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Editorial

Governance: Perspectives of public administration, health administration, and primary care

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ABSTRACT

Primary care governance is a concrete manifestation of health governance and public governance. This discussion article explores the concepts and concerns of governance at different levels and fields from three perspectives: public management, health management, and primary health care. During the last three decades, governance has been talked in two different directions. One is to focus on the positioning and interrelationship of government, market, and network; the other is to focus on the management, accountability, rule of law, transparency, and performance control of the public sector. WHO defines governance as ensuring that a strategic policy framework is proposed and combined with effective oversight, coalition building, governance, and attention to system design and accountability. The 2018 Astana Declaration reaffirmed the commitment to primary health care as the "cornerstone" of achieving universal health coverage. Chinese scholars proposed the "Expert Consensus on Primary Health Governance" in 2024. Countries around the world have seen a lot of research efforts on primary care governance. The author suggests China engaging more in-depth research in this area.

Background

In the past decade, advancing the modernization of China's governance system and its capacity has become a central goal of the broader reform agenda. The 2024 communiqué from the Third Plenary Session of the 20th Central Committee in China emphasized "modernizing the national governance system and governance capacity," covering areas such as macroeconomic governance, government administration, urban-rural governance, integrated internet governance, ecological governance, and public safety governance.[1] Health governance is an essential component of national governance, with primary care governance playing a critical role. Implementing macro- and meso-level governance effectively into primary care governance requires further reflection and analysis. This paper discusses governance from three perspectives: public administration, health administration, and primary care.

The perspective of public administration

As governance has evolved from an academic concept to a broader societal issue, it has been interpreted in various ways, often becoming a buzzword in contemporary discussions. The terms government and governance originated in Western contexts during the 12th and 13th centuries. They referred to the exercise of authority and the management of states or entities. While government has been used earlier and more frequently, the term governance appeared less often in publications before the 1950s. Its prominence grew during the 1960s to 1980s, particularly in the fields of education administration, urban management, and corporate management. It was only in the 1990s, when governance started to be applied to public administration, that its use experienced rapid growth.[2]

In the 1990s, both developed and developing countries encountered developmental bottlenecks. In Western welfare states, the economic advantages brought by welfare and redistribution policies began to diminish. Scholars examined various issues such as the challenges of taxation and fiscal deficits, conflicts between political systems and social-cultural structures, and the impact of democracy on governance capacity. These discussions led to calls for adjustments to welfare policies and a redefinition of the government's role.[3] Meanwhile, the rise of neoliberal thought in the United Kingdom and the United States promoted ideas advocating for privatization and free markets, encapsulated in the slogan "small government, big society." At the same time, developing countries faced economic stagnation. The World Bank attributed this to insufficient economic management capabilities, emphasizing the need for an enhanced role of government. Moreover, the wave of globalization that began in the 1980s further accelerated governance transformations across nations.

The concept of governance in Western thought predates the crises experienced by welfare states. As early as 1972, Cleveland argued that administration should not follow a top-down hierarchical structure, where control is concentrated at the highest levels. Instead, organizations should adopt flatter structures, with management practices emphasizing negotiation, consensus, and consultation. The larger the problem

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to be addressed, the more power should be decentralized, allowing more individuals to hold decision-making authority.[4] In 1975, Williamson proposed two economic governance structures: the market and the hierarchy.[5] Building on this, Powell later introduced a network governance structure, which is neither market-based nor hierarchical.[6] In the UK, Rhodes developed the theory of policy networks and explored its relationship with governance.[7] Boyer argued that political science should move beyond government control and focus on governance, emphasizing collaboration between governmental and non-governmental partners in managing national economies and public policies. He identified key governance measures such as privatization, free markets, outsourcing, structural adjustments, decentralization, reorganization, deregulation, sustainable development, empowerment, and participation.[8]

The concept of governance proposed by the World Bank primarily focuses on public sector management, with particular emphasis on addressing the challenges faced by developing countries, especially in Africa. In 1989, the World Bank introduced the idea of good governance to address the crises experienced by developing countries, highlighting the importance of public sector management, accountability, rule of law, and information transparency as key pathways to achieving good governance. The World Bank's Worldwide Governance Indicators (WGI) framework identifies several key governance dimensions, including voice and accountability, political stability, government effectiveness, regulatory quality, rule of law, and control of corruption.[9] Through the World Bank's efforts, the concept of governance has attracted increased attention from governments and academia worldwide.

