

# Eckzahlen in Gesundheit 2000

Daten 1985-1995

# Key data on health 2000

Data 1985-1995

# Chiffres clés sur la santé 2000

Données 1985-1995



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# Eckzahlen in Gesundheit 2000

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THEMENKREIS 3 – THEME 3 – THÈME 3  
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**DE** Eurostat ist das Statistische  
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**Yves Franchet**  
Generaldirektor

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**EN** Eurostat is the Statistical Office  
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**Yves Franchet**  
Director-General

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**Yves Franchet**  
Directeur-Général





**ECKZAHLEN IN GESUNDHEIT 2000**

**KEY DATA ON HEALTH 2000**

**CHIFFRES CLÉS SUR LA SANTÉ 2000**





## Introduction

This first edition of **Key Data on Health** responds to the growing demand of EU health policy for a comprehensive, consistent and internationally comparable set of health data and indicators, highlighted in the programme of Community Action on Health Monitoring; this programme was adopted by the European Parliament and the Council on 30<sup>th</sup> of June 1997 in the framework for action in the field of public health.

A strong feature of this report is the fact that Eurostat brings together information on a wide range of health topics from the most relevant data-sources available around the world: New Cronos of Eurostat, Ecosante from OECD, Health for All from WHO, FAO, International Agency for Cancer, AIDS Surveillance Centre, specific epidemiological studies, etc.

Information on the Health Status of the population and the description of Health Care systems is at the core of this publication; however, **Key Data on Health** also addresses the issues of *life styles* (nutrition, smoking, drinking, sexual behaviour and AIDS risk, physical activity, drug use), *mortality* (infant, causes of death) and *health risks* associated with environment, work, leisure and traffic.

**Key Data on Health** covers the 15 EU Member States, as well as Iceland, Norway, Liechtenstein and Switzerland. Tables and graphs provide, where possible, data from 1960 onwards disaggregated by gender and age.

Eurostat considers this publication to be a first step in the long process of building a comprehensive statistical information system on Health and Safety, within the main body of socio-economic statistics. Our objective is to make **Key Data on Health** a valuable tool for EU health policy planners, the medical community, health economists and researchers, the media and the public at large.

Luxembourg, May 2000

This publication has been prepared by the Sector 'Health and Safety', of Unit E3 (Education, health and other social domains) of Eurostat.

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Reader's comments are most welcome and should be sent to:

marleen.desmedt@cec.eu.int  
antoni.montserrat@cec.eu.int  
or phone: +352 4301 33673 or 33249  
fax: +352 4301 35399

Text, tables and graphs will be available in French, German and Spanish as Eurostat Working Papers

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## Symbols used and country abbreviations

:	data non available
-	nil
<i>(italics)</i>	provisional or estimated data
( )	unreliable data due to a small size of the sample
-	break in series
EU 15	European Union (15 Member States)
EU 12	European Union (12 Member States)
Eurozone	The 11 countries participating in the Euro zone
EEA	European Economic Area
B	Belgium
DK	Denmark
D	Germany
EL	Greece
E	Spain
F	France
IRL	Ireland
I	Italy
L	Luxembourg
NL	The Netherlands
A	Austria
P	Portugal
FIN	Finland
S	Sweden
UK	United Kingdom
IS	Iceland
NO	Norway
CH	Switzerland
LI	Liechtenstein

**POPULATION** **1**



## POPULATION

### 1. POPULATION STRUCTURE TRENDS: FEWER CHILDREN, MORE OLD PEOPLE

The total population in the European Union (EU) has increased from 340.0 in 1970 to 375.3 million in 1999. Since 1988 the rate of growth has slowed to about 1.5 million a year. The numbers of males and females in each age group are relatively homogenous up to the age of 55, but at older ages there are more women. The smaller number of children (0-14 age group) in 1998 is probably due to there being less women of child bearing age as result of the baby bust in the 1970s, and the general trend of delaying childbirth. The EU population growth is slowing down and the increase in population is based more on migration than a natural increase.

Decreasing birth rates and increasing survival have contributed to the rising numbers of older people in the EU. The proportion of those over 65 years of age and the very old (+80) have increased steadily over the past two decades. This 'ageing' of the population affects dependency. In 1998 the age dependency ratio for the EU was 49.3 aged 15-64. While in the short term the age dependency ratio is likely to remain fairly constant, it is expected to increase sharply again from the middle of the next decade as the proportion of people aged over 60 increases. The increase will be unevenly distributed across the EU countries over the next 25 years. The Netherlands and Finland will experience increases well above the EU average. According to baseline projections, Italy (119) and Spain (121) will have the highest age dependency ratios by 2050. This situation may have considerable implications for health policy and also for social protection and labour market policies.

The *natural population increase* is the difference between the number of live births and the number of deaths. The *net migration* is the difference between the number of immigrants and the number of emigrants. The *age dependency ratio* is an indicator calculated by Eurostat as the ratio of the number of people aged 0-14 and 65+ to those aged 15-64. It shows the extent to which the young (less than 15) and the old (over 65) are dependent on what is considered to be the active population (aged 15-64). It is assumed that those in the 15-64 age bracket support their younger and older citizens. The ratio is expressed as a percentage.

### 2. BIRTHS AND DEATHS; LIFE EXPECTANCY

The total fertility rate (TFR) (1.45 children per woman in 1998 in EU) is less than half that for the whole world (2.96) and is one of the lowest in the world. However it appears to have stabilised after years of decline due mainly to postponed motherhood and increasing childlessness. Ireland (1.93) has the highest TFR in the EU and Spain (1.15) has the lowest. The total fertility rate is a periodic indicator, reflecting both the timing and average family sizes of different generations of women. Replacement level fertility is approximately 2.1 children per woman.

In 1998, the number of live births in the EU reached the post-war low of just over 4 million. In the mid 1960s the annual number of live births were over 2 million higher, from 1965 to 1970 the number of live births decreased by 10% and have continued to fall. Since 1995 slight increases can be observed in some EU Member States. The highest number of births in 1998 can be found in Germany and the lowest in Luxembourg.

The crude birth rate in the EU was 10.7 per 1000 population, in 1998, declining from 18.3 per 1000 in 1996. Ireland has the highest crude birth rate 14.4 per 1000 and Italy has the lowest 9.0 per 1000.

In 1998, the number of deaths in the EU was 3.7 million, a 1% increase from 1997. The impact of the growing number of elderly people on deaths was fully compensated by decreasing mortality rates. With an aged population and a relatively less favourable mortality pattern, Denmark has the highest crude death rate, 11.0 per 1000, whilst Ireland has the lowest, 8.5 per 1000.

Eurostat has prepared projections to predict both population and mortality growth in EU countries. Using the baseline scenario they predict the proportion of young people in the total population, currently 24%, to decline until 2020. They predict this trend to follow in all EU countries, with the exception of Luxembourg, where the proportion of growth is expected to remain at present levels. Eurostat projects an increase in the proportion of elderly people in the EU. Increasing from 21% in 1998 to 27% in 2020. This trend will be apparent in all EU countries. Italy and Spain are expected to have the highest proportion of elderly people.

In recent decades life expectancy has increased significantly. According to current mortality, girls born in 1997, in the EU, may expect to live to 80.9 years and boys 74.6 years. The difference in the rates for the two sexes is particularly marked in France, where the life expectancy of a female child at birth is 7.6 years more than that of a male child. In Sweden the difference is only 5.1 years. Since 1960 life expectancy has increased in all EU countries. The countries in southern Europe have experienced increasing life expectancy at a faster rate than the Northern countries. Eurostat has used the mortality projections to estimate future life expectancy. Using the high scenario they expect men to reach 83 years of age in 2050 and women 87 years of age.

The *total fertility rate* is the average number of children that would be born per woman if all women lived to the end of their child bearing years and bore children according to a given set of age specific fertility rate.

The *crude rate* (births or deaths) is the number of events (births or deaths) to the mean of the population in a given year.

Eurostat calculates *life expectancy* as the average further number of years that a person of a specified age can expect to live, assuming that the age-specific mortality levels remain constant (i.e. the rates observed for the period under review). Life expectancy tables are based on the probability of dying according to Farr's death rate method:  $q_x = M_x / (B_x + (M_x/2))$  where  $M_x$  is the number of deaths at the age of  $x$  to under  $x+1$  years in the reported period;  $B_x$  is the average population aged  $x$  to under  $x+1$  in the base period and  $q_x$  is the death probability from age  $x$  to  $x+1$ . *Life expectancy* is normally expressed as the number of years a person may expect to live, starting from age 0. Also other ages can be chosen as a starting point: The *life expectancy at a certain age* is the number of years a person of a certain age may expect to live, if mortality patterns remain unchanged. Life expectancy is normally calculated for all age levels and for males, females and total population.

## 1.1.1

## Total population on 1st January, total

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1950	295 833,4	8 639,0	4 251,5	68 376,0	7 566,0	28 009,0	41 647,3	2 969,0	47 101,0	294,7	10 026,8	6 926,0	8 437,0	3 988,0	6 986,2	50 616,0	:	:	13,4	3 250,0	4 668,2
1960	314 826,0	9 128,8	4 565,5	72 543,0	8 300,4	30 327,0	45 464,8	2 835,5	50 025,5	313,0	11 417,3	7 030,4	8 826,0	4 413,0	7 471,3	52 164,4	318 585,6	175,7	16,3	3 567,7	5 295,6
1965	328 648,2	9 428,1	4 741,0	75 591,1	8 528,5	31 776,3	48 561,8	2 872,8	51 906,8	330,0	12 212,3	7 247,8	9 028,8	4 557,6	7 695,2	54 170,2	332 566,5	190,7	19,1	3 708,6	5 829,2
1970	339 974,9	9 660,2	4 906,9	78 269,1	8 780,4	33 587,6	50 528,2	2 943,3	53 685,3	338,5	12 957,6	7 455,1	8 697,6	4 614,3	8 004,3	55 546,4	344 063,1	204,0	20,9	3 863,2	6 168,7
1975	348 644,3	9 788,2	5 054,4	78 882,2	8 986,2	35 338,0	52 600,0	3 163,9	55 293,0	357,4	13 599,1	7 592,3	8 879,1	4 702,4	8 176,7	56 231,3	352 882,3	216,7	23,7	3 997,5	6 356,3
1980	354 571,7	9 855,1	5 122,1	78 179,7	9 587,5	37 241,9	53 731,4	3 392,8	56 388,5	363,5	14 091,0	7 545,5	9 713,6	4 771,3	8 303,0	56 285,0	358 903,4	226,9	25,8	4 078,9	6 303,6
1985	358 475,4	9 857,7	5 111,1	77 709,2	9 919,5	38 353,0	55 157,3	3 544,3	56 588,3	366,2	14 453,8	7 574,4	10 008,5	4 893,7	8 342,6	56 595,6	362 888,5	240,6	26,7	4 145,8	6 455,9
1990	363 763,4	9 947,8	5 135,4	79 112,8	10 120,9	38 826,3	56 577,0	3 507,0	56 694,4	379,3	14 892,6	7 689,5	9 919,7	4 974,4	8 527,0	57 459,3	368 278,7	253,8	28,5	4 233,1	6 673,9
1991	365 434,5	9 987,0	5 146,5	79 753,2	10 200,1	38 874,6	56 893,2	3 521,0	56 744,1	384,4	15 010,4	7 768,9	9 877,5	4 998,5	8 590,6	57 684,5	369 969,3	255,9	29,0	4 249,8	6 750,7
1992	367 072,6	10 022,0	5 162,1	80 274,6	10 294,5	38 965,2	57 217,6	3 547,5	56 757,2	389,8	15 129,2	7 867,8	9 864,9	5 029,0	8 644,1	57 907,3	371 635,4	259,7	29,4	4 273,6	6 842,8
1993	368 994,2	10 068,3	5 180,6	80 974,6	10 349,2	39 050,6	57 529,7	3 569,4	56 960,3	395,2	15 239,2	7 962,0	9 869,2	5 055,0	8 692,0	58 098,9	373 585,6	262,4	29,9	4 299,2	6 908,0
1994	370 432,7	10 100,6	5 196,6	81 338,1	10 409,6	39 121,4	57 779,1	3 583,2	57 138,5	400,9	15 341,6	8 015,0	9 892,2	5 077,9	8 745,1	58 292,9	375 052,9	265,1	30,3	4 324,8	6 968,6
1995	371 589,5	10 130,6	5 215,7	81 538,6	10 442,9	39 177,4	58 020,1	3 597,6	57 268,6	406,6	15 424,1	8 039,9	9 912,1	5 098,8	8 816,4	58 500,2	376 235,5	267,0	30,6	4 348,4	7 019,0
1996	372 669,9	10 143,0	5 251,0	81 817,5	10 465,1	39 241,9	58 258,1	3 620,1	57 333,0	412,8	15 493,9	8 054,8	9 920,8	5 116,8	8 837,5	58 703,6	377 338,7	268,0	30,9	4 370,0	7 062,4
1997	373 716,7	10 170,2	5 275,1	82 012,2	10 486,6	39 298,6	58 491,6	3 652,2	57 461,0	418,3	15 567,1	8 067,8	9 934,1	5 132,3	8 844,5	58 905,1	378 410,4	269,9	31,1	4 392,7	7 081,3
1998	374 582,8	10 192,3	5 294,9	82 057,4	10 511,0	39 347,9	58 726,9	3 694,0	57 563,4	423,7	15 654,2	8 075,4	9 957,3	5 147,3	8 847,6	59 089,6	379 304,1	272,4	31,3	4 417,6	7 096,5
1999	375 329,4	10 213,8	5 313,6	82 038,0	10 533,0	39 394,3	58 966,8	3 744,7	57 612,6	429,2	15 760,2	8 082,8	9 979,5	5 159,6	8 854,3	59 247,0	380 082,5	275,7	32,0	4 445,3	7 114,6

Source: Eurostat, Demographic Statistics

## 1.1.2 Total population on 1st January, males

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1950	:	4 253,0	2 109,0	31 493,0	3 687,0	13 526,0	20 004,7	1 511,0	22 935,0	:	4 998,3	3 213,7	4 088,1	1 904,7	3 480,6	24 575,0	:	:	6,6	1 610,1	2 249,8
1960	151 721,0	4 477,9	2 264,6	33 686,4	4 015,3	14 831,0	22 046,6	1 429,0	24 498,9	154,6	5 686,2	3 273,2	4 222,8	2 124,7	3 727,8	25 282,1	153 594,2	87,5	7,9	1 777,8	2 565,1
1965	158 936,7	4 627,9	2 350,4	35 512,9	4 185,9	15 496,5	23 640,2	1 444,3	25 408,0	162,5	6 090,5	3 390,0	4 307,1	2 200,3	3 840,9	26 279,2	160 890,7	96,3	9,6	1 848,0	2 838,4
1970	164 762,1	4 729,6	2 432,5	37 031,5	4 283,2	16 414,3	24 655,5	1 478,9	26 260,0	166,2	6 465,1	3 510,8	4 158,0	2 230,2	3 996,5	26 949,7	166 797,4	103,2	10,1	1 922,0	3 014,0
1975	169 225,4	4 792,1	2 504,2	37 439,3	4 400,4	17 292,0	25 767,6	1 590,1	27 006,6	177,2	6 771,6	3 589,0	4 198,4	2 273,8	4 067,8	27 355,2	171 333,1	109,5	11,9	1 986,2	3 099,7
1980	172 110,2	4 818,9	2 529,1	37 156,6	4 702,7	18 273,1	26 243,8	1 705,1	27 459,2	178,0	6 994,3	3 564,2	4 670,7	2 306,8	4 115,5	27 392,4	174 259,4	114,4	12,9	2 021,9	3 066,2
1985	174 044,3	4 811,6	2 517,1	37 048,1	4 879,4	18 820,2	26 890,1	1 777,0	27 501,1	178,1	7 149,6	3 594,2	4 826,6	2 369,2	4 120,5	27 561,3	176 228,5	121,0	13,1	2 050,1	3 145,3
1990	177 012,0	4 860,1	2 530,6	38 109,7	4 982,0	19 024,6	27 544,0	1 743,2	27 527,8	185,4	7 358,5	3 685,1	4 782,5	2 412,8	4 212,1	28 053,7	179 246,6	127,4	13,9	2 093,3	3 257,5
1991	177 939,2	4 880,7	2 536,4	38 500,0	5 025,0	19 038,0	27 702,6	1 750,9	27 547,4	188,3	7 419,5	3 736,6	4 761,7	2 426,2	4 244,0	28 181,8	180 183,1	128,4	14,5	2 101,0	3 298,3
1992	178 857,2	4 899,2	2 544,5	38 839,1	5 075,5	19 081,9	27 864,3	1 764,7	27 548,4	191,3	7 480,4	3 795,2	4 755,1	2 443,0	4 270,6	28 303,8	181 115,1	130,2	14,4	2 113,4	3 341,7
1993	179 961,4	4 923,5	2 554,6	39 300,1	5 106,9	19 121,8	28 019,6	1 775,7	27 654,6	194,1	7 535,3	3 849,7	4 756,0	2 457,3	4 294,6	28 417,8	182 234,0	131,6	14,5	2 126,4	3 373,9
1994	180 728,9	4 940,2	2 563,4	39 518,5	5 140,8	19 153,7	28 138,5	1 782,1	27 738,7	196,9	7 585,9	3 882,0	4 764,4	2 470,2	4 321,0	28 532,6	183 015,3	133,0	14,8	2 138,6	3 403,9
1995	181 332,4	4 954,7	2 573,3	39 645,0	5 155,8	19 177,0	28 252,0	1 787,2	27 790,7	199,6	7 627,5	3 898,4	4 773,7	2 481,6	4 356,3	28 659,6	183 631,4	133,9	14,9	2 150,3	3 428,4
1996	181 923,7	4 958,8	2 592,2	39 824,8	5 164,9	19 204,0	28 365,3	1 797,4	27 817,4	202,6	7 662,3	3 907,2	4 777,5	2 491,7	4 366,1	28 791,6	184 233,9	134,3	15,1	2 160,7	3 448,8
1997	182 510,6	4 971,8	2 604,9	39 954,8	5 172,4	19 226,1	28 480,5	1 813,0	27 893,3	205,4	7 696,8	3 915,0	4 783,6	2 500,6	4 369,7	28 922,6	184 833,2	135,2	15,2	2 172,1	3 457,6
1998	182 978,3	4 982,7	2 615,7	39 992,3	5 181,2	19 244,5	28 595,9	1 833,7	27 950,6	208,2	7 740,1	3 918,5	4 794,6	2 509,1	4 371,9	29 039,5	185 315,0	136,4	15,2	2 185,1	3 465,2
1999	183 390,5	4 993,7	2 625,4	40 004,1	5 185,0	19 261,5	28 717,3	1 854,2	27 967,7	211,3	7 793,3	3 922,5	4 805,2	2 516,1	4 375,6	29 157,6	185 743,7	138,1	15,6	2 199,6	3 478,7

Source: Eurostat, Demographic Statistics



## 1.1.3

## Total population on 1st January, females

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1950		4 386,0	2 142,5	36 883,0	3 879,0	14 483,0	21 642,6	1 458,0	24 166,0		5 028,5	3 712,3	4 349,0	2 083,3	3 505,6	26 041,0			6,8	1 639,8	2 418,4
1960	163 105,0	4 650,9	2 300,9	38 856,6	4 285,1	15 496,0	23 418,2	1 406,5	25 526,6	158,5	5 731,1	3 757,2	4 603,3	2 288,4	3 743,6	26 882,3	164 989,9	86,6	8,3	1 789,9	2 730,5
1965	169 711,5	4 800,2	2 390,6	40 078,2	4 342,6	16 279,8	24 921,6	1 428,5	26 498,8	167,5	6 121,7	3 857,8	4 721,6	2 357,2	3 854,3	27 891,0	171 675,8	94,3	9,5	1 860,6	2 990,8
1970	175 212,7	4 930,5	2 474,4	41 237,6	4 497,2	17 173,3	25 872,7	1 464,4	27 425,3	172,3	6 492,5	3 944,3	4 539,6	2 384,1	4 007,8	28 596,8	177 265,7	100,9	10,9	1 941,2	3 154,7
1975	179 418,9	4 996,1	2 550,2	41 443,0	4 585,8	18 046,0	26 832,4	1 573,8	28 286,4	180,2	6 827,5	4 003,3	4 680,7	2 428,6	4 108,9	28 876,1	181 549,2	107,2	11,9	2 011,3	3 256,6
1980	182 461,5	5 036,2	2 593,0	41 023,1	4 884,8	18 968,8	27 487,6	1 687,7	28 929,3	185,5	7 096,7	3 981,4	5 042,9	2 464,5	4 187,5	28 892,6	184 644,0	112,5	12,9	2 057,0	3 237,3
1985	184 431,1	5 046,2	2 594,0	40 661,1	5 040,1	19 532,8	28 267,2	1 767,3	29 087,2	188,1	7 304,2	3 980,1	5 181,9	2 524,5	4 222,1	29 034,3	186 660,0	119,6	13,6	2 095,8	3 310,6
1990	186 751,4	5 087,7	2 604,8	41 003,1	5 138,9	19 801,7	29 033,0	1 763,8	29 166,5	193,9	7 534,1	4 004,5	5 137,2	2 561,6	4 315,0	29 405,6	189 032,1	126,4	14,5	2 139,8	3 416,3
1991	187 495,3	5 106,3	2 610,1	41 253,3	5 175,1	19 836,5	29 190,6	1 770,1	29 196,7	196,1	7 590,9	4 032,3	5 115,7	2 572,3	4 346,6	29 502,7	189 786,1	127,4	14,6	2 148,8	3 452,4
1992	188 215,5	5 122,8	2 617,7	41 435,5	5 219,0	19 883,3	29 353,3	1 782,8	29 208,8	198,5	7 648,7	4 072,6	5 109,8	2 586,0	4 373,5	29 603,5	190 520,2	129,5	15,0	2 160,3	3 501,1
1993	189 032,8	5 144,8	2 626,0	41 674,6	5 242,4	19 928,8	29 510,1	1 793,7	29 305,7	201,1	7 703,9	4 112,3	5 113,1	2 597,7	4 397,4	29 681,1	191 351,6	130,8	15,3	2 172,7	3 534,0
1994	189 703,8	5 160,4	2 633,2	41 819,6	5 268,8	19 967,7	29 640,6	1 801,0	29 399,8	204,0	7 755,7	4 133,0	5 127,8	2 607,7	4 424,2	29 760,3	192 037,6	132,1	15,5	2 186,2	3 564,7
1995	190 257,1	5 175,9	2 642,4	41 893,6	5 287,0	20 000,3	29 768,1	1 810,4	29 477,9	207,0	7 796,6	4 141,4	5 138,5	2 617,1	4 460,1	29 840,6	192 604,0	133,1	15,7	2 198,2	3 590,7
1996	190 746,2	5 184,3	2 658,8	41 992,7	5 300,1	20 037,9	29 892,8	1 822,7	29 515,6	210,2	7 831,6	4 147,6	5 143,3	2 625,1	4 471,4	29 912,1	193 104,9	133,6	15,8	2 209,2	3 613,5
1997	191 206,1	5 198,4	2 670,2	42 057,3	5 314,2	20 072,5	30 011,1	1 839,1	29 567,6	212,9	7 870,3	4 152,9	5 150,5	2 631,7	4 474,8	29 982,4	193 577,2	134,6	16,0	2 220,6	3 623,7
1998	191 605,7	5 209,6	2 679,2	42 065,1	5 329,7	20 103,5	30 132,2	1 860,3	29 612,8	215,5	7 914,1	4 157,0	5 162,7	2 638,3	4 475,7	30 050,1	193 990,3	135,9	16,1	2 232,5	3 631,2
1999	191 956,0	5 220,0	2 688,2	42 032,9	5 336,7	20 132,8	30 255,8	1 880,7	29 644,9	218,0	7 967,0	4 160,3	5 174,3	2 643,6	4 478,7	30 122,2	194 355,8	137,6	16,4	2 245,8	3 644,8

Source: Eurostat, Demographic Statistics

## 1.1.4

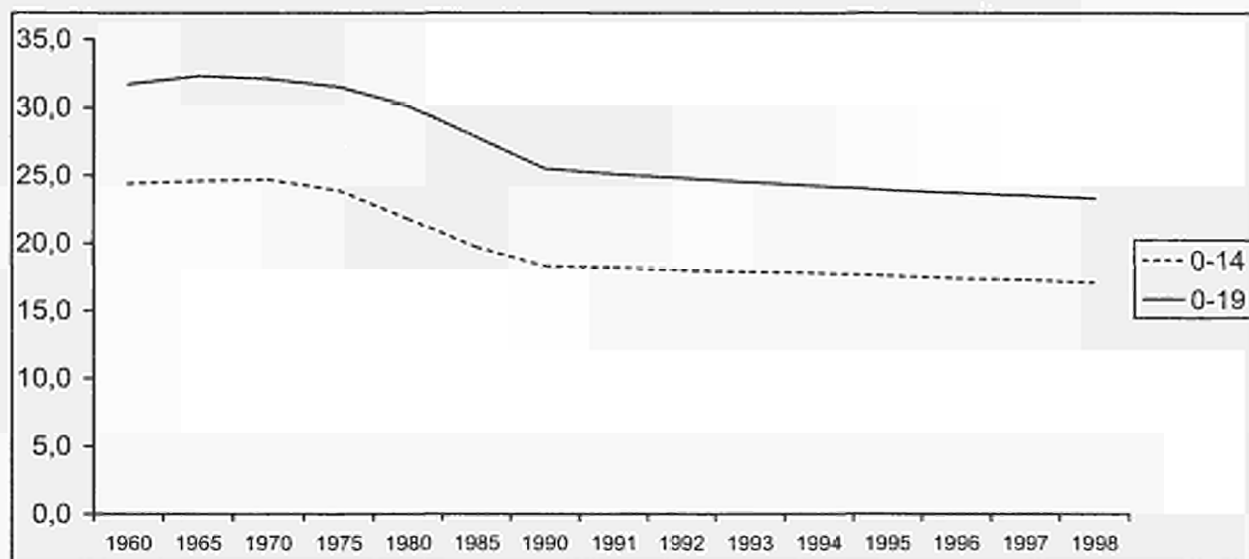
## People aged 0 to 14 as % of total population

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	24,4	23,4	25,5	21,0	24,8	27,4	26,2	30,9	24,7	21,4	30,0	21,8	29,2	30,7	22,7	23,3	24,5	34,9	26,8	26,0	24,1
1965	24,6	23,8	23,8	22,8	26,7	27,4	25,7	31,2	24,3	22,5	28,4	23,2	29,0	27,4	21,0	23,4	24,6	34,7	27,4	24,8	24,1
1970	24,7	23,6	23,4	23,3	24,2	27,7	24,9	31,2	24,6	22,1	27,4	24,4	28,5	24,9	20,9	24,1	24,7	32,9	27,9	24,5	23,7
1975	23,9	22,4	22,7	21,8	24,0	27,3	24,1	30,9	24,3	20,2	25,6	23,4	27,9	22,2	20,7	23,5	23,9	30,4	25,1	23,9	22,7
1980	21,8	20,3	21,1	18,8	23,1	26,0	22,5	30,5	22,6	19,0	22,6	20,7	25,5	20,5	19,6	21,2	21,8	27,7	23,0	22,4	20,9
1985	19,7	18,9	18,6	16,2	21,1	23,5	21,4	29,3	19,6	17,3	19,7	18,4	23,9	19,4	18,2	19,3	19,7	26,3	20,4	20,2	17,8
1990	18,3	18,1	17,1	16,0	19,5	20,2	20,1	27,4	16,8	17,2	18,2	17,5	20,8	19,3	17,8	18,9	18,3	25,0	19,4	18,9	17,0
1991	18,2	18,1	17,0	16,2	19,1	19,5	20,1	26,8	16,3	17,5	18,2	17,4	20,0	19,3	18,0	19,1	18,2	24,9	19,0	19,0	17,2
1992	18,0	18,2	16,9	16,3	18,6	18,8	20,0	26,3	15,8	17,7	18,3	17,5	19,4	19,2	18,2	18,2	18,0	24,8	19,4	19,0	17,2
1993	17,9	18,2	17,0	16,4	18,1	18,1	19,9	25,8	15,5	17,9	18,3	17,6	18,9	19,2	18,5	19,4	17,9	24,9	19,4	18,2	17,4
1994	17,8	18,1	17,1	16,4	17,6	17,5	19,8	25,2	15,3	18,1	18,4	17,6	18,4	19,1	18,7	19,4	17,8	24,8	19,3	19,3	17,6
1995	17,6	18,0	17,3	16,3	17,1	16,9	19,6	24,5	15,1	18,3	18,4	17,6	18,0	19,1	18,9	19,4	17,6	24,6	19,1	19,4	17,6
1996	17,4	17,9	17,5	16,2	16,6	16,4	19,4	23,9	14,9	18,5	18,4	17,5	17,8	19,0	18,8	19,4	17,4	24,3	19,0	19,5	17,7
1997	17,3	17,8	17,8	16,1	16,1	16,0	19,2	23,2	14,7	18,6	18,4	17,3	17,3	18,9	18,8	19,3	17,3	24,0	18,8	19,7	17,7
1998	17,1	17,7	18,0	16,0	15,8	15,6	19,0	22,7	14,6	18,7	18,4	17,2	17,0	18,7	18,7	19,2	17,1	23,7	18,8	19,8	17,6
1999	:	17,7	18,2	15,8	15,4	15,3	19,0	22,2	:	18,8	18,5	17,0	:	18,4	:	19,2	:	:	:	19,9	17,5

Source: Eurostat, Demographic Statistics

## 1.1.5

## People aged 0 to 14 and 0 to 19 as % of total population, EUR-15



Source: Eurostat, Demographic Statistics

### 1.1.6 People aged 15 to 24 as % of total population

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	14,6	12,2	14,7	16,1	15,7	15,3	12,4	14,0	15,7	13,2	14,9	14,7	16,3	14,9	13,5	13,1	14,6	14,8	17,2	12,8	14,8
1965	14,7	13,3	16,6	13,4	16,5	15,6	14,2	15,0	15,2	13,3	17,0	14,6	16,4	17,8	15,7	14,4	14,7	16,3	19,1	15,2	16,6
1970	14,8	14,9	16,1	12,8	14,6	15,4	16,3	16,0	14,7	13,9	17,6	13,3	15,8	19,1	15,2	14,6	14,8	18,1	17,9	15,9	15,7
1975	15,0	15,5	14,8	14,4	14,8	15,6	16,1	16,7	14,2	15,3	16,8	14,4	16,9	17,6	13,5	14,2	15,0	19,2	18,0	15,3	14,7
1980	15,8	16,1	14,9	15,9	14,8	16,5	15,9	17,4	15,1	15,5	17,3	16,4	16,6	16,1	13,5	15,6	15,8	19,4	17,0	15,2	15,2
1985	16,3	15,5	15,5	16,7	15,1	16,7	15,6	17,5	16,1	15,3	17,3	17,1	16,8	15,0	13,9	16,4	16,3	18,1	17,7	15,6	15,6
1990	15,2	14,2	15,0	14,1	15,1	16,9	15,2	17,0	15,9	13,4	15,9	15,4	16,2	13,2	13,8	15,0	15,2	16,7	16,5	15,5	14,2
1991	14,8	13,8	14,7	13,4	15,2	16,9	14,9	17,0	15,6	13,1	15,4	15,0	16,3	12,9	13,6	14,5	14,8	16,4	16,2	15,3	13,7
1992	14,5	13,5	14,3	12,8	15,1	16,9	14,6	17,1	15,3	12,7	14,9	14,5	16,5	12,8	13,2	14,0	14,5	16,2	15,7	14,9	13,2
1993	14,1	13,2	13,9	12,3	15,0	16,8	14,4	17,2	15,0	12,3	14,5	13,9	16,6	12,6	12,9	13,5	14,2	15,8	15,4	14,5	12,9
1994	13,8	13,0	13,7	11,8	15,0	16,7	14,2	17,3	14,7	12,1	14,0	13,4	16,6	12,4	12,6	13,1	13,8	15,6	14,7	14,1	12,5
1995	13,5	12,8	13,5	11,4	14,9	16,6	13,9	17,4	14,2	11,8	13,4	12,8	16,5	12,4	12,4	12,8	13,5	15,6	14,1	13,7	12,2
1996	13,3	12,7	13,2	11,2	14,8	16,3	13,8	17,4	13,8	11,7	12,9	12,5	16,3	12,4	12,3	12,6	13,3	15,7	13,9	13,3	11,9
1997	13,0	12,5	12,8	11,0	14,7	16,0	13,6	17,5	13,3	11,5	12,5	12,2	16,1	12,4	12,1	12,3	13,0	15,7	13,7	13,0	11,7
1998	12,8	12,3	12,4	11,0	14,5	15,6	13,4	17,6	12,8	11,3	12,2	12,0	15,7	12,5	11,9	12,2	12,8	15,6	13,5	12,6	11,6
1999	:	12,2	12,0	11,1	14,3	15,2	13,1	17,6	:	11,3	12,0	11,9	:	12,7	:	12,1	:	:	:	12,4	11,5

Source: Eurostat, Demographic Statistics

### 1.1.7 People aged 25 to 49 as % of total population

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	33,0	33,4	32,5	31,3	35,0	34,7	32,0	29,2	34,9	35,0	31,7	31,2	32,8	32,3	34,0	33,4	33,0	30,0	32,0	33,4	33,7
1965	32,0	32,0	31,0	31,7	35,1	33,5	30,8	27,5	33,9	33,8	30,6	29,5	31,9	31,1	31,9	31,4	32,0	28,7	31,9	30,7	32,4
1970	32,6	32,4	31,2	34,2	33,9	32,9	31,7	26,6	34,5	34,3	30,8	32,1	31,0	31,5	31,8	30,7	32,6	28,3	33,5	29,3	34,0
1975	32,6	32,2	32,5	33,7	33,6	32,2	32,0	27,2	33,7	35,7	32,5	31,7	30,8	34,4	32,3	31,0	32,5	29,1	36,0	29,6	35,0
1980	32,9	33,1	33,6	34,4	33,0	31,3	32,9	28,4	33,1	35,8	34,2	32,0	30,9	35,9	33,2	31,6	32,9	30,5	38,5	31,0	35,3
1985	33,7	33,9	35,3	35,5	32,7	31,2	33,7	30,1	33,3	36,6	36,2	33,7	31,4	37,3	34,3	32,7	33,7	32,7	40,0	33,2	36,3
1990	35,1	35,7	37,0	36,4	32,8	33,1	35,1	32,0	34,5	38,5	38,4	36,4	33,0	38,4	35,2	34,8	35,1	35,5	41,7	35,5	38,0
1991	35,4	36,1	37,4	36,4	32,9	33,6	35,5	32,4	34,7	38,7	38,8	36,6	33,3	38,7	35,5	35,3	35,4	35,9	42,2	35,8	38,4
1992	35,8	36,5	37,8	36,6	33,5	34,1	35,9	32,8	35,1	39,1	39,1	36,8	33,7	38,5	35,6	35,7	35,8	36,3	41,9	36,3	38,9
1993	36,2	36,8	37,9	37,0	34,0	34,6	36,2	33,1	35,5	39,3	39,4	37,3	34,0	38,8	35,6	36,0	36,2	36,4	41,8	36,6	39,0
1994	36,5	37,0	37,8	37,4	34,4	35,1	36,5	33,4	35,9	39,4	39,7	37,7	34,3	38,8	35,4	36,3	36,5	36,5	41,8	36,8	39,0
1995	36,7	37,2	37,5	37,6	34,7	35,5	36,7	33,8	36,3	39,5	39,9	38,0	34,6	38,6	35,1	36,5	36,7	36,5	41,1	36,9	39,0
1996	37,0	37,3	37,2	38,1	35,0	35,9	36,9	34,2	36,8	39,6	40,1	36,5	34,9	38,2	34,8	36,7	37,0	36,3	41,9	36,9	38,9
1997	37,2	37,2	36,9	38,4	35,2	36,3	36,9	34,4	36,9	39,6	39,8	38,8	35,3	37,5	34,6	36,7	37,2	36,3	41,7	36,7	38,7
1998	37,1	37,1	36,7	38,4	35,5	36,7	36,7	34,6	37,1	39,6	39,5	38,7	35,7	36,8	34,4	36,5	37,1	36,3	41,4	36,7	38,5
1999	:	36,9	36,5	38,2	35,8	37,1	36,5	36,9	:	39,4	39,1	38,6	:	36,0	:	36,3	:	:	:	36,6	38,3

Source: Eurostat, Demographic Statistics

### 1.1.8 People aged 50 to 64 as % of total population

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	17,4	19,0	16,8	20,1	15,1	14,4	17,6	14,9	15,4	19,7	14,4	20,1	13,8	14,9	18,2	18,4	17,4	12,1	14,0	16,9	17,2
1965	17,5	18,3	17,3	19,8	14,1	14,6	17,2	15,1	16,7	18,6	14,5	19,6	14,4	15,7	18,9	18,7	17,5	12,0	13,9	17,4	16,5
1970	15,8	15,8	17,0	16,3	16,2	14,4	14,3	15,1	15,4	17,2	14,1	16,2	15,0	15,5	18,6	17,7	15,8	12,0	12,8	17,4	15,4
1975	15,6	15,9	16,8	15,4	15,4	14,7	14,4	14,2	15,9	15,8	14,3	15,7	14,6	15,4	18,4	17,4	15,6	12,2	12,6	17,7	15,3
1980	15,6	16,2	16,0	15,2	16,0	15,4	14,6	13,0	16,1	16,1	14,4	15,5	15,6	15,6	17,4	16,8	15,6	12,6	12,5	16,8	15,6
1985	16,8	18,0	15,6	17,2	17,7	16,6	16,5	12,3	18,0	17,5	14,8	16,6	16,1	15,8	16,5	16,5	16,8	12,8	12,6	15,4	16,3
1990	16,8	17,2	15,3	18,6	18,9	16,4	15,7	12,3	18,1	17,5	14,6	15,9	16,7	15,8	15,3	15,6	16,8	12,2	12,4	13,7	16,2
1991	16,9	17,0	15,3	19,0	18,9	16,2	15,4	12,3	18,2	17,3	14,7	16,1	16,8	15,7	15,2	15,4	16,8	12,1	12,7	13,6	16,1
1992	16,8	16,6	15,4	19,3	18,6	16,1	15,1	12,3	18,2	17,0	14,7	16,3	16,6	15,9	15,2	15,3	16,8	12,0	12,9	13,5	16,1
1993	16,8	16,4	15,7	19,3	18,3	16,0	15,0	12,5	18,1	16,8	14,8	16,3	16,5	15,7	15,4	15,3	16,7	12,0	13,2	13,5	16,2
1994	16,8	16,3	16,0	19,3	18,0	16,0	14,8	12,6	18,1	16,6	14,9	16,3	16,5	15,7	15,7	15,4	16,7	12,1	13,8	13,7	16,3
1995	16,8	16,2	16,4	19,3	17,9	15,9	14,8	12,8	18,0	16,4	15,1	16,5	16,5	15,8	16,1	15,5	16,7	12,2	14,4	14,0	16,5
1996	16,7	16,1	16,9	18,9	17,8	15,9	14,7	13,1	17,8	16,1	15,3	16,3	16,5	16,2	16,6	15,6	16,7	12,4	14,8	14,3	16,7
1997	16,8	16,2	17,5	18,8	17,8	15,9	14,9	13,4	18,0	16,1	15,9	16,3	16,5	16,8	17,1	15,9	16,8	12,6	15,4	14,8	17,0
1998	17,0	16,4	18,0	18,8	17,7	16,0	15,2	13,7	18,1	16,1	16,4	16,7	16,5	17,4	17,6	16,4	17,0	12,8	16,1	15,3	17,2
1999	:	16,6	18,4	18,9	17,6	16,0	15,6	14,0	:	16,2	16,8	17,0	:	18,1	:	16,7	:	:	:	15,7	17,5

Source: Eurostat, Demographic Statistics

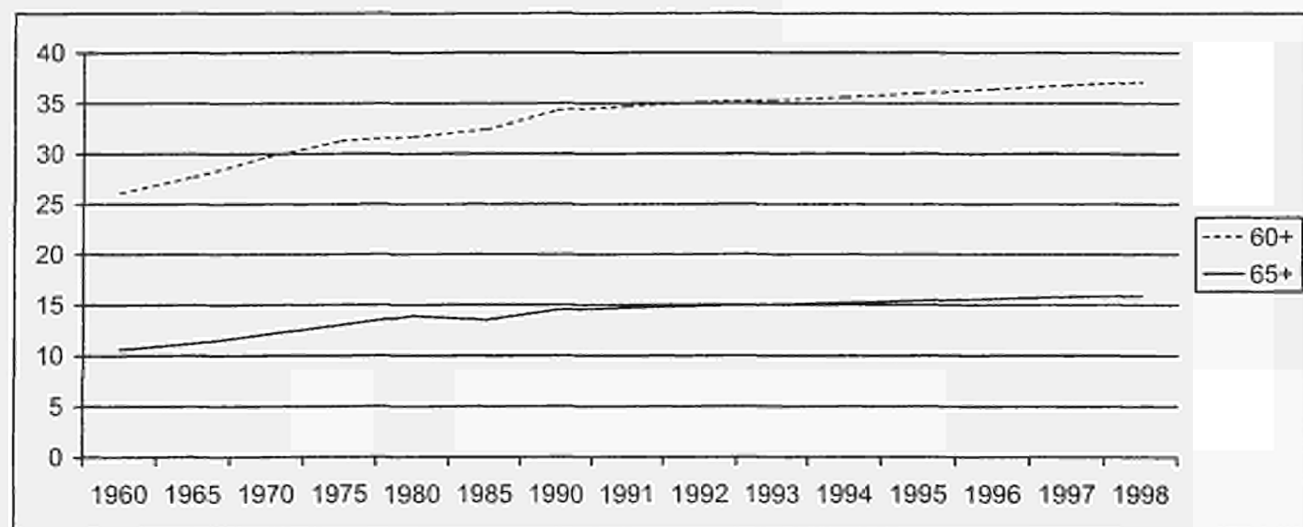
### 1.1.9 People aged 65 to 79 as % of total population

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	9,0	10,1	8,9	9,9	7,9	7,0	9,6	9,2	7,9	9,3	7,6	10,4	6,8	6,3	9,8	9,8	9,0	6,7	6,8	9,0	8,7
1965	9,4	10,5	9,5	10,7	6,4	7,5	9,9	9,2	8,3	10,1	8,0	11,1	7,1	7,0	10,5	10,1	9,4	7,0	6,4	9,9	8,8
1970	10,2	11,2	10,2	11,6	9,1	8,0	10,5	9,2	9,0	10,7	8,4	11,9	8,2	7,9	11,3	10,8	10,2	7,3	6,7	10,6	9,5
1975	10,9	11,6	10,9	12,6	10,0	8,6	11,0	9,0	10,0	11,1	8,8	12,5	8,4	9,2	12,3	11,5	10,9	7,3	7,1	11,1	10,4
1980	11,5	11,7	11,6	13,1	10,9	9,1	11,3	8,9	11,0	11,5	9,3	12,9	9,7	10,2	13,1	12,2	11,5	7,6	7,6	11,8	11,3
1985	10,7	10,6	11,8	11,3	10,7	9,6	9,5	8,9	10,4	10,6	9,4	11,0	9,8	10,2	13,4	11,9	10,7	7,7	7,5	12,2	10,9
1990	11,1	11,3	11,9	11,2	10,7	10,6	10,2	9,3	11,6	10,3	9,9	11,4	10,8	10,5	13,6	12,0	11,2	8,1	8,0	12,6	10,9
1991	11,2	11,5	11,8	11,2	10,8	10,8	10,3	9,2	11,7	10,3	10,0	11,3	11,0	10,6	13,5	12,0	11,2	8,2	7,9	12,6	10,9
1992	11,3	11,6	11,8	11,2	11,1	11,1	10,5	9,1	11,9	10,4	10,0	11,3	11,2	10,6	13,3	12,0	11,3	8,2	7,9	12,5	10,8
1993	11,3	11,7	11,6	11,1	11,3	11,3	10,6	9,1	12,1	10,4	10,0	11,2	11,3	10,7	13,2	11,9	11,3	8,3	7,9	12,3	10,7
1994	11,4	11,8	11,5	11,2	11,6	11,5	10,7	9,0	12,3	10,5	10,1	11,2	11,5	10,8	13,0	11,8	11,4	8,4	8,0	12,1	10,7
1995	11,5	11,9	11,4	11,3	11,9	11,8	10,8	9,0	12,4	10,6	10,1	11,2	11,6	10,9	12,8	11,7	11,5	8,5	8,4	12,0	10,7
1996	11,7	12,2	11,3	11,5	12,3	12,1	11,2	8,9	12,7	10,7	10,2	11,4	11,8	11,1	12,8	11,7	11,7	8,7	8,0	11,9	10,8
1997	11,9	12,5	11,1	11,8	12,7	12,3	11,5	8,9	13,0	10,9	10,3	11,6	12,0	11,2	12,7	11,7	11,9	8,8	8,0	11,7	10,9
1998	12,2	12,9	11,0	12,1	13,0	12,6	11,9	8,8	13,4	11,1	10,3	11,9	12,2	11,3	12,6	11,7	12,2	8,9	8,0	11,5	11,1
1999	:	13,2	10,9	12,4	13,4	12,8	12,1	8,8	:	11,2	10,4	12,0	:	11,4	:	11,7	:	:	:	11,2	11,2

Source: Eurostat, Demographic Statistics

## 1.1.10

## People aged 65+ and 60+ years, EUR15



Source: Eurostat, Demographic Statistics

## 1.1.11

## People aged 80 and over as % of total population

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	1.6	1.8	1.6	1.6	1.5	1.2	2.0	1.9	1.3	1.5	1.4	1.7	1.2	0.9	1.8	1.9	1.6	1.4	1.2	2.0	1.5
1965	1.8	2.0	1.8	1.7	1.2	1.3	2.1	2.0	1.6	1.6	1.5	2.0	1.1	1.0	2.0	2.0	1.8	1.3	1.2	2.0	1.6
1970	2.0	2.1	2.0	1.9	2.0	1.5	2.3	1.9	1.8	1.7	1.7	2.1	1.5	1.1	2.3	2.3	2.0	1.5	1.2	2.2	1.7
1975	2.1	2.3	2.4	2.2	2.1	1.6	2.4	1.9	1.9	1.9	1.9	2.3	1.4	1.3	2.7	2.4	2.1	1.8	1.2	2.4	2.0
1980	2.4	2.6	2.6	2.6	2.3	1.7	2.8	1.8	2.1	2.2	2.2	2.6	1.7	1.7	3.1	2.7	2.4	2.2	1.4	2.9	2.6
1985	2.9	3.1	3.2	3.2	2.7	2.3	3.2	1.9	2.5	2.6	2.6	3.1	1.9	2.2	3.6	3.1	2.9	2.4	1.8	3.3	3.1
1990	3.4	3.5	3.7	3.7	3.0	2.8	3.7	2.1	3.1	3.1	2.9	3.5	2.5	2.8	4.2	3.8	3.4	2.8	2.0	3.7	3.7
1991	3.5	3.5	3.7	3.8	3.1	3.0	3.8	2.2	3.3	3.1	2.9	3.6	2.6	2.9	4.3	3.7	3.5	2.5	2.1	3.8	3.7
1992	3.6	3.6	3.8	3.8	3.2	3.0	3.9	2.3	3.5	3.2	2.9	3.7	2.7	3.0	4.4	3.8	3.6	2.5	2.1	3.8	3.8
1993	3.7	3.7	3.9	3.9	3.3	3.1	4.0	2.4	3.7	3.3	3.0	3.7	2.7	3.1	4.5	3.9	3.7	2.5	2.2	3.9	3.8
1994	3.6	3.7	3.9	4.0	3.4	3.2	4.1	2.4	3.9	3.3	3.0	3.8	2.8	3.1	4.5	3.9	3.8	2.6	2.4	3.9	3.9
1995	3.9	3.8	3.9	4.1	3.4	3.3	4.2	2.5	4.0	3.4	3.1	3.9	2.8	3.2	4.6	4.0	3.9	2.6	2.9	4.0	4.0
1996	3.9	3.8	3.9	4.0	3.5	3.4	4.1	2.5	4.1	3.4	3.1	3.8	2.8	3.2	4.7	4.0	3.9	2.6	2.3	4.0	4.0
1997	3.8	3.7	3.9	3.9	3.5	3.4	3.9	2.5	4.1	3.3	3.1	3.7	2.8	3.2	4.8	4.0	3.8	2.6	2.3	4.1	4.0
1998	3.7	3.6	3.9	3.7	3.5	3.5	3.7	2.5	4.0	3.2	3.2	3.4	2.8	3.3	4.8	4.0	3.7	2.7	2.2	4.2	4.0
1999	:	3.5	3.9	3.5	3.5	3.6	3.6	2.5	:	3.1	3.1	3.4	:	3.3	:	3.9	:	:	:	4.2	4.0

Source: Eurostat, Demographic Statistics

## 1.1.12

## Age dependency ratio

(Population aged 0-14 and 65 and over as a % of population aged 15-64)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	53,9	54,7	56,2	48,1	51,8	55,4	60,9	72,4	51,5	47,4	63,7	51,4	59,1	61,0	52,3	54,0	53,9	75,7	58,2	58,7	52,3
1965	55,7	57,2	54,1	54,3	52,2	56,7	60,6	73,6	51,9	52,1	61,0	57,0	59,5	54,7	50,5	55,1	55,8	75,5	53,9	57,9	52,7
1970	58,2	58,7	55,3	58,2	54,7	59,4	60,5	73,5	54,7	52,9	60,0	62,2	61,7	51,3	52,5	59,1	58,3	71,4	55,7	59,6	53,8
1975	58,4	57,0	56,1	57,5	56,6	60,0	59,9	72,0	56,9	49,7	57,1	61,8	60,7	48,5	55,5	59,9	58,5	65,2	50,1	60,0	54,0
1980	55,5	52,9	54,9	52,6	56,8	58,3	57,6	70,1	55,4	48,4	51,7	56,6	58,6	47,8	56,2	56,5	55,5	60,0	46,9	58,8	51,1
1985	49,7	48,4	50,6	44,1	52,5	54,9	51,9	67,0	48,2	44,0	46,4	48,3	55,4	46,7	54,6	52,3	49,8	57,3	42,2	55,7	46,6
1990	48,9	49,1	48,7	44,7	49,7	50,8	51,6	63,3	46,0	44,2	45,0	47,9	51,6	48,5	55,4	52,9	49,0	55,2	41,6	54,4	46,2
1991	49,0	49,6	48,3	45,3	49,2	49,9	51,9	61,9	45,7	44,7	45,2	47,8	50,6	48,7	55,7	53,3	49,0	55,3	40,8	54,5	46,5
1992	49,0	50,1	48,2	45,6	48,9	49,0	52,3	60,6	45,6	45,4	45,4	48,0	49,8	48,8	56,2	53,8	49,1	55,1	41,8	54,6	46,6
1993	49,1	50,5	48,2	45,8	48,6	48,2	52,6	59,2	45,6	46,1	45,7	48,1	49,0	49,1	56,6	54,1	49,2	55,6	41,9	54,8	47,1
1994	49,2	50,8	48,2	46,1	48,3	47,5	52,7	57,8	45,7	46,9	45,9	48,3	48,5	49,3	56,9	54,3	49,2	55,8	42,4	54,8	47,5
1995	49,2	51,0	48,3	46,4	48,1	47,0	52,9	56,2	45,9	47,6	46,2	48,5	48,0	49,7	57,1	54,2	49,3	55,6	43,6	54,8	47,8
1996	49,3	51,4	48,5	46,5	47,9	46,7	53,0	54,5	46,4	48,3	46,4	48,6	47,6	49,9	57,0	54,1	49,3	55,3	41,6	54,9	48,0
1997	49,3	51,7	48,8	46,5	47,7	46,5	53,0	53,0	46,7	48,8	46,6	48,5	47,4	50,0	56,8	53,9	49,3	55,0	41,1	54,9	48,3
1998	49,3	52,0	49,1	46,6	47,7	46,5	53,0	51,6	47,0	49,2	46,8	48,3	47,3	49,9	56,6	53,7	49,4	54,5	40,9	54,8	48,4
1999	:	52,2	49,4	46,5	47,8	46,5	53,2	50,4	:	49,5	47,1	48,1	:	49,6	:	53,5	:	:	:	54,6	48,5

