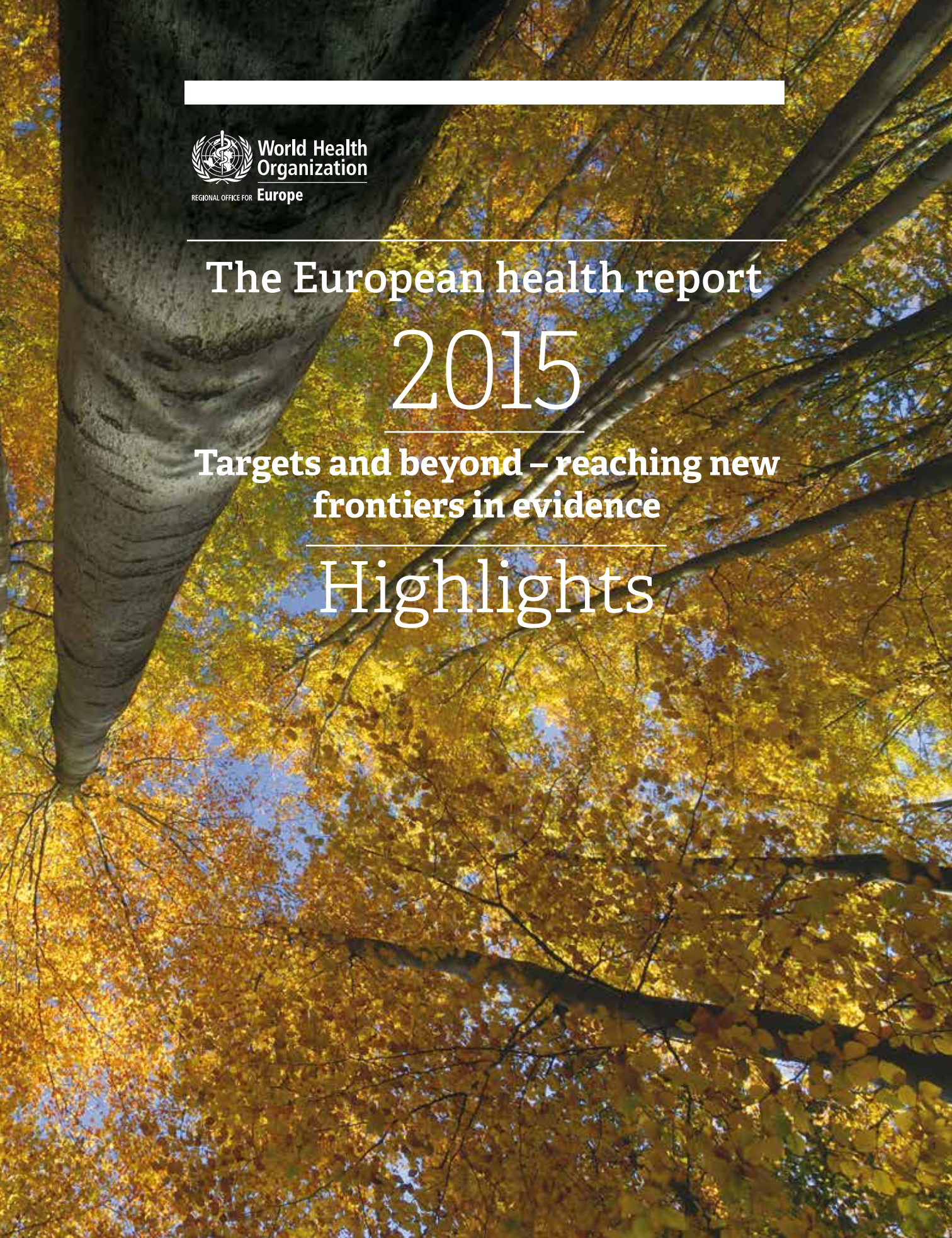

World Health Organization
REGIONAL OFFICE FOR Europe

The European health report 2015

Targets and beyond – reaching new frontiers in evidence

Highlights

The World Health Organization was established in 1948 as the specialized agency of the United Nations serving as the directing and coordinating authority for international health matters and public health. One of WHO's constitutional functions is to provide objective and reliable information and advice in the field of human health. It fulfils this responsibility in part through its publications programmes, seeking to help countries make policies that benefit public health and address their most pressing public health concerns.

