



A few thoughts on the 20th anniversary of Taiwan's National Health Insurance (by someone from the world's oldest social health insurance system)

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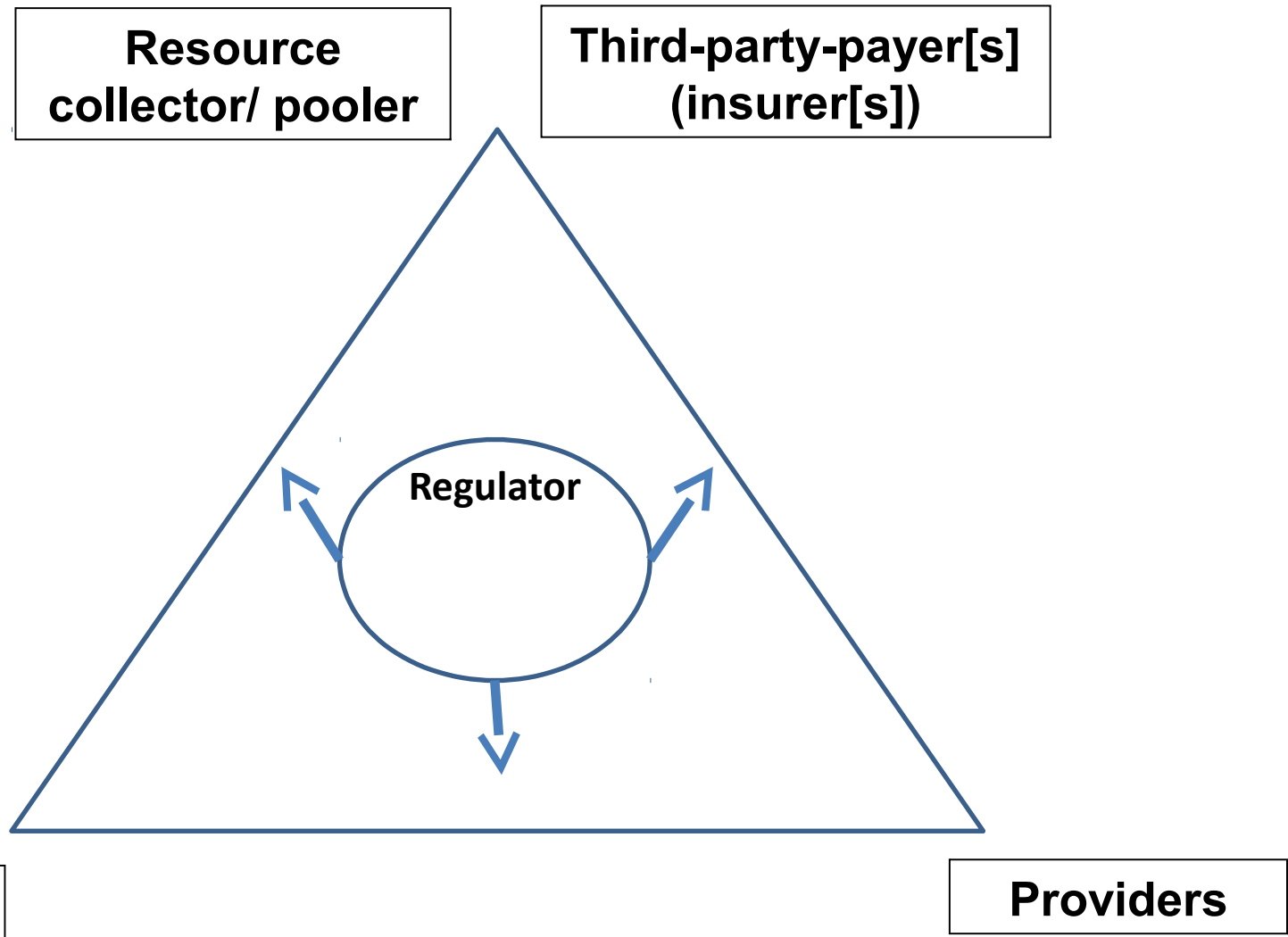
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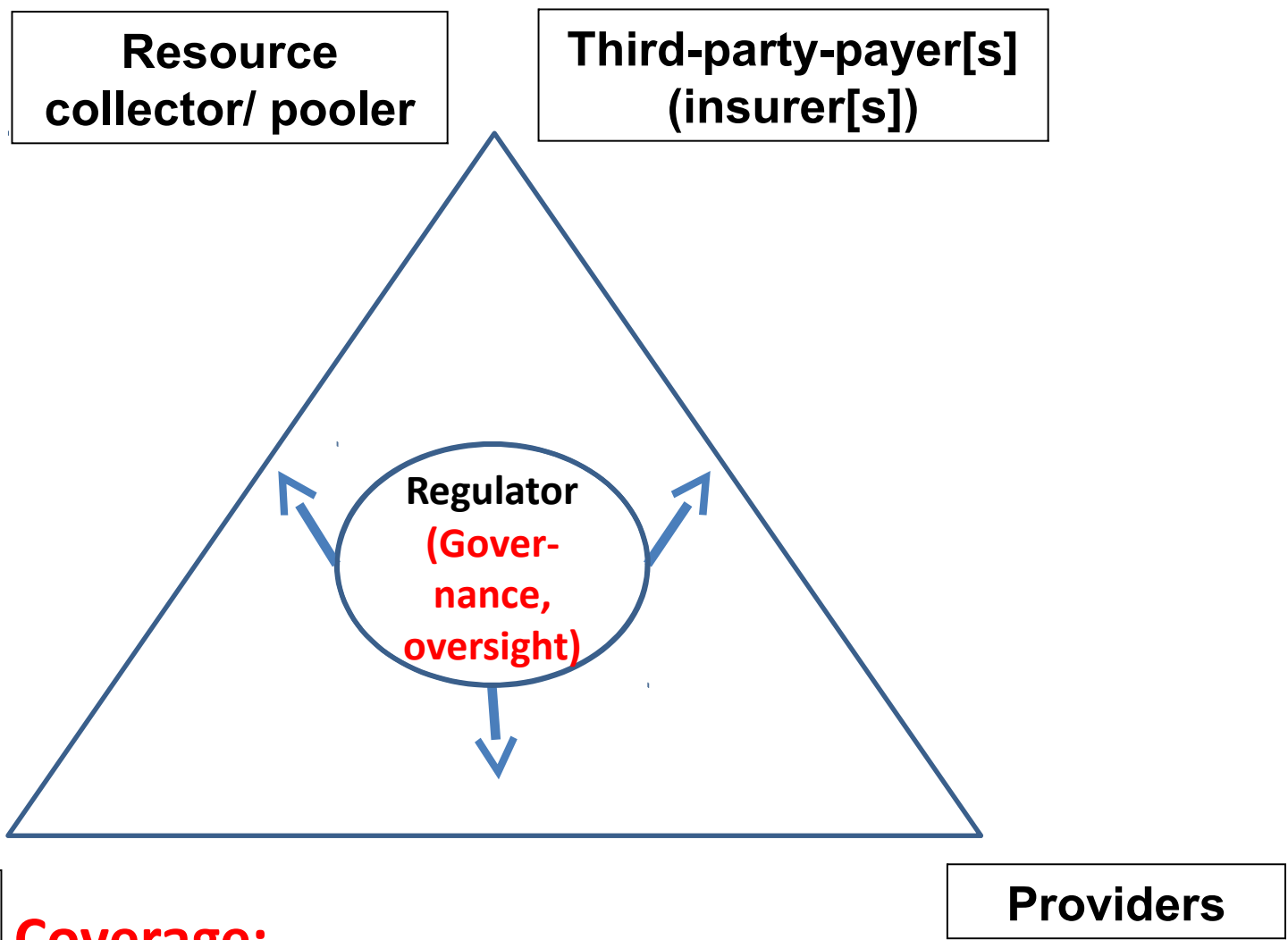
European Observatory on Health Systems and Policies



