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**36<sup>TH</sup> EGOS COLLOQUIUM, HAMBURG 2020 - Sub-theme 38**

**Organizing for the future through Practices of interorganizational collaboration**

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**BULDING A SUSTAINABLE NON GOVERNMENTAL HELP : INTEREST OF STUDYING COMMON RESOURCES RELEVANCE**

Non-governmental organizations (NGO) have the objective of carrying out projects for providing assistance in a clearly identified context of distress. The term "NGO" appears officially for the first time in Article 71 of Chapter 10 of the United Nations Charter of 1945, in the framework of the Economic and Social Council (ECOSOC). The advisory role of these distinct organizations from a government is then discussed. ECOSOC (with the resolution of the 25th July 1996) states that an NGO is an organization that has not been incorporated by a public entity or intergovernmental agreement, even if it accepts members designated by the authorities, they do not interfere with freedom of expression. Its financial means must come mainly from the contributions of its affiliates and any financial contribution received directly from a government must be declared to the United Nations. NGOs are currently defined as nonprofit public interest organizations funded by private funds that are not under the control of the state or an international institution. This term is used for non-profit institutions funded by private funds. They are characterized by their desire to coordinate international aid and solidarity missions (Bioforce, 2012).

NGOs are therefore very complex organizations with financial arrangements and rich governance arrangements but as far as little studied (Couprie, 2012), there is even a theoretical gap on the management of NGOs (Quéinnec and Igalens 2004). Yet, these organizations are renowned for their normative roles: the Vienna Declaration highlights the role of NGOs in promoting and enforcing human rights (Lemonde, 1998). However, it is well documented that a major part of non-governmental project failed (Lavagnon, 2005). Is it because it is documented that international aid is fishing in its very western perspective cultivating a "civilizing mission" with a dependence of the one who is helped towards the one who helps. (Bazin, Fry, & Levasseur, 2010) that the management sciences do not venture to study the management of these organizations? Couprie

(2012) thinks it is. She shows us that NGOs face the same constraints as multinational companies: they must be efficient, show professionalism and adapt to the political, legislative and cultural economic contexts of the different countries in which they operate. She reports Rahman 2007, which details the organization of NGOs with the traditional management tools of strategic planning, coordination and communication, human resources development. Precision in these processes is essential to maintain the links with the stakeholders of their actions and all the responsibility that they carry through the representations of the missions that these organizations support.

However, as robust as the strategic management of the NGO is, the dependence of the caregiver is pregnant and pseudo organized (Hours, 1998). We propose to switch from these economic analyzes (the states of the North and West providing assistance) for an analysis of institutional diversity engaged in international aid. To analyze it, we call Elinor Ostrom's analytical framework (Ostrom, 2005, 2015 reed 1990) which presents how it is possible to think about a system of governance based on an equilibrium other than those proposed by the laws of the market or the state. This Ostrom's systems are formed to manage a common pool resources. This resources are not excludable but limited. We propose to study how the relationship to this common resource and the awareness of the population to this common resource can both stabilize or destruct an international aid system. So we will study the question:

**How does the perception of common resources relevance condition the success of a non governmental help project?**

We will present the principles of the strategic management of international aid projects and the elements of management of a common pool resource with the Ostrom framework in regard to international assistance (1). Then we will present our field, a cardiac surgery center set up by a Luxembourg NGO in Laos (2) in order to extract managerial and theoretical proposals related to the complex management of common resources (3).

**(1) Literature review**

NGOs, even if they are non-profit organization, are part of the economic sphere. They must face, like all businesses, to an ever more demanding and changing competitive environment requiring institutional arrangements (Hardy, Lawrence, & Phillips N, 2006, Lawrence, Hardy, & Phillips, 2002). NGOs are characterized by the tension between their operational purpose "to help" and their institutional purpose "to prosper" (Couprie 2012). This author tells us that the project must embody the "values and goals pursued by the organization, defined by the leaders and shared by the members" (p21), the "request for efficiency and / or legitimacy in return for which the organization gets resources "(p21) from the stakeholders is as structuring as" the stock of competences and know-how available to carry out solidarity projects "(p21). So we are in a situation where the NGO has to compose a system of management of a resource (the financings resulting from private donations) established as common for a target population having its own rules of management.

