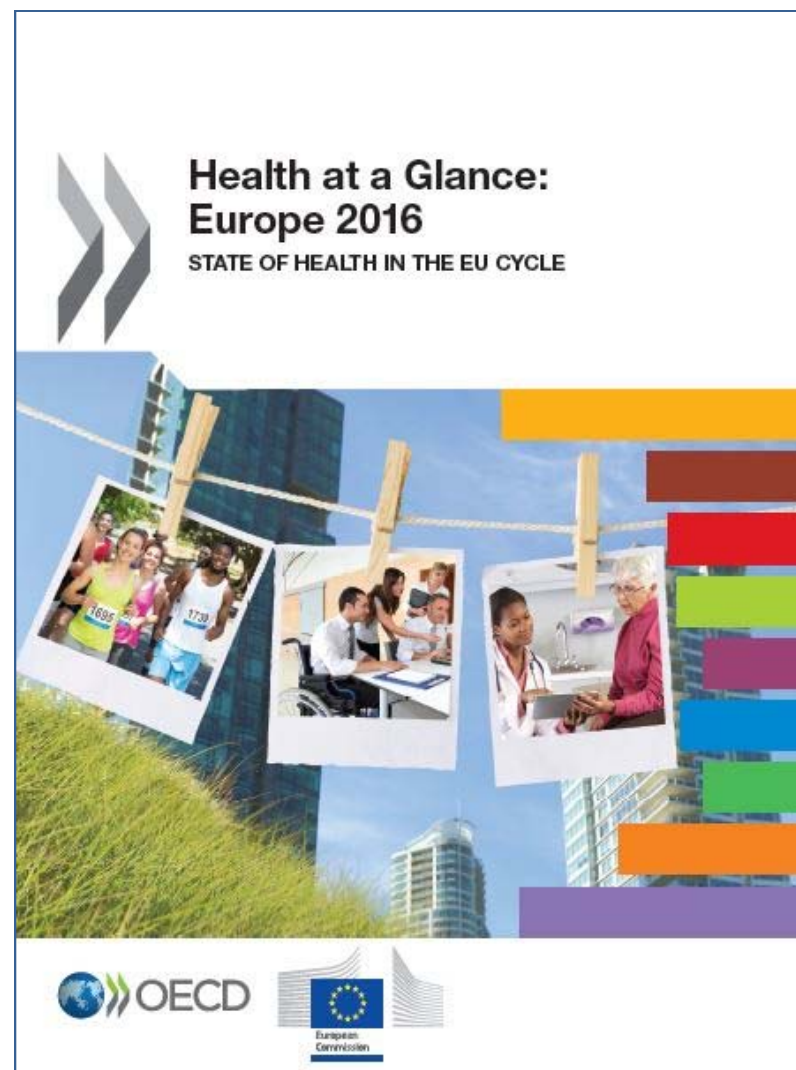


Health at a Glance: Europe 2016

State of Health in the EU Cycle

Joint publication of the
OECD and the European
Commission



Released on November 23, 2016

<http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>

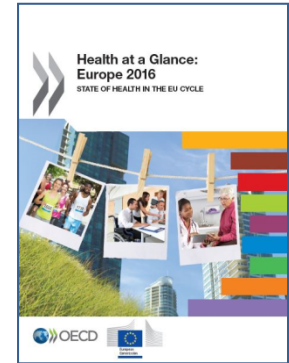


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Note by Turkey: The information in this document with reference to "Cyprus" relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic 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. LABOUR MARKET IMPACTS OF ILL-HEALTH

- Mortality from non-communicable diseases among working-age population
- Employment and productivity impacts of chronic diseases and risk factors

Non-communicable diseases lead to the loss of 3.4 million potential productive life years in EU countries

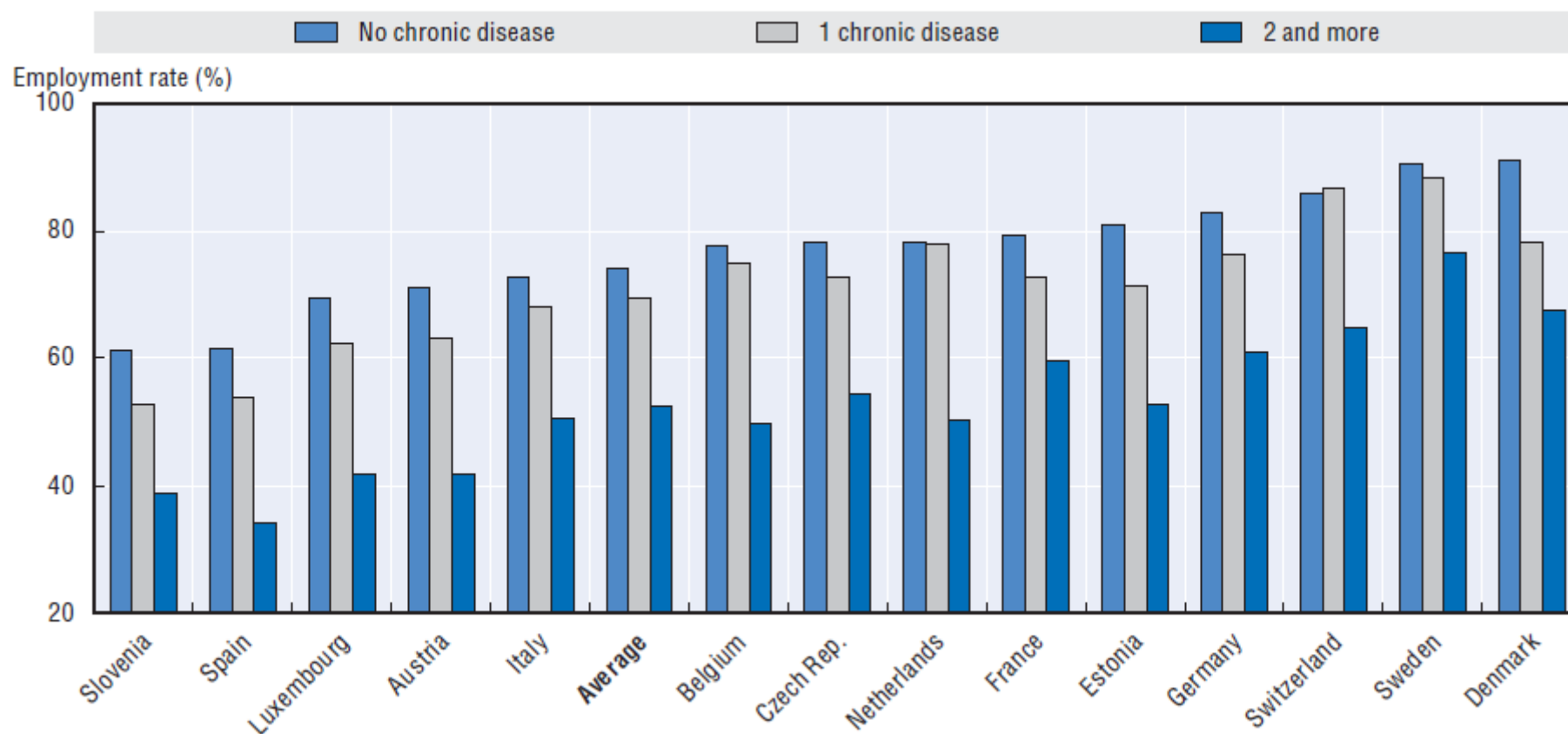
Potential productive life years lost related to non-communicable diseases among people aged 25–64, EU countries, 2013



Source: *OECD estimates based on Eurostat data*

The employment rate of people with chronic diseases is much lower than for those who do not have any

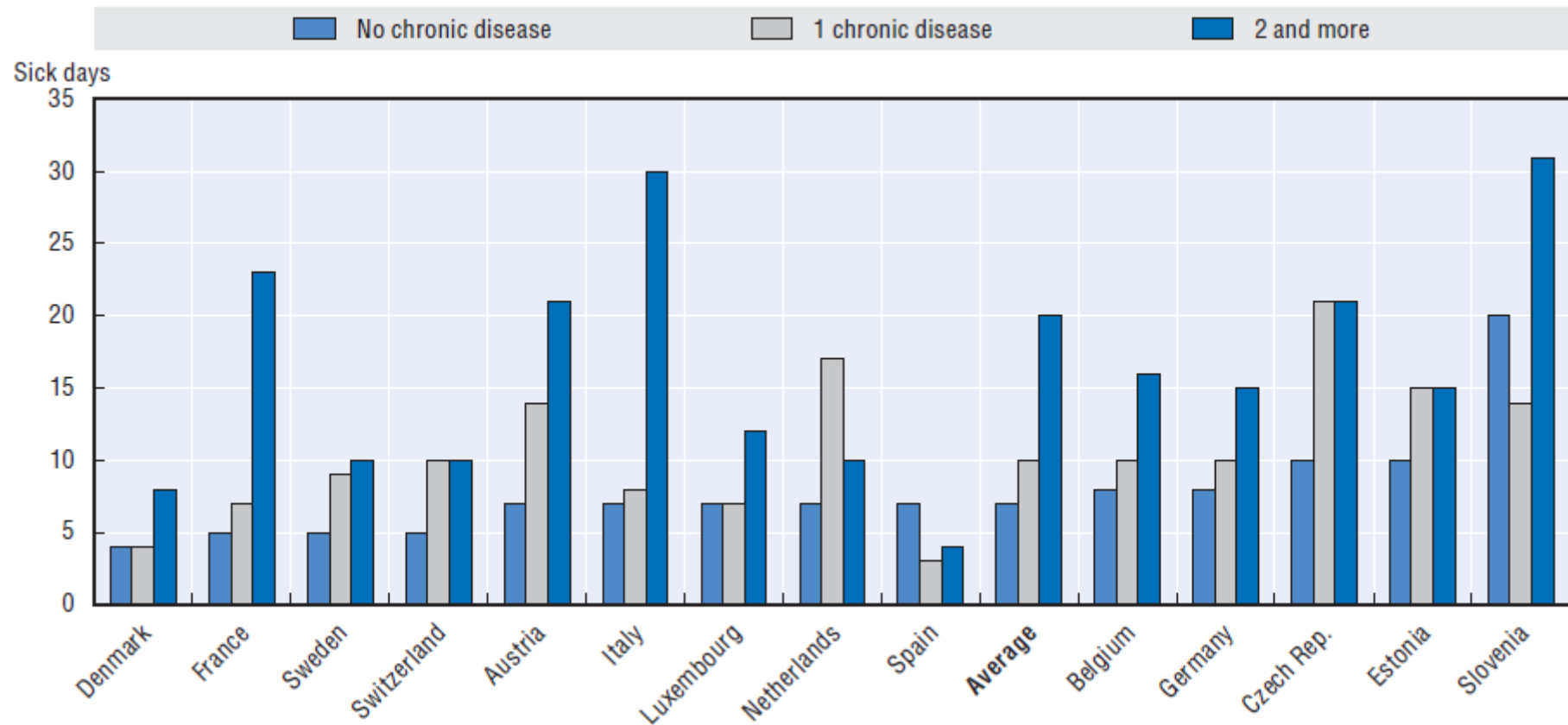
Number (median) of sick days in the last 12 months among employed people aged 50-59, by chronic diseases, 14 European countries, 2013



Source: OECD estimates based on SHARE data (wave 5)

When they work, people with chronic diseases have a greater number of sick days

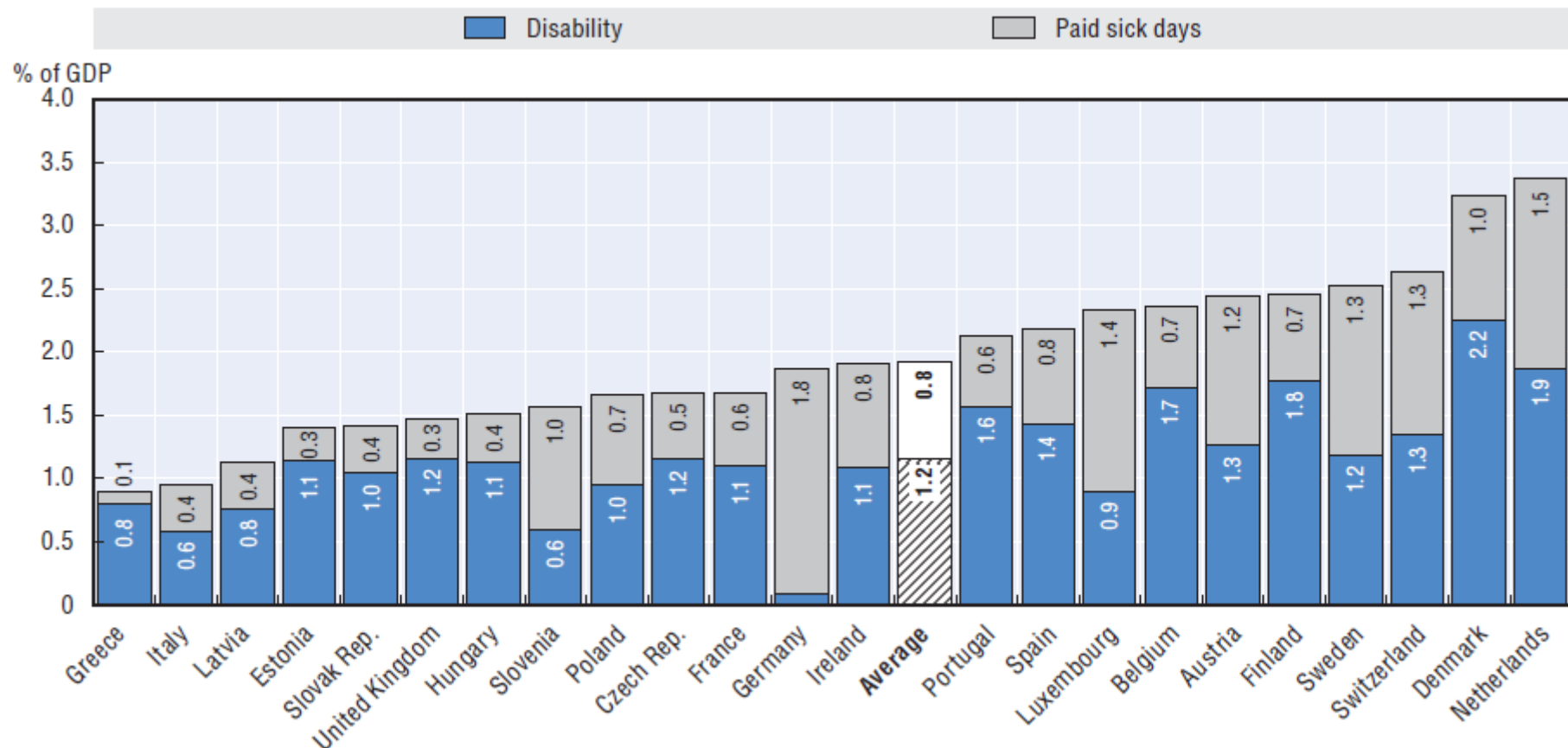
Number (median) of sick days in the last 12 months among employed people aged 50-59, by chronic diseases, 14 European countries, 2013



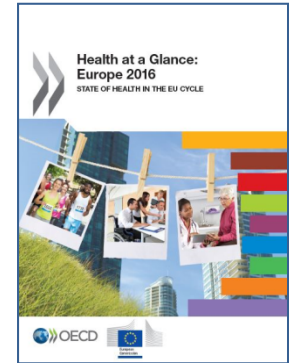
Source: OECD estimates based on SHARE data (wave 5)

Public and mandatory private spending on disability benefits and paid sick leave accounted for 2% of GDP in 2013

This is more than spending on unemployment benefits (1.2% of GDP in 2013)



Source: OECD Social Expenditure Database (2016)

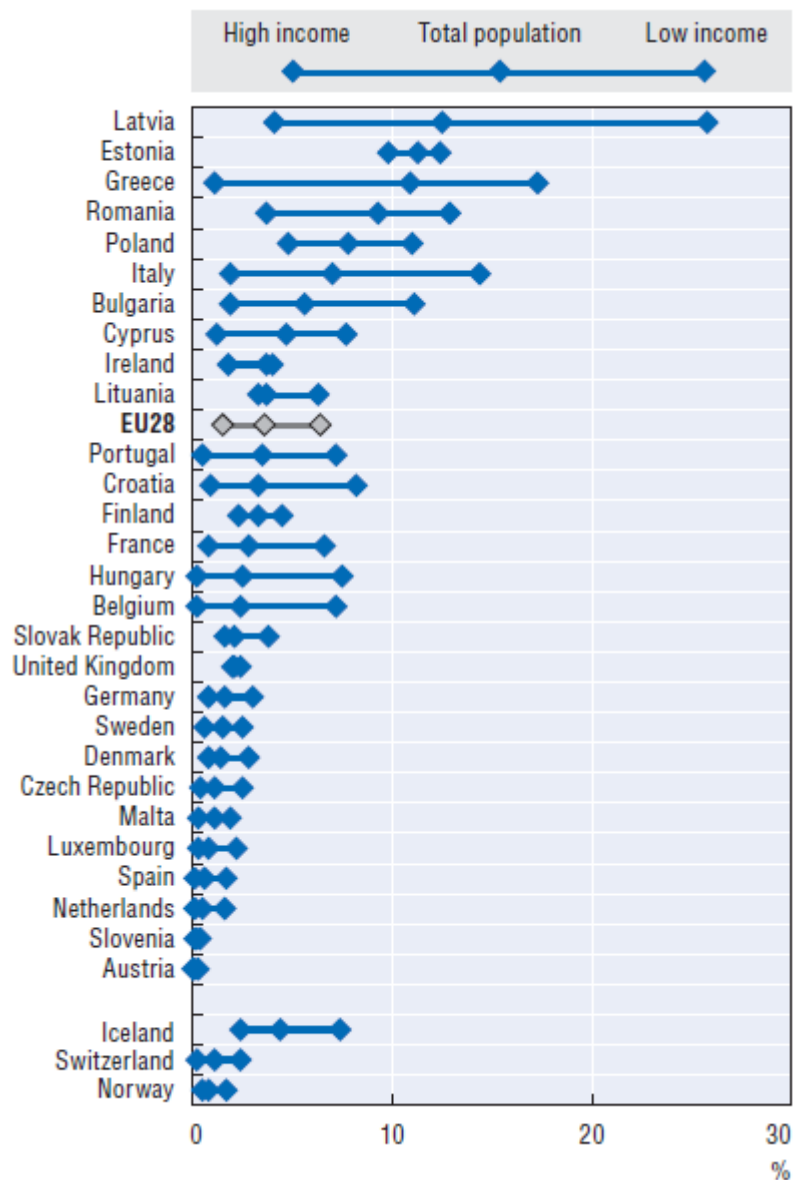


2. STRENGTHENING PRIMARY CARE SYSTEMS

- Access to primary care
- Consequence of access problems: more visits to emergency departments and avoidable hospital admissions

In all countries, poor people tend to report more unmet need for medical examination than rich people

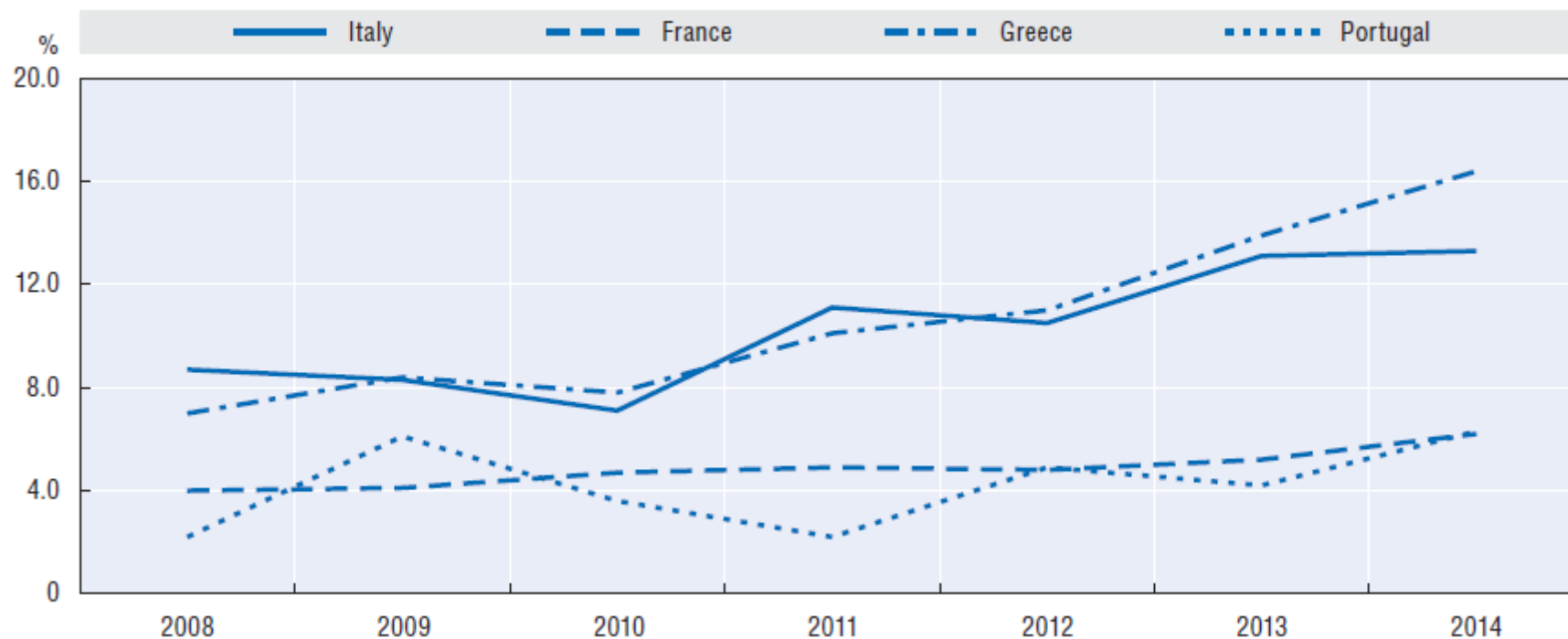
Unmet need for medical examination for financial, geographic or waiting times reasons, by income quintile, 2014



