

Insurance and discrimination

The importance of guaranteeing citizens full and equal access to the basic kinds of insurance

“Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited.”

Article 21, European Union Charter of Fundamental Rights.

“In defining and implementing its policies and activities, the Union shall aim to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.”

Article 10, Treaty on the Functioning of the European Union.

“[The European Union] shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between women and men, solidarity between generations and protection of the rights of the child.”

Article 3, Treaty on European Union.

“All are equal before the law and are entitled without any discrimination to equal protection of the law.”

Article 7, United Nations Universal Declaration of Human Rights.

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Summary

European citizens have the right to equal treatment. However, the European legal framework has built specific exceptions that undermine this right, including for the financial and insurance industries. Prices of financial products can vary from one person to another, due to ex-ante profiling¹ based on age and health, for example. The legal basis for this difference in treatment is related to the use of actuarial factors. When the statistical data on which actuarial calculations are based are reliable, when the differences in prices are proportionate to the specific level of risk each sub-group represents, EU law does not consider this discriminative.

The purpose of this policy brief is to challenge this position, for the following reasons:

- **Ex-ante differences** in insurance premiums are discriminative and contradict European Union (EU) Charter of Fundamental Rights when they are based on identity characteristics: many of the individuals in each sub-group do not generate the same level of “damages”, which means that the extra amount paid in premiums with no cost equivalent for the company make them more profitable². When ex-ante differentiated pricing (differences in premiums) allows some consumers to receive more economic benefits than others, it can be considered discriminatory;
- **Ex-post differences** in insurance premiums based on behavioural dimensions are discriminative when they are not strictly calculated on the basis of actual damages incurred. Behavioural analysis of customers should be strictly regulated to avoid discriminative treatment and exclusion. Behavioural analysis should, however, be used to guarantee a minimum access to the insurance needed to participate fully and equally in society. Analysis could be used, for example, to guarantee the minimum level of mobility (even if constrained, for example with a speed restriction) needed to maintain a professional activity for individuals with a long history of accidents and related damages.
- **Mutualisation of risks** is the key principle behind finance and insurance: if one puts an end to this principle, one suppresses purely and simply these two industries. In this respect, any practices that reduce or limit this principle should be strictly limited to fair and relevant purpose in reasonable limits. Any differences in prices should aim to incentivise less risky attitudes and increase the contribution of consumers that have generated higher damages. This practice should, however, never lead to the exclusion of a consumer due to an unaffordable premium. This risk of exclusion is harmful to society as a whole when it relates to insurance that plays a key role in allowing equal and full participation in society.
- **Developments linked to innovation**, connected devices or cars should be strictly dedicated to allowing discounts in premium prices and to maintaining access to a basic level of insurance protection to avoid social exclusion.

1 Ex-ante profiling refers to a process of assessing specific personal information that leads to a profile definition. Each profile might correspond to a specific level of risk, based on a probabilistic analysis. “Ex-ante” means in particular that this profiling justifies a difference in the pricing of an insurance premium. Example: when the profiling is detecting a young driver, the premium will be higher, related to the average level of risk young drivers are exposed to. In this case, the price is not based on the actual cost of damages incurred, that can only be calculated ex-post.

2 DIR 2004/113/EC – 13/12/2004 - (18). In order to ensure equal treatment between men and women, the use of sex as an actuarial factor should not result in differences in individuals’ premiums and benefits.

1– The legal framework

The right to equal treatment has been firmly established at both international and EU levels. At international level the United Nations declaration of human rights clearly aims to eliminate discrimination on the basis of identity. The elements of identity referred to as being race, sex, nationality, ethnicity, language, religion, or any other status. The declaration also enshrines the right to employment and an existence worthy of human dignity³. In the EU these rights have been confirmed and strengthened, through their inclusion in the treaties establishing the EU and in a charter of fundamental rights. Here the same rights to equal treatment and dignity are outlined, along with a specific duty for the EU to actively combat discrimination⁴.

