
Health Care Reform and Societal Values

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ABSTRACT

Hong Kong is undergoing a public debate on the need to reform and future directions of reforming its health care system. This paper highlights the debates and considerations brought up by the Hospital Authority, the largest provider of public health care in Hong Kong, on the ethical principles and societal values underlying the upcoming reform. It is recognized that the exact meanings behind each ethical principle and value must be debated and clarified during the reform process. In a modern day society like Hong Kong, societal values are likely to be diversified. A health care system also has to fulfil different and often conflicting objectives of equity, efficiency, quality and choice. It would be difficult for a health care system to satisfy these different values and objectives based on a single value parameter. The Hong Kong experience shows that a society may prefer a combination of strategies in addressing different societal values. The re-structuring of the health care system in Hong Kong should therefore be based on a balanced and optimum combination of various financing and delivery strategies.

Key words: Hong Kong health care reform, societal values

I. INTRODUCTION

In April 1999, the Hong Kong government published for public consultation the report prepared by a team from the Harvard University School of Public Health – *The Harvard Report* (Hsiao, 1999). This team was commissioned by the Hong Kong government in November 1997 to review Hong Kong's current health care system, to assess the capability of the present financing arrangements to meet future needs, and to recommend some viable reform options. This paper will first provide an overview to Hong Kong's current health care system. It will then discuss the guiding principles for the health care reform proposed in the Harvard Report and

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the Hospital Authority's approach in addressing these guiding principles. Finally, the strategic options are discussed in the context of results of an evaluation of societal values.

II. THE HONG KONG HEALTH CARE SYSTEM

The Hong Kong government has always had a stated policy that no citizen should be deprived of adequate health care due to lack of means. This is achieved through government funding of the Department of Health and the Hospital Authority. The Department of Health is the government's health advisor, and it is the agency that executes health care policy through statutory functions, licensing, inspection, and food and drug safety. It looks after the health of the community. The Hospital Authority is a quasi-governmental statutory body responsible for managing all public hospitals in Hong Kong. Government funding is supported by general taxation.

While the Department of Health also provides primary medical care in the form of General Outpatient Clinics, it is only responsible for 12–15% of the outpatient visits in the community.¹ The rest are mainly provided by physicians in private practice. On the other hand, the Hospital Authority is responsible for paying for over 90% of the total bed days in the community. It manages all of the 46 public hospitals or institutions in Hong Kong, with a total number of beds exceeding 28,000. Services in both the Department of Health and the Hospital Authority are heavily subsidized. The citizens of Hong Kong are only required to pay HK \$68 (US \$8–9) for each day of stay in the public hospitals. This amounts to about 2–3% of the average bed day cost. In total, the public health care sector consumes about 2.8% of Hong Kong's Gross Domestic Product.

Primary medical care is predominantly provided by the private physicians, who cover about 75% of the outpatient visits in the community. People are also attended by practitioners of Traditional Chinese Medicine in the private sector. For secondary care, there are only 12 private hospitals in Hong Kong with just over 3,500 beds. The private medical sector operates largely on a fee-for-service basis. About 40% of the patients are covered by medical benefits provided by their employers or private insurance. Altogether, private health care in Hong Kong consumes about 2.1% of the Gross Domestic Product. In recent years, there has been a shift of the patients from the private sector into the public sector for secondary and tertiary services due to the improvements in public hospital services introduced by the Hospital Authority.

III. ASSESSING THE PERFORMANCE OF HONG KONG'S HEALTH CARE SYSTEM

The Harvard team has identified certain strengths in Hong Kong's current health care system. It concludes that the

Hong Kong health care system shows that Hong Kong has a relatively equitable system, in terms of access and utilization, resource distribution, and financing. As a result of the 1990 reform of the public hospital system through the establishment of the Hospital Authority, Hong Kong has also benefited from improvements in certain aspects of quality and productive efficiency in specific areas. Evidence indicates that the cost-effectiveness of the Hong Kong health system is similar to its neighboring Asian nations and compares favorably to European advanced economies (Hsiao, 1999, p. 51).

