OECD Health Statistics 2023
Definitions, Sources and Methods

Government/compulsory health insurance

Government/compulsory health insurance coverage

Share of population eligible for a defined set of basic healthcare goods and services. This may be under government schemes, social health insurance, compulsory private insurance and compulsory medical savings accounts, and corresponds to the category **HF.1** under the SHA classification of healthcare financing schemes.

Note that the scope of coverage may differ significantly between categories of goods and services, sub-populations and between countries.

Often social security arrangements link entitlement to labour force participation and therefore, employment surveys can be an important source of data. In these cases, the construction of a coverage index requires a calculation of each group of the labour force (private sector blue and white collars, public sector employees, the self-employed, farmhands, farmers, clergymen), plus the non-active population entitled to medical benefits.

Sources and Methods

Australia

Sources: Population estimates from the **Australian Bureau of Statistics**. Australian Demographic Statistics ABS Cat. No. 3101.0. Canberra: ABS.
Coverage:
- Data from 1975 onwards are estimates of the entire population of Australia at 30 June of each year. Population estimates for 1992-2011 are the final recast or rebased estimates from the Australian Bureau of Statistics.
- Under the Medicare scheme introduced on 1st February 1984, all Australian residents became eligible for free in-patient care and obtained a universal rebate on the cost of ambulatory (GPs and specialists) medical services. Some professional services other than medical are funded by a public scheme. The Medicare scheme pays benefits for optometric consultations by optometrists who have agreed to participate in the scheme. Medicare also covers prescribed dental services rendered in an operating theatre of a hospital by an approved dental practitioner. Coverage does not include the cost of spectacles, contact lenses or normal dental services such as extraction and fillings. The public coverage for non-medical ambulatory services is 100% for optometric and dental services for school children and zero for the rest.
- People who reside in Australia - excluding Norfolk Island - are eligible for Medicare if they:
    - hold Australian citizenship
    - have been issued with a permanent visa
    - hold New Zealand citizenship
    - have applied for a permanent visa (excludes an application for a parent visa).
- The pharmaceutical benefits scheme covers all residents against the cost of pharmaceutical goods according to their status as pensioners, concessional (unemployed) or general.

Break in time series in 1992: Population estimates from 1992 are the final recast or rebased estimates from the Australian Bureau of Statistics.
Further information: http://www.medicareaustralia.gov.au/public/register/eligibility.jsp.

Austria

Sources: Dachverband der österreichischen Sozialversicherungsträger.
Statistisches Handbuch der österreichischen Sozialversicherung (several issues).
Coverage:
- Austria has a statutory social health insurance system covering about 99.9% of the population in 2021 (about 8.9 million persons). 46% of these are insured through their employer or insured voluntarily, 22% are dependents, 26% are pensioners and 6% are others.
- Children are covered as dependents, free of charge; unemployed and asylum seekers under federal supervision are also included in social health insurance.
Methodology: Percentage estimate for 1960-1980.

Belgium

Source: Institut National d'Assurance Maladie-Invalidité.
Methodology:
- Data at 31st December based on membership reports of health insurance organisations ("mutualités"). Except data for 2021: estimates provided at 30 June 2021.
- Data provided by the Belgium administration do not allow for better proxies for the period 1974 to 1981.
Break in series in 2007: Data represent the situation at 1st July (mid-year situation), and the count is based on the 'sis-card' (health insurance card).

Canada

Source: Canadian Institute for Health Information.
Coverage:
- The percentages shown represent the proportion of the Canadian population covered by hospital insurance, the major health insurance program. In 1960, all provinces and territories except Quebec had introduced hospital insurance. Quebec's population represented 29% of Canada's population in 1960. Quebec introduced hospital insurance in January 1961, and thereafter 100% of the Canadian population was covered. Insurance for the services of private practice physicians (known as Medicare) was introduced between July 1968 and April 1972, depending on the provinces/territories.
- The provinces/territories subsequently provided coverage for additional benefits (private practice professionals other than physicians, prescription drugs, therapeutic appliances, etc.) for at least a segment of the population (e.g. prescription drugs for seniors or dental care for children).
Population statistics: As of 1st July of each year, population data are as follows: preliminary postcensal estimate for 2021; updated postcensal estimates for 2020; final postcensal from 2016 to 2019; and final intercensal estimates up to 2015.

Chile

Source: National Health Fund (FONASA).
Coverage:
- Data coverage is nationwide.
- Data include beneficiaries of Social Security since 1990.
Break in time series in 1999: Data include beneficiaries of the Police Health System since 1999.
Methodology:
- Data are collected annually.
- Data supplied match the OECD definition.
- The sum of Government/Compulsory health insurance + Voluntary health insurance is not equal to 100% because of the existence of non-covered persons.
- Beneficiaries of the Social Security Health and Armed Forces Health System were taken from institutional statistics available at https://www.fonasa.cl/sites/fonasa/datos-abiertos/estadisticas-anuales (in Spanish - download from the section "Boletín Estadístico" and "Historical series - beneficiary population (2006-2020), Source: FONASA 2021").

