

Indicators of avoidable mortality can provide a general “starting point” to assess the effectiveness of public health and health care systems in reducing deaths before 75 years of age from various diseases and injuries. However, further analysis is required to assess more precisely different causes of potentially avoidable deaths and interventions to reduce them.

In 2017, over 1 million premature deaths across EU countries could have been avoided through better prevention and health care interventions. This amounts to about two-thirds of deaths under age 75. Of these deaths, most (644 000 or about 64% of the total) were considered preventable through effective primary prevention and other public health measures, while slightly more than one-third (372 000 or about 36%) were considered treatable through more effective and timely health care interventions.

Lung cancer (23% of all deaths from preventable causes), ischaemic heart diseases (12%), alcohol-related deaths (11%), and transport and other accidents (8%) accounted for more than half of preventable mortality (Figure 6.1). Other major causes included stroke (6%), suicide (6%) and chronic obstructive pulmonary disease (COPD) often related to smoking (6%).

The main treatable causes of mortality include ischaemic heart disease (20% of all deaths from treatable causes), colorectal cancer (16%), breast cancer (12%) and stroke (11%), which together account for about 60% of all deaths that could be avoided through the provision of timely and effective treatment. Pneumonia (6%), diabetes (4%) and hypertensive diseases (4%) are other major causes of premature deaths that are amenable to treatment.

Preventable mortality rates in 2017 were about three times lower in Cyprus and Italy compared with the rates in some Central and Eastern European countries such as Hungary, Latvia, Romania and Lithuania (Figure 6.2). Higher rates of premature death in these countries were mainly due to much higher mortality from ischaemic heart disease, accidents and alcohol-related deaths, as well as lung cancer in Hungary.

Mortality rates from treatable causes were also about three times lower in some Western and Northern European countries like France, the Netherlands, Spain, Sweden and Italy than in Central and Eastern European countries such as Romania, Latvia, Bulgaria and Lithuania. The higher rates in the latter group of countries were mainly driven by higher mortality rates from ischaemic heart disease, stroke and some treatable cancers.

Across the EU, preventable mortality rates were almost three times higher among men than among women (235 per 100 000 population for men, compared with 89 for women) because of higher death rates from all the leading causes of preventable death. Mortality rates from treatable causes were also nearly 40% higher among men than women, mainly due to higher death rates from ischaemic heart disease and stroke.

### Definition and comparability

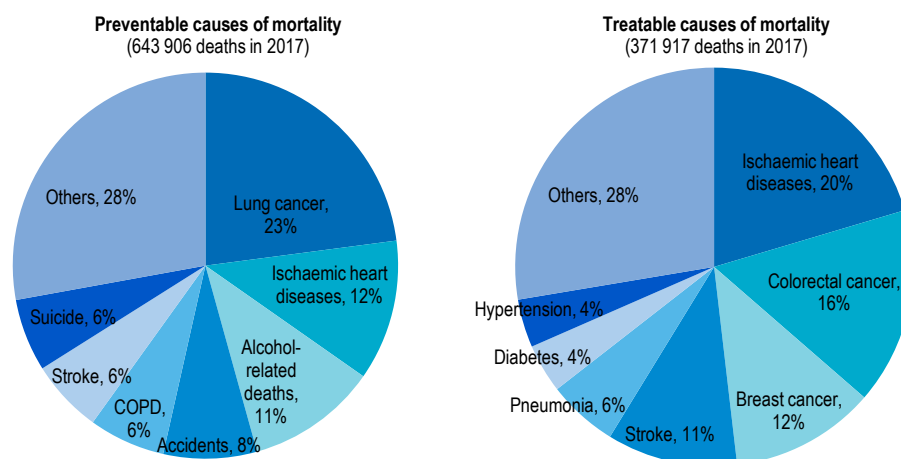
In 2019, the OECD and Eurostat adopted new joint definitions of avoidable mortality, including a list of preventable and treatable causes of mortality. Preventable mortality is defined as causes of death that can be mainly avoided through effective public health and primary prevention interventions (i.e. before the onset of diseases/injuries, to reduce incidence). Treatable causes of mortality is defined as causes of death that can be mainly avoided through timely and effective health care interventions, including secondary prevention and treatment (i.e. after the onset of diseases, to reduce case-fatality).