On the other hand, the Harvard team has also noted that

Hong Kong's health care system shows that the system suffers from three interrelated weaknesses – highly variable quality of care, inefficient allocation of public funds, and questionable financial and organizational sustainability of the system. These results point to the need to seriously rethink and redevelop an overall coherent health care policy and health care financing/delivery system that will meet the needs of the population of Hong Kong (Hsiao, 1999, p. 82).

The Harvard team's assessment of weaknesses of the Hong Kong health care system is endorsed by many patients and the public. The need for reform is generally recognized, but there is no consensus on which way the community should go.

IV. UNDERSTANDING THE GUIDING PRINCIPLES

In undertaking any health care reform, it is important to clarify the underlying ethical principles. The old policy, that nobody should be deprived of adequate health care due to lack of means, is ambiguous to the modernized Hong Kong community, as there is no definition of what constitutes "adequate health care". As a result, the public sector is facing increasing financial pressure arising from an aging population and the cost of advancing technology. The Harvard team has facilitated the identification of the fol-

lowing guiding principles, agreed on by the Government's Steering Committee on Health Care Financing, to guide the direction of the reform:

Every resident should have access to reasonable quality and affordable health care. The government assures this access through a system of shared responsibility between the government and residents where those who can afford to pay for health care should pay (Hsiao, 1999, p. 87).

There are four key principles embraced in the above statements: equal access, reasonable quality, affordable care and shared responsibility. However, these principles are not well defined, and they are as vague as what was described under the old policy. The public is generally not aware of the importance of the guiding principles and their relevance to the health care system. There is a tendency to jump immediately into discussions and arguments on the pros and cons of various health care financing options, without asking about the fundamental ethical principles which are important to the people of Hong Kong.

A. Equity of Access

The public is generally unaware of the tradeoffs between universal coverage for all and universal coverage for all services. Currently, the Hong Kong government subsidizes heavily all services provided in the public sector, which include virtually everything, ranging from basic primary care to the most sophisticated tertiary services. The private sector is being treated as playing a residual role, which is confined mainly to providing services that are regarded as non-essential or luxurious. The subsidy levels for hospital inpatient, specialist outpatient and government general outpatient services are 97%, 92% and 82% respectively. While this heavy government subsidy is the basis of Hong Kong's achievement in ensuring equity of access, it is also creating excessive demand and lengthy waiting time, thus compromising the accessibility of services to the poor and those in need of public sector services.

It is recognized that in Hong Kong's current health care system, prices in the private sector are generally high for the specialist services. The price differential between the public and the private sector creates a barrier to access to the private sector services. Many private insurance plans tend to preferentially select subscribers and impose many coverage limits, thus shifting most financial risks to the public sector. As pointed out by the Harvard consultants, "when countries rely fully or partially on private insurance, a free insurance market encourages risk selection and non-price competition. The government must intervene and structure the market to pro-

duce effective competition” (Hsiao, Special Report #2, 1999, p. 21). On the other hand, the people of Hong Kong do not like government intervention into the private market, which provides them with more choices.

Hence, equity of access under the current system is compromised due to the long waiting times in the public sector and high prices in the private sector. The Harvard team proposes to unify the system under a single payer, in the form of social insurance, to overcome the waiting time and price barriers to access. However, this is met with concern from some people who believe that choices provided by the private sector are also important. Most people in Hong Kong believe that a two-tier system, with the continued co-existence of the public and the private sectors, should be maintained. Given such expectations, the issue of extent of coverage in public health care must be addressed.

B. Reasonable Quality

It is difficult to define what could be regarded as “reasonable quality” in the delivery of health care. All health care systems are trying to strive for greater efficiency and effectiveness, and to assure the quality and outcomes of treatment and cure of disease. On the other hand, all health care systems are constrained by the limits in resources. One way to ensure quality and efficiency in the light of limited resources is to prioritize. The approach to prioritization is diversified in different countries. Some countries would exclude the coverage for certain services, e.g., services that are less curative in nature such as hospice care. Some would grade the level of services according to the requirements for physical accommodation and let the patients choose for themselves. The people of Hong Kong need to debate what they regard as “reasonable quality,” especially for the public sector services, and how they would differentiate different levels of quality and prioritize different types of services.