The laws that the EU has subsequently passed should therefore have been targeted at guaranteeing and implementing the principle of equal treatment. In reality EU law has instead been appropriated to create exceptions where these rights do not apply. A key example is present in the area of financial services, where client segmentation based on actuarial factors was exempted from the scope of current discrimination law.

“The use of actuarial factors related to sex is widespread in the provision of insurance and other related financial services. In order to ensure equal treatment between men and women, the use of sex as an actuarial factor should not result in differences in individuals’ premiums and benefits. To avoid a sudden readjustment of the market, the implementation of this rule should apply only to new contracts concluded after the date of transposition of this Directive – Directive 2004/113/EC – 13/12/2004 - (18).”

The limitations of EU legislation in the area of discrimination can be further demonstrated by the 2008 proposal for a directive to ensure equal treatment outside the labour market, irrespective of age, disability, sexual orientation or religious belief⁵. The proposal for the directive has remained blocked for more than ten years as the Council of the EU has not been able to unanimously approve it⁶. It includes an even broader and more explicit proposal to exempt segmentation based on actuarial and risk factors.

“Actuarial and risk factors related to disability and to age are used in the provision of insurance, banking and other financial services. These should not be regarded as constituting discrimination where the factors are shown to be key factors for the assessment of risk. – proposed Directive 2008/0140 – 02/07/2008 - (15)”

These exceptions can also be seen as creating a multi-layered negative impact on citizen’s rights. By subverting the right to equal treatment and allowing discrimination on the basis of identity, segmentation of customers is promoted as a legitimate basis for insurance pricing. However, this segmentation of customers can result in the exclusion of some from accessing insurance that they need to lead an existence worthy of human dignity, by accessing to employment and other key elements of a full participation in society.

3 Article 23, https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf

4 Article 10, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=EN>

5 <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52008P-C0426&from=EN>

6 <http://www.europarl.europa.eu/legislative-train/theme-area-of-justice-and-fundamental-rights/file-anti-discrimination-directive>

2 – Risk of exclusion – brief review of a selection of key products

Citizens need access to certain kinds of insurance to be able to fully and equally participate in society. Despite the fact there is no right to access insurance, some kinds of insurance play a key role in social inclusion. The kinds of insurance needed to ensure this participation may differ from country to country, depending on what services are nationalised. In Belgium, for example these services have been defined as health insurance, fire insurance, motor insurance and personal liability insurance⁷. If citizens are not able to obtain insurance cover for these areas then there is a significant risk that they are excluded from fully participating in society in case of damages or accidents. The efficiency of the insurance market should be, in this perspective, assessed by its capacity to propose basic and affordable products to all consumers, at least for the reduced set of kinds of insurance with social importance. The European Commission has explicitly recognised the need to access essential services in key principle number 20 of the European Pillar of Social Rights⁸: “*Everyone has the right to access essential services of good quality, including water, sanitation, energy, transport, financial services and digital communications. Support for access to such services shall be available for those in need.*”

Health

With health insurance the situation differs significantly from one EU member state to another. Health access can be almost fully free of charge in some countries, including free hospital care, whereas in other countries debts resulting from the cost of health treatment are significant, especially when it comes to debt resulting from hospital care. Cost is a key reason for unmet needs of health care⁹, where deprivation is an important contributing factor to risk of poverty and exclusion. The lack of appropriate public or private insurance to cover health costs has to be seen as a major risk of social exclusion.

Home insurance

For housing, if the insurance is not required by law, it is often effectively made compulsory via a contract. It tends to cover fire risk, as well as weather related damages from storms, floods, and intense rain amongst others. For a renter this insurance is often made compulsory in the rental contract proposed by a landlord. For an owner, at least for the duration of their mortgage credit, this insurance is required by the credit provider. The impact of being not protected in case of damages in this respect is a major risk and can leave individuals unable to access insurance in either a vulnerable situation or excluded.

