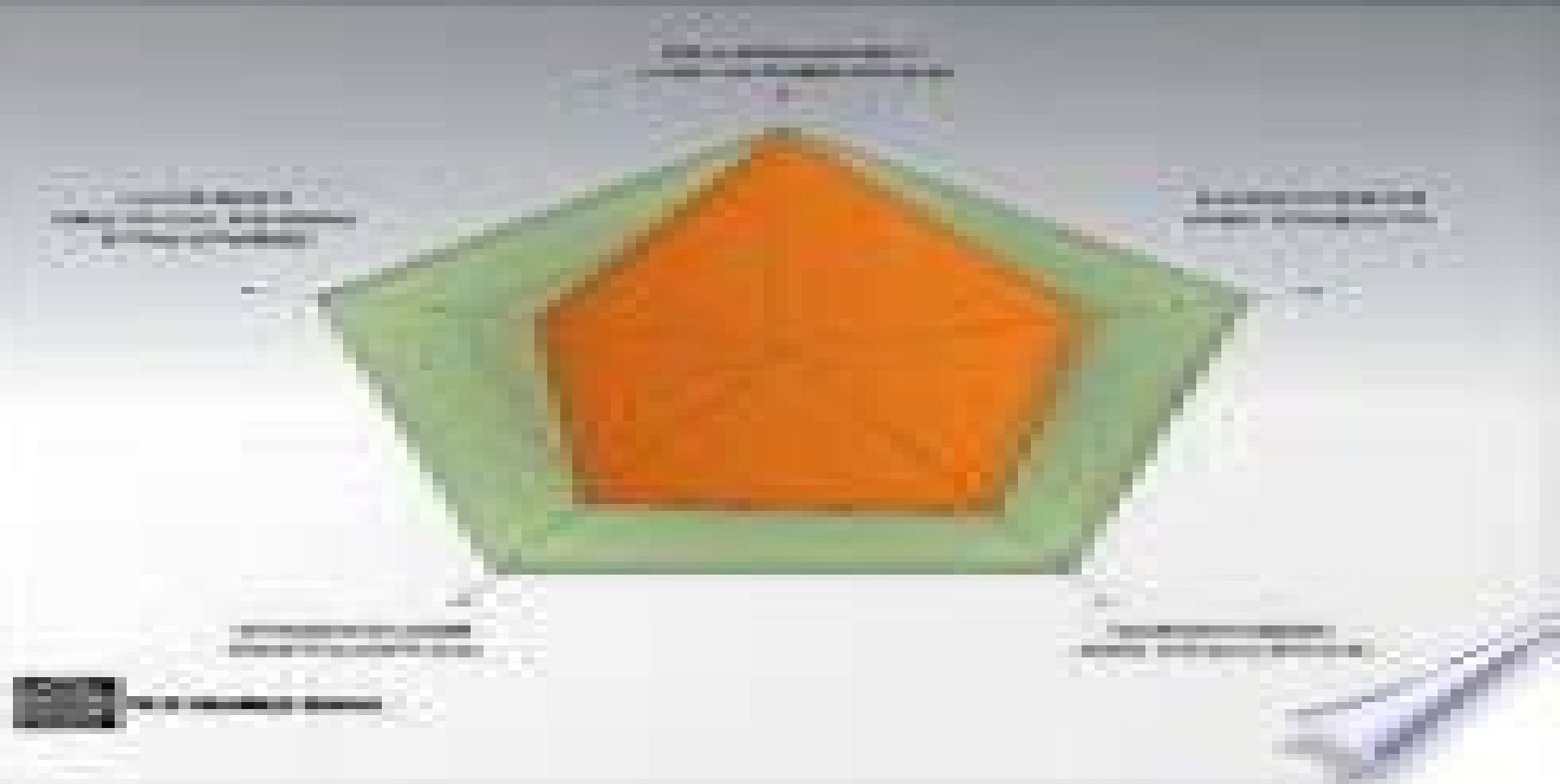


GOVERNING MANDATORY HEALTH INSURANCE



Governing Mandatory Health Insurance Learning From Experience

WJ Hussar



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Governing Mandatory Health Insurance William D. Savedoff, Pablo Enrique Gottret, 2008-01-01 Printbegr nsninger
Der kan printes 10 sider ad gangen og max 40 sider pr session *Governing Mandatory Health Insurance* William D. Savedoff, Pablo Enrique Gottret, 2008 *Strengthening Health System Governance: Better Policies, Stronger Performance* Scott Greer, Matthias Wismar, Josep Figueras, 2015-11-16 Highly Commended in Health and Social Care in the 2017 BMA Medical Book Awards Governance is the systematic patterned way in which decisions are made and implemented The governance of a health system therefore shapes its ability to respond to the various well documented challenges that health systems face today and its capacity to cope with both everyday challenges and new policies and problems This book provides a robust framework that identifies five key aspects of governance distilled from a large body of literature that are important in explaining the ability of health systems to provide accessible high quality sustainable health These five aspects are transparency accountability participation organizational integrity and policy capacity Part 1 of this book explains the significance of this framework drawing out strategies for health policy success and lessons for more effective governance Part 2 then turns to explore eight case studies in a number of different European regions applying the framework to a range of themes including communicable diseases public private partnerships governing competitive insurance market reform the role of governance in the pharmaceutical sector and many more The book explores how Transparency accountability participation integrity and capacity are key aspects of health governance and shape decision making and implementation There is no simply good governance that can work everywhere every aspect of governance involves costs and benefits Context is crucial Governance can explain policy success and failure so it should be analysed and in some cases changed as part of policy formation and preparation Some policies simply exceed the governance capacity of their systems and should be avoided This book is designed for health policy makers and all those working or studying in the areas of public health health research or health economics **Health Insurance Handbook** Hong Wang, Kimberly Switlick, Christine Ortiz, Beatriz Zurita, Catherine Connor, 2012-01-18 Many countries that subscribe to the Millennium Development Goals MDGs have committed to ensuring access to basic health services for their citizens Health insurance has been considered and promoted as the major financing mechanism to improve access to health services as well to provide financial risk protection *Private Voluntary Health Insurance* Greg Brunner, Pablo Gottret, Birgit Hansl, Vijayasekar Kalavakonda, Somil Nagpal, Nicole Tapay, 2012-05-14 This book aims to help countries design and implement a legal framework for a viable private health insurance market with rationale for insurance regulation institutions involved and standards and protections used in regulating private health insurance *Government-Sponsored Health Insurance in India* Gerard La Forgia, Somil Nagpal, 2012-09-14 This book presents the first comprehensive review of all major government supported health insurance schemes in India and their potential for contributing to the achievement of universal coverage in India are discussed

