

# THOUGHT PROVOKING IDEAS OF THE GLOBAL ESSAY COMPETITION 2023

## Restoring the Radical Promise of Universal Healthcare

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### Introduction

One of the most defining achievements of the 20th century include the establishment of a publicly-funded, universally accessible healthcare system in countries such as Canada, South Korea, the United Kingdom, Brazil, Japan, and many more. These national healthcare infrastructures have been a critical part of sustained economic development due to their role in ensuring that a person's ability to access healthcare, whether routine or critical, does not rest on whether their income can afford it. Because these systems are typically nationally funded, in part or in whole, they can marshal immense financial resources towards the targeted improvement of public health initiatives, such as vaccine administration, reducing infant mortality rates, and encouraging

preventative care through national campaigns.

In 2023, healthcare systems have traded these historical achievements to become symbols of inefficiency, inadequacy, and stagnation. This essay will argue for a bold overhaul of these systems to restore their ability to meet the unique challenges of the 21st century. Public debate has focused for far too long on whether Canadian Medicare or the United Kingdom's National Health Service needs more funding and more staff. I argue that restoring universal healthcare's promises will not happen without embarking on a four-pronged solution: long-term recapitalisation, utilising existing capacity, embracing technology, and public-private partnerships. I will focus my analysis on the experiences of two countries, Canada and the United Kingdom, whose historical successes

and modern dysfunction present case studies for other countries to learn from.

## **A Brief History of Universal Healthcare**

### *Canada*

Canada administers its national healthcare through a decentralised framework called Medicare at two levels, federal and provincial government. Medicare was established across Canada in 1966 through the Medical Care Act, and it currently serves almost forty million people in the country. It encompasses healthcare insurance for each of the thirteen provinces and territories. Through the Canada Health Act established in 1984, the federal government sets national standards for care, provides some funding for each of the provinces and territories, regulates product safety, and directs health research agendas.<sup>1</sup> Doctors work as independent contractors, and health institutions (e.g. hospitals) operate their own services with consideration to their own budgets.<sup>2</sup>

### *U.K.*

The NHS was launched in 1948, with the goal of ensuring free care provided only on need, and currently serves 67 million

people.<sup>3</sup> In the 1990s, a series of Conservative reforms led to contracting out work to the private sector, especially in long term and psychiatric care, and a further erosion of boundaries between public and private healthcare.<sup>4</sup> The NHS operates through three main points of service: national hospitals, general practitioners, and community health centres.<sup>5</sup> In contrast to the Canadian model, the U.K.'s system is much more centralised.

## **Current Challenges**

Public perception of Canadian and U.K. healthcare systems have long shifted towards viewing it as a “cost sink” with the system always on the brink of crisis or disruption, which has only been reinforced post-pandemic.<sup>6</sup>

In Canada, ambulances continue to suffer from critical delays that should have shocked the government into action. Ambulances in Ottawa with patients were parked outside of hospitals due to “offload delays” that resulted from long waits to transfer patients to emergency

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<sup>1</sup> Canada, Health. “Government of Canada.” Canada.ca. / Gouvernement du Canada, August 22, 2016. [Canada's health care system - Canada.ca](https://www.canada.ca/en/health-services/minister-of-health/2016/08/canada-s-health-care-system-canada.ca.html)

<sup>2</sup> Martin, Danielle, Ashley P Miller, Amélie Quesnel-Vallée, Nadine R Caron, Bilkis Vissandjée, and Gregory P Marchildon. “Canada's Universal Health-Care System: Achieving Its Potential.” *The Lancet* 391, no. 10131 (2018): 1718–35. [https://doi.org/10.1016/s0140-6736\(18\)30181-8](https://doi.org/10.1016/s0140-6736(18)30181-8).

