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REVIEW ARTICLE

Benefits Of Targeted Healthcare Subsidies: A Scoping Review

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ABSTRACT

Targeted healthcare subsidies can enhance the utilisation of under-utilised services, particularly among populations with limited access to healthcare. The inconsistency in data and lack of comprehensive synthesis present a significant challenge for policymakers and healthcare providers contemplating implementing or modifying healthcare voucher schemes. This study aims to determine the benefits of implementing specific healthcare subsidies. This study used a methodological framework developed by Arksey and O'Malley and refined by the Joanna Briggs Institute and Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). The search strategy resulted in 534 citations from PubMed and Scopus. Out of the total, 187 instances were found to be duplications, while 347 were identified as unique study references. Furthermore, we found and analysed 43 pertinent references and full texts. Consequently, 30 studies were excluded, leaving 12 that satisfied the inclusion criteria for the review—targeted healthcare subsidies benefit by promoting the use of healthcare services, addressing vulnerable groups, encouraging private and public care, providing continuous care, relieving financial burdens, reducing carers' stress, and decreasing waiting time for subsidised homes for the elderly. Tailored subsidy distribution addresses healthcare needs, improves accessibility, and reduces disparities in the system. By directing

financial assistance towards identified areas of concern, policymakers can optimise resource allocation and enhance the overall efficiency of healthcare interventions.

INTRODUCTION

Background

The quest for efficient, equitable, and sustainable healthcare delivery systems remains a paramount challenge in the ever-evolving landscape of global healthcare systems. With healthcare systems under increasing strain, innovative solutions are essential for sustainable healthcare delivery. Amidst various models explored to address these challenges, targeted healthcare subsidy systems have emerged as a notable strategy. These systems involve issuing vouchers to specific populations, which can be redeemed for healthcare services to improve access, quality, and efficiency of healthcare delivery. The impoverished and vulnerable segments of the community, who stand to gain the most from these services, have been the least likely to utilise healthcare services as they are unable to access them. Thus, implementing this method is expected to increase healthcare access as it targets vulnerable groups such as low-income individuals, pregnant women, and the elderly. In certain situations, these barriers also extend to geographical barriers. Hence, some healthcare subsidies also include transport or providing transport to those in need.

Targeted healthcare subsidies, part of a concept called Demand Side Financing (DSF), are seen as a tool that could improve the usage of underused services, especially among the underserved population, by improving their purchasing power and having the choice of provider, wherever possible. The main argument for implementing this system is that it favours the population mostly affected by financial barriers that prevent them from using specific health services (Gupta et al., 2010). As an output-based aid and demand-side financing system, voucher programmes use aid funds to increase demand for goods or services. This is in contrast to more conventional supply-side tactics, which typically concentrate on providing the inputs for health aid, such as building healthcare facilities or providing supplies (Mumssen et al., 2010).

Apart from increasing the demand side, a targeted healthcare subsidy programme will also improve the supply of services available. The theory of supply enhancement is evident in the provision of financial incentives to healthcare providers, who are rewarded for delivering high-quality services through medical vouchers to beneficiaries. This will encourage healthy competition and theoretically increase service utilisation and quality. Moreover, healthcare providers must also meet the obligation to provide specific services to beneficiaries, which can potentially yield gains in efficiency (Azam & Laffont, 2003). Targeted healthcare subsidies provide a direct link between the government's subsidy and the beneficiary's primary purpose. The targeted healthcare subsidy system is a part of the consumer-led system, which includes cash transfers, vouchers, or tax rebates. This is opposite to the provider-led system, which provides for referral vouchers and capitation payments (Ensor, 2004). The most frequent demand-side financing mechanism is vouchers, which the World Bank defines as "a token that can be used in exchange for a restricted range of goods or services. Vouchers tie the cash receipt to particular goods, particular vendors provide at particular times. Health care vouchers are used in exchange for health services (such as medical consultations or laboratory tests) or health care consumables (such as drugs)" (Sandiford et al., 2005). The use of health vouchers or subsidies is seen as a tool to encourage the use of under-used services, such as immunisations, mental health care, family planning, and child health services, especially in countries where financial constraints are a significant factor in accessing

healthcare (Gupta et al., 2010).