Source: Eurostat, Demographic Statistics

## 1.2.1

## Total fertility rate

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	2,59	2,56	2,54	2,37	2,28	2,86	2,73	3,76	2,41	2,28	3,12	2,69	3,10	2,72	2,20	2,72	2,59	4,17	:	2,91	2,44
1965	2,72	2,62	2,61	2,50	2,30	2,94	2,84	4,03	2,66	2,42	3,04	2,70	3,14	2,48	2,42	2,89	2,72	3,71	:	2,95	2,61
1970	2,38	2,25	1,95	2,03	2,39	2,90	2,47	3,93	2,42	1,98	2,57	2,29	2,83	1,83	1,92	2,43	2,38	2,81	:	2,50	2,10
1975	1,96	1,74	1,92	1,48	2,38	2,80	1,93	3,40	2,20	1,55	1,66	1,82	2,58	1,68	1,77	1,81	1,96	2,65	:	1,98	1,61
1980	1,82	1,68	1,55	1,56	2,21	2,20	1,95	3,25	1,64	1,49	1,60	1,62	2,18	1,63	1,68	1,90	1,82	2,48	1,75	1,72	1,55
1985	1,60	1,51	1,45	1,37	1,68	1,64	1,81	2,50	1,42	1,38	1,51	1,47	1,72	1,65	1,74	1,79	1,60	1,93	:	1,68	1,52
1990	1,57	1,62	1,67	1,45	1,39	1,36	1,78	2,11	1,33	1,61	1,62	1,45	1,57	1,78	2,13	1,83	1,58	2,30	:	1,93	1,59
1991	1,53	1,66	1,68	1,33	1,38	1,33	1,77	2,08	1,31	1,60	1,61	1,49	1,57	1,79	2,11	1,81	1,54	2,18	:	1,92	1,60
1992	1,51	1,65	1,76	1,30	1,38	1,32	1,73	1,99	1,31	1,64	1,59	1,49	1,54	1,85	2,09	1,79	1,52	2,21	:	1,88	1,58
1993	1,47	1,61	1,75	1,28	1,34	1,27	1,65	1,90	1,25	1,70	1,57	1,48	1,52	1,81	1,99	1,75	1,47	2,22	:	1,86	1,51
1994	1,44	1,56	1,81	1,24	1,35	1,21	1,66	1,85	1,21	1,72	1,57	1,44	1,44	1,85	1,88	1,74	1,44	2,14	:	1,86	1,49
1995	1,42	1,55	1,80	1,25	1,32	1,18	1,70	1,84	1,18	1,69	1,53	1,40	1,40	1,81	1,73	1,71	1,43	2,08	:	1,87	1,48
1996	1,44	1,55	1,75	1,32	1,30	1,17	1,72	1,88	1,21	1,76	1,53	1,42	1,43	1,76	1,60	1,72	1,45	2,12	:	1,89	1,50
1997	1,45	1,55	1,75	1,37	1,31	1,16	1,71	1,92	1,22	1,71	1,56	1,37	1,46	1,75	1,52	1,72	1,46	2,04	:	1,86	1,51
1998	1,45	1,53	1,72	1,34	1,30	1,15	1,75	1,93	1,19	1,68	1,62	1,34	1,46	1,70	1,51	1,72	1,45	2,05	:	1,81	1,44

Source: Eurostat, Demographic Statistics

## 1.2.2 Total live births

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	5 783,7	154,8	76,1	1 261,6	157,2	660,1	816,3	60,7	910,2	5,0	239,1	125,9	213,9	82,1	102,2	918,3	5 850,9	4,9	0,4	61,9	94,4
1965	6 096,7	155,5	85,8	1 325,4	151,4	673,6	862,3	63,5	990,5	5,3	245,2	129,9	210,3	77,9	122,8	997,3	6 168,1	4,7	0,4	66,3	111,8
1970	5 495,3	142,2	70,8	1 047,7	144,9	661,1	847,8	64,4	901,5	4,4	238,9	112,3	180,7	64,6	110,1	903,9	5 564,3	4,0	0,4	64,6	99,2
1975	4 748,0	119,7	72,1	782,3	142,3	669,4	745,1	67,2	827,9	4,0	177,9	93,8	179,6	65,7	103,6	697,5	4 809,0	4,4	0,3	56,3	78,5
1980	4 630,0	124,4	57,3	865,8	148,1	571,0	800,4	74,1	640,4	4,2	181,3	90,9	158,4	63,1	97,1	753,7	4 686,0	4,5	0,4	51,0	73,7
1985	4 274,7	114,1	53,7	813,8	116,5	456,3	768,4	62,4	577,3	4,1	178,1	87,4	130,5	62,8	98,5	750,7	4 330,1	3,9	0,4	51,1	74,7
1990	4 379,1	123,8	63,4	905,7	102,2	401,4	762,4	53,0	569,3	4,9	198,0	90,5	116,4	65,5	123,9	798,6	4 445,2	4,8	0,4	60,9	83,9
1991	4 289,8	125,9	64,4	830,0	102,6	396,0	759,1	52,7	562,8	5,0	198,7	94,6	116,4	65,4	123,7	792,5	4 355,6	4,5	0,4	60,8	86,2
1992	4 247,8	124,8	67,7	809,1	104,1	396,7	743,7	51,1	567,8	5,1	196,7	95,3	115,0	66,7	122,8	781,0	4 312,9	4,6	0,4	60,1	86,9
1993	4 139,7	120,8	67,4	798,4	101,8	385,8	711,6	49,5	549,5	5,4	195,7	95,2	114,0	64,8	118,0	761,7	4 204,4	4,6	0,4	59,7	83,8
1994	4 052,9	116,4	69,7	769,6	103,8	370,1	711,0	48,3	533,0	5,5	195,6	92,4	109,3	65,2	112,3	750,7	4 117,7	4,4	0,4	60,1	83,0
1995	4 009,7	115,6	69,8	765,2	101,5	363,5	729,6	48,5	525,6	5,4	190,5	88,7	107,2	63,1	103,4	732,0	4 074,7	4,3	0,4	60,3	82,2
1996	4 034,6	116,2	67,6	796,0	100,7	358,9	735,3	50,4	525,6	5,7	189,5	88,8	110,4	60,7	95,3	733,4	4 100,2	4,3	0,4	60,9	83,0
1997	4 033,9	116,2	67,6	813,5	102,0	358,2	725,0	52,3	528,9	5,5	191,0	84,0	113,0	59,3	90,4	726,8	4 098,2	4,2	0,4	59,8	80,6
1998	4 007,5	114,2	66,2	776,5	98,3	364,7	743,0	52,0	530,1	5,4	199,0	81,6	114,6	57,4	89,2	715,3	4 071,2	4,2	0,4	59,2	77,2

Source: Eurostat, Demographic Statistics

### 1.2.3 Crude birth rate

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	18,3	17,0	16,6	17,3	18,9	21,5	17,9	21,4	18,1	16,0	20,8	17,9	24,1	18,5	13,7	17,5	18,3	28,0	23,1	17,3	17,7
1965	18,5	16,5	18,0	17,4	17,7	21,0	17,7	22,1	19,0	16,0	19,9	17,9	23,4	17,1	15,9	18,3	18,5	24,6	20,6	17,8	19,1
1970	16,2	14,8	14,4	13,5	16,5	19,6	16,7	21,8	16,7	13,0	18,3	15,0	20,8	14,0	13,7	16,2	16,2	19,7	20,0	16,7	16,1
1975	13,6	12,2	14,2	9,9	15,7	18,8	14,1	21,1	14,9	11,1	13,0	12,4	19,8	13,9	12,6	12,4	13,6	20,1	12,8	14,1	12,4
1980	13,0	12,6	11,2	11,1	15,4	15,3	14,9	21,8	11,3	11,4	12,8	12,0	16,2	13,2	11,7	13,4	13,0	19,8	15,4	12,5	11,7
1985	11,9	11,6	10,5	10,5	11,7	11,9	13,9	17,6	10,2	11,2	12,3	11,5	13,0	12,8	11,8	13,2	11,9	16,0	13,9	12,3	11,5
1990	12,0	12,4	12,3	11,4	10,1	10,3	13,4	15,1	10,0	12,9	13,2	11,7	11,8	13,1	14,5	13,9	12,0	18,7	13,2	14,4	12,5
1991	11,7	12,6	12,5	10,4	10,0	10,2	13,3	15,0	9,9	12,9	13,2	12,1	11,8	13,0	14,4	13,7	11,7	17,6	14,2	14,3	12,7
1992	11,5	12,4	13,1	10,0	10,1	10,2	13,0	14,4	10,0	13,1	13,0	12,0	11,7	13,2	14,2	13,5	11,6	17,7	12,7	14,0	12,6
1993	11,2	12,0	13,0	9,8	9,8	9,9	12,3	13,8	9,6	13,4	12,8	11,9	11,5	12,8	13,5	13,1	11,2	17,5	13,8	13,8	12,1
1994	10,9	11,5	13,4	9,5	10,0	9,5	12,3	13,5	9,3	13,5	12,7	11,5	11,0	12,8	12,8	12,9	11	16,7	11,7	13,9	11,9
1995	10,8	11,4	13,3	9,4	9,7	9,3	12,5	13,5	9,2	13,2	12,3	11,0	10,8	12,3	11,7	12,5	10,8	16,0	13,8	13,8	11,7
1996	10,8	11,4	12,9	9,7	9,6	9,1	12,6	13,9	9,2	13,7	12,2	11,0	11,1	11,8	10,8	12,5	10,9	16,1	13,0	13,9	11,7
1997	10,8	11,4	12,8	9,9	9,7	9,1	12,4	14,3	9,2	13,1	12,3	10,4	11,4	11,5	10,2	12,3	10,8	15,3	13,9	13,6	11,4
1998	10,7	11,2	12,5	9,6	9,6	9,2	12,6	14,4	9,0	12,6	12,7	10,1	11,4	11,1	10,1	12,1	10,7	15,3	12,6	13,2	10,9

Source: Eurostat, Demographic Statistics

### 1.2.4 Total deaths

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	3 386,1	113,9	43,7	876,7	60,6	262,3	521,0	32,7	480,9	3,7	87,8	89,6	95,0	39,8	75,1	603,3	3 419,8	1,2	0,1	32,4	52,1
1965	3 542,2	115,0	47,9	907,9	67,3	267,4	543,7	33,0	518,0	4,1	98,0	94,3	95,2	44,5	78,2	627,8	3 578,8	1,3	0,2	35,1	55,5
1970	3 679,0	118,7	48,2	975,7	74,0	280,2	542,3	33,7	521,1	4,2	109,6	98,8	93,1	44,1	80,0	655,4	3 719,4	1,5	0,2	38,7	57,1
1975	3 792,7	119,4	50,9	989,6	80,1	298,2	560,4	33,2	554,3	4,4	113,7	96,0	97,9	43,8	88,2	662,5	3 834,4	1,4	0,2	40,1	55,9
1980	3 737,2	113,7	55,9	952,4	87,3	289,3	547,1	33,5	554,5	4,1	114,3	92,4	95,0	44,4	91,8	661,5	3 780,3	1,5	0,2	41,3	59,1
1985	3 764,8	111,6	58,4	929,6	92,9	312,5	552,5	33,2	547,4	4,0	122,7	89,6	97,3	48,2	94,0	670,7	3 811,0	1,7	0,2	44,4	59,6
1990	3 720,8	104,1	60,9	921,4	94,2	333,1	526,2	31,4	543,7	3,8	128,8	83,0	103,1	50,1	95,2	641,8	3 768,7	1,7	0,2	46,0	63,7
1991	3 730,2	104,1	59,6	911,2	95,5	337,7	524,7	31,3	553,8	3,7	130,0	83,4	104,4	49,3	95,2	646,2	3 777,1	1,8	0,2	44,9	62,6
1992	3 676,4	104,2	60,8	885,4	98,2	331,5	521,5	30,9	546,7	4,0	129,9	83,2	101,2	49,8	94,7	634,2	3 723,0	1,7	0,2	44,7	62,3
1993	3 758,6	108,2	62,8	897,3	97,4	339,7	532,3	32,1	552,4	3,9	137,8	82,5	106,4	51,0	97,0	657,9	3 807,1	1,8	0,2	46,6	62,5
1994	3 679,0	104,9	61,1	884,7	97,8	338,2	520,0	30,9	556,3	3,8	133,5	80,7	99,6	48,0	91,8	627,6	3 725,0	1,7	0,2	44,1	62,0
1995	3 733,9	105,9	63,1	884,6	100,2	346,2	531,6	32,3	556,7	3,8	135,7	81,2	103,9	49,3	94,0	645,5	3 781,2	1,9	0,2	45,2	63,4
1996	3 725,1	105,3	61,0	882,8	100,7	351,4	535,8	31,7	547,4	3,9	137,6	80,8	107,3	49,2	94,1	636,0	3 771,1	1,9	0,2	43,9	62,6
1997	3 684,1	103,9	59,9	860,4	99,7	348,1	531,0	31,6	553,1	3,9	135,8	79,4	105,2	49,1	93,3	629,7	3 730,8	1,8	0,2	44,6	62,8
1998	3 714,1	104,5	58,5	854,5	101,0	357,9	540,4	31,4	569,4	3,9	137,5	78,3	106,6	49,3	93,3	627,6	3 760,5	1,8	0,2	44,4	62,0

Source: Eurostat, Demographic Statistics



## 1.2.5 Crude death rate

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1960	10,7	12,5	9,5	12,0	7,3	8,6	11,4	11,5	9,6	11,8	7,6	12,7	10,7	9,0	10,0	11,5	10,7	6,6	7,5	9,1	9,8
1965	10,7	12,2	10,1	11,9	7,9	8,3	11,2	11,5	9,9	12,2	8,0	13,0	10,6	9,7	10,1	11,6	10,7	6,7	8,1	9,4	9,5
1970	10,8	12,3	9,8	12,6	8,4	8,3	10,7	11,4	9,7	12,2	8,4	13,2	10,7	9,6	9,9	11,8	10,8	7,1	7,7	10,0	9,2
1975	10,9	12,2	10,1	12,6	8,9	8,4	10,6	10,4	10	12,2	8,3	12,7	10,8	9,3	10,8	11,8	10,8	6,5	7,5	10,0	8,8
1980	10,5	11,5	10,9	12,2	9,1	7,7	10,2	9,8	9,8	11,3	8,1	12,2	9,7	9,3	11,0	11,7	10,5	6,7	6,9	10,1	9,4
1985	10,5	11,3	11,4	12,0	9,4	8,1	10,0	9,4	9,7	11	8,5	11,8	9,7	9,8	11,3	11,8	10,5	6,8	6,4	10,7	9,2
1990	10,2	10,4	11,9	11,6	9,3	8,6	9,3	8,9	9,6	9,9	8,6	10,7	10,4	10,0	11,1	11,1	10,2	6,7	6,8	10,9	9,5
1991	10,2	10,4	11,6	11,4	9,3	8,7	9,2	8,9	9,8	9,7	8,6	10,7	10,6	9,8	11,0	11,2	10,2	7,0	6,4	10,5	9,2
1992	10,0	10,4	11,8	11,0	9,5	8,5	9,1	8,7	9,6	10,2	8,6	10,5	10,3	9,9	10,9	10,9	10,0	6,6	6,1	10,4	9,1
1993	10,2	10,7	12,1	11,1	9,4	8,7	9,2	9,0	9,7	9,8	9,0	10,3	10,8	10,1	11,1	11,3	10,2	6,6	5,9	10,8	9,0
1994	9,9	10,4	11,7	10,9	9,4	8,6	9,0	8,6	9,7	9,4	8,7	10,0	10,1	9,4	10,5	10,7	9,9	6,5	6,8	10,2	8,9
1995	10,0	10,5	12,1	10,8	9,6	8,8	9,1	8,8	9,7	9,3	8,8	10,1	10,5	9,6	10,6	11,0	10,0	7,2	7,3	10,4	9,0
1996	10,0	10,4	11,6	10,8	9,6	8,9	9,2	8,7	9,5	9,4	8,9	10,0	10,8	9,6	10,6	10,8	10,0	7,0	7,4	10,0	8,9
1997	9,9	10,2	11,3	10,5	9,6	9,1	9,1	8,6	9,6	9,4	8,7	9,8	10,6	9,6	10,5	10,7	9,9	6,8	6,9	10,1	8,9
1998	9,8	10,2	11,0	10,3	9,5	8,9	9,2	8,5	9,9	9,0	8,8	9,7	10,8	9,7	10,5	10,4	9,8	6,7	7,0	9,9	8,9

Source: Eurostat, Demographic Statistics

## 1.2.6 Net migration

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH	
1950	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1960	:	4,2	3,0	174,4	-30,5	-142,0	140,0	-41,9	-93,8	0,5	-12,8	-1,8	-226,2	-9,2	8,7	110,6	:	0,0	0,1	-5,1	22,4	
1965	:	26,3	0,5	322,5	-40,0	-70,0	110,0	-21,5	-157,8	1,8	18,8	10,5	-128,8	-21,1	32,7	-43,6	:	-0,2	0,0	-1,9	-1,7	
1970	:	4,1	11,6	559,8	-46,2	-28,0	179,9	-3,4	-47,3	1,0	33,5	10,4	:	-36,4	48,9	-14,8	:	-1,8	0,2	-1,0	-17,8	
1975	:	23,6	-8,7	-211,1	58,5	14,0	13,6	17,2	10,1	3,5	72,1	-24,5	347,0	-3,9	16,3	-44,9	:	-0,4	0,1	4,8	-57,8	
1980	:	-2,9	0,4	302,5	50,1	112,0	43,9	-0,6	-7,1	1,4	53,0	9,4	41,9	-1,2	9,5	-37,2	:	-0,6	-0,8	4,1	17,1	
1985	:	-0,4	9,5	56,4	6,0	-8,3	38,7	-25,9	82,1	0,8	24,1	7,3	22,9	2,7	11,0	71,7	:	-0,6	0,2	6,2	13,8	
1990	:	19,7	8,3	628,0	55,0	1,0	80,0	-22,9	133,4	3,9	60,0	123,1	-33,1	7,1	34,8	5,6	:	-1,0	0,4	1,7	56,6	
1991	:	14,1	10,9	600,7	152,9	23,2	90,0	-2,0	33,3	4,2	62,9	58,7	-25,0	13,0	25,0	73,0	:	1,0	0,1	8,0	68,5	
1992	:	25,4	11,5	788,0	48,9	20,2	90,0	2,0	63,9	4,3	58,1	36,6	-10,0	8,5	19,6	35,5	:	-0,3	0,3	9,9	40,6	
1993	:	19,1	11,1	471,1	56,1	24,7	70,0	-6,0	58,9	4,2	59,9	40,3	15,0	8,4	32,0	35,2	:	-0,2	0,2	12,8	39,5	
1994	:	18,1	10,3	329,5	27,3	26,6	50,0	-10,0	44,5	4,0	37,2	13,1	10,0	2,9	50,9	111,1	:	-0,8	0,2	7,4	30,9	
1995	:	13,4	28,6	431,3	30,4	:	45,0	:	50,7	4,6	32,8	:	5,0	3,3	11,9	108,8	:	-1,4	0,1	6,4	14,5	
1996	:	12,7	17,1	303,9	19,0	:	35,0	:	119,8	3,7	43,4	:	10,0	2,7	6,0	93,1	:	-0,5	0,0	5,8	-1,4	
1997	:	6,0	11,7	94,8	21,0	:	40,0	20,0	:	3,8	:	3,0	15,0	3,7	5,8	92,0	:	0,2	0,0	10,7	-6,8	
1998	:	6,7	18,7	47,2	22,5	:	40,0	22,0	:	4,1	41,3	4,5	15,0	3,4	10,9	:	:	1,0	:	13,8	0,7	
1999	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:

Source: Eurostat, Demographic Statistics

## 1.2.7

## Population scenario (baseline) 1997-2050

(x 1000)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	LI	NO	CH
1995	371 573,9	10 130,6	5 215,7	81 538,6	10 442,9	39 177,4	58 020,4	3 579,6	57 268,6	406,6	15 422,8	8 039,9	9 912,1	5 098,8	8 816,4	58 503,6	376 219,9	267,0	30,6	4 348,4	:
1996	372 635,4	10 157,4	5 250,9	81 849,5	10 480,6	39 238,5	58 243,3	3 588,6	57 292,5	412,7	15 498,3	8 058,7	9 921,0	5 115,1	8 835,7	58 692,6	377 303,7	268,2	30,9	4 369,2	:
1997	373 711,1	10 182,5	5 268,8	82 170,1	10 517,8	39 307,3	58 473,6	3 597,3	57 327,3	418,6	15 584,8	8 079,2	9 934,2	5 132,0	8 857,5	58 860,1	378 405,2	270,7	31,1	4 392,3	:
1998	374 800,4	10 205,7	5 286,1	82 493,2	10 557,6	39 382,4	58 707,6	3 606,2	57 368,5	424,2	15 676,9	8 100,6	9 951,2	5 147,9	8 881,3	59 011,0	379 520,5	273,1	31,3	4 415,6	:
1999	375 890,4	10 229,3	5 303,5	82 812,9	10 599,5	39 462,0	58 943,4	3 615,2	57 412,4	429,6	15 772,3	8 122,3	9 970,9	5 163,4	8 906,1	59 147,7	380 636,4	275,5	31,5	4 439,0	:
2000	376 960,7	10 252,3	5 320,5	83 123,5	10 642,8	39 544,5	59 178,8	3 624,6	57 454,9	434,5	15 868,2	8 144,0	9 993,0	5 178,4	8 931,6	59 269,2	381 732,4	277,9	31,8	4 462,0	:
2005	381 812,2	10 367,1	5 398,1	84 373,6	10 870,0	39 981,5	60 330,3	3 681,3	57 626,2	454,9	16 311,3	8 241,6	10 130,6	5 241,8	9 055,2	59 748,7	386 704,2	288,5	32,8	4 570,6	:
2010	385 382,2	10 484,0	5 452,3	84 853,6	11 079,3	40 372,4	61 386,8	3 760,1	57 632,9	471,2	16 659,1	8 325,5	10 292,7	5 290,1	9 175,9	60 146,1	390 375,9	297,3	33,6	4 662,8	:
2015	387 343,8	10 577,5	5 487,1	84 869,5	11 212,6	40 487,7	62 202,2	3 842,8	57 238,8	485,9	16 940,3	8 388,2	10 421,2	5 325,1	9 307,0	60 557,9	392 433,0	304,7	34,2	4 750,3	:
2020	388 232,6	10 657,9	5 525,7	84 670,0	11 269,4	40 307,4	62 830,7	3 908,7	56 543,5	500,8	17 204,5	8 442,7	10 512,6	5 350,3	9 470,2	61 038,3	393 429,0	311,1	34,7	4 850,6	:
2025	388 253,7	10 725,8	5 575,7	84 178,8	11 299,7	39 983,4	63 302,0	3 947,3	55 721,5	516,2	17 459,0	8 484,6	10 594,4	5 363,8	9 641,0	61 460,4	393 564,2	316,5	35,0	4 959,0	:
2030	387 236,1	10 763,8	5 617,5	83 344,9	11 343,2	39 640,5	63 615,9	3 958,6	54 828,1	530,6	17 665,9	8 497,8	10 677,8	5 351,8	9 772,3	61 627,5	392 644,7	320,3	35,0	5 053,2	:
2035	384 887,4	10 754,3	5 629,6	82 273,8	11 390,2	39 250,8	63 693,9	3 947,8	53 817,1	542,4	17 777,1	8 475,3	10 747,2	5 306,3	9 855,3	61 426,4	390 358,4	321,5	34,8	5 114,7	:
2040	380 776,5	10 682,7	5 610,8	80 939,2	11 400,1	38 684,5	63 401,4	3 919,8	52 576,4	551,1	17 770,5	8 425,2	10 776,3	5 232,7	9 914,3	60 891,6	386 273,1	319,8	34,3	5 142,4	:
2045	374 949,0	10 566,9	5 578,1	79 179,7	11 349,7	37 855,9	62 817,7	3 877,3	51 061,8	557,5	17 684,1	8 345,6	10 754,1	5 153,0	9 987,6	60 179,9	380 452,8	315,9	33,6	5 154,3	:
2050	367 729,2	10 427,8	5 541,6	77 089,2	11 242,4	36 736,4	62 063,0	3 818,0	49 286,9	562,6	17 563,9	8 240,7	10 681,1	5 078,3	10 082,3	59 315,1	373 233,4	310,6	32,8	5 160,8	:

Source: Eurostat, Demography Statistics

## 1.2.8

## Life expectancy at birth, boys

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO	CH
1950	:	62,0	:	64,6	63,4	59,8	62,9	64,5	63,7	:	:	:	56,4	:	:	66,2	:	:	:	:
1960	67,4	67,7	70,4	:	67,3	67,4	66,9	68,1	67,2	66,5	71,5	66,2	61,2	65,5	71,2	67,9	67,4	71,3	71,6	68,7
1970	68,4	67,8	70,7	:	70,1	69,2	68,4	68,8	69,0	67,1	70,7	66,5	64,2	66,5	72,2	68,7	68,5	71,2	71,2	70,7
1975	:	:	:	:	:	:	:	:	:	:	:	67,7	:	:	72,1	:	:	:	:	:
1980	70,5	70,0	71,2	69,6	72,2	72,5	70,2	70,1	70,6	69,1	72,7	69,0	67,7	69,2	72,8	70,2	70,5	73,4	72,3	72,8
1985	71,8	71,1	71,5	:	73,5	73,1	71,3	71	72,3	70,6	73,1	70,4	69,4	70,1	73,8	71,7	72,0	74,9	:	:
1990	72,8	72,7	72,0	72,0	74,6	73,3	72,7	72,1	73,6	72,3	73,8	72,4	70,4	70,9	74,8	72,9	72,8	75,4	73,4	74,0
1991	72,9	72,9	72,5	72,2	74,7	73,4	72,9	72,3	73,6	72,0	74,0	72,4	70,2	71,3	74,9	73,1	73,0	74,8	74,0	74,1
1992	73,3	73,1	72,6	72,6	74,7	73,8	73,2	72,7	74,0	71,9	74,3	72,7	70,7	71,7	75,4	73,6	73,3	76,7	74,2	74,5
1993	73,4	73,0	72,6	72,7	75,0	73,9	73,3	72,6	74,4	72,2	74,0	73,0	70,6	72,1	75,5	73,5	73,4	77,0	74,2	74,9
1994	73,8	73,4	72,7	73,1	75,2	74,2	73,8	73	74,6	73,2	74,6	73,4	71,6	72,8	76,1	74,1	73,9	77,1	74,9	75,2
1995	73,9	73,4	72,7	73,3	75,0	74,3	73,9	72,9	74,9	73,0	74,6	73,6	71,2	72,8	76,2	74,0	73,9	75,9	74,8	75,3
1996	74,2	73,8	73,1	73,6	75,1	74,4	74,1	73,1	75,3	73,3	74,7	73,9	71,1	73,0	76,5	74,3	74,2	76,5	75,4	75,9
1997	74,6	74,3	73,6	74,0	75,6	74,9	74,6	73,4	74,9	74,1	75,2	74,3	71,6	73,4	76,7	74,7	74,6	76,3	75,5	76,3
1998	:	:	73,9	74,5	75,5	:	74,6	73,5	:	73,7	75,2	74,7	71,7	73,5	76,9	74,8	:	77,7	75,6	76,3

Source: Eurostat, Demography Statistics

## 1.2.9

## Life expectancy at 65 years of age, males

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO	CH
1950	:	12,3	:	:	13,0	11,8	12,3	12,1	12,6	:	:	:	12,3	:	:	11,7	:	:	:	:
1960	12,7	12,4	13,7	:	13,4	13,1	12,5	12,6	13,4	12,5	14,2	:	13,0	:	13,7	11,9	12,7	:	14,5	:
1970	12,6	12,1	13,7	:	13,9	13,3	13,0	12,4	13,3	12,1	13,6	11,7	12,2	:	14,2	12,0	12,6	:	13,8	:
1975	:	:	:	:	:	:	:	:	:	:	:	12,2	:	:	14,0	:	:	:	:	:
1980	13,4	13,0	13,6	:	14,6	14,8	14,0	12,6	13,3	12,3	14,0	12,9	12,9	12,5	14,3	12,6	13,4	15,6	14,3	:
1985	14,0	13,3	13,9	:	15,2	15,0	14,5	12,6	14,1	13,1	14,0	13,6	13,5	13,0	14,7	13,3	14,0	15,8	:	:
1990	14,6	14,3	14,0	14,0	15,7	15,4	15,6	13,3	15,1	14,2	14,4	14,4	13,9	13,7	15,3	14,0	14,6	16,2	14,6	15,3
1991	14,8	14,4	14,3	14,2	15,8	15,6	15,7	13,5	15,1	14,6	14,5	14,5	14,0	14,0	15,4	14,1	14,8	15,5	14,9	15,5
1992	15,0	14,6	14,2	14,5	15,7	15,8	15,9	13,5	15,4	14,0	14,7	14,7	14,2	13,9	15,6	14,3	15,0	16,7	15,0	15,7
1993	15,0	14,4	14,0	14,4	15,9	15,8	15,9	13,4	15,5	14,2	14,4	14,8	13,9	14,0	15,5	14,2	15,0	16,7	14,8	15,8
1994	15,3	14,8	14,3	14,7	16,1	16,0	16,2	13,8	15,6	14,6	14,8	15,1	14,4	14,6	16,0	14,6	15,3	16,8	15,2	16,1
1995	15,3	14,8	14,1	14,7	16,1	16,0	16,1	13,6	15,8	14,7	14,7	15,1	14,3	14,5	16,0	14,6	15,3	16,2	15,1	16,1
1996	15,4	15,0	14,4	14,9	16,1	16,0	16,1	13,9	16,0	14,8	14,8	15,3	14,2	14,6	16,1	14,8	15,4	16,2	15,5	16,3
1997	15,6	15,2	14,6	15,2	16,5	16,1	16,3	14,1	:	14,8	15,0	15,4	14,4	15,0	16,2	15,1	15,6	16,3	15,5	16,5
1998	:	15,2	14,8	15,3	16,4	:	16,3	14,2	:	15,1	15,1	15,1	14,3	14,9	16,3	15,2	:	16,6	15,7	16,6

Source: Eurostat, Demography Statistics

**1.2.10**
**Life expectancy at birth, girls**

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO	CH
1950	:	67,3	:	68,5	68,5	64,3	68,5	67,1	67,2	:	:	:	61,6	:	:	71,2	:	:	:	:
1960	72,9	73,5	74,4	:	72,4	72,2	73,6	71,9	72,3	72,2	75,3	72,7	66,8	72,5	74,9	73,7	72,9	76,4	76,0	74,5
1970	74,7	74,2	75,9	:	73,8	74,8	75,9	73,5	74,9	73,4	76,5	73,4	70,8	75,0	77,1	75,0	74,7	77,3	77,5	76,9
1975	:	:	:	:	:	:	:	:	:	:	:	74,7	:	:	77,9	:	:	:	:	:
1980	77,2	76,8	77,3	76,1	76,8	78,6	78,4	75,6	77,4	75,9	79,3	76,1	75,2	77,6	78,8	76,2	77,2	80,1	79,2	79,6
1985	78,4	78	77,5	:	78,4	79,6	79,4	76,7	78,7	77,9	79,6	77,4	76,4	78,7	79,7	77,6	78,6	80,3	:	:
1990	79,4	79,4	77,7	78,4	79,5	80,4	80,9	77,6	80,1	78,5	80,9	78,9	77,4	78,9	80,4	78,5	79,4	80,5	79,8	80,7
1991	79,6	79,6	78,0	78,7	79,7	80,6	81,1	77,8	80,2	79,1	80,1	79,0	77,4	79,3	80,5	78,7	79,6	81,1	80,1	81,1
1992	79,9	79,8	78,0	79,2	79,6	81,1	81,4	78,2	80,6	78,5	80,3	79,2	78,0	79,4	80,8	79,0	79,9	79,9	80,7	80,3
1993	79,9	79,9	77,8	79,2	79,9	81,1	81,4	78,1	80,7	79,4	80,0	79,4	77,9	79,5	80,8	78,8	79,9	80,8	80,2	81,4
1994	80,3	80,1	78,1	79,6	80,2	81,4	81,9	78,6	81,0	79,7	80,3	79,7	78,6	80,1	81,4	79,3	80,3	81,2	80,6	81,7
1995	80,4	80,2	77,8	79,7	80,3	81,5	81,9	78,4	81,3	80,2	80,4	80,1	78,6	80,2	81,4	79,2	80,4	80,0	80,8	81,7
1996	80,6	80,5	78,2	79,9	80,4	81,7	82,0	78,7	81,4	79,9	80,3	80,2	78,6	80,5	81,5	79,5	80,6	81,2	81,0	82,0
1997	80,9	80,6	78,4	80,3	80,8	81,9	82,2	78,6	81,3	79,8	80,5	80,6	78,8	80,5	81,8	79,6	80,9	81,5	81,0	82,1
1998	:	80,5	78,8	80,6	80,6	:	:	79,1	:	80,5	80,6	80,9	78,9	80,8	81,9	79,7	:	81,5	81,3	82,4

Source: Eurostat, Demography Statistics

**1.2.11**
**Life expectancy at 65 years of age, females**

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO	CH
1950	:	13,9	:	:	13,7	13,5	14,6	13,3	13,7	:	:	:	14,4	:	:	14,2	:	:	:	:
1960	15,1	14,8	15,3	:	14,6	15,3	15,6	14,4	15,3	14,5	15,7	:	15,3	:	15,3	15,1	15,1	:	16,1	:
1970	15,9	15,3	16,7	:	15,2	16,0	16,8	15,0	16,2	14,9	16,5	14,9	15,0	:	16,8	16,0	15,9	:	16,8	:
1975	:	:	:	:	:	:	:	:	:	:	:	15,6	:	:	17,3	:	:	:	:	:
1980	17,1	16,9	17,6	:	16,8	17,9	18,2	15,7	17,1	16,0	18,5	16,3	16,5	16,5	17,9	16,6	17,1	19,0	18,0	:
1985	17,7	17,5	17,8	:	17,3	18,3	18,8	16,2	17,7	17,2	18,6	16,9	16,7	17,2	18,5	17,3	17,8	18,6	:	:
1990	18,4	18,5	17,8	17,6	18,0	19,1	19,9	16,9	18,8	18,2	18,9	18,0	17,0	17,7	19,0	17,9	18,4	19,5	18,5	19,4
1991	18,5	18,6	17,9	17,8	18,0	19,2	20,1	16,9	18,9	18,6	18,9	18,0	17,2	18,0	19,2	17,9	18,5	19,7	18,8	19,7
1992	18,8	18,8	17,8	18,1	18,0	19,6	20,3	17,2	19,2	18,1	19,1	18,1	17,5	18,1	19,2	18,1	18,8	19,1	19,0	19,9
1993	18,7	18,7	17,5	18,2	18,3	19,5	20,3	17,0	19,3	18,5	18,8	18,4	17,3	17,9	19,1	17,9	18,7	19,0	18,7	20,0
1994	19,0	19,1	17,7	18,4	18,4	19,8	20,6	17,3	19,4	18,7	19,0	18,5	17,9	18,6	19,7	18,3	19,0	19,7	19,2	20,2
1995	19,1	19,1	17,5	18,5	18,4	19,8	20,6	17,3	19,6	19,2	19,0	18,7	17,7	18,6	19,6	18,2	19,1	19,0	19,1	20,2
1996	19,2	19,2	17,8	18,6	18,6	19,9	20,6	17,3	19,8	19,2	19,0	18,8	17,7	18,7	19,7	18,3	19,2	19,2	19,4	20,3
1997	19,4	19,4	17,9	18,9	18,9	20,0	20,8	17,5	:	19,0	19,2	19,1	17,9	18,9	19,9	18,4	19,4	19,9	19,4	20,4
1998	:	19,3	18,1	19,0	18,7	:	:	17,7	:	19,0	19,2	19,3	17,9	19,1	19,9	18,5	:	19,7	19,6	20,5

Source: Eurostat, Demography Statistics

## 1.2.12

## Assumptions used for the most recent national life expectancy forecasts

## Males

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO	CH
1990	:	72.8	72.0	72.0	:	73.3	72.7	72.1	73.6	72.3	73.8	72.4	:	70.9	74.8	72.9	:	75.4	73.4	74.0
1991	:	72.9	72.5	72.2	:	73.4	72.9	72.3	73.6	72.0	74.0	72.4	:	71.3	74.9	73.2	:	74.8	74.0	74.1
1992	:	73.3	72.6	72.6	:	73.4	73.1	72.5	74.0	71.9	74.3	72.7	:	71.7	75.4	73.6	:	76.7	74.2	74.5
1993	:	73.4	72.6	72.7	:	73.3	73.3	72.6	74.5	72.2	74.0	73.0	:	72.1	75.5	73.6	:	77.0	74.2	74.9
1994	:	74.0	72.7	73.1	:	73.3	73.5	72.8	74.7	73.2	74.6	73.4	:	72.8	76.1	74.2	:	77.1	74.9	75.2
1995	:	73.7	72.6	73.2	:	73.2	73.7	73.0	74.9	:	74.5	73.5	:	72.8	76.2	74.2	:	:	74.9	75.4
2000	:	74.4	73.4	73.7	:	74.1	74.6	73.7	75.9	:	75.3	74.4	:	73.6	77.2	75.1	:	77.3	75.4	76.1
2005	:	75.0	73.5	74.3	:	74.8	75.5	74.5	76.6	:	76.0	75.2	:	74.3	77.9	76.0	:	77.5	76.2	76.8
2010	:	75.7	73.5	74.8	:	75.3	76.4	75.2	77.1	:	76.6	76.1	:	75.1	78.5	76.6	:	77.5	76.9	77.5
2015	:	76.4	73.5	:	:	75.7	77.2	75.8	77.7	:	77.3	76.8	:	75.1	79.1	77.2	:	77.5	77.4	78.2
2020	:	77.1	73.5	75.7	:	76.0	78.0	76.4	78.3	:	77.8	77.6	:	75.1	79.6	77.6	:	77.5	77.9	78.8

## Females

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO	CH
1990	:	79.4	77.7	78.4	:	80.4	80.9	77.6	80.1	78.5	80.1	78.9	:	78.9	80.4	78.5	:	80.5	79.8	80.7
1991	:	79.6	78.0	78.7	:	80.6	81.1	77.9	80.2	79.1	80.1	79.0	:	79.3	80.5	78.6	:	81.1	80.1	81.1
1992	:	79.9	78.0	79.2	:	80.7	81.3	78.1	80.6	78.5	80.3	79.2	:	79.4	80.8	79.0	:	80.7	80.3	81.3
1993	:	80.0	77.8	79.2	:	80.9	81.5	78.2	80.9	79.4	80.0	79.4	:	79.5	80.8	78.9	:	80.8	80.2	81.4
1994	:	80.5	78.1	79.6	:	81.0	81.8	78.4	81.2	79.7	80.3	79.7	:	80.1	81.4	79.4	:	81.2	80.6	81.7
1995	:	80.5	77.8	79.6	:	81.2	82.0	78.6	81.4	:	80.2	80.1	:	80.1	81.4	79.4	:	:	80.6	82.3
2000	:	81.1	78.5	80.1	:	81.9	83.0	79.4	82.3	:	80.6	80.8	:	80.6	82.0	80.1	:	81.9	81.5	83.0
2005	:	81.7	78.6	80.8	:	82.5	83.9	80.2	83.0	:	80.8	81.6	:	81.0	82.5	80.8	:	82.1	82.1	83.7
2010	:	82.3	78.6	81.1	:	83.0	84.8	81.0	83.5	:	81.1	82.3	:	81.5	83.0	81.5	:	82.1	82.7	84.4
2015	:	82.9	78.6	:	:	83.4	85.7	81.7	84.1	:	81.3	83.0	:	81.5	83.4	82.1	:	82.1	83.1	85.1
2020	:	83.6	78.6	81.9	:	83.7	86.5	82.4	84.7	:	81.6	83.7	:	81.5	83.8	82.6	:	82.1	83.5	85.6

Source: Eurostat, Demographic Statistics



**LIFE STYLES** **2**





## II. LIFE STYLES

### 1. NUTRITION

The Recommended Dietary Allowances (RDA) for most EU countries ranges between 2 200 kcal and 2 900 kcal depending on certain personal characteristics. For example: the RDA is approximately 2 900 kcal for males aged 25-50 years who are 176 cm tall weighing 79 kg or 2 200 kcal for women (aged 25-50, 163 cm and 63 kg). According to data from FAOSTAT, the database from the Food and Agricultural Organisation (FAO), the daily average number of calories per person (expressed in kcal) in all the EU countries (except Finland) is approximately 3 000 kcal/day. The average daily calories in grams per capita according to type of food supply in 1997 shows that cereals excluding beer, meat, vegetable oils, alcoholic beverages and sweeteners provide most daily calories.

Daily fat intake should not exceed 30-33% of total energy intake. Recommendations from some food administrations (especially International Union of Nutrition Sciences) indicate that the intake of hardened fat, i.e. the sum of saturated fatty acids and trans-fatty acids (e.g. bakery products, chips and snacks), should contribute a maximum of about 10% of one's energy intake to avoid cholesterol problems. According to data from FAOSTAT the averages for most of EU countries exceed or are around this value.

The average daily fat in grams per capita according to type of food supply in 1997 shows patterns of consumption with prominence of vegetable oils, meat, milk and butter and animal fats. The EU average for the fat intake as a percentage of the total energy intake in 1996 was 39.0%. Denmark (42.8% and 181.2 g/day) and Austria (42.5% and 157.6 g/day), have the highest fat intake per day. Only Ireland (32.2% and 130.2 g/day) and Portugal (32.2% and 130.9 g/day) are close to the recommended values.

The Mediterranean countries (Greece, Spain, Italy and Portugal) had the lowest fat intake in the 1970s, this has since increased, their fat intake has become more in line with the other EU countries. There are underlying issues on changes in diet which can not be fully explored here.

In 1996, the percentage of total energy available from proteins in food for human consumption represented 12.2% of the average EU intake with wide variation throughout the EU countries. The RDA for adult men and women is 0.8 g/kg of body weight per day. Although protein is necessary for growth and the functioning of the body, how much protein a person requires is often overestimated. For best performance 10% to 20% of calories should come from protein. All EU Members are within these values. In the average western diet the most common sources of protein are animal products (e.g. hamburgers, bacon, eggs and dairy products) which supply the consumer not only with an abundance of protein but also high quantities of saturated fats and cholesterol.

Results of the Eurobarometer survey indicate that 19.0% of Europeans (24.7% of women and 13.0% of men) had followed a diet during the last 12 months in 1996. Greece had the highest proportion of women that had been on a diet in the last 12 months (36.7%), while only 17.7% of Swedish women had dieted. In the case of men: 19.7% from Luxembourg had dieted and only 8.2% in Ireland had dieted. In most cases the diet follows a personal decision (10.6% in EU) and only 5.7% of cases in the EU are as result of a doctors suggestion. Results also show that the highest proportion of women having dieted are in the 25-34 age group, whilst for men it is the 55-64 age group.

The Health Behaviour in School-aged Children (HBSC) has studied some aspects of the eating and dietary habits for school children aged 13-15. Results indicate that over most EU countries girls are more likely to

eat fruit than boys. This ranges from 50% in Norway to 95% in Portugal for girls, and from 35% in Norway to 91% in Portugal for boys. Chips or fried potatoes are consumed more by boys, especially in the UK, Greece and Belgium. Boys in general also tend to have a higher consumption of sweets or chocolate and soft drinks than girls across all EU countries. Results also show that girls aged 13-15 are more likely to report that they are on a diet or feel that they should be on a diet. In Austria 49% of girls reported that they feel the need to diet, in comparison to 30% boys. The lowest level of girls feeling the need to diet are in Ireland 37% in comparison to 26% of boys. The greatest difference between boys and girls is in Finland, where only 21% of boys felt they should diet in comparison to 47% females.

According to data from FAOSTAT, the database from ([FAO](#)), these indicators are calculated on total amounts of fat, proteins and calories available for consumption when converted into kilocalories or grams. Food available for human consumption is calculated using the official statistics on food production, imports, exports and stocks. The figures are probably biased due to the possible influence of food wastage during the distribution process and wastage in households before it is consumed. Food intake could be measured more effectively if real consumption surveys existed, but this is rather the exception than the rule, e.g. DAFNE (project for 6 countries) and the EPIC survey.

According to the [International Union of Nutrition Sciences](#), dietary guidelines have been developed by national governments to provide information to assist their populations to make decisions about selecting a nutritious diet. Guidelines usually offer advice about selecting a nutritious diet using a variety of foods, based on national food supplies and dietary patterns. Since 1992 [FAO](#) and [WHO](#) jointly convened a consultation to prepare a *Food-Based dietary guidelines* involving experts from 22 countries.

Twice a year the European Commission conducts the [Eurobarometer survey](#) in order to gather information on the attitudes of the population towards EU and its policy. Each year additional questions about specific subjects are appended to the questionnaire. A two-stage sampling method is used. In the first stage a random selection of sampling points within each region is made in such a way that urban and rural areas are represented proportionally. This selection results in 1 350 sampling points. In the second stage interviews are distributed in these sampling points. Because quota sampling dominated, non-response figures are not available. However, the method of quota sampling is not completely random. People who are rarely at home are less represented in the sample but the interview sample can be considered as representative for the category of average citizens who are accessible at home and who agree to be interviewed. In each country the sample is 1 000 persons except Luxembourg (500). The small sample size results in large confidence intervals (CI). In breakdowns for age and sex, the number of observations in a cell may not exceed 50 leading to a large CI. Therefore, results must be interpreted with caution as they are not wholly representative of the EU.

The [Health Behaviour in School-aged Children \(HBSC\)](#) Study is a cross-national research study initiated by researchers of Norway, England and Finland, conducted in collaboration with the WHO Europe. The specific population selected for sampling in the 1997/98 survey were young people attending school who were aged 11, 13 and 15 with a recommended minimum sample size for each group of 1 536 students (a total 123 227 respondents) assuming a CI of 95% of  $\pm 3\%$  around a proportion of 50% and a design factor of 1.2.

## 2. PHYSICAL ACTIVITY

Lack of adequate physical activity is one of many lifestyle factors related to a number of chronic diseases such as coronary heart disease, hypertension, colon cancer and diabetes mellitus. According to the [Health](#)

and Fitness Survey, from a list of 28 options the most popular physical activities in EU are walking, gardening, cycling and swimming. With increasing age, the rates of participation in all activities decreased with the exception of gardening and walking where the levels increased. Differences between men and women are not significant. The number of hours spent participating in various leisure physical activities in a typical week has significant inter-country variation ranging from around 10% of Finns declaring 0 hours of activity to approximately 60% of Portuguese.

As a measure of physical inactivity, respondents were asked about the number of hours they spent sitting. Almost half the EU sample spend between 2 and 6 hours sitting in their leisure time and a further 38% spend over 3 hours sitting. A quarter of the French compared to over a half of the Dutch sit for more than 3 hours. Portugal is the only country where 20% of respondents said not sit at all during their leisure time. Inactivity is higher depending the educational background of respondents.

The perceived barriers to increase levels of physical activity suggest that the majority of people in Europe are not active as a result of work/study (28%), or they perceive themselves as 'not the sporty type' (25%), this pattern is consistent across all EU countries. Only 10% of Europeans perceive themselves as being too old for exercise, but this varies from 3% in Finland to 21% in Greece. 11% of Europeans believe that poor health is a barrier to activity, this varies from 6% in Italy to 26% in Greece, however, most countries individual values are in line with the EU total.

In terms of physical activity at work, almost 50% of EU population spend 2-6 hours daily sitting at work and one fifth spend 6 or more hours. This pattern is true across all countries. The UK has the highest percentage of people sitting down at work for 2-6 hours, while Austria has the least. The Netherlands and France have the lowest levels of people not sitting down at work, while Finland and Luxembourg have the highest.

The questionnaire on attitudes to physical activity/exercise, body-weight and health, Health and Fitness Survey, was developed, with the support of the European Commission, by the Institute of European Food Studies in Dublin on 1997. The sample of 15 239 individuals throughout the EU was designed to be representative for most socio-demographic factors in each Member State.

### 3. SMOKING

Results from a Eurostat study show the percentage of smokers in the EU to range from 19.5% in Portugal to 41.5% in Denmark. In each country men are more likely to smoke with the exception of Sweden where 30.9% of women smoke in comparison to 29.9% male smokers. In the majority of EU countries the 35-44 age group has the highest percentage of smokers, then the 25-34 age group. In Ireland the highest percentage of smokers is in the 15-24 age group (40.8%).

However, results from the National Health Surveys (compiled by Statistics Sweden and by Eurostat) the general trend in smoking is declining for males and females in most EU countries for which data are available from 1970. It is worth noting that the prevalence of smoking among women is not decreasing with the same intensity as for men (especially in southern Europe). The prevalence of smoking among young people (aged 15-24) is also decreasing. According to the last available results (1994-1998) for the whole population, provided by Eurostat, Denmark (41.5%), Spain (38.5%) and the Netherlands (35.1%) have the highest rates and Portugal (19.5%) the lowest.

In 1995, results from the Eurobarometer survey provided the number of cigarettes per day for smokers and indicate that 30% were heavy smokers (i.e. >20 per day) and 2% were very heavy smokers (>40 per day).

The highest proportions of heavy smokers are to be found in Greece, Denmark, Belgium and UK. Based on WHO data, average number of cigarettes per person/year available on the market has decreased considerably in the last 15 years, especially in Finland, France, Sweden and UK. In other countries as Portugal, Ireland and Greece quantities per capita available on the market have increased at most by 20%, remaining relatively stable in the rest of Member States.

