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Presentation

Health Economics: Challenges, Evidence and Policy in a Changing World

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Health economics has emerged as an indispensable analytical framework for reconciling finite fiscal resources with universal aspirations for equitable, high-quality healthcare (Atun et al., 2015). As nations worldwide commit to achieving universal health coverage through the Sustainable Development Goals, the discipline transcends specialized academic concerns to become central to evidence-based health policy. It encompasses distributive concerns, governance structures, and efficiency mechanisms that determine whether health interventions reach vulnerable populations and whether systems remain financially sustainable across generations.

Health financing structures fundamentally shape health outcomes and financial protection. Out-of-pocket expenditure regimes generate regressive distributional effects that concentrate financial risk upon vulnerable households, while insurance-based and tax-financed systems with progressive contribution mechanisms facilitate resource pooling that decouples healthcare access from individual income volatility (Reeves et al., 2015). Yet the relationship between financing architecture and equity outcomes proves complex: institutional contexts, governance capacity, and macroeconomic dynamics condition the realized distributional consequences of formally identical financing arrangements (Kutzin, 2013).

This special issue affirms *Revista Galega de Economía/Galician Journal of Economic*'s commitment to positioning health economics as central within applied economic analysis. Spain's research traditions and regional diversity provide a privileged observatory for

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analysing health system performance, reform trajectories, and tensions between universal principles and fiscal constraints.

ORGANIZING THE COLLECTION: A THEMATIC ARCHITECTURE

This collection progresses through a logical sequence revealing how health systems operate across multiple levels of analysis and intervention. The first two articles examine demand-side factors, digital health technologies and population-level behavioural adaptation, demonstrating that health system performance depends upon user characteristics and lifestyle integration alongside technology deployment. This resonates with the World Health Organization's call for integrated, people-centred care, which places individuals' needs, values, and preferences at the centre of how health and care systems are designed and delivered (World Health Organization (WHO), 2015).

Jorge Arenas Gaitán, Patricio E. Ramírez Correa, Pablo Ledesma Chaves, and Luis J. Callarisa Fiol examine - **«E-lifestyles and their impact on medical teleconsultation»** - how the digital technologies have transformed healthc are delivery, yet adoption remains substantially conditioned by population characteristics and lifestyle factors. The study identifies eight distinct user profiles, revealing that technology diffusion requires demand-side preparedness, lifestyle adaptation constitutes an equally essential prerequisite for realizing digital health's efficiency gains.

The demand-side perspective is extender by José Antonio Robles-Zurita and Óscar David Marcenaro Gutiérrez contribute, **«The effect of population norms on self-reported weight perception and weight control behaviour: evidence from Spain»**. This second article focuses on the role of population norms in shaping weigh and weight-control behaviour. Health behaviours emerge through social processes wherein reference group norms shape self-perception and action. Where population norms underestimate disease prevalence, individuals systematically misperceive risk, rendering information-based interventions insufficient for behaviour change (Niessen et al., 2018). This finding underscores that health economics must integrate behavioural dimensions acknowledging that preferences reflect embedded social cognition.

The next pair of contributions shifts focus to humanistic and equity dimensions: quality-of-life valuations in end-of-life care and the wealth gradients conditioning both disease burden and financial consequences for vulnerable populations. Elena García, Javier Lera, David Cantarero-Prieto, Carla Blázquez-Fernández, Ana Expósito, and Ana Rodríguez Valcarce present **«Humanization in palliative care through art: A Social Return on Investment (SROI) analysis of ProArt»**. By incorporating dignity, emotional well-being and the relational dimensions of care, the paper broadens economic evaluation beyond measures of cost and efficiency. This expands economic valuation beyond conventional metrics to encompass dignity and relational dimensions of care, demonstrating that health economics must encompass capabilities and human flourishing.

