The health care system of New Zealand has undergone significant changes throughout the past several decades. From an essentially fully public system based on the Social Security Act 1938, reforms have introduced market and health insurance elements primarily since the 1980s, creating a mixed public-private system for delivering healthcare. The Accident Compensation Corporation covers the costs of treatment for cases deemed ‘accidents’, including medical misadventure, for all people legally in New Zealand. Over the years, New Zealand governments have experimented with health system designs aimed at promoting competition, national equity and democratic governance. Virtually every organisational and funding model has been tried. The most recent model – alliancing – provides hope that the 1938 goals may be rejuvenated. Derived from large construction projects, alliancing requires that all providers in a region work collaboratively within a whole system approach to ensure that services are designed with what is best for patients and the public in mind. Alliances tend to include public hospitals and Health Systems in Transition profiles seek to provide relevant information to support policy-makers and analysts in the development of health systems in Europe. They are building blocks that can be used: to learn in detail about different approaches to the organization, financing and delivery of health services and the role of the main actors in health systems. The most compelling force behind health sector reform was the utter impossibility of maintaining the existing health care system in the new economic climate. Armenia was simply no longer in a position to continue to fund the inherited complex and inefficient system with its unbalanced structure of services.