Motor insurance

Motor insurance is required by law at EU level¹⁰. It is also directly related to mobility and indirectly with job access in rural areas or areas that are not well connected to means of public transport. A lack of access to a basic and affordable premium has, therefore, a huge impact on social inclusion. Here again if the market was fully competitive it should allow this specific demand to be met, but this is not the case. On the contrary, the societal costs related to the lack of access to (affordable) third party liability motor insurance and the mobility restriction it creates, as well as the costs related to accidents involving non-insured vehicles are societal issues. For

7 Page 97, https://www.financite.be/sites/default/files/references/files/rif_2017_master_20171219comv2.pdf

8 https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

9 EU SILC: Eurostat ([hth_silc_08](http://hth.silc_08)) – See annex 1

10 Motor Insurance Directive (MID) 2009/103/EC: This directive obliges all motor vehicles in the EU to be covered by compulsory third party insurance.

these situations no real satisfactory solution mechanism for the stakeholders has been found. Beyond the necessity to implement a guarantee fund¹¹, the impact of the penal and financial penalties a driver is exposed to leads too often to exacerbated negative situations; including the risk of insolvency and the knock-on detrimental effects on the victims.

Personal liability

This kind of insurance covers accidents caused by a family member or a domestic animal to a third party. It can be an important protection in case of significant material of physical damage. It is therefore considered as a relevant and usually affordable product that every household should access.

Disability insurance

Although this insurance has not been reported as being part of the minimum set of basic insurance, it has been reported that in some EU Countries, the social security scheme (Public) is far from being able to sufficiently guarantee a decent standard of living. In such circumstances, it is key to guarantee an affordable basic product, whilst raising the importance of addressing the issues with these social security schemes.

Together with fire insurance, personal liability and disability insurance products seem to benefit from broadly satisfactory market competition and should not be considered in this policy brief as a key area of focus.

The use of segmentation for pricing of insurance premiums represents one of the key elements that can cause exclusion because of its impact on the level of some premiums. When a customer is placed in a highly priced segment, they may no longer be able to afford the insurance cover they need. For this reason, the elements which are taken into account for the pricing of insurance should not only protect citizen against any risk of discrimination, but should not lead to societal detriment such as the one presented below.

3 – Lessons learnt from Test Achats on the issue of ex-ante profiling

The implication of not being able to discriminate on the basis of a person's identity for the financial services sector is that it should rather create groups and segment on the basis of behaviour. An example of this practice is the bonus-malus system. Under this system insurance premiums are adjusted based on the actual damages incurred by the customer, not their identity. Using this system would also logically imply ex-post pricing, where a standard premium is based on the actual damages incurred. This would in turn mean that customers start on equal footing under a fully mutualised system.

A landmark EU law on discrimination for financial services was put in place. The law was in the form of a directive, which is a minimum harmonisation approach in the EU. Directives allow member states more flexibility as they apply and implement the law, whereas an EU regulation is directly applicable to all member states. This directive was aimed at implementing equal treatment of men and women in accessing goods and services¹². However, under article 5 of the directive member states may exempt insurance premiums from having to apply an equal treatment principle; “[member states may] permit

11 Article 10 of the MID obliges all EU member states to “set up or authorise a body” responsible for compensation for claims resulting from uninsured vehicles. The aim of this guarantee fund is to facilitate the compensation for damage to property or personal injuries caused by a vehicle whose identity cannot be traced (unidentified vehicles) or for which the insurance obligation has not been satisfied (uninsured vehicles).

12 https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:O-J.L_.2004.373.01.0037.01.ENG&toc=0-J:L:2004:373:TOC

13 Article 5(2), EU Directive 2004/113

*proportionate differences in individuals' premiums and benefits where the use of sex is a determining factor in the assessment of risk based on relevant and accurate actuarial and statistical data*¹³. This meant that rather than implementing the principle of equal treatment the law was actually undermining it by creating an exception for insurance.

