Health in Europe: How are we doing?

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Despite major health gains over recent decades, there continues to be wide variations in health status, risk factors for health, and health care provision across European countries. To help explain the underlying causes of these variations, and to guide future policy development, a groundbreaking report ‘Health at a Glance: Europe 2010’ has been published.

Background to the report

The ‘Health at a Glance’ report is the result of a long-standing collaboration between the Organisation for Economic Co-operation and Development (OECD), a unique forum where governments can compare policy experiences and identify good practice, and the European Commission. Health data from 31 countries are included in the report, namely the 27 member states of the European Union (EU) along with Iceland, Norway, Switzerland and Turkey.

Life expectancy

Since 1980 the average life expectancy has increased by six years, reaching 78 years in 2007. This remarkable increase can be attributed to rising living standards, improved lifestyle and better education, as well as greater access to quality healthcare services. Nevertheless, the gap between the highest and lowest life expectancies among European countries is around eight years for women (France 84.4 v Romania 76.2 years) and 14 years for men (Sweden 78.8 vs. Lithuania 65.1 years).

Whether gains in life expectancy involve additional years lived in good health, has important implications for health and long-term care systems in Europe. It is estimated that women live just over 61 years, and men 60 years without limitations to their day-to-day activities. As women live longer than men this means a higher proportion of women’s lives are spent with activity limitations. The prevention of chronic, debilitating diseases like cardiovascular disease and cancer is one way to maintain quality of life. So how successful are our attempts to reduce the risk factors for these diseases?

Smoking and alcohol

Smoking is the number one avoidable risk to health and its considerable decline across Europe since the 1980s is a great achievement. This success, for example down from 36% to 23% of adults smoking daily in Denmark, is largely attributed to government policies such as awareness campaigns and advertising bans. It is also acknowledged that anti-smoking groups have helped change people’s attitudes towards smoking, making it less socially acceptable.

Total alcohol consumption (not specified further) has also fallen to some degree. In particular it has
dropped in traditional wine-producing countries such as France, Italy and Spain, which may be associated with the voluntary and statutory regulation of advertising. Despite this overall decline, some countries including Finland, Ireland and the United Kingdom have seen significant rises in alcohol consumption in recent years.

Fruit consumption

As dietary habits formed in childhood can persist through later life, eating fruit regularly early on is likely to promote lasting healthy eating behaviours. In 2005/6, only about a third of boys and two fifths of girls aged 11-15 years ate at least one piece of fruit per day. Italian and Belgian teens were amongst the most successful in maintaining regular fruit consumption over time. Increased accessibility to fruit at school and during leisure time, combined with educational and motivational activities are recommended in the report, to increase children’s fruit intake.

Weighty issues

With half the adult population affected by overweight (Body Mass Index (BMI) 25-29.9) or by obesity (BMI ≥30), Europe has a weight problem. Several behavioural and environmental factors, including falling food prices and more time spent physically inactive, are likely to have contributed to this situation. Obesity rates have doubled in the last 20 years with the highest levels found in the UK, Malta and Ireland, where over 20% of adults have obesity. On average across EU countries, 15.5% of the adult population is affected by obesity. As obesity increases the risk of chronic diseases, it is estimated that total healthcare costs linked to overweight could increase by as much as 70% between 2007 and 2015.

Healthcare priorities

Total health expenditure has risen in all European countries, from 7.3% of the Gross Domestic Product in 1998 to 8.3% in 2008, often increasing at a rate faster than economic growth. European health systems are focused on ‘sick care’, i.e. treating the ill rather than preventing illness. Curative and rehabilitative care accounts for over 60% of current health spending across EU countries, the other major expenditure is on pharmaceuticals or other medical goods. In comparison, 2.9% of the total EU health expenditure is allocated to various organised public health and prevention measures, such as vaccination programmes and public health campaigns to promote healthy eating and reduce alcohol abuse and smoking. However, it should be noted that sometimes such programmes are listed as curative care and therefore the actual expenditure on public health and prevention initiatives is likely to be higher.

Positively good health

Although subjective and influenced by cultural differences, self-perceived health status has been found to predict people’s future health care use and mortality. The majority of the adult population in almost all European countries rate their health to be ‘good’ or ‘very good’, but there is a marked decline in positive health ratings after 45 years of age and a further decline after age 65. There is clearly a need to add life to
years, not just years to life.

References