Measuring performance is critical to assess effectiveness of public health expenditure. Performance of health care delivery however relies on adequate accountability indicators as benchmark for efficiency. Individual programs sometimes track specific output but do not examine overall health care delivery system. This is difficult to measure but is critical if health care systems are to achieve their objectives. This paper suggests using good governance as accountability indicators to focus on performance in health care delivery system. In developing the framework for health care governance, five key issues are identified: role of the state vs. the market, role of the ministries of health vs. other relevant agencies, actors in governance, static vs. dynamic health care delivery system, and health care reforms. The framework permits diagnosis of the ills in the health care delivery system at the policy and operational level. The study on good governance in health has received little attention. Assessing the health care governance is the first step to ensure effective governance as the key determinant of Malaysia’s economic growth and social advancement.

Keywords: governance, health care delivery system, performance, accountability
I. INTRODUCTION

Government health officials have increasingly realized that resources allocated to health will not achieve their intended results without attention to governance. This is more so when government is injecting huge amounts of funding targeting specific diseases and improving health care delivery system. However, weaknesses in health system governance threaten to undermine the effective utilization of the funds and derail the intended objectives. The acknowledgement that successful healthcare delivery requires effective institutions and management has led government officials, academics and international donors alike to emphasize governance as a key element in the quest for practical solutions for strengthening health systems.

Health care delivery performance is typically measured by inputs and outcomes. However, focusing on inputs alone will not capture how resources are distributed. Meanwhile, measuring the outcomes of service delivery will also be insufficient because these outcomes are often determined by external factors beyond the control of service providers. Therefore, a different measurement tool is needed to properly measure the performance of these providers. It is for this reason that using good governance indicators is more desirable particularly as health governance cut across all dimensions of service delivery to include various stakeholders such as ministry of health, civil society, private sector, policy makers, physicians and hospital administrators, and patients. This conception is similar to non-normative definition of governance by Brinkerhoff and Bossert (2008,3) which states “governance is about the rules that distribute roles and responsibilities among societal actors and that shape the interactions among them.” The fact is that those actors continue to interact through formal and informal elements and that assessing this governance process can be assumed to have important implications for the quality of the outcomes produced.

Figure 1 illustrates the categorization of governance process described above. The illustration suggests the interaction of key actors in the governance of public health service delivery. This basic framework also takes into account the formal and informal elements that affect health systems performance. Ultimately, the authors hope that this model can provide accurate account for how different actor can have an impact on observed governance performance of health systems.
II. ANALYTICAL FRAMEWORK

Governance has been widely studied and researched for example Kaufmann et al (2003, 2005, 2007), Lewis, M.A.(2006), Graham et al (2003), Dodgson et al (2002), Murray CJ et al (2000), Fidler (2002), Lewis, M (2006). However, literature on health systems governance is still at an infancy stage. For the past few years, several health system frameworks assessing governance have been proposed (Siddiqi et al. 2009, Lewis and Pettersson 2009, Brinkerhoff and Bossert 2008, Vian, Savedoff, and Mathisien 2010). These frameworks illustrate the process of governing and its relation to health outcomes. Although these frameworks advocate the interconnected roles of various stakeholders in enhancing the accountability of health systems, they lack an explicit acknowledgement of the important role played by the political context in which health systems are embedded. Building upon that foundation, in this study we propose an improved framework that incorporates political power and influence analysis to provide a more comprehensive understanding of the motivations and incentives underpinning the actions of major stakeholders in the health systems. The ultimate goal is to
ensure adequate and effective health systems that are accountable to all stakeholders. However, the authors do not intend to present a one size fits all model to evaluate health care delivery governance. We duly recognize that health systems are complex and can vary significantly from one context to another, so that any specific actor responsible for governance related outcome is impossible to determine beforehand. For this reason, utilizing the existing framework of governance proposed by Siddiqi et.al (2009), we present a methodological approach that can rightly assess health system governance and in which it can easily be modified by the researcher depending on the particular setting.