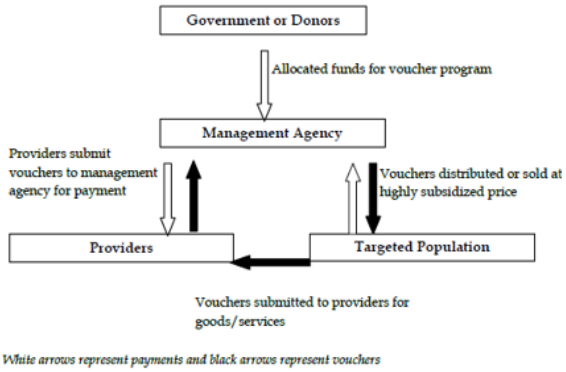

Figure 1: Flow diagram of payment and vouchers (Brody et al., 2013)

The template for the targeted medical subsidy is presented in Figure 1. However, it should be noted that there are significant differences in flows and management in different countries. For example, some countries have the same project initiation and management agency. In India, the medical voucher CINI-ASHA is handled by an NGO instead of a specific agency (Rane et al., 2020). In Malaysia, the MADANI medical scheme is managed by Protect Health Corporation Sdn Bhd (ProtectHealth, 2023).

In most cases, especially in lower-income countries, civil society organisations are the best to implement these schemes as they have the local knowledge regarding the community. In the targeted medical subsidy, the government will transfer funds to a specific agency or NGO trusted to implement the programme. Then, the management agency will work with the technical assistance unit to identify specific beneficiaries in this programme. Next, the agency will provide the voucher/subsidy/token/card to the target population directly or using any third-party organisation (Gupta et al., 2010).

A demand-side financing programme has three core components based on the various schemes used in multiple countries. First is the pre-specified target group, and second is the ways of financial transfer to the target group via voucher or conditional cash transfer. Thirdly, the service is covered by the subsidy. In the end, this programme aims to reduce health inequities and improve the general population's health. The framework for the targeted medical subsidy is shown in Figure 2.

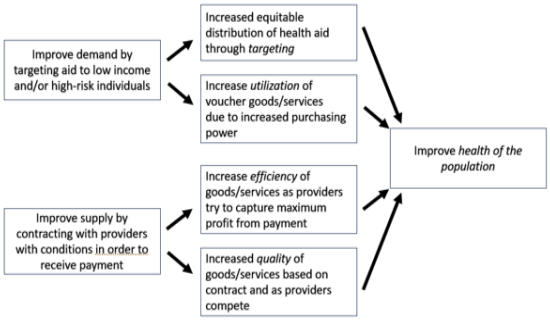

Figure 2: Improving health aid through voucher programs (Brody et al., 2013)

Despite growing interest in targeted medical subsidy programmes, the literature on their benefits and challenges remains scattered and diverse. Investigating the benefits of medical vouchers is crucial in understanding their role in enhancing healthcare accessibility and efficiency. This is particularly relevant in low-resource settings and marginalised populations, where traditional healthcare financing models often fall short. Therefore, this scoping review aims to consolidate existing knowledge and provide a comprehensive overview of the benefits of medical voucher systems.

Problem Statement

While there is increasing interest in healthcare-targeted subsidies as a potential solution to some of the challenges faced by healthcare systems worldwide, the evidence of their benefits is scattered. It varies significantly depending on the context of implementation. This inconsistency in data and the lack of comprehensive synthesis present a major challenge for policymakers and healthcare providers when considering the adoption or adaptation of healthcare voucher schemes.

Objectives

To identify the benefits of implementing targeted healthcare subsidies

Significance of the study

According to the Joanna Briggs Institute (JBI), scoping reviews are beneficial for assembling evidence from disparate or heterogeneous sources (Peters et al., 2017). Hence, this scoping review will provide a new and detailed analysis of the benefits of healthcare-targeted subsidies policy. Given the paucity of systematic analysis of published reports on the benefits of targeted healthcare subsidies, this study aims to map the evidence. They are accommodating for identifying gaps in the literature for mapping key concepts underpinning a research area and elucidating working definitions. Therefore, the scoping review will combine existing and emerging evidence from a broad range of sources with different levels of quality to crystallise the key concepts underpinning this research area and clarify working definitions.

METHOD

The study used a methodological framework developed by Arksey and O'Malley (Arksey & O'Malley, 2005) and refined by the Joanna Briggs Institute (Peters et al., 2017). It will be used along with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). The framework has five stages: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) data charting, and (5) collating, summarising, and reporting the results. Each stage will be discussed in detail below.

