



State of Health in the EU

# Country Health Profiles

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# Country Health Profiles: Same structure, new focus

1. Highlights

2. Health Status

*Life expectancy, health inequalities, mortality, morbidity*

3. Risk Factors

*Behavioural and environmental risk factors*

4. Health System

*Organisation, financing, resources, service provision*

5. Performance of Health System

5.1 Effectiveness

*Avoidable mortality, avoidable admission, cancer screening and survival*

5.2 Accessibility

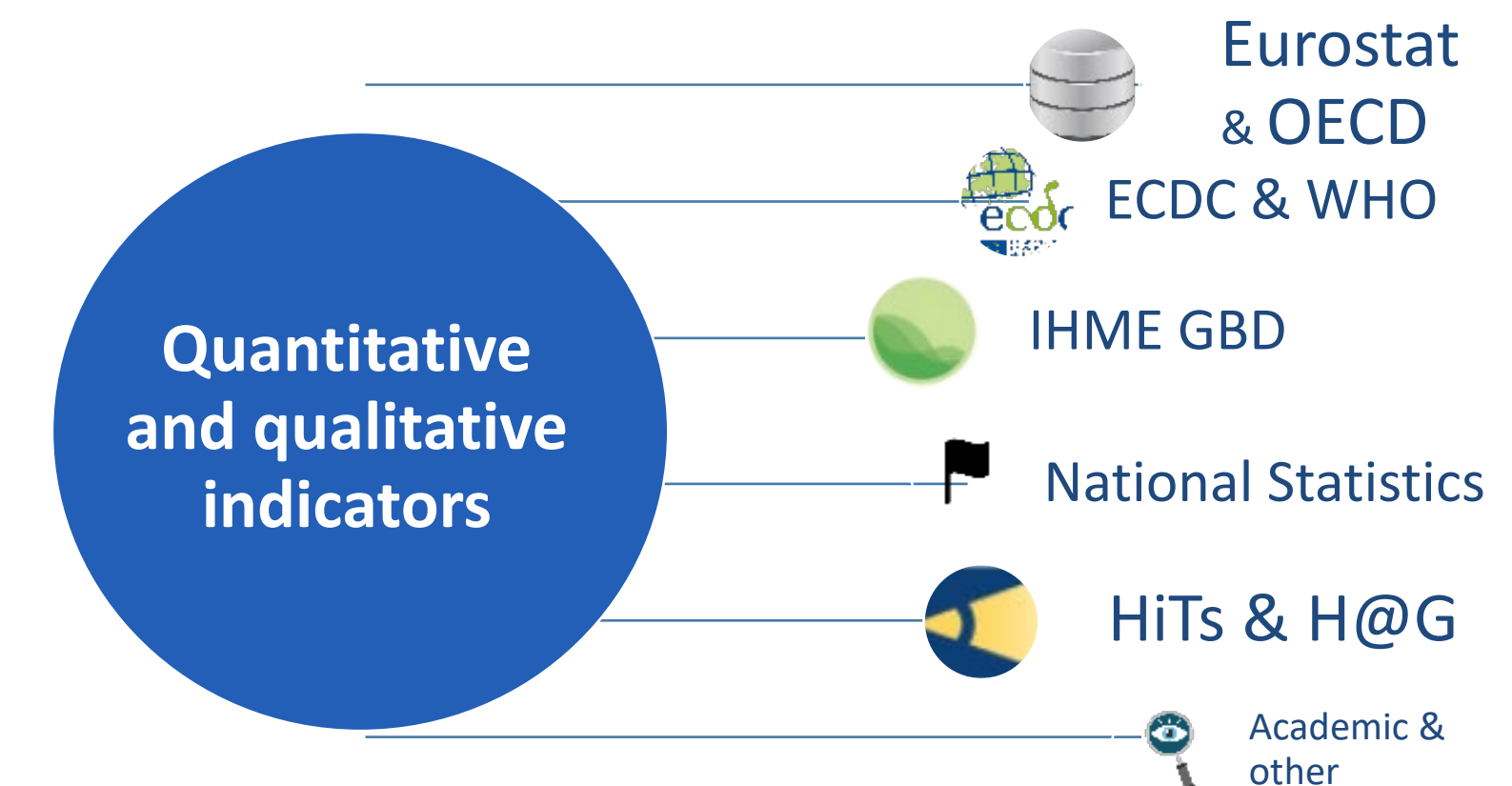
*Unmet health care needs, out-of-pocket expenditure, waiting times*

