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Strengthening Health System Governance For Achieving Universal Health Coverage: A Comparative Study Of Policy Reforms In Southeast Asia

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Abstract: *Achieving Universal Health Coverage (UHC) necessitates not only increased financial investments in health services but also the establishment of strong governance and accountability mechanisms that ensure equity, transparency, and system-wide efficiency. This article offers a comparative analysis of health system governance reforms in three middle-income Southeast Asian countries Indonesia, the Philippines, and Vietnam each of which has undertaken distinct strategies to accelerate UHC implementation. Using a qualitative policy analysis approach, the study examines institutional reforms, decentralization processes, regulatory innovations, and performance-based accountability tools that have shaped national health agendas. The findings indicate that while all three countries have expanded access to healthcare, the outcomes of governance reforms vary significantly based on factors such as political leadership, subnational administrative capacity, and policy coherence. Indonesia's efforts in strategic purchasing, the Philippines' enactment of the Universal Health Care Act, and Vietnam's emphasis on digital governance and financial transparency each offer context-specific insights into effective reform. Nonetheless, ongoing challenges such as local-level disparities, fragmented data systems, and limited stakeholder influence persist. The article concludes that governance should be viewed not as a peripheral concern but as a central pillar of UHC. Its findings are intended to inform both regional and global policy dialogues on building resilient and accountable health systems.*

Keywords: *Health Governance, Universal Health Coverage (UHC), Policy Reform, Decentralization, Health Systems.*

INTRODUCTION

Achieving Universal Health Coverage (UHC) defined by the World Health Organization (WHO) as ensuring all individuals have access to the health services they need without suffering financial hardship has become a global imperative and a central objective under Sustainable Development Goal 3.8 (WHO, 2010; United Nations, 2015). While much of the policy discourse on UHC emphasizes financial protection and service expansion, it is increasingly evident that

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governance plays a foundational role in enabling or obstructing health system transformation (Brinkerhoff & Bossert, 2008). Governance, in the context of health systems, refers to the rules, institutions, and practices that determine how health services are delivered, who is accountable, and how resources are allocated and monitored (Siddiqi et al., 2009).

In Southeast Asia, middle-income countries such as Indonesia, the Philippines, and Vietnam have embarked on ambitious health reforms with the aim of achieving UHC. These countries are characterized by rapid socio-economic change, increasing demand for health services, and complex governance structures shaped by decentralization, political transition, and global health partnerships (Tangcharoensathien et al., 2018). Despite having different historical, political, and institutional contexts, they share similar challenges: fragmented service delivery, regional disparities, limited regulatory enforcement, and growing public expectations for transparency and accountability (World Bank, 2021a).

Indonesia, for example, introduced one of the world's largest single-payer insurance schemes Jaminan Kesehatan Nasional (JKN) in 2014, aiming to provide comprehensive coverage to over 270 million citizens (Agustina et al., 2019). However, operational challenges in provider payment mechanisms, benefit package control, and fiscal sustainability have highlighted the need for stronger governance structures (Tandon et al., 2016). Likewise, the Philippines passed its Universal Health Care Act (Republic Act No. 11223) in 2019, which mandates integrated provincial health systems and outlines mechanisms for accountability and local autonomy (Dayrit et al., 2018). Yet the implementation of these reforms has faced bottlenecks in terms of fragmented authority, overlapping mandates between national and local actors, and uneven administrative capacity (DOH Philippines, 2021).

Vietnam, while maintaining a more centralized governance model, has pursued reform through digital transformation, public financial management improvement, and gradual expansion of the Social Health Insurance (SHI) scheme. The country has achieved relatively high population coverage, but governance concerns remain around benefit equity, cost containment, and health

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workforce distribution (Ha et al., 2014; OECD/WHO, 2020). Across all three nations, governance is both an enabler and a constraint to progress toward UHC.

Health system governance is multidimensional, encompassing institutional arrangements (e.g., who makes decisions), accountability mechanisms (e.g., how actors are held responsible), stakeholder participation (e.g., how communities are involved), and regulatory enforcement (e.g., how standards are implemented) (Barbazza & Tello, 2014). In weak governance contexts, even well-funded programs can be undermined by inefficiencies, corruption, and lack of public trust. Conversely, robust governance mechanisms can drive innovation, improve equity, and enhance the resilience of health systems, especially during crises like the COVID-19 pandemic (Kruk et al., 2015; Rajan et al., 2020).