Steps of scoping review

Stage 1: Identifying the research question

A scoping review aims to identify where the most substantial evidence exists and opportunities for further research. The research questions chosen are broad to identify gaps in knowledge by summarising the breadth of evidence. The overarching question developed for this review is 'What targeted medical/healthcare subsidy policy has been implemented?'. Further secondary questions have also been identified to guide the review: 'What are the benefits of this policy?'.

Stage 2: Identifying relevant studies

Search strategy

A search strategy uses two major search engines: PubMed and Scopus. Articles identified were analysed for words in the title and abstract, and the index terms used to describe the articles. Medical subject headings and words related to targeted medical/healthcare subsidies will be developed. This process was iterative to ensure all relevant search terms were captured. Articles were limited to English and the last five years, from January 2019. It is to ensure that the data are up to date, as medical systems have changed over time. This was followed by a search using all identified keywords in the titles and abstracts and the index terms used to describe each article.

Search keywords

- Benefits OR advantages AND
- Targeted OR specialised OR specific OR selected OR tailored AND
- Healthcare OR medical AND
- Subsidies OR funding OR voucher

Inclusion Criteria

1. The study comprises any population group from any country who receive targeted medical or healthcare subsidies.
2. The study examines targeted healthcare subsidies, such as voucher programmes, cash transfers, or other demand-side financing methods for healthcare services.
3. The study is conducted in any healthcare setting, including primary care, hospitals, maternal health, rehabilitation, elderly care, or similar services.
4. The study is a peer-reviewed article published between 2019 and 2023, written in English, available in full text, and

can use quantitative, qualitative, or mixed-methods designs.
5. The study reports on the benefits, utilisation, impacts, or experiences associated with targeted healthcare subsidies.

Exclusion Criteria
1. Subsidy schemes unrelated to healthcare, such as food vouchers, non-medical pocket money, and preventive subsidies (to focus on targeted demand-side programs rather than routine preventive interventions).
2. Universal, blanket, or non-targeted subsidies are not directed at a specific population group.
3. Grey literature, book chapters, conference abstracts, reports, editorials, and commentaries.

Stage 3: Study selection

Reviewers independently screen retrieved titles and abstracts to identify potentially relevant articles. The independent reviewers will obtain and assess the full text of the identified papers. Any discrepancies were resolved through discussions, and if required, consensus was achieved by seeking input from a third reviewer. The number of reviews that met our inclusion criteria was counted. Results of the search strategy, including the final included and excluded studies, were presented in a PRISMA flow diagram (Tricco et al., 2018).

Stage 4: Data charting

A data extraction chart was used. Abstracted data include the following items: author, year of publication, country of origin, the study aims, population characteristics, country setting, research methodology, measurement tools and reported outcomes. Additional variables like study design, the objective, study location, study population, sample size, relevance and findings were identified following a complete review of the full text.

Three reviewers jointly developed a data-charting form to determine which variables to extract. The reviewers independently charted the data, discussed the results and continuously updated the data-charting form in an iterative process. As a formal quality assessment of articles is generally not required due to the nature of scoping reviews, a broad overview of the research quality of the studies was included instead.

Stage 5: Collating, summarising and reporting the results

We arranged the studies by the types of targeted healthcare subsidies and their benefits. The study findings in each article's results were tabulated. The findings were then discussed in the discussion section.

Ethics and Dissemination

This scoping review does not require ethics approval as data will be obtained by reviewing existing literature. Study findings will be presented at relevant conferences and public forums and published in peer-reviewed journals. We aim to guide future research by further analysing the benefits and drawbacks of targeted healthcare subsidies.

RESULT

Results of database searching

The search strategy yielded 534 citations, all generated from searching databases electronically. Of these, 187 were duplications, and 347 were unique study references. In addition, we identified that 43 relevant references and full texts were retrieved and examined. As a result, 30 studies were excluded, and 12 met the review inclusion criteria, as seen in Figure 3. 11 articles were obtained from Scopus and 1 article from PubMed. The specific articles found were arranged by the types of targeted healthcare subsidies and their benefits. Study findings in each article were tabulated, as seen in Table 1.

