

Comparative Health Care Financing in Asia(公平と効率のための 医療財源のあり方について：アジアの視点から)

一橋大学COEプログラム「現代経済システムの規範的評価と社会的選択」(代表 鈴木興太郎教授) (<http://www.econ.hit-u.ac.jp/~coe-res/index.htm>) は韓国から医療政策の研究者を招聘し、医療経済セミナーを開催します。社会の高齢化、国・地方の財政の悪化の中で医療サービス提供のための財源確保の効率性と公平が問われています。本セミナーでは日韓の医療経済学者を招き、両国の現状を踏まえつつ医療財源・医療提供体制のあり方について講演と討論を行います。本COEプログラムと本学政策大学院公共経済グループではこれまでも税制改革、社会保障、地方分権等我が国を含む通貨危機以降のアジア諸国の制度改革の現状と課題について国際シンポジウムを重ねてきました (<http://www.hit-u.ac.jp/IPP/PEP/research2.html>)。本セミナーはこうしたアジアの公共政策研究者との研究交流の一環であり、今後の医療政策の分野での韓国研究者との交流を目指すものです。

日時 7月28日(土) 午後1時—5時30分

場所 一橋大学東キャンパス マーキュリータワー7階セミナー室

<http://www.hit-u.ac.jp/guide/campus/access.html> (アクセス)

<http://www.hit-u.ac.jp/guide/campus/campus/index.html> (キャンパス)

参加者を幅広く募ります。参加希望の方は予め佐藤主(一橋大学経済学研究科・政策大学院准教授) (satom@econ.hit-u.ac.jp) 充てにご連絡ください。

講演者

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スケジュール

1:00pm — 2:00	Health Care Financing in Asia (Prof Kwon)
2:00pm — 3:00	Health Care reform in Asia～Effect of DPC-based payment and its future in Japan (Prof. Kawabuchi)
3:00 pm — 3: 20	コーヒープレイク
3:20 pm — 4:20	Equity in the Delivery and Finance of HealthCare in Korea (Dr. Oh)
4:20 pm — 5:30	質疑応答（司会：井伊）

Health Care Financing in Asia

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Abstract

Nature and current status of health care financing system in Asia are different from those of European countries. Health care financing systems of high- and low-income economies of Asia also face very different challenges due to the difference in socioeconomic development. Health care financing in high-income countries of Asia (Japan, Korea and Taiwan) is closely related to its nature of welfare state, i.e., welfare developmentalism. Health care financing in those countries can be characterized by social health insurance with tax subsidy as a major mode of health care financing, strong role of private sector delivery, high out-of-pocket payment, and heavy regulation and fee control of private health care providers. Rapid aging of population is a critical challenge in high-income economies, which has already implemented or will introduce a separate financing scheme (from health care) for long-term care. In low-income countries of Asia, extension of health care financing to the informal sector toward universal coverage is a major challenge. There are many questions associated with the optimal design of health care financing system in those countries, such as different ways to cover the informal sector (tax vs social health insurance), single or multiple funds for pooling, administrative responsibility among government ministries, potential tradeoff between population coverage and benefit coverage, etc. Effective purchasing and payment to health care providers are also critical common challenges for many health care financing systems of Asia. Politics and policy process are essential elements of health care financing reform. Political economy of institutional change in health care will be a critical research area, considering strong path dependence in health policy as well as different stages and paths of socioeconomic development in Asian countries.

Equity in the Delivery and Finance of Health Care in Korea

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Abstract

The purpose of this study is to examine the equity in health care delivery and financing and their trends in Korea. The model is based on measures such as HI (concentration) index and Kakwani index, using National Health Interview Survey (Korea Institute for Health and Social Affairs) and Annual Report on the Household Income and Expenditure Survey (Korea National Statistical Office). The distribution of the number of hospital days as a measure of the quantity of inpatient health care utilization is rather equitable after controlling for the need for medical care, in other words, pro-poor inequitable from the perspective of equal utilization for equal need for medical care (resulting in negative values of HI such as -0.130 in 1998, and -0.021 in 2001). The aggregate number of outpatient visits shows equitable distribution, with HI not statistically different from zero. However HI indices for different types of health care institutions are quite varied: very pro-rich inequitable utilization of outpatient care in tertiary hospitals (0.110 in 2001), and pro-poor utilization of (public) health centers (-0.231 in 2001). The trend in the equity in health care utilization has been rather stable. In health care financing, Kakwani index of direct taxation is progressive; indirect tax shows rather proportionality, contrary to other countries; social insurance premium is regressive, but improving toward proportionality; and Kakwani index for out-of-pocket payment is around zero, different from other countries, probably because the better off use more of those services that are not covered by health insurance.