What are we talking about? The actors ...



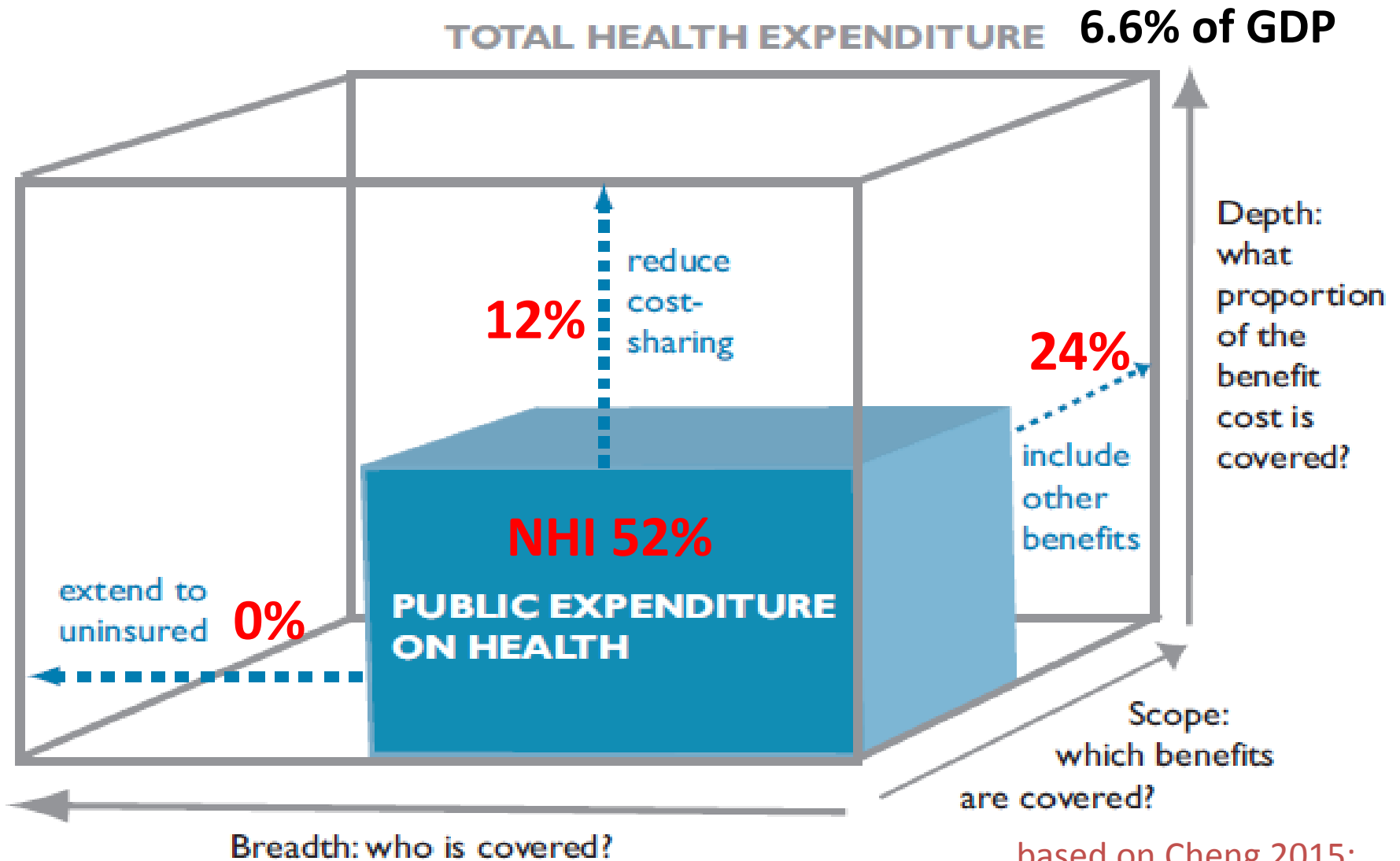
What are we talking about? **The functions (I) ...**