Source: Eurostat Database,
based on EU-SILC

Unmet needs for medical examination has increased in many countries following the economic crisis

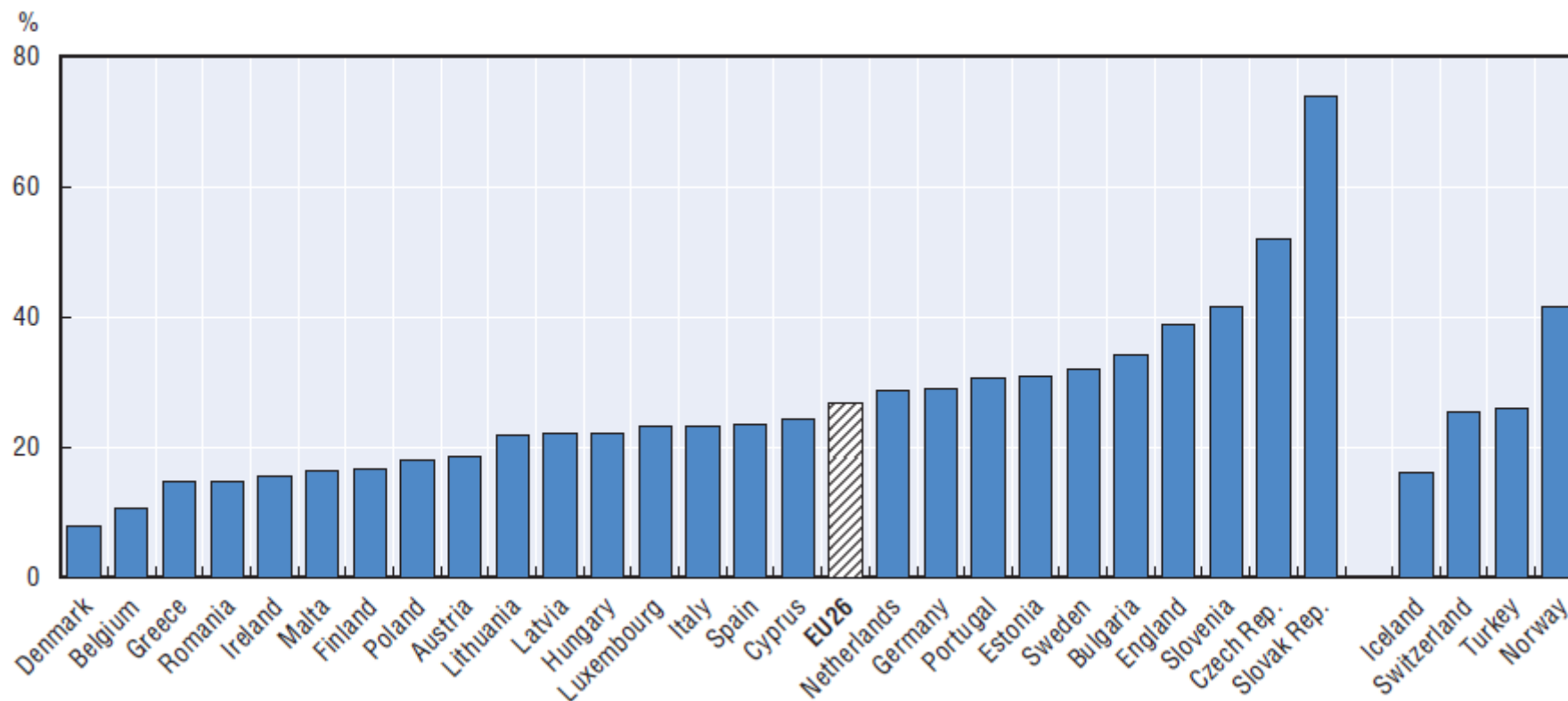
Change in unmet medical care needs for financial reasons among the lowest-income group, selected EU countries, 2008-14



Source: Eurostat Database, based on EU-SILC

Consequence of access problems: many people go to hospital emergency departments because primary care is not available

Proportion of patients who visited an emergency department because primary care was not available, 2011-13



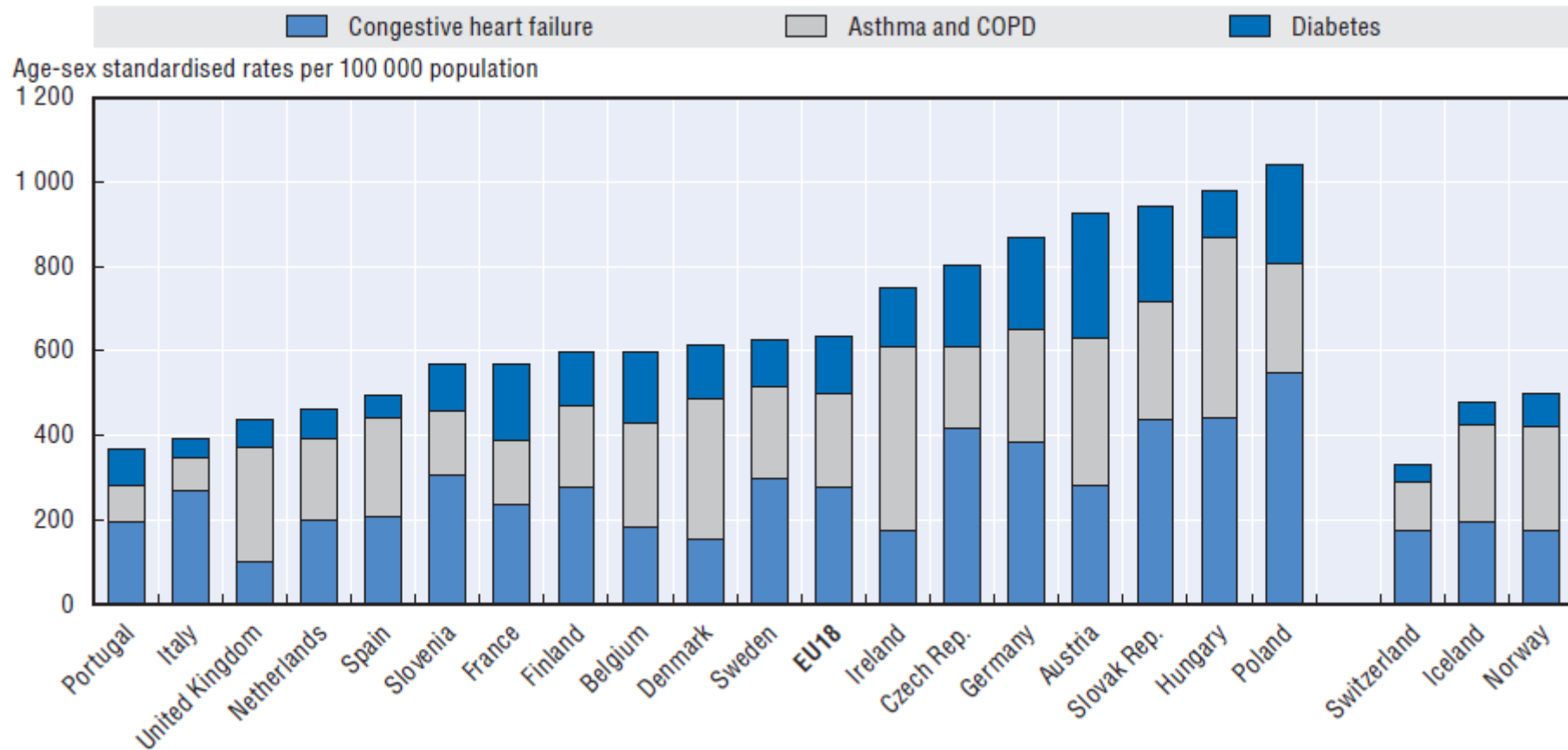
Note: Data were collected within the QUALICOPC study (Quality and Costs of Primary Care in Europe) between 2011 and 2013.

1. The reference population is the proportion of people who visited an ED in the previous year.

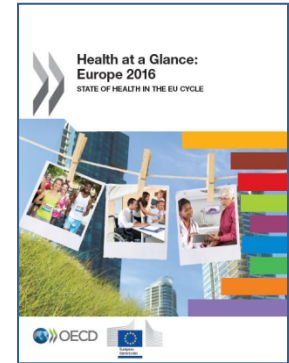
Source: *van den Berg et al. (2016)*

Problems with access to primary care also lead to avoidable hospital admissions for chronic conditions

2013 (or nearest year)



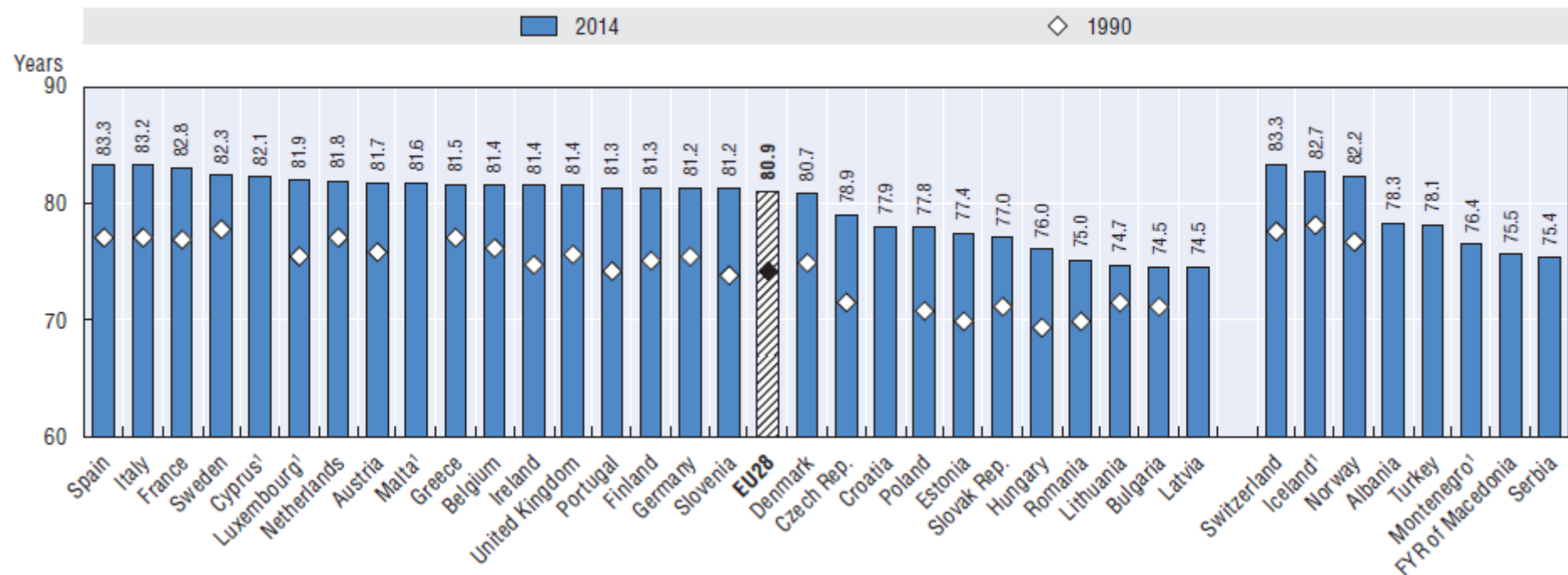
Source: OECD Health Statistics 2016



3. HEALTH STATUS

- Life expectancy, healthy life years and health inequalities
- Prevalence of chronic diseases

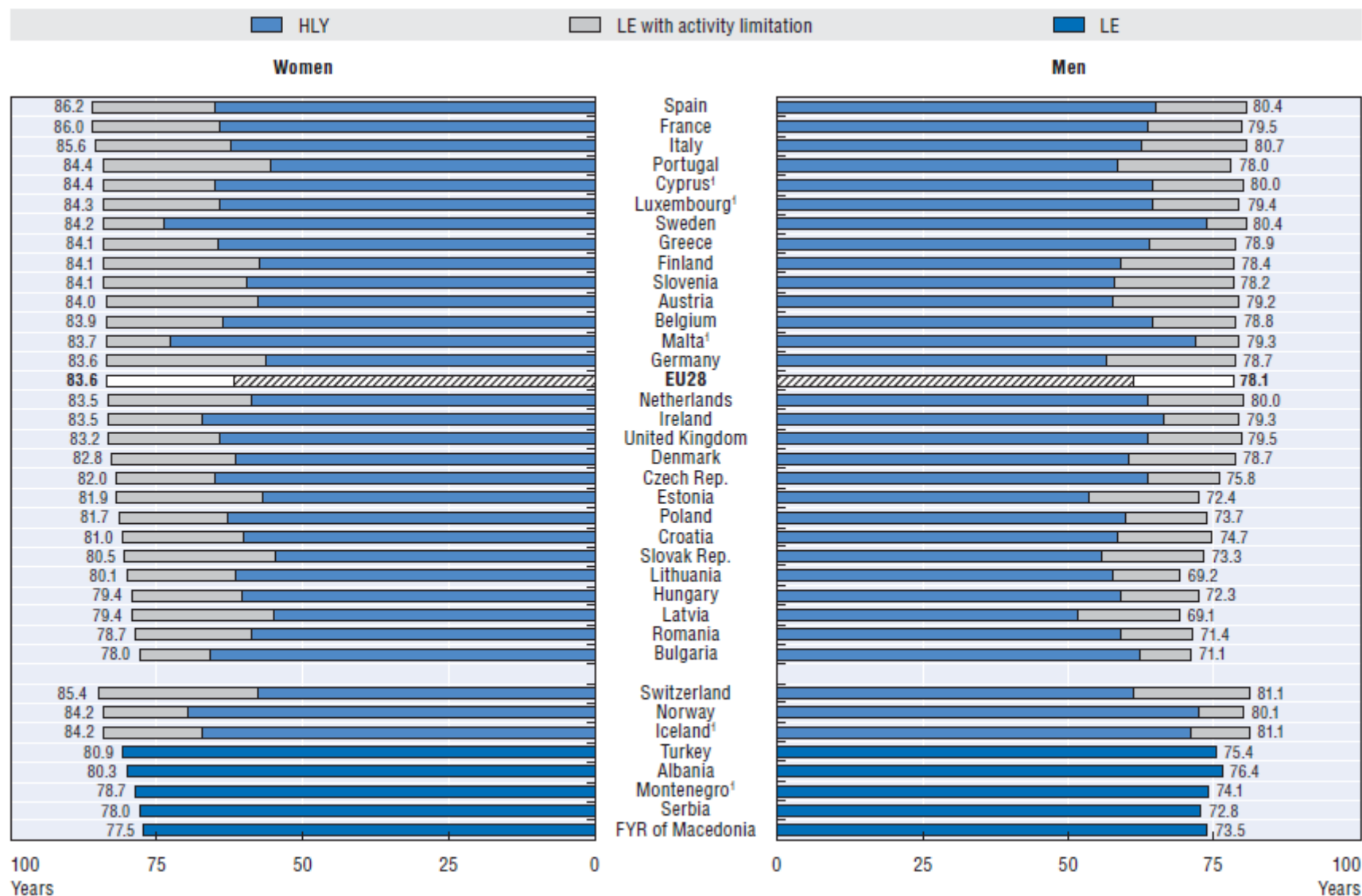
Life expectancy across EU countries increased by over 6 years between 1990 and 2014, but the gap between the highest and lowest countries remains unchanged (more than 8 years)



Source: Eurostat Database completed with data from OECD Health Statistics 2016

Women live 5.5 years longer than men on average across EU countries, but the gender gap is less than a year for healthy life years

2014

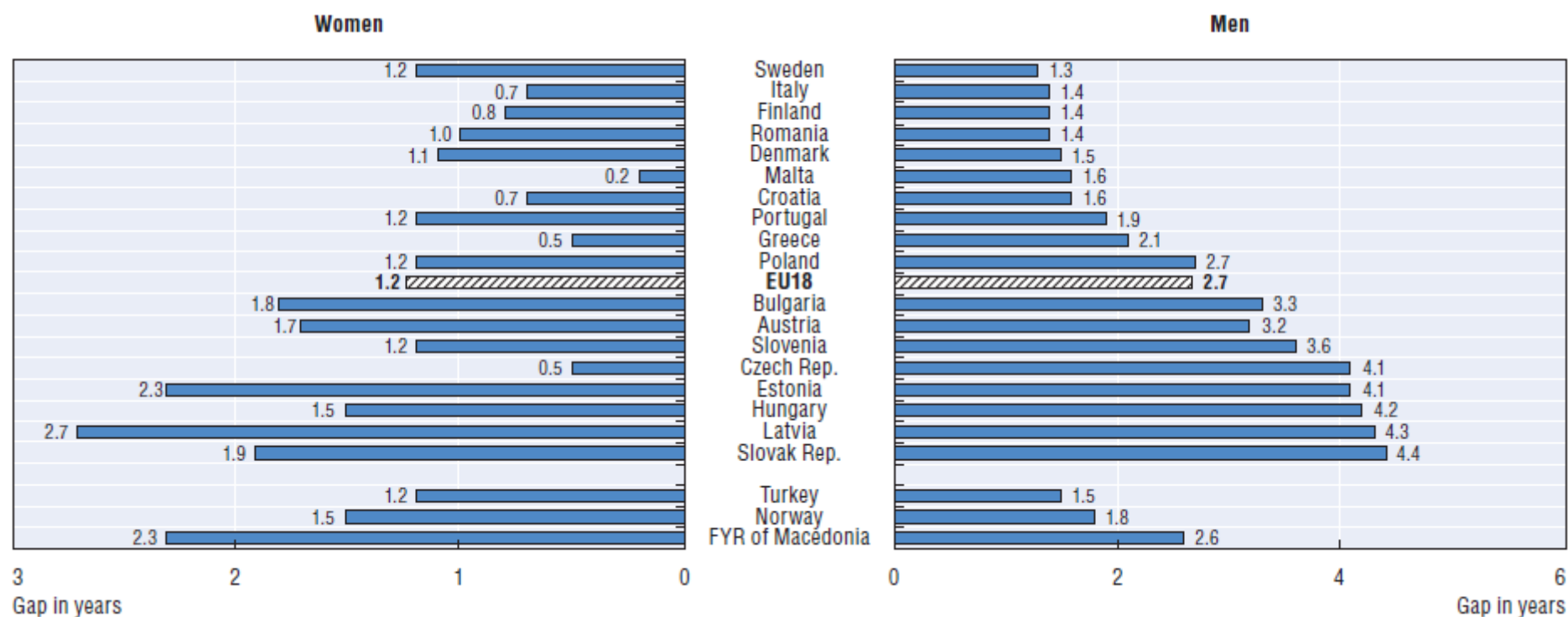


Note: Healthy life years are defined as the number of years spent free of disability.

