

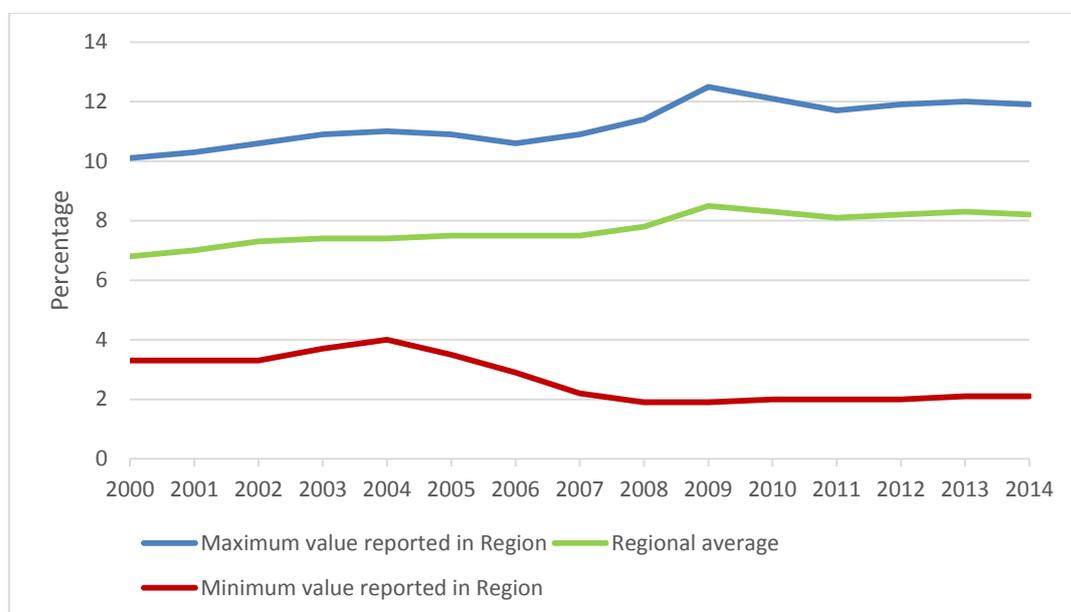
## Achieving universal health coverage, reducing health inequalities and enhancing the well-being of the European population

### Universal health coverage

Universal health coverage means ensuring that essential health services are available to all 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. Achieving universal health coverage will protect individuals and families and make health systems more capable of responding to new and intensifying challenges, such as antibiotic resistance, which leads to longer hospital stays, higher medical costs and increased mortality.

In the European Region average health expenditure is approximately 8% of gross domestic product (GDP), which is almost unchanged from 2010. There is considerable variation between countries (by up to 10 percentage points), and the level of intercountry variation has been increasing since 2000.

### Total health expenditure as a proportion of GDP (WHO estimates) (%)



Source: Health for All database on the WHO European Health Information Gateway website. Copenhagen: WHO Regional Office for Europe.

<https://gateway.euro.who.int/en/datasets/european-health-for-alldatabase/>, accessed 19 August 2018).

There is also a strong correlation between a country's public expenditure on health, and private out-of-pocket payments by citizens. Citizens of countries with low levels of public expenditure on health usually experience high levels of out-of-pocket payments, which may lead to financial hardship for households and adverse health outcomes.

Analysis suggests that once the out-of-pocket share falls below 15% of total health spending, very few households experience catastrophic or impoverishing levels of health expenditure. Unfortunately, for the majority of the 53 countries in the Region, the out-of-pocket share is higher than that. However, the share varies greatly by country, from approximately 5% up to 72%.

Indicators that progress is being made towards universal health coverage include declining maternal mortality rates and increasing rates of successful treatment of new pulmonary tuberculosis cases, and both of these are evident in the Region. However, for both indicators there are large differences among individual Member States.

### **Reducing health inequalities**

Social determinants of health, including political, social, economic, institutional and environmental factors, shape the conditions of daily life and contribute to health, well-being and the onset of illness throughout a person's life. The presence of health inequalities indicates that health and well-being outcomes are not fairly distributed among countries or population groups. However, national policies that address the reduction of health inequalities by improving the social determinants of health can lead to improvements in the overall health and well-being of the entire population.

Of the 53 countries in the European Region, 42 have put strategies in place to address inequalities. However, the absolute differences between some countries remain very large for some indicators, requiring stronger action in specific cases.

### **Infant mortality**

Infant and maternal mortality are among the most important indicators for the health status of a country. Since 2010, infant mortality rates in the European Region have fallen annually by 1.4%, and, overall, the Region is on track to reach target 3.2 of the Sustainable Development Goals, which aims to "reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births" by 2030.

