

Health at a Glance: Europe 2016

State of Health in the EU Cycle

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Commission



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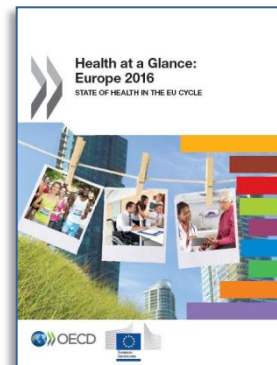


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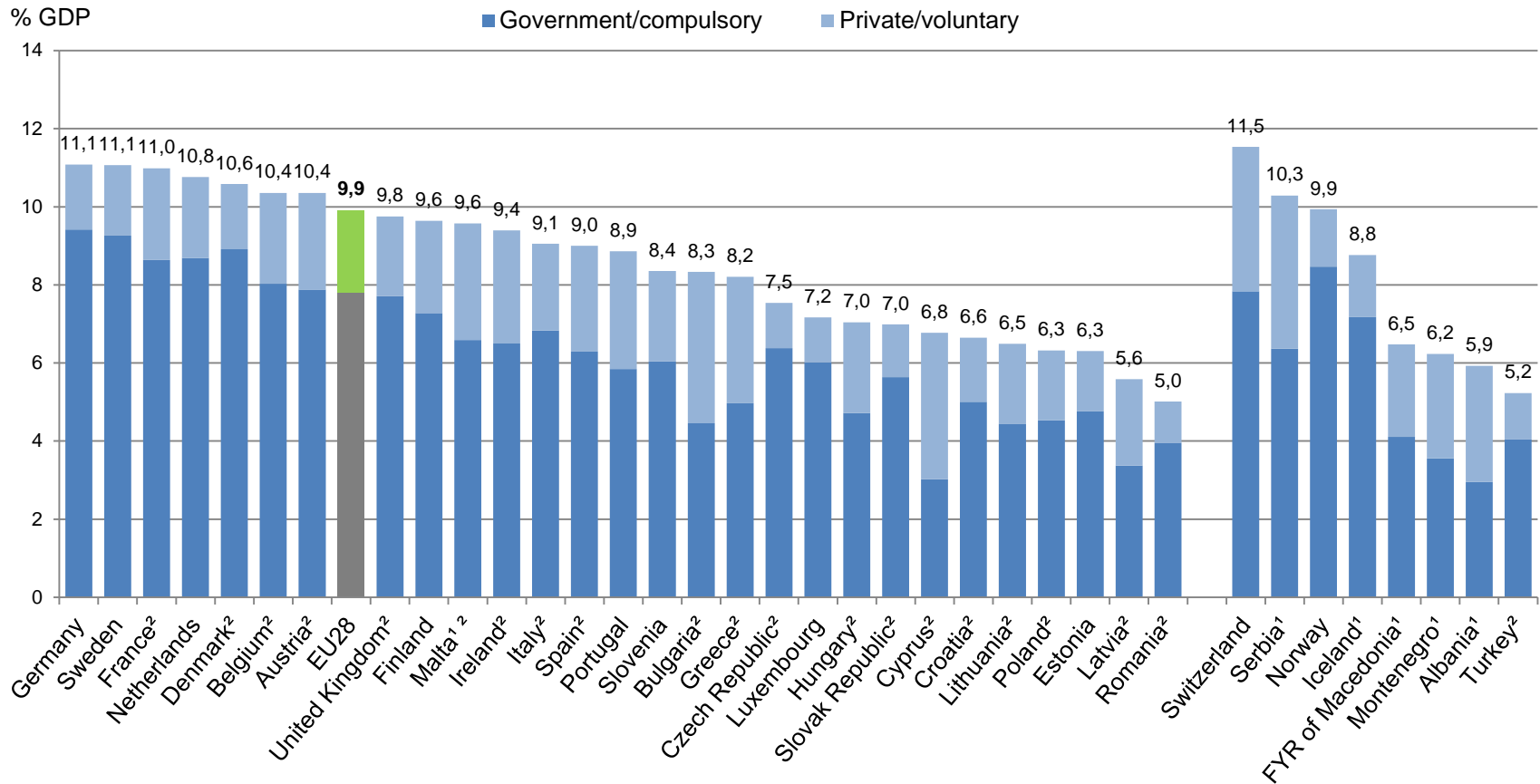
1. Labour market impacts of ill-health **NEW**
2. Strengthening primary care systems **NEW**
3. Health status
4. Determinants of health
5. Health expenditure **FOCUS**
6. Effectiveness and quality of care
7. Access to care
8. Resilience, efficiency and sustainability of health systems **NEW**

Note by Turkey: The information in this document with reference to "Cyprus" relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

Note by all the European Union Member States of the OECD and the European Union: The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

Health spending accounts for nearly 10% of GDP in EU; 11% or more in Germany, Sweden and France

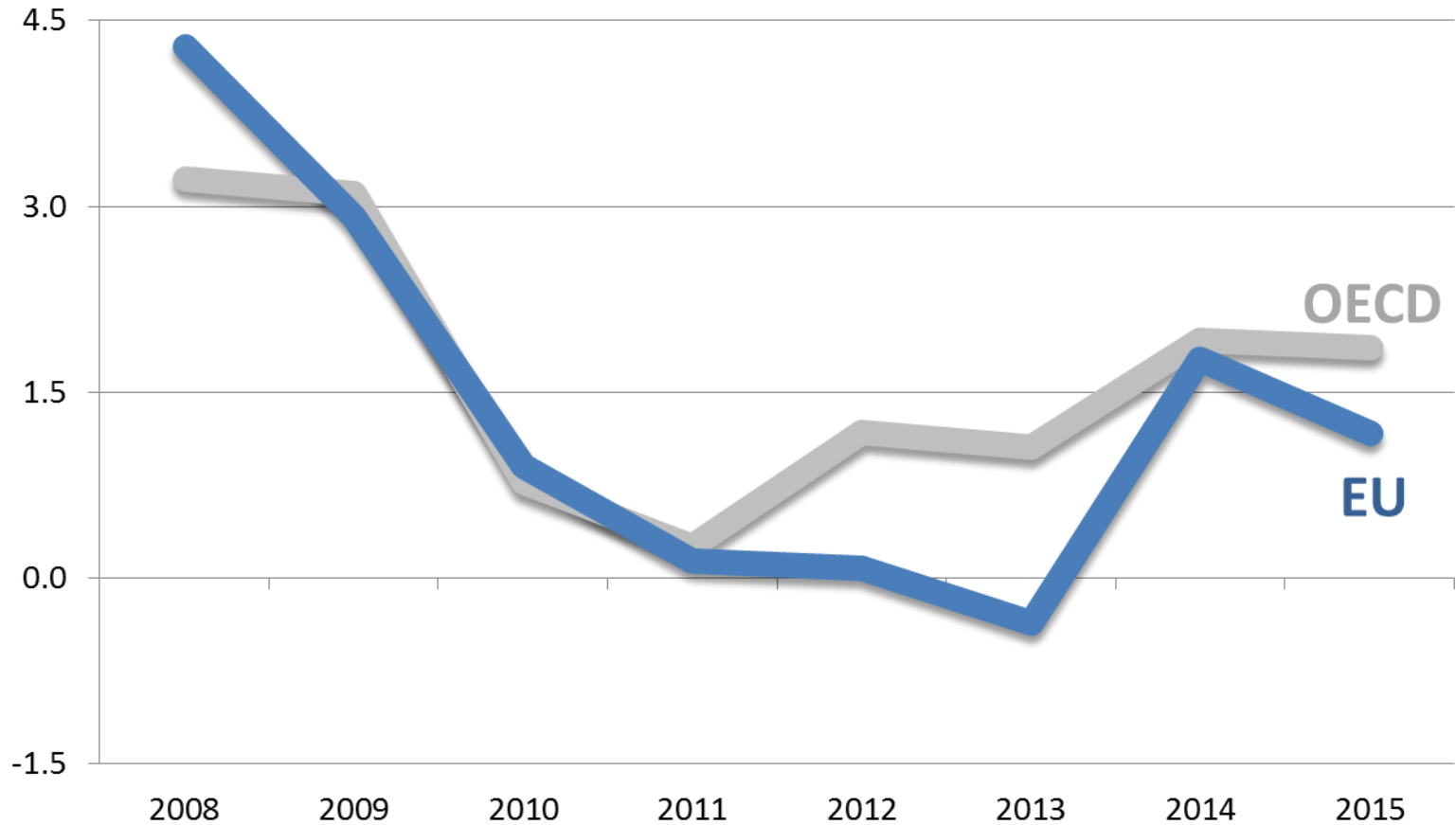
Health expenditure as a share of GDP, 2015 (or nearest year)



