HOW MANY NATIONAL HEALTH SERVICES ARE IN THE WORLD?

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1. Introduction

The English National Health Service (NHS) was approved in 1946 and established on July 5, 1948. The idea of free access to medical care for the whole population sprang from the reflections and proposals of William Beveridge (1942). It really was not the first universal health system, since in 1937 the Soviet Union had introduced a compulsory health insurance for the whole population (Semashko reform) and in 1938 New Zealand had approved the Social Security Act, that provided free health services for all citizens.

Its start had great resonance and the model was soon adopted in Sweden (1955) and other Scandinavian countries. In the 80s it extended to some southern European countries (Italy, Spain, Portugal). Outside Europe, this model was adopted in some countries of the British Commonwealth (Malta, Samoa, Trinidad & Tobago) and in other countries of Portuguese (Brazil, Angola, Mozambique) and Spanish culture (Venezuela, Bolivia, Paraguay,).

The basic idea of the NHS is quite simple: (i) to ensure free access to basic health services to all citizens, regardless of their ability to pay, (ii) by providing directly health services they need, and (iii) therefore to protect people from financial risks associated to illness.

2. Objectives

The main objectives of the study are three.

First, the study aims to identify the structural and common elements that characterize an NHS and distinguish it from other similar systems (e.g. National health insurance, Public health insurance).

Second, to identify the countries where the NHS or similar health systems are present.

Finally, to analyze the different levels of financing and expenditure in these countries.

3. Methodology

The elements that distinguish an NHS may vary, between countries, according to the socio-political context and the geographical areas, but can be traced to the following:

1. Universal coverage of the population (not categorical, e. g. only for the poor)

2. Complete coverage of basic health services
3. Single public insurer/payer for medical expenses (monopoly)
4. Public (or mainly public) ownership of health care facilities
5. Doctors and other staff employed as public servants (except General Practitioners)
6. Multi-level institutional organization (state, region, municipality)
7. Separate command-and-control line (often also, separate Agency)
8. Allocation formula for funding sub-governmental authorities.

With reference to these criteria, three types of NHS can be identified: (i) a "pure" NHS model, (ii) a Semashko model, (iii) a "Government provision" model. The first is the English NHS model, that is an integrated, double monopoly and separate agency model; the second model is similar, but differs for the emphasis on state planning-and-control and the working contract for all doctors as public employees, including GPs; the third model is a simple system of direct provision of basic health services to all citizens, through public health facilities and public employees, under the control of the Ministry of Health.

Some countries claim to have a NHS (e.g. Brazil), but in fact it is a system that covers only the poorest population (informal sector), without social or private insurance.

The identification of the countries where an NHS is operating is conducted through different sources: constitutional laws or health care acts, Government official sites, country reports by WHO, WHO-WB databases, scientific literature.

4. Results

The preliminary results show that in 16 countries of the world – mainly European – a pure NHS model is running; in 5 countries of the former USSR a Semashko system is still in place; and in other 33 countries – especially in developing countries – a governmental system of direct provision of public health services is working. On the whole, in 54 countries of the world (out of 190 countries) an integrated system of public financing and public provision of health services has been established in the last seventy years.

Despite the similar institutional and structural organization, it is expected that health expenditure and the performance of these health systems are quite different.