

## 14. SERVING CITIZENS

### Serving Citizens Scorecards

This chapter presents, for the first time, a set of scorecards which are designed to shed light on how OECD countries fare in promoting access, responsiveness and quality of services to citizens. These scorecards do not identify which countries have the best public services overall. They summarise key features of countries' systems on a selected set of indicators based on the OECD Serving Citizens Framework to help identify possible priority areas for actions. These scorecards, which take the form of summary tables, focus on three sectors: health care, education and justice. For each of these three dimensions, a selected set of key indicators are presented. The selection of these indicators is based on three main criteria: 1) policy relevance; 2) data availability; and 3) data interpretability (i.e., no ambiguity that a higher/lower value means a better/worse performance).

#### The OECD Serving Citizens Framework

Access	Responsiveness	Quality
Affordability	Courtesy and treatment	Effective delivery of services and outcomes
Geographic proximity	Match of services to special needs	Consistency in service delivery and outcomes
Access to information	Timeliness	Security/Safety

In most of the dashboards, countries are classified in three groups: 1) top third group; 2) middle third group; and 3) bottom third group. In addition, the specific ranking of countries is indicated in each cell to provide further information on how close countries may be to the other group. The ranking is based on the number of countries for which data are available for each indicator (with a maximum of 35, when all countries are covered), with countries separated in these three groups. When trend data are available, arrows indicate whether countries' absolute score on the indicator (not necessarily its overall ranking) is improving (↑), declining (↓) or staying the same (→). More detailed information on the indicators and methodologies is available in *Chapter 14: Serving Citizens*.

In many countries, health and education services are delivered by a mix of public and private providers, even though often a large part of the services provided in private hospitals or schools are publicly funded to ensure a certain level of access. The current availability of data in many countries does not always clearly separate out public and private hospitals or schools, thus limiting the possibility for comparative assessment of the performance of public versus private institutions. This is an important data and research agenda that will need to be pursued in the coming years. Also, the availability of comparable data is more limited for indicators of access to and responsiveness of care and justice procedures, either because of a lack of harmonisation in survey instruments or limitations in the availability of comparable administrative data.

#### Access to services

Access to health, education or justice services may depend on people's ability to pay (when these services are not covered by public sources), geographic proximity and the extent to which they have the sufficient and right information to obtain these services.

Most OECD countries have achieved universal (or near-universal) coverage of health care costs for a core set of services, with the exception of Greece, Poland and the United States, where a sizeable proportion of the population is still not covered. The financial protection that people have against the cost of illness depends not only on whether they have health insurance, but also on the range of goods and services covered and the extent to which these goods and services are covered. There are important variations across OECD health systems in the degree of coverage for health services and goods. In countries like France and the United Kingdom, the amount that households have to pay directly for health services and goods as a share of their total consumption is relatively low. Some other countries, such as Korea and Mexico, have achieved universal (or quasi-universal) coverage, but a relatively small share of the cost of different health services and goods are covered, leaving a significant amount to be paid by households.

Unmet health care needs, as reported in population-based surveys, are a good way of assessing any access problems for certain population groups. Data on unmet care needs presented in this chapter come from two main sources; 1) the 2015 European Union Statistics on Income and Living Conditions survey (EU-SILC) which covers 25 OECD countries in Europe and 2) the 2016 Commonwealth Fund International Health Policy Survey which covers 11 OECD countries in Europe and outside Europe (not displayed in the scorecards but available in *Chapter 14: Serving Citizens*). People in countries such as Austria and Slovenia report lower unmet care needs than people in countries which do not have universal health coverage such as Greece, Poland or the United-States.

In all OECD countries, education systems provide universal access to primary and secondary schools for children aged 5-14 years old. Affordability of early childhood education and tertiary education depends to a greater extent on households' capacity to pay. Private expenditure (including households out-of-pocket payment) for early childhood education and tertiary education are relatively low in countries such as Belgium, Denmark and Norway whereas they are higher in Australia and the United States. Most countries have put in place loans, scholarships or grants programmes to support

access to higher education. The number of students entering for the first time university is the highest in New Zealand (driven to a large extent by the large share of international students) whereas it is lowest in Luxembourg and Mexico. In Luxembourg a large proportion of its citizens study abroad which reduces the rate for first time entry in University in particular at the bachelor's level.

