AVOIDABLE MORTALITY (PREVENTABLE AND AMENABLE)

Indicators of avoidable mortality provide a general "starting point" to assess the effectiveness of public health and health care systems in reducing premature deaths from various diseases and injuries, but further analysis is required to assess more precisely different causes of potentially avoidable deaths and possible interventions to reduce them.

In 2015, over 1 million deaths across EU countries were considered to be potentially preventable through effective public health and prevention interventions and more than 570 000 deaths were considered to be amenable (or treatable) through more effective and timely health care (Figure 6.1). The overall number of potentially avoidable deaths was around 1.2 million deaths in 2015, taking into account that some diseases are considered to be both preventable and amenable (Eurostat, 2018).

The main causes of preventable mortality are ischaemic heart diseases (which are also considered to be amenable to health care when these diseases occur), lung cancer, road accidents and other types of accidents, alcohol-related deaths, colorectal cancer and suicides. Combined, these causes of death account for over two-thirds of all deaths considered to be preventable through more effective public health and prevention interventions in EU countries.

The main causes of amenable (or treatable) mortality are ischaemic heart diseases and cerebrovascular diseases, which together account for nearly half of all amenable deaths. Mortality from colorectal cancer and breast cancer also account for a considerable number of amenable deaths (20% of the total) that could be reduced both through earlier detections and more effective and timely treatments (see indicators on screening, survival and mortality for breast cancer and colorectal cancer).

The age-standardised rate of preventable mortality is lowest in Italy, Cyprus and Spain, with rates at least 25% lower than the EU average. By contrast, preventable mortality rates are about two times greater than the EU average in Lithuania, Hungary and Latvia (Figure 6.2). The high rates of preventable mortality in these three countries are due mainly to much higher death rates from ischaemic heart diseases, accidents, alcohol-related deaths, suicides (particularly in Lithuania) and lung cancer (particularly in Hungary).

The age-standardised rate of amenable mortality is lowest in France, Spain and the Netherlands, due to these countries having among the lowest death rate from ischaemic heart diseases and cerebrovascular diseases. Lithuania, Latvia and Romania have the highest rates of amenable mortality, more than two-and-a-half times higher than the EU average (Figure 6.3), driven mainly by higher death rates from ischemic heart diseases and cerebrovascular diseases, but also by higher mortality from some types of cancer and other treatable diseases. These three countries are also among those that spend the least on health across the EU. Hence, additional expenditure on health could contribute to reductions in amenable mortality.

Looking at trends over time, the age-standardised rate of amenable mortality has declined by approximately 25% between 2005 and 2015 across the EU as a whole. This reduction has been particularly rapid in Denmark and Finland (over 30%), driven mainly by a rapid decline in ischaemic heart diseases mortality due partly to reduced mortality rates for people admitted to hospital for a heart attack (see indicator "Mortality following AMI").

Definition and comparability

Based on the Eurostat definitions, preventable mortality is defined as deaths that could be avoided through public health and prevention interventions, whereas amenable (or treatable) mortality is defined as deaths that could be avoided through effective and timely health care (Eurostat, 2018).

The two lists of preventable and amenable mortality focus on premature deaths, defined as deaths under age 75. However, a lower or higher age threshold is used for some selected causes of death.

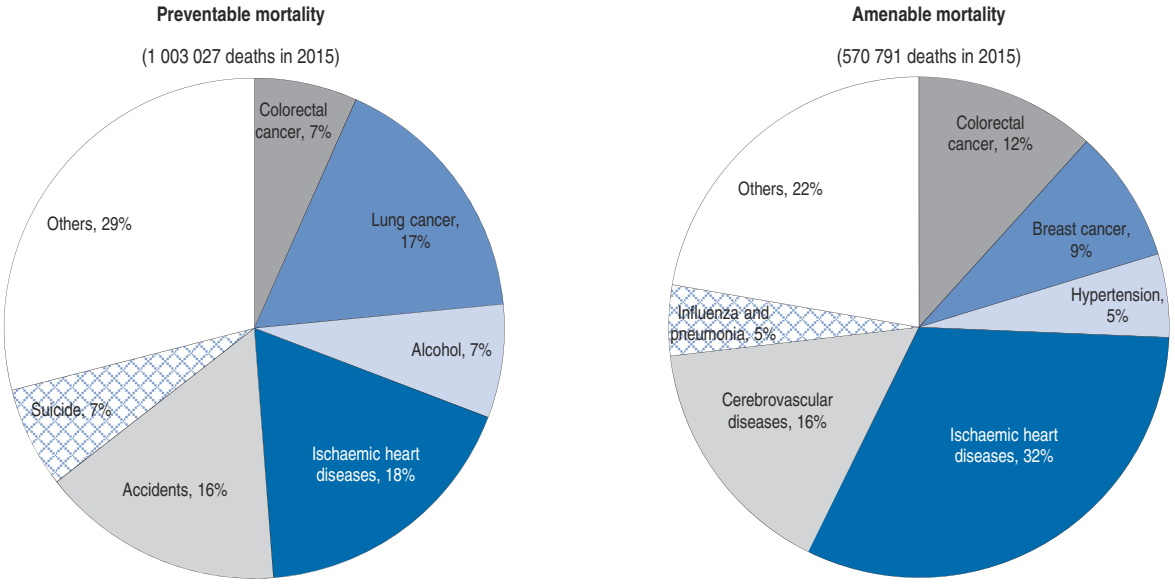
A number of causes of death are included in both the preventable and amenable mortality lists as they are considered to be both potentially preventable through public health interventions and treatable through effective and timely health care when they occur. For example, ischemic heart diseases, colorectal cancer and breast cancer are considered to be both 100% preventable and 100% amenable to health care. This "double counting" of several causes of death means that the sum of the preventable and amenable mortality lists is much greater than the overall number of avoidable deaths.

