



World Health
Organization

REGIONAL OFFICE FOR Europe

EUROPEAN HEALTH REPORT 2018

Highlights



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EUROPEAN HEALTH REPORT

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More than numbers — evidence for all

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OVERVIEW

The path to Health 2020 has been, in many respects, a journey of discovery. Much of the 2018 edition of the *European health report (1)* is dedicated to analysis of the key trends underlying the current state of health and well-being in Europe; this detailed assessment, underpinned primarily by traditional, quantitative methods of data gathering, tracks the efforts made by Member States of the WHO European Region to meet the six key targets set out in the Health 2020 framework (2, 3). Since its inception, however, this landmark framework has promoted a more expansive vision in which these conventional, statistical forms of data are complemented by an array of qualitative evidence and evidence from new sources that offer a richer, more rounded perspective on health and well-being as they are experienced by Europeans in the 21st century.

The two previous editions of the *European health report* recorded the earlier stages in this journey: the 2012 edition set out the agenda, identifying the key challenges for health measurement and “charting the way to well-being” (4); the 2015 edition, “reaching new frontiers in evidence”, recognized a paradigm shift in public health, in which the focus had already started to move from death and disease to health and well-being (5). Now, the 2018 edition brings the story up to date, describing how Member States, actively supported by a range of initiatives from the WHO Regional Office for Europe, have begun to expand the evidence base beyond numbers and statistics, taking in data from the medical humanities and social sciences and capturing real-life narratives that capture subjective experience. Embracing this holistic “mixed-methods” approach has allowed analysis of health trends that truly probes the social and cultural drivers of health and well-being, supplementing description in terms of “what” and “how much” with explanation in terms of “why”. In so doing, it has brought various core values that lie at the heart of Health 2020, such as community resilience, community empowerment and a life-course approach, to the forefront of the new research agenda.

It is clear, however, that the focus on new research methodology is not sufficient in itself to realize Health 2020’s ambition of establishing equitable, sustainable and universal health care systems that are people-centred and give individuals control over the decisions that most affect their lives. Robust health information must be turned into robust policy action. To this end, the 2018 report sees a new emphasis on the use of data, in which effective knowledge translation bridges the research–policy gap and is the catalyst for evidence-informed policy-making.

PROGRESS ON THE PATH TO HEALTH 2020

The importance of new, non-traditional methods of gathering qualitative data may now be widely acknowledged, but traditional, statistical forms of data – for instance, on mortality, morbidity and disability – are still essential; such data provide the backbone of the *European health report’s* in-depth assessment of progress towards the Health 2020 targets. Now well past the midway point, this assessment reveals that most Member States have taken significant steps towards hitting the six key targets. It is clear, however, that progress across the Region is uneven, within and between countries, between the sexes, and across age generations.

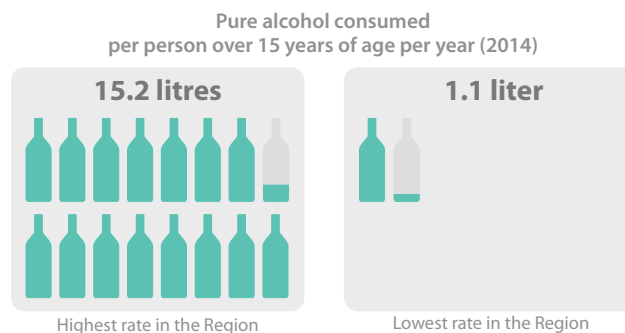
Lifestyle-related risk factors, especially overweight and obesity, give cause for concern

TARGET 1 → Reduce premature mortality in Europe by 2020

The Region is on track to achieve the Health 2020 target to reduce **premature mortality** from the four major noncommunicable diseases – cardiovascular diseases, cancer, diabetes and chronic respiratory diseases – by 1.5% annually until 2020. For adults aged 30 to 69, premature deaths due to these diseases fell from 421 per 100 000 in 2010 to 379 per 100 000 in 2014; similar progress was made in all-cause (all ages) mortality rates, which fell from 786 to 715 deaths per 100 000 between 2010 and 2015. Progress is not uniform, however, and large inequalities in mortality rates remain, both between the sexes and between countries. And there is a danger that the positive trends will be reversed if the risk factors are left unchecked.