Statistics Sweden has used the recommended definition of WHO for the *proportion of smokers* (in %). This divides the number of smokers in the population being surveyed (via the existing National Health Surveys in the 15 Member States) by the total size of the survey population (smokers and non smokers). It is noticeable that, at the present stage, comparability between national health surveys is not fully achieved. A similar approach has been used for Eurostat for summarising results of National Health Surveys for the period 1994/1998. The average number of cigarettes per person/year available on the market in a country is defined by WHO as the result of dividing the cigarette production plus the cigarette imports minus the cigarette exports by the population of 15 years of age and over. Data are compiled by Tobacco Journal International and are used by WHO as a source.

#### 4. DRINKING

The risk of cardiovascular disease and mortality in general can be related to alcohol intake. Alcohol drinking is also strongly associated with the risk of primary liver cancer; it increases the risk of upper digestive and respiratory tract neoplasms, and there is some epidemiological evidence linking alcohol drinking to cancers of the colon and of the female breast.

According to sales figures from each domestic market, the World Drinks Trend (NL) has calculated the average litres per person older than 15 of pure alcohol available on the market (beverages calculated according to their alcohol volume). Results show that Sweden, the UK and Finland have the lowest average alcohol sold with 7-9 litres per capita and year. France and Luxembourg have higher sales (about 15 litres, per capita), and the remaining EU countries sell between 10-12 litres. The EU average was 9.4 litres in 1996. No other recent statistics on the number of drinkers or patterns of consumption are available at European level for the moment.

According to the HBSC study, boys and girls (15 years of age) admitted to drinking alcohol at least once a week in 1997-98. In Greece more than 50% of boys admitted to drinking, in comparison to 31% of girls. Alcohol consumption is generally a lot higher for boys than girls. Children in Finland consume less alcohol than their European counterparts, 8% girls admit to drinking and only 11% boys.

According to Eurostat statistics on causes of death the absolute number of deaths due to alcoholic abuse (including alcoholic psychosis) in 1995 was 8 831 for men and 2 297 for women in the EU (*see mortality chapter*). Apart from these, a substantial number of deaths are related to alcohol abuse (such as some traffic accidents or liver cirrhosis) and are not included in this total.

Good comparative data on alcohol consumption is not available, these surveys are the best alternative sources of data.

The average pure alcohol sold per capita in a country is defined as the total amount of pure ethanol in spirits, wine and beer sold/ consumed in the country during the calendar year or calculated from official statistics on local production, import and export taking into account stocks and home production, whenever available. This amount is divided by the average-year population. Data published in World Drink Trends by Produktschap voor Gedistilleerde Dranken (Schiedam, NL) is used by WHO as a source.

## 5. DRUG USE

According to EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) from 1994-98, cannabis was the most used illegal drug throughout the EU (an estimated 40 million people EU had tried it). Significant lifetime prevalence use of cannabis is highest in Denmark (31.3% for adults 18-69 years), even if its use is occasional and generally intermittent. Amphetamines appear to be the second most frequently used illegal drug, with the lifetime prevalence peaking at just 9.0% (UK for adults between 16-59). Lifetime prevalence use of cocaine ranges from 1 to 3% of all adults and 0.4-5% of young adults.

From the late 1980s many countries (Belgium, the Netherlands, Spain and UK) reported that ecstasy use, and in some cases LSD use, had become more popular among young people. European populations usually have less experience of heroin but among younger people in major cities heroin addiction can be much more prevalent than the national average. A tentative extrapolation from EMCDDA for the EU suggests somewhere between 3 and 5 million people in the EU have tried heroin at least once. Heroin remains a more significant problem in terms of public health and public safety. Crack smoking seems to emerge as a significant problem for the same group of people but no prevalence figures are available. Among young adolescents (15-16 years) the prevalence of solvent misuse is higher (8.7% in Sweden,) than abuse of any other drugs apart from cannabis.

Some national surveys indicate that illegal drug use is prevalent among schoolchildren and young people in more than half of Member States. Cannabis experimentation/usage among school children varies considerably between countries, from approximately, 1-2% in Portugal and Spain to over 45% on the UK. Amphetamines were the second most tried drug, but at a lot lower level than cannabis, the highest use being in Luxembourg (11%). Less than 10% of children over Europe have tried solvents, ecstasy, LSD, cocaine and heroin.

Data on the characteristics of persons treated for drug usage shows that across all the EU countries the majority of people being treated are under 25 years of age, and the majority are male. The mean age of treatment varies from 24.3 in Ireland to 37.4 in Belgium (Wallonia). Data shows the majority of people are being treated for opiates use (96% in Portugal – 27% in Finland).

Illegality and social disapproval make the populations involved difficult to reach and raise questions about the degree to which they will be candid. According to EMCDDA, since 1990 over half the 15 EU countries have mounted nation-wide surveys of illegal drug use in the general population, mainly on an *ad hoc* basis and over different designs, asking a representative cross-section of population whether they have used drugs. As applied to drug use, the method suffers important limitations, but for more common and less stigmatised drug-use patterns, such as cannabis use, surveys are feasible and potentially reliable. For rare and stigmatised forms of drug use, surveys need to be supplemented or replaced by other methods. Comparison is also hampered by different sampling and data collection methods and by analyses which use incompatible definitions and categories of measures. The situation is slowly improving because of the value of consistent series of surveys repeated at regular intervals as a trend indicator initiated by the EMCDDA.

## 6. SEXUAL BEHAVIOUR AND SEXUALLY TRANSMITTED DISEASES RISK

Initiatives for the prevention of sexually transmitted diseases, HIV and unwanted pregnancies have increased over the past decade. Results of the European Community concerted action on sexual behaviour & risks of HIV infection showed that on average 76% of men and 63% of women declared to have had a

lifetime experience of using a condom. The number of sexual partners is an important figure in the context of AIDS and sexual disease and can reflect differences in the sexual cultures by country. The number of partners during the last 12 months was surveyed in 11 of the EU countries. The majority of respondents had had only one partner, ranging from 62.8% in Spain to 87.8% in Athens for men and from 75.9% in Spain to 97.2% in Athens for women. Finland had the highest percentage of both men and women with more than one partner. The age of first intercourse is reducing over the generations, and is more marked in women than in men. The percentage of men and women having first intercourse at younger ages has increased over the generations. For men and women born in 1952 less people had first intercourse at ages 16 and 18 than those born in 1972. For example, in Finland, 20% of women born in 1952 had had first intercourse at age 16 in comparison to 35% in 1972. On the whole the possible effect of AIDS on the timing of first intercourse is more noticeable for men than for women.

Teenage pregnancies are an important public health concern, they can lead to social exclusion for teenagers and can pose health risks for both mother and child. To measure the level of teenage pregnancies we have to look at both births and abortions data. We cannot provide a true picture here as data on births and abortion is not available for all EU countries. The level of teenage birth rates is variable across the EU in 1996 ranging from 22.9 births per 1000 women aged 15-19 in the UK to 4.1 per 1000 in the Netherlands. Data for teenage abortions show for five Member States reporting a total of almost 50 000 legal abortions. Comparisons of national figures must be made with caution as each country has different methods of reporting and recording births and abortion data. Also difference in cultures between the EU countries could have an effect on the level of teenage pregnancies.

In terms of preventive measures against AIDS transmission, the Eurobarometer Survey in 1989, 1990 and 1995, asked people about certain preventive measures considered as being useful against AIDS. In certain EU Members (Spain, Italy and Portugal) general knowledge on efficacy of useful preventive measures seems to be low in comparison to the overall EU knowledge of 95%. In 1995 still 8% of Europeans believe (wrongly) that oral contraceptives are useful as a barrier against AIDS, and 17% believe (wrongly) spermicides to be effective.

To avoid risk of AIDS infection, 47% of Europeans knew that taking preventive action in sexual relations reduced the risk of contracting AIDS. 26% of people believe (wrongly) that avoiding certain places will reduce risk. This ranges from 8% in the Netherlands to 35% in Portugal. This data highlights the need for increasing people's awareness of HIV and AIDS.

The European Community concerted action on sexual behaviour & risks of HIV infection was carried out by the Facultés universitaires Saint-Louis (Belgium) with the support of BIOMED Programme of European Commission in order to study some questions regarding sexual life in national surveys in EU Members. The national surveys used generally are designed with a wide diversity of data collection and sampling techniques which hampers the comparability. The surveys (16 for 11 countries) were carried out in different years and periods.

## 7. OTHER LIFE STYLE FACTORS

Data on normal exposure to the sun is not available, but it is possible to know the number of times that Europeans have used UV-rays with an artificial sun bed or sun lamp. According to the results of the Eurobarometer 46.0 Survey, 18.3% of Europeans in 1996 admitted that they had exposed themselves voluntarily to UV-rays, 21.4% in the case of women and 12.9% in the case of men. These rates are particularly high in Northern Europe, especially in Sweden, the Netherlands, and Denmark, with averages of between 1 and 19 exposures per year. Women tend to have higher exposure to UV rays than men.

## 2.1.1

## % of total energy available from fat in food for human consumption (1)

	EU-15	B (2)	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	34,4	36,9	43,5	36,4	31,0	29,3	34,4	32,4	29,3	36,9	39,3	34,4	23,7	35,8	36,6	38,9	34,9	39,3	38,7
1975	35,0	36,7	43,6	36,2	32,7	30,7	36,3	33,0	30,7	36,7	38,7	36,6	25,8	38,3	36,3	38,3	38,7	42,6	42,0
1980	36,4	38,2	45,9	36,7	34,8	32,9	39,4	35,9	32,3	38,2	38,4	39,5	27,8	38,1	37,0	39,0	38,8	39,8	41,7
1985	37,3	39,6	43,7	36,7	35,2	35,5	39,7	35,5	36,2	39,7	38,6	41,1	28,8	37,5	36,8	38,4	38,2	38,3	41,5
1986	37,5	39,9	43,5	36,2	35,6	36,5	40,0	35,1	36,8	40,1	37,7	40,7	27,5	38,4	37,7	38,7	38,0	38,1	41,7
1987	37,9	39,7	43,9	36,6	35,5	36,6	40,8	35,3	37,7	39,8	38,6	40,7	28,6	37,4	37,9	38,6	35,9	37,9	41,4
1988	37,9	40,8	45,2	36,6	35,3	38,1	40,6	34,8	37,6	40,7	38,6	39,6	29,7	36,8	37,5	37,9	36,0	37,4	41,2
1989	38,0	40,4	45,1	36,7	36,2	37,3	41,1	35,1	37,6	40,6	38,4	40,7	30,1	37,2	37,4	38,0	36,0	36,8	41,2
1990	38,5	40,0	45,0	38,6	35,8	37,7	41,5	33,5	37,9	40,2	38,6	40,4	31,5	36,3	37,2	38,0	36,0	36,6	41,1
1991	38,6	40,3	43,8	38,5	36,6	38,8	41,7	33,5	37,7	40,5	37,3	40,3	32,0	36,8	37,2	38,0	34,6	37,0	41,6
1992	38,6	39,7	45,2	38,1	36,7	39,1	41,8	33,2	36,9	39,8	37,1	41,0	31,6	37,1	36,0	39,5	35,1	37,0	40,7
1993	38,7	40,4	44,2	38,2	35,8	39,2	41,5	33,0	37,5	40,7	38,6	40,9	31,7	36,8	36,6	38,9	34,7	37,1	40,6
1994	38,8	40,8	43,4	38,6	36,4	39,1	41,7	32,7	37,9	41,0	38,5	40,7	31,9	35,9	36,7	38,4	34,4	36,6	41,4
1995	38,9	40,4	43,5	38,0	37,4	39,2	41,7	32,7	37,9	40,5	40,7	40,0	32,1	38,6	38,2	39,1	34,1	36,9	40,7
1996	39,0	40,1	42,8	39,2	37,8	38,8	41,6	32,2	37,6	:	39,0	42,5	32,2	38,6	37,6	38,9	33,7	36,8	39,2
1997	:	39,7	:	:	:	:	:	:	37,7	:	:	:	:	37,9	:	:	:	:	:

(1) Recommendations from some food administrations (specially International Union of Nutrition Sciences) implies that the fat intake that should not exceed approximately 30-33% of total energy intake

(2) Since 1996 includes Belgium and Luxembourg

Source: FAOSTAT Database, Food and Agricultural Organisation

## 2.1.2

**Average daily fat consumption (in grams per capita)  
according to type of food - 1997**

	A	B-L	D	DK	FIN	F	EL	IRL	I	NL	P	E	S	UK	NO	IS	CH
<b>FAT PER DAY</b>	<b>161,4</b>	<b>159,6</b>	<b>144,4</b>	<b>132,5</b>	<b>127,1</b>	<b>164,0</b>	<b>153,4</b>	<b>132,8</b>	<b>146,8</b>	<b>140,5</b>	<b>131,6</b>	<b>144,7</b>	<b>134,1</b>	<b>141,0</b>	<b>135,6</b>	<b>120,5</b>	<b>143,6</b>
<i>Vegetable products</i>	<b>62,4</b>	<b>67,7</b>	<b>61,6</b>	<b>31,5</b>	<b>35,7</b>	<b>56,5</b>	<b>97,9</b>	<b>51,1</b>	<b>79,0</b>	<b>57,7</b>	<b>59,4</b>	<b>86,7</b>	<b>56,7</b>	<b>61,3</b>	<b>49,1</b>	<b>35,2</b>	<b>53,2</b>
Cereals excluding Beer	4,7	2,8	3,3	3,6	4,0	3,6	4,2	3,9	3,8	2,4	4,7	2,9	3,5	3,1	4,0	7,1	2,8
Starchy roots	0,2	0,3	0,2	0,2	0,2	0,2	0,2	0,3	0,1	0,2	0,3	0,2	0,2	0,3	0,2	0,1	0,1
Sweeteners	0,0	0,1	0,1	0,0	0,1	0,0	0,3	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Pulses	0,0	0,0	0,0	0,0	0,0	0,1	0,0	0,1	0,3	0,1	0,3	0,5	0,1	0,2	0,0	0,5	0,1
Treenuts	3,0	3,5	3,5	2,9	0,9	2,0	4,7	0,5	2,9	2,7	1,4	3,1	1,8	0,8	2,1	1,8	6,0
Oilcrops	1,6	2,4	2,4	0,7	1,0	1,6	4,4	1,2	1,2	2,8	0,7	3,0	1,4	3,6	1,2	0,0	1,3
Vegetable oils	50,5	56,7	47,8	18,0	28,3	46,1	80,7	40,7	68,6	43,1	47,6	74,8	48,0	51,4	37,8	18,8	41,3
Vegetables	0,6	0,8	0,5	0,7	0,4	0,7	1,3	0,4	0,9	0,5	0,8	0,7	0,4	0,5	0,4	0,3	0,5
Fruit excluding wine	0,8	0,7	0,8	0,8	0,4	1,0	1,1	0,4	0,8	0,6	1,3	0,8	0,7	0,5	0,6	0,4	0,7
Stimulants	0,8	0,3	3,0	4,5	0,3	1,2	0,7	3,4	0,4	4,8	2,1	0,6	0,4	0,6	2,5	5,7	0,3
Spices	0,3	0,2	0,2	0,2	0,1	0,1	0,1	0,1	0,0	0,5	0,1	0,1	0,2	0,2	0,2	0,2	0,2
Alcoholic beverages																	
<i>Animal products</i>	<b>99,0</b>	<b>91,9</b>	<b>82,8</b>	<b>100,9</b>	<b>91,4</b>	<b>107,5</b>	<b>55,5</b>	<b>81,7</b>	<b>67,8</b>	<b>82,9</b>	<b>72,3</b>	<b>58,0</b>	<b>77,5</b>	<b>79,8</b>	<b>86,5</b>	<b>85,4</b>	<b>90,4</b>
Meat	35,9	20,1	27,2	27,5	44,4	42,6	22,2	29,9	28,8	32,6	27,9	30,3	21,6	37,5	30,4	35,7	38,8
Offals	0,1	0,5	0,3	0,1	0,1	0,8	0,4	1,7	0,3	0,1	0,5	0,4	0,1	0,3	0,2	0,8	0,4
Animal fats	36,6	48,3	35,6	48,9	17,0	35,2	4,6	23,5	17,0	18,1	23,3	6,6	26,2	17,1	23,5	20,4	24,9
Milk excluding butter	21,8	17,2	15,1	17,1	24,8	23,2	24,4	23,8	16,9	26,7	15,6	15,4	22,5	21,2	23,2	23,2	22,5
Eggs	3,8	3,9	3,5	4,6	2,6	4,3	2,7	1,6	3,4	4,4	2,4	3,5	3,2	2,8	2,8	1,8	2,6
Fish, seafood	0,7	1,9	1,1	2,9	2,5	1,5	1,2	1,2	1,4	1,0	2,5	1,8	3,8	1,0	6,3	3,4	1,2

Source: FAOSTAT Database, Food and Agricultural Organisation



## 2.1.3

### Average daily number of calories per person (1)

	EU-15	B/L (2)	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	3 185,0	3 124,5	3 157,4	3 166,1	3 137,2	2 732,9	3 300,4	3 445,2	3 421,8	:	3 024,0	3 226,8	2 929,6	3 120,6	2 876,5	3 282,0	3 016,5	3 021,6	3 480,5
1975	3 177,3	3 167,0	2 988,2	3 160,9	3 335,3	2 990,1	3 246,3	3 495,8	3 364,3	:	3 046,8	3 145,4	3 108,5	3 197,5	2 922,1	3 127,7	2 975,4	2 979,1	3 230,2
1980	3 278,7	3 302,3	3 126,5	3 338,0	3 215,4	3 061,5	3 374,8	3 663,1	3 584,9	:	3 072,8	3 348,8	2 845,1	3 091,2	2 991,0	3 115,8	3 251,5	3 350,6	3 494,3
1985	3 332,8	3 438,7	3 165,2	3 464,1	3 507,2	3 120,4	3 497,6	3 604,3	3 411,2	:	3 105,4	3 373,0	3 060,1	2 963,1	2 981,4	3 191,2	3 160,5	3 194,5	3 348,3
1986	3 337,3	3 437,4	3 138,0	3 463,9	3 345,8	3 060,9	3 474,5	3 647,2	3 494,3	:	3 059,9	3 429,6	3 246,6	2 962,6	2 961,1	3 202,7	3 294,4	3 234,9	3 355,7
1987	3 372,9	3 453,8	3 210,5	3 478,3	3 480,6	3 149,9	3 542,8	3 623,4	3 511,9	:	3 075,8	3 418,8	3 400,3	2 941,2	2 898,1	3 214,8	3 207,6	3 304,1	3 358,4
1988	3 411,1	3 544,1	3 244,7	3 520,5	3 549,7	3 215,2	3 563,7	3 620,1	3 525,3	:	3 237,8	3 405,8	3 397,5	3 092,9	2 953,3	3 228,4	3 127,4	3 130,2	3 351,5
1989	3 399,8	3 530,4	3 206,5	3 458,6	3 667,2	3 233,0	3 558,9	3 596,9	3 538,4	:	3 184,8	3 468,3	3 411,2	3 214,7	2 981,4	3 196,5	3 151,5	3 174,5	3 327,6
1990	3 376,1	3 530,9	3 171,7	3 317,4	3 530,9	3 267,4	3 506,0	3 624,9	3 571,6	:	3 282,2	3 507,3	3 517,1	3 146,3	2 977,6	3 220,2	3 048,8	3 144,2	3 338,7
1991	3 423,1	3 570,5	3 251,1	3 429,7	3 570,8	3 338,2	3 537,8	3 615,8	3 627,9	:	3 344,4	3 542,7	3 545,6	3 119,9	2 954,0	3 187,6	3 120,2	3 210,8	3 253,2
1992	3 445,8	3 652,9	3 327,6	3 478,3	3 630,1	3 362,8	3 546,2	3 636,6	3 525,4	:	3 408,2	3 531,6	3 513,5	3 184,8	3 070,7	3 274,1	3 090,0	3 230,4	3 326,2
1993	3 380,2	3 589,0	3 308,2	3 329,0	3 522,9	3 303,5	3 535,4	3 612,8	3 456,9	:	3 326,8	3 511,5	3 569,5	3 039,7	3 147,6	3 232,5	3 073,5	3 269,0	3 283,1
1994	3 373,9	3 599,2	3 284,8	3 344,6	3 649,9	3 312,5	3 517,2	3 557,3	3 450,4	:	3 139,2	3 398,3	3 634,4	3 025,2	3 183,6	3 219,6	3 088,6	3 288,8	3 267,0
1995	3 378,4	3 584,2	3 333,3	3 396,5	3 608,4	3 248,7	3 535,7	3 552,0	3 492,6	:	3 185,8	3 550,0	3 629,6	3 106,9	3 120,1	3 135,6	3 086,3	3 276,3	3 259,6
1996	3 403,9	3 602,1	3 325,1	3 401,2	3 592,7	3 305,2	3 510,6	3 554,9	3 513,5	:	3 278,3	3 580,5	3 664,9	3 041,8	3 174,6	3 220,7	3 014,6	3 348,4	3 277,2
1997	3 412,9	3 619,2	3 407,3	3 381,7	3 648,6	3 310,0	3 518,4	3 565,1	3 506,9	:	3 283,8	3 535,8	3 667,0	3 100,1	3 193,9	3 276,0	3 117,2	3 356,5	3 223,4

(1) The Recommended Dietary Allowances (RDA) for most part of the countries is about 2 900 Kcal in certain maximal cases (males 25-50 years about 176 cm and 79 kg) or 2 200 Kcal for women (25-50 about 163 cm and 63 kcal) even if this RDA can differs person by person according to certain characteristics

(2) includes Belgium and Luxembourg

Source: FAOSTAT Database, Food and Agricultural Organisation

## 2.1.4

## Average daily calories per capita according to type of food supply - 1997

	A	B-L	D	DK	FIN	F	EL	IRL	I	NL	P	E	S	UK	NO	IS	CH
<b>CALORIES PER DAY</b>	<b>3 535,8</b>	<b>3 619,2</b>	<b>3 381,7</b>	<b>3 407,3</b>	<b>3 100,1</b>	<b>3 518,4</b>	<b>3 648,6</b>	<b>3 565,1</b>	<b>3 506,9</b>	<b>3 283,7</b>	<b>3 667,0</b>	<b>3 310,0</b>	<b>3 193,9</b>	<b>3 276,0</b>	<b>3 356,5</b>	<b>3 117,3</b>	<b>3 223,4</b>
<i>Vegetable products</i>	<b>2 280,0</b>	<b>2 468,0</b>	<b>2 331,7</b>	<b>2 148,5</b>	<b>1 904,7</b>	<b>2 184,1</b>	<b>2 850,9</b>	<b>2 438,9</b>	<b>2 604,9</b>	<b>2 148,9</b>	<b>2 671,7</b>	<b>2 450,3</b>	<b>2 118,5</b>	<b>2 251,7</b>	<b>2 233,1</b>	<b>1 893,2</b>	<b>2 104,2</b>
Cereals excluding Beer	709,9	741,3	774,5	870,5	805,8	851,0	1 069,9	970,8	1 134,1	583,0	1 040,1	762,7	730,3	734,7	927,6	682,4	692,1
Starchy roots	107,5	199,5	133,6	126,7	132,8	120,4	124,8	214,5	68,0	155,6	230,1	162,4	115,3	205,6	142,7	104,8	76,8
Sweeteners	460,8	446,7	419,4	449,1	372,6	367,2	308,7	407,1	287,3	498,1	348,8	299,5	465,0	389,2	456,9	593,2	502,2
Pulses	6,2	22,6	14,1	8,8	14,3	18,9	46,8	18,8	48,6	27,3	45,2	73,4	9,8	49,3	9,5	8,6	10,0
Treenuts	33,2	36,5	37,4	31,5	9,8	23,0	54,4	5,8	34,6	30,7	20,4	35,2	19,7	9,2	22,9	5,3	64,7
Oilcrops	19,8	26,6	31,1	7,9	11,9	17,6	46,2	14,2	12,8	33,6	7,9	32,6	16,2	41,7	14,2	21,5	15,4
Vegetable oils	<b>447,0</b>	501,2	422,5	159,0	250,3	407,9	713,8	360,3	606,9	382,4	421,6	662,0	424,6	454,5	334,1	166,0	363,2
Vegetables	62,4	118,8	57,8	73,0	47,4	83,6	140,7	55,4	101,3	66,1	92,5	89,9	49,2	59,5	45,6	33,7	61,0
Fruit excluding wine	150,8	129,0	137,4	113,4	82,1	80,9	198,9	80,8	152,4	111,2	144,7	136,9	112,0	96,3	126,0	92,6	124,0
Stimulants	19,3	11,2	43,0	62,5	17,9	22,4	13,7	41,8	11,2	65,3	27,5	12,9	18,6	13,5	40,4	74,4	11,1
Spices	6,8	5,3	4,8	6,4	2,6	2,7	3,6	3,2	1,0	12,1	1,6	2,7	4,4	5,0	4,3	5,4	4,7
Alcoholic beverages	253,4	229,5	256,0	239,8	153,9	188,7	105,5	266,3	143,9	183,5	287,9	180,0	149,7	190,2	104,5	87,6	179,0
<i>Animal products</i>	<b>1 255,8</b>	<b>1 151,2</b>	<b>1 050,0</b>	<b>1 258,8</b>	<b>1 195,4</b>	<b>1 334,3</b>	<b>797,7</b>	<b>1 126,2</b>	<b>902,0</b>	<b>1 134,8</b>	<b>995,3</b>	<b>859,7</b>	<b>1 075,4</b>	<b>1 024,3</b>	<b>1 123,5</b>	<b>1 224,0</b>	<b>1 119,2</b>
Meat	480,2	292,9	357,0	377,1	493,4	528,0	312,5	394,8	388,8	425,9	374,3	416,1	298,7	445,2	357,4	427,4	447,2
Offals	4,9	15,2	12,0	3,7	5,8	28,3	11,2	60,1	10,9	4,5	17,5	11,8	5,2	8,3	7,0	20,7	15,9
Animal fats	330,5	436,3	322,3	443,5	154,7	316,0	42,3	214,7	154,1	161,0	210,1	59,4	239,0	151,5	214,1	185,3	221,1
Milk excluding butter	369,5	310,6	283,2	300,0	440,0	360,5	353,9	400,1	260,2	452,0	272,0	260,1	410,4	349,1	381,5	440,8	371,5
Eggs	53,8	55,2	49,1	64,7	37,4	61,2	38,3	23,1	48,6	62,7	34,8	50,2	45,2	39,2	39,9	25,4	37,6
Fish, seafood	16,9	40,7	26,4	69,8	64,1	40,1	39,4	33,4	39,4	28,8	86,6	62,0	77,1	31,1	123,5	124,4	25,9

Source: FAOSTAT Database, Food and Agricultural Organisation

## 2.1.5

## % of total energy available from proteins in food for human consumption

	EU-15	B (1)	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	11,6	11,8	9,3	11,1	12,8	12,2	12,6	12,3	11,4	11,8	11,5	11,2	11,2	11,4	12,2	11,3	16,5	11,5	10,4
1975	11,8	12,3	9,7	11,4	12,6	12,4	12,7	12,6	11,7	12,3	11,7	11,6	10,9	11,8	12,6	11,4	16,9	12,4	10,9
1980	12,0	12,2	10,0	11,5	12,8	12,7	13,3	12,6	12,0	12,3	12,1	11,4	11,0	12,3	13,1	11,2	16,1	12,4	11,1
1985	12,2	12,0	10,6	11,6	12,5	12,7	13,3	12,4	12,4	11,9	12,5	11,4	11,6	12,5	12,9	11,5	16,1	12,5	11,4
1986	12,2	11,9	11,1	11,6	12,7	12,8	13,3	12,7	12,2	11,9	12,2	11,4	11,7	12,6	13,0	11,5	16,2	12,5	11,3
1987	12,2	11,8	11,1	11,7	12,6	12,8	13,2	12,9	12,2	11,9	12,1	11,6	11,7	12,7	13,0	11,4	15,3	12,4	11,4
1988	12,2	11,6	11,1	11,6	12,3	12,8	13,1	13,0	12,2	11,6	12,1	11,5	11,8	12,8	12,9	11,6	14,9	12,5	11,2
1989	12,1	11,5	11,5	11,7	12,4	12,7	13,1	12,6	12,2	11,6	11,7	11,5	12,0	12,6	13,0	11,5	15,2	12,5	11,2
1990	12,2	11,7	11,2	12,0	12,6	12,7	13,1	12,6	12,3	11,6	11,6	11,7	11,9	12,6	12,9	11,5	15,0	12,5	11,3
1991	12,2	11,7	11,5	11,5	12,6	12,7	13,4	13,0	12,4	11,7	11,6	11,7	12,0	12,4	12,7	11,5	15,1	12,2	11,6
1992	12,0	11,7	10,9	11,2	12,5	12,6	12,9	12,5	12,5	11,7	11,8	11,7	12,0	12,3	12,9	11,5	15,2	12,2	11,4
1993	12,1	11,8	10,8	11,2	12,7	12,8	12,8	12,3	12,4	11,8	12,3	11,7	12,3	12,2	12,8	11,5	15,5	12,3	11,3
1994	12,1	11,5	10,8	11,5	12,7	12,9	12,8	12,1	12,4	11,5	12,4	11,7	12,3	12,4	12,6	11,6	15,4	12,5	11,4
1995	12,2	11,5	11,0	11,4	12,7	13,0	12,9	12,3	12,4	11,7	12,8	11,8	12,2	12,6	12,6	11,8	15,2	13,0	11,2
1996	12,2	11,5	11,1	11,4	12,6	13,0	12,8	12,4	12,4	:	12,8	11,5	12,3	13,0	12,8	11,6	14,3	13,0	10,9
1997	:	11,3	:	:	:	:	:	:	12,4	:	:	:	:	13,1	:	:	:	:	:

(1) Since 1996 includes Belgium and Luxembourg

Source: FAOSTAT Database, Food and Agricultural Organisation

## 2.1.6

Average daily proteins (in grams)  
per capita according to type of food supply - 1997

	A	B-L	D	DK	FIN	F	EL	IRL	I	NL	P	E	S	UK	NO	IS	CH
<b>PROTEINES PER DAY</b>	<b>103,5</b>	<b>102,1</b>	<b>95,7</b>	<b>107,9</b>	<b>100,6</b>	<b>113,1</b>	<b>114,9</b>	<b>110,6</b>	<b>108,6</b>	<b>106,4</b>	<b>113,5</b>	<b>106,8</b>	<b>100,3</b>	<b>94,8</b>	<b>103,6</b>	<b>113,3</b>	<b>88,2</b>
<i>Vegetable products</i>	<b>34,5</b>	<b>39,4</b>	<b>38,5</b>	<b>40,4</b>	<b>36,4</b>	<b>38,9</b>	<b>54,2</b>	<b>42,0</b>	<b>50,1</b>	<b>34,6</b>	<b>48,0</b>	<b>42,6</b>	<b>33,8</b>	<b>40,7</b>	<b>40,0</b>	<b>38,6</b>	<b>32,8</b>
Cereals excluding Beer	21,3	22,9	23,5	26,3	24,9	25,9	33,8	28,0	35,0	18,1	30,3	23,7	22,3	23,4	27,8	28,4	21,6
Starchy roots	2,6	4,7	3,1	2,9	3,2	2,8	2,9	4,9	1,6	3,7	5,4	3,8	2,7	4,9	3,4	2,4	1,8
Sweeteners	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Pulses	0,4	1,5	0,9	0,6	1,0	1,2	3,0	1,2	3,2	1,8	2,8	4,6	0,6	3,3	0,6	0,6	0,7
Treenuts	0,8	0,9	1,0	0,9	0,3	0,6	1,5	0,2	0,9	0,9	0,5	1,0	0,6	0,3	0,6	0,1	1,6
Oilcrops	0,9	0,7	1,8	0,3	0,5	0,7	0,9	0,5	0,3	1,2	0,2	1,1	0,6	1,7	0,5	0,9	0,6
Vegetable oils	0,1	0,3	0,1	0,1	0,2	0,1	0,1	0,1	0,0	0,2	0,1	0,1	0,2	0,0	0,1	1,6	0,1
Vegetables	3,3	4,3	2,9	3,5	2,1	4,5	7,0	2,8	5,5	3,4	5,0	4,4	2,3	2,9	2,1	1,1	3,2
Fruit excluding wine	1,6	1,5	1,5	1,2	1,0	1,1	2,7	0,9	2,0	1,2	1,7	1,9	1,3	1,1	1,5	2,5	1,5
Stimulants	1,7	0,8	1,8	2,8	2,0	1,6	0,8	1,4	1,2	2,3	0,9	1,1	2,1	1,5	2,2	0,2	1,0
Spices	0,3	0,2	0,2	0,2	0,1	0,1	0,1	0,1	0,0	0,4	0,1	0,1	0,2	0,2	0,1	0,5	0,2
Alcoholic beverages	1,6	1,7	1,7	1,7	1,2	0,4	0,5	1,8	0,3	1,5	0,9	0,9	0,9	1,4	0,7	0,6	0,7
<i>Animal products</i>	<b>69,0</b>	<b>62,8</b>	<b>57,2</b>	<b>67,6</b>	<b>64,2</b>	<b>74,2</b>	<b>60,7</b>	<b>68,6</b>	<b>58,5</b>	<b>71,8</b>	<b>65,5</b>	<b>64,2</b>	<b>66,6</b>	<b>54,1</b>	<b>63,6</b>	<b>74,7</b>	<b>55,4</b>
Meat	36,4	26,0	26,0	30,2	21,9	33,8	26,4	29,2	30,1	30,8	28,5	33,4	24,2	25,2	19,4	24,5	22,7
Offals	0,7	2,4	1,9	0,5	1,0	4,7	1,7	9,8	1,8	0,7	2,8	1,8	0,8	1,2	1,1	2,9	2,7
Animal fats	0,5	0,7	0,7	0,7	0,6	0,6	0,2	0,7	0,3	0,1	0,1	0,1	0,9	0,1	0,8	0,7	0,2
Milk excluding butter	24,7	23,8	20,6	21,0	28,3	24,1	22,8	21,9	16,3	30,6	16,4	14,6	27,5	19,6	23,8	23,4	23,3
Eggs	4,3	4,5	4,0	5,2	3,0	5,0	3,1	1,9	3,9	5,1	2,8	4,1	3,7	3,2	3,2	2,1	3,0
Fish, seafood	2,4	5,4	3,9	9,9	9,5	6,1	6,6	5,2	6,1	4,6	14,8	10,2	9,6	5,0	15,2	21,2	3,5

Source: FAOSTAT Database, Food and Agricultural Organisation

## 2.1.7

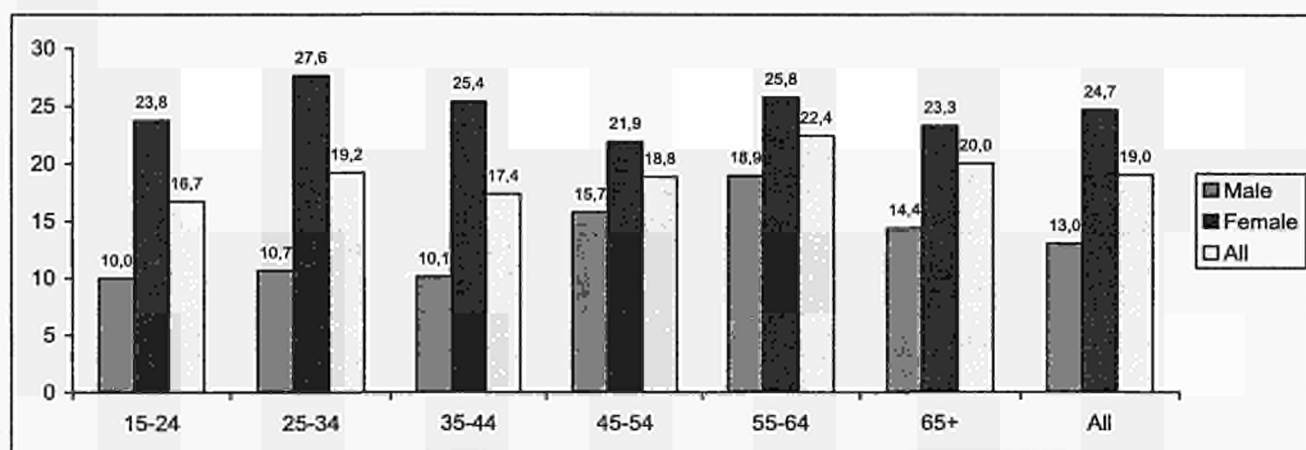
## % of persons following a diet during the last 12 months - 1996

	EUR-15	B	DK	D	EL	I	E	F	IRL	UK	L	NL	P	FIN	S	A
<b>MALES</b>																
Yes	13,0	9,8	11,1	9,1	18,0	13,2	13,0	13,1	8,2	18,4	19,7	13,3	11,8	14,6	11,6	15,4
from which, by own decision	6,2	4,0	6,7	3,2	10,0	6,4	5,6	5,8	1,4	11,7	11,5	6,8	3,5	6,4	6,7	5,0
from which, by doctors suggestion	4,6	3,1	3,0	2,3	7,0	5,4	6,5	6,0	4,4	3,6	4,9	4,2	7,9	7,1	2,9	7,4
from which, other reasons	2,2	2,8	1,5	3,7	0,9	1,4	0,9	1,3	2,4	3,1	3,3	2,3	0,5	1,2	2,0	3,1
No	87,0	90,2	88,9	90,9	82,1	86,8	87,1	86,9	91,8	81,6	80,3	86,7	88,2	85,4	88,4	84,6
<b>FEMALES</b>																
Yes	24,7	23,9	28,0	19,2	36,7	24,8	24,4	24,8	19,8	35,0	34,6	26,2	19,0	19,1	17,8	19,0
from which, by own decision	14,7	14,9	23,3	10,6	25,0	10,9	13,1	14,0	13,2	26,3	15,0	17,8	4,8	10,5	14,0	8,6
from which, by doctors suggestion	6,8	6,6	2,3	2,7	10,0	10,2	9,8	8,1	4,6	5,4	10,4	7,6	13,6	6,8	3,1	6,0
from which, other reasons	3,1	2,3	2,4	4,9	1,7	3,7	1,5	2,7	2,0	3,3	9,2	1,0	0,7	1,7	0,7	4,4
No	75,3	76,1	72,0	81,8	63,3	75,2	75,6	75,2	80,2	65,0	65,4	73,8	81,0	80,9	82,3	81,0
<b>ALL</b>																
Yes	19,0	17,1	19,8	13,8	27,5	19,2	18,9	19,1	14,1	27,0	27,5	19,9	15,6	16,9	14,8	17,3
from which, by own decision	10,6	9,6	15,2	7,1	17,7	8,7	9,4	10,0	7,4	19,3	13,3	12,3	4,2	8,5	10,4	6,9
from which, by doctors suggestion	5,7	4,9	2,6	2,5	8,5	7,9	8,2	7,1	4,5	4,5	7,7	5,9	10,9	7,0	3,0	6,7
from which, other reasons	2,7	2,5	2,0	4,3	1,3	2,6	1,2	2,0	2,2	3,2	6,4	1,6	0,6	1,5	1,3	3,7
No	81,0	82,9	80,3	86,2	72,5	80,8	81,2	80,9	85,9	73,0	72,6	80,1	84,4	83,1	85,3	82,7

Source: Eurobarometer 44.3, European Commission

## 2.1.8

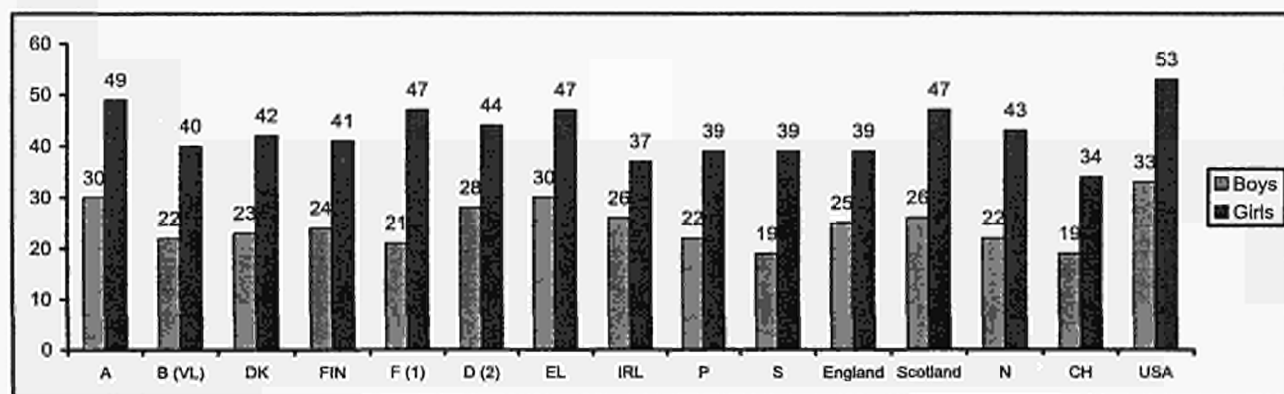
## % of persons (by age) following a diet during the last 12 months in EU-15 - 1996



Source: Eurobarometer 44.3, European Commission

## 2.1.9

## Students (13-15 years) who report being on or feeling that they should be on a diet (%) - 1997/1998



(1) Only Lorraine and Midi-Pyrénées

(2) Only Nord-Rhein-Westphalen

Source: Health behaviour in School-aged children: a WHO Cross-National Study (HBSC) International Report, WHO, 2000

## 2.1.10

## Daily eating habits in young people: students (15 years) 1997/1998

	Fruits		Chips or fried potatoes		Sweets or chocolate		Soft drinks	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
EU-15	:	:	:	:	:	:	:	:
A	55	69	3	2	43	42	39	26
B (1)	39	53	3	2	33	24	55	39
DK	48	59	4	1	31	27	40	22
FIN	43	56	:	:	24	14	22	6
F (3)	53	59	11	7	47	40	42	27
D (2)	61	63	5	2	45	41	54	37
EL	75	76	32	19	43	47	61	41
IRL	66	75	28	13	80	75	75	51
I	:	:	:	:	:	:	:	:
L	:	:	:	:	:	:	:	:
NL	:	:	:	:	:	:	:	:
P	91	95	27	20	60	55	58	42
E	:	:	:	:	:	:	:	:
S	58	69	5	2	31	28	32	19
UK (4)	52	57	33	19	62	54	67	53
IS	:	:	:	:	:	:	:	:
NO	35	50	3	2	30	27	37	24
CH	44	59	5	2	44	40	56	45

(1) Only Flanders

(2) Only Nord-Rhein-Westphalen

(3) Only Lorraine and Midi-Pyrénées

(4) Only England

Source: Health behaviour in School-aged children: a WHO Cross-National Study (HBSC) International Report, WHO, 2000

## 2.2.1

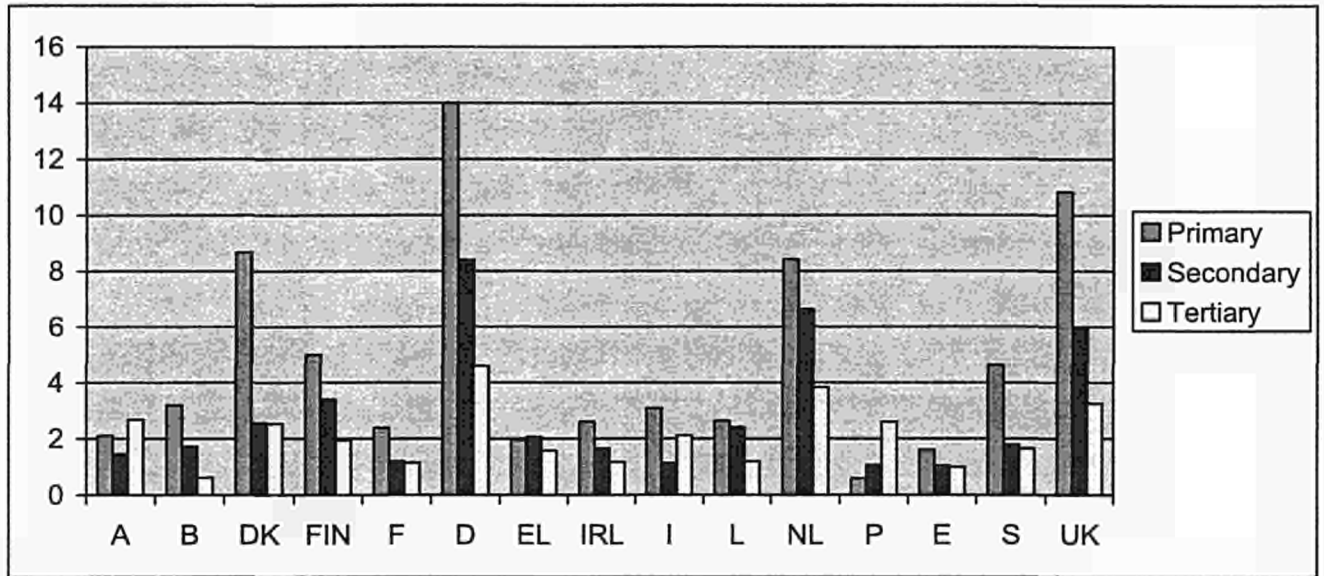
## Participation in some physical activities, in a typical week, by age (in %) - 1997

	Cycling			Gardening			Swimming			Walking		
	15-34	35-54	+55	15-34	35-54	+55	15-34	35-54	+55	15-34	35-54	+55
EU-15	18,0	18,0	14,0	8,0	21,0	27,0	12,0	10,0	7,0	25,0	30,0	40,0
A	40,0	45,0	29,0	17,0	41,0	50,0	22,0	22,0	14,0	35,0	44,0	43,0
B	22,0	17,0	18,0	9,0	19,0	17,0	16,0	8,0	4,0	22,0	27,0	32,0
DK	32,0	27,0	24,0	17,0	43,0	41,0	11,0	12,0	7,0	22,0	32,0	35,0
FIN	27,0	30,0	27,0	3,0	11,0	19,0	14,0	15,0	14,0	60,0	69,0	76,0
F	14,0	13,0	11,0	8,0	20,0	26,0	11,0	11,0	9,0	26,0	28,0	43,0
D	29,0	28,0	26,0	12,0	25,0	33,0	14,0	13,0	10,0	14,0	19,0	35,0
EL	3,0	2,0	1,0	2,0	11,0	19,0	4,0	4,0	5,0	19,0	24,0	33,0
IRL	22,0	9,0	12,0	15,0	32,0	37,0	19,0	10,0	5,0	49,0	62,0	56,0
I	8,0	8,0	5,0	5,0	14,0	20,0	9,0	4,0	2,0	18,0	25,0	34,0
L	18,0	15,0	18,0	13,0	32,0	41,0	24,0	17,0	12,0	29,0	46,0	57,0
NL	53,0	52,0	54,0	19,0	37,0	44,0	20,0	16,0	13,0	21,0	25,0	26,0
P	6,0	2,0	0,9	4,0	2,0	3,0	9,0	1,0	0,9	16,0	19,0	24,0
E	11,0	7,0	3,0	1,0	4,0	4,0	7,0	7,0	4,0	24,0	37,0	50,0
S	38,0	44,0	34,0	9,0	29,0	45,0	15,0	11,0	12,0	45,0	67,0	74,0
UK	12,0	12,0	5,0	9,0	26,0	36,0	15,0	14,0	5,0	45,0	43,0	41,0

Source: Health and Fitness Survey, Institute of European Food Studies, Dublin (supported by European Commission)

### 2.2.2

#### Physical inactivity during a working day by level of education, using an inactivity ratio – 1997

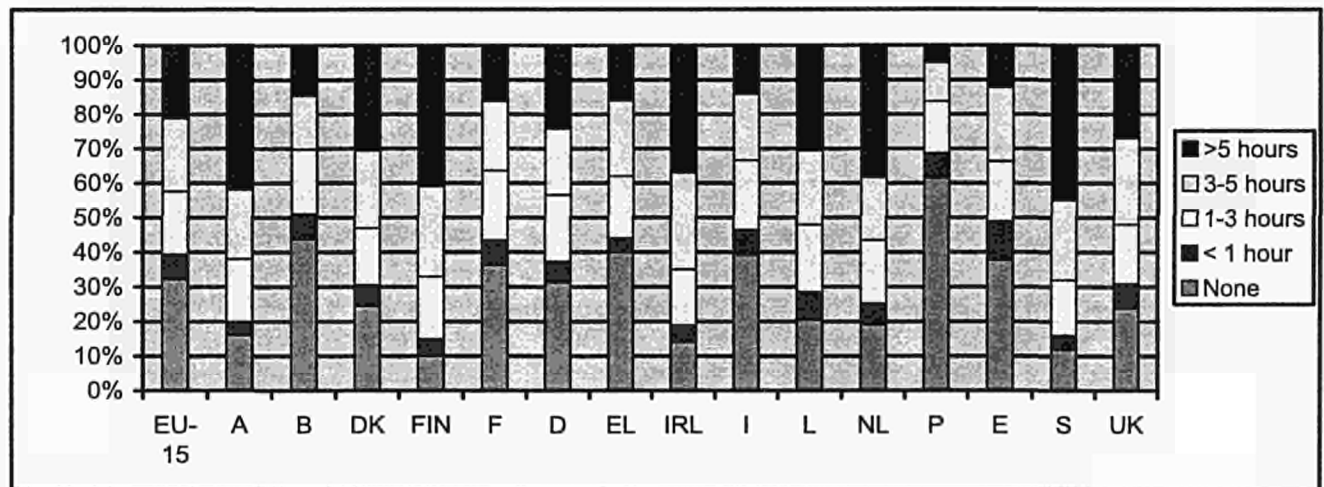


Inactivity ratio = 3 hours or more of leisure time inactivity to no inactivity or up to 1 hour. A high ratio indicates a high level of sedentary inactivity.

