



State of Health in the EU

Country Health Profiles

Brussels November 28th 2019

The Country Health Profiles

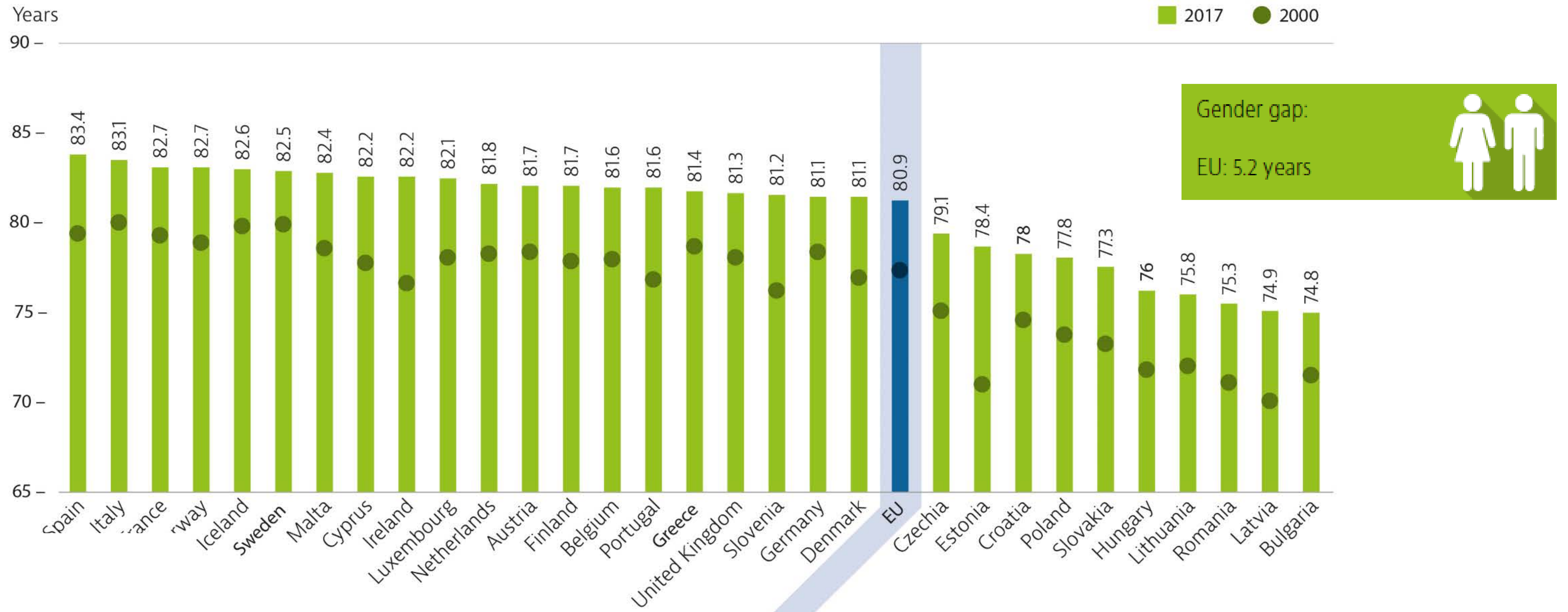
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What is the health status of
the population in the EU?

Life expectancy has risen by almost 4 years in the EU since 2000, but the gap between the countries with the highest and lowest life expectancy still exceeds 8 years

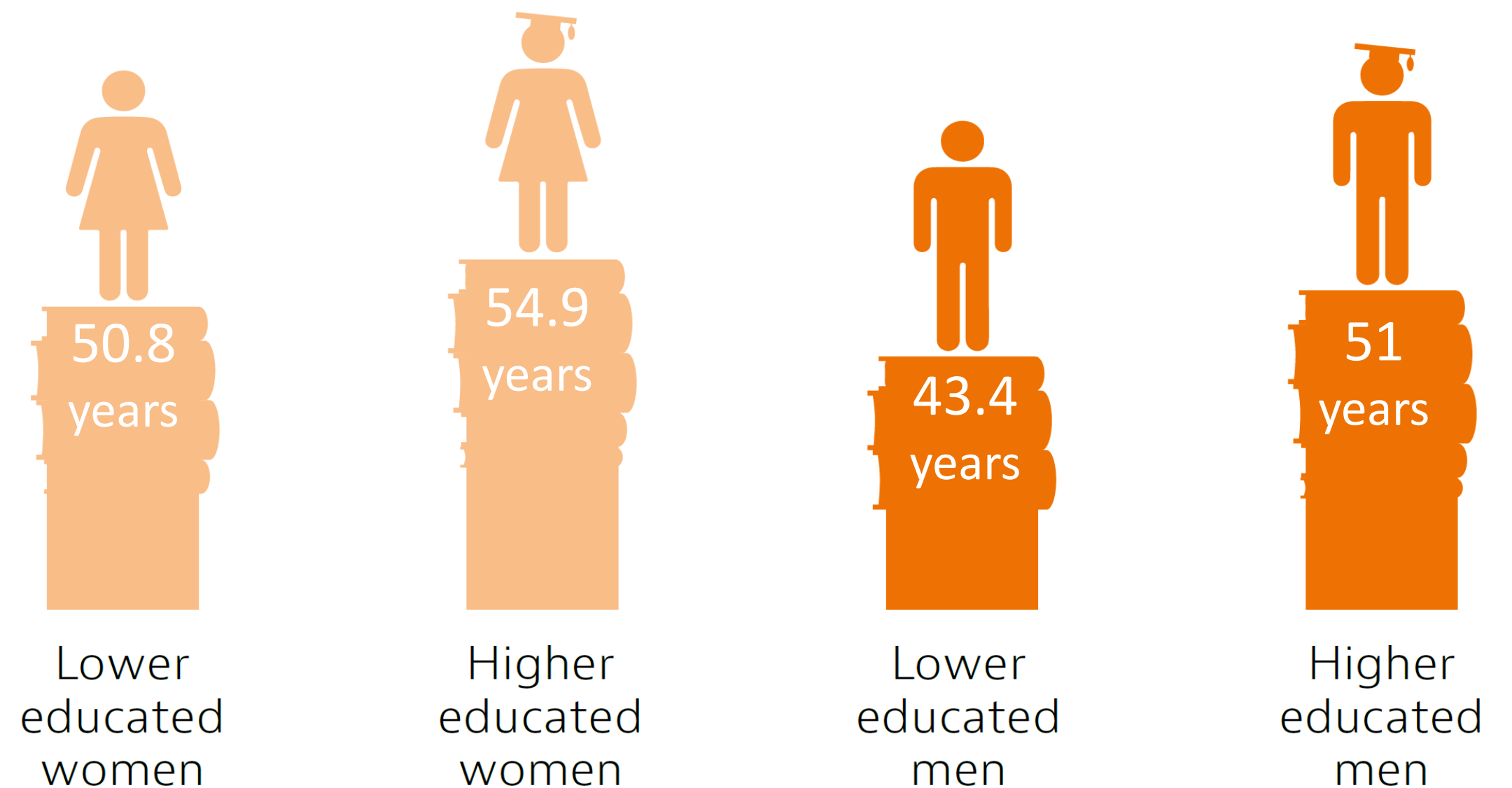


Source: Eurostat Database.

Inequalities in life expectancy are large within countries, especially for men

The education gap is almost 8 years for men and about 4 years for women in the EU

Education gap in life expectancy at age 30:



