More than two decades after the fall of communism, Eastern European countries are relatively similar to their Western counterparts in the levels of social, economic and institutional development. Both groups of countries are also becoming increasingly exposed to structural challenges put on their welfare states - new demands created by an ageing population, immigration and globalization at a time of fierce budgetary constraints. These developments underpin the importance of people’s attitudes toward welfare state, as welfare reforms become urgent, and raise the question if and why differences in attitudes between the East and the West still persist.

While attitudes towards the welfare state, and redistribution in particular, are well explored in Western Europe, research on welfare attitudes in Eastern Europe still lags behind. This paper aims to deepen research on East-West differences in welfare attitudes and investigates the role of both institutional and individual factors on the formation of welfare attitudes in Eastern and Western Europe. It analyses attitudes towards the health system - given that healthcare is the second largest welfare sector after pensions, and concentrates upon two questions: Can institutional differences explain differences in attitudes between Eastern and Western Europe? What role do individual socio-economic or socio-demographic characteristics, such as age, gender or class, play in explaining East-West differences in attitudes towards health system?

The paper argues that East-West differences in attitudes towards the health system (quality of health services, efficiency of the system, government responsibility) are largely due to institutional forces, such as type of healthcare system (Social Health Insurance or National Health System), share of public financing, and other institutional performance indicators (quality of governance). With the exception of age, individual characteristics of the respondents, such as gender and social class, are expected to affect attitudes in the East and West very similarly.

The empirical analysis is based on the fourth round of the European Social Survey. Preliminary results of multi-level regression analysis show that Eastern Europeans evaluate the quality and efficiency of health system in their country significantly lower than Western Europeans, while no differences can be found in the government’s role to provide health care. Furthermore, while institutional factors seem play a significant role in accounting for these differences, they require further analyses.