### **Primary education**

From 2010 to 2015, the overall proportion of children of official primary school age not enrolled in primary education in the European Region fell from 2.6% to 2.3%. However, the variation between Member States in the Region is great, with values ranging from 0.1% to 10.1%.

## **Secondary education**

On average, in the European Region, the percentage of the adult population that has completed at least secondary education remains almost unchanged (around 50%). However, there are large differences between countries: the maximum reported value of the adult population that has completed at least secondary education is above 80%, while the minimum reported value is 34%.

## **Household consumption**

In the European Region, there has been a steady increase in the regional average of household final consumption expenditure per capita, which is the highest reported since 2000 (US\$ 15 120).

## **Income inequality**

The regional average income inequality in the European Region has slightly decreased.

## **Unemployment**

In the reported five years, the average unemployment rate in the European Region marginally decreased, by 0.2%. However, there is wide variation in the levels of unemployment across the Region, with unemployment rates ranging from 0.5% to above 26%.

## **Enhancing the well-being of the European population**

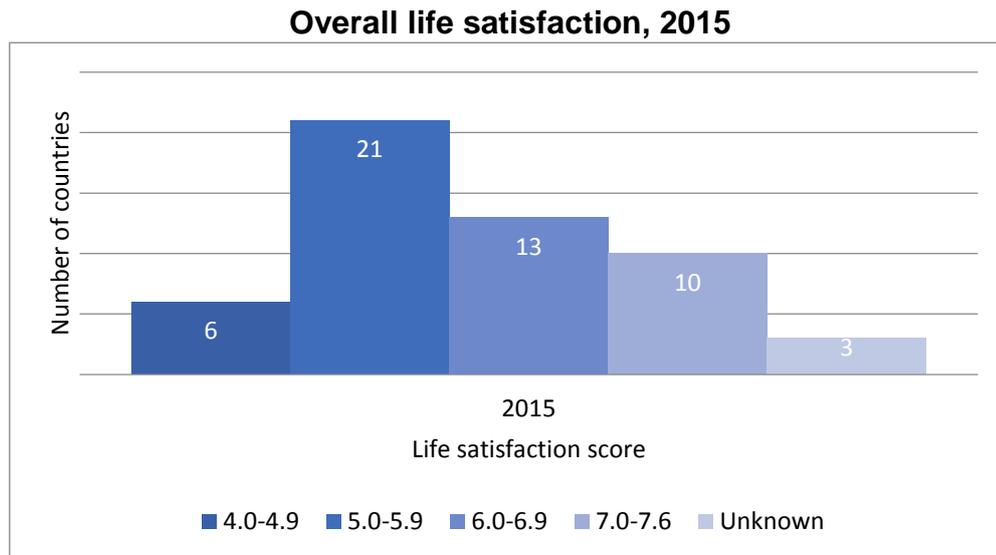
While the notion of “enhanced well-being” can be measured by certain objective indicators, it is also influenced by cultural factors and values, traditions and beliefs. Therefore, it also should be evaluated through qualitative indicators, along with subjective experiences of well-being.

Improved well-being contributes to better mental and physical health, higher productivity at work and, in turn, stronger economies. Careful design, monitoring and implementation of well-being policies and strategies will therefore need to continue in the European Region.

## **Life satisfaction**

Only one subjective indicator has been reported on across the European Region: life satisfaction. This was determined as the response to the question “How satisfied are you with life these days?”, on a scale of 0 (least satisfied) to 10 (most satisfied).

Across the European Region, life satisfaction scored a 6, but variation between Member States was pronounced: some Member States had a score of 5.0 or below, while others had some of the highest scores in the world, reaching up to 7.6.



*Source: UNDP Human Development Reports. Human Development Index (HDI) [website]. New York: United Nations Development Programme; 2016. (<http://hdr.undp.org/en/content/human-development-index-hdi>)*

### **Social connectedness**

Although still relatively high, the level of social support or social connectedness in the European Region (one of the indicators for measuring 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, but, by 2015, this figure had fallen to 81%. In addition, there is a large gap between those Member States in the Region with the highest proportions of social connectedness and those with the lowest, with this value ranging from 43% to 95%.

### **Living alone**

According to the Eurostat database, which includes data on 34 countries in the European Region, the percentage of people aged 65 years and above who live alone increased by 1% between 2010 and 2016, with women constituting the greater share of older adults living alone (about 39%) compared to men (over 20%).

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