

# Can *working* people afford to pay for health care?

## Key findings from a new study on financial protection in 40 countries in Europe

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Mutual learning workshop on access to social protection for workers and self-employed people

Brussels, 5 February 2024

[Regional report & summary](#)

[Short film](#)

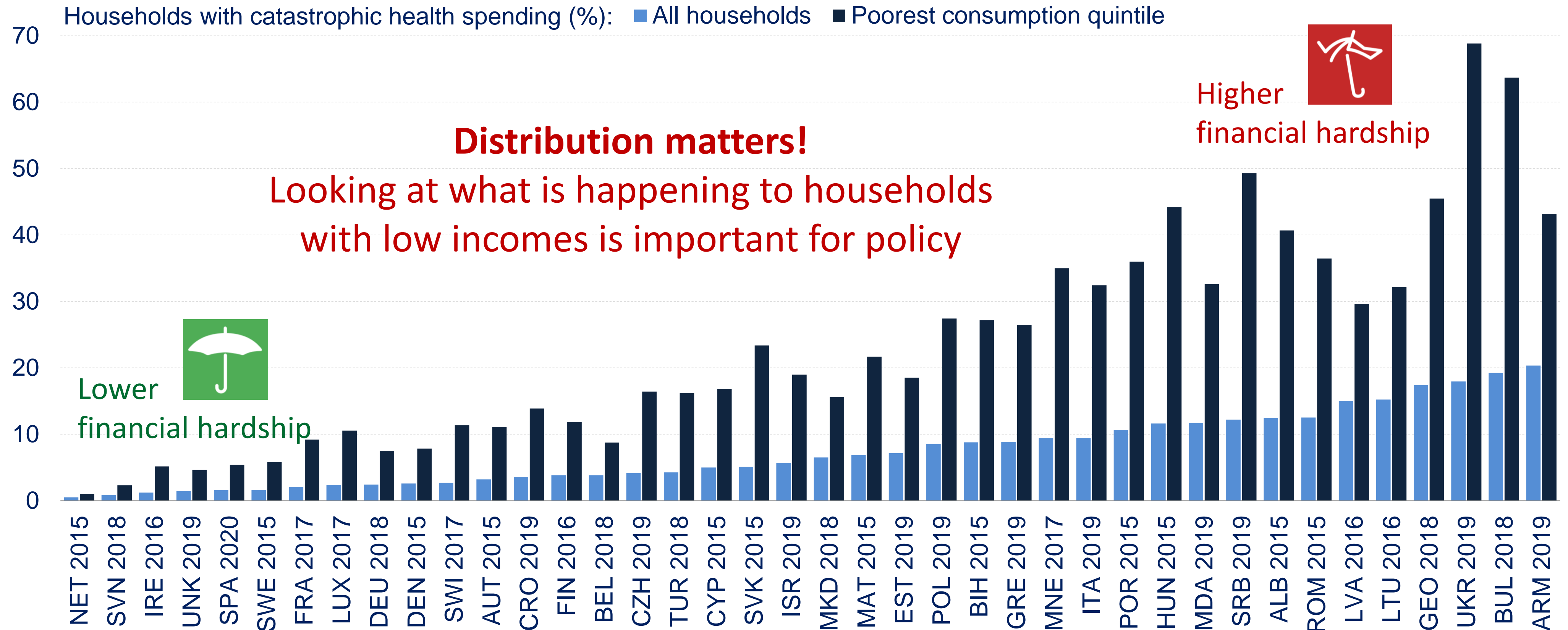
[Research article](#)  
Lancet Regional Health Europe

[Country reports](#)

All available at  
[UHC watch](#)



# Out-of-pocket payments lead to financial hardship (+ unmet need), undermining progress towards universal health coverage