Access to justice depends primarily on people's ability to pay but also on the extent to which they are aware of the procedures and steps for addressing any legal issue. Data collected by the World Justice Project (WJP) suggest that financial barriers in access to justice are the lowest in Germany, the Netherlands and New Zealand whereas they are highest in Mexico, Turkey and the United States. Access to Alternative Dispute Resolutions (ADR) is also key to allow individuals to resolve disputes outside of the court system. Based on the WJP indicator set, ADR mechanisms are most accessible and effective in Denmark, Korea and Norway whereas further efforts might be needed to promote and support dispute resolutions outside of the court system in countries such as Italy or Mexico. More detailed survey data are available for the first time this year for 13 OECD countries in Chapter 14: Serving Citizens notably on financial barriers to resolve disputes and on people's awareness and access to information to take legal actions and obtain legal assistance.

### Responsiveness of services

The key metrics to assess responsiveness vary across services. In health care and justice, the timeliness of interventions and procedures are of particular importance. By contrast, in education, responsiveness is typically assessed by looking to what extent students benefit from having adequate material and pedagogical methods.

Based on data collected for 11 OECD countries, the time that people have to wait to obtain a doctor's (general practitioner) and a specialist appointment is relatively low in the Netherlands whereas it is higher in Norway and Canada. In France and Germany, the time needed to obtain a doctor's appointment (general practitioner) is relatively high whereas the time needed to obtain a specialist appointment is very low with less than 5% of individuals in these two countries reporting having waited two months or longer to get a specialist appointment compared to 14% on average across the 11 OECD countries participating in this survey and more than 25% in Canada and Norway.

The time needed to resolve first instance civil, commercial and administrative cases depends on the number of cases to be treated in a given year, the legal system tradition, the extent of use of digital technologies in courts and other factors. Based on the data available, the time needed to resolve first instance cases was the highest in Greece and Italy. The estimated length of proceedings for solving an administrative case is equivalent to more than 4 years in Greece and more than 2 ½ years in Italy. By contrast, it is less than 4 months in Slovenia and Sweden. The time needed to resolve first instance cases has improved greatly since 2012 in Denmark, Estonia, Hungary, Slovenia and Sweden whereas it has deteriorated in the Czech Republic, Finland and the Slovak Republic.

In all OECD countries, education systems strive to meet the needs of students with different socioeconomic backgrounds. The responsiveness of education systems can be assessed at three different levels: the education system level, school level and teachers' level. Overall, Australia, Canada, Sweden and the United States fare well for indicators of availability of material in schools, support for study help in schools and the use of adaptive teaching methods. In Australia, Canada and the United States, about 60% of students report that their teacher provides individual help when a student has difficulties understanding a topic or a class compared to 48% on average across OECD countries.

### Quality of services

Improving service quality and outcomes across all population groups in health care, education and justice is a key policy priority in all OECD member countries.

In health care, the quality of services can be assessed at least partly by looking at the mortality rates for the three main causes of deaths in OECD countries: heart attacks, strokes and cancer. While variations across countries and over time in mortality rates for these leading causes of death are driven to a large extent by non-medical determinants of health (such as behavioural lifestyle factors like smoking eating habits), the quality of health care interventions can also play an important role in diagnosis any problem early and providing effective treatment. Since 2000, there has been considerable improvements in most countries in the prevention, early diagnosis and treatment of these three important causes of deaths. In Greece, Hungary and Turkey mortality rates for heart attacks and strokes remain high but are decreasing. In France, mortality rates from heart attacks and strokes are the lowest among OECD countries, but mortality rates from breast cancer (and other types of cancer) remain high and are increasing.

Every three years, the OECD Programme for International Student Assessment (PISA) evaluates the performance of 15 years old students in science, mathematics and reading (with a focus on science for the latest 2015 edition). Students in Canada, Estonia, Finland, Germany, Japan, Korea, the Netherlands and Slovenia perform relatively well in all three subjects. By contrast, students in Chile, Greece, Hungary, Iceland, Luxembourg, Mexico, the Slovak Republic and Turkey

## 14. SERVING CITIZENS

### Serving Citizens Scorecards

have low scores in all three subjects. Over the past decade, the average PISA score in science increased significantly in Israel, Norway and Portugal (by more than 10 points) whereas it decreased in Finland, Hungary and the Slovak Republic (by more than 25 points).

