Understanding Unified (Single-Payer) System Policy Toward Achieving Universal Health Coverage:

Cases of Multiple streams framework in three Asian countries

Green Bae[1], Michael Reich[2], Minah Kang[1]

[1]Ewha Womans University, South Korea [2]Harvard T.H. Chan School of Public Health, USA

INTRODUCTION

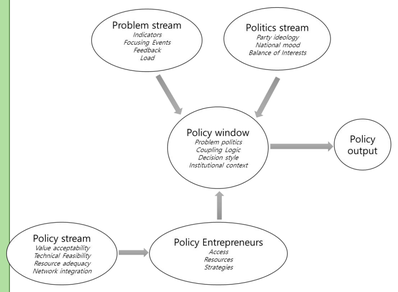
- When the United Nations adopted its 'momentous' resolution on universal healthcare, it urged countries to launch affordable health care systems that cover all their citizens (Agenda item 123. Global Health and Foreign Policy, 2012).
- All these countries share the same, ultimate goal: Achieving UHC; but they start with different health care systems and, hence, pursue different methods of health reform.

OBJECTIVES

- The purpose of this study was to identify the policy changes and political patterns of unified health care systems in Asian countries with similar types of SHI.
- Using Kingdon's *Multiple-Streams Approach*, we explain how problems, politics, and policy streams converged during the creation of unified health system policies, respectively, in the countries studied.

METHOD

- MSF (Multiple-Streams Framework) is useful in understanding past policy failures and successes, and the implications for other countries pursuing similar policy implementations (Shiffman et al, 2008).
- When the three streams are joined together at critical moments, policy outputs occur. Kingdon called these moments "policy windows" and defines them as "opportunities for advocates of proposals to push their pet solutions, or to push attention to their special problems" (Kingdon, 1995).



Source: Theories of the policy process: Ambiguity and multiple streams, Nikolaos Zahariadis

CASE SELECTION

- In order to select comparable cases, we selected countries with a social health insurance system (SHI). We further categorized SHI type by Unified/Non-Unified as well as Population-Coverage-Achieved/Not-Achieved (Table 1).

[Table 1] Case selection in Asia

Social Health Insurance Type in Asia	Population coverage	
	Achieved	Not Achieved
Unified	Korea, Taiwan	N/A
Non-unified	Japan, Thailand	Not meaningful

RESULTS

[Table 2] Three streams in three countries

	South Korea	Taiwan	Japan
Problem stream	• Equity issue between trusts • Management integration vs (management + financial integration)	• (1st phase) Low level of population coverage (equity issue) • (2nd phase) Financial deficit	• Equity issue between insurers • Periodically raised the problem about fragmented insurers.
Politics stream	• Active political involvement of civic group • Regime change • Democratization movement • Presidential election	(1st phase) • Democratization movement • Increase social request of welfare • Presidential election (2nd phase) • Civic group change the frame from efficiency to welfare retrenchment	• LDP& MOH want to stay in the dichotomized structure • Newly elected DPJ administration's public policy pledge was integrate all health insurer.
Policy stream	• Enhanced social solidarity • Governance formation with government and civic group	(1st phase) • Concentration power in ruling party and government (2nd phase) • Government insisted multiple carrier structure (MCS) after integration	• Japan tried three type of integration (harmonization, enlargement, streamlined integration). • Nobody expected to integrate in the near future
Policy window	• Open	• Open in population coverage with integration • Close in MCS	• Closed
Policy output	• Management and financial integration (single payer)	• National health insurance system with single payer	• Multi-payer system

South Korea

- Health insurance was introduced in 1977 and population coverage achieved in 1989. Because of financial capability gap among trusts, equity issues became apparent.
- Before population coverage achieved, there were efforts to integrate multiple insurers, however government wanted to maintain multi-insurer system.
- With democratization movement, citizen coalition for social solidarity and equity had impacted policy change and were involved in policy decisions.
- In 1997, President Kim Young-Sam withdrew from the, then, ruling party in October. The party, yielding to the pressure of public opinion, proposed and passed a partial integration bill, the *Medical Insurance Act*, at the National Assembly in December.
- The election of Kim Dae-Jung as President in December 1997 could have undermined reforms toward integration. New integration bill passed in 1999, management integration achieved in 2001, and financial integration achieved in 2003.

