

Unmet health care needs statistics

Statistics Explained

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In 2024, 3.8% of people aged 16 years or over in the EU had an unmet need for a medical examination or treatment.

In 2024, 4.6% of people aged 16 years or over in the EU had an unmet need for a dental examination or treatment.

This article provides an overview of statistics related to unmet needs for medical and dental care among people in the [European Union](#) (EU). It presents a variety of reasons why needs for healthcare services are not met, for example because of financial reasons (too expensive), distance/transport (too far to travel) or timeliness (waiting lists); this information may be used to identify some of the principal limitations concerning access to health care.

The data come from [EU statistics on income and living conditions](#) (EU-SILC) and relate to the 2024 reference year. The EU-SILC survey collects data on unmet medical or dental care needs and the main reasons for these, forming the basis for 2 types of indicators.

- The first indicator relates to self-reported unmet needs for medical or dental examinations calculated as a percentage of all people (aged 16 years or over), including individuals who have not reported having any medical needs. It shows how widespread unmet needs are among the general population.
- The second indicator, which relates to the same self-reported unmet needs, is expressed as a percentage of people (aged 16 years or over) who reported a medical need. It provides a more focused insight into access issues among those seeking care.

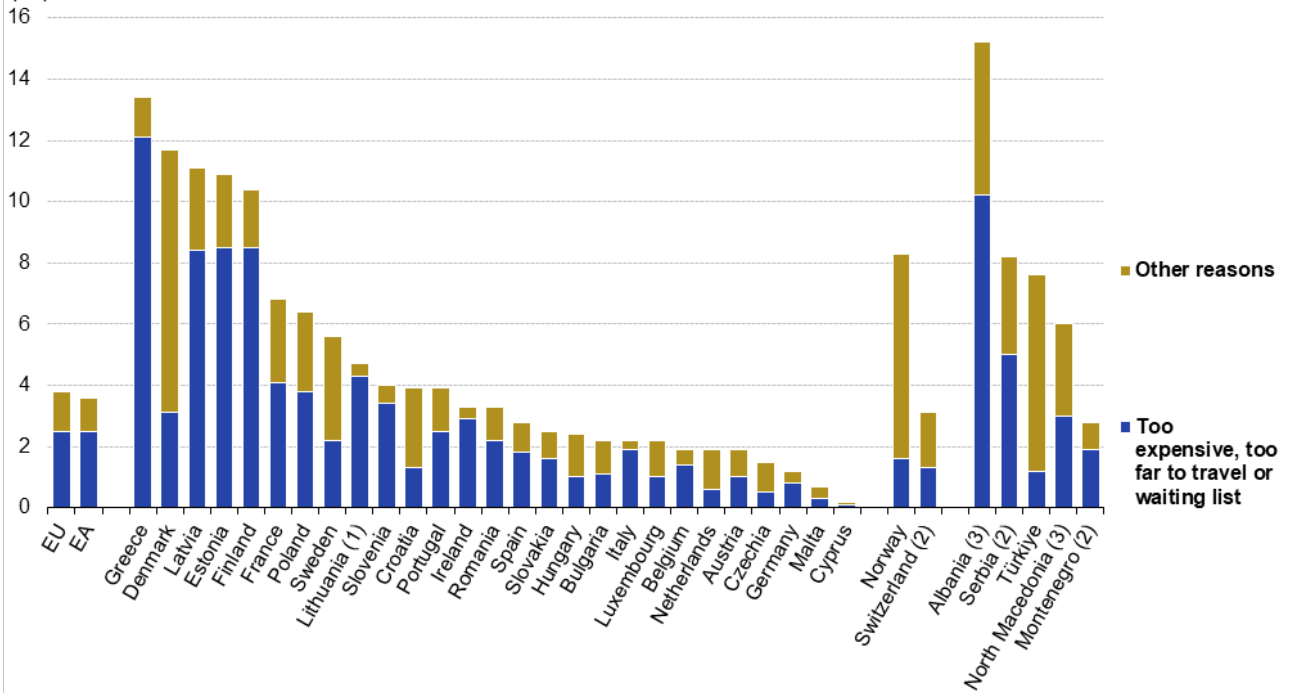
This article is one of a set of statistical articles on health status which forms part of Chapter 5 in an online publication, [Health in the European Union – facts and figures](#) .

Unmet needs for medical examination or treatment

In 2024, 3.8% of people aged 16 years or over in the EU had an unmet need for a medical examination or treatment

Share of people aged 16 years or over reporting unmet needs for medical examination or treatment, 2024

(%)



(1) Provisional.

(2) 2023.

(3) 2022.

Source: Eurostat (online data code: hlth_silc_08)

eurostat

Figure 1: Share of people aged 16 years or over reporting unmet needs for medical examination or treatment, 2024 (%) Source: Eurostat (hlth_silc_08)

In 2024, 3.8% of the people aged 16 years or over in the EU reported that they had unmet needs for a medical examination or treatment (hereafter referred to as medical care), a share that ranged from 0.2% in Cyprus and 0.7% in Malta up to 13.4% in Greece. As regards reasons related to the organisation and functioning of health care services (too expensive, too far to travel or waiting lists), 2.5% of people in the EU reported they had unmet needs, a share that ranged from 0.1% in Cyprus and 0.3% in Malta up to 12.1% in Greece – see Figure 1.

Waiting lists and being too expensive were the most common main reasons for unmet medical care needs in 2024

Share of people aged 16 years or over reporting unmet needs for medical examination or treatment, by main reason, 2024 (%)

