

Governance in the health care sector of Curaçao

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1 Introduction

On December 3rd 2005 St. Elisabeth Hospital in Curaçao celebrated its hundred and fiftieth anniversary. In that same year also a new interim supervisory Board was appointed to oversee management of the hospital after a conflict that lasted for years. Not only were the members of the supervisory Board replaced but also the bylaws of the organization were modernized.

In December 2005 the IMF stated in the preliminary conclusions of the consultation:

“Reforms in health care and pension systems are needed to help reach a sustainable position of public finances in the medium term, and support employment and economic growth. The state has provided comprehensive benefits to its citizens who are outstanding within the region, including free universal education, a high standard of health care, social assistance and a general pension. But the rapidly rising costs of the health care system absorb an ever larger share of budgetary resources, raise the price of labor and crowd out spending on education and investment. Identified savings opportunities should be exploited swiftly, including, through more competitive pricing and imports of pharmaceuticals from neighboring markets, better management of hospitals and removal of barriers to entry into the medical services markets. A gradual increase in the retirement age is also necessary to safeguard the actuarial balance of pension systems in view of the increase in life expectancy.” (IMF, December 2005)

In March 2006 the Ombudsman of Curaçao reported that the care in the elderly homes in Curaçao is alarmingly poor (Antilliaans Dagblad, 2nd March 2006). Elderly care has become a business. According to the Ombudsman government should introduce legislation to regulate the elderly care (Antilliaans Dagblad, 2nd March 2006). On Wednesday 3rd March 2006 an elderly home burned down and one of the clients died. The commissioner of Health declared that legislation is necessary. The elderly homes must comply with regulation (Antilliaans Dagblad, 10 March 2006). On the 24th of March a newspaper reported that a team of government officials will be inspecting the elderly homes (Amigoe, 24th March 2004).

Not so long ago the subsidized foundation Kraamkliniek Rio Canario had Governance issues. So did the independent laboratory Analytisch Diagnostisch Center which had to cope with a fraud charge of several millions and is still under investigation.

These developments in the health care sector in Curaçao lead to the question: how is the health care sector in Curaçao governed?

Health care governance according to the Dutch Health Care Governance Commission is: "... a system of rules and codes of conduct for good administration and supervision in health care organisations and of proper accountability to and scope for influence by stakeholders concerning the way in which the health system achieves its objectives and delivers high quality, effective care." (Health Care Governance Commission, October 1999)

According to the list of the Minister of Health of the Netherlands Antilles forty-six organizations are involved in health care in Curaçao (Appendix 1). The list is incomplete. For example the private owned laboratories are not registered. Also absent are institutions that provide care to drug addicts and the Federations of Care Institutions (Stichting Federatie Zorginstellingen Curaçao), a collaboration of institutions providing care. According to another list managed by the island government Agency of Public Health (GGD) eighty-seven organizations are involved in the health care sector (Appendix 2). The difference between the two lists is that the island government registration includes associations of patients and insurance companies. But this second list is neither complete nor up to date. The already mentioned organizations are not on the list and neither is the insurance organization BZV (Bureau Ziektekosten Verzekering). The School of Nurses (Instituto pa Formashon den Infermeria, IFE), which is considered part of the educational system and not of the health care system, is also not on the list.

When researching the libraries in Curaçao one comes to the conclusion that there are no studies on the topic of governance in the health care sector in Curaçao. There are basically two types of publications on the health care sector in Curaçao: Publications on the history of specific institutions commemorating their existence (Römer-Kenepa, 2005; Gerritsen and others, 1986) and publications regarding the health of the population based on surveys (Albers and other, 1996). An exception is the publication "Van scheepschirurgijn tot specialisten" by Stadius van Eps and Luckman-Maduro (1973). This last mentioned publication presents historical information on health care in Curaçao.

The question that will be answered in this article is: "How is the health care sector in Curaçao governed?"

It should be mentioned that the Foundation Federation Care Institutions (Stichting Fedratie Zorginstellingen) held a conference on 23rd April 2004 on the topic of health care governance.

Given the stage of research in the area of health care governance in Curaçao the objective of this article is to produce a preliminary sketch of the current situation and to create a basis for further future research in this area.

Structure of this paper

After the introduction, the methodology of research is described, followed by models for health care governance and then examples of health care governance elsewhere. There is a short description of the historical context of health care governance in Curaçao, and a description of the current situation of health care governance in Curaçao. This is followed by analyses of the governance of the health care sector in Curaçao. The article is summed up in the conclusion.

The methodology and delimitations

In the first stage of this research, the literature on health care in Curaçao was explored to look for relevant publications on the topic. This was followed by an examination of the research done by international, mainly Dutch, authors on the subject. In the second stage a database of all organizations in the health care sector in Curaçao was created. This database was derived from the listing of institutions compiled by the Ministry of Public Health of the Netherlands Antilles and the Agency of Public Health of the island government of Curaçao (GGD). All eighty-seven organizations were approached and interviewed in January and February 2006 based on the questionnaire presented in Appendix Three. The data in the database was analyzed and conclusions were drawn. These conclusions were discussed by a panel of experts at a conference hosted by the University of the Netherlands Antilles on 22nd April 2006.

2 Models and theories for analyzing health care sector and the hypotheses

To analyze governance in the health care sector in Curaçao several models were created or presented.

The health care sector consists of four categories of organizations. Governmental organizations prepare the health care policy and legislation. The government also inspects the health care sector. The health care providers are organized in three layers: intramural institutions, policlinics and residential health care providers. There are also professional Associations. Health care is financed by the government and insurance companies. The fourth group of organizations is the patients or consumers and their Associations who purchase the services offered by the providers and funded by the financers. This governance health care model is inspired by the ideas of Boot & Knapen (1996).

| | | |
|---|-----------------------------------|-----------------------------|
| Government: | | |
| Policy Legislation Inspection | | |
| Health care providers: | Financers: | Patients/ consumers: |
| Intramural/ semi mural/extra mural Clinical/ policlinical Residential/ semi residential/ ambulant | Government Insurance companies | |

Figure 1: A model of the health care sector

The Agency theory is perhaps the most powerful concept when studying governance. This literature addresses the nature of contracts between two parties: the principal (or government) and the agent (or bureaucrats).

“At the core of this theory is the idea that interchange between parties can be characterized as a series of contracts where one party, the principal, enters into agreements with another party, the agent, who agrees to perform tasks on behalf of the principal in return for compensation (Moe 1984, 1990; Pratt and Zeckhauser, 1985; Bendor , 1988). Moe (1984:765) notes that politics can be seen as a series of principal-agent relationships from citizen to politician to senior bureaucrat to subordinate bureaucrat to service providers.

Agency theory assumes rational, utility-maximizing behavior by individuals. Hence conflicts will arise between principals and agents as their self-interests differ. Add to this asymmetric or incomplete information, the difficulty of observing and monitoring agents’ behavior and the imperfect mapping of agents outputs and the outcomes desired by the principal, and an even larger ground for conflict will exist. Principal-agent theory is concerned with the best way to construct and monitor on tracts so that these kinds of conflicts are minimized. The theory is useful in analyzing the selection of agents, designing incentives and pay systems, and choosing between in-house or outside contractors.” (Bale & Dale, 1998)

Agency theory is visualized in the next figure. The center is the principal who is surrounded by agents connected by contracts.

