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Health Care Systems in Europe under Austerity edited by Emmanuelle Pavolini and Ana M. Guillen. 2013: Basingstoke, Palgrave MacMillan. ISBN: 978-0-230-36961-0

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This edited volume analyses developments in eight European health care systems during the past two decades. The first part reviews each country's system individually, while the second part is comparative. The focus of the volume is clear from its subtitle: 'Institutional reforms and performance'. There is increasing attention to health system performance in Europe. The European Commission has put it on the policy agenda. The President-elect of the European Commission, Jean-Claude Juncker, wrote in September 2014 his Mission Letter to the Commissioner-Designate, asking him to focus on:

developing expertise on performance assessments of health systems, drawing lessons from recent experience and from EU-funded research projects to build up country-specific and cross-country knowledge which can inform policies at national and European level (Juncker, 2014).

Ever since the World Health Report 2000, entitled *Health systems: improving performance*, organisations such as the OECD, Eurostat and WHO (2000) have invested in developing performance indicators. However, less attention has been paid to explaining variation in performance or to linking them to institutional reforms, as this volume does.

The book focuses on three types of institutional reform: rescaling (decentralization and recentralization), privatization (both in funding and provision) and managerialization (redistribution of power between professionals and bureaucracy). The introductory chapter attempts to link these types of reforms to health system performance. However, this does not lead to clear hypotheses about their role in explaining performance. This is the more important because of the character of the book – comparing eight health care systems. In the absence of clear hypotheses, the country chapters tend to conclude that it is not easy to assess the effects of reforms on the performance of the system.

In itself, the country descriptions are interesting and as far as I can see adequate. I happened to read this book when I was in Austria where I attended and participated

in policy debates on intended health reforms in that country. Reading the chapter on Austria, I was struck by the fragmentation of its health care system. This also came out of the policy debate; however, the feeling of urgency of reforms was much stronger voiced by policy makers in the Ministry of Health and the insurance organisations than in the chapter. Both the chapter on Austria and the policy debate commented on the exceptionally high satisfaction of the Austrian population, which reduces the political feasibility of reform. It is tempting to speculate on the seemingly paradoxical situation of this high level of satisfaction and the weak aspects of the performance of the Austrian health care system. Is it the abundance of hospital facilities and the free choice of provider that satisfies the population but endangers the financial sustainability of the system? The chapter on Poland is interesting from the point of view of the position of the ‘new’ social health insurance systems that is so clearly different from the traditional social insurance systems. It is a pity that only one case description was included on Central and Eastern European health care systems.

One of the comparative chapters is devoted to an analysis of performance. Reading this chapter gave rise to two observations. First, the interpretation of differences in performance between the eight health care systems was mainly in terms of the two large ‘families’ of health care systems – the national health systems and the social insurance systems (or the Beveridge and Bismarck systems after their founders). Four of the cases were north-western (Sweden and the UK) or southern European (Italy and Spain) national health systems; the other four were three traditional social health insurance systems (Germany, France and Austria) and one ‘new’ social health insurance system (Poland). The interpretation was much less in terms of the three focal reform processes, mentioned above.

The second observation is that this comparative chapter (and the case studies, for that matter) largely used performance information from OECD, Eurostat and WHO. At the end of the comparative analysis, the performance of the eight cases is put into perspective by adding performance information on other European countries and Canada and Australia. This begs the question of the relevance of focussing on only eight countries.

International comparative analysis of health care systems is, in my view, moving from comparative case studies towards analysis of larger numbers of countries. Such analysis needs to combine qualitative or descriptive information and quantitative information. The opportunities for quantitative analysis increase with the extension of the EU which now has 28 member states whose health care systems are influenced by a common institutional context of EU regulation. What is interesting and perhaps new to some of the readers of this review is that the EU regulation that defines the common institutional context of health care systems is not directed to health care systems. That is outside the mandate of the EU. EU regulation affects the health care systems of member states through the indirect (and perhaps unintended) effects of regulation in other areas, such as competition, free movement of persons and economic stability (Greer et al., 2013). A landmark in the move towards the statistical analysis of large numbers of systems was the already mentioned World



Health Report 2000. Against this background, the analysis in this volume is not innovative.

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