

SYSTEMATIC REVIEW

Uncovering the Dynamics of Collaborative Governance in Health Program Implementation: A Scoping Review

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ABSTRACT

Introduction: Collaborative governance is the method and structure of public approach decision-making and management. The effectiveness of collaboration depends on the context, and the power developed through transformative processes and participatory decision-making. **Aims:** This paper reports maps the role, influence, challenges, opportunities and modification models of collaborative governance in health program implementation. **Design:** The systematic review, a scoping review study design. **Data Source:** Database-selected publications were identified from Scopus, Google Scholar, Pubmed, Semantic Scholar, and Science Direct in 13-20 of March, 2024. **Review Methods:** Guided by the six steps of Levac et al. (2010) scoping review guidelines. The steps are; (1) Formulating a research question; (2) Identifying relevant studies from established databases; (3) Article selection using PRISMA-ScR checklist; (4) Mapping the data and assessing the quality of individual studies using JBI Critical Appraisal Checklist; (5) dan (6) Collection, summary and expert consultation. Data was analysed through conceptual content analysis. **Results:** The process of collaborative governance requires multi-organizational networks across sectors (government, private sector, civil society). Activities that occur in collaborative governance are making joint agreements, joint decisions, achieving consensus, creating and developing norms. Important key factors are needed for a binding policy so that collaboration can be sustainable. Other key factors are trust and partnership. Several important factors namely network managers, accountability, grantee role, procedural legitimacy, policy, and citizen participation. **Conclusion:** Collaborative governance can lead to innovation, improved operational efficiency, increased public participation, and improved quality and accessibility. **Impact:** Significant impact on the process of developing science. *Malaysian Journal of Medicine and Health Sciences* (2025) 21(SUPP7): 210-219. doi:10.47836/mjmhs.21.s7.25

Keywords: Collaborative governance, Dynamics of collaboration, Health program, Implementation, Multi-organizational networks

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INTRODUCTION

Collaborative governance can be characterized as a way of governing that specifically includes stakeholders outside the government, arranged toward agreement and consideration in a collective decision-making process. The goal of collaborative governance is to create or implement public policies and programs that have the purpose of addressing national problems and carrying out public goals that cannot be achieved by other means (1). In spite of the fact that collaborative governance is broadly discussed in the literature as a promising

approach to solving public problems that cannot be unraveled by a single substance, challenges such as power battles, misunderstanding, and contradictory goals seem to be frequent and apparent during the collaboration process (2). There are few illustrations of collaboration governance aimed at improving health and well-being potraying within the literature. For case, within the UK, the National Health Service (NHS) states that collaborative clinical systems are responsible for some critical wellbeing improvements. Another illustrations could be a region-based program within the Netherlands, where collaborative governance was used as a procedure to address health inequalities (3).

BACKGROUND AND AIMS

The effectiveness of collaboration is setting subordinate.

It depends on possibility components such as organizational structure, size of organization and performance (4). The perfect configuration model for interorganizational collaboration in healthcare remains undetermined, as there's no prove to support a one-size-fits-all approach. Few health network configurations are created through transformative processes and participatory decision-making, which advantage from bottom-up activities and long-term ownership from partners (5). It also requires effective management and visionary, distributed leadership combined with power distribution and data sharing, close observing, timely problem solving, performance observing and progressed communication streams (6).

Research into the practical components and determinants of healthcare collaboration remains uncertain. Hence, it remains not clear which configurational causation leads to viable collaboration (7). In spite of the developing interest of academics and practitioners in healthcare systems, there's still a need of prove on the enablers and facilitators of inter-organizational collaboration in healthcare systems within the field of Health Policy and Systems Research. Therefore, the question of how to encourage inter-organizational collaboration in healthcare networks remains unanswered. To address this information gap, this scoping review points to synthesize prove on the fundamental collaborative processes and relevant enablers and facilitators of viable inter-organizational collaboration in healthcare systems. This scoping review will give a few lessons for policymakers to address the gap that exists between the health policy process and genuine health service delivery.

