State of Health in the EU

Country Health Profiles

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

Source: Eurostat Database, based on EU-SILC (data refer to 2015)
Good news: Adolescent smoking and drunkenness is decreasing across the EU.

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

Share of 15-year-olds reporting repeated drunkenness

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

Source: HBSC Surveys

Obesity among adults

Source: EHIS surveys
What can health systems do?

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

Total number of deaths in EU = 562 034

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.

Policies should especially target and financially protect vulnerable groups.

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

Makes the case for spending more and better on health.

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

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
<table>
<thead>
<tr>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
</tr>
<tr>
<td><strong>People-centredness</strong></td>
</tr>
<tr>
<td><strong>Accessibility and effectiveness</strong></td>
</tr>
<tr>
<td><strong>Resilience</strong></td>
</tr>
</tbody>
</table>