<sup>3</sup> “The History of the NHS.” The Nuffield Trust, July 27, 2021. [The history of the NHS | Nuffield Trust](https://www.nuffieldtrust.org.uk/the-history-of-the-nhs)

<sup>4</sup> “1988–1997: New Influences and New Pathways.” The Nuffield Trust, April 16, 2020. [1988–1997: New influences and new pathways | Nuffield Trust](https://www.nuffieldtrust.org.uk/1988-1997-new-influences-and-new-pathways)

<sup>5</sup> “The History and Development of the UK National Health Service 1948 - GOV.UK.” Accessed February 1, 2023. [The history and development of the UK National Health Service 1948 - 1999 \(publishing.service.gov.uk\)](https://www.gov.uk/government/history-and-development-of-the-uk-national-health-service-1948)

<sup>6</sup> Britnell, Mark. “Grim Figures Reveal the Scale of Healthcare Decline Worldwide.” *The Telegraph*. Telegraph Media Group, July 26, 2022. [Grim figures reveal the scale of healthcare decline worldwide \(telegraph.co.uk\)](https://www.telegraph.co.uk/health/2022/07/26/healthcare-decline-worldwide/)

rooms.<sup>7</sup> Instead, the policy response was piecemeal, and called on a way to “fill gaps” by drawing on paramedics to provide required care.<sup>8</sup> A prominent media commentator noted that public perception of Medicare is “more rooted in mythology than metrics” given the poor outcomes.<sup>9</sup>

In the U.K., the waitlist for treatment had grown to 7.1 million by late 2022, a number that continues to grow, underscoring the inability of the NHS to cope with demand. This backlog has increased despite a more than 10% increase in spending across doctors, ambulance staff, and nurses since 2019, and the fact that the NHS has net 12 percent more staff than it did pre-pandemic.<sup>10</sup> However, the NHS continues to deliver “substantially less care” than pre-pandemic, and treated fewer patients today compared to 2019.<sup>11</sup> Below the surface, the NHS crisis is no longer one that is solely about real wages or staff shortages. Researchers at the Institute for Fiscal Studies suggest the answer to the NHS’ woes may lie in undercapitalisation.<sup>12</sup> The NHS’ capital

infrastructure has deteriorated significantly over a long period of time: one estimate found that the cost of the maintenance backlog has doubled between 2010 and 2019.<sup>13</sup>

## **Proposed Reforms**

### *Committed, Long-term Recapitalisation*

Both countries urgently need to recapitalise their health infrastructures. To reverse the perception of healthcare as a cost sink, we must see it as an investment on par with other economic priorities. In 2021, the director-general of the World Health Organization (WHO), Dr. Tedros Ghebreyesus, called for a “new narrative” that argues for investment in public health as a necessary precedent to growth.<sup>14</sup> Explicitly calling healthcare an investment is critical to protecting long-term funding from changing political winds each election cycle.

The U.K. has lagged behind peer countries in healthcare infrastructure investment since 2000 across critical

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<sup>7</sup> “Offload Delays Are a Growing - and Concerning - Trend for Paramedics | CBC News.” CBCnews. CBC/Radio Canada, August 22, 2022. [Paramedics feel the pressure as a city runs out of ambulances | CBC News](#)

<sup>8</sup> “Offload Delays Are a Growing - and Concerning - Trend for Paramedics | CBC News.” CBCnews. CBC/Radio Canada, August 22, 2022. [Paramedics feel the pressure as a city runs out of ambulances | CBC News](#)

<sup>9</sup> Gurney, Matt. “Matt Gurney: We Are Witnessing the Results of Our Neglected Health ...” Accessed February 1, 2023. [National Post](#).

<sup>10</sup> Burn-Murdoch, John. “The Real Reason for the NHS Crisis.” Financial Times. Financial Times, December 16, 2022. <https://www.ft.com/content/2ee16591-a973-4f9f-93e3-3ec6db66cf48>.

