Going universal? The problem of the uninsured in Europe and in OECD countries

Going Universal? The problem of the Uninsured in Europe and in OECD countries

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Abstract
Purpose. The aim of this article is to address the following questions: 1) Which OECD and EU countries guarantee health insurance coverage to the entire population and which, conversely, leave part of the resident population without coverage? 2) How many people do not have health coverage, and what are their characteristics? 3) Within the OECD and the EU, is there actually a trend towards universal population coverage?
Findings. Approximately one third of OECD and European Union countries do not ensure health insurance coverage to the entire population. At present the uninsured in European Union countries totals more than seven million people. Considering all 36 OECD countries, the uninsured reach almost 48 million.
Conclusion. The diachronic analysis shows that, from the Seventies to present day, the percentage of the uninsured in OECD member countries has gradually decreased. Conversely, in EU countries, the tendency towards universalism shows a fluctuating trend. Until the mid-Nineties, the number of uninsured decreased. However, a trend reversal took place and the number of uninsured started to rise again from the second half of the Nineties. The number of individuals without insurance coverage is currently twofold higher than the figure recorded before the outbreak of the Great Financial Crisis.

Keywords: Universal health coverage, Health insurance coverage, Uninsured, OECD, EU, Great Financial Crisis.

1. Introduction

Over the last two decades, international bodies such as the United Nations, the World Health Organization, the World Bank, the OECD and the European Commission, have officially made a commitment to expanding population coverage in the field of healthcare.[1-6] The pursuit of universal health coverage represents one the Sustainable Development Goals adopted by the United Nations General Assembly in 2015. The European Union included the right to health for all among the priority objectives to be achieved.[6] More recently, on the occasion of World Health Day 2018, extending health coverage to all was reiterated as being a primary commitment of the WHO. The expansion of health coverage is, therefore, an issue of great political relevance and salience, and has become the subject of numerous international research studies and reports.[1-3, 5, 7-13]

Based on these studies, we could draw the conclusion that there is a global trend towards universal health coverage.[8-14] But is this really the case?

The main limitation of this strand of literature – at least in recent years – is that it has focused almost exclusively on lower and middle-income countries (LMICs).[8, 10-12, 15-16] High-income countries have, instead, been largely neglected, probably due to the assumption that they have already provided health insurance coverage for the total population, apart from some well-known exceptions such as the United States. But this is not the case. In the following sections we will see that a substantial number of OECD and EU countries do not provide primary healthcare coverage to all residents.

This article attempts to fill – at least in part - this gap in the literature, by focusing on the issue of the "uninsured" in countries with more highly developed economies. Our interest in high-income countries is also motivated by the alarm which was recently raised by some authors, that is: universal healthcare coverage could be threatened even in some high-income

countries, primarily in Europe, in particular, due to the Great Financial Crisis, although there are other determining factors as well.[17-22]

The aim of this article is to address the following questions: 1) Which OECD and EU countries guarantee health insurance coverage to the entire population and which, conversely, leave part of the resident population without coverage? 2) How many people do not have health coverage, and what are their characteristics? 3) Within the OECD and the EU, is there actually a trend towards universal population coverage?

To answer these questions, this study compares the 36 OECD member countries and the 28 countries that make up the European Union. In this regard a clarification is necessary since the data reported in this paper were only available through 2018, therefore, in this article the United Kingdom is considered to be a member of the European Union.

Firstly, we will present the current situation, providing the most recent data available on health insurance coverage. Secondly, we will report the data relative to the last four decades to understand how the prevalence of health insurance has changed over time. As we will see, during the last 40 years or so the percentage of the uninsured in OECD countries has gradually decreased. However, over the last two decades the number of the uninsured has started to increase in some European countries. Therefore, we also attempt to identify the characteristics of those who are at a higher risk of not having healthcare coverage in each country. In the discussion in Section 4, we investigate the possible causes for this decrease in coverage in EU countries.

2. Definitions, Data Sources and Methods

In the existing literature, expressions such as 'universal health coverage', 'universal health care', 'healthcare coverage', 'health insurance coverage', and 'health service coverage' are used in a confusing and an ambiguous way. At times they are treated as synonyms, while in other contexts they are given different meanings.[3,13,18,23] Despite the terminological

uncertainty, there is a broadly shared opinion that the concept of health coverage should be studied based on three distinct dimensions:[1,7,9,11,16,24-26] the breadth (who is covered), the depth (what services are covered), and the height (what proportion of costs are covered) within insurance coverage.

