

Foreword

Ensuring universal access to quality care demands greater efforts to improve the effectiveness, accessibility and resilience of health systems in all EU countries. This new edition of *Health at a Glance: Europe* stresses that more should be done to improve the health of populations in EU countries and, in particular, to reduce inequalities in access and quality of services. This is necessary to achieve more inclusive economic growth and to deliver on the Sustainable Development Goals (SDGs), in particular SDG 3 to ensure healthy lives and promote well-being for all at all ages.

We need more effective health systems. Policy action is needed to reduce the number of people dying prematurely and increase the number of years that people live in good health. Public health policies and the quality of care have undoubtedly improved over the past two decades, contributing to steady gains in life expectancy. In most EU countries, people can now expect to live beyond the age of 80, a gain of six years on average since the early 1990s. Moreover, the proportion of people dying after being admitted to hospital after a heart attack has dropped by nearly 40% across EU countries over the past decade alone. Yet, despite these gains, in 2013 more than 1.2 million people in EU countries died from a range of communicable and non-communicable diseases, as well as injuries that could have been avoided through better public health and prevention policies and the provision of more effective health care. Many lives could be saved if the standards of care were raised to the best level across EU countries.

Globally, one of the health-related targets of the SDGs is to reduce the number of premature deaths due to non-communicable diseases (NCDs). This report looks at the impact that NCDs have not only on people's health, but also on the economy in terms of lower labour market participation and productivity. NCDs lead to the premature death of more than 550 000 people of working age each year across EU countries, resulting in the loss of 3.4 million potentially productive life years. This amounts to an annual loss of EUR 115 billion for EU economies, a figure which does not even include the loss from the lower employment rates and the lower productivity of people living with such chronic conditions.

Broad and coherent strategies are needed to address the many socioeconomic determinants of health and risk factors that are leading to many chronic diseases and premature deaths, particularly among disadvantaged groups. Notable progress has been achieved in reducing tobacco consumption in most EU countries, through a mix of public awareness campaigns, regulations and taxation. Still, more than one in five adults in EU countries continues to smoke every day. It is also crucial to step up efforts to tackle obesity and the harmful use of alcohol. More than one in five adults in EU countries report drinking heavily on a regular basis. And one in six adults across EU countries is obese, up from one in nine in 2000. Greater efforts are needed to tackle these major public health issues.

We need more accessible health systems. Universal health coverage is a goal that has been embedded in the European Pillar of Social Rights and is another key objective of the Sustainable Development Goals. Most EU countries ensure that the whole population is covered for a core set of health services and goods, but some still need to address current coverage gaps for some segments of their population. In addition, too many Europeans, particularly those from the most vulnerable and disadvantaged groups, have difficulties in accessing necessary health care because of cost. In 2014, on average across EU countries, poor people were ten times more likely to report unmet medical needs for financial reasons than rich people. Any increase in unmet care needs may result in poorer health status for the population affected and contribute to even greater health inequalities.

Universal access to care also relies on the right number of health workers, with the right skills, working in the right places to deliver health services to the population, wherever they live and whatever their ability to pay. While the number of doctors per capita has increased over the past decade in nearly all EU countries, the number of specialists grew more rapidly than generalists, so that there are now more than two specialists for every generalist across EU countries. This threatens access to primary care, particularly for people living in rural and remote areas.

We also need more resilient health systems. Greater flexibility and innovation, including finding better ways to address the health needs of ageing populations and reaping the benefits of new technologies, requires changes in how we deliver health services. Following the global economic crisis in 2008, health spending growth has slowed significantly across Europe. This has triggered a wide range of initiatives to increase efficiency in public spending on health, notably by reducing the lengths of stays in hospital and pharmaceutical costs, and also by lowering administrative costs.

Looking ahead, more pressures on health systems will come from population ageing and from new technologies. The latter promise better and earlier diagnoses and a greater range of treatment options, but also come at a cost. These changes can be afforded, but only if European health systems become more efficient at channelling resources where they have the most impact on health outcomes. In particular, a greater focus on primary care can help to promote more integrated and patient-centred care.

