THE EUROPEAN HEALTH REPORT 2021

Taking stock of the health-related Sustainable Development Goals in the COVID-19 era with a focus on leaving no one behind

HIGHLIGHTS
Abstract
The European Health Report is produced every three years as a flagship publication by the WHO Regional Office for Europe. The aims of the European Health Report 2021 are to provide insight into Regional progress towards the health-related Sustainable Development Goals and the effects of the COVID-19 pandemic on population health, thereby focusing on health inequalities and how the pandemic is affecting these. In addition, the report describes how the Regional Office, through implementation of the European Programme of Work 2020–2025, aims to support Member States in tackling the major challenges in the Region and building back better after the pandemic. As strong health information systems will be an important prerequisite for these endeavours, the report describes how WHO will support all Member States in tackling the main gaps in data and information that are currently hampering the evidence-informed implementation of the European Programme of Work, WHO’s global Thirteenth General Programme of Work 2019–2023 and the Sustainable Development Goals.

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Keywords
Sustainable Development Goals, European Programme of Work 2020–2025, population health, pandemic, health inequalities

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THE EUROPEAN HEALTH REPORT 2021

Taking stock of the health-related Sustainable Development Goals in the COVID-19 era with a focus on leaving no one behind

HIGHLIGHTS
The European Health Report 2021 takes stock of the WHO European Region’s progress towards the health-related Sustainable Development Goals

The European Health Report is a three-yearly flagship report of the WHO Regional Office for Europe. The 2021 edition takes stock of the WHO European Region’s progress towards the health-related Sustainable Development Goals (SDGs) and provides insight into the main challenges related to the three core priorities of the European Programme of Work 2020–2025 (EPW) (1). This brochure summarizes the Report’s overall conclusions and highlights some important findings.

In 2015 the 193 Member States of the United Nations adopted the SDGs, which form a roadmap to ending global poverty, building a life of dignity for all and leaving no one behind by 2030. In total, there are 17 SDGs, to which 169 targets and 231 indicators are linked. Both WHO’s global Thirteenth General Programme of Work, 2019–2023 (GPW13) (2) and the EPW build on the SDGs. The European Health Report 2021 focuses on the targets for SDG 3 on good health and well-being and some additional targets for other SDGs that are highly relevant for health.
Although the WHO European Region is making good progress for some of the SDG targets, challenges and delays exist for all three core priorities of the EPW; the impact of the COVID-19 pandemic aggravates the efforts Member States will have to make to reach the health-related SDGs by 2030.
EPW core priority 1.
Moving towards universal health coverage

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Coverage of essential health services as measured by the universal health coverage (UHC) Service Coverage Index (SCI) and the density of health workers in the Region is relatively high, yet there are gaps in more specialized service areas: maternal and child health, infectious diseases, and noncommunicable diseases (NCDs). Further efforts related to financial protection are also needed: the incidence of catastrophic health spending ranges from 1% to 19% across countries. The COVID-19 pandemic and its economic fallout have been straining health systems to their limits, leading to wide disruption of regular service delivery and impacting all three pillars of UHC: access to health-care services, quality of care and financial protection. This implies that additional effort is needed in the Region to tackle persistent barriers to UHC as a critical component for achieving the SDGs.

Source: WHO, 2021 (3).
EPW core priority 2.
Protecting against health emergencies

The International Health Regulations (2005) (IHR) core capacities are those required to detect, report and respond to public health risks and emergencies of national and international concern. The COVID-19 crisis has highlighted the need for clearly defined emergency response mechanisms. In the WHO European Region, capacities are strong in relation to coordination (81%), surveillance (81%) and laboratory functions (81%), but lower at points of entry (60%) and for risk communication (66%) and chemical events (66%).
The International Health Regulations (2005) (IHR) Index

Note: 47 out of 55 States Parties reported data in the Region.
EPW core priority 3.
Promoting health and well-being
Immunization coverage is generally high in the WHO European Region for the diphtheria, tetanus and pertussis combined vaccine (DTP3) and the measles vaccine; however, in a substantial number of Member States it is still below the 95% target for the Region. In addition, the national uptake of human papillomavirus vaccination is significantly uneven. The COVID-19 pandemic has negatively impacted routine immunization services, resulting in lower coverage levels. The WHO European Region is one of two global regions where the overall number of new HIV infections is increasing.

Changes in routine immunization coverage between 2019 and 2020 in the WHO European Region: number of countries by DTP3 coverage levels

Source: WHO, 2021 (5).
NCDs and risk factors

Many of the deaths before age 70 years in the WHO European Region are caused by four major NCDs: cardiovascular diseases, cancers, chronic respiratory disease and diabetes. While 85% of the NCD burden is caused by major behavioural and biological risk factors, the Region is performing worst globally for two of these: alcohol and tobacco use. The COVID-19 pandemic and related containment measures have negatively influenced health behaviours. Patterns of use of alcohol, tobacco and drugs have adversely changed in some groups. Emerging evidence shows a notable increase in body weight due to unfavourable changes in physical activity and nutrition. These impacts of the pandemic add to the challenge the Region is facing in tackling risk factors and combating NCDs.
In the WHO European Region

About 2.5 out of 10 adults smoke tobacco

SDG indicator 3a. Age-standardized prevalence of current tobacco smoking among persons aged 15 years and older

About 2.8 out of 10 children are overweight or obese

SDG Indicator 2.2.2. Country-specific prevalence of overweight (including obesity) according to WHO definition among children 6-9 years

Adults drink on average 9.5 litres of pure alcohol per year

9.5 litres pure alcohol

190 litres of beer

80 litres of wine

24 litres of spirits

SDG Indicator 3.5.2. Alcohol, total per capita (15+) consumption in litres of pure alcohol

