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Introduction

Editorial – Health Systems of Asia: Equity, Governance and Social Impact

Social Science and Medicine convened an international conference in Singapore in December 2013 on the theme – Health Systems in Asia: Equity, Governance and Social Impact. There were four main plenaries on, respectively, 1) Governance of Pluralistic Health Systems 2) Equity and Social Determinants of Health 3) Equity and Health Systems Responses 4) Implementing Universal Health Coverage in Asia; and six sub-plenary sessions: 1) Public hospital governance in the Asia-Pacific 2) Marshalling mixed human resources for health 3) Empowerment, health literacy and ICTS 4) Access to medicines in Asia 5) Comparative health systems in Asia 6) Changing health labour markets. A total of 283 participants from 34 countries attended the proceedings, with 187 papers and posters presented in various organized sessions. This issue consists of a selection of the papers that were presented at the conference, covering a range of topics from the social sciences and perspectives as complex and diverse as are the health systems of Asia – the fastest growing region of the world.

We believe that health systems must be a force in striving for social justice and fairness, with concerns for equity, good governance and positive social impact on populations. However it is also important to recognize that health systems develop within a broader social context, in response to changing social norms and public expectations. The significance of these normative values and ideals and their role in shaping health systems is difficult to measure and assess, even as there have been many past efforts to do so. Yet, these ideals are often even more difficult to actualize – given that systems development is subject to realpolitik and expressions of diverse interests, and that any cogent policy action necessitates consideration of and consensus-building amongst multiple stakeholder groups. We hope that this issue, a collection of rigorous evidence on Asia's diverse health systems, will help contribute to informed decision making in health systems development, and ultimately towards improvement of the health of Asia's vast and heterogeneous populace.

1. The tangled web of health

Rapid economic growth is driving tremendous, fundamental and accelerated change in Asia. This change is also very complex as health, economic and social transitions interact in different and often unpredictable ways – described by the President of the National University of Singapore in his opening address as the "tangled web of health" (Tan, 2013). This complexity suggest that analyses of and solutions to health issues require multi-sectoral, and trans-national approaches and cooperation.

Rapid economic and political developments throughout Asia have driven urbanization and migration at an unprecedented pace and scale, have led to corresponding changes in lifestyles, education and family structures, and created widening income gaps and inequalities. Rapid growth is also associated with environmental degradation and pollution, higher accident rates, and exposure of the work force to occupational diseases with attendant health problems. These phenomena, often acting in combination, have accelerated demographic, nutritional, epidemiological and health system transitions throughout Asia. A tsunami of chronic diseases is expected to accompany rapid population ageing in the newly industrialized economies, to add to the burden of numerous newly emerging infectious diseases, and the re-emergence of long-standing communicable diseases. The rising burden of disease will have major consequences for vulnerable segments of the population that will need more social protection and assistance.

To respond to these irresistible transitions, governments are pressured to reform health systems to provide a new balance in the supply and demand equilibrium for health care. The future social compact aims to re-calibrate the relative roles of the state, markets and civil society. Key demographic and epidemiological changes force challenges facing health systems and forge new responses and collaboration in health (Health in Southeast Asia, Lancet, 2011) The performance of health policies and systems requires constant assessment and analysis, to ensure their alignment with the aforementioned goals of equity and efficiency in governance, and overall social impact, in the midst of overlapping population and ecological transitions.

Universal Health Coverage (UHC) has widely been invoked as the defining framework for the re-structuring of health systems to ensure health equity. However, in defining UHC within the "tangled web", all health systems must reconcile trade-offs between equity, efficiency and effectiveness (Phua and Wong, 2014) – akin to the so-called "iron triangle" of access, costs and quality in healthcare management (Kissick, 1994). In the predominantly mixed systems of Asia, UHC reforms have focused variably on health insurance, on public-private partnerships (PPP) or on strengthening public sector services. These diverse initiatives necessitate robust analysis of policy alternatives, evidence-informed decision-making processes and principles of good governance on a comparative basis.

The potential of the social sciences to contribute to the understanding of health systems complexity, and ultimately to health systems development is immense. Rigorous transdisciplinary research and evaluation of health systems can provide better

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evidence for public policy, but necessitates wider acceptance of social science methodology by decision-makers and the public health orthodoxy (Gilson et al., 2011). A transformative role of social sciences in health systems also necessitates a broad and eclectic role of health systems researchers as practitioners of diverse methodologies, and active and self-aware brokers of relevant change (Sheikh et al., 2014). This special issue on Health Systems in Asia consists of ten research papers and two short reports, and reflects health systems researchers' commitment to diverse methodologies and different ways of engaging with change. The themes of the papers range from classical topics such as the links between poverty and inequities, to the far more applied challenges of actualizing UHC in the real world. This editorial discusses each of these related contributions, organized in three sections, Equity, Governance, and Social Impact, reflecting the themes of the 2013 Conference.