The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health problems of the countries it serves. The European Region embraces nearly 900 million people living in an area stretching from the Arctic Ocean in the north and the Mediterranean Sea in the south and from the Atlantic Ocean in the west to the Pacific Ocean in the east. The European programme of WHO supports all countries in the Region in developing and sustaining their own health policies, systems and programmes; preventing and overcoming threats to health; preparing for future health challenges; and advocating and implementing public health activities.

To ensure the widest possible availability of authoritative information and guidance on health matters, WHO secures broad international distribution of its publications and encourages their translation and adaptation. By helping to promote and protect health and prevent and control disease, WHO's books contribute to achieving the Organization's principal objective – the attainment by all people of the highest possible level of health.

The European health report

2015

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Highlights

WHO Library Cataloguing in Publication Data

The European health report 2015. Targets and beyond – Reaching new frontiers in evidence. Highlights

1. DELIVERY OF HEALTH CARE – EPIDEMIOLOGY AND STATISTICS. 2. HEALTH POLICY. 3. HEALTH STATUS INDICATORS. 4. PUBLIC HEALTH – TRENDS. 5. MORTALITY – STATISTICS. 6. REGIONAL HEALTH PLANNING. I. World Health Organization.

ISBN 978 92 890 1431 1 (NLM classification: WA 900)

ISBN 978 92 890 1431 1

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World Health Organization
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The European health report 2015

Targets and beyond – reaching new frontiers in evidence

Highlights

The WHO Regional Office for Europe publishes its flagship publication, the European health report, every three years. This publication presents highlights from the 2015 European health report *(1)*. Its main aims are:

- to report on progress towards the Health 2020 targets in the Region so far; and
- to highlight new frontiers in health information and evidence that need to be addressed in the coming years to optimize health monitoring for Health 2020 and beyond, including the measurement of subjective well-being.

The 53 Member States in the WHO European Region adopted Health 2020 in 2012 as the new European health policy framework *(2)*. It supports action across government and society to improve the health and well-being of populations, reduce health inequities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.

In 2013, Member States approved a framework with targets and indicators to monitor the implementation and impact of Health 2020, and agreed that 2010 would be the baseline for evaluating progress towards achieving its six targets.

1. Reduce premature mortality in Europe.
2. Increase life expectancy in Europe.
3. Reduce inequities in health in Europe.
4. Enhance the well-being of the European population.
5. Move towards universal health coverage.
6. Establish national targets set by Member States.

This publication does not contain technical and methodological details; these are given in the full report.

Although the European Region is on track to achieve the Health 2020 target to reduce premature mortality, much more can be done to reduce major risk factors.

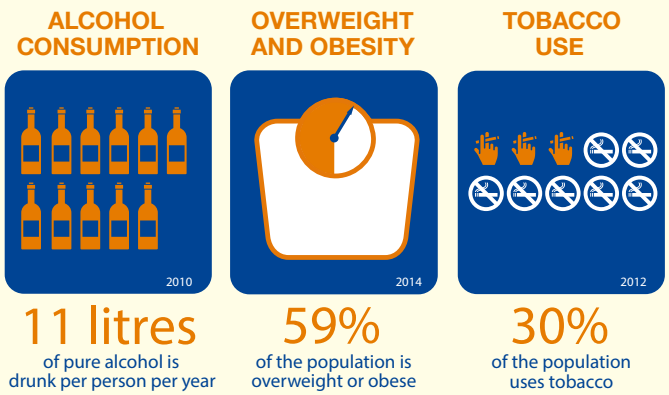
The European Region is on track to achieve the target to reduce premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Most of the progress in the

Region resulted from improvements in countries with the highest premature mortality. Nevertheless, levels of alcohol consumption, tobacco use and overweight and obesity, which are among the major risk factors for premature mortality, remain alarmingly high (Fig.1). The European Region has the highest levels of alcohol consumption and tobacco use in the world, and ranks only slightly behind the Region of the Americas – the WHO region with the highest prevalence – in rates of overweight and obesity. The prevalence of overweight and obesity in European countries ranges from 45% to 67% (Fig. 2).

