

# Access to social protection for workers and the self-employed:

## Focus on healthcare coverage

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# Background

- European Pillar of Social Rights, Principle 12:  
*“Regardless of the type and duration of their employment relationship, workers, and, under comparable conditions, the self-employed have the right to adequate social protection.”*
- Adoption of the Council Recommendation in November 2019.
- Mixed picture from the January 2023 Report on the implementation of the Recommendation.
- Gaps in working persons' access to social protection continually monitored by the EC, including in this mutual learning event.
- Use of the Recovery and Resilience Fund by Member States.
- Further EU support to Member States announced.

# Thematic Focus

- Thematic paper focuses on three branches of social insurance covered by the Council Recommendation: **Healthcare, Sickness, and Accidents at Work and Occupational Diseases**.
- Assessment of their accessibility for workers and the self-employed, and overview of reform trajectories across EU-27.
- The paper encompasses **formal and effective coverage, and adequacy**, while transparency was covered in the October 2023 workshop.
- Identification of relevant practices and reforms by Member States.
- The post-pandemic context is a good moment to place access to healthcare coverage and related benefits high on national policy agendas.

# Healthcare coverage: Country Cases and Reform Trajectories

# Significance of healthcare coverage

- Healthcare as a fundamental right and key to well-being.
- Principle 16 of the European Pillar of Social Rights specifies that everyone has the right to timely access to affordable, preventive, and curative healthcare of good quality.
- Economic impact of access to healthcare:
  - i. Maintenance of a healthy workforce;
  - ii. Reduction of absenteeism in the workplace;
  - iii. Enhancement of overall economic productivity.

# Overview of trends across EU-27

- Universality and residence-based access predominant (compulsory contributions mostly exist, but not tied to employment status).
- Residence-based access in at least 18 Member States.
- Alternative eligibility criteria in 9 Member States, incl. access via unemployment or low-income status.
- Affordability challenges in some Member States, related to payment of contributions and co-payments of services.
- Concerns about inequalities in insurance packages and care quality offered to standard workers vs non-standard working persons.

Access	Country
Residence-based (18 MS)	BG, CY, CZ, DE, DK, ES, FI, FR, IE, IT, LT, LV, MT, NL, PT, RO, SE, SK
Not extended to all residents (9 MS)	AT, BE, EL, EE <sup>a</sup> , LU <sup>a</sup> , HU, HR <sup>b</sup> , PL, SI
Insurance not mandatory for some working persons	AT, CZ, LU, PL, RO

*Source: MISSOC, 01 July 2023 update.*

*Notes:*

*a) Reforms towards residence-based coverage have been announced.*

*b) Croatia declares provision of de facto universal access, since all social categories are covered through some insurance basis (including via insured family members).*

# Overview of access to healthcare



# Challenges in healthcare coverage

- Residency-related requirements only FR (6m) and IE (1yr).
- In the 9 MS without residence-based access, inclusion of many categories beyond employees and the self-employed.
- Reforms in EE and LU towards universal healthcare coverage.
- Unemployment registration offers access to healthcare in all 9 of these MS.
- No distinction between employees & self-employed (recent reform in EL).
- In AT and LU, non-standard employees and self-employed earning below a certain income level are not covered by compulsory healthcare insurance.
- Variation in access via low-income social benefits – the option exists in AT, EE, HU, LU, PL and SI, and does not in BE, HR and EL.
- Concerns about those in precarious working arrangements who do not qualify for social assistance.



# Affordability challenges

- No co-payments in 12 MS and small flat fee co-payments in 11 MS.
- Higher co-payments in 4 MS (HR, LU, RO, SI) + for self-employed in AT.
- Concerns around the impact of relative costs on insured individuals.
- Especially for low-income working persons, and even more so those in the 'twilight zone', i.e. the second income quartile.
- Amount ceilings (annual or per visit) in AT (excl. SE, but incl. their hospital care), CY, HR, FI, FR, LV, NL, PT.
- Income related exemptions in BE, DE, IE, IT, and PT.
- Could healthcare costs be capped (annually/per visit) in MS without caps?
- Could income related exemptions be offered in other MS?

# Inequalities in quality and access

- Concerns about inequalities in healthcare access and quality for standard workers vs non-standard working persons.
- Waiting times, shortages of medical staff and access to private sector care some of the main concerns for many EU citizens (Eurofound, 2020).
- Supplementary health insurance can reduce co-payments and waiting times, and cover healthcare services not included in the basic packages.
- More accessible to employees since employers pay for it. Non-standard employees and the self-employed have to finance it themselves.
- The State or professional associations sometimes subsidise this cost (e.g. public employers in FR, occupational healthcare funds in IT for the self-employed).
- Promoting voluntary take-up of supplementary insurance among these groups could also be a good practice (along with some tax reductions).

# Labour market transitions and access to healthcare insurance

- The issue of practical maintenance of access during transitions between employment statuses.
- Temporary loss of coverage during administrative transitions can be particularly challenging for those in non-standard or unstable employment.
- There is a link between such administrative transitions and non-compliance with the payment of contributions.
- Case studies:
  1. FR – Resolving temporary loss during transitions (Box 1).
  2. SI – Admin measures for preserving social protection entitlements.
  3. DE – Reporting requirements for short-term contract employees.

# Tackling non-payment of contributions

- Changing dynamics in sharing responsibility for social protection between working persons and employers.
- Particular complexities faced by the "new self-employed", who have to navigate compliance in the context of multiple jobs and legal statuses.
- Making compliance easier for individuals in a dynamic employment landscape is a good practice.
- Proactive adaptation to the evolving world of work and leveraging digital tools.
- Balancing the ex-post punishment-oriented strategies for non-compliance (where individuals lose coverage) and proactive collection efforts.

Thank you for your attention!

Questions or comments?

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