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# Reforms, Trends and Planning in the Healthcare Systems of Europe, Canada and the United States, 2020–2022

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# Abstract

The Strategic and Economic Planning Authority within the Israeli Ministry of Health is currently formulating a strategic plan. It has requested the Myers-JDC-Brookdale Institute to screen the healthcare systems in Europe, Canada and the US in order to identify strategic foci, that is, the issues that these healthcare systems are dealing with and those that they are planning to deal with from 2022 and on, as well as the main reforms and changes carried out during the years 2020–21.

## Sources of information and methods of analysis

This rapid response applied qualitative methods and data was collected from four sources of information:

1. A secondary analysis of a survey carried out among experts of 32 countries which are members of the Health Systems and Policies Monitor (HSPM) at the European Observatory on Health Systems and Policies (hereafter: the Observatory).
2. An interview with the head of the Observatory's hub in Berlin.
3. Screening of policy changes and reforms of healthcare systems, published at the Observatory website.
4. Screening of reports produced by selected research institutes which are similar to the Myers-JDC-Brookdale Institute.

The analysis was carried out according to the analytical framework of the WHO "health system building blocks".

## Findings

We identified more than 200 reforms carried out during the years 2020–21 in 32 countries in Europe and North America. The analysis of the reforms highlighted broad issues that are of concern in many of the countries: mental health; expanding universal coverage of public insurance (adding services, populations and service financing); improving access and narrowing of gaps; and coordination and continuity of care.

In order to rebuild healthcare systems following the COVID-19 pandemic and to plan for its immediate future, countries are working on the following issues:

1. Shifting of patients from hospitals to the community (ambulatory) care, with emphasis on coordination and continuity of care, focusing on care of chronic illnesses.

2. Expansion of coverage provided by public insurance in the three dimensions of universal coverage: expansion of services covered by the basic basket; expansion of the covered populations (such as immigrants); and expansion of service financing by reducing user fees.
3. Investment in workforce along several axes: expanding the training of physicians and other health professions in order to increase the access to services; expanding the autonomy of other health professionals in order to reduce the burden on physicians and nurses; and investing in mental and emotional support for health workers in order to alleviate distress and burnout among the existing workers.
4. Expanding the budget of the healthcare system, primarily by enlarging the share of the government (funds from general taxations) in financing the system. This approach has been replacing that of curbing health expenditure, which was prevalent in many of these countries before the pandemic.
5. Improving access to services, primarily by developing digital health. The development of digital health has accelerated during the pandemic and health systems continue expanding services provided digitally.