On the other hand, it is recognized that the private market could resolve the issue of “reasonableness” through people’s own choice of quality and their willingness to pay for whatever quality they select. In the debate on health care reform, this would imply that a two-tier system is preferred rather than a single tier system. It would require an appropriate pricing strategy, whether in the public or private sector, to reflect different levels of quality. Information on the cost and quality of health care would be essential to facilitating consumer choice.

C. Affordable Care

The way to ensure affordable care in health care is through some kind of risk pooling, so that the financial risks are pooled across the community or

over time for an individual or a family. Community risk sharing is usually achieved through taxation or social insurance. The people of Hong Kong need to consider whether the degree of risk pooling is already adequate under the current system, both for the current population and for future generations. If it were to be extended, the public sector role would be much expanded, since it would cover not only the funding of all health care services, but also the management of all health care demand and cost. The crucial issues related to societal values are first, the extent to which people would like to share risks with others, and second, the role people would like to see played by the public sector or the government.

Alternatively, pooling of risk over the lifetime of an individual can be achieved through medical saving schemes and would be particularly useful with respect to catering to intergenerational needs. The moral hazard problem of health care utilization that normally exists under an insurance or third-party-payer scheme could be reduced through promotion or increasing the capacity for self-reliance. Self-reliance has been very much a part of the Chinese culture and it is important to assess the extent to which people still value it in Hong Kong's very Westernized modern society. The extent of reliance of the system on user pay can also be seen as part of the strategy for promoting self-reliance and individual responsibility.

Hence, it is important to debate in the community the pros and cons of different mechanisms for assuring affordable care. The willingness to share risks, the expected role of the government, and the culture of self-reliance are all important considerations in determining the ultimate solution for reforming the health care system.

D. Shared Responsibility

It is possible to share the financial responsibility of health care by asking people to contribute more towards an insurance premium or user fee. But in sharing the responsibility of health, it is important to establish mechanisms to influence both people's behavior and demand for health care through appropriate user fee strategies. For example, most people in Hong Kong consider access to affordable medication the most important thing after seeing a doctor. There is a tendency for people to visit physicians even for minor ailments such as a common cold. The Accident & Emergency Departments in public hospitals are crowded with people with non-urgent conditions since the service is totally free. The collection of insurance premiums alone does not generally have enough impact to modify people's behavior and utilization patterns. A reasonable pricing policy is therefore important not only from the perspective of cost recovery and management of the demand for services, but also from the perspective of

the promotion of more rational behavior and individual responsibility towards personal health. The issue, then, is to have the public debate focus on what constitutes a reasonable policy and the mechanisms for establishing it.

V. DETERMINING THE ROLE OF THE PUBLIC SECTOR

With the above analysis of the guiding principles, the Hospital Authority considers determining the role of the public sector to be the most fundamental issue for Hong Kong's health care reform.

In 1996, the World Bank reviewed the experiences of the OECD countries and identified the key roles of public intervention in health care to be: a) to assure the optimal production of public health and services with substantial externalities (i.e., services also benefiting the non-health care consumers); b) to correct or offset failings in the market for those services for which risk sharing is required because of high costs and uncertainty about needs; and c) to subsidize insurance for the poor or to provide inexpensive health care that the non-poor can finance out-of-pocket (Musgrove, 1996).

In the *World Health Report 1999*, the World Health Organization summarizes the international trends and experiences in public health care and introduces the concept of "New Universalism," meaning "universal coverage for all, but not coverage for everything." It recognizes governments' limits but retains government responsibilities for the leadership and finance of health systems. Each government should set its priorities on the basis of the resources available to ensure access to health care for all (World Health Organization, 1999, p. 33).

