Unmet health care needs

Accessibility to health care can be limited for a number of reasons, including cost, distance to the closest health facility and waiting times. The disruption of health services during the pandemic also resulted in unmet health care needs as resources were mobilised to address the crisis and people were encouraged to stay home to reduce virus transmission. Information about unmet health care needs can be sought by using different survey instruments that provide different results. The data presented here rely on the regular Eurostat EU Statistics on Income and Living Conditions (EU-SILC) survey and Eurofound's *Living, working and COVID-19 e-survey*.

Based on EU-SILC, most of the population in EU countries reported that they had no unmet medical care needs for financial reasons, geographic reasons or waiting times in 2020 (Figure 7.1). However, in Estonia, nearly 15% of the population reported some unmet medical care needs mainly due to long waiting times. Estonia is unique among EU countries in that people in the highest income group report greater unmet medical care needs than those in the lowest income group. In all other countries, the burden of unmet needs for health care fall mostly on people from low-income households. This is particularly the case in Greece where more than one in six people in the lowest income quintile (17%) reported going without some medical care when they needed it in 2020 compared with only 1% among the highest income quintile. Cost was the main reason for these unmet needs.

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, so it must either be paid out-of-pocket or covered through purchasing private health insurance. More than 7% of people in Latvia, Portugal and Greece reported unmet needs for dental care in 2020, mainly for financial reasons.

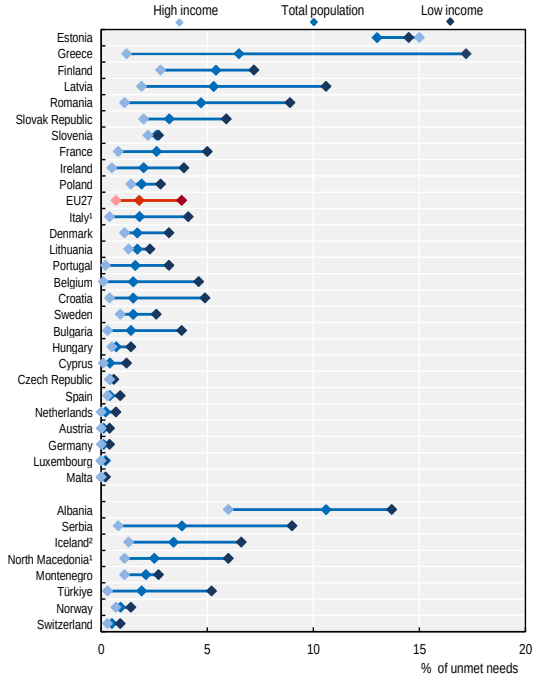
The pandemic put great pressure on Europe's health systems, and many health services were disrupted in the initial phase and during pandemic peaks. Eurofound's COVID-19 e-survey provides evidence of the substantial impact that COVID-19 had on unmet care needs at different points in the pandemic. In spring 2022, nearly a fifth of respondents (18%) reported having a medical issue for which they had not yet received examination or treatment. On average, unmet medical care needs remained as high in spring 2022 as in spring 2021 (Figure 7.3). Latvia, Poland and Lithuania are the three countries where people reported the highest unmet needs in spring 2022 Figure 7.3.

Definition and comparability

EU-SILC asks people 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. Some variations in the survey question across countries may affect data comparability: while most countries refer to both a medical examination or treatment, in some countries (e.g. Czech Republic and Spain) the question only refers to a medical examination/ 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. Income groups are divided by quintile: the first quintile represents the 20% of the population with the lowest income, and the fifth quintile the 20% with the highest income.

Data on unmet health care needs from Eurofound's COVID-19 e-survey relate to whether people reported any current unmet needs for medical examination or treatment at the time when the survey was conducted.

