

## Health in the EU: Nutrition Deemed a Growing Challenge for Health in the EU and Beyond



Over half the EU adult population is now overweight or obese according to the "Health at a Glance: Europe 2010" report published by the European Commission and the OECD today. The rate of obesity has more than doubled over the past 20 years in most EU Member States. This has considerable implications on health, health systems and on the wider economy. This is one of the many findings in a report which provides useful insight into the current situation of health in the EU.

Welcoming the report, European Commissioner for Health and Consumer Policy, John Dalli, said, "In order to reverse the growing trend in obesity and other health problems in the EU we need reliable and up-to-date data to underpin the action we take as policymakers. This is where the Health at a Glance report makes such an important contribution and shall be a useful tool in the coming months and years."

The report shows that prevalence of obesity alone ranges from less than 10% in Romania and Italy to over 20% in the UK, Ireland and Malta. On average, just over 15% of the EU adult population is obese.

Healthy habits start young. Children who are obese or overweight are more likely to suffer from poor health later in life, with a greater risk of developing heart disease, diabetes, some forms of cancer, arthritis, asthma, a reduced quality of life and even premature death. Currently, 1 in 7 children in the EU are overweight or obese - and the figures are set to rise even further.

A high-level EU conference on nutrition, overweight and obesity, and jointly organised by the Belgian Presidency of the EU and the European Commission, will take place on 8 and 9 December in Brussels to look at ways to work together at European level to reverse this worrying trend.

Other key findings in the report Life expectancy at birth in the EU increased from 72 years in 1980 to 78 years in 2007.

There are fewer deaths from heart disease, but it is still the biggest cause of deaths in the EU, accounting for 40% of all deaths in Europe in 2008. There is a strong link between the prevalence of dementia and the ageing of the population as the number of people aged over 65 is expected to double between 1995 and 2050.

The shortage of doctors is a cause for concern in many European countries. Health spending has risen in all EU Member States, often increasing at a faster rate than economic growth. In 2008, EU Member States spent, on average, 8.3% of their GDP on health, up from 7.3% in 1998.

Background The "Health at a Glance: Europe 2010" report, jointly published by the European Commission and the OECD, compiles data from the OECD, Eurostat and the WHO.

The report presents key trends on health, health systems and health spending in the 27 EU Member States, plus the 3 European Free Trade Association countries (Iceland, Norway and Switzerland) and Turkey.

The report can be consulted at the following websites:

<http://ec.europa.eu/health/reports/european>

[www.oecd.org/health/healthataglance/europe](http://www.oecd.org/health/healthataglance/europe)

Information on the EU conference on nutrition, overweight and obesity is available at:

[http://ec.europa.eu/health/nutrition\\_physical\\_activity/events/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/events/index_en.htm)

[http://www.health.belgium.be/eportal/Aboutus/eutrio/health/Evaluation\\_Nu...](http://www.health.belgium.be/eportal/Aboutus/eutrio/health/Evaluation_Nu...)

Annexe - Key findings of the Report Life expectancy at birth in the EU increased by 6 years from 1980 to 2007 (from an average of 72 years in 1980 to 78 years in 2007).

Women spend on average 75% of their life without disabilities; while for men it is 80%. The number of premature deaths has also reduced dramatically. Mortality rates in Estonia, the Czech Republic, Hungary and Poland have fallen by over 30%, a decline that is greater than the EU average. Ireland has seen a fall in mortality rates of over 50%.

Causes of death There has been a fall in deaths from heart disease, still the biggest cause of death in the EU, accounting for 40% of all deaths in Europe in 2008. There has been a notable decline in cases in the Netherlands, Denmark, Ireland, Slovenia and Estonia. A number of factors are responsible for this decline, namely less tobacco consumption, and less heavy drinking in some countries.

The second leading cause of death in the EU is cancer, which accounted for 26% of deaths in 2008. The highest number of deaths was reported in Denmark and in Hungary, Poland, the Czech and Slovak Republics, Slovenia. The lowest number of deaths was reported in Cyprus, Finland

© For personal and private use only. Reproduction must be permitted by the copyright holder. Email to [copyright@mindbyte.eu](mailto:copyright@mindbyte.eu).

and Sweden. More men tend to die of cancer than women in the EU – particularly from lung cancer. In 2008, death rates from lung cancer among men were the highest in central and eastern European countries, where more men tend to smoke.

Breast cancer is the most common cancer among women in the EU. It accounted for 31% of cancer incidence (new cases) among women, and 17% of deaths in 2008. Although incidence of breast cancer has risen over the past decade, the number of deaths has declined or remained stable. Between 2000 and 2008, the rate of newly-diagnosed cases of HIV more than doubled. HIV prevalence estimates were highest in those countries with high AIDS incidence rates, namely Estonia, Latvia, Portugal and Spain.