Colombia

Sources: Affiliation Annual series at the national level, **Ministry of Health and Social Protection**. Estimation and projection of population, **National Administrative Department of Statistics (DANE)**. Calculations by the Direction of Health Insurance Operation Regulation, Occupational Risks and Pensions, **Ministry of Health and Social Protection**.
Further information: http://www.dane.gov.co/.

Costa Rica

Source: Caja Costarricense de Seguro Social (National Social Insurance Fund). Unit of Health Statistics. Annual Reports 2011-2021. See https://repositorio.binasss.sa.cr/repositorio/handle/20.500.11764/315.
Further information: https://www.ccss.sa.cr/.

Czechia

From 2000 onwards:
Source: Ministry of Health of Czechia. Summary Report on Health Insurance Corporations.
Coverage:
- Data represent the average number of participants in public health insurance.
- All citizens of Czechia, foreigners with permanent residence in Czechia or employees of companies with a seat of business in Czechia are covered by healthcare services under public health insurance.

Until 1999:
Source: Czech Statistical Office. Demographic Yearbook of Czechia.
Coverage: Data reflect mid-year population of Czechia.

Denmark

Source: Statistics Denmark.
Coverage:
- Since 1972, the whole population has been entitled to in-patient and ambulatory services in municipal health centers and hospitals at subsidised prices. Coverage is thus equal to 100%. The total number therefore corresponds to the population number in the last quarter of the given year.
- Since 1964, the National Health Insurance Service has provided refunds on healthcare costs in the private sector to the whole population.

Estonia

Sources: Estonian Health Insurance Fund (EHIF), Number of insured people (social insurance). See https://statistika.haigekassa.ee and https://www.haigekassa.ee/andmeparingud (in Estonian).
Statistics Estonia, https://andmed.stat.ee/en/stat/sotsiaalelu__sotsiaalne-kaitse__sotsiaalkindlustus__ravikindlustus/SK162, year-end population of the reported year, https://andmed.stat.ee/en/stat.
Coverage:
- Data include people who have the right to health services (not the actual use of them), including those who are voluntarily insured by the Estonian Health Insurance Fund (EHIF).
- Emergency care is provided at the expense of EHIF for uninsured persons (not included in the data provided).

Methodology:
- Data are as of the end of the reported year.
- Data prior to 2004 are not available.
- The population numbers used for coverage calculation are preliminary, therefore the health insurance coverage data reported in the database may be subject to corrections next year.

Further information: https://www.tervisekassa.ee/en/organisation/about-us.

Finland

Source: Sickness Insurance Act.
Coverage:
- Percentage of population covered by the Social Insurance Institution (SII), which has administered the national sickness insurance scheme for healthcare costs since 1964.
- The whole population is entitled to in-patient and ambulatory services in state and municipal hospitals at subsidised prices. The patient pays a fixed, all-inclusive sum of money per hospital-day and ambulatory visit.
- The National Sickness insurance provides refunds on healthcare costs in the private sector to the whole population. For medicines, a fixed, all-inclusive charge is applied.

France

Source: Estimates by **Institut de recherche et documentation en économie de la santé** (Irdes) based on the **ESSM health survey** (Enquête Santé et Soins Médicaux).
Coverage:
- Data correspond to the number of beneficiaries of the Assurance Maladie (Sickness insurance), all regimes included.
Since the creation of the **Couverture maladie universelle** (CMU) in 1999, health insurance schemes have covered 99.9% of the average population.
- 1990-1998: Rates of coverage have been estimated at 99.4 % of the average population. The number of persons covered has been derived by applying those rates to the average population of metropolitan France.
Break in 1982: Data refer to France and overseas departments except Mayotte from 1982 onwards, but to metropolitan France only before 1982. From 2014 onwards: data also include Mayotte.
Methodology:
- These series are revised regularly as they are calculated from the average population, derived from census data. Data for the last three years are estimates (Insee, population estimates). Population moyenne de l'année: https://www.insee.fr/fr/statistiques/serie/001641584.
- Since 2004, the census in France has been annual, but has not covered the entire resident population. This new method has been replacing the usual counting organised every eight or nine years. Hence the 1999 general population census was the last one taking into account the entire population. Demographic data has thus been revised every year retroactively, leading to changes in the calculated data.

Germany

Sources: Federal Ministry of Health, KM1 Statistics (statutory health insurance: members and number of obligatory members reported sick, data as of December 31); Bundesministerium für Gesundheit, Ergebnisse der GKV-Statistik KM1 (Gesetzliche Krankenversicherung: Mitglieder, mitversicherte Angehörige und Krankenstand, December 2021).
Association of Private Health Insurance, fully insured under a Private Health Insurance Scheme ("Krankheits-Vollversicherte"); Zahlenportal Verband der Privaten Krankenversicherung 2023, https://www.pkv.de/wissen/pkv-zahlenportal/.
Federal Statistical Office, Microcensus survey (Questions on those covered by health and annuity insurance: non-insured persons) 2019; Statistisches Bundesamt 2020, *Fachserie 13, Reihe 1.1*, table 2; Population statistics (total population: average of the year) and internal evaluations by the Federal Statistical Office.
Coverage:
- The share of the population covered under government/compulsory health insurance refers to those covered by statutory health insurance, other social protection schemes (police and armed forces, veterans, recipients of welfare benefits) and those fully insured under a Private Health Insurance Scheme ("Krankheits-Vollversicherte").
- The microcensus is a household survey covering 1% of the German households. Respondents are obliged to provide the information on health insurance coverage. The information on health insurance coverage is requested every four years, starting from 1993; the reporting month from 1993 to 1999 was April, the reporting month in 1999 was May; since 2007 the reporting period has been extended homogenously over the entire year; the information for the missing years has been extrapolated.
Breaks in time series in 1991 and 2009:
- Since the law to strengthen competition in statutory health insurance (GKV-WSG), statutory health insurance protection has been mandatory for the population in Germany. In 2009, general health insurance was introduced as part of the Insurance Contract Act (VVG). As a result, people who do not have statutory health insurance have also

