

# 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

**James A. Johnson, Carleen Harriet  
Stoskopf**



## **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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**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

**Improving Health Insurance in North Carolina** North Carolina Conference for Social Service. Subcommittee on Health Insurance, 1955

**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

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 countrys history geography government and economy as well as a detailed analysis of the countrys 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

*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 **Research Handbook on**

**Social Welfare Law** Helen Carr,Edward Kirton-Darling,Jed Meers,Maria Fernanda Salcedo Repolés,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

**Introduction to Marshall Islands** Gilad James, PhD, The Marshall Islands is a small island nation located in the Pacific Ocean It is composed of 29 coral atolls and 5 islands and covers a total land area of just over 70 square miles Despite its small size the Marshall Islands has a rich history and played a significant role in global events during the 20th century The islands were first inhabited by indigenous people over 2 000 years ago and were later colonized by Spain Germany and Japan During World War II the Marshall Islands were the site of several major battles between the United States and Japan including the notorious Battle of Kwajalein After the war the islands became a trust territory of the United States and in 1986 they gained full independence as the Republic of the Marshall Islands Today the Marshall Islands is a democracy with a unique culture and a strong connection to the ocean that surrounds it

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## **Table of Contents Social Health Insurance**

1. Understanding the eBook Social Health Insurance
  - The Rise of Digital Reading Social Health Insurance
  - Advantages of eBooks Over Traditional Books
2. Identifying Social Health Insurance
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Social Health Insurance
  - User-Friendly Interface
4. Exploring eBook Recommendations from Social Health Insurance
  - Personalized Recommendations
  - Social Health Insurance User Reviews and Ratings
  - Social Health Insurance and Bestseller Lists
5. Accessing Social Health Insurance Free and Paid eBooks



- Social Health Insurance Public Domain eBooks
  - Social Health Insurance eBook Subscription Services
  - Social Health Insurance Budget-Friendly Options
6. Navigating Social Health Insurance eBook Formats
    - ePub, PDF, MOBI, and More
    - Social Health Insurance Compatibility with Devices
    - Social Health Insurance Enhanced eBook Features
  7. Enhancing Your Reading Experience
    - Adjustable Fonts and Text Sizes of Social Health Insurance
    - Highlighting and Note-Taking Social Health Insurance
    - Interactive Elements Social Health Insurance
  8. Staying Engaged with Social Health Insurance
    - Joining Online Reading Communities
    - Participating in Virtual Book Clubs
    - Following Authors and Publishers Social Health Insurance
  9. Balancing eBooks and Physical Books Social Health Insurance
    - Benefits of a Digital Library
    - Creating a Diverse Reading Collection Social Health Insurance
  10. Overcoming Reading Challenges
    - Dealing with Digital Eye Strain
    - Minimizing Distractions
    - Managing Screen Time
  11. Cultivating a Reading Routine Social Health Insurance
    - Setting Reading Goals Social Health Insurance
    - Carving Out Dedicated Reading Time
  12. Sourcing Reliable Information of Social Health Insurance
    - Fact-Checking eBook Content of Social Health Insurance
    - Distinguishing Credible Sources
  13. Promoting Lifelong Learning
    - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

#### 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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