Health at a Glance: Europe 2016
State of Health in the EU Cycle
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Executive summary

More effective prevention and quality care are needed to achieve further gains in population health and reduce health inequalities in EU countries

Life expectancy across EU member states has increased by more than six years since 1990, rising from 74.2 years in 1990 to 80.9 years in 2014, yet inequalities persist both across and within countries. People in Western European countries with the highest life expectancy continue to live over eight years longer, on average, than people in Central and Eastern European countries with the lowest life expectancy. Within countries, large inequalities in health and life expectancy also persist between people with higher levels of education and income and the more disadvantaged. This is largely due to different exposure to health risks, but also to disparities in access to high-quality care.

More than 1.2 million people in EU countries died in 2013 from illnesses and injuries that might have been avoided through more effective public health and prevention policies or more timely and effective health care. A wide range of actions are needed to address the many environmental and behavioural risk factors that are leading to premature deaths from diseases such as acute myocardial infarction (heart attack), lung cancer, stroke, alcohol-related deaths and other potentially avoidable deaths. Notable progress has been achieved in reducing tobacco consumption in most EU countries through a mix of public awareness campaigns, regulations and taxation. Yet, more than one in five adults in EU countries continues to smoke every day. It is also important to step up efforts to tackle the harmful use of alcohol and obesity, which are growing public health issues in many EU countries. More than one in five adults in EU countries reported in 2014 heavy alcohol drinking at least once a month. And one in six adults across EU countries was obese in 2014, up from one in nine in 2000.

The quality of care has generally improved in most EU countries, yet disparities persist. Improved treatments for life-threatening conditions such as heart attacks, strokes and several types of cancer have led to higher survival rates, but there is still room in many countries to improve the implementation of best practices in acute care and chronic care.

Ensuring universal access to care is critical to reducing health inequalities

Steady improvements in population health and reductions in health inequalities can also be achieved by ensuring universal access to high-quality care. Most EU countries have achieved universal (or near-universal) coverage of health care costs for a core set of services. However, four EU countries (Cyprus, Greece, Bulgaria and Romania) still had more than 10% of their population not regularly covered for health care costs in 2014.

Making sure that all the population is covered by public (or private) health insurance is an important indicator of access, but it is not sufficient. The range of services covered and the degree of cost-sharing applied to these services can also have an important impact on direct out-of-pocket expenditure by patients and financial accessibility. In most EU countries, the share of the population reporting unmet care needs due to financial reasons is fairly low and decreased in the years before the economic crisis, but this share has gone up since 2009 in several countries, particularly amongst the lowest-income households. In 2014, poor people were ten times more likely to report unmet

medical needs for financial reasons than rich people on average across EU countries. Any increase in unmet care needs may result in poorer health status for the population affected and thereby increase health inequalities.

Ensuring effective access to health care also requires having a sufficient number and mix of health care providers in different geographic regions in the country. Since 2000, the number of physicians per capita has increased in nearly all EU countries, on average by 20% (rising from 2.9 doctors per 1 000 population in 2000 to 3.5 in 2014). However, the number of specialists grew more rapidly than generalists, so that there are now more than two specialist doctors for every generalist across EU countries. In many countries, there are also persisting or growing problems regarding the uneven geographic distribution of doctors, with people living in rural and remote areas often being under-served. Many EU countries have taken measures in recent years to strengthen access to primary care providers for all the population wherever they live, to reduce inequalities in access and avoid unnecessary hospitalisations.

Strengthening the resilience, efficiency and sustainability of health systems

Population ageing, combined with tight budgetary constraints, will require profound adaptations to the health systems of EU countries, in order to promote more healthy ageing and respond in a more integrated and patient-centred way to growing and changing health care needs. On average across EU countries, the share of the population aged over 65 has increased from less than 10% in 1960 to nearly 20% in 2015 and is projected to increase further to nearly 30% by 2060. Currently, around 50 million EU citizens are estimated to suffer from two or more chronic conditions, and most of these people are over 65.

In 2015, health spending accounted for 9.9% of GDP in the EU as a whole, up from 8.7% in 2005. In all countries, the health spending share of GDP is projected to increase in the coming years due mainly to population ageing and the diffusion of new diagnostic and therapeutic technologies, and there will also be growing pressures on governments to respond to rising needs for long-term care.

As EU countries take up these challenges, there will be a need to further improve the planning and organisation of services to improve the resilience of health systems to be able to respond to new needs in the most efficient way. Health systems will also have to remain fiscally sustainable. Achieving further efficiency gains in hospital, pharmaceutical spending, administration and other health spending items will be crucial to meet the growing demands with limited resources. Many of the required improvements in health systems will involve at least some upfront investment. As countries consider how best to allocate any additional health spending, it will be important to maintain a good balance between investments in policies to improve public health and prevention, and policies to improve access, quality and efficiency in health care delivery.

Monitoring and improving the State of Health in the EU

Health at a Glance: Europe 2016 presents the most recent trends on health and health systems across the 28 EU member states, five candidate countries and three European Free Trade Association countries. It is the result of a strengthened 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 new State of Health in the EU cycle (see *http://ec.europa.eu/health/state*).

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