In reality, the determination of the public sector role often boils down to the determination of health care priorities. In meeting the challenge of limited resources, many countries have tried to define the basic or core health care services to be publicly funded or provided through rationing or prioritization. It is noted from international experiences, such as the explicit rationing processes established in Oregon, that rationing is often constrained by large information requirements, changes in medical technology and clinical practices, and failure to address the needs of individual patients. In Hong Kong, debates on health care priorities are also constrained by the pace of development of the political system, where citizens' political representation in government is being enhanced through a gradual process of increasing democracy. There is the need for the health care providers to focus on assuring the effectiveness of interventions and

the appropriateness of care, and to rely on that as the basis for determining health care priorities. However, the challenge is to make such information transparent to the public so that it could facilitate public choices and participation in determining the role of the public sector.

In considering the public sector roles, a key strategy is to distinguish the role of public funding from the role of public sector delivery. Public funding, whether in the form of taxation or social insurance, is the most important instrument for ensuring equity and pooling of financial risks in a health care system. It protects the poor and insures against diseases with high financial costs. In most countries, there are frequently different methods for financing health care for different groups of people and different degrees of coverage of services, all focused on ensuring adequate protection of the poor and underprivileged in the society, and on protecting against high financial risks. This facilitates the government in achieving certain social goals.

The delivery of health care services, however, needs to be considered differently. The objectives of the public sector in the delivery of health care services are considered to be broader than the roles of the provision of public funding. Such objectives may include: (1) the provision of services that are not provided by the private sector due to high financial risks, especially to the providers; (2) the provision of services in remote geographical locations; and (3) the provision of non-profit-making activities such as teaching, training, research and development. These activities may continue to be provided by the public sector, but the sources of funding can be both public and private. In Hong Kong, the public sector also has the role of providing private sector providers with benchmarks of quality assurance and effectiveness of care. Benchmarking between the public and private health care providers will facilitate the improvement in efficiency, effectiveness and responsiveness of care being provided to the patients.

The people of Hong Kong therefore need to consider their social goals and other health care objectives, which will determine the extent of risk sharing in the society and the respective roles of public and private health care. From the analysis of the guiding principles and the international experiences in prioritization, we have identified the three key parameters that would form a proposed framework for examining the roles of public health care: (a) the responsibility of the government in providing for public health and meeting social goals; (b) the responsibility of the individual for personal health or other private utility; and (c) the financial risks of health care to individuals.

The proposed framework is shown in Figure 1, which locates different services according to the probable level of government responsibility and