This institutional diversity is conceptualized by E Ostrom with polycentrism (Polanyi 1989). This concept was developed by Ostrom V, Tiebout C and Warren (1961). The notion of a complex system with an intertwining of different decision systems would further improve the understanding and the production of meaning that a single system where power is centralized. The polycentrism is a fundamental prerequisite for self-governance that is problem solving by the communities themselves. Thus, they create a form of market where each one gives the meaning he wishes to a given jurisdiction in accordance with the desired ends. For Ostrom and al, the polycentrism allows arrangements at different levels of organization. Polycentric systems would allow public officials and their agencies to make organizational arrangements for the provision of public goods for members of a community who collectively consume that property while production takes place at another organization scale according to the degree of efficiency for that specific good. Mc Ginnis (Cole and McGinnis, 2014; McGinnis, 1999) explains that the polycentric nature of a system allows its actors to be active in the production of public goods and services that they build, adapt to their needs. According to Aligica P and Tarko V(2012), about Polanyi and Ostrom, it is necessary to associate polycentrism to the management of a certain type of goods: commons (limited but not excludable). Peter Linebaugh, historian, studying Irish and British labor history, introduces the term commoning (Linebaugh, 2014). He develops his conception of the common character of a kind of goods that exists through the work with other resources (opposing "others" with the elements of capitalism). Linebaugh explains that the common is in action, in the sharing of something. If his writings are marked by his works on Marxism, P Linebaugh's definition of the commons (Linebaugh, 2009, 2014) is based on Ostrom definition, whom he repeatedly cites for his attachment to the governance of the commons more than for the commons in themselves unlike Garrett Hardin (1968) focusing on the personal gains that individuals attribute to the resources they might steal. Anyway, according to these different authors, analysis is connected with the action, the way users behave in front of a good of interest. This may jeopardize an organization managing these assets. For Hardin, the management of common goods by self-governance is impossible because there will always be actors behaviors that will lead to the destruction of an excludable good. For Linebaugh, it is the collective dimension and the dynamics around a resource that makes possible excludable good preservation. It is also what Ostrom prone by specifying, that yes, there will always be stowaways, but the collective action composed by the actors, users of the excludable resource, can limit this phenomenon. To understand these collective actions that appeal to a diversity of institutions, Ostrom proposes a specific framework: the Institutional Analysis and Development (IAD) framework. The IAD framework has been used for more than 30 years in common goods management situations. The analysis is centered on an "action arena" where an action occurs. The action situation is a social space in which the actors interact with each other in order to exchange goods and services by solving potential problems. The IAD then distinguishes a set of external factors in direct connection with this action arena: the biophysical world, the attributes of the community and the rules in use. It is a general language about a set of internal and external factors affecting the structure of an action arena and thus

the results of a collective action. It is a reading grid, a basis for an assessment of common resource management issues. Many international organizations recommend its use, Holland and Sene (2010) list the work of Andersson & Ostrom, (2008), Lam (1998), Tang (1992).

We propose to mobilize IAD framework to study how does common resources relevance perception condition the success of a non governmental help project?

## (2) Case setting and methods

We conducted an ethnomethodological study (Garfinkel, 2009) using the IAD framework as an help to collect datas in action arenas looking for action arena variables and external variables described by Ostrom (2005). We made a two steps data collection: one in the administrative council action arena during // months and one during a week period directly with teams involved in the center activity that is helped by the NGO.

To collect the data, we strictly followed the description of the variables of the action arenas of the IAD framework. So that we made observations in arenas and interviews with their participants. The variables that composed the action arena are listed in the table (1) :

Table 1 : description of an action arena

<i>Variables</i>	<i>Description</i>
<i>Participants</i>	<i>Decision making entities, capable of selecting actions from a set of alternatives</i> <i>Corporate actors or nations, states, private corporation, NGOs</i> <i>Attributes : number, statuts (individuals or teams), individuals attributes (age education gender experience)</i>
<i>Positions / roles</i>	<i>Positions into and out of which participants move (players, voters, judges, sellers, legislators, police officers..)</i> <i>It is the connecting link between participants and actions</i>
<i>Potential outcomes</i>	<i>It is about the utility of action made by participants</i>
<i>Action/outcome linkages</i>	<i>Participants choose from a set of actions in different stages of a decision process.</i> <i>Action and links to do it can come into being, disappear or change of degree. Evaluation of certainty, risk and uncertainty can occur</i>
<i>Control that participants exercise</i>	<i>It can be absolute to almost inexistant</i>
<i>Types of information generated</i>	<i>Information about the action situation can be complete or incomplete and can interfere in decisions</i>
<i>Cost and benefits assigned to actions and outcomes</i>	<i>Actions are linked to rewards or sanctions at every levels of decisions. Wich of i twill be stronger that another so that the action will turn to a way with much more individual rewards even if collectively this is a sanction.</i>

## **Institutions involved in our case study**

“*Aide au Développement de la Santé*” (ADS) is a humanitarian medical aid association. Its status is based on a non-governmental organization (NGO) approved by the Luxembourgish Ministry of Cooperation and Humanitarian Action.

Following a first project in Vietnam, ADS, got involved in 2001 in a strategic and operational partnership with the Lao Ministry of Health, represented by Minister Boumkhong. The objective of this cooperation is to create and support a cardiac surgery center, the Luxembourg Lao Institute of the Heart (LLIH), in the Mahosot public hospital located in Vientiane, capital of Laos what was terribly lacking in the country. Indeed, in Laos, cardiac diseases are responsible for 20% of hospital mortality and morbidity and the number of heart diseases in children is 5-10 per 1,000, making cardiovascular disease as a major public health issue. However, the local medical skills do not allow to treat these cases satisfactorily. The consequence is that the margin of the wealthiest population is encouraged to seek treatment abroad (especially in Thailand) while the poorest population is abandoned to his plight.

The objective of the cooperation between ADS and the Lao ministry of health is to overcome this gap, first by financing the construction of the health center dedicated to cardiology and cardiac surgery, then training the medical and paramedical staff to empower the local health staff in the operation of the center.