Source: Health and Fitness Survey, Institute of European Food Studies, Dublin (supported by European Commission)

### 2.2.3

#### Number of hours spent participating in various leisure physical activities in a typical week (%) – 1997



Source: Health and Fitness Survey, Institute of European Food Studies, Dublin (supported by European Commission)

## 2.2.4

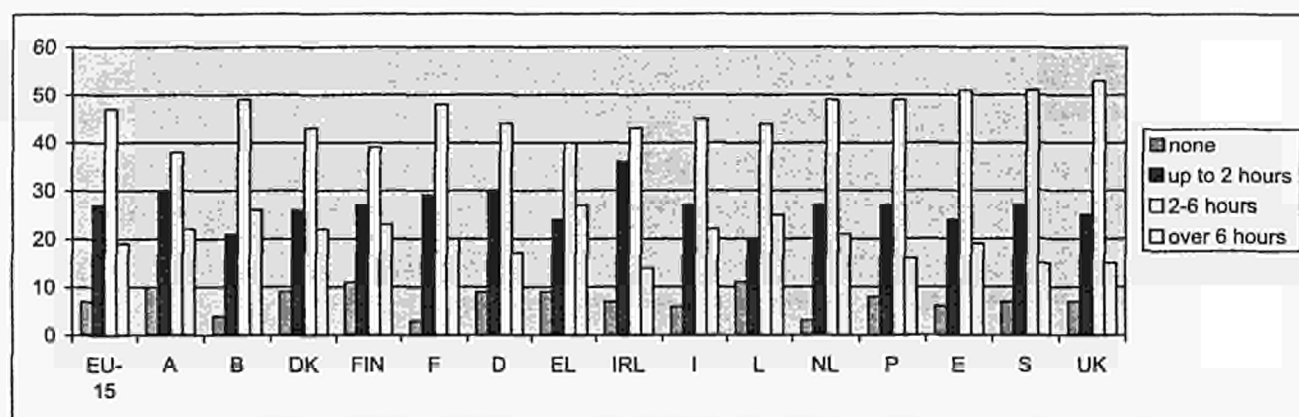
## Perceived barriers to increasing levels of physical activity / exercise - 1997

	Work / study	Not the sporty type	Looking after children/ elderly	No need	Poor health	No energy	Too old	Other things	None of the above
EU-15	28	25	12	12	11	11	10	11	12
A	32	22	16	13	13	10	11	16	42
B	23	33	8	10	9	8	14	7	16
DK	21	15	13	13	13	11	7	6	19
FIN	16	12	10	6	14	19	3	13	30
F	31	26	9	15	9	9	5	9	12
D	13	33	10	18	10	15	10	12	20
EL	44	17	15	6	13	5	9	9	12
IRL	25	18	16	12	9	11	6	7	16
I	46	24	13	8	6	6	6	11	8
L	26	18	22	11	9	12	13	10	12
NL	25	21	11	9	12	13	11	13	12
P	23	26	6	8	10	7	12	4	11
E	37	31	16	10	26	13	21	18	3
S	17	25	10	6	10	16	6	11	21
UK	27	15	13	8	10	11	11	8	3

Source: Health and Fitness Survey, Institute of European Food Studies, Dublin (supported by European Commission)

## 2.2.5

## Physical activity at work (% of hours sitting down) - 1997



Source: Health and Fitness Survey, Institute of European Food Studies, Dublin (supported by European Commission)

### 2.3.1

#### Percentage of population who are daily cigarette smokers by age and sex - 1995

	Total			15-24			25-34			35-44			45-54			55-64			65+		
	Males	females	All	Males	females	All	Males	females	All	Males	females	All	Males	females	All	Males	females	All	Males	females	All
EUR-15	33	25	29	37	33	35	44	33	38	38	29	33	34	23	29	27	16	21	16	11	13
B	34	28	31	36	28	32	43	41	42	27	41	34	44	44	44	30	12	20	22	9	14
DK	39	37	38	50	45	47	55	36	44	30	47	38	34	29	32	40	37	39	28	26	27
D (W)	30	21	25	39	35	37	33	25	29	30	22	26	31	25	28	24	15	20	17	5	10
EL	49	29	39	46	36	41	56	47	52	60	39	50	65	27	44	40	11	25	28	7	17
E	39	23	31	33	26	30	49	56	52	58	33	45	32	20	26	37	3	19	22	-	8
F	39	31	35	51	58	54	57	38	47	41	37	39	37	20	28	17	15	16	15	10	12
IRL	31	28	29	31	31	31	37	29	33	39	31	35	26	21	23	27	29	28	2	22	21
I	33	24	38	29	22	25	28	39	33	49	34	41	35	27	31	36	21	28	21	7	13
L	28	28	28	28	34	31	37	34	36	30	20	25	29	27	28	26	36	31	18	21	19
NL	37	31	34	57	40	48	44	33	38	34	36	35	34	24	28	45	33	38	13	18	16
P	37	13	24	49	27	37	58	37	48	45	11	27	32	6	16	30	-	12	11	-	5
GB	29	26	27	28	30	29	32	37	34	32	26	29	33	26	29	31	23	27	17	15	16
A	35	21	28	42	33	38	53	25	37	37	20	28	37	31	34	20	10	15	15	9	12
FIN	22	18	20	27	13	19	35	28	32	35	25	29	35	21	27	13	10	12	3	-	2
S	18	25	22	18	25	22	14	18	16	27	33	30	20	24	22	17	24	20	11	33	21

Source: Eurobarometer 43.0, European Commission



## 2.3.2

## Smoking prevalence by country and by sex (in %)

Males																											
	A			B			D			DK			E			F			FIN			EL					
	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990			
Age groups																											
15-24	42	40	39	:	:	33	38	28	27	:	:	20	:	54	39	38	52	46	35	26	23	:	:	:			
25-34	51	52		:	:	42	49	43	41	:	:	41	:	:	:	54	54	51	42	40	35	:	:	:			
35-44	43	47	45	:	:	58	46	42	41	:	:	47	:	64	57	50	48	46	35	35	36	:	:	:			
45-54	41	35	33	:	:	35	44	33	33	:	:	46	:	:	:	45	42	40	33	30	17	:	:	:			
55-64	37	33		:	:	43	29	26		:	:	50	:	54	44	40	35	30	31	28	22	:	:	:			
65-74	34	27	23	:	:	21	37	21	19	:	:	53	:	:	23	34	27	22	:	:	:	:	:	:			
75-84 or more	25	25	12	:	:	33	16	13		:	:	41	:	34	17	28	22	15	:	:	:	:	:	:			
Total	41	40	36	:	45	33	42	33	32	60	51	45	:	55	44	44	39	36	32	29	:	:	:				
Females																											
	I			IRL			L			NL			P			S			UK			IS			NO		
	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990
Age groups																											
15-24	:	36	27	:	:	:	:	:	:	:	:	39	:	:	:	35	22	15	47	35	35	:	28	22	38	36	32
25-34	:	58	41	:	:	:	:	:	:	:	:	46	:	:	:	49	38	18	56	40	34	:	45	34	50	45	41
35-44	:	54	45	:	:	:	:	:	:	:	:	:	:	:	:	43	38	25	55	38	34	:	42	35	46	46	42
45-54	:	53	41	:	:	:	:	:	:	:	:	43	:	:	:	42	36	31	53	41	26	:	35	33	58	44	30
55-64	:	47	32	:	:	:	:	:	:	:	:	:	:	:	:	40	40	25	:	36	24	:	33	24	55	46	33
65-74	:	:	25	:	:	:	:	:	:	:	:	36	:	:	:	32	28	16	44	30	19	:	29	17	41	35	25
75-84 or more	:	:	14	:	:	:	:	:	:	:	:	:	:	:	:	23	15	:	25	14	:	:	18	24	:	:	:
Total	54	46	34	:	37	29	:	:	:	65	43	43	:	:	:	41	33	22	51	36	28	:	36	27	48	42	35
Males																											
	A			B			D			DK			E			F			FIN			EL					
	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990			
Age groups																											
15-24	27	31	27	:	:	30	28	22	20	:	:	21	:	49	33	27	42	35	26	19	23	:	:	:			
25-34	33	37		:	:	35	31	32	30	:	:	42	:	:	34	25	36	36	24	25	21	:	:	:			
35-44	20	30	32	:	:	26	22	27	29	:	:	44	:	33	:	17	20	24	17	19	24	:	:	:			
45-54	14	16	18	:	:	22	16	16	18	:	:	46	:	:	:	12	13	16	12	11	17	:	:	:			
55-64	11	11		:	:	14	12	12		:	:	43	:	5	9	10	9	9	8	8	8	11	:	:	:		
65-74	5	8	8	:	:	6	9	7	7	:	:	45	:	:	1	4	6	5	:	:	:	:	:	:	:		
75-84 or more	2	3	3	:	:	4	2	3		:	:	29	:	2	2	2	2	2	2	:	:	:	:	:	:		
Total	17	21	20	:	27	24	16	18	18	46	42	39	:	23	21	16	20	20	18	17	19	:	:	:			
Females																											
	I			IRL			L			NL			P			S			UK			IS			NO		
	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990	1970	1980	1990
Age groups																											
15-24	:	21	13	:	:	:	:	:	:	:	:	36	:	:	:	47	22	31	41	35	34	:	28	20	39	34	23
25-34	:	31	25	:	:	:	:	:	:	:	:	40	:	:	:	46	38	38	46	40	36	:	37	32	45	42	36
35-44	:	24	27	:	:	:	:	:	:	:	:	:	:	:	:	33	38	35	49	38	37	:	40	28	39	36	35
45-54	:	17	21	:	:	:	:	:	:	:	:	28	:	:	:	27	36	31	48	41	36	:	31	33	34	35	36
55-64	:	11	13	:	:	:	:	:	:	:	:	:	:	:	:	22	40	27	:	36	35	:	25	23	27	28	30
65-74	:	:	8	:	:	:	:	:	:	:	:	12	:	:	:	12	28	14	26	30	25	:	19	18	7	9	25
75-84 or more	:	:	3	:	:	:	:	:	:	:	:	:	:	:	:	23	5	:	25	12	:	:	15	18	:	:	:
Total	17	18	17	:	32	28	:	:	:	40	33	31	:	:	:	32	33	28	41	36	32	:	31	26	33	32	31

Source: Statistics Sweden (on the basis of results of National Health Surveys). Supported by the European Commission

**2.3.3**
**Prevalence of smokers by sex and age group (% of population) 1994/1998**  
 (Including occasional smokers and adjusted for differences in sex between age groups)

	Year of the survey	Total	Men	Women	Total by age							
					15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
A	1997	29,1	34,5	24,1	33,1	39,6	38,6	31,1	18,7	12,0	8,3	6,0
B	1997	30,3	36,8	23,9	32,3	31,3	37,5	33,4	24,3	18,1	12,4	6,3
DK	1994	41,5	43,8	39,4	32,2	41,7	48,3	44,7	48,2	40,6	28,0	23,4
FIN	:	:	:	:	:	:	:	:	:	:	:	:
F	:	:	:	:	:	:	:	:	:	:	:	:
D	:	:	:	:	:	:	:	:	:	:	:	:
EL	:	:	:	:	:	:	:	:	:	:	:	:
IRL	1998	31,2	31,9	30,6	40,8	38,0	32,2	27,9	24,1	20,7	13,1	17,9
I	1997	25,2	33,2	17,7	22,0	31,2	34,1	28,6	21,9	15,3	7,6	6,6
L	:	:	:	:	:	:	:	:	:	:	:	:
NL	1997/98	35,1	38,6	31,7	33,9	39,2	41,6	37,0	31,9	25,2	15,9	19,5
P	1995	19,5	32,3	8,0	21,0	36,1	28,5	18,9	12,1	9,1	6,6	6,1
E	1997	35,8	44,1	27,9	39,2	55,1	48,6	34,9	20,8	12,8	9,7	2,3
S	1996/97	:	:	:	:	:	:	:	:	:	:	:
UK	1996	28,7	30,0	27,7	34,7	36,5	30,4	30,3	26,7	21,9	11,6	5,4
IS	1998	35,2	35,2	35,2	38,6	35,9	42,1	33,5	27,9	23,2	:	:
NO	1995	39,1	39,6	38,7	40,1	43,7	45,9	40,6	33,0	27,3	19,1	:
CH	:	:	:	:	:	:	:	:	:	:	:	:

Source: Eurostat (on the basis of results of National Health Surveys)

**2.3.4**
**Number of cigarettes per day for smokers, by sex (in %) - 1995**

	EUR-15	B	DK	D	EL	I	E	F	IRL	UK	L	NL	P	FIN	S	A
<b>Males</b>																
<5	11	7	21	12	2	10	5	21	9	12	14	6	11	12	.	26
5-9	14	10	4	12	6	31	21	13	18	20	10	13	16	19	8	9
10-14	23	24	24	30	14	21	32	25	21	27	17	17	11	30	31	13
15-19	17	18	15	14	11	11	16	21	11	5	30	39	25	13	38	15
20-24	18	24	29	14	23	12	12	17	25	28	13	12	21	21	8	10
25-39	5	.	3	2	14	.	.	5	4	2	9	11	9	6	8	8
30-34	3	2	4	2	8	.	.	.	3	2	.	.	3	.	.	12
35-39	2	.	.	5	11	.	.	.	.	.	3	.	.	.	.	.
>40	2	.	.	.	12	.	.	.	.	.	.	.	4	.	.	4
<b>Females</b>																
<5	14	13	22	17	14	29	12	21	14	6	6	3	4	7	24	11
5-9	20	21	12	27	6	31	14	13	31	19	13	21	24	21	29	24
10-14	23	23	29	31	29	20	16	23	19	18	10	34	29	23	14	14
15-19	15	14	16	7	16	8	11	24	15	15	25	17	19	4	14	15
20-24	14	14	14	10	24	.	7	13	18	18	36	6	5	13	5	31
25-39	3	8	.	3	3	.	6	5	.	3	.	9	5	.	5	.
30-34	2	.	3	5	8	.	2	.	.	2	.	.	4	.	5	.
35-39	1	.	.	.	.	.	.	.	2	2	.	.	10	.	5	.
>40	1	.	.	.	.	.	.	.	.	2	.	.	.	.	.	.
<b>All</b>																
<5	12	9	21	14	7	18	8	21	11	9	10	4	8	9	14	19
5-9	17	15	8	19	6	31	18	13	25	19	11	17	19	20	20	16
10-14	23	24	27	30	20	20	25	24	20	22	14	25	18	27	21	14
15-19	16	17	16	11	13	10	14	22	13	10	27	28	23	9	24	15
20-24	16	20	21	12	24	7	10	15	21	23	25	9	15	17	6	19
25-39	4	3	1	3	10	.	3	5	2	2	4	10	7	3	6	4
30-34	2	1	4	3	8	.	1	.	2	2	.	.	4	.	3	7
35-39	1	.	.	2	6	.	.	.	1	1	.	.	4	.	.	.
>40	1	.	.	.	7	.	.	1	.	1	.	.	2	.	3	2

Source: Eurobarometer 43.0, European Commission

### 2.3.5

#### Average number of cigarettes per person/year available on the market

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1984	1 964	1 842	1 558	:	2 641	2 415	1 631	1 486	1 807	:	2 103	2 120	1 248	1 489	1 567	2 172	:	660	2 955
1985	1 852	1 989	1 717	:	2 866	2 023	1 744	1 808	1 984	1 967	1 074	2 135	1 393	1 393	1 356	1 711	1 802	569	2 545
1986	1 809	1 920	1 668	:	2 901	2 021	1 708	1 771	1 838	:	1 092	2 042	1 365	1 469	1 418	1 691	1 768	630	2 439
1987	1 802	1 810	1 629	:	2 951	2 187	1 694	1 750	1 715	:	1 042	1 989	1 494	1 562	1 431	1 669	1 793	645	2 528
1988	1 753	1 835	1 580	:	2 822	1 922	1 664	1 752	1 704	:	1 025	1 881	1 458	1 506	1 451	1 608	1 725	676	2 484
1989	1 773	1 772	1 560	:	2 847	1 976	1 690	1 525	1 753	:	1 429	1 839	1 463	1 556	1 317	1 561	1 654	694	2 393
1990	1 799	1 751	1 566	2 035	2 656	2 096	1 689	1 586	1 662	1 671	1 222	1 789	1 565	1 436	1 254	1 710	1 621	695	2 488
1991	1 773	1 748	1 560	1 831	2 932	2 321	1 702	1 680	1 602	1 808	1 221	1 946	1 615	1 390	1 254	1 651	1 616	707	2 433
1992	1 678	1 890	1 609	1 627	2 911	2 132	1 679	1 745	1 552	1 936	1 158	1 692	1 693	1 369	1 256	1 531	1 543	626	2 323
1993	1 666	2 246	1 540	1 578	3 016	1 971	1 624	1 736	1 619	2 276	1 054	1 681	1 724	1 150	998	1 629	1 456	654	2 492
1994	1 678	1 526	1 588	1 642	3 012	2 119	1 556	1 729	1 688	2 140	1 075	1 794	1 777	1 091	992	1 621	1 432	597	2 322
1995	1 616	1 585	1 702	1 654	2 937	1 989	1 519	1 722	1 531	:	1 075	1 581	1 638	1 016	920	1 552	1 006	609	2 199
1996	1 589	1 533	1 800	1 666	2 864	1 899	1 476	1 751	1 515	:	991	1 605	1 627	885	936	1 518	1 376	621	2 174
1997	1 611	1 199	1 717	1 678	3 362	2 036	1 416	1 784	1 621	:	1 066	1 638	1 656	920	631	1 492	1 340	629	1 994
1998	1 627	1 204	1 691	1 687	3 507	2 134	1 350	1 782	1 602	:	1 056	1 908	1 653	933	528	1 554	1 268	611	1 959

Source: Health for All Database, 2000, WHO Europe

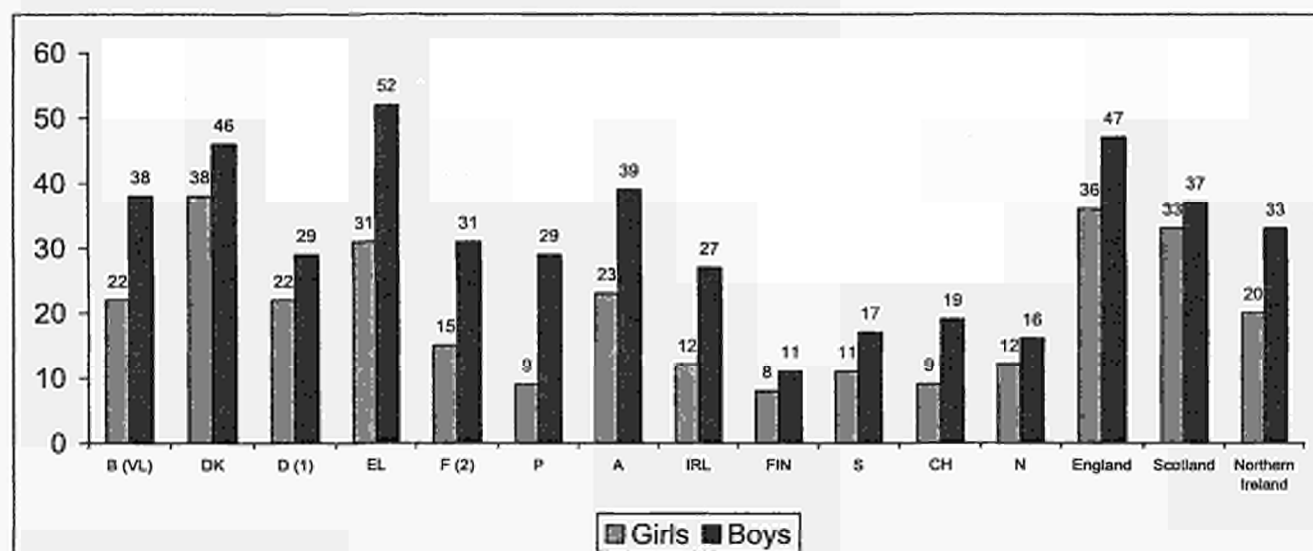
## 2.4.1

**Average litres per person (older than 15)/year of pure alcohol available on the market**

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1980	11,5	10,8	9,1	:	10,2	13,6	14,9	7,3	13,0	10,9	8,8	11,0	11,0	6,3	5,7	7,3	3,9	4,8	10,8
1985	10,6	10,5	9,9	:	8,9	11,6	13,3	6,8	10,6	12,1	8,5	9,9	13,1	6,5	5,2	7,4	4,0	4,2	11,2
1986	10,4	10,3	10,0	:	7,3	11,6	13,2	6,7	10,0	11,9	8,6	10,0	11,2	6,9	5,5	7,4	4,1	4,2	11,0
1987	10,4	10,7	9,6	:	8,1	11,8	13,0	6,6	9,6	12,1	8,3	10,1	10,9	7,1	5,4	7,5	4,0	4,4	11,0
1988	10,2	10,0	9,7	:	8,3	11,1	12,6	6,9	9,4	12,0	8,3	10,1	9,9	7,3	5,5	7,6	4,1	4,2	11,0
1989	10,1	9,5	9,6	:	8,4	10,8	12,8	7,3	9,1	12,5	8,2	10,3	10,4	7,6	5,6	7,6	4,1	4,2	10,9
1990	10,2	9,9	9,7	:	8,6	10,8	12,6	7,6	9,1	12,2	8,1	10,4	10,1	7,7	5,5	7,7	3,9	4,1	10,8
1991	10,1	9,4	9,6	12,2	8,6	10,7	11,9	7,8	9,0	12,5	8,2	10,6	11,6	7,4	5,5	7,4	3,9	4,0	10,7
1992	9,8	9,6	9,9	11,8	8,5	10,2	11,8	8,1	9,0	12,4	8,2	10,0	10,7	7,2	5,4	7,3	3,6	3,8	10,1
1993	9,6	9,6	9,7	11,3	9,2	9,9	11,5	8,3	8,8	12,5	7,9	10,1	10,4	6,8	5,3	7,3	3,3	3,7	10,0
1994	9,6	9,2	9,9	11,4	8,9	9,7	11,4	8,6	8,6	12,3	7,9	9,8	10,8	6,6	5,4	7,5	3,5	3,8	9,7
1995	9,4	9,1	10,0	11,1	9,0	9,5	11,4	9,2	8,0	12,1	8,0	9,8	11,0	6,7	5,2	7,3	3,6	3,9	9,4
1996	9,4	9,0	10,0	10,9	8,7	9,3	11,1	9,1	8,2	11,8	8,0	9,8	11,2	6,7	4,9	7,6	3,7	4,0	9,3
1997	:	8,9	10,0	10,9	:	:	:	:	:	:	8,0	:	:	8,9	:	:	3,9	4,3	:
1998	:	:	:	:	:	:	:	:	:	:	:	:	:	7,1	:	:	4,2	:	:

Source: World Drinks Trend (Schiedam, NL) - Health for All Database, 1998, WHO Europe

## 2.4.2

**Percentage of boys and girls (15 years of age) admitting to drinking alcohol at least once a week, 1997-98, in several Member States**


(1) Only Nord-Rhein-Westphalen

(2) Only Lorraine and Midi-Pyrenées

Source: Health behaviour in School-aged children: a WHO Cross-National Study (HBSC) International Report, WHO, 2000

## 2.5.1

### Lifetime prevalence of drug use in recent nation-wide surveys among the general population

(in %)

	Year	Data collection	Sample	All adults					Younger adult				
				age range	cannabis	cocaine	ampht.	ecstasy	age range	cannabis	cocaine	ampht.	ecstasy
B (Flanders)	1994	phone	2259	(18-65)	5,8	0,5	0,9	0,5	(18-35)	9,2	1,2	2,0	1,3
DK	1994	mail	1390	(18-69)	31,3	2,0	4,0	:	(16-44)	43,0	:	:	:
D (E)	1997	mail	1682	(18-59)	4,2	0,2	0,5	0,7	(18-39)	7,8	0,4	1,0	<b>1,3</b>
D (W)	1997	mail	6338	(18-59)	13,4	1,5	1,8	1,7	(18-39)	20,1	2,2	0,7	<b>0,6</b>
EL	1998	interview	3752	(15-64)	13,1	1,3	0,6	0,3	(15-34)	22,9	5,9	4,0	<b>3,5</b>
E	1997	interview	12445	(15-64)	22,2	3,3	2,5	2,5	(15-34)	31,8	5,2	4,1	<b>4,7</b>
F	1995	phone	1993	(18-69)	16,0	1,2	0,7	:	(18-39)	25,7	1,8	1,4	:
IRL	:	:	:	:	:	:	:	:	:	:	:	:	:
I	:	:	:	:	:	:	:	:	:	:	:	:	:
L	:	:	:	:	:	:	:	:	:	:	:	:	:
NL	1997/98	interview	22000	(15-69)	18,1	2,4	2,1	2,2	(15-34)	27,3	3,7	3,0	<b>4,4</b>
P	:	:	:	:	:	:	:	:	:	:	:	:	:
A	:	:	:	:	:	:	:	:	:	:	:	:	:
FIN	1998	mail	2568	(15-69)	9,7	0,6	1,0	0,5	(15-34)	17,5	1,2	2,0	<b>1,3</b>
S	1998	interview	1500	(15-69)	13,0	1,0	2,0	0,0	(15-34)	16,0	1,0	3,0	<b>1,0</b>
UK	1996	interview	10940	(16-59)	22,0	3,0	9,0	3,0	(16-29)	36,0	4,0	16,0	9,0

Source: European Monitoring Centre for Drugs and Drug Addiction, Lisboa, 1999

## 2.5.2

## Some characteristics of persons treated for drug problems in different EU countries

	Year	Mean age	Age distribution		Sex distribution		% of intravenous	Distribution of main drug in %									
			<25	>35	male	female		opiates (1)		cocaine		amphetamines (2)		ecstasy	hallucinog	cannabis	others
								total	from wich IV (%)	total	from wich IV (%)	total	from wich IV (%)				
B (Brussels)	1997	30,0	21,0	17,0	78,0	22,0	:	77,1	:	7,2	:	:	:	0,1	6,6	8,6	
B (Flanders)	1996	26,6	52,0	18,5	75,0	25,0	:	39,5	:	7,1	:	18,7	1,2	4,9	22,0	5,5	
B (Wallonia)	1997	37,4	37,4	14,1	74,0	26,0	24,0	67,7	34,0	3,8	35,0	0,7	0,0	2,5	0,1	13,2	11,9
DK	1997	32,5	20,0	40,0	73,0	27,0	27,0	84,6	53,0	0,7	:	2,0	:	:	10,5	0,6	
D (3)	1998	28,1	41,0	22,0	77,0	23,0	37,1	64,6	49,0	7,1	38,0	3,2	13,0	:	1,2	18,0	5,9
EL	1998	31,6	21,0	35,1	84,0	16,0	77,5	91,9	84,0	0,7	0,0	0,0	0,0	0,0	0,0	5,7	1,7
E	1997	29,6	24,8	18,9	84,0	16,0	27,3	84,9	31,0	8,9	6,0	0,6	2,0	0,5	0,2	4,2	0,7
F (4)	1997	29,8	21,0	21,5	76,0	24,0	63,0	78,6	73,0	3,1	47,0	0,5	56,0	0,7	0,4	11,0	5,7
IRL	1997	24,3	60,5	8,2	69,0	31,0	49,2	79,8	65,0	0,9	10,0	1,0	0,0	5,0	0,5	10,6	2,1
I	1998	30,5	19,5	25,0	86,0	14,0	:	86,4	74,0	3,2	23,6	0,2	6,8	0,7	0,2	67,5	1,7
L	1997	28,5	27,0	15,0	81,0	19,0	79,0	81,0	88,0	15,0	80,0	1,0	:	1,0	:	4,0	:
NL (5)	1998	30,8	23,2	30,4	81,0	19,0	9,8	65,1	13,6	17,5	2,6	3,0	8,7	1,1	0,2	10,9	2,0
A	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
P	1997	28,2	29,1	16,0	80,0	20,0	41,9	96,9	:	1,2	:	:	:	:	:	1,9	1,5
FIN	1997	:	37,2	22,7	72,0	28,0	:	27,2	:	0,6	:	47,9	:	:	6,4	17,9	:
S	1996	33,0	17,0	42,0	72,0	28,0	:	39,0	:	0,9	:	20,0	:	:	0,9	7,0	33,0
UK	1997	:	42,0	15,0	74,0	26,0	40,0	71,0	58,0	4,0	5,0	9,0	44,0	:	0,0	8,0	7,0

IV = intravenous,

(1) for D, I and L: intravenous refers to heroin

(2) in some countries amphetamines includes ecstasy

(3) IV = currently injecting the drug

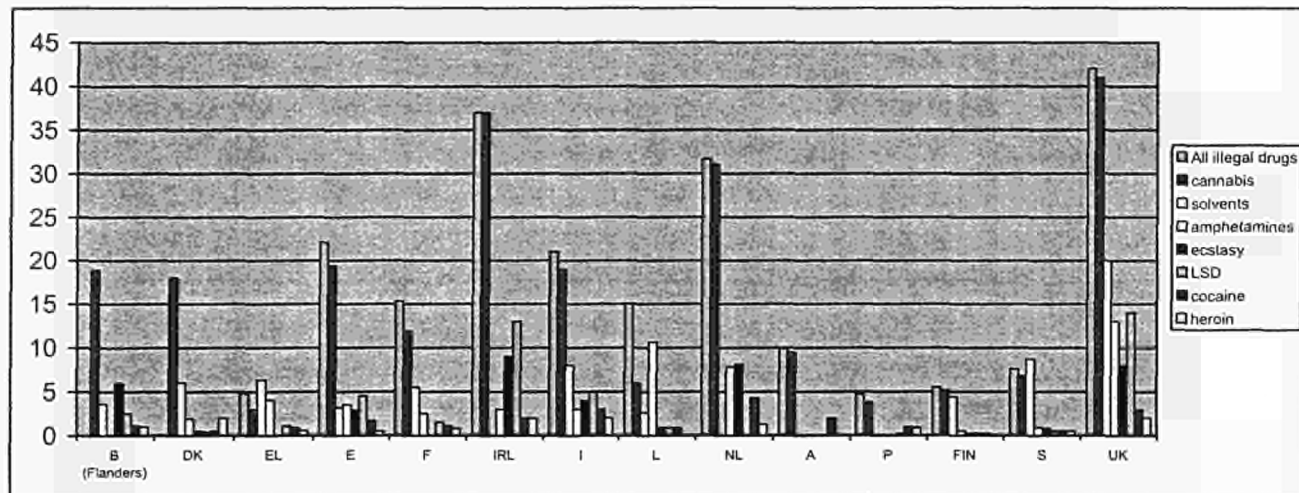
(4) Data refers to specialised centres only. IV refers to currently or previously injecting.

(5) Data refers to specialised out-patient centers

Source: European Monitoring Centre for Drugs and Drug Addiction, Lisboa, 1999

2.5.3

Drug use among 15 to 16-year-old school students (ever used) – %



\*B: 1998; DK: 1995; EL: 1998; E: 1996; F: 1997; IRL: 1995; I: 1995; L: 1998; NL: 1996; A: 1994; P: 1995; FIN: 1995; S: 1998; UK: 1997\*

Source: European Monitoring Centre for Drugs and Drug Addiction, Lisboa, 1999

## 2.6.1

## Sexual life: Number of partners during the last 12 months; condom use; age at first intercourse; frequency of sex

		Athens PR 1990	Belgium 1993	Denmark 1989	Finland 1992	France ACSF 1992	Germany West 1990	Great Britain 1991	Nether- lands 1989	Portugal 1991	Norway 1992	Spain 1992	Switzerland 1992	Iceland 1992
<b>Men</b>														
Number of partners during the last 12 months	0 part	1,2	1,9	:	0,7	4,1	3	5,6	7,4	3,7	5,5	3,7	3,7	:
	1 part	87,8	81,9	:	70,0	80,4	85,1	77,4	74,0	63,1	73,6	62,8	80,6	:
	2 part	5,7	6,9	:	12,5	8,9	4,8	9,6	8,7	12,9	10,1	:	6,6	:
	3-4 part	3,4	6,1	:	9,9	4,2	3,4	5,1	5,4	3,8	7,0	26,9	6,3	:
	5+ part	1,8	3,2	:	7,0	2,2	3,7	2,2	4,6	1,5	3,8	6,6	2,8	:
Lifetime experience of condom use	Ever	75,7	75,9	:	:	69,1	76,3	:	79,5	65,8	:	:	86,1	:
	Never	24,3	24,1	:	:	31,9	21,7	:	20,5	34,2	:	:	13,9	:
Age at first intercourse by year of birth 1932	16	19,0	5,0	10,0	10,0	18,0	8,0	11,0	7,0	40,0	9,0	:	:	21,0
	18	59,0	20,0	37,0	31,0	42,0	31,0	33,0	21,0	78,0	39,0	:	:	52,0
	20	83,0	47,0	72,0	68,0	71,0	65,0	56,0	39,0	93,0	59,0	:	:	76,0
1952	16	21,0	11,0	23,0	16,0	19,0	13,0	25,0	18,0	42,0	17,0	:	:	29,0
	18	62,0	39,0	59,0	49,0	60,0	49,0	58,0	47,0	76,0	45,0	:	:	72,0
	20	90,0	69,0	85,0	77,0	87,0	77,0	80,0	71,0	89,0	74,0	:	:	87,0
1972	16	:	18,0	26,0	15,0	23,0	:	32,0	:	43,0	18,0	:	:	45,0
	18	:	66,0	57,0	50,0	68,0	:	65,0	:	:	48,0	:	:	:
	20	:	:	:	:	:	:	:	:	:	:	:	:	:
Frequency of sex per week	0-1	11,6	29,9	:	22,3	8,9	18,8	:	22,3	:	23,0	21,1	24,4	:
	1-4	74,6	66,1	:	72,0	76,5	68,8	:	75,0	:	67,3	64,3	59,7	:
	5+	13,8	3,9	:	5,7	14,5	12,5	:	2,7	:	9,7	14,6	15,9	:
<b>Women</b>														
Number of partners during the last 12 months	0 part	1,3	4,1	:	1,3	4,7	1,2	5,8	7,4	7,1	4,0	7,0	2,2	:
	1 part	97,2	90,0	:	81,1	88,3	93,6	86,5	85,1	88,0	83,3	75,9	91,5	:
	2 part	1,2	4,3	:	8,2	5,1	3,1	5,5	4,9	3,3	7,3	:	4,5	:
	3-4 part	0,2	1,2	:	6,1	1,4	1,5	1,9	1,8	1,1	3,9	13,8	1,5	:
	5+ part	0,1	0,4	:	3,3	0,5	0,6	0,3	0,7	0,4	1,4	3,2	0,4	:
Lifetime experience of condom use	Never	61,9	59,6	:	:	55,5	61,6	:	74,0	48,0	:	:	80,6	:
	Ever	38,1	40,4	:	:	44,5	38,4	:	26,0	52,0	:	:	19,4	:
Age at first intercourse by year of birth 1932	16	2,0	2,0	7,0	7,0	0,0	1,0	2,0	0,0	0,0	3,0	:	:	8,0
	18	11,0	15,0	40,0	26,0	12,0	18,0	12,0	3,0	6,0	26,0	:	:	39,0
	20	19,0	38,0	71,0	53,0	36,0	56,0	38,0	33,0	19,0	63,0	:	:	64,0
1952	16	8,0	4,0	23,0	20,0	10,0	14,0	9,0	10,0	4,0	19,0	:	:	18,0
	18	25,0	32,0	62,0	56,0	42,0	59,0	46,0	41,0	17,0	57,0	:	:	69,0
	20	57,0	66,0	84,0	84,0	78,0	86,0	77,0	75,0	45,0	83,0	:	:	92,0
1972	16	:	18,0	34,0	35,0	7,0	:	20,0	:	12,0	22,0	:	:	40,0
	18	:	49,0	72,0	68,0	49,0	:	62,0	:	:	60,0	:	:	:
	20	:	:	:	:	:	:	:	:	:	:	:	:	:
Frequency of sex per week	0-1	16,6	34,4	:	27,4	13,0	19,3	:	19,3	:	23,1	23,8	26,3	:
	1-4	73,9	66,2	:	68,6	72,9	72,0	:	78,5	:	70,6	64,3	64,3	:
	5+	9,5	2,4	:	4,0	14,1	11,0	:	2,1	:	6,3	11,9	11,9	:

Source: Sexual Behaviour and HIV/AIDS in Europe. Comparison of national surveys (Huber/Bajos/Sandfort). UCL Press. 1998.  
Results of a concerted action supported by the European Commission



## 2.6.2

## Fertility rate, live births per 1000 females, in girls under 19 years

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1985	:	9,2	6,6	13,3	28,6	14,7	11,5	12,6	8,7	7,7	5,0	18,5	26,0	14,3	7,5	23,2	27,9	13,2	:
1986	:	8,9	6,7	13,0	25,9	13,1	10,7	12,4	11,1	6,7	5,1	17,8	24,2	9,5	7,9	23,9	39,3	13,4	:
1987	:	8,6	6,5	13,2	22,6	12,3	9,9	12,6	10,3	8,2	5,2	16,7	22,5	8,9	7,4	24,5	37,6	13,3	:
1988	:	8,8	6,3	14,0	19,1	11,9	9,3	12,1	9,8	10,1	5,6	16,6	21,4	9,1	7,8	25,9	40,5	13,4	:
1989	:	7,9	6,5	14,2	17,3	10,3	9,1	11,5	6,9	8,7	5,9	16,3	20,8	8,7	8,9	25,7	29,2	12,5	:
1990	:	8,6	9,1	14,6	15,6	9,2	9,2	13,1	6,5	14,1	6,4	16,4	18,8	8,7	9,8	27,0	30,2	12,2	:
1991	:	8,8	6,6	13,8	13,9	8,6	9,3	13,5	6,2	9,6	6,3	17,7	18,5	8,6	9,2	26,9	28,4	12,1	:
1992	:	8,6	7,0	12,6	13,0	8,0	8,7	13,0	5,6	9,1	5,8	17,8	17,8	8,2	8,3	25,8	22,4	11,6	:
1993	:	8,0	6,7	11,1	11,6	7,3	8,1	12,3	6,0	9,0	5,4	17,0	18,1	7,6	7,7	24,7	17,9	10,9	:
1994	:	7,4	6,8	10,0	10,6	6,6	7,2	11,4	5,6	8,4	5,1	14,4	17,1	7,0	6,7	22,7	18,1	10,4	:
1995	:	6,7	6,1	9,4	9,9	6,3	6,9	11,9	5,3	6,8	4,2	12,9	16,6	6,7	6,1	22,0	17,4	9,7	:
1996	:	:	5,7	9,6	9,6	6,1	6,8	12,7	:	7,0	4,1	11,5	16,6	6,9	5,5	22,9	16,3	9,9	:
1997	:	:	6,2	9,5	9,5	:	6,7	:	:	6,5	4,4	10,7	17,0	6,2	5,0	:	:	9,1	:

Source: Eurostat, Demographic Statistics

## 2.6.3

## Total number of legal abortions in girls under 19 years

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1990	:	:	:	:	4 920	:	-	12 005	-	:	:	:	2 010	6 791	:	:	:	:	:
1991	:	:	:	:	512	5 372	:	-	11 562	-	:	:	1 760	6 152	:	:	:	:	:
1992	:	:	2 270	3 452	545	6 131	16 019	-	11 638	-	:	:	:	5 338	33 918	:	:	:	:
1993	:	:	6 945	512	6 203	:	-	11 969	-	:	:	:	1 530	4 839	:	:	:	:	:
1994	:	:	177	:	:	:	:	-	:	-	:	:	:	127	:	:	:	:	:
1995	:	:	2 328	6 625	:	6 695	:	-	10 918	-	:	:	1 502	4 195	:	:	:	:	:
1996	:	:	11 496	482	:	:	:	-	:	-	:	:	1 534	35 518	:	:	:	:	:
1997	:	:	:	:	:	:	:	-	:	-	:	:	:	:	:	:	:	:	:

Source: Eurostat, Demographic Statistics

## 2.6.4

## Attitudes regarding taking personal preventive measures to avoid AIDS risk infection 1990-1995

	Spermicide products			Male condoms			Contraceptive pills			Abstinence		
	1989	1990	1995	1989	1990	1995	1989	1990	1995	1989	1990	1995
EUR-15	-	-	17,0	-	-	95,0	-	-	8,0	-	-	65,0
EUR-12	21,0	17,0	17,0	81,0	87,0	94,0	14,0	12,0	9,0	52,0	57,0	64,0
B	12,0	16,0	12,0	80,0	87,0	85,0	8,0	14,0	7,0	58,0	65,0	68,0
DK	11,0	22,0	7,0	79,0	99,0	95,0	1,0	4,0	3,0	69,0	87,0	85,0
D	7,0	4,0	9,0	64,0	77,0	93,0	2,0	3,0	4,0	51,0	54,0	64,0
EL	29,0	22,0	21,0	87,0	96,0	97,0	18,0	10,0	16,0	37,0	33,0	39,0
E	31,0	23,0	23,0	90,0	94,0	96,0	38,0	34,0	12,0	42,0	43,0	60,0
F	21,0	17,0	18,0	86,0	86,0	100,0	12,0	11,0	7,0	47,0	53,0	61,0
IRL	22,0	26,0	26,0	74,0	83,0	89,0	13,0	12,0	12,0	70,0	80,0	85,0
I	25,0	27,0	20,0	86,0	91,0	96,0	14,0	13,0	10,0	44,0	48,0	51,0
L	21,0	24,0	22,0	91,0	91,0	96,0	22,0	17,0	5,0	27,0	39,0	59,0
NL	14,0	12,0	12,0	92,0	91,0	96,0	8,0	7,0	8,0	75,0	79,0	81,0
P	35,0	25,0	19,0	81,0	84,0	92,0	19,0	19,0	8,0	34,0	38,0	55,0
UK	24,0	19,0	24,0	83,0	92,0	95,0	12,0	11,0	10,0	70,0	84,0	81,0
A	-	-	12,0	-	-	93,0	-	-	9,0	-	-	55,0
FIN	-	-	8,0	-	-	97,0	-	-	6,0	-	-	85,0
S	-	-	7,0	-	-	97,0	-	-	2,0	-	-	90,0

Source: Eurobarometer 32.0, 37.0, 43.0 and 43.1, European Commission

## 2.6.5

**Knowledge on personal behaviour regarding the risk of AIDS infection (1990-1995)**

	Touching objects		Stable relationship		Sexual relations		Avoiding certain places		Avoiding certain people	
	1990/2	1995/1	1990/2	1995/1	1990/2	1995/1	1990/2	1995/1	1990/2	1995/1
EUR-15	-	20,0	-	46,0	-	47,0	-	26,0	-	29,0
EUR-12	18,0	21,0	34,0	44,0	32,0	46,0	23,0	25,0	23,0	28,0
B	11,0	15,0	25,0	49,0	27,0	47,0	17,0	20,0	17,0	26,0
DK	23,0	18,0	37,0	42,0	36,0	43,0	18,0	24,0	19,0	26,0
D	22,0	20,0	49,0	54,0	38,0	47,0	28,0	31,0	30,0	34,0
EL	26,0	23,0	51,0	62,0	47,0	54,0	28,0	26,0	34,0	36,0
E	13,0	21,0	20,0	39,0	27,0	46,0	22,0	27,0	17,0	27,0
F	14,0	16,0	27,0	40,0	27,0	42,0	19,0	20,0	20,0	22,0
IRL	14,0	21,0	25,0	37,0	27,0	38,0	16,0	23,0	16,0	26,0
I	22,0	27,0	31,0	44,0	33,0	52,0	31,0	34,0	30,0	39,0
L	19,0	17,0	33,0	35,0	35,0	38,0	12,0	16,0	11,0	15,0
NL	16,0	16,0	39,0	43,0	34,0	46,0	5,0	8,0	4,0	8,0
P	30,0	34,0	41,0	49,0	43,0	51,0	34,0	35,0	33,0	39,0
UK	14,0	19,0	26,0	38,0	25,0	44,0	14,0	19,0	15,0	22,0
A	-	23,0	-	53,0	-	52,0	-	30,0	-	34,0
FIN	-	8,0	-	44,0	-	45,0	-	15,0	-	27,0
S	-	10,0	-	72	-	56,0	-	29,0	-	30,0

Source: Eurobarometer 37.0, 43.0 and 43.1, European Commission

## 2.7.1

**Number of times that Europeans have exposed themselves to UV-rays with an artificial sun bed or sun lamp - 1997**

	EU-15	B	DK	D (W)	EL	I	E	F	IRL	L	NL	P	GB	FIN	S	A
<b>MALE</b>																
Never	87,1	79,6	83,3	78,8	93,2	94,7	97,4	94,7	92,0	85,5	80,9	78,8	88,6	94,5	78,9	81,9
1-9	3,7	3,6	6,3	7,2	:	2,4	0,6	0,6	3,1	5,3	7,3	0,2	5,0	2,6	8,0	3,3
10-19	2,2	5,9	3,1	3,8	:	1,0	0,2	1,2	:	1,7	6,0	:	1,0	0,9	3,6	5,0
+20	4,2	5,7	5,4	0,0	0,6	0,2	0,6	0,0	0,0	4,8	0,0	1,0	2,0	4,2	6,9	0,0
<b>FEMALE</b>																
Never	78,6	64,3	66,4	67,4	91,9	89,7	93,3	89,6	87,2	74,4	66,0	79,9	82,0	90,3	57,1	73,1
1-9	7,3	8,1	11,9	9,8	0,4	5,3	3,1	4,8	6,8	8,4	15,7	:	7,4	7,0	17,7	7,1
10-19	5,0	14,4	8,9	6,0	0,2	2,4	1,2	2,0	1,2	8,1	9,9	:	1,3	2,0	10,3	8,1
+20	7,1	10,5	13,2	0,0	0,9	0,2	0,2	0,2	1,9	7,3	0,0	2,8	5,0	8,5	9,5	0,0
<b>ALL</b>																
Never	82,7	71,9	75,0	72,9	92,5	92,1	95,3	92,2	89,5	79,9	73,3	79,4	85,1	92,2	67,9	77,1
1-9	5,5	5,8	9,1	8,5	0,2	3,9	1,9	2,7	5,0	4,1	11,6	0,1	6,2	5,0	12,9	5,4
10-19	3,6	10,2	6,0	4,9	0,1	1,7	0,7	1,6	0,6	2,9	8,0	:	1,2	1,5	7,0	6,7
20-29	1,6	2,8	3,9	4,0	:	0,3	0,2	0,2	:	1,6	2,1	:	0,5	0,3	3,2	4,3
+20	2,8	4,2	5,4	0,0	0,5	0,0	0,2	0,1	0,3	4,0	0,0	1,4	2,1	3,2	4,0	0,0

Source: Eurobarometer 46.0, European Commission

**RISK ASSOCIATED WITH  
ENVIRONMENT,  
WORKING CONDITIONS,  
LEISURE AND TRAFFIC**

**3**



### III. RISK ASSOCIATED WITH ENVIRONMENT. WORKING CONDITIONS, LEISURE AND TRAFFIC

#### 1. ENVIRONMENT

Studies indicate that even a very low concentration of suspended particles can provoke adverse health effects, e.g. increased risk of death through heart and lung disease. Studies also indicated that children are particularly vulnerable for lower respiratory illnesses when exposed to short-term pollution episodes. For this reason data on exposure to polluted air and other substances are related, at a larger scale, to emissions. Sulphur oxides ( $\text{SO}_x$ ), nitrogen oxides ( $\text{NO}_x$ ), carbon oxides ( $\text{CO}_x$ ), volatile organic compounds (VOC) and ammonia ( $\text{NH}_3$ ) are major pollutants contributing to air quality problems at local, national and international levels. In past decades, the emissions of SPM (suspended particulate matter) and  $\text{SO}_2$  were highly correlated so the concentrations of both pollutants in ambient air were also correlated. Consequently, until the mid-1980s most epidemiological studies considered the health effects of both components jointly. The levels of industry and motor vehicles as sources of SPM pollution has increased, while SPM and  $\text{SO}_2$  pollution due to incomplete coal combustion has decreased in many locations.

According to Eurostat, the total emissions in kg  $\text{SO}_2$  per capita have been reduced in all EU countries since 1980 by 70% (from 73 to 27kg per capita). Emission levels vary from 9kg per capita in the Netherlands to 52kg per capita in Greece. Only Greece records an increase of emissions from 1980, Finland records the largest decrease in emissions from 122kg per capita in 1980 to 21kg per capita in 1996. The total emissions in kg  $\text{CO}_2$  per capita have remained relatively stable since 1980. Emissions for all EU countries in 1996 are similar to the EU total 8kg per capita. Luxembourg has the highest emissions, which have decreased slightly from 27kg per capita in 1985 to 21kg per capita in 1996. Portugal has the lowest recorded emissions at 4kg per capita, which has remained stable since 1985. Total emissions in kg  $\text{NO}_x$  per capita have decreased for EU from 36kg per capita in 1980 to 32kg per capita in 1996, a decrease of 11%. However, not all EU countries have experienced a fall in the level of emissions. Emissions levels have more than doubled in Portugal from 17kg per capita in 1980 to 37kg per capita in 1995. Levels in Greece have increased by 56% from 23kg per capita in 1980 to 36kg per capita in 1995. In contrast, emission levels in Germany have fallen by 49% from 43kg per capita in 1980 to 22kg per capita in 1996. The countries in Northern Europe tend to have reductions, whilst those in Southern Europe are increasing.

The emissions of non-methane volatile organic compounds contribute to the formation of photo-oxidants and are responsible for photochemical smog, especially in summer. The amount of emissions declined in EU by 17% between 1980 and 1996. The decline in emissions, however, was only evident in 6 of the EU15 countries, noticeably in Belgium, decreasing 52%. Portugal saw an increase of over 3 times the levels in 1980 from 9kg per capita in 1980 to 31kg per capita in 1994. According to the Öko Institute in Darmstad (BRD), the as-TEQ weighted emissions of heavy metals to air describes the emission of arsenic, cadmium, chromium, copper, mercury, nickel, lead, selenium and zinc during key processes (e.g. combustion) having a high carcinogenic potential or a long term toxicity. The indicator shows a significant reduction from 1985 to 1995. Large reductions have taken place in the transport sector and in former East Germany due to increased use of filters to remove particles from exhaust gases.

The population connected to a sewerage system was 82.9% in EU in 1990, with only Portugal (55.3%) and Ireland (66.0%) being lower than the European average. The percentage of non-treated wastewater has decreased since 1970, but there are still areas where most of the population is not connected to sewage treatment. There is very little data available on connection to sewerage and treatment of water. No recent data is available and data that is available is incomplete so figures must be interpreted with caution.

Comparing the 1980 and the 1992 OECD data on the percentage of population exposed to noise due to road traffic, shows reductions of exposure in 5 of the EU12 countries. The largest reduction is seen in Finland and the Netherlands. There has been no change in noise exposure for residents in Belgium, Spain and Austria. Noise exposure has increased only in Germany.

Data on *sulphur oxides (SO<sub>x</sub>)*, *nitrogen oxides (NO<sub>x</sub>)*, *non-methane volatile organic compounds (NMVOC)* and *carbon dioxide (CO<sub>2</sub>)* are obtained from the MS via the joint Eurostat-OECD questionnaire on the state of the environment. Data for EU-15 are, sometimes, Eurostat estimates. All data in this area are based on complex estimation and modelling procedures (such as EMEP/CORINAIR and IPCC) and are subject to several sources of error. The calculations are typically based on activity or fuel consumption data, multiplied by an emission factor. For CO<sub>2</sub> estimates have been calculated from Eurostat's own energy balance sheets covering only emissions from fossil fuel combustion (excluding gas flaring). For the *index of heavy metal emissions to air*, the heavy metal arsenic was used as a reference substance (1 g As = 1 g As-TEQ). The As equivalence factor for lead is increased by a factor of 10 in the case of motor vehicle emissions because of the resulting of high ambient air concentration.

The data from Eurostat on *population served by wastewater treatment plants* through a public sewerage network and the population connected to sewerage system provide information on the level of equipment installed by countries to abate pollution caused by emissions to water. The data from TAU (Spain) on *non-treated wastewater* is the percentage of total wastewater, which is discharged to surface water without being first submitted to treatment.