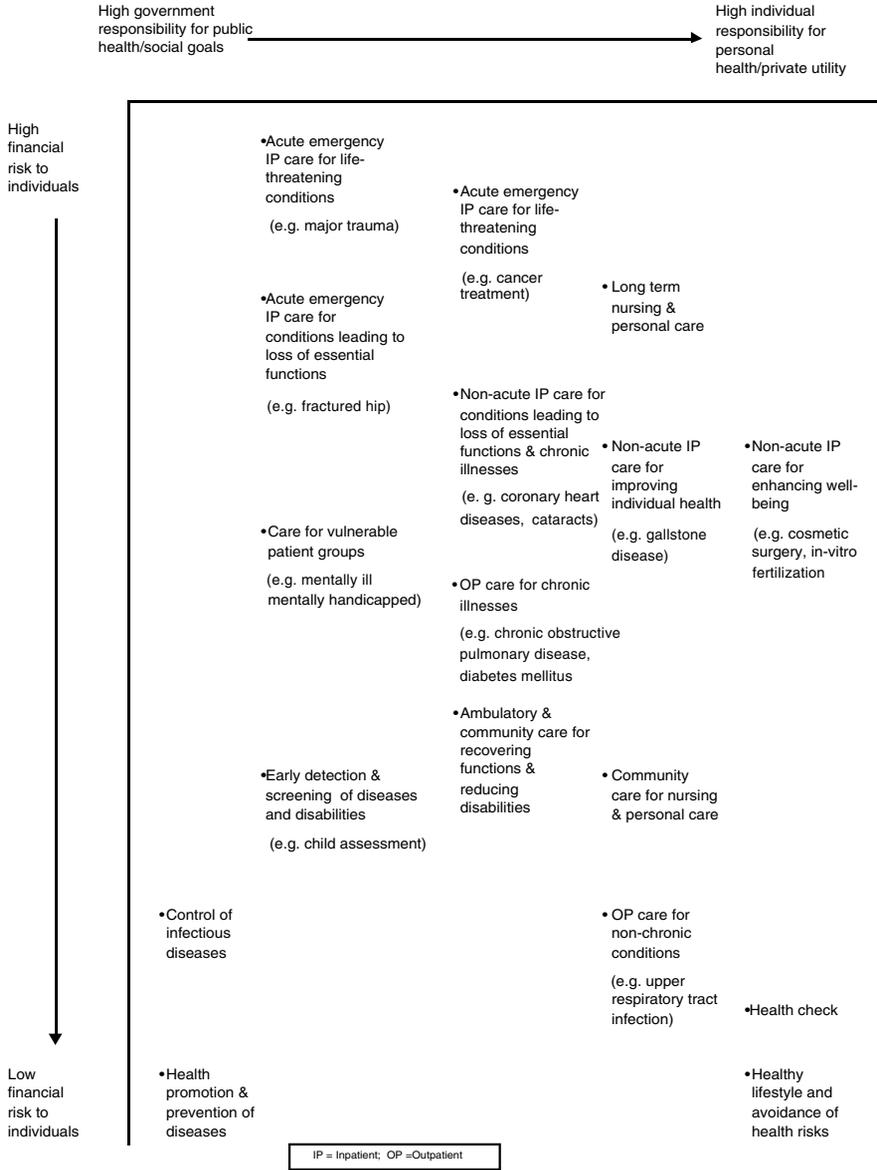


Fig. 1

individual responsibility along the horizontal axis, and the level of financial risks to individuals along the vertical axis. Government responsibility is considered important for services that are of public health importance or achieve certain social goals, such as provision of care for the elderly or

mentally ill patients. Individual responsibility is considered indispensable for services that mainly help to achieve personal health or private utility. The exact location of each service within the framework is a matter of values. Within this framework, it can be seen that the public sector role is highly desirable for certain types of services such as care for catastrophic illnesses and control of infectious diseases. Certain services clearly fall outside the role of the public sector, such as cosmetic surgery and preventive or maintenance health checks.

Many health care services fall in between the clearly definable areas of government or individual responsibility. The relative responsibilities of the government and the individual would be perceived rather differently by different people depending on the nature of the illnesses and the specific needs of the individual. For example, the prevention and care for upper respiratory tract infection could be regarded as largely an individual responsibility. The government's responsibility in the removal of the gall bladder for asymptomatic gall stones or circumcision for individuals could also be subject to further debate in the community. Under the WHO's principle of "New Universalism," defining the role of public funding for different types of services would allow the government to achieve equity and other social goals through targeting its subsidy expenditures, i.e., universal coverage for all. Hence, it should be considered the government's responsibility to ensure coverage for all services with high financial risks, e.g., services for the treatment of multiple trauma or cancers. The level or degree of government subsidy, however, could be adjusted according to the society's understanding of the responsibility of the government in each type of service. In the case of removal of the gall bladder for asymptomatic gall stones or circumcision, the level of government subsidy could appropriately be reduced. As government subsidy is targeted more towards services with high financial risks and patients who cannot afford the care they need, individuals would also be required to contribute towards their own personal health. Once the role of public funding is determined, appropriate strategies of flexibly integrating or interfacing public and private health care delivery can subsequently be put in place.