### **(3) Description and analysis of the action arenas :**

#### **1. a daily cardiac surgery**

The first step regarding cardiac surgery is to raise awareness so that people become aware of the possibility of free consultation in case of pain or cardiovascular risk. The finalization of the awareness campaigns, conducted via stickers posters specifying the addresses of the campaign hospitals and possibly free transport to get there, proposing future consultations.

Concerning the project, consultations take place in Paksé, Savannakhet and Luang Prabang three weeks a year, with an average of about forty patients a day, 60% of whom cannot afford to travel to Vientiane for an operation.

Paksane, a 100-bed Luxembourg hospital which opened its doors in September 2019.

Apart from the missions of the members of the NGO, local cardiologists present in the hospitals of these provinces, some of whom have been trained by the NGO, make diagnoses (ultrasounds) and send the selected patients.

At the hospital in Vientiane, the capital, a large number of patients come for consultation every day (on average between 50 and 70) during the NGO's missions. The paediatric cardiology consultation has become more and more important (180 cases in December 2019), since the opening of the peripheral

cardiology centres and especially since the introduction of interventional cardiac catheterisation in 2015. Congenital heart disease accounts for 80% of consultations, with post-rheumatic valvulopathies comp

The programming of the interventions is done in two stages:

- First the establishment of an indicative schedule by the head of the cardiology department
- The validation of the calendar by the head of the NGO in consultation with his team.

The reception is done at the entrance of the centre by a nurse who fills out a form compiling administrative data. Then the patient is taken to cardiology for an examination with a Lao cardiologist. The patient is then taken to the cardiac surgery department where he or she is cared for by one of the nurses in the block.

Surgery takes place during the 3 annual missions dedicated to operations (7 missions in all per year, including 3 for awareness/diagnosis activities in the provinces) by international staff ideally in the presence of local teams, which is generally the case for nurses but rarely the case for anaesthetists and surgeons. Cardiologists are the most present among the doctors. Young surgeons are proportionally quite present but often abroad in training.

In 2019, 60 patients were treated by the Lao team while the European team treated 48 interventions. So for the year 2019, it is a total of 108 patients without counting the 26 interventions of interventional catheterization treated in the report in parallel by an international surgeon.

The hospitalization is done on the spot in the center which has 20 beds. The international doctors do a check-up in the morning and one in the evening while the follow-up of the Lao doctors is much rarer and is limited to the morning on average one day out of two.

Discharge is decided by the anaesthetist.

Follow-up is one of the difficult issues to move forward. Indeed, no follow-up is carried out by the local medical teams and it is dextremely difficult to obtain any data at this level. More than 5 years have been necessary to obtain a follow-up of the number of patients operated on outside of international missions. The fate of the patients operated on once they return home does not seem possible in spite of the insistent and repeated requests of the members of the NGO.

We conducted interviews with the participants of this action arena. In table 2, we describe each variables studied.

