Accessibility to health care can be limited for a number of reasons, including cost, distance to the closest health facility and waiting times. Unmet care needs may result in poorer health for people forgoing care and may increase health inequalities if such unmet needs are concentrated among poor people. There are many ways to seek information from the population about unmet health care needs that will provide different results. The data presented here are based on the EU Statistics on Income and Living Conditions survey (EU-SILC) as they are the most timely and comparable source of information available across all EU countries.

In all European countries, most of the population in 2018 reported that they had no unmet care needs for financial reasons, geographic reasons or waiting times, based on EU-SILC (Figure 7.1). However, in Estonia and Greece, at least 8% of the population reported some unmet needs for health care, with the burden falling mostly on people from low-income households, particularly in Greece. Nearly one in five Greek people in the lowest income quintile reported going without some medical care when they needed it – these unmet needs were mainly for financial reasons. In Estonia, long waiting times are the main reason for people to report unmet care needs, which are partly explained by the limited volume of some services (such as specialist consultations) fully reimbursed by public health insurance. The Estonian Health Insurance Fund provided additional funding in 2018 to improve the availability of specialist services and treatments, which resulted in a reduction in waiting times for at least some services (OECD, 2020a).

In most countries, a larger proportion of the population indicates some unmet needs for dental care than for medical care (Figure 7.2). This is mainly because dental care is only partially included (or not included at all) in public schemes in many countries and so must either be paid out-of-pocket or covered through purchasing private health insurance (see indicator "Extent of health care coverage"). More than 1 in 12 people (8%) in Portugal, Latvia and Greece reported unmet needs for dental care in 2018, mainly for financial reasons. According to EU-SILC, only a very small proportion of people in Malta, the Netherlands, Luxembourg, Germany and Austria reported unmet dental care needs in 2018, but in the latter three countries at least, this proportion was much greater based on the results from the European Health Interview Survey in 2014 only including those who said that they actually had dental care needs (OECD, 2020b).

Unmet needs for medical care and dental care have generally decreased on average across EU countries since reaching a peak around 2013, although unmet medical care needs increased in 2018 in some countries like Estonia, Finland and Poland (Figure 7.3 and Figure 7.4). The gap in unmet medical and dental care needs between poor people and rich people remains large: on average across EU countries, people in the lowest income quintile are still four times more likely to report unmet medical care needs than those in the highest quintile, and six times more likely to report unmet dental care needs.

Indicators of self-reported unmet care needs should be assessed together with other indicators of affordability and accessibility to care, such as the extent of health care coverage, the amount of out-of-pocket payments, and the actual use of health services. Strategies to improve access to care for poor people and disadvantaged groups need to tackle not only affordability issues, but also effective access to services by promoting an adequate supply and distribution of health workers and services throughout the country.

Definition and comparability

Questions on unmet health care needs are included in the European Union Statistics on Income and Living Conditions survey (EU-SILC). People are asked whether there was a time in the previous 12 months when they felt they needed medical 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 three reasons: the 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. There are also some variations in the survey question across countries: while most countries refer to both a medical examination or treatment, in some countries (e.g. Czech Republic, Slovenia and Spain) the question only refers to a medical examination or a doctor consultation, resulting in lower rates of unmet needs. The question in Germany refers to unmet needs for "severe" illnesses, also resulting in some under-estimation compared with other countries. Some changes in the survey question in some countries in 2015 and 2016 have also led to substantial reductions. 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.

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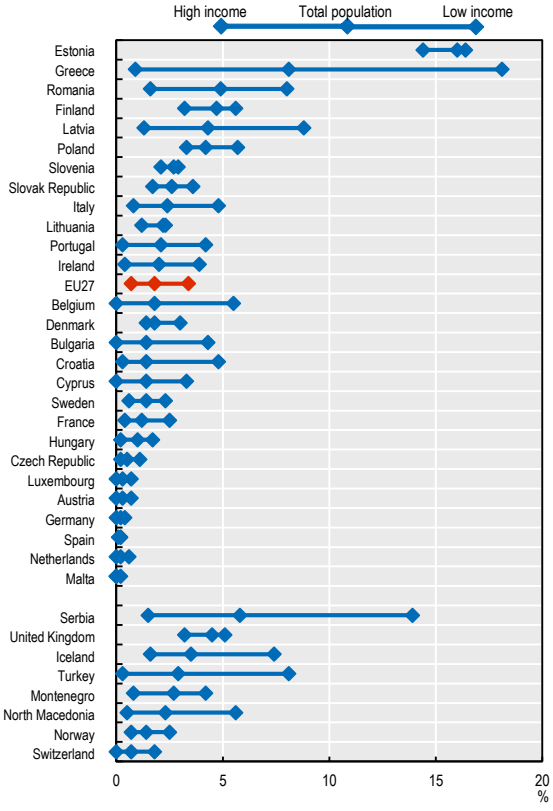
OECD (2020b), *Unmet needs for health care: Comparing approaches and results from international surveys*, *https://www.oecd.org/health/health-systems/Unmet-Needs-for-Health-Care-Brief-2020.pdf*.