It is evident that, over the past 30 years, discussions on governance have broadly followed two distinct trajectories. One trajectory focuses on the roles and interrelationships of the government, market, and networks in national and institutional development. The other emphasizes the management, accountability, rule of law, transparency, and performance control within the public sector.

However, there is cautious consideration regarding the shift from "government" to "governance": should governments truly relinquish the detailed "rowing" and focus solely on steering? Is there empirical support for or against the normative theories associated with neoliberalism? In reality, hierarchical structures remain a necessary condition, and purely governance models, which exclude state involvement, are exceedingly rare. Therefore, governance does not imply the retreat of government; instead, it suggests a complementary relationship between governance and government. In essence, the government in each nation plays an integral role in societal governance.

Governance is a multifaceted concept that impacts numerous fields, with interpretations varying across disciplines. Scholars from different areas of study often offer distinct definitions of governance, some of which overlap, but none are fully consistent. As a result, governance has evolved into an ambiguous term, its meaning unclear and its scope seemingly endless, often stretched to encompass diverse institutional arrangements and decision-making processes. This conceptual expansion risks diluting its original meaning, thereby undermining its analytical clarity and effectiveness. Although the term "governance" is widely discussed, its interpretations can differ significantly across contexts. Moreover, the intentional ambiguity of governance allows for diverse interpretations, offering flexibility but also creating opportunities for misapplication. As governance becomes more convoluted and overstretched, scholars may lose interest in critically engaging with the concept.

In the Modern Chinese Dictionary, the term "governance" has two main definitions: to rule or manage (e.g., a nation) and to handle or restore (e.g., a river).[10] Over 110 years ago, China introduced the modern concept of government and governmental systems, culminating in the establishment of the government of the People's Republic of China in 1949. Prior to the 1990s, the term "governance" in Chinese was predominantly used in relation to natural or physical entities, such as rivers, deserts, or waste. It was only later that it started being applied to social issues, such as corruption or disorder. In the Chinese context, governance often reflects Confucian ideals, emphasizing rectification and order. It focuses on correcting deviations and ensuring compliance to restore harmony. After the introduction of Western concepts of governance from public administration and management, discussions on market-oriented approaches also emerged, particularly the marketization of healthcare.

With the progression of reforms, China's approach to governance has evolved, transitioning from initial enthusiasm to more reflective considerations. Today, as we study and apply the term "governance," it is important to consider its historical development, the specific context in which it is used, and the intended meaning behind it.

In the field of public administration in China, governance refers to the methods, approaches, pathways, and capacities used to manage national affairs. The concept of "modernization of the national governance system and governance capacity," introduced at the Third Plenary Session of the 18th Central Committee and reaffirmed at the Third Plenary Session of the 20th Central Committee, serves as the foundational context for the study and application of governance in China.

Within this policy framework, scholars in China have undertaken academic research on topics such as the implementation of collaborative governance in contemporary Chinese social development, the role of government as a leading actor in governance, and how to strengthen societal support and capacity-building. This research emphasizes fostering the active participation of society in areas such as self-governance, service provision, and collaborative management. The aim is to establish a new model of social governance characterized by government leadership, societal collaboration, and shared responsibilities. The overarching goal is to create a dynamic, harmonious, and orderly system of social governance.[11,12]

Health perspective

The concept of governance in the field of health is closely linked to its evolution within the broader public administration field, as well as to the principles of good governance promoted by the World Bank. The World Health Organization (WHO) has made significant efforts in advancing health governance. In its 2000 World Health Report, the WHO introduced the term "stewardship" to describe governance functions. By 2007, the WHO defined governance as the process of "ensuring strategic policy frameworks are developed and implemented in conjunction with effective oversight, coalition-building, regulation, and attention to system design and accountability".[13] Since then, discussions around health governance have deepened, and there is now widespread agreement on its importance for achieving health system goals and addressing global health challenges.