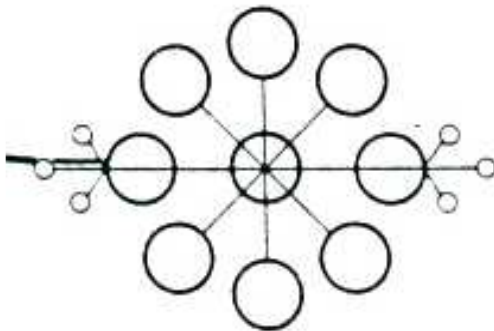
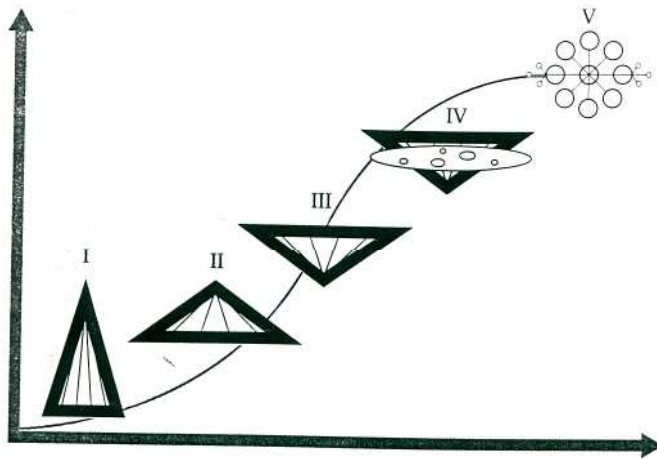


Figure 2: Visualization of Agency theory (Goede, 2005)

In the case of Curaçao the government (agencies) and the financiers can be seen as principal and the providers and customer’s associations as agents.

The Agency theory is a model for the network society. The network society has evolved from the hierarchical society in several stages (Goede, 2005).



The new organization has evolved through time:

Fig 3: The evolution of organizations and society (Goede, 2005)

Based on the previous models the following hypotheses can be formulated:

Good Governance in the health care sector of Curacao is poor and should improve.

The government is the Principle stating the policy, and the organizations are Agents executing the policy based on a service level agreement, and reporting on the progress.

The behavior of the Agents depends on the legal form of the Agents.

3 Health care governance elsewhere

Although Curaçao has seen an increasing number of organizations in the health sector struggle with government issues, there is no structured debate on governance in the health care sector. This can be explained by the fact that the debate on the issue of Good Governance in Curaçao is still in the early stages. The expectation is that the program on Good Governance started by the University of the Netherlands Antilles in 2005 will give a big push to this issue on the agenda of the community of Curaçao. On 17th March 2006 Prof. dr. Roel in 't Veld delivered his inaugural speech as Professor in Good Governance

In the Netherlands the debate on corporate governance started in the late 1990s (Tiems and others, 2005). The Health Care Governance Commission has described the Dutch health care system as follows:

- The health care sector is one of the biggest economic sectors.
- The sector has become more hybrid: they serve a public goal as a private organization for which they receive public funding, while on the other hand they provide care to clients in return for direct payment, where market factors play a role.
- The health care system is complex and relies on self government of organizations and health care providers and governmental responsibility for the accessibility of the care.
- An increase in number of health care organizations as a consequence of mergers.
- Most care organizations are foundations (*stichtingen*). The two-tier corporate governance structure has a weak legal base.

In October 1999 the Health care Governance Commission presented its recommendations. But it was not until June 23rd 2005 that the health care sector presented a governance code for the health care sector to the Dutch Minister of Health. Some highlights of the code are:

- The code is a collection of generally excepted good practices.
- Organizations in the health care sector must implement a two-tier corporate government structure. The members of the supervisory Board must be independent professionals from a broad range of professions. The supervisory Board members should not be appointed by a third party. Direct open recruiting via advertising in newspapers is advisable. In case a member is appointed by a third party he should act independently.
- The health care organization must communicate with stakeholders. And some stakeholders must have the right to request intervention by the court of justice.
- The person of the accountant should change from time to time. The accountant should not act as a consultant to the health care organization. In case an exception is made this should be mentioned in the annual report of the organization (Tiems and others 2005; Van de Leemput and others; Ernst & Young, 2006).

On January 1st 2006 the new Law on Admittance of Care Organization came in to place (Wet Toelating Zorginstellingen) (Tweede Kamer vergaderjaar 2004-2005, 27 659, nr. 55). The law demands that a transparent corporate government structure be in place in the health care institutions. Moreover, the criteria with respect to the annual reporting are further elaborated.

According to the 2002 Canadian report “Good Health Through Good Governance” , an independent body must be installed to give details on the performance of those who deliver and insure service. The report states that command and control structures associated with top down governance will not work. Canadians must be better informed about determinants of health care (Munk Centre, University of Toronto, 2002).

The conclusion is that there are indications that much is happening in The Netherlands and Canada, for example, in the area of good governance in the health care sector. There are codes and laws being developed and implemented.

4 The historical context of health care management in Curaçao

Curaçao was discovered in 1499 by the Spaniards. The island was confiscated by the Dutch in 1634. With a brief interruption by the British, the island has remained part of the Dutch Kingdom till this day. The island is 444 km² and has about 132.000 inhabitants forming a multicultural society.

It is Eurocentric to state that medicine arrived on the island when the Spaniards arrived and to say that Dutch medicine arrived on the island in 1634 with the arrival of the doctors onBoard the ships of the West Indian Company. After these ship doctors, health care was taken over by the Dutch military doctors and afterwards joined by Jewish doctors who had escaped persecution in Europe. Very early the Catholic Church played an important role in health care on the island. The Catholic Church established the St. Elisabeth hospital in 1855. The Advent Hospital was established in 1968. The Public Laboratory was opened in 1916 and the current building was constructed in 1964. The Red Cross was established in the year 1931 (Status van Eps & Luckman-Maduro, 1973).