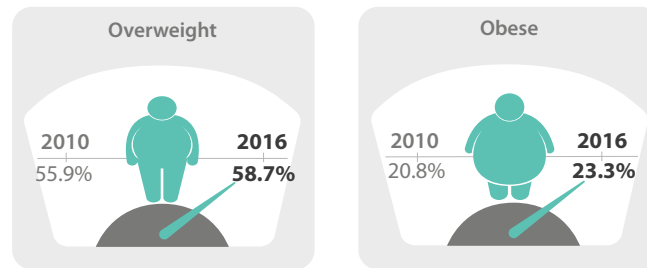
- While **alcohol use** in the Region is declining overall, levels of consumption among the adult population, compared to other regions, are still the highest in the world. Especially striking are the different consumption levels between countries, which in 2014 ranged from 1.1 to 15.2 litres per capita annually.

Alcohol use is declining in the WHO European Region. However, consumption levels are the highest in the world and vary widely between countries.



- Rates of **tobacco smoking** among adults in Europe are the highest of the six WHO regions, with 29% of people aged 15 and above smoking.
- **Overweight and obesity** are on an upward trend in almost all Member States, with considerable variation between countries, among adolescents and across gender. For overweight, rates increased from 55.9% of the population in 2010 to 58.7% in 2016; for obesity, from 20.8% to 23.3%. In most countries, overweight was higher among men, obesity among women.

The percentage of the population that is overweight or obese is rising in the WHO European Region.



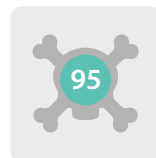
Variations exist between countries and across gender.

Levels of **child vaccination** are high, on average, across the Region, yet careful monitoring and fuller compliance in some countries is needed. Immunization coverage has improved, reaching 94.3% for measles and 96.1% for polio in 2015. Nevertheless, significant differences between countries persist – in 2015 several countries still had vaccination rates below 90% – and immunity gaps due to inadequate vaccination against measles exist in some Member States.

Deaths due to external causes of injury and poisoning have declined steadily in the Region, from 82 deaths per 100 000 in 2000, to 57 in 2010, and to 50 in 2015. Nevertheless, it remains a serious concern that in 2015 the rate of such deaths was 3.3 times higher among males than among females.

Deaths from injuries and poisoning in the WHO European Region are declining. However, inequalities exist across countries and between sexes.

Deaths due to injuries and poisoning per 100 000 people (2015)



Highest rate in the Region



Lowest rate in the Region



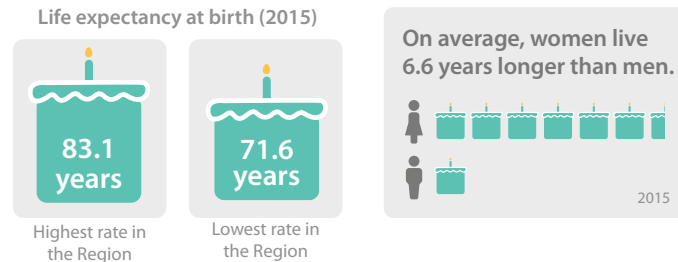
Life expectancy on the rise – but big gaps remain

TARGET 2 → Increase life expectancy in Europe

Life expectancy in the European Region is increasing, while the gaps in life expectancy, both between the sexes and between countries, are narrowing. Nevertheless, the gap between the countries with the highest and lowest life expectancy is still more than a decade, so careful monitoring is needed to ensure that the positive trend continues.

Between 2010 and 2015, average life expectancy at birth in the Region rose from 76.7 years to 77.9 years. In 2015 a male could expect to live 74.6 years, on average; a female 81.2 years. The gap in life expectancy between the sexes, meanwhile, has continued to shrink, falling from 6.9 years in 2010 to 6.6 years in 2015. However, the difference in 2015 between the country with the highest life expectancy (83.1 years) and the country with the lowest (71.6 years) was still more than a decade.

Life expectancy in the WHO European Region is increasing. However, inequalities exist across countries and between sexes.