been obliged to take out health insurance since then. Those insured with private health insurance companies were assigned to the "Voluntary health insurance schemes" under the SHA until 2008. Since the introduction of general health insurance in Germany in 2009, they have been assigned to "Compulsory private insurance" (HF.1). The background to this is that the general obligation to have health insurance only allows you to choose between statutory or private health insurance.
In addition to full insurance, private health insurers also offer complementary/supplementary insurance (e.g. in the field of dentures). These are assigned to the "Voluntary health insurance schemes" (HF.2.1).
- Starting from 2011, the population numbers are based on the Federal Census 2011 (census data as of 27 November 2015).
- On the basis of the 2011 census, the population figures were recalculated for methodological purposes for the reporting years 1991 to 2010. The results of this recalculation only serve to adjust statistical time series and results; however, they do not represent an official revision of the previous population figures before the census. Therefore, for the years from 1991 onwards, differences to previous publications of population-related numbers are possible.
- The population numbers prior to 1991 are taken from the Update of the Population based on earlier censuses (Former Federal Republic of Germany 1987, German Democratic Republic 1990).
- Until 1990: Federal Republic of Germany; from 1991: Germany after reunification.
Further information: http://www.bmg.bund.de; http://www.pkv.de; http://www.destatis.de; http://www.gbe-bund.de.

Greece

Source: Hellenic Statistical Authority, ELSTAT.
Coverage:
- Nearly all of the population was insured by the Social Insurance Organisation and Public Health lnsurance (for medicines and other goods such assurgical belts, bandages, spectacles, artificial limbs and orthopaedic appliances).
Data represent the total Greek population since the National Health System provides full population coverage, up until 2008. During the years of the economic crisis, a part of the population (not accurately estimated) was uninsured. However, in that period some arrangements were taking place on an ad hoc basis (e.g. Health Vouchers for a defined number of visits to primary care units during a year). Moreover, by the end of May 2014 the Health Minister announced that all uninsured will have free access to Public Hospitals. Nowadays, the whole population has free access to necessary health services.

Hungary

From 2008 onwards:
Sources:
From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian).
2008-2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian).
Coverage: Since 2008, the enumeration of insurees and persons entitled to healthcare benefits are included in the Act LXXX of 1997 on people entitled to social insurance service and private pension as well as the coverage of these services.
Further information: http://www.oep.hu.

1975 to 2007:
Source: Ministry of Welfare (EüM, in Hungarian).
Coverage: Since 1990, the total mid-year population is provided. Since 1990, the funding system in Hungary has been based on Social Insurance, resulting in almost universal coverage. Entitlements are linked primarily to the labour force, but non-active individuals are also entitled to be covered (through their parents, government etc.). Entitlement for those living exclusively on capital benefits is voluntary. Before 1990, entitlement was linked to citizenship.
Further information: http://www.eum.hu.

Iceland

Source: The Ministry of Welfare/Icelandic Health Insurance.

Coverage: Everyone who has been legally residing in Iceland for six months automatically becomes a member of the Icelandic social insurance system, regardless of nationality. This applies unless intergovernmental treaties say otherwise.
Further information: For reference, see Act on Health Insurance No 112/2008, http://eng.velferdarraduneyti.is/acts-of-Parliament/nr/20110.

Ireland

Sources: CSO Census Data. **GMS** Annual Report. **Department of Health**.
Coverage:
- Eligibility for healthcare in Ireland is based on residency and not on payment of social and/or private health insurance contributions. Any person, regardless of nationality, who is accepted by the Health Service Executive (HSE) as being ordinarily a resident in Ireland is entitled to either **full eligibility** (Category 1) or **limited eligibility** (Category 2) for health services.

- Persons in **Category 1** are medical card holders and they are entitled to a full range of services without charge, including general practitioner services, prescribed drugs and medicines (prescription charges apply), all in-patient public hospital services in public wards including consultant services, all out-patient public hospital services including consultant services, dental, ophthalmic and aural services and appliances and a maternity and infant care service. Eligibility for medical cards is generally determined by reference to the means of the individual or family, and a medical card is awarded where income is below a certain level.