1. Includes investments. 2. OECD estimate.

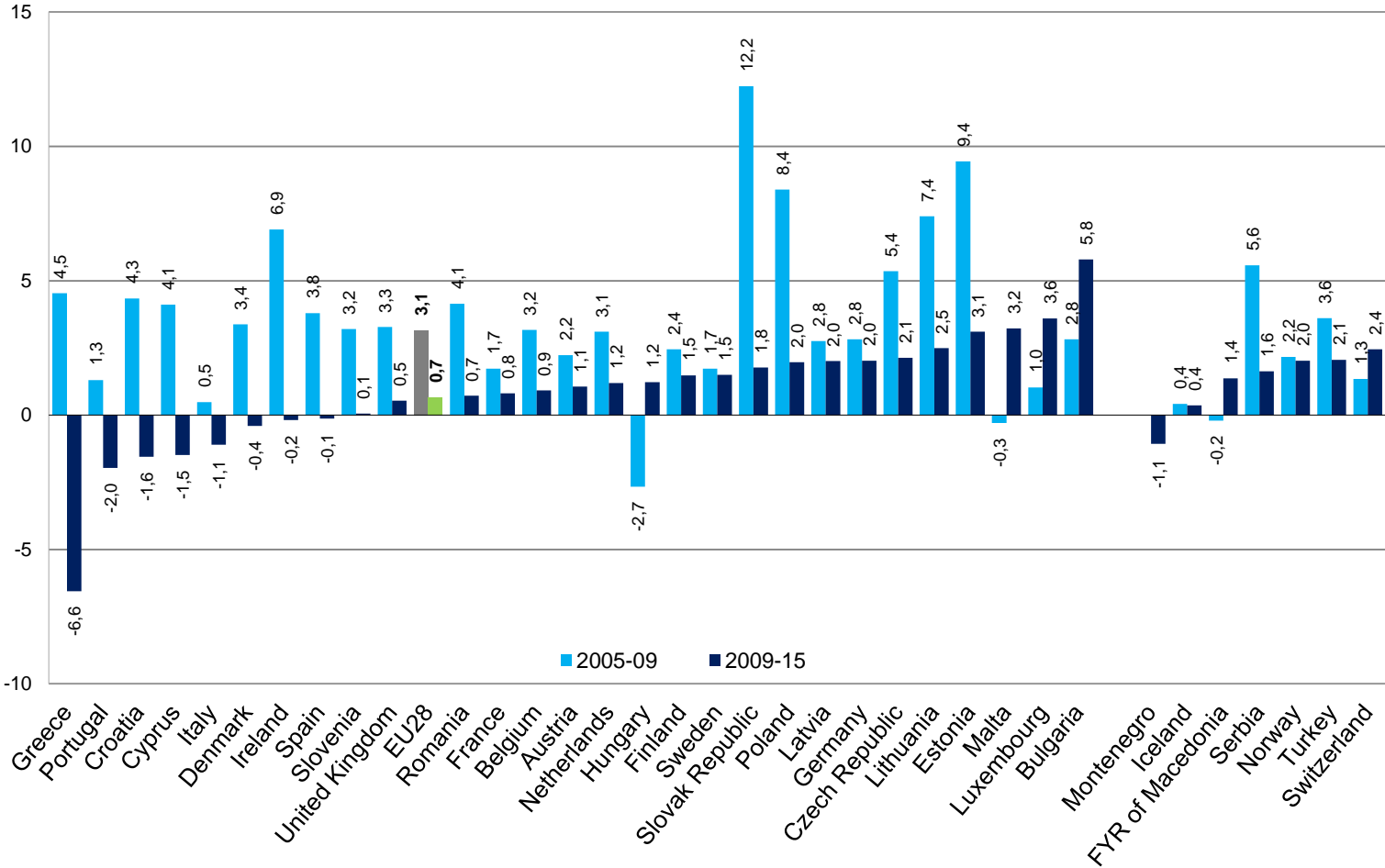
Growth in health spending has started to pick up after the collapse following the crisis

Per capita health spending growth rates in real terms, EU and OECD average, 2008 to 2015



Several EU countries hard hit by the economic crisis have cut their health spending since 2009

