

Globalisation and Health Care Provision: A Systems Approach to Comparing Institutions of Health Care Provision

Steven Ney, Singapore Management University

ABSTRACT

Health has become a global concern similar to climate change or terrorism. Emergent health threats such as SARS, pandemic influenza or HIV/AIDS suggest that the health security of one region may depend on the efficacy of health systems in another. Given the stark differences in the quality and coverage of health care provision between the developed and the developing world, this new global dependency is a cause for considerable concern. Key to unravelling the policy implications of global health threats is an understanding of the comparative strengths and weaknesses of health systems in different regions of the world. However, the available tools are not entirely suited for a comparison across regional and socio-economic boundaries. Some frameworks, for example welfare state and health regime analysis (Esping-Andersen, 1990; Moran, 2000) provide useful institutional typologies that, however, are of little relevance to developing countries. Other frameworks, such as the WHO's health systems approach (WHO, 2000), are sufficiently generic but too unwieldy for a multiple country comparison.

Against this background, the paper sets out three aims. First, the paper devises an analytical framework for comparing institutional systems of health care provision in different regions of the world. Using the WHO's health system approach (WHO, 2000) as the foundation, the paper draws on a wide range of institutional frameworks in the social sciences. The aim here is to adapt institutional typologies used to compare welfare state regimes and health systems in affluent countries (Esping-Andersen, 1990; Bonoli and Palier, 2001; Moran, 2000; Freeman, 1998; Leibfried and Obinger, 2001) for the analysis of institutional arrangements for health care provision in middle- and low income countries (see also Wood and Gough, 2006). This systems-based model is designed to provide a vocabulary and grammar for understanding and comparing health systems across geographical, cultural and socio-economic boundaries. Second, the paper applies the model to the health systems of selected East and Southeast Asian countries (China, Indonesia, Japan, Malaysia, the Philippines and Singapore). Using a wide range of qualitative and quantitative data, the paper uses the systems framework to map the institutional landscape of health care provision in East and Southeast Asia. On the basis of the observed institutional topography of health care, the paper suggest a tentative typology of different health systems. Last, the paper uses the typology of health systems to sketch a model of movement and change within the institutional landscape.