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Figure 2.3 Estonia mandatory health insurance governance performance assessment; Figure 2.4 The Netherlands mandatory health insurance governance performance assessment; Figure 2.5 Chile mandatory health insurance governance performance assessment; 3 Costly success: An integrated health insurer in Costa Rica; Figure 3.1 Evolution of health insurance coverage in Costa Rica; Table 3.1 Influence of different parties on CCSS decisions; Box 3.1 Resolutions of the constitutional court; Figure 3.2 Population covered by the primary health care program, 1990-2003
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Figure 4.5 Out-of-pocket payment for health care, 1998-2004; Figure 4.6 Share of households with high health payments, 1995, 2001, and 2002; Figure 4.7 Estonian Health Insurance Fund revenues and expenditures, 1992-2006; 5 Governing multiple health insurers in a corporatist setting: The case of the Netherlands; Figure 5.1 Three-compartment structure of health insurance before 2006; Table 5.1 Composition of health care financing by source; Box 5.1 Overview of the 2006 reforms; 6 Governing a hybrid mandatory health insurance system: The case of Chile
Figure 6.1 Governance forces in mandatory health insurance: The general case

Sommario/riassunto

Although mandatory health insurance programs are being proposed or expanded in many developing countries, relatively little attention has been given to how these programs are governed. The available literature focuses almost exclusively on operational features that are important but will necessarily change over time—such as eligibility, benefit packages, and premiums. *Governing Mandatory Health Insurance* instead looks at the institutional and political forces that affect the behavior of such programs within their social and historical contexts and how five dimensions of governance—coherent dec
