

## Avoidable mortality (preventable and treatable)

Indicators of avoidable mortality offer a general “starting point” to assess the effectiveness of public health and healthcare systems in reducing deaths from various diseases and injuries. Avoidable mortality includes both preventable deaths that can be avoided through effective public health and prevention interventions, and treatable deaths that can be avoided through timely and effective healthcare interventions. COVID-19 is categorised as a preventable disease in the “infectious diseases” category, on the basis that most deaths could be prevented through measures such as vaccination and the use of protective equipment.

Across 26 OECD countries with available data for 2020 or 2021, over 3 million premature deaths among people aged under 75 years could have been avoided through better prevention and healthcare interventions. This amounts to almost one-third of all deaths. Of these, about 2.1 million were considered preventable through effective primary prevention and other public health measures, and almost 1 million were considered treatable through more effective and timely healthcare interventions.

Infectious diseases were the main cause of preventable mortality in 2021 (22% of all preventable deaths). Noting that this category only accounted for 2% of preventable deaths in 2019, the increase is strongly associated with COVID-19. Some cancers that are preventable through public health measures were also among the main causes of preventable mortality in 2021. Other major causes were injuries, such as road accidents and suicide (17%); heart attack, stroke and other circulatory diseases (16%); alcohol and drug-related deaths (13%); and some respiratory diseases such as influenza and COPD (6%) (Figure 3.7).

The main treatable cause of mortality in 2021 was circulatory diseases (mainly heart attack and stroke), which accounted for 37% of premature deaths amenable to treatment. Effective, timely treatment for cancer, such as colorectal and breast cancers, could have averted a further 23% of all deaths from treatable causes. Respiratory diseases such as pneumonia and asthma (11%), as well as diabetes and other diseases of the endocrine system (10%) are other major causes of premature death that are amenable to treatment (Figure 3.7).

The average age-standardised mortality rate from preventable causes was 158 deaths per 100 000 people across OECD countries. It ranged from under 100 per 100 000 in Israel, Japan, Italy, Iceland, Switzerland, Sweden, Australia and Korea, to over 300 in Mexico, Latvia and Lithuania (Figure 3.8). Preventable mortality was also high in accession and partner countries Peru and South Africa. Higher rates of premature death in these countries were mainly due to COVID-19, but also due to higher mortality from ischaemic heart disease, accidents and alcohol-related deaths, as well as endocrine and metabolic diseases in Mexico.

Mortality rates from treatable causes across OECD countries were much lower, at an average of 79 per 100 000 population. They ranged from fewer than 50 deaths per 100 000 people in Switzerland, Luxembourg, Korea, Australia, the Netherlands, Japan and Iceland to over 150 in Mexico, Latvia and Lithuania.

Ischaemic heart diseases, stroke, and some types of treatable cancers (including colorectal, cervix uteri and breast cancers) were the main drivers in the countries with the highest rates. Treatable mortality was also high in Mexico (which had high rates of mortality from diabetes in addition to the other main drivers), and in accession and partner countries South Africa, Bulgaria and Romania.

### Definition and comparability

Based on the 2022 OECD/Eurostat definitions, preventable mortality is defined as causes of death among people aged under 75 years that can be mainly avoided through effective public health and primary prevention interventions (i.e. before the onset of disease/injury, to reduce incidence). Treatable (or amenable) mortality is defined as causes of death that can be mainly avoided through timely and effective healthcare interventions, including secondary prevention and treatment (i.e. after the onset of disease, to reduce case fatality).

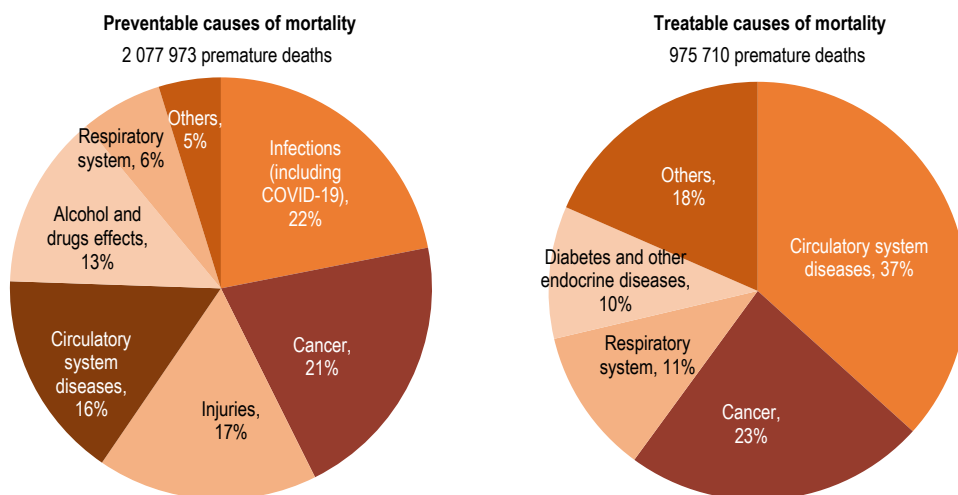
The two current lists of preventable and treatable mortality were adopted by the OECD and Eurostat in 2022. The attribution of each cause of death to the preventable or treatable mortality category was based on the criterion of whether it is predominantly prevention or healthcare interventions that can reduce it. Causes of death that can be both largely prevented and treated once they have occurred were attributed to the preventable category on the rationale that if these diseases are prevented, there would be no need for treatment. In cases when there was no strong evidence of predominance of preventability or treatability (as with ischaemic heart disease, stroke and diabetes), the causes were allocated on a 50:50 basis to the two categories to avoid double-counting of the same cause of death in both lists. The age threshold of premature mortality is set at 74 years for all causes. COVID-19 was categorised as a preventable disease, as most deaths can be prevented through prophylaxis, such as vaccination or use of protective facemasks (OECD/Eurostat, 2019<sup>[1]</sup>).