Around 1874 public health was administrated by a town doctor (Stadsgeneesheer) and the Council of Health (Geneeskundige Raad). The task of the council was supervision and inspection of the health care on the island. In 1915 – 1918 the health care was restructured. It was in 1919 that the Department for Public Health of Netherlands Antilles was established. In 1951 the Agency for Public Health of all the island of the Netherlands Antilles were created as a consequence of constitutional changes when the Netherlands Antilles obtained self government.

| 1499 | 1791 | 1855 | 1914 | 1919 | 1999 |
|--|--|--|---|--|---|
| <p>The Spaniards arrived</p> <p>The colonial period: WIC arrived in 1634.</p> <p>Ship doctors. Doctor taking care of slaves. The Jewish doctors.</p> | <p>The colonial period: Government</p> <p>Middle of the eighteenth century the government had an active role in fighting epidemics.</p> <p>Hospitals are started and the government starts to protect citizens against doctors' malpractices.</p> <p>In 1816 after the English occupation a town doctor (Stadsgeneesheer) is appointed.</p> <p>In 1838 a healthcare commission (Geneeskundige Commissie) oversees the health care.</p> | <p>The Catholic Church</p> <p>In 1855 the St. Elisabeth hospital is started.</p> <p>In 1874 healthcare is reorganized and the healthcare commission is abolished and a healthcare Board (Geneeskundige Raad) is installed.</p> | <p>Private companies</p> <p>The refinery is established on the island.</p> <p>The Panama Canal is opened.</p> | <p>Government</p> <p>In 1916 the Panama Canal is opened. This brings new healthcare issues.</p> <p>In 1919 The Department of Health Care is started.</p> <p>In 1951 the Departement of Health of the Curaçao (GGD) is started.</p> | <p>Corporatization, Commercialization, Globalization.</p> |

Figure 3: Stages of development of health care in Curaçao

During a Naskho conference on health care held from April 6th -7th 2006, Kampsteeg gave his perspective on the historical development of health care from the 1950s until the present. He distinguishes the following periods. The fifties was the era of charity. The Government woke up in the sixties. The seventies was the period of recognition of the health care sector by the Government. The eighties was the time of growth of the health care sector. The nineties was the epoch of strengthening the financial structure of health care. And the new millennium is the age of social responsibility. In the next table the theory of Kampsteeg is related to the timeline of the organizations which participated in this investigation.

| | | |
|--|------|---------------------------|
| Sint Elisabeth Hospitaal | 1855 | |
| Habaaï | 1943 | |
| Stichting Birgen di Rosario | 1943 | |
| Prinses Margriet | 1943 | |
| Kraamkliniek Rio Canario | 1949 | |
| Directie Volksgezondheid | 1952 | Charity |
| GGD | 1953 | |
| Sociale Verzekeringsbank | 1960 | Awakening |
| Curaçaoose bond verpleg.pers. Sehos | 1965 | |
| Famia Plania | 1965 | |
| Antiliaans Advent Ziekenhuis | 1970 | Recognition |
| Totolika oudervereniging | 1973 | |
| Curaçaoose Vereniging van Fysiotherapeuten | 1975 | |
| Fundashon Sonrisa | 1977 | |
| Stichting hulp aan auditief gehandicapten | 1978 | |
| I.F.E | 1978 | |
| Ruimtel. Orden.& Volkshuivest | 1979 | |
| Fedemarko (gehandicapten) | 1984 | Growth |
| Bestuur Vereniging Medisch Specialisten | 1984 | |
| Medishe Dienst ISLA | 1985 | |
| Huize Zorg in Hoop | 1985 | |
| Nos Welita | 1985 | |
| Inspecteur van volksgeondheid | 1987 | |
| Ennia Caribe | 1987 | |
| Curaçaoose Hartstichting | 1988 | |
| Nierstichting | 1988 | |
| Stichting Thuiszorg Banda Bou | 1989 | |
| Stoma patienten vereniging Rosa | 1991 | Strengthening the finance |
| Curreuma | 1996 | |
| Stichting Multiple Sclerose Ned Antillen & Aruba | 1996 | |
| Asosahon pa autismo korsou | 1997 | |
| Fundashon Sedreko | 1998 | |
| Fundashon ProBista | 1998 | |
| Parkinson | 1999 | |
| Fundashon perspectiva i sosten integral. | 2000 | Social resposibility |
| ADC | 2000 | |
| E.Q. Libra | 2000 | |
| PMA | 2000 | |
| Bestuur Apothekers Vereniging | 2001 | |
| Fundashon Tayer Social | 2001 | |
| Handicaps Right Foundation | 2001 | |
| SGR Groep | 2003 | |

Table 1: The year of the founding of organization of the health care in Curaçao.

5 The current situation in the governance of the health care sector in Curaçao

Eighty-seven organizations are registered as being involved in health care in Curaçao.

| | Frequency | Percent |
|-------------------------------|-----------|---------|
| Government Agency | 13 | 15 |
| Associations of professionals | 10 | 12 |
| Clinic | 8 | 9 |
| Company medical organization | 1 | 1 |
| Home care | 3 | 3.5 |
| Institution for care | 4 | 4.5 |
| Institution for elderly care | 9 | 10 |
| Insurance company | 5 | 6 |
| Labor union | 1 | 1 |
| Other | 7 | 8 |
| Patient association | 26 | 30 |
| Total | 87 | 100.0% |

Table 2: Types of organization in health care sector of Curaçao

The number of Agencies (13) seems high. However, this is due to the fact that the Health Care Agency of Curaçao has a broad scope when it comes to registering the organizations involved in health care on the island. Therefore the government agency dealing with sports and the agency responsible for urban planning, for example, are included in the list.

The organizations in the health care sector of Curaçao have several legal structures:

| | Frequency | Percent |
|---------------------|-----------|---------|
| Government Agency | 9 | 10.5 |
| Association | 39 | 45 |
| Private Company | 4 | 4.5 |
| Foundation | 33 | 38 |
| State owned company | 1 | 1 |
| Sui generis | 1 | 1 |
| Total | 87 | 100.0% |

Table 3: The legal constructions of the organizations in the health care sector of Curaçao

What is the legal structure of the organization of the respondents?

| | Frequency | Percent |
|---------------------|-----------|---------|
| Government Agency | 7 | 15.2 |
| Public Foundation | 7 | 15.5 |
| Private Foundation | 18 | 39.1 |
| State Owned Company | 1 | 2.2 |
| Private Company | 1 | 2.2 |
| Association | 11 | 23.9 |
| Sui Generis | 1 | 2.2 |
| Total | 46 | 100% |

Table 4: The legal constructions of the respondents

The response of this research is 53%. The response is actually higher because several organizations merged, reducing the number of organizations on the original list. The response is also influenced by the fact that many organizations could not be contacted because their address is not known or because of the fact they are not active.

The government agencies have the task of policy and legislation development, buying services, and inspection of organizations involved with health care. The Executive Council of Curaçao states in the policy document that the focus will shift from *cure* towards *prevention* and that the stakeholders will be involved in accomplishing the objective of the policy: value for money in the health care sector. The priorities are regulating the entrance of new health care providers to market, caring for elderly citizens, increasing participation of the stakeholders, and building a new hospital. In the document it is also stated that the Island Government will purchase health care from subsidized organizations via the BZV (Bureau Ziektekostenverzekering). Moreover, for the first time a service level agreement will be signed with the BZV (Bestuurscollege Eilandgebied Curaçao, 2004). In its Emergency Program, the Central Government of the Netherlands Antilles states will synchronize its policy with the governments of the islands. The Central government states that it will also be focusing on quality and accessibility of health care by the citizens. It is remarkable that the policy document mentions the concept 'health governance' and that this concept is not further explored. The program also mentions the creation of a law on health care organizations and the introduction of general health care insurance. It is noticeable that not only is health care governance not developed but also that laws on health care organizations and the general health care insurance have not been introduced.