Navigating Private and Public Healthcare Fran Collyer, Karen Willis, 2019-11-30 This edited collection focuses on the global growth of privatisation and private sector medicine in both developed and lesser developed countries and the impact of this on patients health workers managers and policy makers Drawing upon sociological theories concepts and insights as well as experts from several countries with extensive experience in researching the field either nationally or internationally the collection offers a unique perspective on healthcare services and healthcare systems a view from those trying to access healthcare services working inside health systems or responsible for managing and organising services Collectively the chapters contribute an international perspective on the navigation of healthcare systems and addresses the growing salience of choice between public and private medicine in a variety of different national systems and contexts *Moving toward Universal Coverage of Social Health Insurance in Vietnam* Aparnaa Somanathan, Ajay Tandon, Huong Lan Dao, Kari L. Hurt, Hernan L. Fuenzalida-Puelma, 2014-06-26 Over the past two decades Vietnam has made enormous progress towards achieving universal coverage UC for its population Significant challenges remain however in terms of improving equity with continuing low rates of enrollment Ensuring financial protection also remains an elusive goal The Master Plan for Universal Coverage approved in 2012 by the Prime Minister directly addresses both these deficiencies in coverage The objective of this report is to assess the implementation of Vietnam SHI and provide options for moving towards UC This is a joint assessment with development partners World Health Organization United Nations Children s Fund Unicef and Rockefeller Foundation Expanding breadth of coverage particularly for those hard to reach groups such as the near poor and informal sector would require substantially increasing general revenue subsidies and fully subsidizing the premiums for the near poor High enrollment rates would however have little impact on financial protection and equity if OOP costs remain high Achieving UC will require sustained efforts to improve efficiency in the system and gain better value for money from available budgetary resources without these efforts any further progress towards UC would be financially unsustainable There is considerable scope for improving efficiency in Vietnam Fragmentation in the pooling of funds gives rise to unnecessary costs Inefficiencies in resource allocation and purchasing arrangements include i an overly generous benefits package ii provider payment mechanisms and the mix of incentives facing providers which result in an oversupply of services iii high prices overconsumption and inappropriate use of pharmaceuticals and iv the structure and incentives embedded within the delivery system The organization management and governance of SHI are fragmented and often dysfunctional The present institutional setting for SHI needs to be assessed and changed *Remaking Policy* Carolyn Hughes Tuohy, 2018-01-01 In *Remaking Policy* Carolyn Hughes Tuohy advances an ambitious new approach to understanding the relationship between political context and policy change *OECD Reviews of Health Systems: Costa Rica 2017* OECD, 2017-11-22 This report puts forward policy recommendations for strengthening the performance and sustainability of the health care system in Costa Rica Making Health Financing Work for Poor People in Tanzania Dominic Haazen, 2012-03-29 Tanzania is currently