EU: 4.1 years

Latvia: 8.0 years

Slovakia: 6.9 years

Hungary: 6.4 years

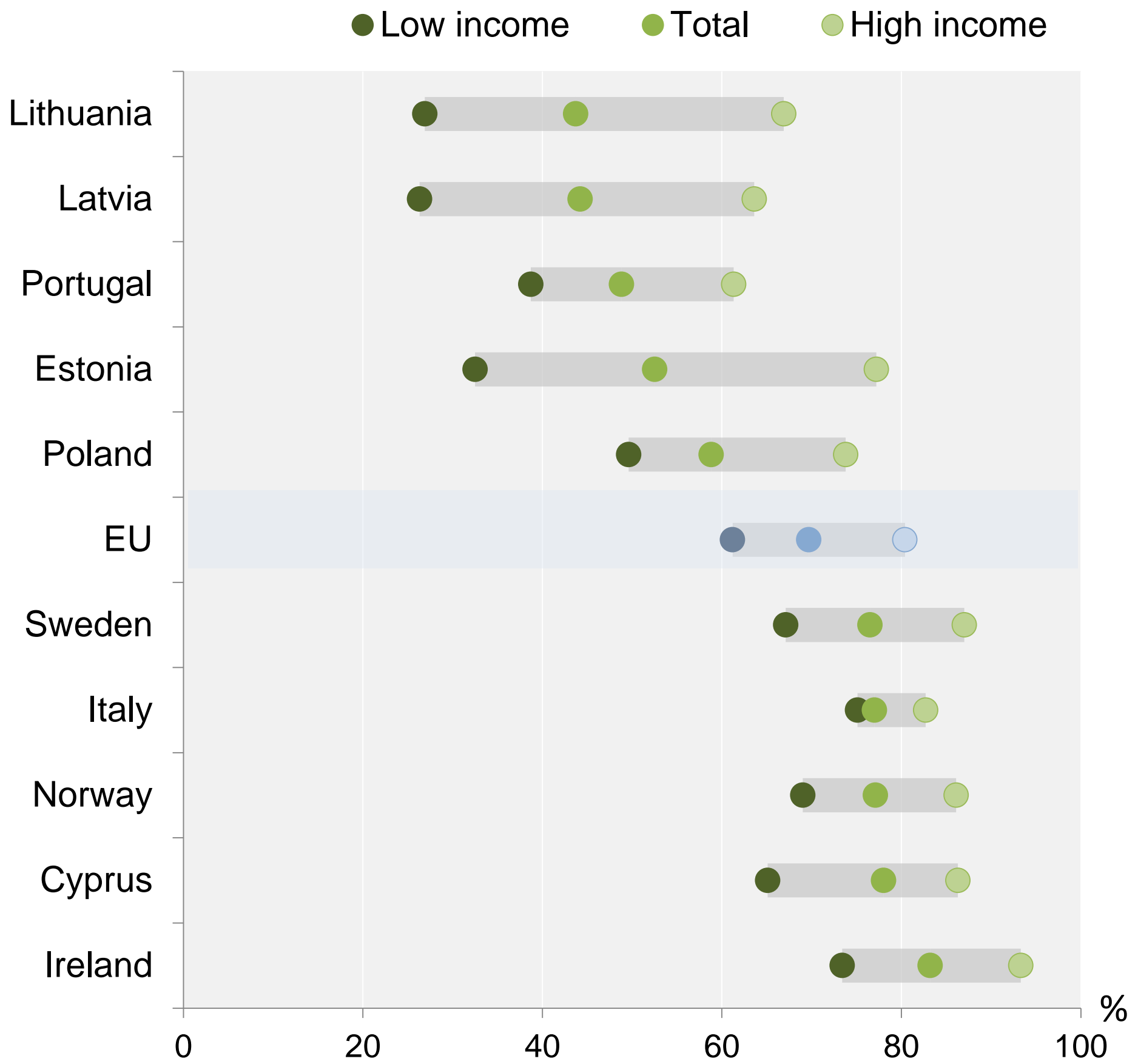
EU: 7.6 years

Slovakia: 14.4 years

Hungary: 12.6 years

Poland: 12.0 years

Poor people are much less likely to report being healthy than rich people



60% of people on low income report being healthy compared with 80% among those on high income in the EU

Source: Eurostat Database, based on EU-SILC (data refer to 2017)

Millions of deaths in the EU can be attributed to modifiable risk factors

Dietary risks

EU: 18%
951 000 deaths



Tobacco

EU: 17%
859 000 deaths



Alcohol

EU: 6%
310 000 deaths



Low physical activity

EU: 3%
153 000 deaths

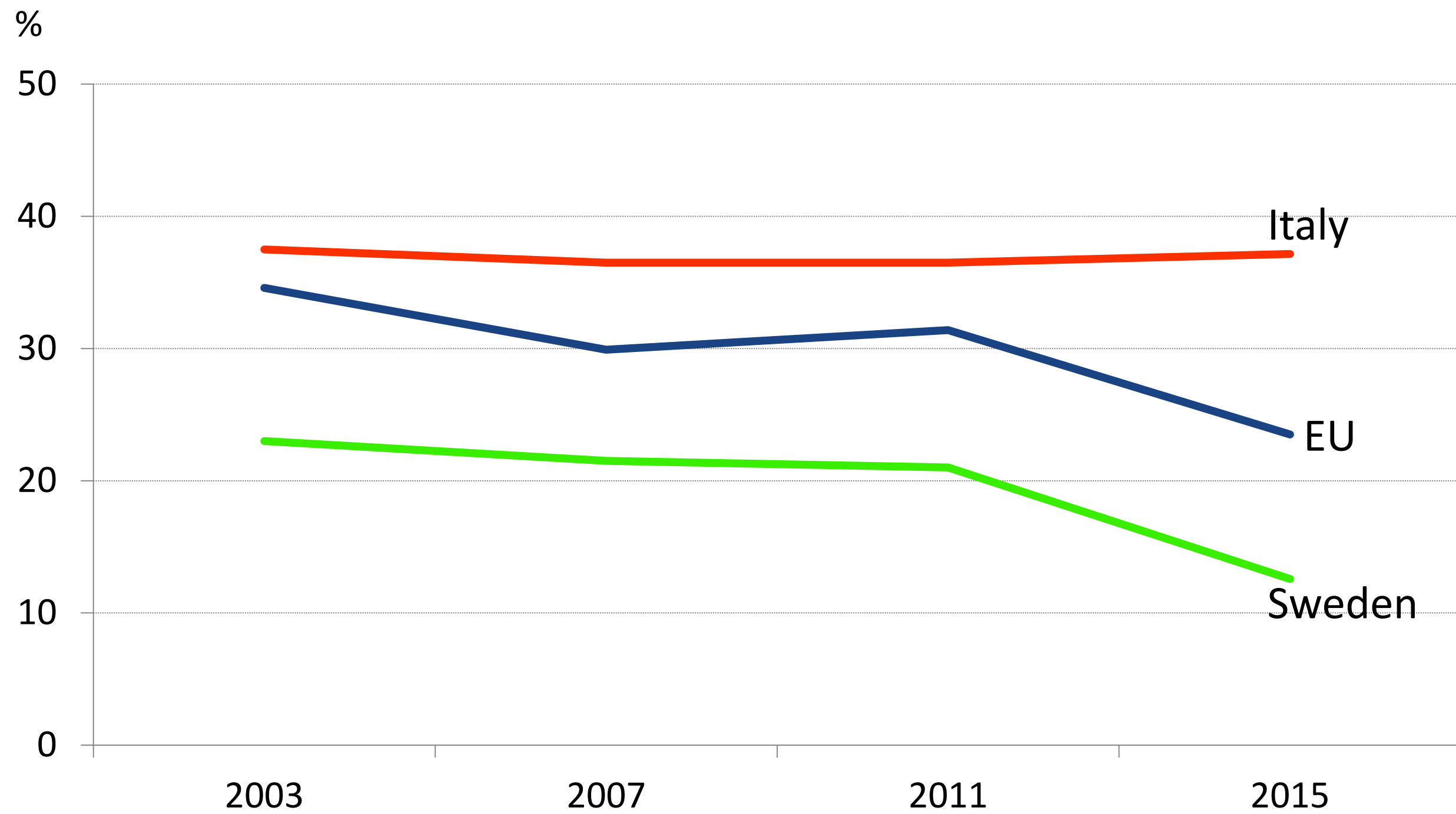


Note: The overall number of deaths (2 014 000) related to these risk factors is lower than the sum of each one taken individually (2 273 000) because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable consumption, and high sugar sweetened beverages and salt consumption.

