### Index

accidents 7, 32  
*see also* traffic deaths  
ACE inhibitors 290  
Adam, Taghreed 46–61  
adDITION 62  
*see also* drug use  
adolescence *see* young people  
adult day care 298  
advertising, direct to consumer 306–14  
and agency relationships 309–10  
care-seeking effect 309  
and chronic illness 310  
consumer reaction 310–11  
historical background to 306–8  
impact of 311–12  
literature on 308–9, 310–12  
and Medicaid spending 312–13  
and Medicare 313  
moral hazard 309  
-prescribing patterns 312  
price elasticity 310  
Afghanistan  
contracting-out 252, 256  
public health intervention 55  
Africa  
internet access 167  
public health intervention 55, 58  
ageing 19, 20, 33  
disability rate 297  
and distributional judgements 383–4, 385  
and health subsidies 115–16  
mortality rate 297–8  
and risk adjustment 279, 280, 282  
*see also* retirement  
AIDS 55, 251, 252, 479, 540  
*see also* HIV  
air quality 47  
Albania  
-GATS commitments 168  
-unofficial health care economy 156  
alcohol use 5, 11, 36  
by young people 62, 64, 65, 66, 67, 68–9  
cost-effective analysis 480–86, 488–9  
legal drinking age 84  
and traffic deaths 10  
Zero Tolerance laws 68–9  
Alzheimer Disease 364  
ambulance services, and EuroWill project 396–7, 398  
amphetamines 85  
anthropometric records 48  
antibiotics 173, 540  
Antigua and Barbuda, GATS commitments 168  
antimicrobials 53  
antiretrovirals 54, 58  
Argentina  
-child mortality 50  
-unofficial health care economy 159  
Armenia, GATS commitments 168  
Arrow, K.J. 46, 97–8, 104, 131, 270, 394  
arthritis 114, 115, 118  
Asia, equity in health and health care systems 205–18  
benefit incidence analysis 209–11  
empirical analysis of 205–6  
empirical evidence 206–14  
Equitap study 206, 208, 209, 210, 211, 212  
ETEN (equal treatment for equal need) 207  
Europe, comparisons with 213–14  
financing, vertical equity in 211–12, 214  
future agenda 215–16  
high income countries 207, 209  
-low- and middle-income countries 206–7, 208, 209, 211, 214, 215–16  
poverty impact of health care expenditure 212–13, 216  
private financing 214  
rent-seeking 215  
social security systems 214  
tax systems, predominant 214–15  
transition economies 215  
*see also* individual countries  
Asian Development Bank 254  
assisted living 298  
asthma 77, 120, 367  
Auld, M. Christopher 36–45, 68, 152, 154  
Australia  
-child mortality 50  
cost-effective analysis 495, 498  
drug insurance scheme, national 120  
drug-related crime 83, 85  
-drugs price bargaining 237  
GATS commitments 168
health care use 150
health services trade 170
patient cost sharing 118–19
pharmaceuticals evaluation 430, 498, 537, 541–2, 543
providers, temporary movement of 171, 172
Austria 23, 24
child mortality 49
GATS commitments 168
hospital competition 228
back problems 10, 42
bandwagon effect 62–3
Bangladesh
child health and maternal services 209
contracting-out 252, 254
government social spending 209
health care financing 212
health care utilization 208
health inequalities 206
poverty and health care expenditure 212, 213
providers, temporary movement of 171
tax and direct payments mixed systems 215
unofficial health care economy 156–7, 158
Barbados, GATS commitments 168
bargaining in health care see negotiation and
bargaining in health care
Barros, Pedro Pita 233–41
Basu, Anirban 154, 430, 442, 455–65
Bayesian decision theory 110, 515, 516–17, 531, 540
behaviour, causal effects of health-related
36–45
heterogeneous effects 40–43
instrumental variables estimation 36–40
behaviour, health, and young people 62–71
Belgium
health insurance 112
hospital competition 228
Panel Study 23, 24
Belize, GATS commitments 168
Bernouli, Daniel 96
Birch, Stephen 471, 477, 484, 492–502
Bishai, David 46–61
Bismark health care systems 223, 228
Bleichrodt, Han 347–58, 373, 386, 388, 393, 405
BMI (body mass index) 66, 72–3, 75, 78
Bolivia
GATS commitments 168
unofficial health care economy 159
Boots Pharmaceuticals 307
Botswana, GATS commitments 168
Bound, J. 26, 28, 31, 32, 33, 39
Box-Cox models 440–41, 442–3
Bradford, W. David 306–14, 339
‘brain drain’ 171–2
Brazier, John 348, 360, 361, 365, 371–81, 388, 405
breast cancer 77, 455–6
QALY outcome 456, 463–4
Breyer, Friedrich 126–36
Briggs, Andrew 480, 488, 503–13, 515, 528
Brunei Darussalam, GATS commitments 168
Bulgaria
GATS commitments 168
unofficial health care economy 156
Burgess, James F., Jr 320, 335–42
Burgess, Leonie 386, 405, 406, 408, 415–26
Burkino Faso, public health intervention 55
Burundi, GATS commitments 167, 168
Cambodia
contracting-out 252, 254, 256
unofficial health care economy 156, 162
Canada
ageing in 31
bargaining in health care 237
child mortality 50
cost-effective analysis 495, 498–9, 537
DCA (direct to consumer advertising) 306, 313
drug plans for seniors 116
drug-related crime 83, 85
GATS commitments 167
inequalities in self-reported health 181
NPHS (National Population Health Survey) 29
OHIP (Ontario Health Insurance Plan) 29
patient cost sharing 118–19
payment rates 265
Pharmacare 118, 119, 120
pharmaceuticals evaluation 116, 495, 498–9, 537, 541–2
providers, temporary movement of 171, 172
public drug plan 119–20
quality assessment 362–3, 366
SLID (Survey of Labour and Income Dynamics) 20
taxing health benefits 114–15
USA, importing drugs from 114, 121
cancer 7, 8, 9, 77, 78, 447, 452, 486
and EuroWill project 398
and QALY model 349
screening 290
see also breast cancer; cervical cancer

Andrew M. Jones - 9781845428914
Downloaded from Elgar Online at 02/13/2019 06:51:43AM
via free access
capitation system
contracts, information and incentives in
health care 263, 264, 265–7
and decision-making 273
future research 275–6
and GPs 269–78
health services quality and quantity, effects
on 272–3
and hospitalization 271, 274
and mental health 290
need-based 274–6
and primary care incentives 269–78
referral rate 273–4
revenue system component 274–5
risk adjustment see risk adjustment
cardiovascular disease 469, 477
and advertising 310
cost-effective analysis 483
and economic instability 5, 7, 8, 9
EPIC drug 542
care homes see nursing home quality of care