Coverage:

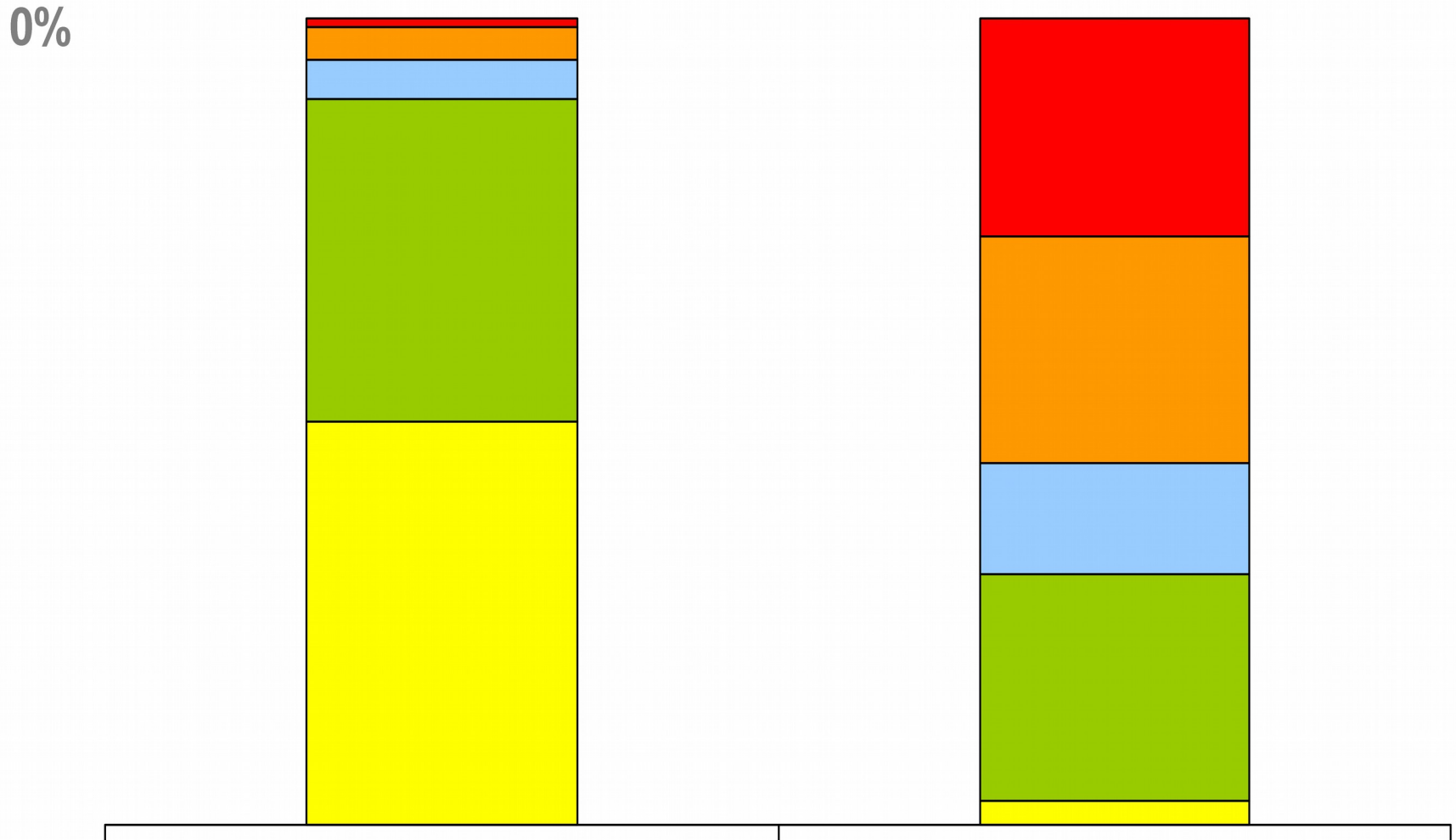
Who? What? How much?