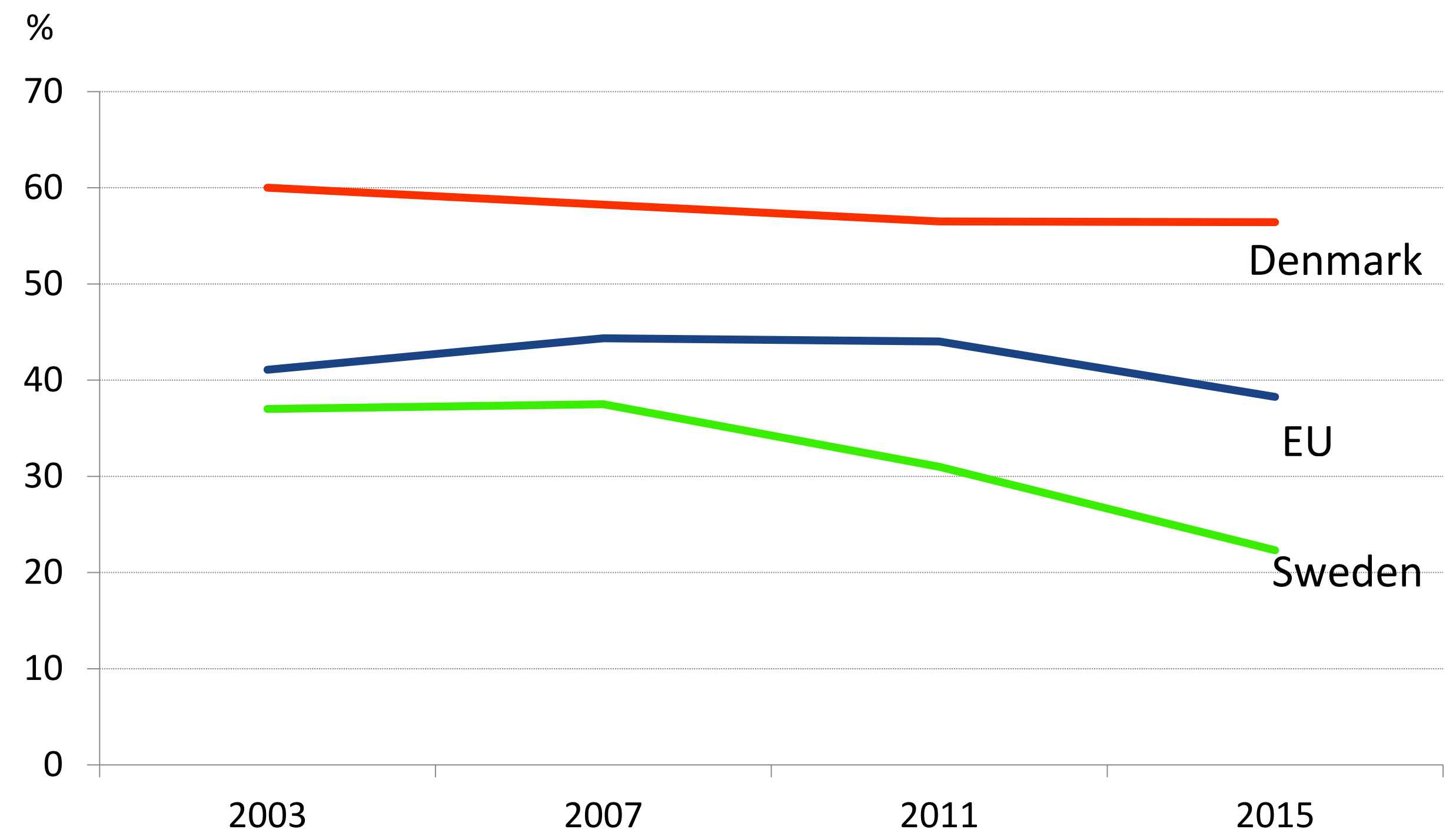
Source: IHME (estimates refer to 2017).

