

Health Insurance Policy and Public Health Governance in Southeast Asia: A Bibliometric Perspective

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ABSTRACT

This study examines the progression of research regarding health insurance policy and public health governance in Southeast Asia by a bibliometric analysis of publications from 2000 to 2025. Data were obtained from Scopus and Web of Science and examined with VOSviewer and Biblioshiny to delineate authorship, institutional collaboration, topic structures, and keyword co-occurrence. The findings indicate that global research is primarily led by institutions from the United States, the United Kingdom, and Australia, with notable contributions emerging from Southeast Asia, specifically Indonesia, Malaysia, Thailand, and the Philippines. Central issues include public health, health care policy, health care expenditure, and health disparities prevail in the field, illustrating a synthesis of governance, equity, and health financing viewpoints. The research gives pragmatic insights for enhancing regional policy collaboration and contributes theoretically to the comprehension of knowledge diffusion and governance networks in public health. Notwithstanding database and linguistic constraints, the results highlight the increasing significance of Southeast Asia in influencing the global dialogue on universal health care and sustainable health governance.

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1. INTRODUCTION

In recent decades, Southeast Asia has experienced swift socioeconomic and demographic transformations, alongside significant alterations in its health systems. The region confronts a dual burden of disease, with infectious diseases persisting endemically as non-communicable diseases (NCDs) such as diabetes, cardiovascular disorders, and malignancies escalate

significantly. These epidemiological changes necessitate new requirements for public health governance, financial sustainability, and equitable access to care. Notwithstanding significant economic advancement, out-of-pocket healthcare costs remain elevated in various Southeast Asian nations, resulting in financial distress for millions and jeopardizing the attainment of universal health coverage (UHC) [1]. In this setting,

health insurance policies—including social, national, community-based, and private models—have become essential tools for attaining financial protection and enhanced health outcomes [2].

Health insurance policy transcends mere economic design or actuarial calculation; it is fundamentally anchored in the quality of governance, institutional capability, and the collaboration of state and non-state entities. The efficacy of health insurance in providing equal coverage is contingent upon the robustness of public health governance, which encompasses the systems through which governments, regulatory bodies, and health providers maintain accountability, responsiveness, and transparency. In the heterogeneous health systems of Southeast Asia, characterized by the coexistence of public, private, and informal sectors, governance difficulties are significant. Issues including fragmented benefit schemes, inadequate regulation, insufficient data integration, and geographical differences in service delivery frequently obstruct successful policy implementation [3].

The health insurance and governance systems in Southeast Asian countries exhibit significant variation. Indonesia's Jaminan Kesehatan Nasional (JKN), administered by BPJS Kesehatan, constitutes one of the largest national insurance schemes worldwide, encompassing nearly 230 million citizens. However, it persists in encountering issues associated with budgetary shortages, inequitable access, and reforms in hospital payments [1]. Conversely, Thailand's Universal Coverage Scheme (UCS), often referred to as the "30 Baht Scheme," exemplifies a successful model in achieving near-universal health protection through efficient regulatory control and the integration of primary care (World Health Organization [WHO], 2023). The Philippines' PhilHealth, Vietnam's social health insurance (VSS), and Malaysia's mixed public-private health finance system exemplify hybrid governance models shaped by their respective political, economic, and institutional settings [1], [3]. These discrepancies underscore the intricate relationship among policy design,

fiscal commitment, and governance efficacy in achieving equal health outcomes.

Notwithstanding considerable policy variation, comparative evidence across countries is limited, and current assessments frequently concentrate on country-specific policy reforms or operational difficulties rather than the overarching research landscape. This is where bibliometric analysis offers distinct advantages. Bibliometrics allows researchers to rigorously delineate the structure, trends, and progression of scholarly production, identifying prominent authors, institutions, and topic groupings. It provides quantitative analysis of the evolution of knowledge on health insurance and governance, identifies the key contributors to this scholarship, and highlights existing intellectual or geographical deficiencies [2].

Bibliometric research on health financing and insurance have gained global importance. *Universa Medicina* (2024) performed a bibliometric analysis of health insurance literature from 2004 to 2022, demonstrating a significant increase in research outputs during the COVID-19 pandemic, with an emphasis on health expenditure, equity, and policy reforms. [2] conducted a study on health insurance purchasing behavior, revealing developing themes concerning risk perception, healthcare utilization, and behavioral economics. However, these studies are frequently dominated by contributions from affluent regions such as the United States, China, and Europe, resulting in the underrepresentation of the Southeast Asian research scene. This highlights a significant deficiency in comprehending how the region's distinct socioeconomic and political setting influences the academic discussion on health insurance and public health governance.