Countries acknowledge the urgency of these problems and have made progress with implementing policies to tackle the risk factors, leading to declining trends in tobacco use and alcohol consumption in Europe. The decline in tobacco use for most countries is not sufficient, however, to meet the 30% reduction target of the global noncommunicable diseases monitoring framework by 2025 *(6)*. Moreover, comparison with other WHO regions underlines the large potential for health gains by further reducing the levels of all these major risk factors.

Few countries report regularly to WHO on risk factors, so the 2015 European health report *(1)* uses WHO estimates for tobacco use and overweight and obesity. In addition, only a limited number of countries have reported mortality data to WHO in recent years.

Fig.1.
Three major risk factors for premature mortality in the WHO European Region



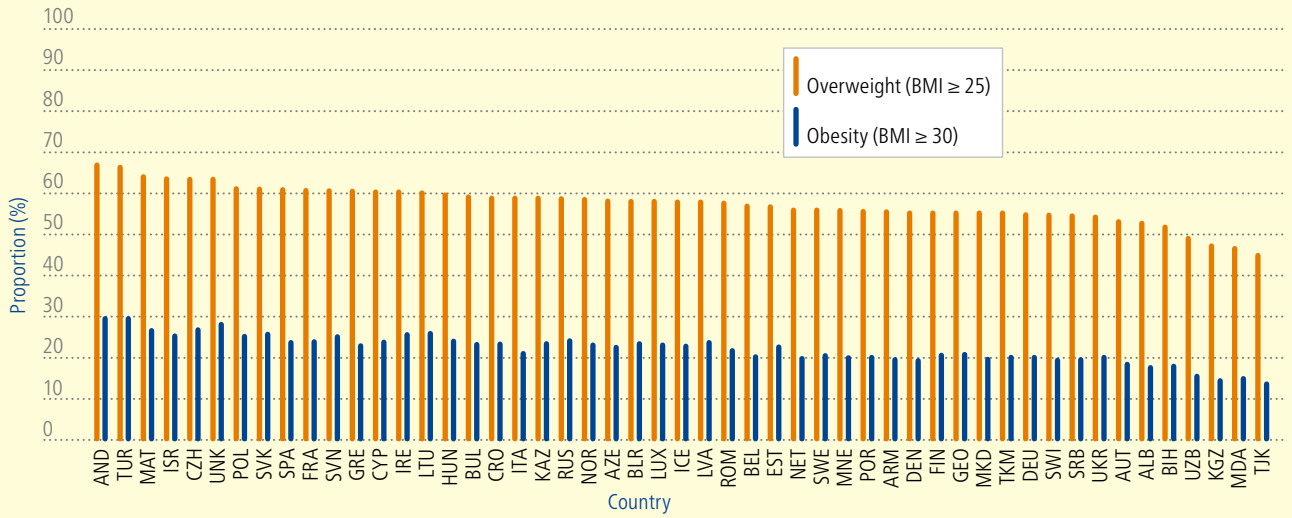
Sources: WHO Global Information System on Alcohol and Health *(3)*, Global Health Observatory Data Repository *(4)*, Global status report on noncommunicable diseases 2014 *(5)*.

This affects the robustness of the premature mortality rates based on these data. Quality issues related to cause-of-death data may also influence the accuracy of the rates presented. These limitations need to be taken into account when interpreting the data presented on the premature mortality target. These data problems need to be resolved, to optimize Health 2020 monitoring and improve the evidence base for health policy.

The gaps between the highest and lowest values reported in the Region for the Health 2020 indicators linked to social determinants of health – infant mortality, life expectancy, primary school enrolment and unemployment – have shrunk, but the absolute differences between countries remain large.

Since 1990 infant mortality has declined in the countries with the highest rates, reducing the gap between countries in the Region. Although this trend continued after the Health 2020 baseline, set in 2010, data reported for the past few years do not have sufficient coverage to permit sound conclusions (Fig. 3). Differences between countries in life expectancy at birth have also declined over time, but again data availability for recent years is limited.