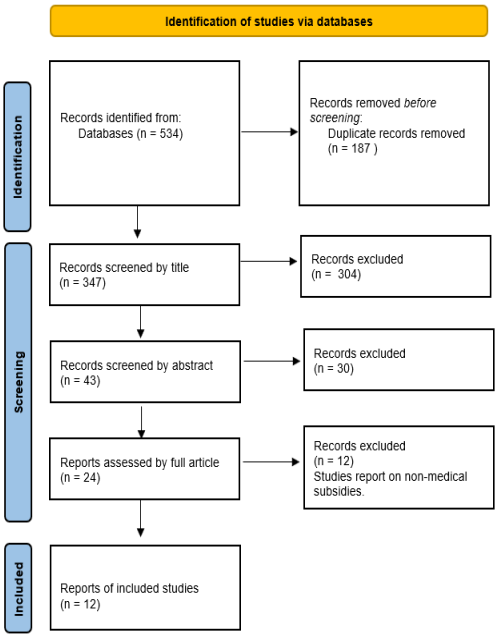

Figure 3: PRISMA flow chart

DISCUSSION

The benefit of implementing a large subsidy for the healthcare system in a country is the provision of adequate access to healthcare services. A subsidised healthcare system is believed to be given to the poor as the primary beneficiaries of the subsidies (Rashad & Sharaf, 2015), or to provide blanket subsidies that benefit a broad group of people regardless of socioeconomic status (Yeah et al., 2023). In this paper, apart from primary healthcare services, the advantages of the specified subsidy enable the utilisation of services other than primary care, such as rehabilitation services, family planning services, maternal, neonatal and child health, and comprehensive continuous care for pregnant ladies. Implementing vouchers, such as those mentioned in the services, can help focus on the specific target population

Table 1: Summary of benefits of targeted healthcare subsidies

No	Author	Study	Source	Country	Study Design
1	Wang, H., Li, Z., Chen, S., Qin, W., Xie, L., Kong, Y., Cohen, J., Lu, C., & Liang, W. (2023).. The Lancet Regional Health - Western Pacific, 31, 100635	The effect of a disability-targeted cash transfer program on universal health coverage and universal access to education: a nationwide cohort study of Chinese children and adolescents with disabilities (Wang et al., 2023)	Scopus	China; 368, 595	Quasi-experimental study
2	Leung JK, Wong MC, Wong EL. Int J Environ Res Public Health. 2022 Sep 17;19(18):11751.	Unseen Threats of Chronic Diseases among the Middle-Aged: Examining the Feasibility of Well-Defined Healthcare Vouchers in Encouraging Uptake of General Checkups (Leung et al., 2022)	Scopus	Hong Kong; 278	Cross-sectional Survey
3	Bakyono R, Tapsoba LDG, Lépine A, Berthé A, Ilboudo PG, Diallo CO, Méda N, D'Exelle B. Pan Afr Med J. 2020 Sep 18;37:72. French.	Contraceptive use by married women or concubines living in rural areas in Burkina Faso: A qualitative study of free voucher use (Bakyono et al., 2020)	Scopus	Burkina Faso; 30	Qualitative study
4	Ahmed, S., Hasan, Md. Z., Ali, N., Ahmed, M. W., Haq, E., Shabnam, S., Chowdhury, M., Gahan, B., Bousquet, C., Khan, J. A. M., & Islam, Z. (2021). PLOS ONE, 16(11), e0256067.	Effectiveness of health voucher scheme and micro-health insurance scheme to support the poor and extreme poor in selected urban areas of Bangladesh: An assessment using a mixed-method approach (Ahmed et al., 2021)	Scopus	Bangladesh; 33,126	Mixed-method
5	Mahmood SS, Amos M, Hoque S, Mia MN, Chowdhury AH, Hanifi SMA, Iqbal M, Stones W, Pallikadavath S, Bhuiya A. Experience from Bangladesh. Glob Health Action. 2019;12(1):1701324	Does healthcare voucher provision improve utilisation in the continuum of maternal care for poor pregnant women? Experience from Bangladesh (Mahmood et al., 2019)	Scopus	Bangladesh; 2400	Cross-sectional surveys