People expect that "good health governance leads to good health outcomes," but the exact function of health governance, the models that explain it, the measures to implement it, and the consensus, clear definitions, and assessments needed to make it operational still require further study. A key issue in this regard is the ongoing academic debate over the suitability of neoliberal ideas for health governance. These ideas, which emphasize individual financial capacity, encourage natural competition, and oppose government intervention, are hotly contested.[14] While they may promote individual self-efficacy, self-esteem, empowerment, and productivity, they also commodify healthcare services and contribute to the fragmentation of diagnosis and treatment.[15] This, in turn, exacerbates public health disparities, leads to a decline in healthcare quality,[16] and undermines the medical profession's integrity, eroding public trust in doctors.[17] In the context of China's reform and opening-up in the 1980s, the "marketization of healthcare" has been a controversial issue. Critics argue that healthcare reform should not fully embrace market principles.[18] Nevertheless, it is undeniable that China's healthcare system has gradually shifted away from a purely planned economy, incorporating significant market elements.[19]

Theoretical research on health governance faces challenges in academia, while the governance functions of health systems in various countries and regions continue to evolve, closely linked to the changing

social and political contexts of these regions. These global factors—such as population aging, shifts in disease patterns, social inequities, and fiscal uncertainties—have collectively influenced the priorities of health systems and the roles ascribed to health governance. Health systems worldwide are undergoing reforms, characterized by increasingly decentralized structures for resource mobilization, service provision, and financing. These systems have become progressively diverse and heterogeneous, operating within complex, dynamic networks. Scholars now recognize that health systems consist of multiple interconnected, complex subsystems in continuous evaluation. Effective governance requires the inclusion of new stakeholders and the establishment of formalized interaction rules among the parties involved. Extremes, such as purely planned economies or entirely free-market systems, are widely regarded as unsuitable for health systems. Instead, hybrid governance models are increasingly viewed as a means to address various system failures, balancing fairness and efficiency as much as possible.[20]

Health systems are becoming increasingly boundaryless and ambiguous. The "health-in-all-policies" approach, which integrates health considerations into nearly every public sector and social organization, means that health concerns are omnipresent. This integration complicates relationships and presents significant challenges to health governance, highlighting the need for a more precise definition of governance in this context. The World Bank's concept of good governance, which encompasses principles such as institutional frameworks, citizen participation, accountability, authority, power structures, ownership, political stability, and the rule of law,[9] serves as a foundation for understanding governance. However, applying these principles specifically to the health and healthcare sectors and arriving at a universally accepted and clear definition of governance within this domain remains a challenge.

The WHO uses the term stewardship to describe the role of national leaders in steering the health system and regulating its operations. Stewardship focuses on the guiding function, which involves setting the overall vision for the health system and establishing the operational boundaries for system participants. WHO states that a well-governed health system strengthens its management capacity by defining, leading, and implementing policies on service delivery, health financing, and resource generation. Such a system effectively responds to health priorities while reflecting its own goals and values.

Moreover, health governance encompasses the principles of good governance, which aim to make health policies more evidence-based, intersectoral, and participatory. It emphasizes accountability in a context of expanded partnerships, while ensuring the supervision and evaluation of health system performance. Health governance can be seen as a structural element of the health system. Effective health governance requires sensitive, acceptable measurement indicators to evaluate the processes and outcomes of governance. Establishing clear goals for health governance is essential before assessing its effectiveness. Rather than focusing solely on promoting a more prosperous healthcare system—emphasizing cost reduction, efficiency, and provider satisfaction—health governance should prioritize ensuring access to high-quality health services. These services should be characterized by patient safety, health and social benefits, and equitable accessibility. Additionally, health governance should aim to improve health and well-being continuously, including increasing healthy life expectancy, enhancing health equity, and fostering productive, fulfilling lives.