2. Health systems in Asia: equity

Advances in new technology offer potential relevance for resource-poor populations in Asia. To what extent can these developments empower patients to reduce their dependence on providers and encourage active self-management of their condition? For example, can lifestyle changes be supported with appropriate technology to contain the rising costs of care in economies with ageing populations? There is some evidence that fairly basic e-health and mobile health interventions can have a positive impact, even in resource-poor contexts. Lucas provides an update on many such innovations relevant for low-income households and discusses the potential of many interventions available in the databases of m-Health products and services in the developing world, including the growing evidence base of using mobile phones by community health workers for primary healthcare interventions to support self-management of diseases (Lucas, 2015). The author cautions however, about the potential scaling up of these initiatives and the translation of such models to other contexts, future conflicts between self-help groups versus commercial entities, and possible disintegration in the healthcare system with greater self-management. The key issue seems to be whether self-management would be linked to IT intermediaries and trust has to be built through transparency in the utilization of innovative technologies. There are therefore limits to this new technological approach, and its effectiveness may be dependent on specific health conditions, the nature of existing systems and the overall socio-economic and cultural context.

The next paper is a case study of how the state of Odisha in India is transforming the health system for equity in health and nutrition outcomes. The study identifies innovative expansion of health services, reforms to management of human resources, and the introduction of cash transfers and entitlement schemes targeted at vulnerable population groups and tribal communities. The available data from 2005/6 – 2011 shows dramatic increases in institutional deliveries and more progress in closing the gaps between maternal and child health indicators than nutritional outcomes. The relative success is attributed to political will and commitment of policy makers and the fiscal space to promote equity. The importance of evidence to frame the health challenges is opportunistic, as pathways for gender and social equity have intertwined into areas of health systems strengthening and political push factors (Thomas et al., 2015).

Rammohan and Awofeso analyzed district-level variations in childhood immunizations across India from available data collected in 2008 to compare rates for measles and DPT3 and the extent of age-appropriate immunization. Some key findings indicate that the income per capita of the district is a string predictor of better immunization outcomes for children, and the level of the mother's education at the district level has a positive influence on immunization outcomes across all the different models. The study has highlighted the policy implications for achieving greater equity and effectiveness in immunization levels by targeting poorer districts and mothers' education, and beyond mapping national trends by regular monitoring and evaluation of immunization coverage to identify contextual factors at local levels (Rammohan and Awofeso, 2015).

3. Health systems in Asia: governance

In many developing parts of Asia where qualified staff is scarce, community health workers (CHWs) are deployed to enhance coverage and health outcomes. The paper by Edward and colleagues reports on a capacity assessment of the CHW system in Afghanistan to determine stakeholder perspectives of performance. As primary health advances, education and competencies will have to be professionalized with adequate compensation (Edward et al., 2015). Volunteer co-providers as part of the health work-force, can be utilized for multiple roles linking and delivering health services. They are well-placed to broker the links between clinics and communities, as shown in the paper by Tulloch and colleagues, on their roles in a Thai HIV pediatric care. Motivated volunteers with a shared HIV status are selected as co-providers to strengthen certain services, especially in the psycho-social aspects of holistic care (Tulloch et al., 2015).

Health systems in many low and middle-income countries in Asia are mixed, where public and private sectors operate in parallel. Can governments purchase primary health care from the private sector to fill gaps in provision? The case for analyzing governance and context in engaging the private sector through vouchers and contracting is presented from a purposive review, based on evidence from systematic reviews, and the published and grey literature (Nachtnebel et al., 2015). The evidence indicates that health service outcomes in underserved areas can be improved by vouchers and contracting, but influenced by contextual factors, types of services and community demand, intervention design, and governance capacity and stewardship.

The issue of governance straddles organizational barriers associated with the implementation of the National Essential Medicines Policy (NEMP) in China. Yang L and colleagues use a multi-stage sampling strategy to select 90 township hospitals from six provinces to uncover the following findings:- low levels of expenditures and poor performance in the rational use of medicines; availability of medicines varied across hospitals and regions; but are associated with revenue and structure of the hospital and patient service load. They conclude that irrational use of medicines remains a serious issue, and that limited public financing may reduce medicine stocks in township hospitals and lead them to seek alternative sources of income (Yang et al., 2015).

4. Health systems in Asia: social impact

As the social determinants of health go beyond the limited parameters of the healthcare system, especially in more holistic definitions encompassing the mental and socio-cultural dimensions, it is important to consider the different health needs of vulnerable populations at different age-groups such as mothers and children, marginalized, disabled and elderly people. The study based on the multilevel analysis of the Korean Youth Panel Survey (2006–2007) aims to investigate the key variables related to mental health of students. While previous studies emphasize the positive functions of social capital to enforce health-promoting values and norms, this particular study examines the relationship between mental well-being and school-related variables and finds

at the individual level, that ties to delinquent friends are negatively associated with mental health. Do these findings have implications for the rest of developing Asia and provide lessons of potentially negative peer influences at school that can lead to unhealthy behaviour? (Kim, 2015).