Table 2 : actors of the cardiac surgery action arena

Participants	A cardiac surgeon : Doctor for 33 years. Studied medicine in Laos and Thailand. Retires in 2 years, Married with 3 children	Anesthesiologist : doctor for 30 years and will retire in 5 years. He studied in Laos for the first five years before moving to Thailand to study his specialization. Married with 2 children	Head nurse : working for 42 years as a nurse in the hospital, could have retired 2 years ago but remains to facilitate the activities of the NGO. Married with 4 children	Nurse reanimation : worked for 14 years in the hospital, worked in the emergency department and joined the cardiology center 5 years ago, and married	Nurse : working for 4 years in the hospital and 1 year in the centre, married with 1 child	Perfusionist working at the centre for 12 years, married with 3 children
Positions / roles	Operates on patients with heart disease Supervises the operating theatre	He studies the patient's medical file first doctor in the operating room informs the nurses of the activities to be undertaken makes sure that the different materials are working properly. looks at the evolution of previous patients to ensure that their condition is stable and that their health is improving.	Supervises the work of all the nurses at the center. Participates in the training of new nurses and in the resolution of potential conflicts between nurses or between nurses and doctors. Manages the follow-up of the additional remuneration of nurses by the NGO by monitoring the presence and signatures necessary for the payment of bonuses. Communicates with the pharmacy for the renewal of consumable stocks	responsible for the follow-up of post-op patients according to a list of predefined indicators under the supervision of the doctors and the head nurse.	Works mainly at night and must ensure that patients who are hospitalized in the centre do not have complications. When a device starts ringing, the most senior nurse present on site must be woken up so that she can take care of the case.	Monitors the operation of the machine that replaces the core during operation Must make sure that the blood circulates well and that the temperature does not drop too much while carrying out the instructions of the anesthetist and the surgeon.
Potential outcomes	Operations are satisfactory with a very low failure rate. The international team contributes significantly to the success by taking care of the most difficult cases and cases of pediatric surgery. Thanks to training courses in France, Luxembourg, China and Thailand in particular, the Lao team has been able to acquire a satisfactory level of skills.	Interventions are generally satisfactory but conditions are sometimes made difficult by technical problems or lack of equipment (appliance and repairs and maintenance).	The skills of the Lao team have improved a lot (with the interventions of the NGO). Now some operations are carried out autonomously difficulties : - the turn over of the staff (due to training periods abroad) -staff who sometimes don't come back to Laos : Salaries and working conditions are not motivating and half of the salaries have been paid by the NGO for almost 20 years, which will make a considerable gap if the NGO stops its support.	No idea about outcomes The work of the Lao doctors seems satisfactory.	the medical activity is going very well in the center with a good atmosphere in the team. the presence of older nurses allows young people to learn a lot NGO Nurses are very nice but it's difficult to understand the advice in french. She is often asked to translate the exchanges between foreign nurses and Lao staff but for her too, the expectations of French nurses are not always very clear	Foreign doctors work fast and with a lot of concentration, they can operate 3 or 4 patients a day. it is sometimes difficult to understand foreign doctors when Lao doctors are not present, which is rarely the case.
Action/outcome linkages and Control	The Lao health system is making a lot of progress thanks to external financial support (Luxembourg, France, NGOs, China...). difficult to reconcile the cost of medicine with the weak or very weak means of the population. Moreover, traditional medicine is still the reality of thousands of peasants who do not have the means to access hospitals in the city.	the Thai system works very well because all the equipment is modern and is bought new. hospitals are able to obtain quality services from these companies because they have high budgets. while not all companies are always ready to work for a hospital in Laos. An ideal situation would be made possible by large budgets that could come from an improvement in the management of the centre and the quality of care. If wealthy clients who are currently going to Thailand to have surgery in Laos, this could unblock important budgets that could be issued to dispense with the purchase of equipment and salary increases.	The public health system in Laos lacks resources. Many children of doctors and even nurses are studying medicine with the hope of being able to work in Thailand, China or Korea or if it is not possible to work in private clinics for the first few years. Working in public hospitals is often temporary to gain experience before finding another job. Doctors in the hospital work side by side as a private doctor with a personal practice, which allows them to save a lot of money but this is not possible for nurses who have controlled hours	It would be good to have more staff to avoid having to work sometimes during the day and to be on guard at night because there is no room reserved for the nurses who sometimes sleep in the corridor on the ground floor. A higher salary or bonuses for night work would be a very interesting		the medical staff in Laos is an asset as most doctors, surgeons and even nurses are trained in Thailand or other countries. The management is not adapted because the functioning of a public hospital is not adapted to the living conditions of the population. The same prices are offered to everyone, which is not expensive for the rich people who go abroad for treatment and too expensive for the poor who do not think that anyone other than God can save them.

Types of information generated	<p>The role of the NGO :</p> <ul style="list-style-type: none"> <li>- train the Lao medical team to enable them to operate on their own.</li> <li>- financing equipment which the Lao State cannot yet afford.</li> </ul>	<p>The role of the NGO :</p> <ul style="list-style-type: none"> <li>-contribute to the establishment of a Cardiac Surgery Institute in Laos.</li> <li>-funding and the trainings bring a reference to what the Lao should be able to do one day.</li> </ul>	<p>The role of the NGO :</p> <ul style="list-style-type: none"> <li>- finance the centre in terms of equipment, salaries and medicines other than consumables (valves in particular)</li> <li>- finance activities to strengthen the skills of the Lao medical staff</li> </ul>	<p>The NGO comes several times a year to</p> <ul style="list-style-type: none"> <li>-operate on children and difficult cases</li> <li>- brings the most expensive equipment.</li> <li>- funding for training abroad, but the criteria for staff selection are not clear, as not all nurses get the opportunity to get training.</li> <li>- pays part of the salary, so many nurses would like to work in the centre.</li> </ul>	<p>The NGO comes several times a year, sometimes with different doctors.</p> <p>The nurses of the NGO work a lot on patients operated by foreign doctors.</p>	<p>The NGO saves a lot of lives because foreign doctors operate on children and difficult cases that Lao doctors cannot operate on.</p> <p>There are very seldom problems with patients during the operation, although this happens sometimes when foreign doctors are not present.</p>
Cost and benefits assigned to actions and outcomes	<p>Ideally, Laos should be able to fund health care for its entire population... General investments in the country should be done</p> <p>The cost of an operation is about 6.000 \$</p> <p>the cost of running the centre is not known</p> <p>remuneration is far too low compared to the cost of living in Ventiane and abroad.</p> <p>The cost of real estate and equipment in Ventiane is broadly comparable to that of European capitals, while salaries are almost ten times lower.</p>	<p>The health system in Laos is very weak.</p> <p>The budget granted to the Ministry of Health is also very low because the rich Lao people have the possibility to get medical care in Thailand.</p> <p>Few Lao people go to hospital (cost of care in regard to the quality of them)</p> <p>difficult to evaluate the price in Laos because the sober equipment provided by the NGO and the staff is paid by the public hospital.</p>	<p>The ideal functioning would imply that salaries should be at least 3 times higher ,</p> <p>Renovation work should also be carried out to reassure patients who find on arrival at the hospital that conditions are not good.</p> <p>The cost of the operation is not known except for the deliverables which are invoiced by the pharmacy and paid by the hospital but this is only a small part of the total cost of the operation.</p> <p>The cost of running the centre is not specifically known because the counterpart belongs to the hospital, which has a single budget for all services.</p> <p>The remuneration without the premiums paid by the NgO is very low.</p>	<p>The health care system depends a lot on the hospital departments, the situation in the emergency room was very difficult with a lot of deaths and pressure/tension among colleagues.</p> <p>In the surgery center the situation is very good with a lot of means, well cared for patients and better paid staff</p> <p>the cost of an operation or the cost of operation is not known.</p> <p>The salary is very good compared to the other nurses in the hospital but it's still difficult to find accommodation in the city, so you have to spend a lot of time on the public buses.</p>	<p>The health care system in the hospital is modernizing a lot with new equipment.</p> <p>The Chinese government is building a new hospital that will surely further improve the level of the health care system.</p> <p>The cost of a surgery or of the center functioning is not known</p> <p>The salary is adapted</p>	<p>The health system in Laos is weak :</p> <ul style="list-style-type: none"> <li>-financial means come from different countries or NGOs</li> <li>-not always coherence between the needs and the investments (i.e. a coronarography machine was bought while no doctor of the center has skills to use it)</li> </ul> <p>the cost of an operation is not known, not even the cost of the operation of the centre.</p> <p>The salary is ok thanks to the bonuses from the NGO.</p>

