

Why coverage policy matters – in good times and bad

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Affordable access to health care means:

**No
financial
hardship**

**No
unmet
need**

Countries are increasingly committing to universal health coverage (UHC):

Tallinn Charter 2008, 2018

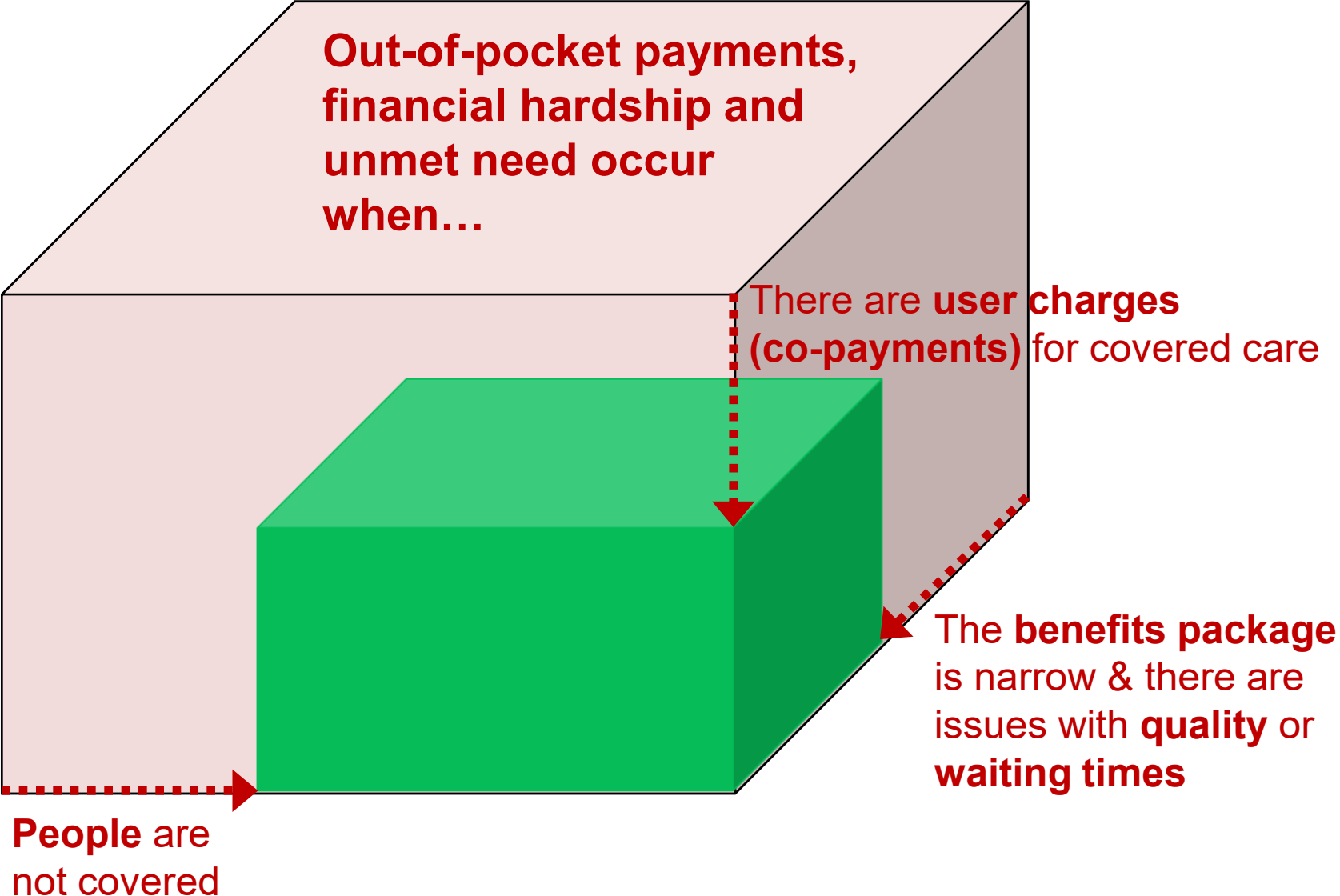
SDGs 2015

EU Pillar of Social Rights 2017

European Child Guarantee 2021

Affordable access to health care is undermined by gaps in coverage

Coverage policy is a key determinant of the level and *distribution* of out-of-pocket payments (**OOPs**)



Sustaining affordable access to health care requires **resilient** coverage policy:



The health system is *prepared* and able to meet goals in the face of a shock



There are *no major gaps* in coverage, particularly for the people most in need of protection



Coverage is *countercyclical*, expanding as the economy contracts

The bare minimum: people (with lower incomes) shouldn't lose coverage or face (higher) co-payments in a downturn

Coverage policy choices to avoid



Linking entitlement to payment of social health insurance (SHI) contributions



Excluding people from coverage (refugees, asylum seekers, migrants)