Associations and foundations are the legal structures that are the most frequently used. Six of these organizations were corporatized (*verzelfstandigd*) in the late 1990s, creating one state owned company and Public Foundations.

The organizations are of different denominations. The religious denomination is not prominent in 2006 based on the respondents in this research. Although the perception is still that religion play an important role in health care. An element that has created this perception might be the fact that the hospitals which fall under a religious denomination have played a prominent role. It should also be pointed out that mergers of organizations with religious denominations have taken place.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|-----------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Religious | | | 6.5% | | | 2.2% | | (4) 8.7% |
| Public | 15.2% | | 2.2% | | | | | (8) 17.4% |
| General | | 15.2% | 30.4% | 2.2% | 2.2% | 21.7% | 2.2% | (34) 73.9% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 5: The denomination of health care organizations in Curaçao

The organizations have the following objectives:

| Organizations | Percentage |
|-------------------------------|------------|
| Objective | |
| Policy | 10.9% |
| Patients | 28.3% |
| Professional interested party | 13.0% |
| Healthcare | 10.9% |
| Otherwise | 13.0% |
| No answer | 23.9% |
| Total | 100.0% |

Table 6: The objectives of health care organizations in Curaçao

The stakeholders of the organizations are: Government, the population, health care institutes, insurance companies, doctors and patients.

| Legal Form | Government | Population Neth. Antilles | Health care institutes | Insurance in general | Specialists/ doctors | Patients | Others | Total |
|--------------------|------------|---------------------------|------------------------|----------------------|----------------------|----------|--------|--------|
| Association | 5.9% | 11.8% | 5.9% | 11.8% | 11.8% | 23.5% | 29.4% | 100.1% |
| Government Agency | 26.3% | 26.3% | 5.3% | 0.0% | 0.0% | 0.0% | 42.1% | 100.0% |
| Private company | 0.0% | 25.0% | 0.0% | 0.0% | 0.0% | 0.0% | 75.0% | 100.0% |
| Private Foundation | 7.8% | 2.0% | 5.9% | 7.8% | 4.0% | 7.8% | 64.7% | 100.0% |
| Public Foundation | 16.7% | 0.0% | 4.2% | 8.3% | 0.0% | 0.0% | 70.8% | 100.0% |
| State owned | 0.0% | 0.0% | 0.0% | 0.0% | 33.3% | 0.0% | 66.7% | 100.0% |
| Sui Generis | 20.0% | 0.0% | 20.0% | 20.0% | 0.0% | 0.0% | 40.0% | 100.0% |

Table 7: The stakeholders of health care organizations in Curaçao

The health care organizations involve the stakeholders several ways. This involvement is mainly (45.7%) by having meetings with the stakeholders. It is unknown how often these meetings with stakeholders are held nor what is done with their input.

| | Percentage |
|-----------|------------|
| Surveys | 15.2% |
| Meetings | 45.7% |
| Other | 19.6% |
| No Answer | 19.6% |
| Total | 100.0% |

Table 8: The involvement of the stakeholders by health care organizations in Curaçao

Most health care organizations in Curaçao focus on sizeable groups, such as the population at large.

| Target Group | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|--------|
| 0-100 | 2.2% | 2.2% | | | | 4.3% | | 8.7% |
| 101-1000 | 2.2% | 2.2% | 4.3% | 2.2% | | 6.5% | | 17.4% |
| 1001- 10000 | | | 8.7% | | | 2.2% | | 10.9% |
| >10000 | 10.9% | 8.7% | 15.2% | | 2.2% | 4.3% | 2.2% | 43.5% |
| No answer | | 2.2% | 10.9% | | | 6.5% | | 19.6% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 9: The size of the membership and target group of the health care organizations in Curaçao

The associations vary in number of members.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|-------|
| 0-25 | | | | | | 4.3% | | 4.3% |
| 26-50 | | | | | | 6.5% | | 6.5% |
| 51-100 | | | | | | 6.5% | | 6.5% |
| >100 | | | | | | 4.3% | | 4.3% |
| No answer | | | | | | 2.2% | | 2.2% |
| Not relevant | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | | 2.2% | 76.1% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100% |

Table 10: Members of the health care organizations in Curaçao

More than half of the organizations employ less than twenty-five persons. This means that the majority of the organizations have the configuration of a Simple Professional Bureaucracy (Mintzberg, 1979).

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|-----------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|--------|
| 0-25 | 8.7% | 2.0% | 23.9% | | | 15.2% | | 52.2% |
| 26-50 | 4.3% | 2.0% | 2.2% | | | | | 10.9% |
| 51-100 | | 2.2% | 2.2% | | | | | 4.3% |
| >100 | 2.2% | 2.2% | 10.9% | 2.2% | 2.2% | | 2.2% | 21.7% |
| No Answer | | 2.2% | | | | 8.7% | | 10.9% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 11: The number of people employed by the health care organizations in Curaçao

Most organizations in health care in Curaçao have only one manager.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|-----------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|--------|
| 0 | | | 4.3% | | | | | 4.3% |
| 1 | 15.2% | 2.2% | 10.9% | 2.2% | | 4.3% | | 34.8% |
| 2 | | 4.3% | 10.9% | | | | | 15.2% |
| 3 | | | | | 2.2% | | 2.2% | 4.4% |
| No answer | | 8.7% | 13.10% | | | 19.7% | | 41.6% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 12: The number of Board members on the Boards of the health care organizations in Curaçao

Most of the organizations in health care in Curacao (64%, twenty-five of the thirty-nine) have Boards of less than 10 persons.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|-------|
| 0-5 | | 4.3% | 8.7% | 2.2% | 2.2% | 15.2% | | 32.6% |
| 6-10 | | 10.9% | 17.4% | | | 8.7% | 2.2% | 39.1% |
| >10 | | | 4.3% | | | | | 4.3% |
| No answer | | | 8.7% | | | | | 8.7% |
| Not Relevant | 15.2% | | | | | | | 15.2% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100% |

Table 13: The number of people on the Board of Directors in health care organizations in Curaçao

The small size of organizations is a reflection of the small scale of the society as a whole. The consequence is that it is difficult for organizations to realize economies of scale.

