



STATE OF HEALTH IN THE EU

Pooling expertise, strengthening knowledge

- EXECUTIVE SUMMARY -

Health at a Glance: Europe 2018 presents comparative analyses of the health status of EU citizens and the performance of the health systems of the 28 EU Member States, 5 candidate countries and 3 EFTA countries. It is the first step in the *State of Health in the EU* cycle of knowledge brokering. This publication has two parts. Part I comprises two thematic chapters, the first focusing on the need for concerted efforts to promote better mental health, the second outlining possible strategies for reducing wasteful spending in health. In Part II, the most recent trends in key indicators of health status, risk factors and health spending are presented, together with a discussion of progress in improving the effectiveness, accessibility and resilience of European health systems.

MAKING THE CASE FOR GREATER PRIORITY TO IMPROVING MENTAL HEALTH

- Mental health is critical to individual wellbeing, as well as social and economic participation. Yet, according to recent estimates, more than one in six people across EU countries had a mental health issue in 2016, equivalent to about 84 million people. Moreover, in 2015 the deaths of more than 84 000 people in EU countries were attributed to mental illness or suicide.

“The total costs of mental ill-health are estimated at more than 4% of GDP – or over EUR 600 billion – across the 28 EU countries”

- The economic and social costs of mental illness are substantial. The total costs of mental ill-health are estimated at more than 4% of GDP – or over EUR 600 billion – across the 28 EU countries. EUR 190 billion (or 1.3% of GDP) reflects direct spending on health care, another EUR 170 billion (1.2% of GDP) is spent on social security programmes, while a further EUR 240 billion (1.6% of GDP) represents indirect costs to the labour market due to lower employment and productivity.
- The heavy individual, economic and social burdens of mental illness are not inevitable. Many European countries have in place policies and programmes to address mental illness at different ages. However, much more can be done to manage and promote mental health.

REDUCING WASTEFUL SPENDING TO MAKE HEALTH SYSTEMS MORE EFFECTIVE AND RESILIENT

“Evidence from various countries suggests that up to one-fifth of health spending is wasteful and could be reallocated to better use”

- Wasteful spending occurs when patients receive unnecessary tests or treatments or when care could have been provided with fewer and less costly resources. Evidence from various countries suggests that as much as one-fifth of health spending is wasteful and could be reduced or eliminated without undermining quality of care. Reducing wasteful spending not only contributes to health system resilience, but helps achieve and maintain universal access to effective care.

- When it comes to hospitals, many admissions could be avoided with better management of chronic conditions in the community. Potentially avoidable admissions for conditions such as asthma and diabetes consume over 37 million bed days each year across the EU. Unnecessarily delayed discharges are also costly for hospitals, and many discharge-ready patients occupy beds that could be used for patients with greater needs.
- When it comes to pharmaceuticals, minimizing waste and optimizing the value derived from medicine spending are also critical to achieving efficient and sustainable health systems. A mix of policy levers can support this goal, including: (1) ensuring value for money in the selection and coverage, procurement and pricing of pharmaceuticals through Health Technology Assessment; (2) exploiting the potential savings from generics and biosimilars; (3) encouraging rational prescribing; and (4) improving patient adherence.

GAINS IN LIFE EXPECTANCY HAVE SLOWED IN MANY EU COUNTRIES, AND LARGE INEQUALITIES PERSIST

- While life expectancy increased by at least 2 to 3 years over the decade from 2001 to 2011 in all EU countries, the gains have slowed down markedly since 2011 in many countries particularly in Western Europe, increasing by less than ½ year between 2011 and 2016. This slowdown appears to have been driven by a slowdown in the rate of reduction of deaths from circulatory diseases and periodical increases in mortality rates among elderly people due partly to bad flu seasons in some years.

“People with a low level of education can expect to live six years less than those with a high level of education”

- Large disparities in life expectancy persist not only by gender, but also by socioeconomic status. On average across the EU, 30-year-old men with a low level of education can expect to live about 8 years less than those with a university degree (or the equivalent), while the ‘education gap’ among women is narrower, at about 4 years. These gaps largely reflect differences in exposure to risk factors, but also indicate disparities in access to care.

PUTTING A GREATER FOCUS ON PREVENTING RISK FACTORS

- While smoking rates in both children and adults have declined in most EU countries, about one-fifth of adults still smoke every day, and as many as one in four in countries with less advanced tobacco control policies.
- Alcohol control policies have reduced overall alcohol consumption in several countries, heavy alcohol consumption among adolescents and adults remains an important public health issue. In EU countries, nearly 40% of adolescents report at least one ‘binge drinking’ event in the preceding month, and more than 40% of young men aged 20-29 also report heavy episodic drinking.