Every year, the World Justice project releases its Rule of Law Index (RuLI) providing a set of key metrics on the degree of effectiveness and fairness in the implementation of the rule of law based on a mix of population and expert surveys. Among the set of key metrics the RuLI includes indicators on the effective enforcement of civil justice, on the extent to which civil justice is free from improper government influence and on the extent to which people avoid using violence to redress their personal grievances. The Nordic countries (Denmark, Finland, Norway and Sweden) as well as Austria are top performers in all three indicators whereas there is room for improvement in countries such as Mexico and Turkey.

## Scorecard 1. Access to services

	Top third group
	Middle third group
	Bottom third group

Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data are available. The arrows indicate whether the situation is improving (↑), staying the same (→) or worsening (↓). Years of reference for trend data are specified in the figure notes. No symbol means no trend data available.

For detailed description of the indicators see “Chapter 14: Serving Citizens”

Indicator	Health care			Education			Justice	
	<i>Access to care (financial and other reasons)</i>			<i>Access to education</i>			<i>Access to legal and justice services</i>	
	Health care coverage	Out of pocket medical expenditure in household consumption	Unmet care needs (Eurostat)	Private expenditures on education	Enrolment rate at age 4	First time tertiary entry rates	People can access and afford civil justice	Alternative dispute resolution mechanisms are accessible, impartial, and effective
Australia	1	25	n.a.	32*	23	n.a.	20	4
Austria	1	18	1	5	18	14	12	25
Belgium	1	24	14	3	4	16	5	8
Canada	1	10	n.a.	23	n.a.	n.a.	24	10
Chile	1	31	n.a.	28	25	4	7	22
Czech Rep.	1	7	6	12	24	15	14	13
Denmark	1	15	12	9	7	3	4	3
Estonia	2	14	25	6	n.a.	n.a.	15	11
Finland	1	19	19	1	26	22	17	21
France	1	3	11	11	1	n.a.	19	7
Germany	1	5	3	18	5	18	2	6
Greece	3	33	24	n.a.	30	n.a.	21	23
Hungary	1	32	15	21	14	25	25	26
Iceland	1	22	20	8	n.a.	5	n.a.	n.a.
Ireland	1	16	16	7	16	n.a.	n.a.	n.a.
Israel	1	21	n.a.	25	3	13	n.a.	n.a.
Italy	1	20	21	13	11	24	23	27
Japan	1	9	n.a.	31	12	8	10	5
Korea	1	35	n.a.	30	15	n.a.	6	1
Latvia	1	28	23	10	20	n.a.	n.a.	n.a.
Luxembourg	1	2	7	n.a.	6	27	n.a.	n.a.
Mexico	1	27	n.a.	20	21	26	27	28
Netherlands	1	23	4	19	10	12	1	9
New Zealand	1	8	n.a.	24*	17	1	3	17
Norway	1	17	9	2	9	6	13	2
Poland	2	12	22	16	28	9	18	15
Portugal	1	30	18	26	19	17	11	14
Slovak Rep.	2	11	13	17	27	21	n.a.	n.a.
Slovenia	1	6	2	14	22	11	16	20
Spain	1	29	5	22	8	10	8	18
Sweden	1	26	8	4	13	19	9	16
Switzerland	1	34	10	n.a.	31	7	n.a.	n.a.
Turkey	1	1	n.a.	15	32	2	26	24
United Kingdom	1	4	17	27*	2	20	22	19
United States	3	13	n.a.	29*	29	23	28	12

\* In Australia, New Zealand, the United Kingdom and the United-States the high private expenditures on education is associated with a large share of students receiving loans and scholarships. More than 80% of students at tertiary level in these four countries, receive public loans, grants and/or scholarships (see figure 14.12 in Government at a Glance 2017).

Note: For health care coverage the clustering was produced in the following way: top third group (between 95% and 100% for health care coverage); middle third group (between 90% and 95% for health care coverage); bottom third group (less than 90% for health care coverage). France has concerns regarding the use of one single source, the World Justice Project, which relies on a limited number of observations and which may not reflect the objective situation in terms of access and quality of judicial services.

Source: OECD Health Statistics (2016), OECD Education at a Glance (2016), World Justice Project (Rule of Law Index, 2016)

## 14. SERVING CITIZENS

### Serving Citizens Scorecards

#### Scorecard 2. Responsiveness in service delivery

	Top third group
	Middle third group
	Bottom third group

Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data are available. The arrows indicate whether the situation is improving (↑), staying the same (→) or worsening (↓). Years of reference for trend data are specified in the figure notes. No symbol means no trend data available.

