

School of Professional Education
and Executive Development
專業進修學院

SPEED



Working Paper Series No.1, Issue 4, 2016

Title	Universal health care in Hong Kong: lessons from Taiwan and Singapore
Author(s)	Ben YF Fong, Man Hin Kan, Ho Sze Ho, Ho Leung, John Wong, Cho Wing Mok
Issue Date	2016
Issue Number	4
Paper Number	1
Citation	Fong, B., Kan, M. H., Ho, H. S., Leung, H., Wong, J. & Mok, C. W. (2016). <i>Universal health care in Hong Kong: Lessons from Taiwan and Singapore</i> (Working Paper Series No. 1, Issue 4, 2016). Hong Kong: The Hong Kong Polytechnic University, College of Professional and Continuing Education, School of Professional Education and Executive Development. Retrieved Aug 26, 2016 from http://weblib.cpce-polyu.edu.hk/apps/wps/assets/pdf/w20160401.pdf
Rights	Copyright for this paper is owned by the author(s).

School of Professional Education
and Executive Development
專業進修學院

SPEED 



Working Paper Series No.1, Issue 4, 2016

Universal Health Care in Hong Kong: Lessons from Taiwan and Singapore

Ben YF Fong

School of Professional Education & Executive Development
College of Professional & Continuing Education
The Hong Kong Polytechnic University
Kowloon, Hong Kong
yffong@speed-polyu.edu.hk

Man Hin Kan

School of Professional Education & Executive Development
College of Professional & Continuing Education
The Hong Kong Polytechnic University
Kowloon, Hong Kong
14011523s@student.speed-polyu.edu.hk

Ho Sze Ho

School of Professional Education & Executive Development
College of Professional & Continuing Education
The Hong Kong Polytechnic University
Kowloon, Hong Kong
14022433s@student.speed-polyu.edu.hk

Ho Leung

School of Professional Education & Executive Development
College of Professional & Continuing Education
The Hong Kong Polytechnic University
Kowloon, Hong Kong
14024820s@student.speed-polyu.edu.hk

John Wong

School of Professional Education & Executive Development
College of Professional & Continuing Education
The Hong Kong Polytechnic University
Kowloon, Hong Kong
14011154s@student.speed-polyu.edu.hk

Cho Wing Mok

School of Professional Education & Executive Development
College of Professional & Continuing Education
The Hong Kong Polytechnic University
Kowloon, Hong Kong
14005830s@student.speed-polyu.edu.hk

ABSTRACT

Hong Kong citizens enjoy a high quality of health care service. However, it mainly relies on government subsidy through public health services, particularly in hospital utilisation. After years of healthcare reform process, a new government-regulated voluntary health insurance scheme has been proposed for public consultation. In the neighbouring Taiwan and Singapore, innovative and practical healthcare financing systems have been shown to be working well for their communities. In this essay, the authors reveal that there are lessons of learning for the Hong Kong Government and community. A new department is recommended to manage the new insurance scheme to make the health care system sustainable within an ageing population. Nonetheless, people need to bear some of the responsibility because health is essentially a personal affair.

KEYWORDS: Healthcare, Health insurance, Health care financing

1 INTRODUCTION

The Hong Kong Government has been providing well-developed medical services to the citizens in Hong Kong. Public and private hospitals or clinics are readily accessible to the residents, who can choose the most suitable medical services to suit individual's needs. In recent years, due to the changes in the society such as ageing populations, the medical expenditure has increased a lot. According to the Food and Health Bureau (2014), the medical cost of the Hong Kong Government has raised from \$32 billion in 2007-08 by over 60% to \$52 billion in 2014-15. In 2014, the public health expenditure was accounting for about 17% of total expenditure of the Government. The costs were used for construction of new hospitals and the redevelopment of some current hospitals.

The Government had already discovered the importance of maintaining the quality of the service and balancing the burden of both public and private sectors of the medical system a few years ago. In order to do so, the Government conducted two stages of public consultation on reforming the healthcare system in 2008 and in 2010. In the first stage, six supplementary financial options, namely increasing user fees for public healthcare services, social health insurance, mandatory medical savings accounts, voluntary private health insurance (PHI), mandatory PHI, and personal healthcare reserve (mandatory savings cum insurance) were proposed. A voluntary, government-regulated PHI scheme was chosen at the end, known as the Health Protection Scheme (HPS) (Luk, 2014). Hence, an alternative will be provided for citizens who are willing to use private health services. Moreover, the private healthcare services will be expected to be utilized more effectively and the public healthcare services can then put more focus on providing services in its target areas. Also, more enhancing features are proposed in the PHI, like accepting high-risk groups and standardizing the policy terms and conditions.

