

Access to health care

Although most OECD countries have achieved universal (or near universal) coverage for a core set of health services, which usually include consultations with doctors and hospital care, some affordability and accessibility issues can still hinder the use of health services.

High costs of treatment can hinder access to care, or cause financial hardship when using health services. The share of a country's health system financed through out-of-pocket (OOP) payments provides a broad sense of the degree of financial protection offered by a health system. In 2018, on average, 20% of total health care spending came from out-of-pocket payments, a proportion that has remained stable since 2014. France (9%), Luxembourg (10%), the Netherlands and the United States (both 11%) were the countries with the smallest share of OOP expenditure, while Mexico (41%), Latvia (39%) and Greece (36%) had the largest share. Poland has seen the largest decrease in OOP payments as a share of total health spending (-3 percentage points), although it remains slightly above the OECD average. In contrast, this proportion has remained relatively stable for most other OECD countries (Figure 14.4).

The levels of unmet medical needs increased in 2020. For example, the Commonwealth Fund International Health Policy Surveys found that, on average across 11 OECD countries, 14.5% of people experienced financial issues in accessing health care (i.e. skipped doctor visits, tests, treatments, follow-up, or prescription medicines) in 2016. In 2020, this proportion increased to 15.8% (Doty et al., 2020). According to the Eurofound Living, Working and COVID-19 survey, carried out in the summer of 2020, on average 22% of respondents had some unmet medical care needs during the first wave of the COVID-19 pandemic in OECD EU countries. People in Hungary, Lithuania (37% each), and Portugal (35%) reported the highest share of unmet needs, about three times the share in Germany, Finland and Denmark (Figure 14.5). In countries with available information, the main reason for foregoing treatment was cancelled appointments due to the pandemic (91% in Lithuania and 88% in Hungary, for instance).

Online and telephone consultations played a prominent role in providing health care during the first wave of the COVID-19 pandemic in the spring of 2020. On average, 47% of respondents in OECD EU countries received medical prescriptions (e.g. for pharmaceuticals) online or by telephone and 32% had medical consultations by those means. Hungary (66%), Italy (60%) and the Slovak Republic (57%) had the largest share of respondents receiving prescriptions online or by phone, while France (27%), Greece (28%) and Germany (31%) had the smallest. Spain (48%), Slovenia (44%) and Lithuania (41%) had the largest share of people who reported having had online or telephone consultations, and Germany (17%), France (22%) and Italy (23%) had the lowest (Figure 14.6).

Methodology and definitions

OOP payments are costs that patients cover directly from their income when medical services or treatments are not included in the collectively financed benefit package of public or private health insurance schemes or are only partially included (co-payments). They also include estimates of informal payments to health care providers in some countries.

Data on unmet care needs and access to online and telephone medical services come from Eurofound's Living, Working and COVID-19 survey, which was conducted online in two rounds, the first in April, 2020 and the second in July, 2020. The survey covered 27 EU member countries, and collected 87 477 responses, using a non-probability (snowball) sampling method and then weighted according to the characteristics of the population (age, gender, education and self-defined urbanisation level).

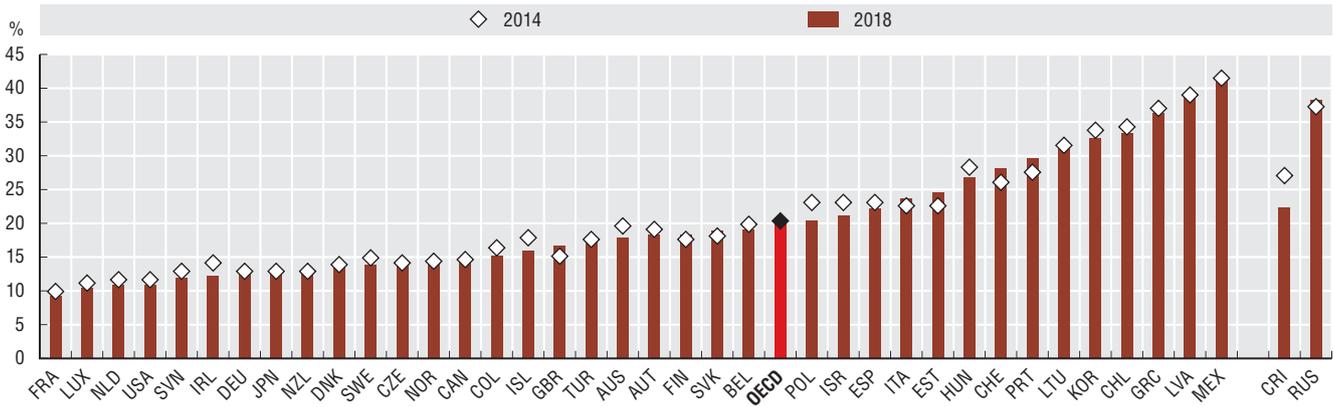
Further reading

- Doty, M. et al. (2020), "Income-related inequalities in affordability and access to primary care in eleven high-income countries", Commonwealth Fund website, www.commonwealthfund.org/publications/surveys/2020/dec/2020-international-survey-income-related-inequalities.
- Eurofound (2020), *Living, Working and COVID-19, COVID-19 Series*, Publications Office of the European Union, Luxembourg, www.eurofound.europa.eu/publications/report/2020/living-working-and-covid-19.
- OECD/European Union (2020), *Health at a Glance: Europe 2020: State of Health in the EU Cycle*, OECD Publishing, Paris, <https://doi.org/10.1787/82129230-en>.
- Oliveira Hashiguchi, T. (2020), "Bringing health care to the patient: An overview of the use of telemedicine in OECD countries", *OECD Health Working Papers*, No. 116, OECD Publishing, Paris, <https://doi.org/10.1787/8e56ede7-en>.