A bibliometric method might therefore fulfill several objectives. Initially, it offers an evidence-based framework of academic output, illustrating the alignment or divergence of regional interests with global health financing agendas. Secondly, it emphasizes the institutional relationships and citation networks that constitute the intellectual foundation of this research

domain. Ultimately, it facilitates policy development and capacity enhancement, allowing regional governments, health ministries, and researchers to pinpoint underexamined domains such as informal sector inclusion, digital governance in insurance management, and transnational healthcare collaboration. This study seeks to elucidate the correlation between knowledge dissemination and Southeast Asia's progression towards Universal Health Coverage by integrating bibliometric analysis with policy interpretation.

Moreover, comprehending public health governance from a bibliometric standpoint encompasses more than merely insurance financing. Governance includes leadership frameworks, regulatory systems, stakeholder engagement, and data-informed accountability. The WHO (2023) asserts that strong governance is essential for Universal Health Coverage (UHC), guaranteeing alignment between health finance reforms and service delivery. In nations where insurance coverage grows more rapidly than administrative or data systems, governance deficiencies may result in inefficiency, fraud, and unequal resource allocation. Analyzing the manifestation of these themes in regional literature—via citation and keyword networks—can uncover both research strengths and deficiencies in Southeast Asia's public health academia.

Recent evaluations indicate that health insurance and governance research in Southeast Asia remains disjointed, frequently focusing on national policy assessments instead of comparative regional analyses [1], [3]. Although numerous systematic evaluations have investigated the integration of informal workers and community-based health finance [3], little analyses have focused on the wider academic landscape. This gap is significant as the region's diversity necessitates a unified academic and policy strategy to promote evidence-based transformation and collaborative governance. According to Universa Medicina (2024), a bibliometric analysis of health insurance research might reveal intellectual saturation points and regions of innovation, which is

crucial for connecting academic research with public policy requirements.

Despite the pivotal importance of health insurance policy and strong public health governance in attaining Universal Health Coverage, the research landscape in Southeast Asia remains disjointed and inadequately organized. A complete bibliometric synthesis mapping the evolution, subject focus, and collaboration patterns of studies in these interconnected domains is lacking. As a result, policymakers and researchers possess an inadequate comprehension of the historical evolution of knowledge about health insurance and governance, the locations of research clusters, and the topics or nations that are underrepresented. The lack of meta-level evidence obstructs regional policy learning, restricts cross-border collaboration, and prevents the establishment of cohesive governance frameworks to enhance health systems in the region.

This study intends to provide a bibliometric analysis of academic articles regarding health insurance policy and public health governance in Southeast Asia. This study aims to (1) analyze publication trends and citation impact from 2000 to 2025, (2) identify prominent authors, institutions, countries, and journals, (3) investigate thematic clusters and emerging research fronts, and (4) pinpoint gaps and opportunities for future interdisciplinary collaboration. This study enhances comprehension of the intellectual framework, development, and policy significance of research in this crucial area, facilitating the connection between scholarly investigation and evidence-based government in Southeast Asia.

2. METHODS

This study utilized a bibliometric research design to thoroughly examine the academic literature on health insurance policy and public health governance in Southeast Asia. Bibliometric analysis is a quantitative method employed to assess the evolution, structure, and dynamics of a particular

domain of knowledge via publishing and citation data. This method facilitates the identification of research trends, prominent authors, institutional partnerships, and theme clusters [4]. The data for this study were obtained from two prominent scientific databases—Scopus and the Web of Science (WoS) Core Collection—renowned for their extensive coverage of peer-reviewed papers. The incorporation of both databases strengthens the dataset's integrity by reducing publication bias and assuring the inclusion of pertinent studies across several fields, including health policy, governance, economics, and public health. The search was confined to publications from 2000 to 2025 to represent the timeframe when health system reforms and universal health coverage aspirations escalated in the Southeast Asian region.