	All reasons	Reasons related to the health system				Reasons other than those related to the health system					
		Total	Too expensive	Too far to travel	Waiting list	Total	No time	Didn't know any good doctor or specialist	Fear of doctor, hospital, examination or treatment	Wanted to wait and see if problem got better on its own	Other
EU	3.8	2.5	1.0	0.1	1.4	1.3	0.3	0.1	0.1	0.4	0.5
EA	3.6	2.5	1.0	0.1	1.3	1.1	0.3	0.1	0.1	0.2	0.4
Greece	13.4	12.1	9.1	0.9	2.1	1.3	0.6	0.0	0.4	0.3	0.1
Denmark	11.7	3.1	0.3	0.5	2.3	8.6	1.6	0.5	0.3	3.3	2.9
Latvia	11.1	8.4	2.8	0.5	5.1	2.7	0.3	0.3	0.2	1.5	0.3
Estonia	10.9	8.5	0.4	0.3	7.8	2.4	0.1	0.2	0.1	0.4	1.6
Finland	10.4	8.5	0.2	0.1	8.3	1.9	0.1	0.1	0.1	0.5	1.2
France	6.8	4.1	2.0	0.3	1.8	2.7	0.9	0.2	0.3	0.4	0.9
Poland	6.4	3.8	0.6	0.2	3.0	2.6	0.7	0.1	0.2	1.4	0.2
Sweden	5.6	2.2	0.2	0.1	2.0	3.4	0.3	0.4	0.1	0.6	2.0
Lithuania (1)	4.7	4.3	0.2	0.1	3.9	0.4	0.0	0.1	0.0	0.1	0.1
Slovenia	4.0	3.4	0.0	0.0	3.3	0.6	0.0	0.1	0.0	0.0	0.5
Croatia	3.9	1.3	0.2	0.7	0.5	2.6	0.5	0.0	0.1	1.3	0.6
Portugal	3.9	2.5	1.2	0.0	1.2	1.4	0.2	0.0	0.2	0.4	0.4
Ireland	3.3	2.9	0.2	0.0	2.7	0.4	0.0	0.0	0.0	0.1	0.2
Romania	3.3	2.2	1.4	0.2	0.6	1.1	0.1	0.0	0.2	0.6	0.1
Spain	2.8	1.8	0.1	0.0	1.6	1.0	0.1	0.0	0.0	0.2	0.6
Slovakia	2.5	1.6	0.3	0.1	1.1	0.9	0.3	0.1	0.1	0.3	0.2
Hungary	2.4	1.0	0.2	0.0	0.8	1.4	0.3	0.0	0.1	0.8	0.3
Bulgaria	2.2	1.1	0.8	0.2	0.1	1.1	0.2	0.1	0.1	0.6	0.2
Italy	2.2	1.9	1.0	0.0	0.8	0.3	0.0	0.1	0.0	0.1	0.0
Luxembourg	2.2	1.0	0.5	0.0	0.5	1.2	0.4	0.1	0.1	0.6	0.0
Belgium	1.9	1.4	1.1	0.0	0.2	0.5	0.1	0.0	0.1	0.2	0.1
Netherlands	1.9	0.6	0.3	0.0	0.3	1.3	0.0	0.1	0.0	0.3	0.9
Austria	1.9	1.0	0.2	0.1	0.7	0.9	0.2	0.1	0.0	0.2	0.3
Czechia	1.5	0.5	0.1	0.1	0.3	1.0	0.2	0.1	0.1	0.5	0.2
Germany	1.2	0.8	0.2	0.0	0.6	0.4	0.1	0.1	0.0	0.1	0.2
Malta	0.7	0.3	0.2	0.0	0.0	0.4	0.0	0.0	0.0	0.3	0.1
Cyprus	0.2	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Norway	8.3	1.6	0.7	0.2	0.8	6.7	1.2	0.8	0.3	2.4	1.9
Switzerland (2)	3.1	1.3	1.2	0.0	0.1	1.8	0.5	0.1	0.1	0.6	0.6
Montenegro (2)	2.8	1.9	0.9	0.2	0.8	0.9	0.2	0.0	0.1	0.5	0.1
Albania (3)	15.2	10.2	8.8	0.3	1.1	5.0	1.5	0.2	0.2	2.0	1.2
Serbia (2)	8.2	5.0	1.8	0.8	2.5	3.2	0.8	0.2	0.4	1.4	0.3
Türkiye	7.6	1.2	0.8	0.4	0.0	6.4	0.4	0.1	0.1	0.4	5.6
North Macedonia (3)	6.0	3.0	1.8	0.2	0.9	3.0	0.2	0.0	0.5	1.7	0.6

(*) Provisional.

(†) 2023.

(‡) 2022.

Source: Eurostat (online data code: hlth_silc_08)

Table 1: Share of people aged 16 years or over reporting unmet needs for medical examination or treatment, by main reason, 2024 (%) Source: Eurostat (hlth_silc_08)

In the EU, the 2 most common main reasons for unmet needs for medical care in 2024 were because of waiting lists or that it was too expensive. Together these 2 reasons accounted for more than half of all people who reported an unmet need for medical care: as a share of all people (aged 16 years or over), this was 1.4% for waiting lists and 1.0% for reasons of being too expensive – see Table 1. The next most common main reasons given were wanting to see if the problem got better on its own (0.4% of people) and a lack of time (0.3%). Less common reasons included fear, not knowing a good doctor or specialist, or that it was too far to travel (all 0.1%). In addition to the specified main reasons, a further 0.5% of people indicated another (unspecified) reason for an unmet need for medical care.

A waiting list hindering medical care was the most frequent specific reason given for unmet needs for medical care in Germany, Estonia, Ireland, Spain, Latvia, Lithuania, Austria, Poland, Slovenia, Slovakia and Finland and Sweden in 2024. In Portugal, this was the joint most frequent specific reason along with medical care being too expensive; in Hungary, it was the joint most frequent specific reason along with wanting to wait and see if the problem got better on its own; in the Netherlands, it was the joint most frequent specific reason along with wanting to wait and see if the problem got better on its own and with medical care being too expensive.

The expense of medical care was the most frequent specific reason for unmet needs for medical care in Belgium, Bulgaria, Greece, France, Italy, Cyprus and Romania.

Wanting to wait and see if the problem got better on its own was the most frequent specific reason for unmet needs for medical care in Czechia, Denmark, Croatia, Luxembourg and Malta.

EU countries which had a wide age gap in the share of people with unmet needs for medical care due to being too expensive, too far to travel or waiting lists displayed particularly high shares for older people

