1945: Change or Continuity in European Healthcare?

9-10 July, 2025

Institute of History & Archaeology, University of Tartu

Organising Committee: Liisa Lail, Prof Barry Doyle, Dr Gareth Millward & Dr Seán Lucey

	Wednesday, 9 July **MS Teams**
8.30-9.00am	**Registration & refreshments**
9.00-9.15am	**Welcome & Opening** Prof Olaf Mertelsmann (Institute of History & Archaeology, University of Tartu) Dr Seán Lucey (University College Cork & Cost Action WG4 Lead)
9.15-10.15am	**Keynote 1** Prof Barry Doyle (University of Manchester) 1918, 1945 or 1989? When was the pivotal change in European healthcare systems: An introduction. Chair: Dr Gareth Millward
	Break
10.45-12.15pm	**Panel** **Universal healthcare: Can 1945 be viewed as a turning point for the Nordic countries?** Dr Helene Castenbrandt (Lund University) Dr Mona Mannevuo (University of Helsinki) Dr Gareth Millward (The University of Southern Denmark) Chair: Liisa Lail
12.15-1.30pm	**Lunch**
1.30-3.00pm	**Panel** **The National Health Service(s) of the UK: Comparative perspectives on change and continuity in the origins and early NHS across England, Scotland, Wales & Northern Ireland.** Dr Seán Lucey (University College Cork) Dr Steven Thompson (Aberystwyth University) Dr Hannah Blythe (London School of Hygiene & Tropical Medicine) Chair: Prof Martin Gorsky

3.30-4.00pm	**Break**
4.00–5.00pm	**Reconstruction & welfare** Dr Aisling Shalvey (University College Cork) Agency, continuity, discontinuity? Interrogating child migrants' health advocacy in displaced persons camps in Postwar Germany Dr Ylva Söderfeldt, Dr Julia Reed and Dr Andrew Burchell (Institutionen för Idéhistoria, Uppsala Universitet) Patient organizations and post-1945 healthcare: occupation, reconstruction, neutrality Chair: Prof Mojca Ramšak

Thursday, 10 July

MS Teams

9.00-9.30am	**Registration & refreshments**
9.30-10.30am	**Keynote 2** Prof Martin Gorsky (London School of Hygiene & Tropical Medicine) America and Europe diverge: The failure of US social health insurance politics in the '1945 moment', from a left perspective. Chair: Prof Barry Doyle
10.30-12.00pm	**Transformation in Central & Eastern European healthcare** Liisa Lail (University of Tartu) Healthcare without liberation: The Sovietization of medicine in the Estonian case Dr Zoltán Cora (University of Szeged) Hungarian healthcare at a crossroads of East-Central European regime changes: From "Neobaroque" capitalism to socialist (1930-1950) Katarzyna Szarla (University of Warsaw) Beyond 1989: HIV/AIDS and the transformation of healthcare in Poland (1985-1995) Chair: Dr Maria Aluas
12-1.00pm	**Lunch**

1-2.00pm	**Comparative perspectives on healthcare** Dr Maria Aluas (Iuliu Hatieganu University of Medicine and Pharmacy) & Kevin Finnan (Dublin City University) Change and continuity in healthcare in Ireland and Romania in 1945-55 . Dr Alena Lochmannová (University of West Bohemia in Pilsen) Home births in Czechoslovakia and their journey from custom to controversy Chair: TBC

	controversy
2.00-3.30pm	**Systems & insurance** Dr Michele Mioni (Ca'Foscari University of Venice) The health insurance in Italy, 1914-1978: Administrative continuities despite political transitions Prof. Mojca Ramšak (University of Ljubljana) Health insurance and social security in Slovenia Dr Yusuf Çelik (Acibadem University) & Ahmet Can Küçükkurt (Acibadem University) The effect of World War II on health economy and financing health system of Turkey between 1944 and 1961 Chair: Dr Helene Castenbrandt
3.30-4.00pm	**Closing remarks** Liisa Lail (University of Tartu) Prof Barry Doyle (University of Manchester)

ABSTRACTS

1918, 1945 or 1989? When was the pivotal change in European healthcare systems: An introduction.

