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Public Hospital Governance in Asia and the Pacific

Dale Huntington and Krishna Hort, Editors



Asia Pacific Observatory
on Health Systems and Policies

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Public Hospital Governance in the Asia Pacific Region – Drivers of Change

Dale Huntington



Achieving Universal Health Coverage requires the full engagement of all levels and types of care throughout a nation's health system. Sustaining Universal Health Coverage requires the efficient use of resources as well as an effective resource mobilization strategy to support the provision of preventive and curative health care across different levels of the health system. In all settings, hospitals account for a very significant proportion of total health expenditures. It is not uncommon for OECD countries to report spending on inpatient care as the single biggest cost component, consuming one quarter to one third of total spending (OECD, 2013). It is safe to assume that in the Asian emerging economies, a similar or even larger proportion of total spending on hospitals exists, in part due to the region's relative insulation from the 2008 financial crisis and consequent slowdown in health spending seen in many European and North American countries (Thomson, 2014). As such, reforms that aim to improve hospital efficiency are at the center of policies that will effect sustainable achievements in Universal Health Coverage. Given this background, it is actually quite remarkable how limited comparative understanding remains of the leading experiences with hospital reforms in countries of the Asia Pacific region.

This is not because there is limited experience with hospital reform in Asia and the Pacific. The reorganization and restructuring of hospital management in the region has been underway for several decades, with different approaches being tried over time, as is shown in this book. Most reforms are taken up in response to common problems such as waste, inefficiency, failure to serve the poor, substandard quality, high costs, brain drain and public dissatisfaction. Public sector hospitals have implemented wide-ranging changes, generally under policy guidance that aims to increase autonomy and regional organization. Private management practices have been introduced in public hospitals, blurring lines between public and private. The growth of privately owned and operated hospitals has also occurred, and governments throughout the region are reacting to gain benefits from a mixed hospital system. Governments have introduced policy changes to adapt to these changes, aiming to manage and influence hospitals with the goal to improve efficiency, quality and patient responsiveness. A generalized focus of the reforms in most countries has been the governance of public hospitals, in particular the degree of autonomy provided to public hospitals.

In health policy the terms “public hospital” and “governance” have mixed connotations and vary across settings (Hort and Annear, 2012). There is a consensus that the public/private distinction refers to state/non-state hospital ownership. However, the dichotomy is complicated by real world experiences of mixed state/non-state hospital financing, differences in autonomy, blends of state-employed and non-state employed providers in a single hospital, and for-profit versus not-for-profit financing. “Hospital governance” refers to administrative or proprietary relationships that are external to a hospital’s individual organizational structure (Hort and Annear, 2012; Saltman et al., 2011; Ramesh et al., 2013). Governance may be conceptualized as centralized, decentralized, or network-based; hierarchical, non-hierarchical, or collaborative; and/or government-based or market-based structures (Ramesh et al., 2013).

Ideally, good public hospital governance implies that the internal hospital management follows the performance objectives set by its external ownership (Saltman et al., 2011). In practice there can be mismatches between the owners’ performance objectives and the incentives of hospital managers who have multiple and different types of accountabilities that complicate relations between owners and managers. Hospital governance reform is enacted to amend the governance system to enhance the functionality of those relationships with improved outcomes related to efficiency, quality and patient responsiveness. These reforms are highly setting-specific and are driven by differing contextual factors, structured in a range of ways, and with varied outcomes. Importantly, public hospital governance reform may be in response to, or an integral component of, larger public administrative reforms, such as decentralization or marketization (Jakab et al., 2002).

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