DESIGN

This review was conducted in 2024. To answer the research questions and objectives, a scoping review study design was chosen as it allows for rapid collection of literature in a particular area to identify key concepts and research gaps. This scoping review was conducted by following a directed content analysis approach of studies drawn from various sources. The protocol used for this research follows Levac et al. (8) six stages framework. After an initial exploration of the published literature, the following research questions were identified:

- a. How do collaborative governance dynamics affect health program implementation?
- b. What are the key factors that shape collaboration in governance structures that influence successful health program implementation?
- c. Who are the stakeholders involved in health program governance?

- d. How do these stakeholders interact and share responsibilities and make decisions?
- e. What are the challenges and opportunities related with collaborative governance in health programs?
- f. How do different collaborative models impact program implementation?

SEARCH METHODS

Database-selected publications were identified from Scopus, Google Scholar, Pubmed, Semantic Scholar, and Science Direct. Eligibility criteria include published studies of various designs, English language, regions, and timeframes including commentaries and abstracts. All types of reviews are excluded. The inclusion and exclusion criteria in this study are shown in Table I.

The search instrument used in this scoping review is the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-ScR) (9). The first screening was carried out by searching for the title and keywords used, namely: "collaborative governance" AND ("community engagement" OR "community participation") OR "collaborative governance" AND ("health program" OR health program implementation"). Table I contains a description of the inclusion and exclusion criteria.

Table I: Research Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Research on the role and factors of collaborative governance in the implementation of health programs in various countries	Literature review or systematic review method and grey literature
<ul style="list-style-type: none"> 1. Scholar and research article 2. English language documents 3. Published in 2014-2023 4. Available in full text 5. Open access 	
Quantitative or qualitative research methods	

SEARCH OUTCOME AND AUDIT TRAIL

We identified 1390 articles in stage 1 of the search. Next, 235 articles were found to match the keywords searched and these were reduced to 33 articles after removing duplicates (see figure 1). After screening the abstracts, 21 articles were found to be relevant to our research questions. However, only 16 articles were suitable after an in-depth reading of the full article. We found that research was evenly distributed across the Americas, Asia, Europe and Africa. Most research were qualitative and data collection was simultaneous, including conducting interviews, focus group discussions, participant observation and document analysis. The PRISMA flowchart tracking progress is shown in Figure 1.

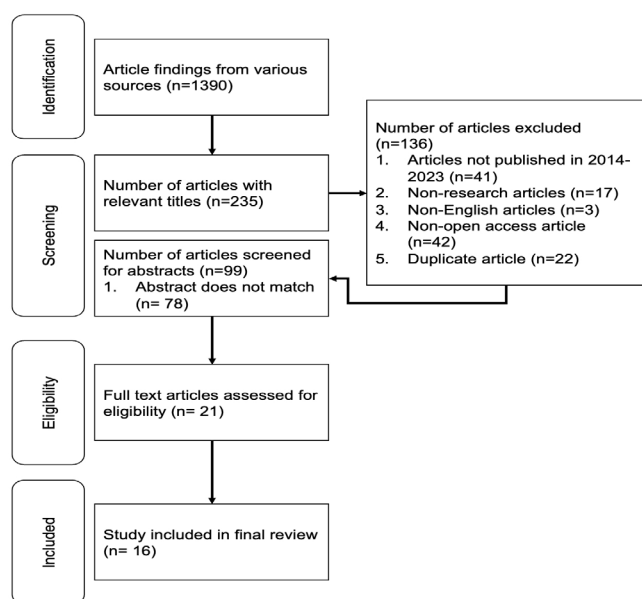


Figure 1: PRISMA Flow Diagram

QUALITY APPRAISAL

PRISMA-ScR guides the collection, interpretation and communication of results. The extracted texts were grouped based on stakeholders, issues discussed, and views expressed. After the initial clustering by C.S. and D.W., methodologists (R.D.W., A.K, and R.A.M) and stakeholders (M.Y. and H.S.) reviewed the data to supply extra input, affirm translations and assessing the quality of the article. The objectives of our research were divided into six broad research with a wide variety of research topics (Table III). A few emphasess were conducted to ensure accuracy and consistency.