It is worthwhile to make clear from the very beginning that this article focuses exclusively on the first dimension, namely, the breadth of health insurance. Our choice to dwell solely on the breadth of the coverage should be briefly explained. The dimension of breadth is easier to operationalize and measure.[4,27] From a logical perspective, it is also and above all, an indispensable condition for the other two dimensions. Indeed, investigating the depth or height of the coverage makes sense only if individuals are covered by healthcare insurance.

The *breadth* of health insurance, also called "population coverage",[3,12,26] can be defined as the share of the population formally covered for a given set of healthcare services under public programmes and private insurance.[26]

This definition implies two clarifications. First, for the purposes of this article, it is not important whether the insurance protection is public, private, or obtained through a mandatory or voluntary healthcare plan. What counts is that residents are protected against health risks and do not pay completely out-of-pocket for the healthcare services they receive.

Secondly, since this article focuses on the breadth of coverage, we will only dwell on the percentage of the population which is 'formally covered' by some sort of insurance plan, with no reference to actual access to health services, quality of services or other dimensions of coverage. Hence, we will not mark out the difference between what citizens are granted on paper and what they are guaranteed in practice.[3,8,11,13,16]

In the following sections, we will make a distinction between '*universal*' and '*non-universal*' countries. Countries where all residents are formally holders of health insurance that covers essential healthcare will be referred to as being 'universal'.

The *uninsured,* instead, refer to individuals who do not have public or private primary health coverage, therefore, those who must pay for healthcare services out of their own pockets.

The main data source used in this article is the *OECD Health Statistics 2019* online database.[28] This database does not include the five EU countries that do not belong to the OECD (Bulgaria, Cyprus, Croatia, Malta and Romania). But a great deal of data is missing for countries in the OECD area also, especially for past decades. The gaps in time sequence involve some non-European countries (Chile, Israel, Korea, Mexico and the United States), Spain, Luxembourg, and some Eastern European countries (Estonia, Latvia, Lithuania, Poland, Slovakia and Slovenia). Some of the missing data referring to recent years are reported in *Health at a Glance: Europe*, also published by the OECD.[26,29] An invaluable source of information, especially for tracing the historical development of each national system, is the *HiT-Health Systems in Transition* report series, edited by the European Observatory on Health Systems and Policies. The reports published by the European Observatory enabled the reconstruction of the time sequence of many countries (Bulgaria, Croatia, Cyprus, Estonia, Israel, Latvia, Lithuania, Luxembourg, Malta, Poland, Romania, Slovenia, Slovakia and Spain).

The OECD data pertaining to the United States do not coincide with the data published by the American institutes of statistics. In this case, we have considered the domestic sources to be more reliable than the dataset provided by the OECD. Hence, the data presented for the United States have been taken from the US Census Bureau[30] and the National Center for Health Statistics.[31] Additional sources were consulted to fill in some of the gaps in the Chilean and Mexican cases.[32-34]

For a limited number of countries where the historical evolution was evident, missing data were replaced with the data available for the year closest to the year of reference. Despite the cross referencing of these different data sources, it was not possible to verify the accuracy and reliability of some values. We considered it preferable to not include these data in our analysis, by indicating N.A. (Not Available).

3. Study Results

It is worthwhile to start from the analysis of the current situation (relative to 2018, or the last year available). In **Figure 1**, we consider all the OECD countries and those belonging to the European Union. For each country, we report the percentage of population with basic health insurance, whether public or private.

[Figure 1 about here]

Universal, quasi-universal and non-universal countries

First, we examine the 36 OECD member countries, which are marked with an asterisk (*) in Figure 1. Twenty-two of them ensure universal coverage, three have what we can call 'quasi-universal' coverage, whereas eleven countries do not attain universal coverage.

The twenty-two countries with universal coverage (where 100% of the population is therefore covered) include: Australia, Canada, the Czech Republic, Denmark, Finland, Germany, Greece, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, New Zealand, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

According to the OECD data, three countries have coverage that can be considered 'quasi-universal.' In this article, we have considered those countries where the percentage of the uninsured is minimal to be quasi-universal, namely less than or equal to 0.5% of the population. When applying this classification criterion, the three quasi-universal countries are Austria, France and the Netherlands.

