Serving citizens scorecards

This chapter describes how OECD countries are performing in terms of the accessibility, responsiveness and quality of selected public services, based on the OECD Serving Citizens Framework. The framework seeks to assess the main determinants of user satisfaction with services which, in turn, can be considered as an outcome measure of these three attributes. Overall satisfaction with services has become the go-to indicator when seeking a quick measure of whether services are performing well against users' needs and expectations. Satisfaction measures have strong links with other relevant measures of citizens' attitudes and behaviour. Satisfaction is linked to trust in public institutions and to the levels of responsiveness and reliability of public institutions.

The scorecards summarise key attributes of service delivery through a set of sector-specific measures for education, health, justice and, for the first time in this edition, administrative services (e.g. obtaining an ID or applying for a benefit). They illustrate how the performance of different public services can be compared, even when they are organised in different ways and address different aspects of societal and individual life. Although country rankings are provided, these are only calculated to compare indicators with different measurement units and that capture different phenomena. As such, the scorecards do not provide a comprehensive picture of which countries have the best overall services and at what level they are provided, nor should they be used for this purpose.

The Serving Citizens Scorecards were introduced in the 2017 Government at a Glance, and the indicators are selected by experts from the OECD on each sector. The criteria for selection are: 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 whether a higher/ lower value means better/worse performance). The selected indicators are intended to provide an overview of the relevant aspects for each service. For this reason, the choice of measures differs across services (e.g. school enrolment for education and healthcare coverage for healthcare are both measures of accessibility).

Table 3.1. OECD Serving Citizens Framework indicators

	Healthcare	Education	Justice	Administrative services
Accessibility	• Healthcare coverage • Household out-of-pocket payments as a share of total health spending • Percentage of people with unmet healthcare needs due to cost, distance or waiting times. • Practising physicians per 1 000 people	• Private expenditure on education as a share of total spending on education (primary to tertiary) • Enrolment at age 3 and 4 in early childhood and pre-primary education • First-time tertiary entrants' rates under 25	• People can access and afford civil justice • Alternative dispute resolution mechanisms are accessible, impartial and effective	• Share of population who expect administrative information to be easily accessible
Responsiveness	• Median waiting time for cataract surgery from specialist assessment to treatment	• Young people (aged 15-29) years not in education, employment or training (NEET)	• Disposition time for first instance civil and commercial non-litigious cases • Disposition time for first instance civil and commercial litigious cases • Disposition time for first instance administrative cases	• Level of user support available in EU countries • Share of respondents who expect their application for a government benefit or service to be treated fairly
Quality	• Diabetes hospital admission in adults • Thirty-day mortality after admission to hospital for ischaemic stroke	• Mean PISA score in mathematics	• Civil justice is free from improper government influence • People do not resort to violence to redress personal grievances	• No indicators for this edition

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

Source: Indicators on healthcare coverage, household out-of-pocket payments and practising physicians per 1 000 people are from OECD Health Statistics. The percentage of people with unmet healthcare needs due to cost, distance or waiting times is from Eurostat, the statistical office of the European Union. Data on private expenditure on education as a share of total spending on education and first-time tertiary enrolment rates are from OECD Education Statistics. Mathematics scores are from OECD (2012 and 2018) PISA (database). Indicators on alternative dispute resolution mechanisms and the use of violence to redress personal grievances are from the World Justice Project Rule of Law Index. Disposition times for first instance civil and commercial litigious cases and first instance administrative cases are from the European Commission for the Efficiency Justice report. The remaining sources for the indicators can be found in the pages below.

Scorecard interpretation

Each scorecard focuses on one dimension of the Serving Citizens framework (*accessibility*, *responsiveness* or *quality*) across three service areas (health, education and justice). For each indicator, countries are classified into three groups: 1) green for values above (or below, depending on the indicator) a standard deviation from the mean; 2) red for values below (or above, depending on the indicator) a standard deviation from the mean; and 3) orange for values within one standard deviation of the mean.