Source: Eurostat Database

**There are large gaps in life expectancy by education level:
in Central and Eastern Europe, 65-year-old men with low education level
live about four years less than the most educated**

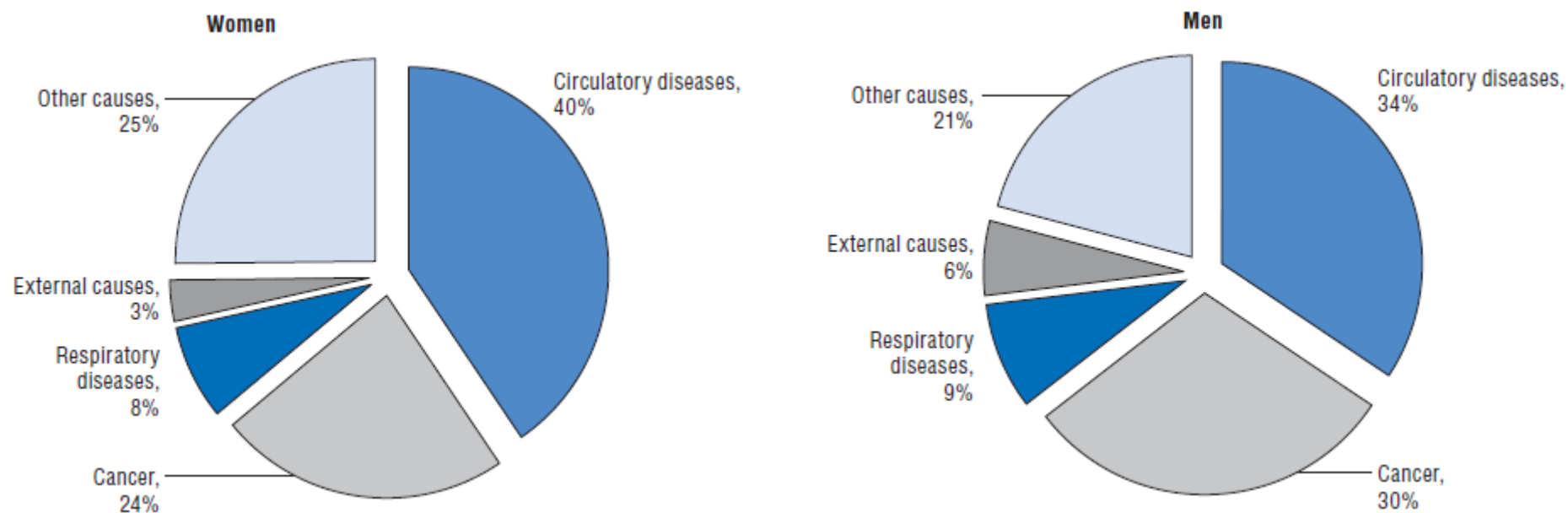
Gap in life expectancy at age 65 by gender and educational level, 2013 (or nearest year)



Source: Eurostat Database completed with OECD Health Statistics 2016 for Austria and Latvia

The main causes of deaths in EU countries are circulatory diseases, cancer and respiratory diseases

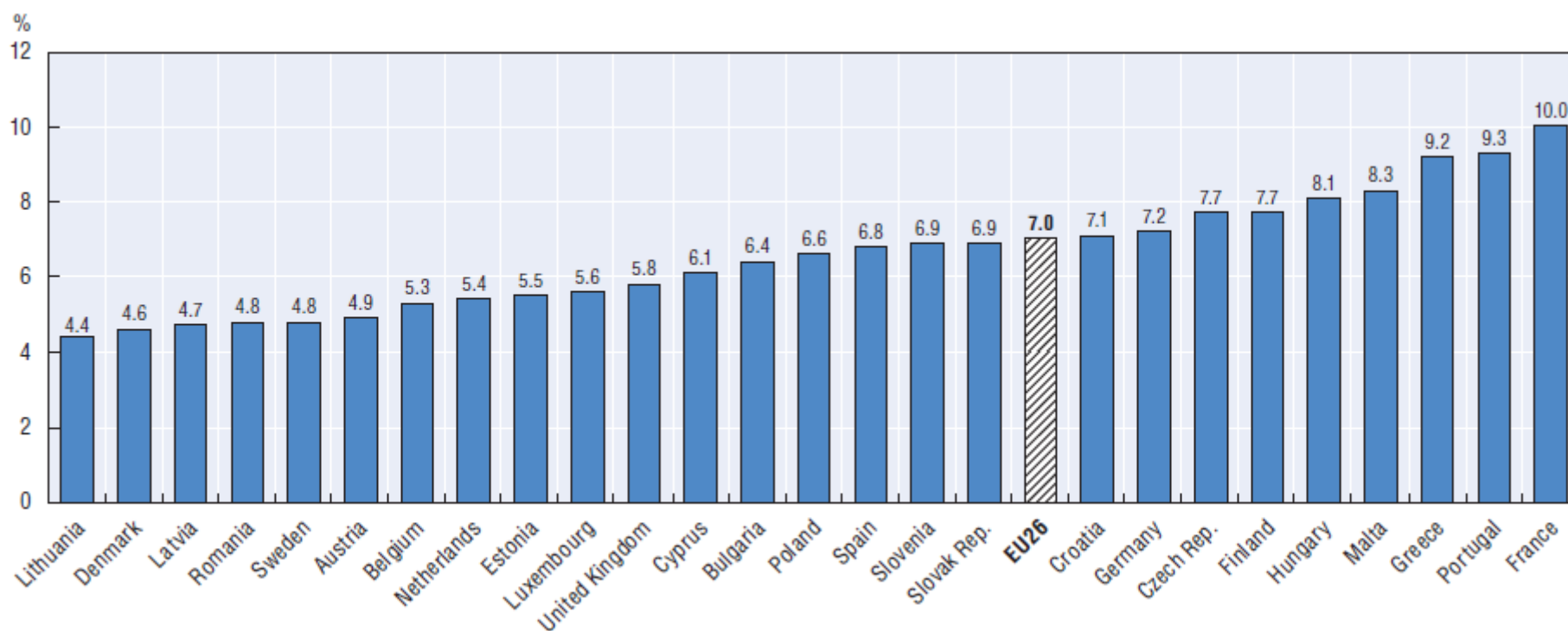
2013



Source: *Eurostat Database*

The prevalence of chronic diseases such as diabetes is rising, due to changes in lifestyles (particularly rising obesity)

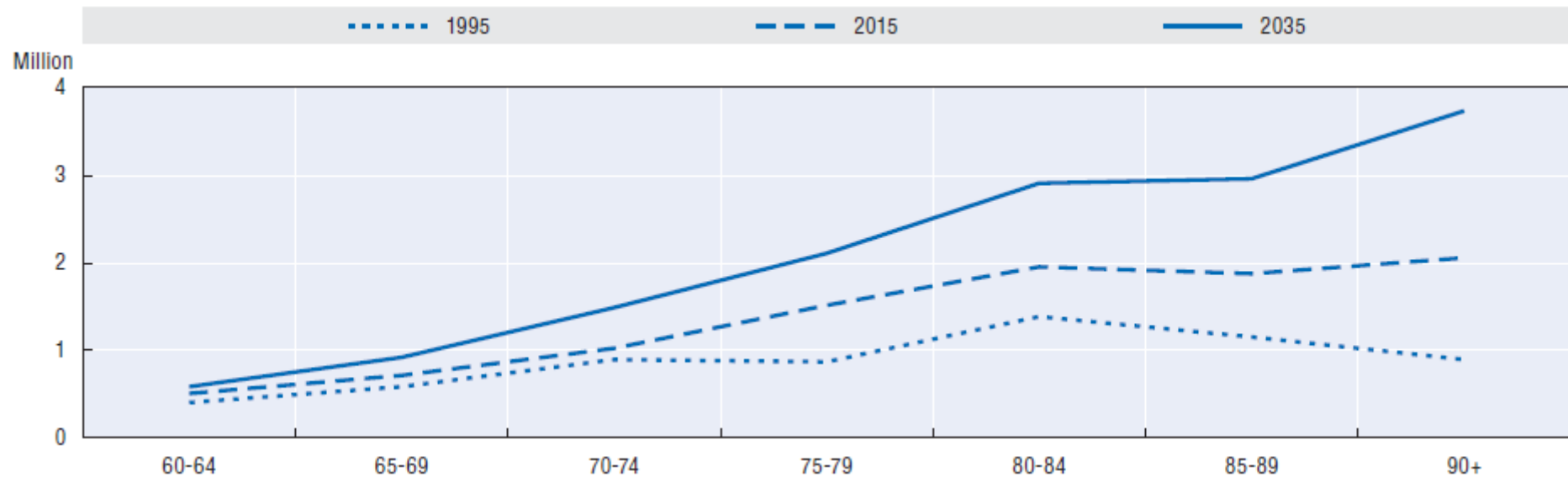
Self-reported diabetes, population aged 15 years and over, 2014 (or nearest year)



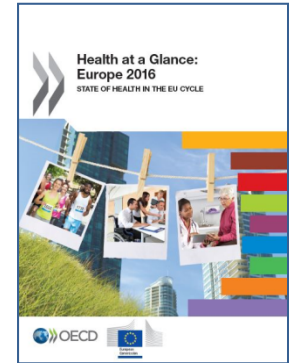
Source: *Eurostat Database, based on EHIS*

And the prevalence of dementia has also risen and is expected to continue to rise, due to population ageing

Estimated number of people with dementia in EU countries, by age, 1995, 2015 and 2035



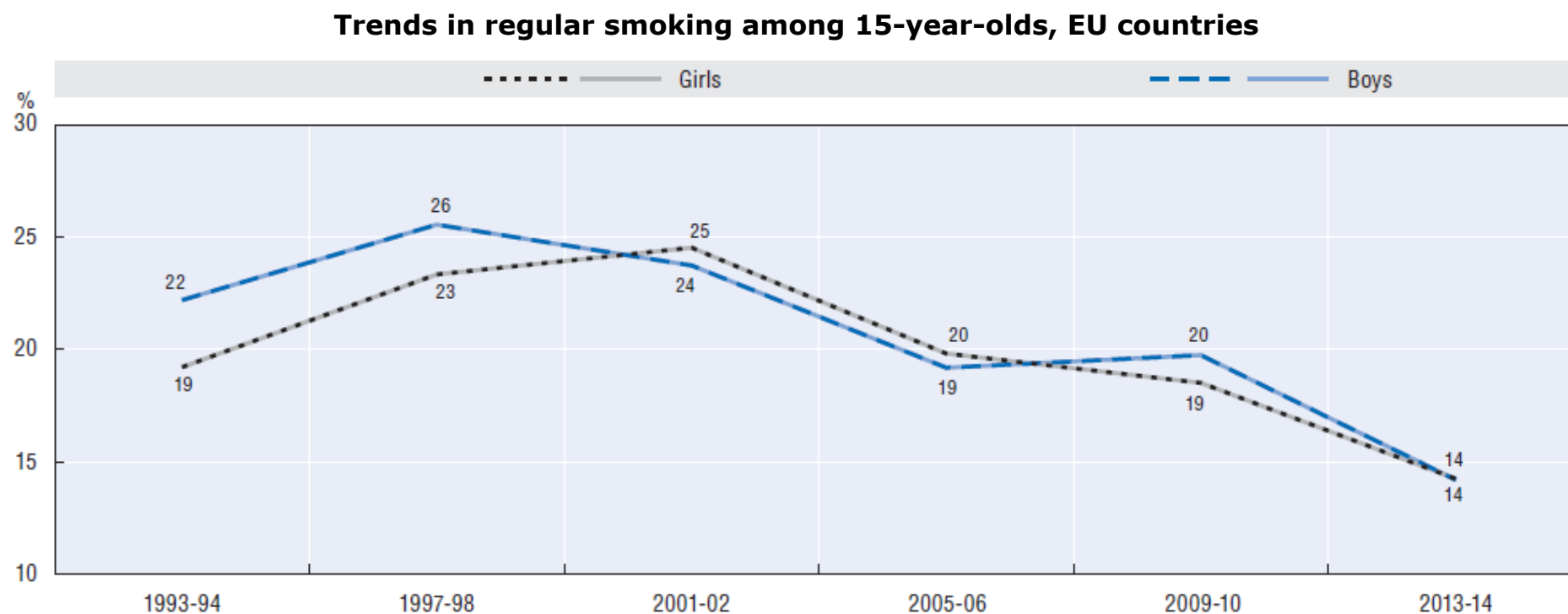
Source: OECD analysis of data from Prince et al. (2013) and the United Nations



4. DETERMINANTS OF HEALTH

- Smoking
- Alcohol consumption
- Overweight and obesity

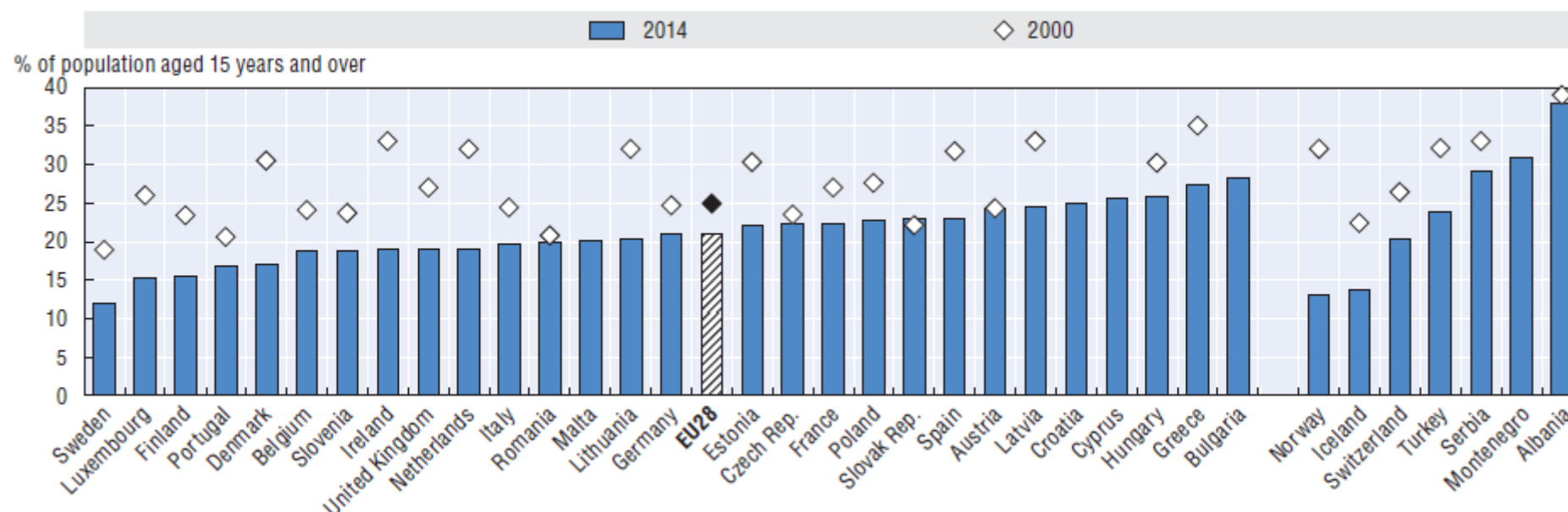
Tobacco smoking among 15-year-old children has come down since 2000



Source: *HBSC Survey (different waves)*

Smoking among adults has also declined across EU countries, but still one-fifth of adults smoke daily

Adults smoking daily, 2000 and 2014 (or nearest year)

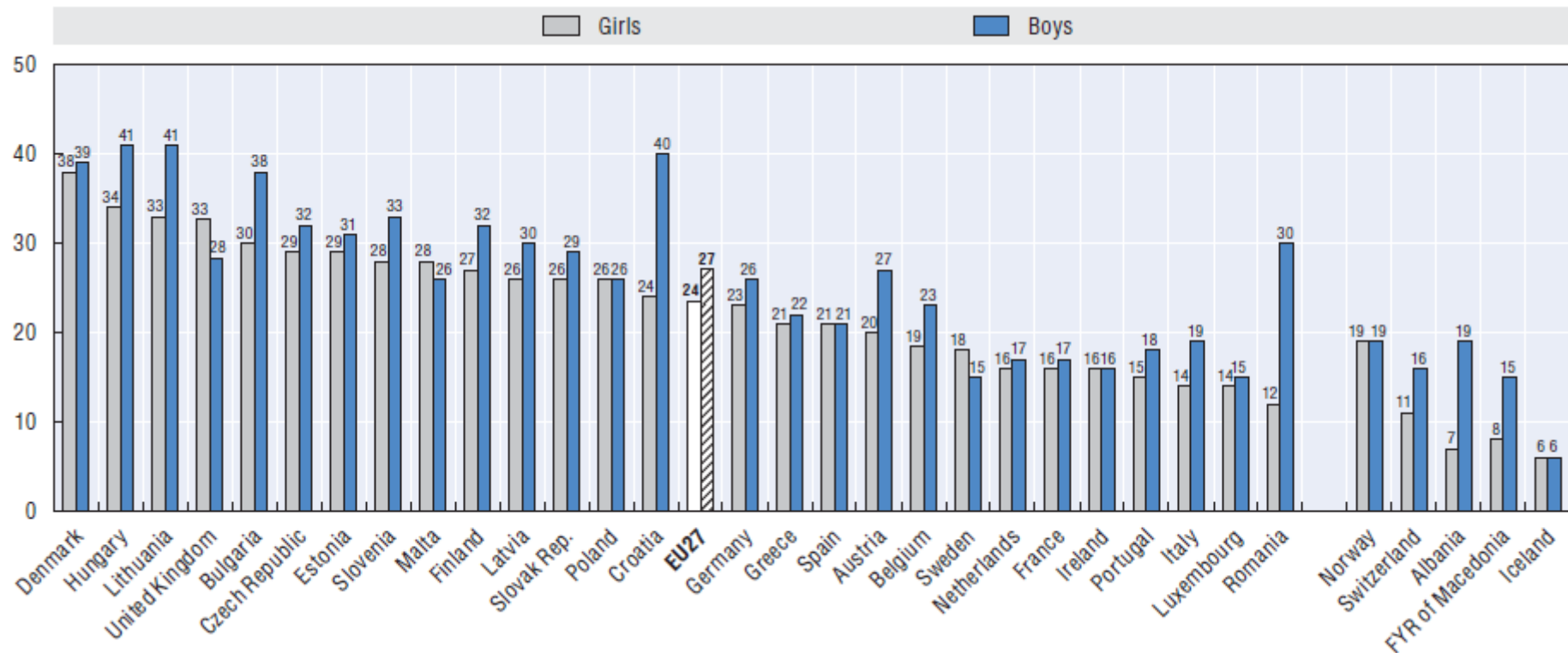


Source: EHIS survey for most EU countries for 2014 data; regular national surveys for Czech Republic, Denmark, Estonia, Finland, Germany, Italy, Luxembourg, Sweden, United Kingdom and non-EU countries

One out of four 15-year-old children across EU countries report having been drunk at least twice in their life

Drunkenness among 15-year-olds, 2013-14

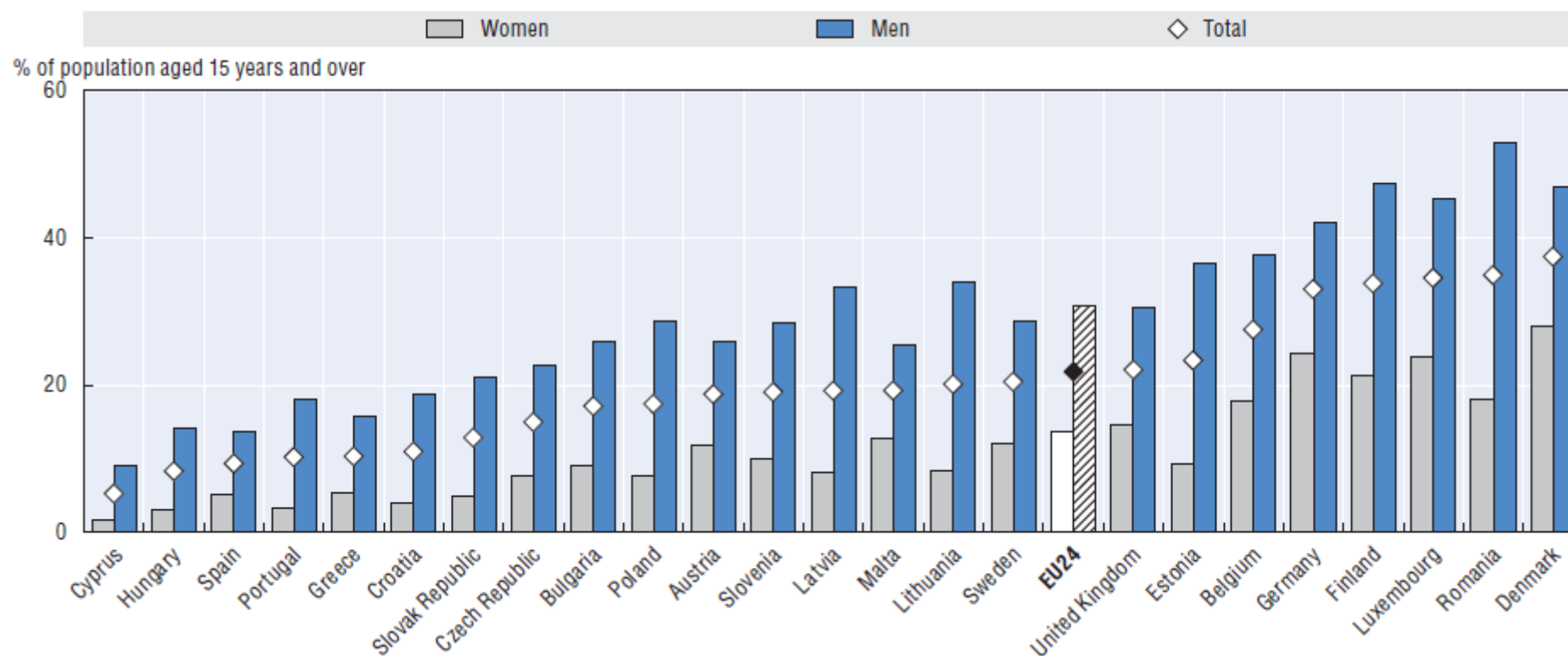
Drunk at least twice in life



Source: *HBSC Survey (2013-14)*

More than one-fifth of adults report regular heavy alcohol drinking (about one-third of men and one out of seven women)

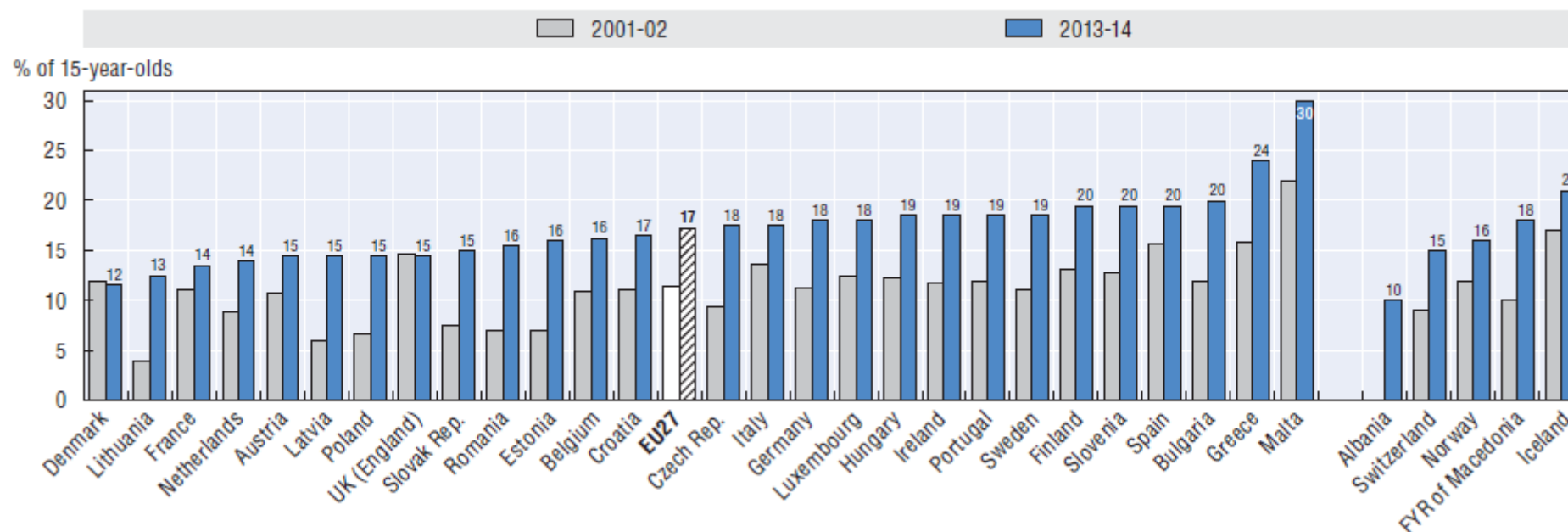
Regular binge drinking in EU countries, 2014



