Health at a Glance: Europe 2018
- State of Health in the EU Cycle

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*Note by Turkey:* The information in this document with reference to “Cyprus” relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the “Cyprus” issue.

*Note by all the European Union Member States of the OECD and the European Union:* The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.
1. PROMOTING MENTAL HEALTH IN EUROPE: WHY AND HOW?

- Costs of mental health problems
- Actions to promote mental health and prevent mental illness

Note: The definition of mental health draws on the WHO definition of mental health as a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. On the other hand, mental health problems are defined as the loss of mental health due to a mental illness or disorder.
The total costs of mental health problems are more than 4% of GDP across EU countries, ranging from 2% to 5%.

Estimated direct and indirect costs related to mental health problems across EU countries, as a % of GDP, 2015.

Source: OECD estimates based on Eurostat Database and other data sources.
More than one in six people in EU countries have a mental health problem in any given year

Source: IHME, 2018 (these estimates refer to 2016).
People reporting chronic depression are much less likely to work in all EU countries...

Note: Due to missing data, the assumption has been made that the situation in Ireland is the same as the EU average.


...and when they work, people with depression or other mental health problems are often less productive → about 6% less productive
Actions to promote mental health are uneven across the life course: fewer programmes target the unemployed and older people.

Number of countries reporting at least one promotion or prevention action, out of the 31 EU and EFTA countries.

2. STRATEGIES TO REDUCE WASTEFUL SPENDING

• Addressing wasteful spending in hospitals
• Addressing wasteful spending on pharmaceuticals

Note: Wasteful spending includes patients who receive unnecessary or low-value care that makes little or no difference to their health outcomes or for whom the same health benefits could be obtained with fewer resources.
Strategies to reduce hospital costs

- Increase efficiency and safety to reduce the use of hospital resources
- Tackle hospital services overuse
- Deploy day surgery
- Curb delayed discharges
- Improve community care for chronic diseases
- Reduce unnecessary hospital admissions
- Ensure patients leave hospital as early as possible
Potentially avoidable hospital admissions for chronic conditions consume over 37 million bed days each year

Hospital admissions and bed days for five chronic conditions, EU countries, 2015

<table>
<thead>
<tr>
<th></th>
<th>Diabetes</th>
<th>Hypertension</th>
<th>Heart failure</th>
<th>COPD &amp; bronchiectasis</th>
<th>Asthma</th>
<th>Total (five conditions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions/discharges</td>
<td>800 303</td>
<td>665 396</td>
<td>1 749 384</td>
<td>1 109 865</td>
<td>328 976</td>
<td>4 653 924</td>
</tr>
<tr>
<td>% of all admissions</td>
<td>1.0%</td>
<td>0.8%</td>
<td>2.1%</td>
<td>1.3%</td>
<td>0.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>8.5</td>
<td>6.9</td>
<td>9.5</td>
<td>8.9</td>
<td>6.6</td>
<td>8.1 (avg.)</td>
</tr>
<tr>
<td>Total bed days</td>
<td>6 794 572</td>
<td>4 597 886</td>
<td>16 619 148</td>
<td>9 855 601</td>
<td>2 177 821</td>
<td><strong>37 603 706</strong></td>
</tr>
<tr>
<td>Proportion of all bed days</td>
<td>1.1%</td>
<td>0.7%</td>
<td>2.7%</td>
<td>1.6%</td>
<td>0.4%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

Source: OECD Health Statistics and Eurostat Database.
C-section rates are much higher than the EU average in Romania, Bulgaria, Poland and Hungary, and have increased over time.

Note: The annual growth rate for Luxembourg only covers the period 2011 to 2016 due to a break in the series in 2011.

Source: Eurostat, except Netherlands: Perinatal registry (www.perined.nl/).
Several countries are lagging behind in exploiting the potential cost-saving of generic medicines. 

Generic market share by volume and value, 2016 (or latest year)

Reducing the over-prescription of antibiotics and other medicines can also help reduce waste.

Consumption of antibiotics in the community, EU/EEA countries, 2016 (DDD per 1,000 population per day)

Note: Cyprus and Romania provide data on overall consumption, including in hospital.

3. HEALTH STATUS

- Trends and inequalities in life expectancy
- Inequalities in self-reported health
Life expectancy exceeds 81 years in a majority of EU countries, but the gap between the highest and lowest countries is still over 8 years.

**Life expectancy at birth, by gender, 2016**


Source: Eurostat Database.