The comparative approach adopted in this study enables a nuanced understanding of how different governance arrangements shaped by history, politics, and institutional legacy affect the implementation of health reform. While decentralization has empowered local governments in Indonesia and the Philippines to adapt health services to community needs, it has also led to inconsistencies in service quality and financial management (Bossert & Mitchell, 2011). Vietnam's more centralized structure has enabled faster implementation of reforms but may limit local innovation and responsiveness.

Accountability remains a critical concern across all three countries. While national health ministries and insurance bodies are increasingly using performance indicators, digital platforms, and citizen feedback tools, enforcement mechanisms remain weak and often disconnected from budgetary or operational consequences (Savedoff & Smith, 2011). Furthermore, stakeholder participation, particularly from civil society and frontline providers, is still limited or tokenistic in many governance platforms, which affects the legitimacy and responsiveness of policy decisions (George et al., 2018).

Transparency and data governance are emerging as new frontiers in UHC governance. Countries like Vietnam are pioneering electronic health records and interoperable health information systems, while Indonesia and the Philippines are experimenting with open data and

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community scorecards to improve trust and accountability (UNDP, 2021). However, challenges remain in ensuring data quality, privacy protection, and institutional coordination.

This study seeks to explore how governance reforms in these three Southeast Asian countries are shaping the trajectory of UHC implementation. It focuses on key domains such as institutional design, decentralization, accountability, and participation providing a cross-country comparison that highlights both shared lessons and context-specific innovations. The goal is to generate policy-relevant insights for national governments, donors, and global health actors seeking to improve health system governance in similar middle-income settings.

Ultimately, the study argues that governance is not peripheral to UHC it is central. Without robust, inclusive, and accountable governance, financial resources and technical solutions alone will be insufficient to achieve sustainable and equitable health outcomes. As such, Southeast Asia offers a dynamic and diverse testing ground for understanding how governance can be leveraged to advance health equity and system performance.

METHOD

This study adopted a qualitative comparative case study design using a policy analysis framework to examine health system governance reforms aimed at achieving Universal Health Coverage (UHC) in Southeast Asia. A comparative approach was chosen to explore similarities and differences in policy implementation across three middle-income countries: Indonesia, the Philippines, and Vietnam. These countries were selected due to their explicit national commitments to UHC, shared socio-economic characteristics, and the availability of documented health governance reforms. The comparative lens enabled the identification of common governance patterns and context-specific challenges, aligning with best practices in qualitative health policy research (Walt et al., 2008).

Data were gathered from multiple sources to ensure depth and triangulation. Primary data included national health policy documents, UHC legislation (e.g., the Philippines' Universal Health Care Act), decentralization laws, implementation reports, and official statistics. Secondary

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data were sourced from peer-reviewed journals, global health assessments such as the WHO Health System Governance Assessment Framework (WHO, 2020), and institutional analyses published by organizations like the World Bank and OECD.

The analysis focused on four thematic governance domains: (1) institutional arrangements (e.g., who makes decisions and how power is distributed), (2) accountability mechanisms (e.g., regulatory oversight, monitoring, and enforcement), (3) decentralization (e.g., sub-national health authority roles), and (4) stakeholder participation (e.g., civil society, health workers, and citizens in policymaking). A matrix analysis approach was used to systematically compare findings across countries and thematic areas, as recommended in multi-country governance evaluations (Brinkerhoff & Bossert, 2008). This approach enabled the identification of governance innovations, recurring constraints, and lessons for policy transfer and adaptation in other middle-income contexts.

RESULT AND DISCUSSION

Institutional Reforms

Institutional reform plays a pivotal role in advancing Universal Health Coverage (UHC), particularly in middle-income countries where balancing fiscal constraints and population needs is critical. In this regard, Indonesia and Vietnam offer contrasting but complementary examples of health governance innovation.