In an attempt to have better management, a working group and a consultative group on HPS were set up under the Health and Medical Development Advisory Committee. More recommendations and issues on the implementation of the scheme could be formulated. Although it is not the best solution to the challenges of the medical system nowadays, it is a supplementary financing arrangement to re-orientate the balance between the public and private healthcare sectors and to enhance the health care system. In order to better reflecting the objective and features of the scheme, the HPS was renamed "Voluntary Health Insurance Scheme" (VHIS) (Legislative Council of HKSAR, 2015).

2 PROPOSED HEALTH INSURANCE POLICY IN HONG KONG

In order to have a long-term sustainability of healthcare financing, a comprehensive healthcare reform is needed in Hong Kong. This paper will estimate the effectiveness of proposed voluntary government-regulated private health insurance scheme. Although the scheme has not been implemented, several difficulties and problems can be forecasted. The healthcare policy of both Taiwan and Singapore are very successful. The policy of these two societies is studied as a reference to improve the health insurance scheme in Hong Kong.

During the first stage of public consultation, the public has rejected the mandatory option in healthcare reform. So the voluntary private health insurance scheme, which is government-regulated, is the only option. It can only act as a supplementary financing arrangement that complement the public healthcare system instead of being a total solution to deal with the challenges of health care system. The most important objective of the scheme is to strengthen the consumer confidence in using private healthcare services in order to reduce the burden of public hospitals (Legislative Council of HKSAR, 2015). The proposed VHIS aims to adjust the balance of the public-private healthcare sectors and to maintain the

sustainability of healthcare financing. Furthermore, the accessibility and the quality of health insurance products can be enhanced through government regulation.

There are three main components in the proposed government-regulated VHIS. A “Standard Plan” must be offered to the customers. The “Standard Plan” is the minimum requirements requested by the Government. All of the individual hospital insurance products must comply with the minimum requirements. By offering a standard plan, it may improve the transparency and certainty of insurance protection. The second component is to provide migration arrangements for existing individual policies. This prevents the re-underwriting on existing benefit coverage and benefit limits of individual hospital insurance. The third one is to establish the High Risk Pool in order to ensure those individuals in the high-risk group can have equal opportunities to be insured, but this only limits to people aged 40 years or below in the first year upon the implementation of the Scheme (Legislative Council of HKSAR, 2015).

There is little doubt that the VHIS may provide several advantages such as educating the public on future healthcare planning, reducing public expenditure on healthcare, and planning for ageing population and increasing of medical cost. It has a good intention to deal with the long-standing problems in the health care system. However, the three proposed components in VHIS are not sufficient to deliver the expected results.

In October 2015, the Secretary for Food and Health mentioned the expected difficulties of VHIS before its implementation. He announced that the VHIS would be implemented through legislation and consensus (Information Services Department of HKSAR, 2015). Nonetheless, the legislative process is time-consuming, and may not be efficient. In order to implement the Scheme as soon as possible, the Secretary suggested that the Government would bargain with the industry, instead of legislation, on most of the regulations of the scheme. This would have a greater opportunity to introduce voluntary health insurance during the term of the current Government (Information Services Department of HKSAR, 2015). In doing so, a challenge is to compromise with the insurance industry. The Secretary has also admitted that it is difficult to make consensus between the Government and industry on the level of protection in different diseases because the level of protection would directly affect the premium.

The Government is not just facing with the above challenges; it also needs to deal with public concerns of the scheme. There are many uncertainties. The main concern is about the regulatory system of the new Scheme. If the Government bargains with the industry, instead of enactment of the regulations, the insurers may not follow all the rules. Will there be any independent commission for regulation and supervision of VHIS? Another concern is related to the reliability of the insurance industry. Many people have criticised MPF being ineffective because of the unreliability of insurance firms. Insurance firms are charging a very high administration fee resulting in bad return of the citizens’ investment. How would the Government guarantee against such thing from repeating in VHIS? The government should ensure the sustainability of the Scheme. On the other hand, how would the Government sustain the financial support of VHIS if the initial 5 billion seeding fund is used up? Perhaps there may be something we can learn from the healthcare policy of Taiwan and Singapore and use as references to improve health insurance in Hong Kong.

