STUDY

Future of health 7
The healthcare system of the future

Roland Berger

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This year's *Future of health* study, the seventh in our series, takes a slightly different direction from previous editions. Rather than focusing on a single topic of relevance for the healthcare sector and talking in depth to experts working in the industry, we surveyed the users of healthcare systems – more than 5,000 of them, across 25 different countries. Our questions revolved around what it is that these ordinary citizens really want from their healthcare systems and, crucially, to what extent existing systems meet those needs and expectations.

Our findings show that across countries there is a high level of agreement about certain principles: equity, strong coordination of care, effective use of digitalization, investment in public health and prevention, efficient use of resources and clear governance. But beneath that consensus we find significant differences in how these principles should be realized in practice – with centralized or decentralized governance, for example, or faster or more cautious adoption of innovations. These differences show that, to be successful, each system must reform in a way that fits its own social and cultural context.

The main message of this report is clear: Healthcare reform must implement the factors that have proven successful in high-performing systems. These are genuine equity of access, continuous and person-centered coordination, data-driven digitalization, prevention-oriented public health, efficient use of resources, agile, transparent governance and transformative innovation. At the same time, building future systems means balancing shared values with local realities, grounding innovation in empathy and ensuring that reforms are in line with citizens' expectations. Policymakers, providers and industry players who take these expectations seriously will be better positioned to design resilient, trusted and high-performing healthcare systems for the decades ahead.

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The case for a new perspective

Rethinking systems for a changing health landscape

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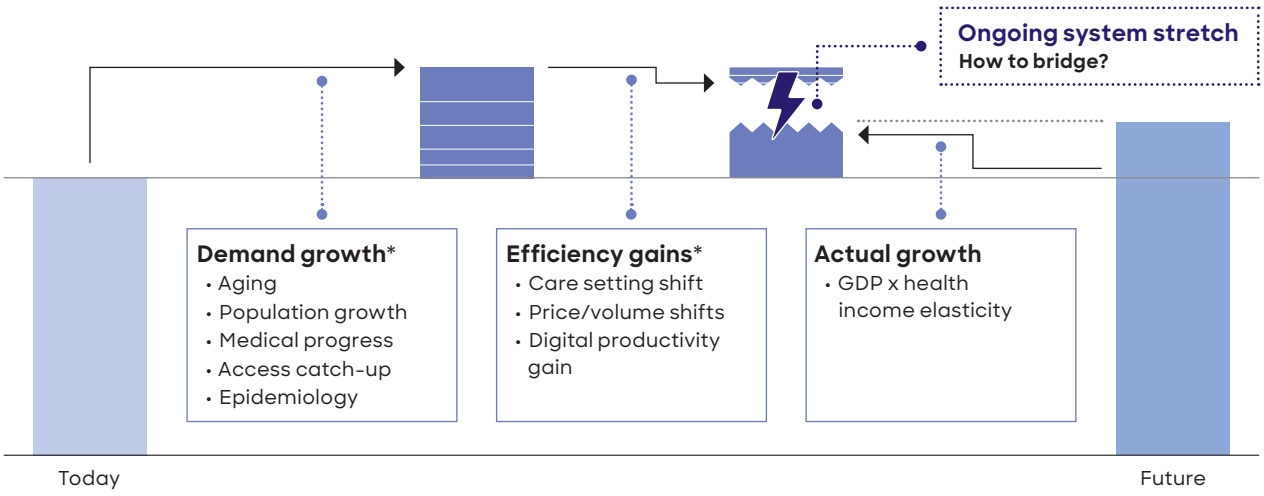
The core assumptions underpinning today's healthcare systems are increasingly at odds with the demographic, economic and technological realities of the 21st century. Healthcare systems globally are showing signs of strain, not just due to transient shocks such as pandemics but because of deeper structural mismatches between their historical design and the emerging patterns of disease, aging and innovation. The gap between old structures and new realities means that we need a new perspective on how systems are designed, financed and governed. ▶ A

As we look at the health systems of the future, it is clear that demographic and epidemiological pressures will change the disease burden of populations, technological advancements will push spending growth, regulatory environments will need to promote innovation while safeguarding safety and quality, and systems will have to remain responsive to the needs and preferences of their populations as those needs evolve.

The world is undergoing an unprecedented demographic shift. By 2030, one in six people will be over 60, and by 2050 the total number will double to 2.1 billion.[1] This change is accompanied by a parallel rise in non-communicable diseases, caused by a mix of environmental, lifestyle and genetic factors, which now account for nearly three-quarters of all deaths worldwide.[2] Conditions such as cardiovascular disease, diabetes and dementia are growing not only in prevalence but also in complexity and cost, particularly as populations age. These uneven patterns are creating asymmetries in both care demand and workforce supply, with the World Health Organization projecting a global shortfall of 11 million health workers by 2030.[3]

A Today's healthcare system vs. the future system (conceptual)



* Bar thickness reflects the relative contribution of each factor, in the listed order
Source: Institute for Health Metrics and Evaluation (IHME), OECD

Healthcare spending is rising faster than economic growth in many regions. In the United States, healthcare expenditure grew at a CAGR of 4.7 percent between 2010 and 2022 compared with inflation at 2.5 percent over the same period.[4] The main cost drivers are aging populations, chronic disease and medical progress, which offer both opportunities and financial pressures. There is inherent tension between rising expectations and the fiscal constraints facing healthcare systems.

Too little per capita spending undermines quality, access and the resilience of the system; excessive growth risks crowding out other public priorities. System performance depends not only on how much is spent per person, but on how well that spending is aligned with medical needs and long-term sustainability. Even in high-income countries, income-related disparities in service use and outcomes remain entrenched. OECD data show that low-income groups are significantly less likely to receive preventive care, reinforcing cycles of late diagnosis, poorer outcomes and higher costs.[5] ▶ B

Innovation is reshaping the possibilities of care delivery, from AI and cell and gene therapies to the roll-out of GLP-1 agonists and new approaches such as network biology, which shifts the focus from an organ-specific to a biochemical-process view. Yet many systems are not structurally or digitally equipped to adopt these advances at scale. Legacy IT systems, siloed service models, regulatory fragmentation, high prices and economic caution slow down adoption, while ethical and governance challenges, such as those around AI diagnostics and data sharing, are evolving faster than institutions can respond. AI and new therapies are viewed both as potential cost-savers and high-risk investments. In particular, AI use cases can be challenged by unclear procurement, evaluation and reimbursement frameworks.

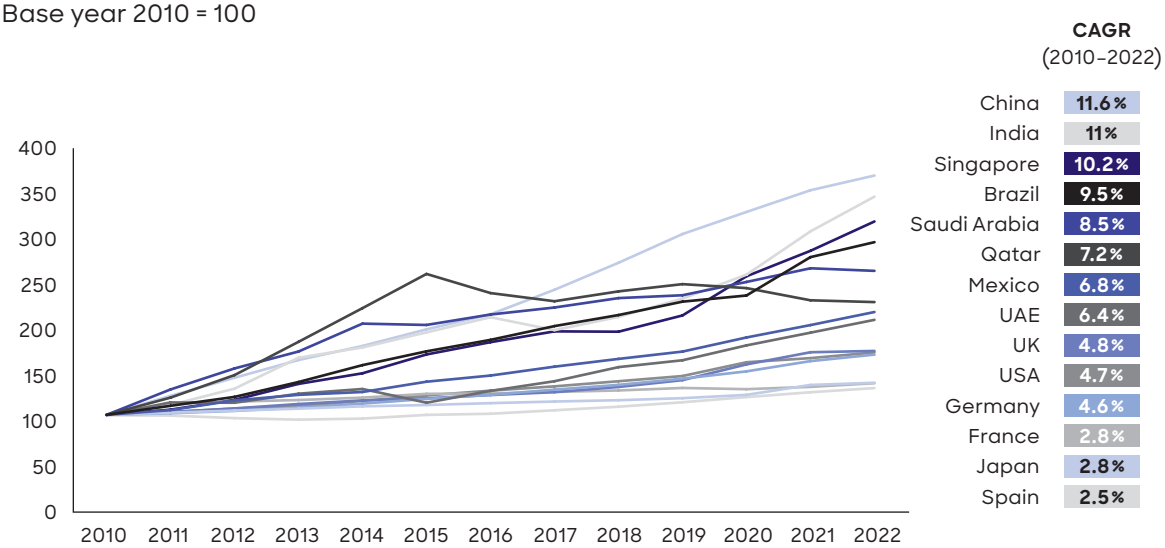
To meet these challenges and harness new thinking, health officials are calling for fundamental reform. As one European government highlighted, "We need a radical shift from a siloed system that reacts to crisis, to joined-up services that anticipate and prevent."[7] WHO leadership has echoed this, describing the need for "radical reorientation" toward primary care and prevention.[8]

Our large-scale global survey makes it clear that reform is urgently needed. The survey covered 5,207 respondents across 25 countries,[9] evenly distributed by age, education, employment, income levels and gender, and including both large and small, developed and emerging economies on every inhabited continent.[10]

Health was overwhelmingly identified as the most important aspect of life. More than 80 percent of respondents in most countries rated it "very important," and when asked to rank life priorities, health emerged as the top-ranked dimension globally. The same result was found for all key demographic segments and even in countries under acute economic or political pressure, such as Nigeria and Ukraine. The findings reflect not only the intrinsic value placed on health but also the central role people expect healthcare systems to play in securing quality of life. ▶ C

B Growth in health spending in selected countries

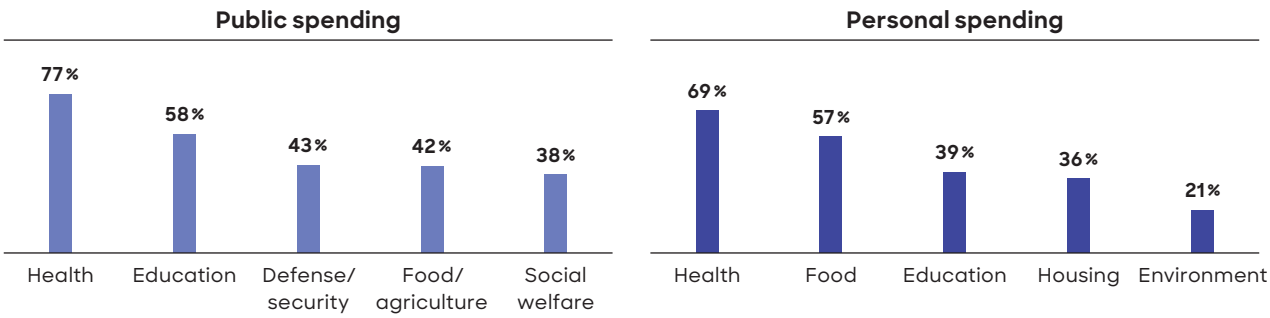
Base year 2010 = 100



Source: WHO[6]

C Funding priorities – The importance of health

In which area should societies/the government/would you put the emphasis for spending?

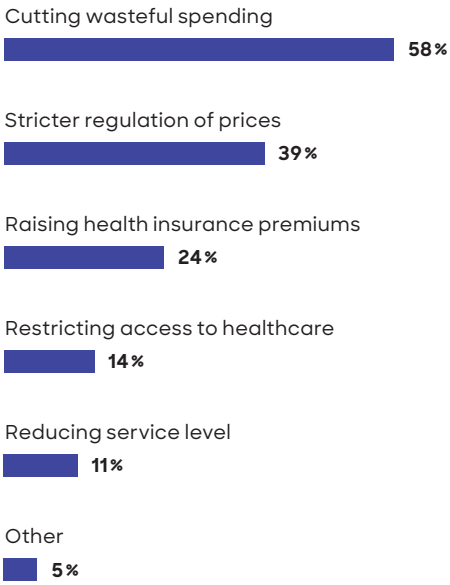


Source: Roland Berger FoH survey 2025

When asked how to sustain the affordability of a universal, high-quality healthcare system, respondents favored efficiency measures first – cutting wasteful spending – and, second, stricter regulation of prices. A smaller share accepted raising health insurance premiums, indicating conditional openness to cost sharing. Restricting access to care or reducing service levels drew the least support, suggesting these options are viewed as ethically or practically unacceptable. ▶ D

D Funding of universal coverage

If the cost of healthcare spending rose (e.g., due to medical innovation or demographic factors), which mitigation measures would you endorse?