For each indicator, all countries with data available are ranked (the country with the best performance on an indicator is ranked number one). If several countries have the same value for an indicator, they are assigned the same rank. Where trend data are available, arrows indicate whether countries' absolute performance has improved (↑), declined (↓) or remained stable (→) relative to the most recent available year. Unless otherwise specified, the criterion for showing improvement or decline is a change of 1 percentage point (if the indicator is expressed as a percentage) or of 1%. The last row of the scorecard indicates both the base year and the most recent year with available data for the comparison.

Overview of results

The following section provides an overview by the three dimensions considered in the scorecards. *Accessibility* can be thought of people's ability to obtain appropriates service in case of need and the indicators cover affordability, geographic proximity and how easy it is to access information. *Responsiveness* refers to how quickly and well public organisations respond to people's expectations. This implies that public services take into account the needs, preferences, perspective and dignity of individuals who use them, and that they are provided without unreasonable delay. This includes the aspects of courtesy and equal treatment, matching services to special needs (i.e. whether service providers adapt delivery to the different segments of the population, such as people with disabilities), and timeliness. *Quality* is the degree to which services increase the likelihood of desired outcomes and are consistent with current professional knowledge the indicators cover aspects of effective delivery and outcomes, consistency in service delivery and outcomes, and security (safety).

Accessibility of public services

Most OECD countries have achieved universal or near-universal healthcare coverage, either through private or public insurance schemes. Coverage has remained stable among most top performers since 2020. Costa Rica, Estonia, Poland and the United States have experienced significant increases in health coverage in recent years.

The range of services covered by health insurance schemes and the extent to which patients must cover expenses from their own resources varies across OECD countries. For example, in Mexico, given the limited coverage of public healthcare, a considerable proportion of health expenditure comes from out-of-pocket (OOP) expenditure by citizens. However, OOP expenditure is not the only measure of access to care. Geographic proximity can also be used to assess the accessibility of healthcare. An under-supply of physicians can lead to longer waiting times or patients having to travel further to access services (OECD, 2021).

A complementary indicator of access to healthcare is the share of the population reporting that they had an unmet need for medical examination or treatment. According to the European Union Survey of Income and Living Conditions (EU SILC), OECD-EU countries have maintained their overall performance on unmet needs between 2020 and 2021 despite the COVID-19 pandemic. Indeed, in Estonia, the share of people reporting an unmet need for medical examination fell significantly, from 13.0% to 8.1%. There were also decreases in Türkiye (1.1 percentage points), Finland (1.0 p.p.) and Latvia (0.7 p.p.). Austria has one of the lowest shares of citizens self-reporting unmet medical needs while at the same time ranking 19th for household OOP payments as a share of total health expenditure.

Education systems across the OECD provide universal access to education for children of compulsory school age, which varies across countries. However, the average enrolment rate for 4-year-olds is 89%, with 12 out 37 OECD countries (data for Canada were not available) below this average. For example, the United Kingdom has achieved 100% enrolment in early childhood education. A significant contributing factor is that every 4-year-old is entitled to 15 hours of free care whether in public or private institutions (UK Government, 2022). In other countries, such as Finland, the provision of early childhood education is predominantly channelled through the public system. First-time tertiary enrolment rates for those under 25 also vary across countries. Among the factors affecting access to both early childhood and tertiary education is the level of public resources made available to finance them, and the relative shares of public and private education expenditure. In some contexts, a high share of private funding is due to government grants and transfers to households and other private entities involved in financing education.

To access justice, individuals must be aware of their rights and of the mechanisms in place to resolve their disputes and must be able to afford the cost of the process. Denmark, Germany, the Netherlands and Sweden have the most affordable and accessible civil justice systems for citizens. Alternative dispute resolution (ADR) refers to mechanisms for settling disputes outside of the courtroom; Denmark, Estonia, Korea and Norway have the most accessible, impartial and effective ADR mechanisms.

The accessibility of administrative services relates to the government's capacity to accurately recognise the diversity and nature of the public's needs, and efficiently meet them. This capacity varies in terms of access to information, geographical distance, facilities for users, delivery channels, etc. One relevant measure of access to administrative services is public

expectations about how easy it would be to find information about services. In the 2021 OECD Survey on the Drivers of Trust in Public Institutions, for instance, 66% of respondents expected information about administrative procedures to be easily available in their country (OECD, 2021).

