

Unmet need for health care in Europe and central Asia

Financial hardship indicators capture out-of-pocket payments in people using health services, but they do not indicate whether out-of-pocket payments create a barrier to access, resulting in unmet need.

Unmet need is an indicator of access, defined as instances in which people need health care but do not receive it because of access barriers such as cost, distance or waiting time (health system factors).

Information on health care use and unmet need is not routinely collected in the household budget surveys used to monitor financial hardship because these surveys are designed to measure household consumption. Household budget surveys indicate which households have not incurred out-of-pocket payments but not why. Households with no out-of-pocket payments may have no need for health care, be exempt from user charges (co-payments) or face barriers to accessing the health services they need.

Financial protection analysis that does not account for unmet need could be misleading. A country may have a relatively low incidence of catastrophic health spending because many people are not able to use health services. Conversely, reforms that increase the use of health care can also increase people's exposure to out-of-pocket payments – for example, if user charges are applied without effective protection mechanisms. In such instances, reforms might improve access to health care but at the same time increase financial hardship.

Self-reported data on unmet need should be interpreted with caution, especially across countries. However, analysis has found a positive relationship between unmet need and a subsequent deterioration in health (Gibson et al., [2019](#)) and between unmet need and the out-of-pocket payment share of current spending on health (Chaupin-Guillot & Guillot, [2014](#)), which suggests that unmet need can be a useful indicator of affordable access to health care.

Every year, European Union (EU) Member States and a few other countries collect data on unmet need for health care (medical examination or treatment) and dental care (dental examination or treatment) through [EU Statistics on Income and Living Conditions](#) (EU-SILC). EU Member States also collect data on unmet need through the [European Health Interview Survey](#) (EHIS), carried out every 5–6 years. The third wave of this survey was launched in 2019. EHIS provides information on unmet need among people reporting a need for health care and asks households about unmet need for prescribed medicines, in addition to health care and dental care. EU-SILC typically provides information on unmet need as a share of the population but in recent years it has started to provide this information among people reporting a need for health care (Ingleby & Guidi, [2024](#)).

These data can be disaggregated by multiple factors, including income.

Source: [UHC watch](#)

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