Sustainable Health System

Sustainable Governance Indicators 2024

SGI Sustainable Governance Indicators

BertelsmannStiftung

Indicator

Policies Targeting Health System Resilience

Question

To what extent does current health policy hinder or facilitate health system resilience?

30 OECD and EU countries are sorted according to their performance on a scale from 10 (best) to 1 (lowest). This scale is tied to four qualitative evaluation levels.

10-9 = Health policies are fully aligned with the goal of achieving a resilient health system.

8-6 = Health policies are largely aligned with the goal of achieving a resilient health system.

5-3 = Health policies are only somewhat aligned with the goal of achieving a resilient health system.

2-1 = Health policies are not at all aligned with the goal of achieving a resilient health system.

Canada

Score 8

Public healthcare is the most popular social program in Canada and occupies a significant portion of provincial government budgets. Health Canada's regulatory system aims to ensure the stability of critical supply chains. Public health units coordinate disease surveillance, though fragmentation across provinces persists.

Yet, Canada's health system is generally considered quite resilient compared to many other countries. Canada's single-payer universal healthcare system covers necessary medical services for the entire population, providing a baseline of access and helping manage public health crises. Healthcare is largely provincially managed, allowing for regional flexibility and adaptation. The federal Canada Health Act provides broad national standards that are not always strictly enforced. There is well-developed public health technology, surveillance systems, and expertise at all levels of government. Canada has an above-average number of hospital beds and doctors per capita compared to OECD countries. This provides a buffer during surges.

There are problems, however. Universal coverage facilitates resilience, as was amply shown in the case of access to medical services and vaccines during the COVID period. Preventive health investments, however, lag behind curative spending despite potential health system savings.

Data systems and technology infrastructure remain antiquated, slowing real-time monitoring. Healthcare policy data sharing among provinces is also weak. Cost control measures, such as competitive procurement, are often underutilized, allowing price inflation.

Rural and Indigenous communities experienced acute healthcare gaps during COVID and, beyond the pandemic, people in remote areas sometimes struggle to access care because they live so far from hospitals.

Shortages of nurses and family doctors, along with an aging health workforce, are all significant issues. Additionally, waiting lists for elective surgeries can be excessively long.

Many hospitals and facilities are outdated, and the lack of isolation capacity became an issue during COVID-19.

While Canada's public system provides a good foundation, targeted investments and policy changes could help strengthen its capacity to handle crises and unforeseen shocks. Ongoing reform and innovation are likely needed to maintain and improve resilience (Alin et al. 2022).

Citation:
Allin, Sara, Sierra Campbell, Margaret Jamieson, Fiona Miller, Monika Roerig, and John Sproule. 2022. Strengthening Primary Care Key to Rebuilding Canada's Crumbling Healthcare System. Toronto: University of Toronto.

Denmark

Score 8

There is a universal entitlement to healthcare for all citizens, regardless of economic circumstance. Services are offered "free of charge," and elected regional councils have governed the sector since 2007.

The establishment of large centralized hospitals, as opposed to those administered regionally, has faced considerable contention. Issues such as unresolved problems with electronic patient records persist. The debate about bringing basic healthcare activities closer to the population through local healthcare centers is ongoing, and the government has taken steps in this direction.

Recently, there has been considerable public debate about the quality of hospital services. Rising medicine prices are putting pressure on the financing of healthcare. One recent priority has been cancer treatment, an area in which Denmark has been lagging behind comparable countries. The Commission on the Healthcare System in Denmark argues that the healthcare system faces three major challenges.

First, the system is confronting an aging population at the same time that the labor force is shrinking. This is expected to lead to a shortage of personnel at all levels in healthcare provision. Second, the commission argues there is insufficient communication across administrative levels responsible for care. When a patient leaves specialized treatment in a hospital, which is under the responsibility of the regions, information and care are lost in the handover to the municipalities. This is

partly due to incompatible IT systems. Thus, the commission recommends that the system should be unified. Third, the commission finds significant differences in healthcare provision across regions, linked to the pattern that doctors are unwilling to settle in areas outside the bigger cities and towns (Commission of the Healthcare System in Denmark 2023).

Citation:
Commission of the Healthcare System in Denmark. 2023. "Challenges to the Danish Health Care System." https://sum.dk/Media/638375378820897110/Sundhedsv%C3%A6senets-udfordringer-STRUK.pdf

Finland

Score 8

Health policies in Finland have led to significant improvements in public health, such as a decrease in infant mortality rates and the development of an effective health insurance system. Finnish residents have access to extensive health services despite comparatively low per capita health costs.

The Finnish healthcare system is based on public healthcare services to which everyone residing in the country is entitled. According to the constitution, public authorities must guarantee adequate social, health and medical services and health promotion for all. In other words, it is the constitutional duty of public authorities to provide equal access to high-quality healthcare and disease protection (EU Healthcare, 2020).

In Finland, municipalities were responsible for organizing and financing healthcare until the end of 2022. The responsibility was transferred to the regional level beginning in 2023. Healthcare services are divided into primary healthcare and specialized medical care. Primary healthcare services are provided at regional healthcare centers, while specialized medical care is usually provided at hospitals.

The aim of the social and healthcare reform of 2023 was to foster investment in digital infrastructure and utilize health data to monitor emerging threats and accurately assess public health matters. This progress is still hindered by the absence of a centralized patient register system used by all regions. The Social Insurance Institution maintains a database holding some patient information, but it is not comprehensively utilized by the regions.

The policies and regulations aim to ensure the availability of health products and services when and where they are needed, even in times of crisis, but many regions still fall short of this objective. This is reflected, for example, in the often-protracted waiting times for services.

Another significant goal of the health and social care reform was to implement measures to counteract the rising costs caused by an aging population and advancements in medical technology. These objectives will not be achieved soon.

Instead, costs are expected to increase more than anticipated when the reform was planned.

Citation:
Ministry of Social Affairs and Health. 2014. “Socially Sustainable Finland 2020. Strategy for Social and Health Policy.” http://alueuudistus.fi/en/social-welfare-and-health-care-reform

EU Healthcare. 2020. “Healthcare system in Finland.” https://www.eu-healthcare.fi/healthcare-in-finland/healthcare-system-in-finland/

Germany

Score 8

Germany is investing in the digitalization of its health system. Sixteen percent of the €25.4 billion German Recovery and Resilience Plan is dedicated to healthcare investments. The funds are planned to be invested in the digital strengthening of public healthcare, hospital modernization, and more (OECD/European Observatory on Health Systems and Policies, 2023, p. 17ff.). Additionally, a public research data center for health (Forschungsdatenzentrum Gesundheit) is currently under construction. It will collect data from the statutory health insurances and use it for research, prevention, and better control of the health system. It will use artificial intelligence to collect and analyze data, optimize processes, and deliver data-supported diagnoses and therapy recommendations (Bundesministerium für Gesundheit, 2023a).

In Germany, it is mandatory to be insured in health insurance, either statutory or private. As a result, only 0.1% of Germany’s population is not part of health insurance. Additionally, Germany had the highest per-capita healthcare spending in the European Union, with more than €5,000 per person in 2021. Citizens’ direct payments for health services not covered by insurance were among the lowest in the EU at 12%, compared to an EU average of 15%. Furthermore, Germany has one of the lowest percentage rates of unmet needs for medical care in the European Union, with a rate lower than 1%. The share of medical consultations by phone increased during the COVID-19 pandemic but remains low compared to other EU countries (OECD/European Observatory on Health Systems and Policies, 2023).

Compared to other European OECD countries, the German health insurance system has one of the best coverage rates for medical treatments. Additionally, 76% of patients were able to secure a doctor appointment the same day or the next day the last time they needed medical care. This is the highest rate among all European OECD countries (Finkenstädt, 2017, p. 69ff.).

The number of surgeries conducted in Germany dropped during the Covid-19 pandemic; however, the decline was less severe than in other EU countries. This indicates that the health system was able to maintain its usual services during the crisis more effectively than the systems in other countries (OECD/European Observatory on Health System and Policies, 2023).

Hospitals face significant challenges due to labor shortages of nurses, caretakers, and doctors, as well as limited capacities, leading to inadequate patient care (Tagesspiegel, 2022). To address these issues, a reform of hospitals and their funding is planned. The reform aims to change the funding structure to ensure hospitals are economically sustainable, even with fewer patients than expected. Previously, funding was calculated based on the number of patients treated, which sometimes forced hospitals to discharge patients early. The reform seeks to ensure that decisions about patient treatment are based on medical rather than economic considerations (Bundesministerium für Gesundheit, 2023b).

As in other industrial countries, high demand and supply chain problems have caused temporary shortages in pharmaceuticals in recent years, prompting discussions on the need to reshore production to Europe and Germany. However, in typical years, the supply of drugs remains stable. In Europe, Germany leads in the rapid deployment of innovative pharmaceuticals (Pharma Fakten, 2023).

Between 1992 and 2020, spending on healthcare in Germany increased by an average of 3.6% per year, and the share of healthcare spending compared to the gross domestic product also increased (Bundeszentrale für politische Bildung, 2022). The insurance contributions are not sufficient to cover total healthcare expenses. In 2019, expenses exceeding €50 billion had to be financed by governmental grants (Statistisches Bundesamt, 2019).

Citation:
Betanet. n.d. “Früherkennung von Krankheiten.” https://www.betanet.de/frueherkennung-von-krankheiten.html
Bundesministerium für Ernährung und Landwirtschaft. 2023. “Mehr Kinderschutz in der Werbung: Pläne für klare Regeln zu an Kindern gerichteter Lebensmittelwerbung.” https://www.bmel.de/DE/themen/ernaehrung/gesunde-ernaehrung/kita-und-schule/lebensmittelwerbung-kinder.html
Bundesministerium für Gesundheit. n.d. “Prävention.” https://www.bundesgesundheitsministerium.de/service/begriffe-von-a-z/p/praevention
Finkenstädt. 2017. Zugangshürden in der Gesundheitsversorgung – Ein europäischer Überblick. https://www.wip-pkv.de/fileadmin/DATEN/Dokumente/Studien_in_Buchform/WIP_Zugangshuerden_in_der_Gesundheitsversorgung.pdf
OECD/European Observatory on Health Systems and Policies. 2023. Germany: Country Health Profile 2023, State of Health in the EU. Paris: OECD Publishing. https://doi.org/10.1787/21dd4679-en
Stiftung Gesundheitswesen. 2021. “Prävention: Der Mix macht’s.” https://stiftung-gesundheitswissen.de/gesundes-leben/kompetenz-gesundheit/praevention-der-mix-machts
Pharma Fakten. 2023. “Große Unterschiede in europäischer Arzneimittelversorgung: ‘Kein tragbarer Zustand’.” https://pharma-fakten.de/news/grosse-unterschiede-in-europaeischer-arzneimittelversorgung/

Israel

Score 8

Israel’s healthcare system is highly centralized and digitalized and operates mainly through four health funds. The high level of centralization and digitalization facilitated effective monitoring of COVID-19 outbreaks, as well as vaccination and response efforts.

Strategically, Israel’s healthcare system is based on the 1994 State Health Insurance Law, which aims to provide accessible healthcare to all Israeli residents. To ensure

the continued expansion of healthcare services and technologies, a special intersectoral committee under the auspices of the Ministry of Health meets annually to decide on additions to the healthcare services "basket" available to the Israeli public.

One of the main challenges facing Israel's healthcare system, which has been further exacerbated by the COVID-19 crisis and Israel's war with Hamas since October 2023, is the availability and diversity of public mental health services. Both crises increased the need for mental health services and the system is struggling to meet the demand. A significant step toward addressing this issue involved providing special grants for psychologists in the public healthcare system to boost the availability of their services and encourage them to work in the public rather than the private sector.

To offset the costs of an aging population, the Ministry of Health has developed a strategic plan with measurable goals and indicators to monitor the health situation of elderly people and relevant services. Among the programs being implemented are collaborative initiatives with local authorities to promote healthier lifestyles among elderly people. In addition, health funds proactively monitor the health situation, detecting chronic diseases, and improving rehabilitation facilities and services.

Sweden

Score 8

Several government initiatives aim to bolster the resilience of the Swedish healthcare system, including building a digital infrastructure and integrating the healthcare system into successful preparedness for crises or war. These efforts are set against the backdrop of scarce resources and an aging population that further strains these resources.

The first initiative regarding digital healthcare was adopted in 2006 and updated in 2016. The ehealth vision states that by 2025 Sweden will have the "best" digital healthcare in the world (e.hälsa 2024). Despite the ambitious goal of this vision, regions report that digital care is integrated into healthcare provision, with 75% of the regions currently using digital solutions. Self-monitoring is used by healthcare providers. However, people over 75 tend to use fewer digital services, and there is variation in the usage of such services among the foreign-born population. Regions are also exploring AI and how it could streamline healthcare (Socialstyrelse 2023a). Digital healthcare is also part of the "good and close-by" initiative, a collaboration between the state and the Swedish Association of Local Authorities and Regions (Regeringen 2023a).

The importance of healthcare as part of the total defense strategy has been highlighted in a recent commission of inquiry (SOU, 2020, 23), especially in light of recent geopolitical developments in the region. To ensure the functionality and resilience of healthcare systems during crises, policies and regulations specify how

healthcare should be organized. The Health and Medical Services Act (2017:30) (Socialstyrelse 2023b) remains applicable during periods of heightened alert or war. The government aims to strengthen healthcare capacity through reforms and measures, such as implementing state subsidies for preparedness, which replace former agreements between the state and regions and municipalities (Government Offices, 2023a).

After the COVID-19 pandemic, a special investigation was appointed to analyze Sweden's regulation of disease control to prepare for future pandemics (Regerigen, 2023b). It is the responsibility of the regions and municipalities to plan to maintain their functions in such times, and the Swedish Armed Forces are involved in coordinating the organization (SOU 2020, 23; Government Offices of Sweden, 2023b).

Sweden has an aging population, and the share of people who are 60 years or older has increased (SCB, 2022). Sweden is transitioning its healthcare system toward "good and close-by care," which is seen as crucial to meet the needs of an aging population.

Funding remains a persistent issue in the Swedish healthcare system, particularly in the aftermath of the pandemic, especially regarding human resources. The government is expected to make a decision on further allocation of resources in 2024 (SKR 2024).

Citation:
Government Offices of Sweden. 2023a. "Socialtjänstens och hälso- och sjukvårdens beredskap ska styras och följas upp genom statsbidrag." https://www.regeringen.se/pressmeddelanden/2023/06/socialtjanstens-och-halso–och-sjukvardens-beredskap-ska-styras-och-foljas-upp-genom-statsbidrag

Government Offices of Sweden. 2023b. "Vården ska fungera även i kris och krig." https://www.regeringen.se/artiklar/2023/06/varden-ska-fungera-aven-i-kris-och-krig/
the Swedish Government Offices and SKR. 2023. God och nära vård 2023 - En omställning av hälso- och sjukvården med primärvården som nav, överenskommelse mellan staten och Sveriges Kommuner och regioner.

Regeringen. 2023. "Dir. 2023:106 Kommittédirektiv Stärkt beredskap inför framtida pandemier." https://www.regeringen.se/contentassets/1e64598666634a1696621887508b6182/kom.dir.-starkt-beredskap-infor-framtida-pandemier-s2023_02169.pdf
Health and Medical Service Act. 2017. Source. 2017, 30.

SCB. 2022. "SCB publicerar stor kartläggning av Sveriges äldre." Sveriges statistiska centralbyrå https://www.scb.se/pressmeddelande/scb-publicerar-stor-kartlaggning-av-sveriges-aldre/

SKR. 2024. "Viktigt besked om pengar till regionerna." https://skr.se/skr/tjanster/pressrum/nyheter/nyhetsarkiv/viktigtbeskedompengartillregionerna.79344.html

Socialsyterelse. 2023a. Tillämpning av digital vård i regionerna - en kartläggning [Implementation of digital care in the regions]. Stockholm: The National Board of Health and Welfare.

Socialstyrelese. 2023b. Health and Medical Service Act (2017, 30) https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2020-1-6564-english.pdf

SOU. 2020, 23. Hälso- och sjukvård i det civila försvaret - underlag till försvarspolitisk inriktning.

Australia

Score 7

Australia has a high-performing health system, often regarded as among the best in the world for its quality and affordability. The OECD Health at a Glance (2023) indicators show that Australia performs above the OECD average in 93% of health status indicators, including life expectancy and preventable mortality rates. With an average life expectancy of 83.3 years, Australians generally live three years longer than the OECD average. Along similar lines, the preventable mortality rate was 97 per 100,000 as compared to the OECD average of 158. Australia also performs better than average in terms of indicators of healthcare quality (e.g., 30-day mortality after stroke is 4.8%, as compared with the OECD average of 7.8%) and healthcare access (e.g., the whole population is covered for a core set of service and 71% of people are satisfied with the availability of healthcare services, as compared with the OECD average of 67% of healthcare performance and access).

Despite this strong performance, the health system faces significant pressures from rising costs due to an aging population and increasing chronic diseases, uneven access to services based on income and geography, and gaps in workforce and infrastructure (Butler et al. 2019). The system is also challenged by changing demands, as consumers of health services expect not only cutting-edge treatments but also more personalized and integrated services. Moreover, dental care remains an important gap in the healthcare system, with little public provision and minimal subsidies for privately provided dental care, even for the most vulnerable in the community.

The government is addressing some challenges by investing heavily in medical technology and research through the Medical Research Future Fund (Australian Government 2019) and improving data integration in healthcare provision. There have also been advancements in data connections between different program and services to improve the integration of healthcare provision.

Digital innovations like My Health Record have improved health providers' ability to coordinate care, although the full potential for improved care and the identification of public health threats remains unrealized.

Citation:
OECD. 2023. Health at a Glance 2023. OECD. https://www.oecd.org/health/health-at-a-glance/

Butler, S., Daddia, J., and Azizi, T. 2019. "The time to act is now." https://www.pwc.com.au/health/health-matters/the-future-of-health-in-australia.html

Australian Government. 2019. "The Australian Health System." https://www.health.gov.au/about-us/the-australian-health-system

Australian Digital Health Agency. 2024. "Outcomes." https://www.digitalhealth.gov.au/national-digital-health-strategy

Belgium

Score 7

Belgium has a world-class healthcare system but was ill-prepared for the COVID-19 crisis. Since then, it has invested in data gathering, centralization, and flu-like symptoms warning systems. However, like most of its neighboring countries, but probably less so than the UK, Belgium suffers from the discouraging working conditions in hospitals and in GP practices, which induces increasing bottlenecks in access to timely medical appointments, interferes with the quality of care (mainly at night when hospitalized) and may lead to substantial cracks in the system in the medium term.

The country has a highly trained and large medical workforce and, according to data from Eurostat and the OECD, it features the second-highest number of GPs and nurses per capita in the OECD and has well-equipped hospitals. Healthcare coverage is broad, and access to quality care is thus substantial.

Containing public deficits has partially been achieved by reducing wages and hospital costs, which may not be viable long-term, especially given the aging population. The “numerus clausus” system limits the number of graduates allowed to practice, leading to underpaid or unpaid long working hours (totaling 70-100 hours per week) for young graduates. This makes medicine and nursing less attractive for the youth.

Belgium boasts advanced flu-like symptoms warning systems, even if it performs less well on several cancer types and expected “healthy life years at birth” is close but below the EU average. Although Belgium was part of the WHO’s influenza preparedness initiative, it did not invest in emergency drills nor had concrete plans ready for the case of an epidemic of COVID proportions. As a result, the 2019 Global Health Security Index for Belgium was very high overall but scored a 0 in “Emergency Preparedness and Response Planning” and in “Risk Communication.” This diagnostic proved painfully relevant during the COVID crisis.

Citation:
Doctors and nurses per capita: https://ec.europa.eu/eurostat/statistics-explained/images/e/e3/Physicians%2C_by_speciality%2C_2018_Health20.png
https://www.belgiqueenbonnesante.be/fr/hspa/accessibilite-des-soins/disponibilite-du-personnel-soignant#A-6
https://www.belgiqueenbonnesante.be/images/KCE/A6_Pract_nurse_FR.jpg
https://statbel.fgov.be/fr/themes/datalab/personnel-des-soins-de-sante

Hospital beds and equipment: https://ec.europa.eu/eurostat/statistics-explained/index.php/Healthcare_resource_statistics_-_beds
https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_resource_statistics_-_technical_resources_and_medical_technology

Budget cuts:
https://www.rtbf.be/article/etude-annuelle-belfius-finances-dans-le-rouge-et-appel-a-laide-des-hopitaux-belges-11287034

https://www.levif.be/actualite/belgique/qui-a-coupe-dans-mes-soins-de-sante-sophie-wilmes-a-t-elle-une-part-de-responsabilite/article-normal-1269381.html

Healthy life years: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthy_life_years_statistics

Preparedness:
https://www.euro.who.int/en/health-topics/communicable-diseases/influenza/pandemic-influenza/pandemic-preparedness
https://www.covid19healthsystem.org/countries/belgium/livinghit.aspx?Section=3.1%20Planning%20services&Type=Section
https://pubmed.ncbi.nlm.nih.gov/33143076/
https://www.ghsindex.org/country/belgium/
https://www.revuepolitique.be/le-systeme-de-sante-au-prisme-du-virus/

Czechia

Score 7

Healthcare quality in primary, secondary, and preventive care is close to the OECD average. Healthcare expenditure was 9.06% of GDP in 2022, slightly above the OECD average. There was a slight decline after increased spending during the pandemic, reflecting the reduced need for spending to deal with the pandemic and the impact of inflation. There are 4.3 practicing doctors per 1,000 population (OECD average: 3.7) and 9.0 practicing nurses (OECD average: 9.2). Czechia has 6.7 hospital beds per 1,000 population, more than the OECD average of 4.3. [1]

"A National Strategy for Health Service Digitalisation" was published in 2014 and updated in 2020, but progress has been slow. Telemedicine has yet to be regulated, but during the COVID-19 pandemic, health insurance companies reimbursed remote consultations. In 2018, systems of electronic prescriptions and sick notes were launched. Under the strategy and associated legislation, a system was to be in place from 2022 so information could be safely shared between providers, and there was to be a register of providers and patients, with the latter also able to access information. However, a report by the NKÚ revealed that as of October 2023, doctors still could not access all useful information. The legal framework created was inadequate, and elements covered by laws had yet to be implemented. Money spent over the 2019 – 2022 period, therefore, did not lead to the intended results.

Citation:
Health at a Glance 2023: Key findings for the Czech Republic. https://www.oecd.org/czechia/health-at-a-glance-Czech-Republic-EN.pdf
https://www.mzcr.cz/narodni-strategie-elektronickeho-zdravotnictvi/
https://www.nku.cz/assets/kon-zavery/k22020.pdf

France

Score 7

France has a high-quality health system that is generous and largely inclusive. Since its inception, it has been a public system based on compulsory, uniform insurance for all French citizens, with employers' and employees' contributions calculated according to wage levels. In addition, a general social contribution taxes different sources of income. Together with widespread complementary insurance programs,

these cover most individual costs. About 12% of GDP is spent on healthcare – one of the highest such ratios in Europe.

