State of Health in the EU

Country Health Profiles
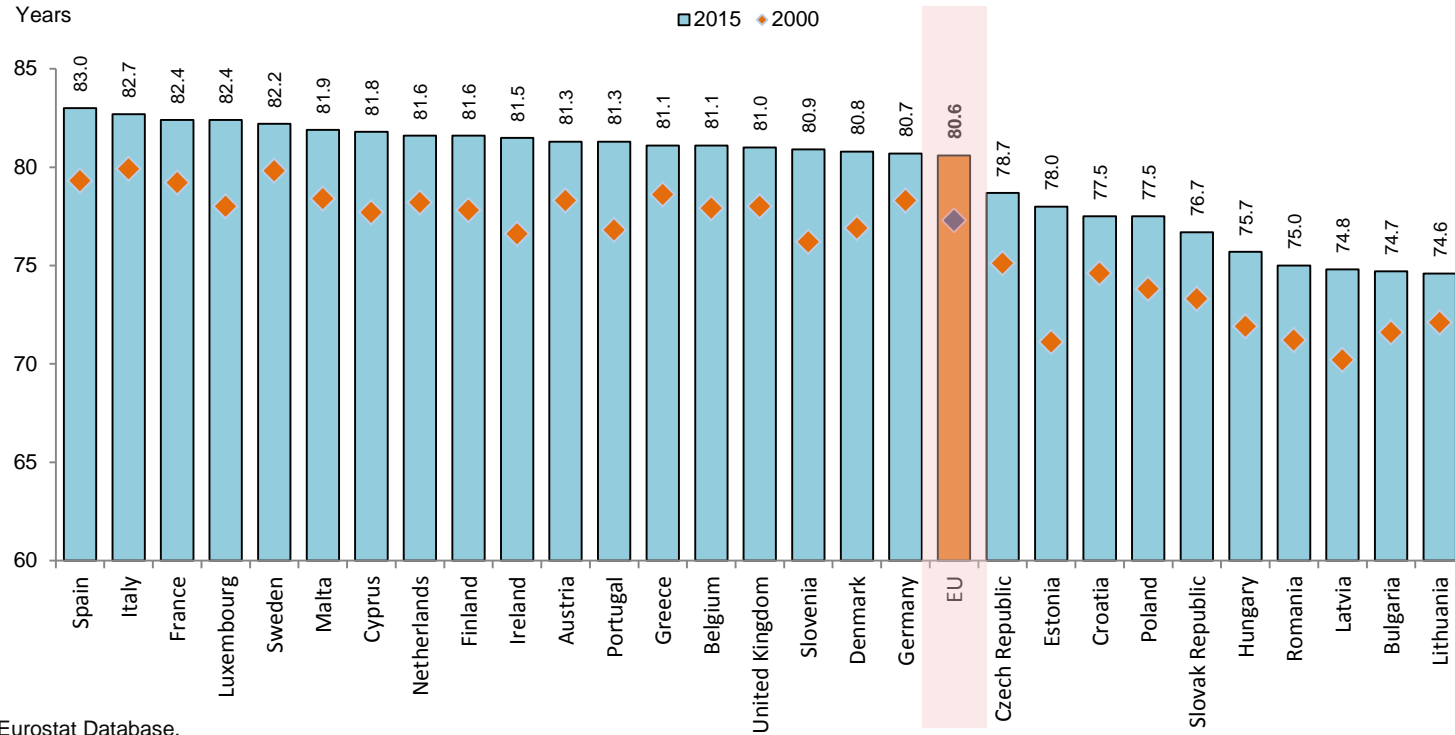
EGHI meeting, Luxembourg
6 December 2017