For detailed description of the indicators see “Chapter 14: Serving Citizens”

Indicator	Health care			Education			Justice		
	<i>Timeliness of health care services provision</i>			<i>Responsiveness of schools to student needs</i>			<i>Timeliness of first instance court decisions</i>		
	Same or next day appointment with doctor last time needed care	Waited 6 days or more for appointment with doctor last time needed care	Time needed to get a specialist appointment	Index of shortage of educational material	Availability of study help in schools	Use of adaptive teaching methods	Time needed to resolve civil, commercial, administrative and other cases	Time needed to resolve litigious civil and commercial cases	Time needed to resolve administrative cases
Australia	3	3	6	3	6	4	n.a.	n.a.	n.a.
Austria	n.a.	n.a.	n.a.	10	35	33	3→	3→	
Belgium	n.a.	n.a.	n.a.	25	25	26	n.a.	n.a.	16
Canada	11	10	11	1	7	2	n.a.	n.a.	n.a.
Chile	n.a.	n.a.	n.a.	7	32	8	n.a.	n.a.	n.a.
Czech Rep.	n.a.	n.a.	n.a.	16	17	29	10↓	7↓	15
Denmark	n.a.	n.a.	n.a.	11	1	7	1↑	8↑	n.a.
Estonia	n.a.	n.a.	n.a.	20	20	22	2↑	2↑	4↑
Finland	n.a.	n.a.	n.a.	23	14	14	8↓	13↓	10↓
France	8	6	2	14	15	27	14↓	16↓	11
Germany	9	11	1	22	24	32	n.a.	9↑	12↑
Greece	n.a.	n.a.	n.a.	29	26	24	16	15↓	18↑
Hungary	n.a.	n.a.	n.a.	33	18	25	5↑	5↑	5↑
Iceland	n.a.	n.a.	n.a.	2	10	13	n.a.	n.a.	n.a.
Ireland	n.a.	n.a.	n.a.	28	27	18	n.a.	n.a.	n.a.
Israel	n.a.	n.a.	n.a.	31	16	20	n.a.	n.a.	n.a.
Italy	n.a.	n.a.	n.a.	34	34	28	15↑	19↓	17↑
Japan	n.a.	n.a.	n.a.	35	9	34	n.a.	n.a.	n.a.
Korea	n.a.	n.a.	n.a.	30	28	23	n.a.	n.a.	n.a.
Latvia	n.a.	n.a.	n.a.	13	13	9	11↓	12↑	6↑
Luxembourg	n.a.	n.a.	n.a.	15	2	30	n.a.	1↑	9
Mexico	n.a.	n.a.	n.a.	32	33	6	n.a.	n.a.	n.a.
Netherlands	1	2	4	12	21	16	6↓	4	8↓
New Zealand	2	1	9	17	8	3	n.a.	n.a.	n.a.
Norway	10	9	10	18	29	11	n.a.	n.a.	n.a.
Poland	n.a.	n.a.	n.a.	5	12	21	4↓	10↓	3↓
Portugal	n.a.	n.a.	n.a.	24	11	1	17↑	17↑	n.a.
Slovak Rep.	n.a.	n.a.	n.a.	21	19	31	12↓	18↓	14↓
Slovenia	n.a.	n.a.	n.a.	8	23	n.a.	7↑	11↑	1↑
Spain	n.a.	n.a.	n.a.	27	31	15	13↑	14↓	13↑
Sweden	4	8	7	9	5	12	9↑	6↑	2↑
Switzerland	7	4	5	4	22	19	n.a.	n.a.	n.a.
Turkey	n.a.	n.a.	n.a.	26	30	17	n.a.	n.a.	n.a.
United Kingdom	5	5	8	19	3	10	n.a.	n.a.	7↑
United States	6	7	3	6	4	5	n.a.	n.a.	n.a.

Note: For indicators on the timeliness of justice decisions time comparison is 2010-2014. Data for Portugal are for 2012 rather than 2014. For administrative procedures data for Luxembourg are for 2010 rather than 2014. Data on the time needed to resolve civil, commercial, administrative and other cases (first instance) for Austria, Greece and Italy are for 2012 rather than 2014. No trend data available for Belgium, Czech Republic and Luxembourg (administrative cases only), the Netherlands (litigious civil and commercial cases). The indicator on the use of adaptive teaching methods covers the share of students that report that their teachers provide individual help when a student has difficulties understanding a topic or a task in “many lessons” and “every lesson or almost every lesson”.