My coverage cube (later adapted by WHO)

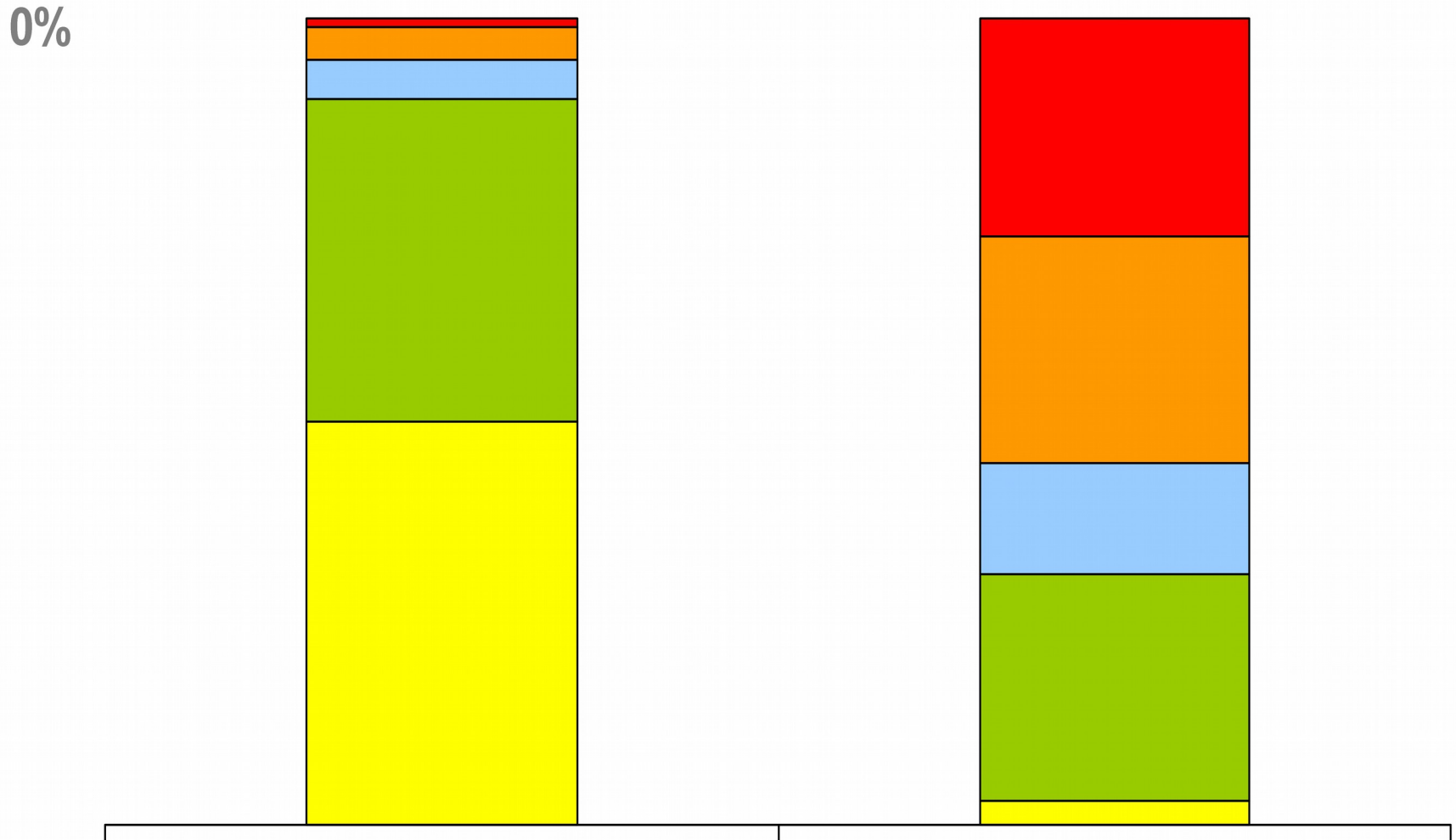


based on Cheng 2015:
% of total health expenditure in Taiwan 2013 (other public 6%, capital formation 6%),

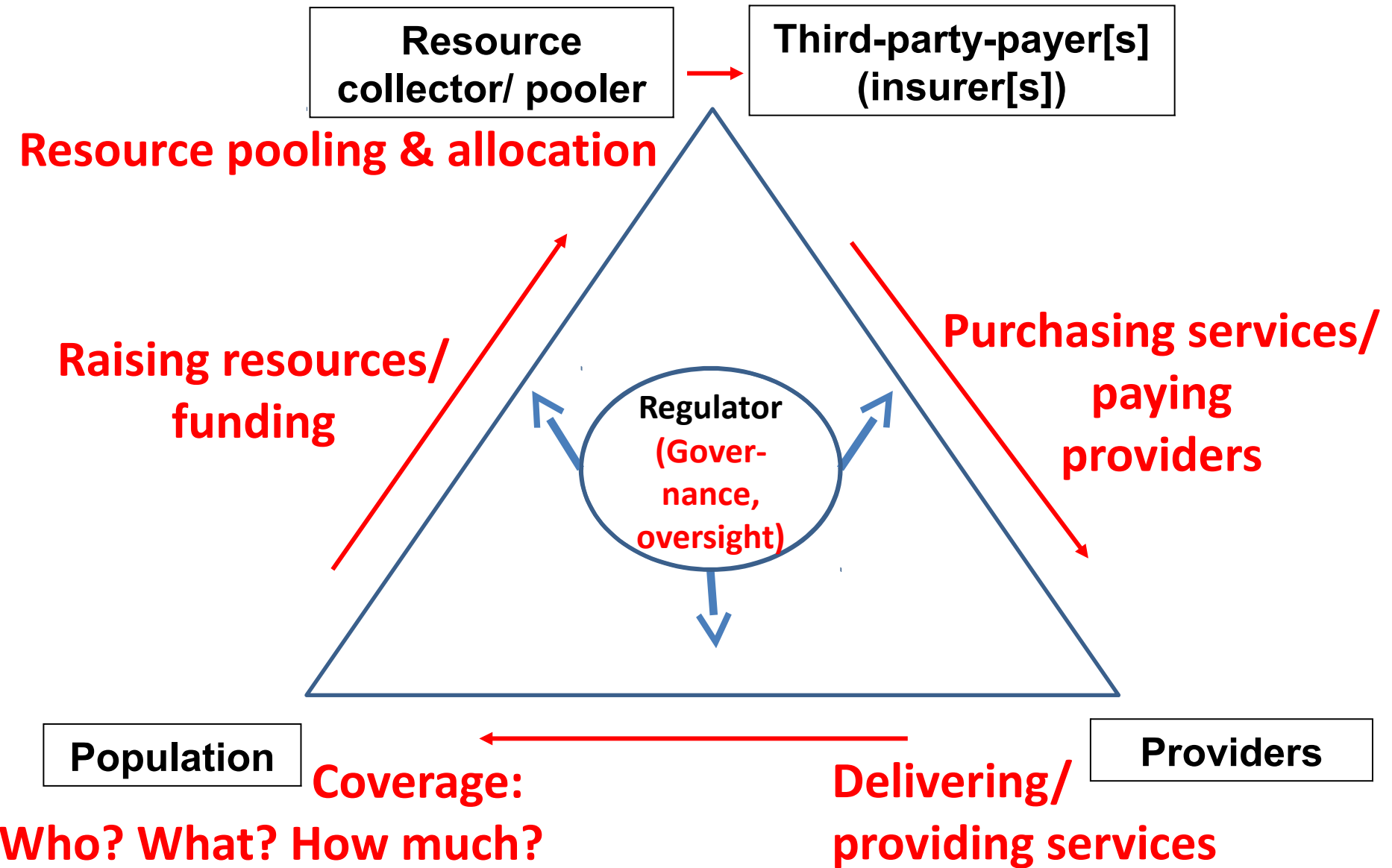
Why universal health insurance (UHI)?