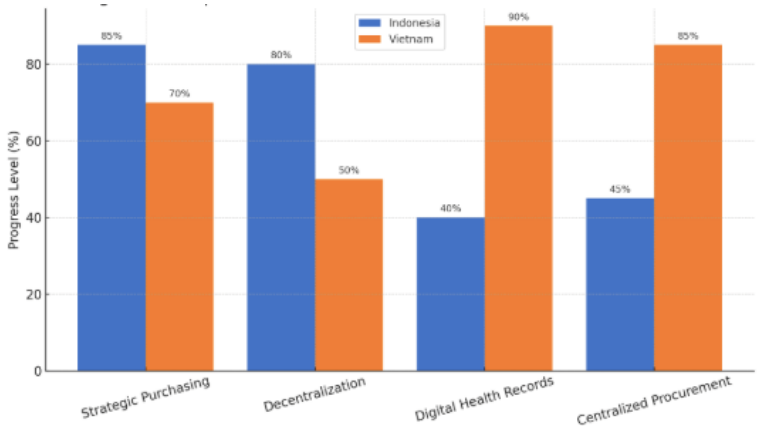

Figure 1: *Comparative Institutional Health Reforms Indonesia vs Vietnam*

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In Indonesia, the institutional transformation of health financing was marked by the establishment of Jaminan Kesehatan Nasional (JKN) in 2014, a national health insurance scheme aimed at achieving UHC for all citizens (Agustina et al., 2019). Managed by the Social Security Agency for Health (BPJS Kesehatan), JKN serves as a single purchaser of health services. This centralization has improved financial risk pooling and facilitated broader coverage, but it has also generated challenges related to provider payment transparency, cost control, and delays in claims settlement (World Bank, 2021; Tandon et al., 2016).

The Indonesian government also pursued decentralization as a governance reform, devolving significant authority to district governments in the early 2000s. While this move enhanced local decision-making and responsiveness to health needs, it has led to variations in service quality and uneven implementation of national standards (Heywood & Harahap, 2009). Regional disparities in health outcomes persist, particularly in Eastern Indonesia, highlighting the need for stronger coordination between central and local authorities (Harimurti et al., 2013).

In contrast, Vietnam has maintained a relatively centralized governance model, enabling faster and more uniform policy implementation. The country has focused extensively on digital transformation and financial transparency within its public health system. The electronic health record (EHR) initiative, launched under the Ministry of Health, has improved traceability of services, reduced administrative burdens, and enhanced data-driven decision-making (WHO, 2020). Moreover, centralized procurement systems such as the National Online Bidding Portal for pharmaceuticals have reduced corruption and improved cost-efficiency (OECD/WHO, 2020).

While Vietnam has also expanded its Social Health Insurance (SHI) scheme, challenges remain in terms of benefit package uniformity, out-of-pocket expenditures, and provider reimbursement fairness (Ha et al., 2014). Nevertheless, Vietnam's alignment of digital governance tools with broader health financing reforms sets a valuable precedent for other countries seeking to modernize their health systems.

Comparative analysis reveals that while Indonesia has focused more on structural reform through strategic purchasing and decentralization, Vietnam has emphasized technological

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governance and central financial oversight. Both models demonstrate the need for contextualized reform pathways. Neither centralization nor decentralization alone guarantees efficiency or equity what matters is how institutions are held accountable and how policies are operationalized across different levels of government (Bossert & Mitchell, 2011; Barbazza & Tello, 2014).

Importantly both countries underscore the centrality of transparent institutional arrangements in achieving UHC. Indonesia's experience shows the importance of reforming purchaser-provider relationships, while Vietnam's success demonstrates the power of digital innovation in reducing inefficiency and leakage. Future governance strategies should explore ways to combine the strengths of both approaches balancing flexibility with accountability, and autonomy with national standards.

Accountability Mechanisms

Accountability is a foundational principle in achieving effective and equitable Universal Health Coverage (UHC). It ensures that health system actors governments, insurers, providers, and civil society are answerable for their roles in delivering quality, accessible, and fair health services (Savedoff & Smith, 2011). Southeast Asian countries have made significant efforts to institutionalize accountability through legal mandates, reporting frameworks, and participatory mechanisms. Among them, the Philippines stands out for embedding a comprehensive accountability structure within its Universal Health Care (UHC) Act of 2019.

Under this legislation, the Department of Health (DOH) and PhilHealth, the national health insurance corporation, are mandated to report annually on health system performance using standardized indicators related to access, quality, and equity (DOH Philippines, 2021). Importantly, these reports are informed by consultation with civil society, enhancing legitimacy and public trust. A nationwide Health System Performance Assessment is conducted at both national and local government levels, feeding into evidence-based policy revisions and budget allocations (Dayrit et al., 2018).