5.3 Resilience

*COVID-19 cases and deaths, containment measures, vaccination*

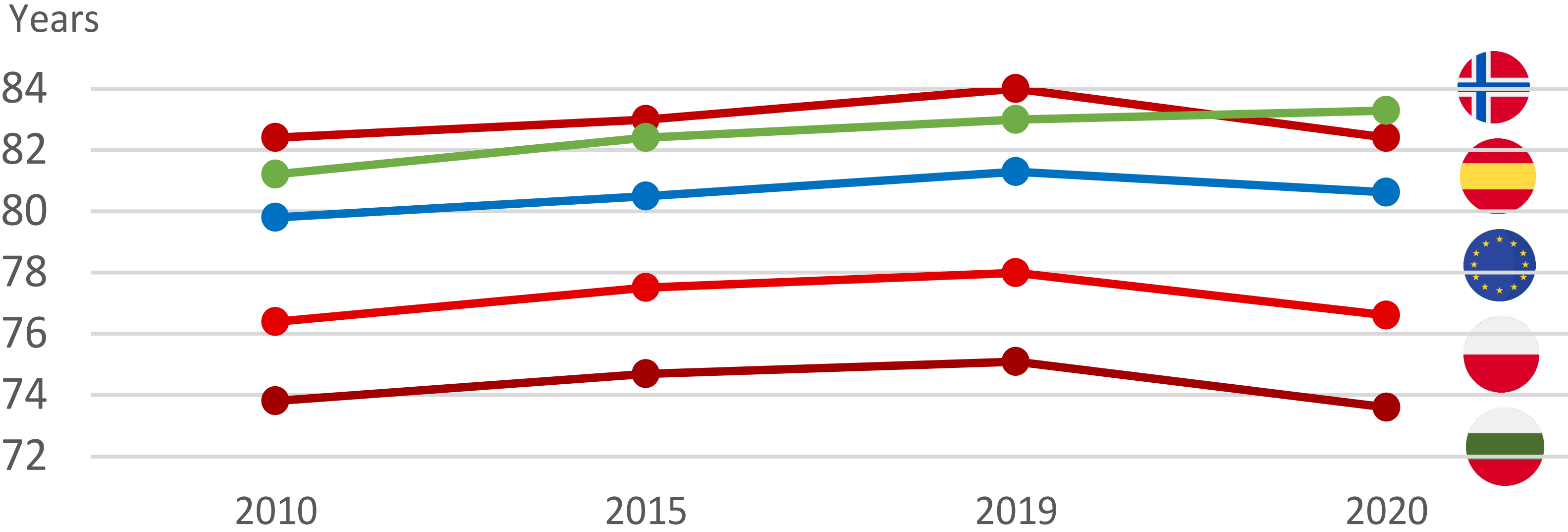
6. Key Findings

## Data sources



Aiming to maintain a proper balance between prevention and care

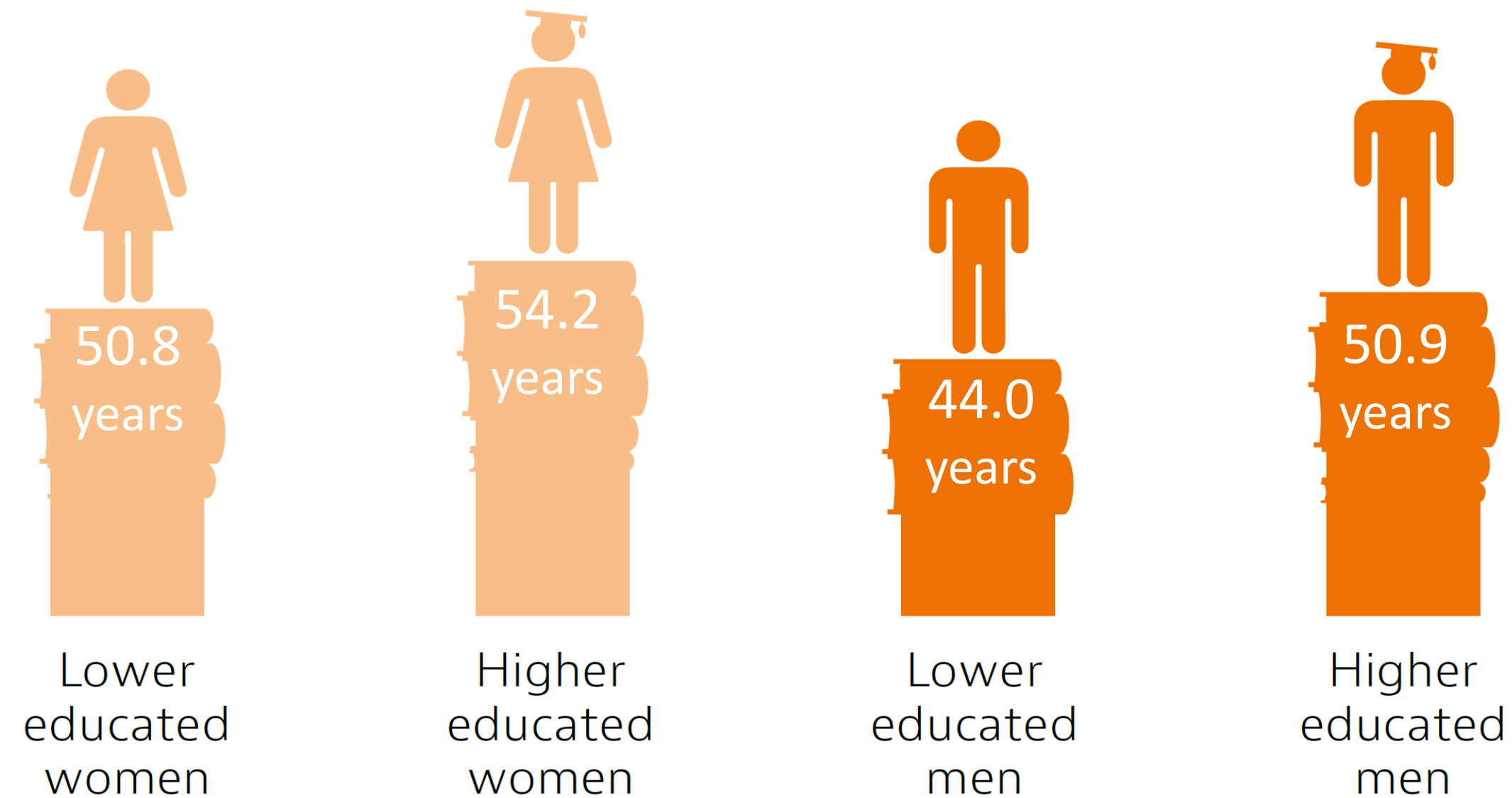
# Life expectancy fell by 0.7 years in the EU in 2020, the biggest drop since WW II in many countries



- Large reductions in both Western and Central and Eastern European countries
- Only a few Nordic countries managed to avoid a fall

Source: Eurostat Database.

