Public Hospital Reform and HRD

Public hospitals are usually the major providers of health care in most developing countries. As all public organizations, they are susceptible to the inefficiency of the bureaucratic public system. Inadequate funding resulting in low quality services is another major problem.

Public hospital reform toward more autonomy, alternative funding sources and higher efficiency, is thus one of the major health care reform strategies. This reform varies from allowing public hospitals to use part or all of the income from user fees, as in the case of Indonesia, to hospital corporatization, as in the case of Singapore. The most advanced form of public hospital reform may be the privatization of public hospitals. Many developing countries are moving in this direction either by themselves or under the influence of the international development agencies.

Public hospital reform may have several complications, however.

Apart from the inequity in health care accessibility due to restrictive user fees, human resources for health development is another important issue of concern for most health reform movers. The recent decision in Malaysia to move a corporatized cardiac hospital back to its previous place in the public bureaucratic system, due mainly to inequity in access to care, is a good example to remind reformers of the need to carefully plan, implement and assess the implications of public hospital reform.

The current concerns on HRD in relation to public hospital reform mainly focus on management issues, particularly the employment status of hospital civil servants. These include the issues of salary scale, career path, continuing education/training, fringe benefits and pension system. Little attention is put on the implications of longer term issues of human resources planning, production and distribution. Longterm implications on HRD from public hospital reform should be closely monitored and evaluated together with other issues such as financial sustainability, quality of services, efficiency and equity.

Hospital autonomy is one form of public hospital reform used in some developing countries, such as Thailand. The round table discussion paper in this HRDJ prepared by Dr.Paibul Suriyawongpaisal provides a very good forum for different views on the HRD implications from hospital autonomy. The discussions by experts with a variety of experience provide additional wisdom to the paper. These perspectives should be considered by health care reformers in their attempts at reforming public hospitals. The Georgian case study also provides a good example of the implications for overall health care systems from public hospital reforms.

The HRDJ will continue to address itself to different issues of HRD in relation to various health reform movements. We do hope to be a small forum to support the achievement of better health care systems.

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