The Struggle for Access to Healthcare in Eastern and Southern Europe

Partisanship and Party Responsiveness

by

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Submitted to
The Doctoral School of Political Science,
Public Policy, and International Relations
Central European University

In Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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Budapest, Hungary
June 2019
Declaration

I, the undersigned Alexandru Daniel Moise, candidate for the degree of Doctor of Philosophy at the Central European University Doctoral School of Political Science, Public Policy and International Relations, declare herewith that the present thesis is exclusively my own work, based on my research and only such external information as properly credited in notes and bibliography. I declare that no unidentified and illegitimate use was made of work of others, and no part the thesis infringes on any person’s or institution’s copyright. I also declare that no part the thesis has been submitted in this form to any other institution of higher education for an academic degree.

Budapest, June 11, 2019

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Signature

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Word count: ~ 62,000
pentru mama și șturi
Acknowledgments

“You don’t get it”, she said.  
“Don’t get what?”  
“We are one.”  
“We are one?” Tengo asked with a shock.  
“We wrote the book together.”  

...  
“That’s true. We wrote Air Crysalis together.  
And when we are eaten by the tiger, we’ll be eaten together.”  
—Haruki Murakami, 1Q84

If academia were a running club, the PhD would be the marathon. The 40th kilometer seems as long as the first 20, while the 42nd seems out of reach up until you pass it. While there are only two feet crossing a finish line, they could not have gotten there without dedicated coaches, inspiring training companions, and an army of loved ones cheering from the sidelines. This dissertation has been the most challenging project I have ever attempted. Not unlike a marathon, it pushed me to my limits, and I feel grateful to have my legs intact by the end of it. This project would not only have been much poorer without the overwhelming support that I received from mentors, friends, family and colleagues; it would have been impossible.

Every runner needs a coach to teach them how to put one leg in front of the other, and I was lucky enough to have three. I am especially grateful for the careful guidance and support of my supervisor, Evelyne Hübscher. Her heroic efforts pushed this project beyond what I thought it could be. I am thankful to Dorothee Bohle who has guided my work over the many years at CEU, and without whom I would not have considered that there was a place for me in academia. This project has benefited greatly from
the work and feedback of Carsten Q. Schneider, who has taught me that even the most complex problems can have solutions.

Our expectations of ourselves are shaped by those around us, and mine were kept high thanks to the wonderful community of scholars at Central European University: Kristin Makszin, Michael Dorsch, Béla Greskovits, Borbála Kovács, Levente Littvay, Manuel Bosancianu and the many inspiring colleagues in the Political Economy Research Group. I am particularly grateful to Zbigniew Truchlewski, for his mentoring, advice, and friendship. Special thanks go to Olga Löbllová for her extensive feedback, proofreading, pep-talks, and most importantly, for being excited about my project when I couldn’t be. My time at CEU, as well as my project, would have been less interesting without the lovely posh and trash-labbers: Erna Burai, Akos write-up buddy Mate, Alfredo Hernandez, Martin Mölder, Miloš Resimić, Asli Karaca, Carl Nordlund, Sanja Hajdinjak, Nena Oana, and many others.

The ideas in this project benefited greatly from research stays at the European University Institute in Florence and the Institute for Human Sciences in Vienna. I am particularly grateful to the entire team with which I had the pleasure to work in the Healthox project, for valuable discussions, feedback, and for teaching me that being an academic need not be a solitary job.

During the more uphill parts of this race, I was lucky to be able to take refuge with friends and family. I am grateful to my parents, whose love and sacrifices allowed me to start on this path. I am thankful to Loredana and Bogdan, for their support and for their little Măruţa, for spilling baby food on my favorite pants and putting a wide smile on my face, when I needed it most. I am also thankful to Helina, for her patience and love. And to the amazing people that I can call my dear friends: Ramona, Laura, Daniela, Vlad, Adi, Crisi, Anna, Lamine, Miri, Kata, Adela, Elena, Iulia, Maja, Marija and many others.

Beyond offering their friendship, some ventured to read and help me revise this work. If my writing makes any sense, Aron, Kristina, Olga, and many others are responsible. If there are still typos or clunky phrases, you know where to march with torches and pitchforks!

Thank you to everyone for your support. It’s because of you that I feel ready to sign up for the next race.
Abstract

Governments shape policies that restrict or enable access to health services, thereby directly impacting the health and financial livelihoods of their citizens. This dissertation asks: Under which circumstances do governments retrench or expand access to healthcare? To address this question it builds a measure of health access to assess changes in health systems with regards to individual risks when seeking care. This measure is employed in a set-theoretic multi-method research design to understand the politics of health reform in Eastern and Southern Europe.

The first step of the analysis uses fuzzy set Qualitative Comparative Analysis (fsQCA) to untangle the necessary and sufficient conditions, and combinations of conditions, which lead to retrenchment and expansion, using a range of political, institutional and structural factors. The political color of governments and party linkages to voters form the political factors, while the number of veto points, the extent of budget deficits, and existing generosity of health systems comprise the institutional and structural factors. The analysis finds that left-wing cabinets in different combinations with low budget deficits, programmatic linkages, expanded health systems and few veto points are sufficient for explaining expansion of access, while right-wing cabinets in different combinations with high budget deficits, clientelistic linkages, retrenched health systems, with both few and many veto points, are sufficient for explaining retrenchment of access.

The second step of the analysis investigates typical and deviant cases from the QCA results in order to understand causal mechanisms and refine the cross-case analysis. Two main cases, Bulgaria and Czechia, are analyzed in depth in order to understand the role of partisanship and linkages. The logistic regression findings emphasize the special nature of public healthcare, which has broad support among lower and middle-income voters. Left-wing parties therefore have a coherent constituency in favor of expanding access to healthcare and seek to gain electoral capital by pursuing expansion policies. Right-wing parties face a dilemma between the different preferences of their middle and higher-income voters, leading them to implement layering policies or hidden changes. The presence of clientelistic linkages changes the logic for both types of parties, diminishing the need and ability of left cabinets to gain electoral capital from policy positions, while allowing right cabinets to avoid blame for retrenchment.
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