

EDITORIAL

## Preparing for uncertainty and health system responses: a new year for Health Economics, Policy and Law

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(Received 18 December 2025; revised 18 December 2025; accepted 18 December 2025)

In this first issue of 2026, we look both forward and backward. The pandemic that held the world in its grip at the beginning of this decade, with major consequences for care provision and healthcare systems, seems to be increasingly behind us. Daily attention is now focused primarily on new geopolitical challenges and (looming) conflicts. As a result, healthcare – and with-it national healthcare systems – faces new challenges. Demand for care is growing, the number of healthcare professionals is declining, and in many countries cuts to healthcare spending are being announced to create more room for defence expenditures. In this issue, we focus on the question of how different countries are seeking to gain control over healthcare spending and how access to care is being steered, while the goal of equal access and ‘universal coverage’ is still a central aim.

Since the rise of neoliberalism and, more specifically, the emergence of ‘managed competition’ thinking in healthcare at the beginning of this century, considerable attention has been paid to the role of healthcare purchasing and purchasers, as well as their influence on the quality and accessibility of care. Six of the eight articles in the issue of *Health Economics, Policy and Law* (HEPL) address this topic. That the healthcare system does not operate in isolation is demonstrated by the first article by Wood *et al.* (2026). They show how healthcare is part of a much broader framework of competition regulation and point to the negative effects of high market power and industry concentration in harmful consumer product industries. Using the case of the beer industry, the authors call for greater urgency in addressing harmful commodity industries and for greater awareness of how competition regulation could work more synergistically with public health policies to protect public health.

The article of Wang *et al.* (2026) focuses on legal claims related to private health coverage in Brazil. It examines how private health insurers are confronted with lawsuits seeking access to medical treatments within the context of private health insurance, and shows these cases are usually decided in favour of the claimants. The authors discuss private insurers’ difficulties of employing regulatory frameworks for priority setting as well as the spillover effects of these litigations to the national health system.

The article of Buchner and Schut (2026) turns the health insurance debate to the welfare effects of voluntary insurance, elucidating the negative welfare effects of unaffordable health insurance for high-risk individuals. Taming ‘the elephant in the room’, they argue that academic and policy attention should shift from welfare loss among low-risk individuals lacking adequate health insurance to high-risk individuals who can increase welfare through having better access through

mandatory insurance with mandatory cross subsidies among low and high-risk individuals. This article is followed by three others addressing the role of health insurers in contemporary health systems, all focusing on the Netherlands. Both Stolper *et al.* (2026) and Van der Hulst *et al.* (2026) address the (lacking) public trust in health insurers as prudent purchasers of care and protecting the public interest in health care. Stolper *et al.* (2026) argue that (private) health insurers cannot fully play out their wished-for role due to constraints in the fabric of the Dutch healthcare system that impede them to purchase based on both price and quality. Van der Hulst *et al.* (2026), in turn, stress the importance of public trust and the urgency of reducing public misconceptions to strengthening the governing role of health insurers. In the third and final paper about the role of health insurers in the Netherlands, Steinmann *et al.* (2026) take a somewhat different perspective, turning their gaze to value-based purchasing. Employing a historically rooted and socio-political account of studying the role and abilities of health insurers, they show that health insurers are pressured to sustain rather than critique hospitals, and that self-regulating medical professionals are firmly supported by society's deep-seated belief in the quality of their services. They argue that this conformity may safeguard organisational stability and survival but also restricts insurers' ability to purchase prudently.

In the final paper, and residing in the Netherlands, Maarse and Jeurissen (2026) discuss how at the backdrop of the pandemic and growing (workforce) shortages, the focus on new liberal paradigm and its aim of 'efficiency through competition' is slowly turning in the aim of collaboration among healthcare providers to make optimal use of available care capacity. This paradigm shift, they argue, will have considerable consequences for health insurers, shifting their focus from organising competition to encouraging collaboration.

This set of papers also lays the groundwork for upcoming issues in this new year, ensuring in-depth debates about the development of healthcare systems that can respond to increasing care demands and growing scarcity in times of rising uncertainty. We, the editors, working closely together with the editorial board, will foster these debates through regular and special issues. Forthcoming special issues will address health system priority setting, and the increasing privatisation of healthcare and the role of profit-oriented actors such as private equity in the delivery and governance of care. Related to this, we are currently working on a special section on surprise billing in the United States. Furthermore, we are preparing a special issue about the role of populism in healthcare worldwide. In short, in 2026, HEPL will follow current developments closely and offer deep academic and policy reflection. We look forward to your contributions, discussions, and ideas!

**Funding statement.** Open access funding provided by Erasmus University Rotterdam.

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