



Executive summary

The 2024 edition of *Health at a Glance: Europe* presents the state of European health systems as they continue their recovery from the COVID-19 pandemic and respond to the challenges and opportunities brought about by digitalisation, climate change and demographic changes. This year's report focuses on two linked pivotal themes: addressing health workforce shortages and promoting healthy longevity.

Urgent action is needed to address health workforce shortages in Europe

- The European health workforce faces a severe crisis. Twenty EU countries reported a shortage of doctors in 2022 and 2023, while 15 countries reported a shortage of nurses. Based on minimum staffing thresholds for universal health coverage (UHC), EU countries had an estimated shortage of approximately 1.2 million doctors, nurses and midwives in 2022. The dual demographic challenges of an ageing population, which augments the demand for health services, and an ageing health workforce, which increases the need to replace current health workers as they retire, are key drivers of this shortfall. Over one-third of doctors and a quarter of nurses in the EU are aged over 55 and expected to retire in the coming years. Concurrently, interest in health careers among young people is declining, with interest in nursing falling in over half of EU countries between 2018 and 2022. Health workforce planning is essential to guide policy making and ensure that the health workforce is sufficiently staffed and skilled.
- To address acute domestic workforce shortages, European countries have increasingly relied on recruiting foreign-trained health professionals. Following a temporary reduction during the first two years of the pandemic, the inflow of foreign-trained doctors in European countries increased by 17% in 2022 compared to 2019, while the inflow of foreign-trained nurses surged by 72%. In 2023, over 40% of doctors in Norway, Ireland and Switzerland, and over 50% of nurses in Ireland were foreign-trained. While providing a quick solution to pressing needs, an overreliance on foreign-trained health workers risks exacerbating workforce shortages and overall fragility in source countries, often lower-income nations already grappling with acute health workforce constraints.
- Addressing the health workforce crisis requires a multi-pronged approach. In the short-term, improving working conditions and remuneration are critical to increasing the attractiveness of the profession and retaining current health workers. Increasing education and training opportunities for new doctors and nurses is also vital to boost supply, although its impact will only be felt in the medium to longer-term. Given the slow average growth rate of only 0.5% per year in the number of new nursing graduates in the EU between 2012 and 2022, attracting enough young people to meet the rising demand presents a significant challenge. Optimising the skill-mix through for example greater use of advanced practice nurses, as well as harnessing digital technologies and AI, will be essential to augment health worker productivity and enable them to focus more on patient care.

Promoting healthy longevity can reduce the burden on health and long-term care systems

- Europe is facing a profound demographic shift, with the proportion of people over age 65 in the EU projected to rise from 21% in 2023 to 29% by 2050. Life expectancy at age 65 now exceeds 20 years,

but more than half of these years are impaired by chronic illnesses and disabilities. This is particularly the case for women who live several years longer than men, but most of these years are lived with health issues, so there is almost no gender gap in healthy life expectancy. A substantial portion of the disease burden in old age among both women and men can be prevented by addressing key risk factors throughout the life course. For example, up to 45% of dementia cases could be avoided by addressing 14 modifiable risk factors, according to the 2024 Lancet Commission on dementia prevention. Insufficient physical activity contributes greatly to the development of cardiovascular diseases, depression and many other diseases in old age. Only 22% of people aged over 65 engage in sufficient physical activity. Obesity rates – a risk factor for numerous chronic conditions – also tend to rise with age, peaking at around 20% among those aged 65 to 74 years across the EU in 2022.

- Effective policy action is imperative to promote healthy longevity by prioritising disease prevention, including by means of vaccination, supporting mental health at all ages and empowering individuals to manage their own health. The costs of inaction – both in terms of reduced healthy life years and economic burden – are too high to bear. Projection models indicate that a concerted “healthy ageing” scenario could slow the growth of health spending as a share of GDP in the coming decades and help contain long-term care costs, while reducing the demand for health and long-term care workers.

Significant life expectancy gaps persist across countries and the health of young people is an enduring concern

- Life expectancy at birth in the EU reached 81.5 years in 2023, exceeding pre-pandemic levels by 0.2 years. However, significant disparities persist between EU Member States, with an eight-year gap between countries with the highest and lowest life expectancies. Spain, Italy and Malta recorded life expectancies more than two years above the EU average, while Latvia and Bulgaria were more than five and a half years below it. Cardiovascular diseases and cancers remained the leading causes of mortality in 2021, accounting for 54% of all deaths, followed by COVID-19 at 11%. Notably, mortality rates from cardiovascular diseases were up to seven times higher in some Central and Eastern European countries compared to Western Europe.
- Physical and mental health is a critical determinant of people's well-being, significantly influencing educational outcomes in children and adolescents as well as employment outcomes in adults. Recent evidence points to a deterioration in the physical and mental health of adolescents. The proportion of 15-year-olds reporting multiple health complaints – related to both physical issues and psychological distress – rose from 42% in 2017-18 to 52% in 2021-22 on average across EU countries. Various factors explain the rising trend in psychological distress among adolescents during that period, including the impact of the COVID-19 lockdowns, higher rates of problematic internet and social media use and increased exposure to cyberbullying. The impact of social media and excessive screen time on the mental health of individuals, particularly among youth, warrants close monitoring.