Figure notes

- 14.4. Data for Australia are for 2017 instead of 2018. Countries are listed in ascending order from the lowest to the highest share of voluntary and OOP payments.
- 14.5 and 14.6 only cover OECD EU countries.
- 14.5. The data on unmet care needs show the percentage who answered yes to "Since the pandemic began, did you need a medical examination or treatment that you have not received?"
- 14.6. Percentage who answered "yes" to "Since the pandemic began, have you received any of the following services from a doctor?"

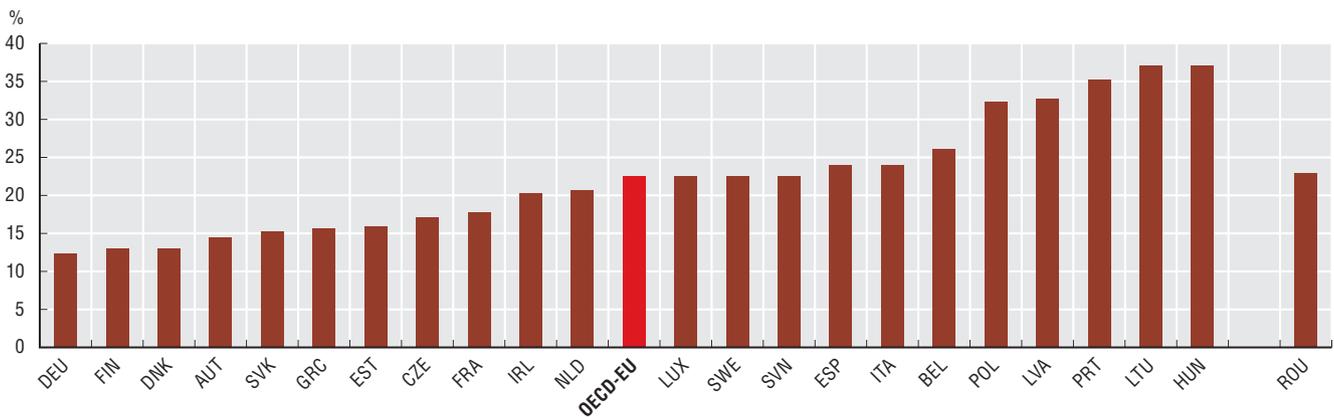
14.4. Out-of-pocket payments as a share of total health spending, 2014 and 2018



Source: OECD (2020) Health Statistics (database).

StatLink <https://doi.org/10.1787/888934259465>

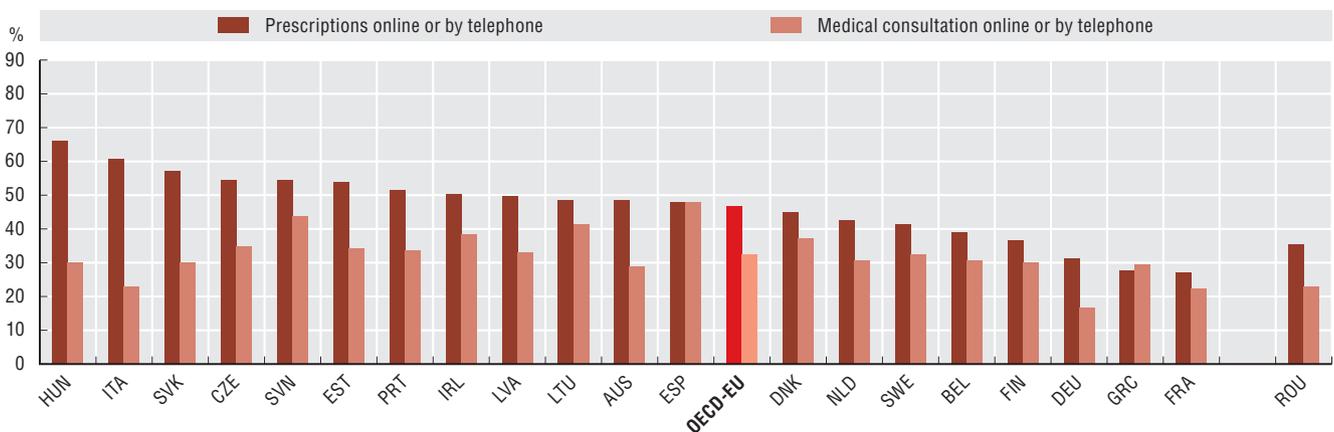
14.5. Percentage of people who forewent health care needs since the start of the pandemic, 2020



Source: Eurofound (2020), Living, Working and COVID-19.

StatLink <https://doi.org/10.1787/888934259484>

14.6. People receiving telephone and online health care services since the start of the pandemic, 2020



Source: Eurofound (2020), Living, Working and COVID-19.

StatLink <https://doi.org/10.1787/888934259503>



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