In China, health governance is one of the key measures in deepening the reform of the medical and healthcare system. One of its defining features is the promotion of "social co-governance".[1] Some scholars argue that health governance in China entails the government fulfilling its public responsibility to safeguard the citizens' right to life and health through the establishment of socialized organizational forms of modern medicine.[21] A closer examination of China's health governance reveals five main areas of focus: (1)The roles and interactions of government, market, and social organizations in the healthcare system and service provision, which inform the principles and direction of health reform.[22,23] (2)Balancing tradition and modernization within China's healthcare services, such as the relationship between Traditional Chinese Medicine (TCM) and Western medicine.[24] (3)Integration within the health system and across related systems, including the integration of medical care and public health, cooperation between general practitioners(GPs) and specialists, and the combination of healthcare with elderly care, all while maintaining a balance among stakeholders.[25] (4)System improvements or restructuring from a health security perspective, such as the renewed emphasis on integrating medical care and public health following the COVID-19 pandemic.[26] (5)Aligning China's approach to health governance with international health cooperation and exchanges, advancing China's modernization of health governance within a global context.[27]

Primary care perspective

As discussed earlier, governance can be interpreted and applied in various ways. Generally, two primary perspectives are commonly used: political economy (public administration) emphasizes the roles of government, market, and society in shaping governance structures and processes, systems management focuses on organizing, restructuring, and regulating systems to ensure efficient and effective governance. Primary care and general practice are central to both global and national health systems. The 1978 Alma-Ata Declaration called for political commitment to implementing sustainable, comprehensive primary care, and for shifting the focus of health services toward health promotion and disease prevention. However, achieving universal, affordable healthcare—one of the core goals of the Alma-Ata Declaration—remains a formidable challenge, deeply intertwined with the political and economic realities of neoliberal globalization. Under neoliberal frameworks, global health governance has often aligned with conservative economic policies that promote privatization and commercialization in healthcare. While some countries have made progress in certain health outcomes, others have been left behind, exacerbating health inequities and diminishing access to essential services.

The marketization of public health and primary care has significantly undermined social equity and justice. The challenges posed by an aging population, along with the rise in chronic diseases and multimorbidity, have substantially increased the demand for healthcare services. This has put immense pressure on the traditional, disease-centered healthcare system, which is now increasingly unsustainable. As a result, there has been a renewed global interest in health-centered systems and preventive strategies. The Astana Declaration, adopted in October 2018,[28–30] reaffirmed primary care as the "cornerstone" of achieving universal health coverage. In the weeks following the Astana Declaration, the People's Health Movement convened a meeting in Bangladesh, where an alternative statement was issued. This statement emphasized the commitment of civil society to comprehensive primary care, with a focus on achieving equitable health outcomes both globally and nationally.[31]

In China's health policies, the government has consistently prioritized the development of primary care as a fundamental principle, while actively addressing the drawbacks of medical neoliberalism through policy guidance. The "Healthy China 2030" Plan Outline outlines several guiding principles, including prioritizing health, fostering reform and innovation, encouraging scientific development, and ensuring fairness and justice.

The plan emphasizes the importance of focusing on rural areas and primary care facilities, advancing the equalization of basic public health services, and safeguarding the public welfare of medical and healthcare services. Its goal is to gradually reduce disparities in access to healthcare and health outcomes between urban and rural areas, regions, and populations, thus achieving universal health coverage and promoting social equity. Furthermore, the strategic theme of the Healthy China initiative is encapsulated in the vision of "co-construction and shared benefits for the health of all."

In 2024, Chinese scholars proposed the "Expert Consensus on Primary Health Governance".[32] This consensus defines primary care governance as a set of actions and measures guided by the new concepts and frameworks of comprehensive health and well-being. These actions focus on addressing the main health issues and healthcare needs of populations at primary care facilities. Under the leadership of the government and its supervisory departments, the consensus emphasizes the all-round participation and collaboration of various stakeholders—such as industry institutions, social organizations, and the public—in constructing a system of institutions and rules aimed at promoting and protecting public health.

The consensus integrates primary care governance into the broader national health governance system, with a focus on the modernization of governance capabilities. This aligns with the principle of prioritizing public health as a strategic development goal. Its core objective is to provide higher-quality, more efficient, fairer, more sustainable, safer, and more participatory primary care services through effective governance. A key point of the consensus is the establishment of a unified, efficient governance organizational system. This system would involve diverse stakeholders, including government, society, organizations, and individuals, working collaboratively to meet primary care needs. It emphasizes the importance of the "government-society-organization-individual" model, ensuring that all parties play their respective roles in primary care governance. Furthermore, the consensus advocates for the improvement of various systems, including coordinated linkage mechanisms, health management frameworks, and monitoring and evaluation systems. It highlights the use of modern technology and information tools to continually enhance the precision, standardization, digitization, and intelligence of primary care governance.

