

# Chapter 6

## The Good, the Bad, and the Ugly: Don't Blame COVID-19 for Health System Inefficiencies

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### ABSTRACT

*The good policymakers are creating marketing stimulus to social economy, restaurant and hotel discounts, employment maintenance aids, cultural events, etc., disseminating hope. The bad policymakers want the opposite and restrict family's circumstances and socialization. And finally, COVID-19 is blamed for all inefficiencies in the public health system, even those before the epidemic. This chapter explores why COVID-19 is innocent and not entirely responsible for health inefficiencies. The authors explore the main health concerns, analyzing earlier articles with recent documents before and during COVID-19.*

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## **INTRODUCTION**

According to new OECD - Organization for Economic Co-operation and Development forecasts, health expenditure will outpace GDP - gross domestic product growth over the next 15 years in almost every OECD country. The health expenditure per capita will expand at an average annual rate of 2.7% across the OECD, and it will reach 10.2% of GDP by 2030, up from 8.8% in 2018, a percentage more or less unchanged since 2013 (Lorenzoni et al., 2019). The outlook is aligned with past developments. In recent decades, healthcare expenditures have grown very significantly in most OECD countries, from 3.9% of GDP in 1960 (Oxley, 1994) to 8.8% according to the last, 2019, health at a glance OECD Indicators.

Sustainability is not a new issue. Some national health systems (NHS) have stated this concern since their foundation principles, e.g., United Kingdom (UK) NHS, proclaim the commitment to running the most effective, reasonable, and sustainable use of finite resources (NHS, 2020) on the 6th principle of 7. Sustainability presents itself as an accounting problem, where health system revenue is insufficient to meet health system obligations.

The articulation of supply and demand in the health field does not obey the same rules as the general economy. In this sector, there are signs of a lack of elasticity in demand, and the demand is insufficient, which is made clear by the long waiting lists. The supply induces the demand because prices do not constrict the demand, but the supply is constricted by costs (Bernardes & Pinillos, 2004, p. 95).

## **BACKGROUND**

At the end of December 2019, a new unspecified disease appeared in Wuhan, China. The outbreak was linked to SARS-CoV and acknowledged as a novel betacoronavirus, a few weeks after, at the beginning of 2020, most of the countries were not well-prepared, for this unknown virus and this can be proven by the overwhelming hospital and COVID-19 patients in China, Italy, UK, Brazil, India, and the US. The mortality rate was very high, and it got quadruple in just a semester (depended on the preparedness of national health system in each country). How responsive each government dealing with COVID-19 transmissions could also be shown through the type of lockdown modes applied by each country.

Further, we may highlight the economic and social shock caused by the COVID-19 from the perspective of the Good, the Bad, and the Ugly terms of COVID-19. For instance, we are highlighting how the economics of a certain country is affected both at macro and micro levels. We might see the perception of the value and the national health system status from the perspective of society. How ready the NHS

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