Unmet needs for health care

A fundamental principle underpinning all health systems across OECD countries is to provide access to high-quality care for the whole population, irrespective of their socio-economic circumstances. Yet access can be limited for a number of reasons, including limited availability or affordability of services. Policies therefore need both to address financial barriers to care and to promote an adequate supply and distribution of health workers and health care services throughout the country (OECD, 2019[4]; 2020[5]).

On average across 27 OECD countries with comparable data, only 2.6% of the population in 2019 reported that they had unmet care needs due to cost, distance or waiting times (Figure 5.4). However, in Estonia more than 15% of the population reported unmet care needs. Accessibility of health care was also limited in Greece, with around 8% of the population reporting unmet needs. In Spain, Luxembourg, the Netherlands, Germany and Austria, less than 0.5% of the population reported unmet needs for medical care. Reported unmet needs are generally larger for dental care than for medical care, reflecting the fact that dental care is only partly covered by public schemes in many countries, and so must often be paid out of pocket or through additional private health insurance (see indicator "Extent of health care coverage").

Socio-economic disparities are significant in most countries: people in the lowest income quintile have higher unmet needs than the most well-off. This income gradient was largest in Greece, Turkey, Latvia and Iceland in 2019, with a difference of more than 5 percentage points in the proportion of the population reporting some unmet needs between the lowest and highest income quintiles. In Greece, almost one in five people (18%) in the lowest income quintile reported going without some medical care when they needed it, compared to only 1% of people in the highest income quintile. In Estonia, conversely, individuals in the highest income quintile reported slightly more unmet needs than those in the lowest. These results are driven by better-off individuals being more likely to report waiting times as a cause of unmet needs.

Over time, across 27 OECD countries, unmet needs for medical care have decreased in recent years, since reaching a peak around 2014 (Figure 5.5). This reduction mainly occurred among lower-income population groups (a decrease of nearly 40% between 2014 and 2019). Nevertheless, the gap in unmet medical care needs between different income groups remains large. On average across 27 OECD countries, people in the lowest income quintile were almost three times more likely to report unmet medical care needs than those in the highest income quintile in 2019.

The COVID-19 crisis limited access to health services in 2020 in the majority of OECD countries. On average across 23 OECD countries with comparable data, more than one in five people reported having forgone a needed medical examination or treatment during the first 12 months of the pandemic (Figure 5.6). Unmet needs for medical care were highest in Hungary and Portugal, with more than one-third of the population reporting having forgone a needed medical examination or treatment during the first wave of the pandemic. The share of the population forgoing care during the pandemic was comparatively low in Denmark, Austria and Germany (less than 15%). One policy adjustment to maintain access to care during the pandemic was wider adoption of telehealth services (see indicator "Digital health"). For example, in Canada the Wellness Together application helped maintain access to care during the pandemic.

Definition and comparability

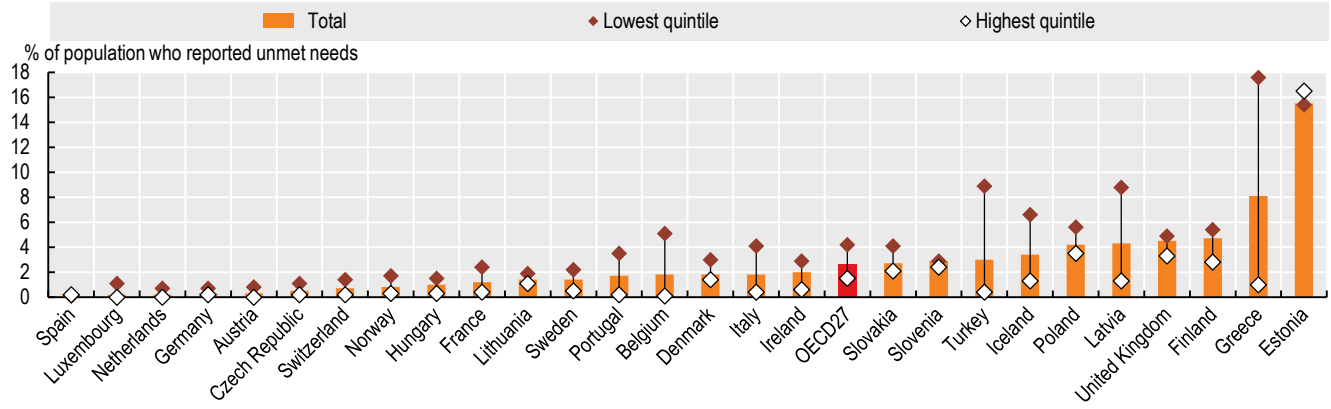
Questions on unmet health care needs are included in the EU Statistics on Income and Living Conditions (EU-SILC) survey compiled by Eurostat. People are asked whether there was a time in the previous 12 months when they felt they needed medical care but did not receive it, followed by a question on why the need for care was unmet. The data presented here focus on three reasons: health care was too expensive, the distance to travel was too far or waiting times were too long. Note that some other surveys of unmet needs – notably the European Health Interview Survey – report much higher rates on unmet needs. This is because these exclude people without health care needs, while the EU-SILC survey considers the total population surveyed.