Fig. 2.
Age-standardized prevalence estimates for overweight and obesity in adults aged 18 years and older, 2014



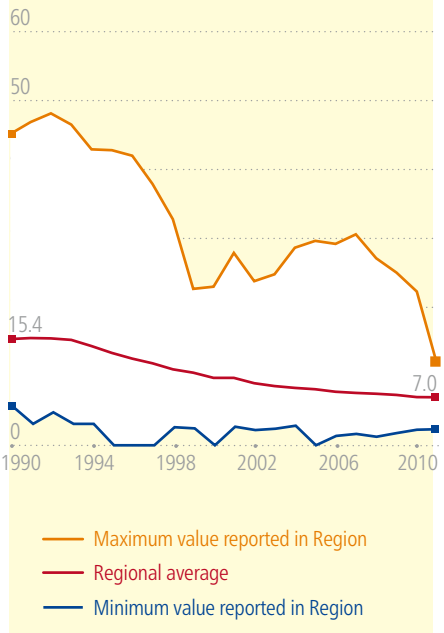
Notes: BMI = body mass index. WHO uses standard methods to calculate estimates to maximize cross-country comparability. These data may therefore differ from the official statistics of Member States. ALB: Albania; AND: Andorra; ARM: Armenia; AUT: Austria; AZE: Azerbaijan; BIH: Bosnia and Herzegovina; BLR: Belarus; BEL: Belgium; BUL: Bulgaria; CRO: Croatia; CYP: Cyprus; CZH: Czech Republic; DEN: Denmark; DEU: Germany; EST: Estonia; FIN: Finland; FRA: France; GEO: Georgia; GRE: Greece; HUN: Hungary; ICE: Iceland; IRE: Ireland; ISR: Israel; ITA: Italy; KAZ: Kazakhstan; KGZ: Kyrgyzstan; LTU: Lithuania; LUX: Luxembourg; LVA: Latvia; MAT: Malta; MDA: Republic of Moldova; MKD: the former Yugoslav Republic of Macedonia; MNE: Montenegro; NET: Netherlands; NOR: Norway; POL: Poland; POR: Portugal; ROM: Romania; RUS: Russian Federation; SPA: Spain; SRB: Serbia; SVK: Slovakia; SVN: Slovenia; SWE: Sweden; SWI: Switzerland; TJK: Tajikistan; TKM: Turkmenistan; TUR: Turkey; UKR: Ukraine; UNK: United Kingdom; UZB: Uzbekistan.

Source: Global status report on noncommunicable diseases 2014 *(5)*.

Despite these favourable trends, absolute differences between countries remain substantial. This applies not only to infant mortality and life expectancy but also to the other Health 2020 indicators linked to social determinants of health (Fig. 4–7).

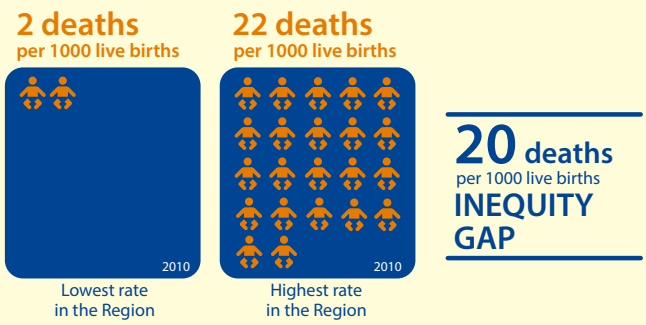
The proportion of countries adopting focused, stand-alone policies to address health inequities rose from 58% in 2010 to 67% in 2013. These policies' scope has broadened: while in 2010 the most common focus was improving the health of disadvantaged groups and ensuring a healthy start in life, in 2013 more policies also addressed such issues as tackling poverty and improving the physical environment.

Fig. 3.
Infant deaths per 1000 live births



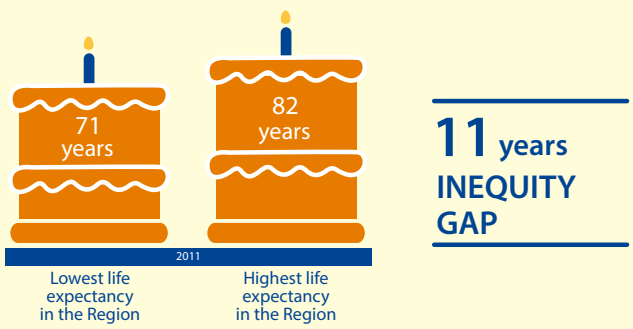
Source: European Health for All database (7).