Failing to cover treatment (including medicines) in primary care settings



Applying user charges without effective protection mechanisms



Thinking voluntary health insurance (VHI) is the answer

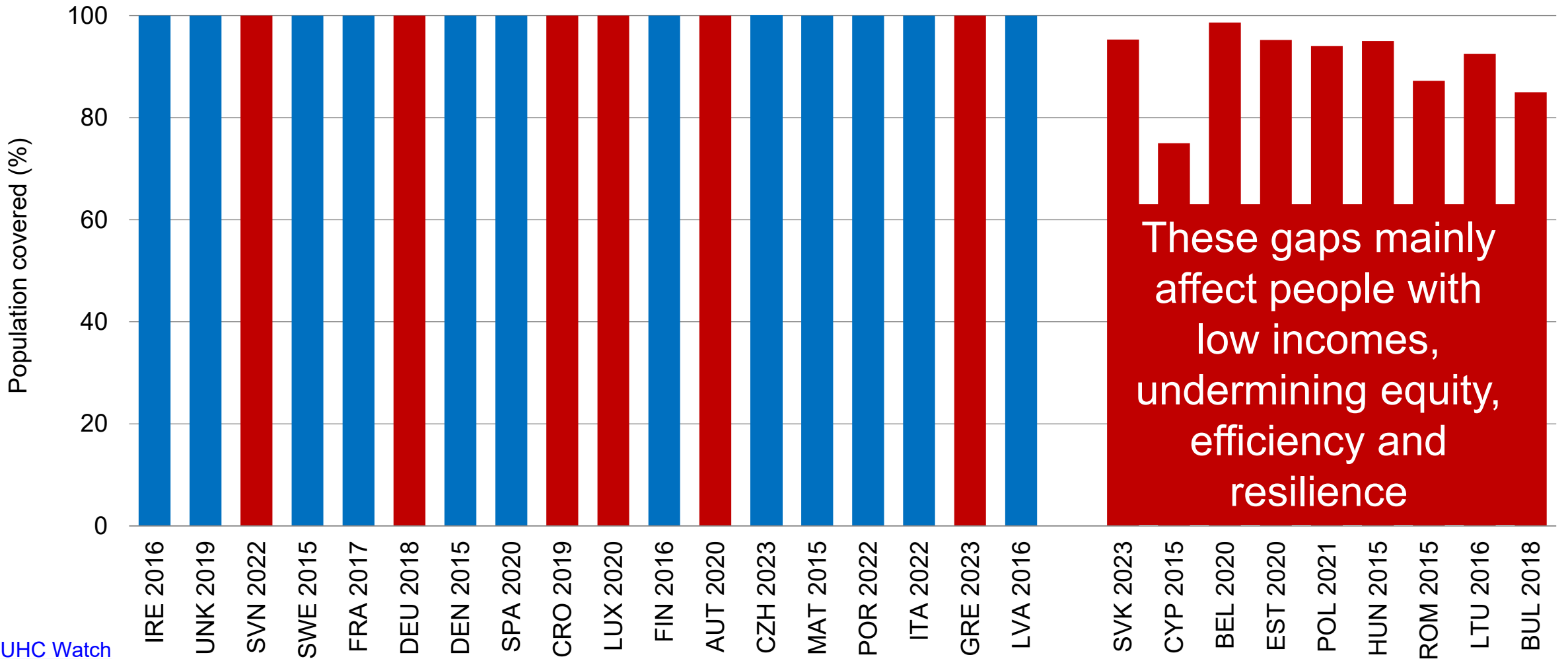
Good practice policy checklist



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

Basis for entitlement to publicly financed health care:

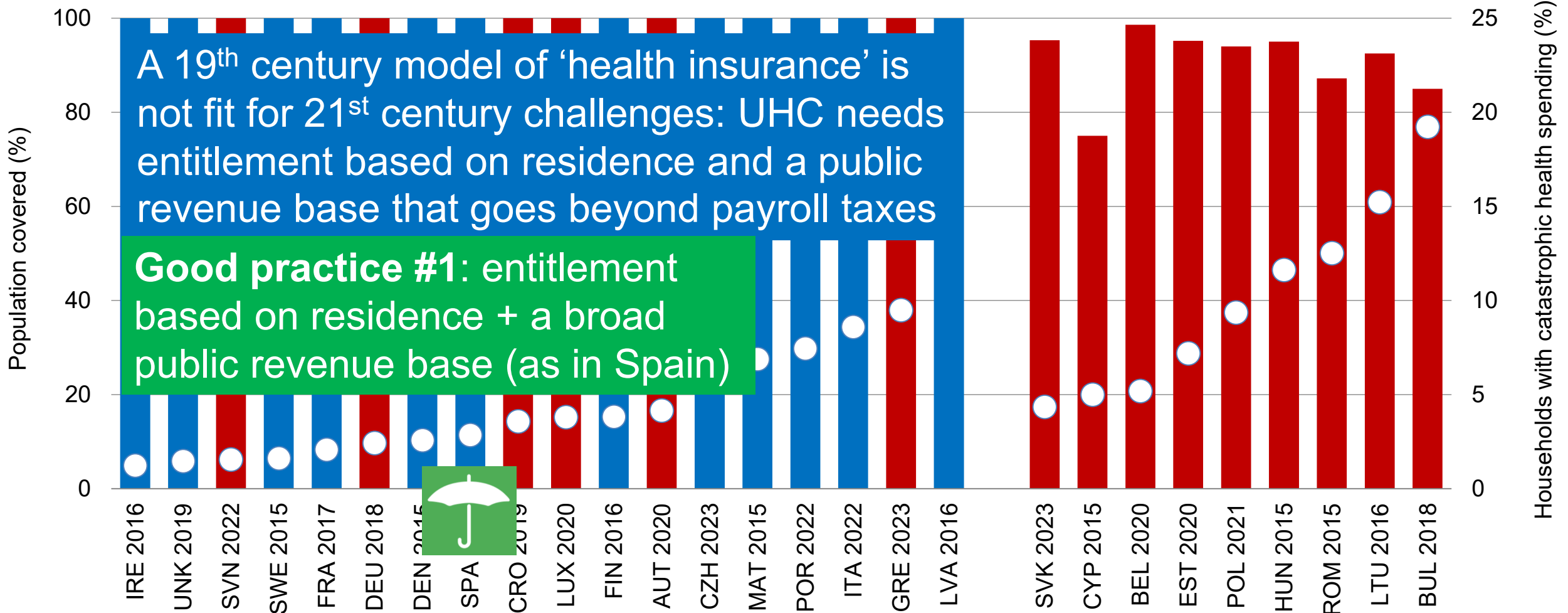
- Residence
- Payment of SHI contributions