Source: Eurostat, EHIS 2014

Self-reported overweight problems among 15-year-old children has gone up from 11% in 2001-02 to 17% in 2013-14

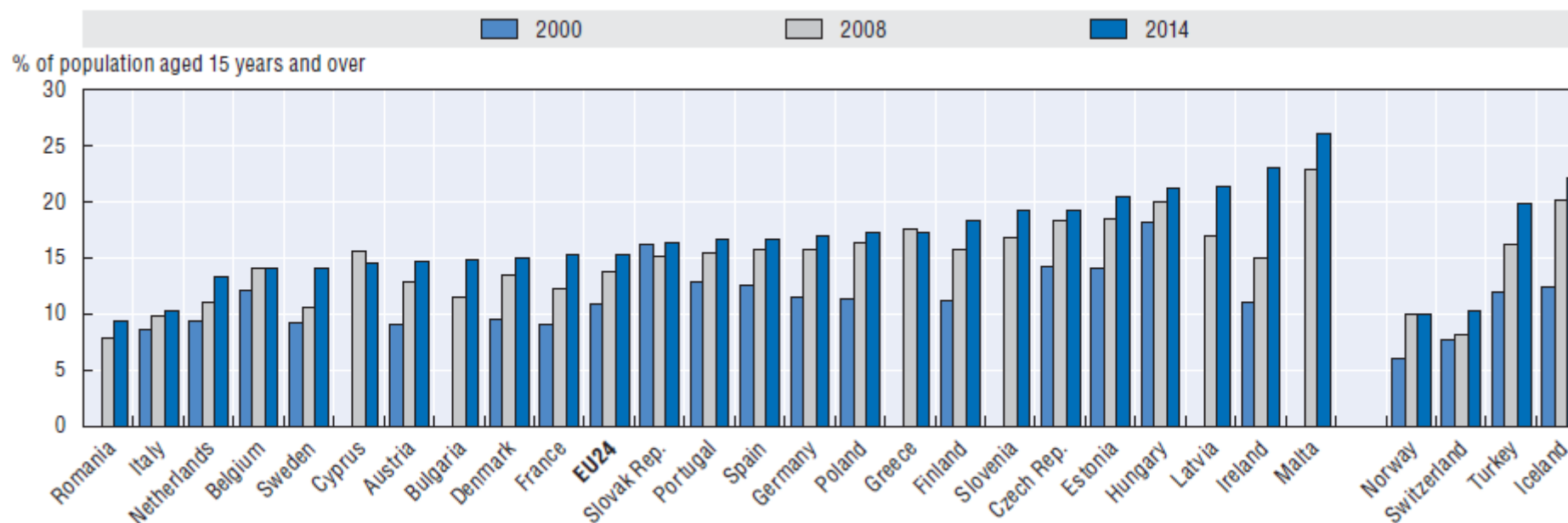
Change in self-reported overweight among 15-year-olds, 2001-02 and 2013-14



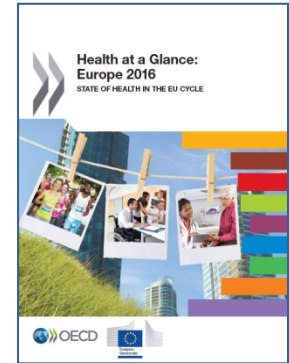
Source: *HBSC Survey (2001-02 and 2013-14 waves)*

Obesity among adults has increased in nearly all countries, rising from 11% in 2000 to over 15% in 2014

Trends in self-reported obesity among adults in EU countries, 2000, 2008 and 2014 (or latest years)



Source: Eurostat, EHIS 2008, 2014; OECD Health Statistics 2016 for non-EU countries and 2000 data

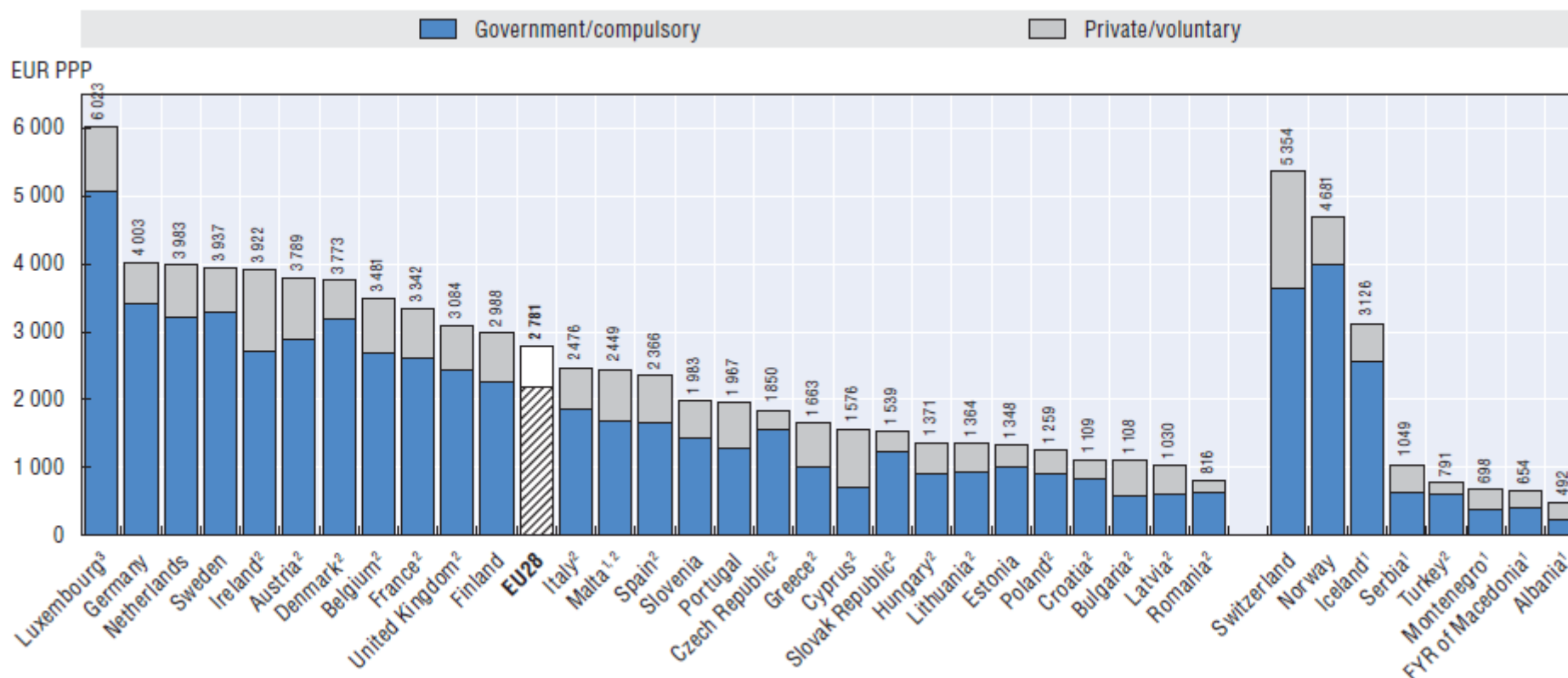


5. HEALTH EXPENDITURE

- Expenditure per capita and as share of GDP
- Public and private financing

Health spending per capita is highest in Luxembourg, Germany and the Netherlands, and lowest in Romania, Latvia and Bulgaria

Health expenditure per capita, 2015 (or nearest year)



1. Includes investments.

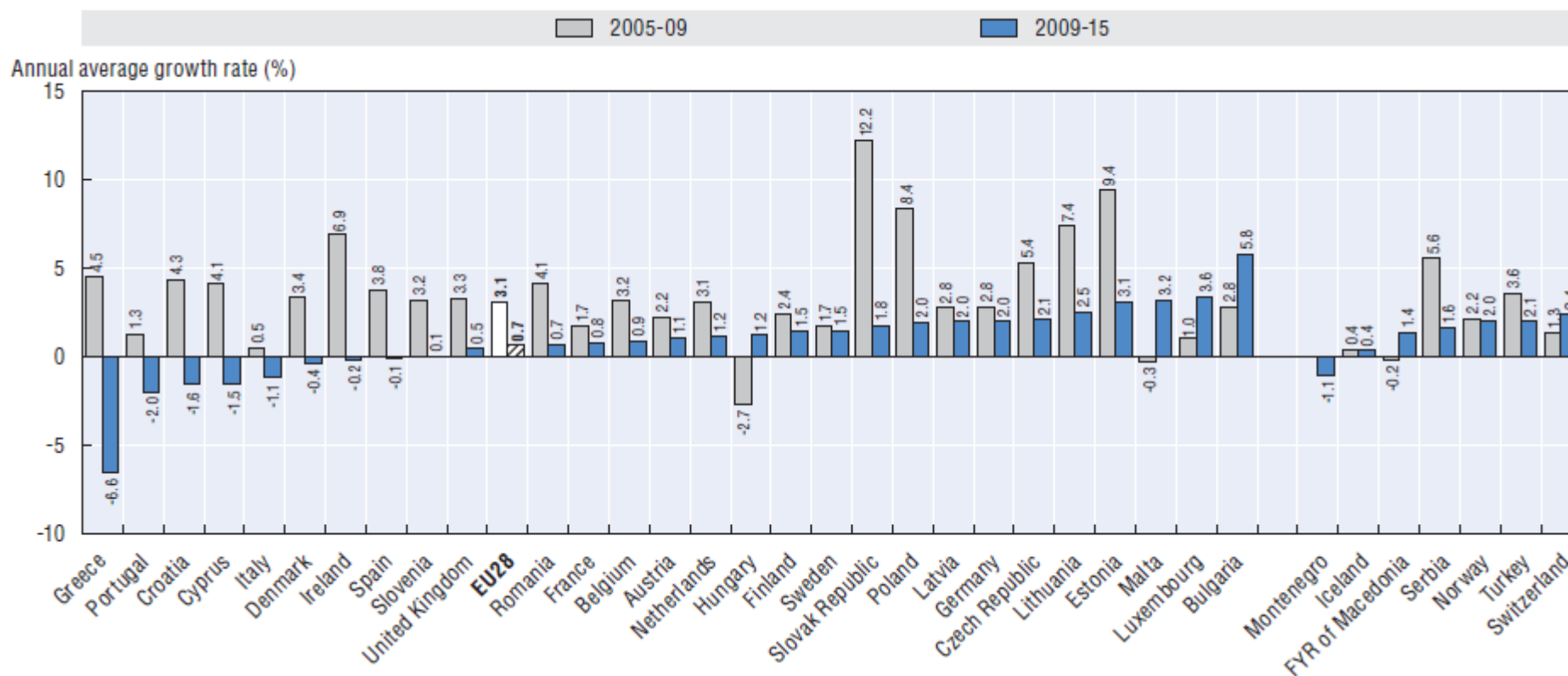
2. OECD estimate.

3. For Luxembourg, the population data refer only to the total insured resident population, which is somewhat lower than the total population.

Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database

Several European countries hard hit by the economic crisis have cut their health spending since 2009

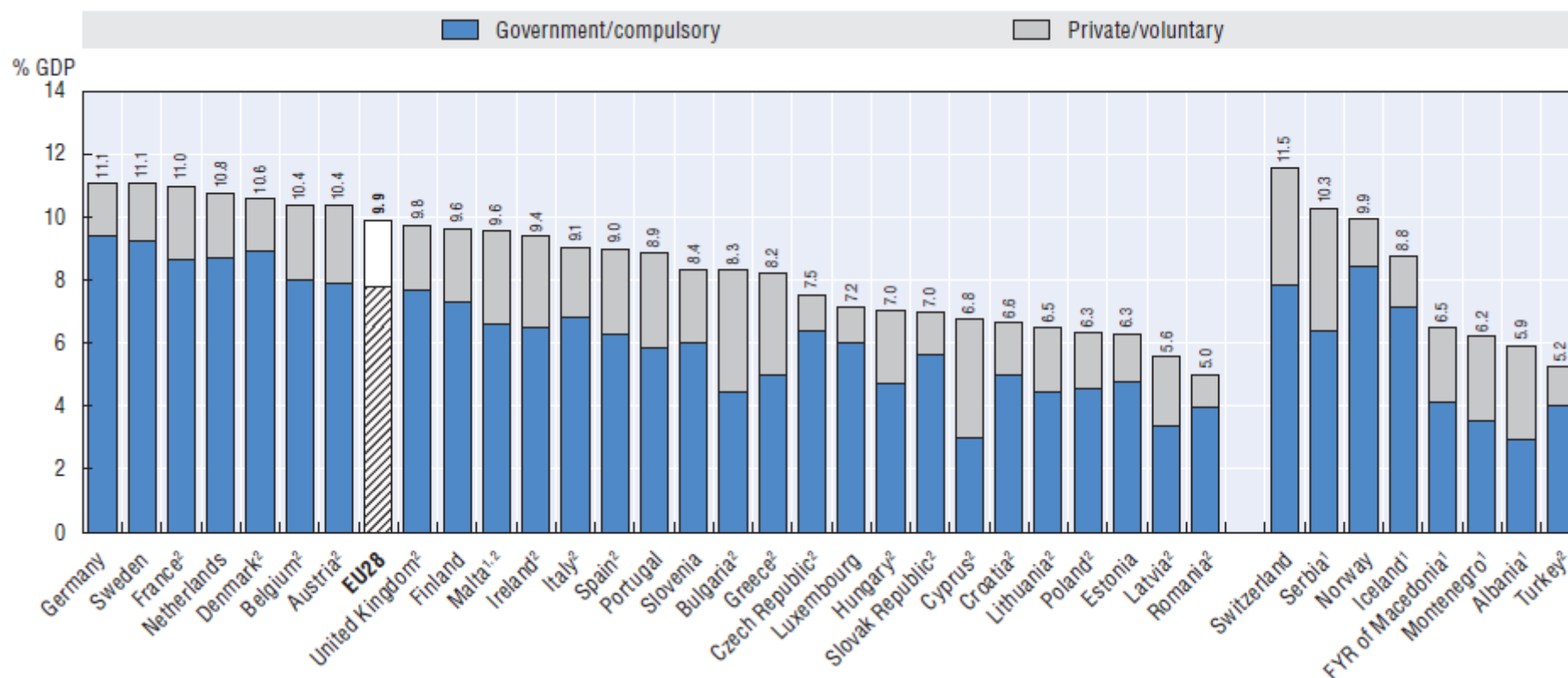
Annual average growth rate in per capita health expenditure, real terms, 2005 to 2015 (or nearest year)



Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database

Health spending accounts for nearly 10% of GDP in the EU; Germany, Sweden and France allocate 11% or more of their GDP to health spending

Health expenditure as a share of GDP, 2015 (or nearest year)



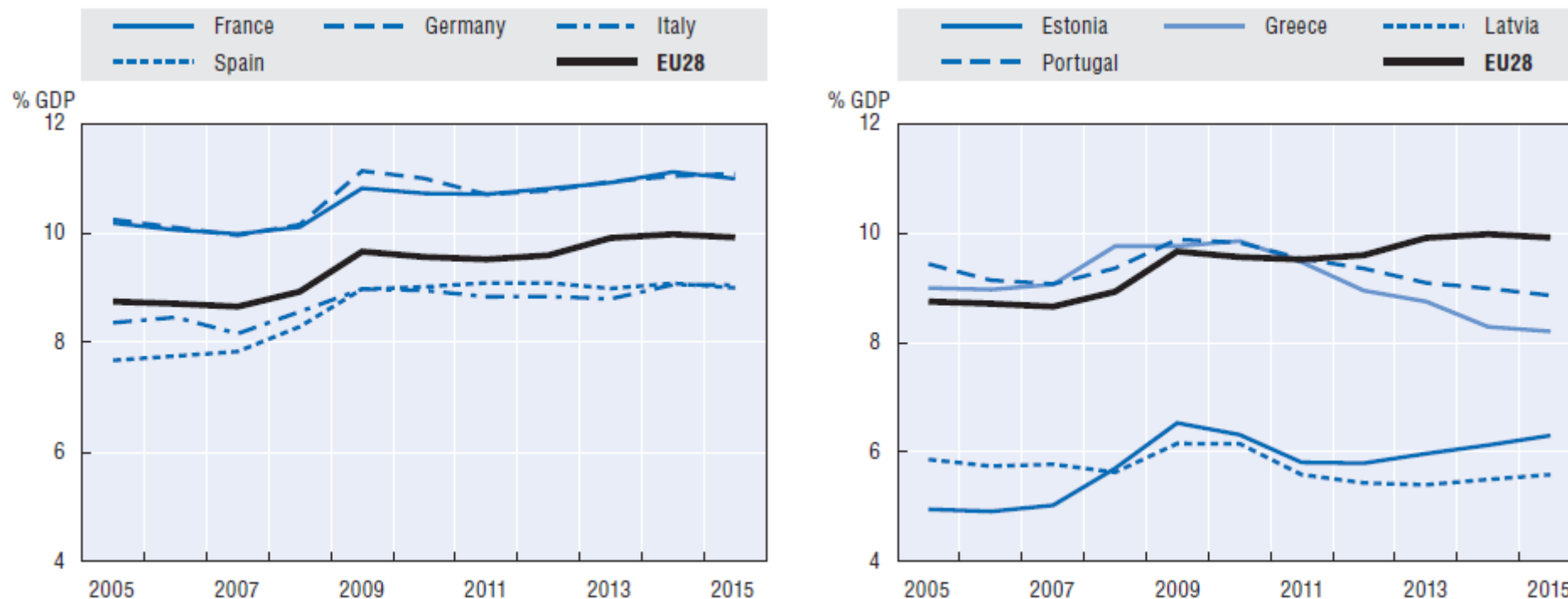
1. Includes investments.

2. OECD estimate.

Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database

In many countries, the share of GDP allocated to health has stabilised or decreased since 2009, as health spending grew in line with GDP or fell

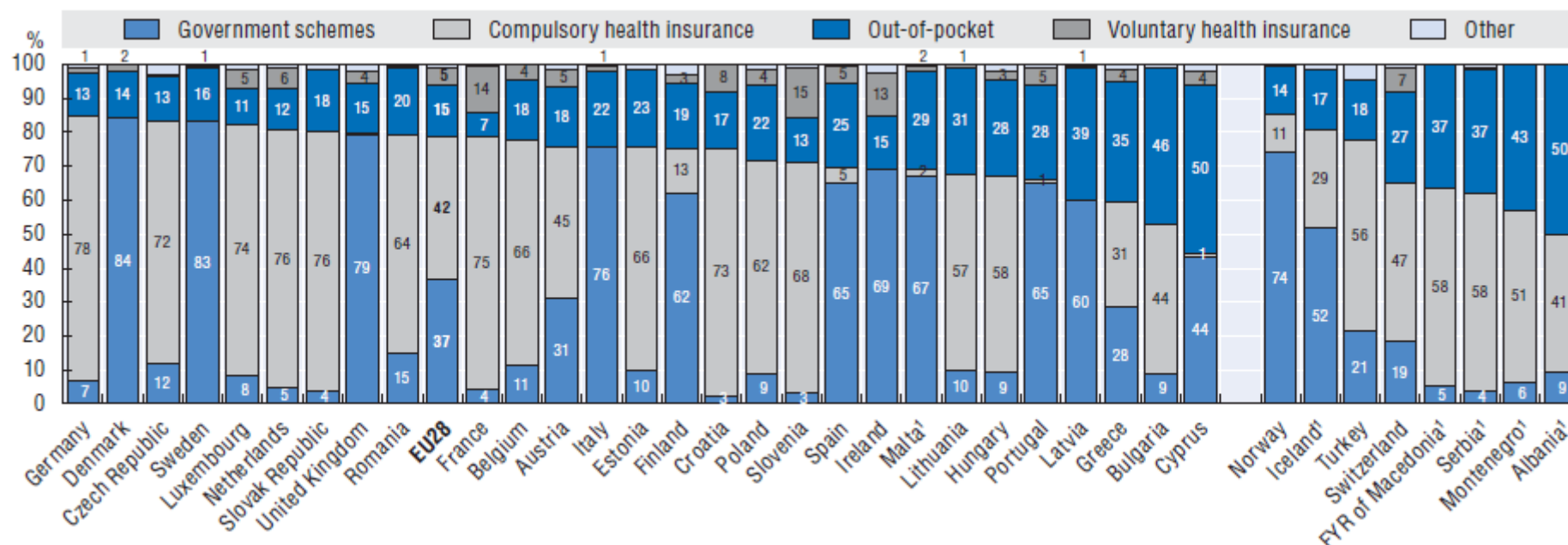
Health expenditure as a share of GDP, selected European countries, 2005-15



Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database

More than 75% of health spending is publicly financed on average across EU countries. Direct out-of-pocket payments account for 15% of the total, but represent a much greater share in some countries

Current health expenditure by type of financing, 2014

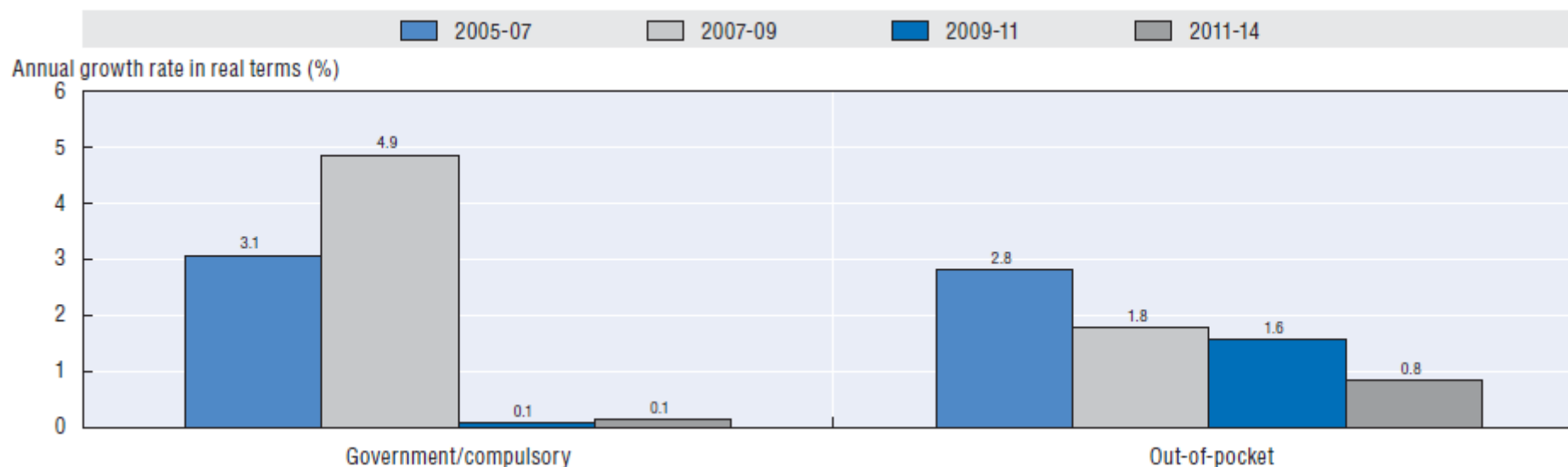


Note: Countries are ranked by government schemes and compulsory health insurance as a share of current health expenditure.
1. Includes investments.

Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database

Since 2009, direct out-of-pocket spending by households has grown more rapidly than public spending on average across EU countries

Growth of health spending by financing per capita, EU average, 2005-14



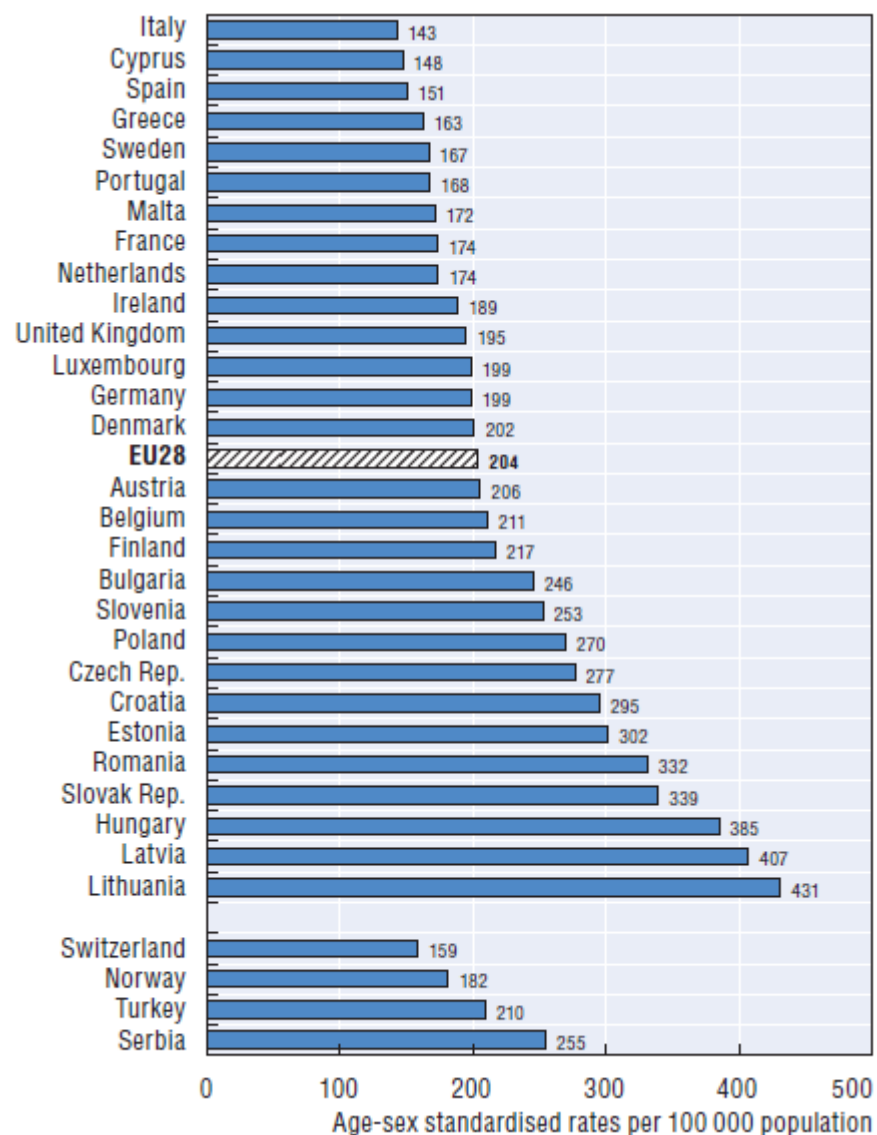
Source: *OECD Health Statistics 2016; Eurostat Database*

6. EFFECTIVENESS AND QUALITY OF CARE

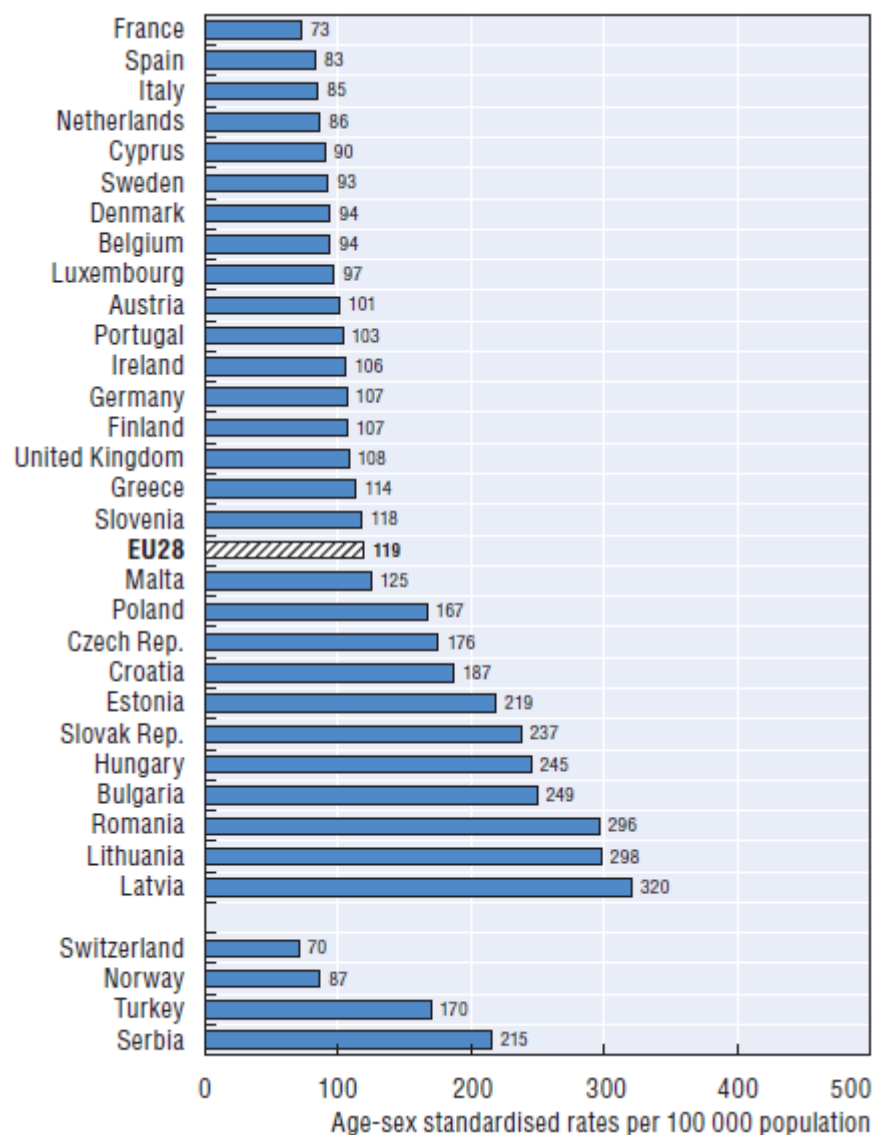
- Avoidable mortality (preventable and amenable)
- Acute care for life threatening conditions (cancers and heart attacks)
- Management of chronic diseases
- Prevention of communicable diseases

More than 1.2 million deaths could be avoided through better public health and prevention policies or more effective and timely health care

Preventable mortality rates, 2013



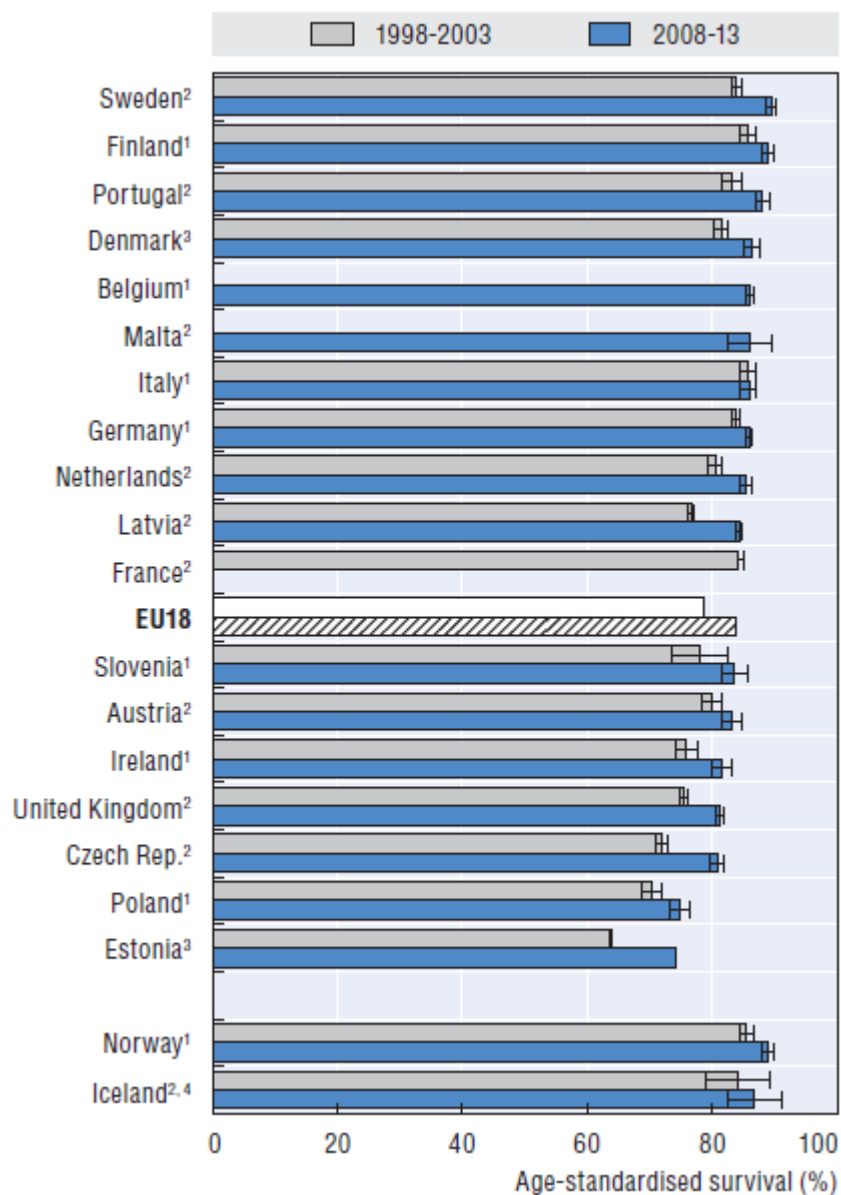
Amenable mortality rates, 2013



Source: Eurostat Database

Survival for breast cancer has increased in most countries, but remains lower in Estonia, Poland, the Czech Republic, the UK and Ireland

Breast cancer five-year relative survival, 1998-2003 and 2008-13 (or nearest periods)



Note: 95% confidence intervals represented by H. EU average unweighted.

1. Period analysis.

2. Cohort analysis.

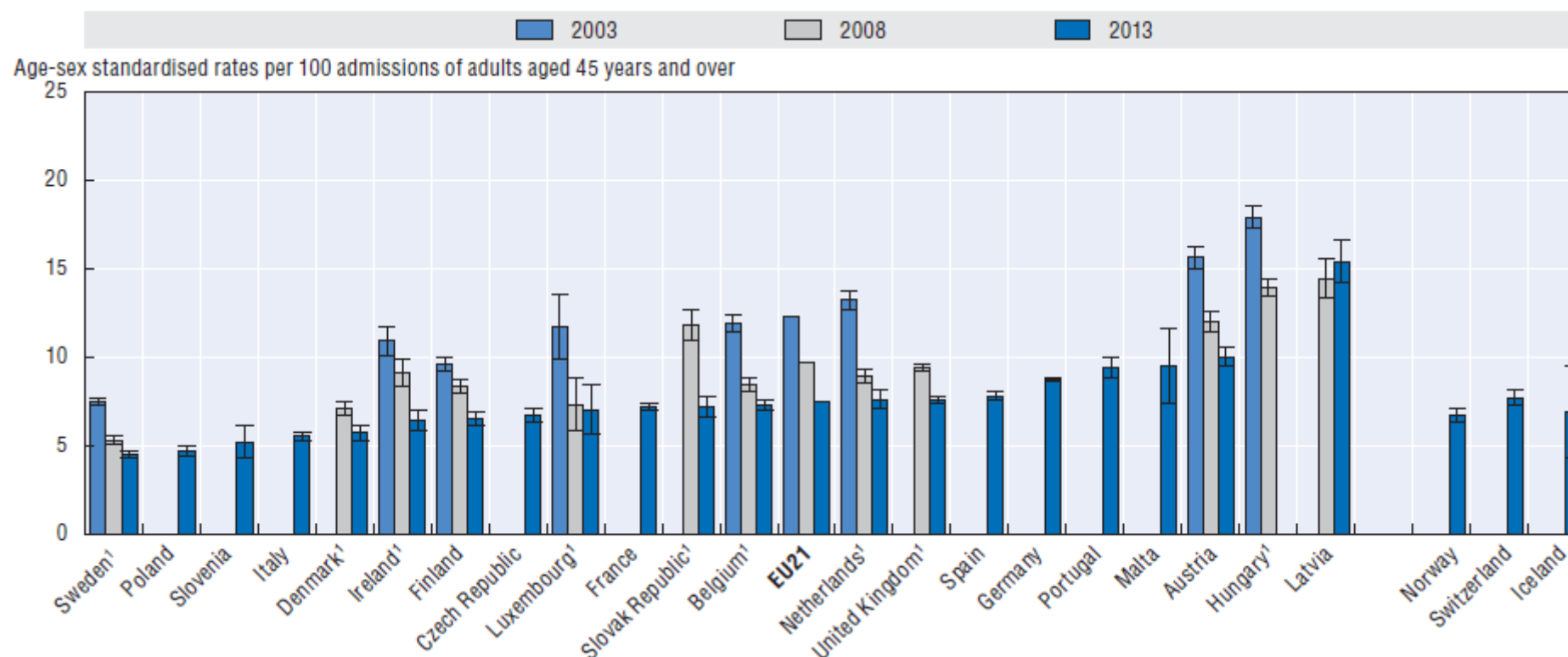
3. Different analysis methods used for different years.

4. Three-period average.

Source: *OECD Health Statistics 2016*

In-hospital mortality rates following heart attack have fallen in nearly all EU countries, reflecting improvements in acute care

Thirty-day mortality after admission to hospital for AMI based on admission data, 2003 to 2013 (or nearest years)

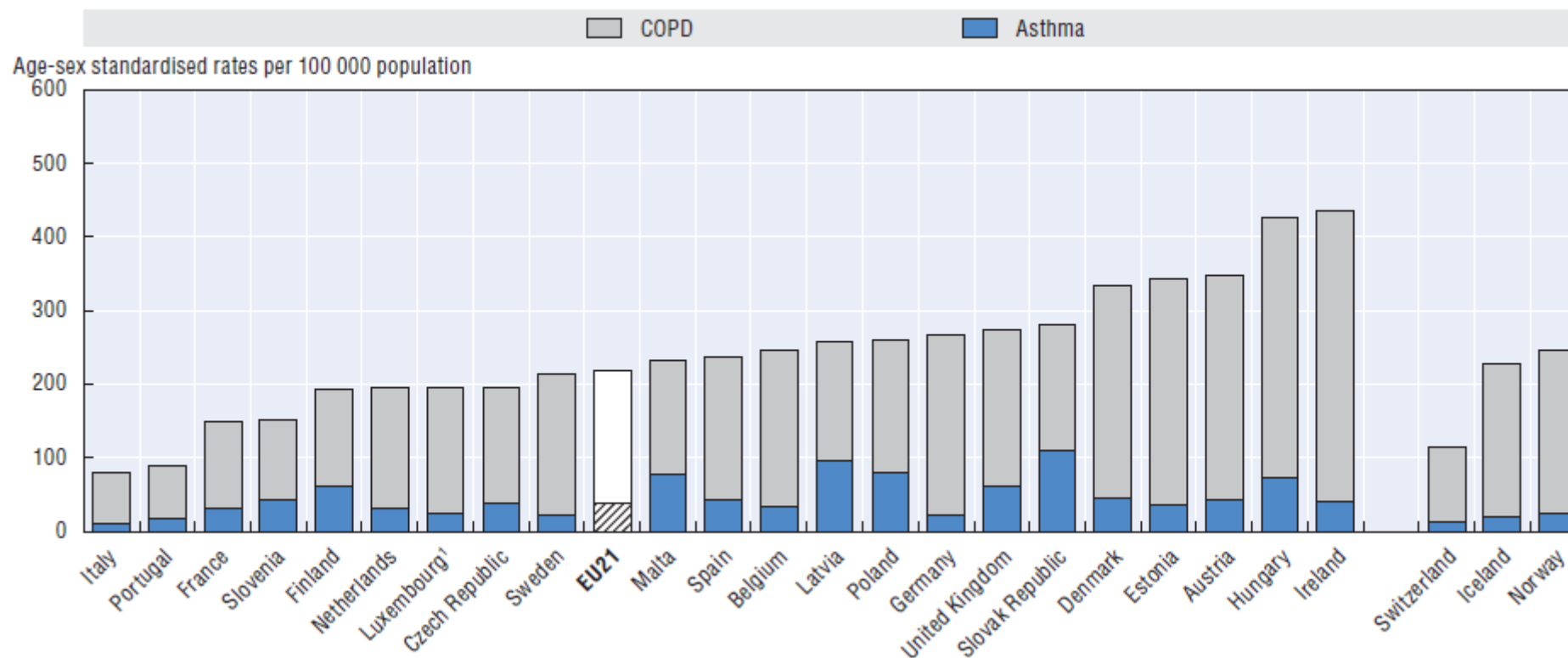


Note: 95% confidence intervals represented by H. Three-year average for Iceland and Luxembourg. EU average unweighted.
1. Admissions resulting in a transfer are included.