Caribbean, providers, temporary movement of
171
cataract operations, and EuroWill project 398
cerebral breeding programmes 52
cervical cancer 469
Chalkley, Martin 224, 234, 242–9, 250, 275,
323
children
in developing countries, public health
interventions 46–61
mortality 5, 8–10, 46, 48–51, 53–5, 58, 159,
205, 206–7, 251, 254
nutrition, effective 48–51, 486
see also poverty; young people
Chile
child mortality 50
health services trade 170
China
cross-border supply of services 167
GATS commitments 168
health care financing 212, 215
health care utilization 208
legal drinking age 84
poverty and health care expenditure 212, 213
smoking 65
unofficial health care economy 156
Chinese Taipei, GATS commitments 168
Chisholm, Dan 479–91
cholera 54
cholesterol levels 540–41
chronic illness 18, 29, 32, 114, 115, 289, 540
and advertising 310
health utility measurement 347–52
Claxton, Karl 480, 488, 514–25, 542
cocaine 64, 84, 85
Colombia, unofficial health care economy 159,
160
colon cancer 78
Columbia, child mortality 50
communicable diseases 48
community care, and EuroWill project 398
community support, loss of 12
CON (certificate of need) policies 298, 300,
301, 302
Congo RP, GATS commitments 168
consumer behaviour, neoclassical model of 62
Contoyannis, Paul 17–25, 119, 190
contracting-out health service provision
250–58
accountability 257
contract evaluation 253
economics of recent 254–6
external funding 256
future research 257
and globalization 257
government subsidies 251
impact on health system 257
international funding agencies 250
motivation for 251–2
New Public Management 251
performance-based 256
policy implications 256–7
resource allocation 251–2, 254, 255, 256–7
in resource- and information-poor settings
250–58
services suitable for 252, 255
contracts, information and incentives in health
care 242–9
capitation system see capitation system
costs of health care 245–6
dumping 245–6
fee-for-service systems 263, 264, 266, 270,
271, 272, 275, 286, 290
fixed prices, policy implications of 246–8
hidden information 243, 244–6, 250, 256
moral hazard 243–6, 323
rent-seeking behaviour 248
salary system 263–4, 270
services, defining 247–8, 250
Cookson, Richard 24, 194, 221–32, 247, 385
cost-effectiveness analysis and clinical trials,
statistical methods 503–13
cooperatives 254–5
Copas’ tests 444
cost-effectiveness acceptability curve (CEAC),
and decision-making 515–16
applications 508–10
extensions 508–10
Heart Protection Study 509–10, 511
ICER statistic 504, 505, 507
net-benefit regression 506–7, 508
net-benefit statistic 504–5
QALY 509
standard approach to stochastic 503–6
cost-effectiveness analysis, decision rules for incremental 469–78
‘competing choice’ problem 473–5
framework extensions 476–8
health improvement, maximising 471–2, 475
HIV example 469, 470–71, 475, 476–7
indivisibilities 476–7
interdependence between programmes 476
multiple resource constraints 478
programme alternatives 473–5
QALY 471–2, 473–5, 495
‘shopping spree’ problem 471–2, 475
cost-effectiveness analysis, future costs in 447–54
empirical studies 449–53
ethical and policy concerns 453
historical background 447
and life expectancy 453
lifetime decision-making models 448–9
methods 451–2
QALY 447, 451, 452
theoretical background 447–9
cost-effectiveness analysis, generalized, principles and practice 479–91
alcohol use 480–86, 488–9
challenges 479–80
IMC-CEA (intervention-mix constrained) 479
policy uses 489–90
practice of 486–8
principles of 480–86
QALYs 480, 487, 488, 489, 497, 499
risk factors 488–9
sectoral analysis 479
cost-effectiveness thresholds, and decision-making 543–4
cost-utility analysis see health utility measurement
Costa Rica
child mortality 51
contracting-out 254–5, 256
cooperatives in 254–5
GATS commitments 168
Social Security Fund 255
costs for economic evaluation, estimating 429–38
censoring 432–5
cost analysis 430–35
cost collection 429–30
generalised equations 435
missing data 431–2, 435
skewed costs 430–31
costs and expenditures, skewed data on 439–46
alternative estimation approaches 440–43
Box-Cox models 440–41, 442–3
generalised linear model(GLM) 441–3, 444
OLS model 439, 441, 442, 444
retransformation problem 441
strengths and weaknesses 443–4
crime and illicit drug use 83–92
Croatia
capitation system for GPs 271
GATS commitments 168
crop breeding programmes 52
Cuba, health services trade 170
Currie, Gillian 247, 386, 405–14
Cutler, D.M. 48, 52, 76, 77, 80, 105, 110, 142,
238, 280, 283, 297, 301
Cyprus, hospital competition 228
cystic fibrosis screening 404
Czech Republic
GATS commitments 168
health plan competition 221
Dawson, Diane 221–32, 247
direct to consumer advertising) see advertising
Deb, Partha 147–55
decision rules in economic evaluation 492–502
alternative approach 499–500
and cost-effective analysis 492–3, 494–500
economic basis 492–4
needs of decision-makers 495–8
decision-making
CEAC (cost-effectiveness acceptability curve) 515–16
central level 537–8
clinical studies 539–41
cost-effectiveness thresholds 543–4
economic evaluation and 537–45
evidence acquisition 517–23
EVPI (expected value of perfect information) 517–23
local level 538–9
methodological issues 539–41
QALY 541, 543–4
requirements of 514–15
technology adoption 515–17
with uncertainty 514–25
Dengue fever 54
Index

Andrew M. Jones - 9781845428914
Downloaded from Elgar Online at 02/13/2019 06:51:43AM
via free access
Ecuador, GATS commitments 168
education levels 17, 18, 19, 199, 202, 203
education and training 167, 170
emphysema 534
employment
and health insurance 108
and health service utilization 202, 203
and illicit drug use 84
injury risk at work 11
labour supply 30, 31, 32, 33
sedentary 75
working hours 11
see also health, and work; workforce
endocrine and metabolic disorders 200
endometrial cancer 78
England
equity in health care consumption 199–203
see also UK
Ensor, Tim 156–63, 215
environment, physical 7, 18, 46, 47
epidemiologic surveillance 47
epilepsy 540
Equitap study 206, 208, 209, 210, 211, 212
equity in consumption of health care economic studies of 193–204
in England 199–203
horizontal and vertical inequity, recognising 198–9
inequity, problems in analyses of 196–9