These gaps mainly affect people with low incomes, undermining equity, efficiency and resilience

Universal population coverage: a pre-requisite for good financial protection – but not a guarantee

○ % households with catastrophic health spending



Avoid #2: excluding people from coverage

Entitlements for undocumented migrants, 2026	SPA 2026	FIN 2026	DEN 2026	HUN 2026	ITA 2026	POL 2026	POR 2026	ROM 2026	FRA 2026	GRE 2026	SWE 2026	CRO 2026	NET 2026	AUT 2025	DEU 2026	EST 2026	IRE 2026	LTU 2026	SVN 2026	BEL 2026	CYP 2026	BUL 2026	CZH 2026	LVA 2026	MAT 2026	LUX 2026	SVK 2026	
Same entitlements as most people	●	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐																	
Entitled to some outpatient care		●										●	●															
Entitled to selected care			●	●	●	●	●	●						●	●	●	●	●	●	◐	◐							
Entitled to emergency care only									●	●	●									●		●	●	●	●			
No entitlements																										●	●	

Spain: restored benefits for migrants in 2018 and is removing administrative barriers in 2026

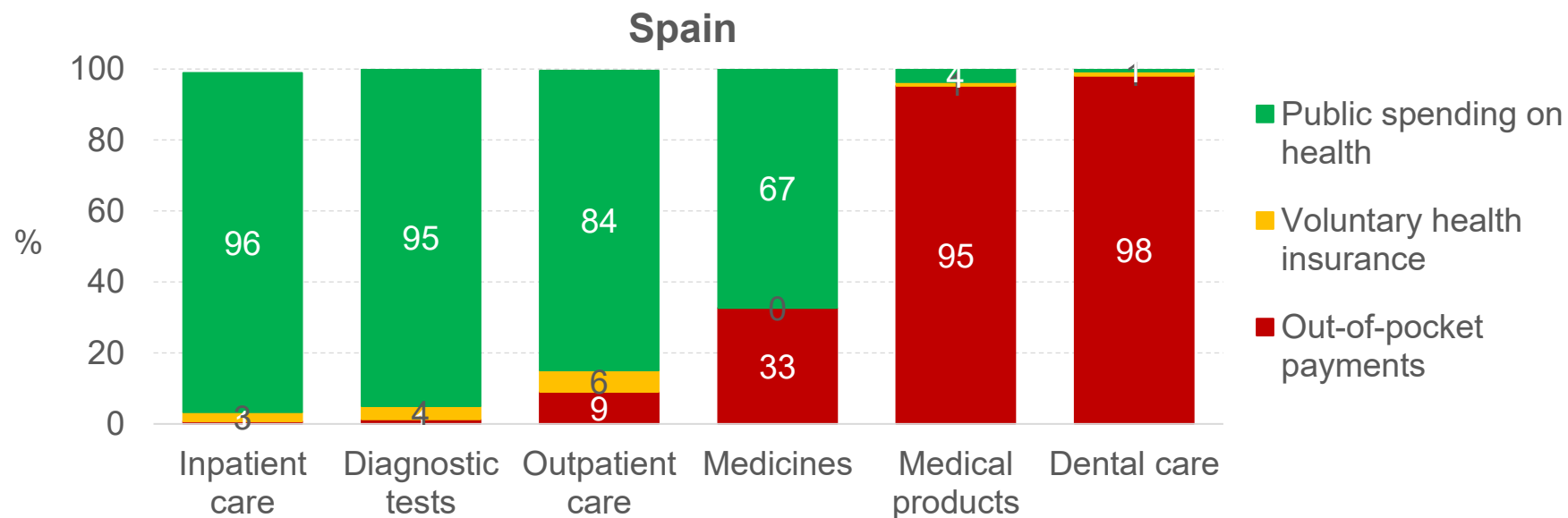
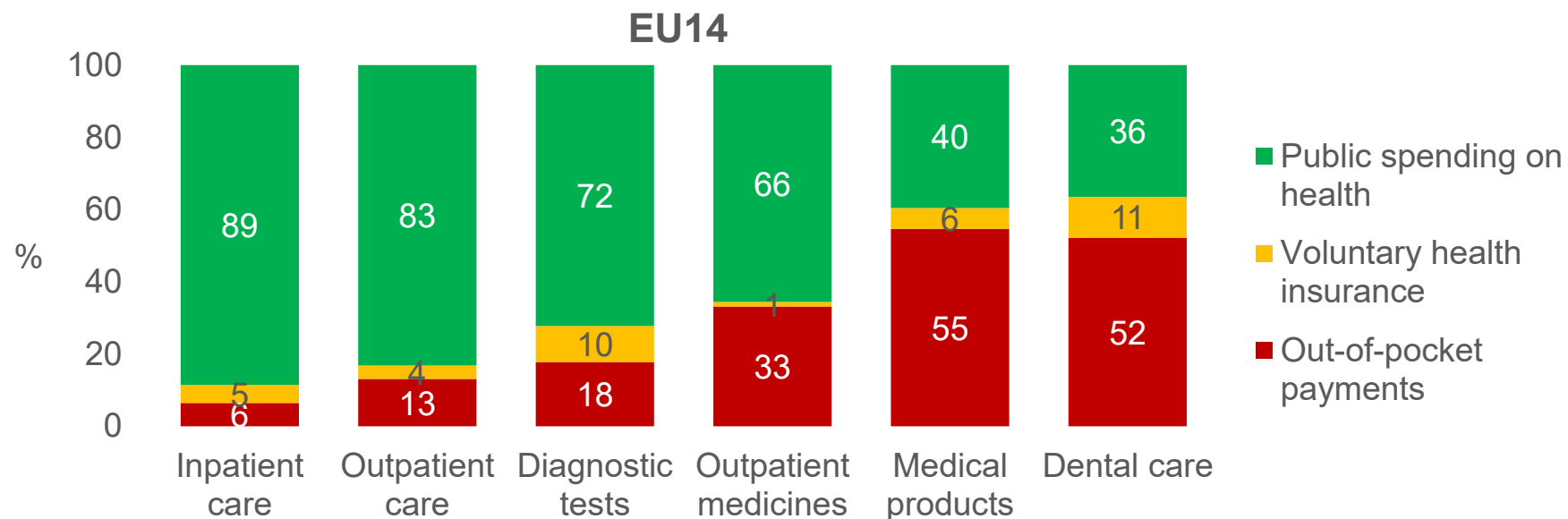