The pandemic tested the resilience of the health system. It has left a lasting imprint, and the insufficiencies exposed in the system have not been resolved despite a significant increase in public spending on health in 2021 to 12.3% of GDP, over one percentage point above pre-pandemic levels. Many hospital services are understaffed, as nurses resigned following the pandemic despite efforts to improve salaries. The physician-population ratio is lower than in most Nordic countries, but also lower than in Italy or Spain. In certain regions, it has become difficult to find a general practitioner to consult. This is especially true of rural and semi-rural areas, but also of poorer urban neighborhoods (OECD 2023, p. 10). As physicians are free to choose their places of practice, certain areas have been systematically avoided. A number of measures – especially financial incentives – have been implemented over the past decade with the intention of countering this trend, but with little success.

Some of these shortcomings may be due to coordination costs and inefficient management. The current administration has focused on primary healthcare with the aim of alleviating pressure on hospitals. Regional health authorities (ARS) are now co-managing health expenditures with the ministry at the regional level.

Citation:
European Observatory on Health Systems and Policies. 2023. “France: Health System Review.”
François Langlot. 2023. “Système de santé : sortir de la ‘crise sans fin’ n’est pas qu’une question de moyens.” The Conversation, January 10.

OECD. 2023. “France: Country Health Profile 2023.” https://eurohealthobservatory.who.int/publications/m/france-country-health-profile-2023

Ireland

Score 7

The public healthcare system in Ireland is regarded as effective once accessed, but issues such as long waiting lists, negligence, and incompetence contribute to negative perceptions. Key pieces of health infrastructure, including the National Children’s Hospital, have faced considerable delays and budget increases. The lack of access to hospital care is frequently highlighted in the media, especially by the Irish Nurses and Midwives Organisation, which campaigns for better staffing, working conditions and patient outcomes.

Government spending on healthcare reached a record €21 billion in 2022, which is considered costly given the favorable age structure of the population. However, health spending per capita was similar to the EU average in 2021 (OECD 2023). Concerns about continuing overruns in healthcare spending are common (IFAC 2022/23). Revenue buoyancy linked to volatile corporate tax returns enables the government to absorb healthcare overruns in the short term. However, resilience is vulnerable due to an over-reliance on 14 private operators who control 40% of

nursing home beds, mostly in the greater Dublin region. There have been 700 recent public bed losses and the closure of 50 private nursing homes (Pepper 2023, ESRI 2023). Elder care is difficult to access, particularly in rural areas. While the home-based care scheme offers resilience, its implementation has been slow (ESRI 2023). Elective surgery waiting lists are being addressed through purchase-abroad schemes (EU) and bilateral arrangements with the UK. Transparency is increasing, with monthly data on waiting lists now published by the Health Service Executive (HSE), making the monitoring of waiting times a political priority.

Pre-COVID-19, Ireland had begun a 10-year program of reform, Sláintecare, aimed at delivering universal, timely access to integrated care. Burke et al. (2021) explain how the Irish government's pandemic response contributed to health system reform and increased resilience, including delivering universal healthcare. Both policy intent and funding were directed to manage the COVID-19 crisis in Ireland and to build health system resilience.

Citation:
CSO. 2023. Irish Health Survey 2019. Dublin: Central Statistics Office.
INMO. 2023. "ED Trolley Watch/Ward Watch Figures below for January 26th 2024." https://www.inmo.ie/Trolley_Ward_Watch
Pepper, D. 2023. "'Trend' of nursing home closures mostly impacting rural areas, as 50 close over four-year period." The Journal, December 14. https://www.thejournal.ie/hiqa-report-nursing-home-closures-rural-areas-6249470-Dec2023/#:~:text=FIFTY%20NURSING%20HOMES%20have%20closed,and%20Quality%20Authority%20(HIQA)
Walsh, B., and S. Connolly. 2024. "Long-term Residential Care in Ireland: Developments Since the Onset of the COVID-19 Pandemic." ESRI Research Series 174. https://www.esri.ie/system/files/publications/RS174.pdf
Burke, S., Parker, S., Fleming, P., Barry, S., and Thomas, S. 2021. "Building Health System Resilience through Policy Development in Response to COVID-19 in Ireland: From Shock to Reform." The Lancet Regional Health–Europe 9. https://doi.org/10.1016/j.lanepe.2021.100223
OECD. 2023. "State of Health in the EU Ireland Country Health Profile 2023." https://read.oecd.org/10.1787/3abe906b-en?format=pdf

Netherlands

Score 7

The Dutch healthcare sector is facing multiple challenges, including a shortage of specific medicines and alarming levels of unavailability of essential drugs. In 2023, more than 1,500 medicines were unavailable for over two weeks, affecting millions of people who rely on generic drugs such as antibiotics, sleep aids and ADHD medications. Financially, the sector is under strain, with the average returns of healthcare providers nearly halved by 2022, an increase in providers operating at a loss and a rise in the number of healthcare providers under special management.

The Dutch Ministry of Health recognizes the need for affordable, accessible care of improved quality. E-health, or remote healthcare through digital technologies, is identified as a potential solution. Between 2021 and 2023, he ministry explored the transition of healthcare components to e-health. This includes diverse applications such as video consultations with general practitioners, health apps for patients and informational websites. To measure this transition, RIVM, Nivel and NeLL are

developing a monitor that identifies what parties are utilizing e-health, for what purposes, and captures user satisfaction.

Within this initiative, the organizations analyzed the data, or indicators, needed for effective e-health implementation. Examples include the usage of e-health mechanisms by general practitioners, citizens making online appointments with hospitals and users' satisfaction levels. These indicators aim to provide insights into the progress toward meeting goals set by the Dutch Ministry of Health, including enhancing healthcare quality and organization, empowering patients, emphasizing prevention and supporting healthcare personnel. This collaborative effort seeks to bring transparency to the evolving landscape of e-health in the Dutch healthcare sector.

Citation:
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https://vng.nl/nieuws/uitvoering-integraal-zorgakkoord-iza-onder-druk

New Zealand

Score 7

New Zealand's health policies have aimed to facilitate resilience in the health system.

First, the country has invested in digital infrastructure and the collection of health data to monitor emerging threats and assess public health matters. In 2023, Te Whatu Ora – Health New Zealand commissioned the development of the National Data Platform (NDP), a single centralized platform for accessing health data that will unify information held by more than 28 health system entities (Ang 2023). New Zealand already operates HealthOne, a shared electronic database that allows general practitioners and other healthcare providers to access patient information. Regulations and frameworks are in place to govern health data privacy, security and consent, including the Health Information Privacy Code and the Health Act.

Second, policies and regulations aim to ensure the availability of health products and services, particularly during times of crisis or emergencies – most importantly, the

National Health Emergency Plan and a centrally managed national reserve of critical supplies. Additionally, Health New Zealand may release more short-term plans to reduce pressure on the health system – for example, in the run-up to winter (Palmer 2023). Government agencies are also working to improve New Zealand's preparedness for pandemics (Crimp 2023). While the country did have a pandemic plan before COVID-19, this plan was geared only toward influenza.

The government seeks to balance rising healthcare costs with quality care provision. Healthcare reforms, such as merging the 20 district health boards into Health New Zealand in July 2022, aim to improve the efficiency and cost-effectiveness of the healthcare system. Additionally, the government has employed health technology assessments to evaluate the value and cost-effectiveness of new medical technologies and treatments (Pharmac 2023). However, like other countries, New Zealand faces challenges related to rising healthcare costs due to an aging population and advancements in medical technology.

Furthermore, the new system established by the Labour government to support better Māori Health services and outcomes may be dismantled before it is fully implemented, due to the new government's commitment to returning to a single health system (Reti 2023).

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Norway

Score 7

Norway has universal health insurance covering the entire population for all health issues except dental care. The country is divided into four health regions, with hospitals organized as public enterprises financed by a combination of state grants, activity-related transfers, and patient co-payments. Primary care is the responsibility of the 357 local authorities. Ten percent of GDP is allocated to health services (2022 numbers). In general, the services are of high quality and accessible to everyone in need.

The aging population implies a need for better coordination of resources and responsibilities between local primary care services and specialized medical treatments in hospitals. Programs to implement new digital infrastructure for communication between different actors and administrative levels have been launched; however, they have failed to deliver expected results. Shortages of key personnel, particularly nurses and auxiliary staff, have fostered an interest in new technologies that may enable more efficient communication and allow patients to better manage their own health challenges. Innovation projects are ongoing, but so far, have not resulted in new general, cost-saving, and labor-saving practices.

The Ministry of Health has long aimed to implement a modernized national system for recording and sharing patient information across different units in the health and social care sectors. However, this project has yet to deliver on its promise. A separate directorate for digitized health was established in 2016 and closed in 2023. No national information management system is forthcoming, and the various regional health enterprises have begun developing their own systems.

Citation:
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Spain

Score 7

The implementation of digital medical records and prescriptions, patient portals, and electronic appointments accounts in large part for Spain's high ranking in Bertelsmann Stiftung's Digital Health Index. The index also points to the loss of joint efficiency in monitoring because there is no shared digital health strategy among the levels of government.

The RRP sets the goals of enhancing the health system's resilience (30.8% of the total health investment of the RRP) and digital transformation through the development of shared massive data analysis (5.8% of the total health investment). Accordingly, the national Digital Health Strategy (2021 – 2026) foresees areas for joint decision-making between the national Ministry of Health and the autonomous communities, which have full responsibility for planning and developing digital health services. These areas include the interoperability of clinical information between health services and the integration of essential data for each person in the NHS (Government of Spain 2022).

To implement the strategy, the Intergovernmental Council of the NHS established a Digital Health Commission to streamline information sharing, collaboration, and decision-making among all actors in the NHS, such as in disease prevention. In this context, the Ministry of Health, with the participation of all autonomous communities, is launching the National Health Data Space, a large national health data pool to facilitate research and decision-making in health through the use of new technologies and Artificial Intelligence.

Moreover, the government established a new General Secretariat for Digital Health. Its main objectives are promoting innovation and reinforcing performance assessment and data analysis capabilities.

The Spanish Agency of Medicines and Healthcare Products aims to guarantee medicine supplies and improve coordination. While the unequal distribution of health professionals hinders access, new policies, such as the implementation of telehealth, have been speeded up due to investments from the RRP. The agency's annual budget was reduced in 2022 – 2023 to levels prior to 2016. The RRP also sets out a new approach for the rational use of medicines and ensuring sustainability. During the reviewed period, the centralization of medicine purchases continued to be managed at the regional level.

Per capita health spending in Spain remains below the EU average and varies significantly among autonomous communities (OECD 2022). Over the past decade, there has been a widening gap between Spain and EU countries in total health expenditure, reflecting slower growth. The increase in spending is attributed to an aging population and advancements in medical technology. To counteract the rising costs, measures such as the digitalization of the health system, research and innovation in health, and talent attraction are considered essential. However, specific targeted actions have yet to be implemented.

Citation:
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Austria

Score 6

In terms of total current healthcare expenditures as a percent of GDP, Austria has consistently ranked in the top third of OECD countries, as confirmed by 2022 figures.

Recent developments in Austria regarding spending on preventive and health programs (as a percentage of current healthcare expenditure) are particularly noteworthy. According to figures provided by the OECD, at 10.3%, the share spent on such measures in 2021 was more than four times higher than the average for the previous decade (2.2) and about three times higher than in 2020 (3.4). This placed Austria second among OECD countries, surpassed only by the UK.

Austria has long been among the leading countries for the number of hospital beds per 1,000 inhabitants. In 2022, it ranked third among OECD countries, behind Japan and Germany. However, like most other countries, the overall number of beds has

slightly decreased over the past decade. Some even more impressive figures require further context: for example, Austria has had the highest number of physicians per 1,000 inhabitants among OECD countries, being the only country aside from New Zealand to ever exceed 5%, with a score of 5.48% in 2022. Nevertheless, a recurrent issue in recent political debates on healthcare in Austria has been the increasing shortage of physicians in some non-urban regions. More importantly, the share of physicians who were contracted partners of the public health insurance system ("Kassenärzte") decreased from 4,213 to 4,054 between 2010 and 2020, and this trend has continued. According to a survey from 2023, more than two-thirds of Austrians were acutely aware of the increasing lack of "Kassenärzte" (Der Standard 2023).

In terms of state-of-the-art equipment, such as computed tomography scanners, Austria has been only in the middle field of OECD countries, even falling slightly below the average score. However, according to the "Health at a Glance" OECD report for 2023 (see Figure 5.24), regarding the use of CT, MRI, and PET diagnostic scanners, Austria was in the top group of OECD countries – alongside the United States, Luxembourg, Korea, and France.

No less importantly, Austria has recently experienced a shortage or unavailability of many standard pharmaceuticals. In 2023, approximately 600 pharmaceuticals were reported to be temporarily unavailable on the Austrian market (Kleine Zeitung 2023).

At the height of the coronavirus pandemic, the Austrian healthcare system was tested to its limits. Life expectancy for people living in Austria decreased slightly, though less dramatically than in several other countries. A recent assessment of the government's and health system's performance, published in late 2023, found that mistakes were made, but the overall performance was fair (see Krutzler 2023). Some indicators suggest, however, that the long-term effects of the pandemic may have been underestimated. For example, the number of reported cases of depression increased significantly more in Austria than in many other OECD countries.

Despite several positive aspects mentioned earlier, many observers have assessed the prospects of the Austrian health system as deficient, particularly in its ability to handle the challenges of an aging population. In 2023, the Standard, one of the country's quality papers, launched a series of articles titled "The health system at its limits" (Springer 2023).

Apart from the lack of contracted physicians available to all insured patients, working conditions in Austrian hospitals have deteriorated over the last decade. Reports of personnel shortages and the closure of some hospital departments have surfaced (Krutzler and Müller 2023). In a representative study of nursing personnel in general departments of Austrian hospitals, almost one-third of nursing staff stated that their department is rarely or never adequately staffed to fulfill its tasks. Additionally, 84.4% of nursing staff reported at least one nursing intervention related

to acute patient care was omitted in the past two weeks (Cartaxo, Eberl, and Mayer 2022). Waiting times for normally insured patients have increased in some regions.

The pandemic provided Austria with an opportunity to become one of the first Western European countries to develop an official electronic vaccination data system with electronic vaccination certificates. Meanwhile, digitalization has extended into other areas. Since mid-2022, there have been "e-prescriptions" replacing traditional paper prescriptions (see Digital Austria 2024).

The two-tier medical system has become a reality. Patients with private insurance have access to a wide variety of private physicians and clinics. In public hospitals, privately insured patients generally experience significantly shorter waiting times and receive better rooms and food.

One major problem concerns the rising costs. Although a specific agreement ("15a-Vereinbarung Zielsteuerung Gesundheit") has been in place to reduce annual increases from 3.6% in 2017 to 3.2%, the agreed spending limits were more significantly exceeded in 2022 than in 2021 and appear poised to increase further (see Parlamentskorrespondenz 2023).

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Estonia

Score 6

Estonia has a solidary health insurance system that includes some non-Bismarckian features, such as general practitioners. In 2022, the Estonian Health Insurance Fund (EHIF) covered 96% of the population. Eligibility is determined by regulation and, for the majority of the population, is linked to employment, pensioner or child status, or the individual's membership in a socially vulnerable group. Those with insecure or informal jobs are more likely to be uninsured (OECD 2023).

Health expenditure has recently grown, but as a percentage of GDP, it remains below the OECD average. There has long been concern that the Estonian health financing system, based on a health insurance fund, is not sustainable due to a shrinking working-age population and the increasing prevalence of flexible employment (see also "Sustainable Taxation"). Starting in 2022, the state began transferring 13% of pensions on behalf of nonworking pensioners to the EHIF to supplement the existing earmarked payroll tax of 13% paid by employers. Still, the share of the population reporting unmet medical needs is 8% – four times higher than the OECD average (OECD 2023). According to the latest National Audit Report (NAO2022), the population is likely to have to accept that the availability and quality of health services will not consistently meet expected levels in the near future due to both a shortage of health professionals and a lack of funding.

Digital tools, such as personalized ehealth portals and teleconsultation, which were already growing practices before COVID-19, have increased and improved access to care. Additionally, the resilience of the health system during COVID-19 was commendable, and several other health indicators, like low infant mortality, underscore the quality of the Estonian health system.

However, while recent changes have sought to increase the flexibility of medical education, the shortage of health workers remains an issue (NOA 2022) due both to low enrollment in university medical programs and high rates of physician burnout, a trend accelerated by the COVID-19 crisis. Furthermore, the number of physicians per capita is lower than the OECD average.

Citation:
National Audit Office. 2022. "Healthcare trends in Estonia." https://www.riigikontroll.ee/tabid/215/Audit/3555/WorkerTab/Audit/WorkerId/40/language/et-EE/Default.aspx
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Greece

Score 6

During the Greek crisis of the previous decade and more recently, health policy has hindered the resilience of the health system. Although Greece's healthy life expectancy (71 years) is above the OECD average (WHO 2019), the country is

among the lowest spenders on healthcare as a percentage of GDP and on preventive health programs (OECD 2022).

The public healthcare system is underfunded and understaffed. However, the government has pledged to increase healthcare spending and hire 6,000 doctors and nurses for the country's 130 public hospitals. These measures aim to improve the availability of health products and services and address rising costs due to an aging population and advancements in medical technology.

Despite these efforts, transparency in health services remains a concern. Chronic mismanagement of public hospitals and the high demand for private health services, including diagnostic tests, have led to Greece having the highest number of computed tomography scanners among OECD countries (OECD 2021).

The challenges of managing the COVID-19 pandemic and the government's responsiveness to demands for better public healthcare have prompted policy shifts aimed at enhancing the resilience of the public health system.

The government's priorities now include the digital transformation of the public healthcare system and early diagnosis (International Trade Association 2023). A national strategy for healthcare reform, led by the Ministry of Health, is outlined in the "National Action Plan for Public Health 2021–2025" (Ministry of Health 2021).

The digital transformation plan, financially supported by the EU's Recovery and Resilience Facility, is part of the "Greece 2.0" plan and includes five specific programs: National Digital Patient Health Record, Cancer Treatment Digital Transformation Program, Improvement of Hospital Digital Readiness, Telemedicine, and National Insurance Fund Digital Transformation (Greek Government 2022).

In summary, despite lingering problems, health policies are largely aligned with the goal of achieving a resilient health system.

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Italy

Score 6

Italy's national health system provides universal, comprehensive coverage for the entire population. The system is mainly financed by the central government, though healthcare is provided and managed by regional authorities, which have considerable autonomy in designing their organizational systems. Services provided are generally of medium to high quality across the country, although significant differences exist between regions.

Public spending on health was 6.8% of GDP in 2022, slightly below the OECD and EU averages. Private expenditure corresponded to 25% of public funding. After a peak in public spending in 2020 and 2021, the level returned to pre-2019 levels in 2022, despite high inflation around 12% that year. This indicates that both the Draghi and Meloni governments preferred to invest additional public funds in health at the expense of other policy objectives.

The system's resilience is influenced by its regionalization, resulting in 20 different healthcare systems within Italy. This means national guidelines and programs are implemented differently across regions. During the COVID-19 pandemic, the best-performing regions had integrated health systems, such as Veneto, Toscana, and Emilia Romagna, compared to those with hospital-centered organizations.

The system is closely monitored at the central level, but this does not improve the quality of differentiated implementation. Digitalization and medical technology are well developed in the central and northern regions, while lagging in southern regions. Consequently, resilience is expected to vary significantly during crises. Concerns exist about the future capacity of the health system to maintain current standards, given insufficient public funding to guarantee technological equipment quality, recruit the required number of doctors, and address the chronic shortage of nurses.

Japan

Score 6

Digitalization of healthcare services has accelerated since the establishment of the Digital Agency in September 2021. The gradual implementation of the My Number system – a 12-digit personal number for each citizen – is critical for this reform. Health insurance cards are planned to be integrated with My Number in 2024, but there have repeatedly been problems with the system's implementation. In May 2023, it was found that 60% of medical institutions with an online insurance confirmation system had experienced issues with My Number, including linking patients' data with wrong individuals.

The COVID-19 pandemic exposed structural deficiencies of the Japanese healthcare system in crisis situations, such as problems with coordinating the allocation of

medical resources, insufficient collaboration between healthcare providers, local governments and public agencies, inability of the government to mobilize the resources of private hospitals, lack of clearly designated gatekeepers to healthcare and inaccuracy of official statistics on medical resources. As a result, Japan's response to the COVID-19 pandemic was relatively slow. Moreover, due to a rigid drug approval system, the initial COVID-19 vaccination rollout proceeded at a slow pace.

Public social spending has increased massively in the last three decades, turning Japan from a small public welfare state to one that spends a similar amount as the large Western European welfare states. Most of the spending hike is due to increased spending on old age and healthcare, and is linked to demographic aging. While spending per head has been kept relatively stable, the rapid expansion of the elderly population has made it difficult to rein in total spending. The government has implemented some measures to offset rising healthcare costs, for example, introducing a community-based integrated care system, which combines various kinds of care for elders at the local level. Japan was also one of the first countries in the world to introduce Long-Term Care Insurance, to which all residents 40 years of age or older must contribute. The challenges posed by demographic aging, however, cannot be considered solved and will grow in severity over the coming years.

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Lithuania

Score 6

Health outcomes in Lithuania are among the poorest in the EU. Lithuania has one of the lowest expected healthy life expectancies at birth and one of the lowest overall life expectancies. According to the OECD country report 2023, life expectancy in Lithuania was 74.2 years – 6.1 years below the OECD average. The preventable mortality in Lithuania was 326 deaths per 100,000 – much higher than the OECD average of 158 – with the treatable mortality at 155 per 100,000, also higher than the OECD average of 79. Additionally, government spending on health services as a percentage of GDP remains one of the lowest such figures among OECD countries.

According to OECD data, excess mortality during the COVID-19 pandemic (2020 – 2021) in Lithuania was close to the OECD average. However, the number of COVID-19-related deaths in Lithuania during this period was significantly higher, reaching 2,645 per million compared to the OECD average of 1,634 per million. The number of hospital discharges and the waiting times for surgery in Lithuania in 2020 increased significantly more than the OECD average.

In terms of resilience, one of the key lessons learned by policymakers during this crisis was the need not only to maintain sufficient reserves of protective medical equipment but also to have timely access to data on key crisis management indicators, such as the number of infected individuals and their distribution, available hospital facilities, and vaccination dynamics. Having the capacity for data analysis was also seen to be critical.

The coalition government formed in late 2020 has been straightforward about these issues, stating them upfront in its program. In addition to poor health outcomes, it also identified a relatively fast-aging society as a challenge complicating efforts to improve health indicators. Among its goals in the healthcare sector, the program highlighted the need to strengthen the resilience of the healthcare system with regard to future threats and crises.

