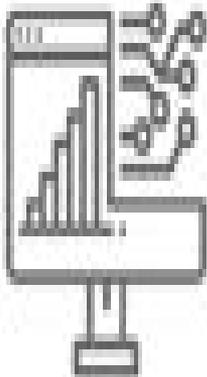
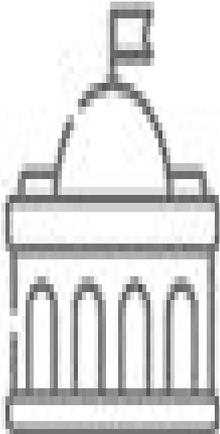


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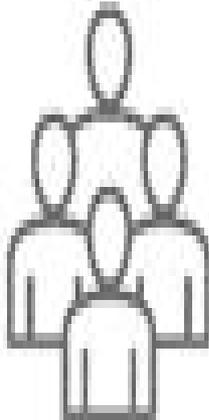
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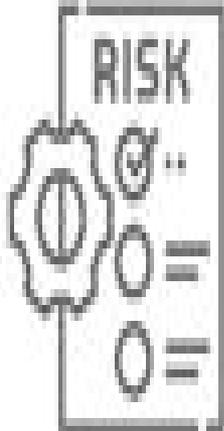
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California's Need of Social Health Insurance California. Social Insurance Commission, 1917

The Effects of Social Health Insurance Reform on People's Out-of-Pocket Health Expenditure in China Kai Liu, 2016-09-21 This study examines and explains the relationship between social health insurance SHI participation and out of pocket expenditures OOP as well as the mediating role the institutional arrangement of SHI plays in this relationship in China Embracing a new institutionalist approach it develops two analytical perspectives determination which identifies the mechanisms of social health insurance and strategic interaction which explores the interaction among social health insurance agencies healthcare providers patients and institutions It reveals the poor performance of social health insurance in decreasing out of pocket health expenditures caused by a trade off between the reimbursement behavior management and purchasing mechanisms of social health insurance programs Further it finds that the inequitable allocation of healthcare resources and patients concerns regarding the benefits offset the strategies used by social health insurance agencies to manage care seeking behavior It also discovers that the complex interactions between insurance agencies doctors patients and a larger disabling institutional surrounding restricts the purchasing efficiency of social health insurance This book is characterized by its unique synthesis of the role of the institutional arrangement of social health insurance in China the interaction between the stakeholders in health sectors and of the relationship between healthcare institutions actors and policy outcomes Providing a comprehensive overview it enables scholars and graduate students to understand the ongoing process of social health insurance reform as well as the dynamics of health cost inflation in China It also benefits policymakers by recommending a single payer model based on an evidence based investigation

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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

The United States Catalog, 1921 [The United States Catalog](#) Eleanor E. Hawkins, 1921 *American Industries*, 1916

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Health Organization. Regional Office for South-East Asia, 2005 Health development in countries of Asia and the Pacific is constantly facing new challenges but financial constraints prevent people from seeking timely health care and completing the treatment regimen. Many countries in Asia and the Pacific have introduced cost recovery by charging for publicly provided health services and the share of private financing in total health care spending has significantly increased in the past two decades. However, such reforms were carried out without adequate measures to protect the poor and private out-of-pocket financing is an inequitable and inefficient way of funding health services. There has thus been growing interest in health insurance not only as a financing mechanism but also as an effective social safety net. This publication is the outcome of joint efforts by the WHO Regional Offices for the Western Pacific and South East Asia, the Asian Development Bank and health care financing experts in the two regions. By the use of case studies, it documents regional experiences in health care financing arrangements through prepayment with critical analysis on factors linked to success, failures and lessons learnt in various socioeconomic settings. While experiences from 12 selected countries have been highlighted, the lessons are relevant for all countries in Asia and the Pacific. The publication will therefore be useful for policy makers and for international development partners undertaking technical assistance in the field of social security and social health insurance. JAMA, 1916 *Journal of the American Medical Association*, American Medical Association, 1917 **The Annals of the American Academy of Political and Social Science**, 1927

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