The Country Health Profiles

1. Highlights

2. Health status

3. Risk Factors

4. Health System (description)

5. Performance of Health System

   5.1 Effectiveness
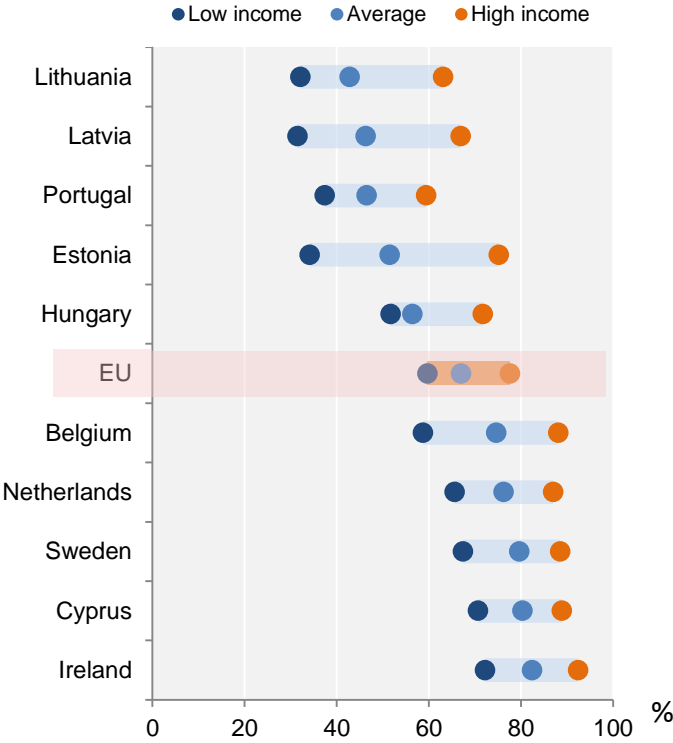
   5.2 Accessibility

   5.3 Resilience

6. Key Findings

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

Life expectancy has risen by over 3 years in the EU since 2000, but the gap between the countries with the highest and lowest life expectancy still exceeds 8 years

Years

☐ 2015   ◆ 2000

Country	2015
Spain	83.0
Italy	82.7
France	82.4
Luxembourg	82.4
Sweden	82.2
Malta	81.9
Cyprus	81.8
Netherlands	81.6
Finland	81.6
Ireland	81.5
Austria	81.3
Portugal	81.3
Greece	81.1
Belgium	81.1
United Kingdom	81.0
Slovenia	80.9
Denmark	80.8
Germany	80.7
EU	80.6
Czech Republic	78.7
Estonia	78.0
Croatia	77.5
Poland	77.5
Slovak Republic	76.7
Hungary	75.7
Romania	75.0
Latvia	74.8
Bulgaria	74.7
Lithuania	74.6

Source: Eurostat Database.

Huge differences in self-reported health status within and between countries

Legend: ● Low income ● Average ● High income

Countries (top to bottom): Lithuania, Latvia, Portugal, Estonia, Hungary, EU, Belgium, Netherlands, Sweden, Cyprus, Ireland
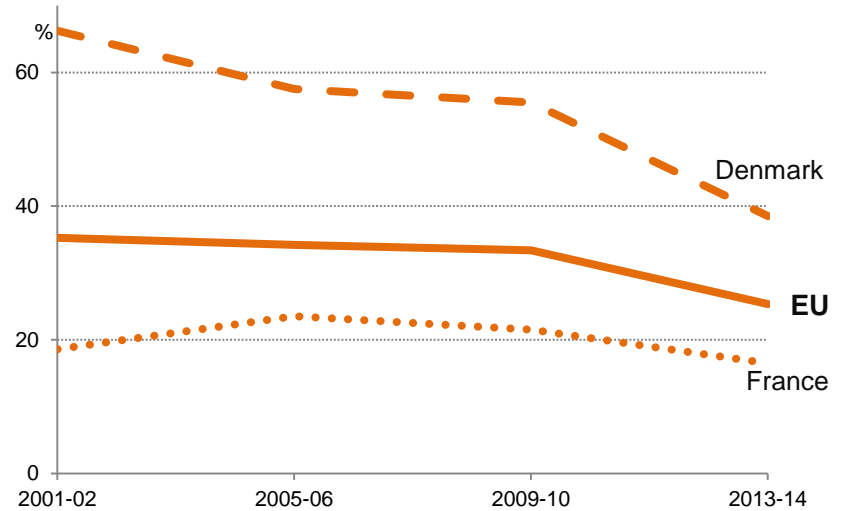
X-axis: 0, 20, 40, 60, 80, 100 %