Placing a high priority on increasing resilience, as well as on being able to adapt to the fast-changing environment and manage those changes effectively, it outlined the following initiatives. First, it aims to enhance readiness for threats and crises such as future pandemics or accidents at the nuclear power station in nearby Belarus. The plan highlights the need to establish sufficient reserves of civilian protection instruments, educate society and train healthcare workers in relevant competencies.

Second, the plan emphasizes the need for the healthcare system to be prepared for future challenges such as climate change, an aging society, antibiotic resistance and growing volumes of disinformation. To address these challenges, it commits to making the healthcare system open to future changes and innovations, while also developing the use of information technologies and artificial intelligence; strengthening cooperation with NGOs, media and various stakeholders; developing good practices; and improving the prestige of the medical profession. However, it does not set indicators of success explicitly linked to increasing the resilience of the country’s healthcare system.

In July 2021, the government allocated €268 million as a part of the New Generation Lithuania plan, funded by the EU Recovery and Resilience Facility, for a component described as “a resilient and future-proof health system.” Under this component, the government plans a series of reforms and investments aimed at: 1) improving the quality and accessibility of healthcare services and promoting innovation, 2) enhancing long-term care services, and 3) strengthening the resilience of the healthcare system to handle emergencies.

Regarding reforms, the focus is on shifting further to outpatient care, reorganizing the hospital network, digitalizing healthcare, improving the working conditions of health professionals, addressing healthcare staff shortages and skills, introducing measures to enhance the quality of healthcare, scaling up prevention measures, improving access to long-term care, and reforming healthcare financing to reduce dependence on employment-related contributions.

In terms of investments, the plan includes targeted measures to create a center for advanced therapies, establish a health professionals' competence platform, digitalize the health system, develop an integrated healthcare quality assessment model, and set up long-term care day centers and mobile teams. To ensure the efficient delivery of health services during emergencies and to strengthen the resilience of the health system, investments are proposed to modernize the infrastructure of healthcare facilities to ensure their effective functioning in emergency and crisis situations.

Among the main achievements listed in its annual report for 2022, the government highlighted the consolidation of public healthcare organizations to improve coordination of their activities, as well as the adoption of by-laws on the repeated use of health data accumulated in information registers for the purposes of scientific research, innovations, knowledge management and healthcare policy changes.

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Portugal

Score 6

While the country effectively addressed the Covid-19 pandemic, the post-pandemic period has aggravated existing deficiencies in Portugal's national health system, resulting in severe strain. Efforts to curb public expenditure over the past few decades have financially pressured the healthcare sector. This, combined with the failure to execute promised investments over the last decade, has led to significant reductions in some services, longer wait times for consultations and surgeries, and resignations by medical directors in protest. Consequently, hospitals across the country have faced significant constraints, with some services even occasionally closing (RTP, 2023).

The government is trying to increase the recruitment of doctors and nurses into the health system, seeking to implement a speedier, simpler, and less bureaucratic process. In December 2023, it opened nearly 1,000 new job openings for newly graduated specialist doctors. In April of the same year, it had already conducted a similar recruitment process (Público, 2023). However, past experience with recruiting programs like these shows that if working conditions and wages do not improve, many job opportunities will remain unfilled.

To address existing deficiencies and enhance the resilience of the health system, the Portuguese government is undertaking a significant reform in the use of technology within the national health service (NHS). This involves an investment of over €300 million from the Recovery and Resilience Plan for the digital transformation of health. This substantial investment aims to expedite the enhancement of infrastructures and data networks, develop new tools for citizens, value the work of healthcare professionals, and create more efficient systems for data storage and usage. A notable portion of this investment, €117 million, is allocated for acquiring advanced medical equipment. The goal is to modernize the technology available to healthcare providers and patients, with the anticipated benefit of increasing the production of diagnostic tests and reducing waiting times (Observador, 2023).

The utilization of Recovery and Resilience Plan (RRP) funds primarily focuses on overcoming challenges that hinder the digital transition in the NHS. These challenges include the scarcity of adequate hardware and software for health professionals, the need to standardize information systems, and the imperative to enhance user experience and data accessibility. The implementation plan encompasses several measures, including the integration of functionalities for telehealth and telemonitoring. If these initiatives are implemented, they may significantly contribute to modernizing the NHS, making healthcare more accessible and efficient for both healthcare providers and patients in Portugal. However, to achieve this, the plan must avoid the large gap between what is idealized and what is actually delivered that plagues public policy across many areas.

Citation:
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Switzerland

Score 6

Major characteristics of the Swiss health system are decentralization and liberalism. There is one federal health system and 26 cantonal health systems; within the cantonal health systems, there are also variations by municipality. The cantonal competence is in the field of health provisions (such as services in case of emergencies or catastrophes, and provision of transportation or rescue services), hospitals, health policy, training of medical staff, licensing to practice medicine and medical services, and the provision of subsidies for health insurance premiums for low-income groups. Competencies on the federal level are mainly in the field of general health policy issues, supervision of health insurance providers, pharmaceutical industry oversight and regulation of medical staff training.

In 1996, health insurance was made obligatory for all residents. Premiums for health insurance do not depend on income and do not take into account the number of family members. Hence, insurance must be bought for each member of the family, although premiums are reduced for children. In recent years, this liberal model has been modified through the provision of subsidies for low-wage earners and their families. The cantons decide on the extent of subsidies; the federation covers about half the cost of these cantonal subsidies.

Mandatory healthcare insurance is provided by a large number of competing mutual funds (nonprofit insurance programs), all of which are required to offer the same benefits. However, health insurance companies can make a profit on optional healthcare insurance packages (see section P.11.3). Hence, there is no competition in the area of benefits, but only in the field of premiums, which is largely a function of administrative costs and membership structure. Considerable discussion has focused on whether this competitive market structure should be replaced by a single state-owned insurance company. In 2014, voters decided in a popular vote to retain the present system.

Total costs of the Swiss health sector amount to about 12% of GDP, and 13% of all employees work in the health sector (Trein et al. 2022: 904; Trein et al. 2023). In comparative view, Switzerland numbers among the countries with the highest healthcare costs, and arguably those with the highest quality of healthcare (see for instance the large Lancet study on comparative mortality index GBD 2015). The availability of health products and services is generally good, although the system has equity issues (see next subsection).

In 2021, the healthcare system was financed by the public sector (23%), by private mutual funds (health insurance providers) (36%), by other (private) health insurance providers (9%) and by patient own payments (22%) (FSO 2023). The health sector depends crucially on foreign labor, in particular physicians and nurses, since the Swiss education system does not attract and train enough such specialists.

Given this decentralized structure and the strong role of private (and competing) actors, there is no single answer to the question of how health policy contributes to the resilience of the health system.

Digitalization of health systems is a concern, in particular at the federal level (Federal Council 2019: 12-15). The system produces sufficient health products and services when and where they are needed, even in times of crisis. This was demonstrated during the pandemic when the health system was placed under strong pressure but did not collapse at any time.

While the resilience of the healthcare system in terms of quality, health outcomes and sufficient supply of health services is exceptional, the system has limited resilience in many regards, above all with regard to rising costs in the health sector. Currently, a number of attempts to curb the rapid increase in health expenditures are meeting with stiff resistance from vested interests, such as doctors, hospitals and health insurance funds. Arguably, the political elites have no consensus and or even convincing ideas regarding a grand cost-curbing strategy. Likewise, a salient issue is the strong increases in healthcare insurance premiums, which tend to overburden the household budgets of low- to middle-income earners. This raises the question of whether the system of competing mutual funds with parallel administrations is sustainable, and whether the liberal model of flat rate per capita premiums – albeit weakened by subsidies for low-income earners – can still be defended. Resilience is also limited regarding environmental durability: the Swiss health system could better take into account the close interactions between human, animal and environmental health (Senn et al. 2022). Resilience is also lacking with respect to the complex governance of the Swiss health system that is not sustainable in its current form, with its fragmentation across governance levels, lack of a central overview and steering body, poor foresight capacity regarding labor shortages, and excessive influence of insurance companies in the policymaking process (Monod et al. 2023). Finally, the system has room for improvement regarding its capacities to meet future challenges, be it population aging or health crises.

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United Kingdom

Score 6

Health is a competence of the devolved administrations in the UK, for whom it represents the largest spending area. Public health agencies operate in all four nations of the UK. According to a study by the Tony Blair Institute, the UK “has become one of the unhealthiest populations in the OECD,” an outcome the study attributes primarily to “the country’s failure to manage demand,” that is, to prevent rather than treat ill-health. A striking statistic from the report indicates that in the fiscal year 2021-22, £3.3 billion was spent on public health grants, barely 1.5% of the £229 billion total health expenditure. Obesity, smoking, and mental health are cited as underlying causes, and the aftermath of the pandemic has aggravated an already poor record. Mental health has been highlighted as needing greater public support, despite promises to spend more on it in the Mental Health Recovery Action Plan announced for England in 2021. Dentistry is also problematic, with the availability of NHS surgeries collapsing and many patients struggling to obtain, let alone pay for, private care.

In Scotland, a discussion paper launched in January 2023 acknowledged that too little was being invested in health protection. The paper identifies two overarching challenges: low and falling life expectancy and widening health inequalities. There has also been regular media coverage of the very high rate of drug abuse deaths in Scotland.

The main instrument for preventive medicine in England is the NHS Health Check, introduced in 2009, aimed at assessing six major risk factors that drive early death, disability, and health inequality: alcohol intake, cholesterol levels, blood pressure, obesity, lack of physical activity, and smoking. Checks are supposed to be done every five years. A review in 2021 claimed the check had largely achieved its aims, although it reached only two in five eligible people. Other evidence notes geographical disparities in the take-up and quality of follow-up.

At its best, the NHS offers high-quality treatment free at the point of delivery, but its use of IT is frequently criticized. Media stories often highlight the lack of interoperability of IT systems, even within the same hospital, and the burden on medical staff in reconciling these systems. Rapid changes in the use of digitized services occurred during the pandemic, but there is a need to build on these improvements.

There is a vicious circle in healthcare: primary healthcare struggles to cope as appointments with physicians become harder to obtain, leading patients to go to emergency rooms, thereby increasing hospital waiting times. Failings in social care provision make it harder to move patients out of the hospital. These and other difficulties have been examined by organizations like the King's Fund, the Commission on Health and Prosperity launched by the Institute for Public Policy Research, and a commission under the auspices of The Times newspaper. While there are some advances, such as an increase in cancer screening, the health system is notoriously slow to adapt, even when the directions for change are evident and well-documented.

Citation:
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Latvia

Score 5

Healthcare services are financed through various means – the state budget, private insurance, or out-of-pocket payments by patients. Patients make a co-payment for state-funded services, which is a small portion of the total cost, while the state covers the majority based on national service tariffs. For those with health insurance, the coverage for specific services depends on the terms of their policy.

In 2023, the Latvian government approved a budget law that allocates €1.6 billion to the health sector. Of this amount, €1.35 billion is designated for outpatient and inpatient healthcare services, including general practice, laboratory tests, specialist consultations, emergency services, and medication. Specialized healthcare will receive €124 million, covering emergency medical services, blood services, forensic examinations, and anti-doping policies. Higher medical education is allocated €59 million, while healthcare finance administration and the Medical Risk Fund will receive €15 million. For disease prevention, health promotion, and healthcare service supervision, €11.3 million is planned. Additionally, €32.3 million is allocated for European Structural Fund projects and €5.6 million for sector management. An additional €85.8 million has been allocated for 2023 to address specific healthcare challenges (Veselības ministrija, 2023).

While a core set of healthcare services covers the entire population, satisfaction with the quality and availability of healthcare is relatively low. Only 57% of the population is satisfied, compared to the OECD average of 67%. This discrepancy suggests potential gaps in healthcare quality or accessibility. One in ten people did

not visit a doctor in 2022. Additionally, 27% reported not visiting due to long wait times, while 25% cited affordability issues.

Financially, Latvia's healthcare system relies less on mandatory prepayment (69%) compared to the OECD average of 76%, reflecting a higher dependence on out-of-pocket spending. This is further demonstrated by 4% of Latvians reporting unmet healthcare needs, surpassing the OECD average of 2.3%.

Analyzing life expectancy and health outcomes, Latvia faces significant challenges. The average life expectancy is 73.1 years, which is 7.2 years lower than the OECD average. The country also experiences higher rates of preventable and treatable mortality, indicating potential inefficiencies in healthcare provision or public health measures. The perceived health status is concerning as well, with 13.1% of the population rating their health as bad or very bad, notably higher than the OECD average of 7.9%.

Expenditure of $3,445 per capita on health is below the OECD average of $4,986, equating to 8.8% of GDP compared to the OECD average of 9.2%. This lower investment is evident in the healthcare workforce, as Latvia has fewer practicing doctors and nurses per 1,000 population than the OECD average. However, it compensates somewhat with a higher number of hospital beds. This imbalance in healthcare resources and expenditure could contribute to the country's overall health challenges.

Latvia has adapted its healthcare system in response to the COVID-19 pandemic and other recent crises. This adaptation includes policies aimed at mitigating impacts on healthcare service delivery and investing in system recovery and resilience. The pandemic led to significant changes in hospital occupancy and service provision, trends that mirror those across the EU. Latvia's COVID-19 booster vaccination rates, especially among older adults, have been notably lower than the EU average.

Despite having one of the lowest healthcare spending levels in the EU, Latvia has seen an increase in public health expenditure in recent years, aided by higher social security contributions and targeted funding. Substantial investments in healthcare infrastructure, digitalization, and workforce development are planned and funded through the Recovery and Resilience Facility and EU Cohesion Policy funds. The country is undergoing a primary healthcare reform to enhance service provision, accessibility, and workforce capabilities.

Additionally, Latvia focuses on combating antimicrobial resistance, with one of the lowest antibiotic consumption rates in the EU and national strategies for responsible antibiotic use.

As of January 1, 2024, mobile palliative care team services have been available at the patient's residence (henceforth referred to as the service). This service includes healthcare services, such as treatment and alleviation of symptoms caused by illness,

social care, and psychosocial rehabilitation services. These encompass hospice care, psychological support, social support, spiritual support, and assistance for the patient's relatives and others during the grieving period following the loss of a loved one.

Accessing the Ehealth portal now involves changes to the authentication process to enhance system security. The shift to qualified identification tools is designed to secure access to personal health data, thereby strengthening the overall security of the Ehealth system and protecting personal data.

Regarding differences in medication prices in the Baltic States, the ombudsman addressed the issue of significant price variations. A study published by the Ministry of Health (Conceptual Report on the Financial Accessibility of Medicines, July 27, 2022) outlined the reasons for high medication prices in Latvia and proposed solutions. The ombudsman continues to monitor the issue and raises it at the government level when necessary.

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Slovakia

Score 5

Slovakia's health-related digital infrastructure is still under development. The existing system, E-zdravie, supports "transactions" and helps collect data. Several specialized bodies are responsible for gathering data to monitor emerging threats and accurately assess public health matters, such as the Institute for Health Analyses and the Institute for Research and Development at the Ministry of Health, the National Health Information Centre, and the Public Health Authority of the Slovak Republic. These institutions collect significant amounts of data. However, the extent to which these data are utilized to prevent emerging threats and accurately assess public health matters remains problematic.

The primary limiting factors are the very limited resources of the Slovak health system (OECD, 2021) and the country's limited capacity for evidence-based

policymaking, which became particularly evident during the COVID-19 pandemic (Grendzinska et al., 2022).

The limited resources prevent ensuring the availability of health products and services when and where they are needed, a situation exacerbated during the COVID-19 crisis. The OECD/European Observatory report (2021: 22) states: "The COVID-19 crisis and related containment measures limited access to services in 2020 and 2021. In early 2021, 23% of people reported forgoing care during the first 12 months of the pandemic, slightly more than the EU average of 21%." The situation slightly improved in 2022–2023, but waiting lists are still too long. The intention to set the maximum waiting time for treatment at one year was postponed to 2025.

The government is failing to implement effective measures to offset healthcare risks. The OECD/European Observatory report (2021: 22) states: "Slovakia has one of the highest mortality rates from preventable and treatable causes, yet spends the least on prevention in the EU. Substantial scope remains for improvement in effective public health policies to reduce avoidable hospitalizations and premature deaths."

Moreover, the reforms are not properly presented to stakeholders; therefore, reform attempts are hindered by regional and professional priorities, such as plans to reduce the number of hospitals or to push for specialization within hospitals. There are also problems with basic services and personnel. Hospitals struggle with a constant lack of medical doctors and nurses. In 2022, the trade union representative said that Slovak hospitals need 5,000 doctors but have only 3,700 (Folentová, 2022). The country also lacks 2,200 nurses, roughly one-fifth of the required number. In the summer of 2022, three thousand medical doctors – almost all of the current hospital staff – threatened to resign in protest of the poor state of health service. They demanded reforms and higher salaries.

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Slovenia

Score 5

The Slovenian healthcare system, while publicly available to all, faces significant challenges exacerbated by the COVID-19 pandemic, ongoing corruption, and increasing privatization. These issues have led to shortages of healthcare professionals and prolonged waiting times for essential services. Despite attempts at reform, such as emergency measures in 2022, waiting times have continued to grow.

In 2021, unmet medical needs rose notably due to increased waiting times, particularly for dental care and primary healthcare services. By May 2023, a concerning 81% of patients awaiting initial examinations exceeded permitted wait times, and 63% waited over 14 days for therapeutic-diagnostic procedures. Civil society initiatives criticized the government's handling of the crisis, leading to the health minister's resignation in July 2023.

To address issues like long waiting times and a shortage of personal GPs, the government replaced supplementary health insurance with a compulsory health contribution in January 2024. Despite being the highest-paid civil servants, doctors went on strike that same month, demanding better salaries and the implementation of previously agreed-upon agreements with the ministry. Critics argue that the healthcare system's inefficiencies, compounded by doctors working in private facilities, contribute to the shortage.

In terms of long-term care, the Janša government passed the Long-Term Care Act, although its implementation faced delays. The revised law, effective from January 2024, aims to address these challenges. However, Slovenia still trails behind OECD averages in healthcare resilience indicators, with healthcare spending and hospital beds per capita falling below the OECD average. Nonetheless, life expectancy in Slovenia remains relatively high at almost 82 years.

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United States

Score 5

The U.S. healthcare system is highly fragmented. About half of Americans receive healthcare through their employer or a family member's employer. Approximately 20% obtain healthcare from Medicare, which is public health insurance for those over 65 years old. Another 20% receive their healthcare through Medicaid, which is

public health insurance for those who are impoverished. A small proportion get their healthcare through other public health insurance programs such as the Indian Health Service, which serves Native Americans, and the Veterans Administration, which covers current and former soldiers and their dependents. The remaining U.S. population must purchase health insurance on the private market, though some are eligible for a tax credit subsidy thanks to the Affordable Care Act (ACA, often referred to as "Obamacare").

This patchwork healthcare system has various negative implications. For one, it limits labor mobility. Workers are reluctant to change jobs if it risks depriving them and their families of health insurance. Although Medicaid is federally funded, state governments administer it, setting different qualification thresholds and inconsistently covering treatments and health services depending on the state.

The federal government funds certain programs to help improve health system resilience, such as the Public Health Emergency Preparedness program administered by the Centers for Disease Control and Prevention (CDC). The program focuses on six main areas of preparedness for local public health systems: community resilience, incident management, information management, countermeasures and mitigation, surge management, and bio-surveillance.

The COVID-19 pandemic highlighted the massive inequalities at the center of the U.S. healthcare system. Immediately after becoming president, Biden signed several executive orders to reverse some of the Trump-era policies on healthcare that aimed to weaken the ACA. In March 2021, the American Rescue Plan was signed, incorporating temporary increases in premium tax credits and other measures to improve access to healthcare coverage. The administration aims to make these policies, which are only in effect until the end of 2022, permanent, a move that would positively impact healthcare provision in the United States.

In general, the fragmented character of the healthcare system and the influence of special interest groups makes it hard to achieve the goal of a resilient health system for all people.

Poland

Score 4

Poland's healthcare system relies heavily on government ownership of most hospitals and clinics, with public control at the regional level. The National Health Fund (Narodowy Fundusz Zdrowia, NFZ) serves as the sole payer and government-operated insurer. Despite this extensive coverage, the system faces significant challenges.

The healthcare system in Poland is characterized by one of the EU's lowest levels of public financing, and faces systemic issues. Approximately 20% of Polish hospitals,

particularly those at the county level, face financial problems and significant debts due to the need to provide services beyond their contracted agreements. Other pressing issues include the fragmented nature of the healthcare system, the duplication of services, staffing shortages and long waiting times for services. As a result, patients incur substantial costs, particularly for medications, which comprise about two-thirds of overall healthcare expenses.

Poland also faces rising rates of cancer, cardiac issues and obesity, especially among children. The country is ranked at 32nd place in the World Index of Healthcare Innovation, a drop from 31st in 2021. It is weakest in the categories of choice (32nd) and science and technology (31st). These rankings reflect problematic issues with regard to patient-centered care, inadequate infrastructure and limited scientific impact.

Despite these challenges, Poland's healthcare system remains relatively stable, earning an 11th-place ranking in the category of fiscal sustainability. This stability is attributed to the country's 17th-place position in national solvency, 11th-place position in public healthcare spending and 8th-place position with regard to the growth of public healthcare spending. The consistent funding level since 2015 – around 6.5% of GDP – has contributed to this stability. Stringent price controls and access limitations have helped manage spending growth, though this has come with notable drawbacks for patients (The Foundation for Research on Equal Opportunity 2023).

The pandemic accelerated the implementation of digital tools in healthcare. The Internetowe Konto Pacjenta (IKP), an online patient account system, allows over 17 million Poles to manage prescriptions and referrals, select or change doctors, and access their medical records. This initiative, part of the React-EU program, now covers more than half the population.

The system's inflexibility and inefficiency were evident during the COVID-19 pandemic. This led to the introduction of the e-Gabinet program to improve accessibility and efficiency in the primary healthcare sector (POZ). In 2023, the Dostępność Plus project aimed to remove barriers to accessing medical products and services, such as communication aids and training. The enhancement of teleinformatics infrastructure has improved the public's access to medical services, providing quicker and easier access to treatment history and medical documentation for medical personnel and citizens.