Good news: Adolescent smoking and binge drinking has decreased across the EU

Share of 15-16-year-olds reporting smoking in the past month

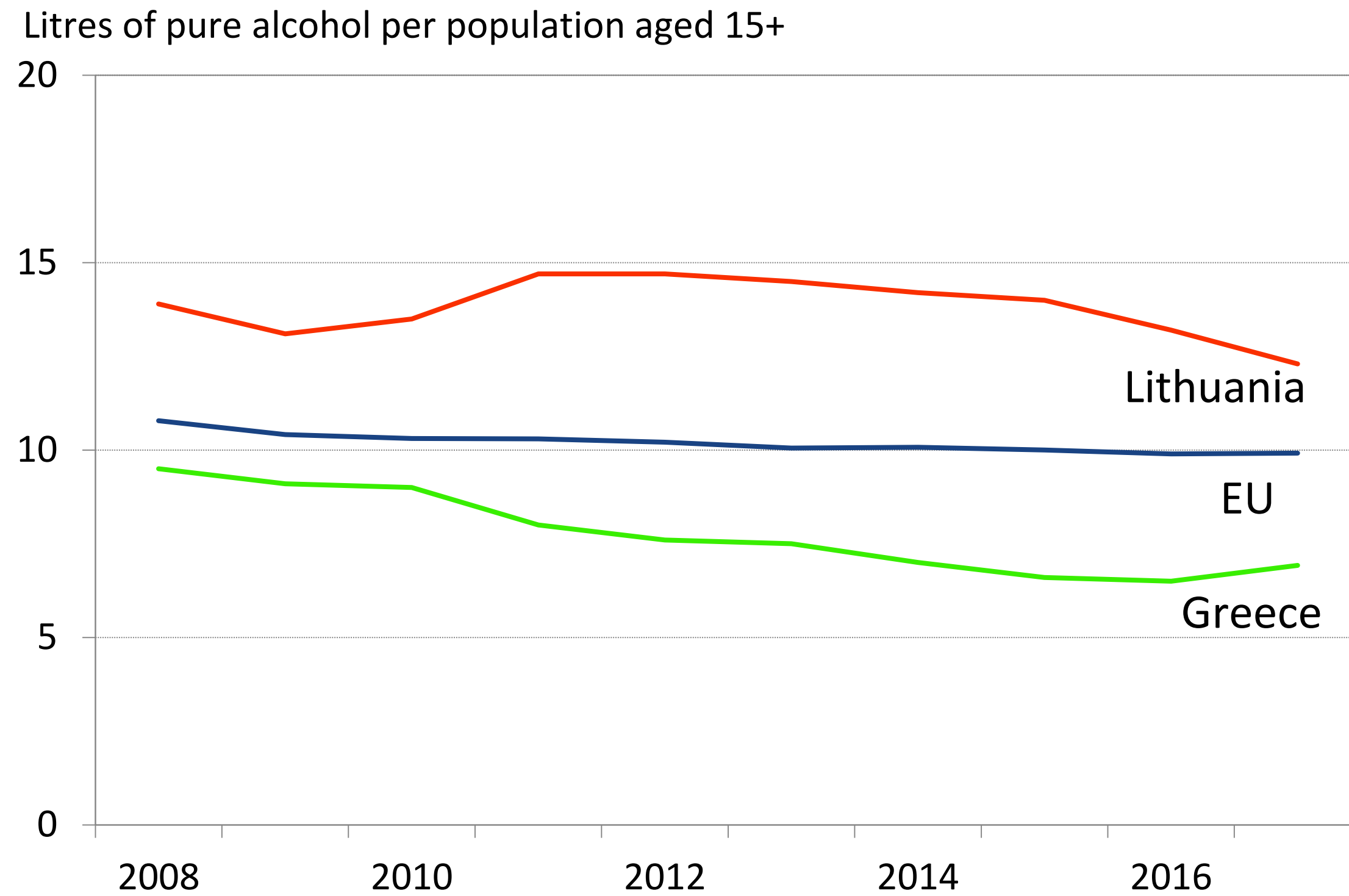


Share of 15-16-year-olds reporting binge drinking in the past month

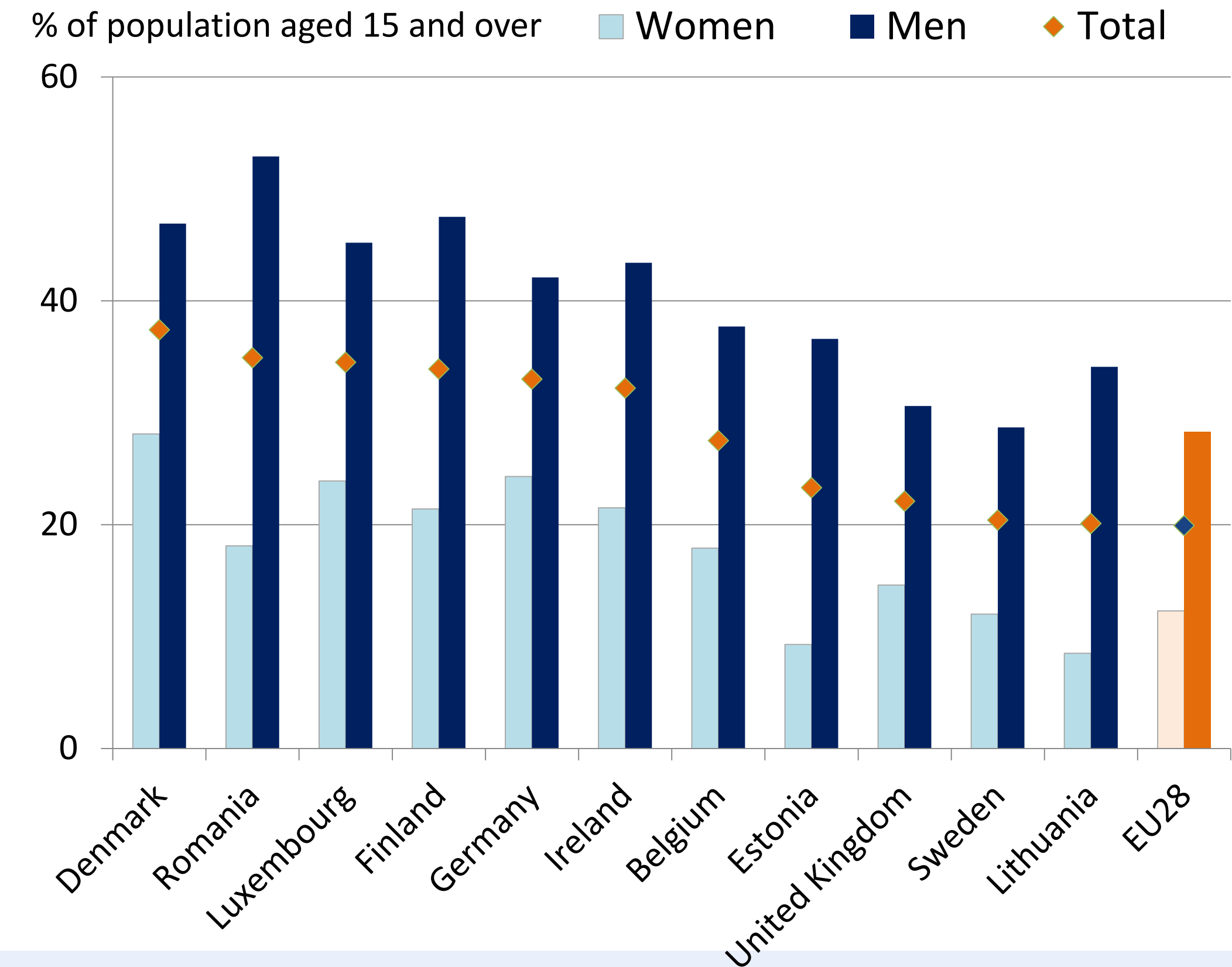


Alcohol consumption remains a **serious public health problem** in many countries

Overall alcohol consumption among adults



Binge drinking among adults

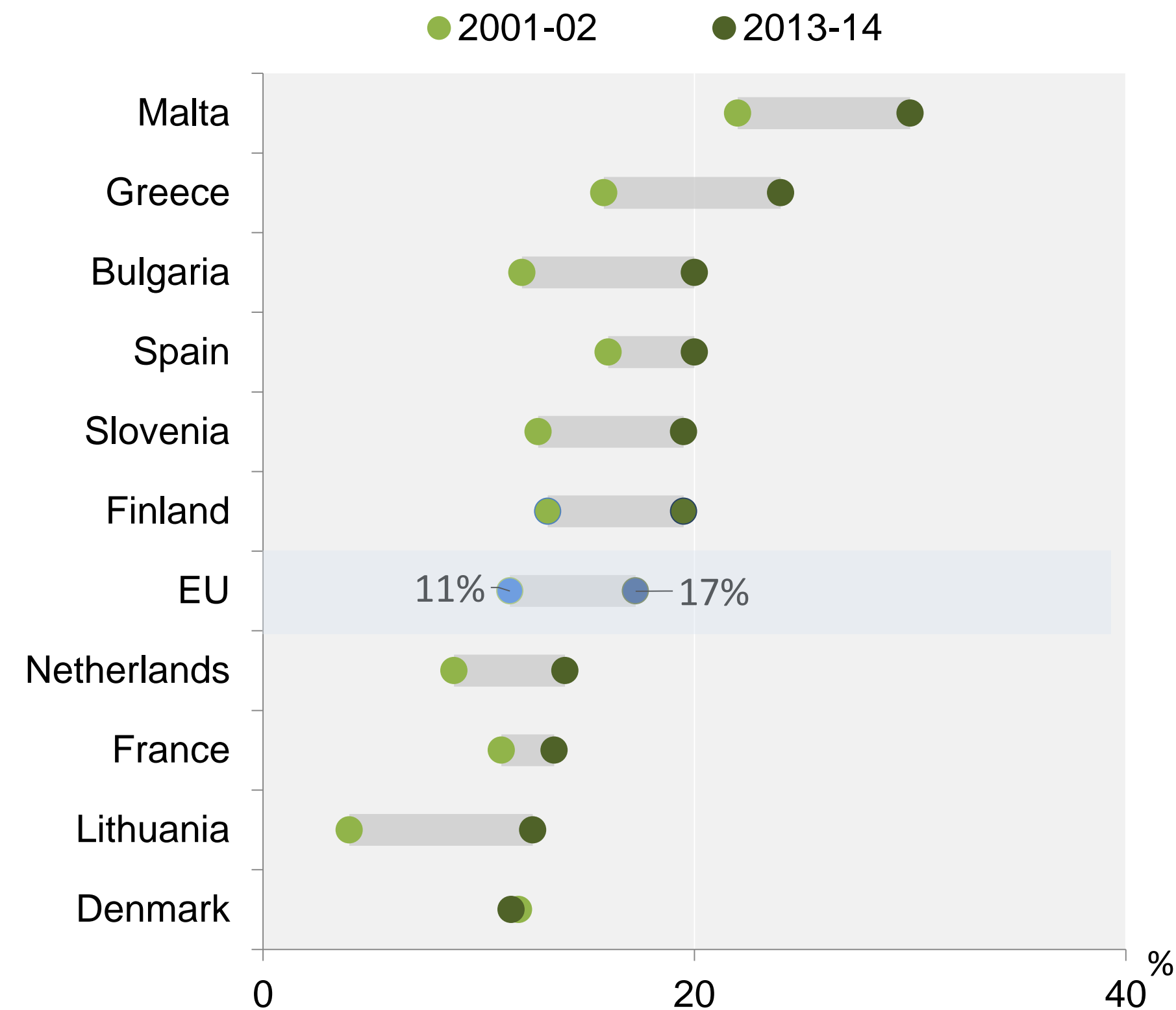


Source: OECD Health Statistics 2019 (data are estimated for 2017 in Greece).

Note: Binge drinking is defined as people having 6 alcohol drinks or more in a single occasion, each month, over the past twelve months.
Source: Eurostat, based on EHIS survey (data refer to 2014).

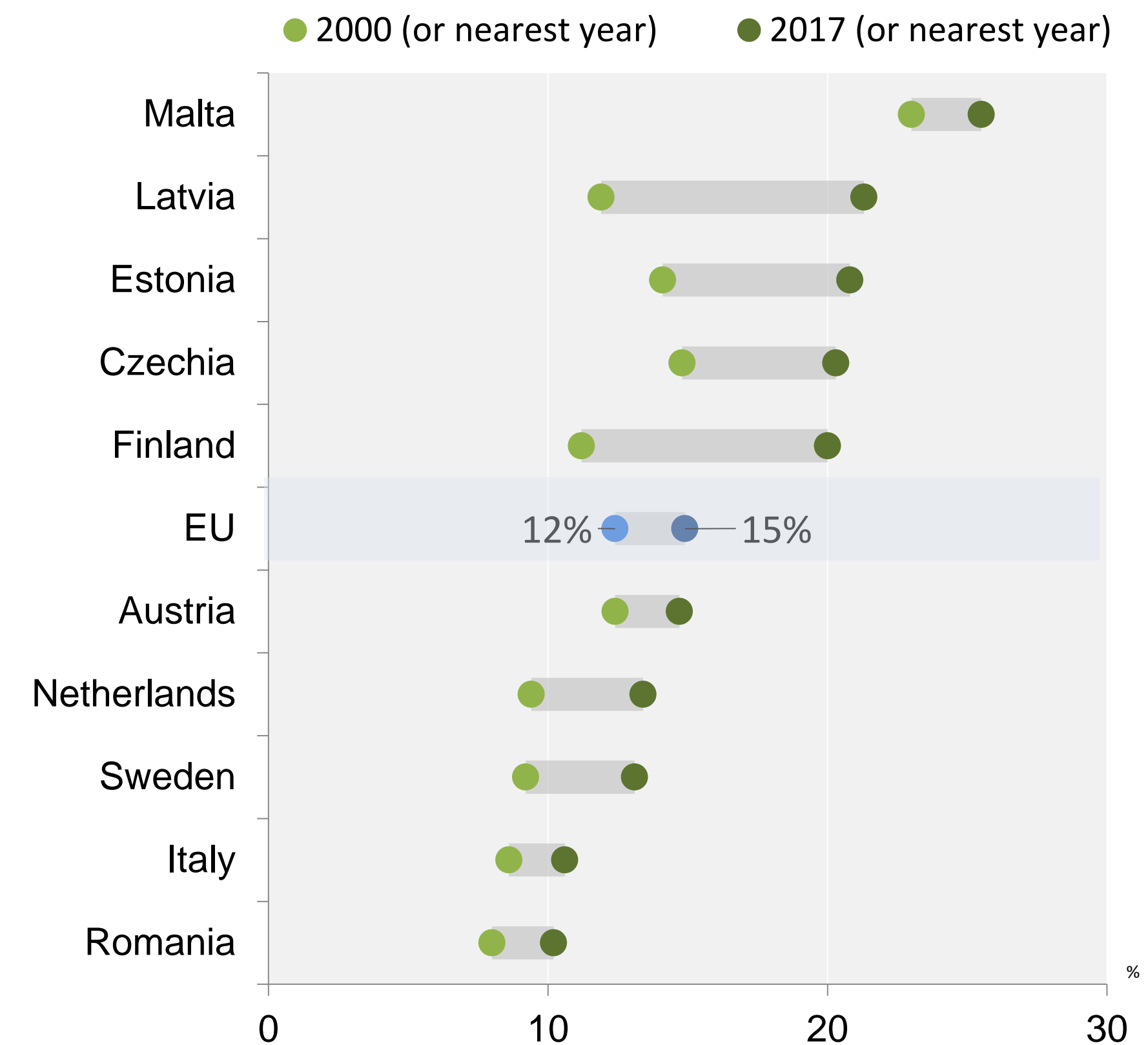
More bad news: Overweight and obesity is a growing problem in (nearly) all EU Member States