The stages in conducting conceptual content analysis are the same as the stages of conducting a scoping review by Levac. Step 1-3 are exactly the same as those carried out by Levac, namely step 1: Develop your research questions; step 2: Choose the content to analyze; and step 3: Identify biases. The difference is in steps 4-6 because it uses coding. In Step 4, the units and categories of coding were defined. This will, for example, be the number of times a concept appears in the content or the treatment of concepts, words, or themes in the content. Then, the set of categories use for coding need to be defined which can be either objective or more conceptual. In Step 5, a coding scheme was developed, continued with organising the units of meaning into defined categories to guide the subsequent analysis. Step 6 involved coding the content, leading to conceptual analysis which aims to identify the number of times a specific concept, idea, word, or phrase appears in the content. In the final step (Step 7) the results were analysed, and conclusions were drawn from the data based on research questions.

DATA ABSTRACTION

Once the list of articles was obtained, the second screening process, i.e. reading the abstract was

conducted, followed by the third screening which was reading the full text. For the second level of screening, two reviewers (C.S, D.W) independently screened titles and keywords, abstracts and full texts based on inclusion criteria. At level three screening, 4 reviewers (C.S, D.W, R.D.W and A.K) independently screened full-text studies, which was performed independently, including a reference list search. Relevant studies were included if a collaborative governance perspective in health programs was described. Any discrepancies in the assessment were resolved by a discussion leading to a consensus.

SYNTHESIS

The initial screening process involved the removal of duplicated publications, identified from title of the article, author's name, and study design. This step was to ensure the inclusion and exclusion criteria was fulfilled. For the qualitative studies, the main theme identified and extracted were the factors determining the implementation of collaborative governance. For the quantitative study, the data extracted include percentages or specific measure of estimates either calculated adjusted odds ratio, relative risk ratio, gamma correlation value, standardized beta coefficient with 95% confidence interval or a p-value of less than 0.05. The data were analyzed and extracted to have the significant factors included. The quality of individual studies was assessed using JBI Critical Appraisal Checklist.

RESULTS

To gather and resume the information, we engaged in an iterative data investigation prepare that include discussions with our Relational Network. First, data were extracted in Covidence by an analyst with pre-designed data developed by our divided team, and checked by others. There are two stages data synthesis to address our research aims (10). We described the study we conducted and identified and cataloged research methods. Then, two analysts conducted an analytical synthesis of the data, and we refined our results through team review and discussion. The reporting of our research results followed the practice of scoping reviews and included narrative mapping and thematic summaries of the extracted data. Table II describes the characteristics of each article reviewed with a total of 16 articles.

It is known that there is an increasing interest from researchers in writing scoping review articles seen in 2022 and 2023 on the topic of Collaborative Governance since the initial publication in 2014 (Table II). The studies were published in a variety of journals, representing a wide range of disciplines, with the journal Biomed Central (37.5%) being the most popular (1,5,11–14). The type of research is dominated by qualitative research using in-depth interviews (93.75%).

Table II: Characteristics of reviewed articles (N=16)

Categories and Characteristics	Article (n,%)
Publication year	
2014	1 (6.25)
2016	2 (12.5)
2017	1 (6.25)
2018	1 (6.25)
2019	2 (12.5)
2020	2 (12.5)
2021	1 (6.25)
2022	3 (18.75)
2023	3 (18.75)
Type of article	
Qualitative	15 (93.75)
Quantitative	1 (6.25)
Research location	
Europe	5 (31.25)
Asia	4 (25)
America	4 (25)
Africa	3 (18.75)
Population group	
Group	7 (43.75)
Individual	9 (56.25)

There are various research methodologies used, 43.75% of researchers use case study, ethnography, grounded theory, content analysis, and realist evaluation research methodologies (1,13,15–19). The other 50% used

qualitative methodologies but did not clearly state which ones. Table III describes the research focus of the included articles.

Table III: Research focus of the included articles

Question Research	Findings and summarise	References
The influence of collaborative governance dynamics on health program implementation	Collaborative governance is changing beneath progressed progressivism. It highlights opportunities and limitations of collaborative governance that are imperative for public policymakers and researchers of social work, social welfare, and behavioral health to understand	19
	The application of collaborative governance did not show significant difference between locations. The real difference is that countries in Europe, America and Africa have implemented community participation in implementing collaborative governance	13,14,18,20
	In Asian countries, the role of the community is not yet in place. Therefore, application of collaborative governance is unfortunately, not maximized	21,22
	Countries in the Americas have provided opportunities for “grantees” or “network managers” as people responsible for facilitating and encouraging multi-stakeholder collaborative activities for collective decision-making and implementation	15,20

CONTINUE

Table III: Research focus of the included articles (CONT.)