Responsiveness of public services

Long waiting times for healthcare can worsen patients' symptoms and reduce their satisfaction. In 7 out of 16 OECD-EU countries with available information (44%), waiting times for cataract operations, the commonest elective surgery, increased between 2015 and 2020. These results are probably influenced by the COVID-19 pandemic, as most countries suspended elective (non-urgent) care during the pandemic to divert efforts towards COVID-19 patients and avoid people being infected while seeking care. The reopening of these services was often gradual, and some activities were suspended again in subsequent waves of the pandemic. Despite this, seven countries managed to reduce the median waiting time over that period. This includes Italy, which had the shortest median waiting time for cataract surgery in 2020, at 20 days.

The responsiveness of education systems is examined by looking at their success in meeting the varying needs of students. Across the OECD, the age when compulsory education ends ranges from 15 in Colombia to 19 in Switzerland. One measure of responsiveness is the share of young people who are not in any form of employment, education, or training (NEET). The Netherlands, Norway, Mexico and Sweden have the smallest share of 15-29 year-olds who are NEET. Absolute NEET levels have worsened in 12 of 26 countries and improved in only 6 in this year's edition. This may reflect the economic impact of COVID-19, as data from 2021 are compared with data from 2017. Across and within OECD countries, governments were not able to offer the same opportunities for remote learning during the pandemic. For example, a large proportion of students from disadvantaged socio-economic backgrounds did not have access to a computer at home (OECD, 2020).

Delays in resolving judicial cases can cause plaintiffs to drop cases, incur costs, or dissuade them from pursuing a legal route in future. The scorecards examine the responsiveness of the justice system using data on disposition time for three types of cases (litigious civil and commercial cases, non-litigious civil and commercial cases, and administrative cases). The time needed to resolve a case depends on factors including the procedures followed to allocate and solve cases, the complexity of the case, the number of staff working for the judiciary system, the number of incoming cases, and the use of technology to reduce administrative work. Among the countries for which data are available, Hungary, Lithuania and the Netherlands take the least amount of time to resolve cases in first instance courts for civil and commercial (litigious and non-litigious) cases and administrative cases.

Fairness, feedback and equity underpin responsive administrative services. By establishing communication channels, governments can provide better services to meet their population's heterogeneous needs. The user support indicator evaluates the availability of such communication channels, through which people can receive updates on the status of their complaints or inquiries. In 2021 Finland, Italy and Türkiye reached the maximum score of 1.0 points (on a scale from 0 to 1) on user support availability, while the average across the OECD-EU members was 0.93 points (European Commission, 2022). Moreover, the public's view on how fairly a generic government benefit or service might be delivered is significantly correlated with trust in civil servants (Morgan and James, 2022). User support measure thus assesses the presence and effectiveness of communication channels between the government and citizens, which ultimately impacts overall satisfaction and trust in public services.

Quality of public services

Quality of healthcare delivery is gauged by looking at patient outcomes for two health conditions. The first, the rate of hospitalisation due to diabetes, is used as an indicator of the quality of primary care. Diabetes is a chronic condition which can be managed effectively through a combination of prevention and treatment. As such, high levels of hospitalisations for diabetes indicate issues with the quality of primary care. The second indicator, the 30-day case-fatality rate after admission to hospital for an ischaemic stroke, measures the quality of acute care. This measure reflects the care processes, such as the timely transport of patients to the hospital and effective medical interventions (OECD, 2015).

In 2019, Iceland and Italy were the two most effective OECD countries in avoiding diabetes hospitalisations, while Iceland also has the lowest 30-day mortality rate following stroke hospitalisation, having improved since 2015. Latvia, Mexico and Poland are less effective in both preventative and acute healthcare, although the situation has improved over the past years. However, quality of healthcare may be influenced by a number of different factors. Some countries are top performers in acute care but the opposite in preventative care, such as Korea, which ranked second for 30-day mortality following stroke hospitalisations but 30th out of 32 countries for diabetes hospitalisation rates.