- Persons in **Category 2** (non-medical card holders) are entitled, subject to certain charges, to all in-patient public hospital services in public wards including consultant services and to out-patient public hospital services including consultant services. Persons in this category, but with an income below a certain threshold, may be entitled to a GP visit card. A GP visit card entitles the holder to free GP services. Where the patient does not have a medical card or a GP visit card, the full charge for the GP consultation is paid by the patient as a private arrangement with the GP. In addition, a number of schemes exist which provide assistance towards the cost of medication.

Israel

Source: The National Insurance Institute.
Coverage:
- The National Health Insurance Law, which covers all permanent residents of Israel, has been in effect since 1995. Military personnel and prisoners with sentences longer than one year are excluded, and their healthcare is provided by the Israel Defense Forces and the Israel Prison Service, respectively. The Health Insurance Law covers primary care, medical diagnosis and both in-patient and out-patient hospitalisation and treatment, as well as drugs, medical equipment and appliances specified in a standardised basket. Funding is provided by insurance premiums, the State budget, and a consumer co-payment.

Break in time series in 1995: For the period 1991-1994, the insurance was voluntary.
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source: INPS / Istituto nazionale della previdenza sociale (Italian Institute of Social Insurance).
Coverage:
- The Law No. 833 of 23 December 1978 established the Italian National Health Service (Servizio Sanitario Nazionale, SSN). This tax-financed system provides universal health coverage for several services including in-patient, out-patient and pharmaceutical goods.
- Co-payments are in place with exemptions to ensure equal access to care.
- Data for the period 2002-2019 were revised on the basis of population census rebuilding.
- Population at 1st January of each year.

Japan

Source: Survey by Ministry of Health, Labour and Welfare, Health Insurance Bureau.

Coverage:
- Under the healthcare insurance system of Japan, almost the entire population is eligible for at least one of the public health insurance schemes.
- Public assistance in the form of healthcare benefits is available for persons not covered by any scheme, which amounts to less than 1% of the whole population.

Korea

Sources:
From 1989: **Health Insurance Review & Assessment Service, National Health Insurance Service**, Health Insurance Statistical Yearbook.
1977-1988: **National Federation of Medical Insurance**, Medical Insurance Statistical Yearbook, Medical care coverage can be found in the table "*Beneficiaries of Medical Security*", Medical Insurance Statistical Yearbook.
Coverage: Since 1989, the whole population is covered by government health insurance or medical care assistance.
Break in time series in 1989 due to a change in source and coverage.
Further information: https://www.nhis.or.kr/static/html/wbd/g/a/wbdga0101.html.

Latvia

Data not available.
- The Latvian healthcare system is based on general tax-financed statutory healthcare provision. Finance recourses are raised mainly through general taxation by the central government. These resources are managed by the National Health Service.
- Latvian residents, irrespective of income level and health insurance contributions, have the right to receive statutory healthcare services under the state compulsory health insurance. Latvia has a tax-funded "social insurance" system, Theoretical coverage is 100%; in practice, the number of registered persons in the Patient Register is bigger because the information from the Population Register is used in the calculations and it has not been considered that part of the population has not reported their absence. The total population in the country is calculated using the CSB methods, so the coverage is over 100%.

Lithuania

Source: National Health Insurance Fund, Register of Persons Eligible for Compulsory Health Insurance.
Coverage:
- All Lithuanian citizens and permanent residents are entitled to urgent vitally necessary healthcare, irrespective of whether or not they are insured by the compulsory health insurance. This means that 100% of permanent residents are eligible for urgent vitally necessary healthcare.
- Elective healthcare services are guaranteed only for people covered by compulsory health insurance.
- The Lithuanian Law on Health Insurance defines the persons eligible for compulsory health insurance and the persons covered by compulsory health insurance. The following persons shall be eligible for compulsory health insurance:

1) permanent residents of the Republic of Lithuania;
2) foreign nationals temporarily residing in the Republic of Lithuania, providing that they are legally employed in the Republic of Lithuania or registered as unemployed after at least a 6 months-period of employment, and minor members of their families;
3) unaccompanied foreign minors;
4) foreign nationals who have been granted subsidiary protection in the Republic of Lithuania;
5) persons to whom this Law must apply under EU regulations on the coordination of social security systems;
6) people covered by international agreements.

- In order to be insured, the persons eligible for compulsory health insurance either have to pay compulsory health insurance contributions themselves or these contributions have to be paid the State. The State pays contribution for certain socially vulnerable categories of residents as determined by the Law.

Methodology:
- Data as of 31st December of each calendar year about the share of people insured with the compulsory health insurance in Lithuania from all the set of eligible people.

- The Register of Persons Eligible for Compulsory Health Insurance (owned by the National Health Insurance Fund) is based on the Lithuanian Population Register. The Population Register is static: it contains the data of all the registered people, even those who did not declare about the movement of their residence from Lithuania abroad. Due to that, the Register of Persons Eligible for the Compulsory Health Insurance also contains data of people who actually reside and possibly pay social insurance (and health insurance) contributions in other countries, but not in Lithuania.

Break in time series in 2018: The calculation of the number of people eligible to compulsory health insurance takes into account the number of individuals who were included into the list of institutions providing primary healthcare services at the end of each calendar year and excludes:

1) individuals who had no residential address and provided no single fact about their residence in Lithuania for the last 5 years;
2) those who are paying health insurance contributions abroad (and have provided the information about this fact);
3) those above the possible human physiological age.