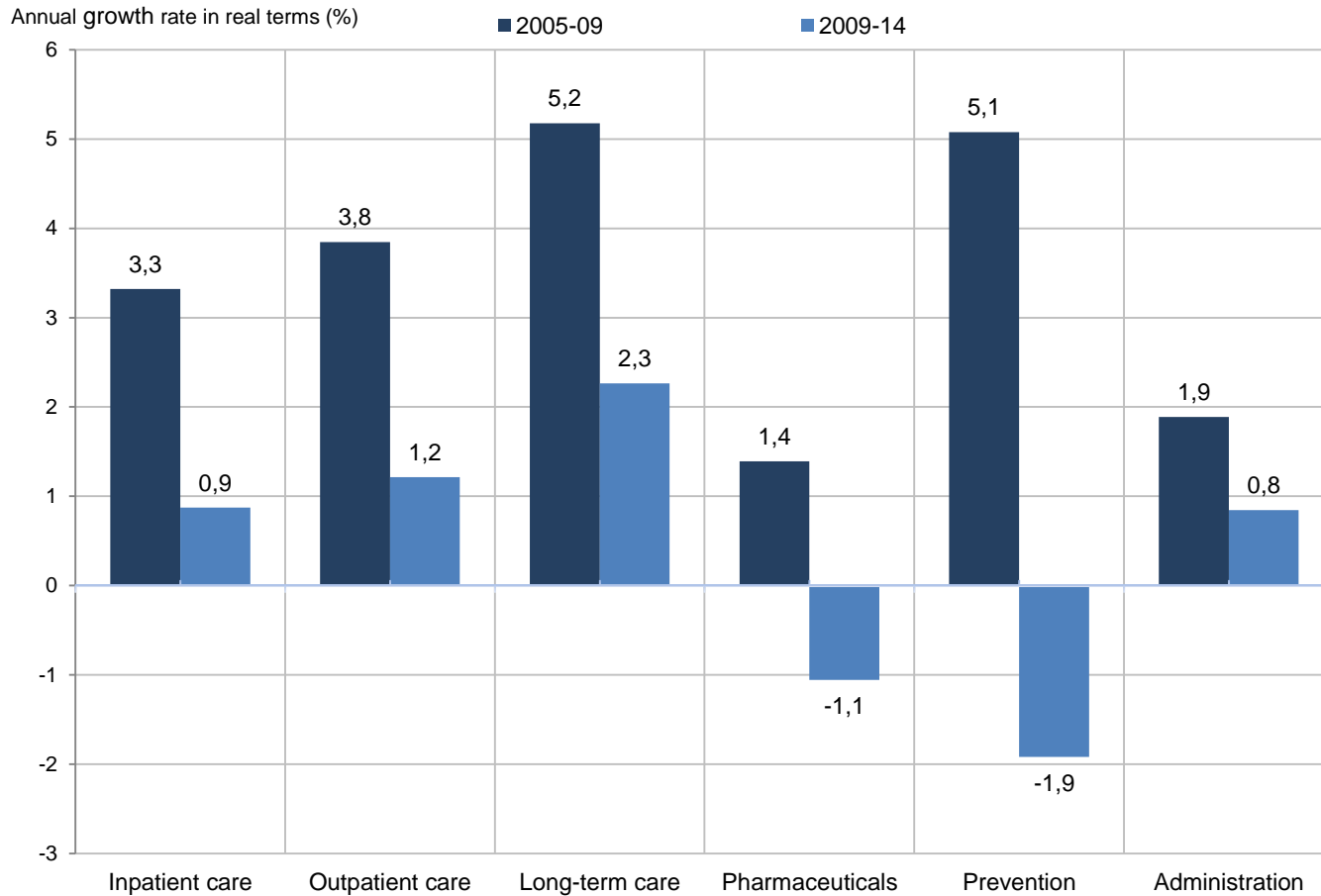
Annual average growth rate in per capita health expenditure, real terms, 2005 to 2015 (or nearest year)



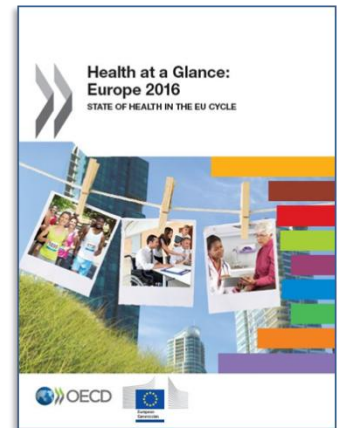
Source: OECD Health Statistics 2016; Eurostat Database; WHO Global Health Expenditure Database

Pharmaceutical and prevention spending have been cut in many EU countries

EU average



Source: OECD Health Statistics 2016; Eurostat Database



LABOUR MARKET IMPACTS OF ILL-HEALTH

(new chapter)

- Mortality from non-communicable diseases among working-age population
- Employment and productivity impacts of chronic diseases and related risk factors

NCDs led to a loss of 3.4 million potential productive life years in EU countries in 2013 -> EUR 115 billion (0.8% of GDP)

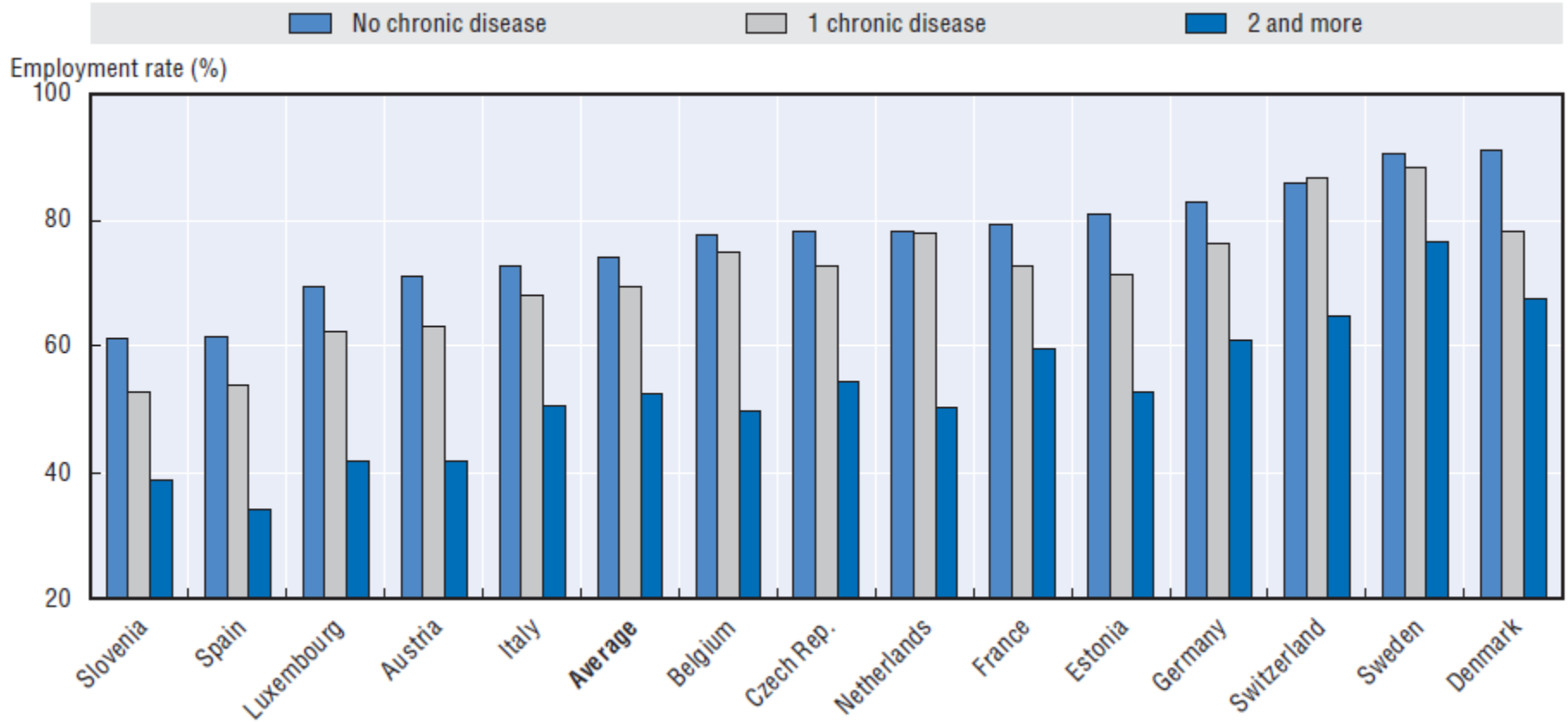
Potential productive life years lost related to NCDs among people aged 25–64, EU countries, 2013