There is no relationship between the number of people employed by the organization and the number of persons on the Board. There is, however, a relationship between the task of the organization and the size of the Board. The assumption is that given the objective of the organization, stakeholders are represented on the Board.

| | | Not Relevant | 0-5 | 6-10 | >10 | No Answer | |
|--------------------------------------|-----------|--------------|-------------|--------------|-------------|-------------|--------------|
| Number of people employed - interval | 0-25 | 4 | 8 | 7 | 1 | 4 | 24 |
| | 26-50 | 2 | 2 | 1 | | | 5 |
| | 51-100 | | | 1 | 1 | | 2 |
| | >100 | 1 | 3 | 6 | | | 10 |
| | No Answer | | 2 | 3 | | | 5 |
| Total | | (7) 15.2% | (15) 33% | (18) 39.1 | (2) 4.4% | (4) 8.8% | (46) 100% |

Table 14: The relation between number of Board members and number of people employed in the health care organizations in Curaçao

Sometimes (only 5%, two of the thirty-nine organization) the Commissioner or Minister of Health is a Member of the Board of the organization.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Yes | | 4.3% | | | | | | (2) 4.3% |
| No | | 10.9% | 39.1% | 2.2% | | 23.9% | 2.2% | (36) 78.3% |
| No answer | | | | | 2.2% | | | (1) 2.2% |
| Not relevant | 15.2% | | | | | | | (7) 15.2% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100% |

Table 15: Commissioner or Minister as Member of the Board in health care organizations in Curaçao

Three of the eleven associations hold their annual convention.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|--------------|
| Yes | | | | | | 17.4% | | (8) 17.4% |
| No | | | | | | 6.5% | | (3) 6.5% |
| Not relevant | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | | 2.2% | 76.1% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 16: The yearly convention of the associations in health care organizations in Curaçao

According to eleven of the fourteen organizations surveyed, the duration of service for Board Members is in accordance with the bylaws of the organization. It is remarkable that three Private Companies stated that they have violated the bylaws, and that Public Foundations stated that this issue holds no relevance to their organization.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Yes | | | | 2.2% | 2.2% | 17.4% | 2.2% | (11) 23.9% |
| No | | | | | 6.5% | | | (3) 6.5% |
| Not relevant | 15.2% | 15.2% | 39.1% | | | | | (32) 69.5% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 17: The period of Board Members in health care organizations in Curaçao in accordance with the bylaws

The frequency of Board meetings in the health care sector of Curaçao is high. More than half of the Boards meet at least once a month. This brings up the question if in some cases the Board is “sitting on the lap of management”.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|--------|
| Not relevant | 15.2% | | | | | | | 15.2% |
| 0-5 | | | 10.9% | | 2.2% | 4.3% | | 17.4% |
| 6-10 | | 2.2% | 4.3% | | | | | 6.5% |
| 11-20 | | 6.5% | 10.9% | 2.2% | | 13.0% | 2.2% | 34.8% |
| >21 | | 6.5% | 8.7% | | | 2.2% | | 17.4% |
| When Needed | | | | | | 2.2% | | 2.2% |
| No Answer | | | 4.3% | | | 2.2% | | 6.5% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 18: The frequency of meetings of the Board in health care organizations in Curaçao

Forty-eight percent (48%) of the organizations (nine of the thirty-nine) in the health care sector of Curaçao are subsidized. The subsidized organizations are Public and Private Foundations.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Not relevant | 15.2% | | | | | | | (7) 15.2% |
| Yes | | 10.9% | 8.7% | | | | | (9) 19.6% |
| No | | 2.2% | 30.4% | 2.2% | 2.2% | 23.9% | 2.2% | (29) 69.5% |
| Don't know | | 2.2% | | | | | | (1) 2.2% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 19: Subsidized organizations in health care in Curaçao

21.7% of the organizations have a service level agreement with the government. The organizations are Government Agencies and Public and Private Foundations. It is noteworthy that there are Public Foundations without an agreement.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|-----------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Yes | 2.2% | 6.5% | 13.0% | | | | | (10) 21.7% |
| No | 6.5% | 8.7% | 26.1% | 2.2% | 2.2% | 23.9% | 2.2% | (33) 71.7% |
| No answer | 6.5% | | | | | | | (3) 6.5% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100% |

Table 20: Service level agreements of health care organizations in Curaçao

There are three subsidized organizations which have not signed performance agreements with the government.

| | Not Relevant | Yes | No | Don't Know | |
|-----------|--------------|-----|----|------------|----|
| Yes | 1 | 6 | 3 | | 10 |
| No | 3 | 3 | 26 | 1 | 33 |
| No Answer | 3 | | | | 3 |
| Total | 7 | 9 | 29 | 1 | 46 |

Table 20a: Subsidized organizations in health care in Curaçao with a performance level agreement

84.8 % of the organizations stated that they make an annual financial report. This an outstanding score. Noticeable is that those organizations that do not make an annual financial report are mainly associations.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Comp | Association | Sui Generis | Total |
|-------|-------------------|-------------------|--------------------|---------------------|--------------|-------------|-------------|---------------|
| Yes | 10.9% | 15.2% | 37.0% | 2.2% | 2.2% | 15.2% | 2.2% | (39) 84.8% |
| No | 4.3% | | 2.2% | | | 8.7% | | (7) 15.2% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100% |

Table 21: Financial reporting by health care organizations in Curaçao

56.5% of the organizations have an accountant who audits the financial report.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|--------|
| Yes | 4.3% | 10.9% | 28.3% | 2.2% | 2.2% | 6.5% | 2.2% | 56.5% |
| No | 6.5% | 2.2% | 10.9% | | | 17.4% | | 37.0% |
| Don't Know | | 2.2% | | | | | | 2.2% |
| No Answer | 4.3% | | | | | | | 4.3% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 22: Financial reporting audited by an accountant by health care organizations in Curaçao

Half of the organizations periodically report to government about their performance.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Yes | 10.9% | 10.9% | 21.7% | 2.2% | 2.2% | | 2.2% | (23) 50.0% |
| No | 2.2% | 2.2% | 17.4% | | | 23.9% | | (21) 45.7% |
| Don't Know | | 2.2% | | | | | | (1) 2.2% |
| No Answer | 2.2% | | | | | | | (1) 2.2% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 23: Periodical reporting by health care organizations in Curaçao to the government

19.5 % of the organizations experience political intervention. This is a relatively low number, taking into consideration that five of the nine organizations experiencing political involvement are Government Agencies.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|------------|-------------------|-------------------|--------------------|---------------------|-----------------|---------------|-------------|--------|
| Yes | 5 | 2 | 1 | 1 | | 1 | 1 | 23.9% |
| No | 1 | 4 | 15 | | | | | 43% |
| Don't know | | 1 | 2 | | 1 | | | 8.7% |
| No Answer | 1 | | | | | 10 | | 23.9% |
| Total | (7) 15.2% | (7) 15.2% | (18) 39.1% | (1) 2.2% | (1) 2.2% | (11) 23.9% | (1) 2.2% | 100.0% |

Table 24: Political intervention in health care organizations in Curaçao

The health care policy of the government is unclear to more than half of the organizations. This number is high if one recognizes that, of the fifteen organizations which gave a positive to this question, seven are Government Agencies.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|-------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Yes | 15.2% | 6.5% | 8.7% | | 2.2% | | 2.2% | (15) 34.8% |
| No | | 8.7% | 21.7% | 2.2% | | 19.6% | | (25) 54.3% |
| Not exactly | | | 6.5% | | | 2.2% | | (4) 8.7% |
| No Answer | | | 2.2% | | | | | (1) 2.2% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 25: The perception of government health care policy by health care organizations in Curaçao

63% of the organizations in the health care sector of Curaçao declared that they are aware of the concept of Corporate Governance. This awareness is relatively low in Private Foundations and Associations.