3 NATIONAL HEALTH CARE INSURANCE IN TAIWAN

Taiwan’s National Health Insurance (NHI) system is a social insurance programme organised by the government under the jurisdiction of the Ministry of Health and Welfare (MOHW). It is a mandatory, single-payer social insurance system, founded on the principle that everybody should have equal access to health care services.

Working Paper Series No.1, Issue 4, 2016

The NHI premiums are shared by the individuals, the employers (individual's insurance registration organization) and the government. The Taiwanese government pays the major part of citizens' medication costs. All insured individuals are classified into six categories. Individuals in categories 1, 2, and 3, who are being employed, have to pay premiums based on the salary, while the premiums for individuals in categories 4, 5, and 6 are based on the average premium paid by those categories 1, 2 and 3. Besides, employees, employers and government have different premium calculation methods, as shown in Table 1 (National Health Insurance Administration of Taiwan, 2015).

Table 1: Taiwan's National Health Insurance Premium Calculation Methods

Contributors	Category	Formulae
Government	1	Income Basis x Premium Rate x Contribution Ratio x (1 + Average Number of Dependents)
	2-3	Income Basis x Premium Rate x Contribution Ratio x (1 + Actual Number of Dependents)
Employers	1	Income Basis x Premium Rate x Contribution Ratio x (1 + Actual Number of Dependents)
	2-3	Income Basis x Premium Rate x Contribution Ratio x (1 + Actual Number of Dependents)
Employees	1-3	Income Basis x Premium Rate x Contribution Ratio x (1 + Number of Dependents)
Non-income Earning Individuals	4-6	Average Premium x Contribution Ratio x (1 + Average Number of Dependents)

NOTES:

- Income Basis: Amount of income on which premiums are levied based on salary of the individuals in categories 1 to 3.
- Insurance Premium Rate: 4.91%.
- Contribution Ratio: Based on ratios set by National Health Insurance Act.
- Number of Dependents: Maximum of three even if the actual number of dependents is higher.
- Average Number of Dependents: Set at 0.7.
- Since October 2009, the average monthly premium for individuals in categories 4 and 5 has been NT\$1,376, which is entirely subsidized by the government.
- For individuals in category 6, the average premium is NT\$1,249, with 60% (i.e. NT\$749) paid for by the individual and 40% by the government.

There are two types of premiums, standard and supplementary premiums. In order to embracing the "ability to pay" principle, high income earners pay more, in the second-generation system on top of standard premiums, to supplementary premiums, which are

calculated on other forms of income, such as large bonuses, wages from part-time jobs, ad hoc professional fees, and interest, dividend and rental income.

The NHI system offers a comprehensive and uniform benefits package to all those covered by the programme. Most forms of treatment are covered, including general diagnoses and treatment, medical consultations and operations, and related expenses such as examinations, laboratory tests, prescription medications, supplies, nursing care, hospital rooms, etc.

3.1 Advantages and Disadvantages of NHI system

There are three advantages in National Healthcare Insurance. Firstly, the NHI can reduce the burden of the citizens, who are entitled to comprehensive coverage and free health check. The coverage of illnesses and service is broader than in the past, and NHI provides grants for both common illnesses and critical conditions. According to the NHI Annual Report 2014-2015, there were almost 24 million people, almost 100% of the population, enrolled in the programme at the end of June (National Health Insurance Administration of Taiwan, 2015).

Table 2: Taiwan's National Health Insurance Participants by Category

	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Total
Insured	13,008,184	3,788,179	2,594,080	177,642	345,973	3,594,519	23,508,577
Percent of total insured	55.33%	16.11%	11.03%	0.76%	1.47%	15.29%	100%

Note: Figures as of June 2014

	Total	Hospitals	Clinics	Chinese Medicine Hospitals	Chinese Medicine Clinics	Dental Clinics
Total Health Care Institutions	21,899	472	11,204	13	3,613	6,597
Contracted Health Care Institutions	20,453	472	10,145	11	3,357	6,468
Percent of Institutions Contracted	93.40%	100%	90.55%	84.62%	92.91%	98.04%

Figures as of June 30, 2014

Secondly, citizens have the freedom to choose the healthcare services at convenience. It can ensure that they can receive better care. This has been a fundamental principle of the NHI

Working Paper Series No.1, Issue 4, 2016

system since its inception. Patients can choose the hospitals or clinics from around 90% of registered medical organisations in Taiwan to receive medical services. The waiting time can thus be shortened as the patients have many options in choosing suitable healthcare services.