<sup>11</sup> “NHS funding, resources and treatment volumes.” Institute for Fiscal Studies, December 2022. Accessed February 1, 2023. [NHS funding, resources and treatment volumes \(ifs.org.uk\)](#).

<sup>12</sup> “NHS funding, resources and treatment volumes.” Institute for Fiscal Studies, December 2022. Accessed February 1, 2023. [NHS funding, resources and treatment volumes \(ifs.org.uk\)](#).

<sup>13</sup> “NHS funding, resources and treatment volumes.” Institute for Fiscal Studies, December 2022. Accessed February 1, 2023. [NHS funding, resources and treatment volumes \(ifs.org.uk\)](#).

<sup>14</sup> “Who Director-General's Opening Remarks at Panel Discussion on the Intersection of Health and Economics, London School of Economics – 17 March 2021.” World Health Organization. World Health Organization. Accessed February 1, 2023. [WHO Director-General's opening remarks at panel discussion on the intersection of health and economics, London School of Economics – 17 March 2021](#).

indicators of success. Capital spending as a percent of GDP has hovered between 0.3 to 0.5%, while the number of beds has continued its steady decline to two per 1,000 people.<sup>15</sup> Healthcare has not been the only victim of large scale cuts to public investment, as the U.K. has generally had some of the lowest government spending among OECD countries.<sup>16</sup> The UK also has below average numbers of physicians compared to the OECD and EU averages.<sup>17</sup> However, the British government recently restored its cap on UK medical school places due to funding constraints.<sup>18</sup>

More funding is the most direct solution to ending the backlog in emergency room waiting times, hospital discharges, and improving survival outcomes for diseases like cancer that benefit from early intervention.<sup>19</sup> This suggests that a radical re-orientation towards recapitalisation as a priority, across political lines, remains the first order solution. A renewed vision must call on society to remember the intergenerational contract, and the immense investment it necessitates, to provide quality healthcare that is accessible to all.

### *Utilising Existing Capacity*

More funding is not enough, nor is it sustainable.<sup>20</sup> Going further would require a more radical restructuring of what the different healthcare actors in the system can accomplish. Healthcare professions are one of the most tightly regulated occupations, with different bodies such as colleges in Canada and councils in the U.K. who control the guidelines for care, member standing, and discipline.

Enabling the range of services that nurses and pharmacists can provide is low-hanging fruit, but it is controversial and politically difficult. In Ontario, pharmacists have only just been authorised to prescribe medicines for 13 illnesses; this came into effect in 2023, nearly three years after the pandemic overwhelmed the Canadian healthcare system and left many patients without the ability to see a doctor on short notice.<sup>21</sup> However, this milestone was not reached without some resistance from doctors. A similar scheme is being considered in the U.K., with estimates that pharmacists can

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<sup>15</sup> Burn-Murdoch, John. "The Real Reason for the NHS Crisis." Financial Times. Financial Times, December 16, 2022. <https://www.ft.com/content/2ee16591-a973-4f9f-93e3-3ec6db66cf48>.

<sup>16</sup> Burn-Murdoch, John. "Britain's Winter of Discontent Is the Inevitable Result of Austerity." Subscribe to read | Financial Times. Financial Times, December 23, 2022. <https://www.ft.com/content/b2154c20-c9d0-4209-9a47-95d114d31f2b>.

<sup>17</sup> Papanicolas, Irene, Elias Mossialos, Anders Gundersen, Liana Woskie, and Ashish K Jha. "Performance of UK National Health Service Compared with Other High Income Countries: Observational Study." BMJ, 2019, l6326. <https://doi.org/10.1136/bmj.l6326>.

<sup>18</sup> "Government Defends Medical Student Number Cap." BBC News. BBC, August 18, 2022. [Government defends medical student number cap - BBC News](#).

<sup>19</sup> Papanicolas, Irene, Elias Mossialos, Anders Gundersen, Liana Woskie, and Ashish K Jha. "Performance of UK National Health Service Compared with Other High Income Countries: Observational Study." BMJ, 2019, l6326. <https://doi.org/10.1136/bmj.l6326>.