A systematic search strategy was formulated utilizing a blend of controlled vocabulary and free-text keywords pertinent to “health insurance,” “health financing,” “public health governance,” “Southeast Asia,” and the designations of the eleven ASEAN member states (Indonesia, Thailand, Vietnam, Philippines, Malaysia, Singapore, Cambodia, Laos, Myanmar, Brunei Darussalam, and Timor-Leste). Boolean operators, including AND, OR, and NOT, were utilized to enhance the search outcomes. Following the acquisition of the raw data, a meticulous data cleansing and filtration procedure was implemented to eliminate duplicates, non-academic materials (including conference summaries and editorials), and studies unrelated to the regional or theme focus. Only peer-reviewed

articles, review papers, and policy assessments published in English were included to ensure uniformity and accessibility for analysis. Each chosen record had bibliographic details like title, authors, affiliations, abstract, keywords, journal source, and citation count. These bibliographic fields constituted the analytical basis for both quantitative and network-based representations.

The bibliometric data were examined utilizing VOSviewer (version 1.6.20) and Biblioshiny for R (Bibliometrix package) to produce visual representations and statistical analyses. The analysis was conducted in two phases: (1) performance analysis, evaluating annual publication trends, citation impact, and productivity across authors, institutions, countries, and journals; and (2) science mapping, investigating the intellectual and conceptual framework of the research domain via co-authorship, co-citation, and keyword co-occurrence networks. These methodologies facilitated the identification of significant thematic clusters, developing issues, and collaboration patterns throughout the Southeast Asian region. To guarantee dependability, the results were corroborated using both tools, and normalization methods were employed to account for fluctuations in publication volume throughout the years. The integrated quantitative and visual methodology offered an extensive perspective on the progression and interrelation of studies concerning health insurance policy and public health governance in Southeast Asia, thus facilitating an evidence-based comprehension of academic advancement in this field.

3. RESULTS AND DISCUSSION

3.1 Keyword Co-Occurrence Network

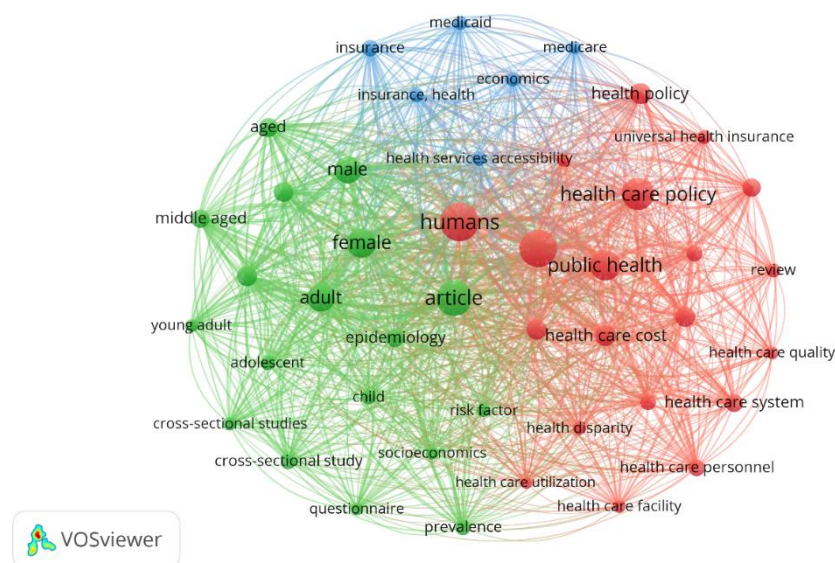


Figure 1 reveals the graphic depicts a complex, linked network of keywords categorized into three primary groups, each denoted by distinct colors: red, green, and blue. The primary node designated as “humans” interlinks the clusters, indicating that the majority of research in this domain is grounded in human-centered healthcare studies. The terms “public health,” “health care policy,” and “article” emerge as prominent themes, indicating that the research landscape is grounded in discourse on policy development, system governance, and empirical investigations. The convergence and interconnection of clusters underscore a significant degree of interdisciplinarity, wherein public health governance strongly interacts with insurance, socioeconomic issues, and demographic characteristics.

The red cluster, situated on the right side of the network, signifies the central domain of health policy, governance, and system administration. Key terms such as public health, health care policy, health policy, health care cost, and health care quality reflect significant focus on policy design, cost-effectiveness, and service delivery outcomes. This cluster indicates that a significant amount of the literature focuses on institutional and systemic aspects,

methodologies, associating governance with quantifiable health indicators.