The study of this action arena highlights the different action arenas linked to cardiac surgery activity. We can see that the actors are aware of the financing help of the NGO for buying the material necessary for the realization of the cardiac surgery, they evoke the activity of management of the establishment which should be turned more towards the promotion of the quality of care delivered. Indeed the inhabitants who could be treated on this site (because they have the adequate financial means) will rather go to neighboring countries, the people who are ultimately taken care of are those who have no "choice" (accident and emergency transport to the operating room ). Participants report on the quality of care provided when NGO teams are introduced. More than just support, these teams are an integral part of the center and their withdrawal would jeopardize the local teams. Local teams which, moreover, can take advantage of the comfortable state-of-the-art training to reorient their activities in a private center or in another country. The financing of the salaries of Lao professionals is also put forward as a factor favoring the good conduct of the project to improve the quality of care by promoting the maintenance of the employment of caregivers: the salary that would be offered by the hospital alone would be insufficient for employees to live in ventiane.

The participants of this arena are highlighted that support for the management of the establishment and the proper distribution of funding is essential (to avoid funding devices which professionals cannot use: a professional takes the example of purchasing a coronary angiography device to the detriment of resuscitation devices).

Thus, we can say that in this arena, we learn that lasting aid for the quality of care in a developing country requires taking into account the hospital in the societal and political context in which it is inserted, the devices promotion of the careers of agents assisted through training, daily assistance without replacing local teams in order to be fully integrated into the local workforce and therefore not be able to leave the center without undermining the determined balances.

These elements appear in an external evaluation of the project conducted in 2016, it identified the following strengths and areas for improvement. The strong point is the technical aspect: in fact, multiple external training (Strasbourg, Luxembourg, Thailand, China and South Korea) associated with continuing training during the 6 annual international missions have helped to strengthen the skills of:

- 1 surgeon now independent to treat simple adult heart disease by the open route;
- 3 junior surgeons: they should be able to be operational in the next 5 to 7 years;
- 3 independent anesthesiologists today;
- nearly a dozen cardiologists
- all nurses.

The weak point is the operational aspect. Indeed:

- inventory management is ineffective (we buy when it is missing regardless of deadlines and emergencies);

- there is no customer follow-up: no one knows what becomes of the operated patients;
- no awareness-raising effort is made to communicate to the population about the possibility of taking charge of their own in the hospital;
- no budget planning is carried out to provision the budgets necessary for the purchase of equipment or materials (we repair or buy back when it breaks if we can);
- equipment maintenance is faulty which increases the risk of business interruption due to lack of materials;
- the training is addressed informally (piston or favor) without any correlation between future needs and present skills;
- the concept of hygiene is not suitable for a beating heart medical care (surgeon who answer their phone during an operation, nurses who wash their hands with soap ...);
- the pricing level for drugs and interventions is defined by the management committee at a price that "seems" reasonable, but is not correlated with the cumulative costs in order to make the center profitable;
- staff evaluation is done on the basis of seniority, the level of the diploma; the attendance rate (which is not monitored but declarative). All of these criteria does not motivate the staff present nor reward the most deserving.

It is overall the entire operational system that is largely faulty without this appearing at the level of the management of the center because the institute makes profits according to them (which is normal since everything is paid by Luxembourg and re-invoiced by the ILLC); patients are quite satisfied (but without any point of comparison), the staff are also satisfied, in particular due to the overtime wages paid by Luxembourg.

Studying a more strategic action arena is necessary to help identifying action levers for NGO helps.

## 2. administration council

To deal with the strategic aspect, we propose as an arena the Board of Directors because:

- it brings together all of the decision-making stakeholders in the project;
- this council has, in its theoretical attributions, the function of managing all the strategic aspects of the ILLC.