Why universal health insurance (UHI)?



What are we talking about? The functions (II) ...

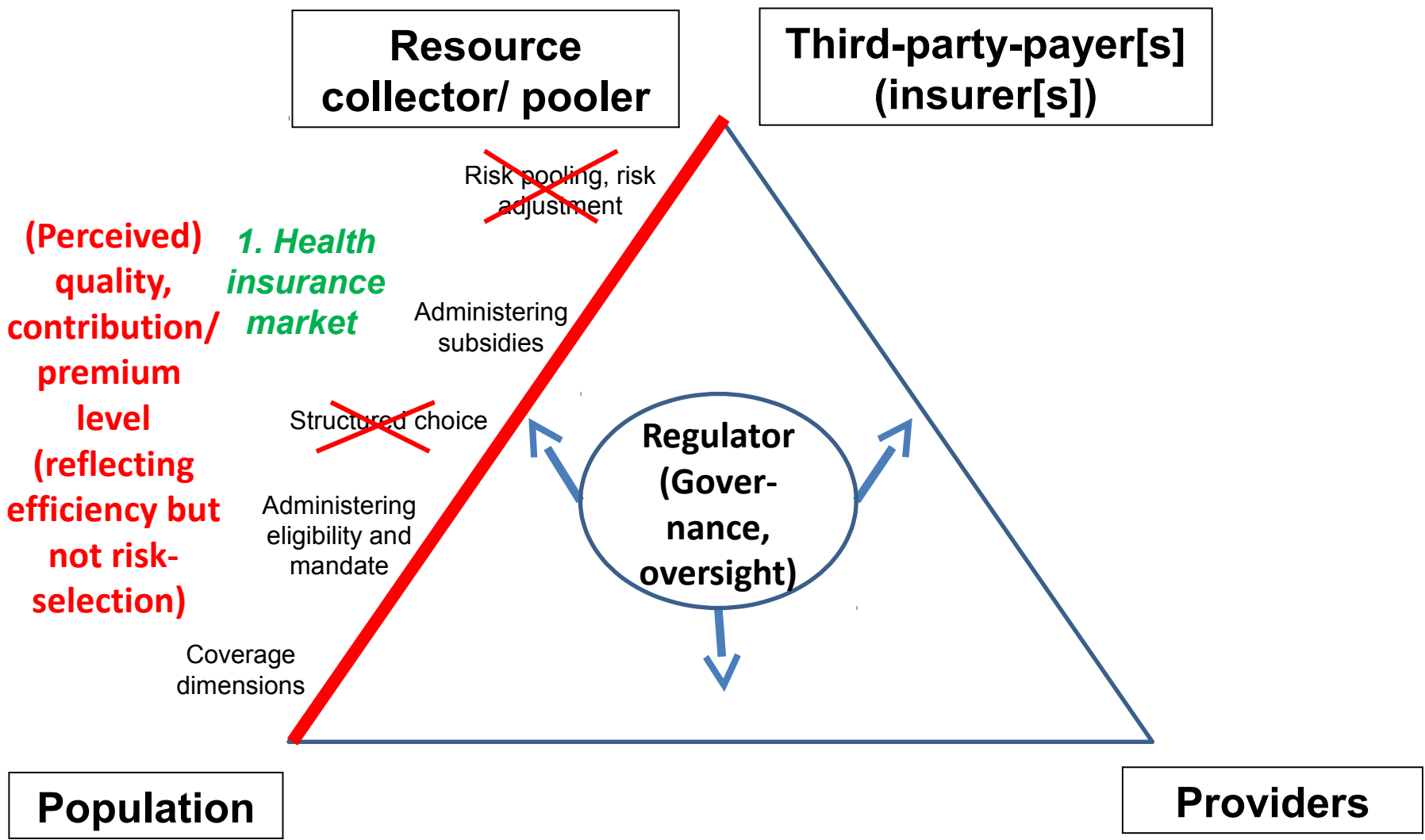


Competing insurers (vs. single insurers)