In the remaining 11 countries, universal coverage is not achieved. In these countries, the uninsured account from a minimum of 0.8% to a maximum of 10.2% of the population. These countries cannot be considered 'quasi-universal' as they exceed the threshold of 0.5%; hence they will be referred to as 'non-universal'. 'Non-universal' countries include: Belgium, Chile,

Estonia, Hungary, Lithuania, Luxemburg, Mexico, Poland, the Slovak Republic, Turkey and the United States.

Second, we consider the 28 countries belonging to the European Union, marked with a degree symbol (°) in Figure 1. The situation is as follows: 15 countries have universal coverage, three a 'quasi-universal coverage', ten a non-universal coverage. The ten non-universal EU countries are: Belgium, Bulgaria, Cyprus, Estonia, Hungary, Lithuania, Luxemburg, Poland, Romania and Slovakia.

Intertemporal Comparison

To put these data into context, it is helpful to review the time sequence. Therefore, we will compare the data from 2015 with the data available for 10, 20, 30 and 40 years earlier, respectively.

[Table 1 about here]

When referring to the insured and uninsured populations in the OECD and EU member countries over the past decades, the calculation includes all the countries currently belonging to the two international organisms (even those which were not yet members at the time).

If we examine the data reported in Table 1, we can – once again – begin by selecting the 36 OECD countries. In 2015, there were 24 countries with universal or quasi-universal coverage (to simplify matters, in our intertemporal comparison 'quasi-universal' and 'universal' countries have been combined). About 40 years ago, universal coverage was ensured only in 19 out of 36 countries. Since 1975, the number of OECD member countries with universal coverage has increased: from the 19 countries of the mid-Seventies, it increased to 22 countries in 1985, 23 in 1995, and 24 countries in 2015.

Over the last four decades, the percentage of the insured in OECD countries has increased steadily. If we consider the aggregate population of the 36 countries that currently make up the OECD, in 1975 the uninsured corresponded to 16.7%. Since then, the percentage of the uninsured has dropped: in 1985 it was 14.2%, in 1995 it went down to 11%, in 2005 it reached 8.8%, and in 2015 it decreased to 3.7%. The greatest reduction was, therefore, recorded from 2005-2015 .

A similar diachronic comparison can be conducted with reference to the 28 countries belonging to the European Union. If within the OECD area the drive towards universalism has been constant, the same cannot be said for the countries in the EU. In the mid-1970s, 17 European countries had universal (or quasi-universal) coverage. Ten years later, in 1985, the countries ensuring universal coverage had increased to 21. After 1985, however, the number of universal European countries decreased, first to 18 (in 1995), then to 16 (in 2005). Subsequently, it increased to 17 and 18 in 2015 and 2018, respectively. This means that within the EU, the maximum number of universal countries was reached during the mid-1980s, and has since decreased.

This fluctuating trend is also reflected by the percentage of the uninsured. In 1975, the uninsured in Europe came to 6.2% of the population. In 1985, they had dropped to 2.7%, and reached as low as 0.3% in 1995 (the most extensive coverage). After 1995, the uninsured in Europe started increasing again: in 2005, they were 0.8% of the population, and in 2015 they reached 1.9%. In absolute terms, the figure is perhaps even more striking. In 1995, in the 28 countries belonging to the European Union, 1.5 million people were uninsured. In 2005, the uninsured totaled 4.4 million. Whereas in 2018, there were 7.2 million uninsured.

It is worth reflecting on the trend of the uninsured over the past two decades in order to evaluate the possible effects also produced by the Great Financial Crisis of 2008. **Figure 2** illustrates the percentage of the uninsured in the OECD countries from 2000 to 2018. **Figure 3** shows the same data regarding European Union member countries.

[**Figure 2 about here**]

[**Figure 3 about here**]

A comparison of Figures 2 and 3 confirms how the OECD countries and the EU countries have followed different trajectories during the last two decades. The consequences of the global financial crisis seem to have affected EU countries the most (a comment on this point is found later in the discussion in Section 4).

Who are the uninsured?