Source: OECD estimates based on Eurostat data

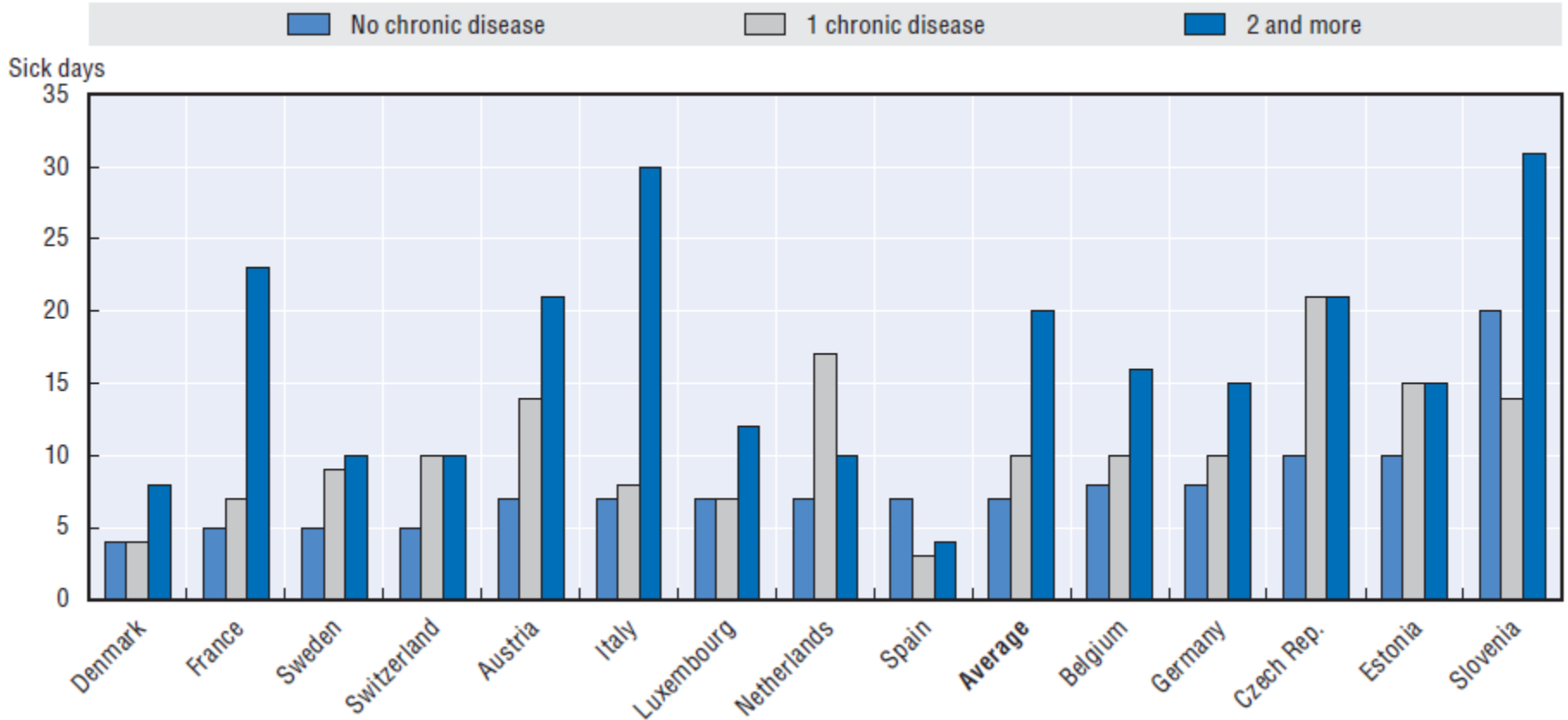
The employment rate of people with chronic diseases is much lower than for those who do not have any

Number (median) of sick days in the last 12 months among employed people aged 50-59, by chronic diseases, 14 European countries, 2013



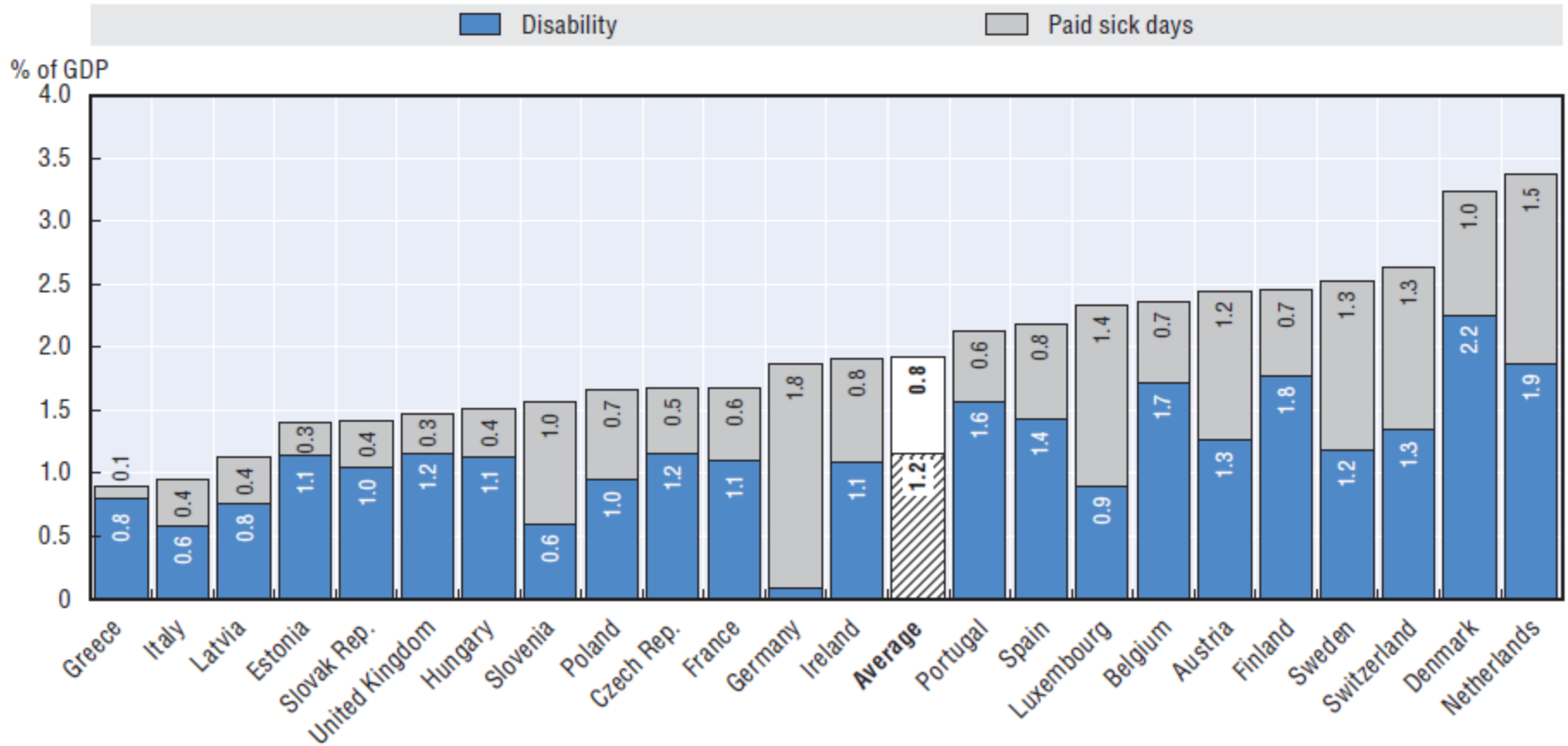
When they work, people with chronic diseases have a greater number of sick days