Source: Commonwealth Fund Health Policy Survey (2016), OECD PISA 2015 (database) and CEPEJ 2016 (database).



## Scorecard 3. Quality in service delivery

	Top third performers.
	Middle third performers.
	Bottom third performers.

Note: Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data are available. The arrows indicate whether the situation is improving (↑), staying the same (→) or worsening (↓). Years of reference for each indicator are specified in the figure notes. No symbol means no trend data available.

For detailed description of the indicators see “Chapter 14: Serving Citizens”

Indicator	Health care (including prevention and care)			Education			Justice		
	Mortality rate - Acute Myocardial infarction (heart attack)	Mortality rate - Cerebrovascular disease (stroke)	Breast cancer mortality in women	PISA mean score in science	PISA mean score in mathematics	PISA mean score in reading	Effective enforcement of civil justice	Civil justice is free from improper government influence	People do not use violence to redress personal grievances
Australia	15↑	8↑	10↑	8↓	18↓	13	10	5	12
Austria	20↑	9↑	19↑	20↓	15	25	5	10	6
Belgium	14↑	12↑	31↑	14	10↓	17	11	12	13
Canada	18↑	3↑	15↑	4	5↓	1	13	6	5
Chile	27↑	26↑	5→	33	33	32	18	22	28
Czech Rep.	26↑	29↑	12↑	23↓	21↓	24	16	14	4
Denmark	10↑	18↑	35↑	15	7	15	8	3	3
Estonia	7↑	20↑	17→	2	4	4↑	19	13	14
Finland	29↑	22↑	7↑	3↓	8↓	2↓	6	7	2
France	1↑	1↑	23↑	21	19	16	15	19	22
Germany	21↑	10↑	25↑	10	11	9	3	4	11
Greece	30↑	32↑	18↑	32↓	32↓	31	26	25	25
Hungary	31↑	33↑	30↑	28↓	28↓	30	25	26	10
Iceland	28↑	21↑	29→	29↓	24	27	n.a.	n.a.	n.a.
Ireland	32↑	16↑	34↑	13	13	3	n.a.	n.a.	n.a.
Israel	3↑	4↑	33↑	30	30↑	29↑	n.a.	n.a.	n.a.
Italy	11↑	24↑	20↑	27	23↑	26↑	27	20	26
Japan	2↑	17↑	4→	1	1	6↑	4	15	7
Korea	5↑	25↑	1→	5	2↓	5↓	9	17	19
Latvia	24↑	35↑	21↑	25	27	23	n.a.	n.a.	n.a.
Luxembourg	8↑	6↑	24→	26	26	28	n.a.	n.a.	n.a.
Mexico	35↓	19↑	3→	35	35	35	28	27	27
Netherlands	9↑	13↑	28↑	11↓	6↓	12	7	1	16
New Zealand	33↑	23↑	22↑	6↓	16↓	8	14	11	9
Norway	23↑	11↑	9↑	18↑	14↑	7↑	1	2	8
Poland	12↑	27↑	16→	16	12	10	20	21	17
Portugal	13↑	28↑	11↑	17↑	22↑	18↑	23	16	24
Slovak Rep.	22↑	34↑	27→	31↓	29↓	33	n.a.	n.a.	n.a.
Slovenia	19↑	30↑	32→	7	9	11	21	24	20
Spain	6↑	7↑	6↑	24	25	21↑	22	23	21
Sweden	25↑	14↑	8↑	22	17	14	2	8	1
Switzerland	4↑	2↑	14↑	12	3	22	n.a.	n.a.	n.a.
Turkey	34↑	31→	2	34	34	34↓	24	28	23
United Kingdom	17↑	15↑	26↑	9	20	19	12	9	15
United States	16↑	5↑	13↑	19	31	20	17	18	18

Notes: Health care : Comparison over time 2004-2014 (or closest available). Arrows reflect a positive or negative change of  $\geq 2$  p.p. Education: Comparison over time 2006-2015. Only changes that are statistically significant are indicated. Justice: No trend comparison available. France has concerns regarding the use of one single source, the World Justice Project, which relies on a limited number of observations and which may not reflect the objective situation in terms of access and quality of judicial services.

Source: OECD Health Statistics (2016), OECD PISA 2015 (database), World Justice Project (Rule of Law Index, 2016)