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|-------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Yes | 10.9% | 10.9% | 21.7% | 2.2% | 2.2% | 13.0% | 2.2% | (29) 63.1% |
| No | | 4.3% | 6.5% | | | 6.5% | | (8) 17.3% |
| Not exactly | 4.3% | | 8.7% | | | 4.3% | | (8) 17.3% |
| No Answer | | | 2.2% | | | | | (1) 2.2% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 26: The awareness of the concept of Good Governance in health care organizations in Curaçao

The organizations have a need for more frame works for Governance in the health care sector

| | Government Agency | Public Foundation | Private Foundation | State Owned Company | Private Company | Association | Sui Generis | Total |
|------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|---------------|
| Yes | 13% | 13% | 28.3% | 2.2% | | 8.7% | 2.2 | (31) 67.4% |
| No | | 2.2% | | | | 10.9% | | (6) 13.0% |
| Don't Know | | | 6.5% | | 2.2% | 2.2% | | (5) 10.9% |
| No answer | 2.2% | | 4.3% | | | 2.2% | | (4) 8.7% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 27: Is there a need for a Governance framework in health care organizations in Curaçao?

It is notable that almost all respondents gave a good grade to their management for their performance.

| | Government agency | Public foundation | Private foundation | State onwed comp | Private comp | Association | Sui generis | Total |
|-----------|-------------------|-------------------|--------------------|------------------|--------------|-------------|-------------|--------|
| 5.0 | | | 2.2% | | | | | 2.2% |
| 6.0 | | 2.2% | 2.2% | | | | | 4.3% |
| 6.5 | 2.2% | | | | | | | 2.2% |
| 7.0 | 2.2% | 2.2% | 2.2% | | | 2.2% | | 8.7% |
| 7.5 | | | 2.2% | | | | | 2.2% |
| 8.0 | | 4.3% | 8.7% | | | 4.3% | | 17.4% |
| 8.5 | | 2.2% | | | | | | 2.2% |
| 9.0 | | | 2.2% | | | 2.2% | | 4.3% |
| 10.0 | 2.2% | | 4.3% | | 2.2% | | | 8.7% |
| No answer | 8.7% | 4.3% | 15.2% | 2.2% | | 15.2% | 2.2% | 47.8% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 28: What grade does management receive in health care organizations in Curaçao

Organizations gave high grades to the Board of supervision of the health care sector

| | Government agency | Public foundation | Private foundation | State owned Company | Private Company | Association | Sui Generis | Total |
|--------------|-------------------|-------------------|--------------------|---------------------|-----------------|-------------|-------------|--------|
| Not relevant | 15.2% | | | | | | | 15.2% |
| 5.0 | | 2.2% | 2.2% | | | | | 4.3% |
| 6.0 | | | 6.5% | | | 2.2% | | 8.7% |
| 7.0 | | 2.2% | 2.2% | | | | | 4.3% |
| 8.0 | | 2.2% | | | | 2.2% | | 4.3% |
| 10.0 | | | | | 2.2% | | | 2.2% |
| No Answer | | 8.7% | 28.3% | 2.2% | | 19.6% | 2.2% | 60.9% |
| Total | 15.2% | 15.2% | 39.1% | 2.2% | 2.2% | 23.9% | 2.2% | 100.0% |

Table 29: What grade does the Board receive in health care organizations in Curaçao

6 The analyses of the health care sector in Curaçao and the conclusions

This section discusses the hypotheses formulated earlier.

Good Governance in the health care sector of Curacao is poor and should improve.

At first glance, one might conclude that health care governance in Curaçao is in relatively good shape. This is a misleading conclusion because of the organizations involved in this research. In this study only the organizations registered by the Government Agencies were included. These organizations are in relatively good shape when it comes to Governance. Not included in this research are the small private organizations that are poorly governed and that have had bad press lately.

During the conference, some participants were skeptical about the answers given by the respondents. They stated that they doubted that some of the foundations really had their annual financial reports in place according to the new law.

The government is the Principle stating the policy and the organizations are Agents executing the policy based on a service level agreement and reporting on the progress.

The health care sector in Curaçao is a mix of Government Agencies, State Owned Companies, Public and Private Foundations and Associations. On March 1st 2004 the New Civil Law Code (*Nieuw Burgelijk Wetboek*) came into effect. This has changed the landscape of Corporate Governance in Curaçao. The law states that members of supervisory Boards are personally responsible for the consequences of mismanagement. According to the law, a clear sign of mismanagement is late annual reporting. Significant is the fact that under the new law it is possible for a stakeholder of a foundation to request an intervention by the court.

However radical these changes under the new law may appear, compared to Best Practices, the law is disappointing. For example, only big corporations are required to operate transparently by law (Curaçao, 2004). In other words only big companies must publish their annual report. Although all organizations must have their annual report, because these reports are not published, the practice is sometimes neglected.

The two layers of government in the Netherlands Antilles have had a negative contribution to the Governance of the health care sector in Curaçao because of the confused role of government. This issue will be resolved when the two layers of government cease to exist because of the constitutional changes, which are planned to come into effect in 2007. The abolition of the Central Government layer will make the structure more transparent and so improve the conditions for Good Governance.

As long as there are two layers of government both Departments of Health on the two levels of government should improve in the area of network management. An up to date database should also be established. In addition, there should be exchange of information on a regular basis between the two Agencies. This will contribute to making government a more effective and efficient principle.

One of the recommendations of this study is to update the registration of, and communication with organizations involved in health care in Curaçao by the Government Agencies.

Officially the center for policy development of the health care sector is the government (Central and Island government). This policy should be more clearly communicated to the health care sector.

The Board for Public Health (Raad voor de Volksgezondheid) was created in 2005 but it was stopped after changes in the political constellation of the Island Executive Council of Curaçao. In March 2006 the track was resumed when there was another change in constellation of the Executive Council. The objective is to involve stakeholders on a regular basis in the process of developing government policy in the area of public health. This would be a significant movement from *Government* to *Governance*. What is remarkable about the proposition of the constellation of the Board for Public Health is the absence of the Patients Associations and organizations focusing on prevention of disease. The developments with regard to the Board for Public Health illustrate the negative role politics plays in the continuity of governance of the health care sector in Curaçao.

The financing of health care in Curacao is a mixture of the public and market systems. The discussion on the introduction of a general health insurance should be finalized and so create more clarity.

The behavior of the Agents depends on the legal form of the Agents.

The consumers are organized in Patient Associations. These Associations should be more involved in the process of policy development in the health care sector. According to this research there is room for improvement of the Governance of the associations. The health care professionals are organized in Professional Associations. These organizations should function more in accordance with their bylaws. According to this research Associations should improve their Governance.

The health care institutions are legally mainly structured as Foundations. Others are structured as a Limited Liability Company. It is a concern that Public Foundations are under the impression that the period of a member of the Board is not ruled by the bylaws of the organization.

Another concern is that there are subsidized organizations without the performance level agreement.