As stated above, at present the uninsured in European Union countries totals more than seven million people, corresponding to 1.4% of the population. In absolute terms, the countries with the highest number of uninsured are Poland (2.8 million), Romania (2.1 million) and Bulgaria (0.8 million).

Among the 36 OECD member countries, the average percentage of the uninsured is even more pronounced. Out of an overall population of just under 1.3 billion, there are approximately 48 million uninsured, accounting for 3.7% of the population. This high overall percentage of uninsured in the OECD countries is mainly attributable to the United States, which alone contribute almost 29 million, followed by Mexico (around 13 million).

Having understood the extent of the phenomenon, it is reasonable to ask which residents of the European Union and OECD countries do not have any primary health insurance.

The categories of uninsured residents vary depending on the health system model implemented in each country.[35,36] National healthcare systems that do not guarantee health insurance coverage for the entire population can be subdivided into three groups.

The first case is represented by countries without a mandatory health insurance plan. The United States belongs to this category.

The second category of 'non-universal' national systems includes countries that implement a mandatory health insurance plan that does not apply to the entire resident population.[37] This is the case for Belgium, Bulgaria, Chile, Cyprus, Estonia, Luxembourg, Mexico, Poland and Romania. In these countries, part of the resident population is not obliged to subscribe to a social health insurance plan or a national insurance plan; therefore, if they do not voluntarily pay the premiums for a private policy, they risk having no healthcare coverage.

Finally, the third category of countries is where all residents are formally required to pay healthcare contributions. However, some individuals do not pay contributions on a regular basis, hence they are not guaranteed the health coverage provided by the mandatory plan.[35] Bulgaria, Hungary, Lithuania, the Netherlands, the Slovak Republic and Turkey fall within this category.

Depending on the system adopted and the obligations enforced by each country, some specific categories of residents are more likely than others to be left without health insurance. In a number of countries there may be no insurance coverage for some freelancers, atypical workers and precarious workers. This happens, for example, in Austria, Bulgaria, Estonia, Mexico and Poland.[35,38,39] In other systems (including Bulgaria, Estonia, Luxembourg, Mexico and Romania) the unemployed may not have adequate health insurance coverage, especially the long-term unemployed or those who do not benefit from public subsidies.[35,37,39-41] Another category at risk is represented by those who work in the *informal sector*.[35,41-42] In several Eastern European countries (including Bulgaria, Hungary, Poland and Romania), a considerable segment of the uninsured is of Roma ethnicity:[38,42-44] those who do not have any identification documents or a permanent residence are usually excluded from the coverage offered by the mandatory plan.[41]

To complement this brief review on who the uninsured are in the OECD and the EU member countries, we should not neglect to point out that in all the 'non-universal' countries mentioned above, citizens without health insurance, however, receive a minimal package of

medical care, usually provided by public facilities. In addition to emergency care, this minimal package often includes other benefits such as maternity coverage and/or the treatment (and prevention) of infectious diseases.[35] In all of the countries that have been examined in this study a healthcare 'safety net' does exist, which provides emergency and minimal care to uninsured individuals as well.[37]

4. Discussion

The decrease in coverage in EU countries. Possible explanations

In the previous sections we have seen how the prevalence of health insurance coverage has evolved in two different directions in OECD and EU countries.

Over the last four decades, the 36 OECD member countries have registered a continuous evolution towards universal coverage. Compared to four decades ago, the number of countries with universal or 'quasi-universal' coverage have indeed increased from 19 to 24, and the uninsured have decreased from 16.7% to the current 3.7% of the population.

Conversely, if we consider the countries in the European Union, the tendency towards universalism shows a fluctuating trend. Even in Europe, during the twenty-year period spanning from 1975 to 1995, the overall number of the uninsured dropped substantially from more than 28 million to just 1.5 million. Over the next twenty years (1995-2015), the uninsured European population has, nonetheless, started to increase again, and has currently reached 7.2 million.

We should reflect upon the circumstances that may have favoured the drop in insurance coverage registered over the last two decades in EU countries. Two factors appear to have played a decisive role: 1) the healthcare reforms implemented in Eastern European countries following the fall of the Berlin Wall, and 2) the effects of the 2008 financial crisis.