The blue cluster at the apex of the picture encapsulates the financial and economic aspects of health insurance schemes. Keywords such as insurance, health, economics, Medicare, and Medicaid suggest that economic evaluation, cost analysis, and the function of various insurance systems constitute a prominent thematic emphasis. While Medicare and Medicaid are chiefly linked to U.S. studies, their inclusion in the dataset indicates that comparative frameworks and policy borrowing shape the academic discourse in Southeast Asia. The connection between this cluster and the red governance cluster indicates that fiscal sustainability, insurance coverage design, and cost-sharing mechanisms are crucial to public health governance talks in the region.

The interrelation of the three clusters indicates that the examination of health insurance and governance in Southeast Asia is

profoundly integrative, including policy, economics, and population health viewpoints. The interplay of health care policy, socioeconomics, risk factors, and health disparities indicates an increasing academic focus on health equity and financial protection as vital governance outcomes. This network demonstrates a methodological equilibrium between quantitative epidemiological studies and policy-level analyses, signifying a developing research domain that aims for both practical and theoretical contributions. The intricate connections between public health and humanity illustrate that, despite varied subjects, the primary focus is on improving equitable, efficient, and sustainable health systems via well-regulated insurance structures. Future study may concentrate on cross-national policy learning and the incorporation of digital health governance to address existing disparities within the region.

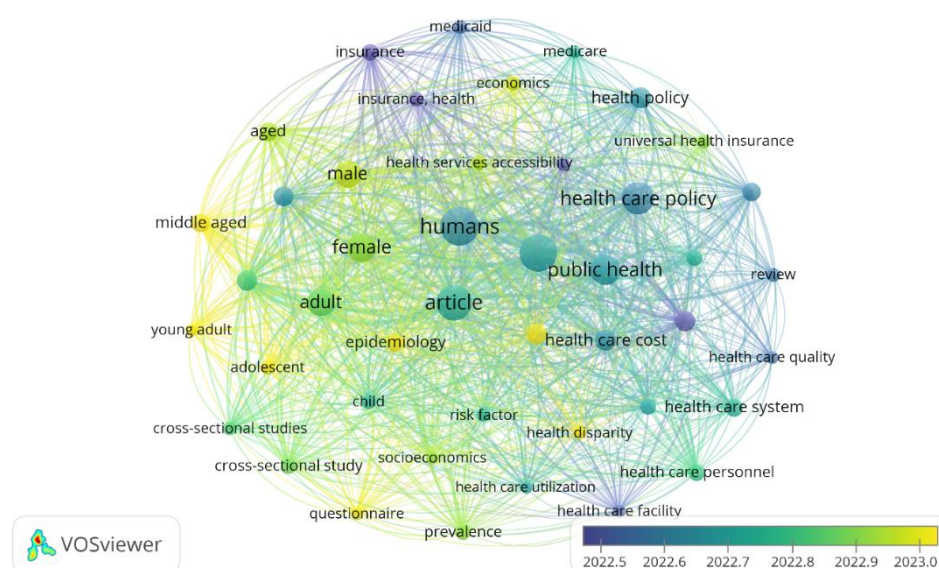


Figure 2. Overlay Visualization

Source: Data Analysis Result, 2025

The overlay visualization map from VOSviewer depicts the temporal progression of research themes in health insurance policy and public health governance in Southeast Asia. Each node signifies a term, with its color indicative of the average publication year—spanning from darker shades (earlier studies)

to yellow tones (more contemporary publications). The map indicates that prior studies (depicted in blue and purple) mostly concentrated on structural and financial aspects, but contemporary studies (highlighted in yellow and green) prioritize governance, accessibility, and population

observed around the phrases “humans,” “public health,” “health care policy,” and “article,” indicating that these notions constitute the intellectual nucleus of the research domain. This indicates that most research prioritize governance structures, human-centered health systems, and policy frameworks that facilitate fair access to healthcare. The density of these core nodes indicates that public health and policy change are the predominant domains of academic collaboration and publication output in the region.

The peripheral areas of the map—colored in green to blue—feature keywords such “health care facility,” “health disparity,” “socioeconomics,” “risk factor,” and “prevalence.” These subjects, although linked to the fundamental themes, signify nascent or

inadequately investigated study domains. Their diminished density signifies an increasing, albeit not predominant, focus on inequality, socioeconomic determinants of health, and the operational aspects of healthcare delivery. This trend indicates that although the subject has advanced in examining macro-level policy and insurance frameworks, there is much potential for further exploration of micro-level governance issues, including service quality, health personnel management, and local implementation results. The density map illustrates a balanced yet growing knowledge ecosystem, gradually transitioning from general health policy talks to a more nuanced emphasis on the quality, accessibility, and inclusion of public health governance throughout Southeast Asia.