Further information: The Register of Persons Eligible for Compulsory Health Insurance was launched in 2012. Before that, data about people eligible for compulsory health insurance and the insured has been collected and stored in the NHIFs IS "Sveidra". Unfortunately, these records are no longer accessible.

Luxembourg

Source: General Inspectorate of Social Security (IGSS).
Coverage: From 2017 onwards, the share of the population covered is set at 100%. Every person in Luxembourg is eligible to healthcare goods and services, even if uninsured. In the latter case, the Ministry of health pays for the costs incurred.

Mexico

Sources:
National Institute of Statistics (INEGI). II-III Population and Housing Count of 2005 and Intercensal Survey 2015, and XII-XIII Population and Housing Census of 2000 and 2010.
Official registries from different government programs.
National Population Council (CONAPO), Mexico 2019: Population projections 2016-2050.
Coverage:
- Data refer to population with government/compulsory health insurance coverage. The population with social/public health insurance coverage includes persons with a right to social security coverage, according to the Ministry of Health's estimates. Social security is provided by the following health institutions: IMSS, ISSSTE, PEMEX, SEDENA and SEMAR. The social/public health insurance also includes persons with "Seguro Popular" as reported by the National Health Social Protection Commission.
- Social security health institutions cover all kinds of diseases while the "Seguro Popular" healthcare only funds 284 interventions of first and second level of care, representing a coverage of more than 1500 diseases and 58 interventions of the third level of care.
- It is important to bear in mind that the estimates from social security coverage and the program coverage may include some level of duplicity that cannot be measured for now.

Methodology:
- Data reported are estimated using the information available, in this case the Population and Housing Count of 2005 and the Population and Housing Census of 2000 and 2010, official registries for several years up to 2010 from different institutions and government health programs in charge of providing health insurance, as well as the Population projections 2016-2050 which were published in 2018.
- The 2019 data were estimated based on data from the 2020 Population and Housing Census.

Break in time series in 2019: Health security information has had a conceptual change due to a change in state public policy, since the Seguro Popular policy has disappeared, and users who do not have health insurance have to present themselves to a unit of the Ministry of Health with an ID to obtain health services. The data only include those who are recognised as insured by the defunct Seguro Popular.

Netherlands

Sources:
2012 onwards: **Ministry of Health, Welfare and Sports, CAK institute, SVB institute**, various years.
Up to 2011: **Health Institute Netherlands (Zorginstituut Nederland) (former Sickness Fund Council)**.
Coverage:
- Three major layers of coverage typically protect the Dutch against the financial risks of disease. Under the first layer (the WLZ / Law on Long-term Care (LLTC) since 2015, 1968-2014: AWBZ / Exceptional Medical Expenses Act/EMEA), the total population is protected against certain types of exceptional medical expenses, primarily catastrophic bills, long-term care and certain chronic care. From 2007 onwards, parts (home care) of the AWBZ are transferred to the WMO (Social Support Act, carried out by municipalities). The WLZ / LLTC covers people who have the right to receive inpatient long-term care to be assessed by the Central Indication Institute.
- Until 2006, the second layer (ZFW) covered wage and salary earners, including self employed since 2000, below a stated income level. Those with an income above the stated income level could subscribe to a private insurance. Up to 2006, the data presented in the series are early averages and refer to coverage under the ZFW.
- Note that health insurance coverage reaches 99.9% in 2017, but the 0.1% however still has access to core services (some population are abstainers from health insurance for religious reasons; the military have their own plans; etc.).
Break in time series in 2006:
- From 2006 onwards, the new Health Insurance Act (Zorgverzekeringswet) requires almost all residents to take out a health insurance. Some groups are exempt from the requirement to get insured with a resident healthcare insurer. Residents who work across the border may be insured by a foreign healthcare insurance. Military personnel are exempt. And some people with objections to insurance out of their beliefs, for which they have to make a case to be assessed by the health insurance fund, are also exempt. People who otherwise do not take a health insurance, are uninsured. As of 2013, those people can be uninsured for a maximum of 6 months, after which the health insurance fund insures them by regulation. As of 2015, people who are defaulters for more than 6 months will stay insured on behalf of the government (before 2015, they became uninsured).
- The system is operated by private health insurance companies; the insurers are obliged to accept every resident in their area of activity. Until 2006, the third layer is private insurance for those with an income above the stated income level, and for supplementary insurance. From 2006 the third layer is only for supplementary insurance. So, as from 2006 onwards almost all of the population has a compulsory basic insurance, which can be supplemented with private insurance schemes. Still, for the 'uninsurable' health and long term care expenditures, all of the population is covered by the exceptional medical expenses act and the social support act.
- Estimates for the number of uninsured persons have been improved. The number of insured people includes those who are insured elsewhere (e.g. border workers, foreign students) and those who have been insured on behalf of the Health Insurance Fund after 6 months of being uninsured.
Break in time series in 1986: The break in 1986 is due to the WTZ system, by which formerly voluntarily insured people in the ZFW had to take a private insurance. Private insurers were obliged to accept those groups and to insure them against a fixed premium.

