

Response to: Health Poverty Alleviation Project in Rural China: Impact on Poverty Vulnerability, Health Status, Healthcare Utilization, Health Expenditures [Letter]

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Dear editor

The research entitled “Health Poverty Alleviation Project in Rural China: Impact on Poverty Vulnerability, Health Status, Healthcare Utilization, Health Expenditures” has several advantages from a policy perspective. First, the HPAP policy is a health service system that considers equity and targets rural poor communities. Second, HPAP reduces out-of-pocket payments for inpatient services. Third, HPAP, with minimized policy costs, provides opportunities for diffusion to developing countries with high poverty levels and expensive health service costs. Fourth, this research empirically shows the significance of HPAP in encouraging long-term poverty alleviation. Fifth, the HPAP policy impact assessment uses The China Health and Retirement Longitudinal Survey (CHARLS) approach so that the HPAP impact analysis provides comprehensive evidence of the policy’s cost-benefit.¹

However, we highlight several areas that require further explanation. First, although not substantive, there is a need for consistency in the approach used in this research because analysis and policy evaluation overlap.^{2,3} Meanwhile, there is a gap between analysis and policy evaluation, especially in their results. Second, the effectiveness of HPAP for target groups with specific medical needs only concerns disability groups. Meanwhile, rural minority groups, such as groups with particular sexual orientations and elderly groups, may also have a high level of vulnerability. It impacts the diversity of approaches and the urgency of expanding party involvement in the long-term HPAP policy infrastructure. Third, it has been explained clearly in moral hazard related to asymmetric Information. However, determinant factors such as price distortion, price elasticity, induced demand, and subsidies-induced overconsumption require a more complete explanation.

Thus, this research leaves the gaps in navigation and exploration for further study. First, further investigation can explore health policy, especially policies that address case studies in rural community groups. Second, future research can develop mixed or indigenous research methods to get in-depth results. Third, further studies can use the psychosocial lens to explore the determinant variables of moral hazard and the suitability of the health service agenda with service user satisfaction.

Disclosure

There is no conflict of interest related to this communication.

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<https://doi.org/10.2147/RMHP.S456256>