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**Source:** Eurostat Database.
Gains in life expectancy have slowed down in many Western European countries since 2011, with reductions registered in 2015.

Source: Eurostat Database.
There are large gaps in life expectancy by education level: people with low education at age 30 can expect to live six years less than the most educated (eight years for men, four years for women)

Gap in life expectancy at age 30 between people with the lowest and highest level of education, 2016 (or nearest year)

Note: Data refer to 2012 for France and Austria and to 2011 for Latvia, Belgium and the United Kingdom (England).
Source: Eurostat Database; national sources or OECD calculations using national data for Austria, Belgium, France, Latvia, the Netherlands and the United Kingdom (England).
There are also large gaps in self-reported health by income level: 60% of people with the lowest income report being in good health compared with 80% for those with the highest income.

Source: Eurostat Database, based on EU-SILC.
4. RISK FACTORS

- Smoking
- Alcohol consumption
- Overweight and obesity
- Air pollution
Smoking among adults has declined across EU countries, but still one-fifth of adults smoke daily.

Changes in daily smoking rates among adults, 2006 and 2016 (or latest year)

Source: OECD Health Statistics 2018 (based on national health interview surveys), complemented with Eurostat (EHIS 2014) for Bulgaria, Croatia, Cyprus, Malta, and Romania, and with WHO Europe Health for All database for Albania, Serbia and Montenegro.
The proportion of adolescents reporting “binge drinking” has come down slightly in recent years, but still nearly 40% report regular “binge drinking” on average across the EU.

Changes between 1995 and 2015 in the proportion of 15-16 year old boys and girls reporting heavy episodic drinking in the past 30 days, average across EU countries and Norway.

Note: “Binge drinking” is defined as drinking five or more alcoholic drinks in a single occasion. The EU average is not weighted by country population size.

Source: ESPAD.
Obesity among adults is rising: one in six adults are obese across EU countries

Changes in self-reported obesity rates among adults, 2000 to 2014 (or nearest year)

Exposure to serious air pollution is estimated to have caused the death of 238,000 people across EU countries in 2016; mortality rates are highest in Central and Eastern Europe.

Deaths due to exposure to outdoor PM$_{2.5}$ and ozone, 2016

Source: IHME (Global Burden of Disease, 2016).
5. HEALTH EXPENDITURE AND FINANCING

• Health expenditure per capita and as a share of GDP
• Financing mix (government schemes, out-of-pocket and voluntary health insurance)
Health spending per capita is highest in Luxembourg, Germany and Sweden, and lowest in Romania, Bulgaria and Latvia.

Source: OECD Health Statistics 2018; Eurostat Database; WHO Global Health Expenditure Database.
Health spending accounts for nearly 10% of GDP in the EU; France and Germany allocate more than 11% of their GDP to health spending.

Source: OECD Health Statistics 2018; Eurostat Database; WHO Global Health Expenditure Database.
Health expenditure has grown in line with GDP growth in recent years, so the share of GDP allocated to health has stabilised.

**Annual average growth (real terms) in per capita health expenditure and GDP, EU28, 2005 to 2017**

**Health expenditure as a share of GDP, EU28 and selected countries, 2005 to 2017**

Source: OECD Health Statistics 2018; Eurostat Database.
Over 75% of health spending is financed through government and compulsory insurance across EU countries. Out-of-pocket payments account for 18%, but represent a much greater share in some countries.

Health expenditure by type of financing, 2016 (or nearest year)

Note: Countries are ranked by government schemes and compulsory health insurance as a share of health expenditure.

Source: OECD Health Statistics 2018; Eurostat Database; WHO Global Health Expenditure Database.
6. EFFECTIVENESS: QUALITY OF CARE & PATIENT EXPERIENCE

• Avoidable mortality (preventable and amenable)
• Vaccination
• Patient experience with ambulatory care
• Acute care for cancers and heart attacks
More than 1.2 million deaths could be avoided through better public health and prevention policies and more effective and timely health care

Leading causes of preventable and amenable mortality in the European Union, 2015

Preventable mortality
(1 003 027 deaths in 2015)

- Ischaemic heart diseases, 18%
- Accidents, 16%
- Others, 29%
- Suicide, 7%
- Alcohol, 7%
- Lung cancer, 17%
- Colorectal cancer, 7%

Amenable mortality
(570 791 deaths in 2015)

- Ischaemic heart diseases, 32%
- Cerebrovascular diseases, 16%
- Others, 22%
- Alcohol, 7%
- Lung cancer, 17%
- Breast cancer, 9%
- Hypertension, 5%
- Influenza and pneumonia, 5%

Note: Preventable mortality is defined as deaths that could be avoided through public health and prevention interventions, whereas amenable (or treatable) mortality is defined as deaths that could be avoided through effective and timely health care. A number of causes of death are included in both preventable and amenable mortality resulting in double-counting; this explains why the total number of avoidable deaths is lower than the sum of the two parts.