Source: Roland Berger FoH survey 2025

Many countries are already debating reform. Germany has initiated a major restructuring of hospital care in response to rising costs and changing needs.[11] In the Middle East, Saudi Arabia, the UAE and Qatar are investing in comprehensive transformation strategies as part of national visions that recognize healthcare as a strategic priority.[12] Across geographies and income levels, urgent reform is widely acknowledged as both a social imperative and politically unavoidable.

APPROACH AND SCOPE OF THIS STUDY

Rather than relying on structural typologies, this report adopts a goal-based benchmarking approach to assess and improve health system performance. Structural comparisons often fail to capture what truly drives outcomes, as systems with similar institutional setups may perform very differently, and vice versa. Structure is shaped by history, politics and path dependence. Our methodology focuses instead on the goals that health systems aim to achieve and how effectively they do so.

In Chapter 2, we set out clear goals for high-performing systems and examine what leading health systems strive for and how they get there. Chapter 3 analyzes societal preferences, exploring what citizens across countries value most in their healthcare. Finally, in Chapter 4, we outline strategic pathways, translating these insights into recommendations for policymakers and commercial players. This outcome- and goal-oriented approach allows for more meaningful learning across systems and supports pragmatic reform.

Pursuing excellence

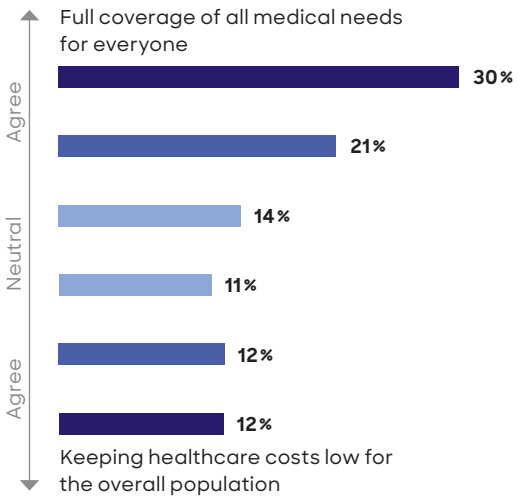
What leading health systems strive for and how they get there

Across middle- and high-income countries, the stated goals of healthcare systems are broadly similar: achieve excellent health outcomes, reduce risk factors and strengthen prevention.[13] The ways those outcomes are defined and measured, however, vary widely. Some countries use years lived in good health as a benchmark, while others set specific life expectancy targets. Still others refer more generally to improved overall health status. Beyond outcome measures, some systems explicitly emphasize efficiency and access as strategic objectives. The United Kingdom[14] includes shorter waiting times among its system-level goals, while Sweden[15] makes cost effectiveness and affordability central principles of its healthcare strategy.

In much of the West, including Europe, quality is paired with equity as a core healthcare goal. Commitments to equitable access, universal coverage, and care based on need rather than the ability to pay reflect the logic of solidarity-based financing. This emphasis on universal access is not confined to high-income regions: Nigeria[16] and India[17] also consider it a major goal.

This widespread prioritization of equity reflects a shared value across societies. In our global survey, a clear majority expressed strong support for universal healthcare services and coverage, even when this would entail higher costs. Younger respondents and those in lower- to middle-income brackets were most likely to favor stronger social safety nets; older and wealthier populations tended to place more emphasis on system efficiency and sustainability. ▶ E

E Universal healthcare coverage is a core value
Should the healthcare system aim to provide every available treatment to everyone, or to maintain sustainability by limiting overall costs?



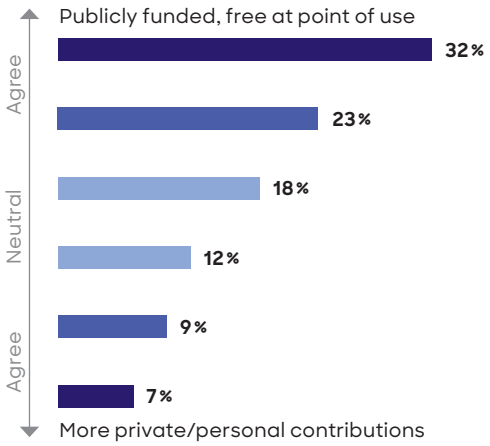
Source: Roland Berger FoH survey 2025

Despite differences in design and resources, there is remarkable convergence around the aspiration for fairness, access and quality. The challenge for policymakers is to achieve a balance between equity and efficiency/effectiveness, and between solidarity and individual choice – in a way that remains both socially legitimate and financially sustainable over time.

The question, of course, is how should this be funded? Here, we found a striking preference for public funding – supported by more than 70 percent of respondents across all countries. This view spanned continents, from Brazil and Germany to India and the UAE. Even in the United States, where private models dominate, a majority leaned toward public options. Across cultures, healthcare is widely seen not as a commodity but as something akin to a human right, and therefore a collective responsibility for society to guarantee. ▶ F

F Majority favor publicly funded healthcare systems

Should the system be financed collectively via public funding or rely more on personal contributions and user-based funding?



Source: Roland Berger FoH survey 2025

WHAT IT TAKES TO SUCCEED

What does it take to achieve these goals? Comparative studies point to seven attributes that consistently set top performers apart: equity, coordination, digitalization, public health, resources, governance and innovation. In the following sections, we briefly review how international rankings assess high-performing systems, before turning to the specific characteristics that distinguish them. Finally, we test these conclusions by looking at the flipside – what less successful systems lack and how they differ from the top performers.

International rankings of healthcare systems vary in methodology, but the same countries tend to appear near the top: typically Scandinavian countries, Australia, South Korea, Japan and Switzerland; often Singapore, Israel, the Netherlands and Italy; and sometimes Spain. Despite differences in approach, these rankings converge on three broad pillars – strong health outcomes, equitable access and efficient use of resources – which map closely onto the attributes identified above. Top performers excel not just in one area, but in the combination of all of them.

Health outcomes are measured through indicators such as life expectancy at birth, healthy life expectancy at birth, and rates of preventable or treatable mortality. Equity is often assessed through coverage of essential services and affordability, with some studies focusing on universal health coverage and others on cost and access barriers.[18] Efficiency compares performance against spending levels, identifying systems that deliver strong results with lower resource use. While rankings differ in emphasis, they consistently show that the best systems combine strong population health, equitable access and effective use of resources. ▶ G

Top healthcare systems excel not in one area but in the powerful combination of strong outcomes, equitable access and efficient use of resources.

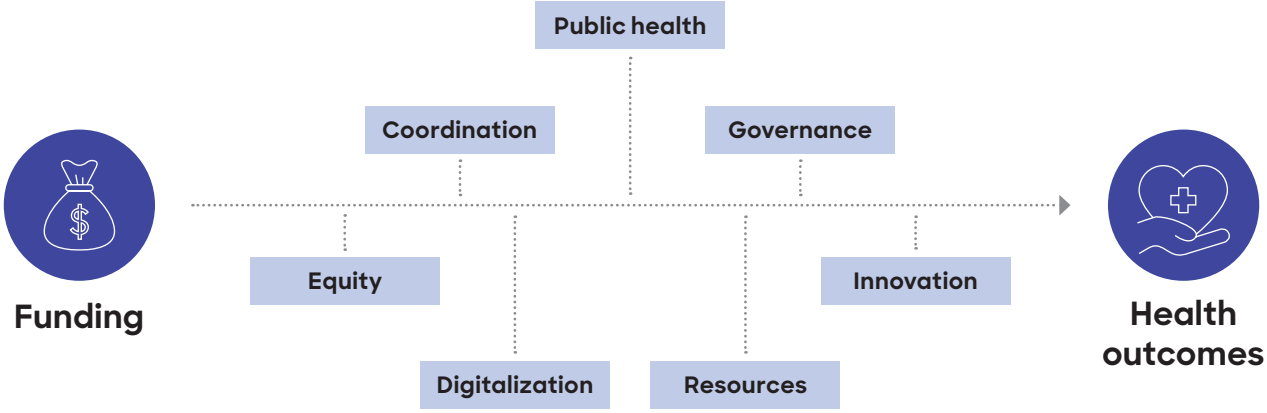
G Overview of top-performing healthcare systems

Dimension	Health outcomes					Access	Efficiency
Metrics	**Healthcare access and quality index**	**Mortality from preventable causes**	**Mortality from treatable causes**	**Healthy life expectancy**	**Life expectancy at birth**	**WHO/UHC Service Coverage Index**	**Bloomberg Health-Efficiency Index**
Publisher	IHME	OECD	OECD	WHO	OECD	WHO	Bloomberg
Year of release	2018	2021	2021	2021	2022	2021	2020
1	Iceland	Israel	Switzerland	Singapore	Japan	Canada	Singapore
2	Norway	Japan	Luxembourg	Japan	Australia	Iceland	Hong Kong
3	Netherlands	Italy	South Korea	South Korea	Sweden	South Korea	Taiwan
4	Luxembourg	Iceland	Australia	Iceland	Italy	Singapore	South Korea
5	Australia	Switzerland	Netherlands	Luxembourg	South Korea	UK	Israel
6	Finland	Sweden	Japan	Norway	Norway	Germany	Ireland
7	Switzerland	Australia	Iceland	Switzerland	Iceland	Portugal	Australia
8	Sweden	South Korea	Spain	Sweden	Belgium	Norway	New Zealand
9	Italy	Luxembourg	Norway	Spain	Netherlands	Australia	Thailand
10	Andorra	Norway	France	Israel	Denmark	Switzerland	Japan

Source: OECD, European Commission, WHO, Statista, lucidityinsights.com

Building on these findings, we identify seven key attributes that are essential for successful healthcare systems: equity, coordination, digitalization, public health, resources, governance and innovation. Six of these attributes were identified by evaluating the factors shared in common by top-performing countries in comparative studies of health systems and their health outcomes.[19] We have added innovation as a seventh attribute as it underpins and powers the others and is indispensable for sustaining excellence over time. Below, we discuss each of these factors in turn and the countries that exemplify them. ▶ H

H Seven levers of high-performing healthcare systems



Source: Roland Berger

Equity

Equitable access is a core feature of every high-performing health system. These systems guarantee universal access to essential health services without exposing individuals to financial hardship. Even where delivery structures are regional, there is a strong national framework guiding healthcare provision. In Germany, for example, out-of-pocket (OOP) spending accounted for less than 12 percent of total health spending in 2022, reflecting deliberate design choices to keep costs affordable.[20]

Financial protection can be achieved through well-designed financing mechanisms – whether tax based, social insurance based, or tightly regulated private insurance systems. The UK's National Health Service largely removes cost sharing at the point of care, eliminating a major barrier to timely treatment.[21] Germany's social insurance model caps annual OOP spending for prescriptions as a percentage of income, protecting lower-income households from disproportionate costs. Similarly, Spain's broad, tax-funded coverage enables patients to seek care without fear of unaffordable bills.[22]

What all these systems have in common is that they are not content with providing insurance "on paper" – they are built to ensure that people actually use healthcare when they need it, irrespective of income or background. Financial protection mechanisms are intentionally designed and centrally coordinated, turning the principle of universal coverage into a practical reality.

Coordination

In successful healthcare systems, patients do not drift aimlessly through fragmented services – they are guided deliberately and consistently. Coordination ensures care is continuous, efficient and person-centered, reducing duplication, delays and misdirected treatment. While operational mechanisms vary, high-performing systems universally embed coordination through defined patient pathways,[23] designated primary care anchors, shared digital tools and multidisciplinary teams.[24] Integration spans all levels of care – hospital, primary, community and social services – making coordination a system-wide design principle.