Let us start with the first factor. Among the national cases selected for this article, there are 11 Eastern European countries: Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia. In the early 1990s, all of these countries provided – at least on paper – health insurance coverage to the entire population.[42] Universal coverage was guaranteed by programs financed and managed directly by the national governments.[43,45] To refer to these programs, the expression 'Semashko model' was coined from the name of the Russian Health Minister who was in office from 1918 to 1930.[42,46] In the transition towards a democratic regime, all of these countries reformed their healthcare systems – often in a radical way – leaving behind the socialist model in favour of some form of social health insurance or national insurance.[40,43,45] In some countries, these reforms led to a reduction in the rate of health insurance coverage for the population.[40,42-43] To understand this phenomenon, it suffices to compare the data reported in **Table 1**. In 1985, all 11 Eastern European countries guaranteed health insurance to 100% of the population. Thirty years later, only four countries out of 11 provided universal coverage.

The contraction in terms of insurance coverage in EU countries can also be attributed to a second factor, namely the global financial crisis, which broke out in 2008, although its effects spread primarily during the following years. As widely argued, the 2008 economic crisis had major repercussions on the healthcare systems of the more fragile economies.[19-21,47-48]

Figures 2 and 3 above can help determine to what extent the economic crisis has influenced the rate of health insurance coverage.

If we consider the 36 OECD countries as a whole (**Figure 2**), we can see how the number of the uninsured has gradually decreased over the last 15 years. The trend follows a rather regular course, with the sole exception of the year 2009. The crisis appears to have had an impact for only one year, and as of 2010 the overall number of the uninsured began to decrease again. From 2015 to 2018, the percentage of the uninsured remained stable.

The situation experienced in the 28 European Union countries is rather different (**Figure 3**). In this case, no significant change in the rate of health insurance coverage was registered in the years immediately following the outbreak of the crisis. The effects of the crisis became evident in 2011. Suddenly, in just one year, the rate of the uninsured doubled, peaking from 0.9% to 1.8% of the EU population. After a peak in 2013, the number of uninsured individuals dropped somewhat, also due to the reforms implemented in Greece. Nevertheless, the number of individuals with no insurance coverage is currently twice as high as the figure recorded in 2006 (before the outbreak of the crisis).

Limitations

At this point, the limitations of the data used in this study will be discussed.

The first limitation is that the OECD database draws on different national sources (usually this includes the national statistical institutes, the Ministries of Health, the National Health Insurance Institutes). The methods used to survey the insured and the uninsured individuals may, therefore, vary slightly. Depending on the country, the data included in the OECD database may have been taken from administrative data sources, from census surveys or from estimates that combine different sources. An element of discrepancy between the data provided by individual countries specifically concerns certain categories of individuals such as refugees, asylum seekers and irregular immigrants. In some countries these categories are included with residents while in other countries they are not. This means, in practice, that even in many 'universal' healthcare countries, irregular migrants are excluded from the compulsory insurance scheme. They may receive some emergency care free of charge, but do not have health insurance coverage similar to that of legal residents.

A second limitation of the dataset is the definition of the 'basic package', or a package of 'essential services'.[9,11,13,23] The healthcare services or procedures that are considered 'essential' vary from country to country, as the 'basic package' is defined at the discretion of

each national government.[9] In any event, in all the countries examined in this article, the insured are formally guaranteed a core set of services which usually include prevention, consultations with physicians, tests, diagnostic procedures and hospital care.[26,35]

A third limitation of the data reported in the previous section is that it concerns individuals 'formally' provided with basic healthcare coverage. However, it should be kept in mind that the rights written on paper do not always correspond to actual guarantees. The dimension of 'prevalence' is not necessarily combined with the dimension of generosity in healthcare coverage.[27] Therefore, there are countries in which not only the uninsured, but also those who are 'formally' insured actually have insufficient coverage and have difficulty accessing essential medical care, as demonstrated by the levels of unmet medical needs found in European countries.[49,50]

5. Conclusions

Let us summarize the main findings of this article.

Although the problem is usually associated only with the US, we find that many other member countries of the OECD (around one third) and the European Union (more than one third, but almost 50%, if we include the 'quasi-universal' countries) do not provide healthcare coverage to the entire population. Considering all 36 OECD countries, the uninsured total almost 48 million, corresponding to 3.7% of the population. Within EU countries, there are more than 7 million uninsured or 1.4% of EU residents.