In comparing across countries, cultural factors may affect responses to questions about unmet care needs. There are also some variations in the survey questions across countries: while most countries refer to both a medical examination and treatment, the question in some countries (the Czech Republic, Slovenia and Spain) only refer to a medical examination or a doctor consultation, resulting in lower rates of unmet needs. Caution is therefore required in comparing variations across countries and over time.

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 the 20% of the population with the highest income.

The Eurofound Living, Working and COVID-19 Survey asked people in 22 OECD countries whether, since the pandemic began, they had needed a medical examination or treatment that they had not received. Data for Luxembourg are excluded due to low reliability according to Eurostat. Data for the United States are taken from the Household Pulse Survey conducted by the US Census Bureau between April 2020 and April 2021. People were asked whether they needed medical care for a reason other than COVID-19 but did not receive it because of the pandemic.

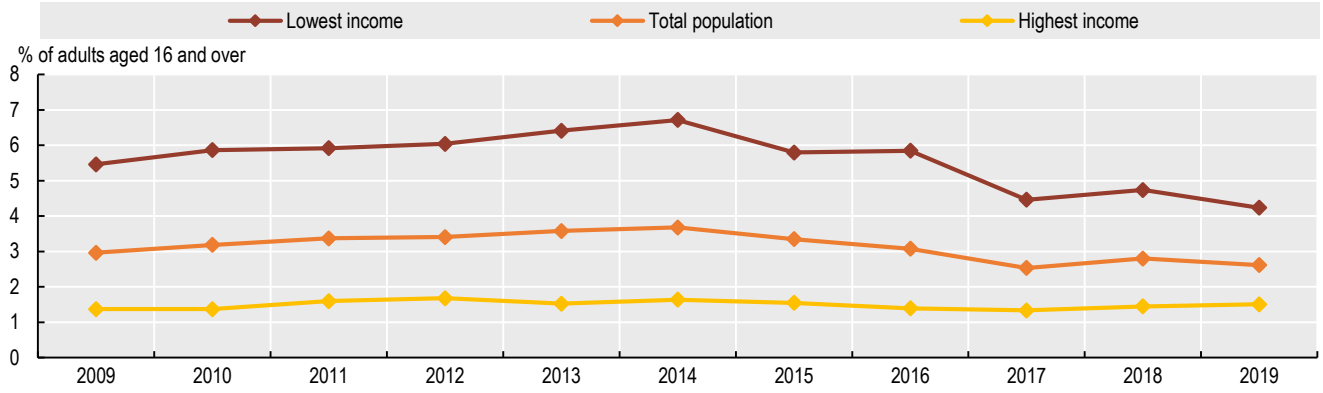
Figure 5.4. **Population reporting unmet needs for medical care, by income level, 2019**



Source: Eurostat database, based on EU-SILC.

StatLink https://stat.link/uv9k1z

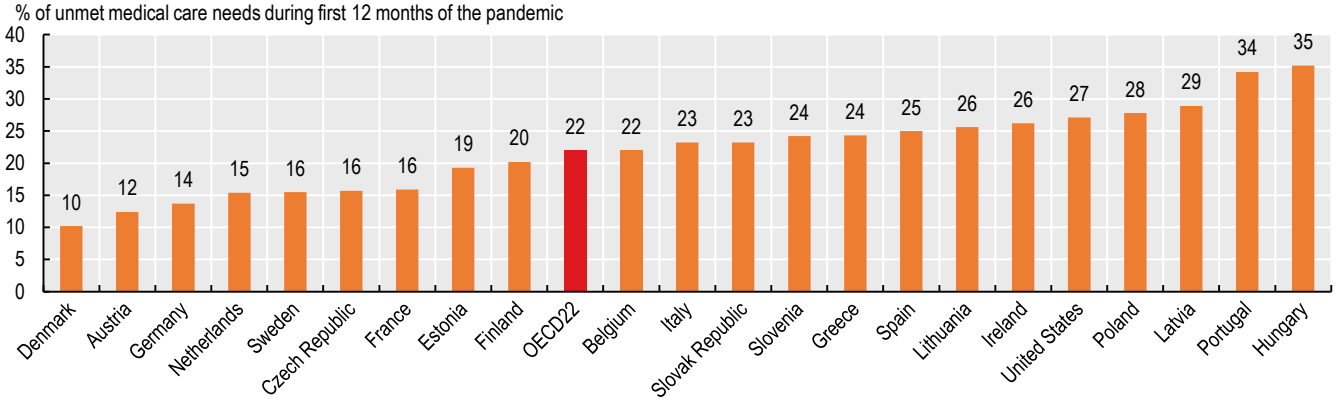
Figure 5.5. **Trends in unmet medical care needs, by income level, OECD27 average, 2009-19**



Source: Eurostat database, based on EU-SILC.

StatLink https://stat.link/snuexo

Figure 5.6. **Unmet medical care needs during first 12 months of the pandemic, 2020-21**



Source: Eurofound Living, Working and COVID-19 Survey; Household Pulse Survey from the United States Census Bureau.

StatLink https://stat.link/qsafm3