Fig. 4.
Inequity in infant mortality in the WHO European Region



Source: European Health for All database (7).

Fig. 5.
Inequity in life expectancy in the WHO European Region

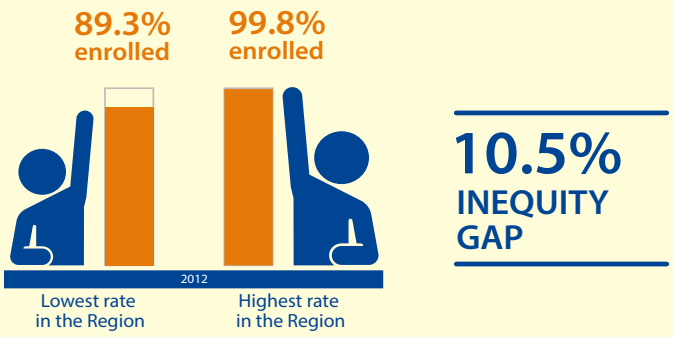


Source: European Health for All database (7).

Data on subjective well-being in European countries are available, but more work is needed on measuring well-being and its cultural contexts, to improve monitoring.

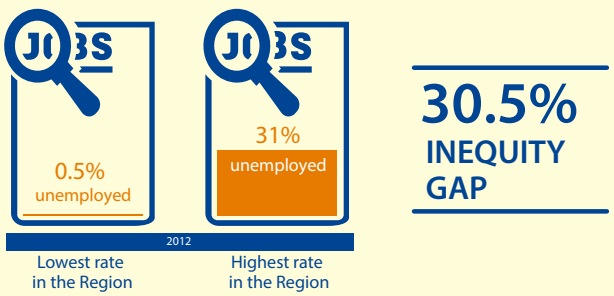
Well-being is experienced at the subjective, individual level; it can also be described objectively through a number of indicators at the population level such as education, income and housing. The average self-reported life satisfaction score, a measurement of subjective well-being, in countries in the European Region ranges from 7.8 to 4.2, with 10 the best possible and 0 the worst possible life for respondents (Fig. 8). Although the Health 2020 monitoring framework includes the life satisfaction indicator, it is not part

Fig. 6.
Inequity in primary school enrolment in the WHO European Region



Source: United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics *(8)*.

Fig. 7.
Inequity in unemployment in the WHO European Region



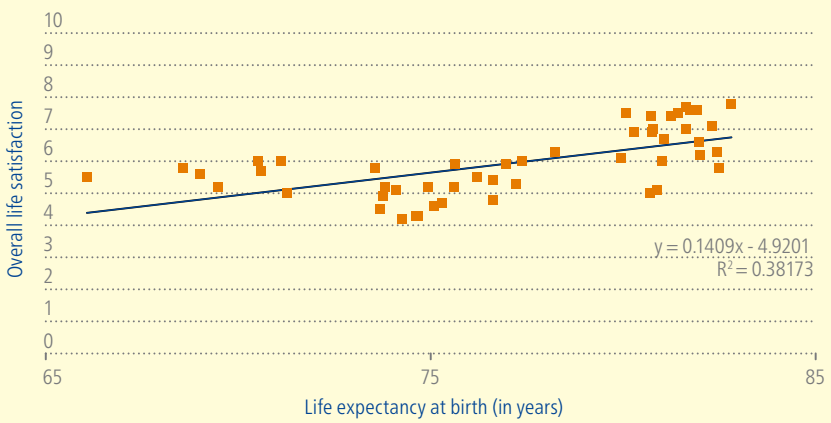
Source: European Health for All database *(7)*.

of WHO's regular data collections, so the 2015 European health report *(1)* uses data routinely collected and published by other stakeholders.

WHO and many countries have experienced a paradigm shift in public health, with the focus moving from death and disease to health and well-being. In health information, more weight should be given to subjective and qualitative data, such as life satisfaction, to ensure that it reflects this shift. Research shows that subjective well-being data are robust and valuable at the local and national levels, particularly as a predictive indicator for health. Questions about the comparability of well-being measures remain, however, most importantly in relation to how these are influenced by their cultural contexts. More research is thus needed, particularly in the culturally diverse European Region.

