

Health statistics introduced

Statistics Explained

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Health is an important priority for Europeans, who expect to have a long and healthy life, to be protected against illnesses and accidents, and to receive appropriate [healthcare](#). Health issues cut across a range of topics — including consumer protection (food safety issues), workplace safety, environmental or social policies. As such, health policy within the [European Union \(EU\)](#) is principally under the remit of the [Directorate-General for Health and Food Safety](#) and of the [Directorate-General for Employment, Social Affairs and Inclusion](#).

The competence for the organisation and delivery of health services and healthcare is largely held by the EU Member States. The EU has a mandate to complement national action on health. This consists mainly of: protecting people from health threats and disease, promoting healthy lifestyles and helping national authorities in the EU cooperate on health issues.

EU actions in the field of health

A first programme for Community action in the field of public health covered the period from 2003 to 2008. In October 2007, the [European Commission](#) adopted a second programme *Together for health: a strategic approach for the EU 2008-2013* (COM(2007) 630 final). In March 2014, the third multi-annual programme of EU action in the field of health for the period 2014-2020 was adopted ([Regulation \(EU\) No 282/2014](#)) under the title Health for Growth. This new programme emphasises the link between health and economic prosperity, as the health of individuals directly influences economic outcomes such as productivity, labour supply and human capital. The programme foresees expenditure of almost EUR 450 million over the seven-year period in the form of grants and public procurement contracts. It has a focus on:

- the challenging demographic context that is threatening the sustainability of healthcare systems;
- the increasing health inequalities between EU Member States;
- the prevalence of chronic diseases; and
- the fragile economic recovery that is limiting the resources available for investment in healthcare.

The EU's third health programme aims to:

- make healthcare services more sustainable and encourage innovation in health;
- improve public health, preventing disease and fostering supportive environments for healthy lifestyles;
- protect the EU population from cross-border health threats (such as flu epidemics);
- contribute to innovative, efficient and sustainable healthcare systems;
- facilitate access to better and safer healthcare for all EU citizens.

People's health influences economic outcomes in terms of productivity, labour supply, human capital and public spending. Besides being a value in itself, health is also a precondition for economic prosperity, as recognised in the European Commission staff working document *Investing in health* (SWD(2013) 043 final). In the aftermath of the global financial and economic crisis, one of the key challenges faced by many of the EU Member States was the ability of their health systems to provide effective and resilient healthcare in the face of budget constraints and associated reforms. In April 2014, a European Commission Communication *On effective, accessible and resilient health systems* (COM(2014) 215 final) outlined three principals for consideration: to strengthen the effectiveness of health systems so they produce positive health outcomes (improve the overall health of the population); to increase the accessibility of healthcare (access to medical treatment and adequate resources so as not to exclude parts of the population from receiving healthcare services); and to improve the resilience of health systems (remaining fiscally sustainable, adapting to changing environments and identifying innovative solutions to tackle challenges with limited resources).

Thereafter, the European Commission's Directorate-General for Health and Food Safety released a [strategic plan covering the period 2016-2020](#), which highlighted a number of key challenges, including:

- achieving greater cost-effectiveness by encouraging efficient spending on health to promote economic growth, through smart investments in, for example, sustainable health systems, health promotion campaigns, or health coverage to reduce inequalities and tackle social exclusion;
- the need to maintain high standards of safety whilst encouraging a flexible environment to sustain competitiveness;
- tackling emerging global threats that may impact on health issues (such as climate change, globalisation, human, animal and plant diseases);
- supporting evidence-based policymaking.

In an effort to support EU Member States better in their policymaking and to boost analytical capabilities, the EU has brought together internationally renowned expertise in a two-year exercise that is designed to gauge its progress towards providing effective, accessible and resilient health systems. *Health at a glance: Europe* (OECD and the European Commission, 2016) provides a descriptive comparison of the health status of the EU's population and the performance of health systems. It was accompanied by a set of concise, country profiles that will emphasise the particular characteristics and challenges being faced in each of the Member States and supplemented by a European Commission paper that discusses cross-cutting policy implications of the findings, highlighting areas for potential mutual learning and added value.

The EU's third programme for health in the EU is complemented by [research framework programmes](#) (for example, supporting initiatives in areas such as biotechnology), or [cohesion funds](#) (for example, supporting investment in healthcare infrastructure, e-health services, or initiatives to promote active ageing).

Healthcare and health workforce

Population ageing will continue to be a challenge for the EU's health sector in the coming decades. The demand for healthcare is expected to increase dramatically as a result of an ageing population and at the same time the proportion of the people in work will often stagnate or, at least in some of the EU Member States, decline. As a result, there may be staff shortages in certain medical specialisations or geographic areas. In 2014, more than one third of all doctors in the EU were aged 55 or over.