New Zealand

Source: Statistics New Zealand.
Coverage:
- In New Zealand, the public health service has universal coverage, with only a few exceptions for people (such as foreign visitors) who are not eligible, except for some categories of injury services. The "Eligibility Direction" describes the groups of people who are eligible for publicly-funded health and disability services in New Zealand. A guide to eligibility for publicly-funded health services in New Zealand is available on the Ministry of Health website at http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services.
Methodology:
- In-patient acute care and out-patient medical care are free at point of delivery. Primary care and community pharmaceuticals are heavily government-subsidised. Some pharmaceutical items which are dispensed over the counter are not subsidised. The list of community pharmaceuticals eligible for public subsidies is set out in the New Zealand Pharmaceutical Schedule (see http://www.pharmac.govt.nz/patients/Schedule).
- The population estimate denominator of the health insurance coverage calculation for 2022 was sourced from the New Zealand population clock as at 9 February 2023 (https://www.stats.govt.nz/tools/population-clock/).
- Estimates from 1991 onwards are based on the resident population concept, and are not strictly comparable with

estimates for earlier years, which are based on the *de facto* population concept.
- The estimated resident population of New Zealand is an estimate of all people who usually live in New Zealand at a given date. This estimate is based on the census usually resident population count, updated for residents missed or counted more than once by the census (net census undercount); residents temporarily overseas on census night; and births, deaths, and net migration between census night and the date of the estimate.
Break in time series in 1991: Figures since 1991 equate to the total estimated resident population (ERP) of New Zealand as at 31st December. Note that the ERP is a demographic measure and is used as a proxy for the population eligible to use publicly-funded health services.

Norway

Source: Statistics Norway.
Coverage: Since 1967, the whole population has been entitled to in-patient and ambulatory services in municipal health centres and hospitals at subsidised prices. Coverage is thus equal to 100%.
Further information: http://www.nav.no/English/Membership+in+The+National+Insurance+Scheme.

Poland

Source: Ministry of Health, National Health Fund.
Coverage:
- Share of population eligible for a defined set of healthcare goods and services under public health insurance.
- The following people, regardless of their contributions to health insurance, are granted free access to health services financed by state budget: persons with very low economic status, children (till the 18th year of life), pregnant women, prisoners, patients treated for psychiatric diseases, patients treated for drug or alcohol addiction, patients treated against selected infectious diseases.
Note: The difference in data from 2011 to 2012 comes from the extensive verification of entitlements in 2012 based on data from the ZUS (Social Insurance Institution) and KRUS (Agricultural Social Insurance Fund), as part of the NFZ's preparations for electronic confirmation of entitlements in the eWUŚ system (electronic verification of Beneficiaries' entitlements).

Portugal

Source: National Health Service (NHS), and **Statistics Portuga**l, Annual estimates of resident population. Data extracted in May 2023.
Coverage: The National Health Service (NHS) provides universal coverage. It assures both equal access to all citizens and accessibility.
Methodology:
- In general there is a system of co-payments covering a significant part of healthcare. However, for the most vulnerable groups of the population, the healthcare is paid in full by the NHS.
- In addition to the coverage provided by the NHS, a part of the population is covered by public health subsystems.
- Data revised for the period 2011-2020 with Final Resident Population Estimates: provisional resident population estimates for 2011-2020 were revised (regular general revision) according to the 2021 Census Final Results.

Slovak Republic

Source: Statistical Office of the Slovak Republic.
Coverage:
- The Statistical Office of the Slovak Republic is the data source for the number of insured persons covered by the health insurance companies system as of December 31 (i.e. thousands of persons covered and population in the Slovak Republic.)
- The population in the Slovak Republic is covered by the compulsory health insurance system which includes a defined set of healthcare goods and services under public programmes.
- Public health insurance is compulsory according to the Act No.580/2004 on Health Insurance.
- People eligible for public health insurance must have permanent residency (i.e. be a citizen) in the territory of the Slovak Republic.

- People who are not eligible are citizens not employed nor self-employed in the territory of the Slovak Republic, such as:
1) citizens employed or self-employed abroad, who have health insurance in the foreign country where they are employed or self-employed;
2) citizens who are abroad for the long-term, and have health insurance in the foreign country where they live;
3) citizens who are the unprovided for family members of a person who is subject of another Member State legal system.
In the above-mentioned cases (1,2,3), those citizens of the Slovak Republic are not eligible for public health insurance and are thus not insured.
- People who do not have permanent residency (i.e. who are not citizens) in the territory of the Slovak Republic can also be eligible for public health insurance (if they are not already insured in another EU/EEA Member State), in such cases:
1) if they are employed and their employer operates or the employers registered office is in the territory of the Slovak Republic;
2) if they are eligible to be self-employed in the territory of the Slovak Republic;
3) or if they are students from EU/EEA Member States or foreign students studying at a school in the Slovak Republic under an international agreement as well as other specific cases.
Methodology: Preliminary data calculated by National Health Information Center (NHIC).
Break in series in 2005 following the adoption of Act No 578 / 2004 on healthcare providers, as data were calculated in accordance with the Act 578/204.
- Out-patient medical care: the percentage of the population is the average number of out-patient medical care per capita for 1994-2005.
Further information: www.statistics.sk.