In developing this framework, we acknowledge that there are various definitions concerning governance. Primarily, studies on governance tend to be dominated by international development community that conceptualizes good governance with adequate formal and technical prescriptions to improve the performance of the public sector (UNDP 2011, World Health Organization 2011, World Bank 2007, Ruger 2007). In academia, however, the conception of governance focuses substantially on the structured and systematic interactions of non-state actors to improving good governance (Booth 2011, Benz et al. 2007, Draude 2007, Foerster and Koechlin 2011). In this study, we advocate the use of both perspectives so that they are able to shed light into important dimensions that affect the governance of health systems. This article is organized as follows. Section I briefly touches the issue of governance and how it is becoming relevant to the study on health systems. Section II describes the proposed analytical framework for governance of health systems. Section III explains the principles and framework of governance and how to assess the formal and informal institutions of the health system from a structured governance perspective across different levels of analysis. Section IV discusses contemporary issues in the governance of the health system. Section V applies the health system governance framework in Malaysian setting and illuminates on the findings of a preliminary study. Finally, the last section reflects on the challenges and on future directions in understanding the governance of health systems.
FIGURE 2: THE LONG AND SHORT ROUTES OF ACCOUNTABILITY

The World Development Report 2004 developed an accountability triangle across policymakers, providers and citizens and it provides a useful starting point. In this context, accountability of service providers such as health clinics is achieved either by the short route, involving direct feedback from citizens to their public providers, or the long route, which requires altruistic politicians and policymakers to act as intermediaries for their citizens.

III. PRINCIPLES AND FRAMEWORK OF GOVERNANCE

In developing the framework for this study, we rely exclusively on the five principles of governance by United Nation Development Program (UNDP) along with Pan American Health Organization’s (PAHO) public health functions, World Bank’s six aspects of governance, and World Health Organization’s (WHO) domains of stewardship. By incorporating all those dimensions, we propose 10 governance principles that will guide us in assessing the framework of governance in health delivery systems in Malaysia. Those principles include strategic vision, participation and consensus orientation, rule of law, transparency, responsiveness, equity and inclusiveness, effectiveness and efficiency, accountability, intelligence and information, and ethics (Table 1).

The framework has been disaggregated by each governing principle to better capture the formal and informal interactions between actors in the system. There are a total of 63 questions ranging from broad questions to more specific questions covering contextual, descriptive, process, and outcome related. The objective is to determine the extent to which the informal and formal structure of health systems aligned with the governance principles. The following table provides a descriptive nature of the 10 governance principles.
TABLE 1: HEALTH SYSTEM GOVERNANCE PRINCIPLES

<table>
<thead>
<tr>
<th>Governance principle</th>
<th>Operationalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic vision</td>
<td>Leaders should have a clear vision for short and long term perspectives on health and human development, along with plans of actions to accomplish those goals.</td>
</tr>
<tr>
<td>Participation and consensus orientation</td>
<td>All men and women should be able to determine their choice for health, either directly or through legitimate intermediate institutions that represent their interests. Good governance of the health system allows divergent views to be expressed in order to reach a broad consensus of what is in the best interest of the group and, where possible, on health policies and procedures.</td>
</tr>
<tr>
<td>Rule of law</td>
<td>Legal frameworks pertaining to health should be fair and enforce impartially.</td>
</tr>
<tr>
<td>Transparency</td>
<td>Focuses on the free flow of information for all health-related matters.</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>Institutions and processes should serve all stakeholders to ensure that the policies and programs are responsive to the health and non health needs of its clients.</td>
</tr>
<tr>
<td>Equity and inclusiveness</td>
<td>All men and women should have opportunities to improve or maintain their health and well being.</td>
</tr>
<tr>
<td>Effectiveness and efficiency</td>
<td>Processes and institutions should produce results that meet population needs and influence health outcomes while making the best use of resources.</td>
</tr>
<tr>
<td>Accountability</td>
<td>Accountability of ministry of health and other relevant government agencies, the private sector and civil society organizations to the public, as well as to institutional stakeholders.</td>
</tr>
<tr>
<td>Intelligence and information</td>
<td>Intelligence and information crucial for understanding health system in order to make informed decisions that cater the needs of different interest groups.</td>
</tr>
<tr>
<td>Ethics</td>
<td>Issues regarding healthcare ethics include respect for autonomy, non-maleficence, beneficence and justice.</td>
</tr>
</tbody>
</table>

Source: S. Siddiqi et al. (2009)

IV. CONTEMPORARY ISSUES IN GOVERNANCE OF THE HEALTH SYSTEM

Health system governance is crucial particularly for a developing country like Malaysia in the face of increasing demand to demonstrate results and accountability in the health sector. This is more so when public continues to scrutinize the government spending and demand for greater accountability. The financial aspect is not the only issue influencing the governance, there are a host of other contemporary issues that have far reaching effect on the governance of health system in Malaysia.