WHO's future reporting on well-being requires a robust representation of subjective well-being at its core. The WHO Regional Office for Europe convened an expert group in January 2015 to set priorities for further developmental work in this field. To improve reporting on health and well-being across the European Region, the expert group recommended consideration of non-traditional sources of health information. These could include

Fig. 8.
Life expectancy at birth and overall life satisfaction



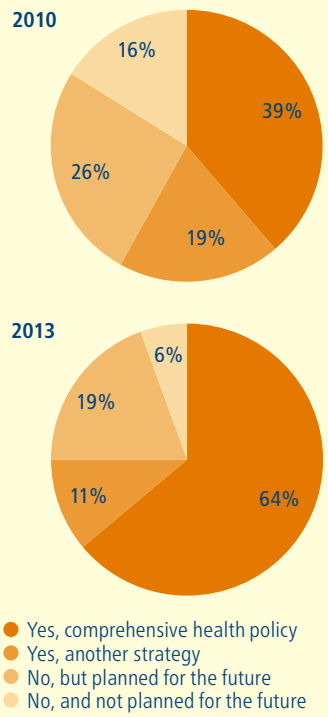
Notes: Each dot represents a country in the European Region. See the full report for further details of the Gallup World Poll methodology used to gather the life satisfaction data and more information about the regression line in the graph. Data on life satisfaction from latest available year, 2007–2012; data on life expectancy from latest available year, 2004–2012 (with one exception from 1998).

Sources: European Health for All database *(7)*, Gallup World Poll *(9)*, Human development report 2014 *(10)*.

cultural outputs such as historical records or anthropological observations, and may comprise quantitative and qualitative evidence, as well as narrative case studies. Using the outcomes of the meeting, the Regional Office will develop an action plan to create a richer set of tools and methodologies for reporting on well-being.

Health 2020 implementation is gaining momentum, but broader monitoring is needed to capture its true impact, including concepts such as community resilience, empowerment and sense of belonging.

Fig. 9.
Proportion of countries with national policies and strategies aligned with Health 2020, 2010 and 2013



Note: 31 countries provided responses in 2010 and 36 in 2013.

Source: Qualitative indicators for monitoring Health 2020 policy targets *(11)*.

The proportion of countries with policies aligned with Health 2020 increased (from 58% in 2010 to 75% in 2013 (Fig. 9)), as did the number of countries with implementation plans and accountability mechanisms for these policies. Thus, within only a few years of the development of Health 2020, increasing numbers of countries have taken action to adopt and implement its principles and approaches to improve citizens' health and well-being.

The Health 2020 monitoring framework comprises a combination of standard, quantitative indicators and qualitative indicators on policy development and implementation, such as those described above. The Health 2020 policy includes many essential concepts that have not previously been routinely measured, so a broader scope that covers them is needed to optimize monitoring. Examples include:

- transparency
- community resilience
- supportive environments
- enabling environments
- sense of belonging
- sense of control
- whole-of-society approach
- participatory governance
- responsible governance
- accountability
- life-course approach
- empowerment
- people-centred health systems

- fit-for-purpose health systems
- adaptive policies.

Existing knowledge and continuing work can be used to develop measurements and indicators for these concepts. Rather than overburdening countries with multiple new data collections, relevant types of existing evidence need to be identified that facilitate the assessment of implementation. This would include information from other disciplines, including qualitative measures and narrative research approaches. The WHO Regional Office for Europe is developing a proposal for Member States on a mechanism and roadmap to monitor all the concepts enshrined in the Health 2020 policy.

International cooperation is the key to advancing the agenda for research and development for health information, and working to secure health information and evidence for the 21st century.