	Yam, C.H.K., Wong, E.L.Y., Fung, V.L.H. et al. matching. BMC Health Serv Res 19, 875 (2019)	What is the long-term impact of the voucher scheme on primary care? Findings from a repeated cross-sectional study using propensity score matching (Yam et al., 2019)	Sco-pus	Hong Kong; 974	Cross-sectional surveys
	Fung, V. L., Lai, A. H., Yam, C. H., Wong, E. L., Griffiths, S. M., & Yeoh, E. (2020).	Healthcare vouchers for better elderly services? Input from private healthcare service providers in Hong Kong (Fung et al., 2020)	Scopus	Hong Kong; 37	Qualita-tive study
	Yeoh EK, Yam CHK, Chong KC, Chow TY, Fung VLH, Wong ELY, Griffiths SMHealth Policy. 2020 Feb;124(2):189-198	An evaluation of universal vouchers as a demand-side subsidy to change primary care utilisation: A retrospective analysis of longitudi-nal services utilisation and voucher claims data from a survey cohort in Hong Kong (Yeoh et al., 2020)	Scopus	Hong Kong; 551	Cross-sectional surveys – retrospec-tive data
	Mardieh L Dennis, Lenka Benova, Timothy Abuya, Matteo Quartagno, Ben Bel-lows, Oona M R Campbell, Health Policy and Planning, Volume 34, Issue 2, March 2019, Pages 120–131	Initiation and continuity of maternal healthcare: Examining the role of vouchers and user-fee re-moval on maternal health service use in Kenya (Dennis et al., 2019)	Scopus	Kenya; 5325	Cross-sectional surveys
	Yee, H. H. L., & Law, V. T. S. (2022). Quality of Life in Asia, BMC Public Health 16, 105–116.	Effectiveness of Elderly Health Care Voucher Scheme and Private Healthcare Providers in Hong Kong (Yee & Law, 2022)	Scopus	Hong Kong, 300	Cross-sectional survey
	Cheung, J.T.K., Wong, S.Y., Chan, D.C.C. et al. Can voucher scheme enhance primary care provision for older adults: cross-sectional study in Hong Kong. BMC Geriatr	Can Voucher Scheme Enhance Primary Care Provision for Older Adults: Cross-sectional Study in Hong Kong (Cheung et al., 2020)	Scopus	Hong Kong; 1032	Cross-sectional survey

and ensure their access to these services.

Benefits of Targeted Healthcare Subsidies

The findings focused on the targeted healthcare subsidies implemented, showing the benefits to healthcare systems and the population. This review contributes to the existing literature by examining the advantages of tailored healthcare subsidies. In doing so, strengthen the data from previous reviews focused on healthcare subsidies (Degroote et al., 2020). The majority of studies included in this scoping review, precisely eight out of twelve studies, mainly used vouchers as their focus to study the benefits of their healthcare systems (James & Acharya, 2022). As in our search keywords, vouchers are alternative terms for subsidies and funding. Demand-side subsidies to the targeted population, or vouchers, are consumer-led near-cash social transfers for specified benefits utilised in health, education and other sectors (Yam et al., 2023).

Technically, the benefit of the targeted healthcare demand side subsidy is reducing the financial burden, thus improving access to healthcare services by making it affordable for the targeted population (Yam et al., 2023) as the vouchers serve as financing mechanisms to assure equity and act as programmatic tools to minimise barriers to access and increase the utilisation of critical health services (Menotti & Farrell, 2016). However, multiple studies and analyses proved that the policy of blanket subsidies is concentrated and benefits the rich (Zhang et al., 2022; Chen M et al., 2015; Castro-Leal et al., 2000). An analysis in Colombia highlighted that general healthcare subsidies benefited the urban population twice as much as the rural population, despite the rural population having a poverty rate three times that of the urban population (Linn, 1982). These studies also substantiated that the number of visits per household increases with the family's per capita income. The positive relationship is

even stronger when visits are calculated per individual. Current studies that imply Wulf's (Wulf, 1975) and Cornes' (Cornes & Sandler, 1984) approaches to evaluating publicly provided goods (in this case, healthcare) at their marginal cost, called benefit incidence (Brennan, G., 1976), provide evidence on how the benefits of government spending are distributed across the population.

