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Indian Journal of Forensic and Community Medicine

Journal homepage: https://www.ijfcm.org/

Original Research Article

Cross-country comparison of health policies in eight countries

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ARTICLE INFO

Article history:
Received 06-06-2022
Accepted 14-06-2022
Available online 22-06-2022

Keywords:
Health policy
Health policy process
Policymaking
Politicalwill for health policy
Political commitment

ABSTRACT

Objective: The primary objective of this paper is the comparison and describe features of health policies across the selected countries viz, Argentina, Australia, Finland, Kenya, India, South Korea, United Kingdom (U.K), United States (U.S). The second objective of the paper is to understand the political commitment in each country by comparing the allocation of adequate resources toward health.

Materials and Methods: To study health policies, eight countries are selected from each geographical region and to determine political commitment toward health policy, three related variables are analyzed. Databases of the multilateral organization including the World Health Organization (WHO) are searched for the latest data.

Results: Out of the eight countries studied, only India and Kenya have a National Health Policy. The rest of the countries have medical care policies or health insurance policies or national law to lay down the vision for the health sector.

The data indicate that countries which fall in the higher income bracket spend more on health. However, the spending data or the lack of it indicates that there is perhaps no focus on primary care, nutrition, and sanitation, among the prominent drivers of health outcomes.

Conclusion: Many countries continue to struggle, to maintain continuity in the broad direction of the health policy. The realm of health process formulation is a major area which needs further research, evidence, re-orientation, and training for policymakers across countries to ensure structured and evidence-based policy formulation. Once there is a structured health policy process, the health policies may effectively address the ground-level issues and may lead to better health outcomes.

1. Introduction

Each country's health care policy formulation is designed to provide the country's population access to preventive care and medical treatment. The health sector takes a strategy that stresses openness, engagement, and interaction with officials from provincial health ministries to address any national health policy formulation issues. In most cases, problems are handled effectively via consultation and debate, which are in turn based on an in-depth investigation of the relevant facts. The governments of the different countries are responsible for providing leadership, coordination, monitoring, and support to other entities in the provinces that are responsible for the delivery of programs and services as the national health policy undergoes discussion.[1] The health authorities are responsible for delivering most of the government-funded health services in the region across different countries, as stated in the process of national policy formation. The federal health policy ensures value, effectiveness, and validity in healthcare institution management and clinical efficiency, long-term care and social support systems, medical professional training and education, and health

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https://doi.org/10.18231/j.ijfcm.2022.016

protection and promotion.[2] The primary objective of this paper is the comparison and describe features of health policies across the selected countries viz, Argentina, Australia, Finland, Kenya, India, South Korea, United Kingdom (U.K), United States (U.S). The second objective of the study is to determine the political commitment in each country by comparing the allocation of adequate resources toward health.

2. Materials and Methods

To achieve the first objective and obtain insight into the health policies, countries are selected from each geographical region of the world. Further from each geographical region, each country is selected on the basis of its overall performance. Based on inclusive criteria, eight countries are chosen – Argentina, Australia, Finland, Kenya, India, South Korea, United Kingdom (U.K), United States (U.S). These countries represent varied health systems and structures. Keywords such as 'health policy' 'policy for health' 'policy making' 'national health policy' are used to search the government databases, websites and research papers from google scholar. To understand the political will and commitment towards allocation of resources towards health and the health system, the following indicators are selected-

1. Domestic general government health expenditure as % of GDP.
2. Proportion of GDP spent on health-related activities – nutrition and sanitation by the government.
3. Primary Health Care (PHC) Expenditure as % Current Health Expenditure (CHE).

Data for the above, indicators are sourced from the World Bank, WHO and various governmental and multilateral organizations' databases. The latest available data has been selected.

3. Results

The study has analyzed that health policy has unfortunately been conflated with medical care policy by most nation-states. Medical care is only one variable among many in a nation's health.[3] Therefore, the results will discuss the status of medical care policy or national health legislation in countries where health policy is not explicitly formulated. All the eight countries studied have implemented health policies in the different forms viz, Universal health coverage, Insurance policy, Medical legislation, National Health Policy etc. to try and ensure that their citizens have access to health care.