The Belgian consumer organisation 'Test Achats' decided to challenge this exception in court, in the context of the Belgian law implementing the EU directive¹⁴. Test Achats won the case at the European Court of Justice, which declared that article 5(2) of the directive on equal treatment was invalid and could not be applied. Whilst this is a victory and helps to resolve part of the issue with the use of identity as a key factor in segmenting clients, it has unfortunately led to a push to use lifestyle characteristics instead¹⁵. This poses many of the same issues as the use of identity in the end, given the difficulty in demonstrating which behaviours can be considered causal factors. The use of risk factors linked to lifestyle can also importantly be correlated with gender, meaning that gender is still indirectly used as a basis for segmentation.

Despite the landmark nature of the Test Achats case, it is difficult to assess what its impact on pricing has been. The lack of a clearly discernible impact would also support the supposition that segmentation can still indirectly take place on the basis of gender. By using other factors that correlate with gender companies may have been able to minimise the impact of the Test Achats case. It shows that data on the cost of premiums and the level of benefits should be made readily available by companies to assess what the impact of segmenting, or other ways to price is. However, it also demonstrates that EU regulation targeted at implementing citizen's fundamental rights has failed. Even with the positive intervention of the ECJ the directive may be doomed to fail as it fails to address the root cause of the problem; ex-ante segmentation based on historical data and correlation.

4 – Segmentation vs mutualisation

The concept of mutualisation in insurance is based on a principle of pooling risks. It involves aggregating risks and matching the gains from pooling investment to the losses from insured events. Under this concept the policyholders who do not experience losses effectively subsidise those who do. Insurance companies use risk-based premiums to attract less costly policyholders by offering reduced premiums costs.

As the Test Achats case and the EU equal treatment directive showed insurance companies process statistics and data based on identity. The aftermath and implications of the case have also brought into question how far the current limits can be enforced by authorities.

A key issue with the use of identity statistics to price insurance premiums is that correlations only give a good view on the average customer in a particular group. This also means that it is not an applicable view to many individuals in the group. The variables considered in the statistical analysis are crucial to creating correlation around certain characteristics. However, the variables are chosen based on data that is available and it is extremely difficult to actually break down and justify the impact of each variable, their combined impact, or the impact that variables that are not considered would have. Correlation can essentially mask the causal impact of unidentified variables that may be necessary to reach an accurate understanding of the potentially very different individuals in a group.

A further problem with the use of statistics is the reliance on historic data, which fails to take into account changes in behaviour. A certain behaviour could be attributed to a

14 <http://curia.europa.eu/juris/celex.jsf?celex=62009C-J0236&lang1=en&type=TX-T&ancre>

15 Page 20, http://www.equine-europe.org/IMG/pdf/ggs_report_final_with_cover.pdf

particular identity group at one moment. However, the rates of changes in behaviour between different identity groups are likely to be constantly changing and subject to any number of external factors. This means that historical data can only support a very limited inference of how certain behaviours can be linked to a particular identity group.

Looking at the case of men and women a hypothetical example could be that women have been found in general until now to take less risks than men; inferred from statistics showing female drivers smoke less and drive slower than male drivers. On this basis women are offered a preferential rate when purchasing an insurance contract on the evidence that they pose less of a risk. Here behavioural variables have been correlated with gender, based on historical data. However, it does not take into account changing trends in the rates of new female vs male smokers, for example. It also does not explain or show that it was the fact that a women smoked less or drove slower that made them a safer driver. Many other factors could have contributed such as the difference between how often male and female drivers use their cars, which could in turn be significantly affected by whichever parent is responsible for driving the children to school. What is clear is that the important data are all based on behaviours, rather than the fact of being a man or a woman.