The two current lists of preventable and amenable mortality were adopted by a Eurostat Task Force in 2013. These lists may be subject to future revisions.

Reference

Eurostat (2018), *Amenable and preventable deaths statistics*, Statistics Explained, June 2018.

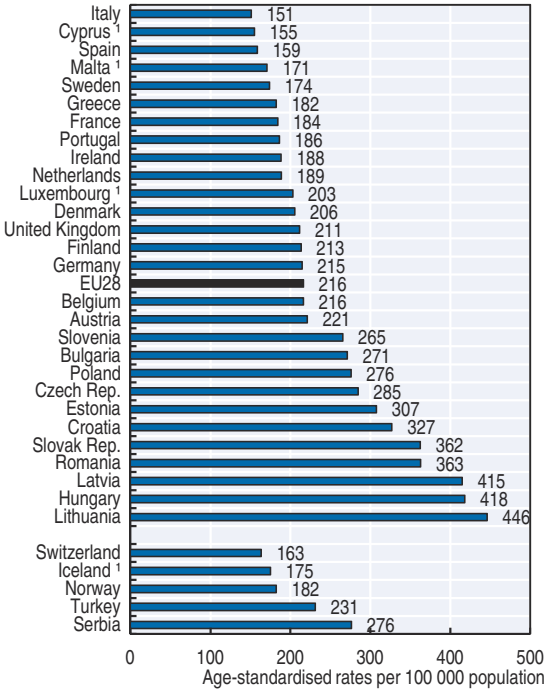
6.1. Leading causes of preventable and amenable mortality in the European Union, 2015



Source: Eurostat Database.

StatLink http://dx.doi.org/10.1787/888933835630

6.2. Preventable mortality rates, 2015

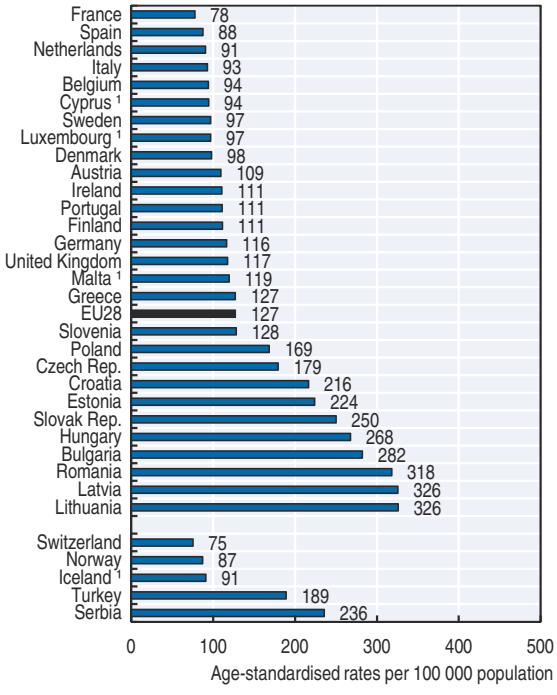


1. Three-year average (2013-15).

Source: Eurostat Database.

StatLink http://dx.doi.org/10.1787/888933835649

6.3. Amenable mortality rates, 2015



1. Three-year average (2013-15).

Source: Eurostat Database.

StatLink http://dx.doi.org/10.1787/888933835668

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