Good news:
Adolescent smoking and drunkenness is **decreasing** across the EU

Share of 15-year-olds regular smokers among 15-year-olds

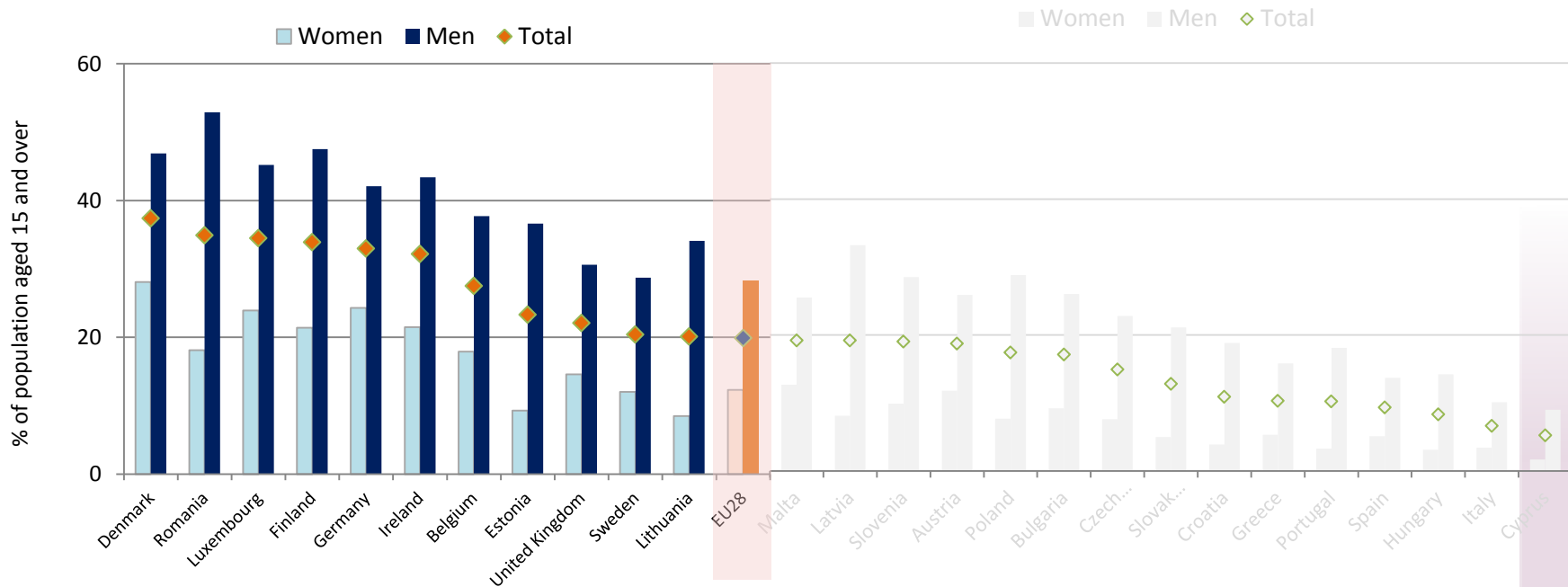Croatia

EU

Sweden
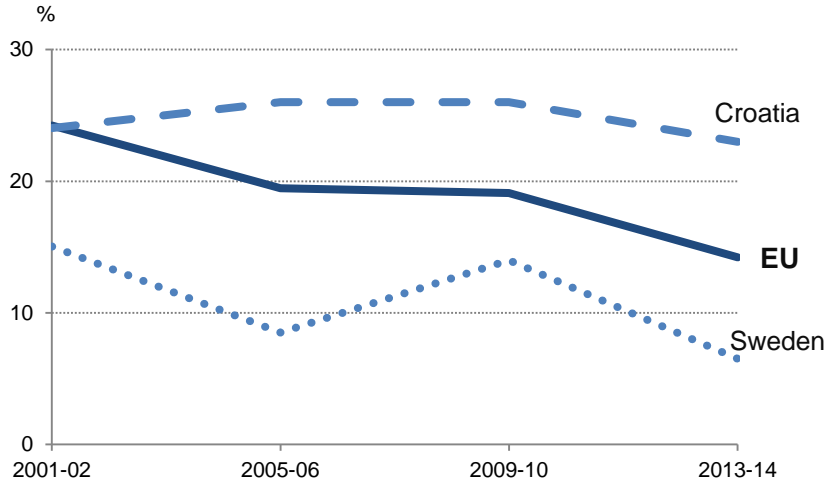
Share of 15-year-olds reporting repeated drunkenness

Denmark

EU

France

Source: HBSC surveys.

Bad news:

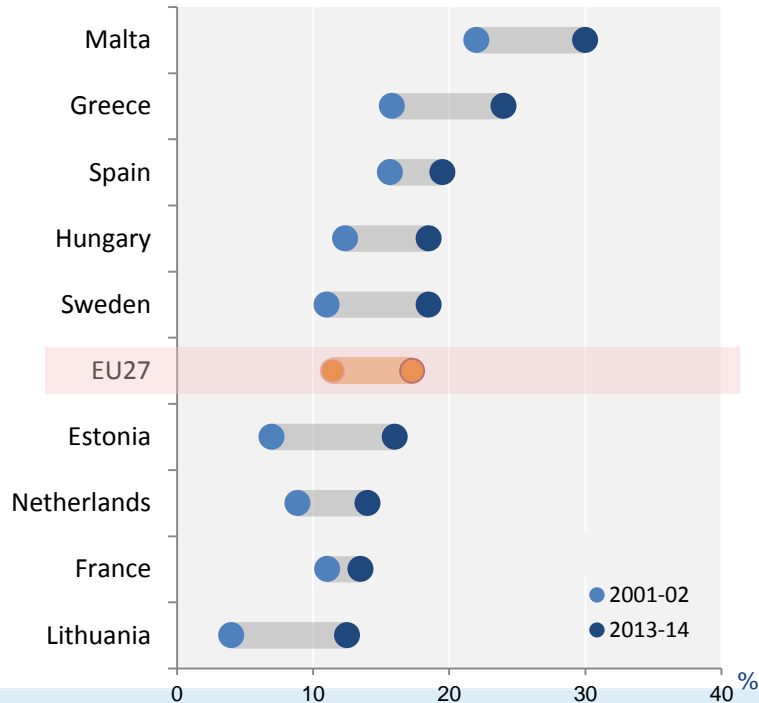Binge drinking remains a **serious public health problem** in many countries, especially among men