Slovenia

Source: Annual Reports of the Health Insurance Institute of the Republic of Slovenia, Health Insurance of the Republic of Slovenia.
Coverage: Data include insured persons and dependents.
Methodology:
- Public health insurance is mandatory insurance and includes individual policies.
- Long-term care insurance for social services is not included in public health insurance; only medical long-term care insurance is included.
- Share of population, included in compulsory Health Insurance, on December 31.
Further information: http://www.zzzs.si/zzzs/internet/zzzseng.nsf.

Spain

Sources: Ministerio de Sanidad (Ministry of Health) and **National Statistics Institute (INE)**:
2014: Encuesta Europea de Salud en España, EESE (European Health Interview Survey in Spain, EHIS).
1987-2006, 2011 and 2017: Encuesta Nacional de Salud (National Health Survey).
Previous years: **INE**, Anuario Estadístico de España (published annually). **INSALUD**, Memoria INSALUD.
https://www.sanidad.gob.es/estadEstudios/estadisticas/encuestaNacional/home.htm.
Coverage:
- 2018: Since the publication of the Royal Decree-Law 7/2018 of 27 July on universal access to the National Health System, public coverage includes the complete Portfolio of Services for all persons residing in Spain.
- Share of the population that receives healthcare goods and services financed by the public sector. Coverage in this sense is independent of public or private provider.
- For 2014, population aged 15 years old and over. Differences between total population and population 15 and over are small for this indicator, e.g. under 0.1% in 2011.
- For 2010, population aged 18 years old and over.
- Prior to 1987, the estimates relate to the population covered by a social insurance scheme under INSALUD. About 7% of the population was covered by a scheme for civil servants (MUFACE) or one for the armed forces (ISFAS). During the 1980s, coverage became gradually universal. From 1987 onwards, survey data.
Methodology:

- Population residing in Spain as of 1st January each year.
https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176951&menu=ultiDatos&idp=1254735572981.
- Complete in-patient and ambulatory care is free at the point of delivery. Prescription drugs are subject to variable co-payments. Pharmaceuticals used by pensioners, low-income and several vulnerable groups are fully paid for by the NHS. Some chronic therapeutic categories are also fully covered for all persons.
- 1987-2014 Survey: Weighted results. 2003, 2006, 2011 and 2014: probabilistic sample.
Breaks in time series:
- Break in 2018: Since the publication of the Royal Decree-Law 7/2018 of 27 July on universal access to the National Health System, public coverage includes the complete Portfolio of Services for all persons residing in Spain.
- Break in 1987 due to a change of source.
Further information: For reference, see the Royal Decree-Law 7/2018 of 27 July on universal access to the National Health System at https://www.boe.es/diario_boe/txt.php?id=BOE-A-2018-10752.

Sweden

Source: Statistics Sweden (Population statistics as of 31 December).
Methodology:
- Since 1955, there has been general health insurance covering all citizens through the Act (1947: 1) on general health insurance.
- The insurance is mandatory. A health insurance fee shall cover society's costs for sick leave. This is the case for all years from 1960 onwards.

Switzerland

Source: Federal Office of Public Health, Berne. Health and Accident Insurance Directorate, Insurance Supervision, and Statistics (several issues).
Coverage: Data refer to the percentage of the population registered with a licensed sickness insurance fund.
Methodology: Since 1996, health insurance has been compulsory for the whole resident population, under the Federal Health Insurance Law (LAMal). Mandatory health insurance is provided by competing health insurance funds operating at Cantonal level, and is financed through community rated premiums set by each insurer.

Türkiye

Sources:
From 2002 onwards: Data collected from the **Social Security Institution**'s statistics.
Before 2002: MADAZELI, N. (1982), "Türkiye's Experience", **Healthcare under Social Security in Developing Countries**, p. 108, and updates.
Coverage:
- The total figure includes insured persons, pensioners and their dependents within the scope of contract-based employment (former Social Insurance Organization/SIO beneficiaries), self-employed (former BagKur/Self-Employed People's Retirement Fund beneficiaries), civil servants (former ES/ Government Employee's Retirement Fund beneficiaries), the funds under article 20 of act no: 5510 (for personnel of banks, insurance companies etc.), and the number of registered persons under the General Health Insurance (formerly known Green Card holders).
- Registered people under the General Health Insurance (formerly Green Card holders) are only included in total figure from 2004 onwards due to insufficient data on number of Green Card holders for previous years.
Break in time series in 2004: Public insurance coverage data are gathered by the Social Security Institution (SSI), and data from 2004 onwards have been revised according to the SSI database.

United Kingdom

Source: Office for National Statistics.
Coverage:
- Figures equate to the total resident UK population (from the Population Estimates Unit, ONS).
- In the UK, the National Health Service has universal coverage and is free at the point of delivery.

Further information: http://www.statistics.gov.uk/.