Lastly, the NHI system leads to wealth redistribution. Although NHI is a compulsory health insurance program in Taiwan, some of the citizens are not able to afford NHI premiums. Therefore, a safety net and related subsidy programmes have been established to encompass subsidies and to reinforce the NHI's spirit of mutual assistance. Moreover, several preferential aid programmes have been created to help patients with catastrophic diseases such as cancers, renal failure requiring dialysis, haemophilia or mental health problems, in order to retain their right to health care. Therefore the subsidy programmes for the financially disadvantaged are created and the burden is being shared by the others.

Although the NHI appears to be quite successful till now, there are some potential risks or problems. Firstly, the focus of the health care system tends to be profit-oriented rather than medical professionally focused. This can be shown in the operations of hospitals. They earn more money from three aspects: making a false report on patients' condition, unnecessary self-expense service and the price differences of drugs. The doctor may exaggerate minor illnesses of the patients so as to receive untruthful extra payment from the NHI Bureau. Therefore they can make exorbitant profits through these dishonest behaviours.

Moreover the doctors become "senior pieceworkers" as their income is determined by the outstanding accomplishment of cases rather than medical quality. Doctors can earn more by shortening the consultation time because their points will be increased. Furthermore, the reasonable zone of the drug price differences in Taiwan is 15% while the reasonable zone of the drug price differences in Japan is 2 to 6%. It means Taiwan hospitals can gain more by raising the price of medicine.

The second problem is the abuse of the medical service, plus medical waste. According to NHI Bureau statistics in 2012, each people, on average, used outpatient services 15 times per year, and more than 3.3 million people used the outpatient services over 100 times. Furthermore, people might not need to take drugs for minor illnesses, but there were over 136 tons of discarded drugs per year arising from over-prescription.

In addition, as medical management overrides the medical profession, the input of healthcare resources is greater than the medical service obtained. Therefore it is difficult to remain professional and ethical after the implementation of National Healthcare Insurance system.

4 COMPREHENSIVE INSURANCE SYSTEM IN SINGAPORE

Singapore has one of the best healthcare systems in the world. There are several reasons to choose Singapore with reference to the context of Hong Kong. Firstly, Singapore was ranked 6th of the world's health systems by the World Health Organization (2000). Secondly, Singapore was awarded as the most efficient healthcare system in the world (Bloomberg Visual Data, 2014), and it was the only country ranked higher than Hong Kong. Furthermore, the public expenditure of Singapore on healthcare is only 4.5% of the GDP, which is relatively lower than Hong Kong, or even in the world. There are 70-80% Singapore citizens using health care within the public health system.

To begin with, it is essential to understand the philosophy of Singaporean health care service which affects the public policy and the insurance system. The Singapore government offers the universal healthcare coverage to all citizens, based on the philosophy of individual's responsibility and affordable healthcare to all citizens. Singapore exercises a

Working Paper Series No.1, Issue 4, 2016

mixed financing insurance system, which uses the mechanisms of market-based drive to reduce the over-use of healthcare services, and to promote competition and technology in order to improve the delivery of healthcare services (Ministry of Health of Singapore, 2013). The mechanisms result in good healthcare outcomes for Singapore. The national healthcare expenditure of Singapore is only about 4% of GDP, which is relatively low among developed countries.

There are multiple tiers of protection in Singapore to ensure that no citizen is denied from the basic healthcare because of affordability. The first tier of protection to all citizens is provided by the government with subsidies of up to 80% of the total bill in acute public hospitals. The second tier of protection is provided by Medisave, a compulsory individual medical savings account. In Singapore, one of the public financing systems is the Central Provident Fund (CPF), which is a mandatory government-regulated savings scheme financed by both the employers and employees. People contribute a part of the monthly wages into the account to save up for their future medical needs. The combined contribution rate is currently 33%, with 20% paid by the employee and 13% by the employer (Ministry of Health of Singapore, 2015). Different from the Hong Kong MPF system, it allows members to withdraw funds to pay for approved uses, for example the share of medical treatment. It encourages personal responsibility for the provision of social services and to relieve the public sector from having to finance social services. As a supplement to the Medisave, CPF aims to help needy citizens who are unable to pay for their medical expenses. It acts as a safety net for those who cannot afford the subsidized medical charges despite Medisave coverage.