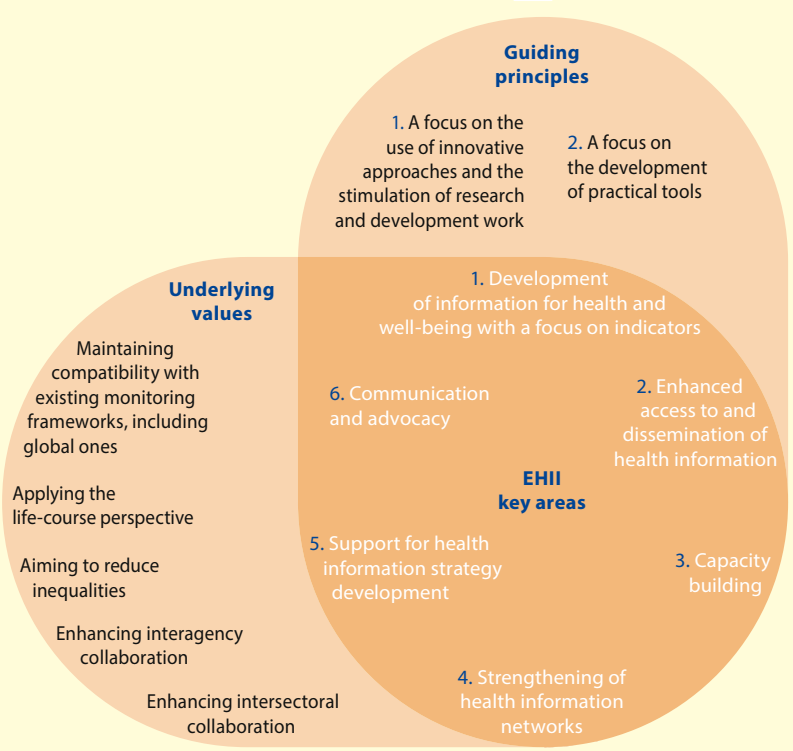
Problems related to both existing data collections and new information and evidence needs must be addressed to optimize monitoring for Health 2020 and beyond. Populations are changing; public health concepts are evolving, and policies are moving: health information systems need to accommodate these societal shifts. To meet the demands for health information and evidence of the 21st century, solid, comprehensive health information systems that efficiently produce timely and regular health statistics are required. At the same time, these systems should be flexible enough to adapt to new policy needs and incorporate innovative approaches to health information and evidence.

The health information challenges faced by the European Region can only be efficiently and sustainably addressed through broad international cooperation: harmonization, cooperation and the sharing of knowledge, experiences and good practices are needed. To foster these, the WHO Regional Office for Europe established the European Health Information Initiative (EHII), a country-driven, multipartner network committed to enhancing the health of people in the Region by improving the information that underpins policy. It supports the development of a single European health

information system, as outlined in the Joint Declaration adopted by the WHO Regional Office for Europe and the European Commission in 2010 *(12)*.

A number of core activities have already been developed with concrete contributions from members of EHII. In addition, the European Commission and the Organisation for Economic Co-operation and Development (OECD) support EHII and attended the first meeting of its steering group in March 2015. Although momentum for EHII is growing, more members are needed to strengthen the network and increase its capacity to ensure that health information activities are improved and harmonized across all six of its key areas of work (Fig. 10). Only by joining forces can health information in the Region be improved in an efficient, sustainable and coherent way.

Fig. 10.
Key areas of work of EHII



Conclusion

The European Region is on track to achieve the Health 2020 targets but much potential remains for further health gains and reductions of inequities. To inform the implementation of Health 2020 adequately, data collections need to be strengthened and new health monitoring approaches need to be explored. These include the use of non-traditional data sources such as qualitative evidence and narrative studies. Enhanced international collaboration is required to move the health information research and development agenda forward in the Region.

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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.

This publication presents highlights from the 2015 European health report. It shows continuing improvements in health throughout the Region and decreases in some of the inequalities in health between countries, notably in life expectancy and infant mortality; nevertheless, these differences still amount to 11 years of life and 20 healthy babies per 1000 live births between the best- and worst-performing countries. Absolute differences between countries remain unacceptably large, especially for indicators linked to social determinants of health, and the European Region still has the highest rates of alcohol consumption and tobacco smoking in the world.

This publication also gives highlights of the first results on subjective well-being in the context of Health 2020, and summarizes innovative approaches that will support policy-makers in addressing the challenge of measuring it. It addresses notions included in Health 2020, such as community resilience and a sense of belonging and empowerment, and indicates directions for the fresh thinking about health information needed to ensure that the evidence collated meets the needs of the policy. Finally, this publication calls for broad international cooperation to harmonize, set standards for and create evidence fit for use in the 21st century.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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ISBN 978-92-890-1431-
9 789289 014311