Overweight and obesity among 15-year-olds



Source: HBSC Surveys.

Obesity among adults

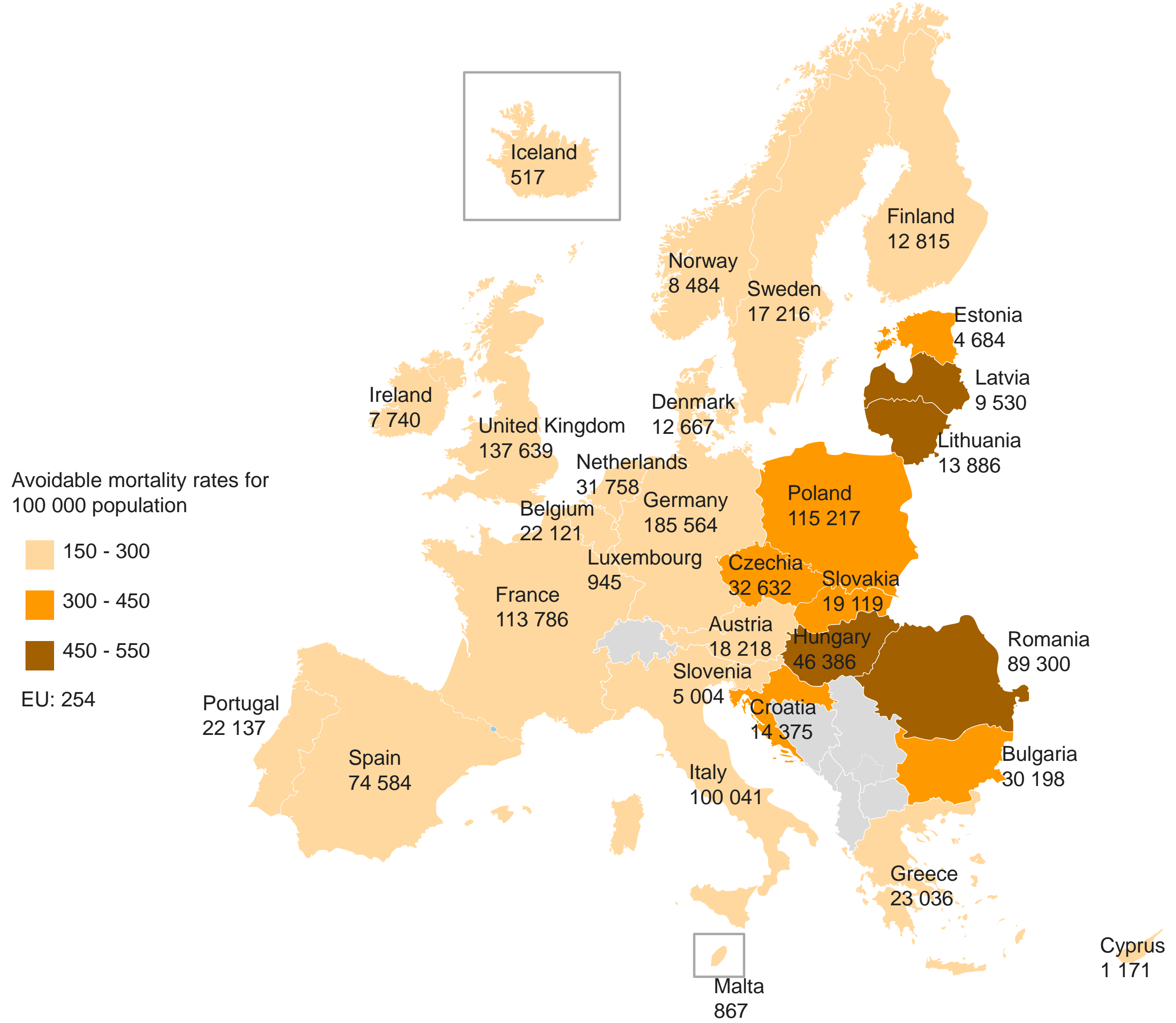


Source: Eurostat database, based on EU-SILC and OECD Health Statistics 2019.

What can health systems do?

1. Increase effectiveness

More than 1.1 million premature deaths in the EU could be avoided through better prevention and health care



Note: Avoidable mortality is defined as premature deaths (under age 75) that could have been avoided through better prevention and timely and effective health care.
 Source: Eurostat Database (data refer to 2016).