This consensus underscores an understanding of governance that focuses on organizing, structuring, and regulating primary care system. This system is led by government and supervisory departments, with the involvement of multiple sectors. This approach is aligned with the overarching goal of "promoting the modernization of the national governance system and governance capacity." The principles of collaborative development, joint governance, and shared benefits are considered innovative pathways for grassroots social governance.[33]

Compared to broader public administration, grassroots governance places a greater emphasis on the implementation level, specifically on how to coordinate the roles and processes of various stakeholders within the system's structure and operation. This reflects the community-oriented nature of governance.

At the national level, governance requires clearly defining the roles and responsibilities of the government, society, and individuals to foster collaborative social governance. Within the health system, this includes advancing integrated reforms across healthcare services, medical insurance, and the pharmaceutical system.[34] In medical services, a patient-centered clinical governance approach is promoted to ensure patient safety and service quality.

Those familiar with clinical governance often focus on specific management practices, such as setting Key Performance Indicators (KPIs) for physicians, emphasizing rules and procedures, and promoting evidence-based medicine, as well as their impact on healthcare outcomes. However, primary care governance goes beyond these concerns. It also addresses how such management practices can be regulated at the community level, how appropriate socio-economic policies can be established to support these practices, and how the diverse perspectives and interactions of community stakeholders may either facilitate or hinder the implementation of these initiatives.

International research on primary care governance

The inclusive and equitable nature of primary care underpins the public nature of governance tools, which rely on regulatory mechanisms and ethical standards. Social co-governance (i.e., co-construction, co-governance, and shared responsibility) influences basic healthcare services through specific mechanisms.

An expert group from 24 European countries has identified governance as a comprehensive function that affects primary care services, particularly through the financing of basic healthcare and the decentralization or delegation of regulatory authority. This group emphasized that the participants in governance determine the ownership and allocation methods of healthcare financing, as well as the competencies and controls within the regulatory system. These decisions, in turn, influence both the processes and outcomes of healthcare services.[35]

The practices of primary care governance across different countries and systems exhibit strong contextualization, reflecting considerable diversity in governance models. The most common analytical framework combines and coordinates specific forms of government, market, and networks, resulting in hybrid governance structures.[36] Given the flexibility of governance and the diversity of institutional arrangements, this underscores the need for studying primary care governance within the Chinese context (as well as specific regional contexts).

It is argued that primary care governance should adopt a "hybrid" governance structure, based on the normative premise that hybrid models can result in more advanced, robust, flexible, complementary, adaptive, effective, and powerful governance. This view suggests that hybrid governance arrangements can utilize a broader range of policy tools, allowing for mutual compensation of their respective limitations. However, this normative argument is still lacking sufficient empirical evidence. In many cases, the choice of a specific governance structure in a given region may be more contingent or experiential, rather than a model with universal applicability. To address this research question, one approach is through comparative studies. These studies can explore the specific reasons behind the adoption of particular governance structures in given contexts, offering reasoned, context-specific inferences.

Governance research can employ a multifaceted macro-institutional analysis approach, which includes political systems and public administration (such as hierarchy), the use of market forces (marketization), and the promotion of organizational participation (networking). It can also adopt a specific, field-based meso-level analysis, which involves mechanisms for balancing diverse and collective interests, funding mechanisms from government, collective bodies, and individuals, and comprehensive public governance approaches.

Some countries, such as Australia and New Zealand, are characterized by high levels of primary care governance, where a strong central government and fiscal system play a significant role in healthcare management. At the macro-political level, both countries operate under a majoritarian electoral system with a two-party structure. In terms of macro-administration, public management exerts broad influence. However, at the macro-coordination level, both countries exhibit weak market and network components.