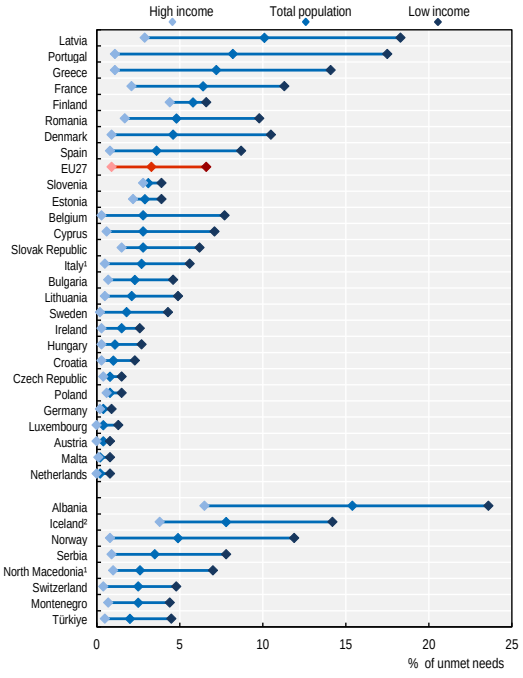
Figure 7.1. Unmet needs for medical examination due to financial, geographic or waiting time reasons, 2020



Note: The EU average is weighted.
1. Data from 2019. 2. Data from 2018.
Source: Eurostat Database, based on EU-SILC.

StatLink https://stat.link/63hqkl

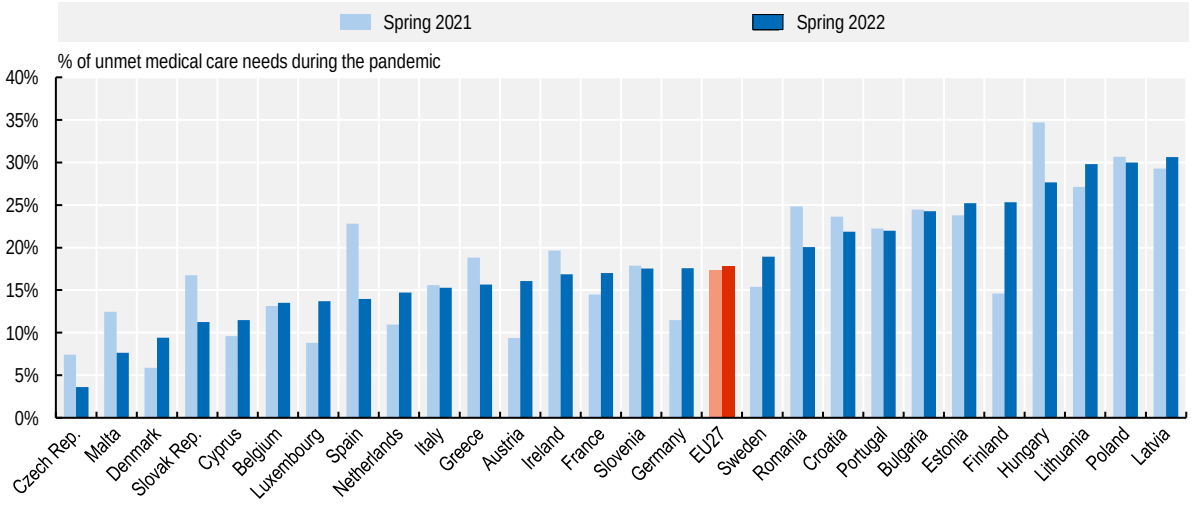
Figure 7.2. Unmet needs for dental examination due to financial, geographic or waiting time reasons, 2020



Note: The EU average is weighted.
1. Data from 2019. 2. Data from 2018.
Source: Eurostat Database, based on EU-SILC.

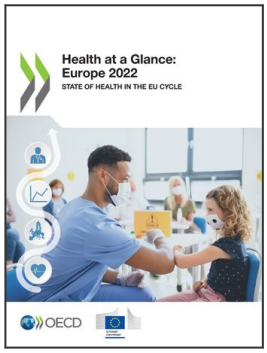
StatLink https://stat.link/5k7zg0

Figure 7.3. Unmet medical care needs during the pandemic, 2021 and 2022



Note: The survey question refers to current unmet needs at the time of the survey. The EU average is weighted.
Source: Eurofound's *Living, working and COVID-19 e-survey* (spring 2021 and spring 2022).

StatLink https://stat.link/qctpuw



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