Citation:
The Foundation for Research on Equal Opportunity. 2023. "Poland: #32 in the 2022 World Index of Healthcare Innovation." https://freopp.org/poland-32-in-the-2022-world-index-of-healthcare-innovation-f5226a985068

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Hungary

Score 3

Health outcomes in Hungary lag behind most other EU member states due to the low performance of the healthcare system and unhealthy lifestyles. In OECD comparisons, Hungary is below average on almost all indicators. Life expectancy in Hungary is lower than in most of the country's EU neighbors, and disparities across gender and socioeconomic groups are substantial. Hungary has one of the highest avoidable death rates in the European Union, and child mortality rates are also high. Healthy life expectancy is very low, and perceived health status reflects these numbers accurately; that is, Hungarians are aware of the problem. Healthcare in Hungary has suffered from limited budgets, with spending per capita at around 50% of the EU average. Many medical doctors and nurses have emigrated to the West for better salaries. The ratio of practicing doctors is 3.3 per 1,000 population (OECD average 3.7), and the ratio of practicing nurses is 5.3 per 1,000 population (OECD average 9.2). In terms of available hospital beds (6.8 per 1,000 population), Hungary exceeds the OECD average of 4.3. The healthcare system remains excessively hospital-centric, and the country ranks in the lowest third with regard to unmet need for medical care. Those who can afford it often seek treatment from private healthcare institutions, which have been multiplying under the Orbán regime. This shift has provided medical staff with significant opportunities to earn extra income in addition to their poorly paid positions in state-run hospitals. However, out-of-pocket payments have remained high for the less well-off, even though previously problematic informal payments have been criminalized since 2021 (Gaal et al. 2021). Policymaking has suffered from the absence of a separate ministry tasked with addressing healthcare issues. The COVID-19 pandemic exposed the weaknesses of the Hungarian health system, prompting a hectic response. This reaction can be characterized as the militarization of healthcare. The Medical Service Act transformed the governance system of healthcare (Albert 2021). The newly created National Hospital Chief Directorate (Országos Kórházi Főigazgatóság, Okfö) has become the centralized point of governance for all medical institutions. As a result, hospital directors have lost their primary decision-making powers, especially with regard to budgeting and employment matters. While public sector physicians have seen a significant wage increase, they have also been placed under a new, almost military employment regime. This regime allows Okfö and/or hospital directors to send physicians to work at other hospitals on short notice and limits their opportunities to operate private practices and work part-time in the private healthcare sector. The tremendous pressure of the pandemic on the weak and underfinanced healthcare system has led to exhaustion among medical staff and further accelerated the country's brain-drain problem. Despite these issues, the OECD resilience indicator shows relatively high levels of resilience for Hungary, comparable to countries like Japan, Portugal and the Netherlands. This is unsurprising, as maintaining resilience from a low base is more manageable than upholding high quality standards.

Citation:
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Indicator

Policies Targeting High-Quality Healthcare

Question

To what extent does current health policy hinder or facilitate achieving high-quality healthcare?

30 OECD and EU countries are sorted according to their performance on a scale from 10 (best) to 1 (lowest). This scale is tied to four qualitative evaluation levels.

10-9 = Health policies are fully aligned with the goal of achieving high-quality healthcare.

8-6 = Health policies are largely aligned with the goal of achieving high-quality healthcare.

5-3 = Health policies are only somewhat aligned with the goal of achieving high-quality healthcare.

2-1 = Health policies are not at all aligned with the goal of achieving high-quality healthcare.

Germany

Score 9

Health insurances in Germany finance various examinations for the early detection of diseases such as cancer and diabetes, starting at different ages (Betanet, n.d.). Statutory insurants receive a reminder about the opportunity to undergo a cancer screening every five years (OECD/European Observatory on Health Systems and Policies, 2023).

To prevent such diseases, various strategies aim to sensitize the population about the importance of balanced nutrition and physical exercise. The national plan of action for this cause, named IN FORM, was founded in 2008. It consolidates health initiatives into a national strategy and seeks to prevent malnutrition, lack of physical exercise, and excess weight by improving the population's knowledge about healthy lifestyles and motivating adherence to such lifestyles (Bundesministerium für Gesundheit, n.d.). Since 2015, most governmental prevention expenses have been directed to schools, kindergartens, nursing facilities, and firms to enhance health and prevention knowledge among the population, starting from a young age (Stiftung Gesundheitswissen, 2021).

The federal government plans to prohibit advertising for foods high in sugar, fat, or salt directed at children in all relevant media to prevent unbalanced eating and excess weight (Bundesministerium für Ernährung und Landwirtschaft, 2023).

The prevention of alcohol and tobacco consumption in Germany is progressing slowly compared to other European countries. However, an increase in tobacco taxes is taking place from 2022 to 2026, and advertising for tobacco was banned on billboards and in cinemas in 2020. Germany was the last EU country to do so,

though. There is no smoking ban in private cars yet (OECD/European Observatory on Health Systems and Policies, 2023).

Between 2011 and 2019, the avoidable mortality rate – deaths that could have been prevented through better public health measures or a more effective healthcare system – declined by approximately 8%. The avoidable mortality rate remains below the EU average (OECD/European Observatory on Health Systems and Policies, 2023).

Germany has one of the lowest percentages of unmet needs for medical care in the European Union, with under 1%. Moreover, there is only a negligible difference in the unmet needs rate among different income groups (OECD/European Observatory on Health System and Policies, 2023).

The German health insurance system has one of the best coverage rates for medical treatments compared to other European OECD countries. This is true for both statutory and private insurance (Finkenstädt, 2017).

In 2004, the principle of integrated care was introduced into German law. The government aimed to prevent multiple examinations of the same patient by different doctors, thereby saving costs and improving coordination among care, inpatient treatment, and rehabilitation efforts, as well as coordination between family doctors and hospitals (Der Paritätische Gesamtverband, 2011).

Citation:
Betanet. n.d. “Früherkennung von Krankheiten.” https://www.betanet.de/frueherkennung-von-krankheiten.html
Bundesministerium für Ernährung und Landwirtschaft. 2023. “Mehr Kinderschutz in der Werbung: Pläne für klare Regeln zu an Kindern gerichteter Lebensmittelwerbung.” https://www.bmel.de/DE/themen/ernaehrung/gesunde-ernaehrung/kita-und-schule/lebensmittelwerbung-kinder.html
Bundesministerium für Gesundheit. n.d. “Prävention.” https://www.bundesgesundheitsministerium.de/service/begriffe-von-a-z/p/praevention
Finkenstädt. 2017. “Zugangshürden in der Gesundheitsversorgung – Ein europäischer Überblick.” https://www.wip-pkv.de/fileadmin/DATEN/Dokumente/Studien_in_Buchform/WIP_Zugangshuerden_in_der_Gesundheitsversorgung.pdf
OECD/European Observatory on Health Systems and Policies. 2023. Germany: Country Health Profile 2023, State of Health in the EU. Paris: OECD Publishing. https://doi.org/10.1787/21dd4679-en
Stiftung Gesundheitswesen. 2021. “Prävention: Der Mix macht’s.” https://stiftung-gesundheitswissen.de/gesundes-leben/kompetenz-gesundheit/praevention-der-mix-machts

Norway

Score 9

Prospects of increasing demographic pressures on health services have intensified interest in preventive care and the relationships between behavior, lifestyles, and the demand for healthcare services. Local authorities are responsible for policy measures. No central government initiatives have been taken, except for a national program screening for some forms of cancer. In general, high-quality services are accessible throughout the country. Patients have the right to choose both their GP and hospital for treatment. Most people, however, choose to be treated at their nearby local hospital, even if this means waiting longer.

Switzerland

Score 9

By international standards, Swiss healthcare is of outstanding quality. The system fosters preventive healthcare, including detection and treatment, as well as the adoption of a healthy lifestyle. This is demonstrated by the country's top position with regard to avoidable mortality and high life expectancy (see also FSO 2023) – phenomena that are also related to the general wealth and high quality of life in Switzerland. Health specialists note that despite excellent outcomes, the Swiss health system is oriented toward cutting-edge biomedical interventions at the individual level, while showing clear shortcomings with regard to preventive health, structural regulations and action on the social determinants of health (Monod/Grandchamp 2022). This latter perspective is believed to achieve better sustainability and stronger equity in the health field. To act in this direction, a large coalition of the main health advocacy organizations tried to pass a federal law on prevention and health promotion (LPrév), which failed in the Council of States in 2012 (Gesundheitsförderung Schweiz 2013).

Citation:
FSO (Federal Statistical Office, Bundesamt für Statistik). 2023. Gesundheit. Taschenstatistik 2023. Neuchâtel: Bundesamt für Statistik. https://www.bfs.admin.ch/news/de/2023-0175 accessed on 2023 12 29

Mattig, T. 2013. Das gescheiterte Präventionsgesetz: ein Lehrstück. Arbeitspapier 9, Bern und Lausanne. Gesundheitsförderung Schweiz.

Monod, S., and Grandchamp, C. 2022. "Système de santé suisse: aux origines de la machine." Rev Med Suisse 8 (793): 1617–1620. https://www.revmed.ch/revue-medicale-suisse/2022/revue-medicale-suisse-793/systeme-de-sante-suisse-aux-origines-de-la-machine

Belgium

Score 8

Trust in Belgium's healthcare system is very high: "Satisfaction with public services is generally higher than the OECD average. Satisfaction with the healthcare system is particularly high at 90%, significantly higher than the 68% average across OECD countries" (OECD 2023). However, prevention is not Belgium's strong suit, as highlighted by the GHS evaluation conducted in 2019, just before the COVID crisis. According to OECD data, Belgium spent only 0.3% of its GDP on preventive measures, compared to 0.6% for Sweden, 0.7% for France, and 1% for the Netherlands and Denmark. This low investment reflects in the country's performance on prevention for several cancer types, with expected "healthy life years at birth" being close to but below the EU average. Belgium performs much better on the most common cancer types. For instance, from age 50, all citizens receive regular invitations for colon cancer tests, and all women receive invitations for breast cancer screenings. These tests are fully covered by social security.

However, such free tests are exceptions. According to the WHO, (2023, February 28) "catastrophic health spending in Belgium is currently among the highest in

western Europe, according to a new report launched today by the WHO Regional Office for Europe. However, concrete steps are being taken to address this challenge […]. The numbers from 2020 show that 1 in 20 Belgian households experiences financial hardship due to out-of-pocket payments for healthcare." To address this, the current federal health minister plans to cap the prices of several medical services and tests starting in 2024, despite facing opposition from hospitals and physicians.
There are campaigns to promote a healthy lifestyle and reduce smoking, but these are not the best in class due to their relatively low intensity.

The health minister has also taken measures to improve prevention through enhanced access to psychological and psychiatric support. Additionally, he is promoting integrated care, with preliminary plans to improve coordination between different health providers around the patient. Recent measures have been introduced for specific population groups, such as at-risk mothers and adolescents with eating disorders.

Citation:
OECD 2023. "Government at a Glance 2023: Country Notes - Belgium." https://www.oecd.org/publication/government-at-a-glance/2023/country-notes/belgium-054f6923/
https://www.ghsindex.org/country/belgium/
WHO. 2023. "Can people afford to pay for healthcare? New evidence on financial protection in Belgium." https://www.who.int/europe/news/item/28-02-2023-can-people-afford-to-pay-for-health-care–new-evidence-on-financial-protection-in-belgium
https://vandenbroucke.belgium.be/fr/114-millions-d-euros-pour-un-trajet-de-soins-sp-cialis-pour-les-jeunes-souffrant-de-troubles
https://vandenbroucke.belgium.be/fr/frank-vandenbroucke-investit-dans-un-meilleur-suivi-des-m-res-vuln-rables-pendant-et-apr-s-la
https://vandenbroucke.belgium.be/fr/s-curit-tarifaire-meilleure-accessibilit-meilleurs-soins-et-r-mun-rations-correctes-gr-ce-des

Czechia

Score 8

In July 2020, the Czech government adopted a strategic framework for the development of healthcare through 2030, refined after the experience of the COVID-19 pandemic. One of the objectives of this program is the integration of long-term health and social care and the creation of regionally specific models of such care. Individual regions also have integrated healthcare concepts, considering their specific demographic, health, geographical, and economic situations.

The greatest problems, in relative terms, lie outside the direct realm of the health service. Both life expectancy and healthy life expectancy are below the OECD averages, and Czechia scores poorly on deaths attributable to high air pollution, low activity levels, and high alcohol consumption. These factors are reflected in relatively high mortality rates due to heart conditions. The unhealthy lifestyle of the Czech population is also evident in the high proportion of overweight or obese individuals, with 54.8% of the population aged 15 and older falling into these categories.

The picture is more favorable regarding preventive health services. Preventive healthcare is regulated by statutory standards that determine what preventive care citizens in particular age groups are entitled to and how often they receive it. Preventive check-ups are followed by screening programs designed to detect cancer at an early stage. These programs are funded by health insurance and conducted at accredited centers. Participation is voluntary, and the level of involvement varies depending on the type of screening program. For instance, 58% of women were screened for breast cancer, surpassing the OECD average of 55%, marking the highest participation rate among the programs offered. During the period analyzed, there were five screening programs in Czechia. As of January 2024, the number has increased to six. Bids are being invited under the NPO to improve colorectal screening levels, from either the private or public sector. Health insurance companies also support some recommended voluntary vaccinations, with a greater emphasis on children and seniors. On average, 2% of the total state budget expenditure on healthcare is allocated to preventive care.

https://zdravi2030.mzcr.cz/zdravi-2030-strategicky-ramec.pdf

Denmark

Score 8

The Ministry of the Interior and Health (2023) reports that hospitals face serious challenges in meeting legally required treatment guarantees, which means healthcare may not be provided in a timely fashion. This is partly due to the structure of the healthcare system. Regions are responsible for hospitals and specialized care, while municipalities handle post-hospitalization care. This division leads to budgetary disputes over who should bear the cost of treatment.

To enhance the quality of treatment, the recent government has pursued a strategy of consolidating care into fewer so-called super-hospitals. The main idea behind this consolidation is that some treatments require a high degree of specialization and expertise that cannot be obtained in smaller units. However, creating super-hospitals has significantly increased the distance to a hospital in some parts of the country.

Recently, a scandal at several hospitals regarding the treatment of cancer patients revealed that hospitals are strained and unable to treat patients promptly (Danish Broadcasting System 2023). This scandal has sparked a debate over whether the legally guaranteed treatment times should be abolished. Some medical experts argue that these treatment guarantees make the healthcare system inflexible and shift the focus from treating the patients most in need to treating patients merely to avoid breaching the treatment guarantees.

The current government has passed several so-called prevention packages, ranging from a plan to reduce the overconsumption of alcohol by Danish teenagers and the provision of healthy school meals to better psychiatric treatment in general (Ministry of the Interior and Health 2023).

Citation:
Danish Broadcasting System. 2023. “Her er afsløringerne, der fik kræftskandalen på Aarhus Universitetshospital til at rulle.” https://www.dr.dk/nyheder/indland/her-er-afsloeringerne-der-fik-kraeftskandalen-paa-aarhus-universitetshospital-til

Ministry of the Interior and Health. 2023. “Forebyggelsespakker.” https://sum.dk/sundhed/forebyggelse/forebyggelsespakker

Finland

Score 8

The aim of the social and healthcare reform in 2023 was to introduce policies and regulations to foster preventive healthcare, including detection and treatment, as well as the adoption of a healthy lifestyle. However, this aim did not materialize. There is only a very minor financial incentive for municipalities and regions to invest in health prevention.

Meanwhile, the government has introduced mandated maximum waiting times to guarantee timely access to services. Maximum waiting times are closely monitored, but in the absence of sanctions, there are many regions in which the regulated waiting-time expectations are not met. The quality of services is maintained through medical professionals who are expected to follow published best practices introduced for different conditions.

The issue of healthcare financing is the most contested health policy topic in Finland (YLE News, 2023). Currently, all funding for the regions is provided by the state on a capitation basis, which does not offer incentives to ensure individuals receive the right care at the right place at the right time. The financing system is under analysis, and new solutions are expected to emerge.

Citation:
YLE News. 2023. “Amnesty Report: Parts of Finland’s Healthcare System Have Failed.” https://yle.fi/a/74-20036481

France

Score 8

Created in 2016, the French Public Health Agency (Santé publique France, SPF) is the principal agency in charge of public health policy. Its competencies include health promotion and education, public health surveillance, disease prevention, and health monitoring. It works in part through regional branches offices located within regional health authorities.

The SPF uses national information campaigns to promote healthy eating, physical exercise or smoking cessation. Since 2017, general practitioners have been allowed to prescribe physical exercise to patients with certain types of conditions, such as diabetes or heart problems. The SPF has also overseen the implementation of an official food rating system, called “nutriscore,” which became mandatory in 2021.

The Ministry of Health has implemented three national cancer screening programs (breast, cervical and colon). Since 2004, all women between 50 and 74 have had access to a biannual mammogram and examination free of charge. A new Cancer Plan 2021 – 2030 aims to increase the number of tests and reduce avoidable deaths by 50,000 per year. The program has benefited from increased funding compared to earlier periods. Other forms of screening and follow-ups are provided by GPs and gynecologists, especially during pregnancy, with patients receiving 100% reimbursement.

There have been important efforts to promote "integrated care," especially for the elderly, based on substantial experimental evidence. Several programs of this kind have been organized at the regional level. There is little available evidence at this stage as to their effectiveness.

Smoking rates remain high in France, with 24% of the adult population smoking compared to an OECD average of 17%. France also has relatively high levels of alcohol consumption with an average of 11 liters per adult per year (2019) compared to nine across the OECD as a whole. Rates of self-reported obesity are slightly lower than in neighboring countries, but have been increasing among adolescents. The food rating system appears to be having positive effects in this area.

Citation:
"Icope à Toulouse." La Santé en Action no. 459, March 2022.

Israel

Score 8

Israel's healthcare system invests in preventive treatment. The "health basket" (i.e., basic services provided to the entire population) includes early check-ups for various types of cancer, a Papilloma vaccine and treatments for tobacco addiction, among other things. In the last couple of years, more preventive treatments have been added to the health basket and medicine basket (i.e., the drugs and technologies provided to all citizens).
Policies for adopting a healthy lifestyle are less developed; however, there are various programs and vouchers available to encourage beneficiaries to be more physically active.

One of the main problems facing Israel's healthcare system is the waiting period for various healthcare services, such as MRI scans or appointments with specialist physicians. These issues are particularly severe in peripheral regions, where individuals can wait several months for an MRI appointment and over a month to see a specialist. Despite these delays, the services provided are of high quality.
The healthcare system is highly digitalized, which enables integrated treatment, and the flow of information between experts and healthcare facilities.

Japan

Score 8

Japan boasts one of the most efficient healthcare systems in the world. However, at the same time, the system is under increasing pressure due to demographic aging. According to the OECD's Health at a Glance 2023, Japan performed better than the OECD average on 73% of indicators related to healthcare quality. Japan has one of the longest healthy life expectancies and lowest infant mortalities in the world. Japan's health budget accounts for 11.5% of GDP, more than the OECD average of 9.2%. There are 12.6 hospital beds in Japan per 1,000 population, compared to 4.3 on average in the OECD, and 2.6 doctors per 1,000 population (OECD: 3.7). The majority of hospitals suffer from doctor shortages but waiting times for medical treatment are relatively short. The care sector is also massively impacted by a lack of workers, with 70% of providers reporting staff shortages. Policies to fill these positions with foreign workers have so far been insufficient.

National health promotion strategies advocate for healthy lifestyles, including dietary habits, physical activity, rest, and discouragement of smoking and drinking alcohol. Prefectural healthcare delivery visions contain detailed plans for treating various diseases and developing different types of healthcare. Prefectures are responsible for annual inspections of hospitals, but public reporting on hospital performance is voluntary. Hospitals are evaluated by the Japan Council for Quality Healthcare, which develops clinical guidelines but cannot penalize medical institutions for poor performance.

Performance has been improved by reducing the number of hospital beds, though the number remains high by international comparison. A 2022 analysis for the World Economic Forum claims there are some deficiencies with primary care and chronic care, but overall the quality of care provided was good. Digitalization of health data is limited to specific localities and a national system is still missing, which means Japan is behind many other countries in this regard.

To cope with the challenge of population aging, after introducing long-term insurance in 2000, Japan established a community-based integrated care system, which combined housing, medical, preventive and long-term care, as well as daily living support for older people at the municipal level.

Japan International Cooperation Agency. 2022. "Community-based Integrated Care in Japan – Suggestions for Developing Countries from Cases in Japan." https://openjicareport.jica.go.jp/pdf/1000048192.pdf
Ministry of Health, Labour and Welfare. 2012. "A Basic Direction for Comprehensive Implementation of National Health Promotion." https://www.mhlw.go.jp/file/06-Seisakujouhou-10900000-Kenkoukyoku/0000047330.pdf
"Nearly 70% of care service providers in Japan face labor shortage." The Japan Times, October 7. https://www.japantimes.co.jp/business/2023/10/07/caregiving-labor-shortage/
Nomura, Shuhei, et al. 2022. "Sustainability and Resilience in Japan's Health System." London: LSE Consulting. https://www3.weforum.org/docs/WEF_PHSSR_Japan_final_2022.pdf
OECD. 2023. "Health at a Glance 2023." https://www.oecd.org/japan/health-at-a-glance-Japan-EN.pdf

Sweden

Score 8

Preventive healthcare and a healthy lifestyle are included in Sweden's public health targets (PHA, 2023). However, in practice, preventive healthcare is not always readily available at public primary care centers. A public health policy aims to close any healthcare gaps within a generation through political efforts and the promotion of healthy lifestyles, including smoke-free areas, traffic speed limits, and legal age limits on tobacco and alcohol.

Sweden's public health is generally good, with several indicators showing improvement, but disparities exist among population groups. Individuals with low socioeconomic status, especially women without upper secondary education, have shorter life expectancies (PHA, 2023). The Swedish population's perceived health status, with a score of 5.67, is slightly above the OECD average of 5.38 (OECD output indicator P11.6). Additionally, Sweden performs well in terms of healthy life expectancy, scoring 6.63 compared to the OECD average of 5.57 (OECD output indicator P11.4).

Sweden's spending on preventive healthcare increased from 2021, but as of 2023, it is still lower than the OECD average. In the OECD's report "Health at a Glance 2023," Sweden's public health and preventive measures generally score well compared to other OECD countries. In terms of healthy food consumption, Sweden scores higher than the OECD average for daily vegetable consumption but lower than the average for fruit consumption. Fifty-six percent of both men and women in Sweden engage in at least 150 minutes of physical activity per week. This figure is the sixth highest and well above the 40% OECD average. The self-reported overweight and obesity rate among adults is 15% in Sweden, compared to the OECD average of 18%. Sweden scored high in mammography screenings within the past two years, with 80% of women aged 50 – 69 participating, compared to the OECD average of 55.1%. Between the COVID-19 pandemic years 2020 – 2022, Sweden had 214 deaths per 100,000 inhabitants, which is just below the OECD average of 225 deaths (OECD, 2023).

The quality of Swedish healthcare is good and performs well in international comparisons. Few people abstain from care due to costs or travel times, but long waiting times in Sweden do cause some to forgo care (AHCSA, 2022; Janlöv et al. 2023 119).

In 2021, Sweden spent 11.25% of its GDP on healthcare expenditures, a figure that declined to 10.67% in 2022. These numbers are higher than the OECD average of 10%. While the OECD average remained stable from 2020 – 2022, other countries also exhibited a similar decline in spending as Sweden. In comparison with other OECD countries, Sweden's healthcare resources are relatively lacking. In both 2021 and 2022, there were 3.18 physicians per 1,000 inhabitants, below the OECD

average of 4 physicians. Additionally, Sweden and Greece had the lowest number of consultations with doctors among all OECD countries. Sweden had 2 hospital beds per 1,000 inhabitants in 2021, compared to the OECD average of 5 beds. The number of computed tomography scanners per 100,000 inhabitants decreased from 23.04 in 2021 to 22.96 in 2022, whereas the average for all OECD countries remained at 29 for both years.