In Indonesia, accountability reforms have emphasized citizen engagement and feedback mechanisms. Platforms such as "Lapor!" and "SP4N-Lapor" enable citizens to report health

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service grievances directly to national authorities (World Bank, 2021). At the district level, public hearings and community scorecards are used to evaluate local health programs. However, the decentralized governance structure often results in inconsistent application and enforcement of accountability standards across provinces (Tandon et al., 2016). This fragmentation limits the effectiveness of feedback and weakens the loop between reporting and system responsiveness.

Meanwhile, Vietnam has focused on performance-based financing (PBF) as a mechanism to promote accountability. Hospitals and primary health centers receive budget allocations partly based on output and quality indicators. This has created incentives for improved documentation, service delivery, and internal monitoring (Ha et al., 2014). However, civil society engagement and transparency in budget allocation remain limited, raising concerns about vertical accountability and inclusiveness (OECD/WHO, 2020).

A comparative assessment across five accountability dimensions public performance reporting, citizen feedback, civil society participation, performance-based financing, and decentralized oversight reveals differing strengths and gaps in each country (see Figure 2 and Table 1).

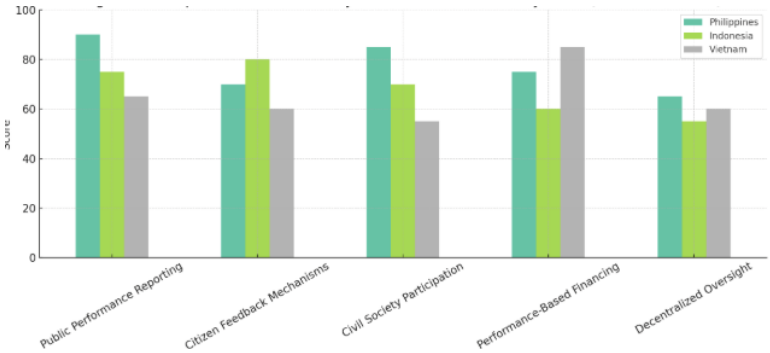

Figure 2. *Comparative Accountability Mechanisms in Health Systems*

Accountability Mechanism	Philippines	Indonesia	Vietnam
Public Performance Reporting	90	75	65
Citizen Feedback Mechanisms	70	80	60
Civil Society Participation	85	70	55
Performance-Based Financing	75	60	85
Decentralized Oversight	65	55	60

Table 1. *Comparative Scores on Accountability Mechanisms*

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The Philippines scores highest overall due to its legally mandated UHC reporting system and consistent engagement with non-state actors. Indonesia shows strength in community-based feedback but is constrained by uneven enforcement at the sub-national level. Vietnam excels in performance-based incentives but has less institutionalized channels for public accountability.

Despite these developments, key challenges persist across all three countries. These include limited follow-through on audit recommendations, weak penalties for underperformance, insufficient data transparency, and a lack of interoperability between monitoring systems (Barbazza & Tello, 2014; George et al., 2018). Moreover, decentralization though intended to increase local responsiveness can dilute national oversight and complicate accountability chains, especially when political alignment between central and local governments is weak (Bossert & Mitchell, 2011).

Moving forward, governments should strengthen linkages between accountability mechanisms and resource allocation. Mechanisms such as budget conditionalities, performance contracts, and social audits can reinforce incentives for compliance. Additionally, expanding digital governance tools and open data portals can empower citizens and watchdog organizations to monitor service delivery more effectively (WHO, 2020). Building capacity for accountability not only ensures better outcomes but also enhances public trust, which is essential for sustaining UHC reforms.

3.3 Decentralization and Local Governance

Decentralization has emerged as a prominent reform strategy in the health systems of Southeast Asia, intended to enhance responsiveness, improve service delivery, and promote local accountability. In practice, however, its effects have been uneven. While decentralization allows for tailored approaches to local health needs, it also introduces risks such as disparities in service quality, inefficiencies in financial management, and fragmented governance structures (Bossert & Beauvais, 2002; Saltman et al., 2007).