The OECD indicator on *people endangered by noise emissions* provides insight into the pressure from noise emissions. It shows the percentage of population exposed to noise levels greater than 55 dB(A) and 65 dB(A) at a national scale. Levels exceeding 55 dB(A) are harmful to the quality of life and to general well being and health. Levels exceeding 65 dB(A) are unacceptable for residential environments because of serious harmful effects on communication, sleep and rest, performance and on long term health. Levels above 75 dB(A) are considered a direct threat to human health. Data refer primarily to road traffic.

## 2. WORKING CONDITIONS

According to the European Statistics on Accidents at Work (ESAW), in 1996 the number of accidents at work resulting in more than three days' absence in the EU as a whole is estimated at 4.76 million. In the same year, there were 5 549 fatal accidents at work in the Union. These 1996 European statistics on accidents at work cover 131.9 million persons in employment. The European incidence of accidents at work resulting in more than three days' absence per 100 000 persons in employment is thus 4 229. There are an average 5.3 fatal accidents at work per 100 000 workers (total deaths), and 3.6 excluding road traffic accidents and deaths from strictly natural causes which occurred during working hours. The construction industry has the highest frequency of accidents resulting in more than three days' absence: 8 023 per 100 000, almost double the average. Fatal accidents at work (including road traffic accidents and natural causes) are more than twice as frequent as the overall average in construction (13.0), agriculture (13.0) and transport (12.0). The frequency of fatal accidents at work (excluding road traffic accidents and natural causes) ranges from 3 to 6 per 100 000 from the north to the south of Europe.

Men are three times more likely to have an accident than women, and ten times more likely to have a fatal accident: 5.458 accidents resulting in more than three days' absence and 7.7 deaths per 100 000 (including road traffic accidents and natural causes), compared with 1 924 accidents and 0.8 deaths per 100 000 respectively

for women. This is a result of the function of men's jobs and sectors of activity, which are more high-risk than those of women. There are also relatively more women who work part-time, thus reducing their exposure to risk.

The frequency of accidents resulting in more than three days' absence decreases with age: 5.751 accidents per 100 000 for the 18-24 age group, 4 390 for the 25-34 group and 3 558 for the 45-54 group.

However, the frequency of fatal accidents increases considerably with age: 3.8 for the 18-24 group, 4.2 for the 25-34 group, 4.7 for the 35-44 group and 6.3 for the 45-54 group. Unlike accidents resulting in absence, the economic activity is also a factor in this age-related pattern of fatal accidents at work: 47% of workers in agriculture are over 45 and 28-31% in the other branches with a high risk of fatal accidents (construction, transport and, to a lesser extent, manufacturing). They represent only 22-26% in the other common sectors of activity (29% on average in the eight branches). Other factors such as the workstations occupied, experience and age-related patterns of behaviour and vigilance may also have an effect on the risk of accidents at work.

Analysis on the part of body injured, shows that in 1996, 67.3% of injuries were to limbs, of which a third were to the hands. Three-quarters of fatal accidents were due to injuries to the whole body (33.3%) or to the head (27.5%) or torso (9.9%).

*European Statistics on Accidents at Work (ESAW)* data collected by Eurostat covers accidents at work resulting in more than three days' absence and accidents resulting in the death of the victim. They are compiled mainly from national administrative sources, the concepts and definitions are harmonised, in accordance with Council Directive 89/391/EEC of 12 June 1989 (improvements in the safety and health of workers at work). These statistics include accidents caused by third parties, road traffic accidents during working hours and acute poisonings, but not accidents on the way from home to work or occupational diseases.

The reporting level is the number of accidents reported as a percentage of those that actually occurred. The 9 Member States in which it is compulsory to report accidents at work in order to qualify for treatment under social security or insurance schemes record all accidents at work with more than three days' absence. In contrast, accidents at work are only partly recorded in Denmark, Greece, Ireland, the Netherlands, Sweden and the UK. For these 6 countries, Eurostat calculates the actual number of accidents: the estimated number of accidents with more than three days' absence is the number of accidents reported adjusted by the reporting level below 100%. The incidence rate is the (actual) number of accidents at work per 100 000 persons in employment. For 1996 the frequencies are calculated only for the 9 branches of activity (NACE Rev. 1 sections) covered by all 15 countries: agriculture, hunting and forestry - manufacturing - construction - wholesale and retail trade and repairs - hotels and restaurants - transport and communication - financial intermediation - real estate, renting and business activities - other branches of activity. However, the coverage is not yet complete for agriculture and transport: non-wage earners (the self-employed, family workers etc.) in agriculture and rail, sea and air transport. The frequency for Europe as a whole is calculated excluding the self-employed, employers and family workers in the UK (accidents with more than three days' absence) and excluding the Netherlands (deaths). Moreover, the structure of a country's activities influences its total frequency. To correct this effect, a "standardised" number of accidents at work per 100 000 persons in employment is calculated per Member State by giving each branch the same weight at national level as in the EU total. For fatal accidents, the results by Member State (numbers and frequencies) do not include road traffic accidents during working hours (e.g. lorry drivers, business journeys), which are recorded as accidents at work by only 13 countries. Similarly, they do not include deaths from strictly natural causes during working hours (e.g. heart attacks), which are included only by Spain and France. In contrast, all deaths are taken into account in the European-level study.

### 3. HOME AND LEISURE ACCIDENTS

According to the data coming from the EHLASS (European Home and Leisure Accident Surveillance System) from the European Commission, an estimated 430 000 home and leisure accidents occurred in the EU in 1995 (243 000 to men and 190 000 to women). Comparisons between countries are hampered by different types of national collection of data. For the whole of the EU, in the case of men and according to the place of the accident, it is estimated that accidents at home (32%) were the most frequent followed by sporting accidents (18%), around the home (12%), in transport areas (11%) and in educational areas (7%). Boys less than five years accounted for 13% of cases and men over 65 years for 6% of cases. In the case of women, accidents at home (46%) were the most frequent followed by accidents in transport areas (14%), around home (10%), during sport (10%) and in educational areas (7%). Girls less than five years accounted for 12% of cases and women over 65 years for 16% of cases.

According to the type of activity for men, it is estimated that accidents at play and leisure (30%) were the most frequent followed by sports (12%), DIY (do-it-yourself) activities or gardening (8%) and other educational activities (7%). For women accidents on play and leisure are also the most frequent (31%), followed by basic personal needs (12%) and household accidents (10%).

The most frequent type of injury in case of men is open wounds and cuts (25%) followed by contusions (23%), fractures (13%) and distortions (9%). In case of women it is contusions (25%) followed by open wounds and cuts (18%), fractures (17%) and distortions (10%).

The *EHLASS (European Home and Leisure Accident Surveillance System)* was introduced by the Council Decision 93/683/EEC of 29 October 1993 introducing a Community system of information on home and leisure. Since 1999 the EHLASS system has been integrated into the Community Programme of Prevention of Injuries. According to the principle of subsidiarity, the Member States are in charge of implementing the system and collecting the data, and are also responsible for the quality of the data (with special attention to the representativity of the hospitals, to the interval between surveys and to the extent of the samples - Decision 3092/94/EC, Annex 1 § 4). Member States process the data collected and submit annual reports to the Commission. The EU provides financial support. The basic information is obtained by two different means: from casualty departments of hospitals selected by the Member States (this is the case for most of the countries) and by means of household surveys (Germany, Spain and Luxembourg). This surveillance system concerns the home and leisure accidents. An accident, according to the WHO definition, is *"any event, independent of the will of man, characterised by a sudden release of an external force, which can manifest itself as body injury"*. The Home and Leisure Accidents exclude road traffic accidents, occupational accidents, sudden illness, suicides and cases of violence (except childrens' brawls) and include school accidents and cases due to animals (bites, stings, etc.). The cases in which data are collected includes different types of Home and Leisure Accident, including those accidents needing treatment or medical care when a victim goes to a general practitioner or to a hospital. According to different type of surveys in the EU countries, when the data are collected from the departments of hospitals, only these cases are concerned. When the data are collected from home surveys, they can vary depending on the methodology adopted.

### 4. ROAD TRAFFIC ACCIDENTS

The number of deaths caused by road accidents can be used as an indicator to assess the safety as result of a complex interaction of quality of road, quality of cars and human behaviour. All accidents are considered



here including pedestrians, cyclists, motorists and passengers. However, despite the existence of an international standard, not all Member States record road deaths in the same way.

According to regional Eurostat data, in 1996, almost 40 955 people lost their lives on the roads of the EU. Between 1989 and 1997 the number of deaths due to road accidents declined by nearly 14% on average. There was an improvement in almost all Member States. In terms of NUTS-1 and NUTS-2 regions, the most deadly regions with a number of deaths in road accidents per million inhabitants higher than 227 were the Alentejo (P), Algarve (P), the Luxembourg region in Belgium (not the Grand Duchy), Centro (P), Brandenburg (D), Sterea Elada (EL), Dytiki Ellada (EL), Kriti (EL), Kentriki Ellada (EL), Bourgogne (F), Castilla-La Mancha (E), Mecklenburg-Vorpommern (D), Balears (E), Castilla-León (E) and Peloponnissos (EL). NUTS data can be seen in more detail in the attached maps. This data on road deaths can differ from those in *Chapter 5* because the notification systems are not fully comparable (*see box*).

Data on the number of people injured by road accidents per 100 000 people in EU collected by the United Nations Economic Commission for Europe does not follow the same trends as the data on deaths. The sources and methods of collection are different, and comparisons of injury and death trends are not significant. The EU-average accident rate was 479.8 in 1997 - a slow decrease when compared with 1985 (498.7) and 1975 (544.7). Belgium (696.0), Portugal (688.3) and Austria (652.8) are the most affected by road injuries. Finland (182.8) and Denmark (191.3) have the lowest average. There is a contrast in certain countries between the lowest average for road injuries in contrast and high one for road deaths. This is especially the case of Greece.

*Deaths in road accidents* are people who were killed outright or who died within 30 days as a result of the accident. They are collected by *Eurostat* (regional statistics) and can be calculated as a standard death rate (SDR) on the basis of WHO-reference population. All Member States should follow the international standard of 30 days established by the ECMT (European Conference of Ministers of Transport, an OECD body) but big differences remain in the time taken into account by Member States after an accident. The data on *occurrence road traffic accidents with injury* and data on *persons injured in road traffic accidents* are obtained from the Statistics on Road Traffic Accidents in Europe (United Nations Economic Commission for Europe). The data are generally in accordance with the commonly agreed definitions which have been worked out under the auspices of the Inland Transport Committee of the UN Economic Commission for Europe.

The Nomenclature of Territorial Units for Statistics (NUTS) was established by Eurostat to provide a single uniform breakdown of territorial units for the production of regional statistics for the EU. Although the NUTS classification has no legal value *per se*, it has been used since 1988 in Community legislation (Council Regulation (EEC) Nr 2052/28 on the tasks of structural funds). The NUTS nomenclature serves as a reference for the collection, development and harmonisation of EU regional statistics, for the socio-economic analyses of the regions and for the framing of EU regional policies.

### 3.1.1

#### Emissions of sulphur oxides (SO<sub>x</sub>), Kg per capita

	EUR-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	:	:	:	:	:	:	:	:	:	:	81	:	:	:	93	:	:	:	:
1975	:	:	:	:	:	:	:	:	:	:	43	:	:	:	69	:	:	:	:
1980	73	84	89	96	41	71	62	65	57	65	35	53	27	122	61	87	38	34	18
1985	55	41	71	100	50	57	27	40	31	45	18	26	20	78	32	66	31	23	12
1990	45	32	42	67	50	58	23	51	30	39	14	29	29	52	16	65	32	12	6
1991	41	33	50	50	54	57	25	51	28	:	11	29	29	39	13	62	28	10	6
1992	37	31	39	41	54	56	21	45	25	:	11	35	35	28	12	60	31	8	6
1993	34	29	31	36	53	53	19	44	26	38	11	29	29	24	12	54	33	8	5
1994	32	25	30	30	51	:	18	49	:	32	10	26	26	23	11	46	30	8	4
1995	30	24	28	26	53	:	17	46	:	22	9	36	36	19	11	40	30	8	5
1996	27	24	34	19	52	:	18	39	:	19	9	:	:	21	11	34	32	8	5
1997	:	:	:	18	:	:	:	:	:	:	8	:	:	20	:	:	31	:	5

Source: Eurostat, Environment Statistics

### 3.1.2

#### Emissions of nitrogen oxides (NO<sub>x</sub>), Kg per capita

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	:	:	:	:	:	:	:	:	:	:	46	:	:	:	:	:	:	:	:
1975	:	:	:	:	:	:	:	:	:	:	48	:	:	:	:	:	:	:	:
1980	36	45	53	43	23	25	34	24	28	63	41	31	17	62	54	44	60	46	27
1985	34	33	58	42	31	22	29	24	28	22	40	29	:	56	51	42	85	51	28
1990	36	34	55	34	34	30	32	32	36	23	39	24	22	58	45	48	103	52	25
1991	36	34	62	31	34	32	34	34	37	:	38	25	23	58	45	46	104	50	24
1992	35	35	53	28	34	32	32	32	37	:	37	24	25	56	44	44	109	49	22
1993	33	34	53	26	34	31	30	30	35	63	35	22	24	56	43	41	111	51	21
1994	32	34	52	25	35	:	30	30	:	57	33	22	26	55	44	39	110	50	19
1995	33	34	48	24	35	:	29	29	:	49	32	21	37	51	40	37	106	50	19
1996	32	33	55	23	36	:	28	28	:	48	31	21	:	52	40	35	110	51	19
1997	:	:	:	22	:	:	:	:	:	:	:	:	:	51	:	:	105	:	18

Source: Eurostat, Environment Statistics

### 3.1.3

#### Emissions of carbon dioxide (CO<sub>2</sub>), from fossil fuel combustion, kg per capita

	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	ISL	N	CH
1970	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1975	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1980	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1985	8	10	12	13	6	5	7	7	6	27	10	7	3	10	7	10	:	:	:
1990	8	11	10	12	7	5	6	9	7	28	10	7	4	10	6	10	:	:	:
1991	9	11	12	11	7	6	6	9	7	29	10	7	4	10	6	10	:	:	:
1992	8	11	11	11	7	6	6	9	7	28	10	7	5	10	6	10	:	:	:
1993	8	11	11	11	7	5	6	9	7	28	11	7	4	11	6	9	:	:	:
1994	8	11	12	10	7	6	6	9	7	27	10	7	4	12	6	9	:	:	:
1995	8	11	11	11	7	6	6	9	7	21	11	7	5	11	6	9	:	:	:
1996	8	12	14	11	7	6	6	10	7	21	11	7	4	12	7	9	:	:	:
1997	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:

Source: Eurostat, Environment Statistics

## 3.1.4

## Emissions of non-methane volatile organic compounds (NMVOCs), Kg per capita

	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH	
1970	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1975	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1980	42	:	25	41	:	20	:	23	:	30	39	63	9	34	:	43	24	43	51	
1985	42	67	33	41	62	20	:	18	40	55	35	63	13	37	:	44	43	55	50	
1990	43	34	31	40	:	29	52	56	44	52	33	61	22	42	61	46	50	71	44	
1991	40	35	30	35	:	19	51	57	45	:	31	57	23	:	:	45	55	70	40	
1992	39	35	29	31	:	19	50	56	46	:	29	53	23	34	58	43	54	77	37	
1993	38	34	27	28	:	23	47	56	:	45	26	51	23	32	:	41	52	80	34	
1994	36	31	28	27	:	:	46	49	:	47	25	49	31	31	53	40	53	82	32	
1995	35	30	27	24	:	:	44	49	:	44	24	49	:	30	51	38	45	85	30	
1996	35	32	26	23	:	:	44	49	:	43	23	48	:	35	51	36	45	84	29	
1997	:	:	:	22	:	:	:	:	:	:	21	:	:	:	:	:	38	:	28	

Source: Eurostat. Environment Statistics

## 3.1.5

## As-TEQ weighted emissions of heavy metals to the air

(index 1995 = 100)

	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1985	272	299	400	681	167	150	333	157	140	138	590	753	111	351	565	236	:	:	:
1986	233	211	343	638	116	142	315	144	106	142	512	723	94	323	480	168	:	:	:
1987	223	197	292	579	116	146	321	133	109	115	322	689	89	306	421	166	:	:	:
1988	214	204	263	519	113	150	322	114	110	107	298	625	86	267	366	169	:	:	:
1989	197	198	191	461	116	154	251	113	114	104	249	463	128	215	261	159	:	:	:
1990	189	186	172	411	116	165	227	123	113	92	269	398	125	176	204	168	:	:	:
1991	167	178	183	357	117	135	173	124	110	89	226	353	121	160	181	151	:	:	:
1992	151	172	147	293	112	116	154	114	113	82	194	303	131	139	176	140	:	:	:
1993	130	150	133	228	105	103	128	108	105	64	181	205	111	115	144	124	:	:	:
1994	117	134	127	160	99	109	114	107	103	74	128	130	98	103	107	119	:	:	:
1995	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	:	:	:

Source: Öko Institut (Darmstadt Branch, Germany)

## 3.1.6

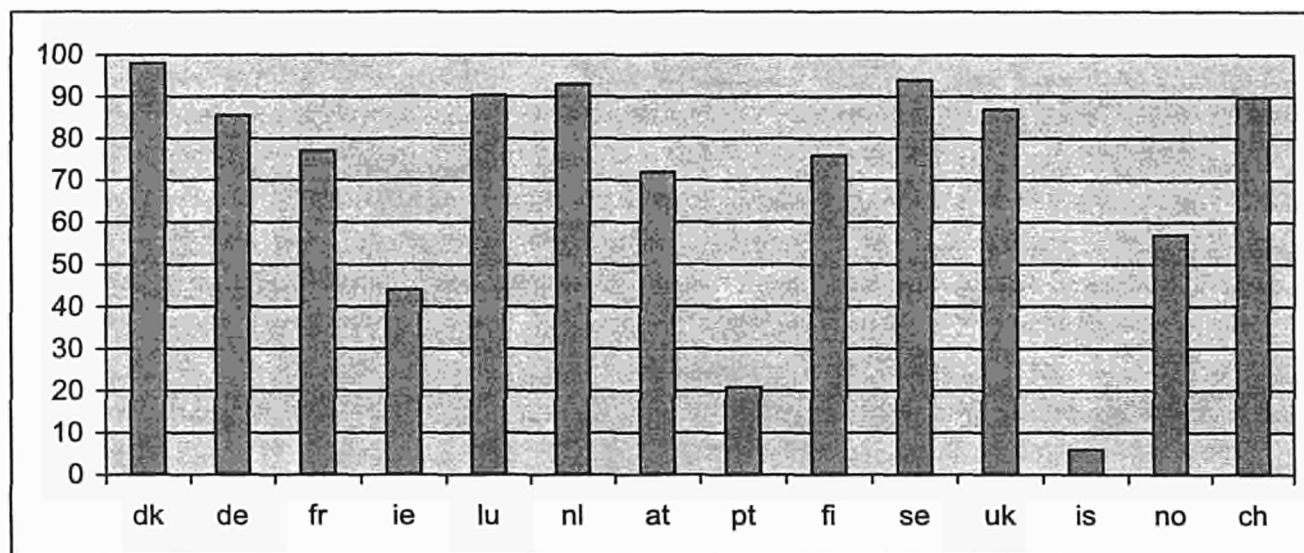
Domestic wastewater without treatment (m<sup>3</sup> per capita)

	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	ISL	N	CH
1970	:	52,7	21,0	:	:	:	:	:	53,0	33,5	26,8	45,4	:	45,3	18,3	:	:	:	:
1975	:	51,7	13,5	:	:	46,9	:	:	:	:	24,9	:	:	21,0	9,4	:	:	:	:
1980	:	42,2	:	9,6	40,9	45,0	:	48,6	:	8,8	12,9	34,0	34,8	11,8	8,9	7,6	:	:	:
1985	:	:	4,1	7,3	37,0	38,9	:	:	:	7,9	6,2	19,2	31,3	5,9	3,0	7,2	:	:	:
1990	:	41,1	0,9	7,0	36,4	:	:	30,7	:	:	3,4	15,3	:	2,6	3,0	:	:	:	:
1991	:	:	:	7,1	:	33,4	:	30,7	:	:	3,4	15,3	:	2,6	3,0	:	:	:	:
1992	:	:	:	:	36,4	31,8	18,7	:	:	:	3,4	15,3	:	2,6	2,5	:	:	:	:
1993	:	:	:	:	:	:	:	:	24,2	:	1,9	13,9	:	2,6	:	:	:	:	:
1994	:	39,4	:	:	:	:	:	:	:	5,9	1,9	:	:	2,6	:	:	:	:	:
1995	:	:	:	:	:	28,3	:	:	:	5,8	:	13,9	:	2,6	:	5,5	:	:	:
1996	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1997	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:

Source: TAU - Madrid (Spain)

### 3.1.7

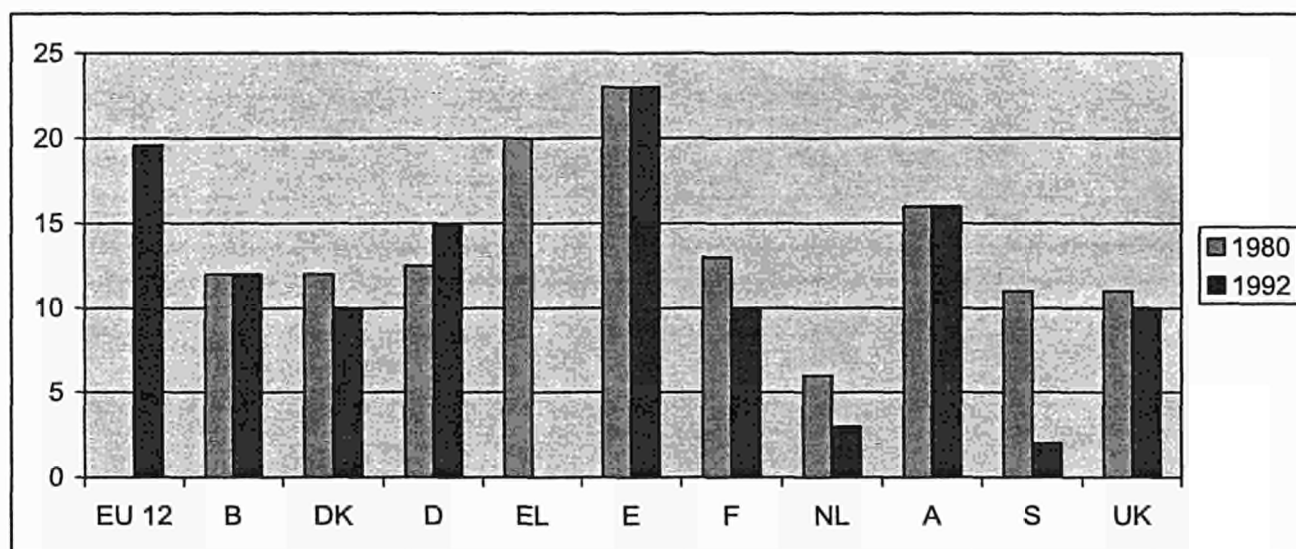
#### Percentage of population connected to sewage system - 1990



Source: Eurostat, Environment Statistics

### 3.1.8

#### Noise exposure due to road traffic - early 1980s and 1990s. % of population exposed to Leq, 24 hours > 65 dB (A)



Source: 1980 data: OECD, 1992 data: von Meier (1993), EU-12 data: Lambert and Vallet (1994), estimation based on data from 7 countries representing 71% of the total population of the EU-12.

## 3.2.1

### Accidents at work in 1996 by age group. Standardised incidence rate (1) (9 common branches)

	Persons in employment (1000)	Accidents at work with more than 3 days absence										Fatal accidents at work								
		Number of cases declared 1996 b	Reporting level mean % 1996 c	Estimated number 1996 d = b / c%	Standardised incidence rate (standardised number of accidents per 100 000 persons in employment)							Number 1996 f	Standardised incidence rate (standardised number of accidents per 100 000 persons in employment)							
					1994 total	1996					1994 total		1996							
						Total e (1)	18-24 years	25-34 years	35-44 years	45-54 years			55-64 years	Total g (1)	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	
a	b	c	d = b / c%	1994 total	Total e (1)	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	f	1994 total	Total g (1)	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years		
EU-15	93 729	3 483 171	88	3 963 702	4 539	4 229	5 751	4 390	3 766	3 558	4 063	EU-15	4858	6,1	5,3	3,8	4,2	4,7	6,3	8,7
EUR-11 (2)	71 116	3 296 591	92	3 581 763	:	4 966	7 101	5 087	4 334	4 155	4 898	EUR-11	4409	:	6,3	4,9	4,9	5,5	7,5	10,6
National data from the insurance system covering accidents at work (3)												Including road traffic accidents and accidents on any means of transport occurring during work (7)								
B	1 840	86 814	100	86 814	4 415	5 059	8 816	5 096	4 400	3 814	2 904									
D	24 000	1 266 909	100	1 266 909	5 583	5 098	7 599	5 410	4 577	3 960	4 855	EU-15	3 011	3,9	3,6	2,6	2,8	3,1	4,2	5,9
EL	1 208	18 334	39	46 838	3 702	3 783	3 871	3 568	3 638	4 146	4 471	EUR-11	2 647	:	4,1	3,2	3,2	3,5	4,8	7,0
E	7 719	488 756	100	488 756	6 166	6 736	8 497	7 490	6 335	5 932	4 828	B	76	6,0	5,5	5,3	4,5	4,9	7,3	9,5
F	12 156	570 381	100	570 381	5 515	4 964	7 777	5 140	4 259	4 006	4 785	DK	46	2,8	3,0	1,6	2,6	1,8	4,3	4,1
I	14 653	580 358	(5)	643 229	4 641	4 179	5 600	3 905	3 683	3 998	5 127	D	776	3,7	3,5	2,6	2,9	3,1	3,2	6,3
L	186	8 275	100	8 275	4 508	4 741	6 538	4 959	4 423	3 887	3 372	EL	39	4,3	3,7	1,3	2,5	4,9	4,5	6,7
A (5)	2 675	88 534	.	.	5 259	3 554	3 605	2 787	3 026	3 268	6 413	E	396	7,0	5,9	4,1	5,7	5,6	8,0	6,9
P (5) (6)	2 114	134 327	.	.	7 361	6 949	8 586	6 747	.	5 597	.	F	388	4,3	3,6	2,8	2,3	3,3	5,4	8,1
FIN	1 348	43 301	100	43 301	3 914	3 372	4 753	3 532	3 325	3 101	2 855	IRL	17	3,9	3,3	.	.	.	.	.
I	569	5,3	4,1	3,7	2,8	3,5	5,2	7,7	.	.	.									
National data from declarations made to another competent authority (4)												Excluding the transport and communications branch and excluding road traffic accidents and accidents on any means of transport occurring during work (8)								
L	18	.	.	.	.	.	.	.	.	.	.									
DK	1 649	24 777	56	44 172	2 653	2 704	3 203	3 038	2 661	2 436	2 539	NL (7)	86	:	:	:	:	:	:	:
IRL	692	3 433	36	9 498	852	1 494	1 223	1 456	1 778	1 708	1 628	A	150	3,4	5,4	1,8	3,1	4,6	5,9	15,7
NL (6)	3 734	25 503	(5)	153 613	4 287	4 251	7 271	4 290	3 473	2 909	2 735	P (6)	172	9,7	9,6	7,6	7,4	.	12,0	.
S	2 457	14 957	50	29 649	1 123	1 217	1 237	1 210	1 230	1 230	1 370	FIN	21	3,6	1,7	1,0	2,2	1,4	1,8	2,1
UK	17 299	109 837	42	261 280	1 915	1 550	1 637	1 619	1 550	1 477	1 646	S	44	2,1	2,1	1,0	0,9	2,1	1,9	4,0
NO (6)	1 153	18 675	(5)	46 689	.	4 352	4 872	4 817	4 008	3 853	4 938	UK	235	1,7	1,9	1,1	1,3	1,9	2,4	2,3

(1) Number per 100 000 persons in employment :  $a = (d / a) \times 100\ 000$  then standardisation and  $g = (f / a) \times 100\ 000$  then standardisation.

(2) The euro zone (EUR-11) consists of Belgium, Germany, Spain, France, Ireland, Italy, Luxembourg, the Netherlands, Austria, Portugal and Finland.

(3) Public insurance (social security) or private insurance, depending on Member States.

(4) Usually the Labour Inspectorate.

(5) Italy: 100% except for the self-employed in craft professions: 65%; Austria: 100% except for agriculture and public administration - the 1994 data included accidents with 1 to 3\* days absence, and this is no longer the case in 1996; Portugal: almost 100%; the Netherlands: <30% or 30 to 70% depending on the branch of activity; Norway: between 25 and 100%.\*

(6) 1996: Portugal and Norway = 1995 data; the Netherlands = 1994 data; Portugal: the 25-34 year range includes the ages 35-44, and the 45-54 year range includes the ages 55-64.\*

(7) Except for Ireland and the United Kingdom which do not have data on this type of accident; the Netherlands (excluded from the incidence calculation): only immediate deaths.\*

(8) National breakdown by age drawn up as a proportion of the national division by age which includes road traffic accidents and accidents on any means of transport during work.

Source: ESAW (European Statistics on Accidents at Work) - Eurostat.

### 3.2.2

#### Accidents at work in 1996 in the EU by sex

	Work accidents with more than 3 days' absence		Fatal work accidents	
	number all branches	incidence rate(1) 9 common branches	number all branches	incidence rate 9 common branches
men	3 668 266	5 458	5 124	7,7
women	919 822	1 924	315	0,8
unspecified (2)	169 523		110	
<b>total</b>	<b>4 757 611</b>	<b>4 229</b>	<b>5 549</b>	<b>5,3</b>

(1) per 100 000 persons in employment.

(2) Including Netherlands.

Source: ESAW (European Statistics on Accidents at Work) - Eurostat.

### 3.2.3

#### Accidents at work in 1996 in the EU and Norway (1) by sex and part of body injured

	Work accidents with more than 3 days' absence		Fatal work accidents	
	EU and Norway (1)		EU (1)	
	number all branches	structure in %	number all branches	structure in %
Head	451 437	9,3%	1527	27,5%
Neck (2)	97 999	2,0%	113	2,0%
Back (2)	341 970	7,1%	189	3,4%
Torso (2)	246 332	5,1%	548	9,9%
Limbs (2) Upper	1 972 558	40,8%	72	1,3%
Lower	1 280 234	26,5%	113	2,0%
Whole body (2)	131 542	2,7%	1847	33,3%
Others (3) and not specified	310 257	6,4%	1140	20,5%
<b>Total</b>	<b>4 832 329</b>	<b>100,0%</b>	<b>5549</b>	<b>100,0%</b>

(1) Data on accidents at work with more than 3 days' absence are also available, according to ESAW methodology, for Norway and are included in this table.  
No data on fatal accidents at work are available for Norway.

(2) Neck and back: include spine and vertebrae; torso: includes internal organs of the rib cage and abdominal area;

limbs: include hands (upper limbs) and feet (lower limbs); whole body: includes multiple sites of the injured body;

(3) Including deaths having only a medical origin occurring during work in France (not applicable for all other countries).

Source: ESAW (European Statistics on Accidents at Work) - Eurostat.

### 3.2.4

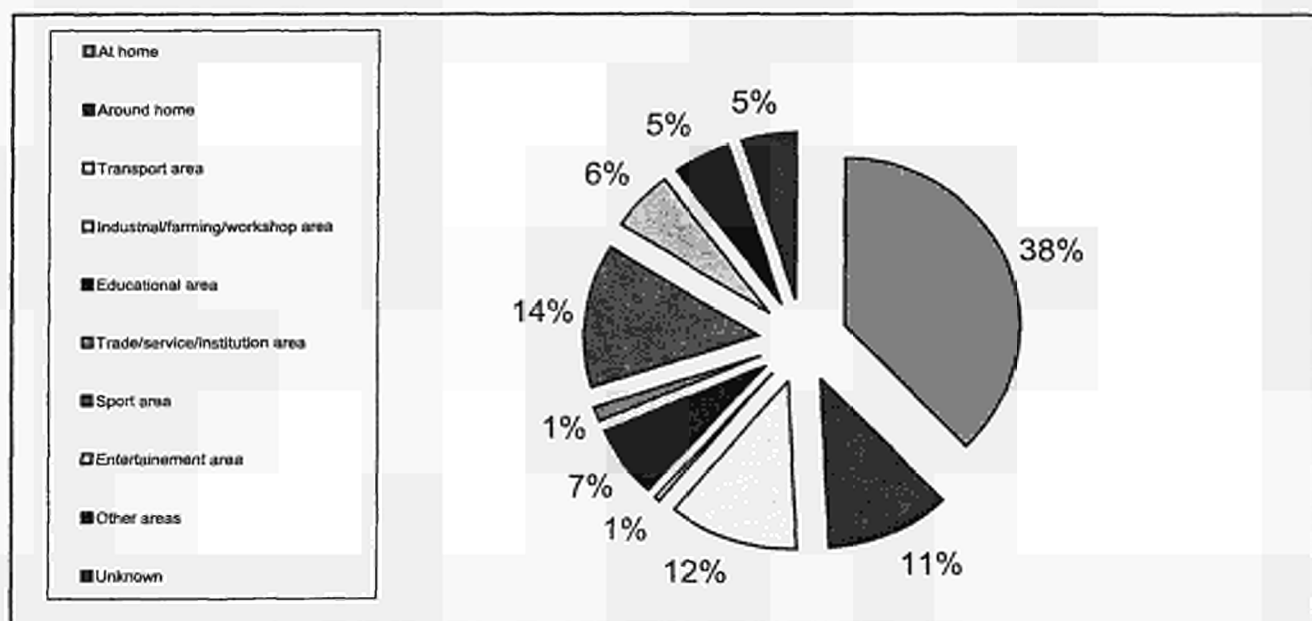
#### Accidents at work in 1996 in the EU by branch of activity (9 common branches)

branch of activity	Work accidents with more than 3 days' absence		Fatal work accidents	
	number	incidence rate (1)	number	incidence rate (1)
agriculture, hunting and forestry	408 666	6 771	676	13
manufacturing	1 357 022	4 660	1 128	4
electricity, gas and water supply	19 734	1 619	67	6
construction	831 000	8 023	1 349	13
wholesale and retail trade and repairs	491 424	2 431	486	3
hotels and restaurants	176 472	3 532	53	1
transport, storage and communication	438 973	6 018	841	12
financial intermediation	240 411	1 582	258	2
+ real estate, renting and business activities				
<b>total 9 common branches</b>	<b>3 963 702</b>	<b>4 229</b>	<b>4 858</b>	<b>5</b>
other branches	793 909		691	
<b>total all branches of activity</b>	<b>4 757 611</b>		<b>5 549</b>	

(1) Number per 100 000 persons in employment.

Source: ESAW (European Statistics on Accidents at Work) - Eurostat.

## 3.3.1

**Estimated leisure and home accidents by place of accident (% of distribution)  
EU 15 - 1995**


Source: European Home and Leisure Accidents Surveillance System, European Commission

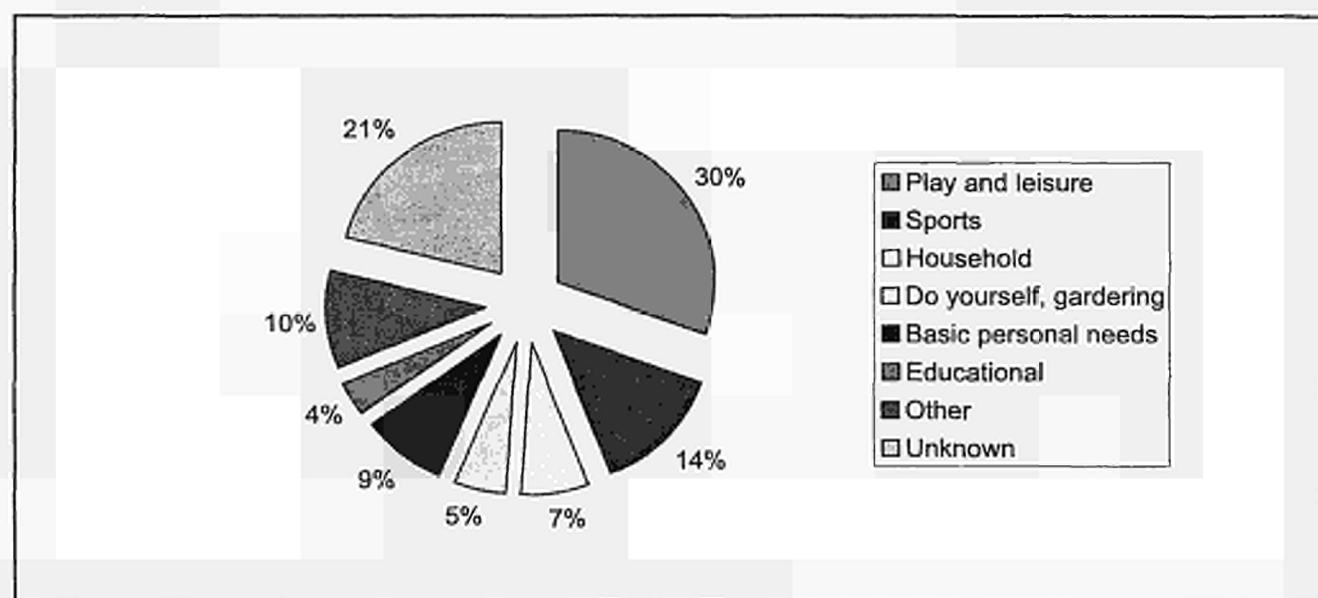
## 3.3.2

**Estimated leisure and home accidents by age and by place of accident (% of distribution) EUR- 15 - 1995**

	0-1	1-5	6-15	16-25	26-45	46-65	+65	Unk	
<b>MALES</b>									
At home	2,8	23,0	15,8	12,9	25,0	12,4	7,9	0,3	100,0
Around home	0,6	12,0	22,1	11,0	26,4	18,9	8,7	0,2	100,0
Transport area	0,3	5,9	25,8	21,2	24,9	13,5	8,3	0,1	100,0
Industrial/farming/workshop area	0,4	4,8	18,5	15,3	30,1	21,4	9,3	0,2	100,0
Educational area	0,2	12,4	67,6	15,5	1,9	0,6	1,4	0,2	100,0
Trade/service/institution area	1,0	15,6	14,2	12,5	21,8	13,9	20,7	0,2	100,0
Sport area	0,1	0,5	23,4	39,7	32,4	3,5	0,3	0,1	100,0
Entertainment area	0,2	6,8	29,2	23,2	26,2	11,0	3,3	0,1	100,0
Other areas	0,4	5,5	30,7	26,4	25,6	7,8	2,9	0,5	100,0
Unknown	1,2	11,9	25,4	16,6	26,7	12,7	5,2	0,2	100,0
<b>FEMALES</b>									
At home	2,2	15,7	11,9	11,3	22,3	16,4	20,0	0,3	100,0
Around home	0,8	11,7	20,2	7,8	18,9	21,9	18,6	0,2	100,0
Transport area	0,3	4,9	16,5	14,2	20,5	22,1	21,4	0,1	100,0
Industrial/farming/workshop area	0,4	4,3	23,3	13,9	22,3	20,4	14,8	0,4	100,0
Educational area	0,2	9,5	56,8	12,8	1,8	1,0	17,6	0,3	100,0
Trade/service/institution area	1,1	14,8	10,7	13,5	25,3	29,3	4,8	0,5	100,0
Sport area	0,1	0,9	38,7	34,0	20,1	4,4	3,6	0,1	100,0
Entertainment area	0,2	6,3	27,0	21,2	22,2	13,8	9,0	0,2	100,0
Other areas	0,4	5,6	28,1	17,8	19,5	13,2	14,9	0,4	100,0
Unknown	1,6	13,5	29,1	15,6	23,0	17,1	0,0	0,1	100,0

Source: European Home and Leisure Accidents Surveillance System, European Commission

## 3.3.3

**Estimated leisure and home accidents by activity (% of distribution)  
EUR-15 - 1995**


Source: European Home and Leisure Accidents Surveillance System, European Commission

## 3.3.4

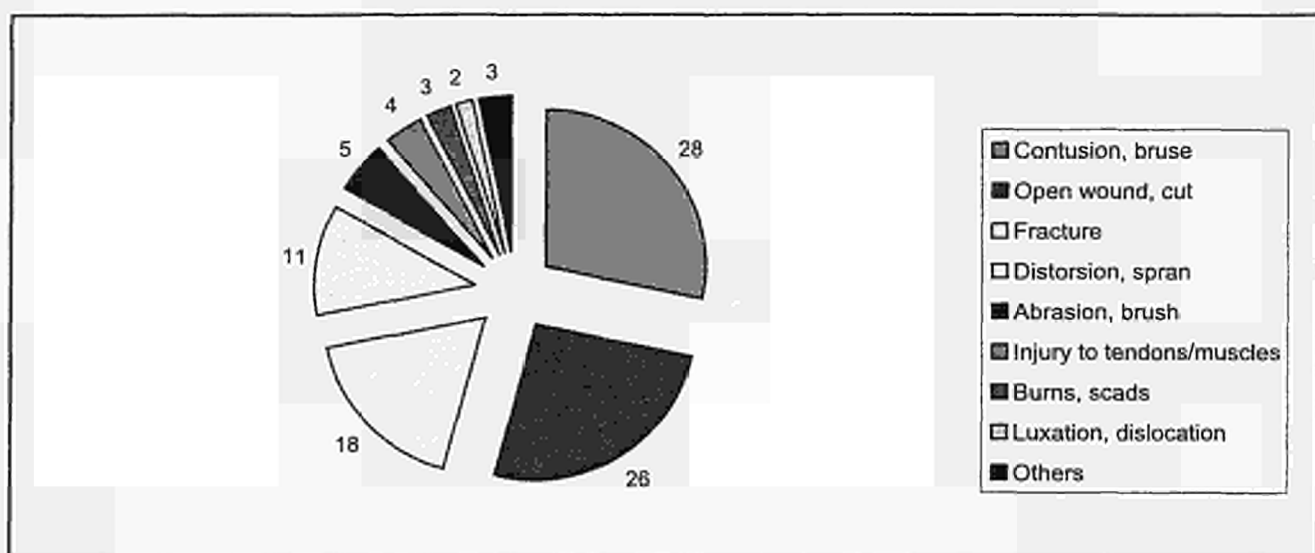
**Estimated leisure and home accidents by age and by activity (% of distribution)  
EUR-15 - 1995**

	0-1	1-5	6-15	16-25	26-45	46-65	+65	Unk	
<b>MALES</b>									
Household	0,9	6,5	11,9	17,7	34,3	18,5	10,0	0,1	100,0
Do yourself, gardening	0,1	0,3	1,9	13,8	46,8	29,1	9,0	0,1	100,0
Shopping	0,6	8,8	6,6	15,6	27,2	19,0	22,3	0,0	100,0
Educational	0,1	5,1	71,7	21,1	1,4	0,2	0,1	0,3	100,0
Physical education	0,0	0,9	58,0	39,7	3,1	0,3	0,0	0,0	100,0
Other education	0,0	3,5	39,1	42,6	7,6	4,2	3,1	0,0	100,0
Sports	0,1	0,5	24,2	37,3	33,3	4,0	0,4	0,2	100,0
Sports, unorganized	0,1	0,4	17,8	35,7	36,7	8,4	1,0	0,1	100,0
Sports, organized	0,0	0,2	19,0	41,1	35,1	4,2	0,3	0,0	100,0
Play and leisure	1,9	25,1	36,2	12,8	13,6	6,5	3,7	0,2	100,0
Basic personal needs	3,6	15,2	13,8	14,3	25,5	14,5	12,8	0,2	100,0
In motion, moving	1,2	13,4	17,8	18,3	28,1	12,9	8,3	0,0	100,0
Transportation	0,4	7,5	33,9	21,7	24,4	8,7	3,5	0,0	100,0
Other education	0,5	4,3	16,4	25,2	29,5	14,8	9,3	0,0	100,0
Unknown	1,2	12,1	19,2	18,0	27,5	13,2	8,4	0,5	100,0
<b>FEMALES</b>									
Household	0,5	2,5	5,5	12,2	32,0	27,3	19,7	0,2	100,0
Do yourself, gardening	0,1	0,3	2,4	9,4	35,9	33,2	18,5	0,1	100,0
Shopping	0,1	2,7	2,4	8,5	21,2	26,5	38,5	0,1	100,0
Educational	0,1	5,0	73,5	19,4	1,3	0,4	0,1	0,2	100,0
Physical education	0,0	0,3	59,2	39,0	1,2	0,3	0,1	0,0	100,0
Other education	0,0	5,9	28,7	48,5	12,9	4,0	0,0	0,0	100,0
Sports	0,1	0,8	34,2	31,6	25,9	6,1	1,2	0,1	100,0
Sports, unorganized	0,0	0,6	28,9	31,1	27,1	10,7	1,7	0,0	100,0
Sports, organized	0,0	0,3	34,6	39,4	21,2	4,0	0,4	0,0	100,0
Play and leisure	2,0	22,4	29,9	10,7	12,8	10,7	11,4	0,2	100,0
Basic personal needs	2,2	8,5	14,6	11,8	19,9	16,4	26,4	0,2	100,0
In motion, moving	1,0	8,5	12,5	16,6	23,7	16,7	21,0	0,0	100,0
Transportation	2,8	9,2	31,6	17,8	17,1	13,2	8,6	0,0	100,0
Other education	0,4	4,0	13,0	17,1	21,5	21,8	22,1	0,1	100,0
Unknown	1,3	10,7	1,9	15,1	25,8	19,3	25,5	0,5	100,0

Source: European Home and Leisure Accidents Surveillance System, European Commission



## 3.3.5

**Estimated leisure and home accidents by type of injury (% of distribution)  
EUR- 15 - 1995**


Source: European Home and Leisure Accidents Surveillance System, European Commission

## 3.3.6

**Estimated leisure and home accidents by age and by type of injury (% of distribution) EUR- 15 - 1995**

	0-1	1-5	6-15	16-25	26-45	46-65	+65	Unk	
<b>MALES</b>									
Contusion, bruise	1,8	11,7	28,5	21,1	22,6	9,1	5,1	0,1	100
Abrasion, brush	1,2	14,1	25,3	15,5	23,3	12,8	7,4	0,3	100
Open wound, cut	0,6	16,6	24,9	16,6	23,3	11,5	6,2	0,2	100
Fracture	0,4	6,1	29,5	19,0	22,9	12,3	8,6	0,2	100
Luxation, dislocation	0,9	14,9	12,8	27,0	29,0	9,3	6,1	0,1	100
Distorsion, spran	0,1	1,7	19,5	33,8	34,5	8,3	2,9	0,1	100
Injury to nerves	2,0	18,5	29,4	16,6	16,3	8,9	8,3	0,0	100
Injury to blood vessels	1,1	11,4	12,7	19,3	24,3	19,8	15,3	0,0	100
Injury to tendons/muscles	0,3	4,1	19,1	26,7	34,6	11,3	3,8	0,1	100
Crush/amputation	0,5	7,4	14,7	17,9	27,5	16,1	15,9	0,1	100
Poisoning/corrosion	3,3	39,3	14,0	9,1	17,4	11,8	4,5	0,5	100
Burns, scads	4,5	26,1	15,2	15,7	24,6	9,9	3,5	0,5	100
Electrocution	2,6	18,4	7,9	18,4	34,2	15,8	2,6	0,0	100
Radiation, UV	0,9	4,1	6,5	29,9	41,1	14,8	2,7	0,0	100
Frostbite	0,0	0,0	8,3	33,3	41,7	16,7	0,0	0,0	100
<b>FEMALES</b>									
Contusion, bruise	1,8	10,1	24,0	16,1	18,3	14,2	15,4	0,2	100
Abrasion, brush	1,2	14,4	22,9	11,5	20,2	14,3	15,2	0,3	100
Open wound, cut	0,8	17,0	20,1	11,6	20,4	14,0	15,9	0,3	100
Fracture	0,3	4,8	18,2	7,3	13,7	19,6	35,8	0,2	100
Luxation, dislocation	2,0	24,3	12,5	14,3	16,7	14,1	16,0	0,1	100
Distorsion, spran	0,1	1,5	22,1	26,2	27,8	15,9	6,2	0,1	100
Injury to nerves	3,6	15,3	20,6	17,2	17,8	10,2	15,5	0,0	100
Injury to blood vessels	2,5	9,5	10,3	12,8	16,0	18,5	30,5	0,0	100
Injury to tendons/muscles	0,5	3,9	21,1	19,1	28,0	17,2	10,1	0,1	100
Crush/amputation	0,5	6,5	9,1	15,4	20,6	15,6	32,4	0,1	100
Poisoning/corrosion	3,1	35,2	13,1	11,0	18,4	12,8	6,0	0,3	100
Burns, scads	3,4	19,0	11,6	16,9	25,9	15,7	7,3	0,2	100
Electrocution	0,0	9,4	15,6	15,6	15,6	28,1	15,6	0,0	100
Radiation, UV	0,0	10,4	5,2	29,9	33,6	13,6	7,1	0,0	100
Frostbite	0,0	20,0	20,0	0,0	20,0	0,0	20,0	20,0	100

Source: European Home and Leisure Accidents Surveillance System, European Commission

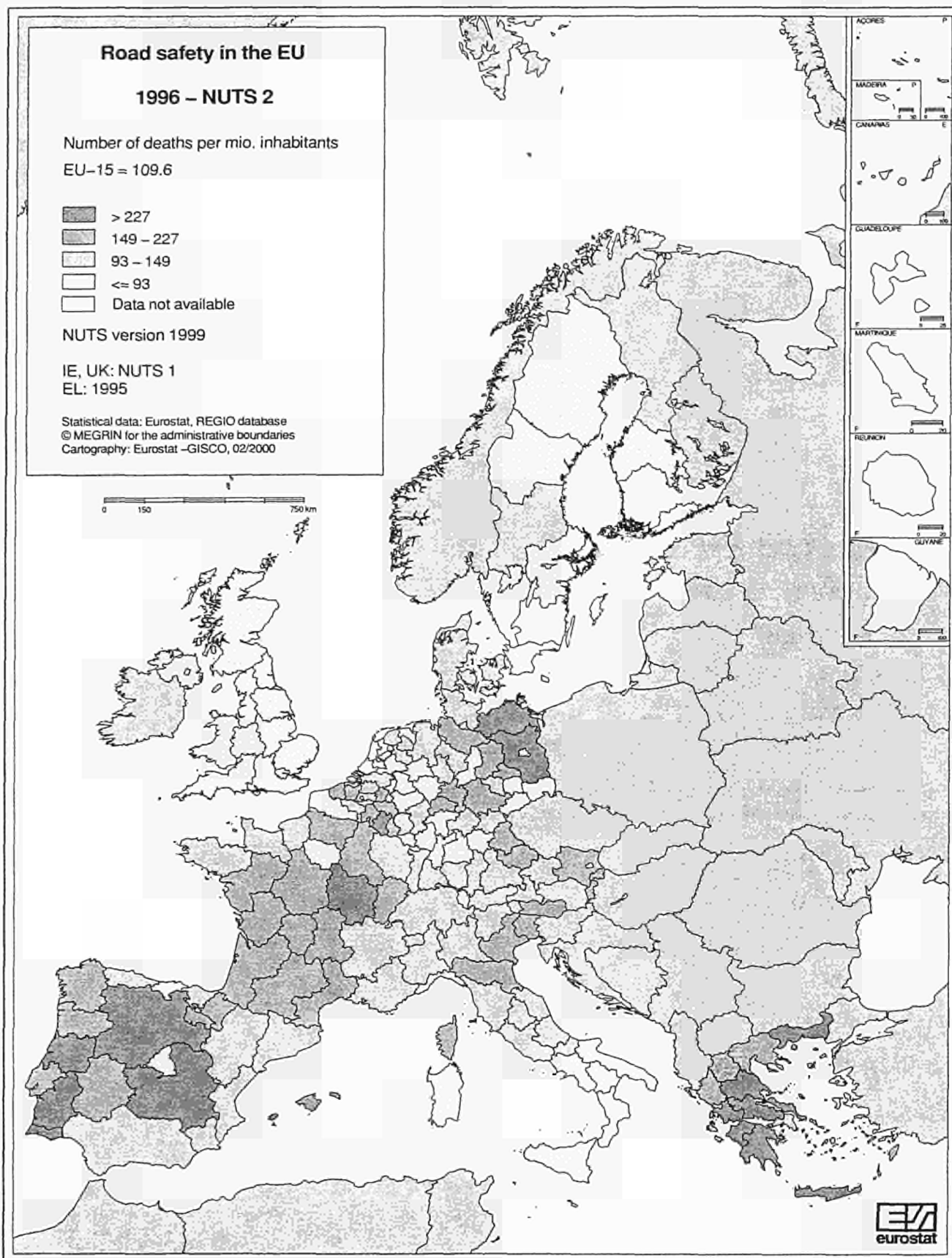
### 3.4.1 People injured by road accidents per 100 000 people

	EU15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1960	:	859,3	441,6	:	:	137,4	405,0	192,3	401,0	717,2	421,2	924,2	162,4	219,3	287,9	674,2	:	172,6	642,1
1970	594,2	1 118,3	540,8	:	292,5	268,4	663,0	333,1	444,4	735,4	547,7	983,0	351,5	370,9	292,7	652,1	465,0	317,7	609,0
1975	544,7	851,8	414,0	:	257,6	277,7	680,6	248,9	428,8	799,7	:	908,9	456,7	:	268,3	580,9	324,5	287,3	491,3
1980	550,4	859,5	307,5	:	276,6	300,2	644,1	266,6	405,5	654,7	414,3	857,6	438,7	188,2	241,8	600,4	311,7	259,7	530,6
1985	498,7	774,1	286,0	:	323,9	342,0	509,7	232,4	390,7	567,1	344,3	809,4	413,9	206,1	257,2	576,1	377,8	296,3	475,0
1986	503,5	829,3	275,8	:	290,6	369,3	487,4	246,2	369,4	561,6	:	787,9	448,8	231,3	268,3	582,9	:	299,0	482,5
1987	509,0	:	248,0	:	:	411,3	:	250,4	:	:	:	772,1	587,1	229,8	:	:	:	:	:
1988	524,1	876,8	243,8	:	307,7	441,4	455,6	251,6	409,3	521,4	:	778,6	622,6	254,0	280,3	:	371,0	269,4	470,6
1989	522,3	892,3	239,9	:	303,4	454,1	439,0	263,5	387,1	508,4	:	809,9	643,0	257,4	287,7	617,1	328,9	280,8	467,7
1990	533,4	884,5	219,6	:	286,7	416,9	416,2	282,8	394,8	484,3	357,2	802,7	663,4	268,9	271,9	614,7	345,8	288,1	449,9
1991	504,5	824,9	210,9	646,2	300,0	397,8	377,9	292,7	433,5	445,1	323,0	790,2	729,8	242,9	253,1	556,4	446,9	282,4	428,4
1992	497,2	784,3	214,5	654,4	311,1	348,6	361,1	298,4	437,1	418,1	326,7	744,0	743,8	208,3	247,9	555,1	516,3	273,6	429,3
1993	470,1	770,2	202,1	635,1	305,8	316,2	343,6	287,3	390,4	432,1	319,3	691,6	696,5	163,6	233,7	525,9	550,0	274,1	417,0
1994	475,2	741,7	197,9	644,6	308,9	304,8	327,1	296,5	429,6	400,2	327,9	686,9	647,2	168,2	246,8	539,8	558,3	265,9	428,3
1995	483,3	707,9	202,3	638,7	317,8	324,4	326,5	364,0	464,4	422,3	338,3	645,9	684,8	208,2	246,4	549,8	619,2	276,7	417,8
1996	473,7	672,1	196,2	613,8	321,9	330,6	305,3	379,8	471,3	387,2	317,9	629,1	692,3	189,3	241,5	544,7	580,0	280,3	382,1
1997	479,8	696,0	191,3	621,1	332,1	329,5	303,3	381,8	482,1	370,3	314,3	652,8	688,3	182,8	246,7	555,1	557,7	275,3	383,0

Source: United Nations Economic Commission for Europe - Health for All (WHO, Europe), 2000

3.4.2

Road safety: Number of deaths per million inhabitants in the regions of the EU - 1996





**HEALTH STATUS** **4**



## IV. HEALTH STATUS

### 1. SELF PERCEIVED AND MEASURED HEALTH

#### *Perceived own health*

An analysis of the health data in the European Community Household Panel (ECHP), first wave 1994, revealed that two out of three Europeans aged 16 and over and not living in institutions perceive their own health as 'good' (44%) or 'very good' (23%). Although the question on perceived health may be sensitive to differences in language and 'culture' between Member States, it seems worth noting that, for instance, 'very good' health is reported by as many as 53 % of the Danish and as few as 8 % of the Portuguese population. The negative responses 'bad' and 'very bad' to the perceived-health question are most frequent in Portugal, Spain and Italy. At EU12 level (very) bad health is perceived by approximately 1-2% among the youngest age groups and rises to 35% among the elderly; it is somewhat more frequent among women than among men.

