

11. SERVING CITIZENS

Serving Citizens Scorecards

This chapter describes how OECD countries are performing in terms of access, responsiveness and quality of services, based on the OECD Serving Citizens Framework. The scorecards summarise the key aspects of countries' services systems (access, responsiveness and quality) by displaying a subset of sector-specific measures from education, health and justice. They are an illustration of how the performance of public services can be compared, even when they are organised in distinct ways and address different aspects of societal and individual life. Although country rankings are provided, these are only computed to compare indicators that differ in terms of measurement units and underlying phenomena. Hence, the scorecards do not provide a unified picture of which countries have the best overall services, nor should they be used for such purpose.

The Serving Citizens Scorecards were introduced in the 2017 Government at a Glance, and the indicators were selected by experts from the OECD on each subject. The criteria were: 1) adequacy (i.e. the indicator represents the concept being measured), 2) policy relevance, 3) data availability and coverage, and 4) data interpretability (i.e. no ambiguity that a higher/lower value means better/worse performance). The selected indicators are intended to provide an overview of relevant aspects for each sector. For this reason, the choice of measures differs among sectors (e.g. school enrolment for education and health care coverage for health care are measures of access). The measures chosen for the scorecards in this edition are the same as in the 2017 Government at a Glance edition. Only those for which updated data were available are presented in this chapter.

The OECD Serving Citizens Framework

Access	Responsiveness	Quality
Affordability <ul style="list-style-type: none"> Health care coverage Unmet health care needs Share of out of pocket medical expenditure in household consumption Private expenditure on education (Primary to tertiary) Enrolment at age 4 First time tertiary entry rates People can access and afford civil justice 	Courtesy and treatment <ul style="list-style-type: none"> Regular Doctor Involved Them As Much as They Wanted in Decisions About Treatment or Care 	Effective delivery of services and outcomes <ul style="list-style-type: none"> Mortality rate - Acute Myocardial Infarction (Heart Attack) Mortality rate- Cerebrovascular disease (stroke) Breast cancer mortality in women Thirty-day mortality after admission to hospital for AMI Asthma and COPD hospital admission in adults Congestive heart failure (CHF) hospital admission in adults PIRLS scores Effective enforcement of civil justice Civil justice is free from improper government influence
Geographic proximity <ul style="list-style-type: none"> Physician density by TL2 regions 	Match of services to special needs <ul style="list-style-type: none"> Percentage of early leavers from education and training aged 18-24 years who are not currently working Schools with shortage of qualified teachers in teaching students with specific needs in lower secondary education Percentage of decisions taken at the school levels in public lower secondary education 	Consistency in service delivery and outcomes <ul style="list-style-type: none"> Score on PIRLS for students who attend a school where over 75% of the students enter with some reading and writing skills Score on PIRLS by sense of belonging to the school and percentage of students showing high sense of belonging
Access to information <ul style="list-style-type: none"> Percentage of individuals who received legal advice and who took actions to solve their disputes over the past 2 years Top three reasons for not attempting to obtain legal assistance to resolve a dispute Reasons for not taking action to resolve a dispute Alternative dispute resolution mechanisms are accessible, impartial and effective 	Timeliness <ul style="list-style-type: none"> Waited Two Months or More For A Specialist Appointment Hip fracture surgery initiation after admission to hospital Disposition time for civil, commercial, administrative and other cases (non contested) Disposition time for litigious civil and commercial cases (first instance) Disposition time for administrative cases (supreme court) 	Security/Safety <ul style="list-style-type: none"> People do not use violence to redress personal grievances

Note: the indicators in *italics* are included in the scorecards

Scorecard interpretation

Each scorecard focuses on one dimension of the framework and compares across services (education, health and justice). The “responsiveness” scorecard is not displayed because of lack of country-comparable data. For each indicator, countries are classified in three quantiles according to their performance: 1) top-third quantile (green), 2) middle-third quantile (orange), and 3) bottom-third quantile (red).

Additionally, each country is ranked among those countries for which data are available, so as to provide additional information on performance (the country with the best performance is ranked number 1). If several countries have the same value for an indicator, they are assigned the same rank.

When trend data are available, arrows indicate whether countries' absolute performance has improved (↑), declined (↓) or remained stable (→). The last row of the scorecard indicates both the base year and the reference year for the comparison.

