All European countries endorse equity of access to health care for all people as an important policy objective. One method of gauging to what extent this objective is achieved is through assessing reports of unmet needs for health care. The problems that people report in obtaining care when they are ill often reflect significant barriers to care.

While people can give a number of reasons for not receiving care, the data reported here focusses on reasons related to health care systems, including financial reasons (too expensive), having to travel too far to receive care and long waiting times. Differences in the reporting of unmet care needs *across* countries may be partly due to differences in social norms and expectations. However, these factors are likely to play a lesser role in explaining any differences among population groups *within* each country. Self-reported unmet care needs must be interpreted in conjunction with other indicators of potential barriers to access, such as the extent of health insurance coverage and the amount of out-of-pocket payments, as well as the actual use of health services.

In all European countries, most of the population reported no unmet care needs related to the financing and delivery of health care systems, according to the 2014 EU Statistics on Income and Living Conditions survey (EU-SILC). However, in some countries, significant proportions of people reported having some unmet medical care needs for financial reasons, geographic reasons or waiting times (Figure 7.4). In Latvia, Estonia and Greece, more than 10% of the population reported an unmet need for a medical examination for at least one of these three reasons, and the burden fell heaviest on low income groups, particularly in Latvia and Greece. One fourth of people in the lowest income group in Latvia reported going without a medical examination when needed in 2014 for one of these three reasons, while this proportion reached one in six people (17%) in Greece. On average across EU countries, four times more people in low income groups reported unmet medical needs for financial, geographic or waiting time reasons as did people in high income groups (6.4% versus 1.5%). The main reason for people in low income groups to report unmet health care needs was that care was too expensive.

A larger proportion of the population indicates unmet needs for dental care than for medical care (Figure 7.5). In many countries, dental care is only partially included (or not included at all) in basic health care coverage, and so must either be paid out-of-pocket or covered through purchasing private health insurance (Paris et al., 2016). People in Latvia reported the highest rates of unmet needs for a dental examination in 2014 (18% of the whole population) for financial, geographic or waiting times reasons, and again this proportion was particularly high among low income people (reaching 37%). Portugal, Greece and Italy also had a substantial proportion of their population reporting unmet needs for dental care, particularly among low income groups. People in Austria, Slovenia, Malta, Luxembourg, the Czech Republic, Germany and the Netherlands reported the lowest rates of unmet dental care needs in 2014 (between 1% and 4% only), according to EU-SILC.

Unmet needs for medical care and dental care due to financial reasons decreased between 2005 and 2008 on average across EU countries, but have gone up at least slightly since 2009 or 2010 (Figures 7.6 and 7.7). The increase in unmet care needs for financial reasons since 2009 or 2010 has been particularly noticeable among people in low income groups, in particular for dental care, where the level of unmet needs among the low income population has gone up to its level of 2005 across the European Union as a whole.

In Greece, the percentage of people reporting some unmet medical care needs for financial reasons has increased since the beginning of the crisis in 2008, rising from around 4% of the population in 2008 to nearly 10% in 2014, according to EU-SILC. This proportion reached more than 16% among people in the lowest income group, up from 7% in 2008. In Portugal, the percentage of people reporting unmet medical care needs for financial reasons also followed a similar trend, albeit at a lower level. The proportion of people in low income groups reporting unmet need for a medical examination went up from 2.2% in 2008 to 6.3% 2014.

Any increase in unmet care needs, particularly among people with low income, may result in poorer health status for the population affected and increase health inequalities.

Definition and comparability

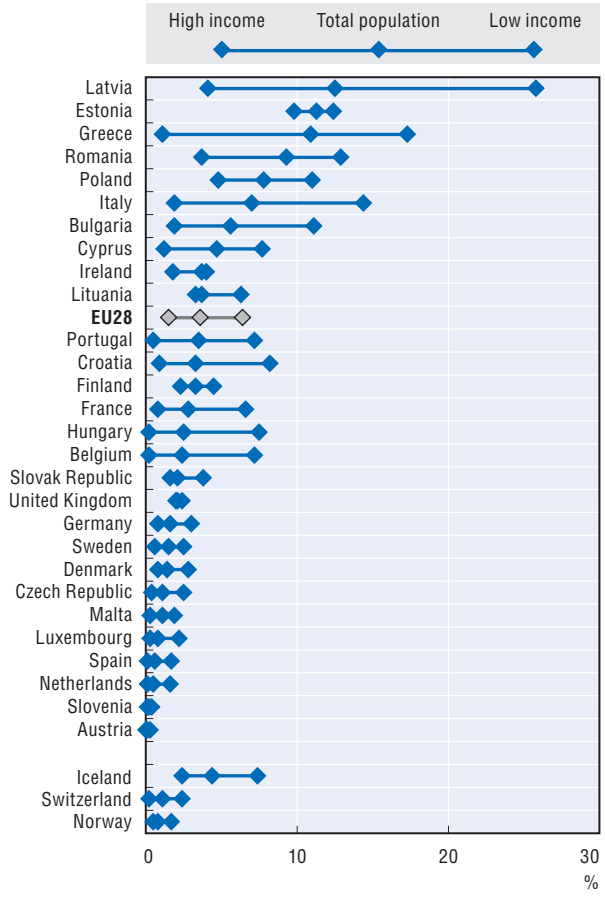
Questions on unmet health care needs are included in the European Union Statistics on Income and Living Conditions survey (EU-SILC). Individuals are asked whether there was a time in the previous 12 months when they felt they needed health care or dental care but did not receive it, followed by a question as to why the need for care was unmet. The data presented here focus on reasons related to the health care system, including that care was too expensive, the distance to travel too far or waiting times too long. Cultural factors may affect responses to questions about unmet care needs. Caution is therefore required in comparing the magnitude of inequalities across countries.

