncst.go.ug
WEBSITE: http://www.uncst.go.ug

6. An annual progress report and approval letter of continuation from the REC must be submitted electronically to UNCST. Failure to do so may result in termination of the research project.

**Below is a list of documents approved with this application:**

| | Document Title | Language | Version | Version Date |
|---|---|---|---|---|
| 1. | Research proposal | English | 1.0 | September 2019 |
| 2. | Document listing tool | English | 1.0 | September 2019 |
| 3. | Interview guides | English | 3.0 | September 2019 |
| 4. | Document review guides | English | 3.0 | September 2019 |
| 5. | Research participant information sheets | English | 3.0 | September 2019 |
| 6. | Informed consent forms | English | 3.0 | September 2019 |

Yours sincerely,

Isaac Makhuwa
For: Executive Secretary
**UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY**

Copied to: Chair, Makerere University School of Public Health, Research Ethic Committee

**LOCATION/CORRESPONDENCE**

*Plot 6 Kimera Road, Ntinda*
*P.O.Box 6884*
*KAMPALA, UGANDA*

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**WEBSITE: http://www.uncst.go.ug**

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## 12.3.3 Clearance by ITM Institutional Review Board



**Institutional Review Board**

**Dr. Sara Van Belle / Aloysius Ssennyonjo**
**Department of Public Health**

| IRB/AB/AC/137 | OUR REF. | ATTACHMENT(S) | ANTWERP |
|---|---|---|---|
| | 1320/19 | | 2/07/2019 |

**Concerns: Coordination of Multisectoral Action for Health in Uganda: Mechanisms, Actor Experiences, Motivations and Implications for Policy and Practice; version 1, dated 04/06/2019**

Dear Colleague,

I am pleased to inform you that after review by the Chairperson, the above mentioned protocol has been approved.

We wish to remind you of the following important aspects:

- It is the researchers' responsibility to secure ethics approval in the study country(ies) as required by local regulations, before any study-related activities are started.

- The IRB (+ EC UZA when applicable) should receive a yearly update report to the IRB at the latest one year after the approval date, and an end-of-study report.

- In case you have any questions about data protection or the GDPR, please contact ITMs Data Protection Officer via informatieveiligheid@itg.be.

- Research studies prospectively involving human participants should be registered in one of the WHO-accepted primary registers (e.g. www.clinicaltrials.gov).

Kind regards,

Dr. Raffaella Ravinetto

**Chairperson Institutional Review Board**

# 12.4 Informed consent document

## 12.4.1 Research Participant Information Sheet

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*Coordination of Multisectoral Action for Health in Uganda*

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Principal Investigator (PI):Dr Aloysius Ssennyonjo
Organization: Institute of Development Policy, University of Antwerp & Makerere University School of Public Health
Sponsor: Institute of Tropical Medicine, Antwerp, Belgium.
Funder: Directorate General for Development (DGD).

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You are invited to take part in a PhD research study titled: "***Coordination of Multisectoral Action for Health in Uganda: Mechanisms, Actor Experiences, Motivations and Implications for Policy and Practice***". Before you decide to be part of this study, it is important that you understand the information in this form. In this information and consent form, the purpose, possible benefits and risks related to this study are explained to you. The right to stop your participation in the study at any time is also described below. You have the right to ask questions at any time, for example, about the possible benefits and possible risks related to this study. Your participation is completely voluntary.

### PURPOSE AND DESCRIPTION OF THE STUDY

This research study is done to learn more about the coordination mechanisms that exist to manage interdependencies between different sectors of government, promote coherence of government action in general, and advance health objectives in Uganda. Coordination can be considered as both a process of bringing together decisions and a consequence of that process. This study considers coordination as a process and focuses on the strategies and tools used by governments to coordinate public sector organisations and programmes. For this study, coordination is defined as the extent to which an organisation endeavours to ensure that its actions take into consideration the activities of other organisations.

We want to explore how and why actors in the MoH coordinate (or do not coordinate) with actors in different government ministries, departments, and agencies (MDAs) to advance health objectives. We also want to use several scientific perspectives to explain the coordination phenomena in Uganda.

In this study, around 55 participants will take part across different MDAs and key non-state actors that support development work in Uganda. You are invited to the interview as a key actor with vast experience of engagement in and currently performing a critical role related to public sector management at the central government level in Uganda. It is anticipated that from your experience, you will provide a rich perspective on the different coordination mechanisms across levels of central government architecture and time.