Access to services

Most OECD countries have achieved universal health care coverage, either through private or public insurance schemes. Coverage has remained stable among top performers since 2013. In Greece, as a consequence of the crisis, around 30% of

the population lost access to care in 2013. The country introduced remedial legislation in 2016 to secure funding for the system and restore universal coverage. In Hungary, a series of reforms, including the dissolution of the Ministry of Health, resulted in decreased coverage (from universal coverage in 2011 to 94% in 2017). Mexico and the United States have shown improvements in terms of health care coverage, given the introduction and expansion of *Seguro Popular* in 2004 and the Patient Protection and Affordable Care Act (PPACA) in 2010. They achieved around 90% coverage in 2017.

The range of services covered by health insurance schemes and the extent to which patients have to cover expenses from their own budgets vary across OECD countries. However, the share of out-of-pocket (OOP) expenditure on household consumption alone does not indicate whether citizens are benefiting from access to care. For example, Austria, Spain and Switzerland have a high share of OOP, but have the lowest share of unmet care needs. On the contrary, Slovenia and the United Kingdom have a lower share of OOP, but the waiting lists are longer because there are fewer physicians providing care than in other countries.

Education systems across OECD countries provide universal access to schools for children of compulsory school age (which varies between countries). Access to early childhood and tertiary education depend partially on public resources made available to finance them. Belgium is one of the countries where the lowest proportion of funding for primary to tertiary education comes from private sources and is among those with the highest enrolment rates in early childhood and tertiary education. On the contrary, the United States relies heavily on private funding for education (both before and after transfers between sectors), which results in relatively low levels of enrolment at both ends (early childhood and tertiary).

The high share of private funding in some countries is due to grants and transfers to individuals or private institutions. For example, the United Kingdom has achieved 100% enrolment in early childhood education because each child aged 4 is entitled to 15 hours of free care whether in public or private institutions. Chile introduced a law enabling free access to tertiary education for economically disadvantaged students in 2016; before that year, they were granted scholarships and loans. It is envisioned that the majority of students will benefit from such reform in 2020. Chile achieved the largest enrolment rate for nationals in OECD countries in 2017.

In order to access justice, individuals must be aware of their rights and of the existing mechanisms to resolve their disputes, and be able to afford the costs that the process entails. According to the World Justice Project (WJP), barriers to access civil justice (in terms of awareness, fair treatment and financing) are lowest in the Netherlands, Germany and Sweden. On the contrary, Mexico, the United Kingdom and the United States are the countries where citizens have the most difficulties. Alternative dispute resolutions (ADRs) are a way of settling disputes outside of the courtroom. The WJP expert survey enquires about the integrity of arbitrators, the costs and timeliness of ADRs and the enforcement of settlements in commercial cases. The countries with the most accessible ADRs are Japan, Korea and Norway. Hungary, Mexico, and Sweden have the least accessible ones.

Quality of services

The provision of public services is aimed at improving citizens' quality of life and well-being in various areas. For example, health systems are responsible for protecting citizens from health threats and the judiciary system plays a significant role in ensuring the rule of law and the respect for human rights, making citizens feel safe.

The indicators selected for the Serving Citizens Scorecards address the quality of health care policies as a whole, including prevention. In this sense, they are different from those used in Health at a Glance, where the quality of care provided to patients is addressed (e.g. avoidable hospital admissions, obstetric trauma). This distinction is relevant because the indicators displayed in the Serving Citizens Scorecards also capture the self-care attitudes of the population (e.g. following recommended schedules of medical check-ups). In this publication, quality of health care services provided to patients is addressed in the two-pager under such name.

OECD countries have been successful in reducing the mortality rate associated with contagious diseases. The leading causes of death are heart attacks, strokes and cancer, which in many cases are related to individuals' lifestyle and behaviour, such as smoking and eating habits. Prevention, early intervention and treatment of such diseases are at the forefront of the strategies implemented by health care systems to reduce the mortality associated with them. Most countries have successfully reduced the number of deaths associated with such diseases in recent years.

Spain is among the countries with the lowest mortality rate associated with heart attacks, strokes and breast cancer. The rest of the OECD countries where data is available are performing relatively better than the rest in one or two diseases and worse in the remaining one(s). For example, Mexico and Turkey are among the countries with the lowest mortality rates associated with breast cancer and the highest associated with heart attacks. The opposite is true in Belgium and the Netherlands.

In terms of the judiciary system, the WJP compiles data on the enforcement of the law around the world by asking experts and the general population how likely individuals are to pursue self-administered justice, how likely the government is to influence a judge in a lawsuit against the state and how likely court decisions are to be enforced. Sweden and Norway perform the best on such aspects, while in Greece, Mexico and Turkey, the law is less effectively enforced. Some countries perform better in one aspect than in others. For example, in Hungary, self-administered justice is less prevalent than in other OECD countries, but there is more government influence in trials and less enforcement of court decisions.