Sweden's healthcare costs are high compared to those of other countries, and improving efficiency is a major health policy goal. There is an ongoing reform to strengthen primary care and enhance integrated care in the pursuit of "a good and close care" (Janlöv et al., 2023, 170). One of the main challenges in Sweden is the coordination of care between different providers. Policies to improve coordination include clinical pathways implemented between 2015 and 2019 aimed at streamlining care and reducing waiting times. However, the implementation is recent, and there is not yet sufficient evidence to assess its impact (Janlöv et al., 2023, 119).

Citation:
AHCSA. 2022. Nationell uppföljning av hälso- och sjukvården 2022 - Indikatorer på kvalitet, jämlikhet och effektivitet. Stockholm: The Agency for Health and Care Services Analysis.

Janlöv, N., Blume, S., Glenngård, A.H., Hanspers, K., Anell, A., and Merkur, S. 2023. "Sweden: Health System Review." Health Systems in Transition 25 (4).

PHA. 2023. Folkhälsan i Sverige - Årsrapport 2023 (The Public Health in Sweden - Yearly report 2023). The Public Health Agency of Sweden.

OECD. 2023. Health at a Glance 2023 - OECD Indicators. Paris: OECD Publishing. https://doi.org/10.1787/7a7afb35-en

Australia

Score 7

A well-organized and well-funded healthcare system supports high-quality outcomes. However, challenges remain, particularly in how costs are divided between the state and individual users, with some approaches leading to increased health inequality.

The healthcare system is designed to achieve high-quality care through effective structuring across different government levels and varying degrees of decentralization (Department of Health and Aged Care 2019). The national government is responsible for monitoring the quality, effectiveness, and efficiency of primary healthcare providers. It also collects and publishes health-related information and statistics and funds health and medical research. States, territories, and local governments manage public hospitals. Primary health networks coordinate health services in local areas and oversee health centers, GPs, nurses, specialists, and other health professionals. This division of responsibilities aims to leverage the unique resources and strengths of each entity involved in managing the healthcare

system. Overlaying these divisions is a complex distribution of responsibilities between public and private health providers. While the system functions effectively, it faces challenges such as integration issues due to its complexity and rising costs, which are reflected in increasing out-of-pocket expenses for services and rising private health insurance premiums (Butler et al. 2019).

Citation:
Department of Health and Aged Care. 2019. "The Australian Health System." https://www.health.gov.au/about-us/the-australian-health-system

Butler, S., Daddia, J., and Azizi, T. 2019. "The time to act is now." https://www.pwc.com.au/health/health-matters/the-future-of-health-in-australia.html

Canada

Score 7

There is an ongoing problem involving a trade-off between equity of access and the speed of services in the public system. Since the private system is actively discouraged by the provincial payment system, long wait times for certain procedures can result.

The most glaring problem with the Canadian system is timely access to care. In a 2017 study by the Commonwealth Fund, Canada ranked last for providing timely access to care among 11 high-income countries. As hospitals and healthcare units pivoted to deal with COVID-19 – redirecting resources to emergency and intensive care – these wait times and access issues became even more acute.

The Canadian Institute for Health Information reported that almost 560,000 fewer surgeries were performed between March 2020 and June 2021 compared with 2019. The Canadian Medical Association has championed the need for change, highlighting the immense challenges the Canadian healthcare system is "struggling" with and calling for an infusion of CAD 1.3 billion in funding from the federal government (Vogel 2020).

Citation:
Vogel, Lauren. 2020. "How Can Canada Improve Worsening Wait Times?" CMAJ: Canadian Medical Association Journal 192 (37): E1079–80. https://doi.org/10.1503/cmaj.1095895

Estonia

Score 7

Health promotion and disease prevention are increasingly important priorities for the Estonian Health Insurance Fund (EHIF), and the share of resources dedicated to preventive healthcare has recently doubled. The National Health Plan 2020 – 2030 continues to emphasize the importance of prevention, and deaths from preventable and treatable causes have steadily decreased. However, smoking prevalence, alcohol consumption and obesity rates are all above the EU average. Additionally, the rate of children's vaccinations is relatively low and decreasing. At the same time, the number of deaths from air pollution remains low.

To address the mental health issues accelerated by the COVID-19 crisis, Estonia began centrally coordinating mental health policy in 2022. The country has set priorities for action to strengthen the provision of mental health services, and has launched prevention and mental health promotion efforts.

Recent health system reforms have introduced financial incentives for multidisciplinary primary healthcare centers and primary care networks that provide better access to services. A 2023 health system performance assessment encouraged the development of a sustainable governance plan. This plan makes use of abundant available healthcare data for purposes such as service integration, clinical decision-making and outcome measurement (OECD, 2023).

Citation:
OECD. 2023. "State of Health in the EU Estonia Country Health Profile 2023." https://www.oecd.org/estonia/estonia-country-health-profile-2023-bc733713-en.htm

Ireland

Score 7

Objective indicators of health outcomes in Ireland are relatively good and continue to improve. However, access to healthcare dominates people's perceptions and reality. Health insurance facilitates access to high-quality and high-technology medical care in private and public-private settings (Connolly 2023). While preventable and treatable mortality rates remain consistently below the EU average, excessively long waiting lists are the primary cause of unmet medical needs. Coverage for publicly funded healthcare in Ireland, though expanding, is not yet universal (OECD 2023). The OECD also notes that Ireland had an effective vaccination rollout, which reduced COVID-19 mortality.

The Health Service Executive (HSE 2020) has laid out a plan for integrated care and support for people with chronic ill health to live well within the community. This plan focuses on keeping people at home with ready and equitable access to general practitioner reviews, diagnostics, health and social care professional input, and specialist opinions as required. The Integrated Care Programme for the Prevention and Management of Chronic Disease aims to prevent and manage chronic disease and associated complications through education sessions, goal-setting, and action plans. The program supports chronic disease management at home, progressing through levels of care from general practitioners in Community Healthcare Networks to a Chronic Disease Management Programme in general practitioner services, and finally to community specialist ambulatory care for diagnostics, pulmonary and cardiac rehabilitation and diabetes management.

Level 3 involves acute specialist ambulatory care with services such as respiratory outreach, while Level 4 provides specialist hospital care for complex issues. Implementation has been uneven, with the absence of integrated home care packages

(both in policy and practice) as a major obstacle, indicating a lack of integration governance. The Health Service Executive's governance and financial management structures are a constant focus for reform, and labor shortages present significant challenges.

Outcome data for healthy life expectancy at birth show Ireland ranked joint 8th at 71 years, compared to the average of 70.4 years, with non-healthy life expectancy reaching 85 years for Irish women. Irish men are considered less proactive about preventative care.

Policies and regulations have been slow to foster investment in digital infrastructure, resulting in some poor investment outcomes. However, the transition to ehealth has accelerated during the pandemic, with improvements in the utilization of health data to monitor emerging threats and accurately assess public health matters. More effort is needed to disaggregate data across equality grounds. The government is implementing measures to offset rising costs caused by an aging population, advance medical technology, and utilize step-down beds in nursing homes and other convalescent and elder social care settings, but progress is variable.

Citation:
Connolly, S. 2023. "Improving Access to Healthcare in Ireland: An Implementation Failure." Health Economics, Policy and Law First View: 1-11.
https://doi.org/10.1017/S1744133123000130
Health Service Executive (HSE). 2020. National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020 – 2025. https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/national-framework-integrated-care.pdf
OECD. 2023. "State of Health in the EU Ireland Country Health Profile 2023." https://read.oecd.org/10.1787/3abe906b-en?format=pdf

Italy

Score 7

A 2000 World Health Organization (WHO) report ranked the Italian healthcare system second in the world. A recent Bloomberg analysis also placed the Italian system among the most efficient globally. A 2017 Lancet study ranked the Italian system highly for access and infrastructure, cultural factors, and the political and managerial capacities of local administrations, but noted regional disparities in public healthcare quality.

Despite similar levels of per capita expenditure, services are generally better in northern and central Italy than in southern Italy, where corruption, patronage, and administrative inefficiency have driven up healthcare costs. In these regions, lower quality and longer waiting lists mean wealthier individuals often turn to the private sector for medical care.

Regional disparities lead to significant health tourism to the north. The existing system of national quality standards, correlated with resources and intended to be implemented across regions, has not yet reduced the quality gap between the North and South.

To improve the quality of the healthcare system, the NRPP plans to invest around 16 billion euros. This investment aims to disseminate new healthcare models through various organizational innovations. On one hand, it focuses on developing proximity networks, intermediate structures, and telemedicine for territorial healthcare. On the other hand, it promotes innovation, research, and the digitalization of the National Health Service.

The interventions are specifically targeted at significantly improving territorial services by:

-Strengthening and creating territorial structures and services, such as community homes and hospitals
-Enhancing home care
-Developing telemedicine
-More effectively integrating all social health services

However, the risk remains that the implementation of these innovations will vary widely across the country, and the results are not yet clear. Additionally, the Meloni government has expressed doubts regarding the future financial sustainability of these territorial services.

Citation:
Ministero della Salute. 2023. "Moniotoraggio LEA (2021)." https://www.salute.gov.it/portale/lea/dettaglioPubblicazioniLea.jsp?lingua=italiano&id=3329

New Zealand

Score 7

Health policy aims to facilitate the delivery of high-quality healthcare.

Policies are designed to foster preventive healthcare, encourage healthy lifestyles, and facilitate the early detection and treatment of health conditions. The government has invested in health promotion initiatives and screening programs, and access to primary healthcare providers allows for regular check-ups and preventive care. However, despite these initiatives, New Zealand performs worse than the OECD average on many risk factor indicators, such as alcohol consumption and obesity (OECD 2023). New Zealand had a world-leading law to ban smoking for future generations, but this has been scrapped by the new National government to help pay for tax cuts (Corlett 2023).

New Zealand's commitment to universal healthcare ensures that all residents have access to essential healthcare services regardless of their ability to pay. Policies and regulations establish standards and guidelines for healthcare delivery, ensuring quality in treatment and care. In fact, New Zealand performs better than the OECD average on 71% of the OECD's "quality of care" indicators (OECD 2023). However,

areas for improvement remain; for example, wait times for certain procedures or specialist consultations can be very long (RNZ 2023), and workforce shortages put a strain on the healthcare system (Hewett 2023).

Efforts are underway to enhance integration and coordination between different levels of care. Coordinated care pathways aim to ensure individuals receive appropriate care and are referred to specialized services when needed. Policies support the integration of telehealth and technology to improve access to care (Palmer 2023).

Citation:
Corlett, E. 2023. "New Zealand scraps world-first smoking 'generation ban' to fund tax cuts." The Guardian, 27 November. https://theguardian.com/world/2023/nov/27/new-zealand-scraps-world-first-smoking-generation-ban-to-fund-tax-cuts#:~:text=The%20laws%20were%20due%20to,outlets%20and%20the%20generation%20ban%E2%80%9D

Hewett, W. 2023. "Govt Unveils New Sustained Improvement Plan to Tackle Issues Within NZ's Health Workforce." Newshub, July 4. https://www.newshub.co.nz/home/politics/2023/07/govt-unveils-new-sustained-improvement-plan-to-tackle-issues-within-nz-s-health-workforce.html

OECD. 2023. Health at a Glance 2023: New Zealand. https://www.oecd.org/newzealand/health-at-a-glance-New-Zealand-EN.pdf

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RNZ. 2023. "Moves to Cut Surgery Waiting Times: Three Down, 98 Recommendations to Go." 18 November. https://www.rnz.co.nz/news/national/502738/moves-to-cut-surgery-waiting-times-three-down-98-recommendations-to-go

Portugal

Score 7

Portugal has achieved notable success in several health policy areas despite facing various challenges. This includes commendable life expectancy and infant mortality rates given the country's level of public expenditure (OECD, 2023). Additionally, Portugal's response to the COVID-19 pandemic, particularly its vaccination efforts, was remarkable. The country also established the National Integrated Continuing Care Network, which, although currently at full capacity and in need of expansion, provides essential ongoing and integrated support for individuals who are dependent and require continuous healthcare and social support due to acute illnesses or chronic disease management.

Portugal is shifting toward a more proactive, preventive approach in healthcare. A significant example is the breast cancer screening program, where 80% of women participated, a figure well above the OECD average of 55% (OECD, 2023). However, considerable progress is still needed in preventive healthcare. The number of healthy life years at age 65 in Portugal is below the OECD average, despite a higher overall life expectancy. With an aging population, the need for better

diagnostic and preventive measures is increasingly critical. Yet, Portugal ranks as the fourth lowest in per capita spending on health prevention programs in the OECD and lags in the proportion of health spending dedicated to prevention. The Directorate-General for Health has prioritized programs focusing on the prevention and promotion of healthy lifestyles, but these initiatives have not received sufficient medium-term funding.

Enhancing the timely delivery of quality healthcare services necessitates addressing the shortage of family doctors. Currently, more than 1.7 million Portuguese people – 16% of those enrolled in primary healthcare – lack a family doctor, a figure that has been increasing in recent months (CNN, 2023). This shortage underscores the need for concerted efforts to improve the capacity and efficiency of primary healthcare services in Portugal.

Citation:
OECD. 2023. "OECD Health at a Glance 2023 Country Note – Portugal."
https://www.oecd.org/portugal/health-at-a-glance-Portugal-EN.pdf

CNN. 2023. "Há mais de 1,7 milhões de portugueses sem médico de família. E anúncio para contratar quase mil médicos arrisca ser mais um 'fracasso'." CNN Portugal, December 26.
https://cnnportugal.iol.pt/medico-de-familia/medicina-geral-e-familiar/ha-mais-de-1-7-milhoes-de-portugueses-sem-medico-de-familia-e-anuncio-para-contratar-quase-mil-medicos-arrisca-ser-mais-um-fracasso/20231226/658311b5d34e65afa2f8e05d

Slovenia

Score 7

Slovenia has several prevention programs. These programs begin with preventive monitoring of pregnant women and extend to newborn screening, healthcare for infants and children, healthcare for adolescents, and healthcare for students, athletes, and adults. For adults, national programs for the primary prevention of cardiovascular disease, diabetes, depression, risky alcohol consumption, and smoking are conducted by referral clinics. Screening programs for cervical cancer, breast cancer, and colorectal cancer – including the ZORA, DORA, and SVIT programs – are also available.

The primary objectives of these screening programs are to reduce the incidence of disease, lower the incidence of serious complications, decrease mortality rates, and increase the chances of complete curability.

The "This is Me" program is Slovenia's largest web portal for youth counseling, offering young people anonymous public access to problem-solving support.

The mortality rate avoidable through public health and prevention measures increased in 2020 at a rate similar to the EU average and remained above it. Most preventable deaths are related to the prevalence of unhealthy lifestyles. The decline in the pre-pandemic mortality rate was linked to the strengthening of primary-level prevention measures, addressing smoking, alcoholism, healthy eating, and physical activity, as well as screening programs and counseling.

The mortality rate from curable causes decreased in Slovenia in 2020, indicating effective healthcare regarding treatment. Most deaths are due to heart disease, colon and rectal cancer, followed by stroke and breast cancer.

Citation:
Zdravstevna. 2020. "Preventivni presejalni programi v Sloveniji." https://www.zdravstvena.info/preventiva/preventivni-presejalni-programi-v-sloveniji-svit-dora-zora.html

OECD. "OECD Better Life Slovenia." https://www.oecdbetterlifeindex.org/countries/slovenia/

UMAR. 2023. "Poročilo o razvoju 2023." https://www.umar.gov.si/fileadmin/user_upload/razvoj_slovenije/2023/slovenski/POR2023-splet.pdf

Spain

Score 7

The law on the cohesion and quality of the national health system dates back to 2003 but has been frequently updated, most recently in March 2021. The system is designed to offer efficient primary care. However, recent years have seen the healthcare system come under pressure from demographic changes, evolving healthcare needs, rising expectations, and innovations (WHO 2023). Experts and professionals have long pointed to a budgetary shortfall that has negatively impacted the system, resulting in a lack of human and material resources and increasing variability in the timeliness and quality of healthcare services across autonomous communities. Long waiting lists for ambulatory care and surgery, as well as overloaded emergency services, are common issues. According to the Health Barometer 2023, only 57.5% of the general population rated the functioning of the health system positively in October 2023, compared to 72.1% in 2019.

In 2023, the Spanish Ministry of Health's budget expenditure exceeded €2.6 billion, up from approximately €2.4 billion in the previous year. The INVEAT plan, part of the RRP, has dedicated €796 million since 2021 to modernize technology, enhance early disease diagnosis, and enable prompt therapeutic intervention.

The national Ministry of Health has improved its constitutionally determined coordination function, aiming to ensure national standards in healthcare delivery. The anticipated National Public Health Agency is expected to improve system governance and foster cooperation mechanisms between the healthcare and public health services of the autonomous communities.

In late 2023, the central government convened a Sectoral Conference for Health with autonomous communities to address systemic issues. However, effective cooperation and shared decision-making have been challenging, evidenced by the government imposing its coordinating power to enforce the use of facemasks in healthcare facilities during the rising incidence of influenza in January 2024.

The RRP has partially improved access to funding for training and research in the health sector, including venture capital investment in technology-based or innovative companies. Investments from the RRP will contribute to creating a healthcare data lake to facilitate massive data processing projects. Autonomous communities' health services are working on implementing innovative advanced analytics techniques to optimize waiting lists and assist in cancer screening.

Furthermore, the RRP includes measures to strengthen the resilience and capacity of the health system. These measures aim to boost research on pharmaceutical product sustainability, increase genomic testing capabilities, improve human biomonitoring infrastructure, and upgrade patient-oriented clinical research units.

The Public Health Strategy 2022 included a specific action plan to improve the population's health and well-being through disease prevention, promoting healthy lifestyles, and fostering safe and sustainable environments. Smoking, alcohol consumption, and obesity remain significant public health issues in Spain, with high consumption rates potentially linked to comparatively low taxes on these substances.

Citation:
Government of Spain. 2022. "Estrategia de Salud Pública 2022."
https://www.bertelsmann-stiftung.de/de/unsere-projekte/der-digitale-patient/projektthemen/smarthealthsystems/digital-health-index

Government of Spain. 2021. "Plan INVEAT. Investment in High Technology Equipments."
https://www.sanidad.gob.es/profesionales/prestacionesSanitarias/PlanINVEAT/pdf/Plan_INVEAT.pdf

Opinión de los ciudadanos. Barómetro Sanitario 2023. octubre de 2023.
https://www.sanidad.gob.es/estadEstudios/estadisticas/BarometroSanitario/home_BS.htm

WHO. 2023. "Primary Health Care Transformation in Spain: Current Challenges and Opportunities."
https://iris.who.int/bitstream/handle/10665/373464/WHO-EURO-2023-8071-47839-70649-eng.pdf?sequence=1

Austria

Score 6

Austrian health policy generally facilitates high-quality healthcare, though within certain limits. The increasing shortage of doctors across the country who treat patients with public health insurance (see P11.1) certainly limits the quality of healthcare in Austria – not only in terms of choice but also in terms of receiving medical treatment on reasonably short notice.

A survey from 2023 found that nearly one-fifth of medical practices, while obliged to accept new patients with public health insurance, were unwilling to take on these patients (see Kleine Zeitung 2023). Additionally, there have been long waiting times for those who eventually secure an appointment. In Vienna in particular, there have been exceptionally long waiting times for receiving medical treatment in hospitals, as has been publicly criticized by the city's Court of Audit. According to other sources, the lack of sufficiently trained doctors in hospitals, particularly emergency surgeons, has reached a critical stage, with doctors themselves pointing to the growing risk of losing established quality standards (see Der Standard 2023).

Concerning most established indicators of effective preventive care, such as women receiving mammography screening, Austria has ranked in the middle among OECD countries. One of the major challenges has been the development of "integrated care" for elderly people. Integrating care both within the health system and between health and social care has been a significant issue over the past two decades. This challenge is mainly due to the fragmentation of responsibilities, information flows, and funding sources. With the rising number of people with chronic conditions and new patterns of care needs, such as dementia, problems between hospitals and community care have become evident. Consequently, several initiatives have been launched in Austria to adapt organizational structures and processes, such as information exchange, hospital discharge procedures, and education and training programs. However, to date, these reforms have been assessed as piecemeal, often discontinued, and not systematically evaluated.

Citation:
https://www.kleinezeitung.at/politik/innenpolitik/aerztemangel/6150208/Aerztemangel_Recherche-in-135-Ordinationen_Wie-lange-man-auf

https://www.derstandard.at/story/2000144918798/wo-oesterreichs-gesundheitssystem-an-seine-grenzen-geraet

https://ehma.org/app/uploads/2022/12/Country-report-Austria_20180801.pdf

https://www.meinbezirk.at/wien/c-politik/stadtrechnungshof-kritisiert-wiener-spitaeler_a5101135

Latvia

Score 6

The ombudsman, previously in 2021, again approached the Ministry of Health regarding patients who require 24-hour care and support in stationary healthcare institutions. A solution is needed to ensure adequate care for these patients, prevent health deterioration, and respect human dignity in healthcare. As of November 2022, the National Health Service's service name "Accompanying Person's Presence with the Patient in Round-the-Clock Rehabilitation Institution or with a Child in a 24-hour Stationery" was changed to "Accompanying Person's Presence with the Patient in a 24-hour Stationery," making it possible for an accompanying person to be present when necessary for the patient's continuous care.

Citation:
Tiesībsargs. 2023. "2022. gada ziņojums." https://www.tiesibsargs.lv/wp-content/uploads/2023/03/tiesibsarga_2022_gada_zinojums.pdf

Lithuania

Score 6

Health policies are largely aligned with the goal of achieving high-quality healthcare, although their implementation often faces obstacles. According to the OECD (2023), Lithuania performed better than the OECD average on 58% of quality-of-care indicators. However, it scored poorly on acute care, with a 30-day mortality rate after

stroke of 15.4%, compared to the OECD average of 7.8%. In primary care, Lithuania had 554 avoidable admissions per 100,000 population, in contrast to the OECD average of 463. For preventive care, 46% of women were screened for breast cancer, below the OECD average of 55%. Additionally, the rate of unmet need for medical care is among the highest among OECD countries.

The 2020 coalition government prioritized strengthening public health, emphasizing disease prevention and cultivating a healthy lifestyle through proper nutrition, physical activity, balanced working, studying and leisure regimes, sex education, and the prevention of substances affecting stress and psychology (Seimas 2020). It also committed to further improving the quality of individual healthcare services by enhancing focus on their safety. This would be based on a quality management system that uses data and evidence for the purposes of monitoring and diagnosing, with the support of new technologies, best practices and expert recommendations, and quality assessment based on patient feedback.