As little is known of health insurance coverage of children in low and middle-income countries, the evaluation on the impact of health insurance to pre-school children in Vietnam sheds new light through a regression discontinuity approach. Using three rounds of the Vietnam Household Living Standards Survey, the study finds a positive impact on inpatient and outpatient visits but no impact on the expenditures at public facilities. There is a moderately high use of private outpatient services but no evidence of a switch from private to public facilities under insurance, alluding to a supply-side problem of under-capacity and a lack of incentives to public providers (Palmer et al., 2015).

But what about the longer-term impact of universal health insurance due to ageing? The future financing model of the national health insurance system in Thailand was tested by Hsu and colleagues, which examines the sustainability of an UHI system with the effects of population ageing and informal employment. Three options were explored but due to the large informal sector in Thailand, the study concludes that if labour income tax cannot be avoided, capital tax is preferred over labour and consumption taxes (Hsu et al., 2015).

5. Short reports

The first of the short reports in this issue draws on a report of the WHO Centre for Health Development on the Urban Health Equity Assessment and Response Tool (HEART) introduced in 2010, following the recommendations of the Commission on Social Determinants of Health to support local stakeholders in identifying and planning action on health inequities. The HEART report is based on documentary analysis from 15 participating cities, including seven countries in Asia. Independent evaluations were conducted of implementation plans submitted to WHO. Cities that piloted HEART have indicated maintaining or scaling up its use, and that engagement of more stakeholders would likely lead to actions for improving health equity (Prasad et al., 2015).

The other short report, “Emerging challenges in implementing universal health coverage in Asia” draws on the discussions from a plenary on universal health coverage by speakers associated mainly with the World Bank Group. It covers mostly published literature from World Bank sources on the subject and concentrated on lessons of universal coverage from the perspectives of implementing Universal Health Insurance (UHI) schemes in Asian countries like China, the Philippines, Vietnam, Cambodia and Laos. Notably absent are comparisons with other Asian countries that have National Health Services financed by taxation or other sources, that could mitigate many of the supply-side issues which have surfaced with the popularity of implementing national health insurance models without due consideration for supply-side readiness to provide benefits packages (Bredenkamp et al., 2015).

The paper explores the challenges of making health coverage universal, defining a common benefit package, and closing the gaps between legal entitlements and citizens' ability to benefit from the supply of health services. But it is concerned mainly with countries that have taken a social health insurance path to UHC with a common pattern of coverage of the formal sector through payroll deductions, but are now struggling to cover the informal sector. Thus subsidies of regressive premiums are often used in addition to transfers from the formal sector with greater mobilization of taxes, as other forms of financing respond to the expansion of social health insurance schemes. Of greater concern are the distortions and perverse behaviours of both providers and patients to generate supplier-induced demand of greater consumption of more expensive hospital-based medical services in indemnity insurance together with fee-for-service payment systems. Coverage of a package of essential public health services have to be introduced into the benefits package and monitored for quality and utilization, all adding to greater administrative and transaction costs, than if provided directly by qualified staff. The report concludes that the common challenges seem to be contextual and path-dependent, shaped by political leadership and administrative capacity, and the root cause and ultimate solution, appear to be political rather than technical.

6. A heterogeneous picture

The transformation of health systems represents one of Asia's greatest challenges as well as one of its greatest opportunities. Asia is heterogeneous in terms of its systems and governance, stages of development, health priorities and needs, and capacity to deliver good healthcare. Thus there cannot be a “one-size-fits-all” approach. Asia is also in the midst of massive and accelerated change. The complex interactions between health and socio-economic development are manifested in rapid demographic, nutritional and epidemiological transitions, as well as challenges to healthcare financing and access. These and other driving forces relating to demand- and supply-side factors will lead to rising cost of healthcare. But health care costs are not just economic issues to be solved merely by finding alternative methods of financing or cost-containment. Apart from cost pressures, labour productivity, quality and work force development and training issues are also a major cause for concern in most healthcare systems.

These issues are especially pertinent in the light of current global trends towards UHC and its inclusion in the adoption of the Sustainable Development Goals (SDG) by the United Nations recently. Related to these are needed studies of the holistic processes involved in governance and the training of researchers to measure and evaluate the performance of health systems in Asia towards the achievement of these universal goals. Good governance in health systems seeks an optimum path to maintain a judicious balance of their delivery and financing with proper regulation.

The deliberations of the conference and selected articles in this special issue should present abundant learning opportunities to compare international practices and lessons for health systems development not only in Asia, but for the rest of the world. The organizers of the conference and the authors and editors of the many papers presented and shared, have all endeavored to apply real-life health systems experiences that are based on empirical data and evidence, albeit highly contextualized to suit different conditions and levels of development, reflecting the current rapidly changing situation throughout the vast and disparate health systems in Asia.

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