Prof Barry Doyle (University of Manchester)

Abstract: The twentieth century was an era of major change in medicine and healthcare as both technological advances (broadly defined) and extending access to provision, reduced mortality and morbidity and increased life expectancy and general health. How healthcare was organised at a national level and how this determined access and cost changed radically during the century but these changes were neither universal or always progressive. Within the historiography of healthcare – and welfare more generally – 1945 is seen as the central year as many states, on the back of the Second World War, transformed their health systems. Welfare Capitalism saw many countries in western and northern Europe move towards universal access, often free at the point of use while the dominance of the Soviet Union in east and central Europe is thought to have extended socialist healthcare across the bloc. Yet we also need to recognise the significant changes that occurred in 1918 as many nations established Ministries of Health, promoted health as a symbol of national unity and citizenship and widened access while international organisations like the League of Nations and the Rockefeller Foundation sought to exchange best practice and promote collaboration. Similarly, we need to question the progressive narrative surrounding 1945 in both West and East as a range of systems emerged, often drawing on established structures, even in the state socialist countries. In many countries change was more evolution than revolution with universalism not arriving until the 1970s, if at all. And even this was short lived. With the 'Fall of the Wall' political, economic and welfare systems changed markedly. The state system was dismantled leading to the introduction of market forces and the imposition of a private system over the existing free to use services. In the west there were similar developments as private provision was extended, especially in France, and new for profit and not for profit providers entered the market. This introductory lecture will build on this framework to highlight key trends across the century, nuancing our understanding of 1945 and placing changing healthcare systems in a longer trajectory that recognises both other focal points and the importance of continuity and change.

Universal healthcare: Can 1945 be viewed as a turning point for the Nordic countries?

Dr Helene Castenbrandt (Lund University), Dr Mona Mannevuo (University of Helsinki) & Dr Gareth Millward (The University of Southern Denmark)

Abstract: This panel compares the introduction of universal healthcare in Nordic countries during the second half of the 20th century. The traditional historical narrative treats the Nordic countries as ONE region, with strong progressively and coherently developed welfare states. However, "1945" demonstrates that, despite clear similarities among the nations, there are significant differences in the timing and form of universal healthcare. We therefore question the centrality of 1945 as a turning point for Nordic healthcare. For Sweden, which was not involved in the war, the end of the war seems to have contributed to a new direction, as a decisive decision on introducing tax-funded universal healthcare was taken in 1946. The new service provided with sickness benefit and access to healthcare for all Swedish citizens. In contrast, albeit the idea of universal health care was introduced by some Finnish reformists in the post-war era, the equal access to healthcare services was in Finland implemented gradually during the 1960s and 1970s. While Denmark made the shift from an insurance-based system to a tax-funded system with universal access only in 1973. We will touch on questions such as: how should we understand the differences between the Nordic countries; what influence did developments in Europe at large and in the neighbouring Nordic countries have; and what role did economic conditions, different interest groups and previous organisational structure have on developments?

The National Health Service(s) of the UK: Comparative perspectives on change and continuity in the origins

and early NHS across England, Scotland, Wales and Northern Ireland.

Dr Seán Lucey (University College Cork), Steve Thompson (Aberystwyth University) & Hannah Blythe (London School of Hygiene and Tropical Medicine)