# Social inequalities in life expectancy were already large before the pandemic



EU: 3.4 years  
Estonia: 8.5 years  
Latvia: 8.0 years  
Slovakia: 7.4 years

EU: 6.9 years  
Slovakia: 14.8 years  
Latvia: 11.0 years  
Poland: 11.0 years

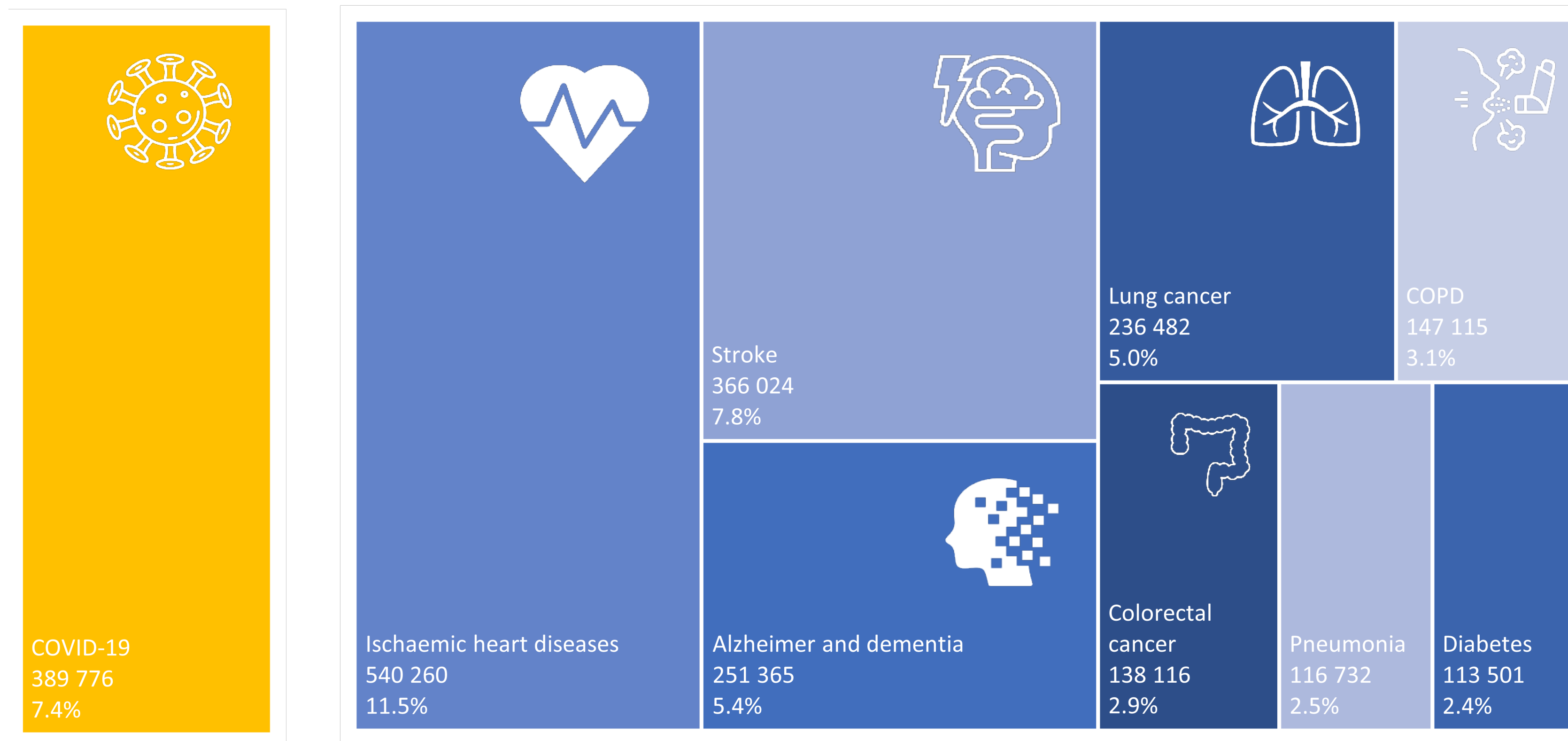
Education gap in life expectancy at age 30

