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.
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.

Source: ESPAD.

Note: Binge drinking is defined as people having 5 alcohol drinks or more in a single occasion in the past months.
Alcohol consumption remains a **serious public health problem** in many countries.

Overall alcohol consumption among adults

<table>
<thead>
<tr>
<th>Year</th>
<th>EU</th>
<th>Lithuania</th>
<th>Greece</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>10</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>2010</td>
<td>10</td>
<td>15</td>
<td>6</td>
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<tr>
<td>2012</td>
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<td>15</td>
<td>6</td>
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<tr>
<td>2014</td>
<td>10</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>2016</td>
<td>10</td>
<td>15</td>
<td>6</td>
</tr>
</tbody>
</table>

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

Binge drinking among adults

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Denmark</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Estonia</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Finland</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Greece</td>
<td>10</td>
<td>20</td>
<td>30</td>
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<tr>
<td>Ireland</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Lithuania</td>
<td>10</td>
<td>20</td>
<td>30</td>
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<tr>
<td>Lithuania</td>
<td>10</td>
<td>20</td>
<td>30</td>
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<tr>
<td>Netherlands</td>
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<tr>
<td>Netherlands</td>
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</tr>
<tr>
<td>Poland</td>
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<tr>
<td>Romania</td>
<td>10</td>
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<tr>
<td>Sweden</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
</tbody>
</table>

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

Source: HBSC Surveys.

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.

Avoidable mortality rates for 100,000 population:
- 150 - 300
- 300 - 450
- 450 - 550

EU: 254

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%

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.

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

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

What can health systems do?

3. Strengthen resilience
Countries with low spending on health **have much higher** treatable mortality rates

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)

Makes the case for spending more and better on health
Workforce shortages are a challenge in many countries.

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).
<table>
<thead>
<tr>
<th>Healthy lives</th>
<th>Invest in <strong>health promotion</strong> and <strong>disease prevention</strong> policies to improve population health and healthy ageing, reduce the impact of risk factors and tackle health inequalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective health systems</td>
<td>Strengthen <strong>primary care</strong> to effectively manage chronic diseases and avoid unnecessary hospitalisations; <strong>improve quality and safety of hospital care</strong>, and care integration</td>
</tr>
<tr>
<td>Access and coverage</td>
<td>Ensure <strong>timely access</strong>, meaningful coverage, and <strong>financial protection</strong> by reducing reliance on out-of-pocket payments -- particularly for vulnerable groups</td>
</tr>
<tr>
<td>Resilience</td>
<td>Improve <strong>sustainability</strong> through stable and adequate health system funding, <strong>efficient use of resources</strong>, prospective workforce and skill-mix planning, and good governance</td>
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</tbody>
</table>