

In addition to the share of the population entitled to core health services, the extent of health care coverage is defined by the range of services included in a publicly defined benefit package and the proportion of costs covered. Figure 7.10 assesses the extent of coverage for selected health care goods and services, by calculating the share of expenditure covered under government schemes or compulsory health insurance. Differences across countries in the extent of coverage can be due to specific goods and services being included or excluded in the publicly defined benefit package (e.g. a particular drug or medical treatment); different cost-sharing arrangements; or some services only being covered for specific population groups in a country (e.g. dental treatment).

On average, across EU member states, almost three-quarters of all health care costs were covered by government or compulsory health insurance schemes (see indicator “Financing of health expenditure” in Chapter 5), but in all countries this proportion varies across the types of care service.

Inpatient services in hospitals are more comprehensively covered than any other type of care. Across the EU, 88% of all inpatient costs are borne by government or compulsory insurance schemes. In many countries, patients have access to free acute inpatient care, or only have to make a small co-payment. As a result, coverage rates are near 100% in Estonia, Romania, Sweden, Norway and Iceland. Only in Cyprus and Greece is the financial coverage for the cost of inpatient care 70% or lower. In these countries, some patients may choose treatment in private facilities, where coverage is not (fully) included in the public benefit package.

Around three-quarters of spending on outpatient medical care in EU member states are borne by government and compulsory insurance schemes. Coverage ranged from under 40% in Cyprus and below 60% in Bulgaria, Greece, Italy, Malta and Portugal to 90% or more in the Czech Republic, Denmark, Germany, the Slovak Republic and Sweden. Outpatient primary and specialist care are frequently free at the point of service, but user charges may still apply for specific services or if non-contracted private providers are consulted. For example in Denmark, where 92% of total costs are covered, user charges exist for visits to psychologists and physiotherapists.

Public coverage for dental care costs is far more limited across the EU due to restricted service packages (frequently limited to children) and higher levels of cost-sharing. On average, only around 30% of costs are borne by government schemes or compulsory insurance. Only three EU countries (Croatia, Germany and the Slovak Republic) publicly cover more than half of total spending for dental care. In Greece and Spain, dental care costs for adults without any specific entitlement are not covered. Voluntary health insurance may play an important role in providing financial protection when dental care is not comprehensively covered in the benefit package (e.g. in the Netherlands).

Coverage for pharmaceuticals is also typically less comprehensive than for inpatient and outpatient care. Across the EU, 56% of pharmaceutical costs are covered by government or compulsory insurance schemes. This share is less than 40% in Bulgaria, Cyprus, Latvia, Lithuania and Poland. Coverage is most generous in Germany (82%) and France (81%). Over-the-counter medications – which by their nature are not usually covered by public schemes – play an important role in some countries (see indicator “Pharmaceutical Expenditure” in Chapter 5).

Therapeutic appliances such as glasses and other eye products, hearing aids and other medical devices are typically covered to a lesser extent than other health care goods and services, with the exception of dental care. Government and compulsory insurance schemes cover more than 50% of these expenses in only four EU countries. In the case of corrective eye products, compulsory coverage is often limited to paying partially for the cost of glasses, while private households are left to bear the full cost of the frames if they are not covered by complementary insurance.