Equity Challenges in Healthcare Subsidies

Studies involving African countries, including CoÃ te d'Ivoire, Ghana, Guinea, Kenya, Madagascar, South Africa, and the United Republic of Tanzania, found that in all of those countries, the poorest 20% of the population received less than 20% of the subsidy when analysing the unit subsidies cost (Castro-Leal et al., 2000). One reason for the lower distribution of benefits to the poor is that most of this population often lives some distance from government health facilities, and members of these households typically face long journeys and high opportunity costs to obtain health care. For instance, a survey in Ghana noticed more extended travel and treatment time for poorer households (Lavy & Germain, 2018)

Effectiveness of Vouchers and Targeted Subsidies

Thus, this scoping review highlighted targeted subsidies, either cash transfers or vouchers (1 study using cash transfers, 11 using vouchers), for specific vulnerable or in-need populations to increase healthcare utilisation. A mixed-methods study by Ahmed et al. (2021) among Bangladesh's poor and extremely poor showed that medical voucher recipients experienced higher healthcare utilisation, including maternal, neonatal, and child health services, and lower out-of-pocket (OOP) payments. A systematic review published in 2013 supported this claim, showing modest evidence that voucher programmes increase healthcare utilisation and overall healthcare quality (Brody CM et al., 2013).

Apart from increasing the utilisation of care, the voucher programme also ensures maternal care is completed, and these benefits are more evidently extended to the most vulnerable women, as highlighted by Mahmood SS et al. (2019) in Bangladesh and Denis ML et al. (2018) in Kenya (Mahmood et al., 2019). A study indicated that voucher programmes improved poor women's access to facility-based delivery in Nairobi, Kenya (Amendah et al., 2013). A study examined the community-level association between exposure to reproductive health vouchers and utilisation of skilled care during delivery services in Kenya, which was significantly higher in communities exposed to the programme than in other communities (Obare et al., 2013). The voucher programme is a financing mechanism that enables access to and improvement of the quality of health services (Njuki et al., 2015).

Uganda's public sector facilities have limited engagement in the voucher programme, acting only as referral points without voucher reimbursement. Few studies showed that the voucher scheme is associated with increased use of safe motherhood services, improved knowledge of danger signs during pregnancy and delivery, and reduced inequity in utilising safe motherhood services between poor and non-poor women (Kanya et al., 2014). According to a study in Pakistan, Maternal health vouchers contribute to the country's goal of achieving a 90% target for skilled birth attendance by providing access to more than 90% of facilities, including three antenatal care visits, postnatal care visits, and institutional delivery (Agha, 2011).

Utilisation Beyond Maternal and Child Health

Other utilisation of services other than primary care services includes rehabilitation services, family planning services, maternal, neonatal and child health and complete continuous care of pregnant lady (Ahmed et al., 2021; Bakyono et al., 2020; Dennis et al., 2019; Mahmood et al., 2019; Wang et al., 2023).

Studies in Hong Kong included in this scoping focus on the elderly in three separate studies of similar populations, highlighting that voucher schemes encourage and persuade not only the utilisation of public and private healthcare but also increase the utilisation of primary care and acute and rehabilitation services at public and private health facilities. Healthcare subsidies targeting children in Japan are in the form of free healthcare, which improves the children's healthcare use and health outcomes. The subsidy showed a significant reduction in the probability of having subjective symptoms such as fever, cough and nasal discharge (Kang et al., 2022).

Apart from that, this study has highlighted the impact of using vouchers in increasing the use of family planning among women. This finding is supported by other studies where vouchers overcome the financial, information, and other barriers that impede access to and use of modern contraceptives (CDC US, 2016; Bellows et al., 2017). Multiple studies have also proved the benefits of subsidies/vouchers in accessing the use of Sexual Reproductive Health, increased knowledge of STIs and prevention through condom use in many countries, predominantly Low-income countries, such as Nicaragua (Meuwissen et al., 2006), Pakistan (Azmat et al., 2014), Uganda (Bellows B et al., 2016), Madagascar (Burke & Gold, 2015) and Cambodia (Grainger et al., 2014).

Voucher programmes for maternal health services in Cambodia were given through pre-specified criteria set by the Health Equity Fund. Selected mothers were given vouchers for three prenatal care visits, delivery, and one postnatal visit, including transportation services and hospital referrals as needed. The voucher users reported that they could receive free healthcare services, were safer by delivering in the healthcare facility and could vaccinate their babies immediately ("Cambodia," 2022; Ir et al., 2010). This review noted that most countries associated vouchers or demand-side financing with maternal and child healthcare services. A systematic review of the effects of funding demand-side on utilisation and outcomes of maternity care in low- and middle-income countries included 22 studies on vouchers for maternity services. Evidence suggests that demand-side subsidies can increase maternal healthcare utilisation; however, there is insufficient evidence on their impact on maternal and infant mortality and morbidity (Murray et al., 2014).