A real threat to the shared risk taking concept of mutualisation comes from ex-ante pricing based on characteristics related to identity. A possible solution would clearly be to use an ex-post pricing system based on evaluation of actual damages incurred that is proven to be relevant to the risk being covered. As the example above outlines, ex-ante pricing on the basis of behaviour would also risk causing discrimination, correlated statistics do not relate to the majority of individual cases. This would likely mean a risk of exclusion. The same issue applies to the use of behaviour as a basis for ex-post pricing, unless it is strictly limited to the use of data on the actual damages that an individual has incurred.

5 – Impact of technology: threats and opportunities

The use of technology by insurers can be seen as an opportunity to address some of the issues outlined in this paper, but could equally be seen as a risk for a reinforcement of discriminative pricing and exclusion.

Key technologies to consider are:

A) Analytics related to (personal) data, which might include social media and large amounts of non-structured data.

| Threat | Opportunity |
|--|--|
| <p>In principle, the General Data Protection Regulation (GDPR)¹⁶ should protect consumers from such use of their personal data. However, the GDPR will have to prove its effectiveness in this field. If the consent given by a consumer to an insurer to access personal data (for example, consent which is not explicitly necessary to access a product, but gives access to a discount) is not considered to breach the GDPR requirements, then it raises questions over transparency in pricing methods: would it be possible for insurers to prove the absence of discriminative practices? Would it be in any case possible to clearly identify, among non-structured data, the specific data that have an impact?</p> | <p>Although opportunities arising can be easily identified for insurers, by being able to segment even more precisely and make their business more profitable, the situation for consumers is less clear. How can the loss of privacy or value of personal data be properly priced into a premium reduction? What would be the impact on consumer behaviour? How influential can it be? What are the long-term impacts to be expected, such as an erosion of the principle of mutualisation?</p> |

B) Connected devices

The two devices considered in this note are related to the two fields that present the most risk of discrimination and exclusion: connected health devices and connected cars.

Connected health devices

Physical activities have been scientifically proven to have a significant and positive impact on risk reduction for general mortality. There is a, therefore, temptation for insurers to promote physical activity to their customers. This can be done via incentives such as discounted premiums for customers that can prove their level of physical activity by using a connected device.

| Threat | Opportunity |
|--|---|
| <p>It can be a complex or impossible task for insurers to treat the information collected via such device in an appropriate way and to ensure they avoid discrimination on the basis of identity. Indeed, “health capital” differs from a person to another, so the capacity to undertake physical activity differs from a person to another, not only due to behavioural differences but due to physical capacity. In this respect, it is also true that what is good for the health of a majority of individuals, can have a negative impact on some others. For example there are cases where an illness or condition may not have been diagnosed, but may mean that a person should not be advised exercise as much as is advised for the average person.</p> <p>Furthermore, what we know today about physical activities might lead to a much more detailed knowledge tomorrow, which might differentiate between which of these activities really decreases risk and those that cause other related issues; such as jogging in an air-polluted environment. Certain kinds of sport can also lead to issues such as articular wear. These examples demonstrate why such incentives should have a limited impact on pricing. Pricing should not be affected in non-proportionate ways that leads to too-high premiums for a significant number of consumers that may then be excluded.</p> <p>Whether or not consumers are prepared to share personal data with insurance companies can also be questioned. Would consumers who do not want to share their personal data, but would otherwise have a record of positive behaviour then be penalised?¹⁷</p> | <p>On the contrary, for the people who do have limited health capital, connected devices can be seen as a tool to protect them from high-cost premiums when the value of physical activities is assessed on a personalised basis and with clear limits and adjusted to the capacities of an individual, rather than a comparison of an individual and the average practices or expectations.</p> |

16 <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:02016R0679-20160504&from=EN>

17 See study from on ‘Health data for sale?’ – quote on p.7. “A study carried out by the Norwegian Board of Technology and the Data Protection Authority found that while many Norwegians are willing to share exercise data for research purposes, many more are sceptical about sharing the same information with insurance companies.”