All permanent citizens in the United Kingdom are eligible for the public healthcare system. The cost of providing free healthcare coverage is borne entirely by general taxes. The Department of Health in England oversees developing policies and strategies, acquiring resources, reviewing progress, and establishing national standards to direct the National Health Service (NHS), social services, public health services, and the delivery of healthcare.[4] If there are specific problems concerning healthcare, the legislators in the country can evaluate the existing laws. During the COVID epidemic, the government of the United Kingdom was forced to reevaluate several of its policies to guarantee that it provided an equitable means of assisting its citizens in maintaining their health.

The government of the United States, via the establishment of two programs from the government in the US - Medicare and Medicaid, provide its citizens access to different health services. Medicare is a federal insurance program covering people above sixty-five years of age irrespective of their incomes and services to younger people who are disabled or require dialysis. People availing of Medicare either pay a small portion of the cost as co-pay for hospital and other expenses and small monthly insurance premiums for non-hospital-based care. The program is run across the country by the Centers for Medicare & Medicaid Services.[5] Medicaid is an assistance program for low-income people of all ages, and the beneficiaries do have not to pay for the applicable medical expenses. Sometimes, a co-pay may be required. This is a federal-state program, and its structures vary across the country as the provincial and local governments run it in accordance with the federal guidelines.[5]

Under the supervision of Congress, the health authorities of the United States frame laws that are intended to safeguard the public's health. The Department of Health and Human Services (HHS) monitors and manages the common health problems and concerns of all citizens of the United States. HHS is also the driving force behind projects that aim to enhance public health and advance medical research.[6] According to the states' laws, the department of health is primarily responsible for formulating health policies and analyzing the information that could be subject to modification. Both the president and Congress can review the policies to make them conform to their goals and provide better healthcare for the American people.

The public healthcare system in Finland is highly decentralized and organized into three tiers; in comparison, the country's private healthcare sector is far more limited. It is the legal responsibility of the employer to offer their staff appropriate occupational healthcare services. The Public Health Act of 1972 transfers the authority to manage medical care from the state to the towns' respective local governments. A public policy review is conducted whenever the lawmakers wish to impose a new system that is likely to have the most positive impact on the health of the people living in Finland.[7] It is recognized as the best service in Europe, and its citizens report the highest levels of satisfaction when it comes to health across the European

Union.

In India, though health is a state subject, the country does have a national health policy. The primary objective of the National Health Policy, 2017 is to inform, specify, fortify, and emphasize the role of the government in influencing health systems in all their dimensions. These dimensions include spending on health, the organization of medical services, the management of illness and maintenance of mental health through cross-sectorial actions, availability of technology solutions, improving human resources, inspiring medical pluralism, constructing a knowledge base, and developing better financial protections.[8] Building on its previous national health programs, India plans to improve the quality of the healthcare services available to its citizens in the years to come. The nation's lawmakers are responsible for analyzing and putting into effect the many policies that are now in effect across the country, but as per the constitution, the delivery of healthcare remains within the ambit of the regional governments, and they are also within their right to frame the health policies for their state and oversee the implementation.

In Kenya, the Constitution of Kenya from 2010 and the long-term development strategy of the nation are both by the provisions of the Kenya Health Policy, 2014–2030, which provides directions to guarantee a considerable effect on the overall state of health in Kenya. It displays the commitment of the health sector, which is under the government's care, to ensure that the nation achieves the highest suitable standards of health in a way that is sensitive to the needs of the people.[9] The nation's lawmakers are tasked with analyzing and developing new policies by the nation's agenda and its long-term strategy.

South Korea has implemented universal health insurance. This journey began in 1977 when the government imposed medical insurance for workers and their families in major companies with over 500 employees. National health insurance (NHI) was extended to the whole country in 1989.[10] Legislators in Korea change health policy from time to time to add value to the country's already booming medical systems and guarantee that Koreans get high-quality care via different programs.

Citizens in Argentina have access to free public healthcare. Argentina's healthcare system is regarded as one of the finest in Latin America. Argentina has attained statutory universal health coverage (UHC) because of the social security program of the government. However, it still has a long way to go to obtain effective UHC, particularly in terms of quality and fairness. Like those in other countries, Legislators have a considerable influence on the development of the many healthcare systems that affect Argentina.[11]

As public patients, Australian citizens are eligible to receive free healthcare at any of the nation's public hospitals. They also choose to get private medical treatment in either public or private hospitals, provided that they obtain private health insurance coverage for themselves.[12] Legislators in the nation develop laws that impact people, as demonstrated by the various initiatives taken in the country to assist preserve the ideals of the health policy. These initiatives may be evidence that legislators in the nation develop laws that affect residents.

