

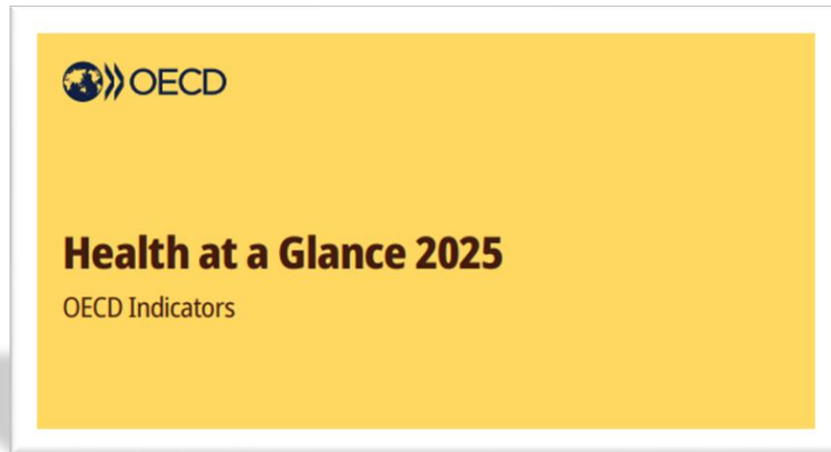
BTF INTERNAL MARKET

CED General Meeting

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OECD Health at a Glance 2025 Report



Extent of healthcare coverage

In addition to the share of the population entitled to core health services, the extent of healthcare coverage is defined by the range of services included in a publicly defined benefits package and the proportion of costs covered. Differences across countries in the extent of coverage can be the result of specific goods and services being included or excluded in the publicly defined benefits package, different cost-sharing arrangements or some services only being covered for specific population groups in a country.

On average across OECD countries, around three-quarters of all healthcare costs were covered by government or compulsory health insurance schemes in 2023 (see section on "Health expenditure by financing scheme" in Chapter 7), but financial protection is not uniform across all types of healthcare goods and services. In nearly all OECD countries, inpatient services in hospitals were more comprehensively covered than any other type of care, with 89% of all costs borne by government or compulsory insurance schemes in 2023 (Figure 5.7). In many countries, patients have access to free acute inpatient care or only need to make a small copayment; as a result, coverage rates were near 100% in Sweden, Norway, Iceland and Estonia, as well as accession country Romania. In Greece and Korea, financial coverage for the cost of inpatient care from public sources was only around two-thirds of total costs.

Nearly four out of every five dollars spent (78%) on outpatient medical care in OECD countries were paid by government and compulsory insurance schemes. Financial coverage for outpatient care was under 60% in Latvia, Israel, Portugal, Italy and Korea. In Latvia and Portugal, patients are increasingly seeking alternatives to the public system through private providers, with significant increases in duplicative voluntary health insurance between 2013 and 2023 to cover these costs (see section on "Population coverage for healthcare"). In contrast, government and compulsory insurance schemes paid over 90% of these costs in Czechia, the Slovak Republic, Sweden, Germany, Denmark and the United Kingdom. In some of these countries, outpatient primary and specialist care are generally free at the point of service, but user charges may still apply for specific services or if non-contracted private providers are consulted. For example, in Czechia, almost all health services are free at the point of use, except for a small fee for out-of-hours outpatient care.

Public coverage for the cost of dental care is far more limited across OECD countries due to restricted service packages (frequently limited to children) and higher levels of cost-sharing. On average, less than one-third of dental care costs were borne by government schemes or compulsory insurance (Figure 5.7). Services with poor public coverage are targets for the involvement of financial and non-healthcare corporate actors in the ownership and operation of services. In recent years, the dental care sector has been notably affected by these actors. In Spain, for example, the share of practices run by dental service organisations (that handle the business side of dental practices) in dental markets doubled between 2015 and 2018 (Suzuki et al., 2025^[11]).

Coverage for pharmaceuticals is also typically less comprehensive than for inpatient and outpatient care. The most generous coverage was found in France (83%), Germany (82%) and Ireland (79%). On the other hand, this share was less than two-fifths in Canada, Poland and Chile. In Canada, over one-third of all pharmaceutical spending was financed via voluntary health insurance schemes in 2023, while in Chile and Poland, out-of-pocket payments financed 65% of pharmaceutical spending or more (see section on "Pharmaceutical expenditure" in Chapter 9).

Definition and comparability

Healthcare coverage is defined by the share of the population entitled to services, the range of services included in a benefits package and the proportion of costs covered by government schemes and compulsory insurance schemes. Coverage provided by voluntary health insurance and other voluntary schemes such as charities or employers is not considered. The core functions analysed here are defined based on definitions in the System of Health Accounts 2011 (OECD/Eurostat/WHO, 2017^[2]). Hospital care refers to inpatient curative and rehabilitative care (which is mainly provided in hospitals); outpatient medical care to all outpatient curative and rehabilitative care excluding dental care; and pharmaceuticals to prescribed and over-the-counter medicines, including medical non-durables. In some countries spending on dental care cannot be identified separately and is included under outpatient medical care.

Comparing the shares of the costs covered for different types of services is a simplification. For example, a country with more restricted population coverage but a very generous benefits package may display a lower share of coverage than a country where the entire population is entitled to services but with a more limited benefits package.

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