Outcomes are also an efficient way to capture education system quality. By assessing how effectively students use the skills they are being taught, tests such as the OECD Programme for International Student Assessment (PISA) are a useful measure of educational quality. In 2018, students across OECD countries scored an average of 487 points in mathematics in PISA; students in Japan (527 points), Korea (526 points) and Estonia (523 points) achieved the highest average scores.

The World Justice Project (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 by resorting to violence to redress grievances, how likely the government is to influence a judge in a lawsuit against the state and how likely court decisions are to be enforced. Ireland's justice system is ranked as the most impartial, and as the country where people are least likely to use violence in response to personal grievances. Between 2016 and 2022, OECD countries have generally maintained their score regarding civil justice free from improper government influence. Only two countries have experienced significant decline in this area. The outlook has been similar for how likely people are to resort to violence to settle grievances, except in Spain, where the score improved by 0.10 points between 2016 and 2022, and Slovenia, where it increased by 0.14 points.

Further reading

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Serving citizens scorecards

Scorecard 1. Accessibility of services

	Healthcare				Education			Justice	
	Total public and primary voluntary health insurance coverage	Household out-of-pocket payment as a share of total health spending	Self-reported unmet needs for medical examination	Practicing physicians per 1 000 people (head counts)	Relative shares of private expenditure on educational institutions	Enrolment rate at age 4 (in early childhood and primary education)	First-time tertiary enrolment rates under 25	People can access and afford civil justice	Alternative dispute resolution mechanisms are accessible, impartial and effective
Australia	1 →	17 ↓	n.a.	12 ↑	34 →	28 ↓	10 ↓	23 →	11 ↓
Austria	2 →	22 ↓	3 →	1 ↑	7 ↑	16 →	17 ↑	12 ↑	26 →
Belgium	4 →	19 ↓	9 →	20 ↑	6 →	2 →	33 →	7 ↑	15 ↓
Canada	1 →	7 ↓	n.a.	24 ↑	27 ↑	n.a.	n.a.	24 ↑	19 ↓
Chile	7 ↑	35 ↓	n.a.	n.a.	36 →	29 ↓	16 ↑	13 ↓	24 ↓
Colombia	8 ↓	15 ↓	n.a.	n.a.	33 →	27 ↑	8 ↓	25 ↑	28 →
Costa Rica	12 ↓	27 ↓	n.a.	n.a.	n.a.	21 ↑	n.a.	16 ↑	21 →
Czech Republic	1 →	6 ↓	3 →	10 ↑	11 ↓	25 →	22 ↑	19 ↓	9 ↑
Denmark	1 →	11 →	8 →	9 ↑	8 ↑	4 →	6 ↓	2 ↑	3 ↓
Estonia	6 ↑	29 ↓	24 ↓	14 →	9 ↓	19 →	15 ↑	8 ↑	4 ↑
Finland	1 →	20 ↓	20 →	14 →	1 →	24 ↑	5 ↓	10 ↑	20 ↑
France	2 →	2 →	16 ↑	21 →	16 →	1 →	29 ↑	20 ↑	10 ↓
Germany	2 →	8 →	1 →	5 ↑	17 →	14 →	11 ↓	3 ↑	7 ↓
Greece	1 →	37 ↓	23 ↓	n.a.	10 →	31 ↑	27 ↑	21 ↑	22 ↑
Hungary	10 ↓	31 ↓	7 →	22 →	25 ↑	3 ↑	24 →	27 ↑	30 ↓
Iceland	1 →	18 ↓	18 →	7 ↑	5 →	9 ↓	12 ↑	n.a.	n.a.
Ireland	1 →	5 ↓	12 →	15 ↑	19 ↓	1 →	26 ↑	n.a.	n.a.
Israel	1 →	23 ↓	n.a.	18 ↑	24 ↑	6 →	2 →	n.a.	n.a.
Italy	1 →	28 ↓	10 ↓	11 ↑	18 →	11 →	31 →	22 ↑	25 ↑
Japan	1 →	14 →	n.a.	26 ↑	31 →	1 ↑	35 →	15 →	5 ↓
Korea	1 →	32 ↓	n.a.	27 ↑	28 ↓	15 ↓	34 ↑	11 →	2 ↓
Latvia	1 →	36 ↓	19 ↓	17 ↑	20 ↑	17 →	9 ↑	n.a.	n.a.
Lithuania	3 ↑	34 ↓	15 →	4 ↑	13 →	22 ↑	19 ↓	n.a.	n.a.
Luxembourg	1 →	1 ↓	6 →	n.a.	3 ↑	5 ↑	23 ↑	n.a.	n.a.
Mexico	14 ↓	38 ↓	n.a.	28 →	29 ↑	23 ↓	20 →	31 ↓	31 ↑
Netherlands	2 →	3 ↓	2 →	13 ↑	22 →	13 →	32 ↑	1 ↑	6 →
New Zealand	1 →	12 →	n.a.	16 ↑	26 ↓	26 ↓	7 ↑	5 ↑	12 ↑
Norway	1 →	16 ↓	5 →	2 ↑	2 →	8 →	13 →	9 ↑	1 →
Poland	11 ↑	25 ↓	15 ↓	19 ↑	14 ↑	20 ↑	21 →	18 ↑	17 ↓
Portugal	1 →	33 ↓	13 →	n.a.	21 ↓	10 ↑	25 →	17 →	18 ↓
Slovak Republic	9 ↑	24 →	17 ↑	n.a.	15 →	30 ↑	18 →	26 n.a.	29 n.a.
Slovenia	1 →	9 →	22 ↑	19 ↑	12 →	18 ↑	30 ↑	14 ↑	14 ↑
Spain	1 →	26 ↓	7 →	3 ↑	23 →	7 →	28 →	6 ↑	13 ↑
Sweden	1 →	13 ↓	8 →	8 ↑	4 →	12 →	1 →	4 ↑	8 ↑
Switzerland	1 →	30 ↓	4 →	6 ↑	n.a.	33 →	3 ↑	n.a.	n.a.
Türkiye	5 →	21 →	11 ↓	n.a.	30 ↑	34 ↓	4 ↓	28 ↑	27 ↓
United Kingdom	1 →	10 ↓	21 ↑	23 ↑	35 ↑	1 →	14 ↓	29 ↓	16 ↑
United States	13 ↓	4 ↓	n.a.	25 →	32 →	32 ↓	n.a.	30 ↑	23 ↓
Year	2020 / 2015	2020 / 2015	2021 / 2015	2020 / 2015	2019 / 2015	2020 / 2017	2020 / 2018	2022 / 2016	2022 / 2016

Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data are available. Arrows indicate whether absolute performance has improved (↑), declined (↓) or remained stable (→).

■ Performance one standard deviation above (below) the mean

■ Performance within one standard deviation from the mean

■ Performance one standard deviation below (above) the mean

Notes: For healthcare coverage, countries were grouped as follows: green, 95-100% healthcare coverage; orange, 90-95% coverage; and red, less than 90% coverage. Data on healthcare coverage for Colombia are for 2019 rather than 2021. Data for Japan are for 2020 rather than 2021. Unmet care needs refers to the proportion of people who reported that they forewent healthcare appointments or treatment due to any of cost, distance or waiting times. Data on first time tertiary enrolment rates under 25 for Japan are for 2016 rather than 2018. In Australia, New Zealand, the United Kingdom and the United States, the high share of private expenditure on education is associated with a large share of students receiving loans and scholarships. For access and affordability of civil justice and alternative dispute resolution mechanisms indicators, improvement entails an increase of 0.1 points in the index and decline a decrease of the same size. Details on data for other indicators are provided in the corresponding sections. Countries are ranked in ascending order, except for OOP expenditure as a share of total health spending, unmet care needs and private expenditure on education, where they are ranked in descending order. Improvements in OOP in 2020 could be the results of postponed care due to the COVID-19 pandemic.

Source: OECD Health Statistics (database); Eurostat (2022); OECD Education Statistics (database); World Justice Project (2022), Rule of Law Index 2022.