In recent years socio-economic health differences, i.e. differences in health status between population groups with different socio-economic status, are one of the phenomena frequently studied. International comparisons are however hampered by scarcity of internationally comparable data. With respect to indicators of socio-economic status at EU12 level, the EUR graphs on 'perceived health' show clear differences: for men as well as for women education and health problems are negatively related. In addition, men have a higher perception of their health than women do, while in the groups with higher education there is practically no difference between men and women's perceptions. Looking at the figures for men in calculations based on education, we find significant odds ratios for all health variables in all countries except Luxembourg (where confidence intervals are relatively large because of the small sample size). The figures for women also show significant socio-economic differences for all health variables in practically all countries, but here there are a few more exceptions; not only in Luxembourg, but also in Germany and to a lesser extent in the Netherlands.

We can say that the picture is somewhat mixed: most countries score in two of the three categories large/medium/small differences. Nevertheless, it can be said in summary that socio-economic health differences as found in the ECHP are relatively large in Ireland, Denmark, Greece and Spain, Portugal and the UK, they are moderate in Italy, Luxembourg and the Netherlands and smallest in Germany and Belgium.

The [ECHP] is a longitudinal, multi-subject survey covering many aspects of daily life, particularly employment and income, but also demographic characteristics, environment, education and health. The three essential features of the ECHP are (i) simultaneous coverage of many aspects of daily life, (ii) a standardised methodology producing comparable information for the Member States of the EU, and (iii) a longitudinal or "panel" protocol. The ECHP was designed to complement the two main social surveys co-ordinated at EU level - the Labour Force Survey and the Household Budget Survey. In all, the sample covers some 60 000 households comprising 130 000 adults aged 16 or over at 31 December of the previous year. The first waves took place in 1994 (Wave 1), 1995 (Wave 2) and 1996 (Wave 3). The ECHP survey was undertaken when the EU had only 12 Member States, so Austria, Finland and Sweden were not included in the first wave (1994). The health section of the ECHP contains questions on *perceived health, being hampered in daily activities because of chronic conditions, temporary reduction (last two weeks) of activity because of health problems and hospitalisation in the 12 months preceding the interview*. In health statistics, age is an important variable, since the occurrence of many health problems increases with age. To obtain comparable

figures, age standardisation to the European population was used to adjust for any differences in the age distribution between European countries.

On *socio-economic health differences*, figures are standardised for age by means of a regression procedure; all 'pillars' in the graph rest on the same age distribution, and comparisons are not hampered by the fact that, in reality, the different educational levels have different age distributions. As usual for this type of analysis, the health variables are dichotomised: both the variables 'perceived health' and 'hampered by chronic conditions' were re-coded into two dichotomies (this is to check on whether the choice of the 'cut-off point' has an influence on the conclusions). For education as well as income, these summarise the difference between the two lower groups versus the two upper groups.

### ***Anthropometric characteristics***

The average height of the EU population has been increasing over the last century, more so during the past few decades. In developed countries, height increases have come to be seen as a measure of the health status of the population. A question about height was included in the 1996 Eurobarometer. The average height of European women is 1.635 m, this average varies considerably across EU countries. Women in the Netherlands and in Denmark are the tallest in EU with averages of 1.680 m and 1.664 m respectively, while Spain and Portugal have the shortest average of 1.612 m and 1.599 m respectively. While average height differs considerably within the EU, all countries have experienced an increase in height in the population. Older cohorts (i.e. women 65 years or older) are considerably shorter than younger cohorts (i.e. women 15-24 years old), which confirms the increasing height over time. Similar trends are evident in case of men. The average height of European men is 1.754 m. Men in the Netherlands and in Denmark are the tallest in the EU with averages of 1.796 m and 1.785 m respectively, while again Spain and Portugal have the shortest average height of 1.717 and 1.694 m respectively. Older cohorts (i.e. men 65 years or older) are considerably shorter than younger cohorts (i.e. men 15-24 years). The difference between the shortest and the tallest population in the EU is approximately 8 cm for women and 10 cm for men.

A question about weight was also included in the 1996 Eurobarometer survey. The average weight for European women is 64.6 kg, with the highest averages in the Netherlands (68.3) and in Greece (67.0) and the lowest in France (61.1) and Italy (61.3). The average weight of European men is 77.9 kg. Men in West Germany, Sweden and Great Britain have the highest average weight, while again France and Portugal have the lowest average weight. All countries have also experienced an increase in the weight of the population according to age, the top weight normally being reached in 45-54 years and decreasing thereafter, but this trend is not as evident in men as it is in women. The difference between the highest and the smallest average weight in the EU is approximately 7 kg for women and 8 kg for men.

Health risks [e.g. cardiovascular diseases (in particular ischaemic heart diseases, and hypertension), diabetes and others] increase considerably when the actual Body Mass Index (BMI) exceeds the desirable BMI by more than 20% (or when BMI exceeds 27) and increases rapidly with a BMI of 30 and over. Most Europeans have a 'normal' BMI (between 20-27); (69.5% of men and 64.6% of women). However, 6.1% of men and 6.9% of women are severely overweight and 0.9% of men and 3.1% of women are severely underweight. Considerable differences exist within the EU for women. Greece and the UK have the highest levels of severe obesity (BMI>30) while Germany and Sweden have the lowest. Severely underweight cases are the most frequent in Luxembourg, and Belgium. In the case of men Greece and Portugal have the highest levels of severe obesity while the Netherlands, and Italy have the lowest. For men, being underweight is less of a problem: only UK (2.1%) and Belgium (1.9%) have higher than European averages.



The *Body Mass Index (BMI)* or *Quetelet's index* is a measure of a person's weight relative to his or her height that correlates fairly well with body fat content in adults. The BMI is accepted by experts as the most useful measure of obesity in adults when only weight and height data are available. BMI is calculated for each respondent (of the Eurobarometer survey in this case) as the result of dividing body weight (in kg) by body height (in m) squared. If the result is between 18 and 20 the person is underweight, and is severely underweight when below 18. A person with a BMI between 27 and 30 is overweight and severely overweight with a BMI of 30 or more. There is no international consensus about the classification of moderate obesity and a range of 25-30 is sometimes used.

## 2. DENTAL HEALTH

There are many factors involved in the aetiology of dental caries. According to the WHO, during the past twenty years dental health has improved considerably in EU following the results of a school survey on DMFT index (decayed, missing and filled teeth) at age 12. DMFT decreases in the EU from 4.8% in 1980 to 3.4% in 1990.

According to the Eurobarometer 1996 results, 75.4% of Europeans are very or fairly satisfied with her/his own teeth, dentures or false teeth and only 12.5% are very or fairly dissatisfied. No differences exist between men and women. The highest level of satisfaction with own teeth, dentures or false teeth is found in Denmark (88.9%) and the lowest in Greece (58.5%). Satisfaction decreases with age from 82.2% at 15-24 age group to 69.9% for those aged over 65 years old. There are no significant differences between men and women. However, only one question on satisfaction with teeth, dentures or false teeth was used in the survey, restricting data for analysis.

According to the patterns of nutrition found in the Health Behaviour in School-aged children (HBSC) from WHO (11-13 years of age) and considering the number of students who eat chocolate and sweets daily, the importance of brushing teeth more than once a day cannot be ignored. Students in Sweden, Denmark and Switzerland are most likely to brush their teeth more than once a day with levels of 80%. In contrast, less than half of students in Flemish Belgium, Finland and Greece do not. Girls brush their teeth more frequently than boys.

## 3. DISABILITY AND RESTRICTIONS

### *Impairments, Disabilities and Handicaps*

In 1993, Eurostat collected disablement statistics following the old version of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) (*see box*). The mix of data from registrations and surveys allows rough estimates to be made. Estimations show the number of persons with an impairment to be very high. An impairment does not always lead to a disability. The number of persons with a disability is therefore lower. As far as the breakdown by sex is concerned, the existing data shows a higher rate of disability among women, partly as a result of their longer life expectancy. The estimated number of persons with a disability, as a proportion of the total population varies between 9% and 15%. However, most Member States have close to 12% of people with a disability. This variation may be due to methodological differences concerning the definition (impairment-disability-handicap), the method of identifying persons (survey or social security sources), the age structure in the population and the technological and industrial characteristics of each Member State (the rate of occupational accidents varies according to the sector of activity). The percentage of persons (not retired) receiving financial aid related to a disability varies between

3% and 7% of the total population (aged less than 60), most of the Member States have a figure between 4 and 5%. There are a relatively small number of women among the beneficiaries of pensions paid to active persons. On the other hand, more women than men receive social aid allowances. The difference is significant for occupational accident pensions, because men have a higher rate of professional activity and there is a higher concentration of male labour in certain industries where the occupational accident rates are relatively high.

The ICDH is being revised by the WHO. The old version was based on a typology of the three dimensions of disability in the broad sense: Impairment (any loss or abnormality of psychological or anatomical structure of a function), Disability (a restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being) and Handicap (a disadvantage for a given individual, resulting from an impairment or a disability). Data presented here on impairments, disabilities and handicaps are based on the old ICDH and are available only for a part of the 15 Member States, but they are often quite old and difficult to compare. Estimates were used on the basis of data from surveys, giving us the proportion of persons with a disability by age group in the total population. As a stable relationship was observed between this proportion and age, this information was used to estimate the population of persons with a disability for recent years (Germany, Spain, France, the Netherlands and the UK). For those Member States for which no findings from surveys were available, social security data and data from the various services providing aid to disabled persons were used (Belgium, Greece, Italy, Portugal). To include all populations with significant disabilities, information from a variety of sources were used, (registers of persons receiving disability, occupational accident, occupational illness and social service pensions, disabled children's allowances, elderly person's special invalidity benefits, war pensions, etc.). For some Member States (Luxembourg and Ireland) not enough information was available to make such estimates.

The new version of ICDH is based on three dimensions of functional state: Function and shape of the body (for which two classifications are being developed, one for functions of body systems and one for the shape of the body and body parts), Activity (formerly disability, defined now as limitation in activities) and Participation (formerly handicap, defined now as restriction in participation). A list of environmental factors is added to the new classification as an extra component.

### ***Restriction or cutdown in daily activities***

Analysis of the health data in the (ECHP), first wave 1994 reveals that almost 6.9% of the European population (EU12) report being severely hampered in their daily activities 'by any chronic physical or mental health problem'. This means that an estimated 19.3 million Europeans (16 years of age and over) experience serious consequences of health problems. Another 16% feel hampered 'to some extent'.

Although some of these differences may be due to different interpretation of words like 'severely' and 'to some extent' in various languages and cultures, it seems plausible that real differences do exist. The sum of 'severely' and 'to some extent' hampered in daily activities appears to be less than 10% for the youngest age groups (16-34 years) and exceeds 60% among the elderly. The increase with age is stronger among women than men.

Nearly 13% of the European population (EU12) reported that 'during the two weeks ending yesterday' they had to cut down on the things usually done 'about the house, at work or in free time'. This figure combines the physical ('illness or injury') and mental ('emotional or mental health problem') reasons for 'cut down'. Looking at these two separately, 10.4 % of the population reported a cut down of activity because of 'illness

or injury', 1.3% because of 'an emotional or mental health problem' and 1.3% reported both reasons. These differences are probably due to age differences between men and women. There are relatively large differences between the Member States.

It should be noted that *temporary cut down of activities*, as defined in the (ECHP), is related to the season of the year and that the interviews did not take place in the same season in all countries. Approximately half of the countries started in spring and concluded September/October, the others carried out the survey during the last three months of 1994. The seasonal variations in Europe regarding the figures on 'temporary cut down of activities' are not known, although quarterly figures from national health surveys show that the 'spring-autumn' difference is practically zero (the summer-winter difference is about 3%).

### **Visually impaired people**

Data from the European Blind Union (EBU) is based on national registers. The total of visually impaired people in 1994 in EU is estimated at 2.775 millions (764.9 per 100 000 of population). Comparisons between countries are difficult due to the different implementations of WHO definitions.

The WHO defines different categories of low vision according to visual acuity and visual field: *severe* (less than 0.1 → ≥ 0.05), *profound* (less than 0.05 → ≥ 0.02 and less than 20°), *near-total* (less than 0.02 → 1/∞ and less than 10°) and *total blindness* (visual acuity 0). Data from EBU is based on estimates provided by its member organisations.

### **Disability free-life expectancy**

Data from the [ECHP], were used for this study carried out by INSERM / REVES (Réseau Esperance de Vie en Santé).

According to REVES, severe-disability-free life expectancy and disability-free life expectancy, taking all levels of disability together, vary significantly from one country to another within the EU. The only way of explaining these results, other than by an actual difference in rates of disability in daily life, is to consider whether the terms could have different meanings in the various countries and whether, therefore, they express differing types or degrees of disability. To counter this argument, REVES notes firstly that there is absolutely no geography of disability bringing together several countries on the basis of cultural criteria, such as the Scandinavian or Latin countries.

According to REVES, it is unlikely that differences in rates of institutionalisation, and in the severity of the levels of disability of the institutionalised population, explain the significant differences in disability-free life expectancy in the various Member States of the EU. Ideally, we would need to have comparable information on the levels of disability of the institutionalised population in the various institutions of the Member States. At European level REVES estimations indicate that the higher the life expectancy, the lower the proportion of severe-disability-free years. Disability-free years account for a lower proportion of total life expectancy for women. This is not so surprising since as a rule, living longer at high age is going hand in hand with growing restrictions in activity. One could say that Europeans live longer but that the years added to life imply more disability; a situation which is probably not the same in every Member State and which may change in time with changing health care and aids.

*Disability free-life expectancy* is calculated on the basis of mortality and disability data. The calculation of disability-free life expectancies was derived using the Sullivan method to estimate disability-free life expectancies. The *mortality* tables come from Eurostat. They are all for 1994, except for the Italian and Belgian tables, which cover 1993. *Disability data* are taken from the [ECHP] (1994 data). The ECHP contains various questions on health, including a general question on restrictions on the activities of daily living caused by a health problem. Given the lack of comparable data for people living in institutions, REVES has assumed that, in each country, they have disability rates comparable to those of people living in households. This hypothesis is unlikely but is leading at least to a minimum estimate. Another assumption would be to consider that all people living in institutions have a disability, which would lead to a maximum estimate. However the type of institution differs from country to country, and no sufficient data are available on severity of disability. Also, to be able to present calculations at birth, REVES has, for all countries and for both genders, applied a constant disability rate (of 1%) between the ages of 0 and 16. This rate, which is compatible with the values observed over the age of 16, has virtually no impact on the value of disability-free life expectancies. Finally, REVES has calculated confidence intervals, for people over the age of 16, by the Mathers method (1991), using Jagger's calculation table (1997).

### **People disabled for work**

According to the 1997 Eurostat Labour Force Survey (LFS), 6.1 million Europeans (3.3 million men and 2.8 million women) declare themselves to be inactive due to a permanent disablement for work. That represents 1.5% of the total EU population according to the LFS. Certain EU Member States have high levels: Finland (4.0%) and Denmark (3.5%), but these percentages might be a result of the use of handicap social schemes as a measure for the reduction of unemployment figures. No detailed analysis on degrees of disablement, reasons for looking or not looking for a job and other factors regarding the situation of these persons is at present stage possible. A 'module' on disabled people will be integrated into the LFS in 2002, and this will increase knowledge about prevalence of disability, with special emphasis on the integration of disabled people into working.

The Community Labour Force Survey is an annual survey carried out on the basis of a revised set of concepts designed to guarantee an improved degree of comparability between the Member States and also, as far as possible, with other countries. The concepts and definitions used remain essentially those adopted by the thirteenth International Conference of Labour Statisticians of 1982. The methodological basis and the contents of the survey are described in the Eurostat publication *Labour Force Survey - Methods and Definitions - 1996 series*. In the LFS all persons who are not classified as employed or unemployed are defined as inactive. Apart from defining pupils and students separately, no further breakdown is provided for this group. The LFS asks about reasons for being an inactive person not looking for a job, one of them being permanent disablement. Conscripts on compulsory military or community service are excluded from the compilation of the survey results.

## **4. DIAGNOSTIC RELATED MORBIDITY**

This section provides a brief overview on some disease groups. With the exception of cancer and some communicable diseases there are currently very few disease-specific data representing the whole EU population. Under the Community Action Programme on 'Health Monitoring in the Field of Public Health', a project was started to identify (national) sources for morbidity data in the EU. For the majority of communicable diseases, there is no reporting system, but for some diseases in some countries there is a legal requirement to report all cases.

Eurostat has begun to investigate some of the methodological issues involved. Different methods are used to collect incidence and prevalence data across countries. The possible effects of actual differences on the data must be taken into account when making comparisons between countries.

There are two basic types of morbidity statistics, measures of incidence and of prevalence. *Incidence* is a measure of the number of new cases arising in a population in a given period, and *prevalence* is a measure of the number of cases existing at a certain time. For example, incidence might be expressed as the number of new cases of a disease (or disorder) per 1000 population in a year, and prevalence as the proportion of a population with the disease at any time in a year. Incidence may refer either to the first onset of a disease (i.e. new cases) or to all episodes. For prevalence statistics from different studies to be comparable the length of period under consideration asked about must be the same. The main sources of disease-specific data for incidence and prevalence data across a range of EU countries are: *health interview surveys, cross-sectional population surveys, panel/cohort surveys, medical records/administrative statistics, hospital records, disease-specific registers, general practice (GP) records and administrative notifications.*

### ***Cancer incidence and prevalence***

Cancer is the second most frequent cause of death (the first is circulatory diseases) and is becoming the leading cause of death in old age. Most cancers arise in adults and at advanced age, and the risk increases sharply with age. Relative to other groups of diseases, the burden of cancer is, therefore, much more important in populations with a long life expectancy.

The data on incidence and prevalence for cancer refer to 1990 and 1995 and are provided by the International Agency for Research on Cancer (IARC)/WHO. Data on mortality are provided by Eurostat (see *Chapter V for details*). The IARC report that the estimated number of new cancer cases (excluding non-melanocytic skin cancers) in the EU in 1995 was about 1.5 million. According to Eurostat the number of cancer deaths in 1995 was 931 000. Both, incidence and mortality rates, were higher for men than women in all countries. The age standardised incidence rate per 100 000 of population for the all cancers groups is highest for men in France (300.5) and, for women, in Denmark (272.4). The lowest incidence rates for both sexes were found in Spain, Greece and Portugal. Men in France experienced cancer rates more than 50% higher than women; by comparison, in Denmark the excess in males was less than 1%. In 1995, lung cancer was the more frequent cancer for men, and for women the most frequent cancer was breast cancer. The 5 year prevalence rate reported by the IARC is 4.0 million cases, 2.0 million for men and 2.1 million for women.

For men and women in 1995, cancer of the lung (13.1% of total cancers), together with cancer of colon and the rectum, were the most common cancers. Lung cancer accounts for 29% of all cancer deaths for men in the EU, and 19.5% of all new cancer cases. The corresponding figures in women are 9.0% and 5.9% respectively. The higher incidence and mortality rates are largely due to their greater use of tobacco and alcohol, although there are other factors such as occupational and environmental exposures to carcinogens. Some 83% of the lung cancer cases in men and 34% in women are estimated, by IARC, to be due to smoking. Certain occupational exposures including asbestos, coal tars and arsenic, have also been associated with this cancer. In men, the increase of incidence rates appears to have stopped rising but in contrast, rapid increases in incidence rates in women are occurring in the south. Cancer of the colon and the rectum when combined are, next to lung cancer, the other commonly occurring cancers in the EU (13.3% over total). Incidence and mortality are high in the northern and western parts of the EU. There is little apparent variation in rates. The lowest rates are in the southern EU countries, that is, Italy Spain, Portugal, and Greece. Incidence rates have been stable or decreasing in all EC countries.

For cancer of the lip, oral cavity and pharynx, France, Spain and Luxembourg have the highest incidence among men. Incidence rates are much lower in women and do not vary greatly between countries. France is one of two countries of the world (the other is India) with a very high incidence (31.6) of these cancers in men. Incidence and mortality rates have generally increased among men except in France.

Incidence of laryngeal cancer has been increasing in recent times in southern EU countries to a level closer to that seen in the north. Incidence rates of laryngeal cancer in men are approximately 30% to 60% higher than mortality rates. Overall, the highest rates of this cancer are in males in southern EU countries. Trends in male rates have been variable, with large decreases in France and Luxembourg. Trends have not been examined in women because there are very few cases.

For cancer of the oesophagus, the incidence and mortality rates among men in France were about double or more those in other EU countries except the UK and Ireland. In contrast, rates among women were low in France. In the UK and Ireland, women had rates that were four times greater than the low rates in Spain and Italy. Greece had by far the lowest rates in both sexes. For cancer of the stomach, the rates for males are about double those in females. There is quite a wide range of rates for cancer of the stomach within the EU, with rates in the southern countries double or more those in the northern countries. The geographic pattern is similar in the two sexes. Stomach cancer in both sexes has been decreasing at more than 5% annually for the last 25 years.

The incidence and mortality of liver cancer are highest in the three southernmost EU countries. The variation in rates is considerable: the incidence in the south is six times greater than in the north among males and five times greater among females. The apparently higher rate of mortality than incidence is the result of recording deaths with metastatic liver disease as due to liver cancer. Liver cancer is uncommon in western European countries compared with the very high rates in Africa and Asia. The incidence and mortality of cancer of the pancreas are high in the north and lower in Greece, Portugal and Spain. The geographic pattern is similar in males and females. Cancer of the pancreas is almost uniformly fatal. In the EU countries the incidence of pancreas cancer is generally much lower than that of stomach cancer but the case-fatality rate is higher. Bladder cancer is between three and five times more common in men than in women. The highest rates are observed in Italy and Denmark. Incidence trends in bladder cancer are difficult to interpret because of the difference between cancer registers in recording benign and non-invasive tumours. There is considerable variation in the incidence and mortality of kidney cancer in the EU countries, with two to threefold differences in both sexes between low rates in Portugal and high rates in Germany and Denmark. In general, the highest rates are in the northern EU countries. These patterns are the same in males and females. Cigarette smoking is considered as the major risk factor and may account for between 17% and 45% of kidney cancer.

The incidence of melanoma is higher in the northern EU countries than the southern, with countries such as Denmark recording up to four times as many cases among men and five times as many among women than Spain, Italy and Portugal. While mortality rates are much lower than incidence rates, a similar strong north-south gradient is seen in both incidence and mortality for both sexes. Incidences of melanoma have increased steeply by about 7% annually in most EU countries.

Breast cancer is the most common cancer in females in the EU and represents 19.0% of cancer deaths and 28.5% of all new female cancer cases. Incidence and mortality rates are higher in northern EU countries than in the southern countries, both being nearly twice as high in the north. Incidence rates have increased in all EU countries, while mortality rates have started to decrease recently in younger women in Denmark, the Netherlands and the UK. Cervical cancer is the only cancer of women which does not show a clear north-south geographical gradient. In the EU, the incidence is highest in Denmark, while mortality is also high in the UK, Portugal and Germany. The incidence rates are lowest (almost half) in Spain Greece,

Luxembourg and the Netherlands. The overall decrease is partly attributable to the success of screening programmes. Cancers of the body of the uterus are mainly endometrial cancers. The low incidence and mortality rates in the southernmost EU countries resemble the pattern of breast cancer incidence and mortality rates. Incidences in Europe are considerably lower than in the USA, while mortality rates are higher (except in Greece). Rates of ovarian cancer are higher in northern than in southern EU countries, and resemble the pattern of breast cancer, with high incidence and mortality rates in the UK and Ireland. There is quite a large variation between countries with, for example, incidence rates in Denmark are twice that in Greece and mortality rates in Denmark some three times higher.

Prostate cancer accounted for an estimated 14.2% of all new male cancer cases in 1995 in the EU and 10.0% of all cancer deaths. It is the second most frequent cancer for men. Incidence and mortality rates are higher in the northern than in the southern EU countries. Incidence rates of this cancer have been increasing in all EU countries, although these rates may reflect the introduction of new diagnostic practices. Testicular cancers are relatively uncommon. The incidence of this cancer is highest in Denmark and other northern countries, with increases in all EU countries except Austria and Belgium.

There is little variation in the rates of non-Hodgkin lymphoma among the EU countries. Incidence and mortality rates vary by no more than about 25% from north to south, and the rates are about 40% to 50% lower in females than in males. Viral infections may account for a proportion of cases, and the AIDS virus increases the risk. Incidence rates have increased steeply and mortality rates less steeply in both sexes in all EU countries over the last 25 years. Hodgkin's disease shows no marked variation in incidence rates within the EU. The rates are slightly higher for males than for females. The international variation in incidence rates of this disease suggests that, as with non-Hodgkin lymphoma, environmental factors may have an effect. Incidences have remained stable in the EU, while mortality rates have declined, although less markedly in Belgium and Ireland than elsewhere. Leukaemia in the EU countries shows incidence rates 60% higher in males than in females, but there is little geographic variation. Incidence rates have been mainly stable, although increases in both sexes have occurred in the Netherlands and Ireland.

Data on cancer are collected by the European Network of Cancer Registries and the (IARC)/WHO with the support of the EU's past and present action programmes on cancer. 29 centres in Europe have reported the information on the incidence on cancer for 1990 and 1995. The data recorded are usually checked for internal coherence by expert cancer registry staff at the point of registration. The incidence is the number of new cancer cases arising in a given period in a specified population. This information is collected routinely by cancer registries. The prevalence of cancer is the number of cancer cases in a given population at a specified point in time. It depends on the incidence and on the duration of the disease, that is, on survival. An age-standardized rate (ASR) is a summary measure of a rate that a population would have if it had a standard age structure. Standardization is necessary when comparing several populations that differ with respect to age because age has such a powerful influence on the risk of cancer. The most frequently used standard population are the World and the European standard populations. The calculated incidence or mortality rate used here is the World Standardized incidence or mortality rate. It is also expressed per 100 000 population.

### **Cancer survival rates**

In all countries participating in the EUROCARE II study, life expectancy at birth is higher for women than men (see Chapter I). Differences in life expectancy between the sexes are inversely associated with the relative risk of dying (women as against men) for all cancers combined (*correlation index:  $r = -0.7$* ). The age-standardised 5-year relative survival by gender for cancer patients of 15 years age and over, in the period

1985-1989, showed that the risk of dying was very high in diagnosis of pancreas, liver and oesophageal cancer. And that it was similar for men and women for several common malignancies (e.g.: colon, rectum, pancreas, lung and leukaemia). Whilst the risk was slightly smaller for women with, for example, stomach, larynx and kidney cancer and non-Hodgkin's lymphomas. For melanoma of the skin and thyroid the risk for women was definitely lower, whilst for bladder and small intestine, the risk was higher in women. For cancers of the upper respiratory tract women had a lower risk of dying. Differences by country can be significant, the five year survival rate for all neoplasms for the European countries participating in the study being 42% for men and 53% for women. Switzerland (51%), and Sweden (50%), had the best rates for men and Switzerland (62%), France (59%) and Germany (59%), for women.

The EUROCARE II (Cancer registries based study on survival and care of cancer) project, supported by the European Commission, was carried out on 1 188 469 cancer adult patients (ICD9: 140-208 except 173) diagnosed from 1985 to 1989 in 17 European populations. Cases discovered at autopsy, first diagnosed with another malignant tumour or known on the basis of death certificates were not included. Cases were followed for a minimum of 5 years after diagnosis. Some registries (DK, FI and ISL) cover the population of the entire country, whereas the rest are represented by a number of local and regional registries.

## AIDS

Another public health area in which the EU is active is the area of communicable diseases, especially AIDS. Specific programmes against AIDS have been launched since 1991. In 1998, 12 367 new AIDS cases (adjusted for reporting delays) were reported from the EU countries to the European Centre for the Epidemiological Monitoring of AIDS in Paris (supported by the European Commission), bringing the cumulative total in EU since 1983 to 207 933 cases. For the third consecutive year since the start of the epidemic, the annual number of new reported cases decreased (by 23% between 1997 and 1998). Annual AIDS incidence per million (adjusted for reporting delays) was estimated at 24.8 in 1998 having decreased by more than 18% in 1996/98 in the WHO European Region after reaching a plateau in 1994 (48.2) and 1995 (47.5).

For age groups 25-29 and 30-34, new AIDS cases in the EU represent 20.4% and 27.2% respectively. The distribution by age groups is very similar in EU countries with some exceptions in the 15-24 group for which Portugal (12.5%) is twice the EU average (5.8%) and in the 50-59 age group, for which Luxembourg (13.9%) and Germany (13.0%) are also twice the EU average (6.8%).

Comparing 1998 with 1997, and 1997 with 1996, the largest decrease of AIDS cases is estimated for homo/bisexual men (-23% and -37%), followed by injecting drug users (IDU) (-28% and -31%) and heterosexually infected persons. (-10% and -19%). For men, IDUs continue to account for the highest proportion of cases diagnosed each year (40.1% of adult/adolescent cases in 1998), followed by homo/bisexual men (34.5%) and heterosexually infected persons (15.4%).

Women account for 20.9% of adult/adolescent cases diagnosed in 1998, compared with 11% in 1986. Of these women, 47.5% had been heterosexually infected, often by an IDU sex partner (27% of heterosexually infected women). The number of paediatric AIDS cases infected through mother-to-child transmission continued to decline, from 286 cases in 1995 to 88 cases in 1998.

Similar patterns of the levelling off of new cases in 1996, 1997 and 1998 are apparent in most Member States. Slight increases were observed in 1998 in Belgium (+25%) and Austria (+17%) and a stable situation in Germany but all these countries were in regular decrease since 1991. Significant decreases are observed



in Spain (-20%), which nevertheless remains the EU country with the most significant incidence, in Italy (-30%) which has for a long time been the EU country with the second-highest incidence and, weakly, in Portugal (-2%) where the AIDS incidence has increased rapidly over the last few years due to a recent epidemic among IDUs.

While the decreasing trends in AIDS incidence in the EU could be partly explained by a peak in HIV incidence in Western Europe in the mid-1980s. The size and abrupt nature of the decreases and, in particular, the unexpected decrease in the category of heterosexual transmission (for which there are no data to suggest that HIV incidence has peaked), suggest that other factors should also be considered. Trends in AIDS incidence were affected by the progressive implementation of the 1993 revision of the European case definition, which resulted in an unusually large increase in 1994 followed by a relative decrease in 1995. However, trends since 1995 should be affected only minimally. The recent declines in AIDS incidence result from the increasing use of highly active antiretroviral treatment (HAART) since 1996 and the patterns of past HIV incidence which peaked in the mid 1980s. The current decline in AIDS incidence does not mean, however, that HIV incidence is currently declining; in the medium term HIV prevalence will probably increase.

A European HIV reporting system is currently being set up, which should allow better monitoring of HIV epidemic trends in the changing situation characterised by the advent of HAART and by emerging epidemics in some parts of Europe. In previous years, a systematic HIV antibody screening of blood donations was instituted in EU countries. While blood donors are (or should be) clearly a selected population at low risk for HIV infection and hence are not representative of the population at large, HIV prevalence in blood donations provide some indication of the spread of HIV in general population.

In 1999, a reporting system of HIV took place in 15 of the 18 Member States of the European Economic Area (EEA) at national or regional level. Thirteen countries began to report before 1991 and two (Greece and Luxembourg) in 1999. Cases of HIV infection are reported by laboratories in four countries, by clinicians in two and by both in ten countries. A cumulative total of 100 157 HIV cases in EU (only for 11 Member States) were reported in 1998. For these 11 countries, a total of 7 241 HIV cases and 3 938 AIDS cases were reported in 1998. All countries reported more cases of HIV than AIDS with ratios ranging from 1.5 in Switzerland to 4.5 in Belgium, 4.0 in Iceland and Finland and 3.9 in Sweden. In the countries accounting for two thirds of reported AIDS cases (Spain, Italy, France and Portugal) the HIV reporting system has yet to be implemented or has only just started in some regions. Reporting of HIV infection must be interpreted with caution, because these reports do not provide an accurate measurement of the incidence and prevalence of HIV infection. The proportion of HIV infected individuals who are diagnosed and reported varies according to the phase of the epidemic, HIV testing patterns and characteristics of surveillance systems. Annual numbers of HIV infections reported in the 90s were relatively stable in some countries and decreased in others. The comparison of HIV and AIDS reporting data suggests that the level of HIV transmission has remained relatively stable in recent years and that the sudden decline of AIDS incidence has been due mainly to the effect of HAART.

The HIV/AIDS pandemic is primarily caused by HIV-1. Another type of virus, HIV-2, is found mainly in certain West African countries. In Europe most of the cases of HIV-2 infection described have been in people from Africa. National results exist from screening blood donations and seroprevalence surveys of pregnant women, people attending sexually transmitted diseases (STD) clinics and other selected populations such as IDUs. Of the 35 156 852 blood donations tested in 17 countries, 855 were positive for HIV-1 and only 6 for HIV-2, the prevalence of HIV-2 in blood donations being less than 0.3 per 100 000. The same results are found in AIDS cases. Only 1.8% of total cases are due to HIV-2. These confirm that HIV-2 is relatively rare in Europe.

Because of reporting delays (time between diagnosis of an AIDS case and reporting to national level), the European Centre for the Epidemiological Monitoring of AIDS in Paris (supported by the European Commission) suggests that the incidence trends are best assessed by examining data by year of diagnosis, with adjustment for reporting delay, rather than by year of report. Reporting delays varies widely between countries and transmission groups, and may be as long as several years in some cases. Overall, approximately one-third of the cases are reported by the end of the quarter within which they were diagnosed, and between 10% and 15% are reported more than one year after diagnosis. The countries participating in the surveillance of AIDS in Europe use a uniform AIDS case definition definitively adopted in 1993. The European definition differs from the definition used in the USA in that it does not include CD4 lymphocyte-count criteria.

The characteristics of national HIV reporting were explored in a preliminary survey in 1997 and updated in 1999. Individual anonymous data (or, if not possible, aggregated data) on HIV infections diagnosed at any clinical stage and reported by the end of 1998 were collected from national HIV/AIDS surveillance institutes taking part in European AIDS reporting.

### ***Tuberculosis***

The current epidemiological situation for tuberculosis (TB) has been strongly influenced by the onset of the HIV epidemic among young adults with co-infection by HIV and the *Mycobacterium tuberculosis*. In most EU Member States the number of cases has significantly decreased until 1975. In the late 80s and early 90s, an increase in tuberculosis case notifications was observed in several European countries. In the same period, several epidemics of multi-drug resistant TB were reported in the USA and a few in Europe, causing much international concern. Several initiatives were undertaken at European level to assess the changing epidemiological situation of TB, but were limited by differences in definitions and in the quality of TB surveillance systems between countries. In 1997, 50 907 new cases of tuberculosis were notified in EU. Data on the incidence per 100 000 population of tuberculosis are collected by the EuroTB network, and show that TB remains a major health problem in Portugal (51.4 cases per 100 000 inhabitants in 1997). The EU average remains at 13.7 despite a significant decrease since 1970. The data by sex for 1996 shows a proportion of 61% of men and 39% of women. The vast majority of the cases were new episodes of TB in persons never diagnosed previously. It is known that countries with a low incidence of TB report proportionally more cases in older age groups, mainly due to reactivation of former *Mycobacterium tuberculosis* infection.

The EuroTB programme for the surveillance of tuberculosis in Europe was set up in 1996 to collect, analyse and disseminate data on tuberculosis cases notified in the (WHO) European Region. The programme is managed jointly by the European Centre for the Epidemiological Monitoring of AIDS (CESES) in Saint-Maurice (F) and the Royal Netherlands Tuberculosis Association (KNCV) in The Hague (NL), and is financially supported by the European Commission. The principles and methods are those recommended by a working group set up by the WHO and the International Union against Tuberculosis and Lung Disease (IUATLD). Rates of incidence are calculated per 100 000 of population using a standard world population. Notification rates may not fully reflect true tuberculosis incidence rates due to underreporting and other problems. Figures may slightly differ from those published by WHO because WHO figures are collected several months prior to those collected by EuroTB, and as such, are often provisional.

### ***Diseases preventable by immunisation***

Most EU countries have immunisation programmes against diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella and mumps (see also point *Immunisation coverage in the EU*). Hepatitis B immunisation is obligatory only in 10 EU countries. Diseases such as malaria, pneumococcal pneumonia, meningococcal meningitis and influenza can be covered by voluntary vaccinations.

According to WHO data, the current epidemiological situation as regards the incidence of hepatitis B is influenced by the onset of the HIV epidemic among adults with co-infection from HIV and hepatitis B, and by massive and sometimes polemic vaccinations especially since 1994. An increase in incidence of hepatitis B was observed between 1992-95 in Portugal, values have since decreased sharply. In the remaining EU members (EU average is 4.1 in 1997) incidence is decreasing but the disease has not been eradicated.

According to WHO data, the incidence of pertussis is slowly increasing in the EU, from 18.3 in 1990 to 43.3 in 1997. New boosters of the vaccine are currently being implemented. For 1997 highest values are found in Sweden (28.2), the Netherlands (22.4) and Norway (41.7). Several cases of diphtheria were imported from the former USSR (35 631 cases were registered in Russia in 1995) into neighbouring countries such as Finland (8 cases in 1993/95) and Germany (19 cases in 1993/95), but no secondary cases have yet been observed around the few imported cases. The rest of the EU Member States reported zero or a rare single case in recent years. The countries of the EU reported no incidence of poliomyelitis after 1989 until a risk of an outbreak occurred after the virus was imported into the Netherlands in 1992-93 (polio continues to be endemic in Turkey and the countries of the former USSR).

The incidence of neonatal tetanus is practically zero everywhere in the EU and can also be considered as eradicated. Other cases of tetanus were mainly recorded in Italy, France, Spain and Portugal. The remaining EU Member States reported up to 4 cases per year after 1982.

The incidence of measles is strongly decreasing, but outbreaks appeared in Belgium in 1996 and in Greece and Italy in 1995. The incidence of rubella is also decreasing after the last period of high incidence in 1983/84. The EU rate fell from 223.9 in 1983 to 20.0 in 1997. All the EU countries showed larger reductions after 1983 even if isolated increases were detected in 1996 in Spain and Iceland. In Germany, Denmark, Sweden, France and the Netherlands negligible incidences are observed. The incidence of mumps is strongly decreasing in the EU, from 260.2 in 1985 to 36.9 in 1997. Only Portugal (195.2), France (68.3), Belgium (58.0) and Italy (51.6) have higher incidence rates.

An infectious viral disease that still causes mass sickness, and excess mortality among the elderly, is influenza. Based on reports from National Influenza Centres to WHO (FLU NET network) and according to maps, the clinical consultations for influenza syndromes or acute respiratory infections in the winter season 1998/99 have not experienced substantial morbidity. For 1999/2000, the number of viruses isolated are gradually increasing and in an increasing number of countries reaching everywhere a situation of widespread outbreak. The first sign of epidemic activity in 1999/2000 in Europe was during the first week of December 1999, in south of France. Influenza activity intensified to widespread or regional level from the second week of December up to the second week of January in Belgium, Finland, France, Germany, Iceland, Ireland, Italy, Netherlands, Norway, Spain, Sweden, Switzerland and UK. Almost all viruses isolated were influenza A, some were identified as subtype A(H3N2). According to Eurostat the number of deaths due to influenza in EU has increased during the last available 3 years from 2 532 in 1994 to 3 420 in 1995 and 4 323 in 1996.

### ***Sexually transmitted diseases***

Sexually transmitted diseases (STD) include the diseases classically referred to as venereal diseases (*syphilis, gonorrhoea, chancroid, lymphogranuloma venereum, inguinal granuloma*) and other caused by a variety of agents, such as bacteria, viruses, fungi, protozoa and arthropods, the most recent being infection by the HIV/AIDS (*see point AIDS*). According to WHO data the STDs with statutory notifications (*syphilis and gonorrhoea*) have decreased steadily over the past 20 years. Incidence of syphilis, which some years ago was a great threat, has decreased significantly, and in 1997 the EU rate was only 1.5 (5.6. in 1985). Incidence in Finland, Austria and Portugal remains stable.

The level of gonococcal infections has decreased from 56.8 per 100 000 in 1980 to 7.6 in 1997, peaking in 1986 at 60.2. Genital warts, genital herpes and chlamydial infections appear to be as common now as syphilis or gonorrhoea some years ago, but no comparable statistics are available. Data from Eurosurveillance, (information network on communicable diseases supported by the European Commission), for certain EU members seems to confirm this trend. In Italy for the period 1991-1996 the most diagnosed STD were: genital warts (29.4% of STD cases), non-specific vaginitis (18.0%), non-specific urethritis (12.3%), genital herpes (7.7%) and Chlamydial urethritis (4.6%). Some data available for France and the UK seems to confirm similar trends. However, recent information from Eurosurveillance for 1997/1998 suggests a sudden increase of gonorrhoea in France (1998) and England (1997).

### ***Other communicable diseases***

The incidence of malaria varies widely between EU countries, mainly as a result of people contracting the disease in malaria endemic regions. The EU incidence increased slowly from 0.6 per 100 000 in 1974 to 1.0 in 1984, 2.0 in 1992 and 2.9 in 1997. The incidence increase ranges from 0.1 in Greece to 9.2 in France.

There is no vaccine against hepatitis C (HCV). Research is in progress but the high mutability of hepatitis C genome complicates its development. WHO has recently published the first global estimate of HCV prevalence, which suggests that, up to 1.5% of the Greek population has been infected with HCV; prevalence in France and Belgium are respectively 1.2% and 0.9%. However, according to the specific subgroups of the population such as drug users, prevalence may be as high as 70.0% (in these groups).

A very particular case of communicable disease is the Creutzfeld-Jacob disease (CJD) related to the development of BSE (175 975 animal cases in EU at 5.11.1998) in the EU. A certain number of Member States classify CJD as a notifiable disease but there is no consensus on the definition of this disease among the Member States. According to the data provided by the European Commission, the trend in the number of cases referred to the diagnostic centre for CJD ascertainment in the first six months of 1997 is similar to that described in the previous years. The data must be interpreted with caution, as there is a long delay between the onset of the disease and the diagnosis by a specialised centre. It should also be noted that data from the UK are based on deaths, whereas those of the other Member States are based on cases. 60% of these cases are recorded as "definite" for 1995 and 1996, but there are important variations between Member States (Austria and UK have nearly all cases as "definite" while this represents only half of the cases in Italy). Sometimes there are variations within one Member State (for example "definite" cases represent in France 49% and 71% respectively of total cases in 1995 and 1996 as they represent 63% and 23% in the Netherlands for the same years). For the first six months of 1997, 50% of the cases are recorded as definite, probably due to the long process between suspicion and ascertainment. But these figures reflect also different processes for notification, as in Ireland, Finland and Greece, 100% of cases are definite while in Spain only 20% are definite in the same period.

### ***Congenital anomalies***

The EUROCAT (European Registration of Congenital Anomalies) project, established with support from the European Commission, is a surveillance system based on a network of regional registries having covered a total of 3 948 324 births in the period 1980-1994 in EUR12 and 3 non Member States (Malta, Croatia and Switzerland). The ascertainment of congenital anomalies and the precise diagnoses are based on the use of active case-finding and of multiple sources of information such as birth and death certificates, maternity and hospital records, including specialised departments for diagnosis (radiography) and treatment reports from laboratories (cytogenetic, biochemistry), pathology services, maternal and child health services, etc.

A total of 71 480 babies/foetuses registered (representing 2.4% of the total in the period surveyed) were affected by a major congenital anomaly in the centres following the EUROCAT methodology. The total prevalence based on the 16 selected centres is 235.6 per 10 000 births, with considerable variations between registries from 326.1 in Strasbourg to 153.4 in Belfast. Induced abortions represent an increasing part of the sample (24.5), with local rates varying from 48.7 in Paris to only 7.9 in Belfast.

The most frequent anomalies according to the system or group of anomaly are limb defects (prevalence of 56.1 defects per 10 000 live and still births, representing 24.9% of total cases) and congenital heart diseases (prevalence of 54.3, representing 22.7% of total cases). The prevalence and percentage of cases are lower for the rest of the groups: musculoskeletal anomalies (28.7 and 12.4%), nervous system (26.7 and 11.9%), chromosomal anomalies (25.9 and 10.2%), anomalies of the internal urogenital system (26.1 and 9.7%) or anomalies of the external genital organs (16.5 and 6.1%).

Within the chromosomal anomalies the overall prevalence of Down Syndrome at birth is amongst the highest (16.1). Overall rates by centre range from 2.3 in Galway (UK) to 1.1 in Antwerp (Belgium). These differences could be partly explained by different maternal age distributions and by registration or not of induced abortion where legal. Among younger age groups, there is no evidence for a difference between registries.

The proportion of pre-natally-diagnosed cases (PND) in anencephaly increased from 81.0 % for the years 80-85 to 97.9% in 1991-92. Down Syndrome was PND in 42.3% of cases in 1991-92 (15.0% for 1980-85), varying from 10.4% in Belfast to 67.5% in Paris. For mothers of 35 years of age or more, 73.5% to 84.2% were PND in the French registries over the same period.