Data come from the WHO Mortality Database, and the mortality rates are age-standardised to the 2015 OECD population (available at <http://oe.cd/mortality>).

### References

- OECD/Eurostat (2019), “Avoidable mortality: OECD/Eurostat lists of preventable and treatable causes of death”, OECD, Paris, <http://www.oecd.org/health/health-systems/Avoidable-mortality-2019-Joint-OECD-Eurostat-List-preventable-treatable-causes-of-death.pdf>. [1]

Figure 3.7. Main causes of avoidable mortality across 26 OECD countries, 2020/21

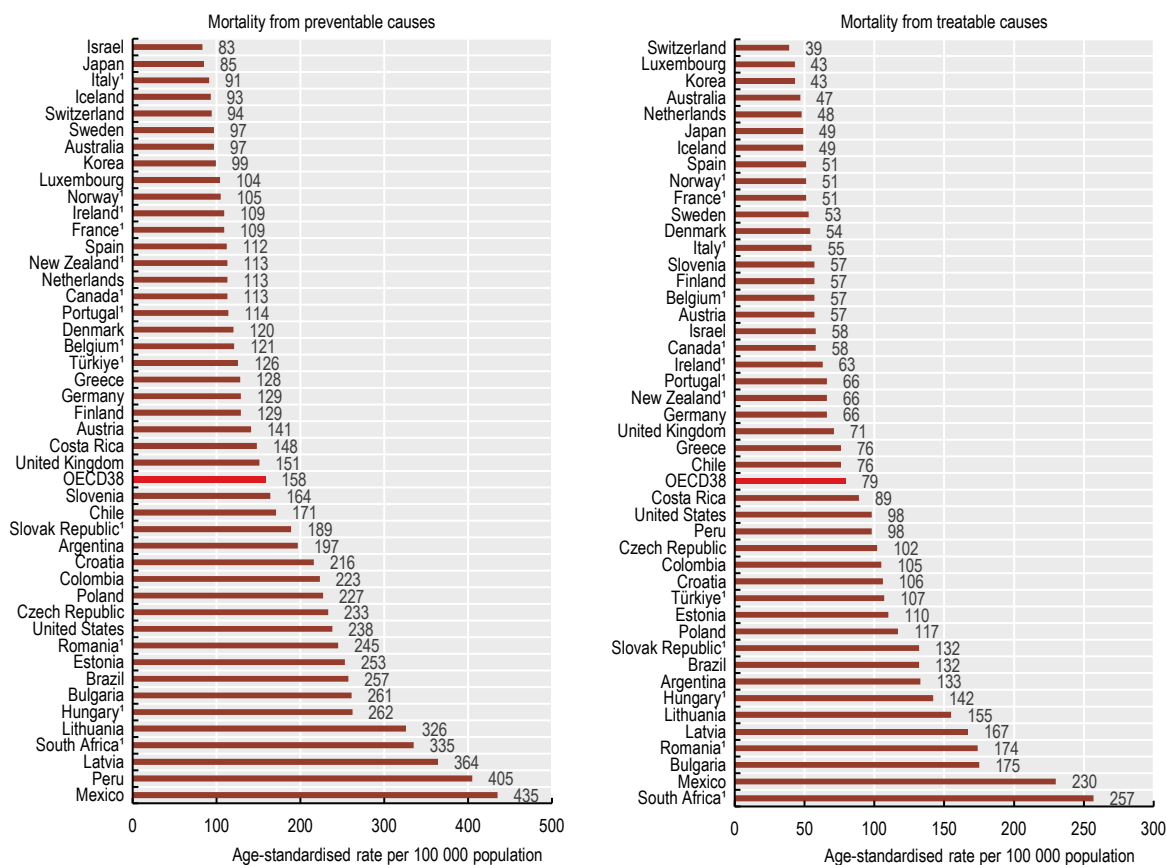


Note: The 2022 OECD/Eurostat list of preventable and treatable causes of death classifies specific diseases and injuries as preventable and/or treatable. For example, lung cancer is classified as preventable, whereas breast and colorectal cancers are classified as treatable.

Source: OECD calculations, based on the WHO Mortality Database.

StatLink <https://stat.link/okh2rt>

Figure 3.8. Mortality rates from avoidable causes, 2021 (or nearest year)



1. Most recent data point corresponds to 2016-19.

Source: OECD Health Statistics 2023, based on the WHO Mortality Database.

StatLink <https://stat.link/gvxat7>



**From:**  
**Health at a Glance 2023**  
OECD Indicators

**Access the complete publication at:**  
<https://doi.org/10.1787/7a7afb35-en>

**Please cite this chapter as:**

OECD (2023), "Avoidable mortality (preventable and treatable)", in *Health at a Glance 2023: OECD Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/ed4d077e-en>

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