These inequalities will widen in 2020 and 2021 because the pandemic had bigger impact on disadvantaged groups

Mortality rates from COVID-19 were 40% to 80% higher among lowest income groups than highest-income groups in several EU countries

# Putting COVID-19 deaths in perspective

Cardiovascular diseases and cancers are the leading causes of death in Europe (“silent pandemic”)



Note: The number and share of COVID-19 deaths refer to 2020, while the number and share of other causes refer to 2018.  
Sources: Eurostat (for causes of death); ECDC (for COVID-19 deaths in 2020, up to week 53).



# The mental health impact of the pandemic has been huge

Belgium 

All adults

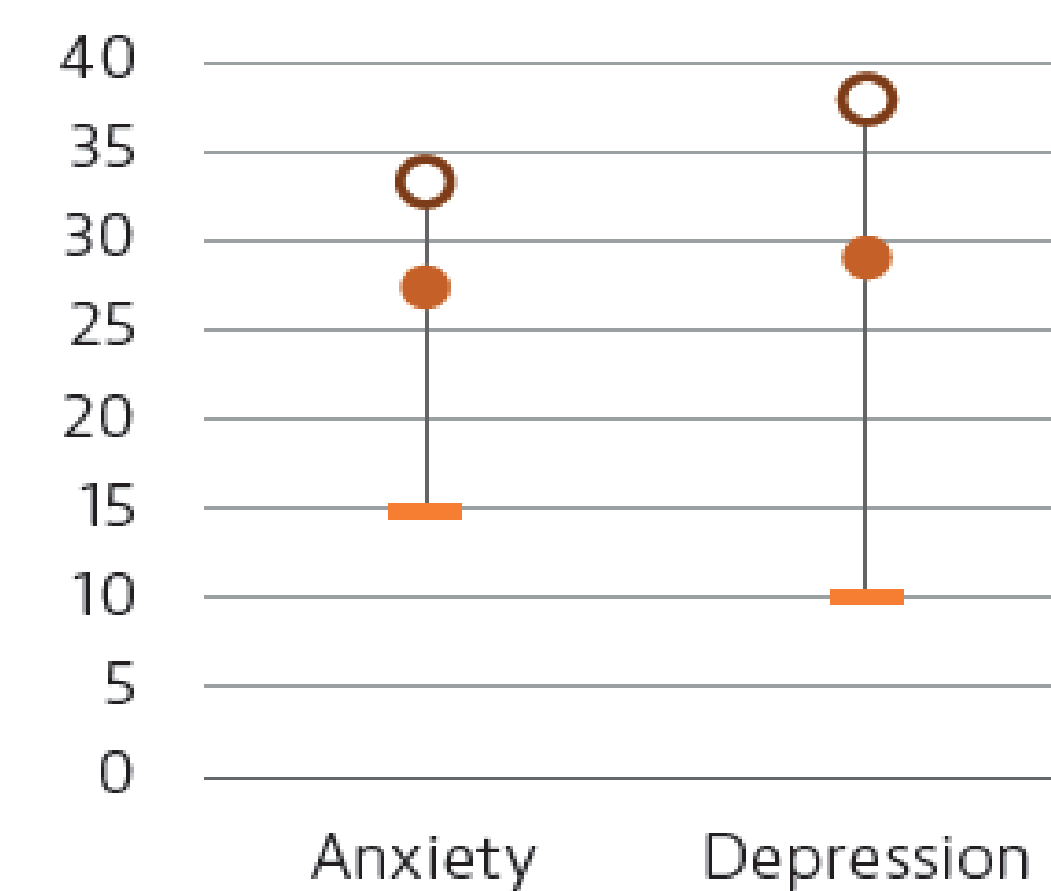
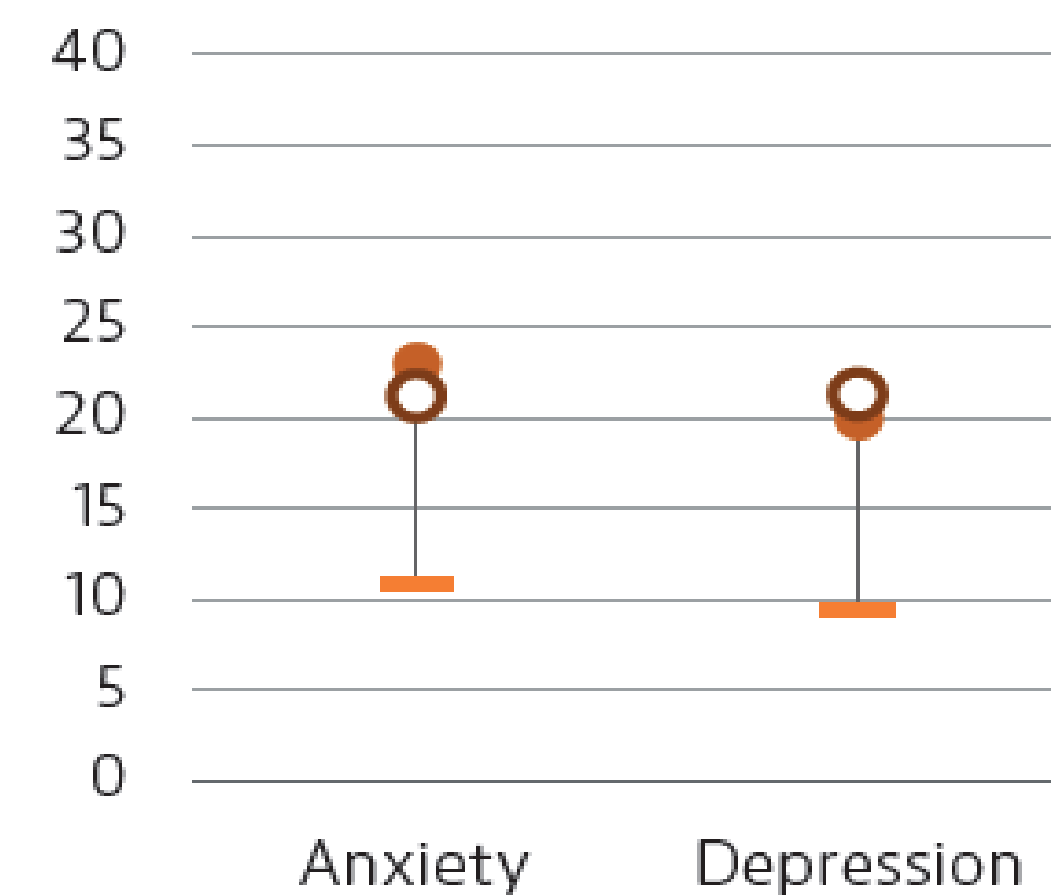
Young people