Good practice #2: all migrants are entitled to the same benefits as other residents and do not face administrative barriers (as in Spain)

Avoid #3: failing to cover treatment in primary care settings

Treatment in primary care settings is heavily financed through out-of-pocket payments

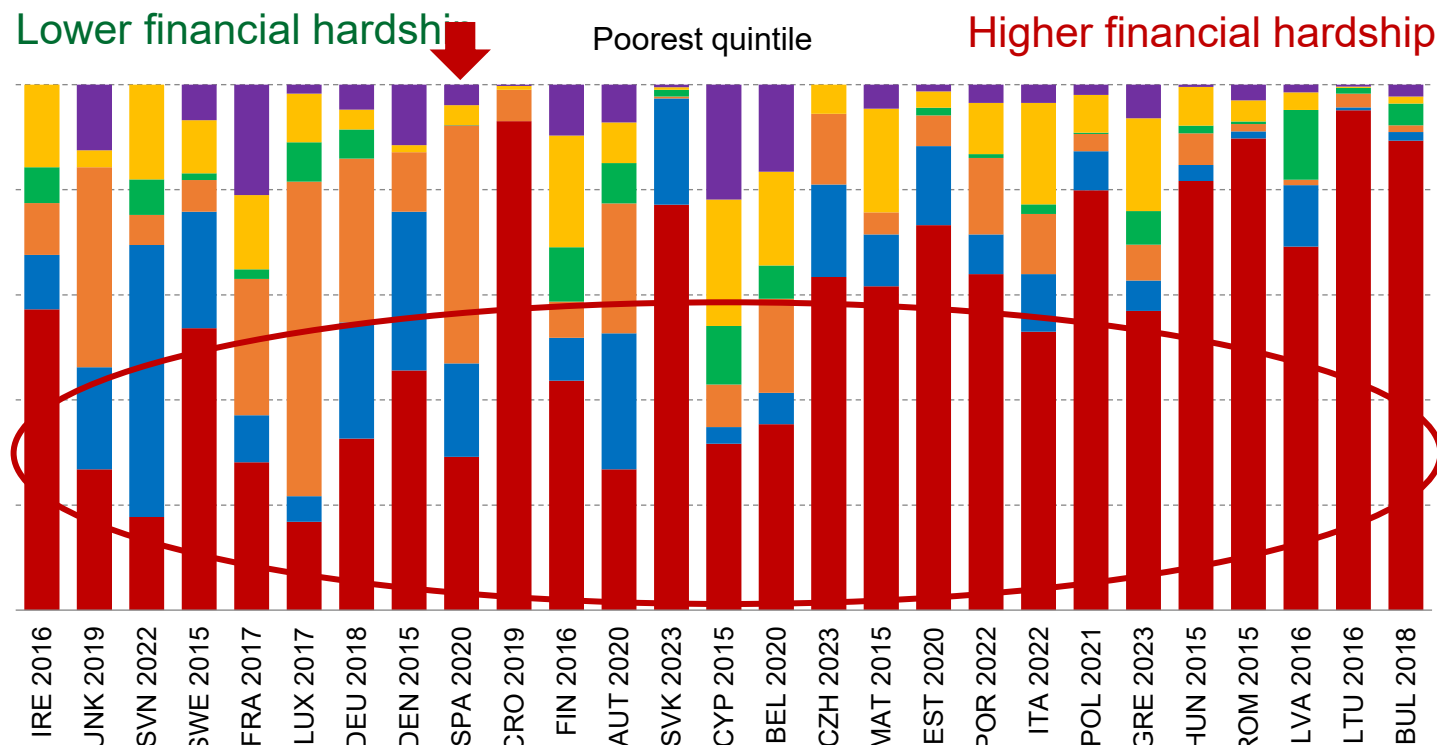
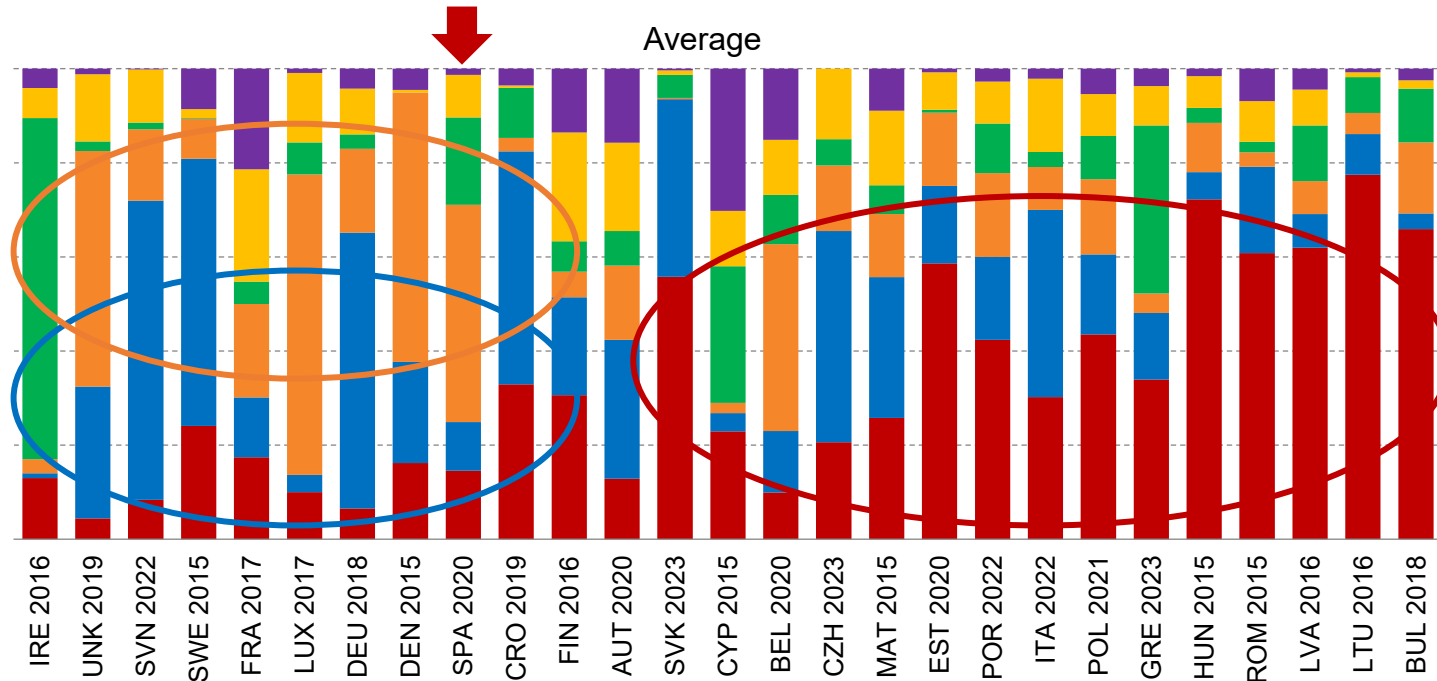
Breakdown of current spending on health



Financial hardship is heavily driven by treatment in primary care settings

Households with catastrophic health spending are mainly paying for outpatient medicines, medical products and dental care (especially in Spain)

- Diagnostic tests
- Inpatient care
- Outpatient care
- Dental care
- Medical products
- Medicines