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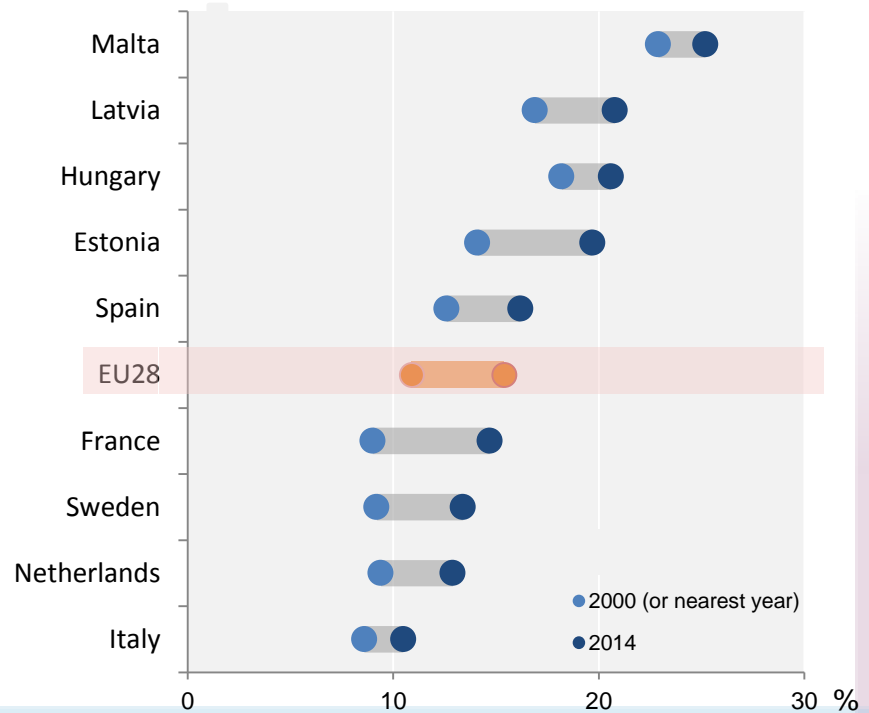
More bad news:
Overweight and obesity is a **growing problem** in (nearly) all EU Member States

Overweight and **obesity** among **15-year-olds**

Malta
Greece
Spain
Hungary
Sweden
EU27
Estonia
Netherlands
France
Lithuania

● 2001-02
● 2013-14

0   10   20   30   40 %

Source: HBSC Surveys

Obesity among **adults**

Malta
Latvia
Hungary
Estonia
Spain
EU28
France
Sweden
Netherlands
Italy

● 2000 (or nearest year)
● 2014
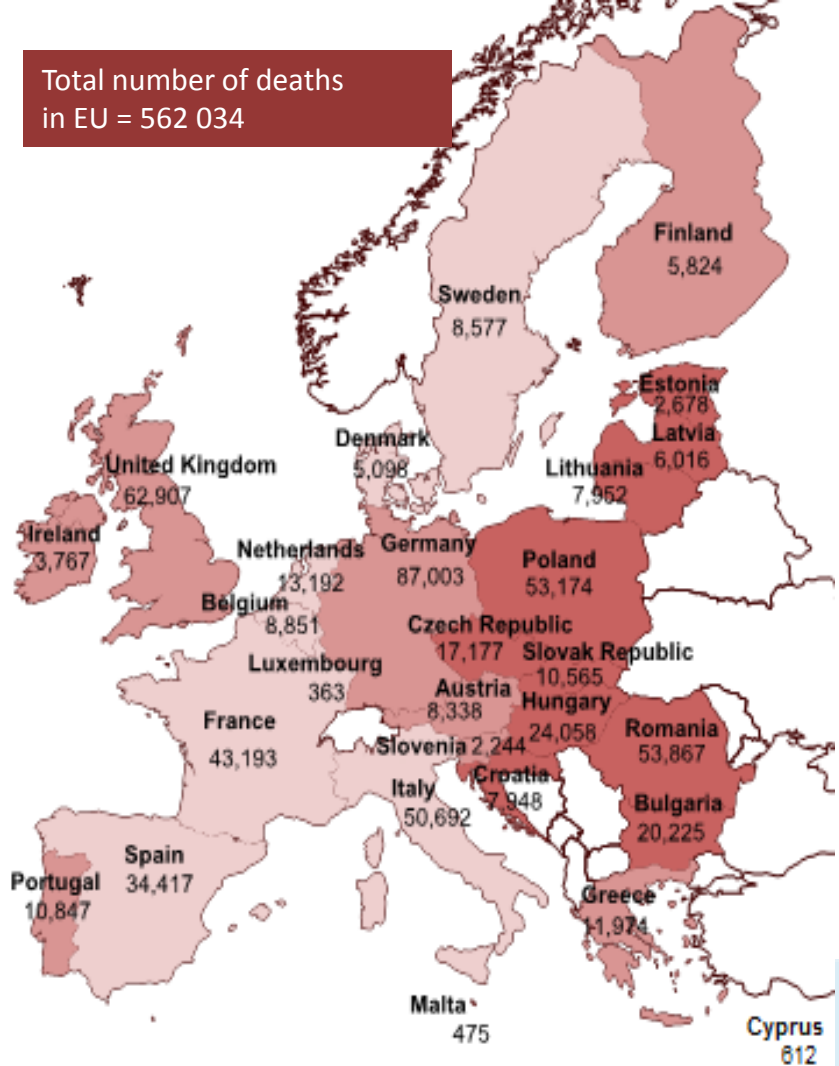
0   10   20   30 %