<sup>20</sup> Pai M, Schipper H, Swain H. Putting People First: Critical Reforms for Canada's Health Care System. Health Law Can. 2017 Feb;37(2-3):13-31. PMID: 30005518.

<sup>21</sup> "Speed up, Widen Plan to Allow Ontario Pharmacists to Prescribe Certain Drugs, Critics Say | CBC News." CBCnews. CBC/Radio Canada, July 22, 2022. ['We need this now': Ontario pharmacists say plan to let them prescribe drugs doesn't go far enough | CBC News](#).

provide care at a fraction of the cost a GP would.<sup>22</sup>

Pharmacists are excellent candidates for expanding care as they are located near where people live and work, thus making them particularly accessible to get treatment for minor illnesses. Indeed, a University of Waterloo study found that 34% of avoidable emergency room visits could be replaced by pharmacist-led care.<sup>23</sup> Hence, this is one way in which we can better utilise existing infrastructure to expand capacity quickly and safely. This would also have the secondary benefit of attracting more talent to become nurses and pharmacists, since these professions would rise in relative status through increased responsibilities. However, it will also require countries to face a hard reckoning with groups such as doctors and other medical professionals, whose self interest may be at odds with the greater goal of systematic change and improvement.

#### *Embracing productivity enhancing technologies*

The healthcare industry has been slow to adopt new technologies that can enhance productivity and increase accessibility. While the recent Covid

pandemic burdened healthcare systems to the point of exhaustion and near failure, it also served as a catalyst for healthcare systems to adopt technologies such as telemedicine and unified digital health records.

As of 2023, no unified electronic health record exists in either country. In Canada, electronic medical records are still not extensively adopted; the rate has increased to only 73% in 2015.<sup>24</sup> This number understates the severity of the issue as healthcare databases are siloed between organisations, resulting in duplication of administrative work, increase in errors, and lowered productivity overall. In the U.K., hospitals lack basic information about the number of staffed intensive care beds.<sup>25</sup> While the British government has promised to digitise all health records in the NHS by 2025, it comes on the heels of a failed £10 billion IT project, which suggests that the government needs to pay closer attention to see this through.<sup>26</sup> Without full digitisation, healthcare cannot be said to have entered the 21st century.

Telemedicine also has the potential to cut costs and increase accessibility for rural and disabled patients. In Ontario, Canada's most populated province, the

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<sup>22</sup> Shaun Wooller Health Editor For The Daily Mail. "Harness the Power of Pharmacies so Chemists Can Treat Minor Illnesses to Tackle Backlogs, Mps Say." Daily Mail Online. Associated Newspapers, January 23, 2023. [Harness the power of pharmacies so chemists can treat minor illnesses to tackle backlogs, MPs say | Daily Mail Online.](#)

<sup>23</sup> Wasem Alsabbagh, Mhd, and Sherilyn K. Houle. "The Association between the Rate of Potentially Pharmacist-Manageable Emergency Department Visits and Community Income Level and Primary Care Provider Availability: A Spatial Analysis." Canadian Pharmacists Journal / Revue des Pharmaciens du Canada 155, no. 3 (2022): 164–68. <https://doi.org/10.1177/17151635221087621>.

<sup>24</sup> Martin, Danielle, Ashley P Miller, Amélie Quesnel-Vallée, Nadine R Caron, Bilkis Vissandjée, and Gregory P Marchildon. "Canada's Universal Health-Care System: Achieving Its Potential." The Lancet 391, no. 10131 (2018): 1718–35. [https://doi.org/10.1016/s0140-6736\(18\)30181-8](https://doi.org/10.1016/s0140-6736(18)30181-8).