3.2 Co-Authorship Network

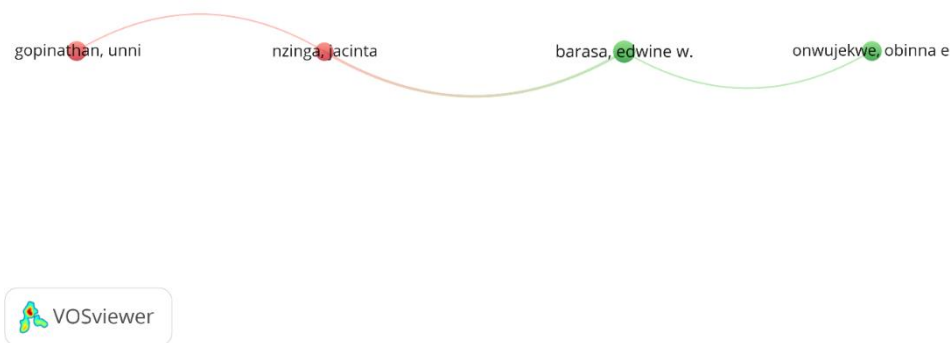


Figure 4. Author Collaboration Visualization

Source: Data Analysis, 2025

Figure 4 illustrates the depiction of the author cooperation network reveals a constrained yet significant connection among prominent academics in health insurance policy and public health governance. The network recognizes four interrelated authors—Gopinathan, Unni; Nzinga, Jacinta; Barasa, Edwine W.; and Onwujekwe, Obinna E.—who constitute a compact yet cohesive collaboration chain. Each node signifies a

distinct academic, whereas the connecting lines denote co-authorship or citation links. The color gradient signifies the temporal aspect of collaboration, indicating that Gopinathan and Nzinga embody previous joint efforts, which then link through Barasa to Onwujekwe’s more contemporary works. This structure indicates that although the area is fragmented with limited robust international research collaborations, these

writers act as intermediaries facilitating cross-regional discourse on governance, equity, and health financing changes. Their collaborative efforts highlight the international significance of Southeast Asian policy discussions, linking

them with comparative insights from Africa and South Asia about universal health coverage and sustainable public health governance.

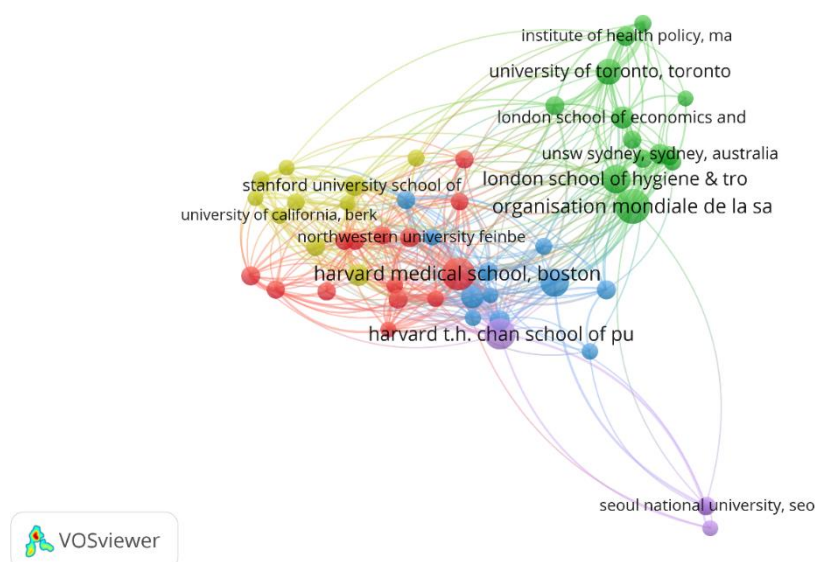


Figure 5. Affiliation Collaboration Visualization

Source: Data Analysis, 2025

Figure 5 reveals the visualization of the institutional collaboration network illustrating the global research connectivity among prominent universities and organizations involved in health insurance policy and public health governance research. Key institutions including Harvard Medical School, Harvard T.H. Chan School of Public Health, London School of Hygiene and Tropical Medicine, University of Toronto, and the World Health Organization are the primary nodes of this network. Their substantial interconnections suggest a robust multinational research ecosystem centered in North America and Europe, with outreach to Asia-Pacific universities such as UNSW