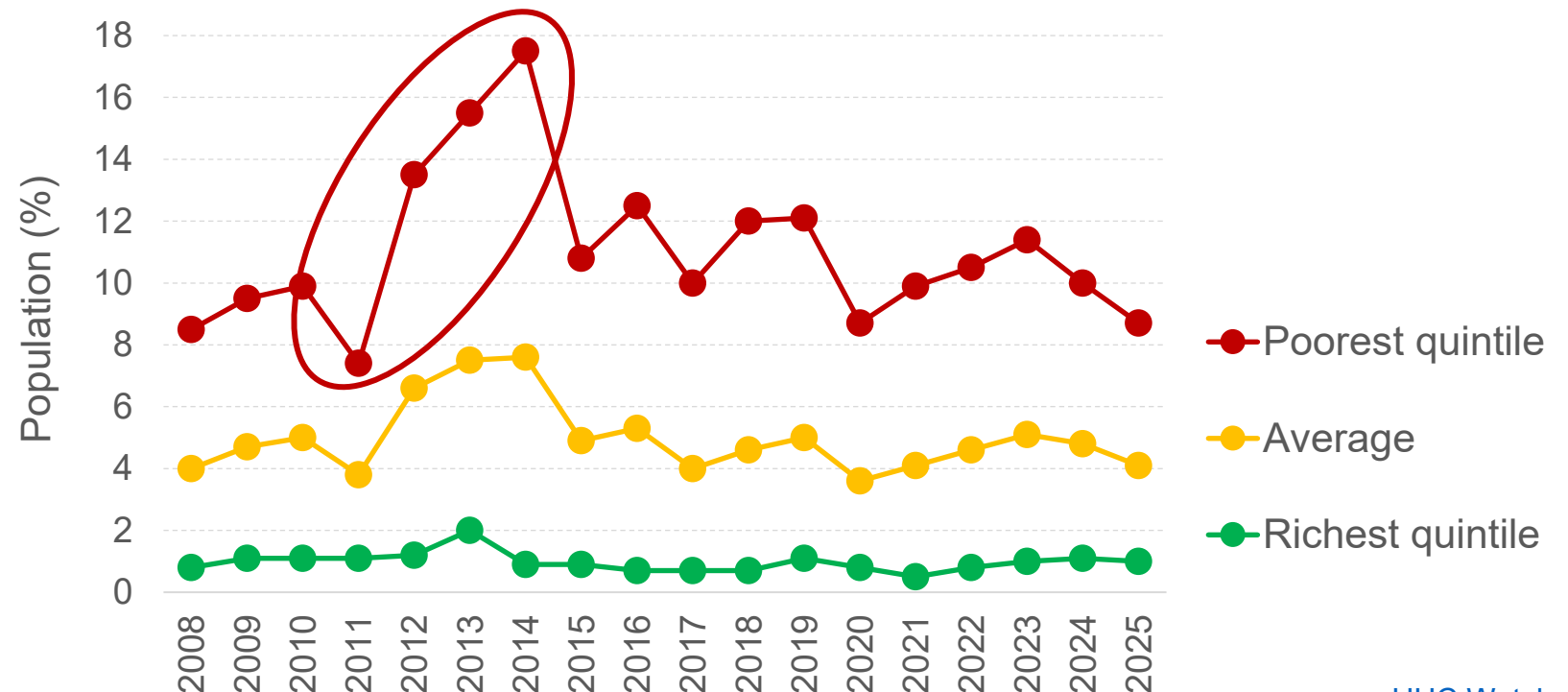
Good practice #3: medicines, medical products and dental care should be in the benefits package for children *and adults* (a first step)



Spain: typically no non-emergency dental coverage for adults + only basic restorative treatment for children: a 2022 study put Spain in the lowest coverage category – any improvement since then?

Unmet need for **dental care** due to cost, distance and waiting time in Spain (above the EU average but not the worst performer)

No data on unmet need for **medical products** (e.g. glasses, hearing aids)



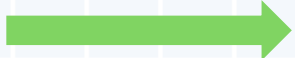
Avoid #4: applying user charges without effective protection mechanisms

- User charges are applied
- ◐ Care not covered for most people

User charges by type of care, EU & UK, 2026

	MAT 2026	POL 2026	LTU 2026	SVN 2026	UNK 2026	DEN 2026	SPA 2026	HUN 2026	ROM 2026	CZH 2026	SVK 2026	DEU 2026	GRE 2026	POR 2026	ITA 2026	CYP 2026	CRO 2026	IRE 2026	EST 2026	NET 2026	BUL 2026	FIN 2026	LVA 2026	SWE 2026	AUT 2026	LUX 2026	BEL 2026	FRA 2026	
Primary care visits	◐	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐
Outpatient specialist visits	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐
Diagnostics tests	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐
Emergency care	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐
Inpatient care	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐
Dental care visits	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐
Dental care treatment	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐
Medical products	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐
Outpatient medicines	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐

Primary care visits are often free at the point of use



Spain has relatively few user charges



But people often have to pay for primary care treatment: medicines, medical products, dental care

Good practice #4: if you have user charges, re-design them to protect people with lower incomes

Households with catastrophic health spending (%)