There is a strong link between the prevalence of dementia and the ageing of the population. The number of people aged 65 or over is expected to double between 1995 and 2050, to reach 135 million. Therefore the number of people with dementia will also rise. Healthcare costs associated with dementia are expected to rise to over €250 billion in the EU by 2030. Improvements in road security have resulted in over 40% fewer deaths in the EU due to transport accidents since 1994.

#### Smoking and alcohol consumption

Smoking is still significant amongst the younger population. In many Member States 20% or more of 15 year-olds smoke. Generally, girls smoke more than boys, but boys get drunk more than girls. Between 13 and 15 years of age, the prevalence of smoking and drunkenness doubles in many EU Member States.

Almost half (40%) of all 15 year olds have been drunk at least once in Denmark, Lithuania, the UK, Finland, Bulgaria and Estonia. Less than 18% of adults in Sweden smoke daily, but almost 40% of adults in Greece continue to smoke.

Rise in obesity and overweight Over half the EU adult population (50.1%) is now overweight or obese. Prevalence of obesity alone ranges from less than 10% in Romania and Italy to over 20% in the UK, Ireland and Malta. On average, just over 15% of the EU adult population is obese. The rate of obesity has more than doubled over the past 20 years in most EU countries (for which data is available).

This has considerable implications for costs for healthcare. According to a recent study in England, total costs linked to overweight and obesity could increase by as much as 70% between 2007 and 2015. (Foresight, 2007) Only 1 in 5 children in the EU exercised regularly according to a 2005-2006 Health Behaviour in School-Aged Children (HBSC) survey. Physical activity tends to fall between the ages of 11 and 15 in most EU Member States.

Shortage in health workforce The shortage of doctors is a cause for concern in many European countries.

Since 2000, there has been no growth in the number of doctors per capita in France and Italy. In contrast, there has been a rapid increase in the number of doctors per capita in the UK, where it rose by 30% between 2000-2008, rising from 2.0 per 1000 population to 2.6. In Ireland, it rose by around 50%. This is largely due to the increase in recruitment of foreign-trained doctors, with the share of foreign-trained doctors tripled during that period.

Record growth in health spending Health spending has risen in all European countries, often increasing at a faster rate than economic growth, resulting in a rising share of GDP allocated to health.

In 2008, EU Member States spent, on average, 8.3% of their GDP on health, up from 7.3% in 1998. The USA spends 16% of its GDP on health. Spending on health varies greatly between EU Member States, ranging from less than 6% in Cyprus and Romania to over 10% in France, Germany and Austria.

There were major increases in GDP expenditure on health in 2007 and 2008 in some Member States: in Ireland from 7.5% in 2007 to 8.7% in 2008; in Spain, from 8.4% to 9.0%. Health systems are sometimes criticised for being overly focused on "sick care": for treating the ill, but not doing enough to prevent illness. Only around 3% of health spending is devoted to prevention and public health programmes.

The public sector is the main source of health financing in all European countries, except Cyprus. On average, nearly three-quarters of all health spending was publicly financed in 2008. In Luxembourg, the Czech Republic, the Nordic countries (except Finland), the UK and Romania, public financing accounted for over 80% of all health spending. "Health at a Glance: Europe 2010" report

The "Health at a Glance: Europe 2010" report is jointly published by the European Commission and the OECD. It compiles data from the OECD, Eurostat and the WHO. The European Commission and OECD are working jointly on a number of health-related projects such as the "Health Care Quality Indicators" project ([www.oecd.org/health/hcqi](http://www.oecd.org/health/hcqi)) and the "Economics of prevention" project ([www.oecd.org/health/prevention](http://www.oecd.org/health/prevention)).

The report presents key trends on health, health systems and health spending in the 27 EU Member States, plus the 3 European Free Trade Association countries (Iceland, Norway and Switzerland) and Turkey. There is no better or worse health system; each system has strengths and weaknesses. The aim of providing comparable data is to give countries the possibility to learn from each other, to gain efficiency and to improve the health of their populations.

To know more Electronic version of the report:

<http://ec.europa.eu/health/reports/european/>

[www.oecd.org/health/healthataglance/europe](http://www.oecd.org/health/healthataglance/europe)

European Commission health indicators (HEIDI data tool – data are not necessarily those presented in the report, given the specific needs of it):

[http://ec.europa.eu/health/indicators/indicators/index\\_en.htm](http://ec.europa.eu/health/indicators/indicators/index_en.htm)

Published on : Mon, 13 Dec 2010