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Comparative Health Governance and Financing Reforms across Regional and International Health Policy Contexts Systems Workforce

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ABSTRACT

Introduction: Health governance and financing reforms are central to strengthening health systems and addressing persistent challenges related to service delivery, equity, and workforce performance across regions. Comparative analysis is essential to understand how different policy approaches influence reform outcomes in diverse national and international contexts. This study aimed to analyze the relationships between health governance reforms, health financing reforms, and health system and workforce performance within a comparative policy framework.

Methods: A quantitative cross-sectional design was applied involving 50 respondents with experience in health policy, governance, financing, and workforce management. Data were collected using a structured questionnaire and analyzed using descriptive statistics and Pearson correlation tests.

Results: The findings indicate that both health governance and financing reforms are positively associated with health system and workforce performance. Governance reforms demonstrated a stronger relationship with system outcomes than financing reforms, highlighting the importance of institutional coordination and accountability.

Conclusion: Effective alignment of governance and financing reforms is critical for achieving resilient and equitable health systems. The study provides empirical evidence to support integrated policy approaches and offers a foundation for further comparative health policy research.

Keywords: comparative health policy; health financing; health governance; health systems; health workforce

INTRODUCTION

Comparative analysis has become an increasingly important approach in understanding health system reforms across regional and international contexts (Abor, Donkor and Ofori-Sasu, 2024). As countries confront shared challenges such as rising health expenditures, workforce shortages, population aging, and growing expectations for equitable access to care health governance and financing reforms have emerged as central policy instruments (Fernandez-Vidal and Alarcon, 2025). Examining these reforms comparatively allows policymakers and researchers to move beyond isolated national experiences and to identify transferable lessons, contextual constraints, and systemic patterns that shape health system performance (Hald *et al.*, 2025).

Health governance refers to the structures, processes, and institutions through which health policies are formulated, implemented, and evaluated. It encompasses decision-making authority, regulatory frameworks, accountability mechanisms, and stakeholder engagement (Hariri, Albagmi and Aljaffary, 2026). In many regions, governance reforms have been pursued to address fragmentation, improve coordination across levels of government, and strengthen stewardship over increasingly complex health systems (Herrera *et al.*, 2025). However, governance arrangements vary widely between countries, influenced by political systems, administrative traditions, and degrees of decentralization. These variations have significant implications for how health policies are operationalized and sustained over time (Jiang, Palazzo and Raval, 2026).

Health financing reforms are equally central to contemporary health policy debates. Financing systems determine how resources are generated, pooled, and allocated, directly affecting service coverage, financial protection, and system sustainability (Julaihi, 2026). Across regions, governments have experimented with diverse financing models, including social health insurance, tax-based funding, mixed public–private schemes, and performance-based purchasing mechanisms (Kelly and Ndeffo, 2025). While some countries have achieved notable improvements in coverage and efficiency, others continue to face challenges related to inequitable resource distribution, high out-of-pocket payments, and fiscal constraints. Comparative perspectives are therefore essential to understanding why similar reforms yield different outcomes across contexts (Kuhlmann *et al.*, 2026).

An often underexamined dimension in comparative health policy analysis is the interaction between governance, financing, and the health workforce. Health workers represent the operational backbone of health systems, and their availability, distribution, and performance are shaped by governance and financing decisions (Lee *et al.*, 2025). Reforms in financing, such as payment mechanisms and incentive structures, influence workforce motivation and retention, while governance arrangements affect workforce regulation, deployment, and professional accountability (Lestari *et al.*, 2025). Cross-national differences in workforce policies further complicate reform efforts, particularly in regions experiencing migration, skill mismatches, and uneven rural–urban distribution (Massuda *et al.*, 2025).

Despite a growing body of comparative health policy literature, gaps remain in integrative analyses that simultaneously consider governance, financing, and workforce dynamics across regional and international settings. Existing studies often focus on single dimensions or specific country cases, limiting their capacity to inform broader policy learning. A more comprehensive comparative approach is needed to capture the interdependencies among system components and to explain variations in reform outcomes. This article therefore aims to examine comparative health governance and financing reforms across regional and international health policy contexts, with explicit attention to health system and workforce implications. By synthesizing policy experiences and reform trajectories, the study seeks to enhance understanding of how governance and financing arrangements interact to shape health system performance. Ultimately, this analysis contributes to ongoing debates on effective health system reform and provides a conceptual foundation for evidence-informed policy development across diverse contexts.

RESEARCH METHODOLOGY

Study Design

This study employed a quantitative, cross-sectional comparative research design to analyze health governance and financing reforms across regional and international health policy contexts, with specific attention to health system and workforce dimensions. A quantitative design was selected to enable objective measurement, statistical comparison, and empirical assessment of relationships among key policy variables across different contexts.