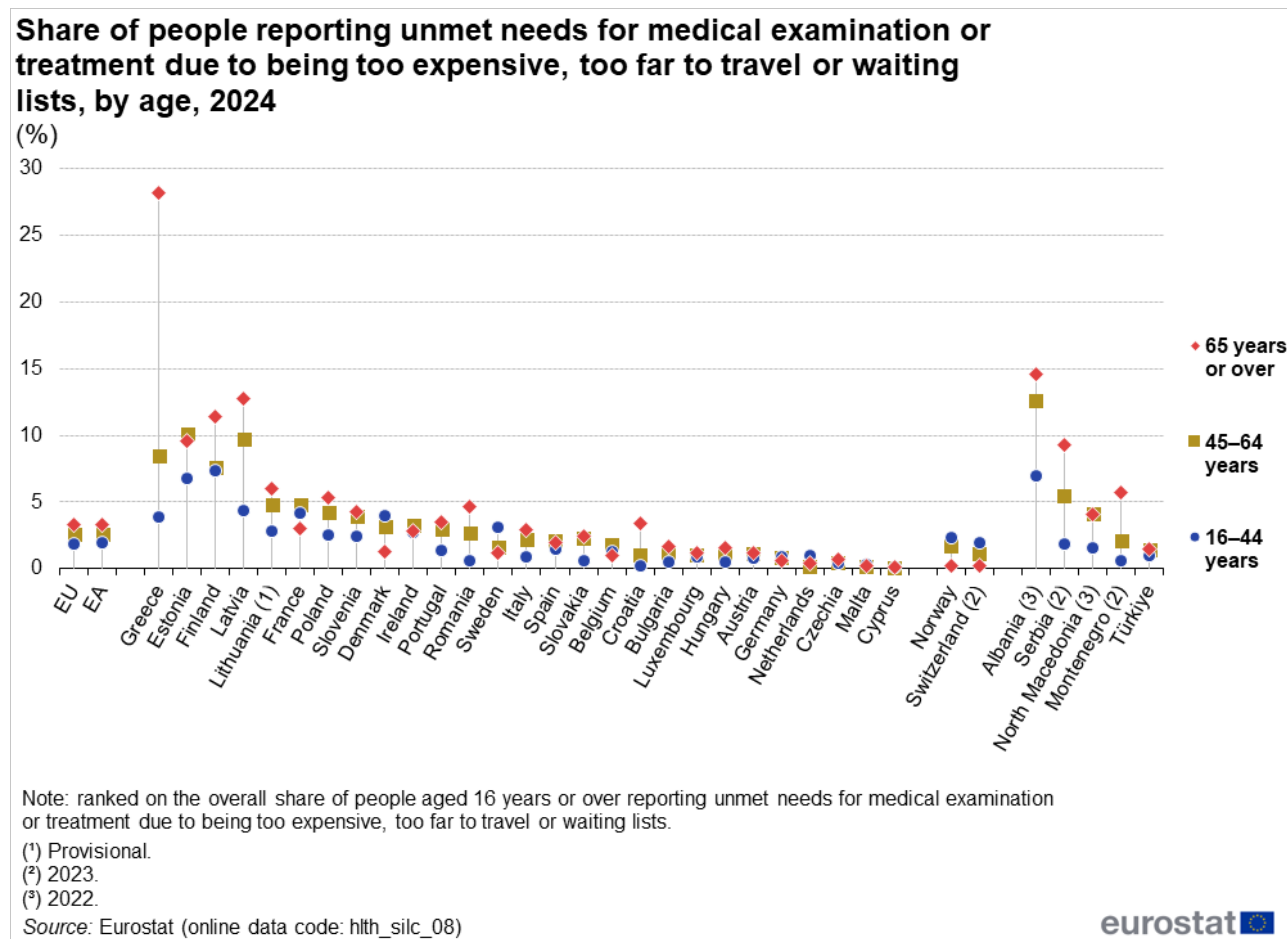


Figure 2: Share of people reporting unmet needs for medical examination or treatment due to being too expensive, too far to travel or waiting lists, by age, 2024 (%) Source: Eurostat (hlth_silc_08)

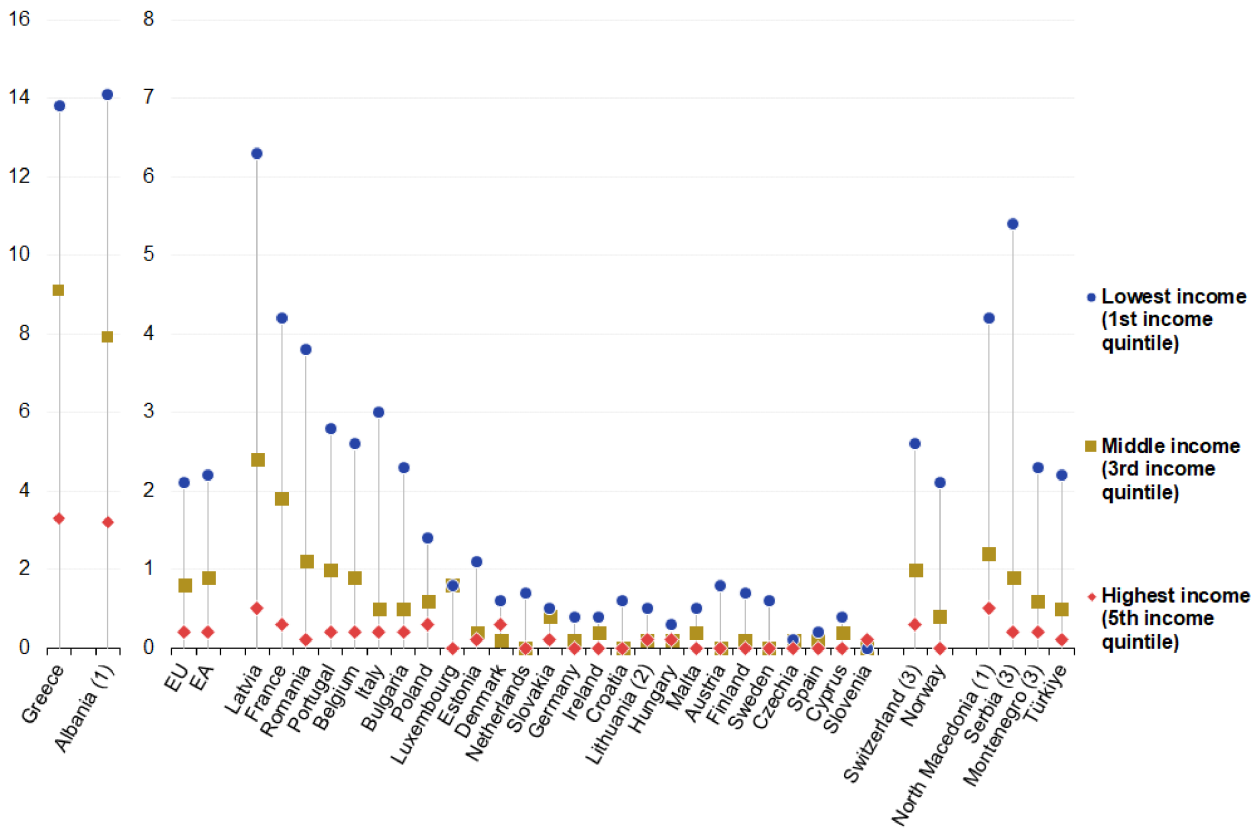
In the EU, 1.9% of people aged 16 to 44 years reported unmet needs for medical care in 2024 due to it being too expensive, too far to travel or because of waiting lists, compared with 2.6% for people aged 45 to 64 years and 3.3% for people aged 65 years or over. In many of the EU countries, age was a factor linked to unmet needs for medical care due to these reasons, although there was not a universal pattern – see Figure 2.

In general, if EU countries had a relatively wide range – when analysed by age – in the share of people reporting unmet needs for medical care in 2024 due to treatment being too expensive, too far to travel or because of waiting lists, this was because the share was lowest for younger people and highest for older people. The clearest example of this pattern was observed in Greece, where the share for older people (65 years or over) was 24.3 percentage points higher than for the youngest age group (16 to 44 years). Where the range between the shares when analysed by age was relatively narrow, the pattern was less clear. In Denmark, the share of people reporting unmet needs for medical care was higher among people aged 16 to 44 years than it was for people aged 65 years or over (a difference of 2.7 points); this pattern was repeated in Belgium, Germany, France, Malta, the Netherlands and Sweden (although the differences were no more than 2.0 points).

The share of people reporting unmet needs for medical care for reasons of expense was lowest among people with higher income

Share of people aged 16 years or over reporting unmet needs for medical examination and treatment due to being too expensive, by income quintile, 2024

(%)



Note: different scales are used in the two parts of the figure. For reasons of readability, the shares are shown only for the 1st, 3rd and 5th income quintiles. Ranked on the overall share of people aged 16 years or over reporting unmet needs for medical examination or treatment due to being too expensive.

(¹) 2022. (²) Provisional. (³) 2021.

Source: Eurostat (online data code: hlth_silc_08)

eurostat

Figure 3: Share of people aged 16 years or over reporting unmet needs for medical examination and treatment due to being too expensive, by income quintile, 2024 (%) Source: Eurostat (hlth_silc_08)

Focusing only on expense, the most common reason for unmet needs for medical care in the EU, and its relation to levels of income, the likelihood of someone reporting an unmet need for this reason was inversely related to their income. In 2024, 2.1% of people aged 16 years or over in the 1st (lowest) income quintile (the 20% of people with the lowest income) in the EU reported unmet needs for medical care due to expense, compared with 1.4% in the 2nd quintile, 0.8% in the 3rd (middle) quintile, 0.4% in the 4th quintile and 0.2% in the 5th (highest) quintile (the 20% of people with the highest income).

Figure 3 shows the share of people reporting unmet needs for medical care due to expense and its relation to income: for reasons of readability, the figure shows the shares for the lowest, middle and highest quintiles only. In most of the EU countries, a similar pattern was observed to that in the EU as a whole: the highest shares of people with unmet needs for medical care due to expense were observed for the 1st income quintile and the lowest shares for the 5th income quintile, while the shares for the 3rd income quintile lay in between. There were several exceptions in 2024, nearly all of which concerned small differences (0.1 to 0.3 points), often between low shares.