11. SERVING CITIZENS

Serving Citizens Scorecards

Scorecard 1. Access to services

	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 is available.

Indicator	Health care						Education					Justice			
	Financial access						Access to education					Access to judicial system and legal information			
	Health care coverage		Unmet care needs		Share of out of pocket medical expenditure in household consumption		Private expenditure on education (Primary to tertiary)		Enrolment 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	→	n.a		16	↑	33	↓	24	↑	n.a	20	↑	9	↓
Austria	2	→	1	→	30	↓	6	→	18	↑	13	10	↑	20	↑
Belgium	4	↓	9	↑	25	→	7	↓	2	→	9	6	↑	15	↑
Canada	1	→	n.a		13	↓	26	→	n.a.		n.a	23	↑	16	↓
Chile	7	↓	n.a		31	→	34	↑	26		2	13	↑	21	↑
Czech Republic	1	→	3	↑	5	↓	17	→	23	↑	17	18	↓	11	↑
Denmark	1	→	7	↑	17	→	n.a.		3	→	4	4	↑	4	→
Estonia	6	↑	20	↓	19	↓	9	↓	20		n.a	7	↑	8	↑
Finland	1	→	17	↓	24	↓	1	→	28	↑	21	17	↑	19	→
France	2	→	6	↑	3	↑	16	→	1	→	n.a	15	↑	7	↑
Germany	1	↑	3	↑	11	→	18	→	13	→	20	2	↑	5	↓
Greece	1	↑	19	↑	32	→	8		30	↑	26	16	↑	23	↓
Hungary	7	↓	5	↑	28	↑	21	↑	11	↑	27	24	↑	27	↓
Iceland	1	→	14	↑	15	↑	5	↑	6	↑	16	n.a		n.a	
Ireland	1	→	13	↑	12	↑	10	↓	1	↑	n.a	n.a		n.a	
Israel	1	→	n.a		18	↓	23	↑	4		15	n.a		n.a	
Italy	1	→	9	↑	21	↓	15	→	15	↓	24	22	→	25	→
Japan	1	→	n.a		10	↓	29	→	12	↑	5	11	↑	2	↑
Korea	1	→	n.a		34	↓	30	↑	7	↑	n.a	19	↑	3	↓
Latvia	1		18	↑	33	↓	11	↑	17		n.a	n.a		n.a	
Lithuania	8		8	↑	20	→	14	→	25		8	n.a		n.a	
Luxembourg	n.a		3	↑	2	→	3	→	14	↓	28	n.a		n.a	
Mexico	11	↓	n.a		23	↑	25	↓	21	↑	23	28	↓	28	↓
Netherlands	2	↑	2	↑	8	↑	22	→	9	↓	14	1	↑	6	→
New Zealand	1	→	n.a		4	↓	28	→	10	↑	1	8	↑	12	→
Norway	1	→	7	↓	22	↓	2	↓	8	→	12	9	↓	1	↑
Poland	9	↑	16	↑	9	→	13	→	27	↑	7	21	↑	13	↑
Portugal	1	→	10	↑	29	→	20	↑	19	↑	19	14	↑	10	↑
Slovak Rep.	5	→	11	↓	6	↑	19	→	29	↑	22	n.a		n.a	
Slovenia	1	→	15	↓	1	→	12	→	22		11	12	↑	22	↓
Spain	2	→	2	↑	26	→	24	↓	5	→	6	5	↑	14	↑
Sweden	1	→	8	↑	27	→	4	→	16	→	18	3	↑	26	↓
Switzerland	1	→	4	↑	35	↓	n.a.		32	↑	3	n.a		n.a	
Turkey	3	↑	12	↑	n.a.		27	↓	33	↑	n.a	25	↑	24	↓
United Kingdom	1	→	15	↓	7	→	31	↓	1	↑	10	26	↓	17	↓
United States	10	↑	n.a		14	↑	32	→	31	→	25	27	↓	18	↓
Year	2017	2013	2018	2014	2017	2013	2016	2012	2017	2012	2017	2019	2015	2019	2015

Notes: Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data is available. 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%), bottom-third group (less than 90%). Health care coverage data are from 2017, except for Japan and Spain which are from 2014. Data for share of out-of-pocket medical expenditure for Chile are from 2014. In Australia, New Zealand, the United Kingdom and the United States, the high share of private expenditures on education is associated with a large share of students receiving loans and scholarships. Data for private expenditures on education for Greece are from 2015. On data for Israel, see <http://doi.org/10.1787/888932315602>. Details on data for other indicators are provided in the corresponding sections.