The attribution of each cause of death to the preventable or treatable mortality list was based on the criterion of whether it is predominantly prevention or health care interventions that can reduce death. Causes of death that can be both largely prevented and also treated once they have occurred were attributed to the preventable category on the rationale that if these diseases are prevented, there would be no need for treatment. In cases when there was no strong evidence of predominance of preventability or treatability (e.g. ischaemic heart disease, stroke, diabetes, hypertension), the causes were allocated on a 50%-50% basis to the two categories to avoid double-counting the same cause of death in both lists. The age threshold of premature mortality is set at 74 years (inclusive) for all causes (OECD/Eurostat, 2019).

### References

- Eurostat (2020), *Preventable and treatable mortality statistics*, Statistics Explained, July 2020.
- OECD/Eurostat (2019), *Avoidable mortality: OECD/Eurostat lists of preventable and treatable causes of death*, <https://www.oecd.org/health/health-systems/Avoidable-mortality-2019-Joint-OECD-Eurostat-List-preventable-treatable-causes-of-death.pdf>.

Figure 6.1. Main causes of avoidable mortality in the European Union, 2017

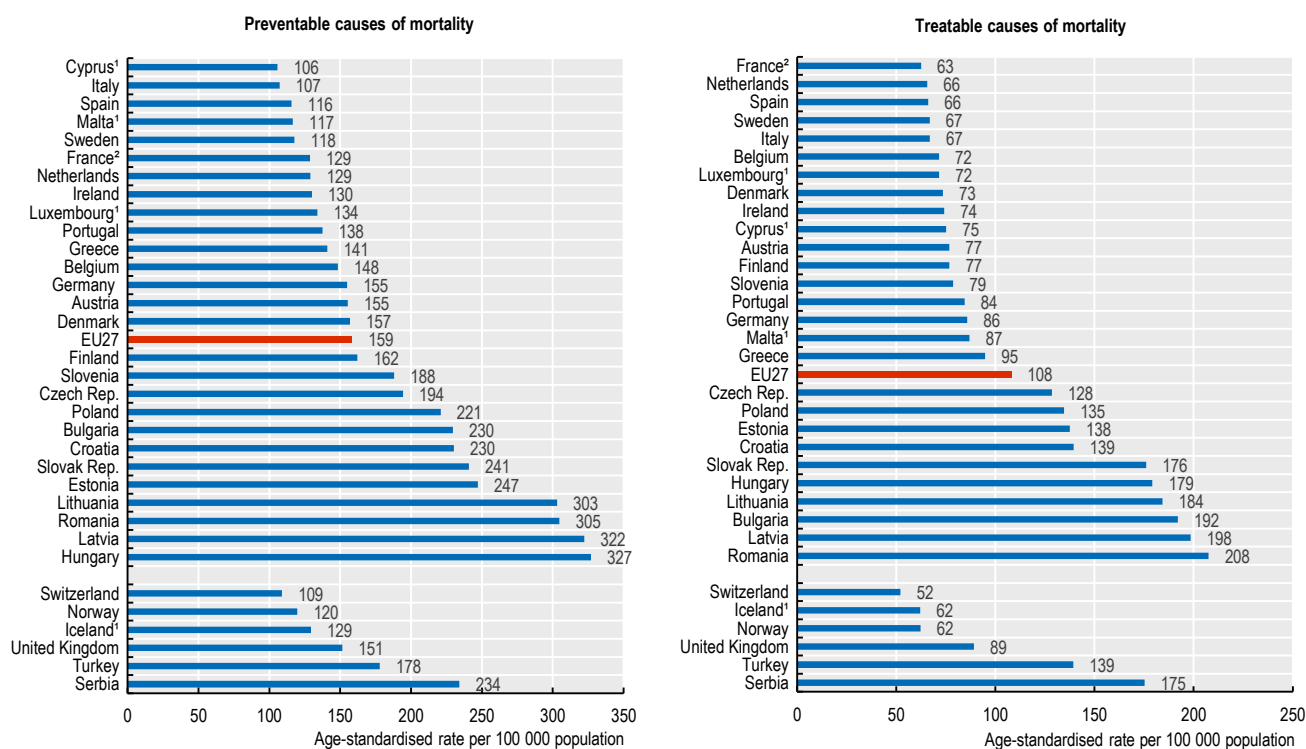


Note: Data are based on the 2019 OECD/Eurostat revised definitions and lists of preventable and treatable causes of mortality. The new lists attribute half of all deaths for some diseases (e.g. ischaemic heart diseases, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death.

Source: Eurostat Database (data refer to 2017, except for France 2016).

StatLink <https://stat.link/6w15cg>

Figure 6.2. Mortality rates from avoidable causes, 2017



Note: The EU average is weighted. 1. Three-year average. 2. Data refer to 2016 for France.

Source: Eurostat Database.

StatLink <https://stat.link/9zg8b>



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