- In Slovenia, the share of people in the lower and middle income quintiles with unmet needs for medical care due to expense were the same and both were lower than the corresponding share for people in the highest quintile.
- In Denmark, the share of people in the middle income quintile with unmet needs for medical care due to expense was lower than the corresponding share for people in the highest quintile.

- In Czechia and Luxembourg, the shares of people with unmet needs for medical care due to expense were the same for the lowest and middle income quintiles.
- In Croatia, Lithuania, Hungary, the Netherlands, Austria and Sweden, the shares of people with unmet needs for medical care due to expense were the same for the middle and highest income quintiles (in most cases, 0.0%).

The share of people reporting unmet needs for medical care for reasons of expense, too far to travel or waiting lists was lowest for people with higher levels of educational attainment

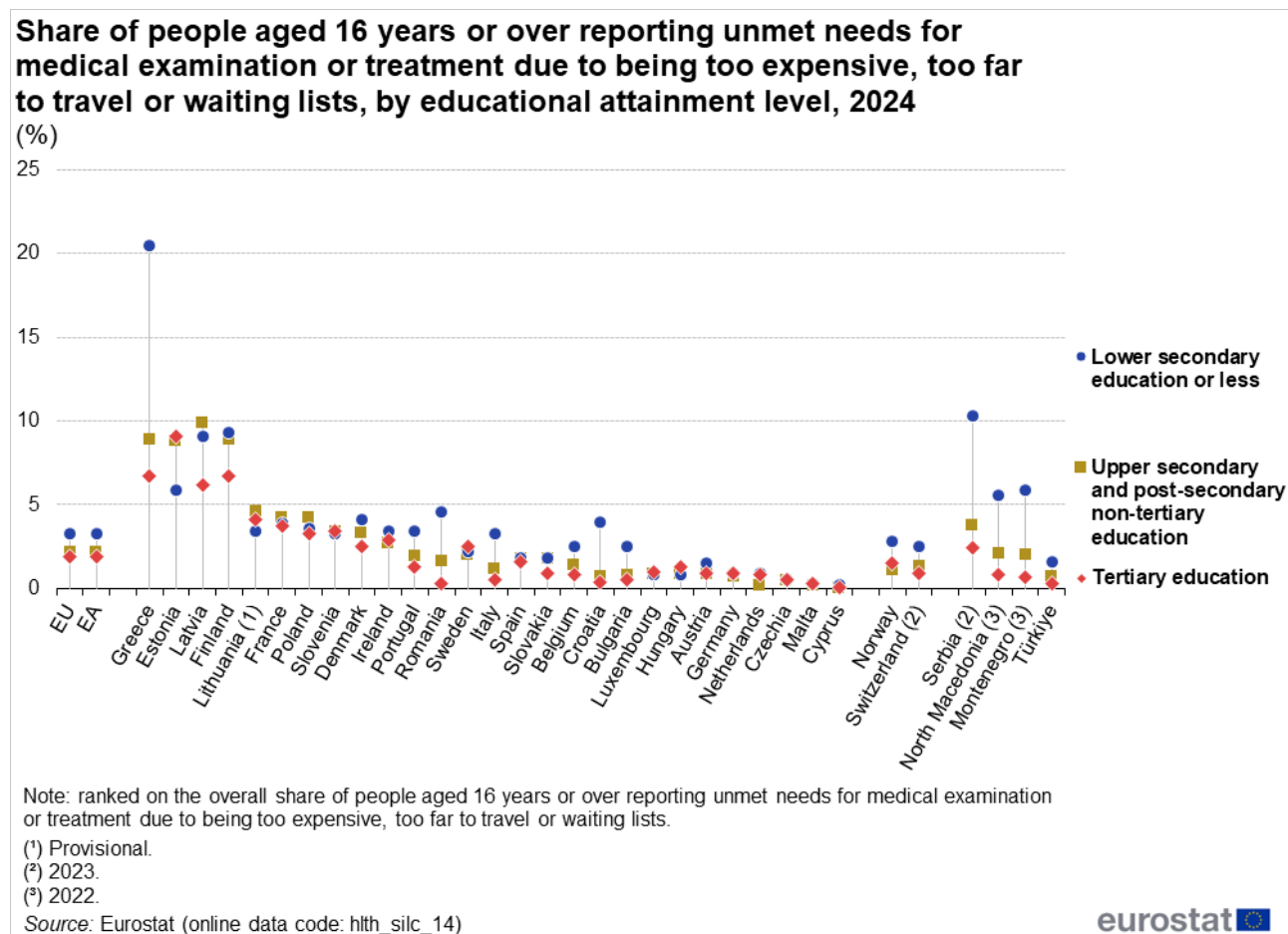


Figure 4: Share of people aged 16 years or over reporting unmet needs for medical examination or treatment due to being too expensive, too far to travel or waiting lists, by educational attainment level, 2024 (%) Source: Eurostat (hith_silc_14)

The next analysis for the share of people reporting unmet needs for medical care due to expense, too far to travel or waiting lists is based on 3 groupings showing the highest level of educational attainment – see Figure 4.

In 2024, 1.9% of people aged 16 years or over in the EU having a tertiary level of educational attainment reported unmet needs for medical care due to it being too expensive, too far to travel or because of waiting lists; the corresponding shares were 2.2% for people having completed upper secondary or post-secondary non-tertiary education and 3.3% for people having completed, at most, lower secondary education.

- This general pattern of the highest share of people with unmet needs for medical care for the 3 specified reasons being among people with lower levels of educational attainment (no more than a lower secondary education) was observed in 13 of the EU countries; the difference was particularly apparent in Greece.
- In France, Latvia, Lithuania and Poland, the highest share of people with unmet needs for medical care for the 3 specified reasons was recorded among people with a medium level of educational attainment (upper secondary and post-secondary non-tertiary education).

- In Estonia, Luxembourg, Hungary and Sweden, the highest share of people with unmet needs for medical care for the 3 specified reasons was recorded among people with a higher level of educational attainment (tertiary education).
- In Czechia, the same share of people reporting unmet needs for medical care for the 3 specified reasons was observed for all three levels of education.
- In Germany and Malta, the highest share of people reporting unmet needs for medical care for the 3 specified reasons was jointly observed for people with lower or higher levels of educational attainment.
- In Spain and Slovakia, the highest share of people reporting unmet needs for medical care for the 3 specified reasons was jointly observed for people with lower or medium levels of educational attainment.
- In Slovenia, the highest share of people reporting unmet needs for medical care for the 3 specified reasons was jointly observed for people with medium or higher levels of educational attainment.