### HOW THE STUDY IS DONE

During the interview, I will ask questions from the prepared list and also some that may arise from your responses. The information will be recorded on a digital recorder for accurate transcription later. If you do not agree to be recorded, then written notes will be taken. You can also request that the tape recorder be switched off when answering a particular question. Only the core research team members will have access to the information recorded and transcribed. The tape recorder and other materials will be reviewed to make them anonymous before analysis. All research materials will be kept in a secure place under the custodianship of the PI. The study findings will be shared with you and other stakeholders at a dissemination workshop that is planned at the end of the study.

## RISKS AND INCONVENIENCES

You will be answering from your professional capacity. We note that a breach of confidentiality would generate potential risks to the participants, such as damaging interpersonal and interorganisational relationships. Mitigation measures will include strict adherence to privacy and confidentiality practices described above. We shall ensure that broad descriptors of categories of actors are used when presenting respondents' answers to avoid giving away an individual's identity. An individual's answer will not be shared with their supervisors or colleagues.

## BENEFITS

There are no direct benefits for you as an individual study participant, and no direct compensation is envisaged from participating in the study. However, your participation will lead to organisational and societal benefits as your information will inform efforts to enhance the coordination of multisectoral action for health in Uganda. This study envisages contributing to the development of approaches fit for the Ugandan context to leverage multisectoral coordination for the optimal attainment of health objectives. It will generate evidence on what actions to avoid or undertake, the systems to build and reforms to consider.

## PRIVACY AND DATA PROTECTION

We will do everything we can to protect your privacy. Information about you will be treated as strictly confidential. The information will be stored in an electronic database and identified by a code and not by your name. The documents where your name is mentioned will not be shared with anyone except the study researchers and a few other people who have to keep it confidential, such as representatives of the Institute of Tropical Medicine. By signing this informed consent form, you agree with this access to these records. The findings of the study will be published in scientific journals, and *anonymized* data can be shared in an international database or with other researchers for future research. Your name will not appear in any database, report or publication resulting from this study.

## ETHICS COMMITTEE

This study has been submitted for formal review and approval to the Institutional Review Board of the ITM, the Higher Degrees Ethics and Research Committee (HDREC) at MakSPH and the Uganda National Council of Science and Technology. No participants will be interviewed or participate in participant-related activities performed before written approval from these bodies is obtained.

Clearance will be sought from relevant administrative offices of different agencies, such as permanent secretaries of various ministries, directors of directorates or heads of departments, etc. Consent will be obtained from study respondents. Confidentiality and privacy will be upheld during all phases of the study. These Ethics Committees also perform ongoing reviews of the study to make sure it is carried out in the safest way possible.

## VOLUNTARY PARTICIPATION

Your participation in this study is entirely voluntary. Your participation will have no bearing on your job or any work-related evaluations or reports. It is your choice whether you want to take part in it or not. You are free to stop at any time during the interview or to decline to respond to some questions you do not wish to answer.

## CONTACT PERSON IN CASE OF QUESTIONS

If you have any questions concerning your participation in this study, your rights or if you think you have been harmed as a result of the study, you can contact the following now, during, or after the study:

Dr Aloysius. Ssennyonjo at Makerere University School of Public Health. He can be reached at Tel: +256772447787/ ssennyonjo@musph.ac.ug

If you have questions about your rights as a study participant or you feel you have not been treated fairly or any other concerns regarding the conduct of this research, please feel free to contact the Ethical Clearance committees on the following details directly:

- The chairperson, Higher Degrees, Research and Ethics Committee, Makerere University School of Public Health; Mulago Hospital Complex, P.o Box 7072, Kampala. Tel: +256393291397, Email: skiwanuka@musph.ac.ug

- Uganda National Council for Science and Technology, Plot 6, Kimera Road, Ntinda Kimera Rd, Kampala P.O. Box 6884, Kampala, Uganda Phone: +256 41 4750500.

### 12.4.2 Informed Consent Form

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**Study on Coordination of Multisectoral action for health in Uganda**

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**Part which is destined only to the participant.**

I have been informed about the study and a copy of the research participant information sheet and the Informed Consent Form was given to me. The study was explained to me in an understandable way and with sufficient information. There was enough time to consider the information and to ask questions, to which I have received satisfying answers.

I freely consent to participate in this study and that I will cooperate accordingly. If I ever want to stop participation, even after signing the informed consent, I know I can do so.

To be completed by the

participant Date: __/ _____/

_____

Name        of        participant:

---

To be completed by the person obtaining the informed consent

I, undersigned, .............................................................confirm that I have informed the

participant about all the relevant aspects of this study. I confirm that he/she has consented voluntarily to participate in the study.

Date: ___/ _____/ _____


Signature: ……………………………

---

When complete: 1 copy for the participant, one copy for the research team?