— 2018 ● Apr-20 ○ Mar-21

— 2018 ● Apr-20 ○ Mar-21

% among adults aged 18 and over

% among young adults aged 18-29 years old<sup>1</sup>



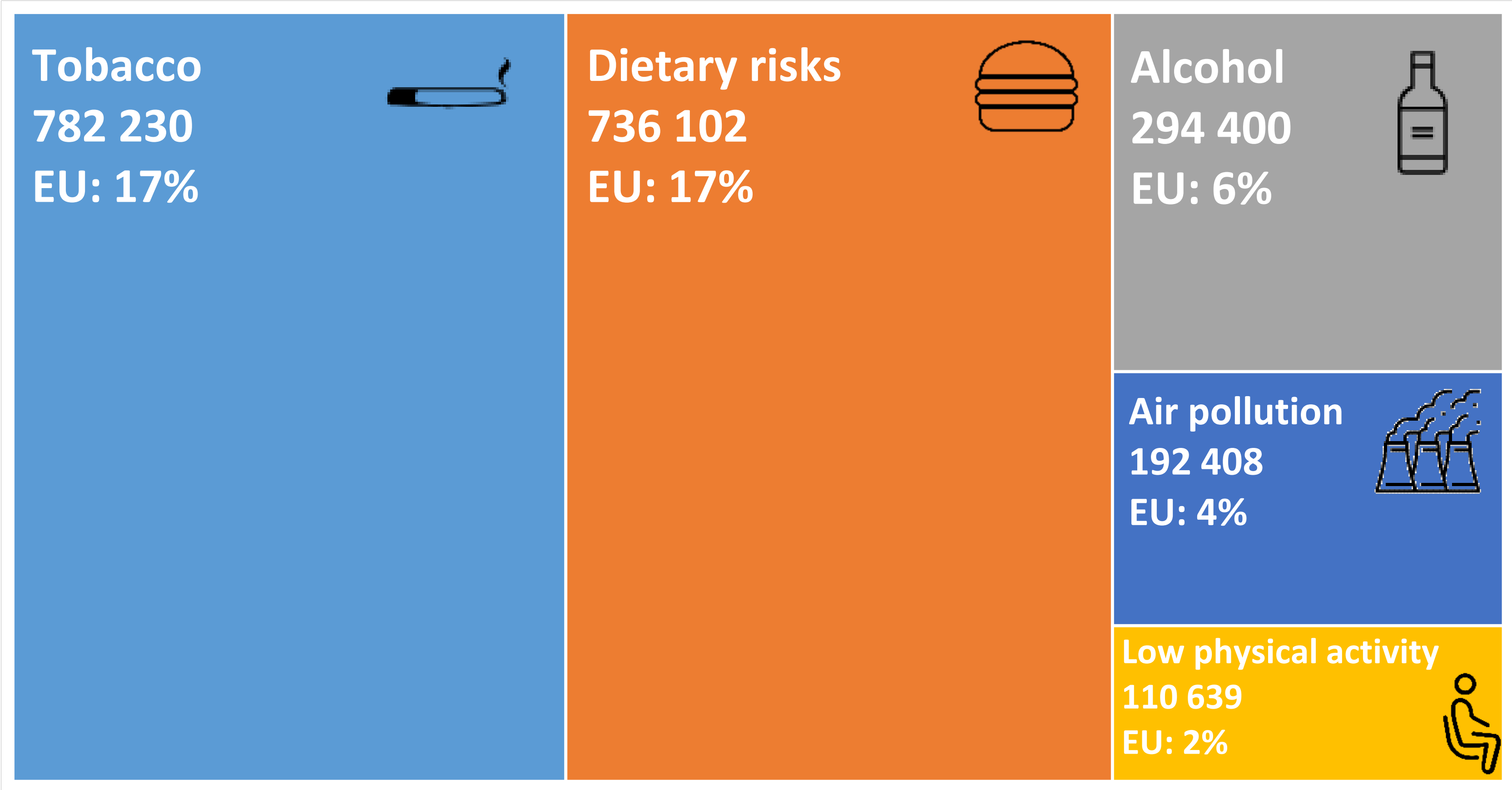
Prevalence of anxiety and depression more than doubled pre-crisis levels in most countries with available data

The mental health of some population groups were hit particularly hard (women, young people, unemployed)

Note: 1. 2018 data for young adults refer to those aged 15-24.