Among people with needs for medical care, the share reporting unmet needs due to expense, distance or waiting lists was highest among those at risk of poverty

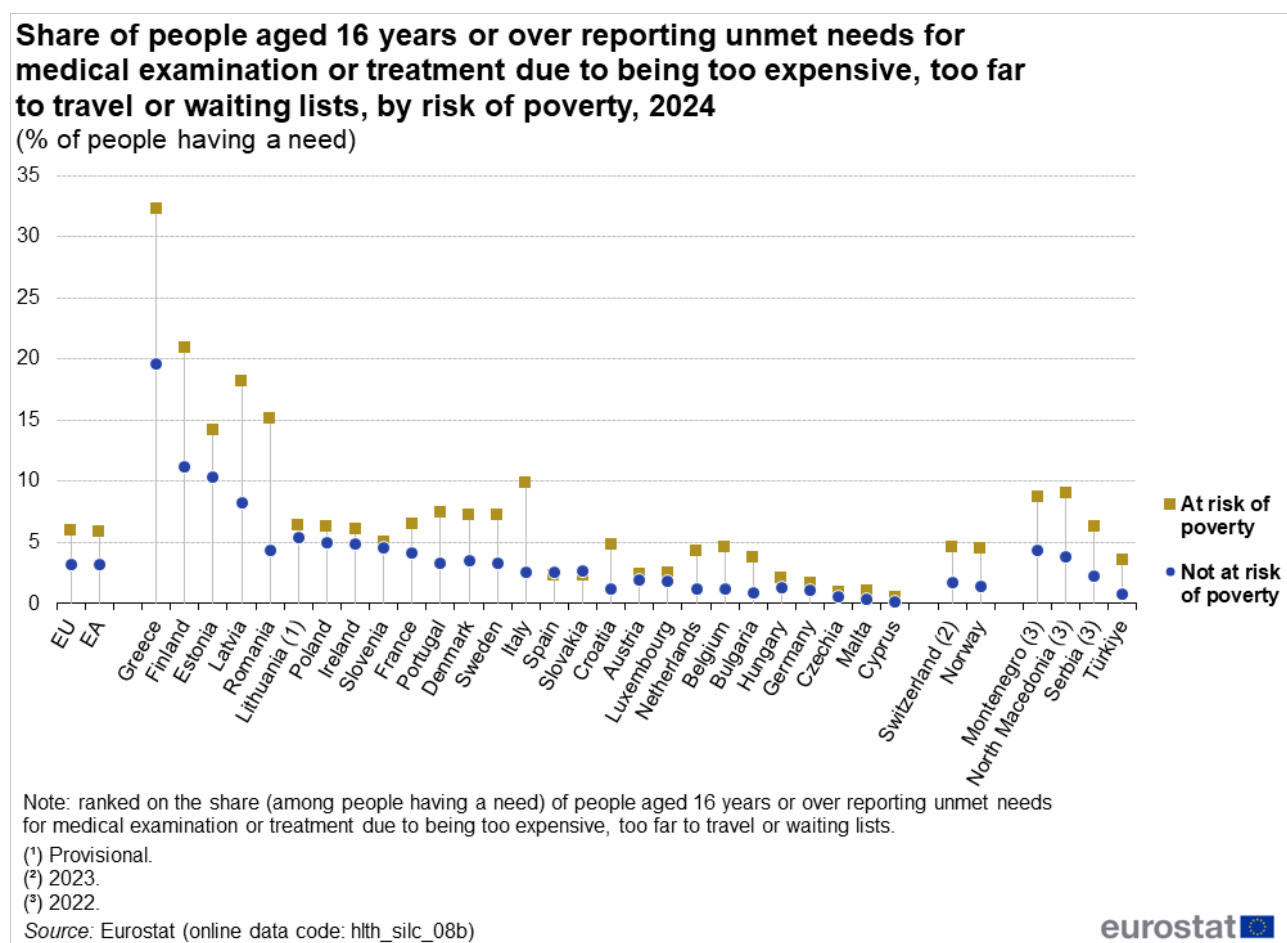


Figure 5: Share of people aged 16 years or over reporting unmet needs for medical examination or treatment due to being too expensive, too far to travel or waiting lists, by risk of poverty, 2024 (% of people having a need) Source: Eurostat (hlth_silc_08b)

This analysis focuses on the shares of people reporting unmet medical care needs – due to being too expensive, too far to travel or waiting lists – among people reporting needs for medical care (rather than among all people). Results are presented separately for people at risk of poverty or not at risk of poverty (see Figure 5).

Among the subpopulation of people aged 16 years or over in the EU who were at risk of poverty and had a need for medical care, 6.0% reported unmet needs for medical care due to it being too expensive, too far to travel or because of waiting lists. By contrast, 3.2% of those who were not at risk of poverty and had a need for medical care

reported unmet medical needs.

This pattern, where the highest percentage of people with medical needs reporting unmet needs for the above mentioned reasons was observed among those at risk of poverty, was noted in most EU countries.

- Spain and Slovakia were exceptions, as they had lower shares among people at risk of poverty.
- Greece and Romania stood out with the highest disparities: in Greece, 32.3% of people at risk of poverty with needs for medical care reported unmet needs, 12.7 points more than the share reported by those not at risk of poverty (19.6%); in Romania, 15.1% of people at risk of poverty with needs for medical care reported unmet needs, 10.7 points more than the share reported by those not at risk of poverty (4.4%).

Unmet needs for dental examination and treatment

In 2024, 4.6% of people in the EU had an unmet need for dental examination or treatment