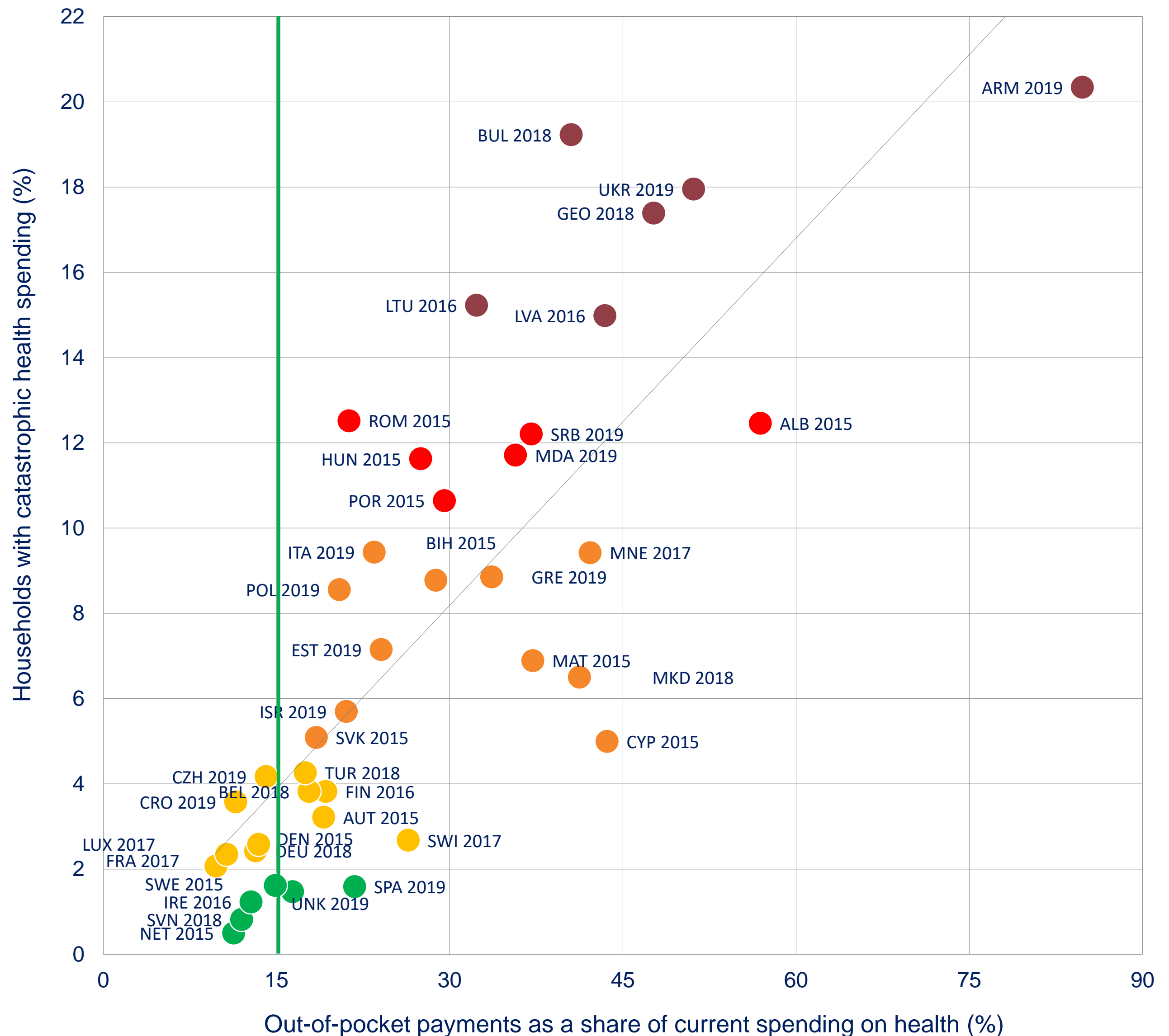
[WHO Barcelona Office for Health Systems Financing](#) (2023); Netherlands (Kingdom of the) cannot be compared to other countries because the Dutch household budget survey does not include the annual deductible amount households pay out of pocket for covered health care, biasing the results downwards.

Financial hardship is higher in health systems that rely more heavily on out-of-pocket payments

but policy matters!