Of all the organizations that participated in this research, only half report periodically to Government Agencies. The fact that more than half of the organizations state that the health care policy of government is not clear to them, is an indication that Government is not acting as an effective principle.

The small scale of the Curaçao community creates challenges for Good Governance. This is reflected in the Simple Structure of organizations involved in health care in

Curaçao. Small organizations are dominated by the strategic apex, with little support and limited standardization of process. Standardizations is mainly realized by standardization of the skills of the professionals involved in the organization. In cases where the organization has enough volume there is a tension between the Simple Structure, Professional Bureaucracy and Machine Bureaucracy. This means a Governance system that should be improved.

At first glance, political intervention is limited. This may be a consequence of the characteristics of the Professional Bureaucracy. Influence in the professional organization is mainly based on knowledge of the profession and not on political power.

The perception might be that the Catholic Bishop plays a significant role in the governance of health care in Curaçao. This perception is a historical vestige and only plays a role when it comes to the St. Elisabeth Hospital.

Boards of organizations in health care in Curaçao meet frequently. This indicates that organizations are well supervised. It raises the question if they are not too closely supervised. Is the Board not “*sitting on the lap*” of management?

Based on this research one might conclude that the financial management of the organization is in order. The majority of the organizations produce a financial annual report and a majority has an accountant auditing this financial report. As stated before during the conference, this finding was challenged.

Organizations involved in health care in Curaçao are aware of the issue of Governance and have a need and desire for an improved Governance framework. The government can take the initiative to develop a code for the health care sector. But this initiative can be taken by other stakeholders as well. The time is right to move Governance in health care in Curaçao to the next level.

Recommendations discussed

At the conference held on 22 April 2006 the participants discussed the possibility of creating a database to register all institutions, managers, members of the Board and professionals involved in the health care sector. The objective of this database is to make the sector more transparent and to improve communication *within* the sector and *with* the sector.

The conference also proposed to develop a Governance code for the health care sector. As part of this Governance Code, all organizations should publish an annual report.

During the conference, it became apparent that the Minister of Health is in the final stages of preparing two laws; the first is to regulate the entrance of professionals in organizations in the health care sector and the second is to regulate the submission of annual reports by organizations, regarding their annual activities,

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Van Leemput, J., Powerfrau Pauline

Appendix 1

List of health care organizations the Netherlands Antilles and Curaçao according to the Minister of Public Health in the Netherlands Antilles (5 December 2005).

For this research organizations on the other islands of the Netherlands Antilles have been excluded.

- | | Naam |
|----|--|
| 1 | Directie Volksgezondheid |
| 2 | Inspectie Volksgezondheid |
| 3 | Analytisch diagnostisch Center |
| 4 | Geneeskundige- en gezondheids Dienst |
| 5 | Curacao Emergency Medical Services |
| 6 | Stichting Arbeidsomstandigheden Consult |
| 7 | Stichting Bureau ziektekostenvoorziening |
| 8 | Fundashon Perspektiva i Sosete Integral |
| 9 | Sociale Verzekeringsbank |
| 10 | St. Elisabeth Hospitaal |
| 11 | Diatel |
| 12 | Antillian Adventist Hospital |
| 13 | Capriles Kliniek |
| 14 | Brasami |
| 15 | Betesda |
| 16 | Taams kliniek |
| 17 | Mgr. Verriet Instituut |
| 18 | Kraamkliniek Rio canario |
| 19 | Stichting Thuiszorg Neutrale Wijkverpleging |
| 20 | Stichting van het wit gele kruis voor thuiszorg |
| 21 | Stichting thuiszorg Banda Bou |
| 22 | Nurse care (kraamzorg) |
| 23 | Isla N.V. medische dienst |
| 24 | Dutch Caribbeab Expres Medical Dearpent |
| 25 | Stichting zorg voor geestelijk gehandicapten |
| 26 | Stichting Birgen I Rosario |
| 27 | Stichting dr. M.J. Hugenholtz |
| 28 | Bejaardentehuis Groot Kwartier |
| 29 | Fundashon Nos Wlita |
| 30 | Fundashon kas pa nos grandi nan Emmanuel |
| 31 | Zeelandia Residential Park |
| 32 | Huize Zorg en Hoop |
| 33 | Instituto pa formashon den enfemeris |
| 34 | Rode Kruis Curacao |
| 35 | Stichting tot bevordering van verantwoord ouderschap |
| 36 | Kindertehuis Hebron |
| 37 | Fundashon Kas Popular |
| 38 | Vereniging Medische Specialisten |
| 39 | Curacaose Huisarten vereniging |
| 40 | Curacaose vereniging fysiotherapeuten |

- 41 Curacao Dental Societu
- 42 Nederlands Antilliaanse Vereniging van Dietisten
- 43 Asosiashon Antiano di Psikologo
- 44 Antilliaanse vereniging van logopedisten
- 45 Antilliaanse vereniging van verloskundigen
- 46 Organisashon di enfermeranan Antiyas Neerlandes

Appendix 2

List of health care organizations in Curaçao according to the Agency of Public Health in Curaçao (GGD, 8 December 2005).

| | Name of the organization |
|----|--|
| 1 | VAN VOLKSGEZONDHEID |
| 2 | SOKUDI |
| 3 | AUDITIEF GEHANDICAPTEN |
| 4 | EPILEPSIA ANTIAS ULANDES |
| 5 | CURREUMA |
| 6 | AFASIA KORSOU |
| 7 | ASNA |
| 8 | ASALE |
| 9 | ALZHEIMER CURACAO |
| 10 | KOKOLODE (LEVERZIEKTEN) |
| 11 | E.Q. LIBRA |
| 12 | FUNDASHON OSKAR |
| 13 | FUNDASHON FAMIA |
| 14 | FUPHAFI, MW. A. DOUGLE |
| 15 | PARKINSON |
| 16 | ROSA , PRAKTIJK DR. SILLE |
| 17 | PRO BISTA/SOSIEDAT NASHONAL DI SIEGUNAN |
| 18 | PRINSES WILHELMINAFONDS |
| 19 | PRINSES BEATRIXFONDS |
| 20 | OUTISMO KORSOU |
| 21 | FEDEMAKRO (RAAD GEHANDICAPTEN) |
| 22 | OSTEOPOROSE |
| 23 | NIERSTICHTING CURACAO |
| 24 | MULTIPLE SCLEROSE NEDERL. ANTILLEN & ARUBA |
| 25 | HARTSTICHTING |
| 26 | HANDICAPS RIGHTS FOUNDATION |
| 27 | TOTOLIKA OUDERVERENIGING |
| 28 | CURACAO DENTAL SOCIETY |
| 29 | VAN FYSIOTHERAPEUTEN |
| 30 | CURACAOSE HUISARTSEN VERENIG. |
| 31 | NED. ANT. VER. V. DIETISTEN |
| 32 | VROEDVROUWENVERENIGING |
| 33 | LOGOPEDISTEN |
| 34 | OTSU (MAATSCH. WERKERS) |
| 35 | APOTHEKERSVERENIGING |
| 36 | SPECIALISTEN |
| 37 | ODEAN |
| 38 | SANTA MARTHA |
| 39 | PERMANENTE KIE. BEVOLKINGSVRAAGSTUKKEN |
| 40 | NASKHO |
| 41 | PHARMACEUTISCHE AGENTEN/IMPORTEURS |
| 42 | ST. VERPLEEGSTERSCHOOL |
| 43 | STICHTING FAMIA PLANIA |