The government also stressed the importance of increasing healthcare effectiveness through individually tailored services. These services are based on the application of the most recent prevention, diagnosis, treatment and care techniques. Funding for services would be linked to the quality and effectiveness of their provision, irrespective of the ownership or subordination of particular healthcare institutions.

The program defined several indicators of success. By 2024, goals are to increase average life expectancy to 77 years (from 76), reduce the difference in life expectancy between men and women to eight years (from 9.8), increase average healthy life expectancy to 60.5 years (from 58.1), and have the share of adults who assess their state of health as good or very good reach 64% (up from 58%). More ambitious indicators regarding life expectancy and health self-assessments were set for 2030.

In 2022, the government allocated additional resources for activities aimed at strengthening public healthcare, particularly psychological health, healthy lifestyles, more effective management of infectious diseases, and expansions to the network of schools that practice health-strengthening activities (The Government Annual Report for 2022, 2023). It also began implementing a project to establish a model for providing long-term care services, which aims to deliver all types of care services in a sustainable “single point of contact” manner.

Although the annual report on government activities in 2022 noted a slight decrease in the life expectancy gap between men and women (from 9.6 to 9.3 years), it acknowledged that this gap remained the EU’s largest (The Government Annual Report for 2022, 2023). It also noted that, contrary to plans, average healthy life expectancy had decreased compared to 2019. This negative trend was explained with reference to the restricted accessibility of healthcare services due to the management of the COVID-19 pandemic, as well as to the pandemic itself.

Citation:
OECD. 2023. “Health at a Glance 2023 Country Note: Lithuania.” https://www.oecd.org/health/health-at-a-glance/
The Seimas, the Resolution on The Program of the Eighteenth Government of Lithuania (in Lithuanian), 11 December 2020, No. XIV-72;
The Government Annual Report for 2022, 17 May 2023 (in Lithuanian), https://epilietis.lrv.lt/lt/naujienos/seimui-teikiama-vyriausybes-2022-metu-veik los-ataskaita.

Netherlands

Score 6

The Dutch healthcare system is facing critical challenges, with structural issues becoming more apparent after the COVID-19 pandemic. Despite its theoretical robustness, the system urgently requires significant maintenance as an increasing number of citizens are being denied their legally entitled care, potentially creating substantial long-term health risks.

Youth care is under considerable pressure, experiencing a surge in demand that has led to prolonged waiting times for assistance. Additionally, dental care is still not included in basic insurance contacts, further highlighting the system’s shortcomings. Health disparities persist, with the most prosperous 20% of the population enjoying over 23 additional years of good health compared to the least prosperous 20%. There is an imperative to consider health impacts in all government policies and to reorient healthcare procurement toward prevention, given the unequal outcomes of the current reactive approach.

Efforts to broaden the National Prevention Agreement include incorporating mental resilience, taxing sugary drinks and increasing excise duties on tobacco. Plans include agreements with industry on producing healthier foods, exploring a sugar tax, and potentially reducing the VAT rate on fruits and vegetables. However, these proposals remain stuck in the planning stage. Additional investments in research and action against Alzheimer’s, obesity and cancer, for both adults and children, have been proposed. Addressing age-related conditions necessitates a heightened focus on prophylactics. However, health insurers’ reluctance to invest in preventive interventions highlights the need for a systemic shift to a mindset in which health is integral to the healthcare system, not just illness.

To help understand addiction’s social impact, the establishment of a national rapporteur on addictions has been proposed. The National Prevention Agreement had achieved 22 out of its 41 set targets by 2021. The focus on reducing smoking, obesity and excessive alcohol consumption by 2040 has yielded outcomes such as smoke-free school grounds and daycare centers, as well as increased promotion of healthy lifestyles in municipalities.

The Care Agreement emphasizes prevention, quality of life and locally accessible care. It envisions increased job satisfaction and digital support for medical staff, along with a national network for exchanging electronic healthcare data. The Integral Care Agreement (IZA) is seen as the beginning of substantial change, with ongoing discussions and a commitment to realizing the agreed-upon measures.

The implementation of the IZA, concluded in September 2022, is facing challenges. The Ministry of Health, Welfare and Sport provided financial resources for 2023 to municipalities only in September. Despite persistent requests from the Association of Dutch Municipalities, the ministry did not grant its approval to carry these funds forward to 2024. This delay in financial support is exerting pressure on the execution of the Integral Care Agreement.

Citation:
De staat van de zorg. 2023. Nederlandse zorautoriteit. 12.10.2023. https://www.nza.nl/onderwerpen/stand-van-de-zorg

De E-healthmonitor. 2021-2023. “Plan van aanpak op hoofdlijnen.” RIVM. https://open.overheid.nl/documenten/ronl-d0462ee1-7a94-4b34-b510-c5dbdaa555b6/pdf

EY Barometer Nederlandse Gezondheidszorg. 2023. “Resultaten 2023: Nederlandse zorgsector in zeer zwaar weer beland.” https://www.ey.com/nl_nl/health/ey-barometer-nederlandse-gezondheidszorg

Het Integraal Zorgakkoord - samenwerken aan gezonde zorg, Het Integraal Zorgakkoord - samenwerken aan gezonde zorg

Kiezen voor houdbare zorg. Mensen, middelen en maatschappelijk draagvlak. WRR. 15-09-2021. https://www.wrr.nl/publicaties/rapporten/2021/09/15/kiezen-voor-houdbare-zorg

https://www.rijksoverheid.nl/onderwerpen/prinsjesdag/zorg-en-gezondheid

https: //vng.nl/nieuws/uitvoering-integraal-zorgakkoord-iza-onder-druk

United Kingdom

Score 6

The National Health Service (NHS) holds iconic status within the UK and is widely considered politically untouchable. However, criticism of its functioning is growing. Since the pandemic, resources for healthcare have steadily increased, making it less convincing to argue that the service is underfunded. Health is a competence delegated to the devolved administrations, but the model of free care at the point of delivery is common to all. Differences in effectiveness are sometimes highlighted in political debates, with Conservative politicians pointing to shortcomings in Wales, where the Labour Party has long been in power.

In addition to alarming headlines about the large increase in waiting lists for treatment since the pandemic, the UK has a poor record in dealing with cancer and cardiovascular disease.

The Kings Fund, a leading health think tank, summarizes the explanations in a report: “The UK lags behind other countries in its capital investment and has substantially fewer key physical resources than many of its peers, including CT and MRI scanners and hospital beds. The UK has strikingly low levels of key clinical staff, including doctors and nurses, and is heavily reliant on foreign-trained staff.”

Citation:
https://www.kingsfund.org.uk/sites/default/files/2023-06/how_NHS_%20compares_%20summary_2023.pdf

Greece

Score 5

The quality of healthcare in Greece is far from assured. Although Greece has 67,000 practicing doctors, the country has fewer doctors and significantly fewer hospital beds per 1,000 inhabitants compared to other OECD countries (OECD 2021). Greece also faces a chronic shortage of nurses – a low-status, low-paid job – and medical personnel in rural or remote areas, as most doctors prefer to work in Athens and Thessaloniki, the two largest cities. In these hospitals, there are long waiting lists for emergency ward admissions and surgeries, leading to delays in receiving timely care.

The quality of treatment in public hospitals varies significantly, depending on available infrastructure and the quality of medical personnel. Additionally, patients' purchasing power influences the volume of unrecorded and untaxed transactions with doctors (under-the-table out-of-pocket payments).

Furthermore, health policy has not historically prioritized preventive care. Only recently has the government begun reorienting the health system toward prevention, focusing on breast, cervical, and colon cancers, cardiovascular diseases, childhood obesity, and prevention programs for adolescents and older adults (Ministry of Health 2023).

Citation:
OECD. 2021. "Health Care Resources." https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_REAC

Ministry of Health. 2023. "Prevention Programs." https://www.moh.gov.gr/articles/health/dieythynsh-prwtobathmias-frontidas-ygeias/draseis-kai-programmata-agwghs-ygeias/programmata-prolhpshs

Poland

Score 5

High-quality healthcare is gradually being implemented. Polish specialists achieve excellent results in some areas such as ophthalmology, performing breakthrough procedures and forming teams with international renown in other fields. The Act on Healthcare and Patient Safety came into effect on January 1, 2024, imposing requirements for hospitals to obtain authorization and accreditation.

From the patient's perspective, an essential focus in this area is prevention. Although only 2% of total health expenditures have been allocated to prevention in recent years, there has been increasing emphasis on this area from the Ministry of Health and the National Health Fund. In 2023, 10 preventive programs were conducted in Poland. In 2021, in response to the COVID-19 pandemic, the 40+ program was introduced, allowing diagnostic tests based on gender for individuals aged 40 and above (extended until June 30, 2024). To address the changing needs of the world

and growing concerns about the youngest generation, the "Treatment of e-addictions in children" pilot program was launched. This program applies to children and adolescents up to the completion of secondary school and encompasses psychological and therapeutic counseling as well as participation in group or family sessions.

On June 1, 2023, Poland initiated a program for universal, free vaccinations for teenagers against the human papillomavirus (HPV). Additionally, efforts are being made to coordinate patient care, with a current focus on pregnant women and obese individuals in the cardiology and oncology fields, for example. The National Oncology Network introduced a new model of organization and management of oncological care in 2024.

Citation:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9779126/

United States

Score 5

The United States. boasts some of the best healthcare in the world, characterized by highly trained and experienced doctors, cutting-edge medical technology and facilities, and significant spending and investment in health research and practices. However, access to this system is extremely uneven and largely depends on the personal economic resources of individual Americans and their families.

American health outcomes are not as impressive as they should be given the medical resources available in the country. Much of this stems from inequality in the American healthcare system, with poor Americans struggling to access preventive healthcare, lead a healthy lifestyle, and reach health services in a timely fashion.
In addition, the "fee for service" model of American healthcare rewards the volume of interaction with the health service, not the quality of interaction. It is in the economic interest of medical providers for patients to return frequently rather than be kept healthy and away from their practices.

There are some federal policies designed to increase and protect the quality of care for the unwell. The Affordable Care Act of 2010 (Obamacare) created Accountable Care Organizations (ACOs), entities that promote collaboration among healthcare providers with the intention of improving care coordination, increasing quality, and reducing costs.

Slovakia

Score 4

Slovakia invests very few resources and little effort in preventive healthcare. It does not encourage changes toward a healthier lifestyle (OECD, 2021: 22): "Nearly half of all deaths in Slovakia are attributable to potentially preventable behavioral and environmental causes."

Waiting lists are not transparently published, but for some treatments, patients must wait more than a year. The level of unmet demand is above the OECD average (OECD, 2021a).

Fico's government postponed the health network reform prepared by the 2020 OĽaNO-led government, which was part of the National Recovery and Resilience Plan. This reform aimed to ensure that individuals receive appropriate care at the right place and time, particularly on the tertiary level. The strategy for implementing integrated care was already passed in 2014, but Robert Fico blocked its revised version prepared in 2019.

Limited resources restrict access to high-cost technologies and medications (OECD, 2021)).

Citation:
OECD/European Observatory on Health Systems and Policies. 2021. Slovakia: Country Health Profile 2021. Paris: OECD Publishing and Brussels: European Observatory on Health Systems and Policies.
OECD. 2021a. Health at Glance. Paris: OECD

Hungary

Score 3

Hungarians are on average more obese and smoke more than the European average (OECD 2023). The country performs well in preventing alcohol misuse, maintaining a zero-tolerance policy for intoxicated driving, with noticeable effects. Hungary also shows strong performance in vaccination rates. However, in most of the other prevention indicators, Hungary ranks below the OECD average.

A healthy lifestyle and the Hungarian way of life often exclude each other, and although regular physical activity is increasingly popular among younger urban populations, strong regional differences persist (Welk et al. 2015). Improving high-quality services within the state health system would require more financial resources, but this does not occur. High-quality healthcare in Hungary is often privatized, as strong profits have made healthcare a lucrative business opportunity for Fidesz oligarchs. Consequently, high-quality healthcare in Hungary is available if it is financed privately. The state-directed healthcare system is becoming increasingly complementary.

Citation:
OECD/European Observatory on Health Systems and Policies. 2023. "Hungary: Country Health Profile 2023, State of Health in the EU." Paris: OECD Publishing/Brussels: European Observatory on Health Systems and Policies. https://health.ec.europa.eu/system/files/2023-12/2023_chp_hu_english.pdf

Welk, G. J., Saint-Maurice, P. F., and Csányi, T. 2015. "Health-related Physical Fitness in Hungarian Youth: Age, Sex and Regional Profiles." Research Quarterly for Exercise and Sport 86(sup1): S45-S57.

Indicator

Policies Targeting Equitable Access To Healthcare

Question

To what extent does current health policy hinder or facilitate equitable access to high-quality healthcare?

30 OECD and EU countries are sorted according to their performance on a scale from 10 (best) to 1 (lowest). This scale is tied to four qualitative evaluation levels.

10-9 = Health policies are fully aligned with the goal of achieving equitable access to high-quality healthcare.
8-6 = Health policies are largely aligned with the goal of achieving equitable access to high-quality healthcare.
5-3 = Health policies are only somewhat aligned with the goal of achieving equitable access to high-quality healthcare.
2-1 = Health policies are not at all aligned with the goal of achieving equitable access to high-quality healthcare.

Canada

Score 8

Canada boasts universal access to a comprehensive public health system, albeit with lengthy wait times. Healthcare administration falls under the purview of the provinces and territories, resulting in some variability in health policy implementation. Consequently, the quality and availability of healthcare services can differ across regions.

Long wait times for certain medical procedures have been a concern in Canada. While the system aims to provide equal access to care, some individuals may face delays in receiving specific treatments, potentially affecting the overall quality of healthcare. This situation allows high-income patients to seek services in other provinces or countries, undermining the principle of equal access.

“Primary care access is crucial for preventing and managing health conditions, and securing an adequate supply of general practitioners has proven challenging for many Canadian governments.”

Factors outside the healthcare system, such as income, education and housing, also can significantly impact health outcomes. Greater efforts to address these disparities are needed to achieve health equity.

This issue is particularly pressing in Indigenous populations, which in Canada often experience severe health disparities compared to non-Indigenous populations. These disparities are partly due to their rural locations, as well as other factors mentioned

above. Addressing these disparities requires targeted policies that consider the unique needs and challenges faced by Indigenous communities, and some progress has been made in this area in recent years.

Access to mental health services has been an ongoing concern. Mental health issues require comprehensive and accessible services, but improvements in this area have been slow to materialize.

The lack of universal prescription drug coverage is another area where disparities in access to healthcare can arise. Some individuals may face challenges affording necessary medications, although a new program has been promised as part of a power-sharing arrangement in Parliament between the minority Liberal government and the opposition NDP party (Martin et al. 2018).

Citation:
Martin, Danielle, Ashley P. Miller, Amélie Quesnel-Vallée, Nadine R. Caron, Bilkis Vissandjée, and Gregory P. Marchildon. 2018. "Canada's Universal Health-Care System: Achieving Its Potential." Lancet 391 (10131): 1718–35. https://doi.org/10.1016/S0140-6736(18)30181-8

Germany

Score 8

In Germany, everyone must participate in a health insurance plan, which means that nearly 100% of the population is insured. This mandate ensures affordable access to healthcare for all individuals, regardless of socioeconomic status, gender, age, ethnicity, and other factors (OECD/European Observatory on Health Systems and Policies, 2023).

There is a very small percentage of people with unmet needs for medical care, and the difference among income groups is negligible. In the lowest income quintile, 0.3% of households reported unmet healthcare needs, compared with 0.1% in the highest income quintile. Overall, only 0.2% of households mentioned unmet needs for medical care due to cost reasons (OECD/European Observatory on Health Systems and Policies, 2023).

The statutory health insurances cover a broad range of medical care and treatments, and the benefits are equal for anyone who is insured, regardless of socioeconomic status, gender, age, ethnicity, etc. Persons with high incomes may choose private insurance, which provides benefits that are at least equivalent to those of statutory insurance and often better. Asylum-seekers and recognized refugees are only entitled to emergency, maternity, and preventive care during the first 18 months of their stay. After that, they can access a broader range of healthcare (OECD/European Observatory on Health Systems and Policies, 2023).

A European Parliament study stated that the German health system provides equal access for both males and females (European Parliament, 2015).

A couple of years ago, the federal government commissioner for people with disabilities (Beauftragter der Bundesregierung für die Belange von Menschen mit Behinderungen), Jürgen Dusel, criticized that many doctors' practices and their websites are not barrier-free and nursing staffs in hospitals are often not trained to deal with specific disabilities and the special needs of their disabled patients (Beauftragter der Bundesregierung für die Belange von Menschen mit Behinderungen, n.d.). Currently, the federal ministry for health (Bundesministerium für Gesundheit) is working on an action plan to reduce barriers and improve accessibility in the health system (Bundesministerium für Gesundheit, 2023).

To evaluate the equal accessibility of medical care across all regions of Germany, it is essential first to examine the differences among the sixteen federal states. In 2015, the number of healthcare professionals in the various federal states ranged from 55 to 75 professionals per 1,000 inhabitants, with the German average at 65. The disparities in healthcare expenses per capita were also minimal, ranging from approximately €4,000 to €4,400, with the German average at €4,213 (Statistisches Landesamt Rheinland-Pfalz, 2017). In 2022, the occupancy of hospital beds in Germany averaged 69%, with a range of 65% to 74% among the federal states (Gesundheitsberichterstattung des Bundes, 2023).

An emerging problem is the shortage of doctors in rural areas. Although there are more doctors than ever since German reunification, they often specialize or are drawn to the cities. In the countryside, however, a general practitioner is needed first. The federal states are trying to counteract this problem, for example, by providing scholarships for students who promise to settle in a rural area when finally becoming a doctor (Deutschlandfunk, 2022).

Citation:
Beauftragter der Bundesregierung für die Belange von Menschen mit Behinderungen. n.d. "Gesundheit – gute Versorgung für alle." https://www.behindertenbeauftragter.de/DE/AS/schwerpunkte/gesundheit/gesundheit-node.html
Bundesministerium für Gesundheit. 2023. "Startschuss: Aktionsplan für ein diverses, inklusives und barrierefreies Gesundheitswesen." https://www.bundesgesundheitsministerium.de/presse/pressemitteilungen/startschuss-aktionsplan-fuer-diverses-inklusives-barrierefreies-gesundheitswesen
Deutschlandfunk. 2022. "Wie Länder und Kommunen Landärzte für sich gewinnen wollen." https://www.deutschlandfunk.de/landaerzte-verzweifelt-gesucht-100.html
European Parliament. 2015. "The Policy on Gender Equality in Germany." https://www.europarl.europa.eu/RegData/etudes/IDAN/2015/510025/IPOL_IDA(2015)510025_EN.pdf
Gesundheitsberichterstattung des Bundes. 2023. "Betten in Krankenhäusern." https://www.gbe-bund.de/gbe/pkg_isgbe5.prc_menu_olap?p_uid=gastd&p_aid=3426115&p_sprache=D&p_help=0&p_indnr=115&p_indsp=5077&p_ityp=H&p_fid
OECD/European Observatory on Health Systems and Policies. 2023. Germany: Country Health Profile 2023, State of Health in the EU. Paris: OECD Publishing. https://doi.org/10.1787/21dd4679-en
Statistisches Landesamt Rheinland-Pfalz. 2017. "Vergleich des Gesundheitswesen für alle Bundesländer seit 2017 möglich." Statistische Monatshefte Rheinland-Pfalz 12/2017. https://www.statistik.rlp.de/fileadmin/dokumente/monatshefte/2017/Dezember/12-2017-748.pdf

Japan

Score 8

Article 25 of the Japanese constitution obliges the government to promote public health "in all spheres of life." All Japanese citizens and resident non-citizens have to enroll either in the statutory health insurance system or in the public social assistance program, with coverage reaching around 98% of the population. At least 70% of the cost of healthcare services is covered by the state, while the insured pay 30% of costs, with reduced coinsurance rates for children up to six years old, people with chronic illnesses and elders. Benefits are comprehensive, covering hospital and mental healthcare, prescription drugs, outpatient and home healthcare, as well as dental care. In addition, there are a range of subsidies for some chronic diseases, as well as people living with disabilities and mental illnesses. There is also a yearly maximum for out-of-pocket payment for households using healthcare and long-term services, which varies depending on age and income.

There are some disparities in healthcare access between regions. Due to the merger of many municipalities at the beginning of the 21st century, the provision of some healthcare services and long-term care services have become problematic in depopulated rural areas. The reduction of health disparities between prefectures has been specified as one of the goals of national health promotion strategies since 2012.

Citation:
Prime Minister of Japan and His Cabinet. 1946. "The Constitution of Japan." https://japan.kantei.go.jp/constitution_and_government_of_japan/constitution_e.html

Tikkanen, Roosa, Robin Osborn, Elias Mossialos, Ana Djordjevic, George A. Wharton, and Ryozo Matsuda. 2020. "International Healthcare System Profiles: Japan." https://www.commonwealthfund.org/international-health-policy-center/countries/japan

Sweden

Score 8

The healthcare system is part of Sweden's welfare services. It offers universal healthcare, with the main objective of providing good and equitable health and care for the entire population (Janlöv et al., 2023). Healthcare is decentralized, with responsibility distributed among municipal, regional, national, and EU levels. The national government is responsible for policies and regulations – in this respect, the EU also provides incentives for national regulations – while the regions plan, organize, manage resource allocation, and are responsible for inpatient care and dental care. Municipalities are responsible for long-term care. Regions and municipalities divide the responsibility for ambulatory care and public health services (Janlöv et al., 2023).

An equitable and health-promoting healthcare system is one of eight target areas in Sweden's public health initiatives, with several agencies involved in policy and evaluation. The policy aligns with Agenda 2030 and global targets, particularly

target 3 concerning health and well-being. Despite efforts to ensure an equal healthcare system, differences in health persist between groups and regions.

The national evaluation of healthcare in 2022 shows a positive trend, but differences remain. Healthcare-related avoidable mortality and the health gap have decreased across the population, but they are larger for those with pre-secondary education compared to other education groups. Individuals in poor health report a more negative experience with healthcare and care coordination than those in good health.

"`Covid-19 affected the population unequally. The number of individuals who fell ill and required intensive care was higher among those with pre-secondary education and those born outside of Sweden. The relative difference between individuals with varying levels of education remained constant from 2020 to 2022. However, the disparity based on country of birth was significantly higher at the beginning of the pandemic but decreased in 2022 (PHA, 2023)."`

Further, regional differences affect the quality of and access to healthcare, particularly regarding waiting times, health outcomes, and the degree to which healthcare is "patient-oriented" (AHCSA, 2022). Issues of healthcare quality and accessibility are especially challenging in rural areas, due to factors such as long distances, medical outcome measures, and continuity (AHCSA, 2021).

Citation:
AHCSA. 2021. Långt bort men nära. Kartläggning av primärvården i landsbygden. Stockholm: The Agency for Health and Care Services Analysis.

AHCSA. 2022. Nationell uppföljning av hälso- och sjukvården 2022 - Indikatorer på kvalitet, jämlikhet och effektivitet. Stockholm: The Agency for Health and Care Services Analysis.