Assessing the prevalence of health insurance coverage over the last four decades has brought to light two different trajectories. In OECD countries, there has been a constant reduction in the number of uninsured individuals over time, which has dropped from 16.7% in 1975 to the current 3.7%.

Conversely, in EU countries, the trend has been discontinuous. Up to the mid-1990s, the number of uninsured decreased. In 1995, the uninsured in the EU-28 were as low as 0.3% of

the population. However, a trend reversal took place and the number of the uninsured started to rise again from the second half of the 1990s, also due to the health reforms implemented in Eastern European countries. The percentage of the uninsured remained roughly stable for over a decade, from 2000 to 2011. During the two-year period of 2012-2013, the number of the uninsured doubled. At present, the uninsured in EU countries account for 1.4% of the overall population.

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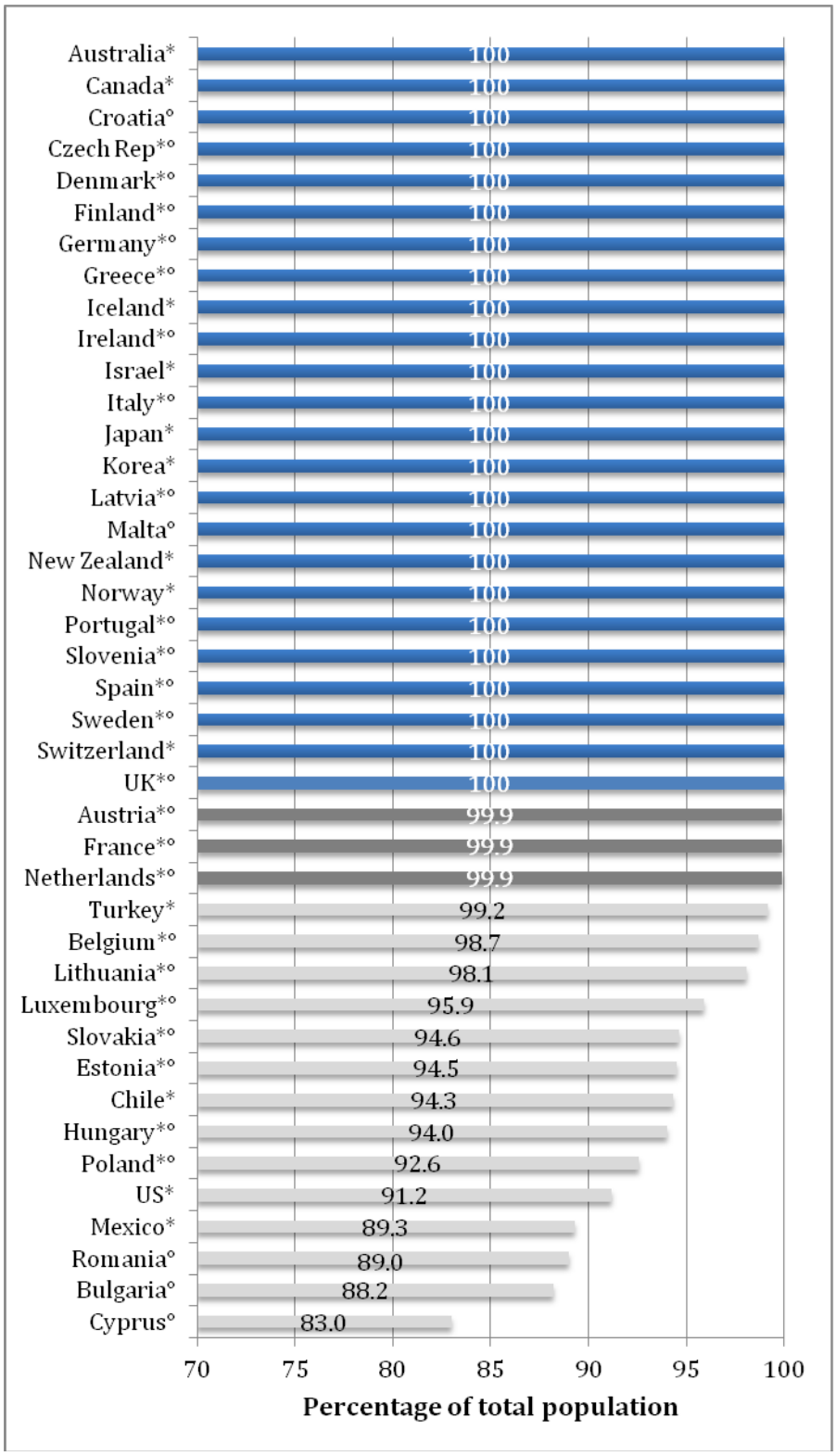
Figure 1 – Percentage of Population with Healthcare Insurance Coverage (2018 or Last Year Available)