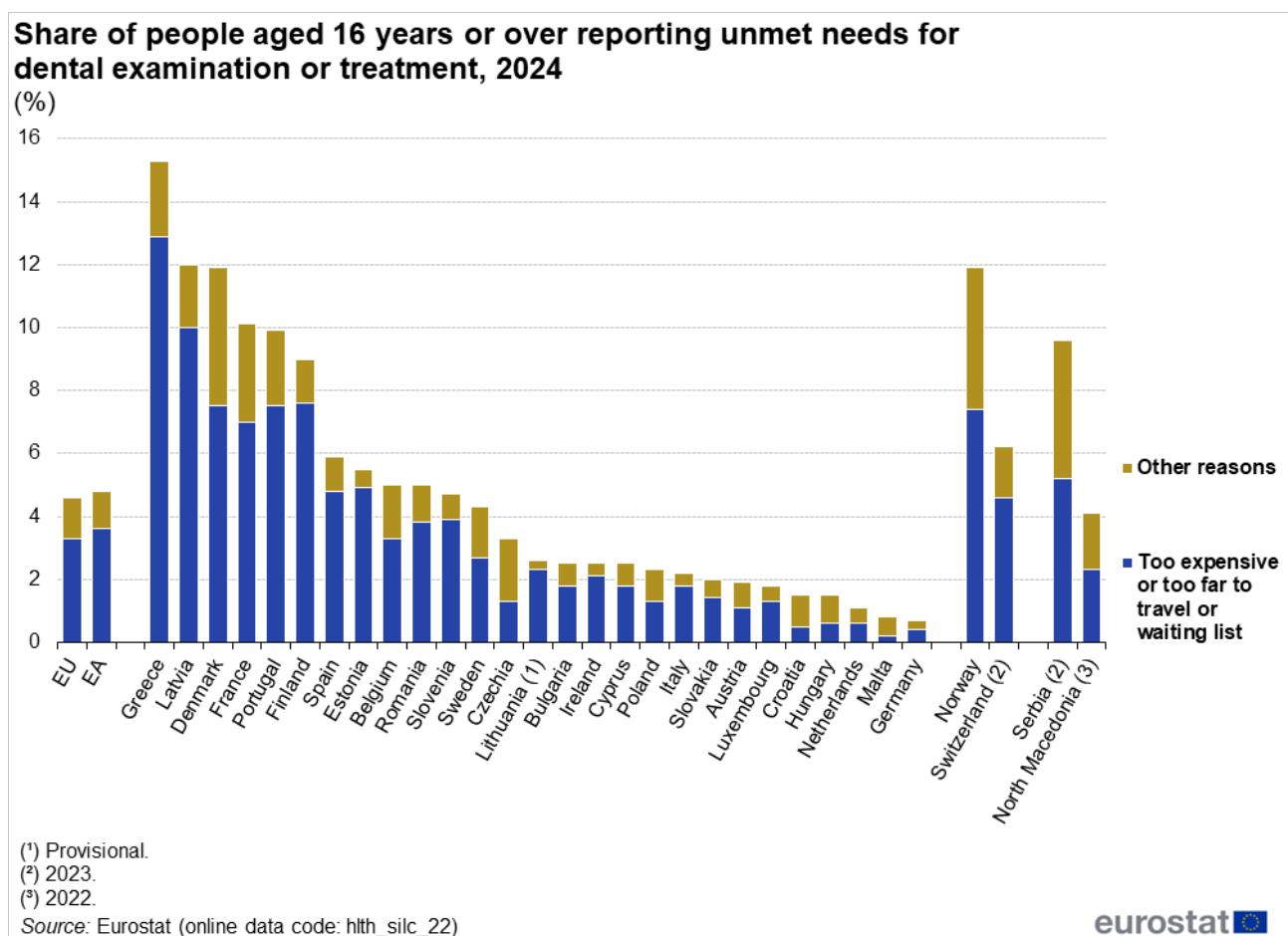


Figure 6: Share of people aged 16 years or over reporting unmet needs for dental examination or treatment, 2024 (%) Source: Eurostat (hlth_silc_22)

In 2024, 4.6% of people aged 16 years or over in the EU reported that they had unmet needs for a dental examination or treatment (hereafter referred to as dental care); as such, the share of people with unmet needs was greater for dental care than for medical care. The share of people with unmet needs for dental care ranged from 0.7% in Germany and 0.8% in Malta up to 11.9% in Denmark and 12.0% in Latvia, with a peak of 15.3% in Greece.

If only reasons related to the organisation and functioning of health care services are considered – too expensive, too far to travel or waiting lists – 3.3% of people aged 16 years or over in the EU reported they had unmet needs. This share ranged from less than 1.0% in Malta, Germany, Croatia, Hungary and the Netherlands up to 10.0% in Latvia and 12.9% in Greece – see Figure 6.

Being too expensive was by far the most common main reason for unmet dental care

Share of people aged 16 years or over reporting unmet needs for dental examination or treatment, by main reason, 2024 (%)

	All reasons	Reasons related to the health system				Reasons other than those related to the health system					
		Total	Too expensive	Too far to travel	Waiting list	Total	No time	Didn't know any good dentist or specialist	Fear of dentist, hospital, examination or treatment	Wanted to wait and see if problem got better on its own	Other
EU	4.6	3.3	2.7	0.1	0.5	1.3	0.3	0.1	0.3	0.2	0.4
EA	4.8	3.6	2.9	0.1	0.6	1.2	0.3	0.1	0.3	0.2	0.4
Greece	15.3	12.9	11.3	0.8	0.9	2.4	0.4	0.0	0.5	1.4	0.0
Latvia	12.0	10.0	8.7	0.1	1.2	2.0	0.5	0.1	0.8	0.3	0.2
Denmark	11.9	7.5	7.3	0.1	0.2	4.4	0.7	0.3	1.0	0.8	1.6
France	10.1	7.0	5.2	0.4	1.4	3.1	0.8	0.3	0.7	0.2	1.1
Portugal	9.9	7.5	7.3	0.1	0.2	2.4	0.6	0.0	0.8	0.3	0.6
Finland	9.0	7.6	0.6	0.0	7.0	1.4	0.1	0.0	0.3	0.2	0.7
Spain	5.9	4.8	4.7	0.0	0.1	1.1	0.2	0.0	0.3	0.1	0.5
Estonia	5.5	4.9	3.2	0.1	1.6	0.6	0.2	0.1	0.2	0.0	0.2
Belgium	5.0	3.3	2.8	0.0	0.4	1.7	0.4	0.3	0.4	0.2	0.5
Romania	5.0	3.8	3.7	0.0	0.1	1.2	0.2	0.0	0.4	0.5	0.0
Slovenia	4.7	3.9	0.3	0.0	3.6	0.8	0.1	0.2	0.1	0.0	0.5
Sweden	4.3	2.7	1.8	0.0	0.8	1.6	0.2	0.1	0.3	0.1	0.9
Czechia	3.3	1.3	0.6	0.1	0.6	2.0	0.2	0.5	0.3	0.1	0.8
Lithuania (1)	2.6	2.3	1.7	0.0	0.6	0.3	0.0	0.1	0.1	0.0	0.1
Bulgaria	2.5	1.8	1.6	0.0	0.1	0.7	0.1	0.0	0.1	0.3	0.1
Ireland	2.5	2.1	1.2	0.0	0.9	0.4	0.0	0.0	0.1	0.0	0.1
Cyprus	2.5	1.8	1.8	0.0	0.0	0.7	0.2	0.0	0.3	0.1	0.1
Poland	2.3	1.3	0.7	0.0	0.6	1.0	0.3	0.1	0.3	0.2	0.1
Italy	2.2	1.8	1.7	0.0	0.1	0.4	0.1	0.0	0.1	0.1	0.1
Slovakia	2.0	1.4	0.9	0.0	0.4	0.6	0.2	0.2	0.1	0.1	0.1
Austria	1.9	1.1	0.7	0.0	0.4	0.8	0.2	0.1	0.2	0.1	0.2
Luxembourg	1.8	1.3	1.2	0.0	0.1	0.5	0.2	0.1	0.1	0.1	0.0
Croatia	1.5	0.5	0.3	0.1	0.0	1.0	0.2	0.0	0.2	0.2	0.4
Hungary	1.5	0.6	0.5	0.0	0.1	0.9	0.1	0.2	0.2	0.2	0.2
Netherlands	1.1	0.6	0.4	0.0	0.1	0.5	0.0	0.0	0.1	0.1	0.4
Malta	0.8	0.2	0.1	0.0	0.0	0.6	0.0	0.0	0.2	0.1	0.3
Germany	0.7	0.4	0.3	0.0	0.1	0.3	0.0	0.0	0.1	0.0	0.1
Norway	11.9	7.4	7.1	0.1	0.2	4.5	0.9	0.2	1.1	0.9	1.5
Switzerland (2)	6.2	4.6	4.5	0.0	0.1	1.6	0.5	0.1	0.2	0.1	0.6
Serbia (2)	9.6	5.2	4.3	0.5	0.4	4.4	0.7	0.0	1.8	1.0	0.9
North Macedonia (3)	4.1	2.3	2.0	0.0	0.3	1.8	0.1	0.0	0.6	0.6	0.6

(*) Provisional.

(†) 2023.

(‡) 2022.

Source: Eurostat (online data code: hlth_silc_22)

Table 2: Share of people aged 16 years or over reporting unmet needs for dental examination or treatment, by main reason, 2024 (%) Source: Eurostat (hlth_silc_22)

In 2024, the most common main reason for unmet needs for dental care in the EU was being too expensive: 2.7% of people aged 16 years or over reported unmet needs for this main reason, which was approximately three fifths of all reasons – see Table 2. After expense, the next most common reasons reported for unmet needs for dental care were waiting lists (0.5% of people), fear (0.3%) and a lack of time (also 0.3%). Less common reasons included wanting to wait and see if the problem got better on its own (0.2%), that it was too far to travel (0.1%) or the respondent did not know a good dentist or specialist (also 0.1%). Aside from the specified main reasons, 0.4% of people indicated another (unspecified) reason for an unmet need for dental care.

The expense of dental care was the most common specific reason for unmet needs for dental care in 2024 in 23 of the 27 EU countries. In Spain and Italy, at least three quarters of all people with an unmet need for dental care said that the main reason was because of expense. There were 4 exceptions among the EU countries where expense was not the single most common main reason for unmet needs for dental care in 2024.