The attention to the wider consequences of healthcare is continued by Divya Chaudhary and Anuradha Jain examine in**«Wealth Gradient in Non-Communicable Diseases and Financial Risk: Evidence from Panel Data in India».** The analysis shows how socioeconomic inequalities in the burden of non-communicable diseases interact with healthcare financing arrangements to increase exposure to catastrophic expenditure among lower-income households (Sommers et al., 2017). Although Non-Communicable Diseases burden increasingly concentrates among poorer households, financial burden

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remains disproportionately concentrated among vulnerable groups. The evidence affirms that financing equity and health equity constitute inseparable objectives.

The collection then moves to macro-level financing mechanisms, examining both cross-national comparative evidence on the distributional consequences of financing choices and country-specific implementation of universal coverage within Indonesia's complex institutional landscape. Karen Andrea Balladares Ponguillo, José Roberto Morales Vergara, Juan Evangelista Trinidad Segovia, and Danny Xavier Arevalo Avecillas present in **«Health Financing, Out-of-Pocket Payments and Income Inequality: Evidence from an International Panel (2000–2020)»**. Examining 135 countries, the authors demonstrate that greater reliance on out-of-pocket payments associates with increased income inequality, consistent with their regressive nature (Wagstaff & Doorslaer, 2003). Their findings suggest that the distribution effects of health systems depend not only on the level of expenditure, but also on the way in which healthcare is finances. Health financing reforms must be conceived as multi-year redistributive strategies integrated with macroeconomic policies.

This concern with financing design is extended by Suroso Suroso, Aeda Ernawati Ernawati y Arieyanti Dwi Astuti contribute in **«Health Economics: Challenges, Evidence, and Policy in Indonesia»**, synthesizing evidence from 27 studies on Indonesia's universal health coverage implementation (Moreno-Serra & Smith, 2012). While coverage expansion increased financial protection, critical challenges persist: catastrophic expenditure, regional disparities, provider payment inefficiencies, and governance fragmentation. Sustainable universal coverage requires integrated reform addressing financing architecture, strategic purchasing, fiscal equalization, and preventive investment.

The two final articles of the special issue address system reform trajectories and frontline organizational performance, illustrating how institutional resilience sustains coverage despite fiscal crises and how managerial engagement with performance metrics translates policy objectives into clinical outcomes. Youssef Azizi and Abderrazak El Hiri present in **«Fragmented Implementation and Resilient Universalism: Health Reforms in Spain (2000–2026) - An Analysis Using the Walt and Gilson Framework»**. Spain's decentralized system provides evidence of the capacity of universal coverage systems to withstand macroeconomic shocks (Wagstaff et al., 2018). Austerity measures temporarily shifted financial risk to households, yet aggregate coverage proved surprisingly resilient. Subsequent policy reversals restored universal access principles. Universal health systems possess institutional resilience mechanisms, legal protections, social mobilization, supranational frameworks, that constrain regressive drift during fiscal crises.

The last contribution moves form system-level reform to the organizational mechanism through which policy is implemented in clinical practice Maria Beatriz Gonzalez-Sanchez, Cristina Gutiérrez-López, and Francisco Reyes-Santías examine in **«Use of Performance Measurement Systems among Clinical Managers: Implications for Waiting Time Reduction»**. Clinical managers' engagement with performance measurement systems associates with improved efficiency outcomes and reduced waiting times (Kruk et al., 2018). This demonstrates that health economics encompasses human resource development and organizational behaviour change enabling economic principles' frontline application.

Together, these eight contributions form a coherent intellectual scaffolding demonstrating that health system outcomes emerge from dynamic interaction among financial structures, institutional design, population responses, and organizational management. These articles demonstrate that contemporary health economics constitutes an essential framework for understanding how societies organize healthcare delivery, distribute resources, protect populations from financial catastrophe, and sustain performance across time. Whether

examining financing mechanisms, reform trajectories, behavioral responses, or managerial effectiveness, they affirm that rigorous economic analysis grounded in institutional understanding and attentive to equity generates irreplaceable insights for policymakers and practitioners.

As global health challenges intensify aging populations, climate-related threats, technological innovations, the economic lens becomes indispensable. We invite readers to engage with this collection as a contemporary statement of health economics' evolving contributions to applied economic science.

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