Scorecard 2. Responsiveness of services

	Healthcare		Education		Justice					
	Median waiting times for cataract surgery		NEET aged 15-29 years		Disposition time for litigious civil and commercial cases		Disposition time for civil and commercial non-litigious cases.		Disposition time for administrative cases	
Australia	15	↑	18	→	n.a.		n.a.		n.a.	
Austria	n.a.		21	→	7	↑	4	↑	19	↓
Belgium	n.a.		20	↓	n.a.		n.a.		14	↑
Canada	13	↑	27	↑	n.a.		n.a.		n.a.	
Chile	12	↑	31	↑	n.a.		n.a.		n.a.	
Colombia	n.a.		34	↑	n.a.		n.a.		n.a.	
Costa Rica	16	↓	32	↑	n.a.	n.a.	n.a.		n.a.	
Czech Republic	n.a.		n.a.		12	↑	6	↑	17	→
Denmark	4	↓	19	↓	9	↓	7	↑	n.a.	
Estonia	9	↓	25	→	10	↓	3	↓	4	↑
Finland	10	↑	24	→	8	↑	12	↑	10	↑
France	n.a.		28	↓	16	↓	17	↑	12	↑
Germany	n.a.		17	→	n.a.		9	↑	18	↓
Greece	n.a.		30	↓	n.a.		16	↑	21	↓
Hungary	3	↓	26	→	2	↑	6	↑	2	↑
Iceland	n.a.		16	↑	n.a.		n.a.		n.a.	
Ireland	n.a.		23	↓	n.a.		n.a.		n.a.	
Israel	n.a.		29	↑	n.a.		n.a.		1	↓
Italy	1	↓	33	→	18	↓	n.a.		22	↑
Japan	n.a.		n.a.		n.a.		n.a.		n.a.	
Korea	n.a.		n.a.		n.a.		n.a.		n.a.	
Latvia	n.a.		12	↓	3	↑	10	↑	11	↓
Lithuania	n.a.		8	↓	1	↓	1	↑	5	↑
Luxembourg	n.a.		9	↓	n.a.		5	↑	n.a.	
Mexico	n.a.		3	↓	n.a.		n.a.		n.a.	
Netherlands	7	↑	1	↓	5	↑	2	↑	8	↓
New Zealand	n.a.		6	↓	n.a.		n.a.		n.a.	
Norway	14	↑	2	↓	17	↓	n.a.		n.a.	
Poland	2	↓	5	↓	4	↓	13	↑	3	↑
Portugal	11	↑	15	↓	n.a.		11	↓	23	↓
Slovak Republic	n.a.		13	↓	13	↑	8	↑	15	↓
Slovenia	n.a.		11	↓	11	↑	14	↑	16	↓
Spain	8	↓	22	↓	15	↓	15	↑	13	↑
Sweden	n.a.		4	↓	14	↓	5	↓	6	↓
Switzerland	n.a.		7	↓	n.a.		n.a.		9	↑
Türkiye	5	→	14	↓	6	↓	n.a.		7	↑
United Kingdom	6	→	10	↓	n.a.		n.a.		20	↓
United States	n.a.		n.a.		n.a.		n.a.		n.a.	
Year	2020	2015	2021	2017	2018	2014	2020	2016	2018	2014

Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data are available. Arrows indicate whether absolute performance has improved (↑), declined (↓) or remained stable (→).

◼ Performance one standard deviation above (below) the mean

◼ Performance within one standard deviation from the mean

◼ Performance one standard deviation below (above) the mean

Note: For the healthcare and justice indicators, the countries are not coloured due to the limited availability of data. Countries are ranked in ascending order, except for median waiting times for cataract surgery, NEET aged 15-29 years, disposition time for litigious civil and commercial cases, disposition time for non-litigious civil and commercial cases, and disposition time for administrative cases, for which they are ranked in descending order.

Source: Commonwealth Fund Health Policy Survey (2015 and 2020); OECD Health Statistics (database); OECD Education at a Glance (database); CEPEJ (2020), European Commission for the Efficiency of Justice (database).