VI. RECOGNIZING THE ROLE OF PRIVATE HEALTH CARE

People in Hong Kong generally recognize the importance of private health care, which provides them with choice. However, as pointed out by the Harvard team, "all advanced economies found it difficult to achieve equity goals and ameliorate adverse and risk selection by using competition"

(Hsiao, Special Report #2, 1999, p. 20), which is the operational basis of the private sector. It is generally accepted that the private sector is more focused on profitability as the key objective. The poor and the severely sick may not always be the priority and therefore may not adequately be served. A health care system, therefore, cannot rely solely on the private market to achieve its objectives of providing health care for all. Private funding may, however, complement public funding to provide more choices for the community. Where private funding is provided through individual contribution, it could be developed as mechanisms for promoting individual responsibility in health care.

VII. EVALUATING SOCIETAL VALUES

In evaluating societal values, the Hospital Authority has been careful not to impose its own values on the society. Objective evaluation is done through impartial parties or collection of views from diversified bodies, including various academic institutes and political parties. It refers to a total of eight public opinion surveys conducted by other organizations before and after the publication of the Harvard Report,² analysis of media reports since the publication of the Harvard Report in April 1999, results of independent patient focus groups conducted by a local university, and opinions expressed by members of the 18 local District Boards where the majority of the members are elected by the local citizens.

Most public opinion surveys focused on the public response to various funding options. The responses were somewhat dependent on how the questions were phrased. There was little attempt to elicit the values underlying these responses. From the various sources of opinions expressed, equity seems generally to be extremely important to the people of Hong Kong. Most Hong Kong citizens think health care reform is essential to improving the efficiency of the system and the quality of services, except for the patient groups who are skeptical about major reforms in the way health care is being financed. The current public health care system is recognized to be practical and "pro-poor," so it seems that it should be improved in an evolutionary manner, not overhauled through revolutionary approaches.

Although there is general support for maintaining an equitable system, there are many reservations expressed on various aspects of the Harvard proposal (which is basically a form of social insurance), as well as comprehensive health insurance in general. People are concerned about the tax burden, especially on the middle class, and the affordability of user charg-

es or co-payments if they were to be based on the costs of future health care. Savings schemes are generally being considered to be more acceptable than insurance schemes, in accordance with the Chinese culture. Most Hong Kong people, in particular the patients, are more guided by pragmatic than humanitarian concern. It could be considered that the people of Hong Kong value the achievement of equity under the current system but they do not necessarily want more equity than what they have now.

In summary of the expressed values, the government's responsibility in ensuring that every citizen would have access to health care is widely accepted. Views on other values such as self-reliance, freedom of choice, and shared responsibility are more diversified and receive variable degrees of support. It would be difficult to prioritize one value over others. It is not clear from the various studies the extent to which people are ready to trade off a degree of equity for other values, or a slight increase in tax to maintain equity. With this background, many people prefer the status quo although the need for change is widely recognized. The people of Hong Kong seem to be trapped in the dilemma of wanting improvements on the existing health care system through health care reform, and wanting the status quo in order to ensure that the current benefits in terms of equity and affordability will not be reduced.

In order to provide guidance for the direction of reform given the diverse societal values, it is essential to distinguish the more consistent values and balance the more conflicting ones. In this regard, it is worth noting that there has been very little debate on the guiding principles, probably because they are so general. The public opinion is unclear as to the extent of application of each principle in developing policies for the health care system. This ambiguity warrants consideration of combining various funding options to meet the different societal values, which would entail a two- or multiple-tier instead of a single-tier system.

VIII. FORMULATING STRATEGIC OPTIONS

In formulating the strategic options, the Hospital Authority considers that given the diverse societal values, it is appropriate to organize the financing of health care into three levels of funding: 1) public funding (including taxation and compulsory social insurance), which should be targeted towards those in need, those who cannot afford the costs of health care, and towards services which convey high financial risks to the individuals; 2) user fees, which should be re-structured and paid when services are used; and 3) supplementary funding, which could either be mandatory savings

schemes or voluntary insurance, with the aim of enhancing the long term capacity of the people to pay for health care when they get old.