EUROCAT registries, co-ordinated by a Central Registry since the end of 1992 at the Scientific Institute of Public Health - Louis Pasteur in Brussels, aim to cover all foetal deaths from 20 weeks' gestation. This low limit eliminates any artificial distinction between live births and stillbirths of low gestational age. This is especially important for malformed babies considered not to be viable (such as those with anencephaly), since whether they are considered live born or stillborn may be influenced by medical customs or social or welfare considerations. However, foetal deaths of low gestational age (20 to 27 weeks) will not be found in birth statistics, leading to a slight discrepancy between numerator and denominator in calculations of prevalence.

### ***Cardiovascular diseases***

Circulatory diseases are the main cause of mortality in EU countries. More than 1 350 000 Europeans died from circulatory diseases in 1992, and thousands of others remained disabled by them. Diseases of the heart and circulation are for most people the greatest risks to life. While data are available on mortality, good

data on morbidity are currently lacking. The MONICA (Multinational monitoring of trends and determinants in cardiovascular disease) project was established by the WHO in the early 1980s in many centres around the world. The objectives of the MONICA Project are to measure the trends in cardiovascular mortality, coronary heart disease (CHD), cerebrovascular disease morbidity and to assess the extent to which these trends are related to changes in known risk factors, daily living habits, health care, and major socio-economic features measured at the same time in defined communities in different countries.

During 371 population-years, 166 000 events were registered. Official CHD mortality rates, based on death certification, fell (annual changes: men -4.0%; women -4.0%). By MONICA criteria, CHD mortality rates were higher, but fell less (-2.7% and -2.1%). Changes in non-fatal rates were smaller (-2.1%, and -0.8%). MONICA coronary-event rates (fatal and non-fatal combined) fell more (-2.1% and -1.4) than case fatality (-0.6% and -0.8%). Contribution to changing CHD mortality varied, but in populations in which mortality decreased, coronary-event rates contributed two-thirds and case fatality one-third. Over the decade studied, the 37 populations in the WHO MONICA Project showed substantial contributions from changes in survival.

The EU-MONICA registers, based on 170 000 people studied from the mid 1980s to the mid 1990s the average rates of heart disease for men and women. The highest rates for men are found in participating regions within the UK and within Finland. The highest rates for women are in the UK. The lowest average heart attack rates for men are in areas in Spain, Switzerland and France, and for women the highest rates are in areas of Spain, France and Italy.

The greatest fall in coronary event rates in men occurred in 3 participating regions, 2 in Finland and 1 in Sweden. With the exception of Catalonia (Spain), male populations experiencing a notable increase in rates were predominantly from Central and Eastern Europe and Asia. In women, the populations experiencing significant increases again tended to be from Central and Eastern Europe and Asia, but the general pattern of increases and decreases appeared to be less consistent. Where mortality rates were falling, change in survival contributed one-third and change in heart attack rates two-thirds, on average, of the total change in survival rates, indicating the importance of both the prevention of heart disease and improved care of acute events.

MONICA is a project established by the WHO to provide a cross-sectional and longitudinal comparison of cardiovascular disease (coronary heart disease event registration is obligatory, stroke optional), and to relate these to risk factor changes in the population over a ten year period. This monitors trends over 10 years, across 37 populations in 21 countries. It was set up to explain the diverse trends in cardiovascular disease mortality, which were observed from the 1970s onwards. The total population aged 25-64 years being monitored is 10 million men and women. Registers identify non-fatal definite myocardial infarction and definite, possible, or unclassifiable coronary deaths in men and women aged 35-64 years, followed up for 28 days in or out of hospital. MONICA calculates rates from population denominators to estimate trends in age-standardised rates and case fatality (percentage of 28-day fatalities = [100-survival percentage]).

### ***Diabetes mellitus***

Diabetes mellitus is a chronic disease caused by inherited and/or acquired deficiency in the production of insulin by the pancreas. Twenty years ago, diabetes was considered an uncommon disease, but today it is an important health problem. World-wide incidence is expected to increase as a result of ageing population, unhealthy diets, obesity and sedentary lifestyle. Because of its chronic nature, the severity of complications and the means required for control, diabetes is a particularly costly disease for the health care services and

for the individuals affected. According to the estimates provided by the International Diabetes Institute, the estimated prevalence of diabetes mellitus in 1994 was 3.4% over total population for EU (without Greece). National values are generally close to the average, ranging from Italy (5.0%), to Ireland (2.1%). According to the projections for the EU the number of cases for the period 1994/2000 could increase by 22.5% and a further 18.3% in 2010.

The information presented here comes from the International Diabetes Institute (WHO collaborating centre for diabetes). Diabetes estimations for 1994 were generated using age-specific diabetes prevalence rates from different sources and applied to the underlying 1994 demographic age-distribution for every country to generate the diabetes estimates. When diabetes prevalence data were not available for a country, data from nearby country with a similar ethnic composition were used as a substitute. The estimate includes IDDM (insulin dependent diabetes mellitus) and NIDDM (non-insulin dependent diabetes mellitus). Since IDDM prevalence has a marked geographic distribution, 7 to 20% of the adult diabetes cases were presumed to be IDDM depending on the latitude of the country. The remainder cases were presumed to be NIDDM. The projections for 2000 and 2010 were calculated by first examining all the NIDDM prevalence rates available for some groups, then selecting the most appropriate higher rate, and finally applying this rate to the 2010 projected demographic age-distribution.

### ***Occupational diseases***

These results constitute the initial findings of a pilot project from Eurostat on European Occupational Diseases Statistics (EODS-project). Eurostat at the request of the European Commission compiled European Statistics for 1995 with respect to 31 items selected from the European Schedule of Occupational Diseases (90/326/EEC). Most of the occupational diseases corresponding to the selected 31 items were covered in all Member States.

Comparisons between Member States should be made with caution, whereas analysis between industries is more appropriate. In 1995, the total number of cases of occupational diseases, with respect to the 31 items chosen from the European Schedule of Occupational Diseases, was 57 414 recognised cases which represents a incidence per million of occupational diseases from 386.9 for EU. These statistics thus cover 70% of all recognised cases of occupational diseases in Europe in 1995.

Hearing disorders (with an incidence of 124.1) thus make up about one-quarter of the sub-set of data covered by Eurostat. More than 90% of cases of hearing disorders contracted at work are in men. Important factors are that the participation rate of men in the labour market is higher than that of women, and men more often carry out tasks that involve, for example, noisy machinery and tools. Most cases of skin ailments are recorded in the manufacturing and social sector (hospitals). The latter sector represents most cases of infectious diseases, which are acknowledged as occupational-related for persons working in hospitals and the like in most of the recognition systems.

A total of 6 698 cases of respiratory diseases are due to exposure to asbestos. These cases are mainly reported from manufacturing and construction. In these sectors asbestos fibres are processed and used for various purposes, e.g., asbestos cement, vehicle brakes, etc. Most recorded cases of occupational cancer are due to exposure to asbestos. Underground working is the main source of occupational exposure to dust containing silicon dioxide causing silicosis. This applies also to pneumoconiosis caused by silicate dust, and most cases are consequently reported from the mining sector. Respiratory ailments of an allergic nature make up the biggest group of recognised cases for the agricultural sector. However, most cases are reported from the manufacturing sector due to its size.

'Hand-arm' vibration syndrome', comprising osteoarticular diseases of the hands and wrists and angioneurotic diseases, are due to mechanical vibrations from tools or objects transmitting vibrations. Most of the 5 266 recognised cases are reported from the manufacturing, mining and construction sectors, which involve work with powered tools and machines. The 3 069 cases of paralysis of the nerves due to pressure cover are mainly cases of 'carpal tunnel syndrome'. Repetitive hand-arm movements mainly cause the latter, and France reported most of the cases. Diseases of the periarticular sacs are due to work that involves a prolonged pressure on either the elbow or the knee. Such types of exposure will be seen in particular in the building and construction sector, which involves kneeling or other work postures, where pressure is placed on either the elbow or the knee. The figures show that most cases were reported from the building and construction sector.

EODS includes cases recognised by the Member States using their national criteria for the establishment of a disease as work-related. The first publication includes only cases which are in accordance with the sub-set of 31 items selected from the European Schedule of occupational diseases listed here: *Diseases caused by the following chemical agents* (Isocyanates, Cadmium or compounds thereof, Chromium or compounds thereof, Mercury or compounds thereof, Manganese or compounds thereof, Nickel or compounds thereof, Lead or compounds thereof, Carbon disulphide, Benzene or counterparts thereof, Halogenated derivatives of the aromatic hydrocarbons, *Skin diseases caused by substances and agents not included under other headings* (Occupational skin diseases caused by by-products of the distillation of coal, Occupational skin ailments caused by scientifically recognised allergy-provoking or irritative substances not included under other headings), *Diseases caused by the inhalation of substances and agents not included under other headings* (Silicosis, Asbestosis, Mesothelioma, Pneumoconiosis, Bronchial cancers (asbestosis), Bronchopulmonary ailments caused by dust from sintered metals, Respiratory ailments (allergies), Respiratory ailments [Co, Sn, Ba, Graphite], *Infectious and parasitic diseases* (Infections or parasitic diseases transmitted by animals, Brucellosis, Viral Hepatitis, Tuberculosis), *Diseases caused by the following physical agents* (Cataracts caused by heat radiation, Hypoacusis or deafness caused by noise, Osteoarticular diseases of the hand and wrists caused by mechanical vibration, Angioneurotic diseases caused by mechanical vibration, Diseases of the periarticular sacs due to pressure, Paralysis of the nerves due to pressure, Diseases caused by ionising radiation).

### ***Musculoskeletal diseases: osteoporosis***

Musculoskeletal diseases or chronic rheumatic diseases include about 200 conditions affecting joints, bones, soft tissues and muscles. They amount to a huge burden in pain and often crippling disability and consequently, high costs in terms of health care and loss of productivity. These diseases claim the most sick days, the most long-term sick leave and the most disability pensions.

Some comparable data are, at present, available only for osteoporosis. Results from a report supported by the European Commission, based on different national studies, show the incidence per 10 000 of hip fractures is increasing in most Member States and it is presumed that this trend will be stronger in future years. Total rates are higher for women from 89.0 per 10 000 women in Germany and 55.0 in the UK. Comparisons must be made with caution taking account of diversity of sources used in the study.

Data for musculoskeletal diseases comes from two types of sources: surveys and administrative data. For hip fractures data comes from the MEDOS study (Ellfors et al. 1994) with weighting according to



size of sectors and stratification by age groups. The study considers that incidence increase exponentially with age and the data has been converted to natural logarithms in the middle point of every age class and after using a linear regression. For vertebrae fractures, results of the EVOS (O'Neill 1996) study has been used estimating prevalence by use of two radiological standardised methods.

### ***Mental disorders***

Mental disorders are an important public health consideration because of their prevalence, severity and economic and social implications. According to different national studies, there appears to be a stabilisation of schizophrenia, manic-depressive illness, paranoia and an increase of dementia and disorders related to pathological responses to social circumstances (depression, anxiety and disturbed sleep, alcohol and/or psychoactive drug dependence). No comparable data on incidence or prevalence of specific mental diseases (with and without hospitalisation) are available.

The European Network on Mental Health Policy (ENMHP), which is leading a European project, supported by the European Commission, to improve knowledge on mental health indicators, estimates that the prevalence of mental disorders could be around 9.0% of total population in the self reported and 17.0% in the clinically diagnosed.

### ***Neurodegenerative diseases of old age***

Population based studies of incidence and prevalence carried out in the EU (i.e. EURODEM) including elderly persons and also those living in institutions, can be useful to establish the trends in the prevalence of neurodegenerative diseases according to age and sex. Among older persons the most common neurodegenerative diseases are dementia and Parkinson's disease.

There are two major subtypes of dementia: vascular dementia (when it can be attributed to large or small strokes in the brain) and Alzheimer's disease (when no cause of dementia can be identified). According to the EURODEM results, most cases (70 %) of dementia are diagnosed as Alzheimer's disease. The age-specific prevalence of dementia increases with age and, after the age of 80, the number of women with dementia, particularly with Alzheimer's disease, is higher than the number of men with dementia.

For Parkinson's disease (PD) the prevalence as estimated by EURODEM ranges from 6 per 1 000 at age 65 to 30 per 1 000 at age 85 years and over; above the age of 75 the prevalence is estimated to be higher in men than in women.

Within the framework of the European Commission's BIOMED research programme, the EURODEM prevalence research group (with participants in six EU countries, and to a partial extent in six others) has pooled and re-analysed original data of prevalence studies of dementia in European countries between 1980 and 1990. They reached a consensus on a core methodology for the prevalence of Alzheimer's disease and vascular dementia. The study included two assessments of the population, at least 2-3 years apart, a sample size of >4000, the inclusion of community and institutional dwellers, a two-phase case-finding figure and common screening and diagnostic methods.

## 4.1.1

## Self perception of own health (16+ years) by sex 1994

	% (standardised)												
	EUR12	B	DK	D	EL	E	F(1)	IRL	I	L	NL	P	UK
<b>MALE</b>													
Very good	25,3	29,3	54,1	19,6	51,3	20,4	21,3	44,8	22,7	29,6	22,3	9,6	38,5
Good	44,6	48,0	26,6	52,0	26,5	46,6	45,5	36,3	39,5	39,9	55,0	48,4	37,8
Fair	22,1	17,6	13,9	21,4	13,7	21,6	26,3	15,6	27,1	24,4	19,0	25,0	17,7
Bad	5,9	4,0	4,0	5,4	6,1	8,9	3,0	2,5	8,6	4,2	3,2	13,5	4,5
Very bad	2,1	1,0	1,4	1,6	2,4	2,5	3,9	0,8	2,0	1,9	0,7	3,6	1,5
Sample size (=100%)	62 308	3 889	2 887	4 364	6 077	8 672	6 876	4 844	8 496	999	4 611	5 506	5 086
Population (16+) x mln	133,8	3,9	2,1	32,0	4,1	15,2	21,3	1,2	22,4	0,2	6,0	3,8	21,8
<b>FEMALE</b>													
Very good	21,5	24,1	51,5	17,1	44,7	18,2	17,5	46,1	16,6	26,0	16,9	5,7	34,8
Good	43,5	46,1	27,1	50,6	28,6	43,8	44,0	32,4	39,4	37,6	54,3	42,9	38,4
Fair	25,5	23,5	15,3	24,6	16,7	23,3	30,2	17,3	31,5	27,5	23,4	30,1	20,8
Bad	7,0	5,2	4,6	6,1	7,2	11,6	3,8	3,1	10,2	6,9	4,7	17,0	4,6
Very bad	2,4	1,1	1,5	1,7	2,8	3,1	4,6	1,0	2,4	2,0	0,7	4,4	1,5
Sample size (=100%)	66 825	4 229	3 016	4 791	6 415	9 235	7 456	5 060	9 233	1 047	4 796	6 116	5 431
Population (16+) x mln	146,3	4,3	2,2	35,3	4,4	16,5	23,3	1,4	24,6	0,1	6,3	4,2	23,6
<b>TOTAL</b>													
Very good	23,4	26,6	52,7	18,3	47,9	19,3	19,3	45,5	19,6	27,7	19,6	7,6	36,6
Good	44,0	46,9	26,9	51,1	27,6	45,1	44,7	34,2	39,4	38,8	54,6	45,4	38,1
Fair	23,8	20,7	14,6	23,0	15,2	22,5	28,3	16,5	29,3	25,9	21,3	27,6	19,3
Bad	6,5	4,7	4,4	5,8	6,7	10,3	3,4	2,8	9,5	5,6	3,9	15,4	4,5
Very bad	2,3	1,1	1,4	1,7	2,6	2,8	4,3	0,9	2,2	2,0	0,7	4,0	1,5
Sample size (=100%)	129 133	8 118	5 903	9 155	12 492	17 908	14 332	9 904	17 729	2 046	9 407	11 622	10 517
Population (16+) x mln	280,1	8,2	4,3	67,3	8,5	31,7	44,6	2,6	47,0	0,3	12,3	8,0	45,4

(1) France: perceived health = satisfaction with health

Source: Eurostat - European Community Household Panel

## 4.1.2

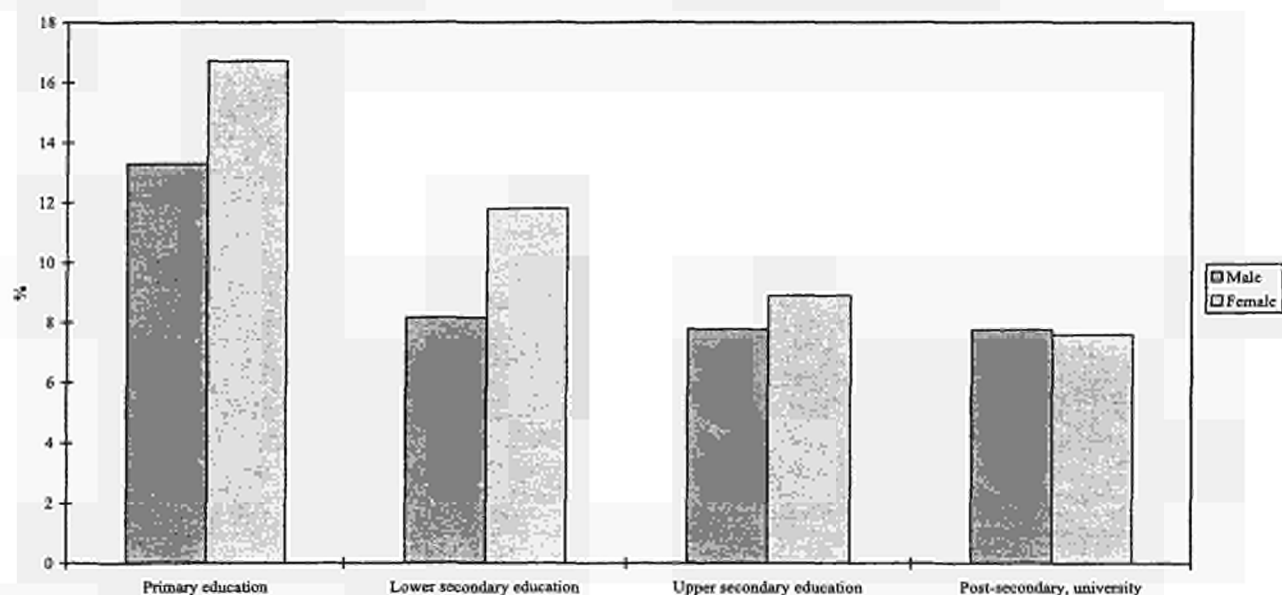
## Self perception of own health (16+ years) according to socio-economic differences - 1994

	B	DK	D	EL	E	F	IRL	I	L	NL	P	UK
<i>Odds ratios; calculations based on level of education (lower versus higher)</i>												
<b>MALE, 25+</b>												
<b>Perceived health</b>												
(Very) bad, fair	1,5	2,2	1,5	2,6	2,3	1,5	2,5	1,5	2,2	1,9	2,7	1,8
(Very) bad	2,2	1,7	1,6	2,5	3,6	1,8	5,0	2,2	3,2	2,2	5,6	2,1
<b>Hampered in daily activities</b>												
Severely, to some extent	1,6	1,8	1,2	2,1	2,5	1,6	2,6	1,7	1,8	1,5	1,9	1,4
Severely	1,8	1,5	1,7	2,3	2,5	1,9	4,0	2,2	(1,4)	1,8	4,1	1,7
Cut down in 2 weeks	1,4	(1,2)	1,3	1,9	1,5	:	1,8	1,8	(1,4)	1,5	2,7	1,3
<b>FEMALE, 25+</b>												
<b>Perceived health</b>												
(Very) bad, fair	1,7	2,2	1,4	2,2	2,6	1,6	2,5	1,6	1,6	1,5	3,1	2,1
(Very) bad	1,6	1,8	1,4	2,5	3,6	2,0	1,8	2,0	2,0	2,1	5,4	2,1
<b>Hampered in daily activities</b>												
Severely, to some extent	1,3	1,8	(1,1)	1,6	2,7	1,7	1,8	1,7	(1,2)	1,3	1,7	1,3
Severely	1,5	1,7	1,4	1,6	3,0	1,9	2,5	2,0	(0,7)	1,5	2,4	1,6
Cut down in 2 weeks	1,5	1,8	(1,0)	(1,3)	1,6	:	1,5	(1,1)	(1,3)	(1,1)	1,8	1,2
<i>Odds ratios; calculations based on level of income (lower versus higher)</i>												
<b>MALE, 25+</b>												
<b>Perceived health</b>												
(Very) bad, fair	1,5	2,7	1,6	1,7	1,6	1,5	2,6	1,6	1,7	1,7	2,0	1,9
(Very) bad	2,2	2,8	1,6	1,8	2,1	2,4	2,5	2,2	2,7	2,0	2,2	2,0
<b>Hampered in daily activities</b>												
Severely, to some extent	1,5	2,3	1,4	2,0	1,9	1,8	2,2	1,8	1,7	1,5	1,8	1,7
Severely	2,1	2,5	1,8	1,9	1,7	2,0	2,5	2,0	2,6	2,3	1,6	1,9
Cut down in two weeks	1,5	2,0	1,3	1,8	1,3	:	1,3	(1,2)	1,7	1,4	1,8	1,4
<b>FEMALE, 25+</b>												
<b>Perceived health</b>												
(Very) bad, fair	1,5	1,9	1,3	1,8	1,5	1,6	1,9	1,4	(1,1)	1,5	1,2	1,8
(Very) bad	1,8	(1,4)	1,4	1,8	1,6	1,7	1,9	1,6	(1,3)	2,3	1,4	1,9
<b>Hampered in daily activities</b>												
Severely, to some extent	1,2	1,5	(1,2)	1,5	1,5	1,7	1,6	1,3	(0,9)	1,3	1,3	1,7
Severely	1,4	(1,4)	(1,1)	1,5	1,4	1,7	1,7	1,4	(0,9)	(1,2)	(1,1)	1,5
Cut down in two weeks	1,7	(1,2)	(1,1)	1,4	1,3	:	1,3	(1,0)	1,5	1,5	(1,1)	1,6

Source: Eurostat - European Community Household Panel

## 4.1.3

## Perceived health '(very) bad' by level of education (standardised) - 1994



Source: Eurostat - European Community Household Panel

## 4.1.4

## Average weight of Europeans by age and sex - 1996

	All ages		15-24		25-34		35-44		45-54		55-64		>65	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
EUR-15	77,7	64,6	72,6	59,4	77,5	62,8	79,1	64,2	80,6	67,2	79,5	68,7	77,3	66,6
B	76,9	64,4	68,7	59,2	75,7	63,2	77,7	62,8	79,8	66,4	79,1	68,7	75,8	66,7
DK	79,5	64,7	76,5	64,0	80,0	63,0	80,2	63,0	80,9	67,2	81,6	78,3	66,9	66,0
D (W)	80,4	64,4	77,2	61,9	81,6	61,8	80,7	65,8	83,1	66,7	79,1	77,8	77,8	64,4
EL	78,7	67,0	73,7	59,4	79,2	63,3	80,9	67,1	80,8	71,4	78,3	70,7	78,0	71,0
I	75,2	61,3	70,9	55,8	73,6	56,9	77,0	59,6	77,9	63,6	78,0	64,9	74,6	66,6
E	75,6	62,7	71,7	57,0	78,0	59,7	77,8	60,8	76,1	64,5	74,9	70,2	73,7	66,5
F	74,7	61,1	70,5	56,4	75,4	61,2	74,7	60,9	77,6	61,2	78,1	65,3	74,8	62,2
IRL	75,5	63,9	70,6	59,3	75,8	62,5	77,7	62,8	77,9	67,2	79,3	68,5	78,1	66,8
L	79,6	64,4	73,3	57,4	77,1	64,3	79,4	63,8	84,6	68,7	84,2	67,4	81,6	65,4
NL	78,2	68,3	73,3	66,5	80,9	66,5	79,5	67,7	80,3	68,8	79,6	69,6	76,4	72,7
P	72,3	62,2	69,4	56,2	71,5	60,8	75,3	62,9	74,3	66,0	72,0	67,6	72,1	64,3
GB	79,9	65,8	73,7	62,4	79,8	64,1	81,3	67,8	82,9	67,2	80,9	69,3	80,2	65,4
FIN	79,0	65,5	75,1	59,9	77,8	64,3	81,9	66,0	82,8	68,2	83,9	71,4	78,6	67,4
S	79,9	65,3	75,0	59,7	74,8	63,4	78,6	63,9	82,0	67,7	81,0	69,2	82,7	67,2
A	79,7	65,7	73,4	58,6	80,0	63,3	80,2	65,0	83,2	72,3	82,9	67,1	77,7	69,3

Source: Eurostat (from Eurobarometer 44.3)

**4.1.5**
**Average height of Europeans by age and sex - 1996**

	All ages		15-24		25-34		35-44		45-54		55-64		+65	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
B	1,745	1,639	1,756	1,665	1,765	1,654	1,767	1,654	1,751	1,631	1,723	1,620	1,686	1,605
DK	1,785	1,664	1,815	1,685	1,802	1,681	1,800	1,672	1,767	1,658	1,771	1,645	1,748	1,639
D (w)	1,779	1,660	1,802	1,683	1,803	1,675	1,790	1,677	1,778	1,661	1,753	1,649	1,736	1,617
EL	1,744	1,628	1,764	1,654	1,772	1,643	1,756	1,629	1,731	1,623	1,705	1,611	1,719	1,601
I	1,738	1,622	1,761	1,642	1,756	1,643	1,744	1,623	1,731	1,612	1,714	1,610	1,705	1,605
E	1,717	1,611	1,734	1,644	1,752	1,628	1,721	1,605	1,710	1,598	1,681	1,596	1,673	1,580
F	1,746	1,631	1,764	1,647	1,766	1,646	1,749	1,635	1,753	1,620	1,718	1,624	1,695	1,602
IRL	1,748	1,634	1,761	1,649	1,758	1,630	1,756	1,640	1,748	1,632	1,729	1,621	1,716	1,623
L	1,770	1,652	1,791	1,666	1,779	1,661	1,788	1,643	1,771	1,660	1,736	1,648	1,727	1,630
NL	1,796	1,680	1,824	1,706	1,822	1,686	1,812	1,687	1,786	1,672	1,767	1,657	1,740	1,640
P	1,694	1,599	1,739	1,630	1,712	1,609	1,693	1,599	1,667	1,579	1,663	1,591	1,660	1,575
GB	1,765	1,624	1,782	1,642	1,777	1,622	1,768	1,622	1,766	1,627	1,751	1,627	1,740	1,608
FIN	1,757	1,634	1,782	1,650	1,751	1,655	1,759	1,642	1,767	1,642	1,749	1,622	1,730	1,606
S	1,789	1,657	1,796	1,661	1,813	1,668	1,791	1,666	1,793	1,652	1,768	1,656	1,767	1,639
A	1,771	1,657	1,782	1,667	1,791	1,667	1,789	1,659	1,762	1,658	1,758	1,651	1,724	1,628

Source: Eurostat (from Eurobarometer 44.3)

**4.1.6**
**Body Mass Index (BMI) by sex - 1996**
**(Percentage distribution of population, all ages)**

	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	< 18		18-19		20-26		27-30		30+	
EU-15	0,9	3,0	4,0	11,6	69,5	64,6	19,5	14,4	6,1	6,9
B	1,9	4,8	6,2	10,8	69,2	66,3	16,1	9,8	6,5	8,3
DK	0,4	2,8	2,7	15,3	74,6	65,5	16,9	9,5	5,4	6,8
D	0,4	1,9	1,8	8,9	69,1	71,1	23,2	15,1	5,4	3,8
EL	0,6	1,9	3,0	10,4	61,0	55,7	26,7	17,8	8,7	13,0
E	0,9	3,4	4,0	12,3	63,0	62,1	24,2	15,7	7,8	6,2
F	0,6	4,6	5,4	20,5	72,9	59,7	16,5	10,4	4,6	4,4
IRL	0,4	3,1	5,1	11,3	74,5	69,3	15,6	10,5	4,4	6,0
I	0,4	4,6	4,5	15,2	75,3	61,8	15,4	13,4	4,3	5,4
L	1,1	5,4	5,2	16,8	62,6	58,9	22,6	12,2	8,5	7,1
NL	0,8	2,7	6,9	8,9	74,9	68,2	14,4	14,4	2,9	6,8
A	1,3	2,7	2,6	11,4	69,8	66,0	20,4	15,6	5,9	6,0
P	1,2	2,4	3,4	9,2	70,7	61,7	16,7	21,2	7,9	9,4
FIN	0,4	3,2	4,4	8,2	68,3	64,2	18,3	17,6	8,6	8,2
S	0,6	2,3	4,3	11,1	68,1	68,7	22,2	13,8	4,9	3,8
UK	2,1	2,3	2,8	9,8	65,6	62,0	21,4	17,8	8,1	10,1

Source: Eurostat (from Eurobarometer 44.3)

## 4.2.1

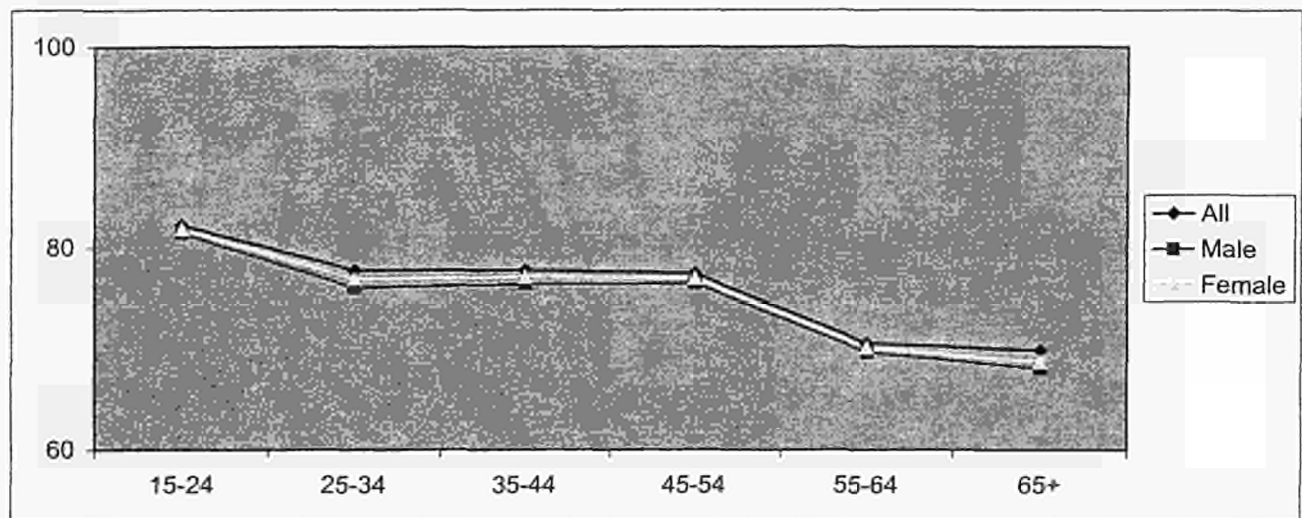
## Satisfaction with own teeth, dentures or false teeth, by sex - 1996

	EUR-15	B	DK	D	EL	I	E	F	IRL	UK	L	NL	P	FIN	S	A
<b>MALES</b>																
Very satisfied	36,1	35,0	70,3	33,8	30,7	30,6	20,4	34,3	56,6	50,1	41,3	46,5	27,9	38,4	53,3	35,0
Fairly satisfied	40,4	48,9	19,2	42,3	27,8	42,5	47,9	40,9	29,1	34,3	38,8	38,1	43,3	41,6	35,0	38,0
Neither	11,5	9,1	4,0	15,4	13,1	13,2	14,6	12,8	5,3	3,8	10,9	5,3	10,1	6,0	4,7	22,1
Fairly dissatisfied	8,3	5,3	4,9	5,6	17,1	9,7	12,2	8,7	3,9	7,6	5,8	6,9	11,8	11,0	6,1	3,9
Very dissatisfied	3,0	1,3	1,6	0,8	10,9	3,9	4,7	2,5	2,6	3,8	2,4	2,8	6,6	2,1	1,1	0,5
<b>FEMALES</b>																
Very satisfied	34,6	37,9	69,3	30,9	32,3	25,4	24,1	34,5	53,2	49,6	44,7	43,5	20,8	34,1	50,9	36,5
Fairly satisfied	39,9	45,4	19,1	46,0	26,2	41,6	42,3	40,5	33,1	32,1	40,8	38,0	39,6	47,3	36,0	37,4
Neither	10,8	9,3	2,4	13,1	13,8	13,6	15,1	9,5	4,8	4,5	7,2	6,7	14,6	5,8	4,9	19,7
Fairly dissatisfied	9,4	6,3	5,3	5,7	15,9	10,2	14,4	10,0	5,6	10,4	4,2	9,0	13,8	8,5	5,2	5,2
Very dissatisfied	4,3	1,0	3,5	3,0	11,8	8,0	3,9	3,6	1,9	3,2	3,2	2,1	10,7	3,8	2,7	0,7
<b>ALL</b>																
Very satisfied	35,3	36,5	69,8	32,3	31,5	27,9	22,3	34,4	54,8	49,8	43,1	45,0	24,2	36,1	52,0	35,8
Fairly satisfied	40,1	47,1	19,1	44,2	27,0	42,0	45,0	40,7	31,1	33,2	39,9	38,0	41,3	44,5	35,5	37,7
Neither	11,1	9,2	3,2	14,2	13,5	13,4	14,9	11,1	5,1	4,1	8,9	6,0	12,5	5,9	4,8	20,8
Fairly dissatisfied	8,8	5,8	5,1	5,6	16,5	10,0	13,3	9,3	4,8	9,1	5,0	8,0	12,8	9,7	5,6	4,6
Very dissatisfied	3,7	1,1	2,6	1,9	11,4	6,0	4,3	3,1	2,2	3,5	2,8	2,4	8,8	3,0	1,9	0,6

Source: Eurobarometer 44.3, European Commission

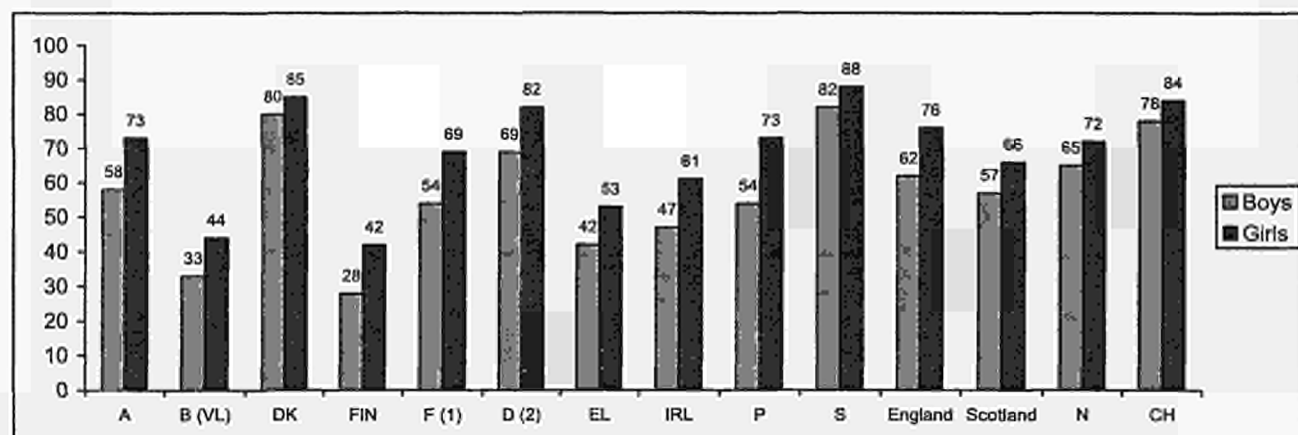
## 4.2.2

## Satisfaction ('very' and 'fairly') with own teeth, dentures or false teeth, by age and sex - 1996 - EU 15



Source: Eurobarometer 44.3, European Commission

## 4.2.3

**Students (11-13 years of age) who report brushing their teeth more than once a day, 1997/98**


(1) Only Lorraine and Midi-Pyrénées

(2) Only Nord-Rhein-Westfalen

Source: Health behaviour in School-aged children: a WHO Cross-National Study (HBSC) International Report, WHO, 2000

## 4.2.4

**DMFT - Index of decayed, filled or missing teeth at age 12**

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	:	:	:	:	:	:	:	5,4	:	:	:	:	:	:	:	:	0,0	:	:
1975	:	:	9,4	:	:	:	3,5	:	:	:	:	:	:	7,5	:	:	:	:	9,9
1980	4,8	:	9,4	:	:	1,9	3,5	5,4	5,5	:	7,3	3,0	:	7,5	:	4,7	8,7	8,4	6,1
1985	4,1	3,1	3,4	:	4,4	4,2	4,2	2,9	3,0	3,9	2,4	4,3	3,8	3,0	3,4	3,5	7,7	3,4	3,0
1990	3,4	2,7	1,4	:	4,4	:	3,0	2,7	4,0	3,0	1,7	4,2	3,2	2,0	2,0	3,1	3,4	2,7	2,3
1991	:	2,7	1,3	:	:	:	:	:	:	:	1,7	:	:	1,2	:	:	3,4	2,3	:
1992	:	:	1,3	3,9	:	:	:	1,9	:	:	0,9	:	:	:	:	:	:	2,2	:
1993	:	:	:	3,9	1,6	2,3	2,1	:	:	2,3	0,9	3,0	:	:	:	1,4	2,3	2,1	:
1994	:	:	1,3	2,6	:	2,3	:	:	:	2,3	:	:	:	1,2	:	:	:	2,0	:
1995	:	:	:	:	:	:	:	:	:	2,3	:	:	:	:	1,4	:	1,5	1,9	:
1996	:	:	:	:	:	:	:	:	2,1	:	:	:	:	:	:	:	:	:	:

Source: Health for All - WHO Europe, 2000

## 4.3.1

### Hampered in daily activities because of chronic conditions by sex (16+ years) 1994

	% (standardised)												
	EUR12	B	DK	D	EL	E	F	IRL	I	L	NL	P	UK
<b>MALE</b>													
Yes, severely	7,0	6,0	4,5	7,5	6,2	6,0	10,1	3,9	6,4	4,8	6,4	9,0	5,1
Yes, to some extent	14,1	12,9	13,6	17,3	9,7	10,9	9,4	13,6	13,5	17,1	16,7	17,4	17,0
No	78,8	81,0	81,9	75,2	84,2	83,1	80,5	82,5	80,2	78,1	76,9	73,6	78,0
Sample size (=100%)	62 308	3 889	2 887	4 364	6 077	8 672	6 876	4 844	8 496	999	4 611	5 506	5 086
Population (16+) x mln	133,8	3,9	2,1	32,0	4,1	15,2	21,3	1,2	22,4	0,2	6,0	3,8	21,8
<b>FEMALE</b>													
Yes, severely	6,8	6,5	5,0	6,0	6,5	6,0	10,1	3,7	7,2	4,1	7,3	8,6	5,0
Yes, to some extent	15,7	16,2	16,8	18,2	10,8	13,9	9,0	14,9	15,8	21,0	20,1	20,8	18,2
No	77,5	77,2	78,2	75,8	82,7	80,1	81,0	81,4	76,9	75,0	72,6	70,6	76,8
Sample size (=100%)	66 825	4 229	3 016	4 791	6 415	9 235	7 456	5 060	9 233	1 047	4 796	6 116	5 431
Population (16+) x mln	146,3	4,3	2,2	35,3	4,4	16,5	23,3	1,4	24,6	0,1	6,3	4,2	23,6
<b>TOTAL</b>													
Yes, severely	6,9	6,3	4,8	6,7	6,4	6,0	10,1	3,8	6,8	4,4	6,8	8,7	5,1
Yes, to some extent	14,9	14,7	15,3	17,7	10,3	12,4	9,2	14,3	14,7	19,1	18,5	19,2	17,6
No	78,1	79,0	79,9	75,5	83,4	81,5	80,7	81,9	78,4	76,6	74,7	72,0	77,3
Sample size (=100%)	129 133	8 118	5 903	9 155	12 492	17 908	14 332	9 904	17 729	2 046	9 407	11 622	10 517
Population (16+) x mln	280,1	8,2	4,3	67,3	8,5	31,7	44,6	2,6	47,0	0,3	12,3	8,0	45,4

Source: Eurostat - European Community Household Panel

## 4.3.2

### Cutdown of activities because of physical and/or mental reasons (16+ years) 1994

	% (standardised)												
	EUR11	B	DK	D	EL	E	F	IRL	I	L	NL	P (1)	UK
<b>MALE</b>													
Physical and mental	1,0	1,1	2,0	1,1	0,8	0,7	:	1,6	0,3	1,2	2,5	11,9	1,2
Physical	9,9	7,8	10,7	13,4	5,7	9,6	:	7,1	4,0	9,7	11,0		11,4
Mental	1,1	1,3	1,3	1,0	0,9	1,0	:	0,9	0,7	0,9	2,3	4,8	0,8
No	88,1	89,9	85,9	84,6	92,5	88,8	:	90,5	95,0	88,2	84,2	83,3	86,6
Sample size (=100%)	55 431	3 889	2 887	4 364	6 077	8 672	:	4 844	8 496	999	4 611	5 506	5 086
Population (16+) x mln	112,7	3,9	2,1	32,0	4,1	15,2	:	1,2	22,4	0,2	6,0	3,8	21,8
<b>FEMALE</b>													
Physical and mental	1,5	1,6	3,2	1,6	0,9	1,3	:	1,7	0,5	2,0	4,7	13,6	1,8
Physical	10,9	7,6	14,6	14,4	7,1	11,0	:	9,0	4,4	12,2	14,5		12,1
Mental	1,7	2,3	1,7	1,7	1,3	1,5	:	2,2	0,5	2,2	3,8	4,4	1,8
No	85,9	88,5	80,5	82,3	90,7	86,1	:	87,2	94,6	83,5	77,0	82,0	84,3
Sample size (=100%)	59 369	4 229	3 016	4 791	6 415	9 235	:	5 060	9 233	1 047	4 796	6 116	5 431
Population (16+) x mln	146,3	4,3	2,2	35,3	4,4	16,5	:	1,4	24,6	0,1	6,3	4,2	23,6
<b>TOTAL</b>													
Physical and mental	1,2	1,3	2,7	1,4	0,9	1,0	:	1,6	0,4	1,6	3,6	12,8	1,5
Physical	10,4	7,7	12,7	13,9	6,5	10,4	:	8,1	4,2	10,9	12,8		11,8
Mental	1,4	1,8	1,5	1,4	1,1	1,2	:	1,6	0,6	1,6	3,1	4,6	1,3
No	87,0	89,2	83,1	83,4	91,6	87,4	:	88,8	94,8	85,8	80,5	82,6	85,4
Sample size (=100%)	114 801	8 118	5 903	9 155	12 492	17 908	:	9 904	17 729	2 046	9 407	11 622	10 517
Population (16+) x mln	235,6	8,2	4,3	67,3	8,5	31,7	:	2,6	47,0	0,3	12,3	8,0	45,4

(1) Portugal: cutdown of activities: physical and mental incl. physical

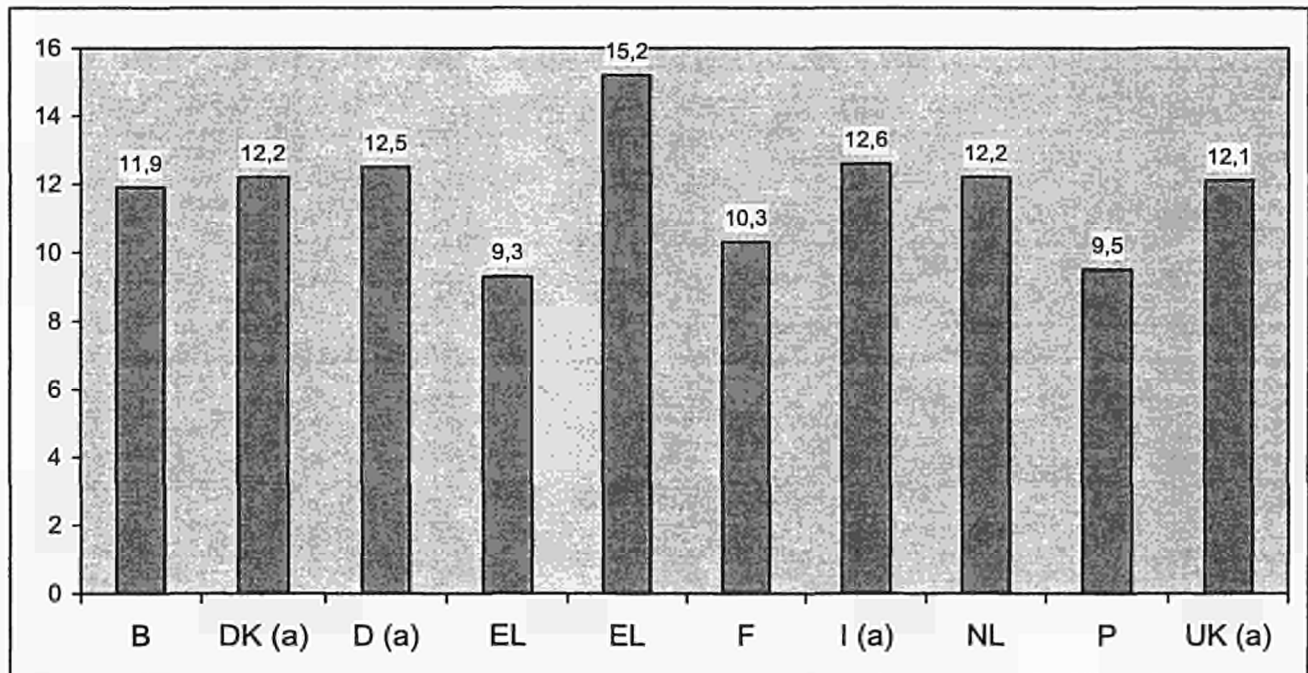
Source: Eurostat - European Community Household Panel

### 4.3.3 Disability free-life expectancy by sex – 1994

	EU 12	B	DK	D	EL	E	F	IRL	I	L	NL	P	UK
<b>MEN</b>													
<i>Years of survival</i>													
Life expectancy	73,6	73,3	72,7	73,0	75,1	74,2	73,7	73,1	74,4	73,1	74,5	71,6	74,0
Disability free-life expectancy	59,7	60,3	60,7	56,6	62,9	61,8	60,1	61,2	60,2	59,1	58,9	55,0	59,0
Severe disability free-life expectancy	69,2	69,3	69,6	68,0	70,4	70,0	66,8	70,5	69,7	70,0	70,1	66,0	70,5
<i>Distribution in %</i>													
Without disability	81,3	82,2	83,5	77,5	83,8	83,3	81,5	83,8	80,9	80,9	79,1	79,1	79,7
With some disabilities	13,0	12,3	12,3	15,7	10,0	11,0	9,1	12,6	12,8	14,9	14,9	14,9	15,5
Severe disability	5,7	5,6	4,2	6,8	6,2	5,7	9,4	3,6	6,3	4,2	6,0	6,0	4,8
<b>WOMEN</b>													
<i>Years of survival</i>													
Life expectancy	79,8	80,1	78,0	79,5	80,1	81,4	81,8	78,6	80,7	79,8	80,2	78,5	79,3
Disability free-life expectancy	61,5	61,4	61,2	60,0	65,0	63,5	64,6	63,9	60,8	61,0	58,8	56,7	60,8
Severe disability free-life expectancy	74,3	74,3	73,8	74,0	74,4	75,4	72,8	75,7	73,8	76,5	74,0	71,8	74,7
<i>Distribution in %</i>													
Without disability	77,0	76,7	78,5	75,4	81,1	78	78,9	81,4	75,3	76,4	73,3	72,2	76,7
With some disabilities	16,1	16,1	16,1	17,7	11,8	14,7	10,0	15,0	16,2	19,5	19,0	19,2	17,4
Severe disability	7,0	7,2	5,4	6,9	7,1	7,3	11,1	3,7	8,5	4,1	7,7	8,6	5,9

Source: Eurostat (Mortality Statistics and European Community Household Panel) calculated by REVES / INSERM

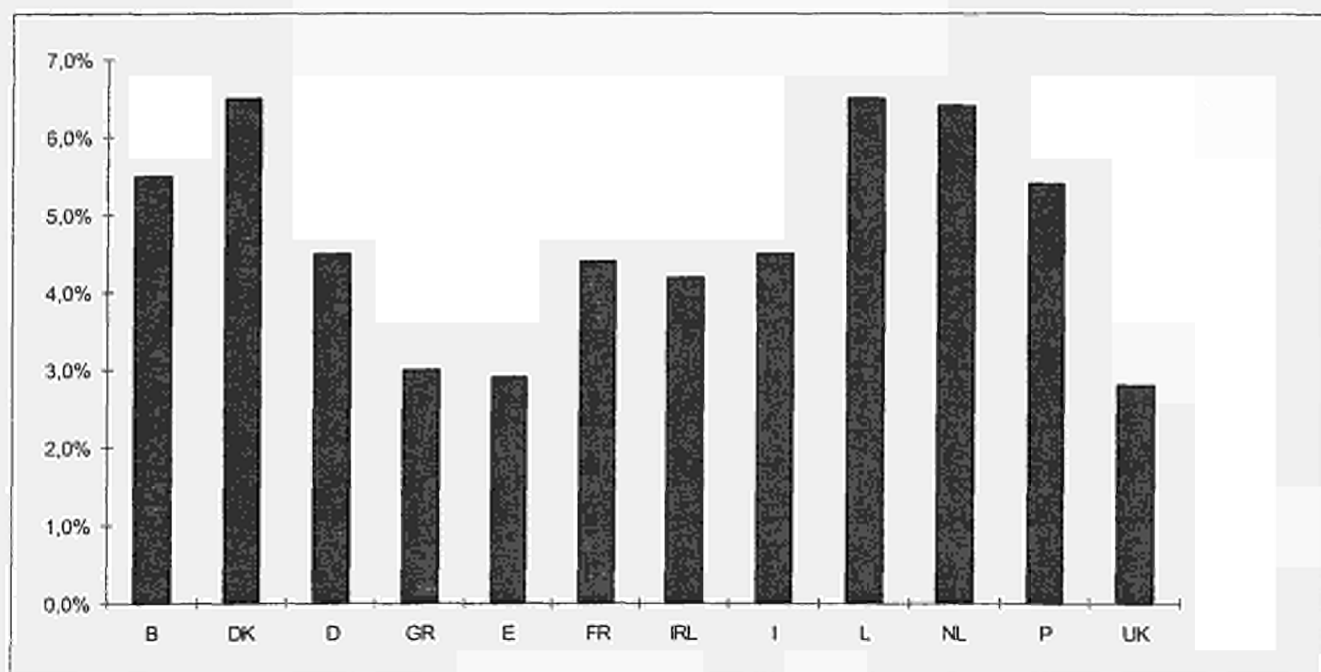
### 4.3.4 Estimation of % of persons with a disability – 1992



Source: EUROSTAT on the basis of national surveys and census in Member States (a) 1991



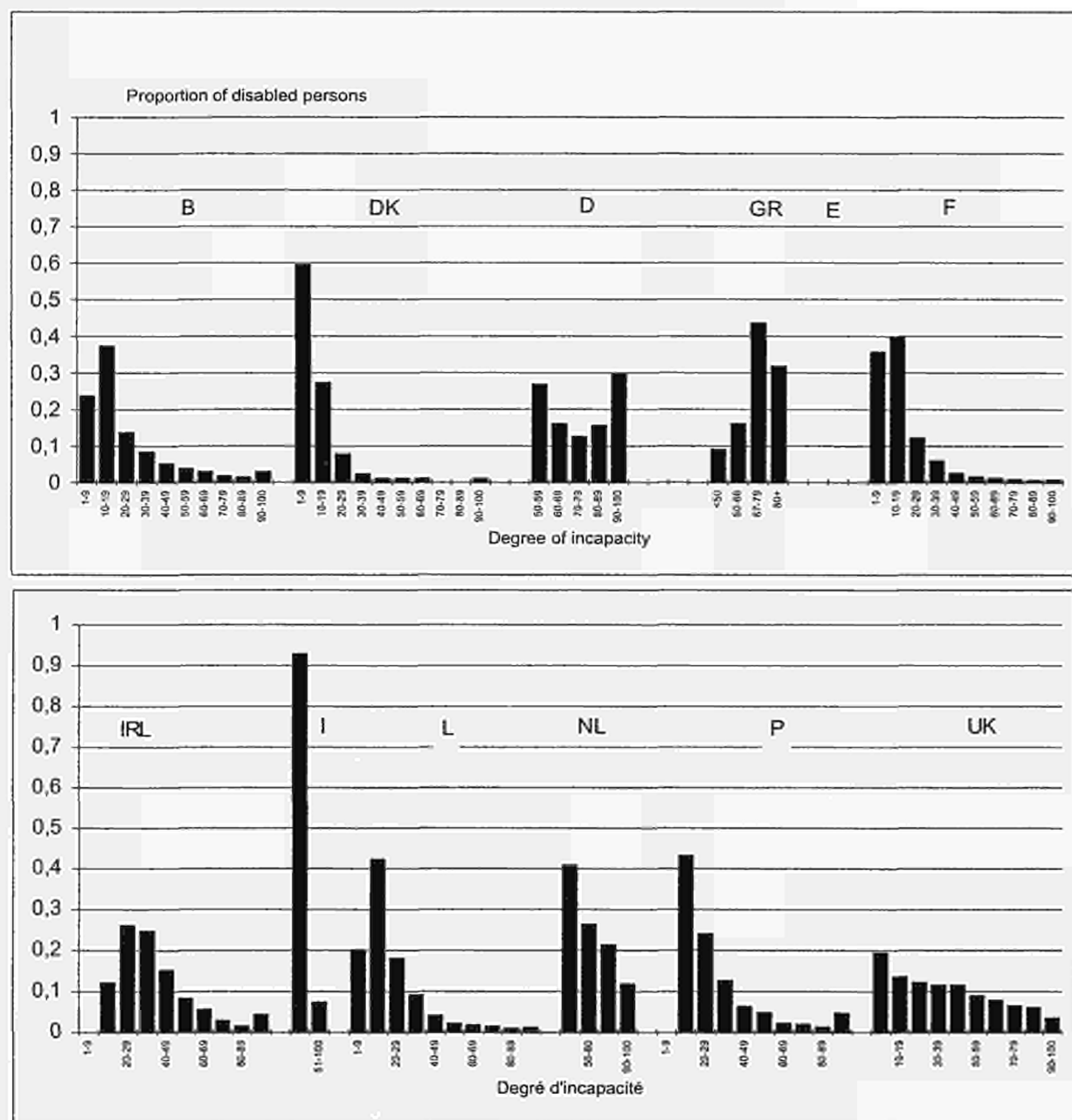
## 4.3.5

**Estimation of population of disabled persons receiving financial aid linked to a disability - 1991, (<60 years) (% of total population)**

Source: Eurostat (Gramenos Report), 1993

## 4.3.6

## Breakdown of disabled persons by degree of disability - 1992



B: Persons receiving supplementary occupational accident allowances and occupational illness persons

DK: Occupational accident pensions; 1989

D: Severely disabled persons; 1991. Not including the New Länder

GR: Number of recognised disabled persons in 1991. The categories are: <50%, 50-66%, 67-79% and 80+

E: Data not comparable

F: Occupational accident pensions

IRL: Persons receiving the disability allowance; 1990. First % degree under 20%.