Financial Barrier Reduction

As highlighted in this scoping review, targeted subsidies reduce financial barriers for vulnerable populations (Amani PJ et al., 2023; Bakyono et al., 2020; Dennis et al., 2019). This was primarily achieved by removing financial barriers to facility utilisation, thereby eliminating the need for out-of-pocket payments (Amani et al., 2023). Thus, the healthcare subsidies enhanced accessibility and utilisation by mitigating financial barriers. It can cover various healthcare services, such as outpatient, emergency, and maternity care. The coverage has alleviated the financial strain on individuals and families, enhancing the affordability and availability of healthcare (Blanchet et al., 2012). Healthcare subsidies have made strides in reducing financial barriers for patients with hypertension and diabetes in Kenya, but challenges persist, underscoring the need to continue evaluating and improving their effectiveness (Betrian et al., 2023). Armenia's voucher programme aims to eliminate informal payments to providers in the private healthcare sector to achieve equity. This will be achieved by reducing patients' out-of-pocket payments during treatment (Bellows et al., 2013; Sochas et al., 2013).

Challenges and Policy Considerations

This scoping review has highlighted the benefits of targeted subsidies for improving access to primary and preventive care. However, multiple studies have also shown increased utilisation in acute, inpatient, and rehabilitation care. However, this paper is

limited to some countries to ensure that studies meet the inclusion criteria. Apart from that, four papers from Hong Kong are in nearly identical settings, and voucher programs were included, which may limit the generalizability of this study to other settings.

Implementing targeted subsidies is not without its challenges; experience from other countries highlighted the issues such as political and governance desire for implementation and accountability (Lim et al., 2023), as well as it may cause a rise in inflation (Dizaj et al., 2019). Targeted subsidies may not be the long-term solution to achieving our long-term goal of universal health coverage. However, on the ground, short and medium-term steps are needed to achieve UHC, as mentioned in the literature review. Targeted subsidies could act as an intermediate step in reducing barriers to access and improving the uptake of crucial health services to meet the health needs of the poor, vulnerable, and other special populations (World Trade Organization, 2006; Yam et al., 2019). It was proven to help inequitable rates of maternal, child, and infant mortality among the poor versus traditional supply-oriented health financing that faces challenges in reaching the poor and underserved (Yam et al., 2019)

Targeting public subsidies for health care is to preserve and enhance equity in health in two dimensions of the concept: vertical equity and horizontal equity - in the means of equity of provision of services and equity in financing (Bitran R et al., 2000). The main objective of targeted programs is to reduce the incidence of subsidies, ensuring that a larger proportion of them reach the neediest members of the population. An analysis of experiences, as discussed in this scoping review, suggests that some health programs that are not targeted perform poorly in terms of benefit incidence and could be substantially improved using targeted healthcare subsidies.

LIMITATION

This review only evaluated a limited number of studies published in English in peer-reviewed journals from 2019 to 2023. Book chapters and grey literature are not included because of constraints. The decision to include only studies within five years and to exclude the grey literature was made for practical reasons, given the time frame.

RECOMMENDATION

Most of the research discusses the demand side benefits of targeted healthcare subsidies; none have addressed the supply side of the framework. Thus, for future research, we suggest exploring the supply-side benefits of targeted healthcare subsidies. There is also a gap in research on the economic evaluation of targeted healthcare subsidies, such as evaluating the subsidies at their marginal cost, called benefit incidence, as suggested by Brennan, G. (1976).

CONCLUSION

In conclusion, the comprehensive targeted healthcare subsidies reveal a nuanced benefits landscape. The tailored approach to subsidy distribution proves instrumental in addressing specific healthcare needs, fostering accessibility, and mitigating disparities within the healthcare system. By directing financial assistance towards identified areas of concern, policymakers can optimise resource allocation and enhance the overall efficiency of healthcare interventions. Moreover, the targeted subsidies exhibit the potential to improve health outcomes, reduce economic burdens on vulnerable populations, and promote a more equitable healthcare environment. As nations grapple with the ongoing challenges in healthcare provision, this scoping review underscores the importance of precision and strategic focus in subsidy design to maximise positive impacts on public health.

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