The third level of protection is provided by MediShield, which is a low cost catastrophic medical insurance scheme in Singapore, covering 75% of the citizens. MediShield allows citizen to effectively finance the unusually high hospital charges in major illnesses. The features of co-payment in MediShield promote the individual healthcare needs responsibility. In addition, Medifund has been established as a means-tested safety net for the poor, who are unable to pay the hospitals bills despite the above-mentioned means, including the government subsidies. (Abeysinghea, Himania, and Lim, 2010)

The comprehensive system of mixed healthcare insurance of Singapore, with government subsidies and the 3Ms, Medisave, Medifund and Medishield, makes every citizen being able to manage the financial burdens and at the same time reducing the public health expenditure. The philosophy behind is individual responsibility and affordable healthcare for all citizens. Singapore emphasises that no medical service is provided free of charge, with the intention to reduce the over-use of healthcare services, and through regulating the doctor supply and salary as well. It also avoids over relying on national welfare or third-party health insurance, by establishing a sense of responsibility among individuals for their own health.

The Singapore experience gives some insights on proposed health insurance in Hong Kong. Singapore, as one of the best health service in the world, has provided their citizens with a relatively low expenditure health care financing system. The flexibility to use the mandatory saving for medical charges is also a good lesson for Hong Kong with respect to the MPF system.

5 DISCUSSION: LESSONS FOR HONG KONG

There is no single method in financing health care as the environment is changing all the time. Nonetheless, a social health care insurance could be set up as a long-term measure in order to enhance the sustainability of the healthcare services system. An ideal healthcare services system consists with five elements. They are people-oriented approach, promoting wealth redistribution, applying risk-sharing principle, maintaining stability and sustainability

Working Paper Series No.1, Issue 4, 2016

and low administrative cost. The National Health Insurance of Taiwan is a good example for Hong Kong to refer to. The Taiwanese NHI provides the primary healthcare services and basic body check, which all citizens are eligible to enjoy. The insurance applies the wealth redistribution in a progressive way with low administrative cost, and provides subsidies to the people in needed, especially the underprivileged.

In Hong Kong, a new department should be set up to take charge of the proposed insurance scheme, VHIS. It will be responsible for collecting and management the funds, and processing the application of medical fees. The new department will operate under the principle of “special funds earmarked for specific purposes”. The major purpose of the insurance is to meet immediate needs, with a secondary purpose to accumulate wealth. Therefore, the Government should allow the use the account of MPF to participate in the investment of health care insurance, similar to the practice in Singapore.

On the other hand, a tripartite contribution method, by the Government, employers and employees, similar to that of NHI in Taiwan, will help to broaden the resources base, which can provide more primary care services and cope with future medical expenses. As Hong Kong is facing an ageing population, it is necessary to find new way to raise and reserve funds for future needs. The tripartite contribution is a possible way to raise money as everyone has a certain responsibility to pay for his or her future healthcare expenses. Therefore it is necessary to get prepared when people are young in order to maintain the sustainability of the health care system through a well-designed appropriate financing mechanism.

In the proposed VHIS, there should be measures in standardising the consultation fees of health care services, providing subsidies to private healthcare services providers, and strengthening the safety net. “Subsidies” can be given to the private care service providers in order to shorten the waiting time in public hospitals. It is necessary to co-operate with private hospitals to provide non-emergency medical services. For example, in 2008, the Hospital Authority (HA) launched the Cataract Surgeries Programme to refer patients to the private hospitals and specialists. It can divert people to the private service and helps to fully utilize the private care services. Under the public-private partnership public hospitals can focus on the priority services like the accident and emergency service. Patients will also benefit as their waiting time will be shortened and at the same time have more choices. The overall healthcare quality will eventually be improved under healthy competition and it will finally lead to a win-win situation (Food and Health Bureau, 2011).

Finally the safety net of the health care services must be strengthened to ensure everyone receiving the same quality medical services. If patients want to receive drugs that not listed in the HA Drug Formulary, they need to pay for it by themselves. Usually these drugs have better efficacy but they are expensive. Low-income families are not able to afford these drugs under the current situation. Hence the Drug Formulary should be broadened and extra drug charge should be cancelled in order to make these drugs more available to low-incomers. Besides, the insurance scheme should include free annual body check. The medical fee and time can be saved in the long run if patients can discover the illness as early as possible. It is important to promote “an ounce of prevention is worth a pound of cure”. Ultimately, the service will become more efficient and fair.