Number (median) of sick days in the last 12 months among employed people aged 50-59, by chronic diseases, 14 European countries, 2013



Public and mandatory private spending on disability benefits and paid sick leave accounted for 2% of GDP in 2013

This is more than spending on unemployment benefits (1.2% of GDP in 2013)

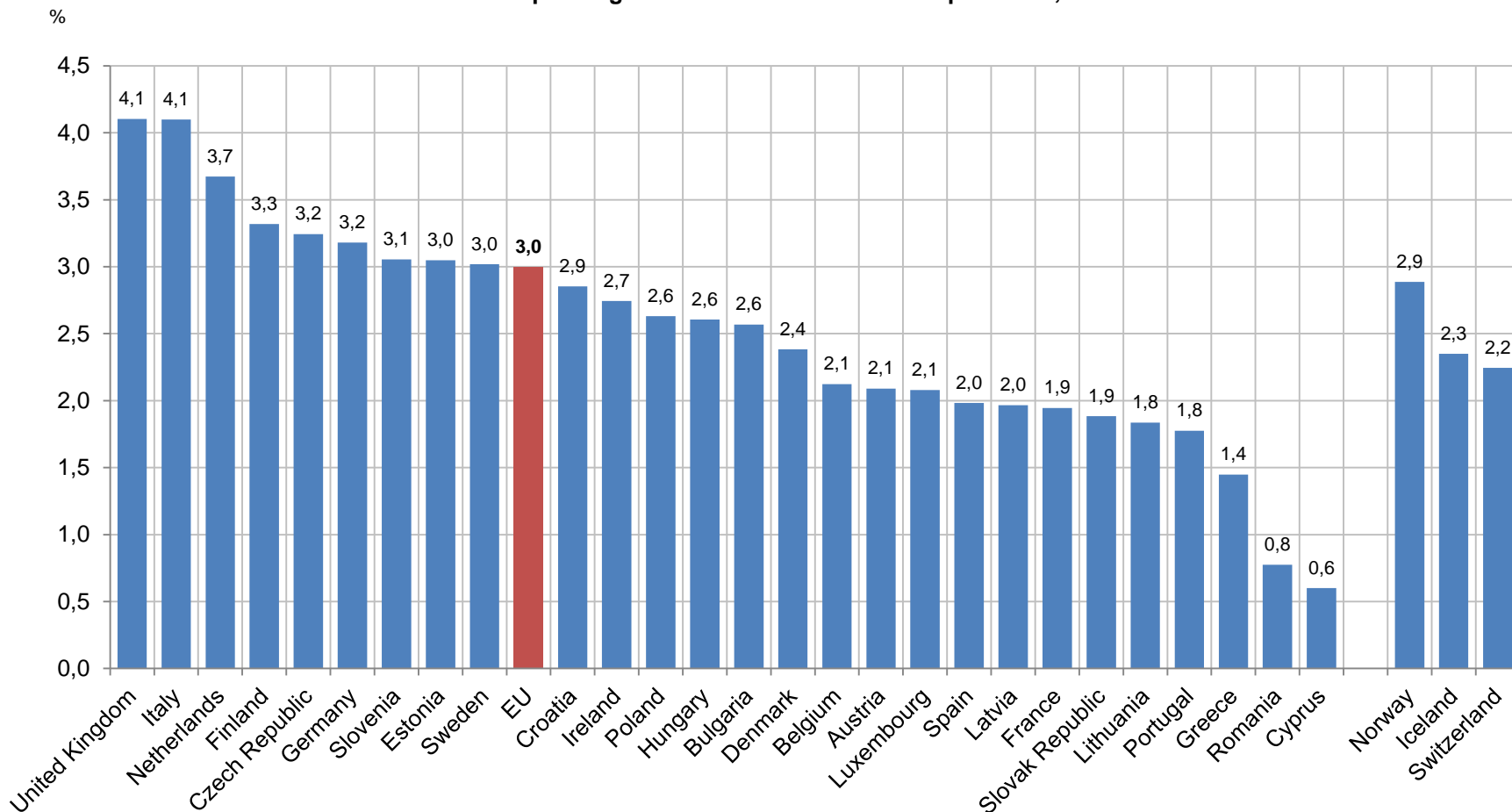




STRENGTHENING PREVENTION AND PRIMARY CARE TO TACKLE CHANGING DEMOGRAPHICS AND RISK FACTORS

