Introduction: The original *Good Health at Low Cost* report highlighted how the health system and action on the social determinants of health allowed China, Costa Rica, Kerala and Sri Lanka to achieve remarkable population health gains by 1985. We have updated these case studies by examining trends in population health outcomes in the context of rapid economic, social, demographic and epidemiologic changes during the ensuing 25 years, and have attempted to identify how any health sector reforms since 1985 may have influenced any health gains (or their proximal determinants) and their equitable distribution.

Methods: We triangulated data from multiple sources, including semi-systematic reviews of published and grey literature, publicly available datasets on population health and other related indicators, and key informant interviews, to explore the contribution of primarily health systems factors over time.

Results: Impressive gains in maternal mortality, infant mortality and life expectancy since 1985 were noted in each updated case study, which continue to outperform neighbours of similar wealth. However, each has had varying degrees of success in distributing these gains throughout their populations. For example, although China’s life expectancy rose by more than 6 years between 1985 and 2008, a large gap in life expectancy exists between the richest and poorest areas. Health sector composition has also changed in each case study: despite the growth of the private for-profit sectors in Sri Lanka and Kerala, few planned changes have been made to their health systems; while China and Costa Rica have implemented large programmes of reform, each with varying degrees of effect on population health and health spending.

Discussion: Revisiting these case studies has generated new lessons on how health systems could respond to meet the challenges posed not only by increasing chronic disease burdens and ageing populations, but also by changing economic and social realities (e.g. migration, values, and increasing number of actors involved in health). For example, in the years since 1985, each case study has leveraged the existing public health sector infrastructure (the legacy of early social welfare investment) in different ways, which may have influenced the equitable distribution of population health gains and financial burden. The case studies indicate that improving equity through the health system requires continued government involvement; but apart from directly providing health services, this involvement can occur in other ways.

Keywords: Chronic diseases, Economic, Social, Equity