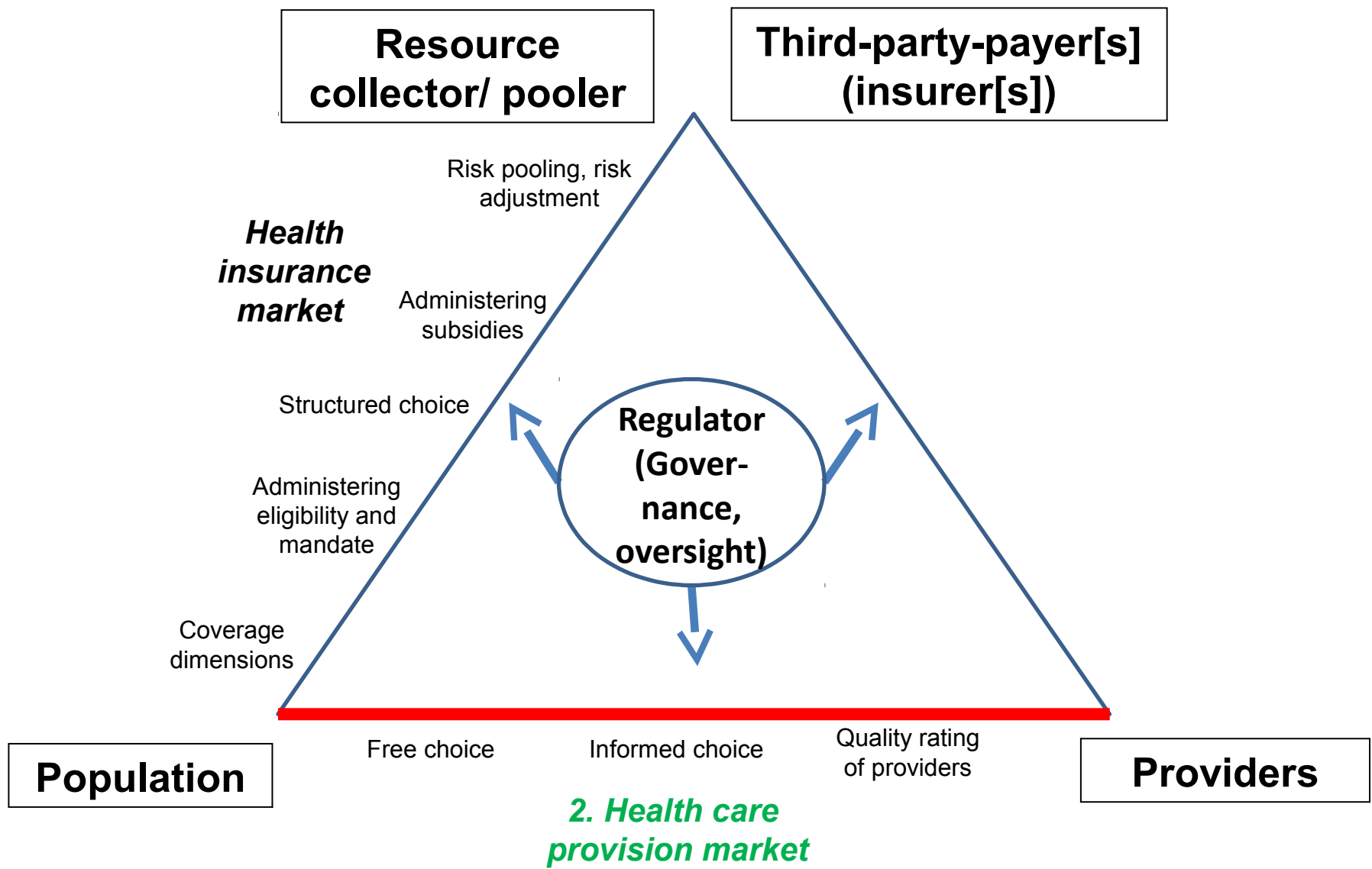
- **Why?** Seen as a model to enhance efficiency in health care administration and delivery and ultimately performance
- **How?** Competition between risk-bearing insurers
- Introduced by several countries for various reasons, e.g.
 - Germany (20 years ago): equity, efficiency, cost control
 - Switzerland (20 years ago): enhance equity of access, strengthen solidarity, organizational innovation and expenditure control
 - Netherlands (10 years ago): less government regulation of health care supply, efficiency, cost control, more patient driven health care
 - USA (now): ...

At the same time as Taiwan introduced a single-payer system with the same objectives!

