Abstract of Master's Dissertation

Course	International Health Development	Name	Eiichi SHIMIZU
Thesis Title	Private health sector engagement and control towards universal health coverage (UHC): Policy implications from Japan		

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Objective: This study examined how the Japanese government has controlled the private sector engagement in the private-dominant mixed health system for exploring policy implications to low- and middle-income countries (LMICs) based on Japan's experiences.

Method: A qualitative research method was used. Data were collected via document review, key informant interview, and secondary data analysis, and triangulated. A total of nine semi-structured interviews were conducted with a mixture of individuals purposefully selected, such as a service provider, insurer, university lecturer, hospital management consultant, and authority officials. A conceptual framework was used to develop an interview guide and questionnaire, and to analyse the collected data. The framework consisted of six control approaches (prohibiting, constraining, encouraging, purchasing, policy dialogue, and information sharing), and four potential risks (higher costs, maldistribution of private providers, undermined quality of services, and lack of information for health planning) generated by the private sector.

Results: Among a total of 25 control measures identified; 4 measures were classified in the domain of prohibiting, 12 were in constraining, 3 were in encouraging, 2 were in purchasing, 1 was in policy dialogue and 3 were in information sharing.

Out of the 25 control measures identified, 10 were the measures controlling healthcare costs. Among them, social health insurance, uniform fee-schedule and prohibition of mixed billing were addressed by respondents as the main control measures.

Only four control measures were recognised to control maldistribution of private providers. Two measures, limiting the number of beds in the health zone and a regional medical care coordination mechanism at sub-prefectural levels, were recognised to control maldistribution through the re-distribution of beds. The government subsidies have limited usage to incentivise private providers to newly open in remote areas.

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As for controlling service quality, there were seven measures that were all classified in the domain of constraining. The periodic claims review process, on-site audits, accreditation, and reporting obligations, all contribute to improving quality of services.

This study identified four measures to control the lack of information for health planning. Respondents addressed that sufficient information was given by private providers through existing national databases. However, it was mentioned that available data were not fully used for better planning.

Conclusion: 25 control measures were found in all the six domains of control approaches addressing all the four potential risks. However, the study found the measures controlling maldistribution of private providers is relatively weak. This study gave the following three implications to LMICs; *i*) gradual expansion of the benefit package of social health insurance, *ii*) controlling private health insurance to enter the market for optimising healthcare costs, and *iii*) considering fee-for-service as a type of payment arrangements to control private healthcare.

(439 words)

＊ The abstract, containing the objective, method, result and conclusion should not exceed 300-500 words.