- In Czechia, equal shares were recorded for expense and waiting lists.
- A waiting list hindering dental care was the most common specific reason given for unmet needs for dental

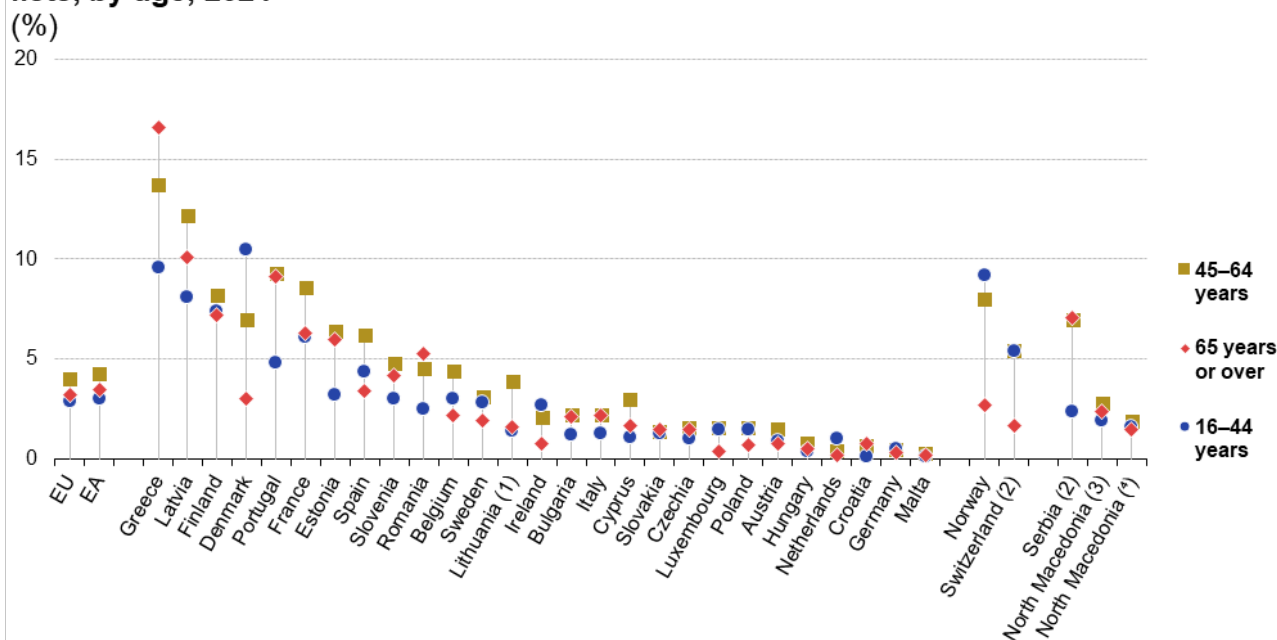
care in Finland and Slovenia, reported by just over three quarters of the people with an unmet need for dental care.

- In Malta, a very low share of people reported unmet needs for dental care, with the highest share for fear.

Unmet needs for dental

care due to expense, too far to travel or waiting lists were most often reported by people aged 45 to 64 years

Share of people reporting unmet needs for dental examination or treatment due to being too expensive, too far to travel or waiting lists, by age, 2024



Note: ranked on the overall share of people aged 16 years or over reporting unmet needs for dental examination or treatment due to being too expensive, too far to travel or waiting lists.

(1) Provisional.

(2) 2023.

(3) 2022.

Source: Eurostat (online data code: h1th_silc_22)

eurostat

Figure 7: Share of people reporting unmet needs for dental examination or treatment due to being too expensive, too far to travel or waiting lists, by age, 2024 (%) Source: Eurostat (h1th_silc_22)

In the EU, 4.0% of people aged 45 to 64 years reported unmet needs for dental care due to expense, too far to travel or waiting lists in 2024. This was higher than the corresponding shares for younger people (2.9%; aged 16 to 44 years) or older people (3.2%; 65 years or over) – see Figure 7.

- In 18 EU countries, people aged 45 to 64 years were most likely to report unmet needs for dental care due to expense, too far to travel or waiting lists.
- In Italy, people aged 45 to 64 years or aged 65 years or over were jointly most likely to report unmet needs for dental care due to expense, too far to travel or waiting lists.
- In Germany, people aged 16 to 44 years or aged 45 to 64 years were jointly most likely to report unmet needs for dental care due to expense, too far to travel or waiting lists.
- In Greece, Croatia, Romania and Slovakia, people in the oldest age group (aged 65 years or over) were most likely to report unmet needs for dental care due to expense, too far to travel or waiting lists; in all of these EU countries, the share was lowest for people aged 16 to 44 years.
- In Denmark, Ireland and the Netherlands, people in the youngest age group (aged 16 to 44 years) were most likely to report unmet needs for dental care due to expense, too far to travel or waiting lists; in all 3 of these EU countries, the share was lowest for people aged 65 years or over.

Unmet needs for dental care due to expense, too far to travel or waiting lists were more often reported among people at risk of poverty