At the meso-level, both countries feature mechanisms for balancing diverse interests; however, the influence of medical professional organizations and primary care organizations tends to be weak or temporary. In Australia, the taxation system (Medicare levy) contributes substantially to primary care financing, accounting for 84 % of primary care income. However, the integration of this payment system with the public sector is limited. Since 2013, the federal government has decentralized some responsibilities to 31 Primary Health Networks (PHNs),[37] but there is limited evidence of effective involvement from the market and networks in primary care governance. In contrast, New Zealand's taxation system contributes a smaller share (77 %) to primary care financing but is more strongly integrated with primary care organizations.

Since 2005, Australia and New Zealand have implemented Pay-for-Performance (P4P) schemes as market-based governance tools for primary care providers. However, since 2016, primary care governance in both nations transitioned from a government-market collaboration model to a more cooperative, cross-organizational network governance

model, reducing the emphasis on performance-based pay (i.e., market governance).[38] The governance of basic healthcare in both countries remains largely influenced by strong fiscal control through taxation, which enhances government oversight and control over the system.

Although New Public Management (NPM), characterized by a strong contract-based governance system and a focus on output and process-oriented accountability, holds considerable influence in the marketization and networkization of certain sectors, it has not demonstrated significant effects on basic healthcare governance. Among the government, market, and networks, government governance has been strengthened by its traditional role in mediating multiple interests, while new networks, such as PHNs, have not yet been formally integrated into the policymaking process. In New Zealand, GPs only temporarily engage in policy development and hold veto power during the implementation phase.[39]

Historically, primary care funding has been primarily derived from taxation, but the proportion of GPs' income from out-of-pocket payments by patients is expected to rise, thus weakening the state's (tax-based) financial influence. Australian scholars argue that neoliberal reforms, which focus on the volume of clinical service delivery, often neglect the changing disease profile of the population and basic healthcare needs. They suggest that this approach hinders the reduction of induced demand and impedes the promotion of public health.[40]

In these two countries, where new public management is relatively weak, basic health services are decentralized and small-scale. As a result, a powerful governance mechanism is necessary, with the market (i.e., social insurance) playing a key role. This market-centric approach further reduces government control over coordination mechanisms. Additionally, the separation between payers (social insurance) and providers (primary care) creates a natural governance leverage, with the healthcare industry playing a crucial role.[41] Japan's social insurance system follows the Bismarck model, with multiple social insurance funds, each covering a specific group. The government regulates these funds to ensure they provide healthcare coverage for all people.[42] Influenced by the Western neoliberal wave, Japan maintains a "neoliberalism with Japanese characteristics," promoting state-centered traditional values and economic principles, which modifies neoliberalism with a cultural perspective.[43]

In some countries and regions, such as Denmark and Quebec, the degree of diversification in primary care governance is relatively low, with markets and networks virtually nonexistent. These systems are primarily based on hierarchical governance models. Politically, these countries follow a multi-party system. Administratively, new public management practices are weak, and macro-level coordination is mainly executed through a relatively weak hierarchical system.

At the meso level, both countries adopt a model of "public corporatism" for interest representation, such as through union agreements. Healthcare funding comes primarily or entirely from government taxation. Basic healthcare services and general practice are highly decentralized, with a lack of intermediary organizations. The state's requirements for primary care services are relatively soft, and there is limited monitoring and control. Although general practice organizations' standards are referenced for assessing the quality of basic healthcare, there are no corresponding measures for low-quality services.[44]

As a result, these countries lack significant market and network governance, and their hierarchical governance is limited. The capacity for public integration is also constrained, with a lack of intermediary structures between primary care services and central administration. However, this governance model aligns with the decentralized nature of healthcare in these countries. Reforms in macro-political systems and public administration have had minimal impact on primary care.[45]

In summary, Australia and New Zealand exhibit a high level of diversity in primary care governance, resulting from a combination of tiered, market-based, and network governance approaches. In contrast, Germany, the Netherlands, and Japan show a moderate level of governance diversity, with a coexistence of tiered and market-based governance. Denmark and Quebec, on the other hand, demonstrate lower levels of diversity, primarily relying on soft tiered governance. Thus, the diversification of primary care governance can be understood as a dynamic combination of tiered, market-driven, and network-based governance structures. This combination is closely linked to macro and meso-level political and administrative contexts, as well as existing coordination mechanisms. These governance structures evolve over time in response to changes in governance strategies and their respective impacts. Therefore, governance diversity and flexibility should be considered a fundamental characteristic of primary care systems.