An action plan for the EU health workforce (SWD(2012) 093 final) seeks to help EU Member States tackle this challenge, by: improving workforce planning and forecasting; anticipating future skills' needs; improving the recruitment and retention of health professionals; mitigating the negative effects of migration on health systems. The plan is part of the broader strategy *Towards a job-rich recovery* (COM(2012) 173 final).

Health and safety at work

Concerning health and safety at work, the [Treaty on the functioning of the European Union](#) states that '[...] the Union shall support and complement the activities of the Member States in the following fields: (a) improvement in particular of the working environment to protect workers' health and safety [...]'. The European

Commission's policy agenda for the period 2014-2020 was set out in the Communication [EU strategic framework on health and safety at work for 2014-2020](#) (COM(2014) 332 final), which outlines three major challenges: to improve implementation of existing health and safety rules; to improve the prevention of work-related diseases by tackling new and emerging risks without neglecting existing risks; to take account of the EU's ageing workforce.

Actions in the field of health and safety at work are supported under the [working conditions](#) (rights at work) section of the [progress axis](#) of the [EU's programme for employment and social innovation \(EaSI\)](#) . EaSI is a financing instrument designed to promote a high level of quality and sustainable employment, guaranteeing adequate and decent social protection, combating social exclusion and poverty and improving working conditions. The proposed budget for the progress axis of the EaSI is around EUR 500 million for the period 2014-2020.

Statistics on public health and health and safety at work

The EU gathers statistical information in order to assess health issues, effectively design policies and target future actions. This statistical information needs to be based on a set of common EU health indicators, for which there is Europe-wide agreement regarding definitions, collection and use; examples include the [European core health indicators \(ECHI\)](#) , [sustainable development indicators](#) and [EU social indicators](#) .

In December 2008, the [European Parliament](#) and the Council adopted [Regulation \(EC\) No 1338/2008](#) on Community statistics on public health and health and safety at work. The Regulation is designed to ensure that health statistics provide adequate information for all EU Member States to monitor EU actions in the field of public health and health and safety at work. The Regulation lists five domains: health status and health determinants; healthcare; causes of death; accidents at work; and occupational diseases and other work-related health problems and illnesses. A number of European Commission Regulations were subsequently adopted specifying in detail the variables, breakdowns and metadata that EU Member States should deliver:

- [Regulation \(EU\) No 328/2011](#) on statistics on causes of death,
- [Regulation \(EU\) No 349/2011](#) on statistics on accidents at work,
- [Regulation \(EU\) No 141/2013](#) on the implementation of the European health interview survey, and
- [Regulation \(EU\) No 2015/359](#) on the implementation of statistics on healthcare expenditure and financing.

European statistics on health are derived from two types of sources: [administrative data](#) and [surveys](#) . Administrative data sources are the basis for important statistical data collections such as human and technical resources and activities, healthcare expenditure, causes of death, and accidents at work; these data therefore reflect, to some degree, country-specific ways of organising healthcare and may not always be completely comparable. General population surveys in health statistics include the minimum European health module integrated within the annual [EU statistics on income and living conditions survey \(EU-SILC\)](#) , the five-yearly [European health interview survey \(EHIS\)](#) and specific ad-hoc modules of the [labour force survey \(LFS\)](#) , such as the 1999, 2007 and 2013 modules on accidents at work and other work-related health problems or the 2002 and 2011 modules on the employment of disabled persons.

Other articles

- All articles on [health](#)
- [Health in the European Union — facts and figures](#) — online publication
- [Disability statistics](#) — online publication

Publications

- [European social statistics](#) — 2013 edition

Main tables

- [Health status](#) (thlthstate)
- [Health care](#) (thlthcare)
- [Causes of death](#) (thlthcdeath)

Database

- [Health status and health determinants](#) (hlthstate) and (hlthdet)
- [Health care](#) (hlthcare)
- [Disability](#) (hlthdsb)
- [Causes of death](#) (hlthcdeath)
- [Health and safety at work](#) (hsw)

Dedicated section

- [Health](#)

Methodology

- [European Health Interview Survey \(EHIS wave 3\) — Methodological manual — 2018 edition](#)
- [A System of Health Accounts 2011 — Revised edition March 2017](#)
- [Morbidity statistics in the EU — Report on pilot studies — 2014 edition](#)
- [European Statistics on Accidents at Work \(ESAW\) — Summary methodology — 2013 edition](#)
- [Revision of the European Standard Population — Report of Eurostat's task force — 2013 edition](#)

Legislation

- [Health legislation](#)

External links

- [European Commission — Directorate General for Health and Food Safety — Public health](#)
- [European Commission — Employment, Social Affairs and Inclusion — Health and safety at work](#)
- [OECD — Health policies and data](#)
- [World Health Organisation \(WHO\) — Health systems](#)
- [International Labour Organisation — Safety and health at work](#)

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