Connected cars

Insurers may also be tempted to consider lower driving speeds and ‘careful’ driving to indicate a lower risk of accident, or serious accident. Although this assumption does not have as strong and sound a basis as in the case of physical activity, statistic and probability have identified some dimensions where human behaviour has a key impact: speed, driving under the influence of alcohol or drugs and being distracted, among others¹⁸.

| Threat | Opportunity |
|---|---|
| <p>Behind the risks outlined above, elements such as the quality of infrastructures such as roads, the quality of the cars, the level and efficiency of public authorities control also all play a role. These elements can significantly vary even within a country, a region, or a city. Should these elements also be taken into consideration in the pricing of premiums?</p> <p>How will a qualified driver, with no record of accidents, be treated if their driving is considered to be aggressive or by extension ‘careless’? Should they be financially penalised even if they have never incurred any damages? Here again, the risk of discrimination when such tool is used for ex-ante pricing based on anything other than the actual damages incurred remains problematic.</p> <p>These questions lead to a more fundamental issue: the lack of transparency over the elements that are taken into account to fix the price of an insurance premium. This has been underlined in research on certain “Pay as You Drive” insurance policies¹⁹.</p> <p>As already highlighted for connected health devices, another risk or threat relates to the consequences for consumers who want the right to be ‘disconnected’ and do not want to share their personal data with insurance firms (i.e. for privacy reasons). Insurers could discriminate against those who do not wish to share information with them for privacy reasons, by either charging higher premiums or excluding them.</p> | <p>If we now consider a bad driver – a driver with a long history of incurring damages – they may be refused cover by insurers, or offered a prohibitively expensive premium, which can often lead to exclusion. Amongst excluded drivers, it has been documented that a significant number will likely drive without motor insurance and that another significant part of them will be involved in car accidents. For these drivers getting access to a connected car can be a way to prevent exclusion and reduce the number of uninsured drivers. This can be done by allowing them to drive under certain restrictions related to “proven” dangerous behaviours, by limiting the maximum speed of the car, for example.</p> |

18 <http://www.who.int/fr/news-room/fact-sheets/detail/road-traffic-injuries>

19 The Consumentenbond (NL) research is available on: <https://www.consumentenbond.nl/binaries/content/assets/cbhippowebsite/gidsen/geldgids/2016/nummer-7---november/gg201611p20-rijstijlverzekering.pdf>

Conclusion

Profiling consumers is a key part of how the financial industry puts a price on the products it sells. Dividing potential customers into groups allows companies to define target markets. It also potentially allows these companies to maximise profits by excluding groups of customers that are determined to be too risky and therefore costly. The idea being that the company can aim to reduce the cost of the services they are providing by excluding these groups and so offer a competitive price to the more profitable groups. However, this segmentation of customers is not compatible with the principle of mutualisation.

Given that premiums are calculated ex-ante on the basis of identity or behavioural characteristics (car and health insurance), the resulting differences in pricing goes against the fundamental rights of citizens not to be subject to discrimination and to be equal before the law. **The only way to eradicate the risk of discrimination appears to be the use of ex-post premium pricing, based on the actual claim's history and historical cost of damages incurred by customers.**

Access must also be guaranteed to the basic kinds of insurance needed to fully and equally participate in society, in line with the right to an existence worthy of human dignity. Creating a mutualised system for these kinds of insurance, with ex-post pricing on the basis of the real cost of damages and claims made, can help to ensure this is the case. Technology seems to potentially pose a serious threat to mutualisation. It could, however, also present an opportunity to potentially provide access cover for customers with an otherwise prohibitive history of damages.

A key element of consumer protection in this field is the need for consumers to be informed of all the criteria that impact the pricing of their insurance premium.