a. Role of the state vs. the market in health industry

Currently, there is a sharp demand for health care industry in Malaysia. There are proliferations of health care players mushrooming to meet this demand. This rapid expansion in the health related markets is partly due to high economic growth of the country in the last ten years. In addition, government policy to establish Malaysia as the destination for best and affordable medical care in the Southeast Asian region also spurs the dramatic growth of this
sector. However, a common problem is that these private providers have often grown faster that the capacity of the state to regulate them and to ensure that their performance is consistent with the aspiration of the country. Unfortunately, many health market transactions take place outside of a legal regulatory framework, and thus are not supportive of public policy priorities. Yet, establishing adequate provisions to control the private providers tend to take place in normative discussion, rather than in concrete policy decisions. This is due to a wide-based of actors influencing the government that regulating the health industry is not something that can be attained easily. As a result, there is always a possibility in which the economically powerful actors tend to dominate the health sector (e.g. pharmaceutical companies, private hospital conglomerates). What happens then is that health care pricing is always dictated by these actors and this certainly deprives the poor and the less advantaged groups from getting quality health care from the private providers. For health policymakers, a pressing issue is to reach an appropriate sense of balance between governments’ direct control over health interventions on the one hand and application of free market principles on the other. While federal government has a role to play in health care, as the financier, organizer and regulator of health services, the extent to which it should be responsible in the governance of health system is less certain. Rather than imposing strict provisions to regulate the health care industry, it is imperative that government continue to engage the relevant actors in this industry such as private providers, non-for-profit providers, professional bodies, citizen groups, and other informal networks to discuss ways in which quality health care should be affordable to all and that no single groups should be denied access to quality care.

b. Role of the ministries of health vs. other state ministries

Ministry of Health in Malaysia has been the major provider of health care services to the citizens despite the availability of similar services by the private providers. However, there is always a tendency where several provisions of health services such as clean water, environmental sanitation, and food and nutrition are handled by different agencies, thus causing the overlapping of functions between these government agencies. As a result, there is always a problem of accountability that leads to an increased public frustration over the quality of services provided by these agencies. This raises an important issue: Who is ultimately responsible for the overall health of the population? The fact is assessment of health system governance should tackle health in its holistic sense and not restrict itself to certain provision of health services.
c. **Actors in governance-public sector, civil society and the private sector**

Even though governance is the main responsibility of the government, it can’t be effective without the synergistic relationship with all actors across the health system-communities, civil society, private providers, membership organizations, public health functionaries and development partners. Kaufman, Kraay, and Mastruzzi (2004, 2007) reiterate that good governance requires the effective capacity of the government to manage the country for the economic and social well-beings of the country. In doing so, several enabling conditions must exist such as benchmark standards, performance measurement, incentives for good performance, and more importantly, accountability. Thus, good governance in health care systems requires strategic cooperation among a wide-based of actors involved in the provisions of health care delivery services. It is also incumbent upon the ways the government views the important roles of these actors. This is because the way the policymakers believe in the capacity of the external stakeholders to contribute has a bearing on the quality of governance. For example, the policy of coercive regulation vs. supportive facilitation of the non-state sector can make the difference as to how it could be harnessed to achieve public health goals. “There is a growing recognition that effective regulatory structures are not simply a function of state enforcement, but of partnerships between the state and other stakeholders (19, 20).” As such, there is a need to ensure that such arrangements are done within the political context so that conflicts between other actors in the overall health system environment can be avoided and that the interests of the public can be well protected.

**d. Static vs. dynamic health systems**

As the world is grappling with changes in political, economics, and social landscapes, it is imperative that government take cognizance of these changes and make necessary preparations to adopt and adapt to this new reality. In a similar fashion, health systems are also evolving and thus, forcing the government to continuously respond to the changing demographic and epidemiologic profiles of populations, rising expectations of increasingly educated citizens, a fast growing private health providers, rapid advancement in medical technology; widespread force of globalization; and finally the demand to expand services and provide a universal health care coverage. The implications of dynamic systems are that transplanting a framework of health system from other settings may sometimes do not work
and lose their effectiveness over time. This is because many developing countries including Malaysia are unable to adjust quickly to these changing realities and in turn, leading to poor governance in health care systems.

c. Health reforms

Many governments are currently implementing structural and management reforms aimed at improving health system performance. Many of these reforms are advocated by international organizations and thus, the focus tends to concentrate on areas such as financing, management, and structure of health systems. Among the major focus of reforms is to ensure quality health care provisions are affordable to all and that health services should be accessible to all. This is in line with the health system governance framework as suggested by the World Bank. However, it is important to delineate the boundaries of the health system governance framework. For example, besides recognizing the important role of the central health agency, it is also important to recognize that the governance mechanism can be situated different levels. This includes the local government (e.g. district health authority), regional (Pan American Health Organization), international (World Health Organization) and the global levels. Global health governance provides a framework in which countries have to continuously improve the quality of their services and safeguard high standards of care by creating an environment in which excellence in clinical care will flourish. The current effort by the federal health agency to ensure both global health and clinical governance is an important starting point in influencing health system performance.