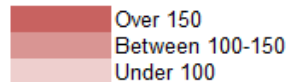Source: EHIS surveys

What can health systems do?

1. Increase <u>effectiveness</u>

Total number of deaths
in EU = 562 034

More than half a million deaths can be avoided with more timely and effective health care in the EU

Finland
5,824

Sweden
8,577

Estonia
2,678

Latvia
6,016

Lithuania
7,952

Denmark
5,098

United Kingdom
62,907

Ireland
3,767

Netherlands
13,192

Germany
87,003

Poland
53,174

Belgium
8,851

Czech Republic
17,177

Slovak Republic
10,565

Luxembourg
363

Austria
8,338

Hungary
24,058

Romania
53,867

France
43,193

Slovenia 2,244

Italy
50,692

Croatia
7,948

Bulgaria
20,225

Spain
34,417

Portugal
10,847

Greece
11,974

Malta
475

Cyprus
612

Colour coding (based on age-standardised rates per 100 000 population)
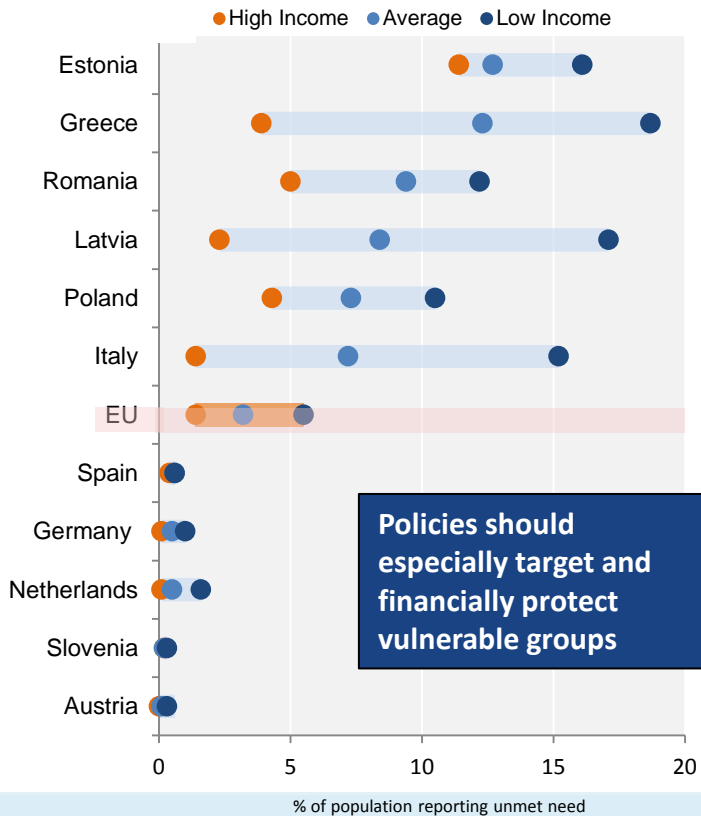
Over 150
Between 100-150
Under 100