Exempt *people* with low incomes

An income-based cap on *all* user fees

Apply protections automatically using digital tools

Replace percentage co-payments with low fixed co-payments

Limited exemptions and no cap

Percentage co-payments

Exemptions or caps based on income

Fixed co-payments

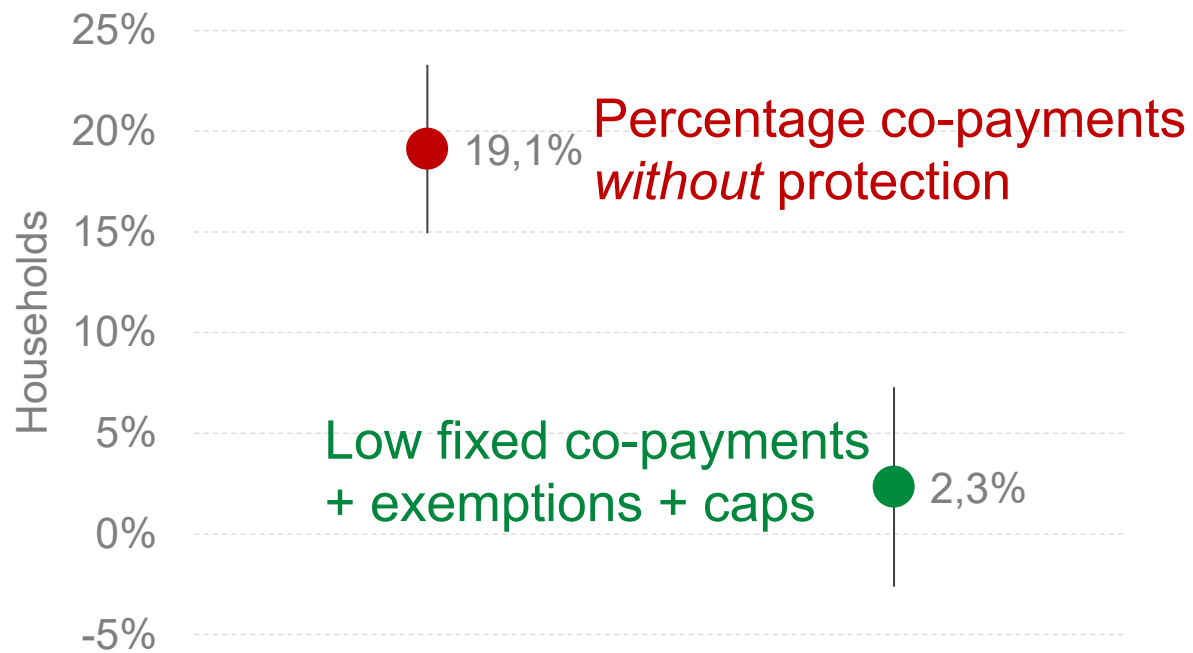
VHI covers co-payments

Caps not linked to income benefit richer people more and are bad for the budget



Better co-payment design can significantly reduce the risk of financial hardship

Predicted probability of catastrophic health spending for an older person in the EU



Questions for Spain

- Why percentage co-payments?
- Why so few exemptions?
- Why make children pay?
- Why no cap for non-pensioners?



Recent reforms in Spain

- 2020: exemptions for people with low incomes (minimum income)
- 2026: cap for working-age people with annual income < €35 000

Why medicines?

Don't policymakers trust people?

Evidence shows co-payments are NOT a good policy tool for reducing the use of low-value care



They don't *selectively* reduce low-value care; they also reduce high-value care



They reduce adherence and health outcomes, especially for people with low incomes or chronic conditions



Do policymakers think it's OK for richer people to use low-value care?

Co-payments target *patients* – but decisions and costs are largely driven by *providers*



Why do health systems allow providers to supply low-value care?

Before co-payments, think about using other policy tools

- the selection and price of medicines
- professional training, care pathways, clinical guidelines, regulation, monitoring, building trust in generics

Coverage policy checklist for Spain



Entitlement based on residence with a broad public revenue base (the government budget) – resilient to shocks



Migrants have the same benefits as residents, with efforts to eliminate administrative barriers – resilient to shocks



Gaps in service coverage for children and adults, especially dental care and medical products (+ mental health care? + waiting times?)



User charges ‘only’ applied to outpatient medicines and medical products + protection is improving – but more to do



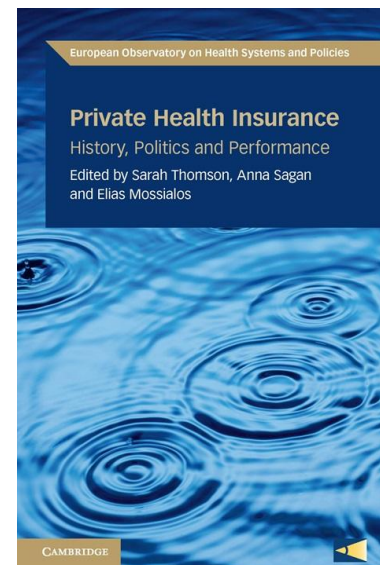
Tax incentives for VHI providing faster access to health care are unfair, inefficient and can undermine health system performance