What are we talking about? **The three markets**

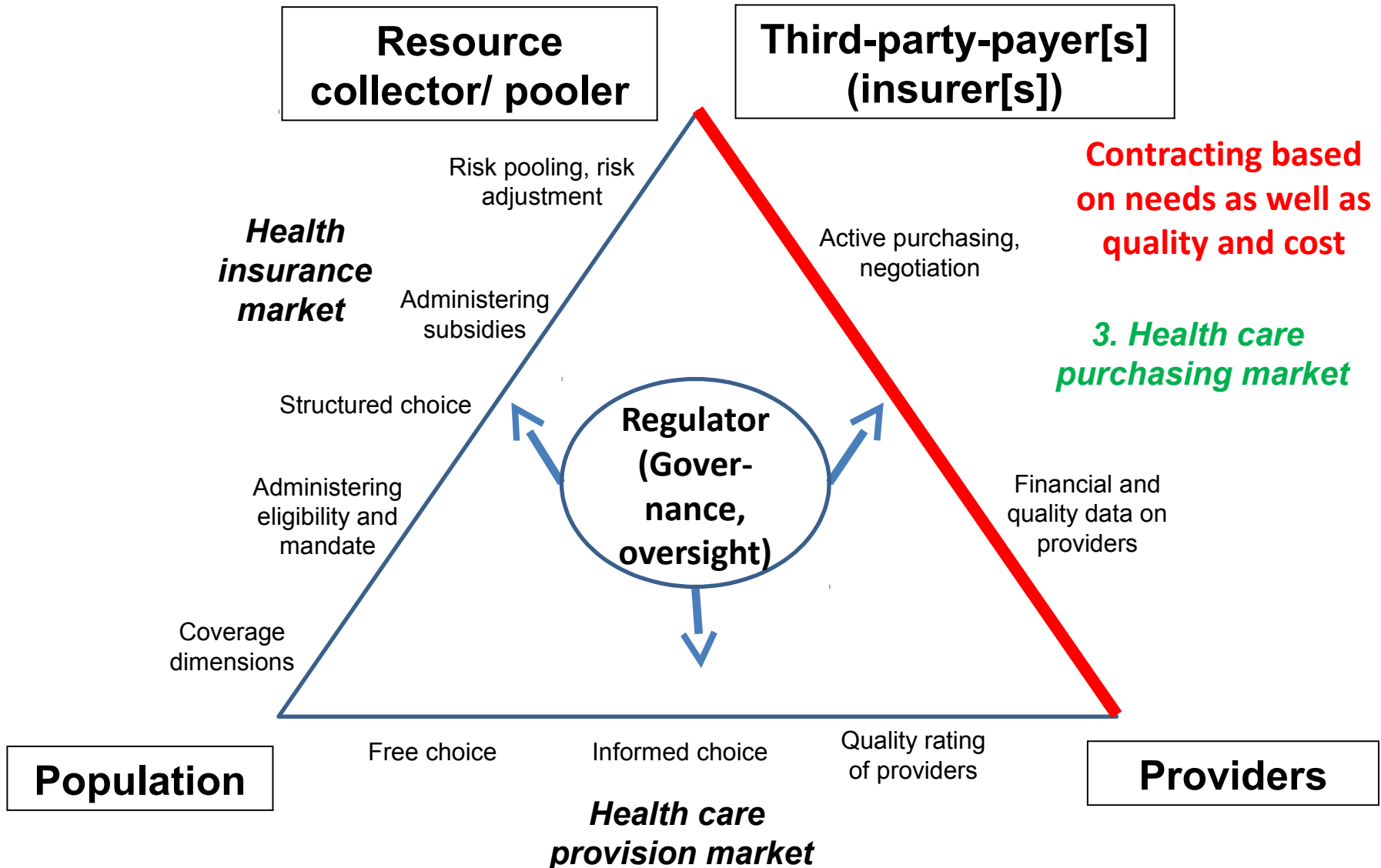


What are we talking about? **The three markets**

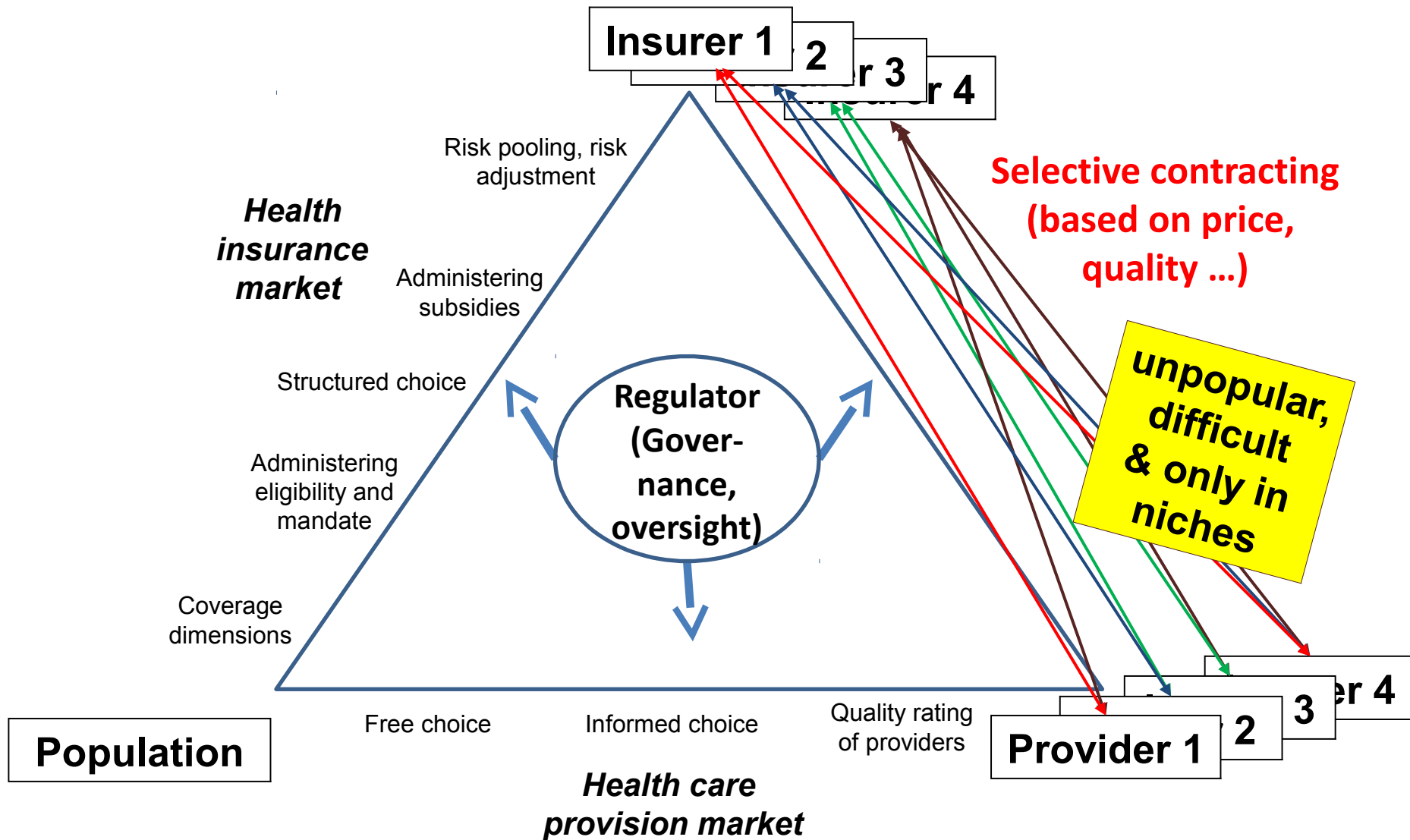


Accessibility (e.g. waiting times), quality, cost-sharing

What are we talking about? **The three markets**