United States

Source: Centers for Disease Control and Prevention/National Center for Health Statistics/National Health Interview Survey (NHIS).
Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population. Include all ages.
Deviation from the definition: Data match OECD definition. Calculation methods match the OECD definition.
- This survey prevalence is the result of a household survey that collects information on healthcare coverage.
- The definition for the US health plan category "government/compulsory health insurance"includes Medicaid, State Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, including Medicare, disability, military plans, and a number of other very small public health coverage programs.

Plans	Description
Medicare	Federal program that helps pay healthcare costs for people aged 65 years old and over and for certain people aged under 65 years old with long-term disabilities.
Medicaid	Program administered at state level which provides medical assistance to the needy. Extremely low-income aged, blind, and disabled who are in financial need may be eligible for Medicaid. Program eligibility for other poor or low-income individuals varies by state or residence. It may be known by different names in different states.
CHIP	The State Children's Health Insurance Program (CHIP) is a program administered at the state level, providing healthcare to low-income children whose parents do not qualify for Medicaid. SCHIP may be known by different names in different states, and eligibility criteria vary by state.
US Military Healthcare	Includes TRICARE as well as care provided by the Department of Veterans Affairs (VA).
TRICARE	Military healthcare program for active duty and retired members of the uniformed services, their families, and survivors.
Department of Veterans Affairs (VA)	Medical program through which the Department of Veterans Affairs helps pay the cost of medical services for eligible veterans of the armed forces, selected veteran's dependents, and survivors of veterans.
State-specific plan	Some states have their own health insurance programs for low-income uninsured individuals. These health plans may be known by different names in different states.

- NHIS is a nationally representative survey of the U.S. civilian non-institutionalised population. Data are collected through personal household interviews continuously throughout the year. Information is obtained on personal and demographic characteristics including race and ethnicity by a sample adult or a knowledgeable adult member of the household. Information is also obtained on illness, injuries, impairments, chronic conditions, utilisation of health resources, and other health topics by self report.
- The sample design plan of NHIS follows a complex probability design that permits the representative sampling of households and non-institutional group quarters (e.g., college dormitories).
Estimation: Percent estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period.
Notes:
- Due to the COVID-19 pandemic, the NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits resumed in all areas in September 2020, but cases were still attempted by telephone first. These changes resulted in lower response rates and differences in respondent characteristics for April–December 2020. Differences observed in estimates between 2020 and earlier years may be impacted by these changes.

- In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these changes has not been fully evaluated at this time.
Further information: NHIS website, http://www.cdc.gov/nchs/nhis.htm.

Total public and primary voluntary health insurance, 2018 onwards:
Source: National Center for Health Statistics (NCHS).
2021: "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2021", May 2022. Available at https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202205.pdf.
Coverage:
- This report from the National Center for Health Statistics (NCHS) presents selected estimates of health insurance coverage for the civilian non-institutionalised U.S. population based on data from the National Health Interview Survey (NHIS).
- In 2021, 30.0 million people of all ages (9.2%) were uninsured at the time of interview. This was lower than, but not significantly different from 2020.
- In 2020, 31.6 million people of all ages (9.7%) were uninsured at the time of interview.
- In 2019, 33.2 million people of all ages (10.3%) were uninsured at the time of interview. In the second half of 2019, 35.7 million people of all ages (11.0%) were uninsured – significantly higher than the first 6 months of 2019 (30.7 million, 9.5%).
- In 2018, 30.4 million people of all ages (9.4%) were uninsured at the time of interview - not significantly different from 2017, but 18.2 million fewer people than in 2010.
Further information: NHIS website, http://www.cdc.gov/nchs/nhis.htm.

NON-OECD ECONOMIES

Romania

Source: National Health Insurance House.
Coverage: Data for the period 2012-2022 are at December 31 of each year. Preliminary data for the year 2022, as data are estimated at July 1, 2022.
Methodology:
- Social health insurance represents the main system of financing the healthcare of the population in Romania. The main objective of the social health insurance system is to protect the insured against the costs of medical services in case of illness or accident.
- Social health insurance provides access to a minimum and a basic package of services. People insured in the social health insurance system benefit universally, fairly and non-discriminatory from the services provided in the basic package. This includes preventive medical services, curative medical services, drugs and medical devices.
- The service packages within the social health insurance system are established by Government decision, at the proposal of the National Health Insurance House, in accordance with the aspects provided by the Parliament in the law governing the health system (Law no. 95/2006).
- Also, the list of medicines benefiting insured persons in the compensated or free system is approved by the Government, at the proposal of the Ministry of Health, with the approval of the National Health Insurance House.

Russian Federation

Source: Central Bank of the Russian Federation.
Break in time series in 2014: Since 2014, the Russian Federation includes Krime Federal Okrug (Crimea).
Further information:
- Central Bank of the Russian Federation: https://cbr.ru/insurance/reporting_stat/ and http://www.cbr.ru/finmarket/supervision/sv_insurance/ (File 34: "Information on main indices of the activities of Insurance of Medical Organizations by the subjects of the Russian Federation.xls").
- Federal Service of State Statistics: https://rosstat.gov.ru/folder/12781 and http://www.gks.ru/wps/wcm/connect/rosstat_main/rosstat/ru/statistics/population/demography/#.

Note: This document, as well as any data and any map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.