More on Spain, Europe, user charges and VHI on **UHC Watch**

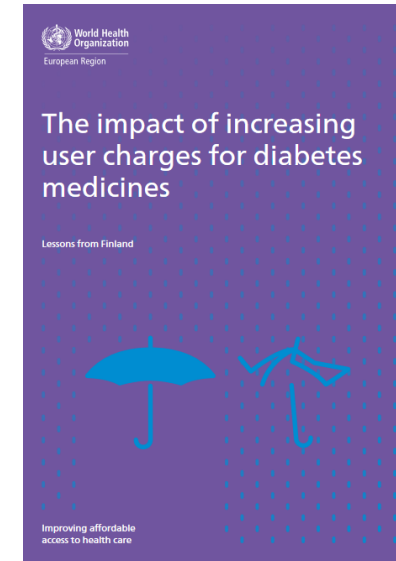


[WHO/Europe \(2021\)](#)

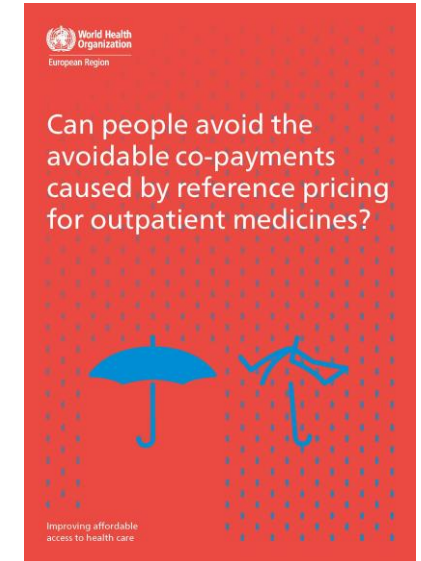
With thanks to our Spanish experts for UHC Watch:
Rosa Urbanos-Garrido & Enrique Bernal-Delgado



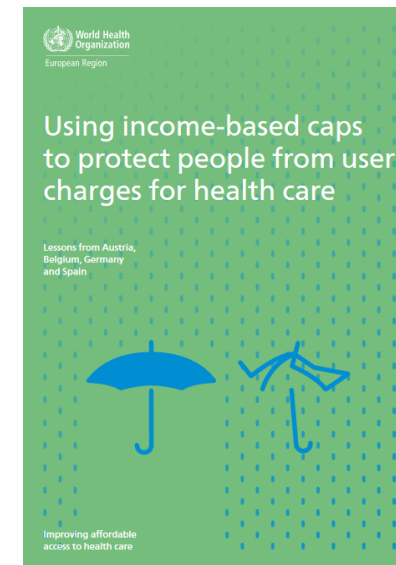
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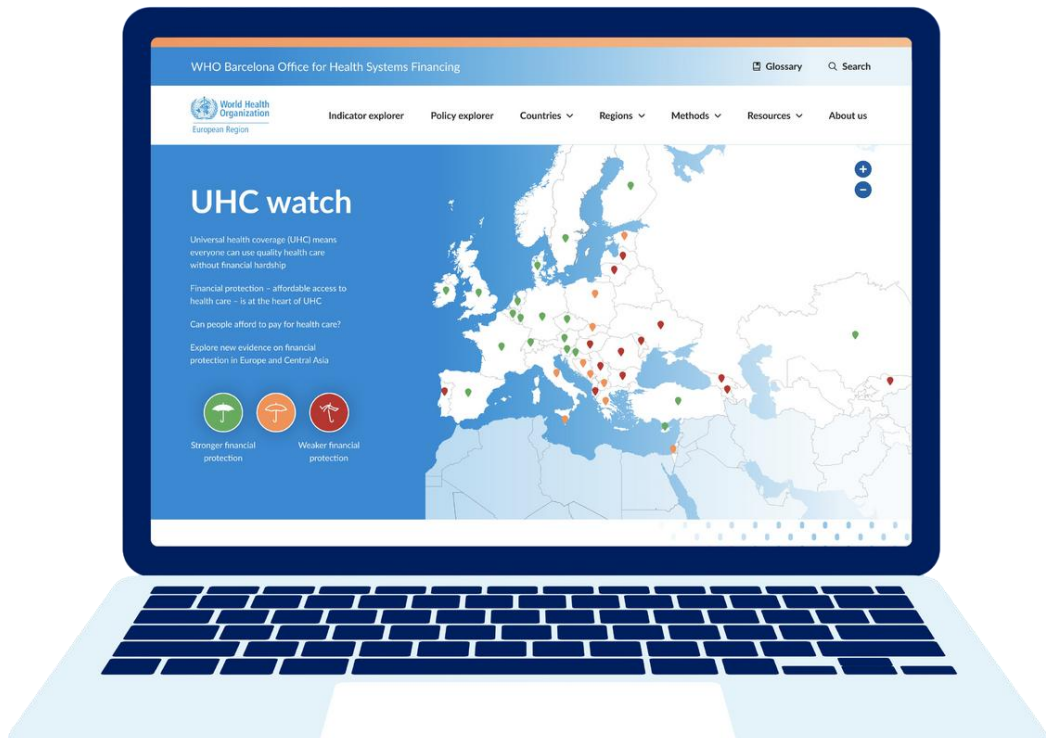


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UHC Watch

An online platform tracking progress on affordable access to health care in Europe & Central Asia

50+ indicators
Coverage policy info for 2026
45+ country pages
Sub-regional pages: EU, WBC, EECA
All #WHOBarcelona resources



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