<sup>25</sup> Burn-Murdoch, John. "The Real Reason for the NHS Crisis." Financial Times. Financial Times, December 16, 2022. <https://www.ft.com/content/2ee16591-a973-4f9f-93e3-3ec6db66cf48>.

<sup>26</sup> Clark, Lindsay. "UK Govt Promises Electronic Health Records for England." The Register® - Biting the hand that feeds IT. The Register, June 30, 2022. [UK govt promises electronic health records for England • The Register.](#)



Ministry of Health only provided publicly funded virtual care during the pandemic, and has just recently drastically decreased the amount a doctor can charge for a virtual visit by 75 percent compared to an in-person appointment.<sup>27</sup> This will effectively end accessible and timely healthcare for the nearly two million Ontarians without a family doctor, and others with mobility issues or who live rurally. Doctors will be disincentivized to offer a virtual care option.

Across the Atlantic, the NHS serves as a model in telehealth: the British have long integrated telemedicine within their service delivery. The NHS' Long Term Plan details various digitisation initiatives, including investing in telemedicine to allow for a "digital first" option by 2030.<sup>28</sup> Canadian policy makers should model this direct embrace of virtual care, and explicitly outline this in a similar "long term plan" to recognise digitisation as a priority, and not an option to be shelved post-pandemic.

### *Public-private Partnerships*

The above will require additional spending in the tens of billions of dollars, or pounds, in addition to the current costs of maintaining and paying off the backlog of repairs. Given the realities of the political situation in both countries, with public fatigue over any spectre of higher

taxes, it seems likely that further improvements must come from the private sector. While this may be regarded by publicly-funded health system stalwarts as a failure, or a path towards the decoupling of universal accessibility and healthcare, the alternative is further decline. As one Canadian commentator remarked while reflecting on this dilemma, we are now faced with the choice of paying for private health service or "paying in lives".<sup>29</sup> The latter situation is already here, as we all vividly witnessed during the height of the Covid-19 pandemic.

There have been tentative steps forward in this direction. Recently, the Ontario Premier Doug Ford announced an expansion of private, for-profit clinics where patients can obtain publically-funded care, in an attempt to reduce the surgical waitlist of 206,000 people.<sup>30</sup> The scale of this experiment does not go far enough: the government hopes that this initiative reduces waitlists only to pre-pandemic levels. A bolder initiative would set a target on eliminating the waitlist itself. In the U.K., the private health sector has long existed alongside the NHS, and the NHS works together with private providers in psychiatric care, long-term care and others.<sup>31</sup> However, fears over a "two-tier healthcare system" have limited the British government's support for

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<sup>27</sup> DeClerq, Katherine. "New Virtual Care Fees Come into Effect Today in Ontario. Over 12k People Signed a Petition to Reverse It." Toronto. CTV News, December 1, 2022. [New virtual care fees come into effect today | CTV News](#).

<sup>28</sup> "Chapter 5: Digitally-Enabled Care Will Go Mainstream across the NHS." NHS choices. NHS. Accessed February 1, 2023. [NHS Long Term Plan » Chapter 5: Digitally-enabled care will go mainstream across the NHS](#).

<sup>29</sup> Gurney, Matt. "Matt Gurney: We Are Witnessing the Results of Our Neglected Health ...". Accessed February 1, 2023. [National Post](#).

<sup>30</sup> "Ontario Reducing Wait Times for Surgeries and Procedures." Ontario newsroom. Accessed February 1, 2023. [Ontario Reducing Wait Times for Surgeries and Procedures | Ontario Newsroom](#).

<sup>31</sup> Doyle, Y., A. Bull, and J. Keen. "Role of Private Sector in United Kingdom Healthcare System Commentary: Cooperation Should Be Based on What the Public Wants and Needs from Its Healthcare System." *BMJ* 321, no. 7260 (2000): 563–65. <https://doi.org/10.1136/bmj.321.7260.563>.

further private solutions.<sup>32</sup> A focus on whether two-tiers undermines the NHS' commitment to healthcare access regardless of need ignores that the status quo already privileges those early enough on the waitlist or who can afford to pay for care domestically or internationally. This also sidesteps the possibility that the government can make privately delivered care accessible by funding it. Both the NHS and Canadian Medicare need to grapple with whether expanding care is more important than who delivers it.