The Government is considering a second safety net in the form of additional financial assistance for those people when their medical expenses for public healthcare services exceed a certain proportion of their household income, as an additional protection when struck by catastrophic illnesses (Food and Health Bureau, 2011).

6 CONCLUSION

There are rooms for improvement in the proposed health care insurance scheme. Hong Kong is facing a large ageing population with expected increases in the expenditure on health care. However, the proposed health care insurance cannot satisfy the existing situation. Worse still, the public concerns about the proposed health care insurance because of the uncertainties. Taiwan and Singapore are good examples for Hong Kong to study. For Taiwan, the insurance reduces the burden for citizens in contributing to the insurance. It enhances the medical care choice, freedom and convenience, with a wealth redistribution.

In Singapore, it is a low cost basic medical insurance scheme. It helps patients to cope with large bills through the 3M medical savings accounts. At the same time, it operates with co-payment features, such as the co-insurance, in which patients share part of the responsibility for his medical expenses.

A new Government department should be set up to explore and learn more from the systems and experience of Taiwan and Singapore. It will launch the tripartite contributions by the government, employees and employers and will standardize the consultation fees, particularly of the private services. Furthermore, it will help to encourage and enhance the co-operation between public and private sectors in order to maximise the utilization of limited resources. Last but not least, everyone should have the same right to use the health care service and protection, in achieving universal health care for all residents.

It is hoped that the health care insurance scheme in Hong Kong will be more effective and efficient, and reduce the burden of current situation. VHIS will be a tool to increase the fairness and quality of both public and private health services, while upholding the long-time principle that no one is denied adequate medical treatment due to lack of means. More importantly, Hong Kong citizens should not only rely on the Government to provide all the health care protection or investment. The public also have their own responsibilities to deal with personal health.

REFERENCES

- Abeysinghea, T., Himania, and Lim, J. (2010) *Singapore's Healthcare Financing: Some Challenges*. Presented at the Singapore Economic Policy Conference held on October 27, 2009 at Hyatt Hotel, Singapore. [online] <https://courses.nus.edu.sg/course/ecstabey/Singapore%20health%20chapter-earlier%20version.pdf> (Access 29 November 2015).
- Bloomberg Visual Data. (2014) *Most Efficient Health Care 2014: Countries*. [online] <http://www.bloomberg.com/visual-data/best-and-worst/most-efficient-health-care-2014-countries>. (Accessed 24 October 2015).
- Food and Health Bureau. (2011) *MyHealth MyChoice. Healthcare Reform Second Stage Public Consultation Report*. FHB, Hong Kong. [online] http://www.myhealthmychoice.gov.hk/pdf/chapter2_eng.pdf (Accessed 27 October 2015).
- Food and Health Bureau. (2014) [online] <http://www.fhb.gov.hk/> (Accessed 27 October 2015).
- Haseltine, W. A. (2013) *Affordable Excellence: The Singapore Healthcare Story*. Singapore: Ridge Book.
- Information Services Department of HKSAR. (2015) *Secretary for Food and Health on Pay Protest by Hospital Authority Doctors*. ISD, Hong Kong. [online] <http://www.info.gov.hk/gia/general/201510/19/P201510190664.htm>. (Accessed 22 October 2015).
- Legislative Council of HKSAR. (2015) *Voluntary Health Insurance Scheme*. LegCo, Hong Kong. [online] <http://www.legco.gov.hk/yr14-15/english/panels/hs/papers/hs20150113-fhcr41382213pt4-e.pdf>. (Accessed 22 October 2015).
- Luk, S.C.Y. (2014) "The Politics of Health Care Financing Reforms in Hong Kong: Lessons of the Tung and Tsang Administration.", *Public Administration and Policy*, Vol. 17 No.1, pp.15 – 31.
- Ministry of Health of Singapore. (2013) *Singapore Healthcare System*. MOS, Singapore. [online] https://www.moh.gov.sg/content/moh_web/home/our_healthcare_system.html. (Accessed 23 October 2015).
- Ministry of Health of Singapore. (2015) *Medisave*. MOS, Singapore. [online] https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/medisave.html. (Accessed 23 October 2015).
- National Health Insurance Administration. [online] http://www.nhi.gov.tw/English/webdata/webdata.aspx?menu=11&menu_id=290&WD_ID=290&webdata_id=1885 (Accessed 27 October 2015).

World Health Organization. (2000) *Ranking of the World's Health Systems*. [online]
http://www.who.int/whr/2000/en/whr00_en.pdf. (Accessed 25 October 2015).