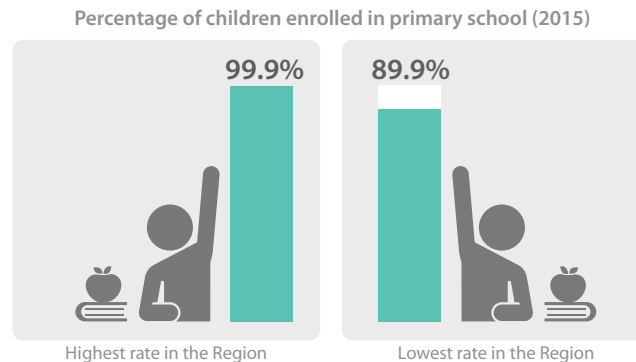
Countries show commitment to tackling inequalities

TARGET 3 → Reduce inequalities in health in Europe (social determinants target)

Overall, the differences between Member States in the indicators related to **social determinants of health** – infant mortality, life expectancy, primary school enrolment and unemployment – have narrowed. Encouragingly, the number of countries that have put in place strategies to address inequalities has increased, from 29 of the 53 countries in the Region in 2010 to 42 countries in 2016. Despite these positive signs, however, the *absolute* differences between countries remain very large, indicating that stronger action is needed in specific cases.

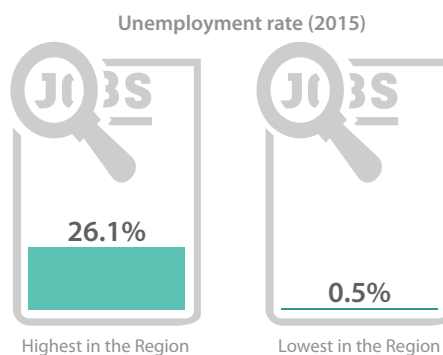
The Region has seen a considerable reduction in **infant mortality** rates, which have fallen from 7.3 infant deaths per 1000 live births in 2010 to 6.8 in 2015. A similar picture emerges for **primary school enrolment**. The numbers for the Region as a whole are moving in the right direction, with the proportion of primary-age children not enrolled in school falling from 2.6% in 2010 to 2.3% in 2015. But the variation between countries is great, with 0.1% not enrolled at one extreme and 10.1% at the other.

Primary school enrolment in the WHO European Region is increasing. However, inequalities exist across countries.



Likewise for **unemployment**, which has fallen (slightly) from 8.9% in 2010 to 8.7% in 2015 in the Region as a whole, the variation between countries remains very large, ranging from a minimum of 0.5% to a maximum of 26.1% in 2015.

Unemployment rates have fallen slightly since 2010 in the WHO European Region, but inequalities exist across countries.



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

TARGET 4 → Enhance the well-being of the European population

Enhancing **well-being** is identified by Health 2020 as a key target of health policies across the Region. While the concept can be measured by various objective indicators, it is also influenced by cultural factors such as values, traditions and beliefs, so it should also be monitored by qualitative indicators that illuminate these aspects as well as the subjective experience of well-being. However, availability of data

is currently so variable across the Region that only one subjective indicator – **life satisfaction** – can be reported; this is measured on a scale from 0 (least satisfied) to 10 (most satisfied) in response to the question “How satisfied are you with life these days?”

The level of well-being is extremely diverse across the European Region, as measured by objective indicators. In the Region as a whole, the subjective life satisfaction score is 6, but some countries have a relatively low overall score of 5 or below, while other countries have the highest scores in the world, reaching up to 7.6. Although still relatively high, the level of **social support** or **social connectedness** in the Region (a measure of objective well-being) has declined: in 2013, 86% of the population aged 50 years and above reported that they had family or friends on whom they could depend when in trouble; by 2015 this figure had fallen to 81%.

Progress towards universal health coverage – two steps forward, one step back

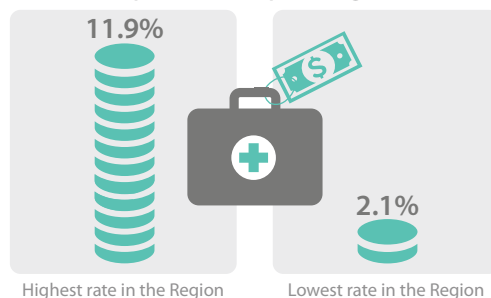
TARGET 5 → Ensure universal coverage and the “right to health”

The 2030 Agenda for Sustainable Development (6) has followed Health 2020’s lead in prioritizing **universal health coverage** (UHC) – establishing health systems in which essential services are available to all and out-of-pocket payments are kept at an acceptable level. It is also one of WHO’s three strategic priorities in its Thirteenth General Programme of Work 2019–2023 (7), which aims to bring UHC to an extra 1 billion people. In the case of Health 2020 implementation of UHC and the right to health, the picture is mixed: some indicators are encouraging, while others are static or moving in the wrong direction. And, again, significant variation is seen across the Region.