Sources: WHO, 2021 (3, 6).
Mental health and well-being

Suicide is an important contributor to premature mortality and, despite a declining trend, the WHO European Region still has one of the highest standardized suicide mortality rates globally. The COVID-19 pandemic has had a rapid and profound impact on mental health and well-being in the Region. Both the direct threat of the outbreak of SARS-CoV-2 infections and containment measures have resulted in feelings of loneliness, fear and pessimistic perspectives for the future, as well an increase in symptoms of depression and anxiety, among parts of the population. It is notable that although people with mental health problems are at higher risk of mental disorders and suicide, only a fraction of people who suffer from negative mental health conditions also attempt or commit suicide. There is no good picture yet of what the long-term effects of the mental health impacts of the pandemic on the occurrence of mental disorders will be.
Standardized death rate from suicide and self-inflicted injury, all ages, per 100 000 population in Member States of the WHO European Region, latest available data

Source: WHO, 2021 (3).
There are large and persistent differences between Member States, and the COVID-19 pandemic has exacerbated existing health inequalities by impacting vulnerable groups most severely

Even though all Member States in the WHO European Region have met the SDG target for maternal mortality, and almost all the target for child mortality, there are still large differences between Member States for these indicators. Other areas where substantial and persistent inequalities are seen between countries include tuberculosis, HIV, hepatitis B and and C prevalence, antimicrobial resistance, alcohol consumption and road traffic mortality. Vulnerable groups and those at the lower end of the social gradient have been hit hardest by the pandemic, including children, adolescents, women, older people, refugees and migrants, marginalized groups, people with long-term health conditions or disabilities, people working in vulnerable or insecure jobs, people who are unemployed, and people living in poverty.
Health inequalities between Member States of the WHO European Region for selected indicators

### HIV infections

In the WHO European Region, the highest rate is 61 times higher than the lowest rate.

**Indicator:** SDG 3.3. Number of new HIV infections per 1000 uninfected population

### Under-5 mortality

In the WHO European Region, the highest rate is 21 times higher than the lowest rate.

**Indicator:** SDG 3.2. Under-5 mortality per 1000 live births

### Alcohol consumption

In the WHO European Region, the highest rate is 16 times higher than the lowest rate.

**Indicator:** SDG 3.5. Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

### Air pollution mortality

In the WHO European Region, the highest rate is 15 times higher than the lowest rate.

**Indicator:** SDG 3.9. Mortality rate attributed to ambient and household air pollution per 100 000 population

**Note:** Differences between rates for HIV infections, under-5 mortality and air pollution mortality were calculated using data only from Member States with a population of more than 100 000.

**Sources:** WHO, 2021 (3); European Centre for Disease Prevention and Control, 2021 (7).
The EPW will be the leading policy framework in the WHO European Region for the coming years to take on the challenges identified and to steer and coordinate action towards building back better after the COVID-19 crisis.

For the next biennium (2022–2023), priority areas for action have been defined, with a particular focus on major flagship initiatives planned to move the EPW agenda forward. These include, but are not limited to, establishing the Mental Health Coalition and a cancer movement; ensuring equitable access to immunization through a transformative immunization agenda; forging a new social contract to address access to affordable medicines; improving health care for refugees and migrants; improving emergency prevention and preparedness; promoting and generating behavioural science/insights to maximize health outcomes; tackling childhood obesity; tackling alcohol consumption; reimagining the future of primary health care: the cornerstone for delivering our priorities; and operationalizing One Health.
Flagship initiatives

- Mental Health Coalition
- Empowerment through Digital Health
- European Immunization Agenda 2030
- Healthier behaviours: incorporating behavioural and cultural insights
The evidence base for supporting the policy efforts that Member States will have to make is suboptimal, with data gaps for key indicators and operational challenges in health information systems

Supporting Member States in strengthening their national health information systems historically has been a strong focus of WHO’s activities, and this will continue to be an important area of work in order to improve health intelligence for evidence-informed implementation of the SDGs, the GPW13 and the EPW.

Data gaps exist for several health-related SDG indicators and for other areas that are highly relevant for the WHO European Region, such as health inequalities, intersectoral action for health, ageing populations and mental health. The development list of the measurement framework of the EPW will be an important tool to achieve sustainable improvement of data availability and quality for key indicators for the Region. In addition, there are operational challenges in the health information systems of Member States, most notably related to limited resources and capacity, fragmentation and problems with interoperability, lack of central governance, and limited use of health information for decision-making. To support Member States in tackling these, WHO offers a comprehensive package of tools, guidance documents and evidence resources. Digitalization of these systems is a specific point of attention in these supporting documents.
WHO Regional Office for Europe’s package of health information system strengthening tools

At the basis of the package is the support tool to strengthen health information systems (HIS), which provides guidance for an assessment across all five main functions of a HIS and subsequent strategy development. In addition, the package contains a complementary series of guidance documents and tools to help to strengthen specific HIS functions or elements.

Note: next to these tools, WHO Regional Office for Europe also has developed a set of HIS strengthening technical evidence resources. New tools will be developed during the biennium 2022–2023, with a focus on tools that support Member States in the further digitalization of their HISs and leveraging the potential of big data.

Sources: WHO Regional Office for Europe, [8-14].
References


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 2021 Report shows trends in and progress towards the goals of the European Programme of Work 2020–2025, and the health-related Sustainable Development Goals, and provides insights into the effects of the COVID-19 pandemic on population health. It reveals gaps in progress, health inequalities and other areas of concern and uncertainty, where action must be taken. The Report describes how the WHO Regional Office for Europe aims to support Member States in tackling the major challenges in the Region and building back better after the pandemic. This brochure summarizes the Report’s overall conclusions and highlights some important findings.