## **Conclusion**

Universal healthcare has played an important social role in levelling quality care for all regardless of wealth or social

class. A greater proportion of citizens can experience significant gains in standard of living. While the Covid-19 pandemic exposed critical weaknesses in both healthcare systems, the pandemic itself was not the proximate cause of continued near brushes healthcare failure and service quality deterioration. To truly reinvigorate the post-war dream of universal healthcare architected by our grandparents, today's policymakers must embark on a bold overhaul and recapitalise, better utilise existing human capital, embrace technology, and experiment with novel public-private partnerships.

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<sup>32</sup> Rowland, David, and Policy. "Is a Two-Tier Healthcare System Inevitable in the UK?" British Politics and Policy at LSE, January 10, 2023. <https://blogs.lse.ac.uk/politicsandpolicy/is-a-two-tier-healthcare-system-inevitable-in-the-uk/>.

## References

- Britnell, Mark. "Grim Figures Reveal the Scale of Healthcare Decline Worldwide." The Telegraph. Telegraph Media Group, July 26, 2022. [Grim figures reveal the scale of healthcare decline worldwide \(telegraph.co.uk\)](https://www.telegraph.co.uk/healthcare/decline-worldwide/).
- Burn-Murdoch, John. "Britain's Winter of Discontent Is the Inevitable Result of Austerity." Subscribe to read | Financial Times. Financial Times, December 23, 2022. <https://www.ft.com/content/b2154c20-c9d0-4209-9a47-95d114d31f2b>.
- Burn-Murdoch, John. "The Real Reason for the NHS Crisis." Financial Times. Financial Times, December 16, 2022. <https://www.ft.com/content/2ee16591-a973-4f9f-93e3-3ec6db66cf48>.
- Canada, Health. "Government of Canada." Canada.ca. / Gouvernement du Canada, August 22, 2016. <https://www.canada.ca/en/health-canada/services/canada-health-care-system.html>.
- Clark, Lindsay. "UK Govt Promises Electronic Health Records for England." The Register® - Biting the hand that feeds IT. The Register, June 30, 2022. [https://www.theregister.com/2022/06/30/uk\\_electronic\\_health\\_records/](https://www.theregister.com/2022/06/30/uk_electronic_health_records/).
- "Chapter 5: Digitally-Enabled Care Will Go Mainstream across the NHS." NHS choices. NHS. Accessed February 1, 2023. [NHS Long Term Plan » Chapter 5: Digitally-enabled care will go mainstream across the NHS](#).
- DeClerq, Katherine. "New Virtual Care Fees Come into Effect Today in Ontario. Over 12k People Signed a Petition to Reverse It." Toronto. CTV News, December 1, 2022. [New virtual care fees come into effect today | CTV News](#).
- Doyle, Y., A. Bull, and J. Keen. "Role of Private Sector in United Kingdom Healthcare System Commentary: Cooperation Should Be Based on What the Public Wants and Needs from Its Healthcare System." BMJ 321, no. 7260 (2000): 563–65. <https://doi.org/10.1136/bmj.321.7260.563>.
- "The History of the NHS." The Nuffield Trust, July 27, 2021. <https://www.nuffieldtrust.org.uk/health-and-social-care-explained/the-history-of-the-nhs>.
- "1988–1997: New Influences and New Pathways." The Nuffield Trust, April 16, 2020. <https://www.nuffieldtrust.org.uk/chapter/1988-1997-new-influences-and-new-pathways#new-influences>.
- "The History and Development of the UK National Health Service 1948 - GOV.UK." Accessed February 1, 2023. <https://assets.publishing.service.gov.uk/media/57a08d91e5274a31e000192c/The-history-and-development-of-the-UK-NHS.pdf>.