developing a Health Financing Strategy to provide a medium to long term road map for a sustainable and integrated health financing system This book is designed to inform this discussion by providing an analytical basis for the assessment of options a series of policy options which could be considered

Health Financing in Indonesia ,2009-01-01 In 2004 the Indonesian government made a commitment to provide its entire population with health insurance coverage through a mandatory public health insurance scheme It has moved boldly already provides coverage to an estimated 76.4 million poor and near poor funded through the public budget Nevertheless over half the population still lacks health insurance coverage and the full fiscal impacts of the government's program for the poor have not been fully assessed or felt In addition significant deficiencies in the efficiency and equity of the current health system unless addressed will exacerbate cost pressures and could preclude the effective implementation of universal coverage Ue and the desired result of improvements in population health outcomes and financial protection For Indonesia to achieve UC systems performance must be improved and key policy choices with respect to the configuration of the health financing system must be made Indonesia's health system performs well with respect to some health outcomes and financial protection but there is potential for significant improvement High level political decisions are necessary on key elements of the health financing reform package The key transitional questions to get there include the benefits that can be afforded and their impacts on health outcomes and financial protection how the more than 50 percent of those currently without coverage will be insured how to pay medical care providers to assure access efficiency and quality developing a streamlined and efficient administrative structure how to address the current supply constraints to assure availability of promised services how to raise revenues to finance the system including the program for the poor as well as currently uninsured groups that may require government subsidization such as the more than 60 million informal sector workers the 85 percent of workers in firms of less than five employees and the 70 percent of the population living in rural areas

Healthy China: Deepening Health Reform in China The World Bank,World Health Organization,2019-01-29 The report recommends that China maintain the goal and direction of its healthcare reform and continue the shift from its current hospital centric model that rewards volume and sales to one that is centered on primary care focused on improving the quality of basic health services and delivers high quality cost effective health services With 20 commissioned background studies more than 30 case studies visits to 21 provinces in China the report proposes practical concrete steps toward a value based integrated service model of healthcare financing and delivery including

- 1 Creating a new model of people centered quality integrated health care that strengthens primary care as the core of the health system This new care model is organized around the health needs of individuals and families and is integrated with higher level care and social services
- 2 Continuously improve health care quality establish an effective coordination mechanism and actively engage all stakeholders and professional bodies to oversee improvements in quality and performance
- 3 Empowering patients with knowledge and understanding of health services so that there is more trust in the system and

patients are actively engaged in their healthcare decisions 4 Reforming public hospitals so that they focus on complicated cases and delegate routine care to primary care providers 5 Changing incentives for providers so they are rewarded for good patient health outcomes instead of the number of medical procedures used or drugs sold 6 Boosting the status of the health workforce especially primary care providers so they are better paid and supported to ensure a competent health workforce aligned with the new delivery system 7 Allowing qualified private health providers to deliver cost effective services and compete on a level playing field with the public sector with the right regulatory oversight and 8 Prioritizing public investments according to the burden of disease where people live and the kind of care people need on a daily basis