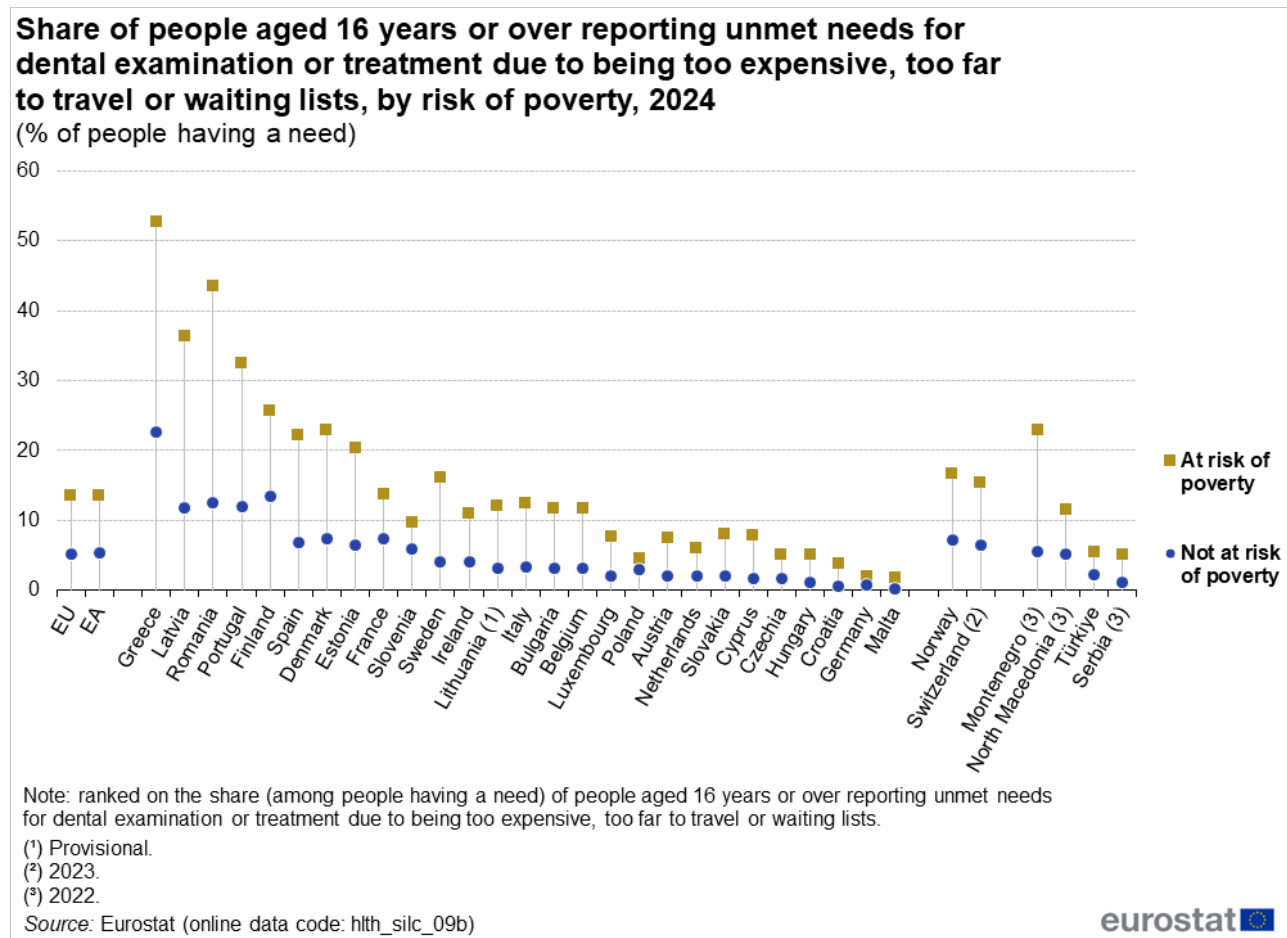


Figure 8: Share of people aged 16 years or over reporting unmet needs for dental examination or treatment due to being too expensive, too far to travel or waiting lists, by risk of poverty, 2024 (% of people having a need) Source: Eurostat (hlth_silc_09b)

Finally, Figure 8 presents the shares of people aged 16 years or over reporting unmet dental care needs – due to being too expensive, too far to travel or waiting lists – among people reporting needs for dental care (rather than among all people). Results are presented separately for people at risk of poverty or not at risk of poverty.

Among this subpopulation of people aged 16 years or over in the EU who were not at risk of poverty and had needs for dental care, the share who reported unmet needs due to being too expensive, too far to travel or waiting lists in 2024 was 5.1%, while it was substantially higher, at 13.6%, for those at risk of poverty.

- This pattern, where people at risk of poverty had the highest percentage of people reporting unmet needs for dental care for these main reasons, was observed in all EU countries.
- The most notable contrasts in reporting unmet needs for dental care due to being too expensive, too far to travel or waiting lists were observed in Romania and Greece: in the former, 43.5% of people at risk of poverty reported such unmet needs compared with 12.6% among those not at risk, a gap of 30.9 points; in the latter, more than half (52.8%) of people at risk of poverty reported such unmet needs compared with 22.7% among those not at risk, a gap of 30.1 points. Large differences were also observed in Latvia (24.5 points) and Portugal (20.5 points).
- By contrast, Germany, Malta and Poland recorded the narrowest gaps between the rates of unmet dental care needs among people at risk of poverty and those not at risk of poverty, with differences of 1.3, 1.5 and 1.7 points, respectively.

Source data for tables and graphs

- [Download Excel file](#)

Data sources

EU-SILC is the source of comparative statistics on income distribution and social inclusion in the EU. It provides annual data for the EU countries as well as some [EFTA](#) and [enlargement](#) countries on income, poverty, social exclusion and other aspects of living conditions.

The reference population for EU-SILC is limited to private households and their current members residing in the territory of the surveying country at the time of data collection. People living in collective households and institutions are generally excluded from the reference population. All household members are surveyed, but only those aged 16 years or over are interviewed.

Questions included in EU-SILC on medical and dental examination or treatment refer to a person's own assessment of whether they needed examination or treatment for the specific types of health care (medical and dental) in the previous 12 months but did not receive it or did not seek it.

The source is documented in more detail in this [background article](#), which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

Limitations of the data

All of the indicators presented in this article are derived from self-reported data. As such, they are, to a certain extent, affected by respondents' subjective perception as well as by their social and cultural background. Despite their subjective nature, the statistics that are presented are considered to be relevant and reliable estimators of the health status of people as well as good predictors of health care needs; they are also valuable for trend analyses and for measuring socioeconomic disparities.

EU-SILC does not cover the institutionalised population, for example, people living in health and social care institutions whose health status is likely to be worse than that of people living in private households. It is therefore likely that, to some degree, this data source under-estimates the share of people with health problems. By contrast, the exclusion of health and social care institutions, where medical care is likely to be readily available, may lead to an over-estimation of unmet needs for health care.

Another factor that may influence the results shown is the different organisation of health care services, be that nationally or locally. Furthermore, the indicators presented are not age-standardised and thus reflect the current national age structures. Finally, despite substantial and continuous efforts for harmonisation, the implementation of EU-SILC is organised nationally, which may impact on the results presented, for example, due to differences in the formulation of questions or their precise coverage.

Context

Good health is an asset in itself. It is not only of value to the individual as a major determinant of quality of life, well-being and social participation, but it also contributes to general social and economic growth. Many factors influence the health status of people, and these can be addressed by health and other policies regionally, nationally or across the EU.

Barriers to accessing health care include cost, distance, waiting times, lack of cultural sensitivities and discrimination. For non-native speakers, language can be an obstacle for those seeking to access services, while barriers to health care may also result from poor understanding or a lack of knowledge with respect to a patient's rights and the administrative practices and requirements of health systems.

A European Commission Communication [Towards social investment for growth and cohesion](#) (COM(2013) 83 final) and its accompanying document on [Investing in health](#) (SWD(2013) 43) highlight the need to invest in sustainable health systems which can improve cohesion and boost economic growth by reducing health inequalities, enabling

people to remain active longer and in better health. The [EU4Health programme 2021–2027 – a vision for a healthier European Union](#) sets out 4 general objectives

- improving and fostering health
- protecting people
- access to medicinal products, medical devices and crisis-relevant products (ensuring that these products are accessible, available and affordable)
- strengthening health systems.

Investment designed to reduce health inequalities should contribute to increased social cohesion and may help break the spiral of poor health that both contributes to and results from poverty and exclusion. Health inequalities represent a considerable burden both in terms of their effect on an individual's health, as well as productivity losses and costs associated with social protection systems.

An indicator on the equality of access to health care service, defined as the total self-reported unmet need for medical care for the reasons of financial barriers, waiting times and too far to travel, is included in the health services chapter of the [European core health indicators](#) (ECHI).

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Health care (hlth_care)

Unmet needs for health care (hlth_unm)

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Publications

- [Ageing Europe – 2021 interactive edition](#)
- [Ageing Europe – Looking at the lives of older people in the EU – 2020 edition](#)
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Methodology

- [Income and living conditions \(ilc\) \(SIMS metadata file\)](#)
- [Health variables of EU-SILC \(ESMS metadata file – hlth_silc_01_esms\)](#)
- [EU statistics on income and living conditions \(EU-SILC\) methodology](#)
- [Health variables in EU-SILC](#)

External links

- [European Commission – Directorate-General for Health and Public Safety – Public health](#) , see
 - [European core health indicators \(ECHI\)](#)
 - [Social determinants](#)
- [Regulation \(EU\) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health \('EU4Health Programme'\) for the period 2021–2027](#)
 - [Summary of Regulation \(EU\) 2021/522](#)

Legislation

- [Legal framework from 2021: EU statistics on income and living conditions](#)