Annex 1

| | Reasons related to the health system | | | | |
|---|--------------------------------------|-------|---------------|-------------------|--------------|
| | All reasons | Total | Too expensive | Too far to travel | Waiting list |
| EU-28 (*) | 4.5 | 2.6 | 1.7 | 0.1 | 0.8 |
| Belgium | 2.8 | 2.4 | 2.2 | 0.2 | 0 |
| Bulgaria | 4.3 | 2.8 | 2.2 | 0.3 | 0.2 |
| Czech Republic | 4.3 | 0.7 | 0.2 | 0.2 | 0.3 |
| Denmark | 7.8 | 1.3 | 0.2 | 0.1 | 1.0 |
| Germany | 0.9 | 0.3 | 0.2 | 0 | 0.1 |
| Estonia | 16.9 | 15.3 | 1.1 | 0.7 | 13.5 |
| Ireland (*) | 3.3 | 2.8 | 2.0 | 0 | 0.8 |
| Greece | 14.5 | 13.1 | 12.0 | 0.2 | 0.9 |
| Spain | 1.2 | 0.5 | 0.2 | 0 | 0.4 |
| France | 4.1 | 1.3 | 1.0 | 0 | 0.3 |
| Croatia | 5.2 | 1.7 | 0.7 | 0.6 | 0.4 |
| Italy (*) | 5.7 | 5.5 | 4.9 | 0.1 | 0.5 |
| Cyprus | 0.8 | 0.6 | 0.6 | 0 | 0 |
| Latvia | 11.7 | 8.2 | 5.3 | 0.5 | 2.5 |
| Lithuania | 3.7 | 3.1 | 0.7 | 0.2 | 2.2 |
| Luxembourg (*) | 4.9 | 0.9 | 0.7 | 0 | 0.2 |
| Hungary | 6.5 | 1.3 | 0.9 | 0.2 | 0.2 |
| Malta | 2.8 | 1.0 | 0.7 | 0 | 0.3 |
| Netherlands | 0.8 | 0.2 | 0.1 | 0 | 0.1 |
| Austria | 0.7 | 0.2 | 0.2 | 0 | 0.1 |
| Poland | 12.3 | 6.6 | 2.3 | 0.4 | 3.9 |
| Portugal | 4.1 | 2.4 | 2.0 | 0 | 0.3 |
| Romania (*) | 8.6 | 6.5 | 5.3 | 0.6 | 0.7 |
| Slovenia | 0.8 | 0.4 | 0.1 | 0 | 0.3 |
| Slovakia | 6.2 | 2.3 | 0.8 | 0.3 | 1.2 |
| Finland | 4.9 | 4.1 | 0.1 | 0 | 4.0 |
| Sweden | 10.2 | 1.6 | 0.4 | 0.2 | 1.0 |
| United Kingdom | 1.8 | 1.0 | 0.1 | 0 | 0.9 |
| Iceland (*) | 8.4 | 4.3 | 3.3 | 0.3 | 0.7 |
| Norway | 2.3 | 1.1 | 0.4 | 0 | 0.7 |
| Switzerland | 2.2 | 0.5 | 0.5 | 0 | 0 |
| Former Yugoslav Republic of Macedonia (*) | 6.0 | 2.9 | 2.1 | 0.3 | 0.4 |
| Serbia | 10.5 | 4.5 | 2.6 | 0.6 | 1.2 |

Table 1:
Share of persons aged 16 and over reporting unmet needs for medical examination or treatment, by main reason, 2016 (%)

Source: Eurostat
([hlth_silc_08](#))

About Finance Watch

Finance Watch is an independently funded public interest association dedicated to making finance work for the good of society. Its mission is to strengthen the voice of society in the reform of financial regulation by conducting advocacy and presenting public interest arguments to lawmakers and the public. Finance Watch's members include consumer groups, housing associations, trade unions, NGOs, financial experts, academics and other civil society groups that collectively represent a large number of European citizens. Finance Watch's founding principles state that finance is essential for society in bringing capital to productive use in a transparent and sustainable manner, but that the legitimate pursuit of private interests by the financial industry should not be conducted to the detriment of society. For further information, see www.finance-watch.org



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