welfare maximization and need 193–6
equity in health and health care systems, Asia see Asia
Estonia
capitation system for GPs 271
GATS commitments 168
Ettner, Susan L. 266, 276, 286–95
EU
DCA (direct to consumer advertising) 306, 313
Equitap study 206
GATS commitments 168
health insurance and international purchasing 134
macroeconomic effects on mortality 7, 8
Europe
Asia, comparisons with, equity in health and health care systems 213–14
Bismark health care systems 223, 228
child mortality 46
comparisons with, Asia, equity in health and health care systems 213–14
dual practice 157
GP and specialist use 208
health care financing 211
health insurance 147
health plans 138
incentive reimbursement 266
inequalities in self-reported health 181, 183
retirement 27
see also individual countries
EuroQol EQ-5D measure 361–2, 364, 365, 366, 372, 373, 377
EuroWill project 396–7, 398
Evans, David B. 479–91
exercise 10, 12, 36, 73, 75, 79, 452
physical inactivity 10, 11
see also diet; obesity; weight
eye complaints 200, 308–9, 373
family planning 52, 53
fee-for-service systems 263, 264, 266, 270, 271, 272, 275, 286, 290
Feeny, David 359–70, 371, 372, 375, 388, 405
Feldman, Roger 99, 111, 137–46, 221, 247
Fenwick, Elisabeth 480, 488, 514–25, 531, 542
Fieller’s theorem 504
finite-sample properties, literature on 38–9, 40
Finland
child mortality 49
GATS commitments 168
hospital competition 221
obesity 10
Panel Study 23, 24
food pricing policies 52, 66, 75–6, 77, 79
foreign travel 170, 173
see also migration
France
child mortality 49
drug prescription 118
EuroWill project 398
hospital competition 228, 229
legal drinking age 84
Panel Study 23, 24
Gafni, Amiram 262, 393, 397, 471, 477, 486, 492–502, 544
gallbladder disease 77, 78
Gambia
child mortality 58
GATS commitments 167, 168
public health intervention 54, 58
Gamma model 444
GATS (General Agreement in Trade in Services) 165–7, 168, 171, 172, 173
generic products 307
genitourinary system 200
genomics 173
<table>
<thead>
<tr>
<th>Name</th>
<th>Page(s)</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geoffard, Pierre-Yves</td>
<td>58, 104–13, 116, 131, 280</td>
<td>Georgia, GATS commitments 168</td>
</tr>
<tr>
<td>Gerard, Karen</td>
<td>247, 270, 386, 393, 405–14</td>
<td>Gerdtham, U.-G. 5, 6, 7, 9, 10, 11, 119, 128, 149, 154, 181</td>
</tr>
<tr>
<td>Gerdtham, U.-G.</td>
<td>5, 6, 7, 9, 10, 11, 119, 128, 149, 154, 181</td>
<td>Germany</td>
</tr>
<tr>
<td></td>
<td></td>
<td>child mortality 49</td>
</tr>
<tr>
<td></td>
<td></td>
<td>health plans 145, 285</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hospital competition 228, 229</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income levels 11, 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>macroeconomic effects on mortality 7, 8, 10, 11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>outpatient visits 149</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Panel Study 23, 24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pharmaceutical expenditure 271</td>
</tr>
<tr>
<td></td>
<td></td>
<td>social health insurance 128, 130</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Socioeconomic Panel (GSOEP) 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>unemployment 32</td>
</tr>
<tr>
<td>Gertler, P.J.</td>
<td>299, 300, 301, 337, 338</td>
<td>Gerland, Karen 247, 270, 386, 393, 405–14</td>
</tr>
<tr>
<td>GHQ (General Health Questionnaire)</td>
<td>23, 199</td>
<td>Gini indices 22, 187</td>
</tr>
<tr>
<td>Glazer, Jacob</td>
<td>112, 132, 235, 275, 279–85</td>
<td>Globalization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>consumption abroad 169–70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and contracting-out health service provision 257</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cross-border supply of services 167–9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e-health 167, 169</td>
</tr>
<tr>
<td></td>
<td></td>
<td>education and training, web-based 167</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FDI (foreign direct investment) 170–71</td>
</tr>
<tr>
<td></td>
<td></td>
<td>future prospects 172–3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GATS 165–7, 171, 172, 173</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and health economics 173–4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>health governance, global 172</td>
</tr>
<tr>
<td></td>
<td></td>
<td>providers, temporary movement of 171–2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and trade in health services 164–75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and waiting lists 173</td>
</tr>
<tr>
<td>Gold, M.</td>
<td>102, 374, 429, 430, 447, 493</td>
<td>Globalization</td>
</tr>
<tr>
<td>gonorrhoea 69</td>
<td></td>
<td>and hospital competition 228–9</td>
</tr>
<tr>
<td>government policies 46</td>
<td></td>
<td>see also individual countries</td>
</tr>
<tr>
<td></td>
<td>47, 64–5</td>
<td>GP (general practitioner) fundholding (UK) 117–18, 119, 227, 238, 271, 274</td>
</tr>
<tr>
<td>Grabowski, David C.</td>
<td>266, 296–305</td>
<td>Grabowska, C. 266, 296–305</td>
</tr>
<tr>
<td>Gravelle, Hugh 5</td>
<td>181, 193–204, 227, 272, 274, 275</td>
<td>Grabowska, C. 266, 296–305</td>
</tr>
<tr>
<td>Greece 23, 24</td>
<td></td>
<td>Greece 23, 24</td>
</tr>
<tr>
<td>Guyana, GATS commitments</td>
<td>168</td>
<td>Guyana, GATS commitments 168</td>
</tr>
<tr>
<td>haemophilus influenza B</td>
<td>58</td>
<td>Haiti, contracting-out 256</td>
</tr>
<tr>
<td>hallucinogens 84</td>
<td></td>
<td>Handbook of Health Economics 296</td>
</tr>
<tr>
<td>Harvard death spiral</td>
<td>110</td>
<td>Hay fever 307</td>
</tr>
<tr>
<td>health</td>
<td></td>
<td>demand for 17–18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>inequality 21–2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>limitations 23–4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>persistence in 18–19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>predisposition to poor 18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and work, empirical models for 30–32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and work, literature on 28–33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and work, model for 26–8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and work, structural models for 32–3</td>
