

Can we implement **social health insurance**?

SOCSSO (EIS)

- Average salary: **RM 2,000** for the **6.5 million people** in the workforce, a **0.25%** monthly = **RM 5 per person**
 - Collection pool: **RM32.5 million a month** and **RM 390 million a year** (**RM 780 million a year**, if employers contributed matching **0.25%**)
- Average salary: **RM 4,000** for the **6.5 million people** in the workforce, a **0.25%** monthly = **RM10 per person**
 - Collection pool: **RM 65 million a month** and **RM 780 million a year** (**RM 1.56 billion a year**, if employers contributed matching **0.25%**)

Employment Provident Fund (EPF)

- **11% employee** and **13% employer** contribution
- 2019: Net contributions to the EPF came up to **RM31.1 billion**, or an **average of RM2.6 billion monthly** and **RM59,000 per minute**



Social Health Insurance

Peter Zweifel



Social Health Insurance:

Social Health Insurance Charles Normand, Axel Weber, World Health Organization, International Labour Office, 1994

Social Health Insurance for Developing Nations R. Paul Shaw, 2007-01-01 Specialist groups have often advised health ministers and other decision makers in developing countries on the use of social health insurance SHI as a way of mobilizing revenue for health reforming health sector performance and providing universal coverage This book reviews the specific design and implementation challenges facing SHI in low and middle income countries and presents case studies on Ghana Kenya Philippines Colombia and Thailand

What is Social Health Insurance? California. Social Insurance Commission, 1918

The Theory of Social Health Insurance Peter Zweifel, 2007 The Theory of Social Health Insurance develops the theory of social health insurance also known as public health insurance While a good deal is known about the demand and supply of private insurance the theoretical basis of social health insurance is much more fragile The Theory of Social Health Insurance examines questions including why does social health insurance exist and even dominate private health insurance in most developed countries What are the objectives and constraints of social health insurance managers What is the likely outcome or performance of social health insurance The Theory of Social Health Insurance reviews the conventional theory of demand for insurance and health insurance the supply of health insurance in general and social health insurance in particular the properties of the optimal health insurance contract and whether there are factors limiting the growth of social health insurance

California's Need of Social Health Insurance California. Social Insurance

Commission, 1917

Social Health Insurance T. Whitaker, 1999 Comprises eight modules which provide guidelines on the design and management of a social insurance scheme Focuses on the needs of countries where social security systems are not yet operational or need to be improved Describes the selection of health care benefits to be provided the accreditation of service providers methods of financing provider payment mechanisms and organizational aspects Includes a module on micro insurance schemes

Social Health Insurance Systems In Western Europe Saltman, Richard, Rico, Ana, Boerma, Wienke, 2004-09-01 This title explores the nature of the pressures social health insurance systems confront to be more efficient more effective and more responsive

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 disenabling 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

Social Health Insurance Reexamined Adam Wagstaff,2007 Abstract Social health insurance SHI is enjoying something of a revival in parts of the developing world Many countries that have in the past relied largely on tax finance and out of pocket payments have introduced SHI or are thinking about doing so And countries with SHI already in place are making vigorous efforts to extend coverage to the informal sector Ironically this revival is occurring at a time when the traditional SHI countries in Europe have either already reduced payroll financing in favor of general revenues or are in the process of doing so This paper examines how SHI fares in health care delivery revenue collection covering the formal sector and its impacts on the labor market It argues that SHI does not necessarily deliver good quality care at a low cost partly because of poor regulation of SHI purchasers It suggests that the costs of collecting revenues can be substantial even in the formal sector where nonenrollment and evasion are commonplace and that while SHI can cover the formal sector and the poor relatively easily it fares badly in terms of covering the nonpoor informal sector workers until the economy has reached a high level of economic development The paper also argues that SHI can have negative labor market effects

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

Social Reinsurance David M. Dror, Alexander S. Preker, 2002-01-01 Annotation This volume views community based microinsurance as an incremental first step to improved financial protection and better access to health services for the poor While community based financing can be structured in various ways this volume focuses on reinsurance as a mechanism for improving micro level health insurance units It outlines strategies and policies that can be applied by countries and donors to improve access to health care services