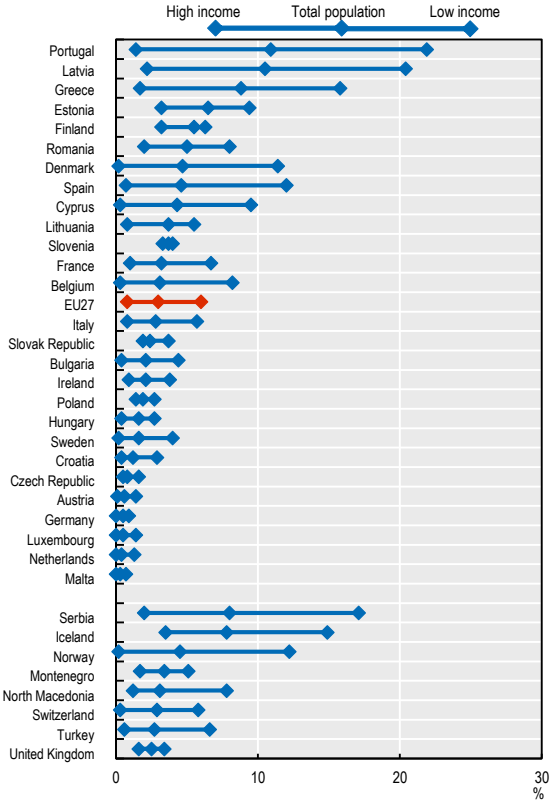
Figure 7.1. **Unmet need for medical examination due to financial, geographic or waiting time reasons, 2018**



Note: EU weighted average.
Source: Eurostat Database (EU-SILC).

StatLink https://stat.link/i3gdt2

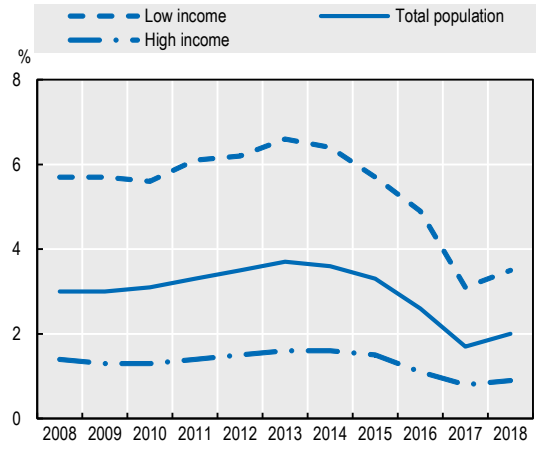
Figure 7.2. **Unmet need for dental examination due to financial, geographic or waiting time reasons, 2018**



Note: EU weighted average.
Source: Eurostat Database (EU-SILC).

StatLink https://stat.link/gofi9w

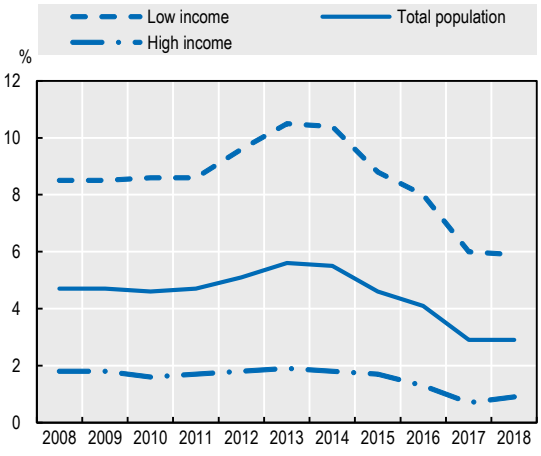
Figure 7.3. **Evolution in unmet medical care need due to financial, geographic or waiting time reasons, all EU27 countries, 2008-18**



Source: Eurostat Database, based on EU-SILC.

StatLink https://stat.link/wcthyq

Figure 7.4. **Evolution in unmet dental care need due to financial, geographic or waiting time reasons, all EU27 countries, 2008-18**



Source: Eurostat Database, based on EU-SILC.

StatLink https://stat.link/rqphn3

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