Further research needed on primary care governance in China

To build and develop a health governance system with distinct Chinese characteristics, achieve the social co-governance of basic health (common construction, common governance and sharing), and promote the advancement of basic health and healthcare services, further in-depth research on primary care governance is imperative.[46] The following insights have been drawn from the study (Table 1).

Table 1
Researches needed on primary care governance in China.

Research directions	Specific directions
Clarifying the roles and interrelationships of government, market, and social organizations in the primary care system and services[47–49]	How to encourage full participation from industry institutions, social organizations, and the general public, and define the forms of participation, division of labor, coordination, and supervision mechanisms
	How to compensate or reimburse health service providers (e.g., institutions and professionals earning income from service provision) and informal service providers (e.g., caregivers, family members, neighbors, friends, and volunteers) for delivering health services and care[50]
	What payment policies should be adopted for non-public and private primary care facilities[51]
	How economic policies can be employed to improve the provision and quality of primary care[52]
	How to establish co-design mechanisms involving key stakeholders, including government and health authorities, social and professional organizations, community residents and the public, public and private service providers, health insurance and medical insurance providers, and other entities related to primary care[53]
Balancing traditional and modern approaches in China's primary care services	Strategies to cultivate a sense of community belonging in community-based primary care services[54]
	Methods to closely integrate services with local traditions and culture, while adapting to and addressing the specific health beliefs and needs of local residents; Approaches for primary care providers to establish culturally sensitive service delivery methods[55]
	Ways to address the needs, provision, utilization, and payment of primary care services for socioeconomically disadvantaged groups and health-vulnerable populations within local communities[56]
	Strategies to further promote the integration of traditional Chinese medicine (TCM) and Western medicine to meet local residents' demand for traditional healthcare services[46,57]
	How to use new technologies to develop ethical and effective primary care services[58]

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Table 1 (*continued*)

Research directions	Specific directions
Strengthening the professional governance of primary care services	Professional organizations, including societies and associations, are critical in the governance of primary care. Their responsibilities include developing and implementing standards, guidelines, statements, training syllabi, educational materials, and courses. They also play a key role in learner assessments, credentialing, service quality reviews, quality improvement initiatives, patient safety measures, continuing professional development, advocacy, and leadership in primary care[59] How to perform quality management, quality control, and quality improvement of public and private primary care facilities.[60] How to establish reward and penalty mechanisms to providers. Measures to protect and promote the physical and mental health of service providers, along with robust strategies to prevent occupational violence and injury. Enhancing systemic improvements and restructuring initiatives with a focus on patient safety. This includes implementing clinical governance mechanisms in basic healthcare, identifying and addressing safety gaps in primary health services through preventive approaches, and preventing the recurrence of adverse events and near-miss incidents.[59]
Strengthening community-based team building, professional referrals, and social referrals	How to further improve the construction of primary care teams (including general practitioners, general nurses, clinical pharmacists, and public health doctors); How to establish and enhance the cooperation and referral mechanisms for multi-stakeholder participation in primary care and collaborative care (including psychological counseling, patient education, physical therapy, occupational therapy, social work, rehabilitation services, etc.)[61]; How to establish and enhance the cooperation mechanisms and interactive interfaces between health services and social services (including labor unions, volunteers, party organizations, civil affairs, women's federations, disabled persons' federations, youth leagues, enterprises, service industries, etc.); How to establish and improve the cooperation with social and economic organizations.[62] Development process, management, supervision, and evaluation of primary care guidelines and consensus.
Identifying the impact of health systems and related systems on primary care	How to address the issue of system coordination in medical and preventive care by improving the coordination mechanisms of health administrative departments[63,64]; How to address the issue of service integration in medical and preventive care by integrating separate treatment and prevention through medical education, training, and continuous professional development, ensuring that all primary care practitioners are competent in both medical treatment and prevention[65–67]; How to strengthen collaboration between general practitioners and specialists and share services, reinforce community-based primary care by establishing a healthcare system centered on basic medical care, and define the responsibilities of general practice and specialized care based on patient needs and maximizing cost-effectiveness[68–70]; How to support a more influential primary care system through in-depth medical, health insurance, and pharmaceutical reforms.
Strengthening multidisciplinary research networks and collaboration in primary care systems	Primary care governance is community-focused, but it also involves other levels of governance and diverse backgrounds, engaging multiple stakeholders and a variety of participants. Its governance extends beyond medical and health management disciplines, closely intertwining with most other academic fields and socio-economic sectors. Multidisciplinary, interdisciplinary, and transdisciplinary research in primary care governance allows for the development of more comprehensive and integrated findings,[71] providing scientific evidence to inform primary care governance. Attention should be given to integrating China's model of health governance and primary care governance with international health and healthcare exchanges and cooperation. Through international collaboration and sharing, the deepening of primary care governance can be promoted, ultimately benefiting global human health.