</tr>
<tr>
<td>health capital model</td>
<td>11</td>
<td>Health care, contingent valuation in 392–404</td>
</tr>
<tr>
<td>health care economy, unofficial</td>
<td>158</td>
<td>Health care, contracts, information and incentives in see contracts, information and incentives in health care</td>
</tr>
<tr>
<td>additional services enhancements</td>
<td>158</td>
<td>Health care, equity in consumption of see equity in consumption of health care</td>
</tr>
<tr>
<td>and child mortality 159</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>consumer choice of quality</td>
<td>161</td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>contracting approaches 160–61</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>corruption approaches to 159–60, 161, 162</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>drugs payments 156</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>dual practice</td>
<td>157, 160–61, 162</td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>'inexit' theory 158</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>in low- and middle-income countries 156–63</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>modelling 159–61</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>policy implications 161–2</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>'Robin Hood' effect 158</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>and wage levels 160, 161</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>willingness to pay 158</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>health care, equity in consumption of see equity in consumption of health care</td>
<td>526–36</td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>health care evaluation, perspectives on mean-based 526–36</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>CEAC (cost-effectiveness acceptability curves) 533–4</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>CER (cost-effectiveness ratios, incremental) 533–4</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>current criteria 533–5</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>decision-making 526–33</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>monetary benefit measures (NHBs) 533–4</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
<tr>
<td>net health benefit measures (NHBs) 533–4</td>
<td></td>
<td>Health care evaluation, perspectives on mean-based 526–36</td>
</tr>
</tbody>
</table>
quantile treatment effects 534–5
risk factors 527–33
welfare assessment 534
health care, inequalities in see inequalities in health care
health care, negotiation and bargaining in health care see negotiation and bargaining in health care
health care organizations, performance measurement see performance of health care organizations
health care professionals, motivation of 248–9
health care, publicly funded, hospital competition and patient choice see hospital competition and patient choice
health care systems, use of performance measures in see performance measures in health care systems
health care use
empirical models of 147–55
endogenous covariates 151–3
equity in 207–9
exogenous covariates 148–51
hurdle or two-part models 148–9, 150, 151
latent class models 150–51
parameters 153–4
Poisson regression model 148, 149, 150, 442, 444
zero-inflated models 149–50
health economics, choice experiment design
415–26
binary response experiments 419
choice models 417–19
discrete choice experiments 415–21
generic choice experiments 419–23
random utility theory 417–19
resolution 3 design 419
Scale Decomposition Model 425
understanding choice behaviour 416–17
unresolved issues 424–5
health economics, discrete choice experiments
in 405–21
attribute identification 406–7
choice sets construction 407–8
concept of 406
data analysis 408–10
feasibility of 417
price as an attribute 407
QALY model 405, 410, 411
stages of 406–10
survey design 408
time as an attribute 407
validity of 411–12
willingness to pay 406, 410
health insurance 26, 27, 29, 79
adverse selection 115–16, 126, 147
certainty, demand for 96–8, 105, 111
demand, price elasticity 108, 109
and e-health 169
employment linked 108
and FDI 170
and financial liberalisation 165
first best 105–6
health plans see health plans
incentive and selection effects in 104–13
income transfers, demand for 100–102, 105 ‘industrial purchasing’ 144
managed competition 144
market, and health plans 144–5
moral hazard 95, 98–9, 100, 101, 102, 104, 105–7, 108, 116–21
and mortality 111
physician as patient’s agent see physician as patient’s agent
pre-payment schemes 117–18
prescription drug 114–25
private, characteristics of 126–7, 137
RAND Health Insurance Experiment (HIE) 99, 109–10, 131, 151, 286, 440
reference pricing schemes 119, 120
regulation of 108
rebate 106–7
risk prediction 115–16, 126, 127, 142
second best 106–8
social see social health insurance
solidarity in 127–8
taxation, optimal 126–7
technological change in medicine 134
tiered cost sharing 119
USA see USA
utility concept 96, 97, 98, 101, 105
value of 95–103
welfare gain 100, 101, 102, 114, 142
welfare loss 98–9, 100, 101, 104–5, 121
health plans
basic choice model, variations on 141–3, 152
choice literature 137–8, 142
competition and choice 137–46, 147, 221, 247
consumer characteristics 142
and health insurance market 144–5
individual level data 138–40
and market for health care services 143–4
market share data 140–41, 142
mental health patients 286–7
mergers 138
physician loyalty 137
plan switching 142–3
profit maximization 283–4
quality choices 282–4, 288, 330
and risk adjustment see risk adjustment
risk segmentation 142
service-level selection 282–3
study methods 138–41
value-based purchasing 288
health services trade and globalization see globalization
health utility measurement 347–58
characterizations under expected utility 348–9, 353–4
chronic health states 347–52
generic utility model 351
life duration trade-off 351–2
non-chronic health states 352–5