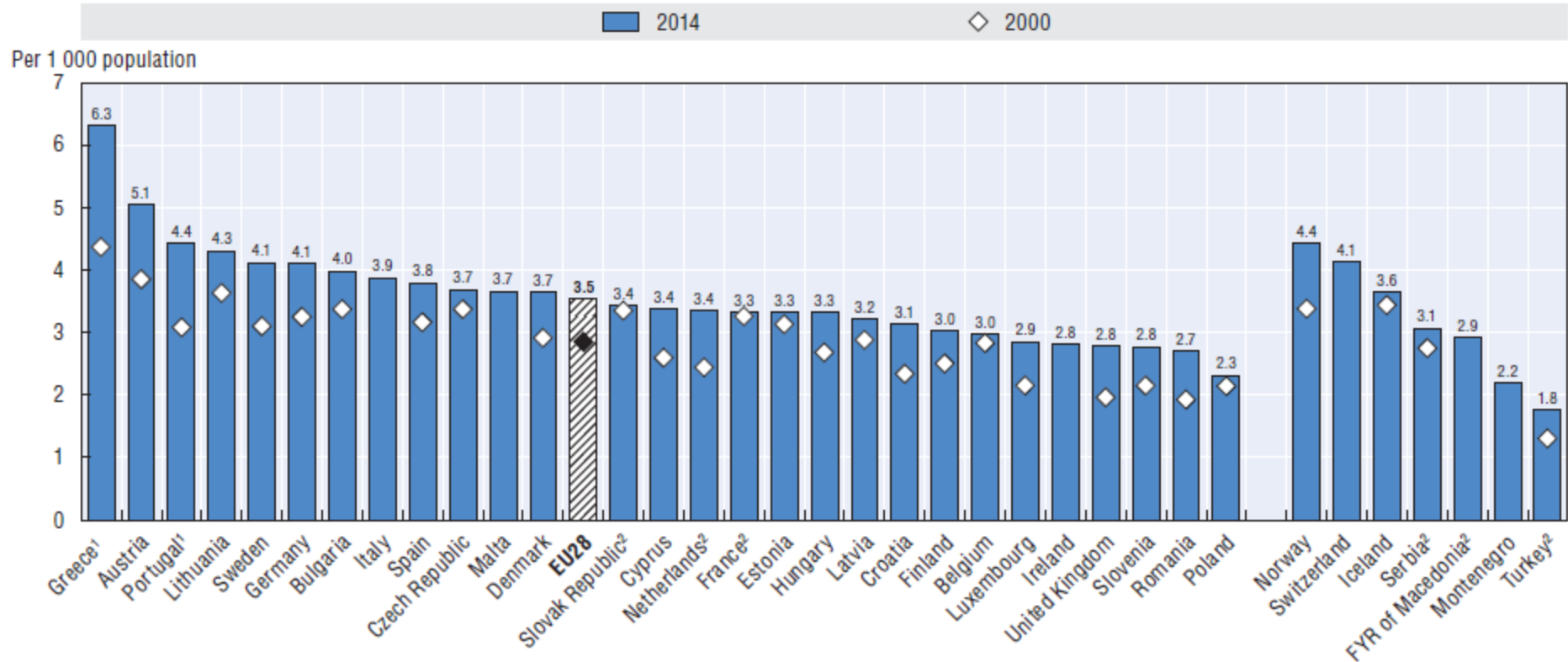
Spending on prevention represents only 3% of current health spending on average, and has been cut down in several countries after the crisis

Prevention spending as share of current health expenditure, 2014



The number of doctors per capita has increased in nearly all EU countries since 2000

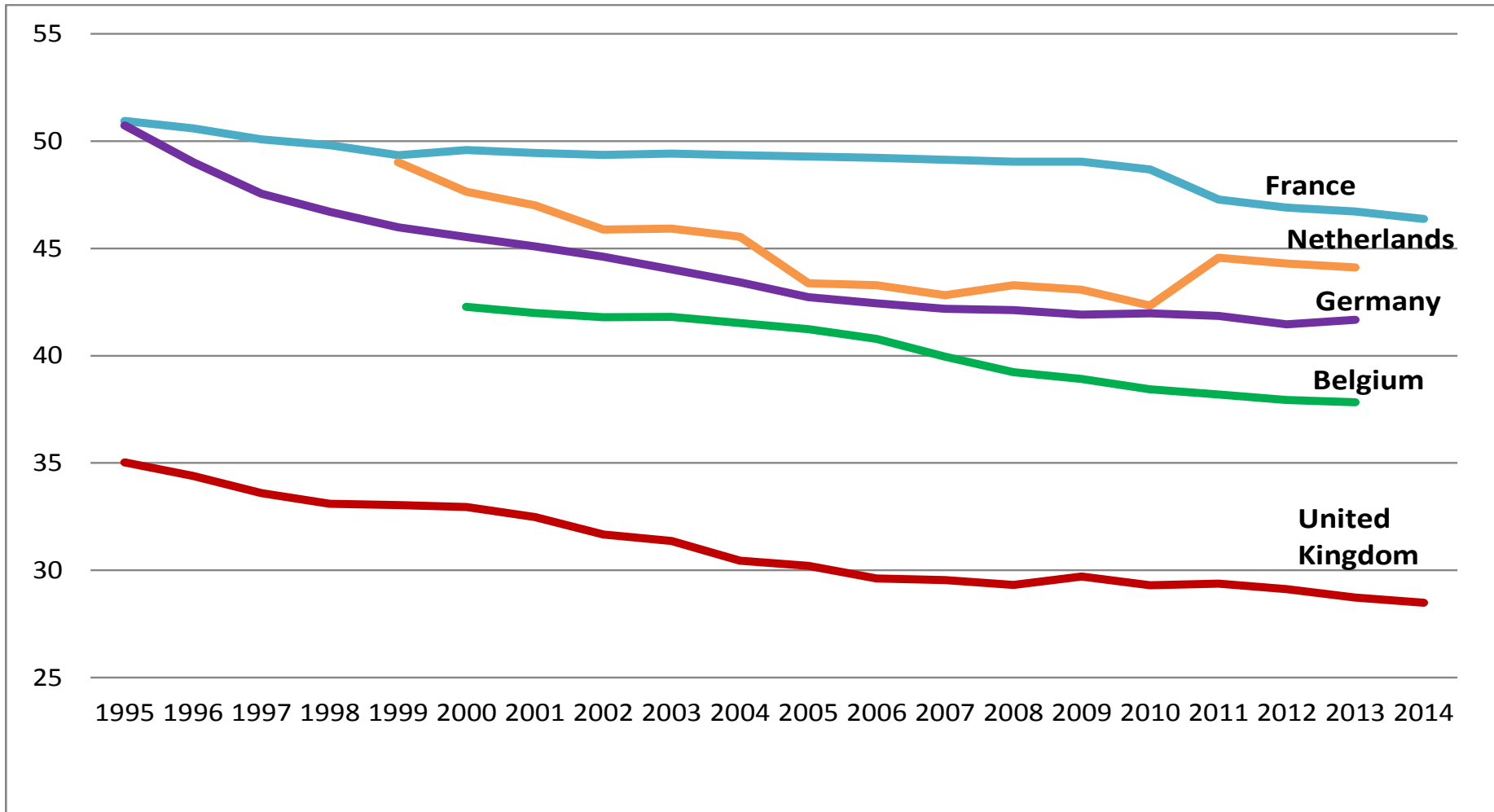
Practising doctors per 1 000 population, 2000 and 2014 (or nearest year)