Note: Amenable mortality is defined as premature deaths that could have been avoided through timely and effective health care.
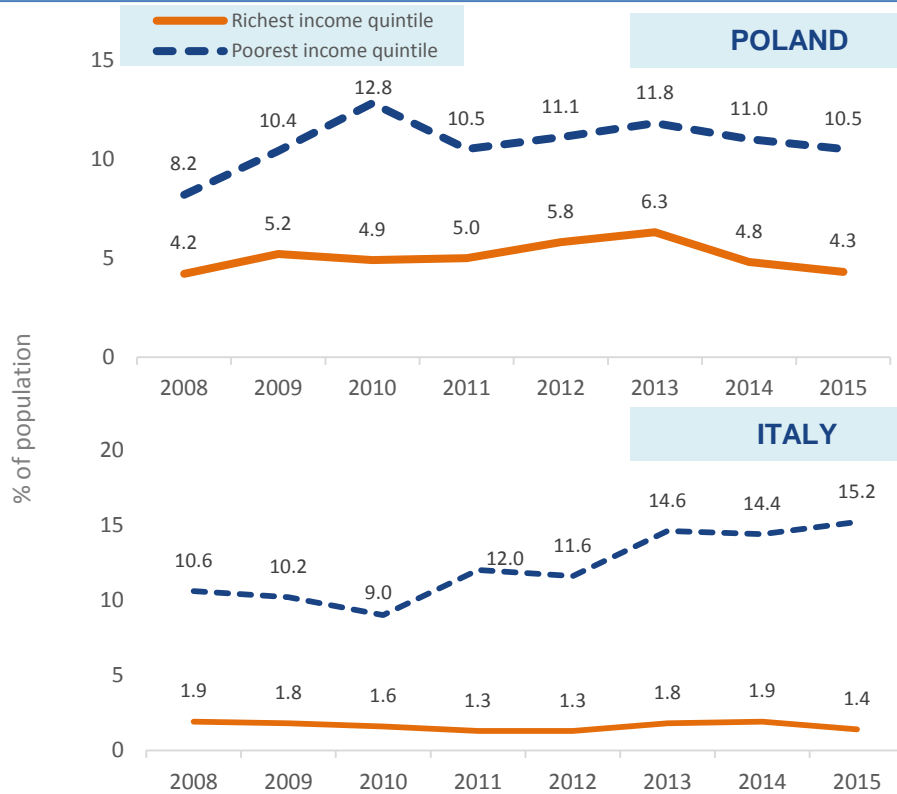Source: Eurostat Database (data refer to 2014).

What can health systems do?

2. Improve accessibility

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

Note: These data relate to self-reported unmet needs for medical care due to costs, distance to travel or waiting times.
Source: Eurostat Database, based on EU-SILC (data refer to 2015).

Limited access to primary care leads to **avoidable** and **costly** hospital admissions