Table 1: Political commitment towards allocating resources for the health sector

Name of the country	Spending on health by the government as % of GDP (2019)	The proportion of GDP spent on health-related activities – nutrition and sanitation by the government (year)	Primary Health Care (PHC) Expenditure as % Current Health Expenditure (CHE) (2019)
Argentina	5.93	-	-
Australia	7.10	-	45.5
Finland	7.34	-	46
India	0.99	-	-
Kenya	2.11	-	64
South Korea	4.86	-	-
United Kingdom	8.07	-	40
United States	8.52	-	45

Government of United States spend the most (8.52%) on Domestic general government health expenditure (% of GDP) (13)whereas India has the least health expenditure (0.99%) in the year 2019. For Primary Health Care (PHC) Expenditure as % Current Health Expenditure (CHE) (14), Australia spends the most (45.5%) and United Kingdom the least (40 %). However, data is not available for all the countries. There is no official data available for the Primary Health Care (PHC) Expenditure as % Current Health Expenditure (CHE). (Table 1)

It indicates that countries which fall in the higher income bracket spend more on health. However, the spending data or the lack of it indicates that there is perhaps a lack of focus on primary care, nutrition, and sanitation, which are among the prominent drivers of health outcomes. This also represents the overall curative focus and approach coupled with a lack of political understanding, political will, and commitment to a holistic understanding of health and healthcare.

4. Discussion

Healthcare delivery cannot be based on adhocism and needs a policy for a coherent action considering the social well-

being of the citizens. This calls for defining a National or regional Health Policy for every country. While it is critical to have a national health policy or a regional health policy, it is also essential to follow a process to formulate a health policy. The health policy needs the development of an institutional framework. The national health policy gives a clear direction and goals set for various components.[13] The policy covers are supposed to achieve a comprehensive health information system that caters to the requirements of all relevant stakeholders and enhances efficacy, transparency, and the quality of life for individual citizens.

If we look at the two countries which have a well-defined national health policy viz; India & Kenya. For India, the health policy acknowledges the existence of a number of significant voids in the provision of public health services, which may be addressed via the use of strategic buying. Such strategic buying would play a critical role in guiding private sector participation towards those sectors and those activities for which there are now either no suppliers or few suppliers.[14] These areas and services include ensuring that there is access to primary health care that is both free and comprehensive, covering all areas of reproductive, maternal, child, and adolescent health and the most common communicable, non-communicable, and occupational illnesses that affect the community. The policy also envisions making the best use of the workforce and infrastructure already obtainable in the health sector. It advocates collaborating with the non-government sector to deliver health care services linked to a health card. This will allow every household to have access to health care of their choice from among those who are volunteering their services.

The acceptance and creation of health policies in Kenya occur in distinct phases where it begins with approval for inclusion in the policy paper followed by the political will to provide guidance from the top political positions. It encourages national ownership of the problem and produces a scenario where all government sectors come out ahead.[9] Concerns about the provision of financial resources must be taken into account right from the start of formulating health policy to prevent their emergence as a barrier. Through the framework of Vision 2030, a long-term goal and strategy, it is possible to integrate the implementation of health policy with sustainable development objectives, which paves the way for training and awareness-raising activities to be carried out at the local level.[9]

Sweden serves as an illustrative example of how complementary methods may be pursued at the national, regional, and local levels. The Swedish administration decided to establish a legislative committee to develop recommendations for national health goals.[15] Therefore, a Swedish Commission for Equity in Health was established in 2015 to examine the development of national objectives for health. It aims to guide the efforts made by societal structures to enhance people's health, reduce ill health and illnesses, lessen health dangers, and minimize early and unnecessary dysfunction, morbidity, and mortality. The reduction of health disparities is one of the overarching goals. It is also expected that the National Public Health Committee in Sweden will make proposals regarding how the national health objectives can be incorporated into a variety of decision-making processes and techniques for how the national health objectives can be attained, as well as procedures for monitoring and evaluation.

The United Kingdom undertook the implementation of effective health for all in the member states of the United Kingdom, initially under a conservative government. The core beliefs and ideals upon which U.K's health policy is founded have undergone significant shifts in recent years.[16] A far broader health perspective is now being adopted, and the administration is dedicated to improving the population's health condition over the longer term by addressing inequalities and the underlying causes of illness. Metrics of health service engagement such as hospital waitlists and ambulance response times were stressed during the discussions that were conducted about the probable form and substance of a national health policy.