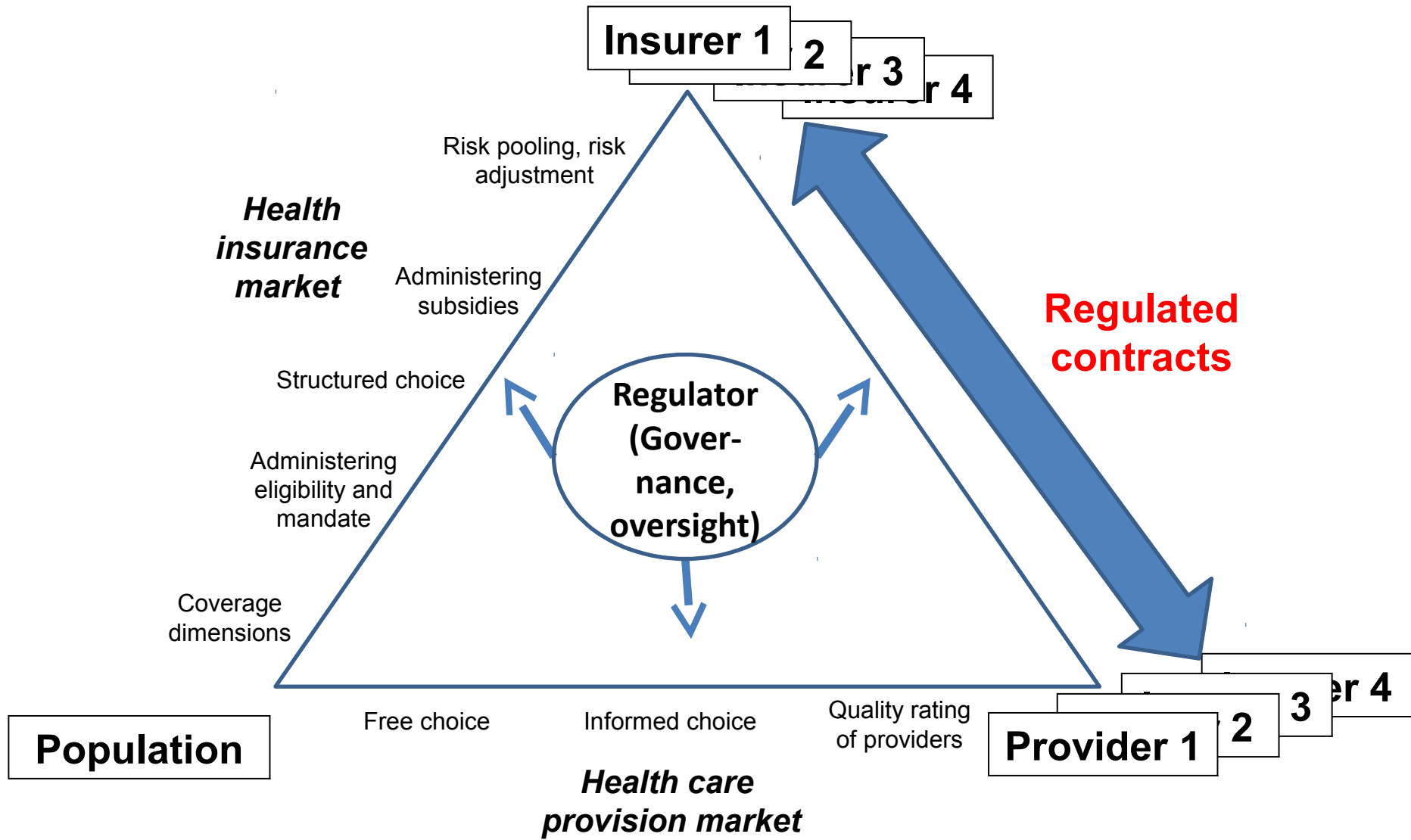


What are we talking about? The three markets



Problem: works only if choice in provision market is reduced!

The solution? What role for multiple insurers?



Easier, equitable – “better” (*depends on criteria and emphasis on quality etc.*)?