Study Population and Sample

The study population comprised health system stakeholders with knowledge or involvement in health policy, governance, financing, and workforce management, including policymakers, health administrators, and senior health professionals. A total of 50 respondents were included in the study. Respondents were selected using purposive sampling to ensure relevance to the study objectives and to capture informed perspectives on comparative health policy reforms.

Variables and Operational Definitions

The independent variables in this study were health governance reforms and health financing reforms, operationalized through indicators such as regulatory effectiveness, policy coordination, funding adequacy, pooling mechanisms, and purchasing arrangements. The dependent variable was health system performance, including perceived system efficiency, service accessibility, and workforce adequacy. Health workforce factors were analyzed as an integral component influencing system performance outcomes.

Data Collection Instrument

Data were collected using a structured questionnaire developed from established health systems and comparative health policy frameworks. The questionnaire consisted of closed-ended questions measured on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The instrument assessed respondents' perceptions of governance quality, financing effectiveness, and workforce-related policy outcomes. Content validity of the instrument was reviewed by experts in health policy and health systems research. A pilot test was conducted to ensure clarity and internal consistency prior to full data collection.

Data Collection Procedure

Data collection was carried out during a defined study period using self-administered questionnaires distributed either electronically or in printed form. Participation was voluntary, and informed consent was obtained from all respondents. Confidentiality and anonymity were maintained throughout the research process.

Data Analysis

Quantitative data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistical analysis was conducted to summarize respondent characteristics and key variables using frequencies, percentages, means, and standard deviations. Inferential statistical analysis, including Pearson correlation and comparative analysis, was applied to examine relationships between governance reforms, financing reforms, and health system and workforce outcomes. Statistical significance was determined at a p-value of <0.05.

Ethical Considerations

Ethical principles were strictly observed throughout the study. Ethical approval was obtained from the relevant institutional ethics committee, and all respondents provided informed consent prior to participation.

RESULT

Table 1 presents the demographic profile of the 50 respondents involved in the comparative health policy analysis. The majority of respondents were aged between 31–45 years (62%), indicating that most participants were in a productive age group with sufficient professional experience. Female respondents accounted for 54% of the sample, suggesting balanced gender representation. Most respondents held at least a bachelor's degree (72%), and a substantial proportion occupied policy or managerial positions (58%), supporting the credibility of the responses.

Table 1. Demographic Characteristics of Respondents (n = 50)

Characteristic	Category	Frequency (n)	Percentage (%)
Age (years)	21–30	9	18.0
	31–45	31	62.0
	>45	10	20.0
Gender	Male	23	46.0
	Female	27	54.0
Education	Diploma	14	28.0
	Bachelor's or higher	36	72.0
Position	Policy/Management	29	58.0
	Technical/Operational	21	42.0

The demographic distribution indicates that respondents possessed adequate educational background and professional roles relevant to health governance, financing, and workforce policy, providing a reliable basis for comparative analysis.

Table 2. Univariate Analysis of Key Variables

Variable	Mean	Standard Deviation	Interpretation
Health governance reforms	3.88	0.52	Good
Health financing reforms	3.71	0.60	Moderate–Good
Health system and workforce performance	3.76	0.55	Good

These results suggest that governance reforms are perceived as the strongest component of health system reform, while financing reforms, although positive, require further strengthening to support workforce and system performance.

Table 3. Bivariate Analysis between Governance, Financing, and System Performance

Independent Variable	Dependent Variable	r-value	p-value	Interpretation
Governance reforms	System & workforce performance	0.64	<0.001	Strong positive relationship
Financing reforms	System & workforce performance	0.57	<0.001	Moderate–strong positive relationship

The findings indicate that improvements in governance and financing reforms are significantly associated with better health system and workforce performance. Governance reforms demonstrate a stronger influence, emphasizing their central role in coordinating and sustaining health policy reforms across regional and international conte

DISCUSSION

This study offers important insights into the comparative dynamics of health governance and financing reforms across regional and international health policy contexts, with specific attention to health system and workforce performance. The findings demonstrate that both governance and financing reforms are significantly associated with improved system outcomes, reinforcing the central argument that structural and policy-level interventions play a decisive role in shaping health system effectiveness. Rather than reiterating statistical values, this discussion interprets the results in relation to existing evidence and highlights their broader policy implications.

The strong association between health governance reforms and health system and workforce performance underscores the critical role of effective stewardship in complex health systems (McGuire *et al.*, 2025). Governance reforms that enhance regulatory clarity, coordination across institutional levels, and accountability mechanisms appear to provide a stable foundation

for health policy implementation. This finding is consistent with previous comparative studies indicating that countries with stronger governance capacities are better positioned to align policy objectives with operational realities (Mehta, Deka and Mathur, 2026). In contrast, weak or fragmented governance structures have been shown to undermine reform efforts, even in settings where financial resources are relatively adequate (Morshed, 2025).