Country	Measure	Approach	Tools
Australia 	Primary Health Networks (PHNs)	Strengthening primary care as a hub	• **GP referral pathways,** which establish structured processes for directing patients from primary care to appropriate specialist or hospital services, ensuring timely access, reducing duplication and supporting continuity of care across different levels of the health system • **Chronic disease management plans** that provide standardized frameworks for managing long-term conditions such as diabetes, asthma or cardiovascular disease, enabling GPs to coordinate multidisciplinary care, monitor progress and link patients with allied health professionals and community support
Sweden 	National Health and Medical Services Agreements	Nationally negotiated agreements to formalize coordination	• **Joint planning of "Chains of Care"** involving regional and municipal authorities mapping patient pathways across health and social services, identifying points of fragmentation and designing coordinated care processes that are formally agreed upon and resourced • **Shared electronic health records** that enable clinicians across hospitals, municipalities and primary care to access and update the same patient data, reducing information silos, minimizing delays and allowing for integrated decision-making
Norway 	Coordination Reform (*Samhandlings-reformen*, 2012)	Legal mandates for care continuity	• **Mandatory provider-municipality agreements** with post-discharge obligations, which legally bind care providers and local governments to collaborate on patient transitions, require municipalities to provide follow-up services after discharge and create accountability mechanisms to prevent avoidable readmissions or care gaps

Source: Australia – https://www.health.gov.au, https://thephn.com.au, https://www.servicesaustralia.gov.au; Sweden – https://www.commonwealthfund.org, "Determinants of integrated health care development: chains of care in Sweden" by Bengt Ahgren and Runo Axelsson, https://www.ehalsomyndigheten.se; Norway – https://eurohealthobservatory.who.int, https://www.regjeringen.no

Country	Measure	Approach	Tools
Denmark 	Health Agreements (*Sundhedsaftaler*)	Binding regional-municipal agreements	• **Legally binding health agreements** covering continuity of care, signed between regions and municipalities, which set out roles, responsibilities and shared priorities for integration across health and social services • **Multi-disciplinary health centers** serving as integration hubs, which co-locate general practitioners, specialists, nurses, and municipal services in one facility, making it easier for patients to navigate the system and for professionals to collaborate in real time
Japan 	Community-based Integrated Care System	Community-based integrated care model	• **Local care managers** acting as coordinators between types of care, ensuring that older adults and people with chronic conditions can access medical, long-term care, preventive and welfare services in a seamless manner, while also serving as the main point of contact for families • **Integrated community hubs** providing multi-disciplinary community services, often located within neighborhoods, where medical practitioners, long-term care providers, social workers and volunteers collaborate to deliver comprehensive support tailored to residents' needs
Singapore 	Regional Health Systems	Central coordination of regional delivery	• **A dedicated agency for integrated care** (the Agency for Integrated Care) that functions as the system orchestrator, building partnerships across hospitals, primary care and community providers, while also running programs to support transitions and long-term care management

Source: Denmark – "Health care agreements as a tool for coordinating health and social services" by Andreas Rudkjøbing et a. "Inter-Sectoral Collaboration in Municipal Health Centres: A Multi-Site Qualitative Study of Supporting Organizational Elements and Individual Drivers" by Marius Brostrøm Kousgaard et al.; Japan – "Implementation process and challenges for the community-based integrated care system in Japan" by Takako Tsutsui, https://www.mhlw.go.jp; Singapore – "Implementation of Integrated Care in Singapore: A Complex Adaptive System Perspective" by Milawaty Nurjono et al., https://www.aic.sg

Digitalization

High-performing health systems are increasingly defined not only by the care they deliver but by the digital infrastructure that enables it. Digitalization serves as the connective layer linking providers, patients and payers, supporting more efficient, safer and better-coordinated systems. At the core of these efforts are interoperable electronic health records (EHRs) that allow clinicians to access patient information across care settings in real time. These systems minimize duplication, flag risks early and improve clinical decision-making. Denmark's unified National Health Record aggregates data from hospitals, GPs and municipal services,[25] while in Estonia over 99 percent of health data is digitized and accessible to patients via a national e-portal.[26]

Finland's national digital platform, Kanta, illustrates data-driven care in action. All providers access a centralized patient record, while AI-supported triage tools route patients to self-care, teleconsultations or in-person visits based on clinical logic. Clinicians can review longitudinal records, prescriptions, lab results and imaging in one place, supporting informed decisions and instant updates to documents.[27] The United Kingdom's National Health Service (NHS) uses centralized systems to automate billing and reporting, significantly reducing administrative burden. Israel's health maintenance organizations (HMOs) leverage real-time data and predictive analytics to proactively identify patients at risk of hospitalization and trigger early interventions.[28]

Digital tools also extend care beyond clinical settings. In Singapore, Regional Health Systems are supported by the Agency for Integrated Care, which uses digital dashboards and care coordinators to track patients across hospitals, community clinics and home care. Programs such as Singapore Programme for Integrated Care for the Elderly (SPICE) combine home monitoring, telehealth and multidisciplinary case management for frail elderly patients.[29] Sweden and the Netherlands have integrated remote monitoring into national strategies for chronic disease management, reducing hospital use and supporting preventive care.[30]

Crucially, digitalization is not just about hardware and software – it is about embedding tools into clinical workflows and governance structures. High-performing systems invest in user-friendly platforms, clinician training and shared digital standards. In such systems, digital infrastructure is a strategic enabler, reducing inefficiencies, enhancing clinical insight and creating the conditions for integrated, high-value care that can scale without compromising on quality or access.

Public health

One of the most consistent traits of high-performing health systems is their proactive investment in public health and prevention. Rather than waiting to treat illness, these systems address root causes to improve population health while reducing future costs and demand on clinical services. A distinguishing feature is the way prevention is embedded in national strategies and daily life. In Finland, health promotion is built into the school curriculum, urban planning and workplace policies. Norway and Sweden emphasize public campaigns and provide municipalities with resources for smoking cessation, nutrition, and physical activity initiatives. Across the Nordics, prevention is woven into the fabric of society through education, community outreach and strong links to primary care, supported by broad public trust.[31]

In East Asia, countries are guided by centralized and data-driven strategies. Hong Kong's Centre for Health Protection leads infectious disease surveillance, and its population enjoys free or low-cost access to regular screenings and vaccinations. Singapore's "War on Diabetes" is a national strategy that combines real-time risk

tracking, structured screening programs and personalized health coaching through the Health Promotion Board.[32] Targeted initiatives, such as community wellness hubs and employer-driven fitness programs, help delay disease onset and keep long-term healthcare costs in check.

Some countries take a more regulatory approach, using fiscal and legal levers to influence behavior. The United Kingdom and Mexico have implemented sugar taxes,[33] while France mandates Nutri-Score labeling to drive healthier food choices.[34] Australia's ban on tobacco advertising and requirement for plain packaging have pushed smoking rates to among the lowest in the OECD. Such measures nudge individuals and institutions toward healthier norms, reinforcing personal responsibility with structural incentives.

Prevention is also embedded in clinical delivery models. In New Zealand, GPs are rewarded for meeting targets in immunization and cardiovascular risk assessment.[35] Japan's community-based integrated care supports regular health check-ups and home visits for the elderly.[36] Australia's Medicare Benefits Schedule funds preventive consultations, and GPs are incentivized to initiate health assessments for at-risk patients.[37] Despite these different approaches, the message is consistent: Successful systems treat health promotion as a core pillar of national strategy, reducing avoidable illness, extending healthy life expectancy and directing resources where they are most needed.

Resources

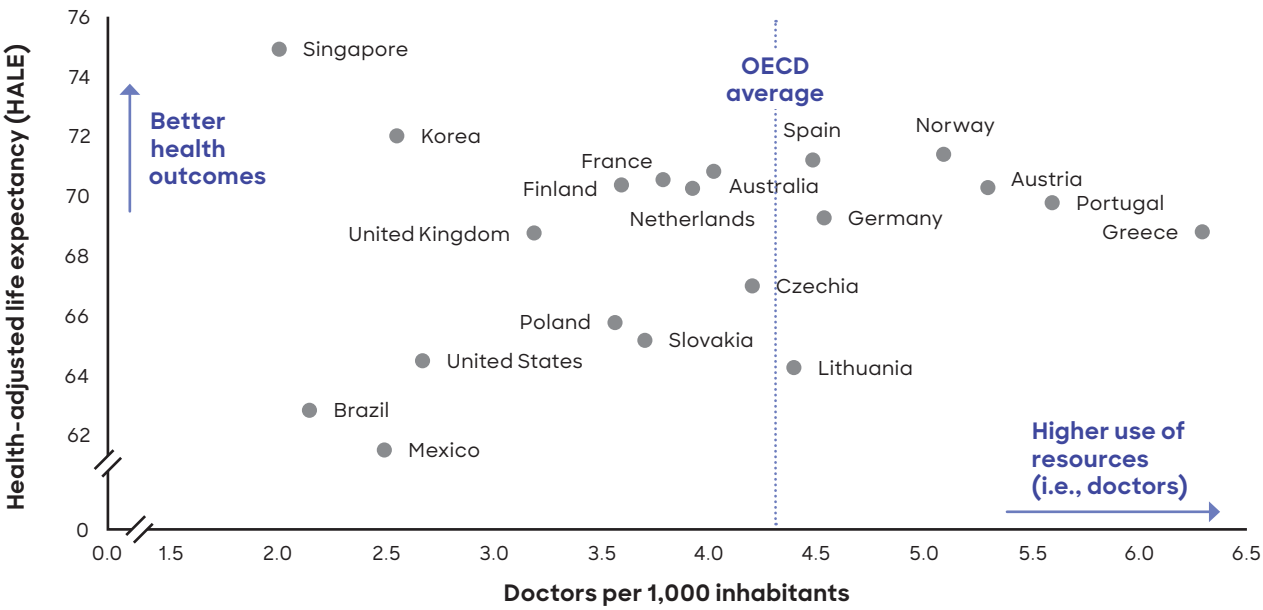
Efficient use of funding, workforce and infrastructure is one of the defining traits of strong healthcare systems. Success is not determined by the sheer volume of resources but by how effectively they are deployed. Rather than relying on large numbers of physicians or hospital beds, leading systems achieve strong outcomes by optimizing workforce productivity, care delivery models and infrastructure utilization.

Hong Kong and Singapore exemplify this principle. Hong Kong has only two physicians per 1,000 people, well below the OECD average of 3.7, yet achieves excellent health outcomes through streamlined triage, task shifting and tight integration between care levels. The Hospital Authority, which oversees 90 percent of secondary and tertiary care, operates with standardized clinical pathways, centralized scheduling and team-based models, resulting in average hospital stays of only 5.6 days compared to the OECD average of 7.4.[38]

Singapore, with only 2.4 hospital beds per 1,000 people versus the OECD average of 4.3, similarly achieves strong results. Its three Regional Health Systems align hospitals, primary care and community services under unified management.[39] Care coordinators and advanced practice nurses help manage chronic patients in the community, reducing unnecessary specialist visits and emergency department admissions. Robust use of telemedicine and digital triage tools further strengthens efficiency, helping maintain low readmission rates and high patient satisfaction. ▶❙

Several European systems also illustrate efficiency through governance and payment reform. The Netherlands, with 3.7 doctors and 3.2 hospital beds per 1,000 people, maintains efficiency through mandatory GP registration that channels patients into coordinated chronic care bundles, reducing preventable admissions.[40] Finland integrates health and social care under 21 regional authorities, deploying resources holistically. With 3.6 physicians per 1,000 people, it achieves excellent continuity of care for elderly patients through co-managed service pathways and community-based teams.[41] The most resilient systems are those that combine strategic workforce planning with lean, integrated delivery models.

I Health-adjusted life expectancy (HALE) vs. doctors per 1,000 inhabitants
Comparison in selected countries



It is observable that the higher use of resources (e.g., doctors) is somewhat linked to better health outcomes; however, the wide variation demonstrated in the selected countries indicates it is not only the volume of resources but also how they are used that impacts health outcomes.