Abstract: This panel explores whether 1945—or, more appropriately, 1948 in a UK context—marked the major rupture in healthcare with the creation of the NHS, as is often assumed, or whether it was more reflective of longer-term trends. Individual papers on Wales, Northern Ireland, Scotland and England will provide a comparative analysis of the origins and early decades of NHS. To varying degrees, each case study will investigate the reactions of voluntary hospitals to the introduction of the NHS and whether earlier trends in voluntarism continued to shape post-1948 funding, structures and organisation. The comparative focus will look at the extent of difference across the UK's four countries, while also exploring regional variance. This will provide a more complicated and nuanced national and regional understanding of the NHS than available in the current historiography. In Northern Ireland, the influence of powerful voluntary hospitals—aligned with the socially and politically conservative ruling Ulster Unionist Party, which viewed the NHS suspiciously as a socialist measure imposed by London—secured significant concessions from the devolved government during negotiations for the new service. This paper will argue that, as a result, the healthcare structures in Northern Ireland were significantly shaped by the interests of voluntary hospitals, which eroded many of the integrating, coordinating and equity-driven principles of the new system. It also provides understandings on devolved healthcare. In Wales, hospitals tended to be relatively small, with few endowments and modest incomes, and had suffered significant financial difficulties during the interwar economic depression. Relative to other parts of the UK, there was little opposition to Bevan's centralisation of health services planning and administration, and the paper will explore factors such as: the historic commitment of coalmining trade unions to state intervention; some amount of central state financial support from the 1930s; and the considerable political support for Aneurin Bevan and the new Labour government. The idea of any significant turning-point, therefore, will be shown to be complicated by a range of factors unique to the country. The final paper demonstrates that the mixed economy of care did not entirely disappear in Scottish and English teaching hospitals in 1948. These institutions retained pre-NHS charitable money in the form of endowments. At the NHS's foundation, a theoretical border was drawn between the state's remit of funding essential services and charity's remit of financing inessential amenities. Through a comparative analysis of charitable spending at the Royal Edinburgh Infirmary, St Bartholomew's Hospital, London, and the United Sheffield Hospitals in Northern England, this paper demonstrates that the border did not translate into reality, and charity continued to fund capital projects and routine equipment to varying degrees. While the NHS Scotland (1947) Act ensured some redistribution of charitable money around Scottish hospitals, the English legislation entrenched some pre-war inequalities between the wealthier London and the less wealthy Sheffield hospitals.

Agency, continuity, discontinuity? Interrogating child migrants' health advocacy in displaced persons camps in Postwar Germany

Dr Aisling Shalvey (University College Cork)

Abstract: As children symbolised the continuity of culture, language and ethnic groups, so those that survived persecution during the Second World War symbolised a new start. They were idealised as innocent malleable figures in media depictions of refugees, often without any agency, a blank slate on which a nation could project an ideal future citizen rather than a current survivor. The UNRRA and the IRO did not have established protocols on how to deal with these children; as Verena Buser states, their policy was to 'learn as they go'. This paper then examines how this healthcare was provided, how it differed based on occupation zones, and to what extent patient choice had an impact. It will interrogate how their healthcare care differed or remained the same in regard to medical markets in postwar German displaced persons camps. Allied forces' occupation zones heavily impacted the care these children received, bringing a consumerist model to medical care, and this paper will interrogate this question from a transnational comparative lens. Case studies will be presented to analyse the impact different national interests had in the provision of healthcare - did this impact their chances of migration, assimilation, or return to their home countries? This paper will also unpack the discrepancy between the lack of survivor's voice in the institutional records, paired with rare accounts of the individual through trauma studies, oral history methodologies, and medical history methods in relation to patients' choice in their care. Central to the issue of provision for refugees is that of material lack and financial balancing, and so this paper will centre these questions in relation to healthcare post 1945 - how did supply chain issues impact care in displaced persons camps, in contrast to their deprivation prior to 1945? In this manner, this paper will present a view of continuities and discontinuities in a regional comparative

framework.

Patient organizations and post-1945 healthcare: occupation, reconstruction, neutrality

Dr Ylva Söderfeldt, Dr Julia Reed & Dr Andrew Burchell (Institutionen för Idéhistoria, Uppsala Universiteit)