44 FUND PERSPEKTIVA I SOSTEN INTEGRAL
45 MILIEUDIENST
46 GENEESKUNDIGE EN GEZONDHEIDSDIENST
47 ARBOCONSULT
48 SEDREKO
49 SPECIAL OLYMPICS
50 DIENST WERK & INKOMEN
51 RUIMTEL. ORDEN.& VOLKSHUISVEST
52 CAPRILES KLINIEK
53 SINT ELISABETH HOSPITAAL
54 POLI NOBO
55 BETESDA
56 TAAMSKLINIEK
57 KRAAMKLINIEK RIO CANARIO
58 ANTILIAANS ADVENT ZIEKENHUIS
59 INSPECTEUR VOOR VOLKSGEZONDHEID
60 MINISTER VAN VOLKSGEZONDHEID
61 ANTILLIAN DIAGNOSTIC CENTER
62 CENTRAAL BURO VOOR STATISTIEK
63 DIRECTIE VOLKSGEZONDHEID & SOCIALE ONTW.
64 MEDISCHE DIENST ISLA
65 WIJKVERPLEGING BANDA ABAO
66 NEUTRALE WIJKVERPLEGING
67 SENTRO DIAGNOSITKO PA KURASON I PULMON
68 WIT GELE KRUIS WIJKVERPLEGING
69 NOS WELITA
70 HUIZE ZORG IN HOOP
71 ST. BIRGEN DI ROSARIO
72 RICARDUS TEHUIS
73 MGR P.I. VERRIET INSTITUUT
74 KAS DI ANSIANONAN UNI
75 HUIZE WELGELEGEN HABAAI
76 FUNDASHON SONRISA
77 NOS LANTERNO
78 HUIZE HUGENHOLTZ
79 SEHOS
80 P/A ENNIA CARIBE VERZEKERINGEN
81 OVERHEIDSGEPENSIONEERDEN
82 KUIDO MEDIKO CFW
83 PENSHONADONAN DI SHELL
84 SOCIALE VERZEKERINGSBANK
85 FUNDASHON SONRISA
86 VERSTANDELIJK GEHANDICAPTEN
87 PRO BISTA

Appendix 3

Vragenlijst Governance health care Curaçao

| | |
|----------------------------|--|
| Naam van de organisatie: | |
| Naam van de geïnterviewde: | |
| E-mailadres geïnterviewde: | |
| E-mailadres interviewer: | |

| | DE ORGANISATIE | |
|---|---|---|
| 1 | Welke rechtsvorm heeft de organisatie? | <ul style="list-style-type: none"> <input type="radio"/> Overheidsorganisatie (publiek rechterlijk) <input type="radio"/> Stichting (semi-publiek rechterlijk) <input type="radio"/> Stichting (privaat rechterlijk) <input type="radio"/> NV (semi-publiekelijk) <input type="radio"/> NV (privaat rechterlijk) <input type="radio"/> Vereniging <input type="radio"/> Sui generis/ ZBO (semi-publiekelijk) |
| 2 | In welk jaar is de organisatie opgericht? | |
| 3 | Welke signatuur heeft de organisatie? | <ul style="list-style-type: none"> <input type="radio"/> Religieus <input type="radio"/> Overheid <input type="radio"/> Algemeen <input type="radio"/> Anders |
| 4 | In welk jaar zijn de statuten voor het laatst bijgewerkt? | |
| 5 | Wat zijn de doelstellingen van de organisatie? | |
| 6 | Benoem de belangrijkste stakeholders van de organisatie? | <ol style="list-style-type: none"> 1. 2. 3. 4. 5. |
| 7 | Hoe betreft u de stakeholders bij de organisatie? | <ul style="list-style-type: none"> <input type="radio"/> Surveys <input type="radio"/> Meetings <input type="radio"/> Anders n.l. |

| | | |
|----------------------------|---|---|
| 8 | Wat is het aantal leden van de organisatie? (bij verenigingen) | |
| 9 | Hoe groot is de doelgroep van de organisatie? | |
| 10 | Hoe groot is de capaciteit van de organisatie? | |
| 11 | Hoeveel mensen heeft de organisatie in dienst? | |
| BESTUUR EN TOEZICHT | | |
| 12 | Wat voor bestuur of de organisatie? | <input type="radio"/> Bestuur <input type="radio"/> Raad van Toezicht <input type="radio"/> Raad van Commissarissen <input type="radio"/> Anders |
| 13 | Uit hoeveel leden bestaat het bestuur/Raad van Toezicht/Raad van Commissarissen? (Zie 12) | |
| 14 | Uit hoeveel leden bestaat de directie? | |
| 15 | Worden één of meerdere leden van het bestuur/Raad van Toezicht/Raad van Commissarissen door derden voorgedragen? (Zie 12 en 13) | |
| 16 | Vindt de jaarlijkse algemene leden vergadering/ Algemene vergadering van Aandeelhouders plaats? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet <input type="radio"/> Niet van toepassing |
| 17 | Is de zittingsperiode van het huidige bestuur conform de statuten? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| 18 | Hoe vaak vergadert het bestuur/Raad van Toezicht/Raad van Commissarissen? | |
| 19 | Is de gedeputeerde of minister van volksgezondheid bestuurslid? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| OVERHEID | | |

| | | |
|-----------------------------------|--|---|
| 20 | Ontvangt de organisatie subsidie van de overheid? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| 21 | Heeft de organisatie een zorgcontract met de overheid? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| VERANTWOORDING EN CONTROLE | | |
| 22 | Stelt de organisatie een financiële jaarrekening op? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| 23 | Wordt de financiële jaarrekening door een externe accountant gecontroleerd? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| 24 | Brengt de organisatie periodiek verslag uit aan de overheid over de voortgang? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| 25 | Ervaart de organisatie politieke inmenging? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| 26 | Is het beleid van de overheid ten aanzien van de organisatie duidelijk? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| CORPORATE GOVERNANCE | | |
| 27 | Weet u wat Corporate Governance is? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Een beetje |
| 28 | Is bestuur/Raad van Toezicht/Raad van Commissarissen /directie naar een seminar/cursus Corporate Governance geweest? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |
| 29 | Heeft u behoefte aan meer regels, kaders en normen m.b.t. governance voor de sector van de volksgezondheid? | <input type="radio"/> Ja <input type="radio"/> Nee <input type="radio"/> Weet niet |

| | | |
|----|---|--|
| | BESTUUR & TOEZICHT | |
| 30 | Welk rapportcijfer geeft u de directie van de organisatie? | |
| | | |
| 31 | Welk rapportcijfer geeft u de raad van toezicht van de organisatie? | |