Source: OECD Health at a Glance 2023 Country Notes, WHO

Governance

Governance determines how responsibilities are assigned, how funds are managed and how care is delivered and regulated. While there is no single perfect model, the most successful systems align governance deliberately with national health goals and adapt it to the country's political and institutional context.

Many top systems use centralized frameworks that provide clear oversight, equitable access and streamlined administration. Sweden sets national policy and funding priorities while giving regions flexibility to tailor care to local needs. The United Kingdom's NHS similarly combines centralized planning and financing with local provider autonomy, ensuring consistent service provision and strong public health interventions.[42] Others, like the Netherlands, succeed with well-regulated multi-payer systems. Its model of "managed competition" maintains universal coverage through private insurers under strict regulation and risk adjustment, balancing patient choice with equity and cost control.

High performers also show governance agility – the capacity to respond rapidly and coherently in public health emergencies. Singapore and New Zealand demonstrated this during the COVID-19 pandemic with clear command structures, integrated surveillance and decisive policy coordination.[43] Successful systems share three features: clear roles, aligned incentives and transparent oversight. Strong governance creates the conditions in which other levers – financing, coordination, digitalization and workforce – can function effectively and cohesively.

Innovation

Innovation in healthcare covers multiple aspects, from developing new drugs and technologies to rethinking the processes through which care is delivered. A key example is the learning health system (LHS), which embeds continuous learning in daily practice by turning clinical data into insights and translating those into improved patient care.

While often overlooked in short-term rankings, leading authorities stress that the ability to generate, adopt and diffuse medical advances and undertake continuous improvement – such as applying new evidence on the best treatments, refining patient pathways or deploying new tools for efficiency – is indispensable for long-term success.[44]

A clear example of innovation in healthcare can be found in surgical processes. Enhanced Recovery After Surgery (ERAS) programs illustrate how adoption patterns shape system performance. Successful healthcare systems such as those in Sweden, Canada and Switzerland have integrated ERAS protocols widely across surgical specialties, supported by national guidelines and robust audit systems.[45] The results include shorter hospital stays, lower complication rates and reduced costs.[46] By contrast, France – despite strong healthcare infrastructure – reports far lower implementation rates due to training gaps and institutional inertia. Systems that commit to refining care pathways and embed these practices nationally are better positioned to sustain high performance, whereas those slow to integrate proven process innovations risk falling behind.

When it comes to innovation in pharmaceuticals, countries take a variety of approaches. The United States, Switzerland and Japan lead in biomedical innovation, but access varies: Switzerland excels at both development and equitable diffusion, while the United States often faces diffusion gaps despite its R&D strength.[47]

The implication is clear: Accelerating the adoption of effective new treatments and processes has the potential to translate scientific progress into tangible population health benefits, reducing mortality and enhancing quality of life across diverse health systems. Such innovation arises from multiple disciplines, including biomedical advancements, improved procedures and surgical techniques, digitally enhanced workflows and AI-based applications.

WHERE LESS SUCCESSFUL HEALTHCARE SYSTEMS GO WRONG

Finally, testing these conclusions in reverse shows what is missing in countries that do not appear among the top performers. Germany, for example, suffers from poor digitalization and limited coordination.[48] Access to GPs and specialists is broad but poorly managed, so a large number of lighter cases clog the system and consume capacity. Equity is high, but governance is fragmented between federal, regional and self-governing actors. Public health promotion also remains modest compared to best-practice systems.

The United States illustrates the risks of extreme fragmentation.[49] With no central governance, little coordination and wide inequities in access, inclusion is minimal despite world-leading medical innovation.

Countries on the Arabian Peninsula are investing heavily in modernizing their systems, rolling out insurance schemes and upgrading digital infrastructure. Yet the absence of cohesive governance remains a weakness, with multiple regulatory, financing and service delivery entities requiring strategic alignment and shared outcome goals. Without cohesive governance to orchestrate reforms, align incentives and ensure accountability, high spending alone is unlikely to deliver truly transformative results.

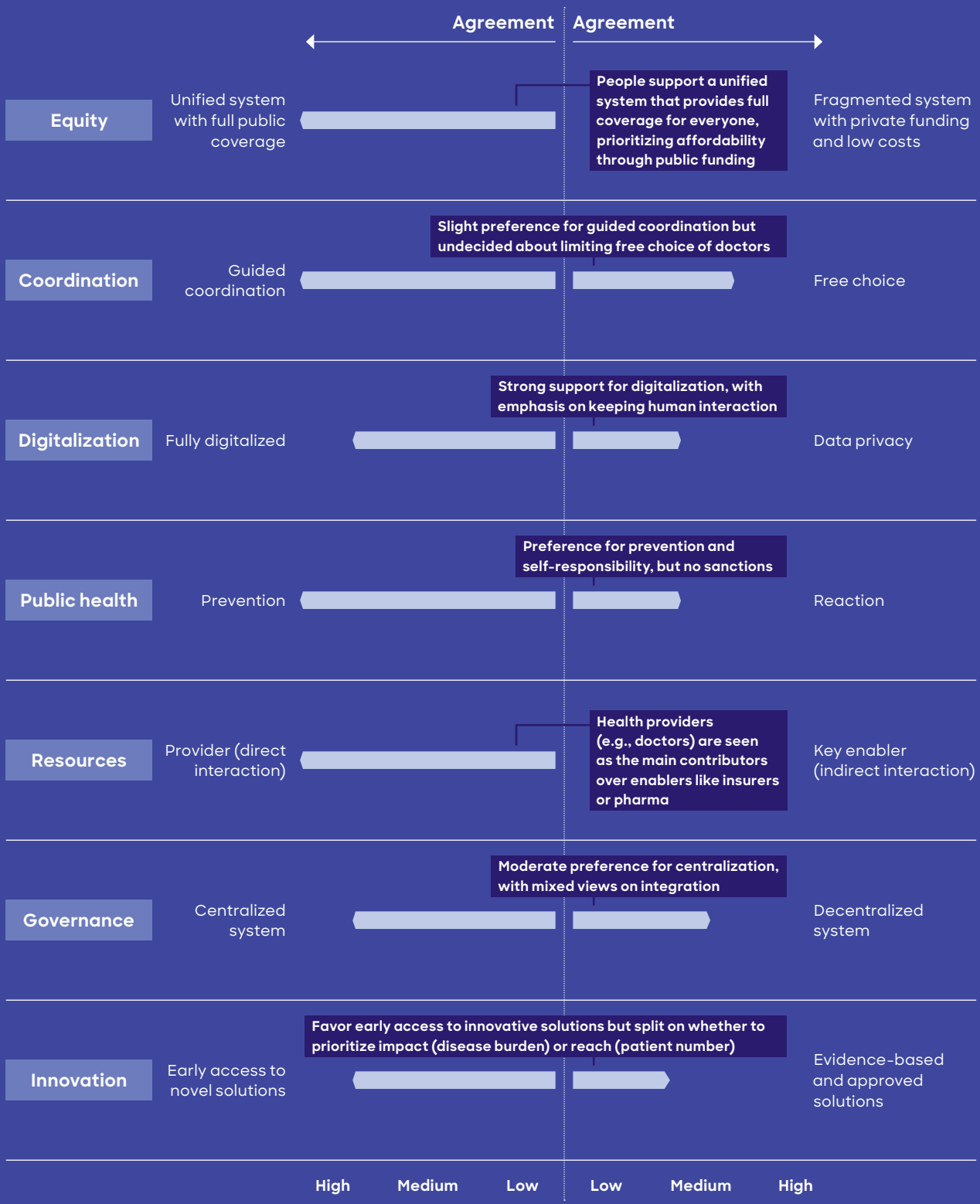
Faster adoption of new treatments, procedures and AI tools can directly reduce mortality and improve quality of life across health systems.

Societal preferences

Global perspectives on fairness, access and choice

J Societal preferences on the seven levers

Summary of selected questions (simplified overview)



Source: Roland Berger FoH survey 2025

We turn now to the most personal and defining dimension of healthcare: what societies actually want. To explore this, we asked a series of questions designed to capture public preferences across 25 countries. This chapter examines global attitudes toward core aspects of healthcare. The results show broad alignment around key values but also reveal important cultural and contextual differences. We discuss these findings through the lens of the attributes identified in Chapter 2 as essential for successful healthcare systems. ▶ J

Equity

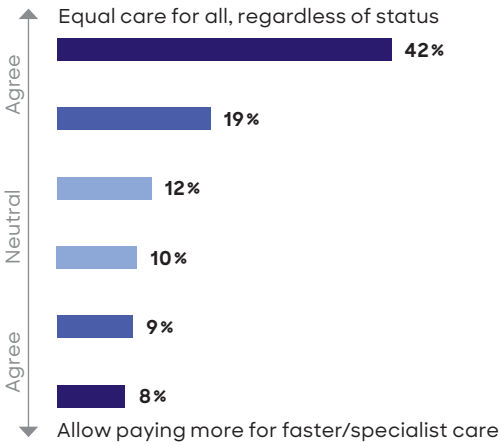
When asked the most fundamental question on health equity – whether healthcare should treat everyone equally or allow priority for paying extra – a strong relative majority (61 percent) supported equal treatment regardless of financial means. Support was strongest among lower-income groups and increased with age, showing a clear gradient tied to economic self-interest. ▶ K

When we asked respondents to choose between equal access and fast access, they again leaned toward fairness. A majority (57 percent) said they would accept longer wait times if it ensured equal treatment for all, with support about ten percentage points higher among lower-income groups. This highlights the need for systems to balance equity with responsiveness, especially in time-sensitive care. ▶ L

These findings show that health equity is important for people across societies. People want inclusion and fairness in healthcare, reinforcing why leading systems place equity at the core of their design.

K Equity vs. personal advantage

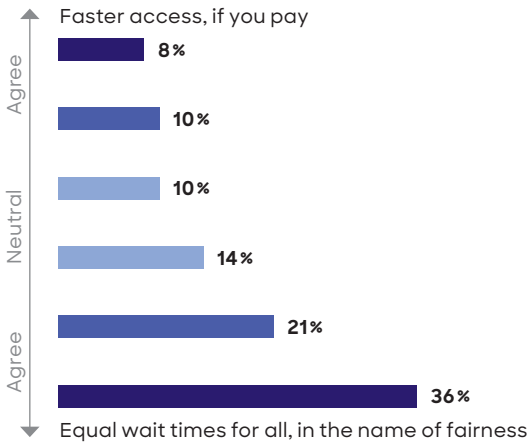
Is it more important that everyone receives the same healthcare regardless of ability to pay, or that those willing to pay can access the best available care?



Source: Roland Berger FoH survey 2025

L Fairness vs. speed of access

Should equal access be prioritized, even if it means long wait times (except in emergencies), or should faster care be available to those who pay more?



Source: Roland Berger FoH survey 2025

Coordination

While equity emerges as a shared priority across societies, questions of how healthcare should be coordinated reveal greater divergence. This includes both the organization of care delivery and the governance of research and innovation.

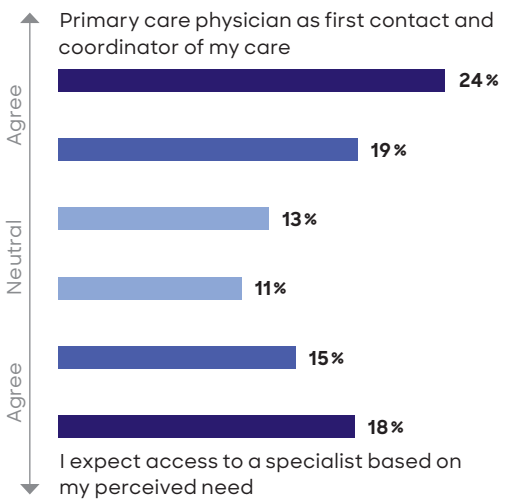
On healthcare delivery, opinions were split. Some 43 percent of respondents (the two uppermost columns) supported strong gatekeeping by general practitioners, while around one-third (the two lowermost columns) opposed this, preferring direct access to specialists based on personal judgment of need. In cultures where patients value autonomy and equate specialists with higher-quality care, introducing gatekeeping without first building trust risks provoking resistance. ▶ M

Views also diverged on whether access should be prioritized based on objective medical need or offered equally to everyone. Respondents in Gulf countries tended to favor triaging by need, while those in China, Singapore, Nigeria and South Africa leaned toward equal access for all. Western countries showed more ambivalence. These differences highlight how cultural definitions of fairness shape attitudes toward prioritization: What feels "just" in one society may be perceived as "biased" in another. ▶ N

Overall, the findings suggest that societies want healthcare to be deliberately structured rather than ad hoc, with coordination seen as essential – though preferences for how this should be achieved vary widely.