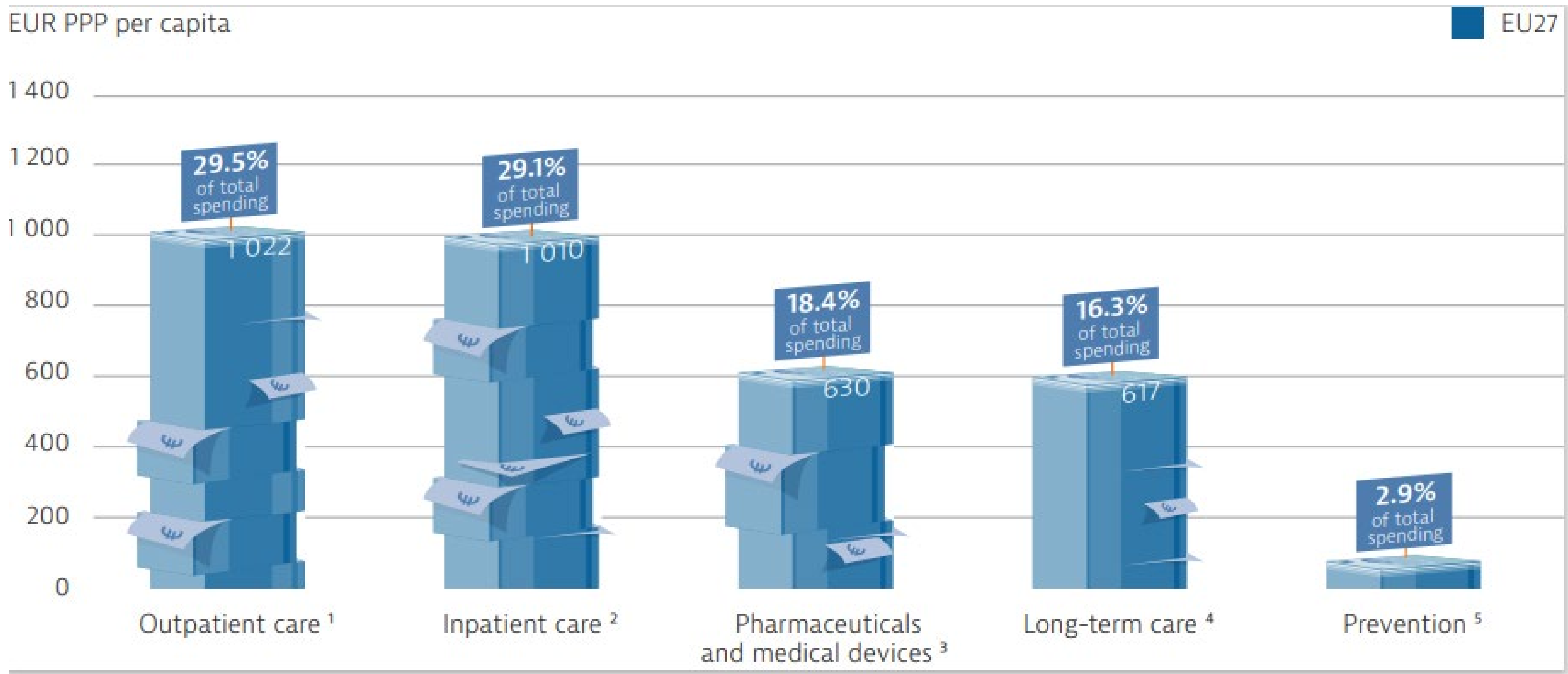
Source: Sciensano (2021).

# 40% of all deaths in the EU can be attributed to modifiable & environmental risk factors



Note: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable consumption, and high sugar sweetened beverages and salt consumption. Source: IHME (estimates refer to 2019)

# EU countries allocate little - less than 3% - of total health expenditure to prevention (average)



*Note: The costs of health system administration are not included. 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes only spending for organised prevention programmes. The EU average is weighted.*  
*Sources: OECD Health Statistics 2021, Eurostat Database (data refer to 2019).*



# For more information...

[ec.europa.eu/health/state](https://ec.europa.eu/health/state)

[oecd.org/health/health-systems/country-health-profiles-EU.htm](https://oecd.org/health/health-systems/country-health-profiles-EU.htm)

<https://tinyurl.com/OBScountryhealthprofiles2021>