non-expected characterizations 350, 351, 355
prospect theory 351
zero condition 348–9, 350
health-related behaviour, causal effects of see behaviour
heart disease 7, 8, 9, 10, 77, 120, 200, 289, 447, 450
and EuroWill project 398
myocardial infarction 7, 226
and performance monitoring 330, 331–2
risk reduction 392
treatment decision rules 493
Heart Protection Study 509–10, 511
helicopter ambulance 396–7, 398
Hepatitis B 54
Herfindahl-Hirshman Index of concentration 226
heroin 84, 87
Hicks, J.R. 52, 338, 395
see also Kaldo-Hicks theory
hip
fracture prevention 452
operations, and EuroWill project 398
treatment decision rules for 493
HIV 58, 251, 252, 452, 469, 470–71, 475, 476–7, 479, 540
QALY 470
Holland see Netherlands
home health care 298
homicide 62
and economic instability 5, 7–10
Hong Kong
government social spending 209, 211
health care financing 211, 212, 214
health care use 207
health care utilization 208
poverty and health care expenditure 213
tax systems, predominant 214–15
hormone replacement therapy 452
hospice care 298
hospital competition and patient choice 221–32
Bismark health care systems 223, 228
corporatism 228, 229
cross-border patient movement 228
DRGs (Diagnosis Related Groups) 224, 225, 228, 229
economic theory of 222–6
economies of scale 224
emergency services 224
entry and exit regulations 224, 225
fixed price regulation and non-price competition 225
geographical equity of access 226
imperfect, with no price regulation 224–5
‘league table’ competition 223
‘medical arms race’ 223
monopolistic 224–5
political constraints 228–9
price regulation 223–4
public funding limits 224, 225, 228–9
in publicly funded systems, evidence on 226–8
quality and waiting times 225, 227, 238
regulatory environment 223–4
reimbursement 223, 228
rent-seeking 228, 229
‘selective contracting’ 224
supply-side impediments 223, 224
worker satisfaction 229
hospitals, productivity measurement 336, 337
HUI (Health Utilities Index) 361, 362, 363–4, 365, 366, 372, 373
Hungary
GATS commitments 168
unofficial health care economy 156, 158
hygiene 48–51, 486
hyperlipidemia 115
hypertension 77–8, 115, 118, 119, 120, 447, 452, 477, 486
willingness to pay 403
IMCI (Integrated Management of Childhood Illness) 53
immunization 53, 54, 55, 57–8, 254
and performance-based bonuses 290
see also vaccination
leisure time 12, 27, 32–3
Lesotho
  contracting-out 252
  GATS commitments 168
Lindeboom, Maarten 19, 21, 26–35
Lithuania, GATS commitments 168
liver disease 7, 8, 9
location-specific fixed effects, and pooled data 6–11
Louviere, Jordan 143, 386, 405, 406, 415–26
Lurås, Hilde 117, 265, 266, 269–78
Luxembourg
  hospital competition 228
  Panel Study 23, 24
Macao, cross-border supply of services 167
Macedonia, GATS commitments 168
McFadden, D. 138, 377, 406, 417, 418, 424
McGuire, Ali 247, 429–38
macroeconomic conditions
  and health and mortality 5–12
  location-specific fixed effects 6–11
Madagascar, contracting-out 252
malaria 47, 52, 54, 55, 251, 479, 486
Malawi
  contracting-out 252
  GATS commitments 168
Malaysia
  equity in health care 205
  FDI 170
  GATS commitments 168
  government social spending 209, 211
  health care utilization 208
  tax systems, predominant 214–15
mammography, and performance measurement 332
Manning, Willard 99, 102, 109, 128, 131, 149, 247, 430, 431, 439–46, 504, 508
marijuana 66, 67, 83, 84, 88
Martinez-Giralt, Xavier 233–41
Mason, Helen 247, 392–402, 405
measles 48, 54, 57
Medicaid 95, 101, 118, 537
  and advertising, direct to consumer 312–13
  drug programme 120–21
  financial incentives 288–9
  mean-based evaluation 527
  nursing home quality of care 296, 297, 298, 299, 300–301, 302
  and obesity 78, 79
  payment system 246
prescription reimbursement 119
report card 330
risk adjustment 284
medical care, and health insurance see health insurance
medical research 173
Medicare 95, 137, 223, 287, 455–6, 463
  and advertising, direct to consumer 313
  financial incentives 288–9
  hospital care 117, 226, 248
  nursing home quality of care 296, 297, 298, 299, 301–2
  and obesity 78, 79
  open enrolment 246, 248, 265, 281, 282
  payment system 142, 225, 246, 248, 265
  risk adjustment 284–5, 440
Medline 167
Meltzer, David 399, 447–54, 488
meningitis 54
mental health 200, 486
  and economic instability 5, 10, 11, 12
  financial incentives 288–93
  and illicit drug use 84
  incentives in improving care quality 286–95
  inequalities in 19, 23
  patients’ abilities, undermining 286
  pay-for-performance programmes 288, 289–90
psychosocial health 199
  quality measures, evaluation of 290–93
  risk adjustment 292
value-based purchasing 288
methadone maintenance 87
Mexico
  child mortality 50
  GATS commitments 168
  and health services trade 170
migration 12, 170, 171, 172
see also tourism
Mills, Anne 55, 212, 250–58
Miyamoto, J.M. 348–9, 350, 351, 352
mobility indices 21–4
Moldova, GATS commitments 168
Mongolia, social security systems 214
Monte Carlo model 40, 56, 515, 540
Mooney, G. 197, 262, 266, 270, 271, 392, 393
morphine 84
Morris, Stephen 193–204
mortality
  adult 7–10, 297–8
  child 5, 8–10, 46, 48–51, 53–5, 58, 159, 205–7, 251, 254
  decline, and public health intervention 48–51
  elderly 297–8
and health care inequity 196–9
and health insurance 111
and hospital competition 226–7
league tables 329
and macroeconomic conditions 5–12
and performance measurement 323, 329, 330–31
reduction, and vitamin A supplementation 48, 55, 57, 58
Mozambique, public health intervention 54
Mullahy, John 152, 154, 430, 441, 442, 444, 504, 514, 515, 526–36
musculoskeletal system 199, 200
negotiation and bargaining in health care
233–41
‘any willing provider’ approach 235, 236, 239
future research 239
models of 234–7
Nash bargaining solution 234–5, 237
outcomes evidence 237–8
pharmaceutical product financing 237, 239
public-private partnerships 236–7, 239
third-party payer decisions 235–6, 237, 238, 239
timing of 239
neonatal deaths, and economic instability 8
neoplasms and benign growths 200
Nepal
child health and maternal services 209
child mortality 51, 58, 207
FDI 170
health care financing 212, 214
health care utilization 208
health care workers, shortage of 53