M Primary care vs. free choice of physician

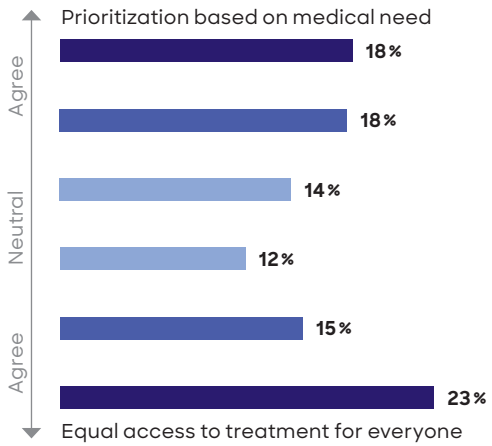
Should your first point of contact in the healthcare system (aside from emergencies) be a primary care physician, or should you have direct access to a specialist?



Source: Roland Berger FoH survey 2025

N Triaging of healthcare treatment

Should prioritization of access to healthcare treatments depend on objective medical need, or be provided equally to everyone?

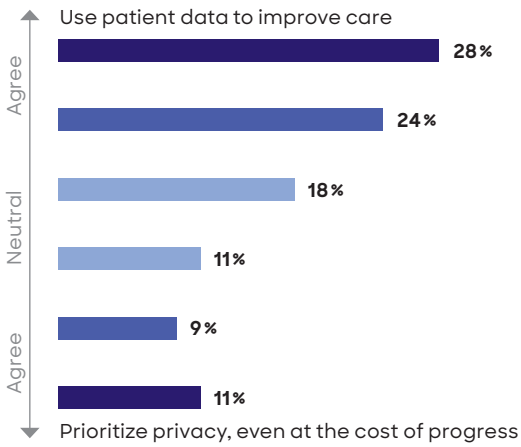


Source: Roland Berger FoH survey 2025

Digitalization

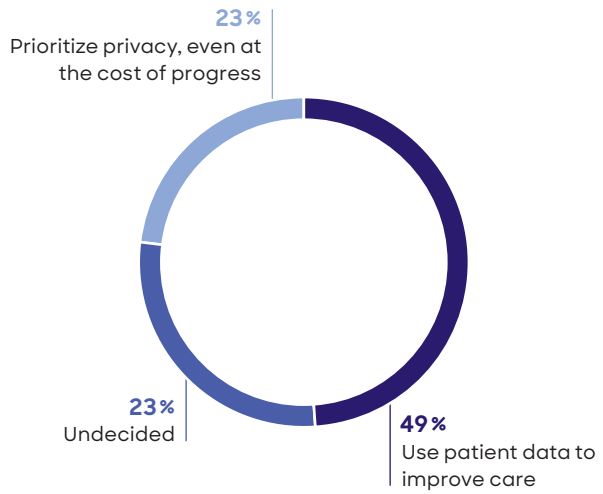
As our analysis of leading healthcare systems clearly shows, digitalization is one of the most important success levers. To test societal support, we asked whether people prioritize data privacy or the use of patient data to improve care. Over half of respondents (52 percent) favored data use for research and improving care, while only 20 percent prioritized privacy even at the expense of progress. Even in Germany – often seen as a staunch defender of privacy rights – 49 percent supported data use. The public appears pragmatic, provided there is transparency, ethical oversight and demonstrable public benefit. ▶ O, P

O Data use vs. privacy
Should patient data be used to improve care and support research, or should personal privacy take priority?



Source: Roland Berger FoH survey 2025

P Data use vs. privacy - Germany focus
Should patient data be used to improve care and support research, or should personal privacy take priority?



Source: Roland Berger FoH survey 2025

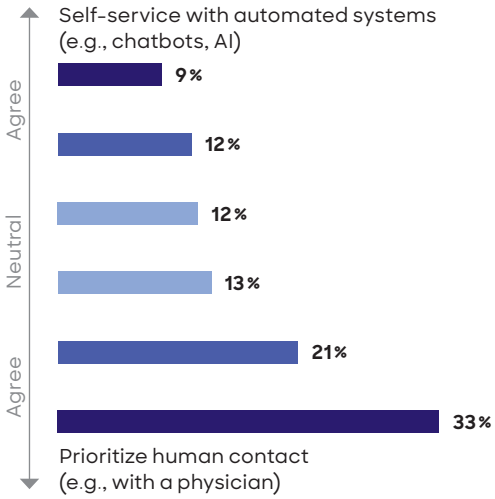
Taking digitalization one step further into the question of who delivers care – human versus digital or automated models – preferences were clear. A majority in all countries said they prefer human interaction. Societies do not yet see AI as capable of replacing physicians or nurses, echoing last year's Future of health 6 – The AI (r)evolution in health report that described AI as an evolution rather than a revolution.

Openness to AI varies by region. In the Gulf Cooperation Council (GCC) states and China, 33-38 percent of respondents said they would embrace self-service or AI-driven tools for convenience and efficiency. By contrast, only 12 percent in Germany and around 15 percent in Europe and the United States supported such options. Younger and wealthier groups were more receptive overall. The implication: Introduce AI with caution and communicate its benefits clearly, whether cost effectiveness or higher-quality analysis. ▶ Q, R

Overall, respondents believe that digitalization is important – but not digitalization for digitalization's sake. People want evidence that digital tools actually improve healthcare, and they draw a clear line at replacing human interaction. Across societies, the desire for direct human contact with healthcare professionals remains universal.

Q Importance of AI

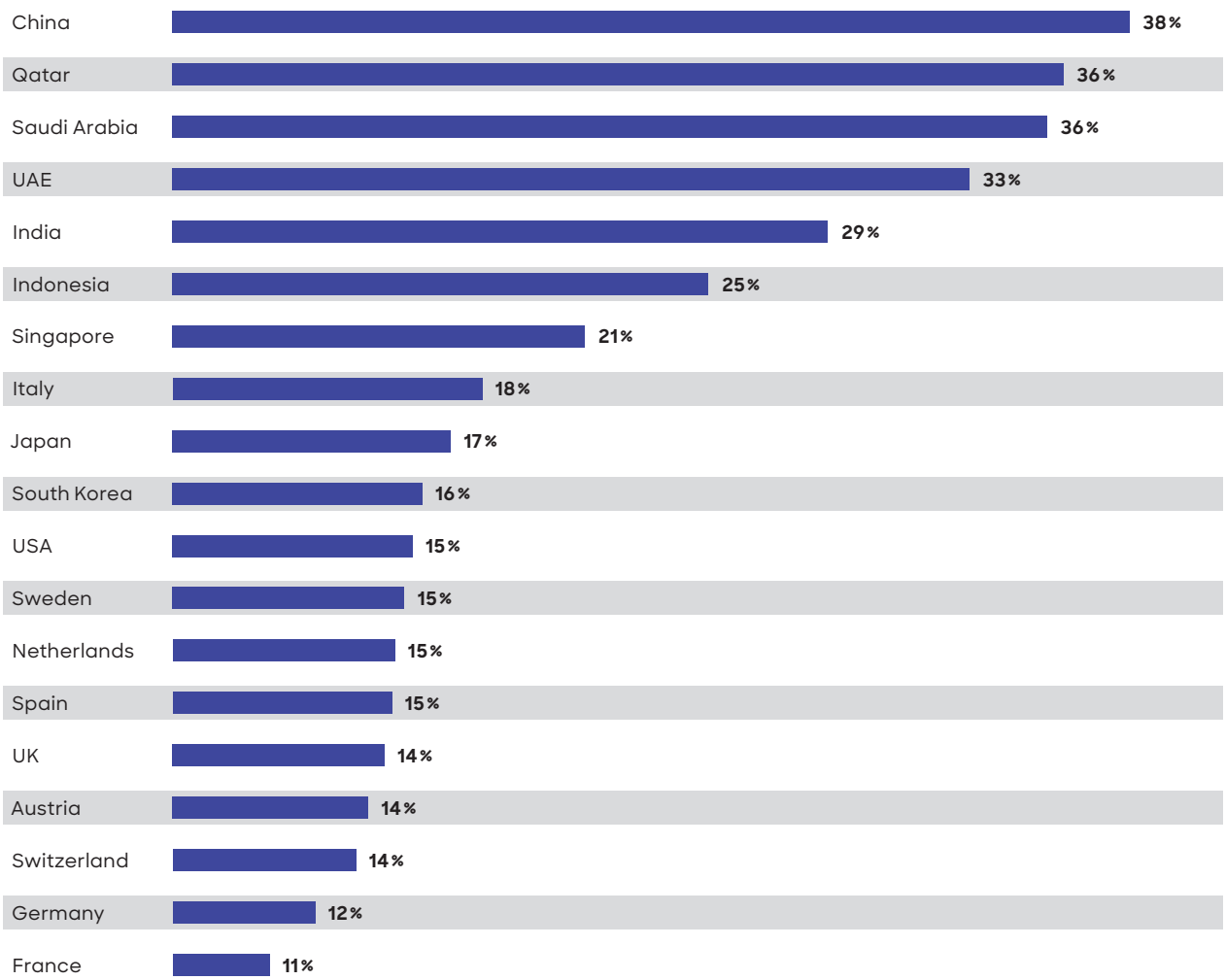
Would you use self-service options with automated systems (e.g., chatbots or AI tools), for convenience and efficiency, or do you prefer direct human contact with a physician?



Source: Roland Berger FoH survey 2025

R Support for AI in healthcare - Selected countries

Share favoring self-service with automated systems (e.g., chatbots, AI), by country [top 2]



Source: Roland Berger FoH survey 2025

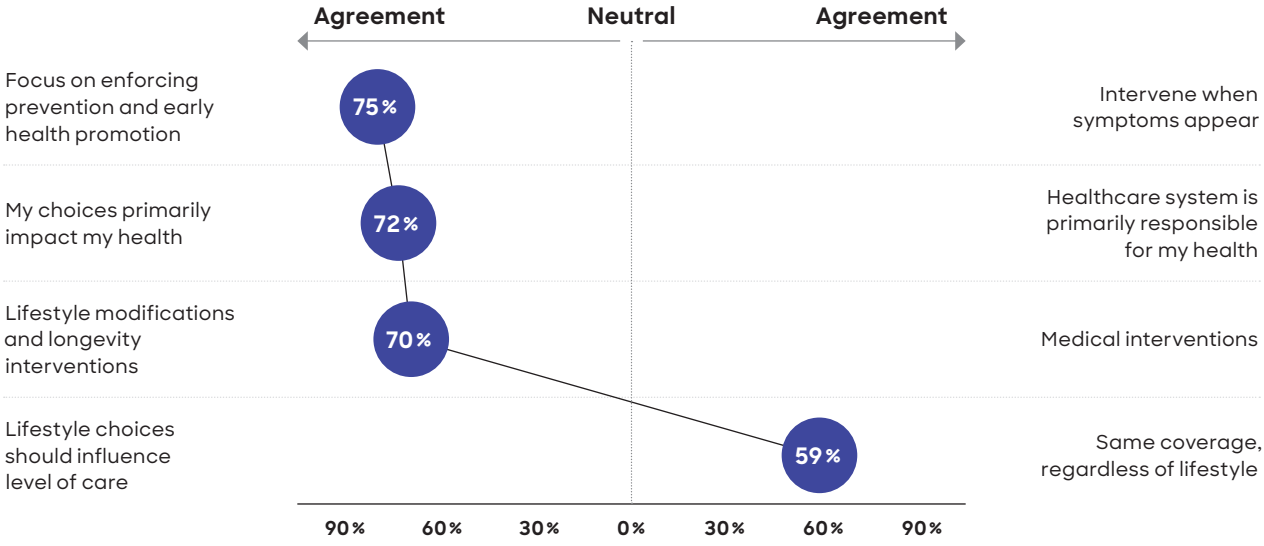
Public health

All societies agree on one thing: Healthcare should prevent illness before treating it. Three-quarters of respondents at least somewhat agreed that the health system should focus on prevention. Support was overwhelming in Spain (87 percent), Italy (86 percent), China (82 percent) and Germany (76 percent), showing that the principle resonates across both developed and developing systems. Notably, in no country did more than 39 percent favor a reactive, symptom-based approach. Clearly, investment in early interventions, behavioral health and screening programs is not just good practice – it also matches public expectations. ▶ S

Another strong global consensus is the belief that individual behavior has a major influence on personal health. Nearly one-third (32 percent) fully agreed with the statement "I am responsible for my own health and not the system," and a total of 72 percent leaned in that direction. Looking at this combined measure, the view was especially pronounced in the United Kingdom (68 percent), Italy (66 percent), Brazil (66 percent) and Germany (64 percent). Health campaigns that empower people – rather than 'nanny' them – are therefore more likely to be met with resonance and acceptance.