Table 4 administration council action arena

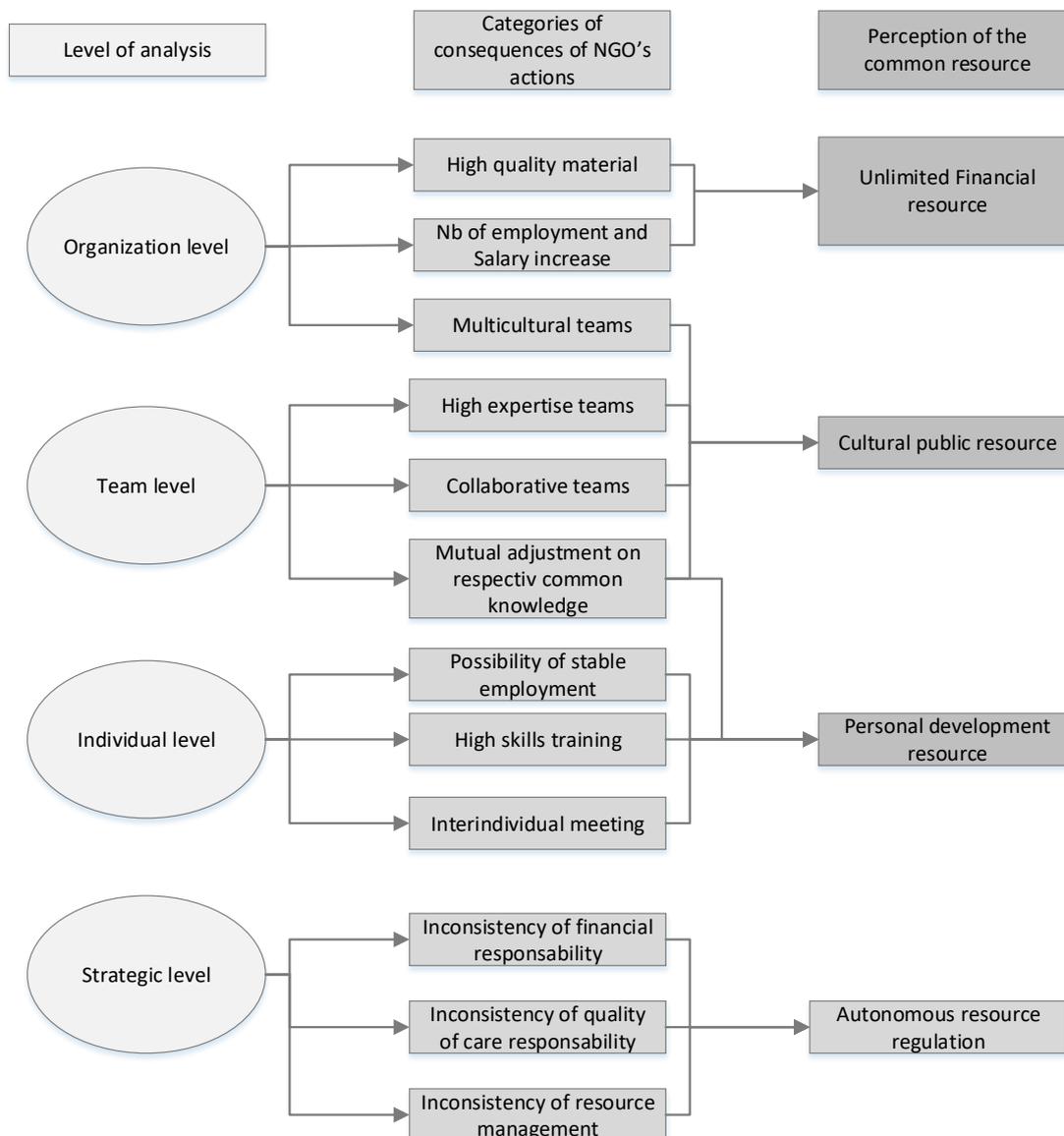
<p>10 Participants President, lao Health minister, assistant, surgeon and Anesthesiologist, deputy director of Mahosot, financial, care, administrativ and personnal representants of Mahosot</p>	<p>The outgoing members are re-elected. The directorships are voluntary. Members of the board of directors: 40% of representatives of the ADS and 60% of representatives of the Lao Ministry of Health and Mahosot. The board of directors is established from January 1, 2015 for a period of 5 years. The board of directors meets at least once a year and each time it is convened by the president or at the request of a third of its members, this at the registered office at the Institute, or in any other place. The agenda is set by the president or the secretary or the members who convene the meeting. Deliberations are only declared valid if at least half of the members of the board of directors are present (or represented). The decisions are taken on a majority basis. In the event of a tied vote, that of the president will prevail. These minutes are signed by the president and the secretary and are entered in the register kept for this purpose. The board of directors deliberates on the items on the agenda. Items not included in the agenda may give rise to a discussion but without a vote.</p>
<p>Positions</p>	<p>The CA is in charge of the strategic management of the institute, its prerogatives are clarified by an agreement signed by the two project partners: the Lao Minister of Health, the president of the NGO. The CA has all the powers for the management of the affairs of the Institute. It rules in particular on all treaties, conventions, transactions, and compromises, on any appointment of employees. He may be assisted by any committee and persons of his choice whose allocation he fixes The members of the management of the Institute are not appointed by the Board but defined by the organization chart. The managing members can attend the meetings of the CA with advisory way.</p>
<p>outcomes</p>	<p>the CA has no binding power in terms of the appointment or dismissal of staff or in taking a strategic position. In fact, the management of the Institute is entrusted in part to the director of the hospital and in part to the minister. Thus the choice of the surgeon was imposed by the Laos as well as the choice of the director of the ILLC. Likewise, when the decision to produce a budget plan was formulated, it was accepted but never carried out without any sanction being taken. The Lao partner (Ministry of Health) is involved in the management of the ILLC according to an obligation of means but not of result. In this sense, it supports all of the personnel training measures and the acquisition of equipment or other by the international project team, but neither undertakes nor commits its teams to obtaining tangible and quantifiable results.</p>
<p>Cost and benefices associated to actions</p>	<p>pursued result is the empowerment of the center, which, in the Lao context, would lead to: the cessation of overtime wages paid by the NGO, the departure of professionals trained in advanced techniques towards hospital centers monetarily recognizing their skills, the possible closure of the center for lack of patients and qualified professionals, a return to the initial state. The desired result of the assisted partner is more the maintenance of dependence which provides financial means, performance and free delegation of activities. Helping him finding satisfaction in maintaining the project which allows them to diversify their activities in another country that has become their second home The results reveal: the mismatch between the culture of the process (obligation of means) and the demand for results (managerial culture). In fact, management is oriented towards avoiding conflict or confrontation between employees than towards the well-being of the patient. They make disappear: the lack of financial means (all the equipment, training and drugs are made available free of charge by the project and billed by Laos to the patient (which in addition to the overtime pay generates bonuses and values the management of the 'ILLC); the lack of skills since difficult cases are handled by the international team and the overall activity of ILLC is based on these missions (60% of patients are treated in surgery by the international team (aspect technical) which also takes care of the whole operational aspect in the global absence of strategic management. The project changes the operational aspect by bringing more rigor and a form of know-how.</p>
<p>controls</p>	<p>Control is absent since the overtime pay of 100% and more is necessary to ensure the presence of staff during missions and minimal but insufficient work to hope for rigor or involvement. Power relations are complex and deeply rooted in cultural practices linked to the local political system. Hierarchical systems are in place and cannot be changed with Western market or state logic.</p>
<p>information</p>	<p>Western reporting tools have no value in the eyes of local decision makers who operate according to their own hierarchies is nonexistent</p>