Average **total health expenditure** across the Region stood at 8.2% of GDP in 2014, virtually unchanged from 2010 (8.3%). There were, however, large differences in expenditure between Member States, ranging from 2.1% to 11.9% in 2014. There were also notable regional variations, with average expenditure ranging from 6.6% in CIS¹ countries to 10.8% in Nordic countries (Denmark, Finland, Iceland, Norway and Sweden).

Average health expenditure in the WHO European Region remains unchanged from 2010, but inequalities exist across countries.

Total health expenditure as a percentage of GDP (2014)



1 The Commonwealth of Independent States.

Positive signs included a decrease in **maternal mortality** across the Region, which fell from 13 deaths per 100 000 live births in 2010 to 11 deaths in 2015; and an increase in **treatment success for new cases of pulmonary TB**, which rose from 74% to 77% between 2010 and 2015. In both cases, however, there were large differences between Member States.

Europe shows real commitment to setting goals and targets

TARGET 6 → Set national goals and targets related to health

Some of the most impressive progress towards realizing the aims of Health 2020 has been seen in the willingness of Member States to **set targets for health and well-being**. Most countries have shown their commitment to embracing Health 2020's whole-of-government and whole-of-society approaches to policy-making by aligning their national policies with the objectives of the policy framework, adopting implementation plans, and establishing accountability mechanisms to monitor and assess progress.

By 2016, 38 out of 43 countries (88%) in the Region that responded to a Regional Office survey reported that they had set targets for health and well-being, or were planning to do so in the near future. The survey also revealed that the great majority of responding countries had developed, or had plans to develop, a health policy aligned with Health 2020 (95%), an implementation plan (86%), and or an accountability mechanism (88%).

Member States' strong and continuing commitment to realizing Health 2020's goals is also clear from WHO's Thirteenth General Programme of Work 2019–2023 (7), which makes it a strategic priority to use "an integrated and multi-sectoral approach" to bring better health and well-being to an extra 1 billion people.

USING NEW FORMS OF EVIDENCE TO CAPTURE HEALTH 2020'S CORE VALUES

Quantitative data remain at the core of health reporting, but to provide a full picture – to understand *why* trends occur in the way they do – the numbers need to be illuminated by qualitative information and evidence from new sources. These new forms of evidence, rarely coming directly from the health sector itself, are derived partly from the medical humanities and social sciences, using various techniques, such as focus group discussions and semi-structured interviews, that give insight into the real-life, "felt" experiences of individuals and communities. Novel methods of this kind are essential, in particular, in order to press ahead with work on well-being and to explore new concepts enshrined in Health 2020, such as community resilience, empowerment, the life-course approach and the whole-of-society approach.

Through a series of expert group meetings, the Regional Office has set out to systematically explore these concepts and to develop reporting strategies, so that they can be used to monitor progress towards Health 2020.

Community resilience – the ability of communities to confront challenges and “bounce back” from adversity without resorting to unhealthy coping mechanisms – can be strengthened through outside interventions, making it amenable to policy action. It is a complex phenomenon, however, involving interactions between individuals, families, groups and the environment, so an effective measurement framework calls for qualitative case studies involving the participation of communities facing marginalization or high levels of adversity.

Community empowerment gives people greater control over decisions that affect their health, bringing a range of benefits including increased cohesiveness, reduced mortality, capacity-building, and more equitable access to resources. However, empowerment is difficult both to measure and to implement, so mixed-methods approaches are required that bring deeper understanding of the social and political dynamics through which it can be achieved.

The **life-course approach**, adopted by Member States as a powerful organizing framework in the context of Health 2020, allows interventions that are timely and appropriate to different life stages, bringing benefits to the whole population across the lifespan. Targeting key stages, such as pregnancy and early childhood, promises sustained benefits, but much groundwork, including narrative-based qualitative approaches, is needed to capture the full range of cultural, social and other factors that influence health and well-being throughout life.

TOWARDS HARMONIZED AND INTEROPERABLE INFORMATION SYSTEMS FOR HEALTH

Member States’ efforts to broaden the evidence base are only half the story. To inform and strengthen policy-making for public health in the 21st century, both kinds of evidence – quantitative and qualitative – must become mainstream information that can be brought to the attention of all stakeholders, including the general public. Only then can there be a meaningful debate about what such information means for communities, families and individuals.