V. PRELIMINARY FINDINGS

This study intends to assess how governance principles are applied at the selected government hospitals. The assessment was conducted at three government hospitals located in Kuala Lumpur. The health system governance framework was administered to hospital administrators, physicians, nurses, and patients. The assessments include personal interviews, focus group discussions, and questionnaires survey. The assessment has identified some positive elements and several shortcomings. The positive aspects include the presence of legal frameworks relating to human rights, transparency of free flow of communication for health matters, effectiveness and efficiency of clinical care services, availability of
intelligence and information needed to make informed decisions, and implementation of healthcare ethics that safeguard the interests and rights of patients.

On the other hand, the weaknesses of health system governance tend to offset the strengths. At the health policy formulation, there is a need for strategic vision and the focus on long term health outcomes. In addition, the culture of participation and consensus orientation has yet to take roots. Responsiveness of health services are not properly monitored, resulting in lack of coordination among relevant agencies. Health equity is not very high on the policy agenda, thus creating a problem of affordability and accessibility among the poor and the less advantaged groups. Finally, accountability is also a problem when parallel streams of bureaucrats and technocrats do not work in unison.

A brief summary of where Malaysia stands based on the preliminary studies in terms of health system governance suggests that there are enough rules of law covering the rights of citizens in health matters and that clinical care is efficiently and effectively delivered. The weaknesses identified in the assessment are particularly in relation to the principles of strategic vision, participation and consensus orientation, responsiveness, and accountability. The following table briefly summarizes the findings of health system governance assessment in selected government hospitals.

**TABLE 2: HEALTH SYSTEM GOVERNANCE PRINCIPLES (FINDINGS)**

<table>
<thead>
<tr>
<th>Governance principle</th>
<th>Principal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic vision</td>
<td>No clear broad and long term perspective on health development.</td>
</tr>
<tr>
<td>Participation and consensus orientation</td>
<td>Citizens and civil society rarely have a choice in decision making for health-related matters.</td>
</tr>
<tr>
<td>Rule of law</td>
<td>Legal frameworks particularly relating to human rights on health are properly observed.</td>
</tr>
<tr>
<td>Transparency</td>
<td>There is transparency in regard to free flow of communication for health matters.</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>There is a problem of coordination and overlapping of health functions among health agencies, resulting in health programs fail to achieve their desired goals.</td>
</tr>
<tr>
<td>Equity and inclusiveness</td>
<td>Gender-related issues concerning opportunities to maintain their health and well-being are not an issue. However, more needed to be done to improve accessibility to the disadvantaged groups particularly in the rural areas.</td>
</tr>
<tr>
<td>Effectiveness and efficiency</td>
<td>Clinical care services and resources are efficiency and effectively delivered.</td>
</tr>
<tr>
<td>Accountability</td>
<td>Bureaucrats and technocrats do not work in unison</td>
</tr>
<tr>
<td>Intelligence and information</td>
<td>There are enough intelligence and information available to make informed decisions about health-related issues.</td>
</tr>
<tr>
<td>Ethics</td>
<td>Healthcare ethics are properly observed in order to safeguard the rights of patients</td>
</tr>
</tbody>
</table>
VI. POLICY IMPLICATIONS OF ASSESSING HEALTH SYSTEM GOVERNANCE

Assessing health system governance has several policy implications. First, it raises awareness among policymakers and other external actors in the health system of the importance of governance and its influence on health performance. It also encourages a healthy debate to take place particularly in relation to the role government and non-government actors should play in promoting and enhancing the quality of governance in Malaysia's health care system. Second, there are strategic interventions that need to be implemented in regard to weaknesses in governing principles whether it is strategic vision, participation and consensus orientation, responsiveness, and accountability. Finally, improving health system governance requires political commitment. In addition to that, adequate financial and human resources should also take place if government is committed to improve its health performance. This also means monitoring at the federal, state, and local levels should be conducted regularly. The challenge that remains is to focus on comprehensive approach to improving health care governance, and that include fostering a synergistic relationship between government agencies and other key actors in the health system.
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