Health at a Glance: Europe 2016 is part of the renewed co-operation between the OECD and the European Commission to implement the Commission's two-year State of Health in the EU cycle. We will be working closely with our partners at the national and international level to support EU Member States to deliver effective, accessible and resilient health systems in the EU, so that all European citizens can enjoy longer, healthier and more active lives.



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Acknowledgements

This publication is the result of a close co-operation between the OECD and the European Commission and is the first step in the Commission's "State of Health in the EU" initiative to strengthen country-specific and EU-wide knowledge on health issues. The content, including the selection of key indicators of health and health systems, was agreed upon by the OECD and the Commission, based mainly on the European Core Health Indicators (ECHI), the Joint Assessment Framework on Health, and using the 2014 Commission Communication on effective, accessible and resilient health systems as reference framework. Its preparation was led by the OECD, but the Commission provided support throughout its preparation.

This publication would not have been possible without the effort of national data correspondents from the 36 countries who have provided most of the data and the metadata presented in this report, as well as the useful comments from members of the Commission's Expert Group on Health Information. The OECD and the European Commission would like to sincerely thank them for their contribution.

A large part of the data comes from the two annual data collections on health accounts and non-monetary health care statistics carried out jointly by the OECD, Eurostat and WHO. The OECD would like to recognise the work of colleagues from Eurostat (Giuliano Amerini, Justyna Gniadzik, Arja Kärkkäinen, Margarida Domingues de Carvalho and Marie Clerc), WHO Headquarters (Nathalie van de Maele, Veneta Cherilova, Chandika Indikadahena and Callum Brindley) and WHO Europe (Ivo Rakovac, Alena Usava, Omid Fekri and Stefanie Praxmarer) who have contributed to the collection and validation of the data from these two joint questionnaires, to ensure that they meet the highest standards of quality and comparability. Several indicators in Chapters 3 and 4 use data from the second wave of the European Health Interview Survey which was carried out in most EU countries in 2014; sincere thanks to Lucian Agafitei and Jakub Hrkal from Eurostat for making these data available in time for the preparation of this publication.

This report was prepared by a team from the OECD Health Division under the co-ordination of Gaétan Lafortune. Chapter 1 was prepared by Marion Devaux, with assistance from Eileen Rocard; Chapter 2 by Caroline Berchet; Chapter 3 by Gaétan Lafortune, Nelly Biondi, Marie-Clémence Canaud and Felicity Foster; Chapter 4 by Marion Devaux and Sahara Graf (thanks also to Joao Matias from the European Monitoring Centre for Drugs and Drug Addiction who prepared the indicator on illegal drug consumption); Chapter 5 by Michael Mueller, Michael Gmeinder and David Morgan; Chapter 6 by Ian Brownwood, Michael Padget and Nelly Biondi; Chapter 7 by Gaétan Lafortune, Gaëlle Balestat, Marie-Clémence Canaud and Michael Mueller; Chapter 8 by Gaétan Lafortune, David Morgan, Luke Slawomirski, Gaëlle Balestat and Marie-Clémence Canaud. This publication also benefited from useful comments from Francesca Colombo, Michele Cecchini, Ian Forde and Barbara Blaylock from the OECD Health Division.

Many useful comments were also received from Philippe Roux, Giulio Gallo, Stan van Alphen and Fabienne Lefebvre from the European Commission (DG SANTE). Special thanks go to Matthias Schuppe who provided useful guidance and advice throughout the project and also co-ordinated the inputs and comments from different officials in DG SANTE and across the Commission on a draft version of this report.



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

Access the complete publication at:
<https://doi.org/10.1787/9789264265592-en>

Please cite this chapter as:

OECD/European Union (2016), "Foreword", in *Health at a Glance: Europe 2016: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance_eur-2016-1-en

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