

The European health report 2018

More than numbers – evidence for all

Key trends in the WHO European Region

Life expectancy in the WHO European Region is on the rise overall, but there is still more than a decade of difference between the highest and the lowest life expectancies in the Region.

In some of the Region's Member States, scores measuring subjective well-being are among the highest in the world, although in others they are considerably lower.

Premature deaths caused by the four major noncommunicable diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) are on track to fall by 1.5% annually by 2020. However, lifestyle-related factors affecting mortality continue to cause concern, as they may reverse the gains in life expectancy. For example:

- trends in overweight and obesity rates are on an upwards curve in most European countries;
- tobacco smoking rates in Europe are the highest in the world;
- levels of alcohol consumption in Europe are in decline overall, but they remain the highest in the world.

Child vaccination rates are improving in general across Europe. However, outbreaks of measles and rubella in some countries are jeopardizing the ability of the Region to eliminate these diseases.

Nonetheless, most European countries are demonstrating a real commitment to improving the health and well-being of their populations by setting targets, adopting strategies and measuring progress.

Background

The European health report is a flagship publication produced every three years by the WHO Regional Office for Europe. The 2012 report established a baseline for tracking progress towards six key targets set by Health 2020:

1. Reduce premature mortality in the European Region by 2020
2. Increase life expectancy in the European Region
3. Reduce inequalities in health in the European Region
4. Enhance the well-being of the population in the European Region
5. Ensure universal coverage and the “right to the highest attainable level of health”
6. Set national goals and targets related to health in Member States.

Health 2020 is the European policy framework which aims to establish equitable, sustainable and universal health-care systems in Europe that give individuals control over the health decisions that most affect their lives. By embracing Health 2020, European countries have put themselves in a strong position to meet the relevant Sustainable Development Goals (SDGs) outlined in the 2030 Agenda for Sustainable Development.

It is now well past the midway point of the Health 2020 implementation period, and, as this latest report reveals, most of the European WHO Member States have taken significant steps towards achieving the six key targets. However, progress across the Region is uneven, within and between countries, between sexes and across generations. In addition, current trends in lifestyle-related risk factors, especially overweight and obesity, give significant cause for concern.

The results presented in this report reflect an ongoing shift towards using new forms of evidence that go beyond numbers to capture subjective experiences and explore the social and cultural drivers of health and well-being.

Progress towards key targets

Life expectancy is on the rise – but large gaps remain

Europeans live, on average, more than one year longer than they did five years ago, with an average increase of 1.3 years for males, and 1.0 year for females between 2010 and 2015. In addition, life expectancy gaps, both between countries and between the sexes, are narrowing.

However, women still live on average 6.6 years longer than men. In addition, there is more than 10 years' difference between the average life expectancy in the country with the highest average life expectancy (83.1 years) and that with the lowest (71.6 years). Strong public health action is needed to narrow these gaps.

Lifestyle-related risk factors and continued outbreaks of vaccine-preventable diseases may hinder the effort to reduce premature mortality by 2020

In the European Region, there is a decreasing trend in mortality rates for people of all ages from all causes. Overall, the Region is on track to reduce premature deaths from the four major noncommunicable diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) by 1.5% annually until 2020. The average declining trend for adults aged 30–69 years is even higher, with an annual decrease of approximately 2%. In addition, the number of deaths from external causes of injury or poisoning has declined steadily by approximately 40% over five years (although such deaths were over three times higher in men than in women).

However, if lifestyle-related risk factors continue to increase, these gains in life expectancy might be reversed. For example, while alcohol use in the Region is declining overall, the level of adult consumption of alcohol in the Region is still the highest in the world, with levels of consumption in countries ranging from approximately 1 to 15 litres per capita every year. In addition, tobacco smoking rates in the Region are the highest in the world, with one in three people aged 15 years or more smoking. Moreover, trends for overweight and obesity in adults are on an upward curve in almost all Member States: in the past six years, on average, the prevalence of overweight increased by about 3%, and that of obesity by about 2.5% (in most Member States, overweight was more prevalent among men, and obesity more prevalent among women).

In addition, while child vaccination rates are generally improving across Europe, immunity gaps persist. As a result, outbreaks of vaccine-preventable diseases such as measles and rubella in some countries are jeopardizing the ability of the Region to eliminate these diseases.

More European countries are showing commitment to reducing inequalities in health – but variations between countries remain large

This target looks at indicators of the social determinants of health, such as infant mortality, life expectancy, primary school enrolment and unemployment.