Over **1.5 million** people in the EU were admitted to hospital for these three conditions that could be treated in primary care settings
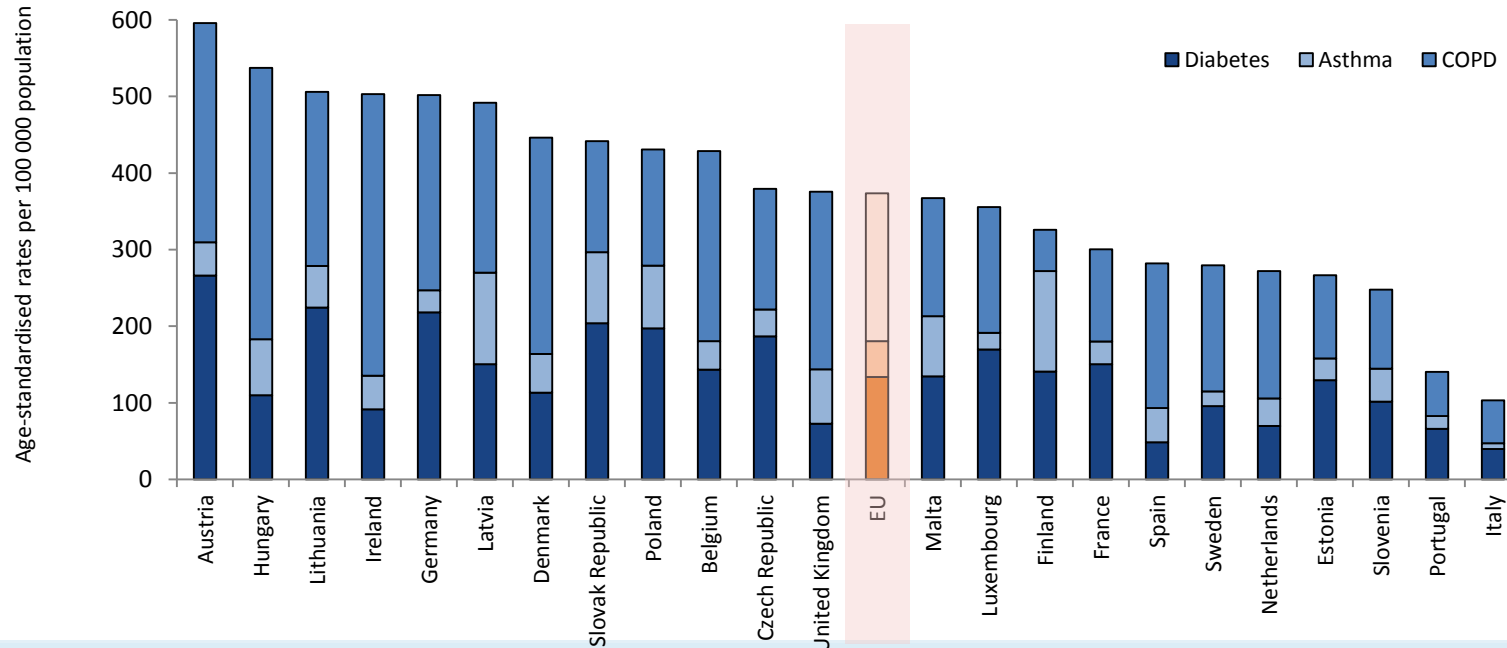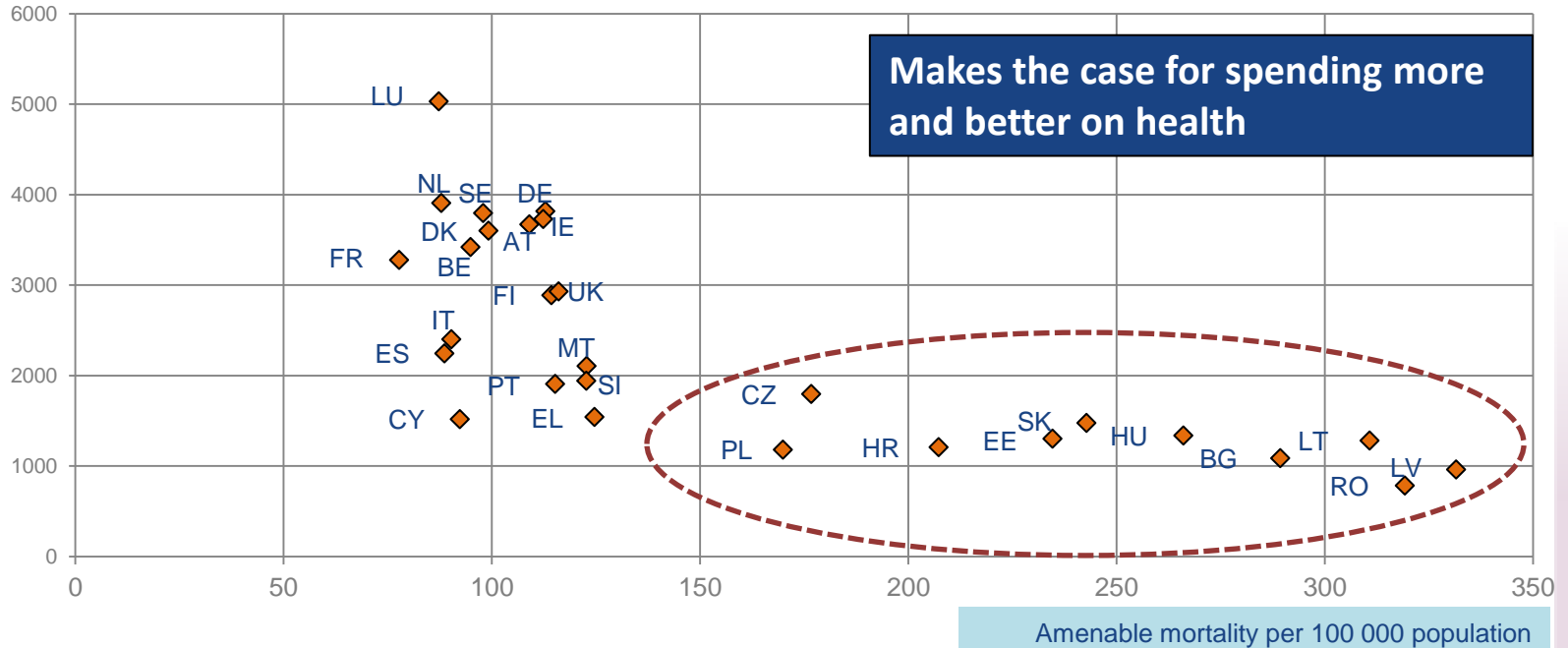

Note: Rates are not adjusted by the prevalence of these conditions. COPD = Chronic obstructive pulmonary disease
Source: OECD Health Statistics (data refer to 2015 or latest year).

What can health systems do?

3. Strengthen <u>resilience</u>

Low spending countries **have much higher** amenable mortality rates

Health expenditure per capita, EUR PPP

Makes the case for spending more and better on health

Amenable mortality per 100 000 population

Note: Amenable 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 2014)