S Prevention, choices, longevity and lifestyle

What should the healthcare system focus on?



Source: Roland Berger FoH survey 2025

When asked how to best extend lifespan and well-being, a strong majority (70 percent) said health systems should focus on promoting lifestyle modifications and longevity interventions (such as diet, exercise and nutrition) over purely medical solutions (such as prescription drugs, genetic interventions or cellular therapies). However, openness to medical longevity solutions increases with age and income, suggesting a need for balanced strategies in future healthcare policy. These findings echo the Future of health 5 – A long and healthy life study from 2023, in which most respondents favored natural approaches like exercise and calorie reduction as the best way to ensure a long and healthy life.

We also asked whether people should be held accountable for their lifestyle choices when it comes to healthcare. Despite the strong belief that individual actions affect health, most respondents still favored equal care for everybody, regardless of lifestyle. Overall, 59 percent leaned toward this option, with China (72 percent) and the three GCC states surveyed (between 59 and 66 percent) leaning this way.

These findings show broad agreement on the centrality of prevention but ambivalence on personal accountability. People want systems that promote healthier lifestyles and longevity, yet they are reluctant to tie access directly to individual choices.

Resources

Resource scarcity has long been a central concern in healthcare, and any well-functioning system must allocate and distribute resources effectively. From society's perspective, the key question is where the highest-value contributors to the healthcare system are perceived to be.
▶ T

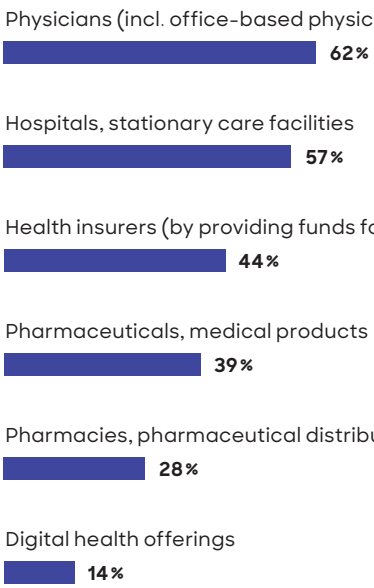
Physicians are overwhelmingly seen as the most important contributors to personal health across all countries and demographic groups. They lead both in absolute numbers and normalized percentages, highlighting the centrality of direct human care. Hospitals follow in second place but are viewed more as institutional backstops than as ongoing care providers. Together, physicians and hospitals – that is to say, providers – dominate the landscape, with physicians standing out as the more personally impactful touchpoint.

Insurers and pharmaceuticals occupy a clear third and fourth place as "system enablers." Pharmaceuticals are essential, especially in aging populations and regions with high disease prevalence, while insurers play a valued role in countries with established coverage models. Pharmacies and distribution channels, by contrast, are ranked consistently in the middle – important in practice but more peripheral, with their relevance elevated in lower-income and older populations where direct access to physicians may be more limited.

Digital health offerings received the lowest ranking overall, especially from older and low-income groups and in lower-trust societies. However, younger respondents (18-34) and those in China, the UAE and Singapore show much higher uptake, reflecting both generational divides and differences in digital infrastructure.

T Value contribution within the healthcare system

In your perception, which contributors to the healthcare system have the greatest impact on your personal health?



Source: Roland Berger FoH survey 2025

These results reveal both common patterns and divergences across countries. In some, like Germany, the United States and France, there is a sharp consensus around physicians as the top contributors, suggesting a uniform national health narrative. Others, such as Brazil and India, display more evenly distributed views, implying ambivalence or fragmented care experiences. A few countries, including China and Singapore, show bimodal patterns, with one group emphasizing traditional providers and another leaning toward digital health or insurance – evidence of two coexisting healthcare cultures within the same system.

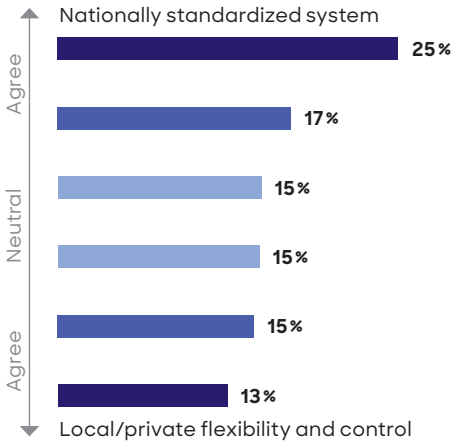
Healthcare perceptions reveal stark contrasts, from physician-dominated systems in the U.S., Germany and France to fragmented or dual care experiences in countries like Brazil, India, China and Singapore.

Governance

We asked respondents whether they prefer centralized or decentralized governance of their healthcare system. Overall, a centralized, nationally standardized healthcare system is generally preferred, with a relative majority of 42 percent favoring this setup. The highest support was found in Saudi Arabia (59 percent), China (57 percent) and Qatar (57 percent). Countries with more evenly distributed or bimodal patterns – suggesting internal division – include France (30 percent vs. 33 percent), the United States (35 percent vs. 27 percent), Austria (31 percent vs. 27 percent) and Japan (19 percent vs. 23 percent). Notably, in many countries at least a third of respondents were undecided, as in South Korea and the Netherlands. ▶ U, V

On integration, 39 percent favored integrated models, 32 percent were undecided and 29 percent would prefer a separated system. More than half of respondents in the GCC countries surveyed (Saudi Arabia, the UAE and Qatar) said they supported integration, while most European countries – such as the Netherlands, Sweden and France – were strongly in favor of separating insurance from providers. For integration to succeed in more skeptical cultures, reforms must emphasize patient benefit rather than bureaucratic restructuring. ▶ W, X

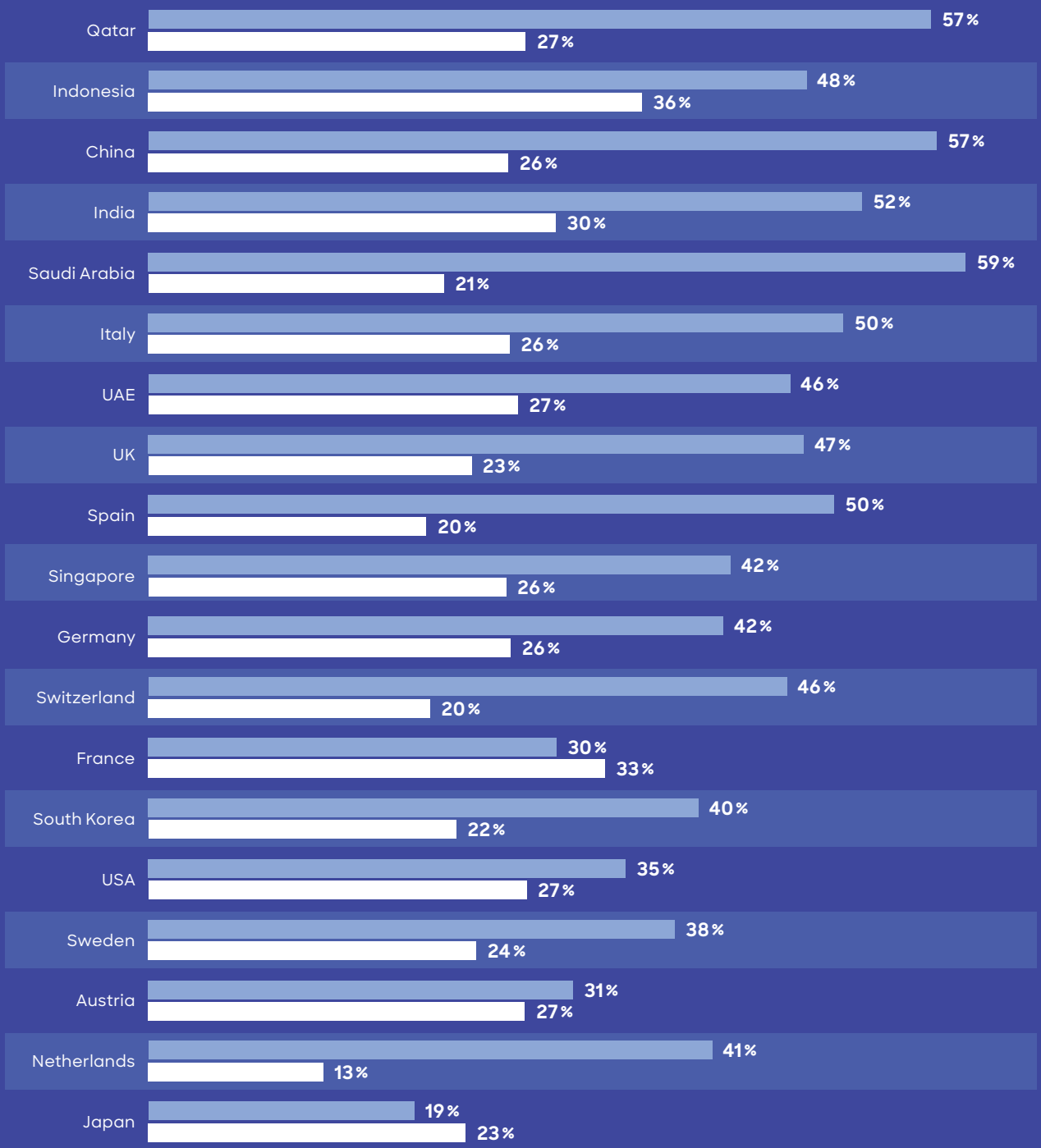
U Centralized vs. decentralized management
Is it better to have centralized healthcare with uniform standards, or decentralized systems tailored to local needs?



Source: Roland Berger FoH survey 2025

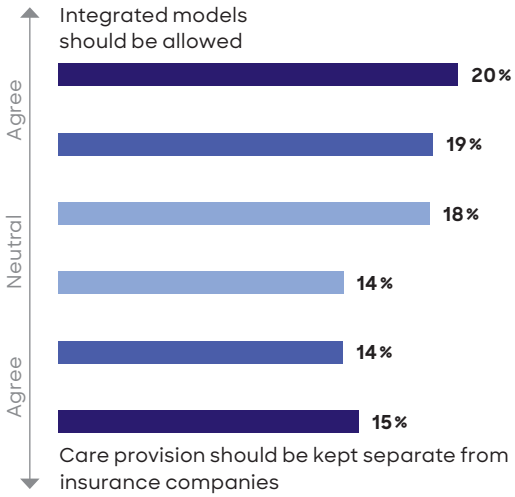
V Centralized vs. decentralized management - Selected countries

What should the healthcare system focus on?



Source: Roland Berger FoH survey 2025

W Integrated care models vs. separation of roles
Do integrated care delivery models (where insurers also provide healthcare services) provide better coordination for your needs, or should care provision be kept separate from insurers?