Summary

The term "governance" carries different interpretations and definitions depending on its context, discipline, perspective, and application. From the standpoint of public administration and political economy, governance pertains to the roles of governments, markets, and networks in the development of nations and regions. The World Bank's concept of good governance emphasizes effective public management, accountability, rule of law, transparency, and anti-corruption measures. According to the WHO, health governance focuses on the government's guiding role in developing strategic health policy frameworks, complemented by effective oversight, coalition building, regulation, and attention to system design and accountability. In China, the macro framework for governance is encapsulated in the concept of the "modernization of the national governance system and governance capacity." This encompasses various domains, including healthcare governance. Governance in the primary care represents the practical application of these diverse governance interpretations. It plays a pivotal role in achieving the objectives of China's "Healthy China" strategy, which is a national initiative aimed at enhancing population health through integrated reforms. We proposed topics for further research on primary care governance from the perspectives of public administration, community development and sociology, Governance Structures of Professional Services, Community Team and Network Building, Health Systems and Management and Multidisciplinary Research Networks.

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Attached Document

Expert Consensus on Primary Health Governance 2024

Public Health Security and Health Professional Committee of the Public Safety Science and Technology Society,General Practitioner Branch of Chinese Medical Doctor Association

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Recommendation 1: Primary health governance is guided by the new concepts and frameworks of National Fundamental Strategy and Supreme Goal of Health. It addresses the primary health issues and health care needs of community groups and individuals. Under the leadership of the government and its relevant authorities, various stakeholders, including industry organizations, social organizations, and the public, participate in a collaborative and coordinated manner. Primary health governance involves the establishment of a series of systems and rules aimed at promoting and protecting public health through all necessary actions and measures.

Recommendation 2: Community health governance is a crucial aspect of governance at primary level. It serves as the foundation for improving basic health care systems and is an essential component of the modernization of the national health governance system and its capabilities. Additionally, it aligns with global trends and advancements in health care and is a vital platform for building a Healthy China.

Recommendation 3: Community health governance aims to provide the public with higher-quality, more efficient, more equitable, more sustainable, safer, and more accessible health care services. It is designed to comprehensively safeguard public health throughout life course.

Recommendation 4: The fundamental principle of primary health governance is to prioritize public health as a strategic position of development.

Recommendation 5: The key to primary health governance lies in building a unified, efficient, and well-coordinated organizational system for primary health governance. This system should involve multiple stakeholders—government, society, organizations, and individuals—working together to meet the needs and demands of primary healthcare. It is recommended to establish a new system that integration of curative care and preventative care, and individual care and public healthcare at primary level

Recommendation 6: Strengthen the capacity building of multiple stakeholders to create a primary care service alliance, thereby solidifying the foundation of primary health governance.

Recommendation 7: Improve the coordination and linkage system for primary health governance, enhance the health management system for residents, and establish a monitoring and evaluation system for primary health governance.

Recommendation 8: Take fully advantage of modern scientific technology and information tools to continuously enhance the precision, standardization, digitalization, and intelligence of primary health governance.

Recommendation 9: Improve approaches of health education and promotion, and drive innovation in health education models based on artificial intelligent technologies.

Recommendation 10: Focus on the needs of human health development and public health practices, promote international cooperation in primary health governance, and work towards building a global alliance of health and well-being.

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