Source: OECD (2019), OECD Health Statistics (database) Eurostat, 2019; OECD (2019) Education at a Glance (database) 2019, World Justice Project (2019), Rule of Law Index 2019.

Scorecard 2. Quality in service delivery and policies

	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 is available.

Indicator	Health care						Justice					
	Mortality rate-Acute Myocardial Infarction (Heart Attack)		Mortality rate-Cerebrovascular disease (stroke)		Breast cancer mortality in women		Effective enforcement of civil justice		Civil justice is free from improper government influence		People do not use violence to redress personal grievances	
Australia	14	↑	10	↑	9	↓	10	↓	4	↓	13	↓
Austria	24	↑	6	↑	18	↓	8	↓	9	→	9	↑
Belgium	9	↑	12	↑	24	↓	9	↑	11	↑	17	↓
Canada	17	↑	3	↑	12	↓	13	→	7	↑	7	↑
Chile	31	↑	30	↓	8	↑	19	↑	21	↓	27	↓
Czech Republic	19	↑	26	↑	14	↓	18	↓	17	↑	6	→
Denmark	5	↑	18	↑	27	↓	4	↑	2	→	2	→
Estonia	8	↑	19	↑	11	↓	16	↑	10	→	10	↑
Finland	25	↑	22	↑	9	↓	6	→	8	↑	5	→
France	2	↑	2	↑	21	↓	11	↑	15	↑	22	↑
Germany	23	↑	13	↑	28	↓	5	↑	3	↑	12	↑
Greece	22	↑	29	↑	19	↓	25	↓	23	↓	26	↓
Hungary	28	↑	31	↑	30	↓	26	↓	27	↓	8	↑
Iceland	18	↑	7	↑	28	↑	n.a		n.a		n.a	
Ireland	29	↑	17	↑	29	↓	n.a		n.a		n.a	
Israel	3	↑	4	↑	23	↓	n.a		n.a		n.a	
Italy	8	↑	24	↑	17	↓	28	↓	20	↓	25	↑
Japan	1	↑	13	↑	3	↑	12	↑	16	↑	3	↓
Korea	6	↑	20	↑	1	↑	7	↓	18	↓	20	↓
Latvia	27	↑	35	↑	26	↓	n.a		n.a		n.a	
Lithuania	11	↑	34	↑	13	↓	n.a		n.a		n.a	
Luxembourg	10	↑	5	↑	22	↓	n.a		n.a		n.a	
Mexico	33	↓	21	↑	4	↑	27	→	26	↓	28	↓
Netherlands	7	↑	16	↑	26	↓	3	→	6	↓	18	→
New Zealand	30	↑	23	↑	16	↓	15	↓	12	↑	11	↑
Norway	20	↑	9	↑	6	↓	2	↑	1	↓	4	↑
Poland	12	↑	25	↑	20	↑	20	↑	25	↓	19	↑
Portugal	13	↑	28	↑	10	↓	24	↑	14	↑	24	↑
Slovak Republic	26	↓	33	↓	25	↑	n.a		n.a		n.a	
Slovenia	27	↓	27	↑	28	↓	21	↑	24	↓	14	↑
Spain	6	↑	8	↑	5	↓	23	↑	22	→	21	↑
Sweden	21	↑	14	↑	7	↓	1	↑	5	→	1	↑
Switzerland	4	↑	1	↑	15	↓	n.a		n.a		n.a	
Turkey	32		32		2		22	↑	28	↓	23	↑
United Kingdom	15	↑	15	↑	22	↓	14	→	13	→	15	↑
United States	16	↑	11	↑	9	↓	17	↑	19	↓	16	→
Year	2017	2006	2017	2006	2017	2006	2019	2015	2019	2015	2019	2015

Notes: Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data is available. Data on acute myocardial infarction, cerebrovascular disease and breast cancer mortality for Australia, Belgium, Chile, Estonia, Finland, Germany, Greece, Israel, Japan, Korea, Luxembourg, Mexico, the Netherlands, Norway, Poland, Portugal, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States refer to 2016 instead of 2017. Data for New Zealand and the Slovak Republic are for 2014 instead of 2017. Data for Canada, Denmark, France, Ireland, Italy, Latvia and Slovenia are not available. Data for Australia are from 2004 instead of 2005. Data for Portugal are for 2007 instead of 2005. On data for Israel, see <http://doi.org/10.1787/888932315602>. Details on data for other indicators are provided in the corresponding sections.

Source: OECD (2019), OECD Health Statistics (database) 2019; World Justice Project (2019) Rule of Law Index, 2019



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