Abstract: Our paper uses ten European patient organizations–two British, two French, three German, and three Swedish–to analyze the shifts in healthcare systems with the development of welfare state apparatuses during and after the Second World War. Specifically, we ask how patient organization literature (newsletters and periodicals) can indicate shifts in healthcare delivery as a means of state-building and national reconstruction. We situate patient organizations in two main contexts: first, the longer histories of welfare state-building in the nineteenth and twentieth centuries; and second, in the different belligerent and neutral statuses of the respective European countries during the war and their respective post-war state-building programs. We then analyze the discursive shifts in the patient organization periodicals across two periods: 1940-1945 and 1945-1960. Moreover, we offer a doubly comparative approach across organisations representing patients living with different health conditions and diagnoses of chronicity, from diabetes to physical forms of 'civilian' disablement and allergy. We will show how an interaction between pre-existing path dependencies and the contingencies of individual states' wartime and post-war conditions shaped specific constituencies of patient-citizens. This allows a comparative "bottom-up" social history of post-war welfare state formation and thus a new perspective on the role of patient associations as non-state actors, in voluntary sector organizing, and as members of civil society in welfare state-building. Methodologically central to our paper will be the use of text-mining and visualisation methods with digitised patient organisation periodicals, which will enable us to shift between 'close' and 'distant' reading of temporal developments. We will illustrate the prominence (or otherwise) of precise terms, as well as discursive shifts and continuities. These methods will allow us to foreground how national differences in war and post-war resource bases, infrastructure, and healthcare policy shaped the capacity for patient advocacy around the moment of a "distended" 1945.

America and Europe diverge: The failure of US social health insurance politics in the '1945 moment', from a left perspective.

Prof Martin Gorsky (London School of Hygiene & Tropical Medicine)

Abstract: The '1945 moment' is widely considered a critical juncture in the history of health systems within European welfare states. Notions of social rights were prominent political forces in the postwar years: the French Sécurité Sociale reforms (1945) and the British NHS (1948) are characteristic outcomes. This though was also the period in which the United States clearly emerged as an outlier. Despite support for enacting social health insurance from Democratic Presidents Roosevelt and Truman, and despite a series of bills reaching Congress, change was rejected. It was not until Medicare and Medicaid in the mid-1960s that substantial publicly-funded health coverage began, and even then this was not universal but limited to older and poorer persons. The premise of my paper is that analysing this counter-example, to understand better why the United States bucked the trend occurring elsewhere, can sharpen our own theoretical grasp of developments in Europe. I will therefore begin by discussing some of these generic theories of health system change, and how they have been applied to explain why America was 'alone amongst its democratic capitalist peers' (Colin Gordon, 1997). These will include: the role of political culture; the Marxist variants of the labour mobilisation, human capital and legitimation theses; political pluralism; political institutionalism; pressure group action; and path dependence. The original contribution of the paper though is to view this episode from the perspective of the American left, as represented by the life and thought of Milton Roemer (1916-2001). His role as public health official, activist, international expert and academic health services researcher placed him close to events. Trained as a doctor, Roemer was a protégé of Henry Sigerist, absorbing his progressive vision of social medicine. He then worked in New Deal public health among poor, rural populations, alongside early champions of social health insurance. In America's '1945 moment' he advocated for reform, his lobbying on rural health a key component of the campaign, and his writing emblematic of the left's optimism. After the failure of the health bills his career exemplified first hardship under McCarthyism, then the slow recovery of progressive health politics, as he moved from the WHO, to Canadian health policy, and finally an academic career. My talk claims that such biographical perspectives matter, casting new light on a familiar and voluminous historiography. As Ed Berkowitz has argued, the approach helps uncover the 'subterranean politics' of social welfare at a pivotal moment, and yields insight into the 'generational style', of mid-century hopes for policy renewal. Specifically, it foregrounds the importance of ideas about health system change and modernity, about racial equality, and about class politics,

which are often occluded in general explanations. It is also suggestive of the importance of individual agency, even under great adversity.

Healthcare without liberation: The Sovietization of medicine in the Estonian case

Liisa Lail (University of Tartu)

Abstract: This paper explores how the Soviet occupation of Estonia and the accompanying process of Sovietization profoundly reshaped the country's healthcare system in the decades that followed. Unlike many Western European countries, where 1945 marked a moment of liberation and reconstruction, Estonia entered a period of foreign rule. In this context, it was not the end of war that defined change, but the consolidation of Soviet power and the long-term integration into Soviet administrative, ideological, and institutional frameworks.

Sovietization in the healthcare sector meant the imposition of a centrally planned, hierarchically structured system directed from Moscow. Health institutions, including psychiatric services, were reoriented to fit state priorities: mass provision, uniformity, and social control. Although modern medical therapies such as psychopharmaceuticals were adopted, they were implemented within a system that remained committed to institutional care and resistant to local or professional initiative.