Source: Eurostat Database.
Many children are not vaccinated against infectious diseases in several countries.

Vaccination against measles and hepatitis B, children aged 1, 2017 (or nearest year)

Note: Hepatitis B data for Denmark, Finland, Hungary, Iceland and Norway are not available because national infant vaccination programmes do not cover Hepatitis B. Data is not available for the United Kingdom.

Source: WHO/UNICEF.
Over 85% of patients report positive experiences with doctors in ambulatory care in most countries

1. National sources. 2. Data refer to patient experiences with GP.
Note: 95% confidence intervals have been calculated for all countries, represented by grey areas.

Source: Commonwealth Fund International Health Policy Survey 2016 and other national sources.
In terms of acute care, fewer people are dying following acute myocardial infarction (heart attack)

Thirty-day mortality after admission to hospital for AMI (based on unlinked data), 2005 and 2015 (or nearest years)

1. Three-year average.
Note: 95% confidence intervals for the latest year are represented by grey areas. The EU average is unweighted and only includes countries with data covering the whole time period.

7. ACCESSIBILITY: AFFORDABILITY, AVAILABILITY AND USE OF SERVICES

- Unmet health care needs
- Financial protection
- Supply of doctors
- Timely access (waiting times)
Poor people are more likely to report unmet needs for medical care, and even more so for dental care.

Unmet need for medical examination for financial, geographic or waiting times reasons, by income quintile, 2016 (or nearest year)

Unmet need for dental examination for financial, geographic or waiting times reasons, by income quintile, 2016 (or nearest year)

Source: Eurostat Database, based on EU-SILC.
Direct out-of-pocket spending by households can restrict access to care

Share of total health spending financed by out-of-pocket payments, 2016 (or latest year)

The number of doctors per capita has increased in nearly all EU countries since 2000...

1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).
2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

Source: OECD Health Statistics 2018; Eurostat Database.

<table>
<thead>
<tr>
<th>Country</th>
<th>2000</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td>Austria</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>Portugal</td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>Lithuania</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Sweden</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Malta</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>Cyprus</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Czech Republic</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Denmark</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>EU28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Croatia</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Hungary</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Belgium</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Slovenia</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Luxembourg</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Romania</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Iceland</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>FYR of Macedonia</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Serbia</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Montenegro</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>1.8</td>
<td></td>
</tr>
</tbody>
</table>

Per 1 000 population
...but general practitioners (family doctors) make up less than 25% of all doctors on average

Share of different categories of doctors, 2016 (or nearest year)

1. Other generalists include non-specialist doctors working in hospital and recent medical graduates who have not started yet their post-graduate specialty training.
2. In Portugal, only about 30% of doctors employed by the public sector (NHS) are working as GPs in primary care, with the other 70% working in hospital.

Source: OECD Health Statistics 2018; Eurostat Database.
Waiting times for hip replacement vary widely across countries, and has started to rise again in some countries since 2010.

Waiting times of patients for hip replacement, 2016 and trends since 2005

Note: On the right panel, data relate to median waiting times, except for the Netherlands and Spain (average waiting times).

8. RESILIENCE: INNOVATION, EFFICIENCY AND FISCAL SUSTAINABILITY

- eHealth and ePrescription
- Hospital efficiency
- Fiscal sustainability of public spending on health and long-term care
ePrescribing is now widely used in Nordic countries and some Southern European countries, but hasn’t been implemented yet in several countries.

Note: Greece and the Netherlands are implementing ePrescribing but the percentage was not reported.

Source: Pharmaceutical Group of the European Union (PGEU).
In hospital, the average length of stay of patients has fallen in nearly all EU countries, reflecting efficiency gains.

Average length of stay in hospital, 2000 and 2016 (or nearest year)

1. Data refer to average length of stay for curative (acute) care only (resulting in an under-estimation).

Source: OECD Health Statistics 2018; Eurostat Database.
Public spending on health care as a share of GDP is projected to grow in all countries over the coming decades. 

Public spending on long-term care as a share of GDP is projected to grow even more than health care due to population ageing.

More information

http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm
https://ec.europa.eu/health/state/glance_en