

INEQUALITIES IN ACCESS TO HEALTHCARE IN EUROPE

Challenges and recommendations

ALL EU COUNTRIES SHOULD

- allocate sufficient public funding (from general taxation and compulsory health insurance contributions) to the statutory health system
- invest in healthcare provision and integrated primary care services and ensure sufficient supply of health professionals, also in remote and sparsely populated areas
- ensure good working conditions for healthcare staff and sufficient pay for health professionals working in publicly funded system
- ensure transparency on priority-setting in waiting lists

HEALTH COVERAGE



KEY CHALLENGES

In some EU countries, a significant percentage of the population is not covered by the statutory health system. Even in countries with nearly universal population coverage, some groups may not be covered.



RECOMMENDATIONS

Ensure that ALL people in ALL EU countries are covered for a comprehensive range of healthcare benefits.



increase in Greece of self-reported unmet need for healthcare between 2008 and 2016.



Estonians cite waiting lists as the biggest impediment to access to healthcare.

USER CHARGES

KEY CHALLENGES

Out-of-pocket payments for medicines, dental care and mental healthcare are high in most EU countries.



RECOMMENDATIONS

The annual level of user charges should be capped and should consider household income to ensure effective access for ALL in ALL EU countries to healthcare including pharmaceutical products.



of Irish population have to pay the full price of GP care but are entitled to public hospital care, albeit with charges.



An annual cap on user charges, set per household or insured person, applies in many countries. Above this threshold the patient does not pay any further user charges. This threshold varies considerably across countries: from €110 in Sweden to €569 in Latvia.

VULNERABLE GROUPS



KEY CHALLENGES

Low-income people, homeless people, Roma populations and migrants (esp. asylum seekers, refugees and undocumented migrants) are among the most disadvantaged groups in terms of effective access to healthcare. Women tend to face many more difficulties than men.



The user charges that apply for prescription medicines in the UK for children, the elderly and members of low-income households.



The share of households in the lowest income quintile in Hungary that pay for healthcare more than 40% of their income remaining after subsistence needs have been met.



The share of the Roma population in Romania who do not seek healthcare when they actually need it.



RECOMMENDATIONS

Vulnerable groups should be protected from user charges in ALL EU countries. A proactive approach to reach them is needed. Targeted solutions should be set up such as regular health campaigns, preventive actions and cultural mediators.