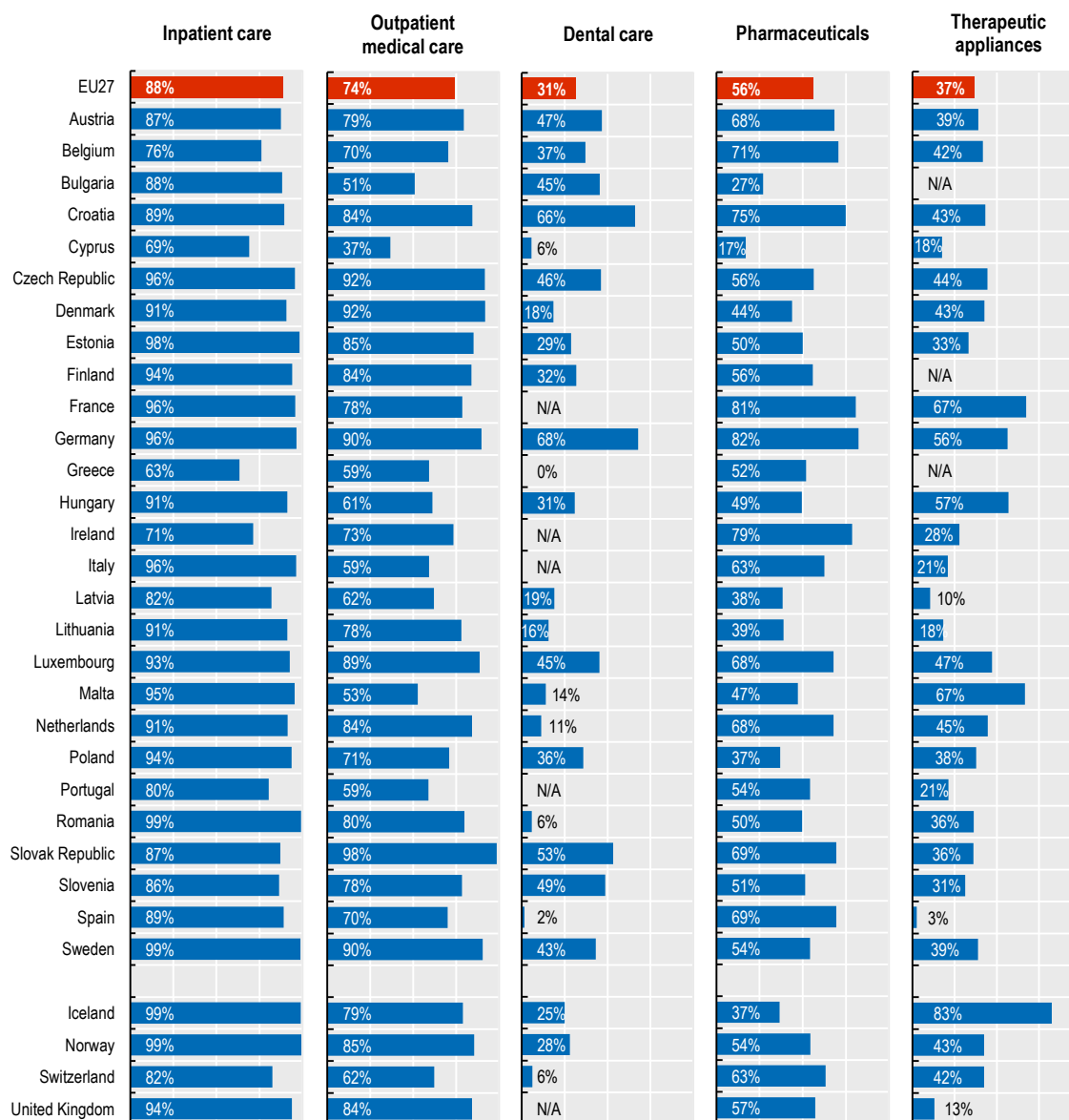
Definition and comparability

Health care coverage is defined by the share of the population entitled to services (“breadth of coverage”), the range of services included in a benefit package (“depth of coverage”) and the proportion of costs covered (“height of coverage”) by government schemes and compulsory insurance schemes. Coverage provided by voluntary health insurance and other voluntary schemes such as charities or employers is not considered. The core functions analysed here are defined based on definitions in the System of Health Accounts 2011. Hospital care refers to inpatient curative and rehabilitative care in hospitals, outpatient medical care to all outpatient curative and rehabilitative care excluding dental care, pharmaceuticals to prescribed and over-the-counter medicines including medical non-durables. Therapeutic appliances are glasses and other eye products, hearing aids and other medical devices.

Comparing the shares of the costs covered for different types of services is a simplification in assessing the full extent of health care coverage in a country. For example, a country with more restricted population coverage but a very generous benefit basket may display a lower share of coverage than a country where the entire population is entitled to services but with a more limited benefit basket. Yet, this method is still useful to highlight any gaps in coverage.

Figure 7.10. **Health care coverage for selected goods and services, 2018 (or nearest year)**

Government and compulsory insurance spending as proportion of total health spending by type of service



Note: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines as well as medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. N/A means data not available. The EU average is unweighted.

Source: OECD Health Statistics 2020.

StatLink  <https://stat.link/gq439x>



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