All EU Member States have opportunities to **improve the quality of care**

Example: The case of five-year cancer survival rates



Prostate cancer

EU: 87 %

Belgium: 94 %

Bulgaria: 68 %



Breast cancer

EU: 83 %

Sweden: 89 %

Lithuania: 74 %



Colon cancer

EU: 60 %

Belgium: 68 %

Latvia: 49 %



Lung cancer

EU: 15 %

Austria: 20 %

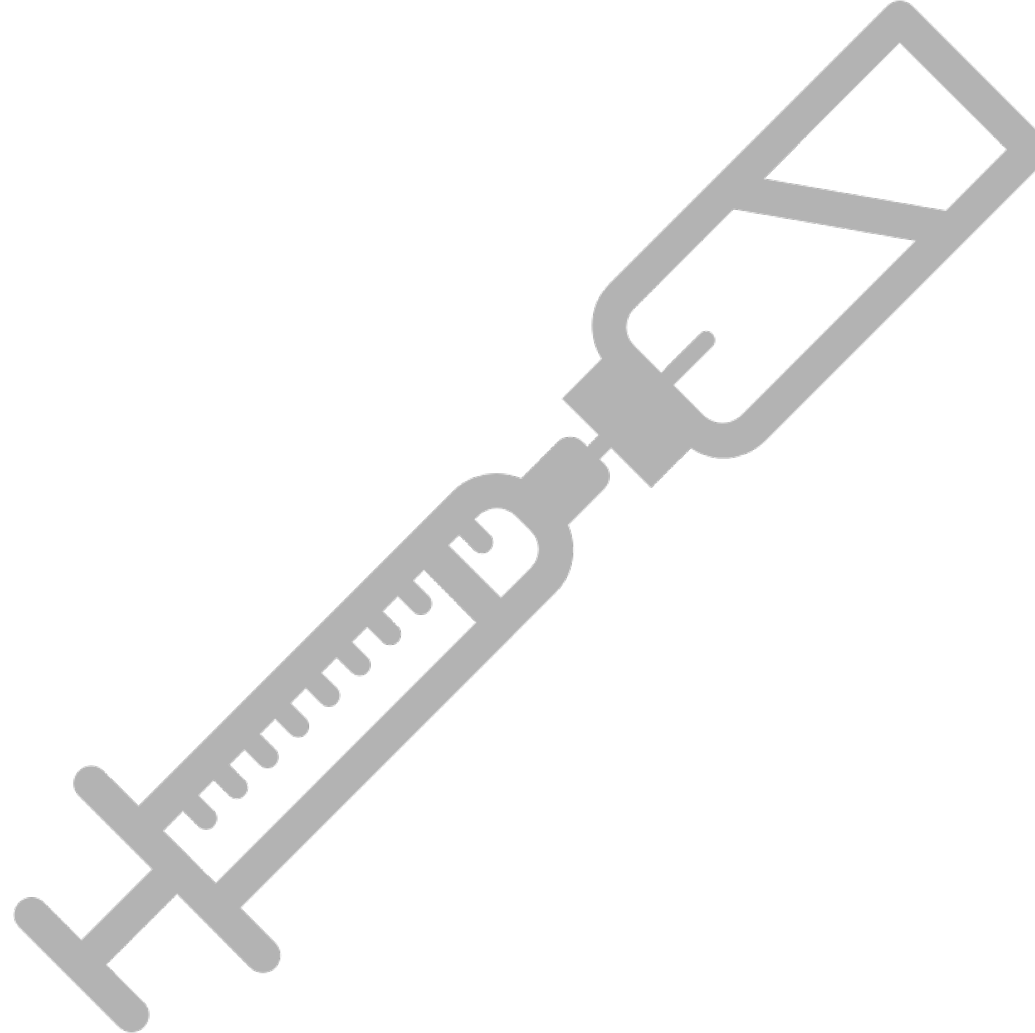
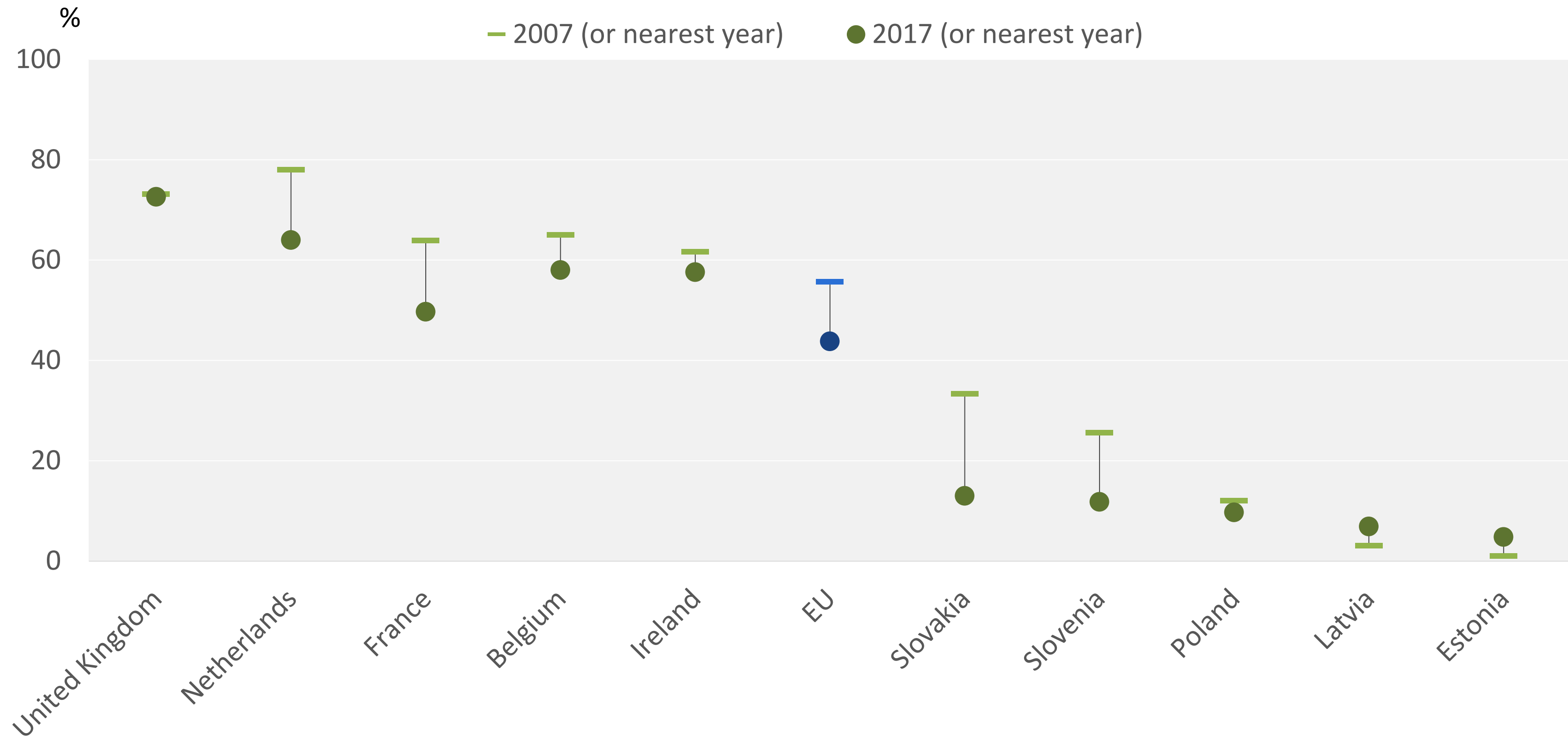
Bulgaria: 8 %

Five-year
survival rates

Note: Data refer to people diagnosed between 2010 and 2014.

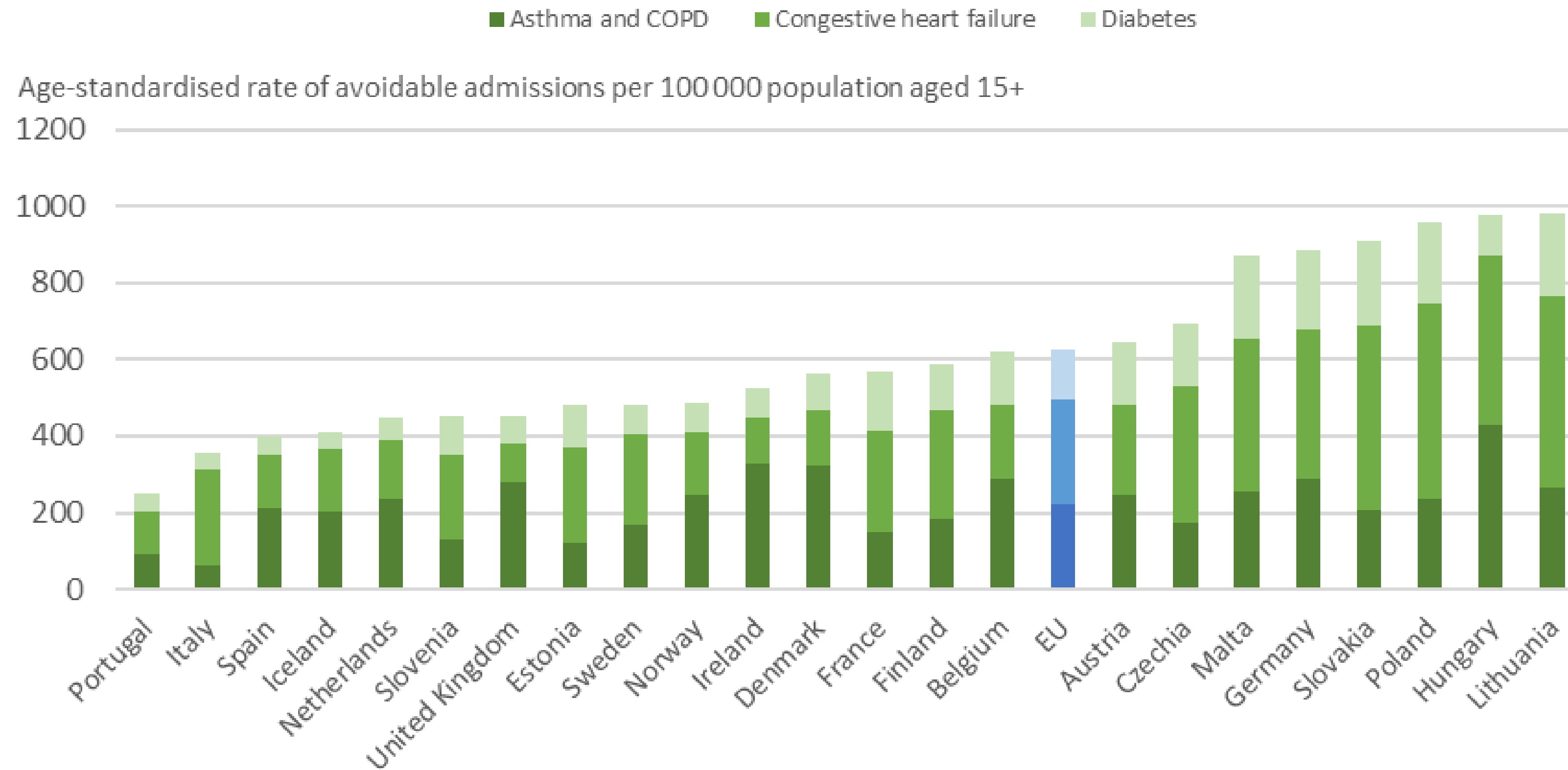
Source: CONCORD programme, London School of Hygiene and Tropical Medicine.