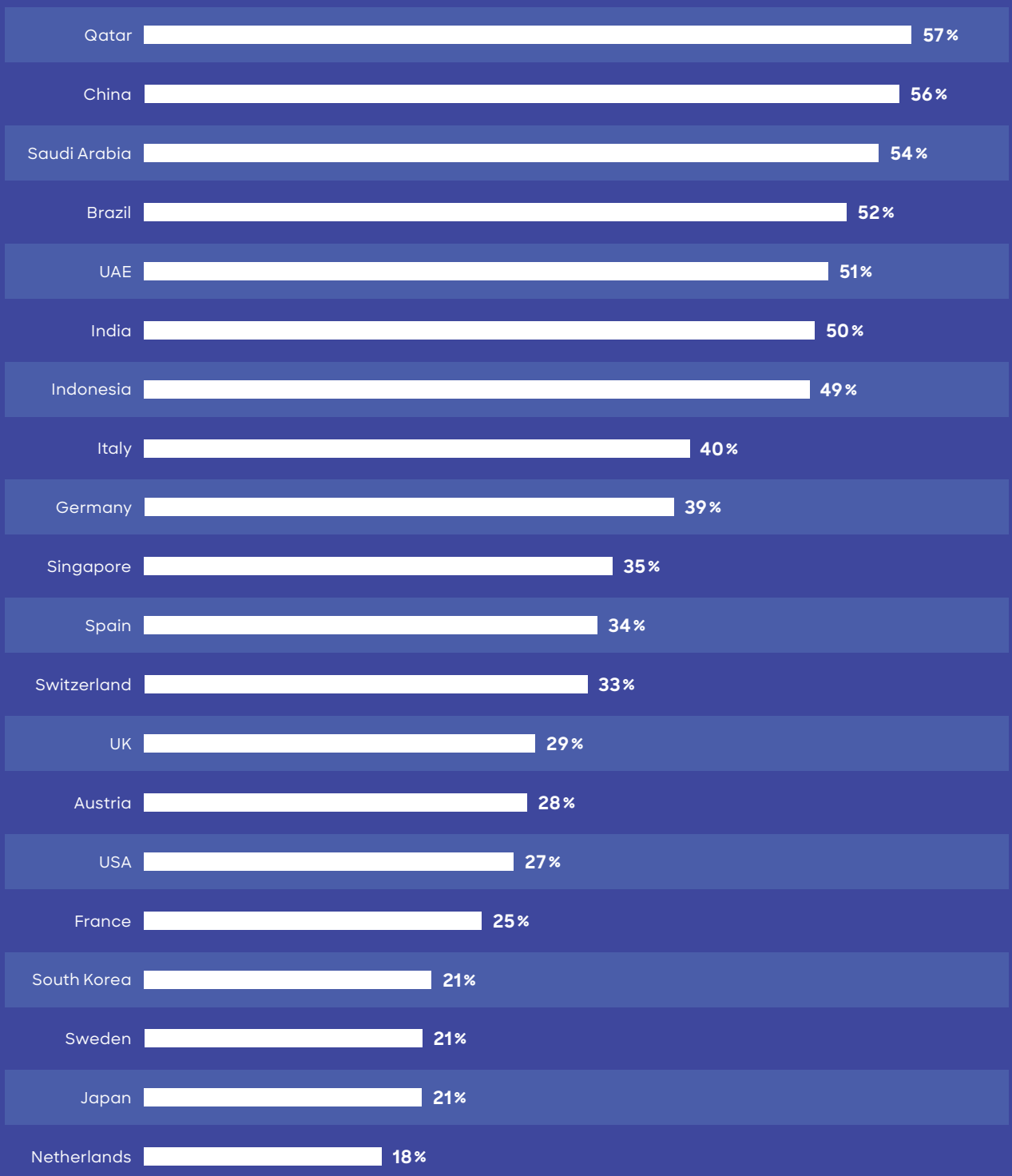
Source: Roland Berger FoH survey 2025

When asked whether health services should be delivered through a unified system for all or remain flexible to allow personal choice, the global average leans slightly toward flexibility. However, patterns diverge by country. Japan, the United States, the United Kingdom and Switzerland show even distributions tilted toward choice, whereas France, Germany, Ukraine, Brazil and Saudi Arabia display more polarized views with strong peaks at both extremes. India and Indonesia, by contrast, show flatter distributions, indicating weaker consensus. ▶ Y

In conclusion, societies show no rigid views on governance compared to other levers. There is a general preference for some form of centralized, non-profit, welfare-oriented system, but questions of integration and flexibility elicit more divided opinions.

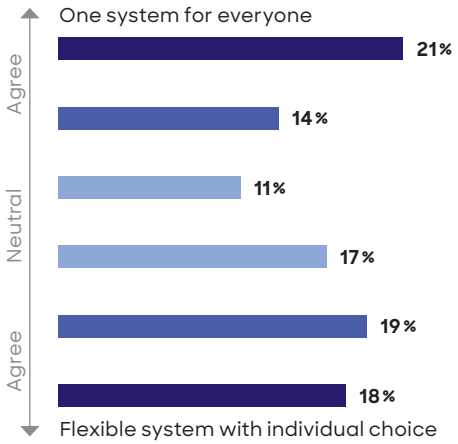
X Integrated care models vs. separation of roles – Selected countries

Share of respondents strongly in favor of integrated care models, where insurers also provide healthcare services, by country [top 2]



Source: Roland Berger FoH survey 2025

Y Unified system vs. flexibility
Is a unified healthcare model preferable, or should the system allow individuals to make personal choices?

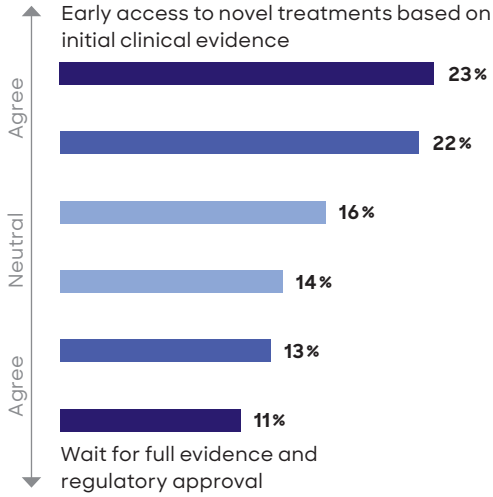


Source: Roland Berger FoH survey 2025

Innovation

In the survey, most respondents globally expressed a preference for earlier access to new therapies based on initial clinical evidence, though support varied across regions. Enthusiasm was particularly strong in the Gulf states and many Western European countries. The most cautious countries were Japan and South Korea, where only five to six percent supported early access – reflecting a preference for safety. These differences point to a universal

Z Speed vs. caution in treatment access
Should patients gain access to promising treatments sooner, or wait until thorough approval ensures safety and efficacy?



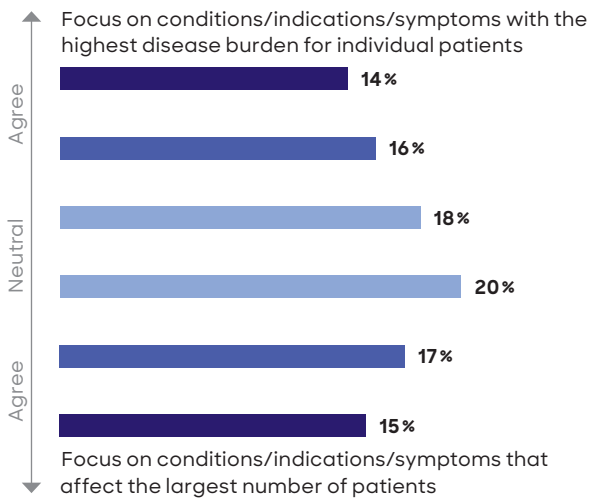
Source: Roland Berger FoH survey 2025

desire for treatments, shaped by varying levels of institutional trust and risk tolerance. At the same time, it is important to note that "early access" cannot come at the expense of established safety standards. The desire for speed reflects public expectations, but in practice effective systems must balance rapid availability with rigorous testing to avoid repeating past failures in drug safety. ▶ Z, AA

Respondents were also divided on whether innovation should prioritize conditions affecting the largest number of people or those imposing the highest individual burden, such as rare or complex diseases. This division highlights the fundamental question of whether innovation should serve the many or focus on those with the severest conditions. ▶ AB

AB Focus of medical innovation

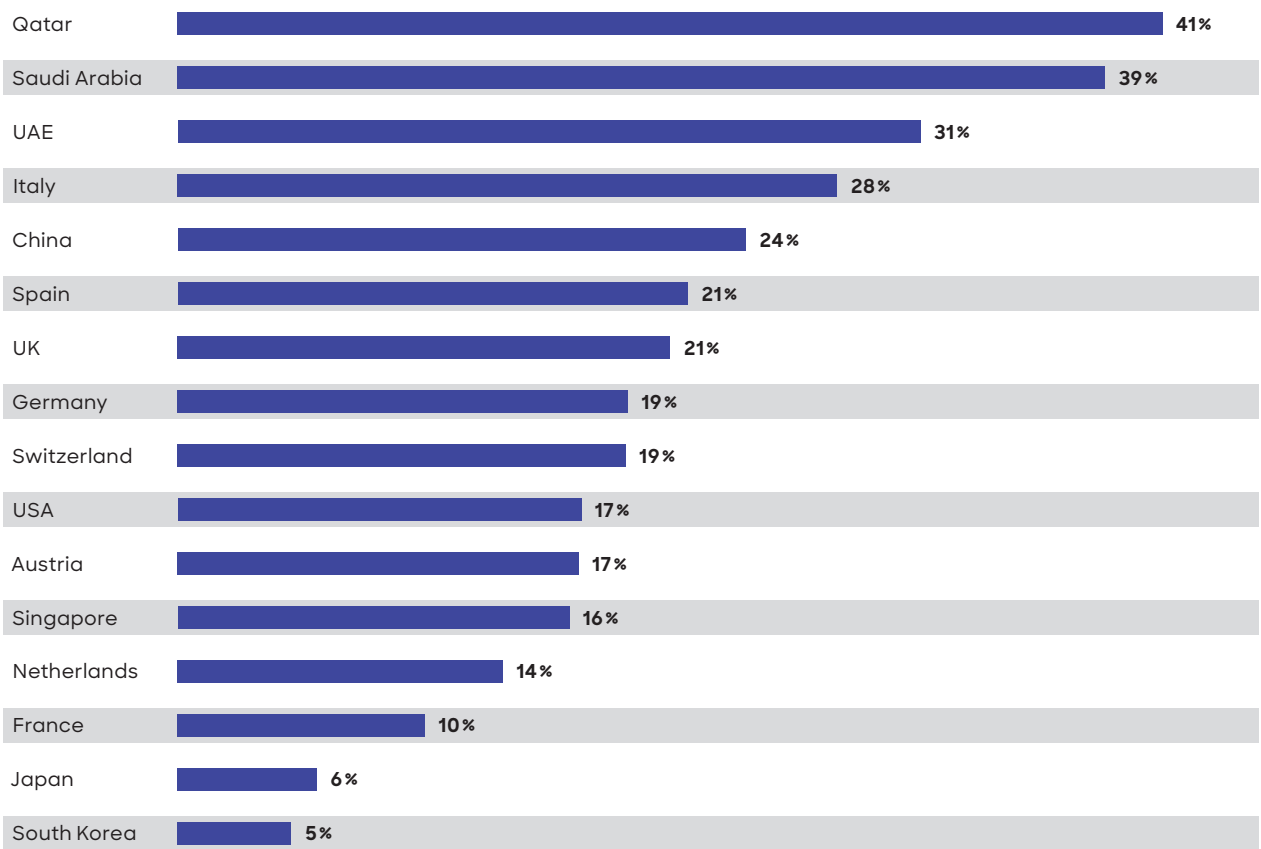
What should the healthcare system prioritize when directing medical innovation?