“At least one in six adults are obese across EU countries, with wide disparities by socioeconomic status”

- The prevalence of obesity continues to increase among adults in most EU countries, with at least one in six defined as obese. Inequality in obesity remains marked: 20% of adults with a lower education level are obese compared with 12% of those with a higher education.

STRENGTHENING THE EFFECTIVENESS OF HEALTH SYSTEMS CAN REDUCE PREMATURE MORTALITY

“More than 1 200 000 deaths could have been avoided in EU countries in 2015 through better public health policies or more effective and timely health care”

- More than 1.2 million people in EU countries died in 2015 from diseases and injuries that could have been avoided either through stronger public health policies or more effective and timely health care.
- Vaccine-preventable diseases have resurged in some parts of Europe in recent years, pointing to the importance of promoting effective vaccination coverage for all children across all EU countries.
- It is estimated that 790 000 people in EU countries died prematurely in 2016 due to tobacco smoking, harmful consumption of alcohol, unhealthy diets and lack of physical activity.

- The quality of acute care for life-threatening conditions has improved in most countries over the past decade. Fewer people die following a hospital admission for acute myocardial infarction (a 30% reduction on average between 2005 and 2015) or stroke (a reduction of over 20% during this same period). However, wide disparities in the quality of acute care persist not only between countries but also between hospitals within each country.
- Remarkable progress has also been achieved in cancer management through the implementation of population-based screening programmes and the provision of more effective and timely care. Survival rates for various cancers have never been higher, yet there is still considerable room for further improvement in cancer management in many countries.

ENSURING UNIVERSAL ACCESS TO CARE IS CRITICAL TO REDUCING HEALTH INEQUALITIES

“Unmet health care needs are generally low in EU countries, but low-income households are five times more likely to report unmet needs than high-income households”

- Unmet health care needs are an important measure of accessibility. Recent survey data show that in most EU countries the share of the population reporting unmet care needs is generally low and has declined over the past ten years. Yet, low-income households are still five times more likely to report unmet care needs than high-income households, mainly for financial reasons.
- In addition to being affordable, health services must also be accessible when and where people need them. While the numbers of doctors and nurses in nearly all EU countries have increased over the past decade, shortages of general practitioners are common, particularly in rural and remote areas.
- Long waiting times for elective surgery is an important policy issue in many EU countries as it impedes timely access to care. In many of these countries, waiting times have worsened in recent years as the demand for surgery has increased more rapidly than the supply.

STRENGTHENING THE RESILIENCE OF HEALTH SYSTEMS

- Health systems need to respond more efficiently to changing health care needs driven by demographic changes and exploit more fully the potential of new digital technologies to strengthen prevention and care.
- In 2017, health spending accounted for 9.6% of GDP in the EU as a whole, up from 8.8% in 2008. Population ageing means not only that health care needs will increase in the future, but also that there will be increasing demand for long-term care. Indeed, spending on long-term care is expected to grow faster than spending on health care.

“New digital technologies have the potential to promote more healthy ageing and more people-centred care”

- New digital technologies offer great opportunities to promote healthy ageing and achieve more efficient and people-centred care. The use of Electronic Medical Records and ePrescribing is growing across EU countries, and growing numbers of EU residents use the internet to obtain health information and access health services, although there are disparities by age and socioeconomic groups.
- Population ageing requires profound transformations in health systems, from a focus on acute care in hospitals to more integrated and people-centred care in the community. Many EU countries began this transformation over a decade ago – for example by reducing hospital capacity and average length of stay, and strengthening community care - but the process still requires ongoing, long-term effort.

MONITORING AND IMPROVING THE STATE OF HEALTH IN THE EU

Health at a Glance: Europe 2018 is the result of ongoing and close collaboration between the OECD and the European Commission to improve country-specific and EU-wide knowledge on health issues as part of the Commission's *State of Health in the EU* cycle.

In 2016, the European Commission launched the *State of Health in the EU* cycle to assist EU Member States in improving the health of their citizens and the performance of their health systems. *Health at a Glance: Europe* is the first product of the two-year cycle, presenting every even-numbered year extensive data and comparative analyses that can be used to identify both the strengths and the opportunities for improvement in health and health systems.

The second step in the cycle is the *Country Health Profiles* for all EU countries. The next edition of these profiles will be published in 2019 jointly with the European Observatory on Health Systems and Policies, and will highlight the particular characteristics and challenges for each country. After a *Companion Report* that the European Commission presents along with the profiles, the final step in the cycle is a series of *Voluntary Exchanges* with Member States. These are opportunities to discuss in more detail some of the challenges and potential policy responses.

Info: ec.europa.eu/health/state.