Coverage against influenza for older people decreased in most EU member states



Weaknesses in primary care lead to **avoidable** and **costly** hospital admissions

Over **3.5 million** people in the EU were admitted to hospital for these four conditions that could be treated in primary care settings



Note: Rates are not adjusted by the prevalence of these conditions. COPD = Chronic obstructive pulmonary disease
Source: OECD Health Statistics (data refer to 2017 or latest year).

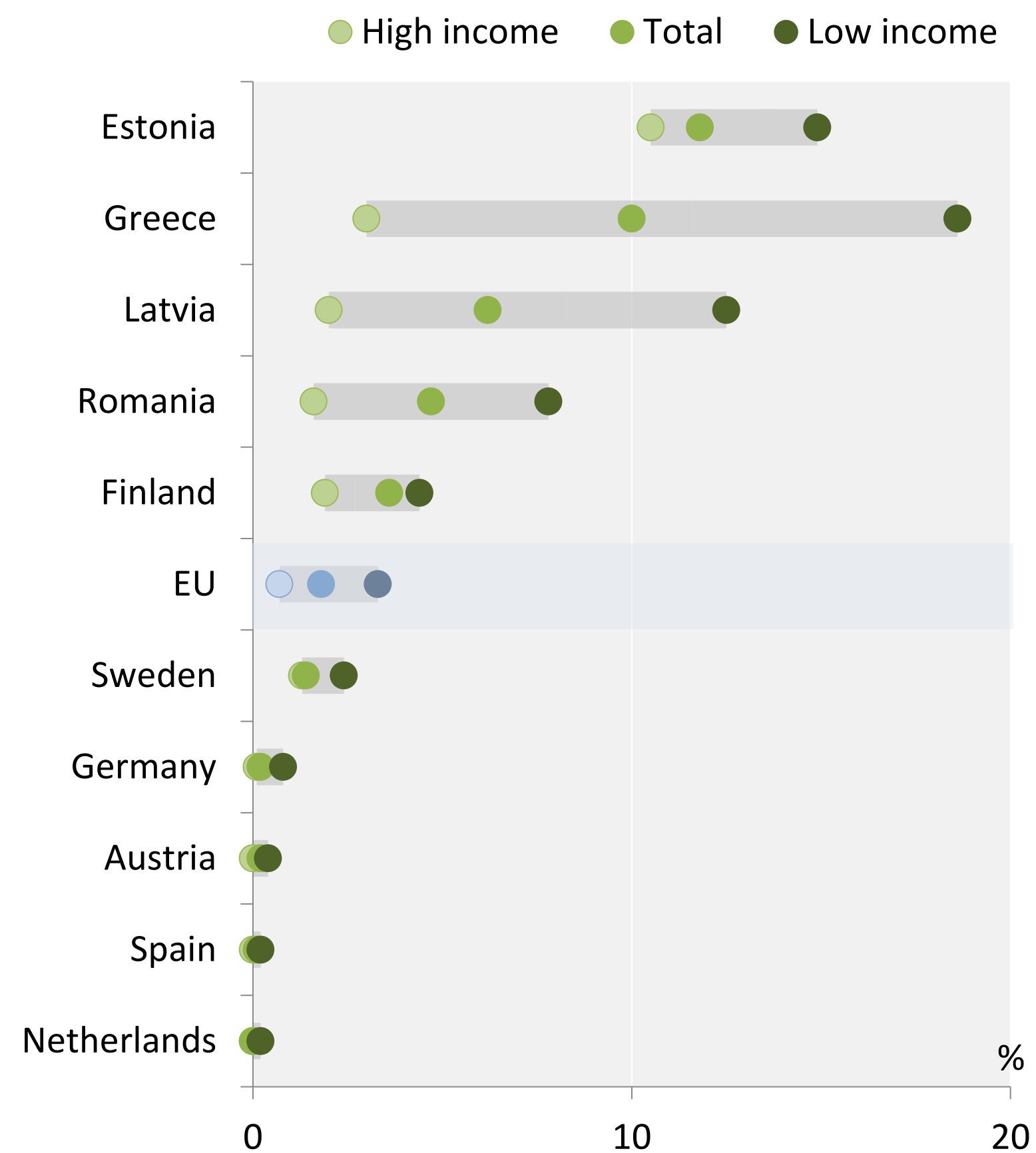
What can health systems do?

2. Improve accessibility

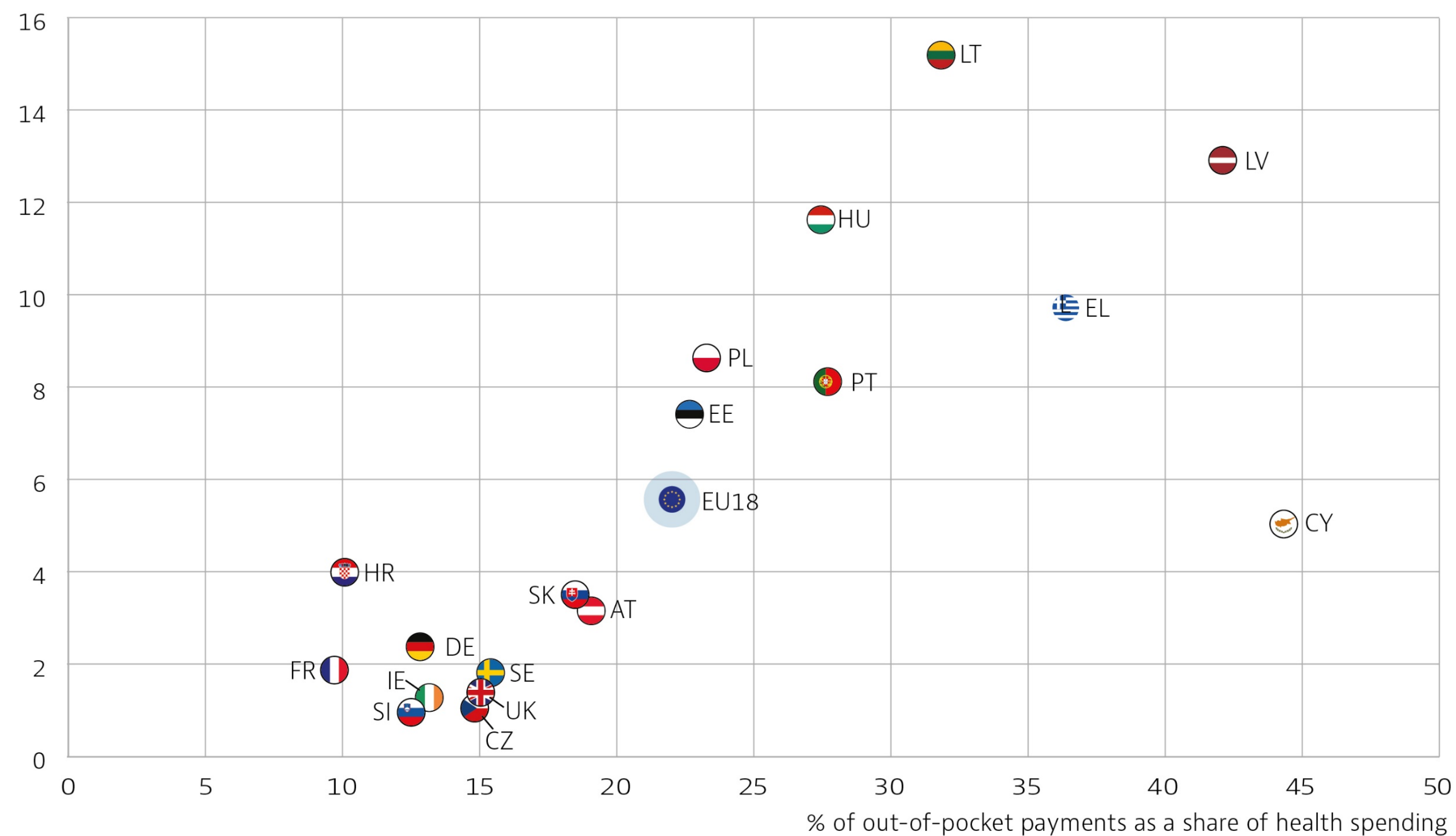
More than 10% of low-income people in some EU countries report unmet health care needs

More than 10% of people in some EU countries face catastrophic spending when paying for health services

Policies to improve access should especially target and financially protect vulnerable groups



% of households with catastrophic spending



Source: WHO Regional Office for Europe 2018 and OECD Health Statistics 2019.