1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (around 30% in Portugal).
2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

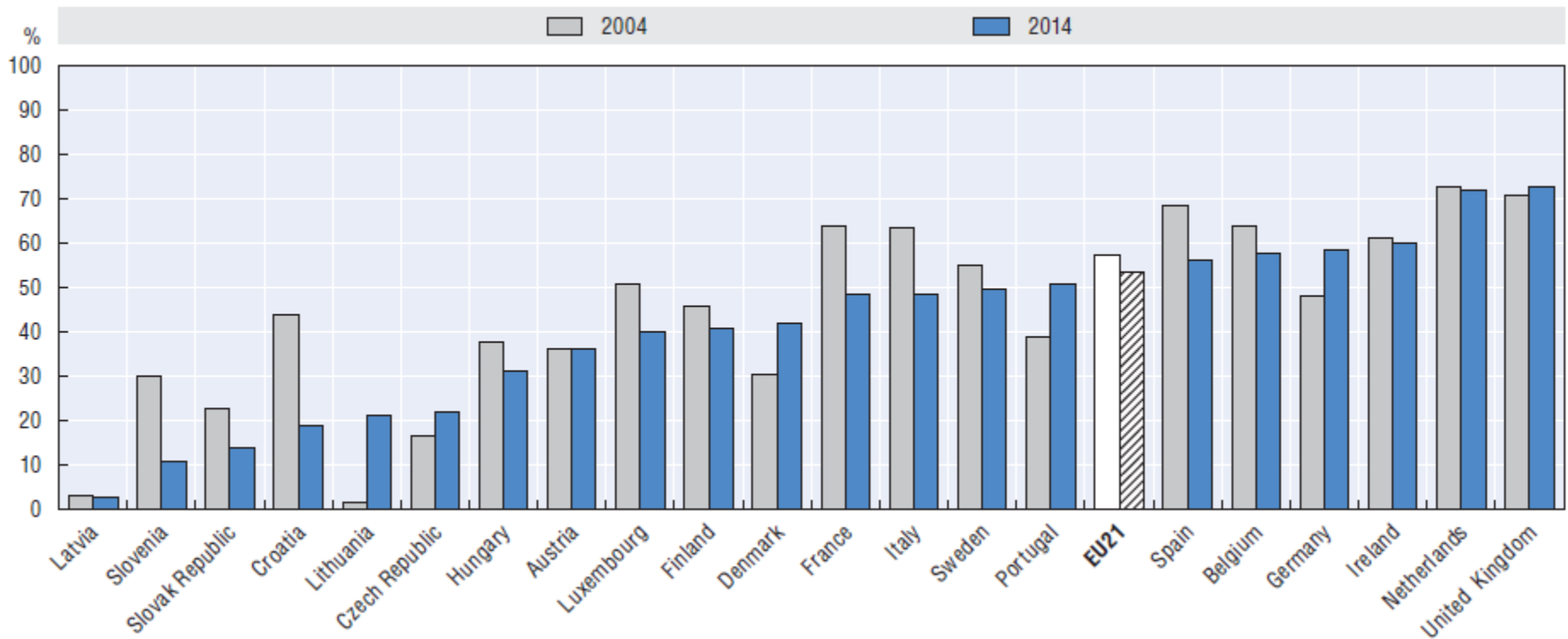
But the share of GPs is declining in most countries, threatening access to primary care

Share of generalists as % of all physicians



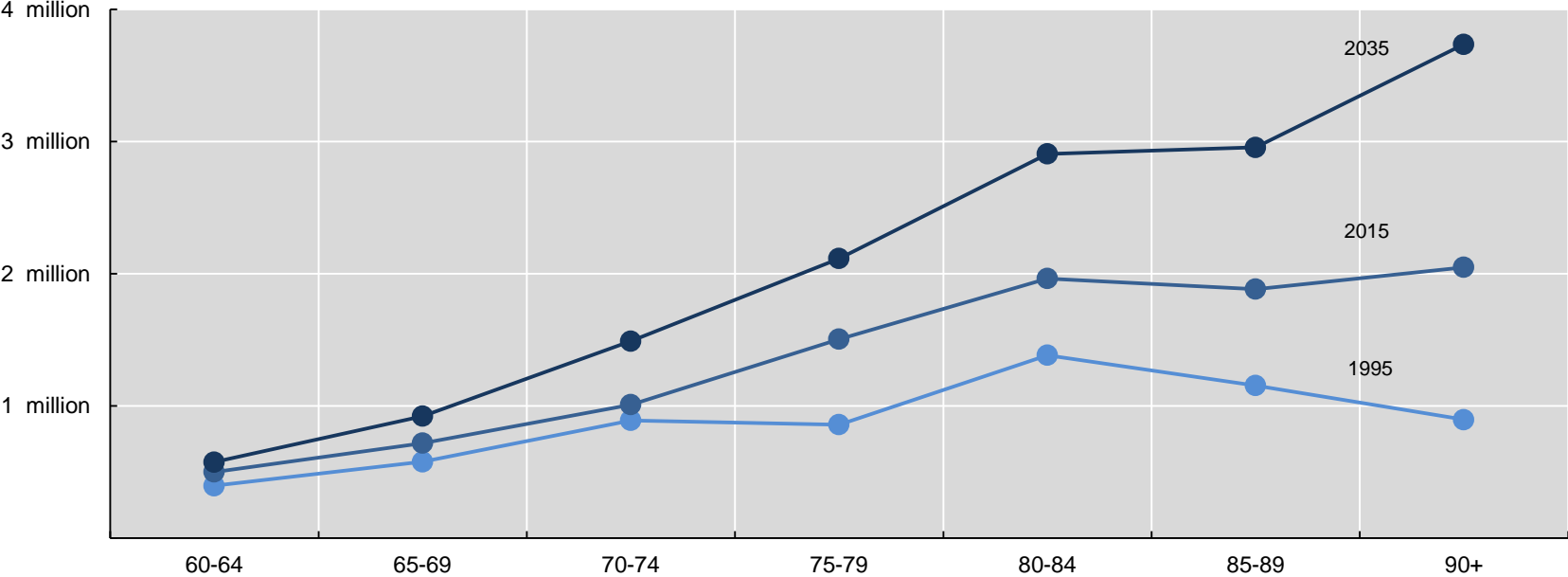
Greater efforts needed to prevent both communicable and non-communicable diseases

Vaccination coverage against influenza among people aged 65+ has come down in many countries, increasing the risk of complications, hospitalisations and even deaths



Strengthening primary care is key to managing growing number of people with chronic diseases