health inequalities 206
poverty and health care expenditure 213
public health intervention 55, 58
tax and direct payments mixed systems 215
unofficial health care economy 156
vitamin A programme 58
nervous system 200
Netherlands
capitation system for GPs 271
health expenditure 129
health plan competition 221
health plans 145, 285
hospital competition 228
marijuana use 83
Panel Study 23, 24
pharmaceuticals evaluation 542
social health insurance 130
New Zealand
DCA (direct to consumer advertising) 306
hospital competition 221
providers, temporary movement of 171
Nigeria
contracting-out 252
public health intervention 55
NLSY (National Longitudinal Survey of Youth) 67, 68, 75
NOAA (National Oceanic and Atmospheric Administration) 394
Norton, Edward C. 266, 296–305
Norway
capitation system 274
child mortality 49
EuroWill project 398
GATS commitments 168
helicopter ambulance evaluation 396–7, 398
hospital competition 228
providers, temporary movement of 172
public health expenditure 221
social insurance reform 42
nursing home quality of care 296–305
chain ownership 298
CON (certificate of need) policies 298, 300, 301, 302
demand-side 297–8
literature review 300–303
market characteristics 297–300, 302
Medicaid payments 296, 297, 298, 299, 300–301, 302
Medicare payment 296, 297, 298, 299, 301–2
occupancy rates 298, 300
OSCAR reporting systems 299
ownership type 302–3
productivity measurement 336, 337, 340
publicizing 303
quality assurance 299–300
service financing 296–7
supply-side 298
nutrition 48–51, 52, 55
food fortification 52
vitamin A see vitamin A
see also diet
Nyman, John A. 95–103, 104, 107, 117, 128, 299, 300, 301, 451
Oaxaca-type decomposition 179, 180–81, 182, 183, 184, 187
obesity 10, 11, 12
behavioural theory of weight 76–7, 80
consequences of 77–9
economics of 72–82
food addiction 76, 77
health implications 77–8
labour market effects 78–9
and Medicaid 78, 79
neoclassical case for intervention 79–80
neoclassical theory of weight 74–6, 77
over-eating 36
and public policy 79–80
and snack food 77
Swedish Obese Subjects (SOS) study 78
trends in 72–4
in young people 62, 66
see also diet; weight
O’Brien, B. 365, 372, 394, 397, 430, 498, 504, 527, 534
obstetrics
and performance measurement 332
see also pregnancy
O’Donnell, Owen 179–92, 193, 209, 211
OECD
health care financing 211
macroeconomic effects on mortality 8, 9, 10
public health expenditure 221, 222
see also individual countries
Olmstead Decision, Supreme Court 298
Olmstead, Todd A. 83–92
OLS model 439, 441, 442, 444
Olsen, J.A. 129, 383, 384, 386, 392, 394, 396, 397, 429
Oman, GATS commitments 168
ophthalmology 200, 308–9, 373
organ transplants 132
OSCAR reporting systems 299
osteoarthritis 77, 312, 366
osteoporosis 452
Pakistan
child health and maternal services 209
child mortality 51, 58, 207
contracting-out 252
GATS commitments 168
Palmer, Natasha 250–58
Panama, GATS commitments 168
patient preferences 411
‘pay-for-performance’ schemes 266, 267, 276, 288, 289–90
penicillin 48
pension plans 26–7
performance of health care organizations,
measuring 317–25
adverse selection 321–3
agent generated 321–3
conjoint analysis 320
gaming 322–3, 330
joint outputs 324
measurement instruments 321–3
moral hazard 323–4
mortality rates 323
parametric frontier methods 320
patient satisfaction 321
principal-agent model 317–18, 321, 323–4, 326–7
principal’s objectives 319–20
‘ratchet’ effect 322–3
targets and rewards 321–2
waiting times 323
performance measures in health care systems,
use of 319, 326–34
behavioural impact 330–31
‘best practice’ 327
evidence on use and impact of 329–32
gross outcomes 327–8
motivation, intrinsic 326–7
net outputs 328
not-for-profit organizations 326
outcome impact 331–2
PCPA (physician clinical performance assessment) 329
process and outcome measures 327–8
public disclosure 328, 330
rationale for 327–9
special features 326–7
performance-based bonuses, and immunization 290
personal medical care 46–7
personal responsibility 384, 385–6
see also self-assessed health
pertussis 57
Peru, unofficial health care economy 159
Pharmacare 118, 119, 120
pharmaceuticals
advertising see advertising
evaluation see individual countries
Philippines
child health and maternal services 209
child mortality 51, 58, 207
health care financing 212
poverty and health care expenditure 213
providers, temporary movement of 171, 172
public health intervention 55, 58
vitamin A programme 58
Philipson, Tomas J. 58, 64, 72–82, 297–8
physical inactivity 10, 11
see also exercise
physician as patient’s agent 261–8, 270, 286
agency theory 261–3
compensation systems 262–4
DCA impact 309
economic behaviour 264–7
economic theories 261–4
implications 267
‘pay-for-performance’ schemes 266, 267, 276, 288, 289–90
welfare implications 262
physicians, productivity measurement 336
Pinto, Jose Luis 347–58, 385, 388, 405
pneumonia 7, 54, 58, 452
Poisson regression model 148, 149, 150, 442, 444
Poland
GATS commitments 168
trade in health services 170
unofficial health care economy 156
polio 57
pollution 11
Polsky, Daniel 154, 430, 455–65, 504
pooled data, and location-specific fixed effects 6–11
Portugal
child mortality 49
EuroWill project 398
Panel Study 23, 24
public-private partnerships 239
poverty
and globalisation 173
and health care expenditure in Asia 212–13, 216
and prescription drug insurance 119
reduction 51, 88, 173, 251
preference-based measures for health 371–81
data preparation 374–5
health state classifications 371–5
item generation and selection 372–3
ME (magnitude estimation) 373
modelling 375–7
patient values, use of 374
PTO (person trade-off) 373, 386
respondents 374
SG (standard gamble) 373, 375, 376, 411
specificity 372
TTO (time trade-off) 373, 411
valuation technique 373–4
VAS (visual analogue scaling) 373
see also economic evaluation, distributional judgements; quality of life assessment, health-related
pregnancy
Caesarean section rates 290
neonatal deaths 8
obstetrics, and performance measurement 332
unwanted 62
prescription glasses 308–9
price elasticity of derived demands 63
primary care incentives, and capitation system 269–78
productivity analysis in health care 320, 335–42