Sydney and Seoul National University. The clustering pattern indicates that these institutions engage in extensive collaboration across diverse fields—public health policy, epidemiology, and health economics—thereby significantly influencing the intellectual output that informs global and regional health governance discussions. The dominance of these institutions indicates that although Southeast Asia is a significant area of study, knowledge production is predominantly centralized in affluent research centers, highlighting both capacity deficiencies and prospects for enhanced institutional collaborations with universities and policy think tanks in developing nations.

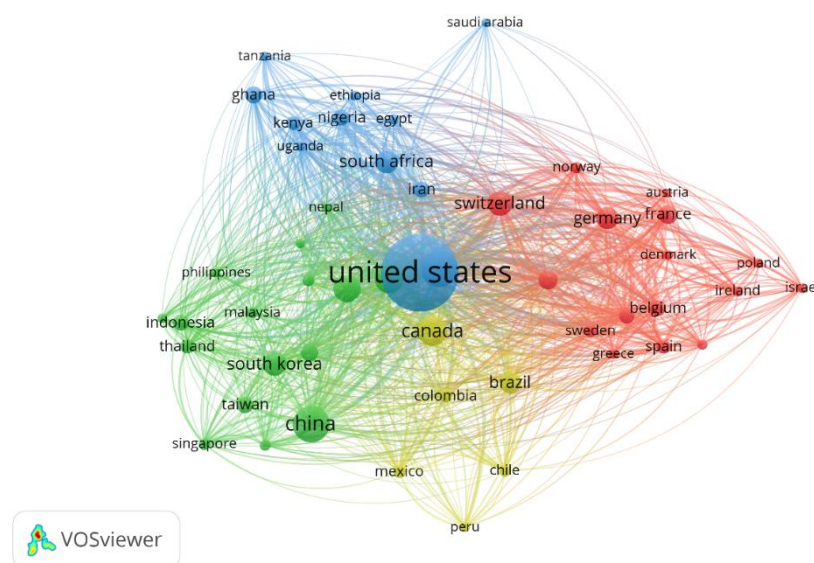


Figure 6. Country Collaboration Visualization

Source: Data Analysis, 2025

Figure 6 reveals the visualization of the country collaboration network elucidates the worldwide research landscape and international alliances in health insurance policy and public health governance. The map illustrates the United States as the preeminent and core node, signifying its superior role in research production and international collaboration. The robust connections among the U.S., Canada, China, Germany, France, and the United Kingdom signify a formidable transatlantic and transpacific research coalition that propels significant scholarly dialogue in this domain. Encircling these hubs are regional clusters signifying Asia (including China, South Korea, Singapore, Thailand, Malaysia, Indonesia, and the Philippines) and Europe (comprising Germany, France, Belgium, and Spain), each offering unique insights on policy formulation, governance frameworks, and universal health coverage reforms. The interconnections among these nodes illustrate a complex network of international collaboration, indicating that health policy research has transformed into a really global initiative that unites developed and developing countries. The presence of Indonesia, Malaysia, and Thailand in the green cluster highlights Southeast Asia's

increasing involvement in comparative studies and its developing role in the global discourse on sustainable health funding and governance frameworks.

3.3 Citation Analysis

To comprehend the conceptual framework and seminal contributions in health insurance policy and public health governance, it is crucial to identify the most influential and often cited publications that have affected global discourse and policy formulation. The subsequent table delineates ten pivotal studies that have profoundly impacted academic research, institutional policymaking, and international health changes from 2007 to 2023. These works jointly illustrate the progression of health governance frameworks, the increasing focus on social determinants of health, and the incorporation of insurance-based strategies in attaining universal health coverage. This study seeks to demonstrate how evidence-based policy, extensive data infrastructure, and international collaboration have enhanced both theoretical comprehension and practical execution of public health governance systems by analyzing the citation patterns and thematic focuses of these seminal publications.