Question Research	Findings and summarise	References
Key factors shaping collaboration in governance structures	The integrative systems states that leadership is required to start and set the direction of collaborative governance, incentives, internal interests, motivations, interdependence of the participating institutions, and environment	19
	Physical presence in formal and informal meetings stimulates trust among stakeholders	1
	Face-to-face dialog is central to the method of building trust, mutual respect, shared understanding and commitment to the method	22
	Building trust is an important condition for building solid collaborations	1,14,21
	Partnerships are part of the informal aspect and help contribute to relationships that go beyond the professional	5
	Very important is community involvement, especially in decision-making and supporting implementers in implementing collaborative governance	15,17,23
	The involvement of strong (informal) leaders who motivate and gather all stakeholders, stimulate group empowerment and mediation, and steer projects has a major affect on collaborative governance	1,16
	Goal setting, transparency, appropriate planning policies and strategies, adequate time and financing are also known to be key to successful implementation of collaborative governance	1,12,16,20
Stakeholders involved in health program governance	Commitment and communication are also very important in the implementation of collaborative governance	16,22
	Local NGO, local health authorities, local partners and authorities, private sector, local research institution	5
	The "grantee" or in this case the grantee in the implementation of collaborative governance is one of the determinants and is a stakeholder	20
Stakeholder interaction in sharing responsibilities and making decisions	Communities should also not be forgotten as they also have the right to be involved in decision-making	17,23
	Each of these partners brings certain aptitudes, qualities and therefore has a diverse contribution to the project.	5
Challenges and opportunities associated with collaborative governance in health programs	Each institution understands its role and contribution. Construct a coordination component between institutions that can be utilized to guarantee program integration from planning, implementation, and monitoring.	21
	Initiating leadership give the conditions for collaborative activity in local health systems. Trust and trust building are central to creating shared motivations for collaboration	14,21
	Unavailability of specialized and effective communication forums for strategic supervision and evaluation	18
	Limited budget allocation	5,20
	Limited community involvement	15,17,21,23,24
	Collaboration can trigger innovation in public services and improved operational efficiency	16,19,25,26
	Collaboration between various actors enables better handling of complex issues and problems	11,13,27
	The implementation of collaborative governance often involves increased public participation, which can strengthen the legitimacy of decisions and policies	17,23,28
	Through collaborative governance, balanced and practical partnerships can be created, which are able to represent the interests and views of various stakeholders	12,20
	Collaboration between the public and private sectors can contribute to improving the quality of services provided to society	19,25,26

CONTINUE

Table III: Research focus of the included articles (CONT.)

Question Research	Findings and summarise	References
Different collaborative models impact program implementation	The benefits from collaborative governance can create valuable results for society, particularly in the various stakeholders grasp the related challenges. The Grantee's efforts at the Council may be a likely case of successful collaborative governance for HIV/AIDS care and treatment	20
	The Three Collaborative Governance Practice model in which there are democratic accountability, procedural legitimacy and citizen participation factors in an effort to improve health services to the community	23

DISCUSSION

Collaborative governance that requires stakeholders from the public, private, and non-profit/community sectors to collectively create and or implement has become a viable model for addressing challenging public problems. The involvement of multiple stakeholders from different sectors and collective decision-making and implementation are said to drive robust solutions. The complexity of different public problems in both created and creating countries requires governments to discover inventive ways to address challenges within the context of governance. Be it health, socio-economic, environmental, and law enforcement, these challenges place a huge resource burden on governments (20).