Japan

- Japan achieved population coverage in 1961. Japan still remains fragmented into thousands of insurers. There were equity issues in contributions, and benefits differences, among insurers.
- Japan's government has gone, largely, in two directions: "harmonization in contributions and benefits" and "enragement" – reduction in the number of health insurers – or "streamlined integration" in a move to cope with this fragmentation.
- Japan adjusted co-payment rate and set it at 20% in 1984 and, in 2003, set it 30%, (with the exception of 10% for the elderly and 20% for infants and children aged three or younger). There is also a wide variation in the contribution amounts charged.
- In 1947, the General Headquarters embraced the idea of integration, however this idea was not implemented. A move toward "Streamlined Integration" emerged later as part of the process of discussing Universal Health Insurance (UHI). This idea, however, was not accepted.
- After achieving UHI, Ikeda administration discussed whether to merge multi-insurers. After heated discussion on integration under Tsuneo Uchida, MOH concluded that health insurance should stay on multi-payer system. Japanese Medical Association requested integration after 1984 discussions over harmonization. However, Liberal Democratic Party and MOH were not positive about integration. They concluded that it was ideal to integrate health insurance system.
- In 2009, newly-elected Democratic Party of Japan (DPJ) administration made a commitment in its public policy pledge that it would integrate all health insurers. However, there were few who thought the commitment would be realized in the near future, and even in the DPJ

RESULTS

Taiwan

- Before National Health Insurance, there were 12 insurers (different financial pools, but all managed by the government) and the population coverage rate was about 50%.
- Because of equity issue, Taiwan achieved population coverage with single-payer system in 1995 when everyone agreed that it should be implemented.
- However NHI showed financial deficit after 1998, so government proposed Multiple Carrier Structure (MCS) which allows competition with private health insurance for easing the financial burden on the government.
- There were societal mobilizations. NHI coalition, which opposed the MCS, changed the framework from one of efficiency of NHI to welfare retrenchment. After the change in framework came political struggle for social welfare policy; window didn't open.

CONCLUSION

- Because of equity issues, three countries tried to integrate multi-insurer system toward single- payer system.
- Democratization movement and regime change impacted on the policy window open in South Korea and Taiwan.
- In Japan, policy alternative rather than policy reform got a dominant position. There wasn't a civic movement and regime change couldn't force the policy window open.

REFERENCE

[1] Walt G, Shiffman J, Schneider H, Murray SF, Brugha R, Gilson L. 'Doing'health policy analysis: methodological and conceptual reflections and challenges. Health policy and planning 2008; 23:308-17.

[2] Sabatier PA, Weible C. Theories of the policy process. Westview Press, 2014.

[3] Park KD. Direction of Health Care and Health Insurance System Reform to Strengthen Primary Care: Comparative Analysis of Korea, Japan and Taiwan Korean Jounal of Family Medicine 2003; 24:328-45.

[4] Kingdon JW, Thurber JA. Agendas, alternatives, and public policies. Little, Brown Boston, 1984.

[5] Kingdon J. Agendas, Alternatives and Public Policies (Little, Brown, & Company). Boston/Toronto 1984; 370.

[6] Jung Hee Jung MJS, Seok Won Lee A Comparative Study on Health Insurance System of South Korea and Japan - Revolve around Out-of-Pocket Payments. The Japanese Modern Study of Korea 2011; 31:209-32.

[7] Jeong HS, Niki R. Divergence in the development of public health insurance in Japan and the Republic of Korea: a multiple-payer versus a single-payer system. International Social Security Review 2012; 65:51-73.

[8] Baek SK. Comparative Research of Health Insurance Integration Policy through ACF (Advocacy Coalition Framework) Korean Public Administration Review 2010; 44:233-59.

FUNDING SUPPORT

This work was supported by a National Research Foundation of Korea Grant funded by the Korean Government (NRF-2012S1A3A2033416)