

Improving public health and the performance of health care systems is a key priority across EU countries. One approach to assess the general effectiveness of public health programmes and health care policies, in achieving their objective of improving health outcomes, is through measuring potentially avoidable mortality. This term refers to deaths that might either be avoided through effective preventive strategies or through the provision of high-quality care. Better prevention and health care policies should be reflected in lower numbers of both preventable deaths and deaths amenable to health care.

The data presented in this section are based on the two lists of preventable and amenable mortality that have been adopted by Eurostat in 2014 (see the box on definition and comparability). The overall number of avoidable deaths across the 28 EU countries, accounting for the fact that some causes of death are deemed to be both preventable and amenable to health care, was 1.2 million in 2013 (Eurostat, 2016). This includes close to 1 million deaths that might have been prevented through more effective public health and prevention policies (preventable deaths) and over 0.6 million deaths that might have been avoided through the provision of timely and effective health care (amenable deaths).

Figure 6.1 shows that there are large variations across countries in rates of preventable mortality, with a three-fold difference between Italy with the lowest rates (143 per 100 000 population) and Lithuania with the highest (431 per 100 000 population). Cyprus and Spain also reported low rates while Latvia and Hungary were the next highest after Lithuania. The average across EU countries was 204 deaths per 100 000 population, nearly two times greater than for amenable mortality.

Figure 6.2 shows the rates of amenable mortality which are lower than those for preventable mortality in all countries, due to the inclusion of a narrower range of causes of death that are deemed to be amenable to treatment once established. Amenable mortality ranged from 73 deaths per 100 000 population in France up to 320 deaths per 100 000 in Latvia. The low rate of amenable mortality in France can be largely attributed to a low rate of death from ischemic heart diseases. These diseases are the leading cause of amenable mortality on the Eurostat list, accounting for nearly one-third of total amenable mortality. Spain and Italy also have relatively low rates of amenable mortality (85 or under per 100 000 population), while Lithuania and Romania have rates more than two times the EU average of 119.

Figure 6.3 shows the relative proportion of preventable and amenable mortality by cause across all EU countries. Ischaemic heart disease made up the highest proportion of both indicators accounting for 32% of amenable mortality and 19% of preventable mortality. Cerebrovascular diseases (16%) and colorectal cancer (12%) were other important causes in amenable mortality, while lung cancer (17%) and accidental injury (12%) were leading causes in preventable mortality.

Because these indicators include a wide range of causes of death, lowering avoidable mortality means implementing wide-reaching strategies including both public health and health care policies. While improvements in policy can be effective in reducing avoidable mortality, their effects are not likely to be seen immediately. This is often the case with preventable mortality as public health interventions may only show results years after their implementation.

### Definition and comparability

Avoidable mortality refers to amenable and preventable deaths and these are separately defined (Eurostat, 2016) as follows:

- A death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause could be avoided by public health interventions in the broadest sense.
- A death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause could be avoided through optimal quality health care.

The two lists of diseases and conditions included in preventable and amenable mortality were constructed by a specific Task Force composed of health experts convened by Eurostat. These two lists specify age limits and reflect current medical knowledge, technology, and understanding of the determinants of health at the time of death and as such may be subject to future changes. While the main age limit is set at 74 years, for certain deaths the age limit is lower due to uncertainties in the treatment of the diseases. For example, if an individual aged below 50 years suffers from diabetes, then timely health care is more likely to prevent diabetes-related mortality than for someone over 50 years old.

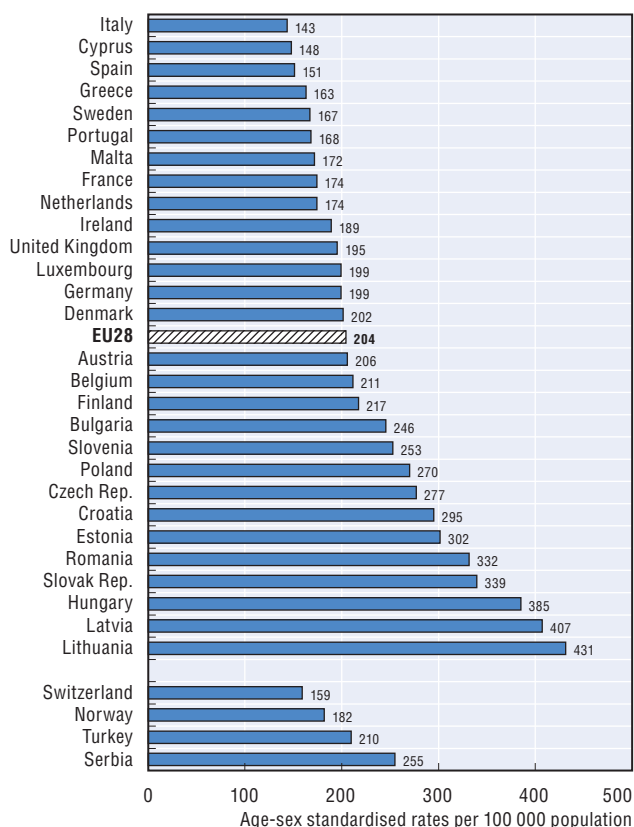
A number of causes of death are counted in both preventable and amenable mortality as they are deemed to be potentially prevented through public health measures or medical treatment. These include ischemic heart diseases and other important diseases such as breast cancer, which are considered to be 100% preventable and 100% amenable to medical care. This “double counting” of conditions means that the sum of amenable and preventable deaths is larger than the total number of avoidable deaths.