From a comparative perspective, the prominence of governance observed in this study aligns with international evidence suggesting that governance quality often differentiates successful reform trajectories from less effective ones (Moumeni *et al.*, 2026). Regional experiences demonstrate that decentralization, when not accompanied by clear accountability and coordination mechanisms, can lead to variability in service quality and workforce distribution. The present findings contribute to this literature by quantitatively confirming that governance reforms are perceived as a primary driver of system and workforce performance across diverse contexts (Obi, Ojo and Ujah, 2026).

Health financing reforms also exhibited a significant positive relationship with system and workforce outcomes, though the strength of this association was slightly lower than that of governance (Paschoalotto *et al.*, 2026). This pattern is consistent with earlier research emphasizing that financing alone is insufficient to guarantee effective health system performance. While increased funding and improved pooling mechanisms are essential for expanding coverage and protecting households from financial risk, their impact is contingent on governance arrangements that ensure efficient allocation and strategic purchasing (Rahman-Shepherd *et al.*, 2025). The findings therefore support the view that financing reforms must be embedded within a broader governance framework to achieve sustainable results (Santos, Nazaré and Sá, 2026).

An important contribution of this study lies in its explicit consideration of the health workforce within the analysis of governance and financing reforms (Suprapto Dewi Nurhanifah, Muh Yunus, Lumastari Ajeng Wijayanti, 2025). The workforce dimension is often treated as a downstream outcome rather than an integral component of policy reform. The results suggest that governance and financing decisions have tangible implications for workforce adequacy, motivation, and performance. Financing mechanisms influence payment systems and incentives, while governance structures shape workforce regulation, deployment, and accountability (Tan *et al.*, 2025). Comparative differences in workforce outcomes across regions may thus be understood as reflections of underlying policy and institutional arrangements (Tomomewo, Bade and Benarbia, 2026).

The findings also highlight the interconnected nature of health system components. Governance, financing, and workforce factors do not operate in isolation; instead, they interact dynamically to shape system performance (Touchton *et al.*, 2026). This observation resonates with systems-based approaches in health policy research, which emphasize the importance of coherence and alignment across reform domains (Tsimpida *et al.*, 2026). The comparative perspective adopted in this study strengthens this argument by illustrating that similar reforms can produce divergent outcomes depending on contextual factors and institutional capacity (Ula, Rahagia and Suprapto, 2025).

Regarding the study hypothesis, the results support the hypothesis that health governance and financing reforms are positively associated with health system and workforce performance. The statistically significant relationships identified in the bivariate analysis indicate that the hypothesis can be accepted within the limits of the study design. However, given the cross-sectional nature of the research, causal conclusions cannot be definitively established, and the findings should be interpreted as indicative of association rather than direct causation (Wijayanti *et al.*, 2025).

Despite its contributions, this study has several limitations that warrant consideration. The reliance on self-reported perceptions may introduce response bias, and the sample size limits the generalizability of the findings. Nevertheless, the comparative quantitative approach provides valuable exploratory evidence and complements existing qualitative and case-based studies in the field. In summary, this study emphasizes the centrality of governance and financing reforms in shaping health system and workforce performance across regional and international contexts. By

highlighting the relative importance of governance and the conditional role of financing, the findings offer important implications for policymakers seeking to design coherent and context-sensitive health system reforms. The study also establishes a foundation for future research to further explore causal pathways and to deepen comparative understanding of health policy reform outcomes.

CONCLUSION

This study concludes that health governance and financing reforms are fundamental to improving health system and workforce performance across regional and international policy contexts. Strong governance provides the institutional foundation for effective policy implementation, while sustainable and well-managed financing supports service delivery, equity, and workforce stability. The alignment of these two pillars is therefore essential for building resilient and responsive health systems. Based on these findings, policymakers are recommended to strengthen regulatory and coordination mechanisms, enhance accountability, and prioritize sustainable financing strategies such as effective risk pooling and strategic purchasing. Future research should expand comparative and longitudinal analyses to better capture causal relationships and contextual variations in health policy reform outcomes.

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ETHICAL CLEARANCE

This study received ethical approval from the Ethics Committee of Politeknik Sandi Karsa under approval number B-598/PT19.2.1/PP/VI/2025. All research procedures were conducted in accordance with established ethical standards, and informed consent was obtained from all participants prior to data collection.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

DATA AVAILABILITY

The data supporting the findings of this study are available from the corresponding author upon reasonable request. The data are not publicly available due to ethical and privacy considerations.

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AUTHORS' CONTRIBUTIONS

Jessy Andre Mangaya Takke contributed to the study conception and design, data collection and analysis, manuscript drafting, and final approval of the version to be published.

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