The primary objective of formulating health policies is to enhance the general population's health by having a widespread effect on the aspects of health that are determined by factors over which the health industry has only a limited amount of control.[6] An analysis of the policy of Finland may provide insight into the challenges and possibilities faced by stakeholders who are engaged in the process of developing national policy in other nations. The establishment of health policy in Finland calls for an awareness of the factors globally that determine public health and the development of new forms of skills and competence among the wide variety of players engaged.[7]

During the post-communist era, the Russian Federation went through a process that resulted in significant constitutional reform. This occurred because a powerful centralized government delegated broad powers to the regions. This has significant repercussions on the structure of healthcare, which, in the past, had been highly centralized, much like other aspects of the Soviet system. The public health system is actively engaged in the process of reforming the health care system; nevertheless, the primary emphasis of this effort has been on the financing of health care and the efficiency of healthcare providers. Public health has received a significantly reduced amount of attention. However, the fact that expenditures have been progressively decreasing while, at the same time, the government has been unable to enact legislative measures that would address key health concerns suggests that the government continues to place a low emphasis on health.[17] There is a divergence of opinion over what is stipulated

by the term "public health," and essential ideas, such as collaboration across several sectors and fields of study, are either disregarded or misinterpreted in health policy formation in Russia.

It is of the utmost importance to look out for the health, well-being, safety, and security of individuals living in society and their productivity. Policy decisions made at the national, regional, and territorial levels in Australia are critical to the nation's youth in terms of physical and mental health.[12]

Many nations have looked to make their healthcare systems more sustainable in the face of rapidly rising healthcare costs. Policies play an essential part in moulding the health care system and have the potential to assist in eliminating long-standing inequalities while keeping the underlying theme of being sustainable. They are used to decide what requirements, how much financing should be allocated, how governance structures should be influenced, how change should be guided, how innovation should be promoted, and how implementation should be supported. The formation of lower-level localized issue-specific regulations and activities is directed by higher-level health policy, which sets the agenda for the prioritization of health concerns and financing and guides the policy-making process. For instance, the recognition of common communicable diseases, HIV and cancer as critical topics within the high-level policy is about the acceptance to aid increased financing options and foster the growth of programs and services or the production of policies that are specific to health improvement.[18] This is because such recognition is likely to encourage the advancement of services and programs or the generation of specific policies. The reduction of individual risks or health burdens among at-risk demographics, illness groups, other specified groups, or the overall community may be one of Australia's priorities for policy action.

5. Conclusion

The topic of health policy is still in the early phases of acceptance and formulation. It has received attention from the governments, but a significant amount of work still must be done before the a structured health policy process can be put into effect in the future. These initiatives involve academic research, political consensus, and guidance from various key stakeholders, which, if successful, would encourage national ownership of the problem and produce a scenario in which all private and public stakeholders including citizens will work together, and governments take a stewardship role. Concerns about the provision of financial resources must be considered right from the initiation of the health policy process to prevent their emergence as a barrier. In the selected nations, medical care policy is used as an approach, which has contributed to maintaining momentum and keeping health policy at the forefront of the discussion. This gap may be addressed with a structured seven-stage health policy process involving a) field-level impact assessment of the previous policy (if there is an existing policy), b) consultation with stakeholders based on field-level data - defining the problems and challenges, c) formulation of the policy, d) approval by the authorities or government e) implementation f) monitoring and evaluation regularly with regards to the objectives/goals set in the policy g) modifications in the policy as per emerging needs.

Many countries continue to struggle, to maintain continuity in the broad direction of the health policy. The realm of health policy process is a major area which needs further research, evidence, re-orientation, and training for policymakers across countries to ensure structured and evidence-based policy formulation.

6. Limitations

This study has limitations. Firstly, the data presented in this paper are purely descriptive; we did no statistical analyses to determine whether the one country's performance was statistically different from that of the comparator countries. Also, the absence of data may not necessarily indicate that the countries included are not focusing on the parameters referenced in this paper.

7. Source of Funding

None.

8. Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this manuscript. The views expressed in this article are those of the authors and do not necessarily represent the views of and should not be attributed to, any multi-lateral organization.

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Cite this article: Gupta RP, Sodani PR. Cross-country comparison of health policies in eight countries. *Indian J Forensic Community Med* 2022;9(2):72-77.