While avoidable mortality indicators are not definite measures of the quality of the health care in a country, they can provide some indication for the quality and performance of health care and the broader public health policies of a country (Eurostat, 2016).

### References

- Eurostat (2016), *Amenable and Preventable Deaths Statistics*, Eurostat Statistics Explained, May.
- OECD (2011), “Mortality Amenable to Health Care in 31 OECD Countries: Estimates and Methodological Issues”, *OECD Health Working Papers*, No. 55, OECD Publishing, Paris, <http://dx.doi.org/10.1787/5kgj35f9f8s2-en>.

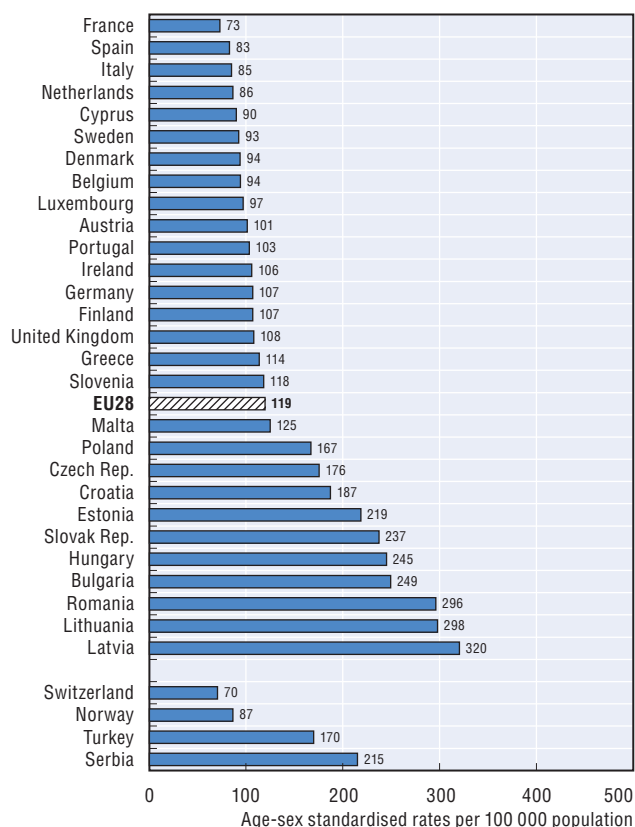
6.1. Preventable mortality rates, 2013



Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933429364>

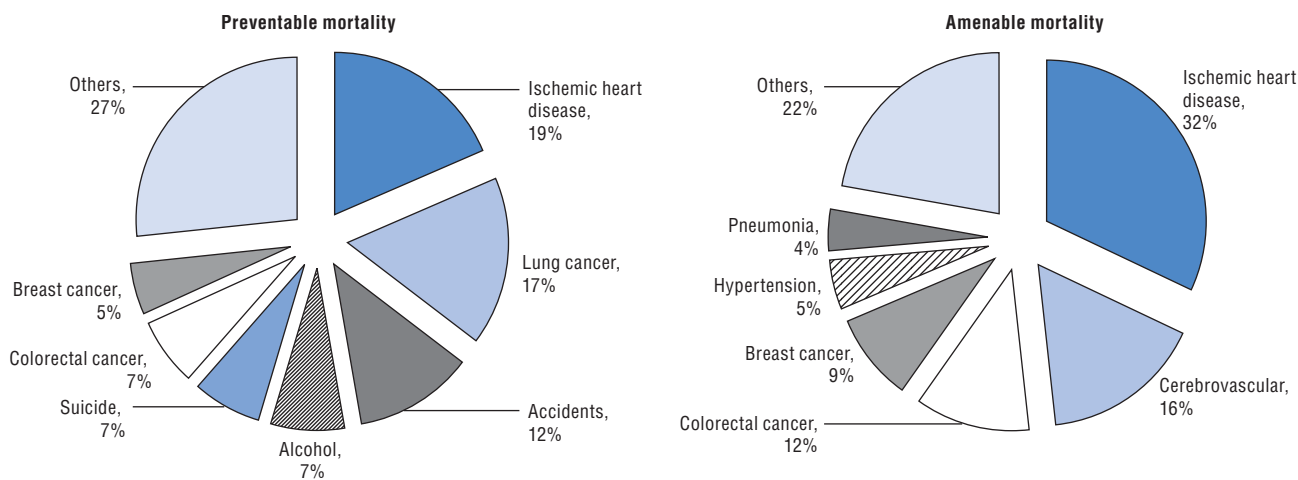
6.2. Amenable mortality rates, 2013



Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933429376>

6.3. Leading causes of preventable and amenable mortality in the European Union, 2013



Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933429387>



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