In Indonesia, the post-Suharto era ushered in one of the most radical decentralization reforms in the region through Law No. 22/1999 and Law No. 32/2004. District governments were granted

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Email: editorijhsp@gmail.com

authority over a wide range of health functions, including planning, budgeting, and personnel management (Heywood & Harahap, 2009). As a result, districts could respond more effectively to local health challenges, particularly in underserved areas. However, the variation in administrative capacity among local governments has led to inconsistent implementation of national health policies and uneven progress toward Universal Health Coverage (UHC) goals (Harimurti et al., 2013).

Similarly, the Philippines adopted an aggressive decentralization model through the Local Government Code of 1991, transferring significant health responsibilities to provincial, municipal, and city governments. While this reform empowered local governments to innovate and prioritize health spending, it also fragmented service delivery and created coordination challenges with the Department of Health (Dayrit et al., 2018). Variations in political will, technical capacity, and local fiscal resources have contributed to geographic inequities in health service access, particularly in remote and conflict-affected regions (Capuno, 2005).

In contrast, Vietnam has pursued a more measured approach to decentralization, maintaining a strong central role for the Ministry of Health while gradually increasing the autonomy of provincial health authorities. Budgetary reforms such as Decision No. 43/2006/QD-TTg allowed provinces to retain greater control over financial allocations and procurement. This has enabled more efficient resource use and experimentation with performance-based payment mechanisms (Ha et al., 2014). Unlike Indonesia and the Philippines, Vietnam's decentralization has been carefully sequenced and supported by strong national oversight and a robust health information infrastructure, contributing to more uniform service quality (OECD/WHO, 2020).

Despite these varying trajectories, all three countries face common challenges. Effective decentralization depends not only on transferring authority but also on ensuring that local entities possess the technical, financial, and institutional capacity to manage complex health responsibilities (Bossert & Mitchell, 2011). Moreover, access to timely, accurate, and disaggregated data is crucial for performance monitoring and evidence-based decision-making at the local level. Weaknesses in data systems, particularly in Indonesia and the Philippines, limit the

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https://journal.as-salafiyah.id/index.php/ijhsp/index
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ability of central governments to oversee decentralized operations and hold local governments accountable (World Bank, 2021).

Governance Dimension	Indonesia	Philippines	Vietnam
Local Responsiveness	High	High	Moderate
Service Quality Equity	Low	Low	Moderate
Financial Autonomy	High	Moderate	Moderate
Provincial Budget Control	Moderate	Moderate	High
Monitoring Data Availability	Low	Moderate	High

Table 3. *Comparative Assessment of Decentralized Health Governance in Southeast Asia*

Vietnam's relatively centralized yet adaptive model ensures more coherent policy implementation, whereas Indonesia and the Philippines continue to grapple with intergovernmental coordination failures and policy inconsistencies. Moving forward, successful decentralization must include capacity-building programs for local administrators, the integration of interoperable health information systems, and clearer delineation of roles and responsibilities across governance levels (Barbazza & Tello, 2014). Countries in the region may benefit from hybrid governance models balancing national guidance with local flexibility tailored to specific administrative and health system contexts. Ultimately, decentralization must be understood not as an endpoint, but as a dynamic process requiring continuous support, robust accountability mechanisms, and adaptive governance frameworks.

Stakeholder Engagement and Transparency

Effective stakeholder engagement and transparency are vital pillars of good governance, particularly in health systems striving to achieve Universal Health Coverage (UHC). These mechanisms facilitate public trust, participatory decision-making, and improved accountability. Across Southeast Asia, Indonesia, the Philippines, and Vietnam have made strides in establishing formal spaces for stakeholder participation, including engagement with civil society, academia, private providers, and international development partners. However, the degree of inclusiveness, influence, and institutional follow-through remains highly variable.

In Vietnam, stakeholder engagement in health governance has become more prominent in recent years, especially in UHC policy formulation and review. Academic institutions and non-

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governmental organizations (NGOs) have participated in consultations related to the National Health Strategy (2021–2030) and the Law on Medical Examination and Treatment. These participatory platforms have been facilitated by the Ministry of Health, often with technical support from development partners such as WHO and the World Bank (OECD/WHO, 2020). The presence of structured policy dialogue forums has enabled more robust feedback loops between national planners and grassroots organizations, contributing to policy innovations in maternal and child health and digital health integration (Ha et al., 2021).