Integrating and coordinating: the WHO European Health Information Initiative

Three key elements must operate together to produce this kind of high-quality and relevant evidence: health information, health research and knowledge translation. Ensuring that these components are fully aligned and linked together in harmonized and interoperable information systems is the objective of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (8) – the first such plan of its kind – and its implementing mechanism, the WHO European Health Information Initiative (EHII).

The EHII is a multi-partner forum consisting mostly of Member States, that serves as a platform for co-ordination of health information, research and knowledge translation throughout the European Region. Systemic links need to be strengthened, however, and the Action plan more strategically implemented. With EHII support, Member States assess their own national health information and research systems and develop national strategies both to optimize current interventions and to enhance production of local evidence for local decision-making.

Bridging the research–policy gap: the Evidence-informed Policy Network

The emphasis is now firmly on *use* of research information – ensuring that it is actively applied in the development of *evidence-informed* (rather than evidence-based) health policy. Policy-making is an essentially political process in which research evidence is only one (albeit the most important) factor that influences decision-making. In the policy-making cauldron, scientific evidence often has to compete with beliefs, personal interests, political considerations, traditions, past experience and financial constraints.

Bridging the gap between research and policy is the principal task of WHO's Evidence-informed Policy Network (EVIPNet), which operates under the umbrella of the EHII as a neutral and trusted intermediary between researchers and policy-makers (9, 10). Researchers often do not have the skills or resources to reach out to the policy-making sphere, so EVIPNet and its national knowledge translation platforms can help all stakeholders to assess, filter and interpret evidence, craft meaningful messages, and deliver them to specific target audiences.

Ultimately, developing effective public health policy depends on *intersectoral* action. Full weight must be given to health considerations in policy-making across different sectors that affect health (education, public safety, housing, etc.). Through initiatives such as the EHII and EVIPNet Europe, WHO is working with its Member States to forge a holistic, evidence-informed, “health in all policies” strategy across the European Region (11).

2020 AND BEYOND – THE CHALLENGES AHEAD

Much has been achieved in the years since Health 2020 was adopted, but much remains to be done or is still work in progress. **Broader intersectoral cooperation**, within nations, and **international cooperation**, between nations, is needed if there is to be continued improvement in the quality of information that underpins policy. In this regard, the EHII is ideally placed to act as mediator and facilitator between Member States, European institutions and other stakeholders.

Better communication of health information is an urgent priority. Moving beyond simplistic images and infographics, methods such as story-telling techniques and face-to-face interviews and discussions (for instance, between experts and community leaders) may be needed to fully probe the health experience

of local communities. Through such efforts statistics could be demystified and transformed into actual knowledge that would be available to and used by all, thereby creating a new paradigm of “evidence for all”. To this end, all channels, including social media, digital applications and innovations in data science and analysis, should be exploited to realize a vision of information systems for health that make data, information, research and evidence count for all of us.

The **burden of reporting requirements** – to WHO and other international bodies – is a growing concern for European Member States. To ease this burden, a joint monitoring framework (JMF), with a common set of indicators, is under development (12); if adopted, it will streamline reporting on the 2030 Agenda, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (13).

A significant challenge lies ahead in reconciling society’s rising **demands for transparency regarding health information** (and the way it is used for policy-making) and increasingly **stringent data privacy and protection laws**. Local data are invaluable for local decision-making, but it is precisely the use of such data that is most constrained by new legislation. Resolving this issue is one of the principal aims of the Action plan to strengthen the use of evidence for policy-making in European countries (8).

CONCLUSION

The path to define and then implement Health 2020 has been a pioneering journey, marked along the way by concrete successes and significant milestones. Breaking new ground in many areas, it has also led the way for other policy frameworks. Most notably, the health-related sustainable development goals of the 2030 Agenda are well aligned with its targets, indicators and objectives. Benefiting from the rich experience of Health 2020 implementation, the 2030 Agenda and other new frameworks are destined not so much to replace Health 2020 but to complement it, pursuing its aims and carrying its initiatives into the next decade.

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The publication of the *European health report* every three years gives readers – including policy-makers, politicians, public health specialists and journalists – a vital snapshot of health in the WHO European Region and progress towards health and well-being for all. The report also shows trends in and progress towards the goals of Health 2020, the European health policy, and reveals some gaps in progress, inequalities and areas of concern and uncertainty, where action must be taken.

THE WHO REGIONAL OFFICE FOR EUROPE

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