Source OECD (2019); OECD (2018); OECD (2016); US Census Bureau (2018)

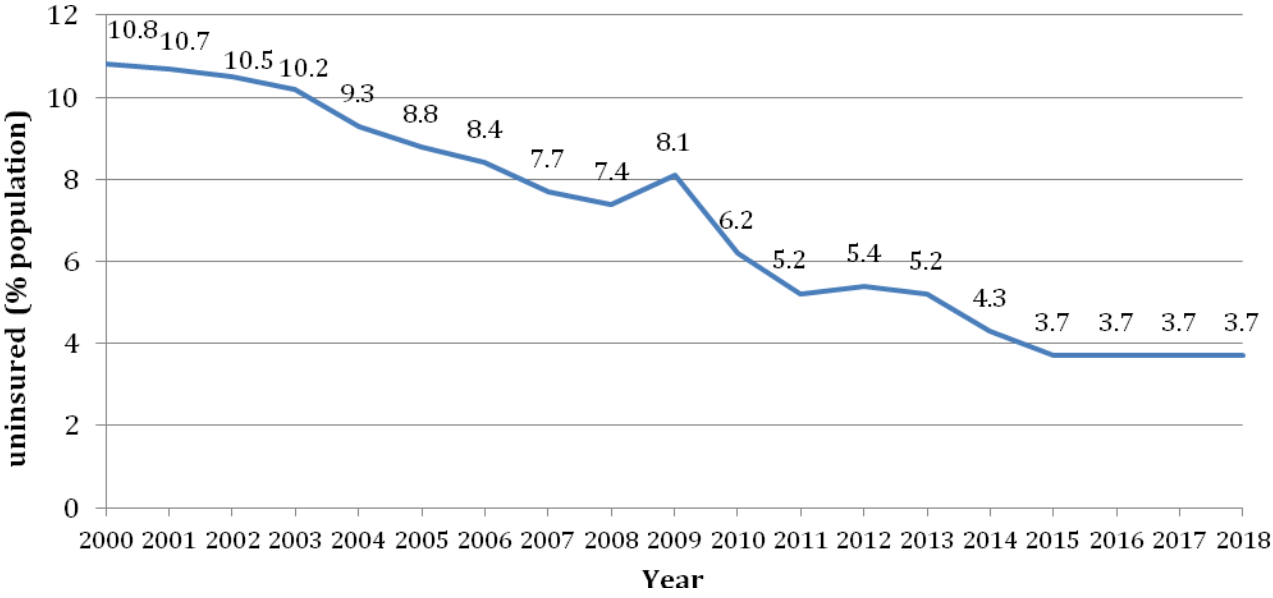
Notes * OECD member country; ° European Union member country.

Table 1 – Percentage of Population with Healthcare Insurance (1975-2015)