Janlöv, N., Blume, S., Glenngård, A.H., Hanspers, K., Anell, A., and Merkur, S. 2023. "Sweden: Health System Review." Health Systems in Transition 25 (4). European Observatory on Health Systems and Policies.

PHA. 2023. "Folkhälsan i Sverige - Årsrapport 2023." https://www.folkhalsomyndigheten.se/contentassets/a448b27d603c44f590fc1aff741b0d5d/folkhalsan-sverige-arsrapport-2023.pdf

Austria

Score 7

The existing policies and regulations largely ensure equitable access to healthcare. There are specific rules designed to support people with certain illnesses or, more generally, those with low incomes; for example, these groups do not have to pay any prescription fees for pharmaceuticals.

However, as mentioned above, the share of the population for whom swift treatment and free choice of doctors is always available is shrinking. This trend is due to an increasing shortage of registered doctors accepting patients with any kind of public health insurance. The lack of these "Kassenärzte" is particularly felt in rural areas. Additionally, there is a notable difference between individual states in terms of the number of hospitals, leading to certain regional disparities.

In 2022 it became known that the "Wiener Gesundheitsverbund" – which represents doctors and care staff in Vienna – had issued an internal directive instructing Viennese hospitals not to treat patients lacking primary residential status in Vienna, due to a lack of resources (Stepan 2022). This directive is not in line with laws that explicitly allow any resident of Austria to report to any hospital in the country.

People with private health insurance are generally admitted to hospitals more easily, receive more timely treatment, and sometimes even better care. For example, some medications, such as Sofosbuvir for Hepatitis C, are only available to those with private health insurance.

While a latent division exists between groups of the population dependent on publicly financed treatment and those able to pay for particular treatments from their own funds, this bias does not strongly correlate with other features such as gender or ethnicity. The group of resident migrants in Austria includes both poor and exceptionally well-off individuals. Additionally, unlike some other countries, such as Germany, asylum-seekers in Austria have full and immediate access to the Austrian health system (praktischarzt.at n.d.).

Furthermore, unmet need (see P11.8) is quite low in Austria, according to data from Eurostat.

Citation:
https://kommunal.at/gesundheitsversorgung-im-laendlichen-raum

Stepan, Max. 2022. "Personen ohne Wiener Hauptwohnsitz werden in Wiener Spitälern abgewiesen." https://www.derstandard.at/story/2000141642420/personen-ohne-hauptwohnsitz-werden-in-wiener-spitaelern-abgewiesen

praktischarzt.at. n.d. "Gesundheit von Flüchtlingen: Österreich vs. Deutschland." https://www.praktischarzt.at/magazin/gesundheit-von-gefluechteten-oesterreich-vs-deutschland/

https://www.oesterreich.gv.at/themen/soziales/armut/3/Seite.1693901.html

Belgium

Score 7

Belgium has a world-class healthcare system, with a large number of physicians, hospital beds, and equipment. However, these numbers are skewed by past investments, which led to overspending and a deficit. This issue is being addressed by policies that reduce the number of graduates allowed to practice medicine, as well as by cuts to wages and personnel. These budget cuts are likely to weaken the healthcare system in the long term. Importantly, this situation is shared with most other European countries and is not unique to Belgium, which currently performs better than, for instance, the UK. The current health minister is well aware of the problem and has implemented several measures to mitigate the risks. However, these measures alone will likely prove insufficient in the decades ahead.

Healthcare access in Belgium is not fully equal, with an increasing portion of the population postponing treatments for financial reasons, according to the Socialist mutual insurance company. However, this is not as severe a problem as in the United States. Belgium's healthcare system provides near-universal access to a wide range of medical services, with the poorest benefiting from a "maximum à facturer," which is a ceiling on total medical out-of-pocket expenses. Coverage includes preventive care (although increasingly difficult to access due to doctor shortages), hospital care (similarly challenging due to financial constraints), and prescription drugs. The system is funded through a combination of social security contributions and taxes, ensuring that everyone, regardless of income, has access to high-quality healthcare. Belgians report high satisfaction with their healthcare system, ranking among the best in the OECD (OECD 2023).

Policies have been implemented to reduce the burden of paying medical fees. Starting in 2024, citizens under 24 years old in poverty can visit the doctor without any cost. Generally, citizens do not have to pay the full cost of medication or medical appointments upfront but only a portion not covered by social security. These policies help to achieve equitable access to high-quality healthcare. Yet, a significant proportion of citizens (1 in 20, mainly young males in poor economic situations) cannot afford or decide not to seek medical care due to costs (https://www.lesoir.be/280978/article/2020-02-18/un-belge-sur-20-ne-va-pas-chez-le-medecin).

Citation:
OECD 2023: https://www.oecd.org/publication/government-at-a-glance/2023/country-notes/belgium-054f6923/
https://www.ghsindex.org/country/belgium/
https://www.lesoir.be/280978/article/2020-02-18/un-belge-sur-20-ne-va-pas-chez-le-medecin
WHO. 2023. "Can People Afford to Pay for Healthcare? New Evidence on Financial Protection in Belgium."
https://www.who.int/europe/news/item/28-02-2023-can-people-afford-to-pay-for-health-care–new-evidence-on-financial-protection-in-belgium
https://vandenbroucke.belgium.be/fr/114-millions-d-euros-pour-un-trajet-de-soins-sp-cialis-pour-les-jeunes-souffrant-de-troubles
https://vandenbroucke.belgium.be/fr/frank-vandenbroucke-investit-dans-un-meilleur-suivi-des-m-res-vuln-rables-pendant-et-apr-s-la
https://vandenbroucke.belgium.be/fr/s-curit-tarifaire-meilleure-accessibilit-meilleurs-soins-et-r-mun-rations-correctes-gr-ce-des

Czechia

Score 7

A core set of healthcare services covers the entire population in Czechia. Under the public health insurance system, all individuals with permanent residence in Czechia are required to have health insurance. Additionally, individuals without permanent residence in Czechia must be insured if they are employed by an employer with a registered office or permanent residence in the country. Currently, there are seven health insurance companies in Czechia, though they do not compete on the quality of healthcare provision.

Mandatory prepayment covers 86.4% of total healthcare expenditure (2021), which is higher than the OECD average. Healthcare is generally accessible to all population groups without exception. General satisfaction with the availability of quality healthcare in Czechia is high at 77%, compared to the OECD average of 67% (OECD 2023).

Health insurance companies are obligated to ensure the timely and local availability of healthcare. However, according to data from the Institute of Health Information and Statistics of the Czech Republic (ÚZIS ČR), an average of 8% of children were not registered with a pediatrician by the end of 2022. Many Ukrainian refugees in Czechia have also reported difficulties finding a general practitioner, pediatrician, dentist, or gynecologist. There are regional differences in healthcare availability that seem inversely related to need. For example, life expectancy is 5% higher in Prague than in Ústecký, the region with the worst health profile, and infant mortality in Prague is only one-third the level in Ústecký. Long-term health problems are also more commonly reported in Ústecký. Despite this, the number of non-hospital doctors is 2.2 times higher in Prague than in the Ústecký region.

Citation:
Health at a Glance. OECD 2023. https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2023_7a7afb35-en

Denmark

Score 7

The Danish healthcare system is universal and provides healthcare to all citizens. The system is based on the premise of equity in healthcare provision. Essential healthcare is available in all regions of the country, but the Ministry of the Interior and Healthcare is concerned that doctors and other healthcare staff cannot be recruited in the low-population parts of the country (Ministry of the Interior and Healthcare 2023).

The lack of trained personnel has the potential to create unequal access to healthcare across different regions.

Several governments have pursued a strategy of consolidating treatments in so-called super-hospitals to offer specialized care that requires high levels of expertise. The cost of this consolidation is that distances to hospitals have increased significantly in parts of the country. To remedy this issue, the current government has proposed establishing 21 hospitals that offer fewer treatments than the super-hospitals, but are closer to local communities. According to the plan, these hospitals will be built starting in 2024. The staff-shortage problems are not alleviated by building more hospitals, however.

Citation:
Ministry of the Interior and Healthcare. 2023. “Udfordringer i Sundhedsvæsnet.” https://sum.dk/nyheder/2023/december/analyse-sundhedsvaesenets-udfordringer

France

Score 7

The French healthcare system provides good access to care with low out-of-pocket payments (OECD 2023).

Two sources of inequality can be identified: one financial and one geographical. Cost-sharing, in which the statutory health insurance program often reimburses only a tiny share of the patient's expenditure, may constitute an insurmountable burden for low-income households. This being said, there are specific schemes for protecting very low-income and chronically ill populations from cost-sharing and up-front payments. Furthermore, the situation has improved recently for basic dentures, hearing aids and optical services, but remains problematic when it comes to consulting certain specialists. However, most of the population relies on complementary health insurance programs that are not tied to incomes, and thus create significant differences in access.

These problems may become particularly problematic when combined with geographical inequalities. Even basic primary care can be very difficult to access in certain areas. Despite the advertised goal of creating multidisciplinary primary care units, there has not been a substantial improvement in coverage. Access times for outpatient settings may diverge widely; waiting times can be significant, and appear to be increasing. According to Eurostat figures, unmet care needs in France were slightly higher than the EU average in 2021.

Citation:
OECD. 2023. "France: Country Health Profile 2023." https://eurohealthobservatory.who.int/publications/m/france-country-health-profile-2023

Italy

Score 7

Universal access to healthcare is a constitutional guarantee in Italy. However, significant differences exist in the quality of services provided. Even at the essential national level, disparities result in a pronounced gap between northern and southern Italy. Each year, about 1 million southern Italians travel to northern and central Italy to address their health needs. Long queues in public facilities for free access to more expensive medical tests and analyses often push people to seek private facilities, which come at a cost, disproportionately affecting lower-income individuals.

In 2021, a national plan for equity in health was launched (Plan 2021–2027) with investments from the European Regional Development Fund. The results of this plan are not yet available.

Citation:
Ministry of Health. 2021. "National Plan for Equity in Health." https://www.pnes.salute.gov.it/imgs/C_17_pagineAree_6049_0_file.pdf

Fondazione Gimbe. 2023. “Rapporto sulla mobilitl regionale 2020.” https://www.gimbe.org/osservatorio/Report_Osservatorio_GIMBE_2023.02_Mobilita_sanitaria_2020.pdf

Norway

Score 7

Norway has universal health insurance, covering the entire population for all health issues except dental care. The country is divided into four health regions, with hospitals organized as public enterprises financed by a combination of state grants, activity-related transfers, and patient co-payments. Primary care is the responsibility of the 357 local authorities.

In 2022, 10% of GDP was allocated to health services. Generally, the services are of high quality and accessible to all in need throughout the country. Every citizen has their own GP. For 2024, the maximum patient co-payment is limited to NOK 3,165, which is so small that, in practice, no groups are excluded from the help they need.

There is a system of guarantees for treatment within a specified time limit for different conditions, but there are no formal sanctions if hospitals violate these norms. Social inequalities in health are significant and persistent. However, differences in social class lifestyles and behavior are more powerful explanations for these inequalities than differences in access to health services.

Portugal

Score 7

The Constitution of the Portuguese Republic explicitly guarantees the right to health protection through a universal and comprehensive national health service accessible to everyone across the country (CRP, Article 64). While there are more private hospitals, the majority of health services are still provided by hospitals in the national health service or through public-private partnerships (INE, 2023). Access to public hospitals generally involves low fees, with exemptions for certain groups such as lower-income households from paying “user fees” (“taxas moderadoras”). The Ministry of Health has also introduced programs to ensure universal access to certain medications, including a recent initiative to provide new-generation insulin pumps through the NHS until 2026 (SNS, 2023).

Despite these provisions, there are challenges with access to primary healthcare. Approximately 1.7 million Portuguese lack a regular family doctor, a proportion that has risen by 29% in just one year, mainly due to the retirement of doctors that were not replaced (Diário de Notícias, 2023). This shortage has led to long queues for appointments at health centers and compromises timely medical care for some, especially those without access to private healthcare. Consequently, an increasing number of Portuguese are opting for health insurance and turning to the private

sector. The challenge is further compounded by regional disparities, particularly in low-density areas like Alentejo, where there is a smaller network of public and private health facilities.

However, these challenges do not completely hinder access to healthcare. The OECD's most recent health profile for Portugal, from 2021, indicates that only a small percentage of people reported unmet medical needs due to factors such as cost, distance, or waiting time (OECD, 2021). Existing evidence suggests a deterioration of this pattern since that report was published.

Citation:
CRP, Constituição da República Portuguesa, artigo 64º (Capítulo II, Parte I).

Diário de Notícias. 2023. "Utentes sem médico de família aumentam 29% num ano." https://www.dn.pt/sociedade/utentes-sem-medico-de-familia-aumentam-29-num-ano–16375028.html

OECD. 2021. Portugal: Country Health Profile 2021, State of Health in the EU. Paris: OECD Publishing/European Observatory on Health Systems and Policies, Brussels. https://health.ec.europa.eu/system/files/2021-12/2021_chp_pt_english.pdf

INE. 2023. "Indicadores da Saúde." https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&userLoadSave=Load&userTableOrder=11485&tipoSeleccao=1&contexto=pq&selTab=tab1&submitLoad=true

SNS. 2023. "Governo cria programa de acesso universal a bombas de insulina de nova geração." https://www.sns.gov.pt/noticias/2023/05/31/governo-cria-programa-de-acesso-universal-a-bombas-de-insulina-de-nova-geracao/

Spain

Score 7

Equitable access to healthcare is guaranteed throughout Spain, despite persistent social differences. The system offers universal healthcare regardless of socioeconomic status, age, gender, or ethnicity. However, the challenges facing the public health system have led Spaniards to spend a record amount on private health insurance in 2022.

Essential healthcare is guaranteed in all autonomous communities, and individual satisfaction with the health system does not vary substantially across regions (with Cantabria peaking at 6.83 and Andalusia recording the lowest at 5.87 in 2023). Nonetheless, significant differences exist among and within autonomous communities regarding access to healthcare. Variations in regional health spending reflect efforts to ensure equivalent access to welfare across the country, but differences persist due to regional governments' preferences and ideologies and varying service provision conditions (population dispersion or congestion). These issues highlight the need for reforming the financing of the Spanish territorial model.

Citation:
Ministerio de Sanidad. 2023. "Indicadores clave del sistema nacional de salud." URL

Rosa Urbanos-Garrido. 2016. "La desigualdad en el acceso a las prestaciones sanitarias. Propuestas para lograr la equidad." Gaceta Sanitaria 30(S1): 25–30.

Switzerland

Score 7

High-quality healthcare is accessible to all inhabitants, as basic insurance coverage is mandatory in Switzerland. However, an explorative small-N study conducted in the canton of Vaud showed that 40% of health insurance companies refused affiliation to undocumented migrants, which is against the law (Dabboudi et al. 2011).

However, there are further qualifications: As in many other countries, the supply of medical services varies by region, with large cities having higher densities of medical staff. More serious are the side effects of self-payments by patients. The share of healthcare costs borne by individuals is comparatively very high in Switzerland. Individuals pay a monthly health insurance premium (on average more than CHF 300), an annual deductible, and an additional participation in purchased medication and hospitalization costs. The basic insurance package does not cover elements that are considered basic elsewhere, including dental care, glasses or physiotherapy. For additional optional health insurance packages, the costs depend on individual characteristics, and health insurance providers can reject applicants. This accounts for inequalities in health access.

Drawing on several studies, the federal government reported that the proportion of people who forego medical services for cost reasons is in the range of 10% to 20% of the population. According to a report by the Swiss Health Observatory, the proportion of the population that has given up going to the doctor because of cost-related reasons rose sharply between 2010 and 2016, and is most marked in the 18 to 45 age group, with an increase of around 15% (Merçay 2016). The proportion of those who would forego necessary services is in the lower single-digit percentage range, although it is very difficult to define “necessary treatments” (Federal Council 2017: 22-26).

Citation:
Dabboubi, N., J. Diakhate, S. Piergiovanni, D. Solari, and D. Utebay. 2011. “Sans-papiers mais pas sans droit à la santé.” Revue médicale suisse 288 (3): 717–718.

Federal Council (Bundesrat). 2017. Kostenbeteiligung in der obligatorischen Krankenpflegeversicherung. Bericht des Bundesrats in Erfüllung des Postulats Schmid-Federer vom 22.03.2013 (13.3250 «Auswirkung der Franchise auf die Inanspruchnahme von medizinischen Leistungen») 28.06.2017. Bern: Bundesrat.

Mercay, Clémence. 2016. “Expeìrience de la population âgeìe de 18 ans et plus avec le systeÌme de santeì – Situation en Suisse et comparaison internationale: Analyse de l’International Health Policy Survey 2016 du Commonwealth Fund sur mandat de l’Office feìdeìral de la santeì publique (OFSP) (Obsan Dossier No. 56).” Neuchâtel: Observatoire suisse de la santeì. https://www.obsan.admin.ch/fr/publications/2016-experience-de-la-population-agee-de-18-ans-et-plus-avec-le-systeme-de-sante

Australia

Score 6

The Medicare system and the Pharmaceutical Benefits scheme together do a reasonably good job in promoting equitable access to high-quality healthcare. Nonetheless, there are important deficiencies (Butler et al. 2019). For those residing outside major cities, access to medical care is significantly less developed. This is primarily due to difficulties in attracting healthcare workers to these regions, despite efforts to encourage them. Additionally, there are substantial disparities in healthcare service provision and outcomes across socioeconomic groups and between Australia's Indigenous and non-Indigenous populations. Consequently, the burden of risk factors is unequally distributed. For instance, obesity (high body mass index) is the leading risk factor in the population. While 31% of Australians live with obesity, the figure rises to 43% among Indigenous people. (The Lancet Public Health 2023).

Citation:
Butler, S., Daddia, J., Azizi, T. 2019. "The time to act is now." https://www.pwc.com.au/health/health-matters/the-future-of-health-in-australia.html

The Lancet Public Health. 2023. "Health and Inequity in Australia." The Lancet 8 (8): E575. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(23)00157-3/fulltext

Finland

Score 6

The national hospital system delivers high-quality care for acute conditions, but key challenges include improving primary care for the growing number of people with chronic conditions and enhancing coordination between primary care and hospitals.

The Finnish healthcare system divides people into two main categories. Occupational primary healthcare is available for employed individuals. Those outside the labor force – such as the unemployed, temporary workers and self-employed people – rely instead on the public healthcare service, which has fewer resources and offers fewer services. As a result, equitable access to primary healthcare in terms of timeliness, quality and scope, regardless of socioeconomic status, is not ensured. Consequently, socioeconomic inequalities in health outcomes persist (YLE News, 2023).

There is more equitable access to specialized care, but the fact that patients are often channeled from primary to specialized care means there is also unequal access to specialized care.

Integration of occupational primary healthcare and public primary healthcare has proved impossible due to the vested interests of private healthcare companies and labor unions.

However, social and healthcare reform has successfully reduced regional differences in access to essential healthcare, as the number of healthcare organizers was dramatically reduced in the reform.

Citation:
YLE News. 2023. “Amnesty Report: Parts of Finland’s Healthcare System Have Failed.” https://yle.fi/a/74-20036481

Israel

Score 6

There are differences in the availability of healthcare services between the center and periphery of the country. The average distance to the closest healthcare facility in the center is 29.7 km, while the average distance in the north is 133 km. The number of hospital beds is also lower in peripheral regions than in the center, as are waiting times for specialist services.

In 2018, the Ministry of Health issued a directive that health equity should be considered in all healthcare policymaking. The ministry has provided guidelines on promoting health equity when designing policies. Additionally, it created a database on health inequalities and gaps among various populations, which is periodically updated.

One of the barriers to equitable health treatment is the availability of expert physicians in peripheral areas. To address this issue, expert physicians working in these regions and specializing in fields where there is a shortage of physicians will be eligible for a special grant.

Equality in healthcare provision is somewhat hindered by the availability of private medical services, which operate within some semi-public hospitals, and are financed by private and semi-private insurance. These services and insurance plans mainly serve middle-class families and allow them, for example, to choose a surgeon or to receive medical treatments that are not included in the universal healthcare basket (Filc 2018).

Citation:
Filc, D. 2018. “Transformation and Commodification of Healthcare Services: The Israeli Case.” In A. Paz-Fuchs, R. Mandelkern, and I. Galnoor, eds. The Privatization of Israel: The Withdrawal of State Responsibility. 123-145. Palgrave Macmillan US. https://doi.org/10.1057/978-1-137-58261-4_6

Lithuania

Score 6

Health policies are largely aligned with the goal of achieving equitable access to high-quality healthcare, although actual access varies depending on particular location and institution. Although almost all of the population is covered for a core set of services, according to the OECD (2023), only 51% of people in Lithuania were satisfied with the availability of quality healthcare – a share considerably lower than the OECD average of 67%. The 69% of patients covered by mandatory prepayment plans was lower than the OECD average of 76%. Out-of-pocket spending, which

accounted for 30% of healthcare expenditure, was higher than the OECD average of 18%. Lithuania spent $3,587 per capita on health, less than the OECD average of $4,986 (in purchasing power parity terms), which was equal to 7.5% of GDP compared to the OECD average of 9.2%.

The number of practicing doctors – 4.5 per 1,000 population – is higher than the OECD (2023) average of 3.7, but the number of practicing nurses – 7.9 per 1,000 population – is lower than the OECD average of 9.2. Lithuania had 6.1 hospital beds per 1,000 population, more than the OECD average of 4.3.

The 2020 government coalition committed to reducing the large differences in terms of healthcare that result from poverty or economic, social or regional divergences (Seimas 2020). It also indicated the intention to improve the accessibility of healthcare services irrespective of geography, organization or patient economic situation by reducing bureaucratic constraints and excessive administrative burdens, improving the access and quality of primary care, expanding the services provided by family doctors, expanding emergency services, and expanding access to and choice of compensated medicines, as well as by offering patients the best available innovative and effective methods of treatment. It also pointed to the importance of ensuring that members of the medical profession are well paid, qualified and motivated.

In 2022, the government adopted changes to the Law on Healthcare Institutions and the Law on the Healthcare System, establishing a model for the provision of individual healthcare services based on regional cooperative networks. It also amended the Law on Pharmacies, seeking to expand patients' access to compensated medicines, while additionally expanding the list of such medicines. It also allocated new funding in order to increase salaries within the medical profession.

Citation:
OECD. 2023. "Health at a Glance 2023 Country Note: Lithuania." https://www.oecd.org/health/health-at-a-glance/
The Seimas. 2020. "Resolution on The Program of the Eighteenth Government of Lithuania" (in Lithuanian). 11 December, No. XIV-72
The Government of Lithuania. 2023. "The Government Annual Report for 2022." 17 May (in Lithuanian). https://epilietis.lrv.lt/lt/naujienos/seimui-teikiama-vyriausybes-2022-metu-veik los-ataskaita

Netherlands

Score 6

The Netherlands, often lauded for its exemplary healthcare system, is currently facing growing health disparities and accessibility problems. The Council for Public Health and Society (RVS) has warned that the existing pressure on healthcare is causing bottlenecks in access. These are evident in difficulties finding a general practitioner, prolonged waits for home assistance for elderly individuals, and extended waiting times in mental health and hospital care. A notable concern is that a significant number of insurance doctors wish to quit their jobs at the Employee Insurance Agency (UWV) due to an extensive backlog, causing delays of up to a

year in the granting of benefits. Additionally, shortages of general practitioners and medical personnel at all levels are exacerbating the challenges.