By 2016, 42 of the 53 Member States in the European Region had put strategies in place to address inequalities, compared to 29 countries in 2010, although the absolute differences in some of the indicators between some countries remains very large.

- Infant mortality rates have fallen from 7.3 infant deaths per 1000 live births to 6.8 in five years.
- The proportion of children not enrolled in primary education also fell, yet variations between countries persist, with 0.1% not enrolled at one extreme and 10.1% at the other.
- Unemployment has fallen slightly as a whole, yet variations between countries remain large, ranging from 0.5% to 26.1%.

Well-being in Europe is the highest in the world – but not for all

While well-being can be measured by certain objective indicators, it is also influenced by cultural factors and values, traditions and beliefs and so must also be evaluated through qualitative indicators and subjective experiences of well-being. One subjective indicator – life satisfaction – has been measured on a scale of 0 (least satisfied) to 10 (most satisfied) for the question “How satisfied are you with life these days?” Across the European Region, the life satisfaction score is 6. However, variation among individual European Region Member States is pronounced: for example, some Member States have a score of 5 or below, while others have scores of up to 7.6 (the highest score in the world).

In addition, even though the overall life satisfaction score for the Region is relatively high, the score for perceived social support or social connectedness in the Region (a measure of objective well-being) has declined by approximately 5% in the last two years.

Working towards universal health coverage – a case of two steps forwards, one step back

Universal health coverage means ensuring that essential health services are available to all individuals who need them and that out-of-pocket payments are kept to acceptable levels. One of WHO’s three strategic priorities for its Thirteenth General Programme of Work, 2019–2023, is to bring universal health coverage to 1 billion more people.

In the European Region, the picture with respect to achieving universal health care is mixed. On average, health expenditure in the Region has remained almost unchanged over time, plateauing at about 8% of gross domestic product; however, some Member States spend six times less on health than others in the Region.

Positive signs include maternal mortality falling from 13 deaths per 100 000 live births to 11 in five years, and the average treatment success rate for new pulmonary tuberculosis cases rising by 3% in the same period, although there are large differences in both indicators among countries.

Europe shows real commitment to setting goals and targets

Some of the most impressive progress made towards realizing Health 2020's aims has been in the willingness of European countries to set targets for health and well-being. By 2016, 88% of the countries in the Region responding to a WHO survey reported that they had either set targets for health and well-being or were planning to do so in the near future. This is also extremely important for the achievement of health-related SDGs.

Using qualitative evidence to reflect Health 2020's core values

Quantitative data remain central to health reporting. However, numerical data need to be accompanied by qualitative research in order to fully assess progress made towards ensuring community resilience and empowerment, and implementing life-course and whole-of-society approaches, all of which are key to achieving Health 2020 targets.

In addition, in order to implement meaningful public health action in the 21st century, both quantitative and qualitative evidence must be brought to the attention of all relevant stakeholders, to mainstream health information, health research and knowledge translation into health policy-making. This process is at the core of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region. This Action Plan, which is the first of its kind and was adopted by European Member States in 2016, will be implemented through WHO's European Health Information Initiative, a collaboration between the WHO Regional Office for Europe, regional Member States and European institutions. Unique to the European Region, this initiative coordinates health information, research and knowledge translation and assists countries in assessing their national health information and research systems and developing national strategies.

2020 and beyond – the challenges ahead

Much has been achieved since the adoption of Health 2020, but much remains to be done. For example, improving the generation, analysis, use and communication of health information is an urgent priority. In particular, in order to communicate health information effectively, it may be necessary to adopt an approach involving story-telling techniques, and face-to-face interviews and stakeholder discussions may be needed to fully discern the health experience of local communities.

To ease the burden of reporting to WHO and other international bodies, a joint monitoring framework with a common set of indicators is in development. If adopted, it will streamline reporting on progress towards achieving the targets outlined in the 2030 Agenda, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.

Another challenge lies in reconciling society's rising demands for transparency of health information (and the way such information is used in policy-making) and increasingly stringent data privacy and

protection laws. Resolving this issue is one of the principal aims of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region.

Defining and implementing Health 2020 has been a pioneering journey, marked by significant milestones that have led the way for other policy frameworks. Benefiting from the rich experience of Health 2020 implementation, the 2030 Agenda and other new frameworks are destined not to replace Health 2020 but to complement it, pursuing its aims and carrying its initiatives into the next decade.

For further information, visit: <http://www.euro.who.int/en/ehr2018>