Source: *OECD Health Statistics 2016*

Treatment for chronic diseases is not optimal. Too many people are admitted to hospitals for asthma and COPD

Asthma and COPD hospital admission in adults, 2013 (or nearest year)

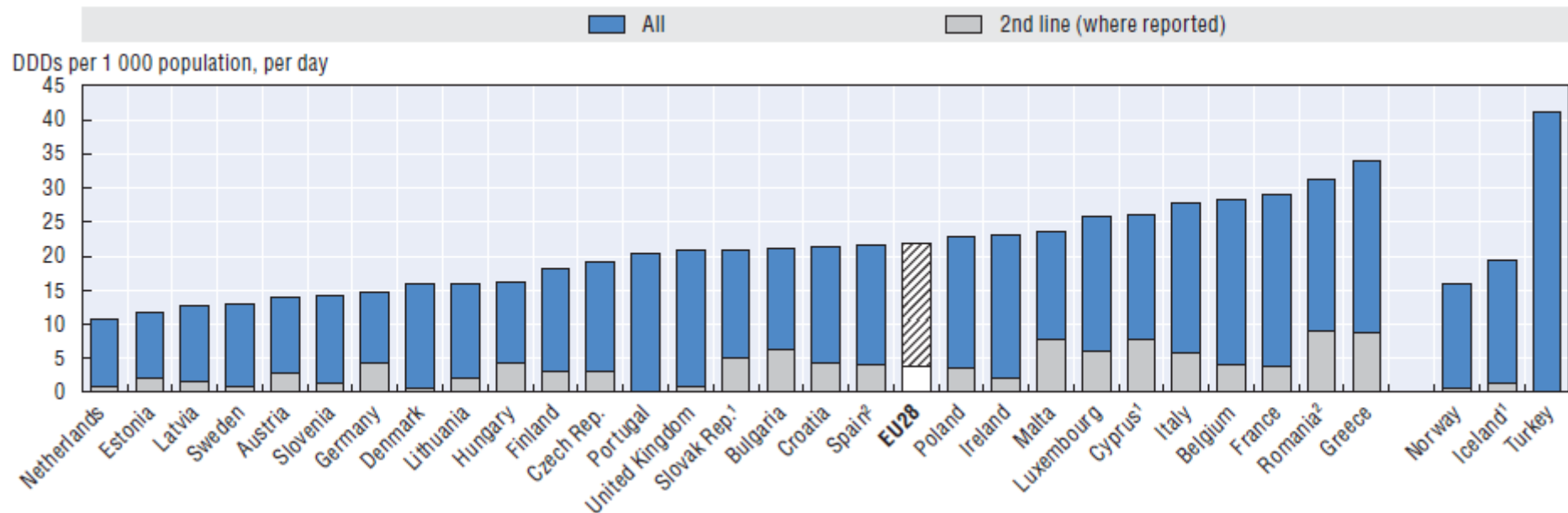


1. Three-year average.

Source: *OECD Health Statistics 2016*

Too many antibiotics are still prescribed, particularly in Greece, Romania, France, Belgium and Italy

Overall volume of antibiotics prescribed, 2014 (or nearest year)



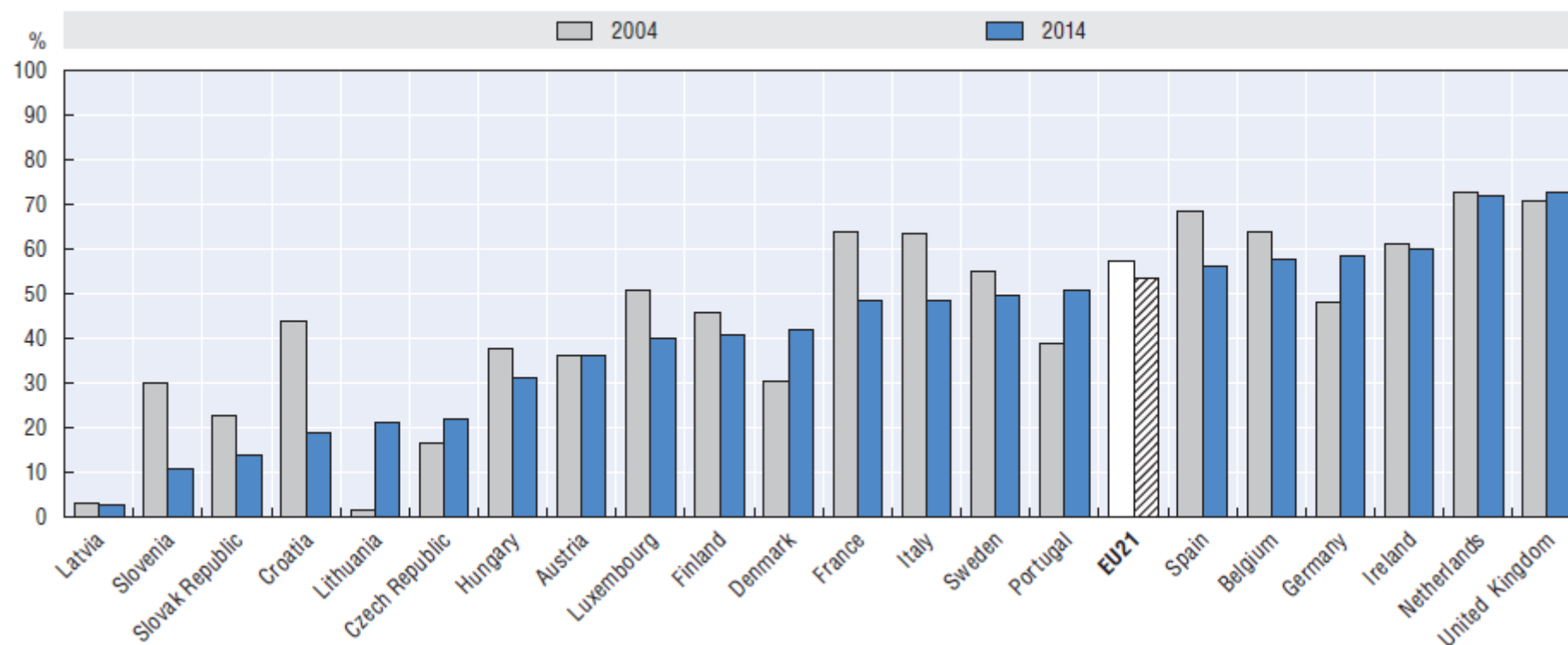
1. Data refer to all sectors (not only primary care).

2. Reimbursement data (not including consumption without a prescription and other non-reimbursed antibiotics).

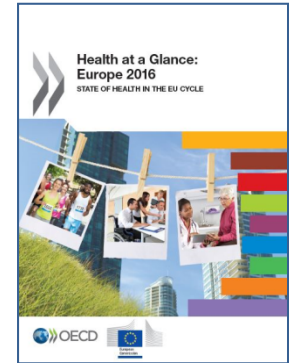
Source: *European Centre for Disease Prevention and Control (2016); OECD Health Statistics 2016*

Vaccination against influenza among people aged 65+ has fallen in many countries, increasing the risks of complications, hospitalisations and death

Influenza vaccination coverage, population aged 65 and over, 2004-14 (or nearest year)



Source: OECD Health Statistics 2016; Eurostat Database

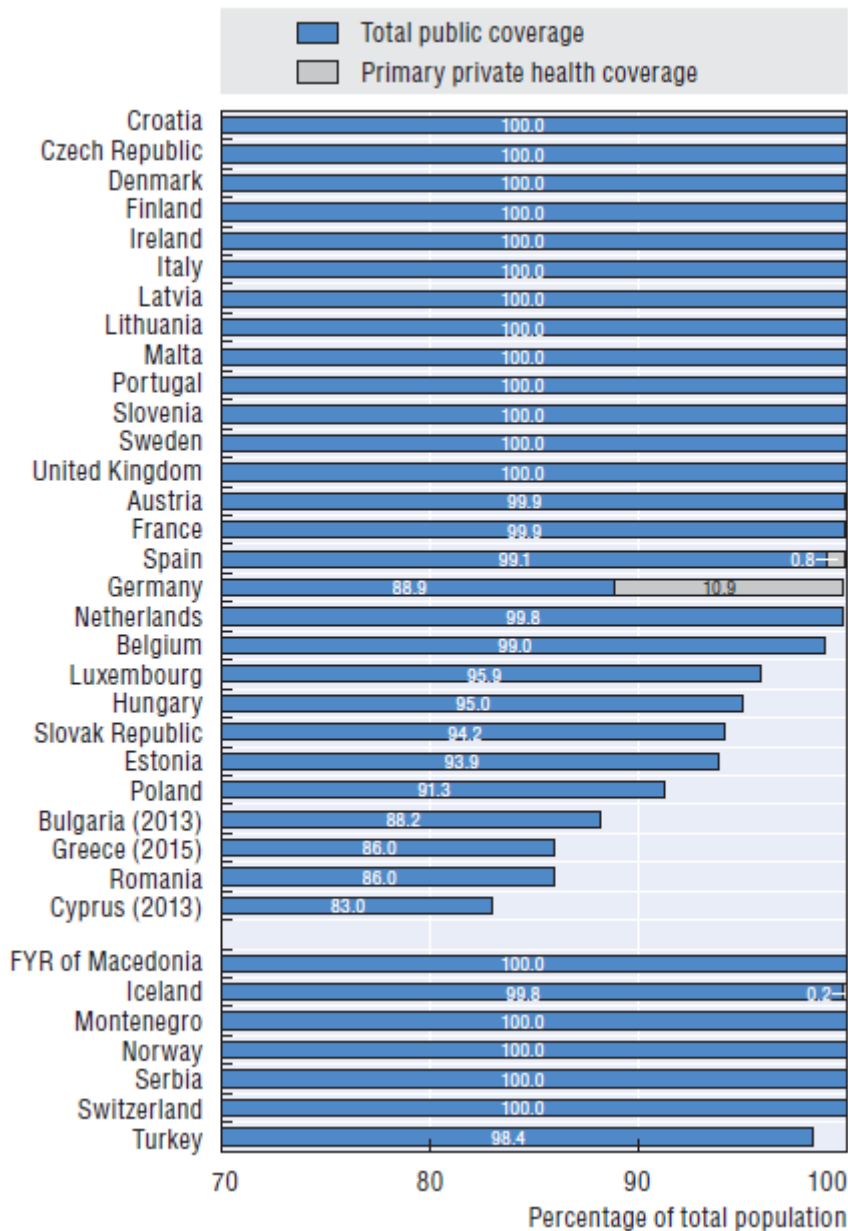


7. ACCESS TO CARE

- Financial barriers
- Supply of doctors and nurses
- Timely access (waiting times)

Most EU countries have universal (or near universal) health coverage, but Cyprus, Romania, Greece and Bulgaria have a large coverage gap

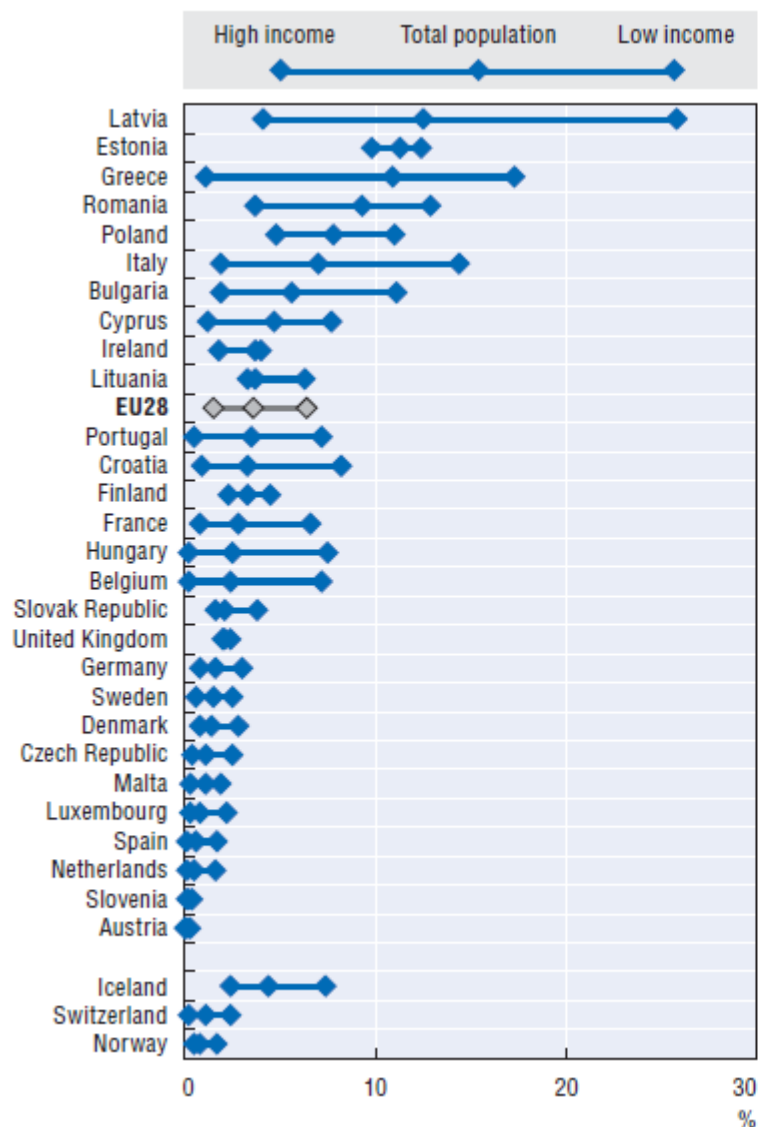
Health insurance coverage for a core set of services, 2014 (or nearest year)



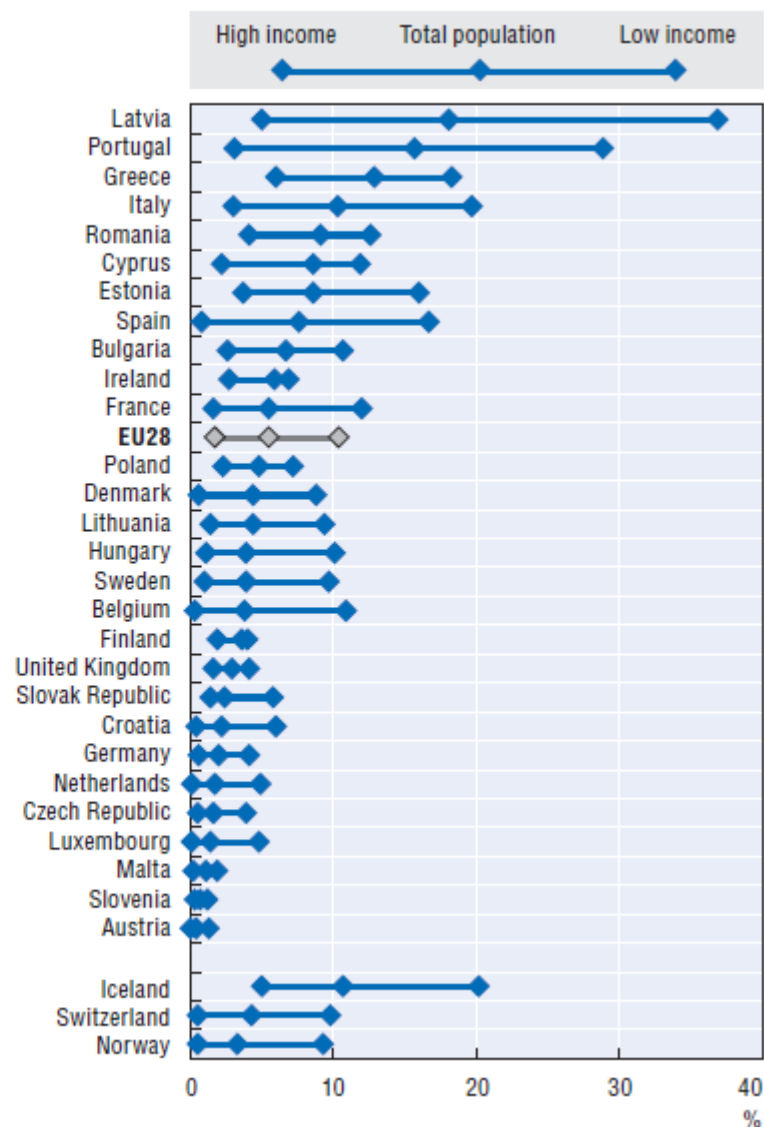
Source: *OECD Health Statistics 2016; European Observatory Health Systems in Transition (HiT) Series*

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, 2014



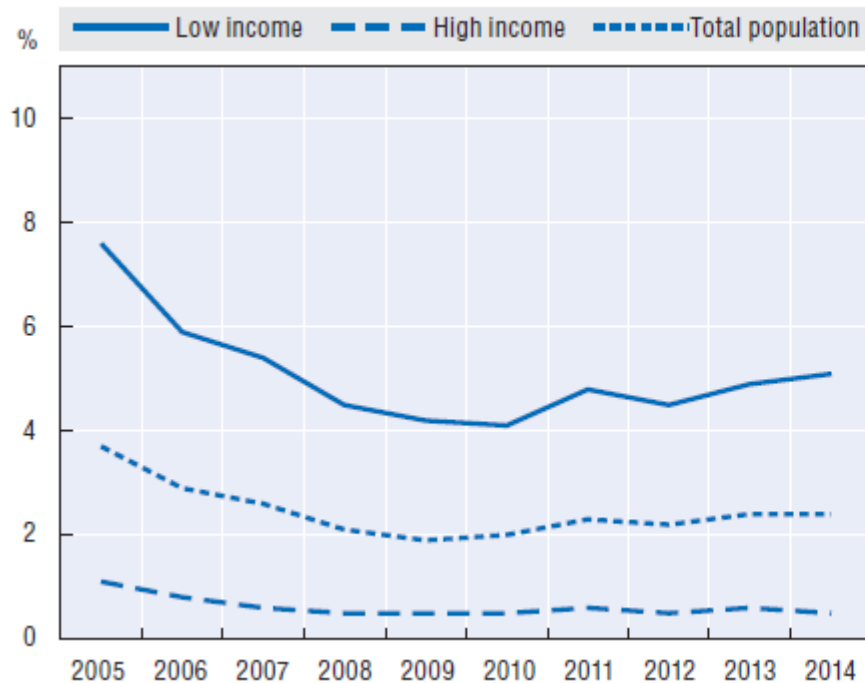
Unmet need for dental examination for financial, geographic or waiting times reasons, by income quintile, 2014



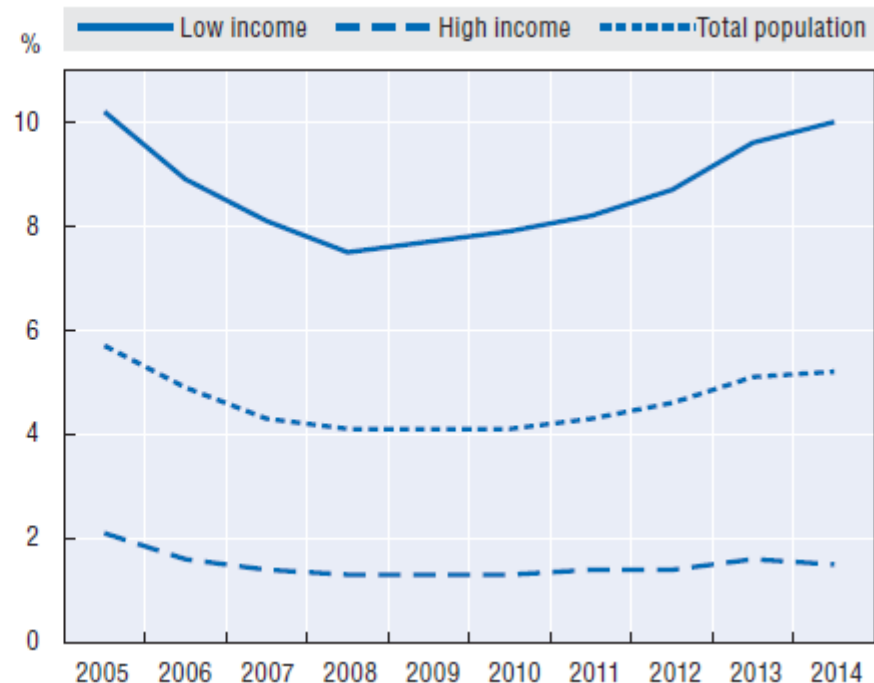
Source: Eurostat Database, based on EU-SILC

Unmet medical and dental care needs for financial reasons have increased following the economic crisis, particularly among poor people

Change in unmet medical care need for financial reasons, by income quintile, all EU countries, 2005 to 2014

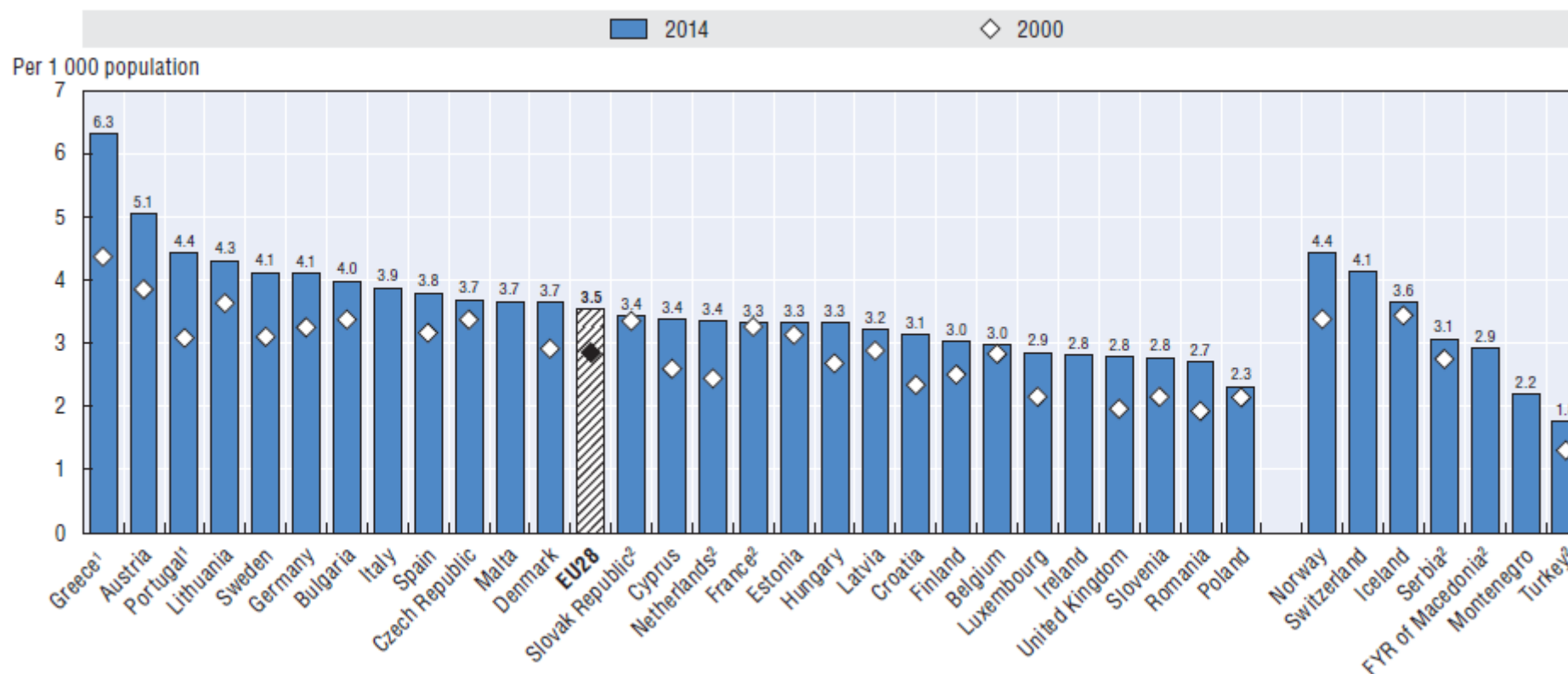


Change in unmet dental care need for financial reasons, by income quintile, all EU countries, 2005 to 2014