Drawing on the case of psychiatry, the paper demonstrates how early Soviet-era decisions—including the expansion of hospital infrastructure, the integration of dispensary services, and the adoption of all-Union medical guidelines—created enduring institutional patterns. The rhetoric of accessible and progressive care coexisted with chronic overcrowding, rigid administration, and limited space for innovation.

In Estonia, then, 1945 did not represent a rupture in the healthcare system but the beginning of a sustained process of Sovietization that brought structural consolidation alongside ideological reorientation. This process reshaped not only how healthcare was delivered, but how it was imagined—as a tool of state-building, discipline, and social classification.

By focusing on Estonia, this paper contributes to broader discussions about the timing and direction of healthcare reforms in postwar Europe. It argues that occupation regimes, more than single dates like 1945, often determined the path dependencies that governed later possibilities for change. Estonia's experience highlights the importance of political context in understanding the uneven and often contradictory nature of postwar healthcare transformation across the continent.

Hungarian healthcare at a crossroads of East-Central European regime changes: From "Neobaroque" capitalism to socialist (1930-1950)

Dr Zoltán Cora (University of Szeged)

Abstract: The history of social policy and healthcare has become increasingly complex in recent years, incorporating social and economic perspectives alongside major scientific discoveries. Transnational research highlights the clashes of medical ideas and paradigms, particularly in the context of colonization and globalization. The study of Hungarian healthcare history requires a comparative perspective, with a special focus on knowledge transfers. Béla Johan, director of the National Institute of Public Health, played a key role in developing Hungarian healthcare between the two world wars. With a Rockefeller Foundation scholarship, he studied healthcare management and vaccine production in Anglo-Saxon countries. These experiences contributed to shaping Hungarian healthcare reforms, which were already forming in the 1930s and 1940s but were not fully implemented due to wartime budget constraints. This presentation analyses the development of Hungarian social policy and healthcare from a transnational perspective, paying special attention to the adaptation of British and American models. It examines how healthcare systems evolved and how they were influenced by international factors, based on the path dependency theory and the macro-historical convergence thesis. The goal is to understand Hungarian health policy in the examined period, demonstrating that the post-war welfare reforms under socialism had already been prepared earlier (showing continuity after 1945). The main sources of the study include government documents, press material, statistical records, and medical literature.

Beyond 1989: HIV/AIDS and the transformation of healthcare in Poland (1985-1995)

Katarzyna Szarla (University of Warsaw)

Abstract: The People's Republic of Poland, like other socialist countries in Central and Eastern Europe, initially

remained somewhat isolated from the HIV/AIDS crisis that was unfolding in Western countries. The first case of AIDS was recorded in 1985. As the socialist order disintegrated at an increasingly rapid pace, the number of reported cases steadily rose, peaking alarmingly in 1989 — the year of Poland's partially free elections, widely recognised as the moment of the system's collapse. The epidemic of this new infectious disease became one of the most significant challenges for the healthcare system during the turbulent period of systemic transformation. Political and economic instability, increased mobility, and the partial breakdown of state institutions and healthcare services all contributed to the spread of HIV and delayed the response to the crisis. At the same time, the region's geopolitical reorientation significantly increased the flow of resources, knowledge, technology, and ideas from Western countries. This paper aims to explore these dynamics, highlighting the conflicts and tensions involved, and to examine the healthcare crisis that unfolded alongside other crises during Poland's tumultuous transformation, exploring key processes that influenced the dynamics of the spread of the infectious disease. Simultaneously, investigating the HIV/AIDS epidemic will serve as a lens for a broader reflection on healthcare reforms taking place at the time. What changed (and what remained unchanged) in everyday healthcare during the country's transformation? How did the transnational flow of knowledge and resources related to the HIV/AIDS epidemic reshape post-socialist medical institutions? And most importantly, how did these changes affect patients' experiences? The main sources for this study include interviews with HIV+ individuals, healthcare professionals, and activists, conducted as part of an oral history project, as well as other materials from the period between 1985-1995.