DEA (Data Envelopment Analysis) 339, 340
duality theory 335
economies of scale and scope 336, 337
efficiency based methods 356–8
FDH (Free Disposal Hull) 339–40
and financial incentives 338
health organizations 337
inefficiency measurement 338–40
integrated frontier methods 340
non-parametric frontier methods 339–40
nursing homes 336, 337
parametric frontier methods 339
patient panel sizes 337–8
physicians 337–8
process improvement 340
RVUs (relative value units) 337
technical efficiency 336
Propper, Carol 227, 238, 248, 292, 317, 319, 324, 326–34, 335
PSID (US Panel on Income Dynamics) 19
psychosocial health 199
public health interventions
children in developing countries 46–61
community based 52
cost-effective 56–8
disease control 52–6
immunization 53, 54, 55, 57–8
margins in 47–8
market failures 47
and mortality decline 48–51
and obesity 79–80
personal intervention 53–6
technology assessment 56–8
vs. individual 46–7
Punjab, child mortality 51
QALY (quality-adjusted life-year) model
breast cancer 456, 463–4
cancer 349
cost-effectiveness analysis and clinical trials 509
cost-effectiveness analysis, decision rules 471–2, 473–5, 495
cost-effectiveness analysis, principles and practice 480, 487, 488, 489, 497, 499
decision-making 541, 543–4
economic evaluation, distributional judgements in 382–90, 393, 394, 397–9
health economics, discrete choice experiments in 405, 410, 411
HIV 470
and testicular cancer 349
Qatar, GATS commitments 168
quality of life assessment, health-related 247, 359–70
applications 365–6
construct validity 364
EuroQol EQ-5D measure 361–2, 364, 365, 366, 372, 373, 377
future directions 366–8
HUI (Health Utilities Index) 361, 362, 363–4, 365, 366, 372, 373
and life expectancy 366–7
multi-attribute utility 359–64, 367, 374
psychometric measures 359
Quality of Well Being scale 361, 362, 363, 364
SF-6D scale 361, 362, 364, 365, 371, 373, 377
SO (standard gamble) 360, 373
Short-Form 36 359, 361, 362, 364, 366, 373
TTO (time trade-off) 360
VAS (visual analogue scale) 360, 362, 363, 373
see also economic evaluation, distributional judgements; preference-based measures for health

Raikou, Maria 247, 429–38, 504
RAND Health Insurance Experiment (HIE) 99, 109–10, 131, 151, 286, 440
Rannan-Eliya, Ravindra 193, 205–18
Rasch analysis 373
rational addiction model 62, 64
renal disease 289, 364, 452
respiratory disorders 52, 77, 200, 209
retirement 26, 28, 30, 31, 32, 202, 203
early 18, 27, 31
see also ageing
rheumatoid arthritis 114
rhinitis 367
Rice, Nigel 17–25, 190, 275
Rice, Thomas 46, 104, 261–8, 270, 286
risk adjustment
adverse selection 281–2, 283
and ageing 279, 280, 282
conventional 279, 282, 283
cost-effectiveness analysis 488–9
group access 281–2, 284
health care evaluation 527–33
health insurance 115–16, 126, 127, 142
heart disease 392
individual access 280–81
mental health 292
optimal 275–6, 279–85
practice of 284–5
quality of care 282–4
social health insurance 126, 127, 129, 130, 131, 132, 134
transport safety 392
see also health plans
risk factors 486
Robert Wood Johnson Foundation 289
Roberts, Jennifer 258, 348, 360, 371–81, 388, 405
Robinson, James 142, 223, 226, 266, 272, 275, 289
Romania, trade in health services 170
rotavirus 54, 58
‘rotten kids’ model 64
Rubin, D. 41, 431, 432, 435, 456, 459
Rufen ibuprofen 307
Ruhm, Christopher J. 5–16, 67, 68
Russia
health plan competition 221
performance measurement (former Soviet Union) 322
smoking 65
Rwanda, GATS commitments 168
Ryan, Mandy 247, 262, 320, 386, 393, 394, 395, 397, 405–14, 415, 416
Saint Lucia, GATS commitments 168
St. Vincent, GATS commitments 168
sanitation 47, 55, 486
SARS virus 173
Saudi Arabia, health care quality 170
Scandinavia
hospital choice 223
see also individual countries
schizophrenia 119
Schoenbaum, Michael 266, 276, 286–95
screening programmes 46, 410, 412
Sculpher, Mark J. 410, 429, 480, 488, 498, 504, 514–25, 524, 527, 534, 542
selection bias in observational data 455–65
addressing 458–63
ATE (Average Treatment Effect) 457–8, 460–61, 462, 463

Index 561
breast cancer example 455–6, 463–4
definition 458
evaluation and selection bias 456–8
hidden biases 460–62
matched sampling 460
model of treatment choice 457
model-based covariate adjustment 459, 460
propensity score matching 459–60
study designs 458–9
self-assessed health (SAH) 21, 23, 29–30, 31
cultural differences 30
personal responsibility 384, 385–6
Senegal
contracting-out 252
GATS commitments 168
senior citizens see ageing; retirement
sexual behaviour
erectile dysfunction drugs 118
sexually transmitted diseases 62, 69, 412
and substance abuse 40
unsafe 486
in young people 67, 68
see also HIV
Shackley, Phil 247, 392–402, 405
sibutramine (weight-loss drug) 78
Sierra Leone, GATS commitments 168
Sindelar, Jody L. 83–92
skin complaints 200
sleep apnoea 77
sleep patterns 11
Slovak Republic, GATS commitments 168
Slovenia, GATS commitments 168
Smith, Peter C. 223, 292, 317–25, 328, 330, 335, 517
Smith, Richard 164–75, 237, 392, 394
smoking 10, 11, 36–7, 41
and body weight 66
cost-effective analysis 480–86, 488–9
early behaviour 42–3
and price 65–6
and young people 62, 63, 64–5, 66, 67, 68
snob effects 62–3
social health insurance
administrative costs 130–31, 132
competitive 129–30, 132
cream-skimming 129–30, 132
economics of 126–36
efficiency reasons 126–7
equity reasons 127–8
future challenges 133–4
and government re-election 128, 129, 132
health redistribution 128–9
international purchasing 134
loss, non-insurable 131
medical care redistribution 128
moral hazard 129, 131–2
optimal design 130–31
public choice reasons 128–9
public health insurer 130, 132
rationing 132–3
risk assessment 126, 127, 129, 130, 131, 132, 134
supply of 129–30
technology changes 134
‘umbrella’ policies 134
wealth redistribution 128
welfare gains 127
social isolation 12
social security 26–7, 214, 255
socioeconomic status (SES) 18–19, 20, 21, 22
and early life conditions 33
and health and health care inequalities 179, 385–6
and health and health care inequities see equity
surveys, limits of 197, 206
Somanathan, Aparnaa 193, 205–18
South Africa
contracting-out 252, 255, 256, 257
GATS commitments 168
