the programme, only up to 23,000 vouchers had been granted. Second, promising legislative changes in June 2014 enabled access to primary and in-hospital health services and pharmaceutical care for the uninsured. However, the terms of access were unfavourable: high co-payments for medicines form a barrier for the uninsured, rigid bureaucratic means-testing procedures were put in place to establish eligibility, and the reforms were insufficiently advertised or operationalized for hospitals.

Ireland also implemented steep health sector cuts in 2012 as part of the fiscal adjustment programme agreed on with its international creditors, and introduced a rise in user fees. The onset of austerity marked a reversal in the extent of coverage, and tightened eligibility criteria for issuing ‘medical cards’—a means-tested programme for the poor—resulted in the decline of people covered under this programme. Similarly, Portugal doubled user charges for health services and instituted stricter means-testing, as part of the country’s commitments to its creditors. Finally, Cyprus’ bailout also stipulated health sector reforms, including increases in user fees and a tightening of eligibility criteria for access to free public healthcare.

Beyond the countries receiving financial assistance from international creditors, Spain introduced a range of health sector reforms that have affected health coverage. A 2012 Royal Decree eroded the principle of universal health coverage, primarily affecting migrants’ access to health services. At the same time, the country introduced a range of new co-payments for medicines, medical devices and transportation services that can form a barrier to receiving appropriate treatment.

The erosion of health coverage in a time of economic crisis across hard-hit countries is worrying both in terms of population health and for the future of the welfare state. In relation to the former, the health of vulnerable groups is particularly at risk, as recent reforms have disproportionately affected these groups in a number of ways: tightening eligibility criteria, increasing user fees and co-payments, closing down health facilities or discontinuing targeted interventions.

In relation to social protection, the universal nature of health systems has been consistently undermined, while demands for such publicly provided services are heightened. Sharp public health spending reductions and structural reforms changing entitlements or the affordability of care have disproportionately affected those at the bottom end of the income distribution. The resulting escalation of unmet medical needs highlighted by Aaron Reeves and colleagues in the accompanying paper, raises pressing questions about the evolution of population health and—in particular—the future of health inequalities.

Looking forward, a combination of three elements will determine the future of health systems in Europe: strong political commitment to maintain efficient and universal health coverage, improved economic performance that will generate employment and invigorate public finances, and an EU-level commitment to policies that promote health.

Confronting past policy mistakes and redoubling efforts to undo damage wrought by across-the-board austerity and poorly targeted reforms are essential components of a move away from the current status quo. In this context, the 2012 reforms in Italy extending access to health services to migrants in the midst of economic crisis, and the stated priorities of the newly elected Greek government to address the catastrophic social consequences of the crisis are positive developments. Such initiatives need to be carried forward and supported by a wide range of actors—including the European Commission and the World Health Organization—so as to re-ground European health systems to the principle of universal health coverage.

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The attack on universal health coverage in Europe: different effects in different parts of Europe

Access to health care is an important social determinant of health, often taken for granted in European countries, where most people have access to universal health coverage either in tax-funded or social insurance health care systems. However, as emphasized by Reeves et al. in this journal, the Great Recession has put pressure also on European health systems. Their finding that the proportion in the population reporting an unmet need of health care has increased with the onset of the recession, and furthermore that the recession offset a previous trend of declining unmet need of health care, is worrying from a public health perspective.

The increase in the proportion reporting unmet need of health care occurs differentially, in the study a 6-fold increase was reported among the poorest groups compared with the highest income quintile. This is likely to be an underestimate of the true

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proportion among the poorest groups, as the data reported come from survey data and surveys tend to have lower response rates among lower socioeconomic groups.

The economic recession may have effects on health in different ways: it may affect job security and income of individuals, leading directly among other things to reduced income and possibility to consume, but also to poorer health. However, the effect of the economic crisis on health may also be modified by the policy response of governments to the economic recession—in the way governments attempt to cope with negative economic growth, which may entail cutting down on spending to public services such as health care services to reduce costs, or other policy solutions which instead increase spending in order to counter the effects of a recession.3

The prevalence of unmet need also varies between countries. According to Reeves et al., unmet need fell by 1.8% points from 2007 and 2012 in Sweden, while it increased by 1.7% points in Belgium.2 This may be related to both how deeply countries were affected by the economic crisis, but also to how the varying policy response to the crisis in the different countries, as reported in a recent policy summary.4

Kentikelenis5 provides an account of the erosion of health coverage in Greece, Portugal, Cyprus and Ireland—countries which were all badly affected by the economic crisis and bailed out by European institutions and the International Monetary Fund in return for policy reforms limiting health insurance entitlements, tightening eligibility criteria, increasing user fees and discontinuing targeted interventions, making matters even worse for those needing health care.

What then happened in northern Europe during the recession? Norway, Denmark, Finland and Sweden experienced only 1 year of negative Gross Domestic Product growth between 2008 and 2012. All four countries saw increasing unemployment rates from 2008 to 2012. Public spending on health increased in Sweden and declined by <1% in Finland, Denmark and Norway from 2007 to 2011. Sweden also extended entitlement to health services for groups not previously covered. Although user fees and some co-payments were raised in Sweden and Denmark, and measures reduced protection from user charges in Finland, there were also reductions or abolitions of user charges for primary care visits in Finland, for ambulatory or outpatient specialist care in Denmark and for undocumented migrants in Denmark. Denmark also increased funding for public health programmes, introduced or increased taxes on alcohol and tobacco.4 The universal coverage of health insurance in Norway, Denmark, Finland and Sweden also avoids the double burden that was imposed on unemployed persons, for instance in Greece, who not only lost their job and income but also their health insurance, as it was tied to employment.5

Hence, countries were differentially affected by the economic crisis and countries also differed in their policy response to the crisis, which indicates that policy makers have choices to make, also in times of crisis. As shown by Reeves et al., government investment in spending on health has a positive fiscal multiplier effect on economic growth, making economic recovery more likely,3 which should be taken into account when considering policy options.

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