Change and continuity in healthcare in Ireland and Romania in 1945-55

Dr Maria Aluas (Iuliu Hatieganu University of Medicine and Pharmacy) & Kevin Finnan (Dublin City University)

Abstract: In 1945 Europe was divided and two distinct political and economic systems emerged. In the Eastern part there was a socialist system while Western Europe adopted a capitalist system. This presentation will consist of a comparative analysis of the developments in the health services in Ireland and Romania in the decade following the end of World War Two (1945-1955). The presentation will concentrate on two aspects of healthcare. Firstly, it will examine what changes were proposed and adopted to commence the creation of a universal free health service. Secondly, it will look at public health measures to control infectious diseases including tuberculosis (TB). In Ireland, in 1945 the provision of healthcare was through a mixture of public and private providers. In the following years the government a) created a dedicated Department of Health for the "efficient carrying out and coordination of measures conducive to the health of the people" It also proposed to increase the number of people who could avail that free, state provided medical care. In addition in response to the high death rate from tuberculosis (TB) which was 124 per 100,000, the government b) introduced measures to restrict the spread on the disease including the introduction of the BCG vaccine. In Romania, after the war, especially in 1945-1947, the main changes in the institutional-legislative framework of healthcare have concerned: a) the reorganization of the activity of the Ministry of Health as a result of the radical change in the socio-political situation after August 1944 and b) limiting the role of private initiative in carrying out health protection activities, in the context of imposing of the command economy. Simultaneously, with the nationalization of the healthcare system, plans were adopted to combat infectious or social diseases, such as TB and Typhus and to protect mothers' and children's health.

Home births in Czechoslovakia and their journey from custom to controversy

Dr Alena Lochmannová (Charles University)

Abstract: For centuries, home births were the standard mode of childbirth in Czechoslovakia, attended primarily by traditional midwives operating within community-based healthcare structures. However, the 20th century witnessed a profound transformation as medicalization, professionalization, and state intervention led to the systematic marginalization of home births in favour of hospital-based obstetric care. This paper examines the historical trajectory of home births in Czechoslovakia, analysing their evolution from an accepted customary practice to a highly regulated and ultimately restricted phenomenon. The study traces the early regulation of midwifery and the gradual institutionalization of maternity care in the late 19th and early 20th centuries, focusing on interwar legislative reforms aimed at integrating childbirth into the expanding healthcare system. It then explores the post-World War II socialist centralization of healthcare, which established hospital births as the medical and ideological standard. The state-driven campaign against home births was framed as a public health necessity, yet it also reflected broader efforts to control reproductive health through centralized governance and standardized medical protocols. By the

1970s, home births had been effectively eliminated, with midwifery relegated to a subordinate role within the state healthcare apparatus. The post-socialist transition after 1989 reintroduced debates on patient autonomy, reproductive rights, and medical pluralism, leading to renewed advocacy for home births. However, despite legislative changes in maternal healthcare, home births in the Czech Republic remain highly restricted and subject to ongoing medical and legal disputes. This paper contextualizes the Czech experience within broader European trends, highlighting the intersection of medical authority, state intervention, and maternal agency. By situating home births within the broader theme of mixed economies of healthcare and the transition from localism to statism in European health systems, this study contributes to discussions on the long-term implications of medicalization and state control in maternity care.

The health insurance in Italy, 1914-1978: Administrative continuities despite political transitions

Dr Michele Mioni (Ca'Foscari University of Venice)

Abstract: Building on the German model, since the interwar period experts in social policy believed that health insurance was the foundation of social protection systems. However, many countries deviated from this ideal type; Italy introduced old-age and invalidity schemes in 1898, but compulsory health insurance remained an unresolved issue until after the mid-twentieth century. Incrementally developed from mutual societies and occupational funds, Italian health insurance retained corporatist and voluntary features until when the universalist health service superseded the insurance-based system in 1978. After both world wars, debates sparked about the comprehensive reform of health insurance that, after 1945, was strongly influenced by the inter-Allied ideas on social security. However, these potentially transformative steps did not lead to substantive changes, as the reform of health insurance proceeded gradually, regardless of the different political regimes in Italy between 1914 and 1978. Just like the Fascist regime did not overhaul the pre-1914 voluntary structure, also the post-1945 democratic governments retained the Fascist administrative framework as a basis for enlarging health insurance to more workers and their families. The establishment of the National Health Service completed this development by transferring the healthcare administration from the mutual funds to the regional public authorities. This contribution reconsiders the role of 1945 (and other "crucial years") as a watershed that transformed the approach to healthcare in Italy. On the one hand, the national policy legacies, vested interests, and administrative gradualism shaped the effective reform of health insurance over the years. On the other, the universalist ideals and technical innovations that stemmed from the Second World War also affected the Italian debate, as shown by the gradual generalisation of health insurance in Italy, culminating in the establishment of the national health service in 1978, whose working principles were broadly inspired by the 1948 British National Health Service. The case with health insurance hence demonstrates that rupture points and transnational trends should be framed into a wider and longer-term history of healthcare.