“Government Defends Medical Student Number Cap.” BBC News. BBC, August 18, 2022.  
<https://www.bbc.co.uk/news/health-62594141>.

Gurney, Matt. “Matt Gurney: We Are Witnessing the Results of Our Neglected Health ...” Accessed February 1, 2023. [National Post](#).

Martin, Danielle, Ashley P Miller, Amélie Quesnel-Vallée, Nadine R Caron, Bilkis Vissandjée, and Gregory P Marchildon. “Canada’s Universal Health-Care System: Achieving Its Potential.” *The Lancet* 391, no. 10131 (2018): 1718–35.  
[https://doi.org/10.1016/s0140-6736\(18\)30181-8](https://doi.org/10.1016/s0140-6736(18)30181-8).

“NHS funding, resources and treatment volumes.” Institute for Fiscal Studies, December 2022. Accessed February 1, 2023. [NHS funding, resources and treatment volumes \(ifs.org.uk\)](#).

“Ontario Reducing Wait Times for Surgeries and Procedures.” Ontario newsroom. Accessed February 1, 2023. <https://news.ontario.ca/en/release/1002641/ontario-reducing-wait-times-for-surgeries-and-procedures>.

“Offload Delays Are a Growing - and Concerning - Trend for Paramedics | CBC News.” CBCnews. CBC/Radio Canada, August 22, 2022.  
<https://www.cbc.ca/news/canada/offload-delays-paramedics-health-care-1.6529490>.

“Speed up, Widen Plan to Allow Ontario Pharmacists to Prescribe Certain Drugs, Critics Say | CBC News.” CBCnews. CBC/Radio Canada, July 22, 2022.  
<https://www.cbc.ca/news/canada/toronto/pharmacists-ontario-medication-minor-ailments-2023-1.6526881>.

Shaun Wooller Health Editor For The Daily Mail. “Harness the Power of Pharmacies so Chemists Can Treat Minor Illnesses to Tackle Backlogs, Mps Say.” Daily Mail Online. Associated Newspapers, January 23, 2023.  
<https://www.dailymail.co.uk/news/article-11664781/Harness-power-pharmacies-chemists-treat-minor-illnesses-tackle-backlogs-MPs-say.html>.

Papanicolas, Irene, Elias Mossialos, Anders Gundersen, Liana Woskie, and Ashish K Jha. “Performance of UK National Health Service Compared with Other High Income Countries: Observational Study.” *BMJ*, 2019, l6326.  
<https://doi.org/10.1136/bmj.l6326>.

Pai M, Schipper H, Swain H. Putting People First: Critical Reforms for Canada’s Health Care System. *Health Law Can.* 2017 Feb;37(2-3):13-31. PMID: 30005518.

Rowland, David, and Policy. “Is a Two-Tier Healthcare System Inevitable in the UK?” British Politics and Policy at LSE, January 10, 2023.  
<https://blogs.lse.ac.uk/politicsandpolicy/is-a-two-tier-healthcare-system-inevitable-in-the-uk/>.

Wasem Alsabbagh, Mhd, and Sherilyn K. Houle. "The Association between the Rate of Potentially Pharmacist-Manageable Emergency Department Visits and Community Income Level and Primary Care Provider Availability: A Spatial Analysis." *Canadian Pharmacists Journal / Revue des Pharmaciens du Canada* 155, no. 3 (2022): 164–68. <https://doi.org/10.1177/17151635221087621>.

"Who Director-General's Opening Remarks at Panel Discussion on the Intersection of Health and Economics, London School of Economics – 17 March 2021." World Health Organization. World Health Organization. Accessed February 1, 2023. [WHO Director-General's opening remarks at panel discussion on the intersection of health and economics, London School of Economics – 17 March 2021](#).