In a recent advisory report, the RVS emphasized the steady deterioration of healthcare accessibility. General practitioners are rejecting new patients, emergency hospital departments are temporarily closing and waiting times for mental health services are escalating, all contributing to the overarching problem. The healthcare sector's fragmentation and complexity hinder effective care, prompting calls for reduced competition and improved cooperation, especially with regard to district nursing, acute care and mental health services.

In response to increasing demand, the basic insurance premium is set to rise by approximately €12 per month in 2024, resulting in an average monthly health insurance premium of €149 per person. Alarmingly, health disparities between affluent and less affluent individuals in the Netherlands are widening. The RVS urges a shift toward prioritizing health impacts in all government policies, focusing on preventive measures rather than reactive responses to illness. To address these pressing issues, the national government and the healthcare sector have been called upon to better inform citizens about the growing scarcity of care and the changes necessary to maintain accessibility and affordability.

Among general practitioner care, there has been a slight increase in the number of people seeking care mediation, varying by region. This may potentially ad pressure on GPs. Hospital care shows mixed trends, with urgent care maintaining levels similar to 2019, but ICU-dependent plannable care slightly below that benchmark. Waiting times, which saw a slight decrease after the summer, now appear to be stagnating nationally. This highlights the need for transparency in regional care capacity and insight into waiting lists. Long-term care is grappling with a persistent increase in waiting lists, prompting ongoing exploration with relevant parties to understand and address the issue to maintain care accessibility. The overall trend indicates a growing number of people waiting for long-term care services.

Citation:
De staat van de zorg. 2023. Nederlandse zorgautoriteit. 12.10.2023. https://www.nza.nl/onderwerpen/stand-van-de-zorg

De E-healthmonitor. 2021-2023. "Plan van aanpak op hoofdlijnen." RIVM. https://open.overheid.nl/documenten/ronl-d0462ee1-7a94-4b34-b510-c5dbdaa555b6/pdf

EY Barometer Nederlandse Gezondheidszorg. 2023. "Resultaten 2023: Nederlandse zorgsector in zeer zwaar weer beland." https://www.ey.com/nl_nl/health/ey-barometer-nederlandse-gezondheidszorg

Het Integraal Zorgakkoord - samenwerken aan gezonde zorg, Het Integraal Zorgakkoord - samenwerken aan gezonde zorg

Kiezen voor houdbare zorg. Mensen, middelen en maatschappelijk draagvlak, WRR. 2021. https://www.wrr.nl/publicaties/rapporten/2021/09/15/kiezen-voor-houdbare-zorg

https://www.rijksoverheid.nl/onderwerpen/prinsjesdag/zorg-en-gezondheid

https://vng.nl/nieuws/uitvoering-integraal-zorgakkoord-iza-onder-druk

New Zealand

Score 6

Despite New Zealand's commitment to universal healthcare and policies emphasizing the importance of primary healthcare services, disparities in access to healthcare among different population groups persist.

Māori and Pasifika populations continue to face significant challenges in accessing healthcare services, resulting in poorer health outcomes than among other segments of society. Life expectancy at birth is 73.0 years for Māori males, 77.1 years for Māori females, 74.5 years for Pasifika males and 78.7 years for Pasifika females – far below the national average of 79.5 years for males and 83.2 years for females (Walters 2018). Other indicators tell the same story. For example, Pasifika and Māori children have the highest hospitalization rates for some of the most preventable diseases and infections, including respiratory and rheumatic fever (Tokalau 2023). Additionally, Māori and Pasifika women are more likely to die of breast cancer than European New Zealanders (Kowhai 2022). Furthermore, 19.9% of Māori smoke cigarettes daily, compared to a smoking rate of 7.2% for non-Māori (RNZ 2022a).

The government has implemented several policies and initiatives to address these health inequities – for example, a new algorithm used in New Zealand hospitals that will push Māori and Pasifika patients higher on waiting lists for elective surgery (Lardies 2023), the Rheumatic Fever Roadmap 2023 – 2028 (Rovoi 2023), and programs to boost the number of Māori and Pasifika doctors (RNZ 2022b). The Labour-led government (2017 – 2023) also established the Māori Health Authority (Te Aka Whai Ora), intended to address disparities in health outcomes for the Māori population. However, the new coalition government led by National has signaled that it will abolish the authority (Hill 2023).

Citation:
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Walters, L. 2018. "Fact Check: Disparities Between Māori and Pākehā." Stuff, February 9. https://www.stuff.co.nz/national/politics/101231280/fact-check-disparities-between-mori-and-pkeh

Slovakia

Score 6

Policies and regulations largely ensure equitable access to healthcare in terms of timeliness, quality, and scope, regardless of socioeconomic status, age, gender, ethnicity, etc., as guaranteed by the constitution. However, fully equitable access to healthcare is not always possible. For example, people in rural communities do not have the same access time to emergency services as those close to main hospitals. Although there is a regulation stipulating a 15-minute response time for emergencies, in practice, this depends on the availability of emergency services.

Another practical limitation is the situation of the LGBTQ+ community. The 2023 government, at the request of the SNS party, abolished changes that simplified the process of changing gender (HNonline, 21 November 2023).

Access to essential healthcare is relatively equally guaranteed across all regions of the country by the minimum network of healthcare facilities, as mandated by government decree 640/2008. Access to basic, non-urgent services does not significantly differ between the center and the periphery, thanks to this minimum network. However, the situation is slightly worsening in peripheral areas today due to a shortage of general practitioners. It is becoming increasingly difficult to find new GPs and nurses to replace those who have retired.

As in most countries, people living in the capital, Bratislava, with its seven academic hospitals and one new, well-equipped private hospital, and to a large extent those living in cities (such as Banska Bystrica and Kosice, each with two academic hospitals, as well as Martin, Nitra, Trencin, Presov, Trnava, and Zilina), have better access to more specialized treatments.

Citation:
Nariadenie vlády Slovenskej republiky o verejnej minimálnej sieti poskytovateľov zdravotnej starostlivosti 640/2008. https://www.zakonypreludi.sk/zz/2008-640

HNonline. 2023. "Rezort zdravotníctva vyhovie SNS. Zruší zjednodušenie zmeny pohlavia pre transrodových ľudí." https://hnonline.sk/slovensko/96116453-rezort-zdravotnictva-vyhovie-sns-zrusi-zjednodusenie-zmeny-pohlavia-pre-transrodovych-ludi

United Kingdom

Score 6

The National Health Service (NHS) is held in high esteem by the British public, who strongly support its long-established principle of "free at the point of care." While this provides equitable access in theory, there are significant inequalities in demand and provision. Health is a devolved competence, with block grants from the central government determining the overall resources available to the respective administrations, from which they allocate health spending.

Health provision across the UK is under considerable strain. In England, for example, the waiting list for treatment soared from around 2.5 million in 2012 to a record 7.8 million in autumn 2023, with no sign of improvement. Emergency department waiting times have also increased significantly, with the proportion of patients exceeding the four-hour target peaking at 50% at the end of 2022, before slightly improving in 2023. The proportion of cancer patients starting treatment within 62 days has declined sharply, from meeting the 85% target in 2018 to around 60% in the last year. Devolved governments have also seen record levels of waiting lists.

Reducing these waiting times was one of the five pledges made by Rishi Sunak when he became prime minister, but the combination of the pandemic's legacy (with many treatments postponed) and strike action by nurses and doctors in 2023 has aggravated the problem. Initiatives to address these issues, such as increasing training places for doctors and nurses, will take time to show results. In the meantime, inequality persists as patients with the financial means opt for private treatment.

Citation:
https://commonslibrary.parliament.uk/research-briefings/cbp-7281/

Estonia

Score 5

Health inequality between different socioeconomic groups and regional disparities remain an issue in the Estonian healthcare system (NAO 2022). The share of out-of-pocket expenditure is high (22%) and leaves the most disadvantaged groups without access to treatment. Additionally, several healthcare policy risks, including behavioral risk factors such as tobacco smoking, dietary risks, alcohol consumption and low levels of physical activity, as well as outputs like life expectancy, self-reported health status and unmet healthcare needs, exhibit a strong socioeconomic gradient.

Health workforce shortages are being addressed but remain an urgent policy issue, and are likely to test the resilience of the health system. Currently, the limited availability of specialist care and family medical care means that patients who should be treated either in a hospital or by a family physician end up in inpatient nursing care or emergency medicine departments (EMD).

Citation:
National Audit Office. 2022. "Healthcare Trends in Estonia." https://www.riigikontroll.ee/tabid/215/Audit/3555/WorkerTab/Audit/WorkerId/40/language/et-EE/Default.aspx

Greece

Score 5

Equitable healthcare provision in Greece remains suboptimal. The country ranks below the OECD average in infant mortality (World Bank 2021), and the perceived healthcare status of Greeks varies significantly by income group (Eurostat 2022a). Greece also ranks among the worst EU countries for self-reported unmet medical care needs (Eurostat 2022b), with only slight improvements over time.

Additionally, Greeks who can afford it often rely on the private healthcare system, which has expanded in urban areas. About 5% of all healthcare spending in Greece comes directly from patients through out-of-pocket payments (OECD 2022), making Greece one of the worst performers among OECD countries in this regard. The healthcare system is notably uneven, with most facilities and medical personnel concentrated in the largest cities, exacerbating regional disparities in healthcare access.

Citation:
Eurostat. 2022. "Self-perceived health by sex, age and income quintile." https://ec.europa.eu/eurostat/databrowser/view/hlth_silc_10/default/table?lang=en

Eurostat. 2022b. "Self-reported unmet need for medical care by sex." https://ec.europa.eu/eurostat/databrowser/view/HLTH_SILC_08__custom_6429904/default/table?lang=en

OECD. 2022. "Health at a Glance: Europe 2022 – Financial Hardship and Out-of-Pocket Health Expenditure." https://www.oecd-ilibrary.org/docserver/cf40210d-en.pdf?expires=1705757565&id=id&accname=guest&checksum=8E16481FF8767301F6B27B1B743557C9

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Ireland

Score 5

Connolly (2023) finds that high user charges, long waits and limited availability of some services characterize Irish healthcare, and that the implementation of reform proposals aimed at improving access to healthcare is limited. The Irish healthcare system is two-tiered, with 51% relying exclusively on the public healthcare system and 49% paying for costly private insurance to obtain quicker access to hospital treatment. This has led to reductions in private insurance coverage and issues relating to the transparency of pricing and benefits (Irish Times 2023).

Sláintecare, a cross-party 10-year plan (Burke et al. 2023), aims to make healthcare universal but has faced significant delays in implementation, obstruction by elite

medical interests and a lack of political commitment. The 2023 action plan – the last phase – outlines Sláintecare and Programme for Government priorities, including improving access, outcomes and affordability for patients by increasing the capacity and effectiveness of the workforce, infrastructure and delivery of patient care. Key measures include public-only consultant contracts to remove private care from public hospitals, implementing the Waiting List Action Plan 2023, shifting to enhanced community care to provide health services closer to people's homes and reduce pressure on acute hospitals and establishing new elective hospitals and surgical hubs. Plans also include key digital and eHealth solutions, a new Digital Health Strategic Framework and governance shifts and realignments. However, the record of implementation is poor, and expectations are low that all of this will be delivered.

The OECD (2023) notes differences in healthcare accessibility across income groups, with 3.2% of those in the lowest income quintile reporting unmet medical needs due to waiting times, compared to 1.1% in the highest income quintile. The OECD also notes that the design of Ireland's healthcare system is unusual within the EU in not providing universal health coverage for all residents, with excessively long waiting lists being the primary cause of unmet medical needs. Additionally, the limited capacity of public hospitals hinders timely access to services.

Citation:
Burke, S., Thomas, S., and Johnston, B. 2023. "Joint Committee on Health Submission Sláinte Care's Implementation Path." https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_health/submissions/2023/2023-03-01_opening-statement-dr-sara-burke-associate-professor-in-health-policy-and-management-centre-for-health-policy-and-management-trinity-college-dublin_en.pdf
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Burke, S., et al. 2018. "Sláintecare - A Ten-Year Plan to Achieve Universal Healthcare in Ireland." Health Policy 122 (12): 1278-1282.
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https://doi.org/10.1017/S1744133123000130
OECD. 2023. "State of Health in the EU Ireland Country Health Profile 2023." https://read.oecd.org/10.1787/3abe906b-en?format=pdf

Latvia

Score 5

Latvia has shown a commitment to enhancing its healthcare system, as evidenced by the increasing allocation of its GDP to health expenditure. This upward trend is clear, with incremental rises observed annually. The allocation climbed to 6.2% in 2016, dipped slightly to 6.0% in 2017, rebounded to 6.2% in 2018, and escalated to 6.6% in 2019 and 7.2% in 2020. Notably, in 2021, health expenditure surged to 9.0% of GDP. However, in 2022, there was a marginal reduction, bringing it down to 8.8%.

Concurrently, the healthcare workforce saw growth in 2022, with the number of medical professionals per 1,000 inhabitants increasing to 28.1 from 26.98 in 2021. This reflects a recent improvement in the country's healthcare resources.

A 2020 survey by the National Health Service of Latvia gauged patient satisfaction with its services. The findings revealed varying levels of satisfaction across different healthcare offerings. Higher satisfaction rates were reported for services such as exemption from co-payments and the provision of patient information. In contrast, there was greater dissatisfaction with areas like medication compensation and consultations regarding healthcare service payments.

Latvia has a significant gender disparity in its aging population. Although boys outnumber girls at birth, women constitute a larger portion of the population over 40, with the highest female population proportion in the EU at 54%. According to 2022 data, 56% of men and 45.7% of women rated their health as good or very good. The lower self-assessment among women is attributed to the greater proportion of older women. Among those aged 65 and older, women are 3.8 percentage points less likely to rate their health positively compared to men.

In 2022, 70.3% of men and 83.0% of women visited a family doctor at least once. However, 8.0% of men and 10.9% of women reported not undergoing necessary medical check-ups or treatments for various reasons, including 23.7% of men and 25.5% of women who couldn't afford them. Latvia scores 78.9 points on the EU Gender Equality Index in the health domain, which is lower than the EU average of 88.5. This score is impacted by women's lower health self-assessment and a smaller proportion of women engaging in physical activities.

Addressing inequality and fostering social inclusion are pivotal objectives outlined in the Public Health Guidelines for 2021–2027. These guidelines highlight that access to healthcare is compromised by insufficient public financial contributions and significant direct payments by patients. These factors are substantial hindrances to accessing timely and patient-centric healthcare.

The ombudsman's 2022 report highlights recurring issues with the accessibility of medical services. During visits to the branches of four state social care centers for children, the ombudsman noted concerns about respect for children's rights, the provision of social and medical rehabilitation, and access to healthcare. One of the main findings was that existing institutional care cannot provide children with developmentally appropriate services and support needed for full societal integration.

Regarding the assurance of healthcare service availability, while local government law mandates the involvement of municipalities, the definitions of their roles need more precise descriptions. Although municipalities are assigned the autonomous function of ensuring healthcare service availability, interpretations vary. Consequently, the degree of involvement by each local authority in providing accessible healthcare varies greatly, heavily dependent on the financial resources available to the municipality.

In 2023, the Centers for Disease Control and Prevention developed guidelines for municipalities to promote health. These guidelines include information on key

concepts, principles, and process descriptions for municipalities to encourage better health.

This situation calls for a unified approach and precise definitions of local governments' responsibilities to ensure disparities in healthcare service availability across municipalities are addressed, contributing to a more equitable healthcare system throughout Latvia.

Citation:
OECD. 2023. "Health Systems Resilience." https://www.oecd.org/health/health-systems-resilience.htm
Health Care Financing Law. https://likumi.lv/ta/en/en/id/296188-health-care-financing-law
OECD. 2022. "Healthcare resources." https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_REAC
OECD. 2022. "Healthcare Expenditure and Financing." https://stats.oecd.org/Index.aspx?DataSetCode=SHA
Ministru kabinets. 2022. Sabiedrības veselības pamatnostādnes 2021.-2027. gadam. https://likumi.lv/ta/id/332751-sabiedribas-veselibas-pamatnostadnes-2021-2027-gadam
Tiesībsargs. 2023. 2022. gada ziņojums. https://www.tiesibsargs.lv/wp-content/uploads/2023/03/tiesibsarga_2022_gada_zinojums.pdf

Slovenia

Score 5

Structurally and administratively, public healthcare institutions in Slovenia remain much the same as they were in 1991. The Slovenian healthcare system faces serious challenges that call for reform. In recent years, Slovenia's population has aged, while significant progress has been made in medicine. The aging population requires the healthcare system to adapt in order to improve its accessibility and efficiency. Although the number of health workers is increasing, there is still a personnel shortage. Consequently – and perhaps also due to the inadequate financing model of some services – waiting periods in many areas are unacceptably long, preventing equal access to health services for all. Those who can afford it visit private clinics, where doctors from public institutions work in the afternoon. Due to their high workload, these personnel are exhausted.

Patients' needs for healthcare services in Slovenia are substantial, and the healthcare system does not provide optimal options for choosing a personal physician, dentist, or gynecologist due to a shortage of doctors and medical staff in primary healthcare. Healthcare activities are carried out across Slovenia, with accessibility to healthcare services varying throughout the country. Emergency centers are overburdened by accessibility problems at the primary level. At the same time, the operation of these emergency centers is not uniform. Reforming the healthcare system and strengthening public healthcare are imperative.
In 2020, according to the indicator of expected healthy years of life at birth, Slovenia exceeded the EU average. On the regional level, the indicator reveals significant differences. Men in the coastal Karst region can expect the longest life without disabilities at birth, while men in the Podravja region can expect the shortest. Women in the Gorenjska region can expect to lead the longest healthy lives, while women in the Pomurje region can expect the shortest.

Compared to previous years, the gap in unmet needs between the population's first

and fifth income levels increased in 2021. The main reason for unmet needs in Slovenia is the long waiting times, whereas in most EU member states, the reason is financial. This disparity is related to the broad basket of rights in Slovenia, which is partly covered by compulsory health insurance and partly by supplementary health insurance (though since January 2024, it has shifted to single insurance). However, access to many services remains limited.

Citation:
Ministrstvo za zdravje. 2023. "Pregled stanja na področju zdravstva v Sloveniji – januar 2023." https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/NOVICE/Zdravstveni-sistem-v-Sloveniji-januar-2023.pdf

UMAR. 2023. "Poročilo o razvoju 2023." https://www.umar.gov.si/fileadmin/user_upload/razvoj_slovenije/2023/slovenski/POR2023-splet.pdf

Hungary

Score 4

The share of Hungarians reporting unmet needs for medical examinations was surprisingly low, below the EU average in 2022. The difference in self-reported unmet health needs between high-income and low-income groups in Hungary was much smaller than the EU average in 2022. However, these numbers can be misleading as essential services are provided to everyone in an acceptable timeframe. Nevertheless, long waiting lists exist for certain nonessential surgeries. Approximately 40,000 people are registered on waiting lists for specific surgeries, with cataract, knee and hip surgeries being the most requested. The average waiting time for a knee replacement surgery in 2023 reached 230 days (Szopkó 2023). Specialized treatment is often outsourced to private providers, where income disparity significantly impacts access. Moreover, certain services, such as urgent care, are unavailable under private schemes.

Issues related to gender gaps or ethnicity-based disparities in essential services are not present. Services are accessible across the entire country, but many small hospitals in rural areas are maintained despite being unprofitable. Public opinion hinders substantial reform efforts. The Hungarian population is aging fast, and the health status of older people is poor. A significant number of older Hungarians live with chronic conditions and disabilities, and the rates of multimorbidity and limitations in daily life are among the highest in the EU (OECD European Observer 2023:6).

Citation:
OECD/European Observatory on Health Systems and Policies. 2023. Hungary: Country Health Profile 2023. Paris: OECD Publishing/Brussels: European Observatory on Health Systems and Policies. https://health.ec.europa.eu/system/files/2023-12/2023_chp_hu_english.pdf

Szopkó, Z. 2023. "Some patients wait almost a year for treatment – Hungarian hospital waiting lists in infographics." Atlatszo.hu, April 20. https://english.atlatszo.hu/2023/04/20/some-patients-wait-almost-a-year-for-treatment-hungarian-hospital-waiting-lists-in-infographics/

Poland

Score 4

In Poland, policies and regulations ensure equal access to healthcare in terms of timeliness, quality and scope, irrespective of socioeconomic status, age, gender or ethnicity. However, challenges persist, and achieving complete equity remains an ongoing goal. Access to healthcare can vary between urban and rural areas, with some regions facing challenges related to healthcare infrastructure, specialist availability and medical facilities.

According to reports from Watch Health Care (2023), the average waiting time for specialist appointments in Poland has increased by almost two months in recent years. In 2022, the longest queues for specialist doctors were observed for orthodontists (11.7 months) and pediatric neurologists (11 months). The waiting time for a single healthcare service averaged 3.5 months in 2023 (Watch Health Care 2023). Insufficient accessibility to specialists and medical examinations has led to a significant increase in the popularity of private health insurance. By the end of 2022, the number of private health insurance policies reached 4.23 million, 9.2% more than the previous year (Polska Izba Ubezpieczeń 2023).

Polska Izba Ubezpieczeń. 2023. "Ponad 4 miliony Polaków korzysta z prywatnych ubezpieczeń zdrowotnych." https://piu.org.pl/prywatne-ubezpieczenia-zdrowotne-ma-ponad-4-mln-polakow/
Watch Healtch Care. 2023. "Barometr. Raport dotyczący zmian dostępności do gwarantowanych świadczeń zdrowotnych w Polsce." Nr 01/09.

United States

Score 3

The United States does a poor job ensuring equitable access to high-quality healthcare. Although the Affordable Care Act of 2009 (Obamacare) improved the situation somewhat by requiring minimum coverage for insurers and eliminating discrimination based on a "pre-existing condition," the legislation did not guarantee an equitable standard of healthcare to all Americans, regardless of economic resources. Americans still experience different quality of healthcare based on their ability to pay.

State policies contribute to these inequities. For example, under Obamacare, states have been encouraged to expand the Medicaid health insurance program to cover all citizens living at or below 137% of the federal poverty line. The federal government would pay for nearly all of the coverage for these additional Medicaid recipients. However, for largely ideological or partisan reasons, a handful of states have refused to expand Medicaid or have only done so with conditions like work requirements, depriving millions of Americans of access to public health insurance to which they would otherwise be entitled.

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SGI Sustainable Governance Indicators

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