Workforce shortages are a **challenge** in many countries
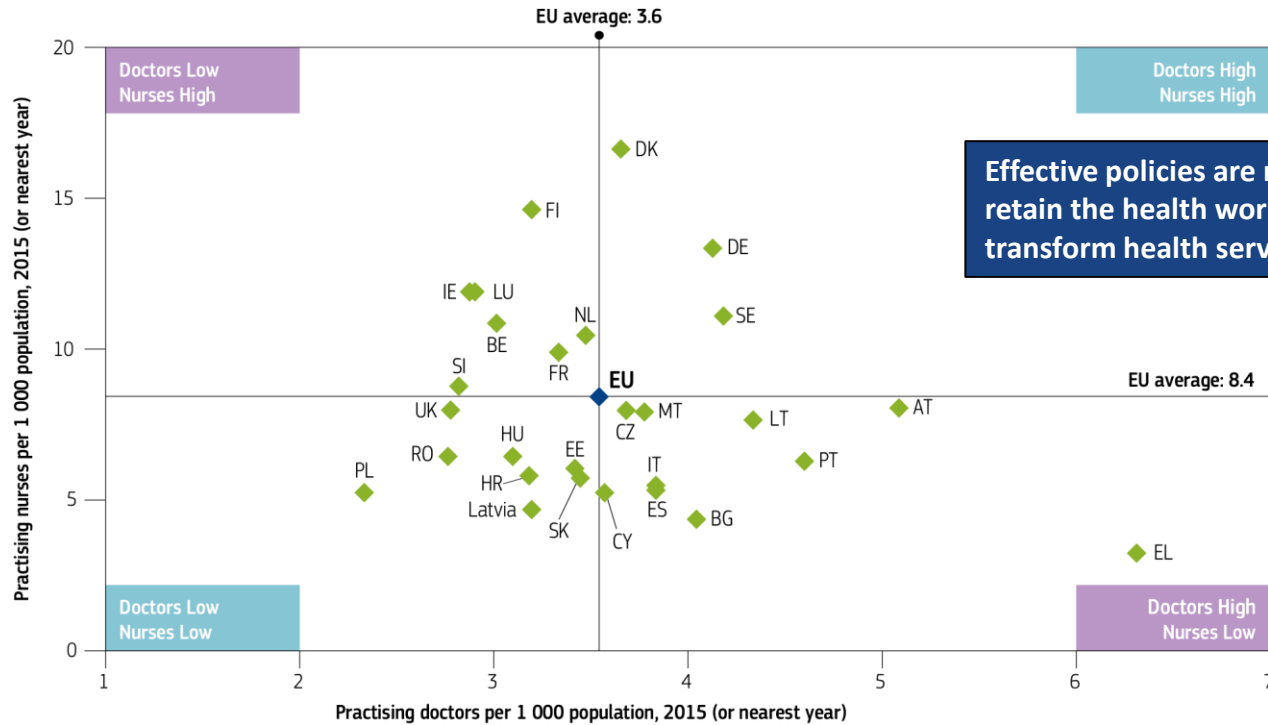
Note: In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large over-estimation of practising doctors (e.g. of around 30% in Portugal). In Austria and Greece, the number of nurses is under-estimated as it only includes those working in hospital.
Source: Eurostat Database

Key findings

Prevention
Greater priority on <u>prevention</u> to reduce or postpone chronic diseases and reduce health inequalities

**People-centredness**
Strengthen <u>primary care</u> and <u>patient-centred care</u> to better manage chronic diseases and avoid unnecessary hospital admissions

Accessibility and effectiveness
Improve <u>timely access to good quality care</u>, particularly for disadvantaged groups, to reduce amenable mortality and promote greater health-related qualify of life

Resilience
Improve <u>resilience</u> through stable health system funding, active workforce policies, and by increasing efficiency and eliminating waste

HEALTH AT A GLANCE: EUROPE
COUNTRY HEALTH PROFILES
COMPANION REPORT
VOLUNTARY EXCHANGES
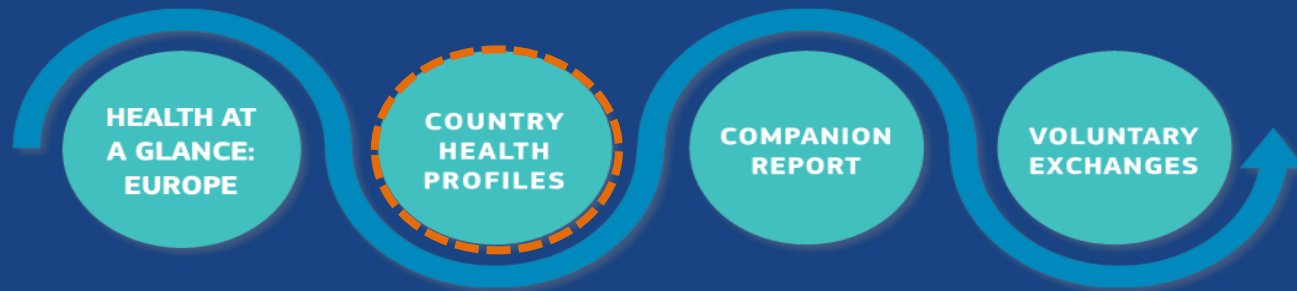
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oecd.org/health/health-systems/country-health-profiles-EU.htm
euro.who.int/en/about-us/partners/observatory/publications/country-health-profiles-EU