health services trade 170
providers, temporary movement of 171
public health intervention 54
South America
cost-effective analysis on alcohol and tobacco use 480–86, 488–9
see also individual countries
South Korea
health care financing 212
health care utilization 208
Southeast Asia
public health intervention 54
see also individual countries
Spain
hospital competition 221
macroeconomic effects on mortality 9
Panel Study 23, 24
smoking 65
Sri Lanka
child mortality 51, 58, 207
equity in health care 205
FDI 170
government social spending 209, 211
health care financing 212, 214
health care utilization 208
health inequalities 206
poverty and health care expenditure 212, 213
tax systems, predominant 214–15
state dependence 20–21, 27
Stinnett, A. 499, 504, 515, 528, 534
Street, Andrew 223, 292, 317–25, 330, 331, 335
Street, Deborah J. 386, 415–26
streptomycin 48
stress 11
strokes 77, 364, 366
and physician experience on the treatment of 339
substance use see drug use
suicide
and economic instability 5, 7, 8
and young people 62, 67
supplier-induced demand 39–40
Sutton, Matt 181, 193–204, 373–4
Swaziland, GATS commitments 168
Sweden
GATS commitments 168
health care use 149
hospital competition 221, 228
inequalities in self-reported health 181
(PES) Public Employment System data 29
prescribing behaviour 309
providers, temporary movement of 171
public health expenditure 221
Swedish Obese Subjects (SOS) study 78
unemployment 29
Switzerland
alcohol and price 65
child mortality 49
GATS commitments 168
health insurance 112
health plans 221, 285
hospital competition 228
performance measurement 332
public health expenditure 221
social health insurance 130
Taiwan
cross-border supply of services 167
health care financing 211, 212, 214
health care use 207
health care utilization 208
poverty and health care expenditure 213
social security systems 214
Tan-Torres Edejer, Tessa 479–91
Tanzania
health care workers 53
public health intervention 55
technology changes 134
technophysio-evolution 48, 51
testicular cancer, and QALY model 349
tetanus 57
Thailand
government social spending 209
health care financing 212, 214
health care utilization 208
health services trade 170
poverty and health care expenditure 213
tax systems, predominant 214–15
Thompson, Robin 156–63, 215
thyroid problems 120
time preference rates 18
time series analysis 5–6
Torrance, G.W. 360, 361, 362, 373, 375
tourism 170, 173
see also migration
traffic deaths 7, 8, 9
and alcohol 10
and young people 62, 68
traffic safety, risk reduction 392
transition countries
hospital stays, length of 161
unofficial health care economy 156, 157, 161
see also individual countries
Trinidad and Tobago, GATS commitments 168
Trivedi, Pravin K. 147–55
Tsuchiya, Aki 129, 382–91, 541
tuberculosis 52, 57, 251, 486
Turkey, GATS commitments 168
typhoid 52, 54
Uganda
contracting-out 252, 256
health care workers 53
unofficial health care economy 156
UK 23, 24, 31
bargaining in health care 237, 238
BHPS (British Household Panel Survey) 19, 20, 21, 23
child mortality 49
contracting-out 250, 253
cost effective analysis 495, 499, 537–9
day case treatment 199–202
distributional judgements 385
District Health Authorities 227
drug-related crime 83
equity in health care consumption in England 199–203
ethnicity 199–203
EuroWill project 398
financial incentives 289, 292
fixed price contracts 246
GP consultations 199–202, 203
GP (general practitioner) fundholding 117–18, 119, 227, 238, 271, 274
public health expenditure 221
RAND Health Insurance Experiment (HIE) 99, 109–10, 131, 151, 286, 440
retirement 27
Robert Wood Johnson Foundation 289
self-reported disability 30
smoking 65, 66
Social Security Act Amendments 97–8
surgical success rates 324
USAID 256
value-based purchasing 288
water quality 52

vaccination 52, 53, 54, 57–8, 452
and performance measurement 332
see also immunization
van Doorslaer, Eddy 22, 23, 179–92, 193, 194, 207, 208, 212, 213
Vanness, David J. 514, 526–36
vector control 55, 57
Venezuela, unofficial health care economy 159
Vietnam
child health and maternal services 209
child malnutrition 180–81
child mortality 51, 58, 186, 207
head-for-age z-scores for children (HAZ) 181, 182, 185, 186, 187, 188–90
health care use 150
health financing 215
health inequalities 185–6
poverty and health care expenditure 212, 213
transition economies 215
Viney, Rosalie 386, 405, 415–26
vitamin A
in cereals 52
supplementation 48, 55, 57, 58

Wagstaff, Adam 5, 21, 23, 129, 179–92, 193, 194, 207, 208, 212, 213, 251
waiting lists, and globalization 173
waiting times 225, 227, 238, 323
water quality 47, 52, 55, 486
weight
and appearance 79
behavioural theory of 76–7, 80
BMI (body mass index) 66, 72–3, 75, 78
capital investment model of 74
and food prices 75–6, 77
and income 75
loss 78
neoclassical theory of 74–6
sibutramine (weight-loss drug) 78
and smoking 66
and technology 75
see also diet; obesity
Weinstein, Milton C. 447, 469–78, 493, 494, 495, 505, 508
WHO (World Health Organization) 53, 55, 57, 129, 206, 320
CHOICE (Choosing Interventions that are Cost-Effective) project 486
health definition 371–2
Health InterNetwork 167
International Classification of Impairment, Disabilities and Handicaps 372
league tables 324
Williams, A. 24, 194, 196, 198, 320, 384, 492, 493, 497, 500, 541
willingness to pay (WTP) 392–9, 403, 406, 410
Wilson, Deborah 248, 292, 319, 324, 326–34, 335
workforce
inexperienced 11
older 26–35
see also employment
World Bank Health Sector Priorities Review 486
World Health Organization see WHO
WTO (World Trade Organization) 165
WTP (willingness to pay) 392–9, 403, 406, 410
Yellow Fever 55
young people
alcohol use 62, 64, 65, 66, 67, 68–9
death, leading causes of 62
health behaviours among 62–71
maternal employment, effects of 67–8
NLSY (National Longitudinal Survey of Youth) 67, 68, 75
obesity 62, 66
peer and parental pressure 62–4, 66–8
price pressure 62–6
‘rotten kids’ model 64
and sexual behaviour 67, 68
and smoking 62, 63, 64–5, 66, 67, 68
and suicide 62, 67
and traffic deaths 62, 68
Zambia
GATS commitments 167, 168
hospital competition 228
public health intervention 55
Zero Tolerance laws 68–9
Zweifel, Peter 126–36, 149