Income quintile groups are computed on the basis of the total equivalised disposable income attributed to each member of the household. The first quintile group represents the 20% of the population with the lowest income, and the fifth quintile group represents the 20% of the population with the highest income.

Reference

Paris, V. et al. (2016), "Health Care Coverage in OECD Countries in 2012", *OECD Health Working Papers*, No. 88, OECD Publishing, Paris, *http://dx.doi.org/10.1787/5jlz3kbf7pzv-en*.

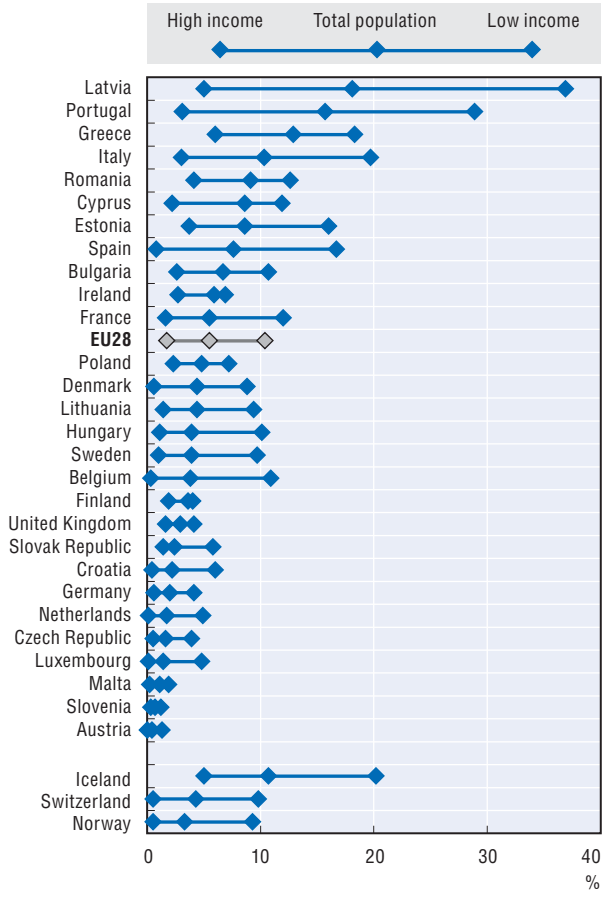
7.4. Unmet need for medical examination for financial, geographic or waiting times reasons, by income quintile, 2014



Source: Eurostat Database, based on EU-SILC.

StatLink http://dx.doi.org/10.1787/888933429732

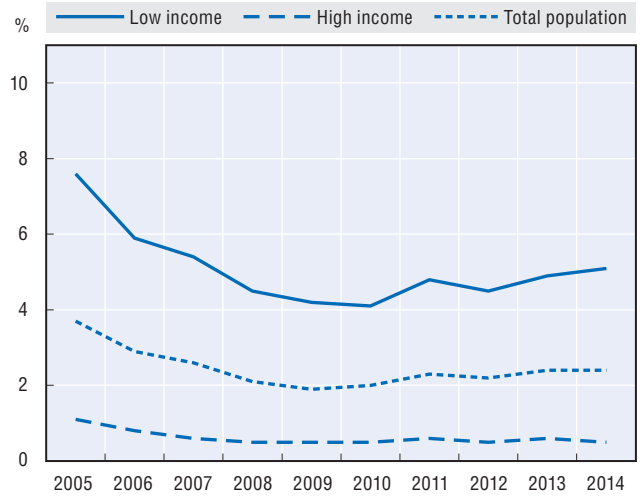
7.5. Unmet need for dental examination for financial, geographic or waiting times reasons, by income quintile, 2014



Source: Eurostat Database, based on EU-SILC.

StatLink http://dx.doi.org/10.1787/888933429747

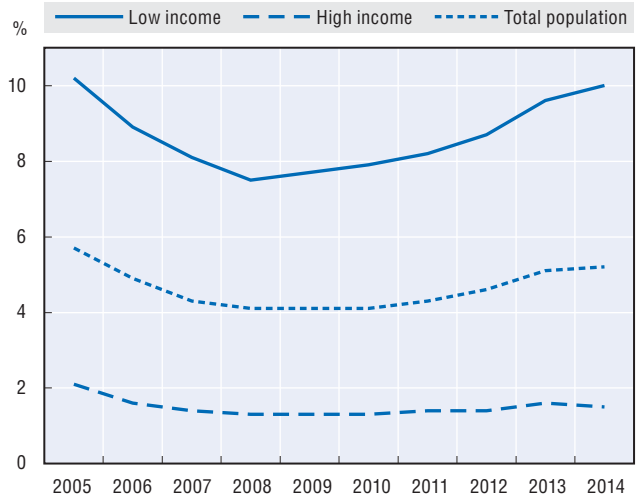
7.6. Change in unmet medical care need for financial reasons, by income quintile, all EU countries, 2005 to 2014



Source: Eurostat Database, based on EU-SILC.

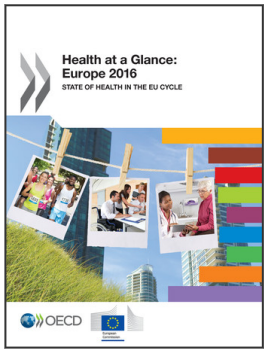
StatLink http://dx.doi.org/10.1787/888933429753

7.7. Change in unmet dental care need for financial reasons, by income quintile, all EU countries, 2005 to 2014



Source: Eurostat Database, based on EU-SILC.

StatLink http://dx.doi.org/10.1787/888933429763



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