In this arena we can highlight the foundations of the problems identified by participants in the cardiac surgery arena. We can say that the value of a life seems different between helped and assisted teams; No one seems to want to play the role of one who compels others (the value of empathy is preferred to that of ambition or accountability or responsibility). The adage saying that a "cured patient is a patient lost" and the fact that a successful development project is a development project that is not extended (while everyone has an interest in simpler extensions than formulating a new project) does not encourage achievement of the centre's objective of empowerment.

## Findings

The analysis of the different kind of action arena can lead to the data structures below (figure 1)

Figure 1 : Data structure of NGO common resource perception



Our study can highlight 4 perceptions of the common resources given by an NGO: common resource in a NGO help program is an unlimited financial resource, a cultural and public resource, a personal development resource and a resource with an autonomous (spontaneous) regulation system. The first and commonly explained by action arenas participants are the financial pattern of the resource. The particularity of the financial patterns is that the resource is perceived as an unlimited resources. Unlimited both for the NGO and for the helped organization. Indeed, if the NGO can't continue to give the financial support, its activity can't continue. So the NGO can't exist anymore. The helped organization needs the financial support that determine the action of the NGO. So this is like an informal contract between organization to support their own activities. The second characteristic of the common resource is the cultural and public pattern. Actors both from the NGO and from the organization learn from each other and want to share their knowledge to improve the center practices. The characteristic is linked to the personal development pattern. Indeed, even if the activity made possible by the NGO allows cultural sharing between actors, this practice exchange develops individual skills and every actor can benefit of this experience in other activities. This can lead to adverse effect like leaking to others countries with this new high skills. The more impressive characteristic of the common resource is the autonomous regulation pattern. Everything is made to let the resource find the material its had to finance and the employment its must provide, this without any regulation processes rather at the operational level than strategic level.

The aim of the project is to help the Lao Luxemburg Institute of the Heart (ILLC) on strategic aspects, technical aspects and operational aspects. An external evaluation of the project conducted in 2016 identified strengths and areas for improvement. The best point is the technical aspect: indeed, multiple external trainings (Strasbourg, Luxembourg, Thailand, China and South Korea) associated to the continuous training during the six annual international missions have allowed to reinforce the competences teams. The weakest point is the operational aspect. For example, the inventory management is ineffective, "client follow-up" is non-existent, there isn't budget's planning to provide the equipment or materials (support by the NGO); the trainings are addressed informally without any correlation between the future needs and the competences present; the concept of hygiene is not adapted to medical treatment with a beating heart (surgeon answering their phone during an operation)... Finally, the entire operational system is largely flawed without it appearing at the management level of the center. Indeed the institute makes a profit (everything is paid by Luxembourg; patients are quite satisfied (could it be equal without Luxembourg help?), the staff is also satisfied, in particular because of the extra pay they can have (they consult out of the hospital with the skills they get with the NGO, so paid by Luxembourg).