In targeting public funding, there will be an adjustment of government subsidy levels to various health care services depending on the degree of financial risk to patients and the role of government responsibility in these services. Based on overseas experiences, the following principles for setting subsidy levels are being proposed for consideration by the Hong Kong government: government subsidies could be higher for areas where 1) public care is better than private, 2) the impact of user charges on demand is most elastic, 3) the services would produce the most health, and 4) for people who are poorest. Government subsidies should also be higher for those areas where there are few private sector alternatives (Gertler and Hammer, 1997). Hence, it is proposed that the Hong Kong government should continue its commitment to fund and subsidize all catastrophic care for all the citizens of Hong Kong.

With the alignment of subsidy levels, user fees for some services will need to be adjusted. Individuals could share the responsibility for services with low financial risks. These services will mainly include outpatient visits and primary medical care at an initial stage. It could eventually also include minor elective procedures. User fees can vary according to the framework of shared responsibility between the government and individuals and the financial risks associated with different types of services. A more reasonable pricing policy developed for the public sector services will also provide the mechanism to rationalize the distribution of demand between the public and the private sectors. It is, however, recognized that the first two levels of funding cannot address the long-term health care needs and the increase in health care costs arising from advancing technology and aging population. There are concerns over the long-term financial sustainability of public health care system, especially given Hong Kong's policy of having low taxes and a narrow tax base.

In order to facilitate individuals' payment for health care services at the point of usage, supplementary funding would need to be introduced eventually as a third level of the health care financing structure. Both pre-funded saving plans and pay-as-you-go insurance plans could be considered. In line with the Chinese culture and the expressed views of the Hong Kong people, medical savings plans would need to be further examined to provide additional funding for future health care. The Hong Kong community has already decided to introduce a Mandatory Provident Fund Scheme to provide income protection upon retirement.³ There are considerations about whether health care can also be pre-funded through enhancing the existing savings plans or developing similar savings schemes for health

care costs. It is recognized that overseas experiences indicate medical saving plans are more effective if they are mandatory (Prescott and Nichols, 1997). On the other hand, voluntary insurance plans currently available in the market are also valued by many people and should be encouraged so as to provide more choices for the users. With public funding and user fees being constructed as the foundations for financing health care, the strategic options can be developed using different ways of providing supplementary funding.

IX. CONCLUSION

In any health care reform, it is important to examine the underlying ethical principles and societal values. The exact meanings behind each principle and value must be debated and clarified in the reform process. In a modern day society, societal values are likely to be diversified. A health care system also has to fulfill different and often conflicting objectives of equity, efficiency, quality and choice. It would be difficult to build or reform a health care system based on a single value parameter. The Hong Kong experience shows that the society may prefer a combination of strategies in addressing different societal values. The re-structuring of health care financing in Hong Kong should therefore be based on a balanced and optimum combination of various financing strategies.

NOTES

1. Refer to statistics from the general household surveys conducted every 2–3 years by the Census and Statistics Department of the Hong Kong Government in the past 15 years.
2. The eight public opinion surveys consist of two pre-Harvard Report surveys and five post-Harvard Report surveys. Seven of the surveys were conducted by telephone covering a total of 6,223 respondents during the period from March to June 1999 (six were conducted after the publication of the Harvard Report). One was conducted in the form of a general household survey in mid-1997 covering 7,000 households with a response rate of 32%. Respondents or households were randomly selected from the general public in these surveys. The surveys were conducted by academic and research institutions and political parties, including the Hong Kong Council of Social Services, the Democratic Party, the City University of Hong Kong, the Democratic Alliance for Betterment of Hong Kong, the Hong Kong Policy Viewers, and the Hong Kong Policy Research Institute.
3. In 1995, Hong Kong enacted the Mandatory Provident Fund Schemes Ordinance to provide a formal system of retirement protection. The ordinance provides the framework for the establishment of a system of privately managed, employment-related

Mandatory Provident Schemes to accrue financial benefits for members of the workforce when they retire. Under the system, all employees and self-employed persons between the age of 18 and 65 will be covered unless specifically exempt under the ordinance. The employee is required to contribute 5% of his/her income and the employer has to match this amount. Employees and their employers may also make additional voluntary contributions to accrue more benefits for retirement.

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