Unmet need for health care

People should be able to access health services when they need to, irrespective of their socio-economic circumstances. This is a fundamental principle underpinning all health systems across the OECD. Yet a quarter of individuals aged 18 or older report unmet need (defined as forgoing or delaying care) because limited availability or affordability of services compromise access, on average across 23 OECD countries. People may also forgo care because of fear or mistrust of health service providers. Strategies to reduce unmet need, particularly for the less well-off, need to tackle both financial and non-financial barriers to access (OECD, 2019[1]).

Looking specifically at availability of services, just over 20% of respondents reported unmet need due to waiting times and/or transportation difficulties (Figure 5.8). The share of the population delaying or forgoing care is comparatively high in Luxembourg, Italy, Ireland and Iceland (above 30%); but much lower in Norway (5%) and the Slovak Republic (7%). In response to this accessibility constraint, telemedicine initiatives are becoming more popular in many OECD countries (Hashiguchi Cravo Oliveira, forthcoming[2]). Socioeconomic disparities are significant: on average, 23% of people from the lowest income quintile report availability-related unmet need compared with 18% for richer individuals. This income gradient is largest in Finland, Italy and Portugal. In Slovenia, Poland and Estonia, richer individuals report slightly more unmet need than the less well-off, with results driven by the better-off being more likely to report waiting times as a cause of unmet need.

In terms of affordability, 17% of respondents delayed or did not seek needed care because the costs were too high for them (Figure 5.9). Across countries, unmet need due to such financial reasons ranged from less than 7% of the population in the Netherlands, the Czech Republic, the United Kingdom and Norway, to over 30% in Estonia, Ireland and Latvia. Affordability-related inequalities are more marked than inequalities related to availability of services. On average, 28% of people in the lowest income quintile forgo care for financial reasons compared with 9% for richer individuals. That is, the least well-off are three times more likely than the better-off to have unmet need for financial reasons.

Amongst people aged 65 or older, affordability constraints are slightly less marked than for the population as a whole. The proportion of cost-related reported unmet need is lower among older people, on average (14% compared to 17% across the OECD) and in most countries (17 out of 23). Income inequalities are also less marked among older individuals. Although older people from the top income quintile report similar levels of forgone care to the overall top quintile (8% and 9% respectively), older people from the bottom income quintile report significantly lower levels on average (20% compared to 27%).

Definition and comparability

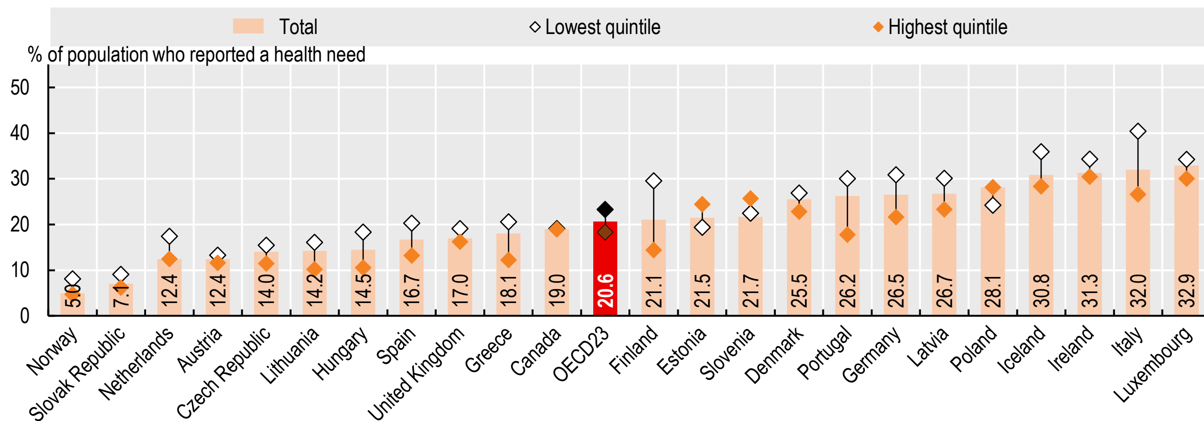
The health care module of the European Health Interview Survey (EHIS) and of national surveys allows respondents to report on their utilisation of health care services, as well as potential barriers experienced when trying to access these services. The probability of reporting an unmet need due to availability issues is based on two of the available variables: unmet need due to long waiting lists or to physical accessibility (distance or transportation). The probability to report forgone care due to financial reasons aggregates unmet need for four different types of service (medical, dental and mental health services, and prescription drugs). Respondents who reported not having a health care need in the past 12 months were excluded from the sample. Probabilities thus reflect the proportion of people reporting an unmet need, among individuals that have reported a need, satisfied or not (rather than the total population surveyed). This leads to higher estimates than surveys where unmet needs are calculated as a share of the total population – as is done, for example, with the EU-SILC survey.

