

The Struggle for Access to Healthcare in Eastern and Southern Europe

Partisanship and Party Responsiveness

by

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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

Signature

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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.

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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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