Serving citizens scorecards

Scorecard 3. Quality of services

	Healthcare				Education		Justice			
	Diabetes hospitalisation		30-day mortality following stroke hospitalisation		PISA mathematics averages for 15 years-olds		Civil justice is free from improper government influence		People do not use violence in response to personal grievances	
Australia	22	↑	7	↓	24	↓	9	→	17	→
Austria	23	↓	9	→	18	↓	14	→	8	→
Belgium	21	↓	14	→	10	↓	10	→	21	→
Canada	13	↑	13	↓	7	↓	8	→	10	→
Chile	17	↓	16	↓	35	↓	25	→	34	→
Colombia	6	↓	9	→	38	↑	30	→	33	→
Costa Rica	14	↓	n.a.		37	↓	23	→	31	→
Czech Republic	24	↓	22	→	17	→	18	→	13	→
Denmark	19	↓	5	↓	8	↑	3	→	4	→
Estonia	15	↓	15	↓	3	↑	12	→	16	→
Finland	18	↓	17	→	11	↓	4	→	7	→
France	n.a.		n.a.		20	→	17	→	28	→
Germany	27	↓	10	→	15	↓	6	→	15	→
Greece	n.a.		n.a.		34	↓	28	→	32	→
Hungary	n.a.		n.a.		30	↑	33	↓	11	→
Iceland	1	↓	1	↓	21	↑	n.a.		n.a.	
Ireland	12	↑	12	↓	16	↓	1	n.a.	1	n.a.
Israel	8	↑	8	↓	32	↓	n.a.		n.a.	
Italy	2	↑	n.a.		25	↑	20	→	29	→
Japan	n.a.		n.a.		1	↓	16	→	5	→
Korea	30	↓	2	→	2	↓	22	→	26	→
Latvia	20	↑	26	→	19	↑	21	n.a.	20	n.a.
Lithuania	32	↓	25	↓	29	↑	15	n.a.	12	n.a.
Luxembourg	n.a.		n.a.		27	↓	13	n.a.	2	n.a.
Mexico	28	↓	27	↑	36	↓	32	→	35	↓
Netherlands	4	↓	6	→	4	↓	5	→	23	→
New Zealand	n.a.		11	→	22	↓	11	→	14	→
Norway	7	↓	3	↓	14	↑	2	→	6	→
Poland	25	↓	24	↓	5	↓	31	↓	24	→
Portugal	5	↓	21	→	23	↑	19	→	30	→
Slovak Republic	26	↑	18	→	26	↑	26	n.a.	9	n.a.
Slovenia	16	↑	23	↓	9	↑	29	→	19	↑
Spain	3	↑	20	↓	28	↓	27	→	25	↑
Sweden	9	↓	7	→	12	↑	7	→	3	→

	Healthcare			Education		Justice			
	Diabetes hospitalisation		30-day mortality following stroke hospitalisation		PISA mathematics averages for 15 years-olds		Civil justice is free from improper government influence		People do not use violence in response to personal grievances	
Switzerland	11	↑	n.a.		6	↓	n.a.		n.a.	
Türkiye	29	→	13	↓	33	↑	34	→	27	→
United Kingdom	10	↑	19	→	13	↑	24	→	18	→
United States	31	↑	4	→	31	↓	24	→	22	→
Year	2019	2015	2019	2015	2018	2012	2022	2016	2022	2016

Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data are available. Arrows indicate whether absolute performance has improved (↑), declined (↓) or remained stable (→).

▮ Performance one standard deviation above (below) the mean

▮ Performance within one standard deviation from the mean

▮ Performance one standard deviation below (above) the mean

Note: For the indicators civil justice is free from improper government influence and people do not resort to violence to redress personal grievances, an improvement (decline) entails an increase (decrease) of 0.1 points in the index. Details on data for other indicators are provided in the corresponding sections. Countries are ranked in ascending order, except for diabetes hospitalisation and 30-day mortality following stroke hospitalisation for which they are ranked in descending order. The indicator on diabetes hospitalisation is defined as the number of hospital admissions with a primary diagnosis of diabetes among people aged 15 years and over per 100 000 population.

Source: OECD Health Statistics (database); PISA (database); World Justice project (2022), Rule of Law Index 2022.

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