OBJECTIVES

- To identify the policy changes and political patterns of unified health care systems in Asian countries with similar types of SHI.
- To understand the policy process: ambiguity and multiple streams framework in Asia.

METHOD

- MSF (Multiple-Streams Framework): useful in understanding past policy failures and successes, and the implications for other countries pursuing similar policy implementations (Shiffman et al., 2008).
- KINGDON: called these moments “policy windows” and defined as “opportunities for advocates of proposals to push their pet solutions, or to push attention to their special problems” (Kingdon, 1995).

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-Achived/Not-Achived (Table 1).

<table>
<thead>
<tr>
<th>[Table 1] Case selection in Asia</th>
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</thead>
<tbody>
<tr>
<td><strong>Social Health Insurance</strong></td>
</tr>
<tr>
<td><strong>Type in Asia</strong></td>
</tr>
<tr>
<td><strong>Population coverage</strong></td>
</tr>
<tr>
<td><strong>Achieved</strong></td>
</tr>
<tr>
<td><strong>Not Achieved</strong></td>
</tr>
<tr>
<td><strong>Unified</strong></td>
</tr>
<tr>
<td>Korea, Taiwan</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td><strong>Non-unified</strong></td>
</tr>
<tr>
<td>Japan, Thailand</td>
</tr>
<tr>
<td>Not meaningful</td>
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</tbody>
</table>

RESULTS

- Equity issue between insurers
- Periodically raised the problem about fragmented insurers.

- Japan tried three type of integration (harmonization, enlargement, streamlined integration).
- Nobody expected to integrate in the near future.

- 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.

REFERENCES


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