In Indonesia, stakeholder participation is largely channeled through formal advisory mechanisms such as the National Social Security Council (DJSN) and sectoral working groups. These include representatives from workers' unions, employer associations, civil society organizations, and academics (Harimurti et al., 2013). While the institutional architecture for stakeholder involvement is well established, actual influence on final policy outcomes remains limited, often constrained by bureaucratic centralism and uneven representation from remote provinces (World Bank, 2021). Recent efforts to improve transparency include the development of Satu Data Indonesia, a cross-ministerial initiative that aims to integrate public sector data, including those from health and social sectors (Bappenas, 2020).

Similarly, the Philippines has adopted a participatory governance approach embedded in the Universal Health Care Act of 2019, which mandates the establishment of multi-sectoral governance structures at national and regional levels. These include Local Health Boards, which are tasked with monitoring UHC implementation and ensuring citizen engagement. However, challenges persist due to infrequent convening, political interference, and limited capacity to translate recommendations into policy actions (Dayrit et al., 2018; DOH Philippines, 2021).

Across all three countries, digital governance tools and open data platforms are being introduced to enhance public access to information and improve health system transparency. For instance, Vietnam's VSSID (Vietnam Social Security app) provides citizens with real-time access to their insurance status and utilization history. Indonesia's BPJS Health dashboard and the Philippines' Health Facility Development Plan portal are similarly aimed at improving public

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oversight. Nonetheless, data interoperability, data privacy protections, and unified data governance frameworks remain unresolved issues, limiting the full potential of digital transparency (Barbazza & Tello, 2014).

Mechanism	Indonesia	Philippines	Vietnam
Multi-Stakeholder Advisory Bodies	Yes (DJSN, Technical Teams)	Yes (Local Health Boards, UHC Committees)	Yes (Health Dialogues, MOH Councils)
Influence on Policy Outcomes	Moderate	Low to Moderate	Moderate to High
Civil Society Participation Level	Limited in rural regions	Uneven	Structured and expanding
Academic Involvement in Policy Design	Yes	Yes	Yes (increasing)
Digital Transparency Tools	Satu Data, BPJS Dashboard	DOH Data Portals	VSSID, Public Health Reports
Data Interoperability Status	Low	Moderate	Moderate

Table 4. *Comparative Overview of Stakeholder Engagement and Transparency Mechanisms*

This comparative overview highlights that Vietnam has made relatively more progress in institutionalizing stakeholder input, particularly from academia and civil society. Indonesia's well-established structures often face bottlenecks in responsiveness, while the Philippines shows potential at local levels but suffers from inconsistent engagement.

Moving forward, governments must prioritize inclusive governance reforms that go beyond tokenistic participation. This includes setting minimum standards for consultation frequency, ensuring diverse representation, and building capacities of non-state actors to participate meaningfully. Investments in interoperable data systems, open-access platforms, and data governance policies are also essential to transform transparency initiatives into actionable accountability mechanisms.

CONCLUSION

This comparative study of health system governance in Indonesia, the Philippines, and Vietnam highlights that robust and adaptive governance is fundamental to advancing Universal Health Coverage (UHC). Although each country has adopted reform strategies tailored to its socio-political and institutional landscape, several cross-cutting themes have emerged. These include

persistent challenges related to policy coherence across levels of government, uneven enforcement of accountability measures, and disparities in subnational administrative and technical capacity. The findings demonstrate that governance reforms particularly those involving strategic purchasing mechanisms, digital health information systems, and structured stakeholder engagement platforms can significantly strengthen the foundations of UHC when accompanied by adequate financing, data transparency, and political commitment. Notably, Vietnam's phased approach to decentralization and digital governance stands out as a model for balancing central control with local autonomy, while Indonesia and the Philippines offer critical insights into the opportunities and limitations of more rapid decentralization. Nevertheless, institutional fragmentation, gaps in intersectoral collaboration, and underinvestment in human resource capacity continue to impede progress. UHC should not be approached solely as a matter of expanding health service coverage or financing; it must be reframed as a governance transformation process requiring structural, cultural, and procedural reforms. Moving forward, middle-income countries in Southeast Asia and similar contexts must prioritize long-term investments in inclusive, transparent, and accountable governance frameworks that foster system resilience and uphold the principles of equity and human rights. Strengthening these foundations is essential not only for achieving UHC but also for building the societal trust and institutional legitimacy necessary to sustain health reforms over time and ensure that no population group is left behind.

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