

## Readers' guide

*Health at a Glance: Europe* is the first step in the *State of Health in the EU* cycle of knowledge brokering. While the structure of the 2020 edition is still based on the 2014 European Commission Communication on effective, accessible and resilient health systems ([https://ec.europa.eu/health/sites/health/files/systems\\_performance\\_assessment/docs/com2014\\_215\\_final\\_en.pdf](https://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/com2014_215_final_en.pdf)), the chapter on resilience has been brought forward this year given the challenge that European health systems had to face in response to the COVID-19 pandemic.

The publication is divided in two parts. Part I contains two thematic chapters. Chapter 1 provides an initial assessment of how resilient European health systems have been to the COVID-19 pandemic and their ability to contain and respond to the worst pandemic over the past century. Chapter 2 reviews the health and welfare burden of air pollution across EU countries, and highlights the need for sustained efforts to reduce air pollution to mitigate its impact on health and mortality.

Part II includes the five regular chapters of this publication, providing an overview of key indicators of health and health systems across the 27 EU member states, 5 candidate countries, 3 European Free Trade Association countries and the United Kingdom. The selection of indicators is based largely on the European Core Health Indicators (ECHI) shortlist ([https://ec.europa.eu/health/indicators/echi/list\\_en](https://ec.europa.eu/health/indicators/echi/list_en)). New indicators have also been included to cover often neglected areas such as mental health issues and dental care.

The data presented in this publication come mainly from official national statistics, and have been collected in many cases through the administration of joint questionnaires by the OECD, Eurostat and WHO. The data have been validated by the three organisations to ensure that they meet high standards of data quality and comparability. Some data also come from European surveys co-ordinated by Eurostat, notably the European Union Statistics on Income and Living Conditions Survey (EU-SILC) and the second wave of the European Health Interview Survey (EHIS), as well as from the European Centre for Disease Prevention and Control (ECDC), the European Commission's Joint Research Centre (JRC) and other sources.

### Presentation of indicators and calculation of EU averages

With the exception of the first two thematic chapters, all indicators in the rest of the publication are presented in the following way. The text provides a brief commentary highlighting the key findings conveyed by the data, defines the indicator and signals any significant data comparability limitation. This is accompanied by a set of figures that typically show current levels of the indicator and, where possible, trends over time. For those countries that have a relatively small population (less than 1 million), three-year averages are often calculated to minimise random errors due to small numbers.

The EU averages include only EU member states and are calculated either as population-weighted averages (to be consistent with the averages that are calculated by Eurostat or JRC) or as unweighted averages (when these averages are calculated by the OECD or other organisations). The calculation method is generally mentioned in a footnote under each figure. By definition, a weighted average gives more weight to the most populated countries and can be interpreted as a measure of comparison with the EU as a whole, whereas an unweighted average gives equal weight to all

countries regardless of their population size and can be interpreted as a measure of comparison with other countries.

### Population data

The population data used to calculate rates per capita and population-weighted averages come from the Eurostat demographics database. The data relate to mid-year estimates (calculated as the average between the beginning and the end of the year). Population estimates are subject to revision, so they may differ from the latest population figures released by Eurostat or national statistical offices.

### Data limitations

Limitations in data comparability are indicated both in the text (in the box related to “Definition and comparability”) as well as in footnotes underneath the figures.

### Data sources

Readers interested in using the data presented in this publication for further analysis and research are encouraged to consult the full documentation of definitions, sources and methods contained in *OECD Health Statistics* for all OECD member countries, including 22 EU member states and five additional countries (Iceland, Norway, Switzerland, Turkey and the United Kingdom). This information is available in OECD.Stat (<https://oe.cd/ds/health-statistics>). For the nine other countries (Albania, Bulgaria, Croatia, Cyprus, Malta, Montenegro, North Macedonia, Romania and Serbia), readers are invited to consult the Eurostat database for more information on sources and methods (<http://ec.europa.eu/eurostat/data/database>).

Readers interested in an interactive presentation of the European Core Health Indicators (ECHI) can consult DG SANTE's ECHI data tool at [http://ec.europa.eu/health/indicators/indicators/index\\_en.htm](http://ec.europa.eu/health/indicators/indicators/index_en.htm).

Readers interested in indicators that quantify the burden of cancer in Europe can also visit the JRC's European Cancer Information System (ECIS): <https://ecis.jrc.ec.europa.eu/>.



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