Table 1. Top Cited Research

Citations	Authors and year	Title
3028	Wittchen, H.U., Jacobi, F., Rehm, J., ... Simon, R., Steinhausen, H.- C. (2021)	The size and burden of mental disorders and other disorders of the brain in Europe 2010
1759	Braveman, P., Egerter, S., Williams, D.R. (2011)	The social determinants of health: Coming of age
1328	Lee, J., Lee, J.S., Park, S.-H., Shin, S.A., Kim, K.W. (2017)	Cohort profile: The national health insurance service-national sample Cohort (NHIS-NSC), South Korea
1219	Behrman, R.E., Butler, A.S. (2007)	Preterm birth: Causes, Consequences, and prevention
1163	Seong, S.C., Kim, Y.-Y., Khang, Y.- H., ... Lee, E.-J., Shin, S.A. (2017)	Data resource profile: The national health information database of the national health insurance service in South Korea
1021	Yip, W.C.-M., Hsiao, W.C., Chen, W., ... Ma, J., Maynard, A. (2012)	Early appraisal of China's huge and complex health-care reforms
966	Knaul, F.M., Farmer, P.E., Krakauer, E.L., ... Nugent, R., Zimmerman, C. (2018)	Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report
941	Buchbinder, R., van Tulder, M., Öberg, B., ... Smeets, R.J., Turner, J.A. (2018)	Low back pain: a call for action
939	Singh, D., Vignat, J., Lorenzoni, V., ... Bray, F., Vaccarella, S. (2023)	Global estimates of incidence and mortality of cervical cancer in 2020: a baseline analysis of the WHO Global Cervical Cancer Elimination Initiative
939	Patrick, S.W., Henkhaus, L.E., Zickafoose, J.S., ... Letterie, M., Davis, M.M. (2020)	Well-being of parents and children during the COVID-19 pandemic: A national survey

Source: Scopus, 2025

The table above displays the 10 most referenced papers in health insurance policy and public health governance, illustrating the global academic landscape and seminal works that have profoundly influenced policy

debate and empirical research in the subject. These studies, with citation counts between 939 and 3,028, provide critical analyses of mental health burdens, health system reforms, social determinants of health, and

universal health coverage, each enhancing the understanding of how institutional frameworks and insurance mechanisms affect population health outcomes. These publications collectively demonstrate the multifaceted character of public health governance, encompassing epidemiological evaluations, data infrastructure creation, and health policy evaluation across many country contexts.

The highly referenced work by [5], with 3,028 citations, delivers an extensive evaluation of the burden of mental and neurological illnesses in Europe, serving as a crucial benchmark for assessing health system efficacy and formulating mental health policies. [6] highlight the structural imbalances affecting population health, signifying a move from biological models to socio-structural assessments. [7] and Seong et al. (2017) elucidate the methodological underpinnings of South Korea's National Health Insurance Service databases, highlighting the essential function of extensive health data systems in facilitating evidence-based policy and research. Additional significant studies, like [8], [9], assess the efficacy of China's health-care reforms and the global necessity for palliative care accessibility within the context of universal health coverage. Recent evaluations, such those by and Singh et al. (2023), address the changing [10] problems of health governance during crises such as the COVID-19 pandemic and the WHO's cervical cancer elimination program. Collectively, these works delineate the intellectual and policy evolution of global health insurance and governance research, emphasizing the enduring conflict among access, quality, and equality in the pursuit of sustainable and inclusive health systems.

Practical Implications

This bibliometric research yields numerous practical insights for politicians, academic institutions, and international organizations engaged in equitable health system improvements in Southeast Asia. The visualization of collaboration networks illustrates the pivotal role of prominent

worldwide research institutions, including Harvard University, the London School of Hygiene and Tropical Medicine, and the World Health Organization, in influencing regional health governance discourse. Policymakers and universities in Southeast Asia can utilize this network by establishing strategic alliances and collaborative research initiatives to enhance evidence-based decision-making and local competencies in health insurance design and administration.

Secondly, the analyses of keywords and density reveal that although health policy and public health predominate the literature, nascent study domains—such as health disparity, socioeconomic inequality, and healthcare accessibility—are still little investigated. This gap offers chances for Southeast Asian scholars to concentrate on community-level studies, the involvement of the informal sector, and digital governance tools that improve transparency and service delivery.