Scaling Up Affordable Health Insurance Alexander S. Preker, Marianne E. Lindner, Dov Chernichovsky, Onno P. Schellekens, 2013-05-31 This book presents an in depth review on the role of health care financing in improving access for low income populations to needed care protecting them from the impoverishing effects of illness and addressing the important issues of social exclusion in government financed programs Financing The Education Of Health Workers: Gaining A Competitive Edge Alexander S Preker, Hortenzia Beciu, Eric L Keuffel, 2019-08-27 This volume reviews the economic underpinnings investment and financing and institutional reforms needed to successfully scale up the education of health workers In this regard the book examines five major economic and institutional challenges that policy makers face 1 governance of health education organizations and systems 2 approaches to financing the education of health workers 3 the special nature of capital investment in expanding the capacity of health education institutions 4 public private partnerships in health education and 5 equity in accessing health education with a special focus on issues that arise from private approaches to the education of health workers Much of the existing literature focuses on the quality and contents of training health workers and very little has been written on the institutional dimension of financing their training and education This book examines the complex institutional and financial models and approaches that can impact the demand and supply of health worker education programs around the world Building on the findings of the Independent Commission on the Education of Health Professionals for the 21st Century which published on the foundations and the issues of global postsecondary professional education this volume brings in new and in depth aspects such as governance capital investments and the role of the private sector in the production of health professionals thus allowing the reader to understand how the health worker education field has moved from theory to practice Financing Health Care in East Asia and the Pacific John C. Langenbrunner, Jack Langenbrunner, Aparnaa Somanathan, 2011-06-16 East Asian and Pacific countries are growing rapidly They need high quality well funded health systems to underpin their population growth and assure continued productivity and economic growth But countries will need to spend wisely using modern techniques of insurance and strategic contracting with providers Reforming China's Rural Health System , 2009-01-01 Since 1978 when it embarked on sweeping agricultural and industrial reforms China's economic growth has been remarkable Its success in transforming itself

within just three decades from a very poor low income country to a successful middle income country is unparalleled During this period however and in contrast to the first 30 years of the People s Republic progress in the health sector has been disappointing For example during the period 1980 2007 China increased its income per head as a percentage of the OECD average from 3 percent to 15 per cent but infant mortality fell no faster *Beyond Facts* Carmen Pagés, Carlos Scartascini, Rita Funaro, Lucía Madrigal, Suzanne Duryea, Juan Camilo Chaparro, María Victoria Rodríguez-Pombo, Eduardo Lora, Pablo Sanguinetti, William D. Savedoff, Juan Carlos Navarro, Aimee Verdisco, Mariana Alfonso, Andrew Powell, 2008-01-01 Traditionally the concept of quality of life has been viewed through objective indicators Beyond Facts looks at quality of life through a new lens namely the perceptions of millions of Latin Americans Using an enhanced version of the recently created Gallup World Poll that incorporates Latin America specific questions the Inter American Development Bank surveyed people from throughout the region and found that perceptions of quality of life are often very different from the reality These surprising findings have enormous significance for the political economy of the region and provide a wealth of information for policymakers and development practitioners to feast upon *Implementing Health Financing Reform* Joseph Kutzin, Cheryl Cashin, Melitta Jakab, 2010 Analyses the experience with the financing reforms implemented by the countries of Central Europe Eastern Europe the Caucasus and Central Asia *What's In, What's Out* Amanda Glassman, Ursula Giedion, Peter C. Smith, 2017-10-10 Vaccinate children against deadly pneumococcal disease or pay for cardiac patients to undergo lifesaving surgery Cover the costs of dialysis for kidney patients or channel the money toward preventing the conditions that lead to renal failure in the first place Policymakers dealing with the realities of limited health care budgets face tough decisions like these regularly And for many individuals their personal health care choices are equally stark paying for medical treatment could push them into poverty Many low and middle income countries now aspire to universal health coverage where governments ensure that all people have access to the quality health services they need without risk of impoverishment But for universal health coverage to become reality the health services offered must be consistent with the funds available and this implies tough everyday choices for policymakers that could be the difference between life and death for those affected by any given condition or disease The situation is particularly acute in low and middle income countries where public spending on health is on the rise but still extremely low and where demand for expanded services is growing rapidly *What's In, What's Out: Designing Benefits for Universal Health Coverage* argues that the creation of an explicit health benefits plan a defined list of services that are and are not available is an essential element in creating a sustainable system of universal health coverage With contributions from leading health economists and policy experts the book considers the many dimensions of governance institutions methods political economy and ethics that are needed to decide what's in and what's out in a way that is fair evidence based and sustainable over time

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