## Appendix 2. Overview of socio-economic situation, health system characteristics and NCD profile in the three study settings

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| --- | --- | --- | --- |
|  | **Cambodia** | **Slovenia** | **Belgium** |
| **Governance** | | | |
| * Government type | Sovereign state, a unitary dominant-party parliamentary elective constitutional monarchy | Unitary parliamentary (post-socialist) democratic republic | Federal parliamentary democracy under a constitutional monarchy |
| * Country wealth | Lower-middle income | High income | High income |
| * Regional organisation | 25 provinces (first-level administrative division), subdivided into 159 districts and 26 municipalities (second-level administrative divisions) | 62 administrative districts or units as subdivisions of national government administration and 212 municipalities (including 12 urban municipalities) as sole bodies of local autonomy, with no intermediate level between municipalities and the Republic of Slovenia [[1](#_ENREF_1)] | There are three levels of power in Belgium comprising the Federal authorities, Federated entities (three regions based on territory and three communities based on language – Dutch, French, and German) and local authorities (provinces and municipalities) [[2](#_ENREF_2)] |
| **Socio-economic profile** | | | |
| * GDP/Capita in 2021 [[3](#_ENREF_3)] | 1,661.7 USD | 29,200.8 USD | 51,767.8 USD |
| * GDP growth rate in 2021 [[4](#_ENREF_4)] | 3.0% | 8.1% | 6.2% |
| * Income inequality (Gini index) | 30.8 (2012) [[5](#_ENREF_5)] | 24.4 (2019) [[6](#_ENREF_6)] | 27.2 (2019) [[6](#_ENREF_6)] |
| * Poverty rate [[7](#_ENREF_7)] | 17.7% (2012) | 12.4% (2019) | 14.1% (2019) |
| **Health system characteristics** | | | |
| * Health system organisation | Pluralistic–less regulated public health system and large little regulated private sector (important role of NGOs) | Centralised [[1](#_ENREF_1)] public health system with growing regulated private sector | Federal system, with partially decentralised (fragmented) responsibilities, mainly private providers |
| * Organisation | 102 ODs (each serving 100,000–200,000 people), 9 national hospitals, 25 provincial RHs, 89 district RHs (approx. one for each OD), and 1,205 health centres (covering 8,000–12,000 people) [[8](#_ENREF_8), [9](#_ENREF_9)] | Inpatient hospital care is provided by 30—mostly public—hospitals, while primary care is mostly provided by a network of 63 multidisciplinary community-based primary healthcare centres, owned and run by the municipalities [[1](#_ENREF_1), [10](#_ENREF_10)], in addition to private facilities contracted by the Health Insurance Institute | 104 acute care hospitals, 60 psychiatric hospitals, 9 specialised or geriatric hospitals [[2](#_ENREF_2)], 60 primary care zones in Brussels and Flanders for coordination, many solo GP practices (61% in 2018); 39% in group practices with other GPs; and 6% within capitation system [[11](#_ENREF_11)] |
| * Health financing system | State and large private system | Societal (social insurance) | Societal (social insurance) |
| * Healthcare provision | Mixed provider system (large private system, with little regulation and enforcement especially at primary care level) | Mixed system of public-private providers, regulation of package and tariffs  Strong public primary care system | Mixed system of public and private providers (mainly private providers, regulation of package and tariffs with some degree of freedom)  Hospital-oriented  High supply & choice-oriented public system |
| * Primary care purchasing and payment | Public providers paid fixed salary, private providers FFS | Mixed payment of capitation/FFS for all | Providers mainly opt for FFS, but there is also a capitation-based remuneration system |
| * Embedding of primary care in community network | Variable: community-based workers throughout the country but links with primary care variable | Strong with a community based nurse in primary care practice | Medium, recent reforms aim for population based IC |
| * Health expenditure   (USD/capita) in 2019 [[12](#_ENREF_12)] | 316.05 USD | 3,629.01 USD | 5,846.90 USD |
| * Health expenditure   (% of GDP) in 2019 [[13](#_ENREF_13)] | 6.99% | 8.52% | 10.66% |
| * Number of physicians per 1,000 inhabitants [[14](#_ENREF_14)] | 0.2 (2014) | 3.2 (2018) | 6.0 (2019) |
| * Number of primary care physicians per 1,000 inhabitants [[15](#_ENREF_15)] | n.d. | 1.19 (2020) | 0.62 (2020) |
| * Number of nurses per 1,000 inhabitants [[16](#_ENREF_16)] | 1.0 (2019) | 10.2 (2018) | 11.8 (2015) |
| **Demographics** | | | |
| * Total population [[17](#_ENREF_17)] | 16,487,000 | 2,079,000 | 11,539,000 |
| * Population older than 65 (% of total population) [[18](#_ENREF_18)] | 5% (2021) | 21% (2021) | 20% (2021) |
| * Life expectancy at birth, total (years) [[19](#_ENREF_19)] | 70 (2020) | 81 (2020) | 81 (2020) |
| * Probability of premature mortality from NCDs | 23% | 11% | 11% |
| * Percentage of deaths from NCDs [[17](#_ENREF_17)] | 68% | 90% | 86% |

*Note: The following abbreviations are used in the table: GDP = Gross Domestic Product, GP = General practitioner, IC = Integrated care, NCD = Non-communicable disease, n.d. = no data, NGO = Non-governmental organisation, OD = Operational District, RH = Referral hospital, USD = United States Dollar*

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