	1975	1985	1995	2005	2015
Member countries of the OECD but not EU					
Australia	100	100	100	100	100
Canada	100	100	100	100	100
Chile	71.9	73.1	85.6	84.8	92.1
Iceland	99.8	100	100	100	100
Israel	94.5	94.5	100	100	100
Japan	100	100	100	100	100
Korea	14.5	52.1	100	100	100
Mexico	35.0	41.8	42.3	55.5	92.3
New Zealand	100	100	100	100	100
Norway	100	100	100	100	100
Switzerland	94.0	98.0	99.5	100	100
Turkey	33.6	42.1	65.0	86.6	98.4
US	86.9	85.5	83.7	83.6	90.9
Member countries of both the OECD and the EU					
Austria	96.0	99.0	99.0	98.0	99.9
Belgium	99.0	98.0	99.0	99.0	99.0
Czech Republic	100	100	100	100	100
Denmark	100	100	100	100	100
Estonia	100	100	95.8	94.1	94.0
Finland	100	100	100	100	100
France	97.3	99.2	99.4	99.9	99.9
Germany	92.1	91.2	99.8	99.8	100
Greece	75.0	100	100	100	86.0
Hungary	100	100	100	100	95.0
Ireland	85.0	100	100	100	100
Italy	95.0	100	100	100	100
Latvia	100	100	100	100	100
Lithuania	100	100	100	90.9	92.4
Luxembourg	99.8	99.7	98.6	98.7	95.9
Netherlands	69.5	66.3	98.6	97.9	99.8
Poland	100	100	100	97.3	91.0
Portugal	60.0	100	100	100	100
Slovakia	100	100	99.3	97.6	93.8
Slovenia	100	100	99.0	99.0	100
Spain	81.0	97.1	98.6	98.3	99.8
Sweden	100	100	100	100	100
UK	100	100	100	100	100
Member countries of the EU but not of the OECD					
Bulgaria	100	100	100	81.8	88.2
Cyprus	NA	NA	NA	83.0	83.0
Croatia	100	100	100	100	100
Malta	100	100	100	100	100
Romania	100	100	100	100	86.0
OECD - Total	83.3	85.8	89.0	91.2	96.3
EU-28 - Total	93.8	97.3	99.7	99.2	98.1

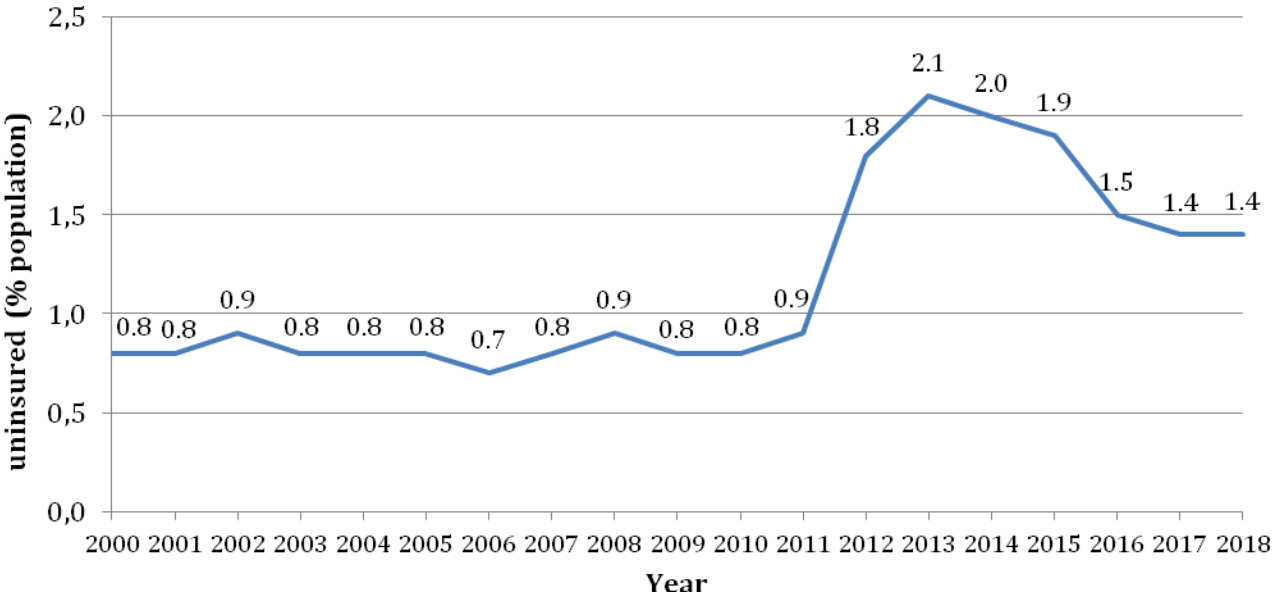
Source OECD (2019); OECD (2016); European Observatory on Health Systems and Policies (various years); US National Health Statistics Reports (various years).
Notes NA: not available.

Figure 2 – The Uninsured in the OECD Countries



Source OECD (2018); US Census Bureau (various years); US National Health Statistics Reports (various years); European Observatory on Health Systems and Policies (various years).

Figure 3 – The Uninsured in European Union Countries



Source OECD (2019); OECD (2018); OECD (2016); European Observatory on Health Systems and Policies (various years).