The influence of collaborative governance dynamics on health program implementation

The first research question in this article is whether there is an effect of collaborative governance dynamics on health program implementation. The literature on collaborative governance is largely based on case analysis. This study portrays how collaborative governance is ordinarily used in a limited forum to address sector-specific governance issues, such as land disputes, administrative oversight, school management, and public health partnerships. Collaborative governance can be a useful tool to mitigate key threats. In an article written by Spitzmueller et al. (2020), it is concluded that the Regional Planning Consortiums (RPC) model gives an opportunity to expand collaborative governance hypothesis by using an integrative framework to analyst the substance and interrelationships among its core dimensions. The model also offers an opportunity to reflect on the application of this tool in behavioral health policymaking (19).

The application of collaborative governance did not show significant difference between locations. The real difference is that countries in Europe, America and Africa have implemented community participation in implementing collaborative governance (13,14,18,20). In most Asian countries, community participation has not yet been implemented. Therefore, application of collaborative governance is unfortunately, not maximized (21,22). Countries in the Americas have provided opportunities for “grantees” or “network managers” as people responsible for facilitating and encouraging multi-stakeholder collaborative activities for collective decision-making and implementation

(15,20).

As a concept, collaborative governance is utilized to connect multi-stakeholder engagement in different contexts in relation to the complex. Different conceptual definitions pass on collective decision-making for collective problem-solving. In addition, collaborative governance including these stakeholders permits for collective periodic review of service-related decisions and implementation with alterations made by local-level implementers with inputs from significant stakeholders (20).

Key factors shaping collaboration in governance structures

The second research question in this article is what are the key factors that shape collaboration in governance structures. The integrative systems states that leadership is required to start and set the direction of collaborative governance. The second element that drives the formation of collaborative governance is the presence of additional performance incentives and internal interests and motivations. The third element is the interdependence of the participating institutions. Stakeholders come to collaborative governance with diverse interface and must discover esteem in a shared decision-making forum. The fourth element that drives collaborative governance is the uncertainty of the conditions and environment in which a problem must be solved (19).

Another key factor is continuous stakeholder engagement starting with raising awareness, improving health literacy, increasing their capacity to empower communities and change behaviour. Physical presence in formal and informal meetings stimulates trust among stakeholders (1). Face-to-face dialog is central to the method of building trust, mutual respect, shared understanding and commitment to the method (22). Building trust is an important condition for building solid collaborations (1,14,21). Partnerships are part of the informal aspect and help contribute to relationships that go beyond the professional (5). Also very important is community involvement, especially in decision-making and supporting implementers in implementing collaborative governance (15,17,23).

The involvement of strong (informal) leaders who motivate and gather all stakeholders, stimulate group

empowerment and mediation, and steer projects has a major affect on collaborative governance (1,16). Goal setting, transparency, appropriate planning policies and strategies, adequate time and financing are also known to be key to successful implementation of collaborative governance (1,12,16,20). Commitment and communication are also very important in the implementation of collaborative governance (16,22).

Stakeholders involved

The third research question is who are the stakeholders involved. Local government, local NGOs, local health authorities, local partners and authorities, private sector, local research institutions are stakeholders that should be involved in the implementation of collaborative governance (5). The “grantee” or in this case the grantee in the implementation of collaborative governance is one of the determinants and is a stakeholder. Grantees are responsible for facilitating and encouraging collaborative activities of various stakeholders for collective decision-making and implementation (20). Communities should also not be forgotten as they also have the right to be involved in decision-making (17,23).

Stakeholders' interactions in sharing responsibilities and making decisions

The fourth research question is how stakeholders interact in sharing responsibilities and making decisions. The mutualism dimension is rooted in the interdependence between actors. Organizations involved in program implementation must experience interdependence in both common interests and differences in interests, which is referred to as “complementarity”. Complementarity is a situation where an organization sacrifices its right to acquire power from other organizations to achieve their own interests. Each institution understands its role and contribution. Build up coordination mechanisms between organizations that can be utilized to guarantee program integration from planning, implementation, and monitoring (21). Each of these stakeholders brings certain skills, strengths and therefore has different contributions to the project. The interaction of stakeholders in dividing responsibilities and making decisions through role-sharing mechanisms as well as determining the target performance indicators of each organization that are tailored to the duties and functions of each organization. Regular coordination mechanisms starting from the planning, implementation and evaluation processes (5).

