Press release
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New WHO report reveals unequal improvements in health in Europe and calls for measurement of well-being as marker of progress

While the overall level of health across the WHO European Region has clearly improved, European health statistics show inequities within and between countries, according to the European health report 2012 (1). The report is the flagship publication of the WHO Regional Office for Europe, issued every three years.

The report covers the Region’s 53 countries and nearly 900 million people, revealing that people are living longer and healthier lives. Life expectancy is rising across the Region, increasing by 5 years since 1980 to reach 76 years in 2010. This mainly resulted from decreases in certain causes of death and efforts to address risk factors and socioeconomic conditions. People over 65 years of age are projected to comprise more than 25% of the total population in the Region by 2050. Nevertheless, major inequities in life expectancy are found between men and women, between countries and between population groups. For example, life expectancy for women reached an average of 80 years in 2010, while that for men was 72.5 years. Lifestyle and occupational differences largely explain this gap.

The European health report 2012 also outlines a continued decline in overall mortality, although rates vary considerably across the Region. They are highest in the eastern part of Region and the lowest in western countries. Noncommunicable diseases account for the largest proportion of deaths: some 80%. Diseases of the circulatory system (ischemic heart disease, stroke, etc.) account for nearly 50% of all deaths, followed by cancer, causing some 20% of deaths.

Communicable diseases, while less frequent in Europe than the rest of the world, remain a concern, particularly tuberculosis (TB), HIV and other sexually transmitted diseases. AIDS incidence is decreasing, however, reinforcing the importance of effective treatment, and deaths from TB in the Region fell by 30% between 1990 and 2010.

The leading health risk factors for Europeans today include tobacco and harmful alcohol use, with alcohol accounting for an estimated 6.5% of all deaths in the Region, and an estimated 27% of the population aged 15 years and older regularly smoking tobacco.

“The European Region is undergoing important changes that are shaping health priorities, and the needs for disease prevention and care in the future. The trends identified in this report help us to anticipate some of the challenges that Europe is facing and will face in the future,” said Zsuzsanna Jakab, WHO Regional Director for Europe. “But there are persistent and widespread inequities in health across the Region, which in some cases are worsening. These are unnecessary and unjust and must be a priority for us to address collectively.”

Other highlights from the report

- Europe has the lowest child mortality rates in the world (7.9 per 1000 live births), following a 54% reduction in infant mortality between 1990 and 2010, although rates vary strikingly between countries.
- Maternal mortality fell by 50% after 1990, to a mortality ratio of 13.3 maternal deaths per 100 000 live births in 2010.
- Death from transport accidents declined by 50% after 1990, related to a decrease in road traffic accidents, particularly those involving alcohol.
- Suicide rates decreased by 24–40% in all parts of Europe, following an increase in the mid-1990s. The decrease has recently slowed, however, coinciding with the economic downturn since 2008.
- The increase in the proportion of the population living in urban areas reached 70% in 2010 and is expected to exceed 80% by 2045. Urban living exposes people to different health risks and determinants.
• Cancer has replaced cardiovascular diseases as the leading cause of premature death (before the age of 65) in 28 of the 53 countries in the Region.
• Migrants living in Europe are estimated to number 73 million (52% of whom are women) and to account for nearly 8% of the total population. Migrants are usually younger, less affluent and more likely to become ill, and have less access to health services than the general population.

Focus on well-being

The European health report 2012 focuses particularly on well-being, which forms an integral part of the new European health strategy, Health 2020, adopted by the 53 European Member States in September 2012. The WHO Constitution defines health as “not merely the absence of disease or infirmity” but “a state of complete physical, mental and social well-being”. For the first time in over 60 years, the WHO Regional Office for Europe aims to provide clarity in defining well-being, outline ways to measure it and develop a regional target and indicators on it by the end of 2013.

The report stresses that well-being and health are interactive and multidimensional concepts, with some common determinants, such as the health system. Ensuring a good life is not the domain of any one sector or service, but a multidimensional concept with multiple determinants. It requires an approach involving the whole of government and of society.

“All societies and cultures value well-being and health almost to the same degree. Well-being has been part of WHO’s definition of health since the inception of the Organization over 60 years ago and it is high time that we and our partners and stakeholders track the progress of well-being, which is so inextricably linked to health,” says Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation at the Regional Office, who is responsible for the European health report 2012.

The WHO Regional Office for Europe has developed a roadmap to devise a new approach to measuring well-being that includes a collaborative agenda to collect, analyse and make use of health data Region-wide, along with a research agenda that improves the use of information to support policy-making to improve health and well-being.

For copies of the report and press materials or to arrange interviews, contact:

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