The paper emphasizes the necessity of regional policy alignment and data-sharing structures to enable comparative comparisons among ASEAN nations. Enhancing these networks may refine the structuring of financial mechanisms, standardize health benefit packages, and facilitate the effective governance of universal health coverage (UHC) programs. These findings underscore that the successful implementation of sustained Universal Health Coverage (UHC) necessitates both financial commitment and strong governance frameworks, along with intersectoral coordination, for public administrators.

Conceptual Contributions

This study theoretically contributes to the amalgamation of bibliometric science and public health governance theory. It enhances comprehension of the alignment between knowledge generation in health insurance and governance with frameworks such as health systems governance theory, policy network theory, and institutional capacity theory.

The analysis of co-occurrence and co-authorship networks establishes an empirical

basis for theorizing knowledge diffusion and power imbalances in global health research, indicating that the majority of intellectual leadership emanates from high-income countries, whereas low- and middle-income countries (LMICs), particularly in Southeast Asia, are predominantly relegated to the role of study contexts rather than equal participants. This observation enhances the theoretical discourse on epistemic inequality in global health policy.

Furthermore, the study illustrates that bibliometric methods can function as meta-governance instruments, elucidating the influence of scholarly communication on policy goals and governance changes. The formation of integrative clusters that blend "public health," "health care policy," and "socioeconomics" fosters a comprehensive understanding of health governance, linking economics, epidemiology, and institutional analysis. This research reinforces the theoretical assertion that effective public health governance encompasses not just institutional frameworks but also the dissemination and legitimacy of knowledge within the global health ecosystem.

Limitations and Future Research

The study provides a thorough picture of the research scene, although many limitations must be recognized. The dataset was exclusively sourced from Scopus and Web of Science, which, while comprehensive, may not adequately encompass grey literature, policy papers, or publications in local languages from Southeast Asia. Consequently, regional research disseminated in national journals may be underrepresented, thereby skewing the observed tendencies in favor of English-language and Western-centric outputs. Secondly, bibliometric methodologies depend on quantitative metrics (e.g., citations, co-occurrence rates) that assess research visibility rather than intrinsic quality or policy influence. Future study may incorporate qualitative meta-synthesis or content analysis to investigate the translation of research findings into practical policy implementation. This study concentrates on a defined temporal

interval (2000–2025). As health systems undergo rapid evolution—particularly in the aftermath of COVID-19—enhanced bibliometric analysis and longitudinal comparisons will be crucial to identify new trends, including digital health governance, AI-driven insurance models, and resilience frameworks for pandemic preparedness.

This study, despite its limits, offers a solid foundation for comprehending the intellectual framework of health insurance and public health governance research in Southeast Asia. It encourages future scholars to enhance the theoretical and empirical interaction among governance models, financial risk protection, and health system performance, while urging regional academic institutions to have a more pivotal role in influencing global health discourse.

4. CONCLUSION

This study offers an extensive bibliometric analysis of academic literature concerning health insurance policy and public health governance in Southeast Asia from 2000 to 2025. The analyses of co-authorship, keyword co-occurrence, institutional affiliations, and international collaboration indicate a substantial growth in research within this domain, transitioning from an emphasis on financial and insurance mechanisms to a broader focus on governance, health equity, and accessibility. The visualization results indicate that predominant issues, including public health, health care policy, and health care costs, play prominent roles in the knowledge network, illustrating a continuous integration of health economics and governance frameworks in both global and regional academia.

The collaboration maps of institutions and countries reveal that global academic hub—especially in the United States, United Kingdom, Canada, and Australia—continue to be the primary contributors to the intellectual framework of the field, whereas Southeast Asian countries like Indonesia, Malaysia, Thailand, and the Philippines are progressively becoming prominent research collaborators. Nonetheless, the findings

underscore enduring disparities in global knowledge production, wherein the region frequently serves only as a venue for empirical observation rather than a wellspring of theoretical innovation.

The study emphasizes the necessity for enhanced regional collaboration, data-sharing, and research funding to facilitate evidence-based policymaking in health insurance design and governance reform. It theoretically illustrates the significance of bibliometric tools in revealing how knowledge networks influence health system

governance and policy diffusion. Future research should incorporate qualitative assessments, longitudinal monitoring, and cross-sectoral governance models to enhance comprehension of how institutional dynamics and policy learning facilitate the attainment of universal health coverage (UHC) in Southeast Asia. This study delineates the progression of scientific knowledge in the field and enhances an inclusive, evidence-based framework for fortifying public health governance via equitable, transparent, and collaborative health insurance systems.

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