Progress in addressing lifestyle risk factors has stalled, with persistent socio-economic disparities

- Lifestyle risk factors such as the use of tobacco and related products, harmful alcohol consumption, poor nutrition, lack of physical activity and obesity account for a substantial share of the total burden of morbidity and mortality in EU countries. In 2021, approximately 1.1 million deaths in the EU, equivalent to nearly 21% of all deaths, were attributable to the combined impact of smoking, excessive alcohol use and high body-mass index.
- Despite ongoing efforts to curb unhealthy behaviours, risk factors remain prevalent across the EU. In 2022, 18% of adults were daily smokers. One in five adults reported heavy alcohol consumption on a monthly basis. Moreover, over half of adolescents consumed inadequate quantities of fruit and vegetables, while only 15% met the WHO-recommended levels of physical activity.

- Poor nutrition and physical inactivity have contributed to the rising prevalence of overweight and obesity among adolescents and adults in the EU. In 2022, over 20% of 15-year-olds were overweight or obese, with rates exceeding 25% in Malta, Greece and Romania. Socio-economic inequalities play a significant role, with adolescent obesity rates over 60% higher among those from low-affluence families compared to their high-affluence peers. Among adults, over half were overweight or obese in 2022, with a 14 percentage point difference between those with low and high levels of education.
- Environmental risk factors, such as air pollution and climate change, pose growing threats to public health in the EU. In 2021, fine particulate matter (PM_{2.5}) exposure alone caused over 253 000 deaths, with the highest mortality in Central and Eastern Europe. The EU has set ambitious targets to reduce air pollution and greenhouse gas emissions, aiming for a 55% reduction in premature deaths due to PM_{2.5} by 2030 compared to 2005. Based on current progress, the EU is on track to achieve this goal.

EU countries have made gradual improvements in health crisis preparedness, but significant challenges remain in building public trust and combatting AMR

- Health crisis preparedness levels appear to have improved slightly since the pandemic began, with average self-reported adherence rates to WHO International Health Regulations among EU countries increasing from 75% in 2020 to 78% in 2023. Disease surveillance, laboratory capacity and human resources showed the highest scores, while gaps remain in risk communication and preparedness to radiation emergencies and chemical events.
- Public trust in government institutions plays a pivotal role in ensuring effective crisis response. In 2023, more than half of the population in 19 EU countries expressed confidence in their government's emergency preparedness capabilities. However, trust levels varied significantly. Finland, the Netherlands and Denmark recorded the highest score, with two-thirds or more of their citizens expressing confidence in their government's ability to handle crises. In contrast, only about one-third of the population reported confidence in Latvia, Portugal and Greece.
- Antimicrobial resistance (AMR) remains a major public threat, with antibiotic-resistant infections occurring in the EU resulting in approximately 35 000 deaths every year and direct costs estimated at EUR 6.6 billion. In 2022-23, 32% of tested bacterial isolates were resistant to key antibiotics, a rate which exceeded 50% in Romania, Greece, Cyprus and Bulgaria. Antibiotic consumption in the community – a key driver of AMR – varies almost fourfold across EU countries, highlighting the need for improvements in antimicrobial stewardship to optimise antibiotic use.
- Vaccination remains crucial for protecting populations, particularly older people, against infectious diseases. By late 2021, nearly 90% of people aged 60+ in the EU completed their COVID-19 primary vaccination course, with most countries exceeding 75% coverage. However, subsequent uptake of the first booster dose in early 2022 varied sevenfold across countries, and the second booster dose saw even greater disparity, ranging from over 75% in Ireland and Denmark to less than 5% in Bulgaria, Romania, the Slovak Republic and Lithuania. Influenza vaccination rates initially rose during the pandemic's first year, but fell in 2021-22, albeit remaining above pre-pandemic levels. Vaccine hesitancy and access issues remain major barriers, with public perceptions of vaccine safety varying from 94% to 60% across EU countries.

The European Commission initiated the *State of Health in the EU* cycle in 2016 to support EU Member States in enhancing citizen health and health system performance. The biennial *Health at a Glance: Europe* report, the cycle's first output, provides comprehensive data and comparative analyses to identify health and health system strengths and improvement opportunities.

The *Country Health Profiles*, developed in collaboration with the European Observatory on Health Systems and Policies, form the cycle's second step. The next edition, due in 2025, will highlight each EU country's unique health system characteristics and challenges. For further information, please consult: https://health.ec.europa.eu/state-health-eu_en.

The full report is available in English:

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