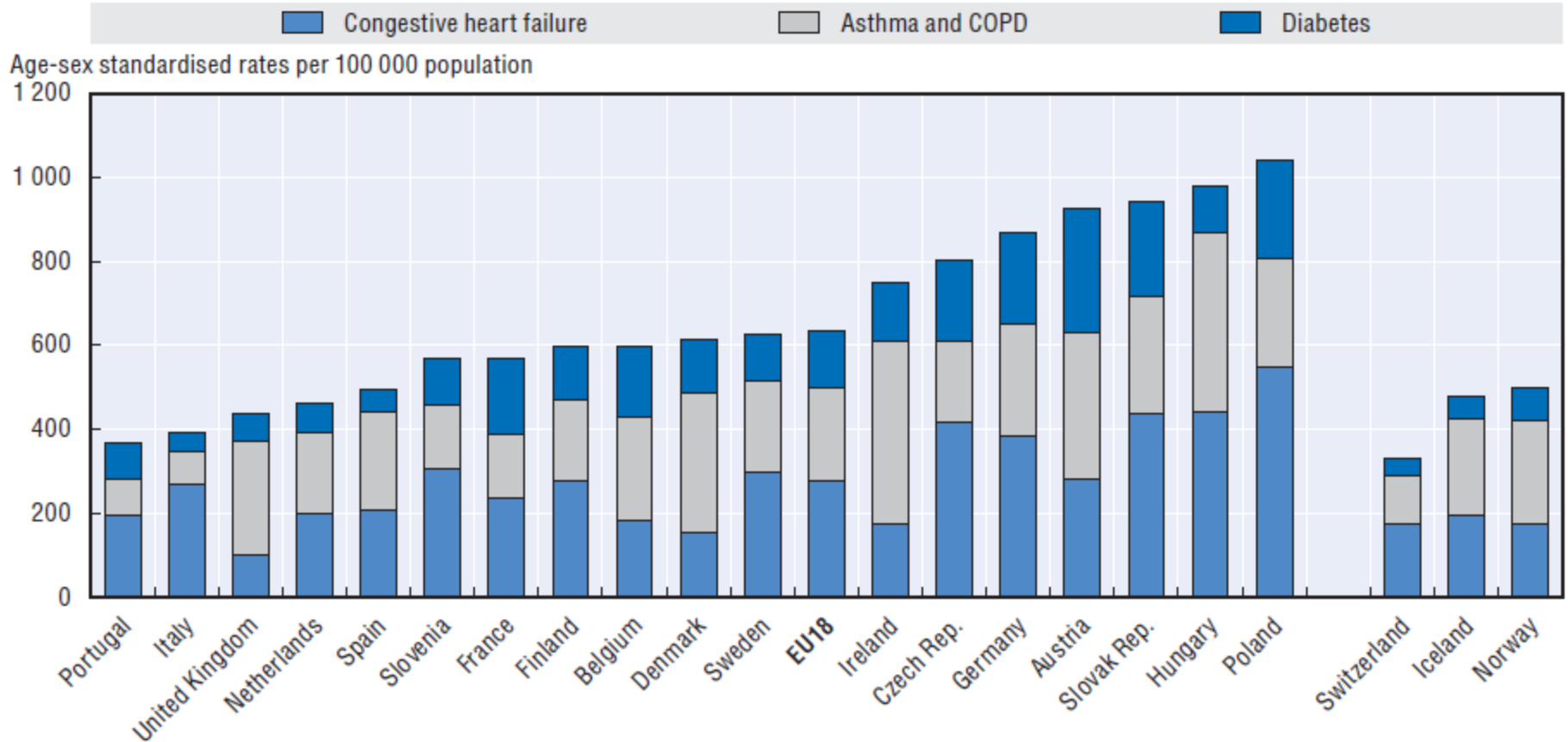
Estimated number of people with dementia in EU countries, by age, 1995, 2015 and 2035



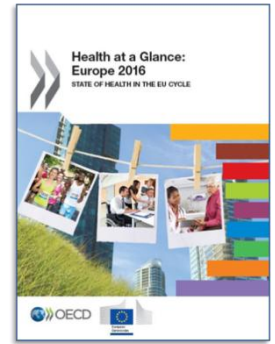
Source: OECD analysis of data from Prince et al. (2013) and the United Nations

Consequence of limited access to primary care: Too many avoidable and costly hospital admissions

2013 (or nearest year)

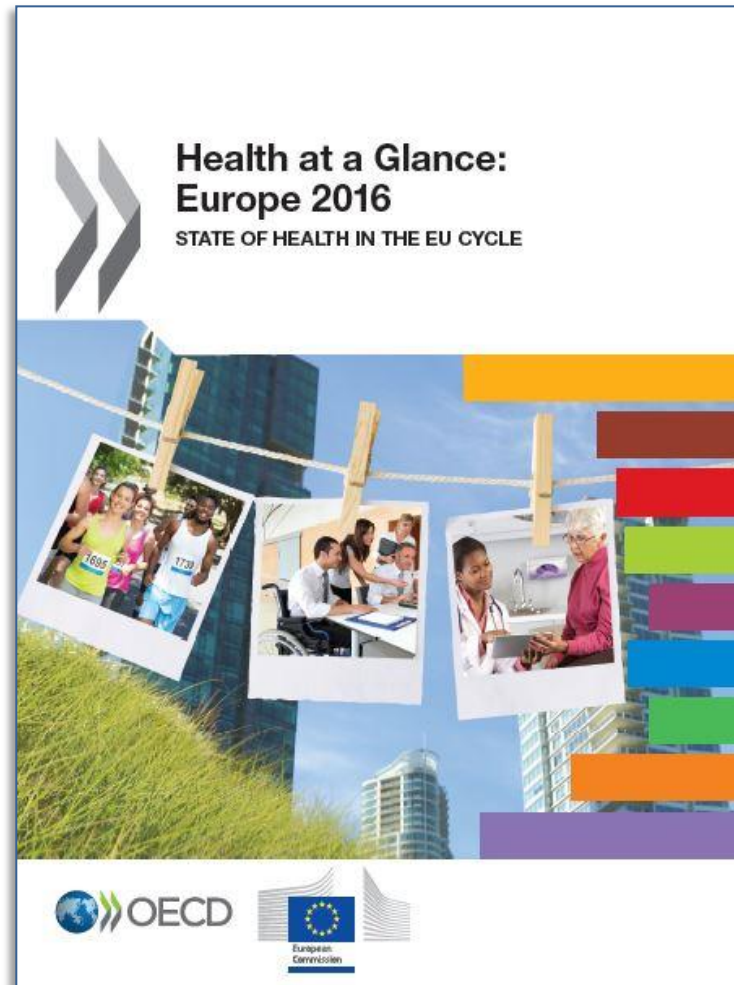


Conclusions



- More prevention to reduce or postpone chronic diseases
- Strengthen primary care and patient-centred care to better manage chronic diseases and avoid unnecessary hospital admissions
- Maintain or achieve universal health coverage by reducing financial and geographic barriers to needed care and ensuring effective and timely access to services
- Achieve further efficiency in health spending to meet growing demands with limited resources

More information



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