EBOOK: Decentralization in Health Care: Strategies and Outcomes Richard Saltman, Ana Rico, Wienke Boerma, 2004-09-16 What is the best way to structure primary care services How can coordination between primary care and other parts of health care systems be improved How should new technologies be integrated into primary care There is considerable agreement among national policy makers across Europe that in principle primary care should be the linchpin of a well designed health care system This agreement however does not carry over into the organizational mechanisms best suited to pursuing or achieving this common objective Across western central and eastern Europe primary care is delivered through a wide range of institutional financial professional and clinical configurations This book is a study of the reforms of primary care in Europe as well as their impacts on the broader co ordination mechanisms within European health care systems It also provides suggestions for effective strategies for future improvement in health care system reform Primary Care in the Driver s Seat is key reading for students studying health policy health economics public policy and management as well as health managers and policy makers Contributors Richard Baker University of Leicester Sven Eric Bergman Bergman and Dahlb ck AB Stockholm Sweden Wienke Boerma Netherlands Institute of Health Services Research NIVEL in Utrecht Netherlands Mats Brommels University of Helsinki and Karolinska Institute in Stockholm Sweden Michael Calnan University of Bristol Diana Delnoij Netherlands Institute of Health Services Research NIVEL in Utrecht Netherlands Anna Dixon London School of Economics and Political Science Carl Ardy Dubois University of Montreal Canada Joan Gen Badia Catalan Institute of Health in Barcelona Spain Bernhard Gibis National Association of Statutory Health Insurance Physicians KBV Berlin Germany Stefan Gre Institute of Health Care Management of the University of Duisburg Essen in Essen Germany Peter Groenewegen Netherlands Institute of Health Services Research NIVEL and Utrecht University in Utrecht Netherlands Jan Heyrman Catholic University Leuven KULeuven in Leuven Belgium Jack Hutten Ministry of Health Welfare and Sports The Hague

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Improving Health Insurance in North Carolina North Carolina Conference for Social Service. Subcommittee on Health Insurance,1955 **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 **Sustainable Health Insurance Model** Abass Suleymana ,2024-09-17

Sustainable Health Insurance Model Policy Options for Low and Middle Income Countries evidence from Ghana delves into the structure of Ghana s National Health Insurance Scheme NHIS focusing on funding sources the pooling of funds to promote equity in healthcare financing and strategic purchasing of healthcare services It also offers policy recommendations for creating a sustainable health insurance model for low and middle income countries drawing insights from Ghana s NHIS experience *Post-Pandemic Economic and Social Development* Muzalwana Abdul Talib,Ahmad Farid Osman,Elya Nabila Abdul Bahri,2024-11-11 This book explores Malaysia s experience during the COVID 19 pandemic analyzing the profound economic and societal challenges faced from 2020 to 2022 The coverage of Malaysia s post pandemic recovery provides valuable insights into ongoing global issues Contributors to this book address a wide range of topics including unemployment monetary and trade policies tourism human capital development and women s labor participation They also examine the rise of the gig economy poverty alleviation efforts and social safety nets By presenting model applications and empirical research the book offers data driven policy advice to handle challenges that arise from pandemics such as rising inflation supply chain disruptions disparities and sustainability issues This book will interest academics and researchers in the field of econometrics Asian economics and Malaysian studies It will also act as a useful guide for NGOs practitioners public administrators and economic policymakers involved in post COVID 19 economic revival and policy development *Comparative Health Systems* James A. Johnson,Carleen Harriet Stoskopf,2010 Comparative Health Systems Global Perspectives explores the health systems of 17 countries through comparative study Using a consistent framework the chapters offer an overview of each

country's history, geography, government, and economy, as well as a detailed analysis of the country's healthcare system, facilities, workforce, technology, cost, quality, and access. Current and emerging issues are also explored. The book concludes with a look at the changing U.S. healthcare system and the global challenges and opportunities for health.

Research Handbook on Social Welfare Law Helen Carr, Edward Kirton-Darling, Jed Meers, Maria Fernanda Salcedo Repolles, 2024-11-08

Presenting diverse understandings of the origins and development of social welfare law, this globally informed Research Handbook embraces the inherent contradictions and complexities within the field. It emphasises the importance of ethical research and inclusivity and recognises the value of historical and contemporary methodologies.

Contemporary Issues in Health and Social Care Policy and Practice Julia Morgan, Vincent La Placa, 2025-02-07

This accessible text presents a comparative analysis of health and social care policy and practice from around the world, with learning points drawn out for the UK. It supports readers to improve practice by reflecting on differences and similarities in the policies of other OECD countries. Divided into two parts, the book opens with a focus on core concepts in health and social care policy and practice, such as service user involvement, the promotion of wellbeing, health inequalities, funding, and integrated care. The differing philosophical, socio-political, and historical perspectives that underpin these key areas in different countries are explored in order to develop a greater understanding of the UK system. The second part of the book takes a close look at a range of specific contemporary issues, such as end-of-life care, long-term conditions, homelessness, refugee and migrant health, disability, domestic abuse, substance use, and women in prison. These in-depth case study chapters enable readers to identify best practices and challenges in relation to specific areas of health and social care policy and practice. Ideal for undergraduate students studying health and social care policy from a range of disciplinary backgrounds, this practical text provides a deeper understanding of complex health and social care issues and supports the development of a global and comparative skill set.

Creativity, innovation, and entrepreneurship in healthcare and service systems Fu-Sheng Tsai, Gang Li, Xiao-Bing Zhang, Jianhong He, Eugene Mutuc, 2023-03-30

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