15%



## Coverage policy choices to avoid



Basing entitlement on payment of social health insurance (SHI) contributions



Excluding people from coverage



Applying user charges without effective protection mechanisms



Failing to cover treatment in primary care settings



Thinking voluntary health insurance (VHI) is the answer

## Good practice checklist for policy-makers



Entitlement is de-linked from payment of SHI contributions



All people are entitled to the same benefits



User charges are applied sparingly and are carefully designed

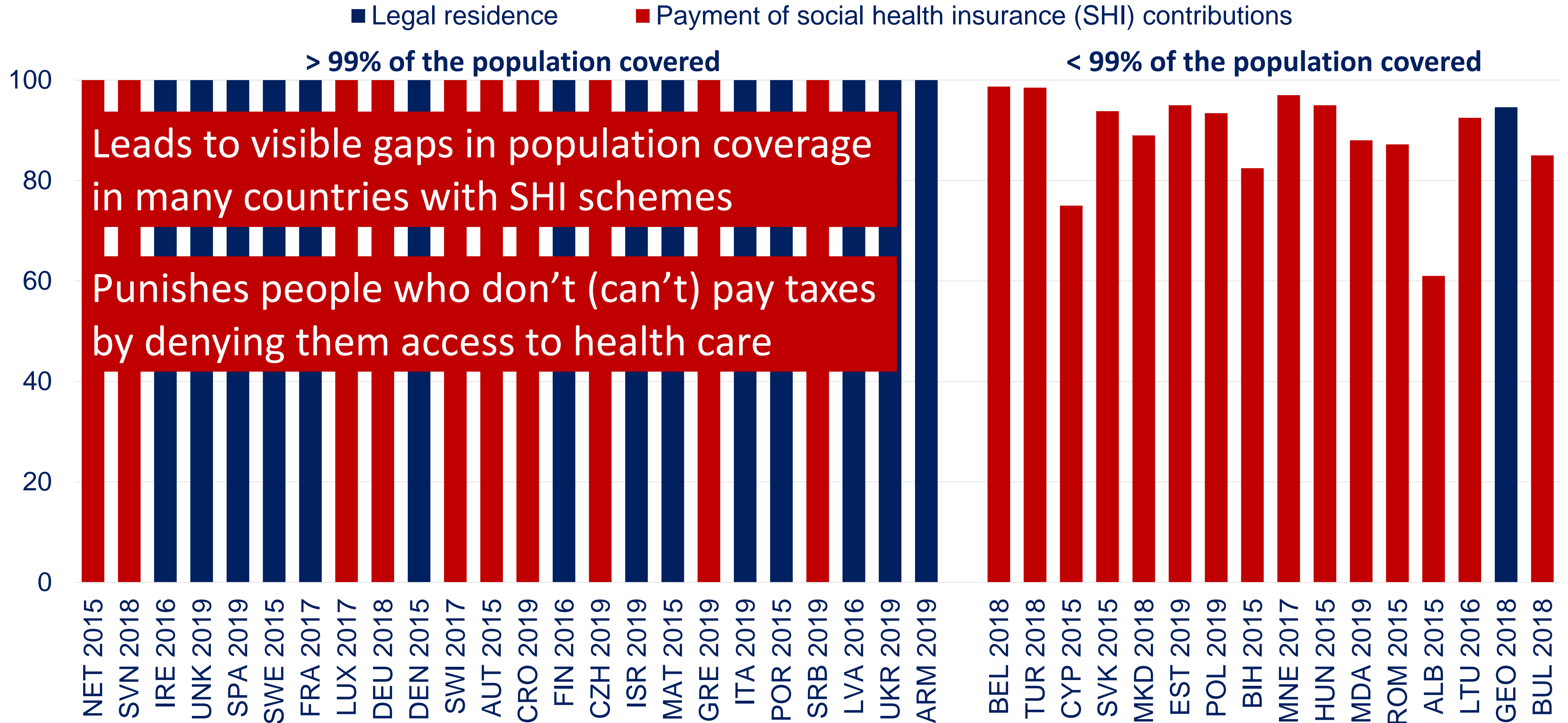


Primary care coverage includes treatment



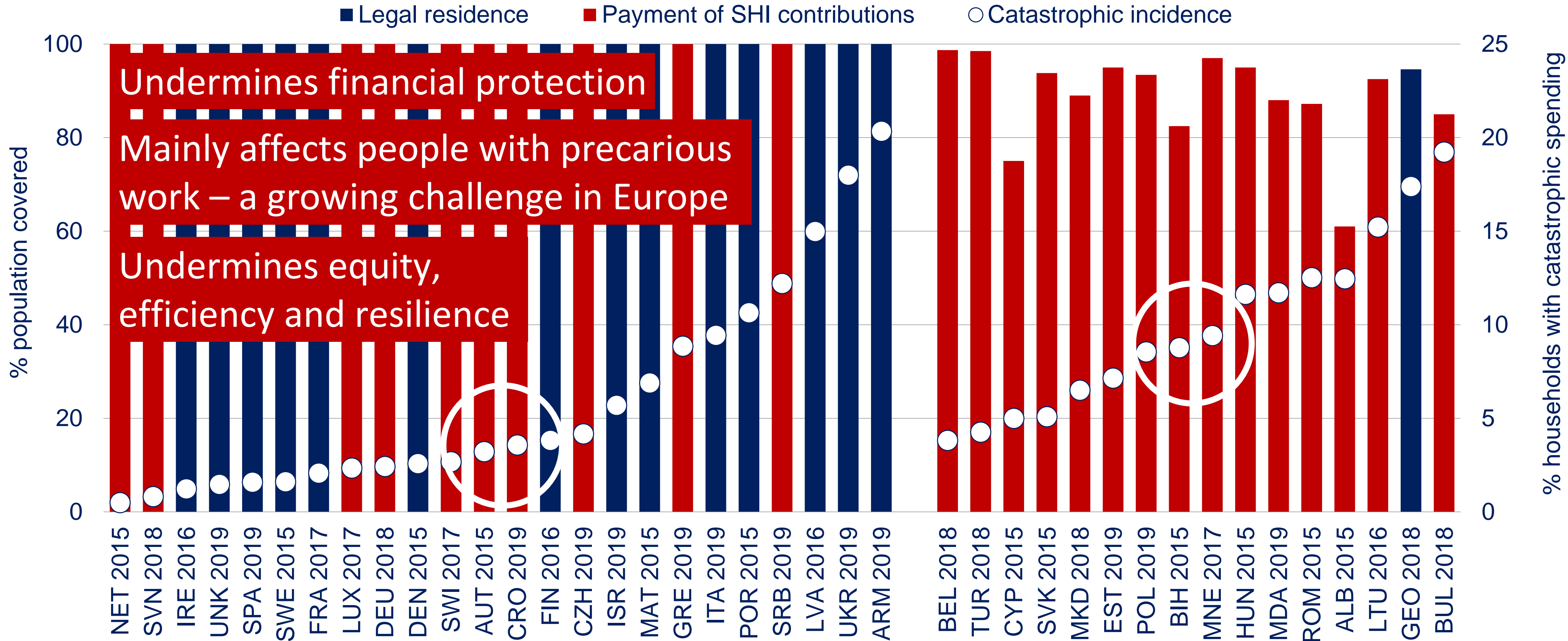
Coverage policy is supported by adequate public spending on health

# Avoid #1: linking entitlement – access to health care – to payment of social health insurance (SHI) contributions





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There is no evidence that using the health system to address a tax problem is effective

Good practice #1: Entitlement is de-linked from payment of SHI contributions and the tax agency deals with non-payment of contributions and other taxes – not the health system



Progress is possible: SHI in France broke this link in 2000 (and Ukraine avoided introducing it in 2017, boosting resilience to COVID-19 & war)

Universal population coverage is a prerequisite for financial protection but not a guarantee: other coverage policies also matter – particularly the use and design of user charges (co-payments) – see the report for more detail

## UHC watch

Tracking progress on affordable access to health care in Europe and central Asia

Information on all EU countries by mid-April

# UHC watch

Tracking progress on affordable access to health care in Europe and Central Asia

Affordable access to health care - financial protection - is at the heart of universal health coverage (UHC)

UHC means everyone can use quality health care without financial hardship



Weaker financial protection



Stronger financial protection

▶ UHC watch video



## Explorers

Assess the current situation, monitor trends, compare countries



Co-funded by the European Union

### Indicator explorer

Over 50 indicators of financial hardship, unmet need for health care and spending on health

Explore data



### Policy explorer

Information on population coverage, service coverage, user charges and voluntary health insurance

Explore data