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

Practising doctors per 1 000 population, 2000 and 2014 (or nearest year)

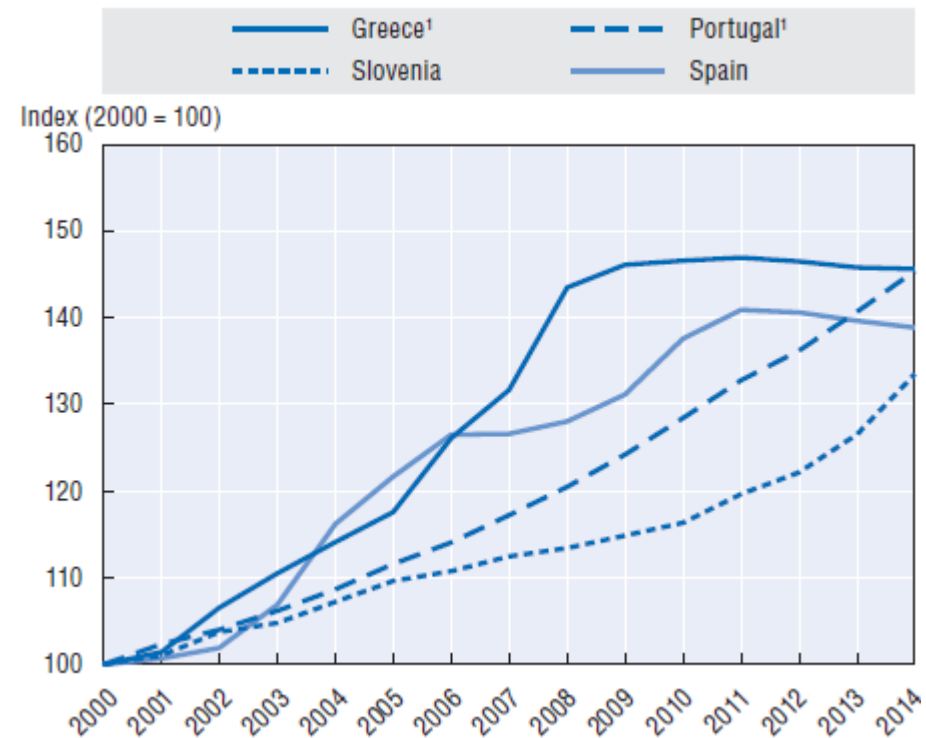
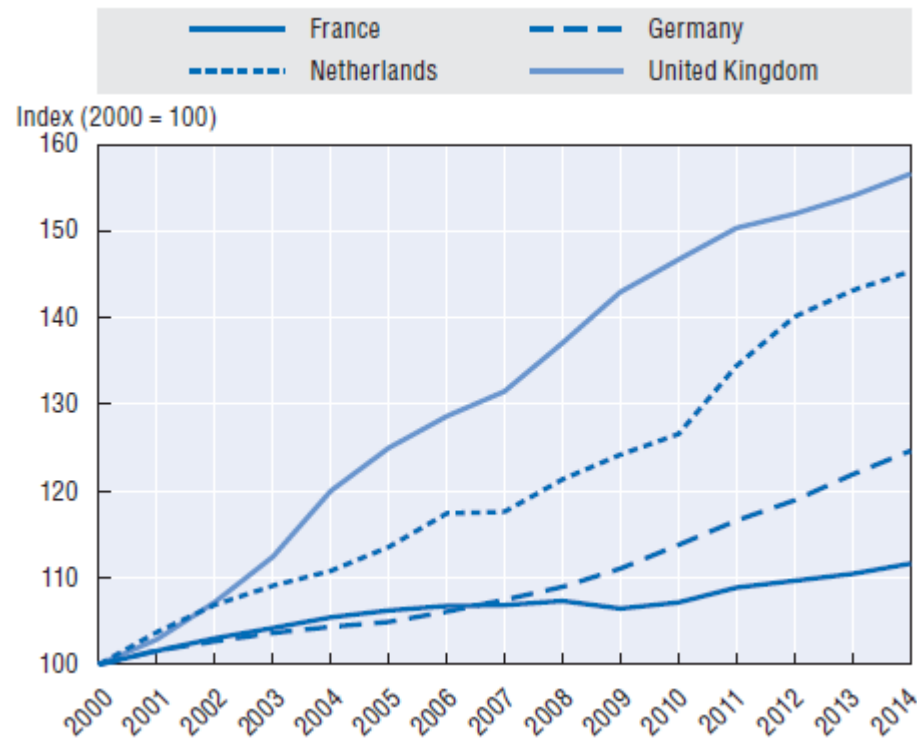


1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (around 30% in Portugal).
2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc.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

Source: OECD Health Statistics 2016; Eurostat Database

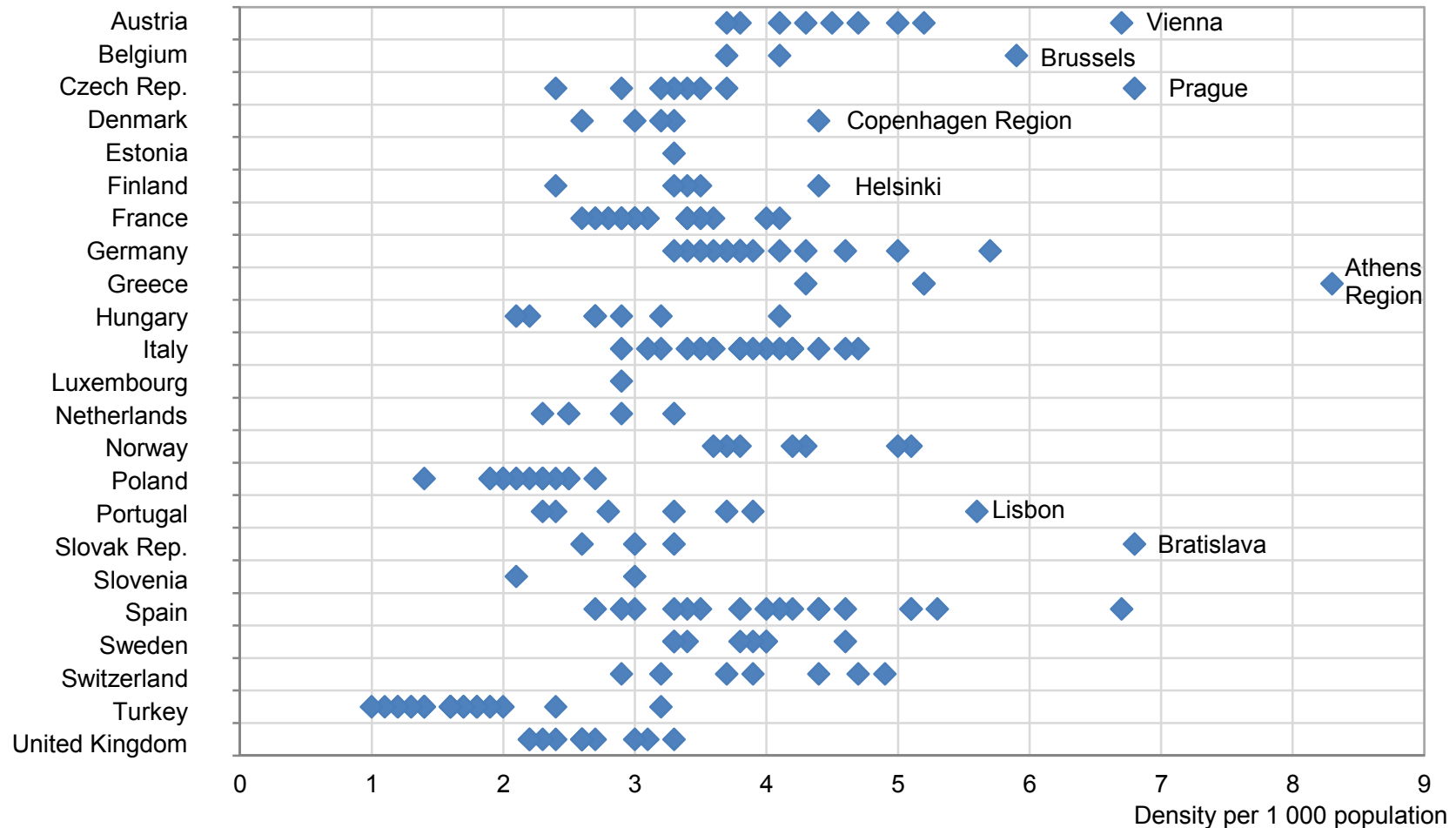
The number of doctors has continued to increase following the economic crisis in most countries, but at a slower rate in some cases

Evolution in the number of doctors, selected EU countries, 2000 to 2014 (or nearest year)



1. Data refer to doctors licensed to practice.

The number of doctors varies not only across countries but also across regions in each country, creating geographic barriers

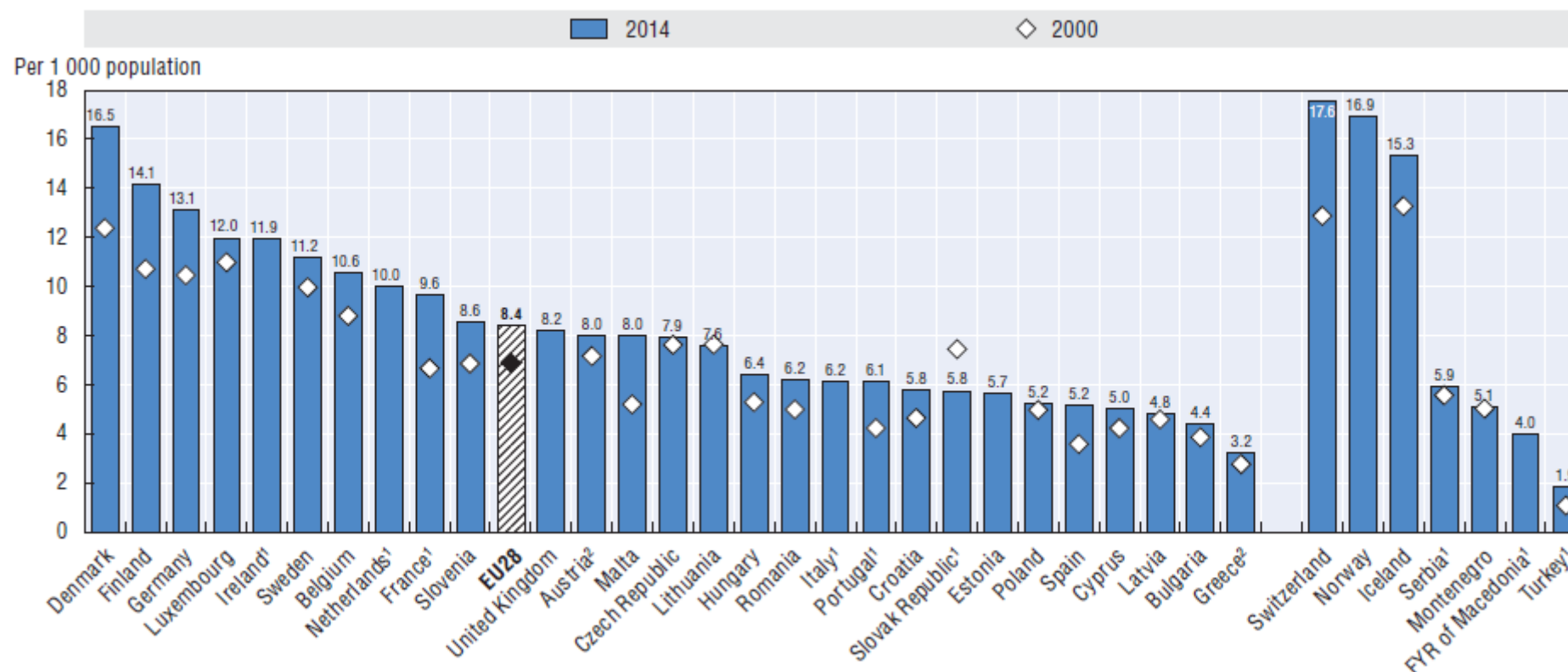


Note: In Greece and Portugal, data refer to all doctors licensed to practice.

Source: *Health at a Glance 2015: OECD Indicators*

The number of nurses per capita has increased in all EU countries since 2000, except in the Slovak Republic and Lithuania

Practising nurses per 1 000 population, 2000 and 2014 (or nearest year)



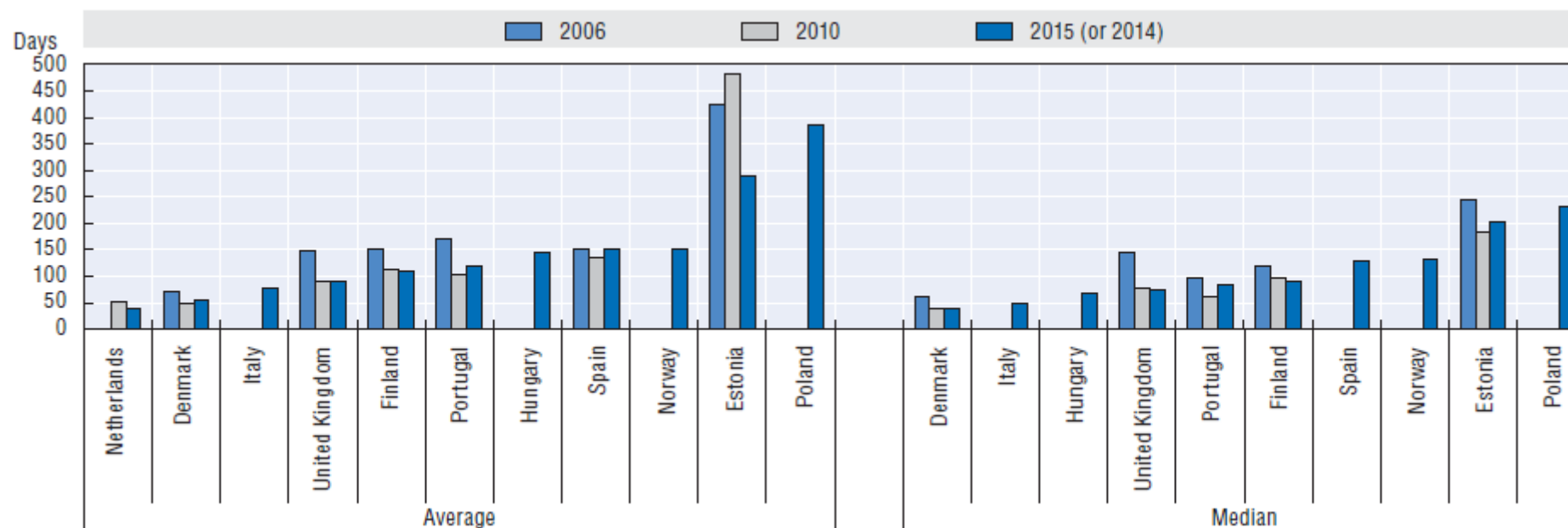
1. Data include not only nurses providing care for patients, but also those working as managers, educators, researchers, etc.

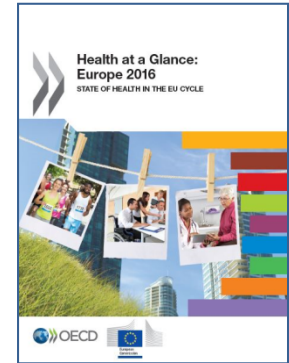
2. Austria and Greece report only nurses working in hospital.

Source: OECD Health Statistics 2016; Eurostat Database

Waiting times for hip replacement have decreased in some countries between 2006 and 2010, but have stabilised since then

Hip replacement, waiting times from specialist assessment to treatment, 2006 to 2014/15



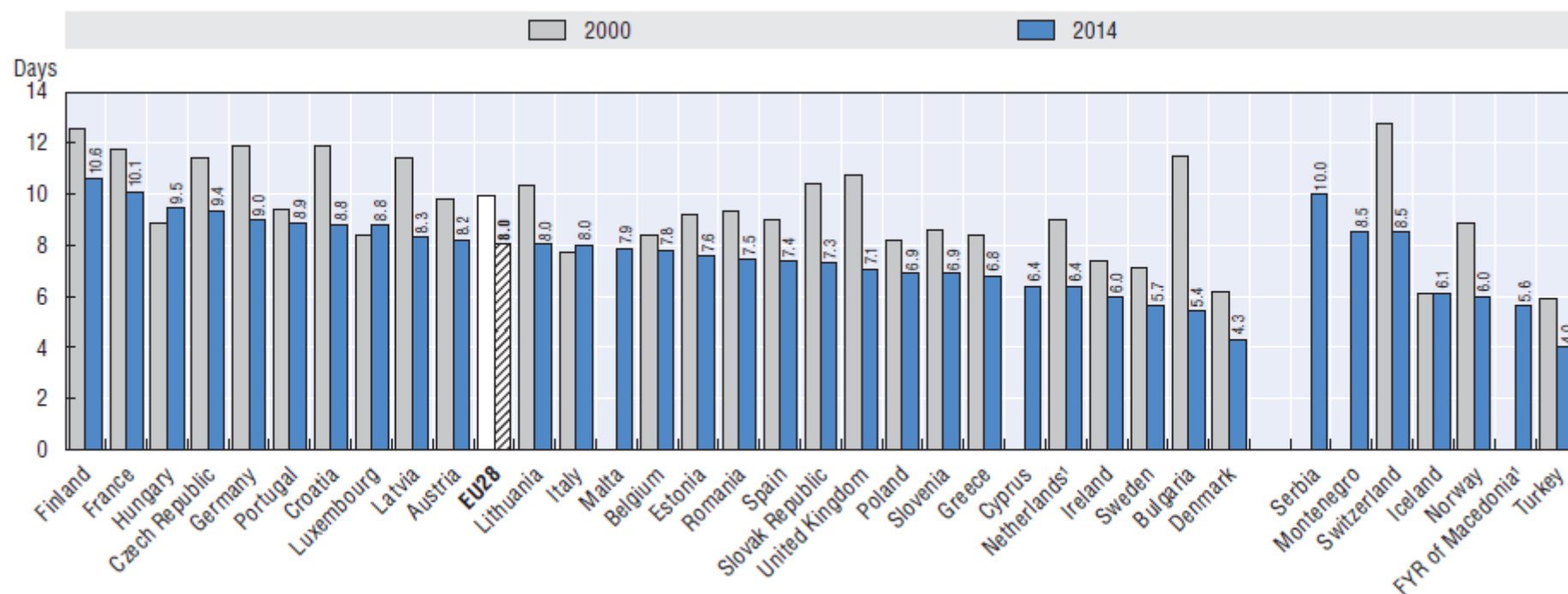


8. RESILIENCE, EFFICIENCY AND SUSTAINABILITY OF HEALTH SYSTEMS

- Efficiency in hospital and pharmaceutical spending
- Fiscal sustainability of health and long-term care

The average length of stay in hospital has fallen in nearly all EU countries, reflecting efficiency gains

Average length of stay in hospital, 2000 and 2014 (or nearest year)

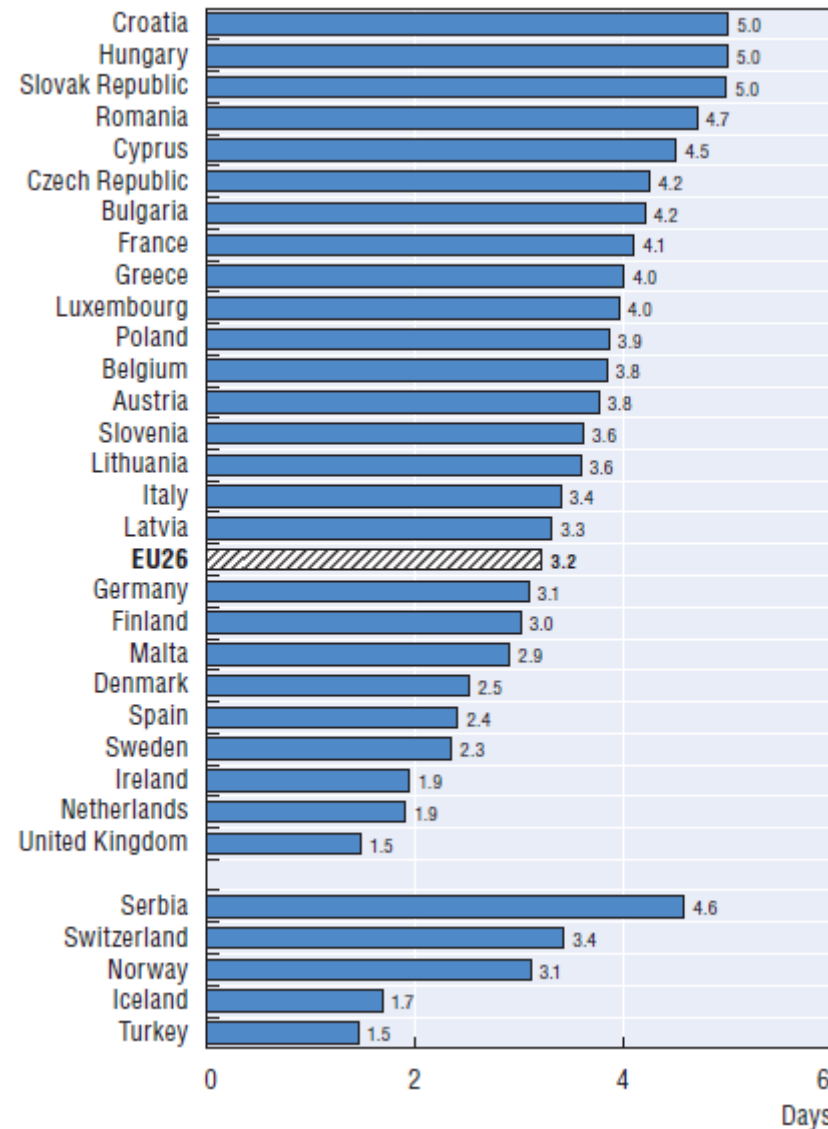


1. Data refer to average length of stay for curative (acute) care (resulting in an under-estimation).

Source: OECD Health Statistics 2016; Eurostat Database

The average length of stay for normal delivery has become shorter in all EU countries, but large variations remain