References

[2] Hashiguchi Cravo Oliveira, T. (forthcoming), "Is telemedicine leading to more cost-effective, integrated and people-centred care in the OECD?", *OECD Health Working Papers*, OECD Publishing, Paris.

[1] OECD (2019), *Health for Everyone? Social inequalities in health and health systems*, OECD Publishing, Paris, *https://doi.org/10.1787/3c8385d0-en*.

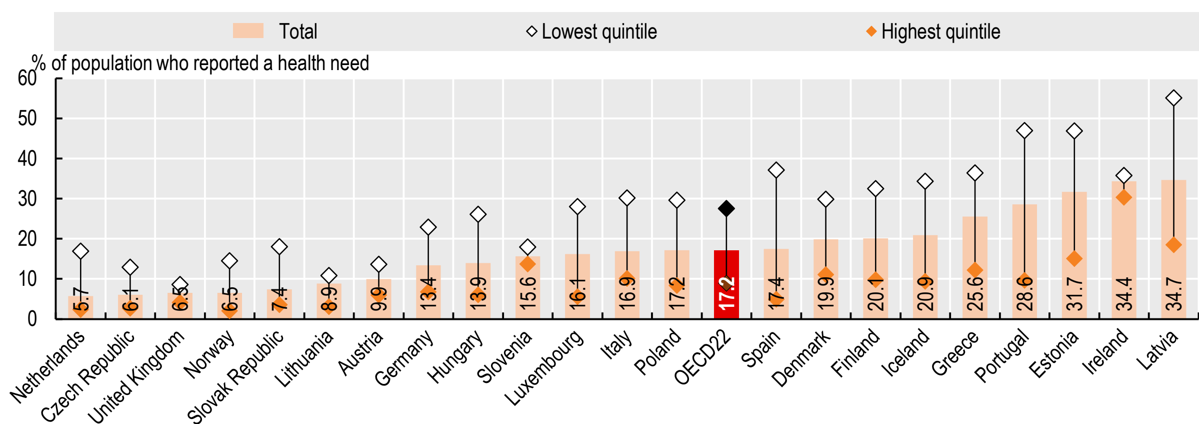
Figure 5.8. **Population forgoing or postponing care because of limited availability, by income, 2014**



Source: OECD estimates based on EHIS-2 and other national health survey data.

StatLink https://doi.org/10.1787/888934015752

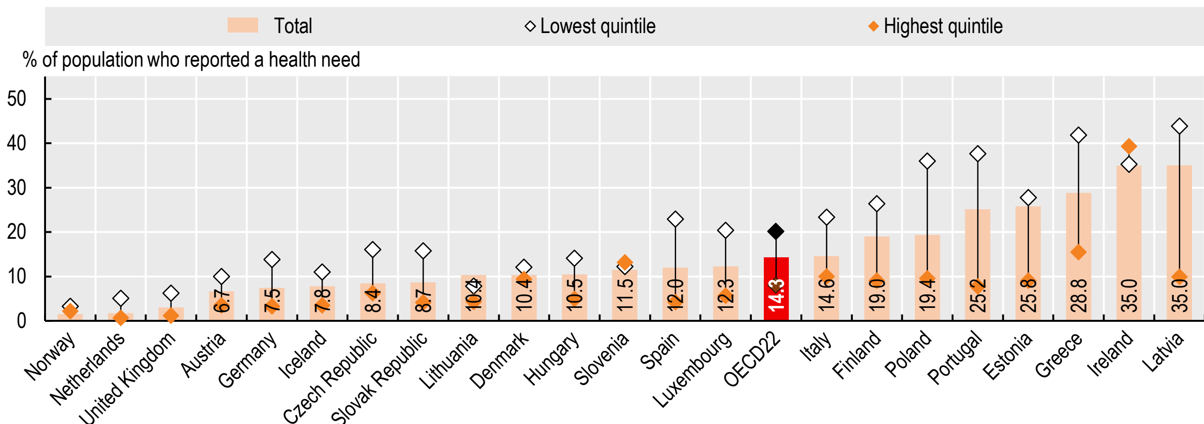
Figure 5.9. **Population forgoing care because of affordability, by income, 2014**



Source: OECD estimates based on EHIS-2.

StatLink https://doi.org/10.1787/888934015771

Figure 5.10. **Adults over 65 forgoing or postponing care because of affordability, by income, 2014**



Source: OECD estimates based on EHIS-2.

StatLink https://doi.org/10.1787/888934015790

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