Yet according to estimation made internally, the Institute would close its doors two months following the end of the NGO project.

Clearly we can say that the Lao's team use the common resource that is the help of the NGO as a private good instead of thinking about a common. This is embedded with cultural aspects of care and financial concern. But, using IAD framework we can underlie how actors act and skirt with NGO's helps to improve their economic priorities.

*Theoretical perspectives: think collective action in connection with a common resource to get out of the notion of culture.*

The cultural aspect is difficult to define. Kroeber and Kluckhohn (1952) already identified 164 definitions of culture. E Ostrom discusses the frequency of application of the notion of culture to shared values within a community. Culture affects the mental models, representations of participants that they can share. Cultures are evolving and affecting the development of our brains (E Ostrom quotes Boyd & Richerson, 2002). Based on the work of Pinker (1994), Ostrom explains that through the work on the theories of evolution, it is possible to assert that humans have an ability to learn rules and norms similar to the ability to learn grammar rules. Maynard Smith and Szathmary (1997) bring together action grammar and language grammar. Children begin by learning sentence building strategies related to ordered, ordered, normed actions in the world in which they live. These orders may vary from one culture to another, between families, etc. Thus, evoking culture amounts to using a set of variables and can be a shortcut in the analysis of causes.

In its conception of collective action for the management of a common resource, the cultural aspect is thus not approached as such, it is the attributes of the community that can help to approach it, as well as how the rules are used.

*Managerial perspective: dig into complexity of the institutional diversity with IAD*

We can here mobilize a framework to study how a very different population on a cultural point of view can use international aid.

In addition, this study help us to compose a strategic sustainable management starting by an IAD study that give us the 8 rules of a sustainable institutional arrangement among several organizations. (Ostrom 1990). These are :

- define clear group boundaries.
- Match rules governing use of common goods to local needs and conditions.
- Ensure that those affected by the rules can participate in modifying the rules.
- Make sure the rule-making rights of community members are respected by outside authorities.
- Develop a system, carried out by community members, for monitoring members' behavior.
- Use graduated sanctions for rule violators.
- Provide accessible, low-cost means for dispute resolution.

- Build responsibility for governing the common resource in nested tiers from the lowest level up to the entire interconnected system.

Our study clearly highlights the limits of international aid. What interests are to be served? Can't the assisted countries also use their aid positions to increase their earnings? Who are the actors to be sanctioned?

Would external supervision be desirable to judge the relevance of the overall objective? Which authority could claim to be the referee of good aid behavior? It would be truly an independent international authority that should be invited to the table of evaluations of such projects. The Covid 19 crisis calls for global governance of health issues.

According to our study, if health began a common good, the 8 principles of Ostrom can be used to compose international health program in with NGO can be involved. The study of community attributes will be on the table before the implement of a help program.

#### *Methodological perspective*

Our data collection was complex : we had to deal with the so specific hierarchical system so that actors of action arenas don't want to answer to our questions. Indeed they were affraid of the eventual adverse effect of what they could say. Moreover, the covid 19 crisis didn't allowed our trip to Laos to collect datas from multiple action arenas.

Furthermore we can collect objectiv datas about the activity and resource management. The data structure had been made by the extraction of objective themes evoked in interviews and observations we gave in tables. Following the IAD framework helps identifying all the theme linked to action and that without the problem of the actors analysis.

So even if we don't have a large data collection we have been able to highlights some new patterns of commons goods those can be an essential help for NGO project management.

#### **Conclusion**

The aim of our study was to study the perception of common resources relevance to propose some patterns that can lead to the success of a non governmental help project. We studied the NGO program of ADS in the ILCC based on financial and training teams helps. To study it we take the IAD framework of Ostrom that can allowed multiple level analysis and give an entire framework to collect appropriate datas in action arenas. We studied two kinds of action arena : one particularly operational (a cardia

surgery) and a strategic one. We identified 4 patterns of the common resources in a NGO program. The autonomous regulation and unlimited financial patterns can clearly compromise NGO activities because they lead to a dependency relationship that must continue both to the NGO actors and the helped organization. However the bet of the NGO program lead effectively to a cultural exchange and a personal development. So it is clearly the governance of health program that must be thought before ongoing into NGO programs. Finally, the question is what sort of partnership must be supported and by whom? And furthermore, how a common resource that is by definition limited but non excludable can have an unlimited financial pattern? Common resources are regularly taken as example of human responsibility in front of “nature”, especially those days in climate change and ocean pollution debates. Even if we can put up a good as a common resource it doesn't exclude the study of the place of economic pattern directly link to this good. Deny the economic of financial impact in every help, it is denying the individual social rationality.

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