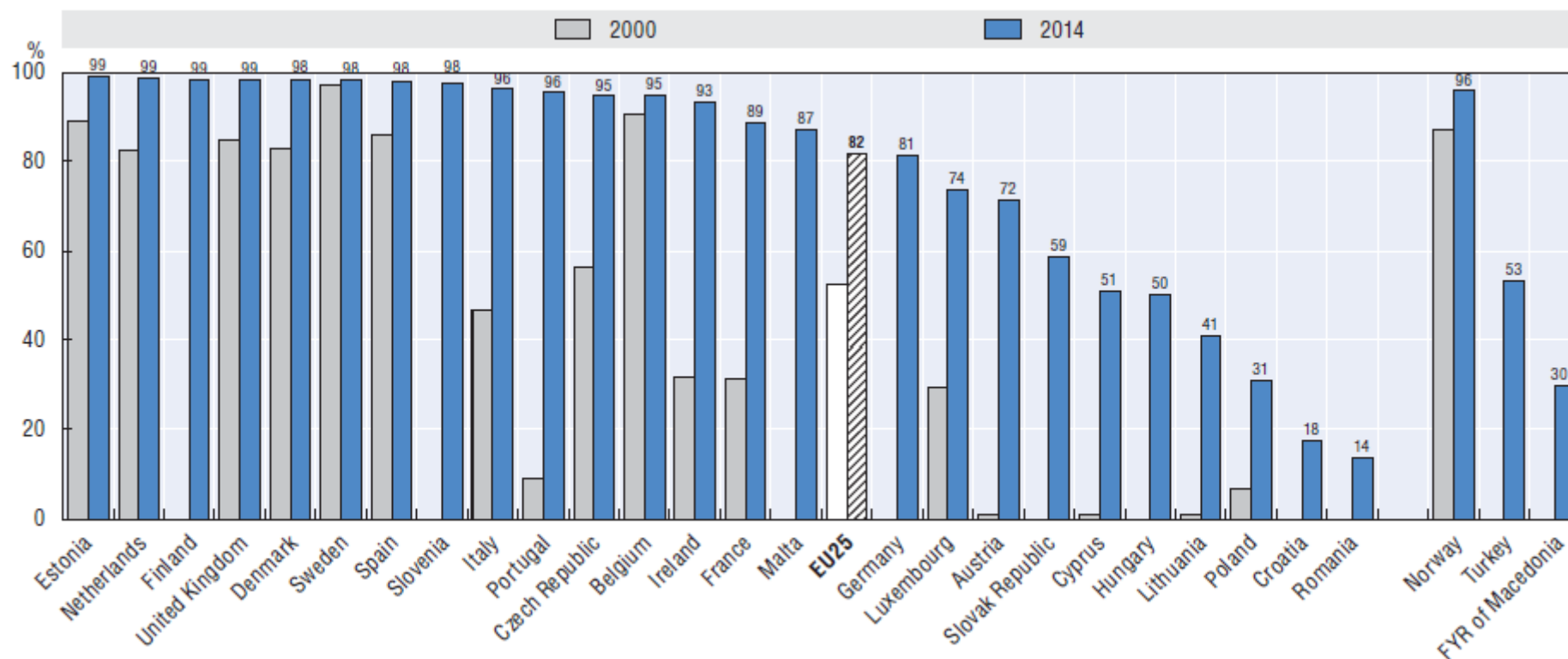
Average length of stay for normal delivery, 2014 (or nearest year)



Source: *OECD Health Statistics 2016; Eurostat Database*

The share of cataract surgeries performed as day cases has increased in all countries

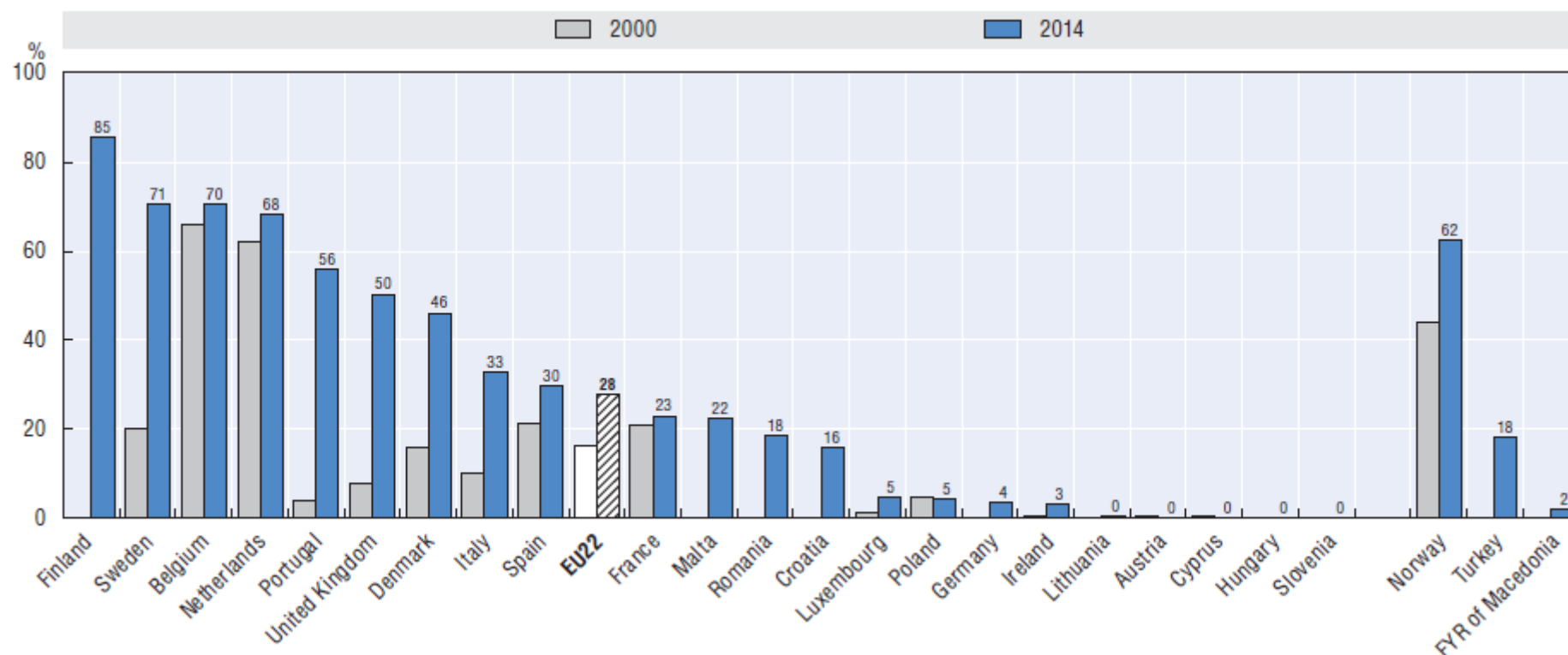
Share of cataract surgeries carried out as ambulatory cases, 2000 and 2014 (or nearest year)



Source: OECD Health Statistics 2016; Eurostat Database

But the share of tonsillectomy performed as day cases continues to vary widely

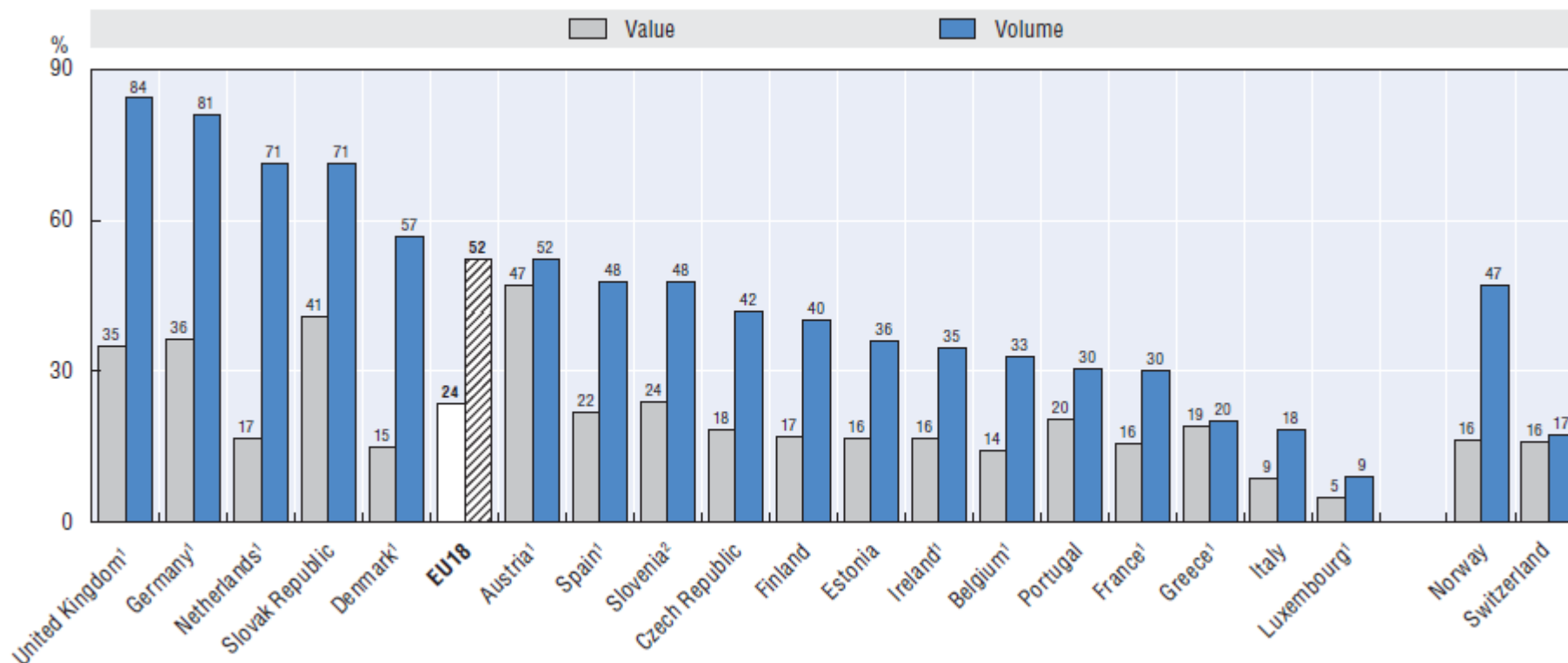
Share of tonsillectomy carried out as ambulatory cases, 2000 and 2014 (or nearest year)



Source: OECD Health Statistics 2016; Eurostat Database

The development of generics has improved efficiency in pharmaceutical spending, but several countries still lag behind

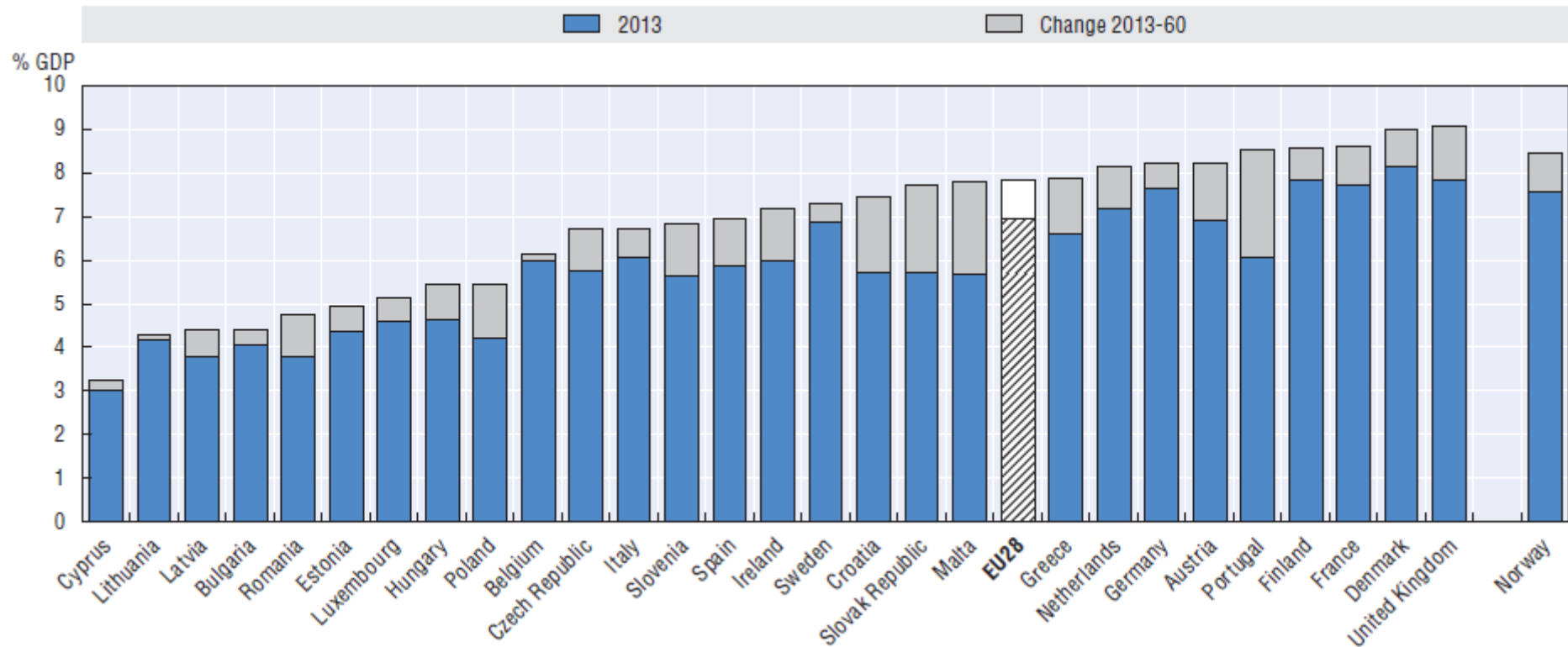
Share of generics in the total pharmaceutical market, 2014 (or nearest year)



- 1. Reimbursed pharmaceutical market.
- 2. Community pharmacy market.

Public spending on health care as a share of GDP is projected to grow in all countries over the coming decades

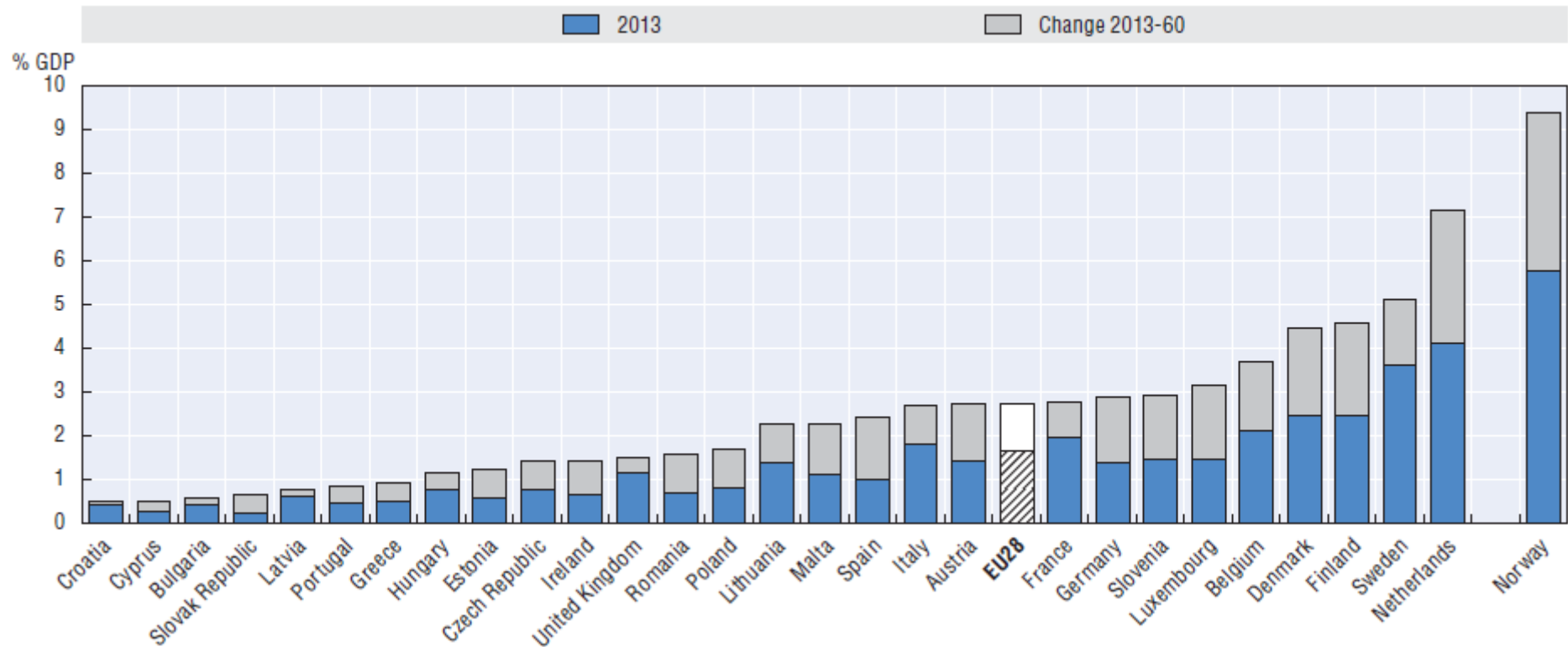
Public spending on health care as a percentage of GDP, 2013 to 2060
Baseline scenario



Source: EC and EPC (2015)

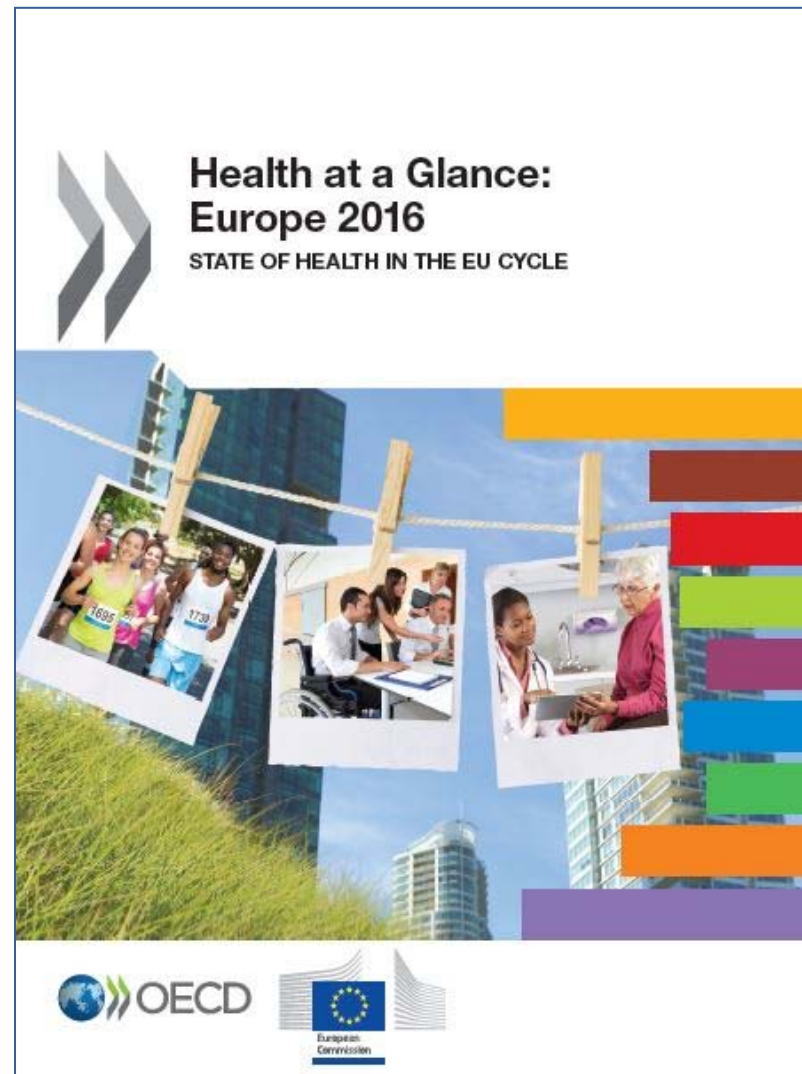
Public spending on long-term care as a share of GDP is also projected to grow over the coming decades due to population ageing

Public spending on long-term care as a percentage of GDP, 2013 to 2060
Baseline scenario



Source: EC and EPC (2015)

More information



<http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>

http://ec.europa.eu/health/state/glance/index_en.htm