**Political salience of public health care - the crescendo of citizens’ voice in Hungary**

*Proposal for the “Instability in Market Societies” workshop*

In a European comparison the Hungarian health system is underfunded, health spending per capita is only about half of the EU average and the gap widened over the last decade based on OECD data. Accordingly, public worry is on the rise: in 2018 almost half of the respondents of a Eurobarometer survey mentioned health and social security among the two most important issues facing the country. Since 2016 health is mentioned consistently the most frequently as the most important issue and the rate has been increasing lately, which indicates that citizens also perceive a deteriorating trend and a growing threat.

Surprisingly, despite citizens’ looming anxiety about health and social security, the government has been postponing reforming health care and allocating a substantially higher budget to the area. To better understand this puzzle and to analyze the responses of the consumers to the relapse and their consequences for public health care, I rely on the framework of exit and voice formulated by Hirschman.

I group consumer reactions into individual private actions (within the economic domain) and into collective actions (political domain). Private actions based on self-interest, such as exit, and bribing cannot improve the public system as it is not operating under market competition. Voice would have the potential to ameliorate health care, but voice is arduous and our optimism bias and tendency to free-ride hinders it. Most importantly, voice may be horizontal or vertical. Vertical voice, direct and strong bottom-up political action to improve public health care has not emerged yet in Hungary, and it seems that horizontal voice does not elicit government response.

To understand this missing link between horizontal voice and policy response, I would assess the relation between satisfaction with health services in the country and satisfaction with the national government, based on European Social Surveys (eight cross-sections between 2002 and 2016). Nevertheless, the crescendo of horizontal voice may build up into vertical voice, though the switch is uncertain, partly due to the lack of transparency and the ease of obfuscating health care policies.

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