Statement by the European Public Health Association (EUPHA) on the Sustainable Health Goals in the European region

On 25 September 2015, the United Nation’s Sustainable Development Goals (SDGs) were adopted by all member states of the UN (193 countries). These goals aspire to ‘leave no one behind’ and comprise 17 goals to be achieved by 2030. One of the goals (SDG 3) is dedicated to health i.e. ‘ensure healthy lives and promote wellbeing for all at all ages’. This goal is measured by indicators such as ‘reduce the global maternal mortality ratio to less than 70 per 100 000 livebirths’, as well as, ‘end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases’. There are several more SDGs relating to health, in total 50 health-related indicators, 37 of which have been measured by the Global Burden of Disease (GBD) Study. This study is tracking global progress towards these goals. This raises the question – how is Europe progressing towards the health-related Sustainable Development Goals – or even better – how is Europe progressing towards what we might call the Sustainable Health Goals?

Europe’s progress towards the Sustainable Health Goals

In order to find out how Europe and European countries are doing, some 2.5 years after the adoption of the SDGs, we examined data provided by the Institute of Health Metrics and Evaluation of the University of Washington, USA. These data transformed the indicators to a scale from 0 to 100, with 100 being the highest. We looked at the most recent data (2016) from all countries of the World Health Organization (WHO) European Region. In general, Europe is progressing well towards the health goals (see shades of green in map below).
In part this is because some of the indicators relate to diseases that are rarely found in Europe or issues that have long been addressed, such as malaria incidence, proportion of births attended by skilled health personnel, and prevalence of neglected tropical diseases. What is of concern is that there are also several indicators that risk not being achieved by 2030.

Out of the lowest scoring indicators (see table below) we can identify two themes, health-related behaviours and health of children. In both there is great variability between countries.

<table>
<thead>
<tr>
<th>Indicator Short Name</th>
<th>Goal, Target, and Indicator Description</th>
<th>Average European region*</th>
<th>Scoring range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Prevalence</td>
<td>Indicator 3.3.a.1: Age-standardized prevalence of daily smoking among populations aged 10 and older</td>
<td>35,7</td>
<td>Huge scoring differences between countries, i.e. 99.8 (Tajikistan) till 0 (Montenegro)</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Indicator 3.5.2: Risk-weighted prevalence of alcohol consumption, as measured by the summary exposure value for alcohol use</td>
<td>37,3</td>
<td>Again, huge scoring differences between countries, i.e. 87.4 (Tajikistan) till 0.2 (Ukraine)</td>
</tr>
<tr>
<td>Suicide Mortality</td>
<td>Indicator 3.4.2: Age-standardized death rate due to self-harm (per 100,000 population)</td>
<td>44,5</td>
<td>Huge scoring differences between countries; scores range from 89.9 (Turkey) to 1.2 (Lithuania)</td>
</tr>
<tr>
<td>Child Overweight</td>
<td>Indicator 2.2.2b: Prevalence of overweight among children aged 2 to 4 years</td>
<td>50,9</td>
<td>Scoring ranges from 87.4 (Moldova) to 24.8 (Malta)</td>
</tr>
<tr>
<td>Child Sexual Abuse</td>
<td>Indicator 16.2.3: Age-standardized prevalence of women and men aged 18-29 who experienced sexual violence by age 18</td>
<td>58,4</td>
<td>Scoring ranges from 100 (Georgia, Tajikistan, Turkmenistan, Uzbekistan) to 24 (Israel)</td>
</tr>
</tbody>
</table>

*European region, as per WHO region (n=51, not including Monaco and San Marino). Calculated from 2016 data of the Institute for Health Metrics and Evaluation (IHME). Note: some of data are based on estimates and the quality of the data available may differ between different countries.

Health-related behaviour

Health-related behaviours and their consequences, such as overweight, alcohol consumption and tobacco smoking, are among the main areas of concern in Europe. There is, however, considerable regional variation in alcohol consumption and tobacco smoking. In the following countries alcohol consumption remains a major concern: Belarus, Lithuania, Luxembourg, Portugal, Romania, and Ukraine (these countries score lower than 10 out of 100). Smoking is a major concern in Bosnia and Herzegovina, Bulgaria, Greece, Macedonia, Montenegro, and Serbia (all scoring lower than 10 out of 100).

Children’s health

Four health-related SDG indicators are dedicated to health issues in children. We see that two out of these four score low in the European region, i.e. overweight in children and child sexual abuse. Again, the pattern varies among countries. Countries in which child sexual abuse is the most worrisome are Belarus, Estonia, Israel, Lithuania, Moldova, Russia, Sweden, and Ukraine (all scoring less than 30 out of 100). In another group of countries we see that childhood overweight is of concern: Albania, Azerbaijan, Iceland, Malta, and Montenegro (all scoring less than 34 out of 100).
EUPHA is committed to efforts to make progress in the SDGs and is pleased to see the progress made in Europe so far. To continue this progress, working towards the targets set by the SDGs, EUPHA calls for more coordinated efforts. EUPHA calls upon its members to advocate for the SDGs in their own countries in order to ‘ensure healthy lives and promote wellbeing for all at all ages’ (SDG 3). Check your country’s progress towards the health-related SDGs here.

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The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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This statement received funding under an operating grant from the European Union’s Health Programme (2014-2020).

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