Challenges and opportunities associated with collaborative governance in health programs

The fifth research question was what are the future challenges and opportunities related to the implementation of collaborative governance in health programs. Collaborative governance, one of numerous terms utilized to portray collaborative, cross-border approaches to solving complex public issues, is broadly connected in few policy arenas, especially in environmental and natural asset management.

Collaborative governance works in various policy arenas across sectors and research has confirmed and extended practitioners' experiences to improve performance (11).

Challenges in the implementation of collaborative governance are the unavailability of specialized and effective communication forums for strategic supervision and evaluation (18), limited budget allocation (5,20), lack of private and university participation (13), and limited community involvement (15,17,23,24), within the administrative dimension it is still restricted to the issue of integrating the database of each indicator in each set objective (5,21), the absence of interdependence between actors institutionally and the absence of trust and reciprocity between actors (14,21), lack of active participation from the community (17,21,23).

Implementing collaborative governance presents a range of opportunities, including: Innovation and Efficiency Improvement: 1). collaboration can trigger innovation in public services and improved operational efficiency (16,19,25,26). 2). Complex Problem Solving: Collaboration between various actors enables better handling of complex issues and problems (11,13,27). 3). Increased Public Participation: The implementation of collaborative governance often involves increased public participation, which can strengthen the legitimacy of decisions and policies (17,23,28). 4). Equity and Accountability: Through collaborative governance, balanced and practical partnerships can be created, which are able to represent the interests and views of various stakeholders (12,20). 5). Improved Service Quality: Collaboration between the public and private sectors can contribute to improving the quality of services provided to society (19,25,26). Considering these opportunities, it is important to design effective collaboration mechanisms that can support the achievement of development targets and improved services to the community.

Different collaborative models impact program implementation

The sixth research question is whether other collaborative models impact health program implementation. Collaborative models can be adapted in various contexts to positively impact program implementation. Some of the collaborative models that are known to have an impact include public-private partnerships, interorganizational networks, coalitions with communities of practice, and multisectoral models. The success of these collaborative models still depends on several factors such as effective communication, strong leadership, and shared commitment from all parties involved.

Some researchers provide other different collaborative models that are assumed to have an impact on health program implementation. A collaborative model presented by Afandi et al. (2023) is an extension of

Ansell and Gash's collaborative model with additional elements that reflect the mandate context. The convergence activity systems makes it possible to cultivate collaborative governance at the local level, and the key to its success in practice is how local governments oversee the network (11,15). In addition, awareness raising and knowledge expansion should be an integral component of community empowerment. What is also presented in the research is the need to add supporting policy variables and program accountability (15). The policy variables written in the research of Afandi et al. (2023) is in accordance with the Hexahelix concept that has begun to develop. The Hexahelix concept is a development of Pentahelix concept with addition in the role of law and regulation. The Hexahelix concept can maximize the multiple roles carried out by actors to achieve common goals. The key to the success of this model is synergy and strong commitment among stakeholders. Hexahelix collaboration also helps prevent overlapping policies and programs between interested parties (29).

The model presented by Agbodzakey and Taylor states that the role of grantees implementing health programs is very instrumental in addition to local governments and communities (20). In addition to the model described by Taylor, Agbodzakey also describes a model that adds a consensus sub-factor in the Collaborative Governance theory of the Ansell and Gash model and the Emerson model which focuses on leadership factors (16). Nasirin et al. (2023), presented the Three Collaborative Governance Practice model in which there are democratic accountability, procedural legitimacy and citizen participation factors in an effort to improve health services to the community (23).

Limitations

Some studies showed poor quality as they failed to report methods, discuss study limitations and had inconsistent results. Therefore, the findings from this review should be interpreted with caution.

CONCLUSION

This article highlights the importance of Collaborative Governance in health programs. It emphasizes that successful implementation requires cooperation between various organizations, including government, businesses, and community groups, all working together toward common goals. Collaborative activities include making agreements, reaching decisions, and developing shared norms. Key factors for effective collaboration include having binding policies that ensure sustainability, as well as building trust and partnerships. The article references models from researchers like Ansell and Gash (30) and Emerson, et al. (31), which identify essential elements for effective collaboration, such as network management, accountability, and citizen participation. There's also potential to explore additional factors to

enhance Collaborative Governance.

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