Health insurance and social security in Slovenia

Prof. Mojca Ramšak (University of Ljubljana)

Abstract: The presentation traces the development of Slovenian health insurance and social insurance. Professional associations first emerged in pre-industrial mining and metallurgy to support workers in the event of illness and injury. The fundamental phase of health insurance emerged in the industrial centres of the late 18th century through mutual aid societies, which introduced mechanisms for financing healthcare. A turning point for the Slovenian territories was the Mining Act of 1854, which prescribed compulsory insurance for miners and metallurgical workers. Railway workers were given compulsory health insurance in 1858, followed by accident insurance in 1869. Social insurance was gradually expanded during the Austro-Hungarian period. Bismarck's reforms led to compulsory accident insurance for factory workers in 1884. However, comprehensive social insurance covering invalidity, old age and death remained selective and limited to miners, railway workers and certain categories of employees. The period after the Second World War brought significant changes to health insurance, which were characterised by the political and economic conditions in Yugoslavia. The founding of the Slovenian Insurance Institute in 1946 marked a shift towards centralisation and state integration. Until 1952, the regional social insurance offices consolidated the administration of pension, disability and health insurance. Institutional development continued in the following decades. Decentralisation took place in the 1960s, leading to the establishment of 15 insurance institutions by 1965. Between 1971 and 1980, municipal and self-governing health communities were founded, which extended compulsory insurance to all population groups, including agricultural labourers. The number of insured persons grew steadily from around 125,000 in 1945-1946 to 550,000 in 1967, reflecting the extension of insurance cover to the

self-employed, craftsmen and agricultural labourers. This analysis illustrates the progressive institutionalisation of health and social security in Slovenia in the broader context of the development of the European welfare state.

The effect of World War II on health economy and financing health system of Turkey between 1944 and 1961.

Dr Yusuf Çelik (Acibadem University) & Ahmet Can Küçükkurt (Acibadem University)

Abstract: The post-World War II period is considered as a process in which changes occurred in health paradigms in many European countries. Although 1945 is generally treated as a turning point in the literature, how this effect manifested in different countries remains a matter of debate. The health policies of countries that did not directly participate in the war offer areas of examination that can contribute to this discussion. In this context, examining the transformation processes in the health system of Türkiye, one of the neutral countries, can bring a different perspective to understanding these periodic effects. The aim of this research is to examine the implications of the global effects of the war on health economics and financing policies in Türkiye, a country that maintained its neutrality during World War II. The research examines 171 issues from 18 volumes of the Health Journal (Sağlık Dergisi), a periodical published by Türkiye's official health authority at that time, the Ministry of Health and Social Assistance, between 1944-1961. The Health Journal, as a source published by the official health authority of the period, provides rich data on financing models, budget distributions, and control mechanisms in health services, constituting a critical resource for the analysis of post-war transformations. The time period of the research has been determined as the final period of World War II (1944) and the Socialization Law in Health in 1961, which holds an important place in Türkiye's health system. Methodologically, the study is based on systematic content analysis of the Health Journal. Radical changes in health syatem, policy priorities, and transformations in financing approaches will be examined chronologically. This research aims to contribute to the literature questioning the importance of the post-World War II period in the historical transformation of European health systems by presenting an example of a country that did not participate in the war but was not isolated from global interactions. The findings are expected to provide a new perspective in the comparative analysis of health economics and financing policies in Eastern and Western European countries