Source: Roland Berger FoH survey 2025

AA Speed vs. caution in treatment access – Selected countries

Share of respondents strongly in favor of early access to novel treatments, by country [top 2]



Source: Roland Berger FoH survey 2025

Reforming healthcare with shared values and local realities

Across countries, there is a remarkable consensus on core principles for healthcare: fairness, prevention, personalization and the need for public stewardship. These values form a common foundation, but beyond them lie significant differences in how people believe healthcare should be organized, financed and delivered. Such divergences are not obstacles to progress – they are a blueprint for where change is needed.

Reforms should build on shared values, while adapting to each society's distinctive context. Cultural norms, levels of institutional trust and economic realities all shape public expectations. Designing the healthcare systems of the future means working with these differences, not trying to get around them – grounding innovation in empathy and aligning change with what people believe healthcare should ultimately be.

Fairness, prevention, personalization and public stewardship are universal healthcare values, but each society's unique context must shape how reform takes place.

Strategic pathways

From system goals and societal preferences to action

4

In the previous chapters we highlighted the attributes that define high-performing healthcare systems, and the values that societies expect them to embody. Equity, coordination, digitalization, public health, resources, governance and innovation emerged as essential levers for excellence, while our global survey revealed clear public preferences for fairness, prevention, flexibility and trusted access. Together, these insights define not only what systems should strive for, but how reforms must align with the expectations of the populations they serve.

This chapter sets out the strategic pathways that link those findings to action, translating them into concrete recommendations for the key stakeholders shaping the health system of the future. For policymakers, we outline priorities reflecting both the structural levers of Chapter 2 and the societal preferences of Chapter 3. For commercial players – pharmaceutical companies, medical technology ("MedTech") firms, healthcare providers and insurers – we highlight how their strategies can reinforce system goals while responding to population needs. The aim is to connect what works in high-performing systems with what citizens want, and to show how both policymakers and industry can act on this shared agenda.

RECOMMENDATIONS FOR POLICYMAKERS

We recommend that policymakers and regulators weigh the seven levers of excellence against societal preferences, recognizing that what people want does not always align with what systems need for long-term sustainability. Many patient preferences are universal, but nuances differ between societies. Policymakers need to understand where their societies stand – and invest extra effort in communicating and building buy-in where opposition exists. At the same time, reforms cannot be driven solely on the back of popularity, as the necessary system changes may encounter resistance. Instead, regulators should be flexible enough to accommodate differing views. Their priorities should be to proactively shift the the focus of systems from caring for the sick to preventing illness, drive continuous improvement in line with public values, and boldly change deeply embedded structures where small fixes will not suffice.

We encourage policymakers to focus on improving value in their health systems. Value reflects not only the health outcomes that populations care about but also the cost of running healthcare systems. Achieving this requires balancing sustainable financing with meaningful health outcomes, so that cost control does not come at the expense of what matters most to patients and societies. The extra effort in creating broad buy-in may require an honest discussion about options and their consequences rather than avoiding it.

Policymakers can learn from the world's most successful healthcare systems, fostering coordination, driving digitalization and insisting on stringent governance. We encourage them to follow the recommendations of citizens to cut waste first before reducing service levels, and to replace costly treatments with more affordable alternatives, thereby broadening access to costly treatments where they are more effective. Further goals should include prioritizing outpatient over inpatient care, and digital self-service over outpatient care; reducing unnecessary prescriptions and implementing effective patient pathways; and using health data to drive research and innovation, while ensuring individual privacy. Finally, to reinforce equity, resources should be directed toward underserved groups, improving both access and outcomes.

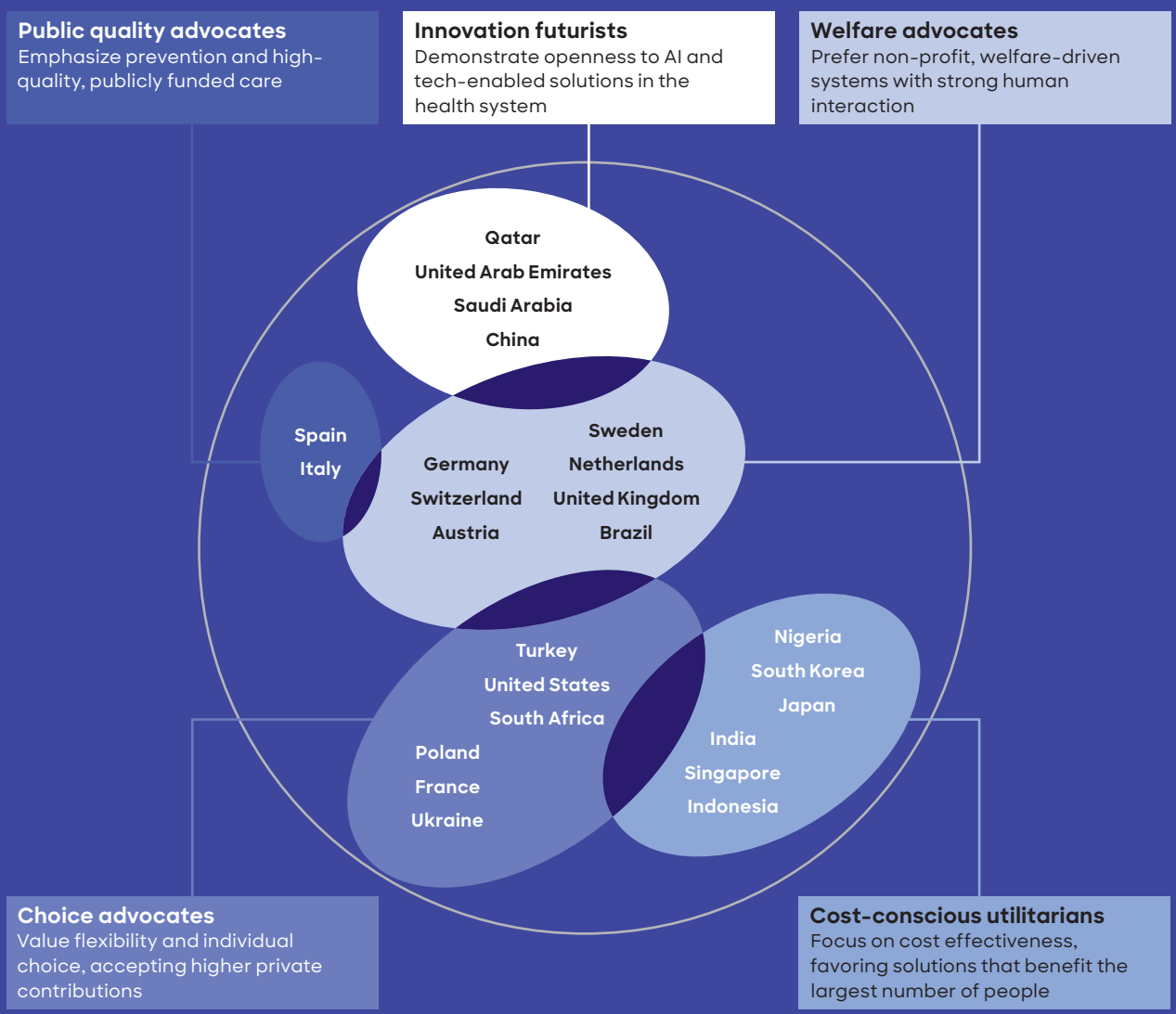
RECOMMENDATIONS FOR COMMERCIAL PLAYERS

The major commercial players in the healthcare system – insurers, providers, pharmaceutical and MedTech companies – must act collectively, shifting the focus from treatment to prevention, bolstering customer centricity, delivering integrated end-to-end solutions and positioning themselves as a reliable companion across people's health journeys.

In practice, this means orienting services toward continuous care rather than individual episodes, embedding prevention in product and service design, and using digital tools to expand their presence in underserved regions. Insurers can invest in predictive analytics and proactive care navigation to steer their members toward prevention and early intervention. Providers can redesign their delivery models toward community-based, "phygital" (physical plus digital) models – for example, local prevention programs combined with digital follow-ups, prioritizing long-term health over acute treatment. Pharmaceutical and MedTech companies can pursue differentiated pricing, frugal design and partnerships with payers and local health actors to improve affordability and regional access. It is important that they also clearly communicate not only the health benefits of their innovations but the economic benefits, too. For all players, success requires interoperable data sharing, joint accountability for outcomes, and governance approaches that explicitly measure equity – not in the sense of identical coverage everywhere but rather tailored, accessible care for all regions, enabled by digital platforms, mobile services and local partnerships.

The healthcare system of the future will not emerge from isolated reforms but from shared commitment and coordinated action. If policymakers and industry align around common goals and act with courage, they can build systems that are not only more resilient and efficient, but also genuinely trusted by the people they serve – balancing shared values with the proven strengths of successful healthcare systems.

AC Country clusters - Societal preferences regarding the healthcare system
Results of a k-means and UMAP analysis - Simplified overview



Source: Roland Berger FoH survey 2025

HOW COUNTRIES THINK ABOUT HEALTH – FIVE CLUSTERS

In the previous chapters, we outlined seven key levers that drive high-performing healthcare systems and examined how societies perceive and prioritize different aspects of their systems. There is no one-size-fits-all solution. Using k-means clustering and UMAP, we identified five distinct country clusters. This analysis does not rank or compare healthcare systems; rather, it highlights where people tend to share similar views about health and healthcare. ▶ AC

CLUSTER 1: THE WELFARE ADVOCATES

This cluster favors a non-profit, welfare-oriented healthcare model with a clear separation between care provision and insurance. Respondents value direct human interaction over AI or automation and place high importance on quality and continuity of care delivered by professionals. Countries include Germany, Switzerland, Austria, the Netherlands, Sweden, the United Kingdom and Brazil.

CLUSTER 2: THE CHOICE ADVOCATES

Here, system flexibility is paramount. Respondents accept higher private contributions in exchange for faster or enhanced services, while still preferring to keep insurance and care provision separate. Longevity ranks lower as a priority compared with other clusters. Countries include the United States, France, Poland, Ukraine, Turkey and South Africa.

CLUSTER 3: THE COST-CONSCIOUS UTILITARIANS

Strong emphasis is placed on cost effectiveness and maximizing benefit at the population level. Equity concerns are less pronounced, with preference given to interventions that reach the greatest number of people rather than allocating resources to the most severe individual cases. Countries include Singapore, Nigeria, India, South Korea, Japan and Indonesia.

CLUSTER 4: THE INNOVATION FUTURISTS

This cluster has a strong focus on innovation and technological advancements. Respondents are highly receptive to genetic testing, AI-driven tools and automated self-service solutions. Countries in this cluster include the Kingdom of Saudi Arabia, the United Arab Emirates, Qatar and China.

CLUSTER 5: THE PUBLIC QUALITY ADVOCATES

Above all, respondents in this group emphasize quality and equity. They support robust publicly funded systems with a strong emphasis on prevention rather than reactive care. Countries include Italy and Spain.

These clusters reveal how, sometimes, countries – often geographically or culturally aligned – share similar healthcare preferences. While the analysis highlights distinct differences between clusters, it also underscores a universal truth: Health is a fundamental human need, and across the globe stakeholders strive for systems that balance equity, quality and efficiency.

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3. Health workforce
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7. PM launches new era for NHS with easier care in neighbourhoods
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9. Austria, Brazil, China, France, Germany, India, Indonesia, Italy, Japan, Netherlands, Nigeria, Poland, Qatar, Saudi Arabia, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, Turkey, Ukraine, the United Arab Emirates, the United Kingdom and the United States

10. No significant differences were observed by gender

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FURTHER READING

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Future of health 6
The AI (r)evolution in health

Forbes 2025 WORLD'S BEST MANAGEMENT CONSULTING FIRMS POWERED BY statista

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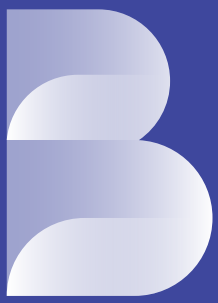

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