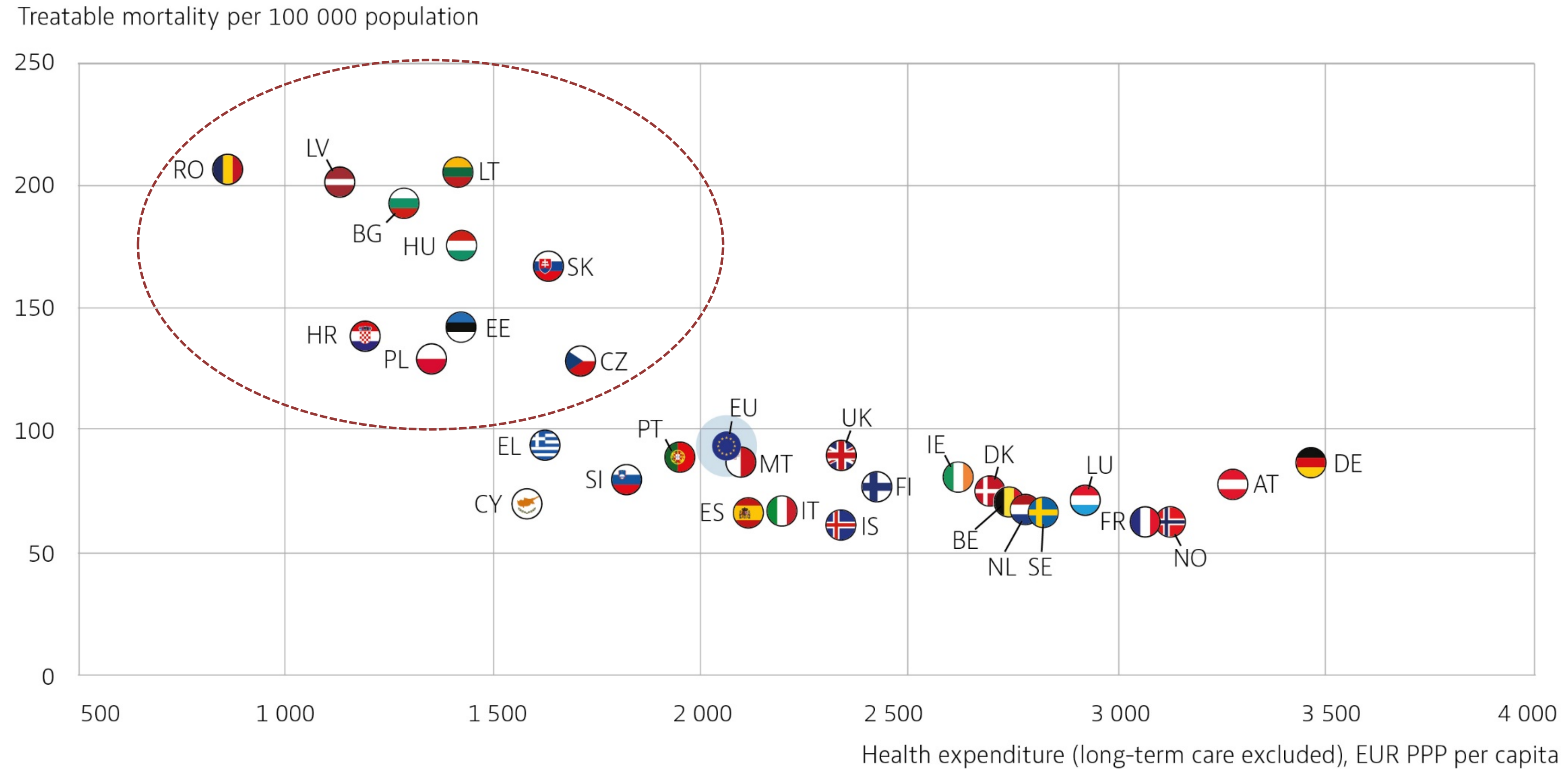
Source: Eurostat Database, based on EU-SILC (data refer to 2017)

What can health systems do?

3. Strengthen resilience

Countries with low spending on health **have much higher** treatable mortality rates

Makes the case for spending more and better on health

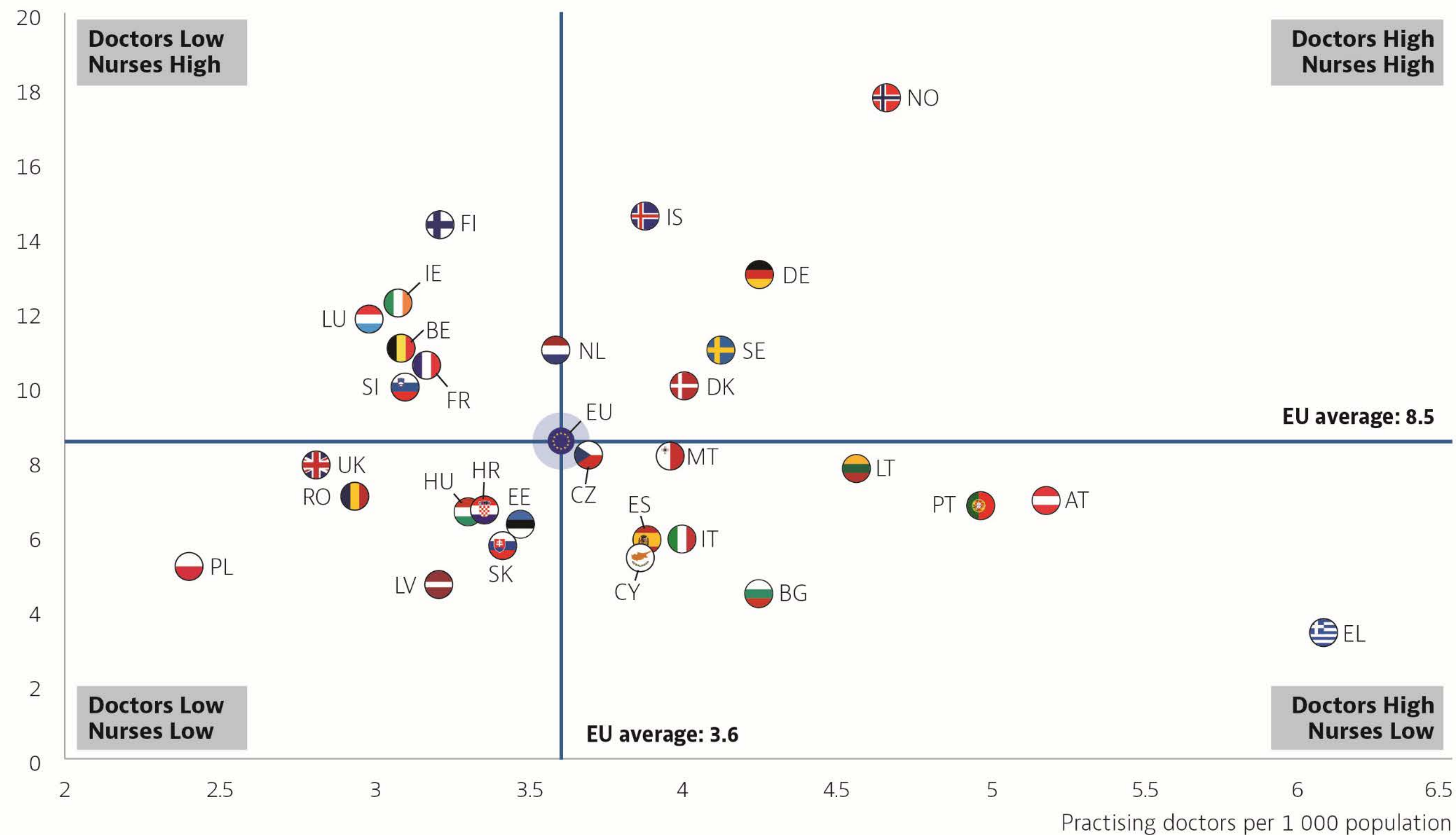


Note: Treatable mortality is defined as premature deaths that could have been avoided through timely and effective health care.

Source: OECD Health Statistics and Eurostat Database (data refer to 2016)

Workforce shortages are a challenge in many countries

Practising nurses per 1 000 population



Effective policies are needed to train and retain the health workforce, and to transform health service delivery

Note: In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large over-estimation of practising doctors (e.g. of around 30% in Portugal). In Austria and Greece, the number of nurses is underestimated as it only includes those working in hospital.

Source: Eurostat Database (data refer to 2017 or nearest year).

Key findings

Healthy lives

Invest in health promotion and disease prevention policies to improve population health and healthy ageing, reduce the impact of risk factors and tackle health inequalities

Effective health systems

Strengthen primary care to effectively manage chronic diseases and avoid unnecessary hospitalisations; improve quality and safety of hospital care, and care integration

Access and coverage

Ensure timely access, meaningful coverage, and financial protection by reducing reliance on out-of-pocket payments -- particularly for vulnerable groups

Resilience

Improve sustainability through stable and adequate health system funding, efficient use of resources, prospective workforce and skill-mix planning, and good governance