I: Occupational disablement pensions: degree: 11-50% and 51-100%; 1998

L: Injured persons' pensions, 1991.

NL: Physically disabled persons: 1986-1988. The breakdown by degree refers to: minor, moderate, severe and very severe.

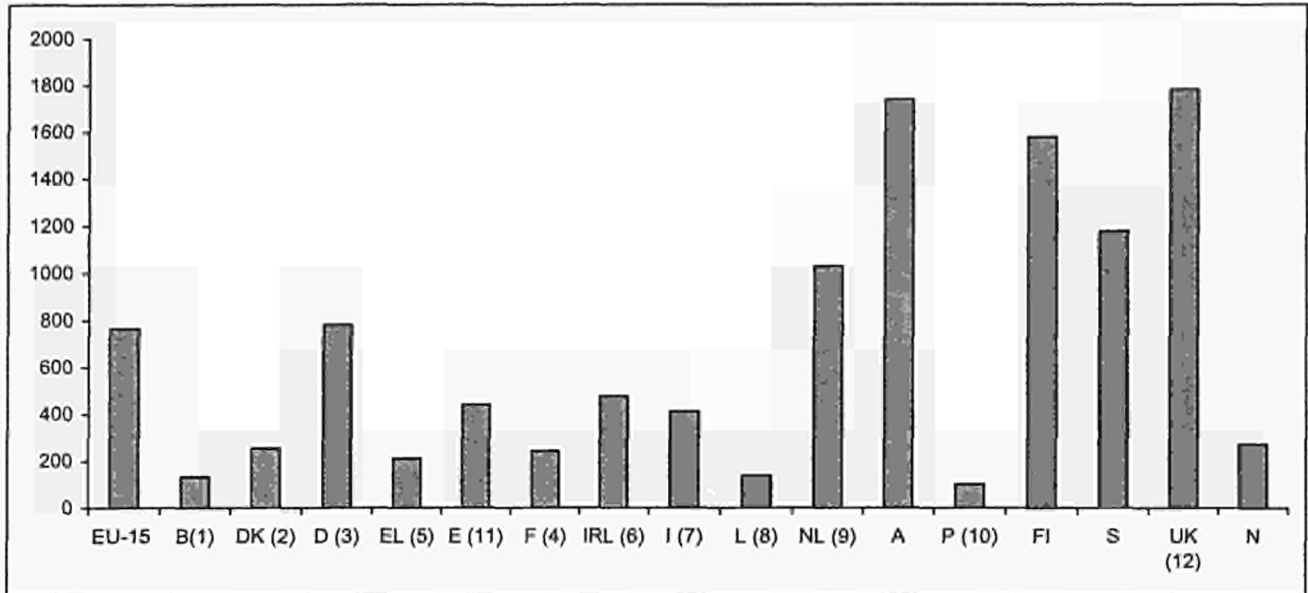
P: Persons receiving pensions for occupational accidents and occupational diseases; 1988.

UK: Adults experiencing restrictions in their everyday activities: 1985.

Source: Eurostat from Ministries and institutions related to social security

### 4.3.7

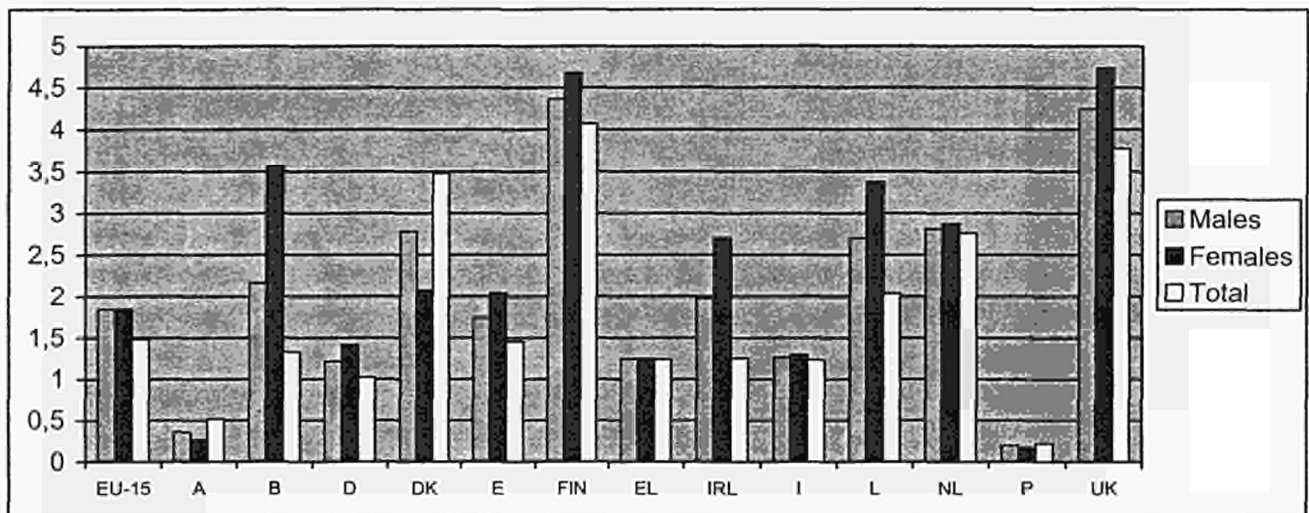
#### Total visually impaired population - 1994, per 100 000 of total population



- (1) Central vision acuity in both eyes less than 0.6 of normal sight-after correction
  - (2) Visual acuity lower than or equal to 6/60
  - (3) Visual acuity of 2% or less of normal sight and other impairments of visual acuity of the same gravity
  - (4) Visual acuity inferior or equal to 1/10 for each eye or nil at one eye and inferior or equal to 2/10 at the other
  - (5) Visual acuity less than 1/20 of normal sight in both eyes after correction
  - (6) Visual acuity less than 2/20 of normal sight in both eyes after correction
  - (7) Visual acuity less than 1/10 of normal sight in both eyes after correction
  - (8) Visual acuity less than 1/10 of normal sight in both eyes after correction or visual field inferior to 10o
  - (9) Visual acuity less than 1/10 of normal sight in both eyes after correction or visual field inferior to 20o
  - (10) Visual acuity less than 0.05
  - (11) Visual acuity less than 1/10 of normal sight in both eyes after correction or visual field inferior to 10o
  - (12) Visual acuity of between 3/60 and 6/60 Snellen and a full field of vision or 6/60 and 6/24Snellen and a moderate contraction of their field vision
- Source: European Blind Union, Paris (France)

### 4.3.8

#### Percentage of persons declaring a permanent disability for work over total population, by sex – 1997



No data for France and Sweden  
 Source: Labour Force Survey, Eurostat

## 4.4.1

## Incidence of cancer in 1990 and 1995. Age-standardised rate per 100 000 males (standard world population)

	EUR15		A		B		DK		FIN		F		D		EL	
	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995
All sites but skin	268,4	278,7	291,4	260,0	288,8	297,1	258,8	272,5	248,4	260,8	302,4	300,5	274,3	282,3	195,2	219,2
Bronchus / Lung	55,6	54,1	52,8	47,2	75,2	81,5	52,1	48,7	54,0	42,6	50,1	47,6	50,9	54,0	55,4	56,4
Colon / rectum	33,3	34,0	43,1	38,4	35,8	29,9	37,4	37,8	22,7	26,5	34,0	37,8	41,7	37,2	13,8	16,3
Female breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prostate	28,5	34,1	39,8	40,8	38,2	42,7	30,8	26,7	40,6	62,0	35,8	40,6	34,7	41,4	11,4	14,2
Stomach	16,7	15,4	21,6	16,5	12,9	10,6	8,9	8,4	16,3	13,2	10,9	10,9	18,8	16,2	11,7	11,7
Oesophagus	6,1	6,6	4,3	3,9	4,8	4,7	4,7	5,4	3,3	3,2	10,8	12,1	4,9	5,5	1,5	1,4
Bladder	18,8	21,9	19,8	13,4	17,5	20,6	12,8	26,6	14,9	16,0	16,1	19,2	15,5	18,0	19,0	24,2
Larynx	8,8	8,3	6,4	7,0	11,2	9,9	5,4	5,7	3,2	2,9	15,6	10,3	5,5	5,9	6,3	7,0
Testis	4,8	5,5	6,2	6,1	4,2	4,0	9,0	10,3	2,3	3,1	4,6	5,0	7,9	8,2	3,8	3,0
Cervix uteri	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ovary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corpus uteri	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leukaemias	8,3	8,1	7,9	6,2	8,3	7,9	9,4	8,3	6,8	7,4	8,3	7,9	8,3	7,8	8,1	8,2
Liver	5,8	6,7	8,0	7,0	1,7	3,3	3,5	3,2	4,4	3,6	7,9	8,5	3,3	4,8	11,9	11,5
Non Hodgkins Lymphoma	9,5	9,9	7,9	6,3	6,9	7,5	9,6	9,2	10,2	8,5	9,5	11,6	8,3	8,4	5,7	4,9
Hodgkin's disease	2,7	2,1	2,1	2,8	2,0	1,4	2,5	2,1	2,1	2,5	2,3	1,4	3,5	1,9	2,9	3,6
Pancreas	6,1	6,8	9,5	9,1	5,5	7,3	7,7	7,0	9,2	8,7	5,5	5,0	6,0	8,2	4,7	6,0
Lip, oral cavity, pharynx	16,7	15,1	12,3	13,0	13,1	10,1	9,7	11,7	7,2	0,4	35,1	31,6	17,1	14,1	4,7	4,8
Kidney	8,6	9,5	13,9	9,7	8,1	8,0	8,7	9,5	11,8	11,1	8,6	9,5	12,2	11,9	4,2	6,6
Melanoma of skin	4,6	5,3	5,7	7,7	4,2	4,9	8,6	10,1	7,3	7,5	4,1	5,3	5,5	6,0	1,7	1,8
Myeloma multiple	2,6	2,8	2,7	2,4	2,5	2,7	3,1	3,4	3,3	2,7	2,4	2,4	2,7	2,5	1,4	2,0
Brain, nervous system	6,0	6,9	6,1	6,1	7,3	9,3	6,5	11,3	7,3	10,2	5,2	5,3	5,7	7,1	8,8	11,6
Thyroid	1,3	1,5	1,8	1,8	1,9	0,5	0,6	0,5	1,5	2,8	1,7	1,4	2,1	2,0	0,4	0,8
	IRL		I		L		NL		P		E		S		UK	
	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995
All sites but skin	247,8	260,3	270,9	302,8	290,9	290,0	291,9	295,4	207,6	249,4	248,1	272,9	241,3	235,8	257,1	254,9
Bronchus / Lung	52,0	41,4	63,7	63,8	66,0	65,0	74,4	66,5	30,3	33,0	51,7	53,8	23,9	21,1	63,2	53,2
Colon / rectum	36,8	40,9	30,4	33,6	41,8	33,2	36,9	37,2	32,0	36,0	28,0	29,4	29,6	29,4	33,2	32,7
Female breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prostate	29,0	43,1	15,3	24,3	35,1	38,6	39,7	54,5	19,5	24,2	17,2	20,4	55,3	60,7	27,1	30,6
Stomach	15,6	12,3	20,7	21,1	13,9	11,0	15,5	13,5	31,9	30,0	17,5	17,5	10,6	8,1	16,0	12,9
Oesophagus	7,0	7,6	4,3	4,4	5,1	6,6	5,2	6,2	6,1	5,9	6,1	6,2	3,0	2,8	7,5	8,6
Bladder	11,7	14,0	24,9	32,5	13,6	15,8	15,2	14,1	14,2	18,5	23,9	30,0	17,3	15,3	19,7	18,9
Larynx	6,2	4,6	10,1	11,6	10,9	4,8	6,3	5,8	11,6	12,9	14,3	14,1	2,5	1,9	4,4	4,2
Testis	3,8	4,6	3,1	4,1	2,9	4,0	3,9	4,3	2,5	4,6	2,4	3,9	4,6	4,9	4,6	5,7
Cervix uteri	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ovary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corpus uteri	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leukaemias	8,6	9,0	9,4	9,3	8,5	5,6	7,7	8,3	8,1	6,7	8,1	7,7	8,4	7,8	7,8	8,0
Liver	2,6	1,9	10,9	13,9	3,7	4,5	1,5	1,6	4,0	4,8	7,5	7,1	4,3	3,6	2,0	2,3
Non Hodgkins Lymphoma	9,3	9,6	12,3	12,5	9,0	9,8	10,7	10,8	9,5	9,1	9,7	8,4	10,7	10,4	9,0	10,9
Hodgkin's disease	2,5	1,9	2,8	2,4	2,2	2,6	2,4	2,0	2,0	2,3	2,5	1,9	2,0	1,8	2,4	2,4
Pancreas	8,7	6,0	5,9	7,6	5,5	6,6	6,8	6,0	4,5	6,1	4,4	5,5	6,9	5,9	7,1	6,6
Lip, oral cavity, pharynx	8,0	9,8	16,7	11,8	26,4	15,9	8,7	8,6	16,7	15,7	18,5	22,8	6,6	6,2	5,7	6,2
Kidney	5,9	6,5	8,0	11,4	9,0	6,7	10,3	9,8	3,9	5,8	5,3	6,9	10,2	8,6	6,9	7,1
Melanoma of skin	3,2	5,9	3,8	4,2	3,6	4,0	6,9	7,6	2,1	1,9	2,7	2,8	10,7	11,1	4,3	5,9
Myeloma multiple	4,0	3,9	2,3	3,4	2,6	1,6	3,4	3,3	1,8	2,5	1,9	1,7	3,7	3,5	3,2	3,4
Brain, nervous system	7,4	8,4	6,3	6,9	8,8	6,6	6,0	6,0	6,2	7,2	5,0	7,6	6,5	8,2	6,2	5,9
Thyroid	0,9	0,8	1,1	1,7	1,9	0,8	0,9	0,9	0,7	1,3	0,7	1,3	1,3	1,2	0,7	1,2

Source: International Agency on Research on Cancer, Lyon

### 4.4.2

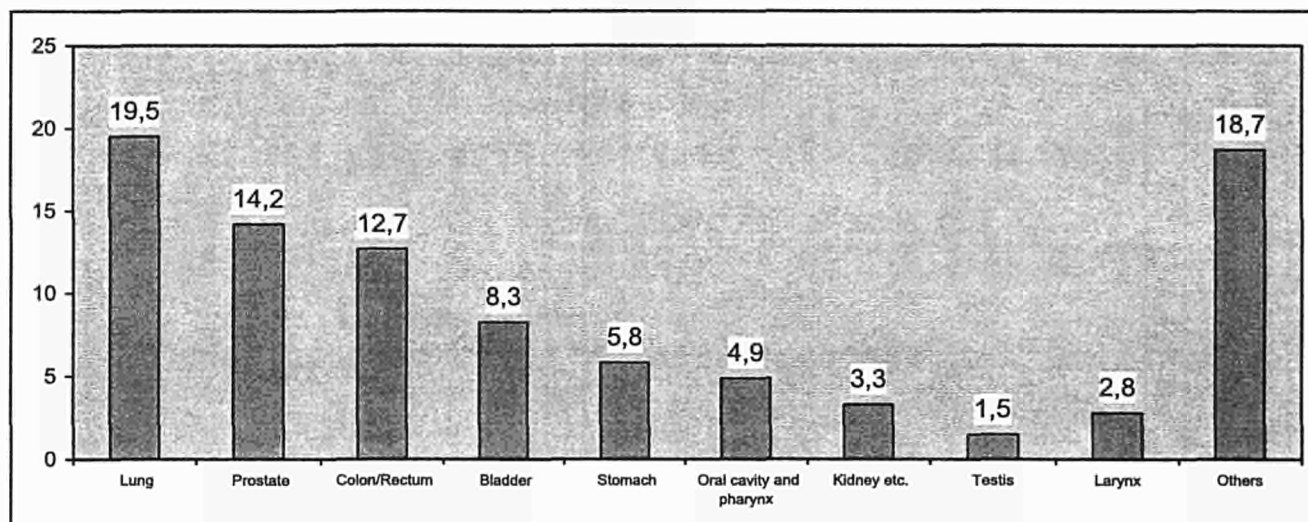
## Incidence of cancer in 1990 and 1995. Age-standardised rate per 100 000 females (standard world population)

	EUR15		A		B		DK		FIN		F		D		EL	
	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995
All sites but skin	196,4	202,6	222,3	194,3	211,2	202,1	257,7	272,4	208,4	224,4	172,4	194,0	208,4	206,0	139,4	149,4
Bronchus / Lung	10,3	11,0	11,3	11,7	8,2	10,8	25,2	30,2	8,0	8,5	5,5	5,4	8,5	10,6	7,8	7,8
Colon / rectum	23,7	23,2	27,4	22,2	26,8	21,8	30,2	28,6	17,9	19,2	20,5	24,6	30,1	26,0	11,3	12,8
Female breast	60,9	65,1	59,1	60,1	79,2	70,7	73,2	77,7	64,7	76,7	58,0	76,6	65,6	63,4	40,6	46,5
Prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stomach	7,5	7,2	11,3	8,9	6,2	5,4	4,6	3,5	9,0	7,2	4,0	4,4	9,0	8,6	5,8	5,7
Oesophagus	1,2	1,4	0,5	0,5	1,0	1,2	1,3	1,7	1,5	1,5	1,0	1,2	0,8	1,0	0,2	0,4
Bladder	3,4	4,3	4,9	3,5	2,9	4,8	3,4	7,7	2,9	3,6	2,1	2,9	2,8	4,1	2,9	3,9
Larynx	0,5	0,6	0,5	0,5	0,9	1,2	1,0	1,0	0,2	0,3	0,7	0,5	0,4	0,5	0,4	0,5
Testis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cervix uteri	10,4	9,9	12,6	12,2	7,6	8,0	15,3	13,2	8,6	4,4	9,5	10,0	12,0	12,1	8,9	7,3
Ovary	9,6	10,1	13,3	10,2	9,4	11,3	13,8	13,4	10,7	14,4	8,1	8,9	10,4	10,8	5,9	7,2
Corpus uteri	10,7	10,9	13,9	10,4	11,5	11,0	14,8	13,6	12,8	13,7	9,7	10,0	11,3	8,5	6,7	6,5
Leukaemias	5,5	5,0	5,3	3,8	5,3	5,1	5,8	5,4	4,9	4,2	5,3	4,4	5,3	4,7	5,4	5,2
Liver	2,0	2,1	2,3	2,2	0,8	1,8	1,8	1,3	2,5	1,4	1,6	1,3	1,4	1,9	4,4	4,3
Non Hodgkins Lymphoma	5,9	6,2	5,4	4,0	4,2	5,3	6,3	6,0	7,6	6,5	5,7	7,2	5,1	5,3	3,0	2,3
Hodgkin's disease	1,7	1,6	1,7	2,4	1,2	0,6	1,4	1,3	1,5	1,6	1,5	1,2	2,2	1,7	1,9	1,9
Pancreas	3,9	4,4	6,8	6,1	3,3	4,5	6,3	5,8	6,8	5,9	2,8	2,5	3,8	5,4	2,5	3,5
Lip, oral cavity, pharynx	2,6	2,7	2,3	2,4	2,8	2,6	3,4	3,3	2,6	4,1	3,4	3,4	2,7	3,0	1,1	1,1
Kidney	3,9	4,2	7,7	4,7	4,7	3,8	5,5	6,0	6,4	6,8	3,5	3,8	5,5	5,2	1,5	2,5
Melanoma of skin	6,5	6,2	5,8	8,6	6,9	4,8	11,5	13,6	6,4	6,4	5,7	6,3	7,0	6,4	3,2	1,8
Myeloma multiple	1,9	1,9	2,0	1,9	2,2	1,6	2,2	1,8	2,4	2,4	1,8	1,7	1,9	1,8	1,1	1,3
Brain, nervous system	4,5	4,9	5,1	4,4	6,0	5,8	4,7	11,5	5,5	11,3	4,0	3,4	4,8	5,1	6,2	6,8
Thyroid	2,4	3,1	4,0	1,9	1,8	1,0	1,9	1,9	6,1	8,0	1,9	2,4	2,4	4,2	1,5	2,7
	IRL		I		L		NL		P		E		S		UK	
	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995
All sites but skin	225,7	223,1	187,4	212,4	216,8	191,7	227,9	238,0	163,7	179,8	156,6	154,8	229,1	238,6	224,9	221,1
Bronchus / Lung	20,2	17,2	8,1	8,8	9,5	9,9	13,0	15,3	5,0	5,3	4,0	3,7	10,8	12,9	23,8	23,2
Colon / rectum	24,8	27,3	20,3	22,3	25,9	22,0	28,1	28,0	21,1	22,2	19,2	19,0	24,1	22,9	23,6	22,2
Female breast	67,2	67,7	53,7	63,1	72,0	67,1	81,0	87,3	49,9	52,2	46,2	45,4	72,8	76,1	68,1	67,4
Prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stomach	7,4	5,7	9,4	10,1	5,1	5,3	6,1	5,6	14,6	14,0	7,7	7,5	5,3	4,4	6,4	5,2
Oesophagus	4,3	4,2	0,4	0,7	0,9	0,8	1,9	2,1	0,7	0,9	0,3	0,5	1,0	0,8	3,7	3,8
Bladder	3,7	3,7	3,2	5,3	2,0	2,9	3,0	3,0	3,2	4,2	2,8	3,5	4,6	4,3	6,0	5,7
Larynx	1,3	0,7	0,4	0,7	0,0	0,4	0,8	0,9	0,5	0,6	0,2	0,2	0,3	0,2	0,8	0,8
Testis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cervix uteri	8,8	7,7	8,5	9,0	7,5	2,7	7,1	6,3	14,1	14,7	8,4	6,9	8,6	7,3	12,1	10,7
Ovary	12,8	13,0	8,6	8,5	11,1	8,4	11,2	11,8	6,1	6,2	6,7	8,4	13,1	15,2	12,3	11,7
Corpus uteri	12,6	9,6	10,7	16,8	19,9	13,7	10,8	11,1	13,5	12,3	11,3	11,1	13,9	13,2	8,8	9,1
Leukaemias	5,0	4,2	6,1	6,0	5,4	2,5	4,8	5,3	6,4	4,8	5,5	5,1	5,9	6,3	5,1	4,9
Liver	1,2	0,5	3,6	4,5	0,9	1,0	0,6	0,7	1,5	1,6	2,8	2,3	2,5	2,0	0,9	1,0
Non Hodgkins Lymphoma	7,9	7,3	7,3	7,6	6,1	4,1	7,0	6,8	5,6	5,8	5,6	4,9	6,8	7,0	6,3	6,9
Hodgkin's disease	2,4	1,6	1,7	1,8	1,6	1,8	1,6	1,6	1,0	1,7	1,2	1,1	1,4	1,2	1,7	2,1
Pancreas	5,9	4,8	3,4	4,9	2,8	3,9	4,6	4,4	2,4	3,3	2,4	3,2	5,7	5,1	5,5	4,9
Lip, oral cavity, pharynx	2,3	2,9	2,2	2,1	2,8	1,6	3,4	3,6	1,9	2,0	1,8	2,4	2,9	3,0	2,5	2,5
Kidney	2,8	3,8	3,2	4,4	4,4	2,4	5,3	5,4	2,7	2,5	1,9	2,8	6,2	5,3	3,3	3,5
Melanoma of skin	6,7	10,6	7,1	4,2	11,4	3,5	9,8	10,6	5,0	2,7	4,4	4,0	10,7	11,4	6,5	7,7
Myeloma multiple	2,4	2,5	1,7	2,3	1,8	0,8	2,2	2,2	1,3	1,7	1,4	1,0	2,3	2,3	2,3	2,4
Brain, nervous system	5,1	5,9	4,3	4,7	7,7	4,1	4,0	4,1	4,5	4,8	3,4	5,0	5,3	8,5	4,4	3,9
Thyroid	1,3	1,8	3,6	4,3	2,0	4,7	2,2	2,0	2,2	2,6	2,2	2,7	3,4	3,9	1,7	1,9

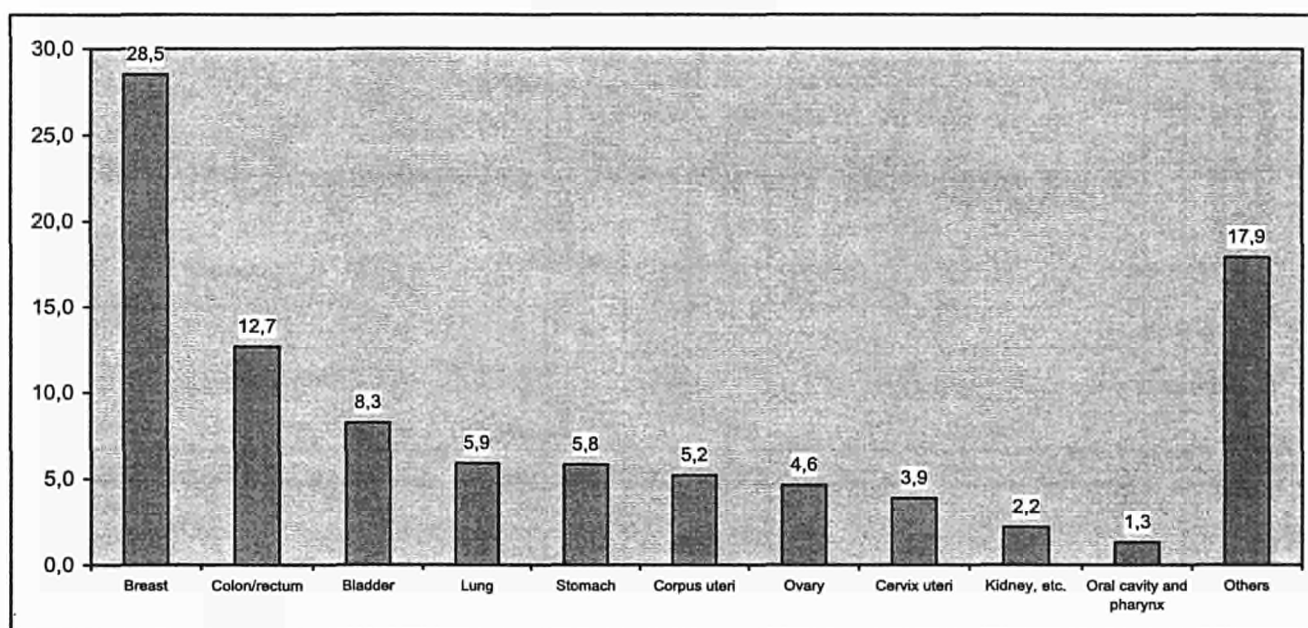
Source: International Agency on Research on Cancer, Lyon

### 4.4.3 Percentage of specific cancers over total number of cancers

MALES - 1995



FEMALES - 1995



Source: International Agency on Research on Cancer, Lyon

## 4.4.4

**Estimation of absolute number of incident cancer cases in 1995 and 1 and 5 year prevalence**

	Total			Male			Female		
	Total number of cases	1-year prevalence	5-year prevalence	Total number of cases	1-year prevalence	5-year prevalence	Total number of cases	1-year prevalence	5-year prevalence
EU 15	1 480 110	1 025 036	4 049 077	785 793	515 761	1 956 589	694 317	509 275	2 092 488
A	30 042	21 331	85 549	14 738	10 202	39 965	15 304	11 129	45 584
B	44 540	30 834	120 112	24 578	16 118	59 912	19 962	14 716	60 200
DK	23 475	15 536	60 394	11 049	6 873	25 515	12 426	8 663	34 879
FIN	19 351	14 294	56 969	9 210	6 583	25 135	10 141	7 711	31 834
F	216 235	167 107	671 037	122 595	89 064	340 302	93 640	78 043	330 735
DK	342 417	236 763	934 249	170 583	113 718	434 219	171 834	123 045	500 030
EL	32 626	21 177	83 421	18 837	11 282	42 466	13 789	9 895	40 955
IRL	11 450	7 379	28 675	5 927	3 594	13 314	5 523	3 785	15 361
I	255 189	174 997	686 568	141 215	90 147	337 207	113 974	84 850	349 361
L	1 574	1 107	4 299	0 840	0 561	2 080	0 734	0 546	2 219
NL	61 295	45 641	181 570	31 776	22 453	84 645	29 519	23 188	96 925
P	32 691	23 073	92 741	17 627	11 708	45 225	15 064	11 365	47 516
E	131 707	89 819	362 486	79 359	51 402	201 934	52 348	38 417	160 552
S	38 554	28 973	117 506	18 953	14 036	55 013	19 601	14 937	62 493
UK	238 964	147 005	563 501	118 506	68 020	249 657	120 458	78 985	313 844

Source: International Agency on Research on Cancer, Lyon

## 4.4.5

**Five-year age-standardised relative survival (%) of European adult cancer patients (15+ years of age) by sex and country - 1985/1989**

		Europe	DK	D*	E*	F*	I*	NL*	A*	FIN	S*	England	Scotland	IS	CH*
All neoplasms	M	41	42	49	47	42	38	35	47	38	50	42	29	47	51
	F	53	52	59	57	59	52	51	54	50	58	51	38	53	62
Oesophageal	M	7	2	8	8	7	6	7	24	7	-	7	5	-	11
	F	12	9	-	-	-	13	18	-	9	-	12	10	-	11
Gastric	M	21	12	25	25	24	20	18	23	19	18	11	10	19	-
	F	24	15	27	28	26	27	22	31	20	17	13	12	32	25
Stomach	M	19	12	25	25	24	20	18	23	19	18	11	10	19	21
	F	24	15	27	28	26	27	22	51	20	17	13	12	32	25
Colon	M	47	39	50	50	52	47	59	55	48	52	41	41	44	52
	F	46	43	50	49	54	47	56	44	50	55	41	41	52	49
Rectal	M	42	38	44	43	48	43	52	47	49	49	40	36	-	53
	F	43	41	44	43	48	44	54	54	46	52	41	39	53	52
Pancreas	M	4	2	-	5	-	4	3	5	2	2	3	4	5	2
	F	4	2	2	5	7	3	3	-	3	3	3	3	-	3
Liver	M	4	1	-	10	4	3	-	-	4	4	3	1	-	2
	F	5	2	6	7	-	4	-	-	3	5	3	4	-	-
Biliary tract	M	12	5	-	20	14	8	-	-	6	17	10	7	-	13
	F	10	4	-	14	-	10	-	-	8	6	10	8	-	10
Primary Brain tumours	M	17	18	20	17	19	18	-	18	21	15	15	12	13	19
	F	20	23	26	18	19	21	23	16	22	24	18	13	17	17
Lung	M	9	6	9	12	12	9	12	10	10	9	7	6	12	10
	F	10	6	14	-	16	10	11	15	12	10	7	6	13	11
Thyroid	M	67	63	62	71	61	66	77	100	77	74	64	67	88	-
	F	78	72	77	80	81	77	84	87	82	84	74	73	90	78
Melanoma of skin	M	68	72	67	70	71	55	76	97	76	85	70	74	64	83
	F	81	83	83	84	81	78	83	86	85	90	83	88	81	94
Kidney	M	47	36	47	51	57	52	53	55	45	49	39	36	44	53
	F	49	33	55	52	56	55	45	76	52	48	37	35	39	45
Non-Hodgkin's L.	M	45	43	44	51	54	44	40	61	39	47	43	40	45	49
	F	48	49	50	48	53	48	46	64	47	52	47	43	72	52
Hodgkin's dis.	M	71	69	76	-	70	69	76	85	71	74	70	65	-	76
	F	73	71	66	68	85	71	-	-	77	71	74	67	-	76
Leukaemia	M	33	29	39	39	45	24	30	43	34	32	28	28	25	44
	F	34	27	39	40	50	30	36	41	43	34	29	24	18	36
Soft tissue sarcoma	M	59	62	70	69	58	59	50	-	51	65	55	50	-	-
	F	59	70	74	53	58	57	51	-	48	66	54	50	-	-
Bone	M	45	37	-	43	69	37	-	-	55	61	48	32	-	-
	F	51	49	-	66	63	57	-	-	54	70	54	47	-	-
Prostate	M	55	41	67	55	61	48	-	56	62	65	67	48	-	72
Testicular (1)	M	91	94	93	97	87	93	95	94	92	94	91	93	95	97
Breast	F	73	71	72	70	80	77	74	63	78	81	67	65	79	80
Cervix uteri	F	62	64	64	62	64	64	68	69	60	68	63	59	85	67
Corpus uteri	F	73	76	73	73	75	73	84	81	76	82	73	70	77	77
Ovary	F	33	31	33	41	37	31	30	44	36	44	31	29	34	40

\* &lt; 20% of the national population covered

(1) Patients aged 15-44

Source: EURO CARE II (supported by European Commission), The European Journal of Cancer, vol. 34, n.14, December 1998



## 4.4.6

### AIDS incidence rates per million population by year of diagnosis, with adjustments for reporting delays

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1985	5,0	7,0	7,4	3,8	1,6	4,5	10,6	2,0	3,5	5,5	4,6	3,7	2,9	0,8	4,1	4,3	4,2	3,6	18,3
1986	10,2	7,5	13,5	7,1	2,3	12,7	22,7	2,0	8,1	8,2	9,4	3,3	3,8	1,4	6,7	8,3	12,4	4,8	31,5
1987	19,1	12,5	19,5	13,2	6,2	28,0	40,4	6,8	18,2	8,1	16,7	11,7	7,7	1,4	9,4	11,9	4,1	8,4	47,4
1988	28,6	14,3	24,6	16,3	7,2	58,2	54,5	12,4	31,4	10,8	22,1	14,1	13,2	3,4	10,6	15,9	20,2	6,0	70,5
1989	37,2	16,7	33,9	20,0	10,5	80,6	67,6	16,2	43,8	29,3	26,4	18,9	20,0	3,8	15,5	18,9	11,9	10,2	89,7
1990	43,1	20,6	38,4	19,0	14,1	99,7	76,3	19,4	55,3	23,7	28,1	21,3	25,4	3,0	15,5	21,6	11,8	13,7	91,7
1991	49,1	25,7	40,8	21,3	18,0	116,4	81,8	20,4	67,4	31,2	29,7	25,6	30,1	5,2	16,1	24,1	31,3	13,9	88,1
1992	54,0	24,7	40,5	22,7	18,5	128,7	90,6	20,3	75,1	30,8	33,8	24,3	41,1	4,2	14,7	27,2	11,6	11,9	104,1
1993	58,7	25,1	46,1	23,6	16,3	139,0	95,8	21,0	84,5	50,6	31,3	29,3	55,2	4,9	20,9	30,7	26,7	17,1	96,4
1994	66,5	25,2	45,4	23,6	20,7	186,1	99,3	20,9	96,7	32,4	31,4	20,6	65,8	8,5	21,4	31,6	22,6	15,4	97,4
1995	64,0	24,1	41,0	20,9	20,4	177,8	90,5	14,7	98,8	36,9	34,6	25,2	75,3	7,8	22,0	29,9	15,0	12,8	84,9
1996	54,7	19,5	30,1	16,9	22,3	162,8	67,6	15,2	87,6	31,5	28,7	17,0	87,2	4,7	15,0	23,8	11,2	7,7	68,2
1997	36,6	11,8	20,3	10,0	15,9	115,6	37,1	7,9	58,0	23,9	21,1	11,5	84,2	3,7	8,5	17,6	3,7	7,5	45,3
1998	26,0	10,6	13,8	7,1	10,5	82,2	22,7	4,9	41,1	21,2	13,2	11,6	80,9	2,9	6,6	12,3	7,3	5,2	30,0

Source: Surveillance in Europe, quarterly report on AIDS, European Centre for Epidemiological Monitoring of AIDS, Paris (supported by the European Commission)

## 4.4.7

### New AIDS cases per year of diagnosis

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1985	1 787	69	38	292	16	174	583	7	198	2	67	28	29	4	34	246	1	15	69
1986	3 669	74	69	553	23	490	1 258	7	458	3	136	25	38	7	56	472	3	20	74
1987	6 873	123	100	1 026	62	1 081	2 248	24	1 030	3	244	89	77	7	79	680	1	35	123
1988	10 312	141	126	1 271	72	2 251	3 051	44	1 775	4	325	107	132	17	89	907	5	25	141
1989	13 456	166	174	1 566	106	3 123	3 805	57	2 482	11	391	144	199	19	131	1 082	3	43	166
1990	15 666	205	197	1 500	143	3 870	4 316	68	3 135	9	419	164	252	15	132	1 241	3	58	205
1991	17 935	257	210	1 700	184	4 525	4 653	72	3 827	12	446	199	297	26	138	1 389	8	59	257
1992	19 840	248	209	1 823	190	5 013	5 183	72	4 261	12	511	191	405	21	127	1 574	3	51	248
1993	21 666	253	239	1 908	169	5 429	5 514	75	4 815	20	477	233	545	25	182	1 782	7	64	253
1994	24 623	255	236	1 918	215	7 282	5 737	75	5 524	13	482	165	651	43	187	1 840	6	74	255
1995	23 790	244	214	1 706	213	6 967	5 253	53	5 660	15	533	203	746	40	194	1 749	4	67	244
1996	20 398	198	158	1 386	233	6 389	3 941	55	5 024	13	444	137	865	24	133	1 398	3	56	198
1997	13 685	120	107	821	167	4 544	2 168	29	3 330	10	328	93	836	19	75	1 038	1	34	120
1998	9 740	108	73	583	110	3 234	1 335	18	2 363	9	206	94	806	15	58	728	2	33	108

Source: Surveillance in Europe, quarterly report on AIDS, European Centre for Epidemiological Monitoring of AIDS, Paris (supported by the European Commission)

## 4.4.8

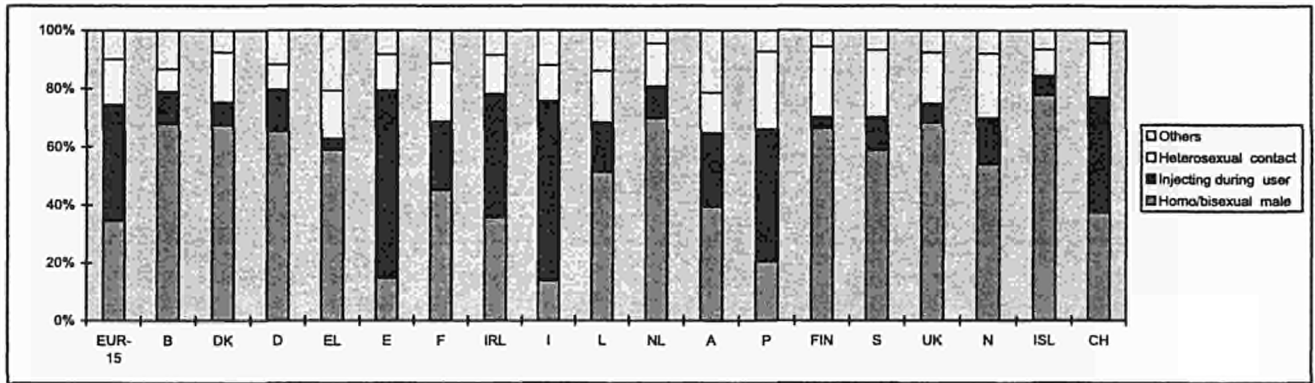
### Cases of AIDS per age group (% over cumulative total)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
<1	0,6	1,6	0,3	0,1	0,2	0,7	0,6	0,6	0,6	0,0	0,2	0,6	0,5	0,4	0,5	0,9	0,0	0,2	0,4
1-4	0,6	1,9	0,3	0,3	0,7	0,6	0,5	1,7	0,6	0,7	0,3	0,7	0,3	0,0	0,5	0,7	0,0	0,3	0,8
5-14	0,5	1,6	0,1	0,3	0,9	0,4	0,5	1,5	0,4	0,7	0,4	0,6	0,5	0,4	0,3	0,7	0,0	0,6	0,3
15-24	5,8	3,6	3,8	3,3	5,3	8,6	4,3	7,1	5,2	3,7	2,7	5,8	12,5	2,1	9,6	4,4	6,7	2,8	4,7
25-29	20,4	13,2	12,6	12,9	12,9	26,1	17,7	26,4	23,0	11,7	12,6	17,6	21,8	9,7	16,7	16,3	8,9	13,3	19,3
30-34	27,2	21,5	20,2	22,8	20,5	30,4	24,9	26,5	32,2	22,6	21,6	24,7	21,0	25,7	20,9	23,9	20,0	22,6	27,4
35-39	18,0	19,7	17,7	19,0	17,9	15,9	18,5	18,0	18,7	19,7	21,3	17,2	15,9	16,7	17,3	19,5	24,4	19,9	18,4
40-49	17,0	22,3	28,5	25,6	21,4	10,9	20,0	13,4	12,5	23,4	28,7	21,8	15,8	29,2	21,0	23,6	26,7	25,9	18,0
50-59	6,8	9,7	11,9	13,0	1,3	3,8	8,2	4,0	4,7	13,9	9,5	7,2	7,2	11,5	8,5	8,3	11,1	10,0	7,3
>60	3,2	5,0	4,7	3,3	8,0	2,3	4,7	0,5	2,1	3,7	2,8	3,7	4,4	4,5	4,7	2,6	2,2	3,8	3,5

Source: Surveillance in Europe, quarterly report on AIDS, European Centre for Epidemiological Monitoring of AIDS, Paris (supported by the European Commission)

4.4.9

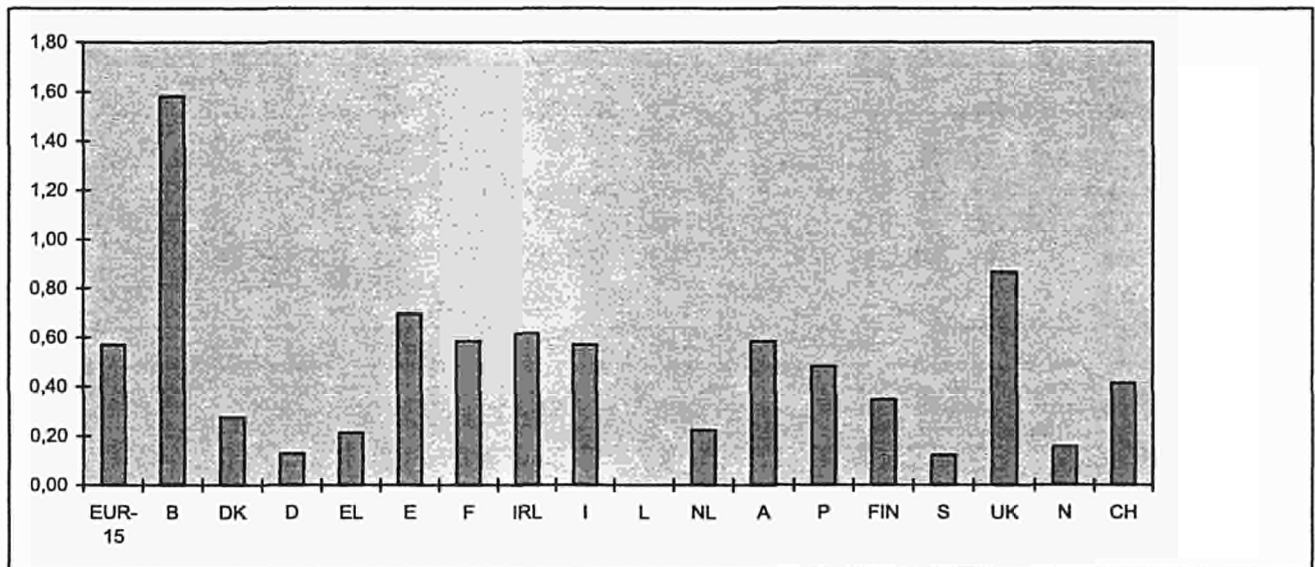
**Cumulative AIDS cases by transmission group. People aged 13 or over, reported by 31 December 1998**



Source: Surveillance in Europe, quarterly reports on AIDS, European Centre for Epidemiological Monitoring of AIDS, Paris (supported by the European Commission)

4.4.10

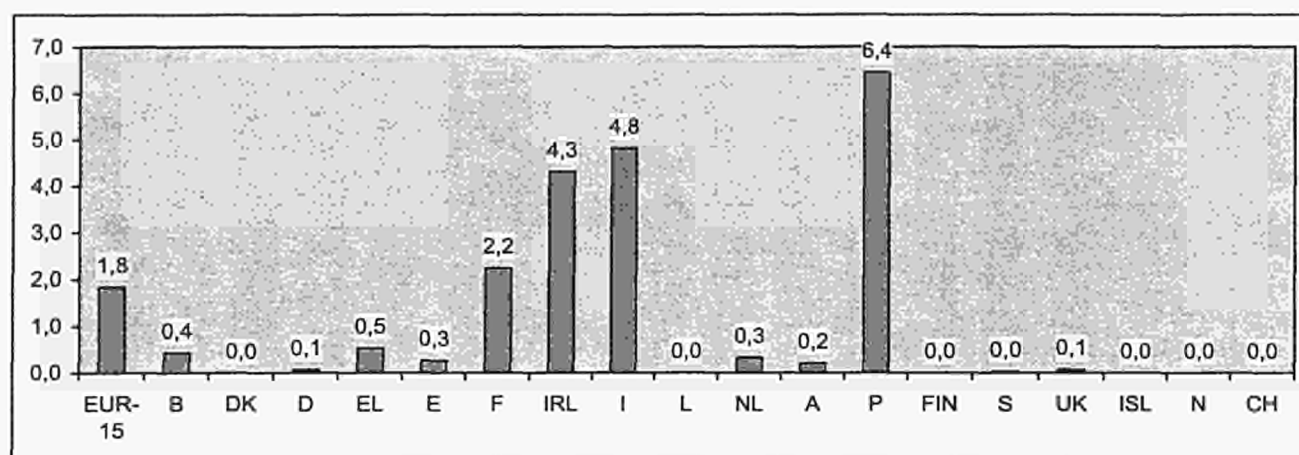
**Cumulative paediatric AIDS cases. Infants under 1 year, reported by 31 December 1998 (% over total cases)**



Source: Surveillance in Europe, quarterly reports on AIDS, European Centre for Epidemiological Monitoring of AIDS, Paris (supported by the European Commission)

## 4.4.11

## Percentage, over cumulative total AIDS cases at 31.12.1998, of persons infected with HIV-2



Source: Surveillance in Europe, quarterly report on AIDS, European Centre for Epidemiological Monitoring of AIDS, Paris (supported by the European Commission)

## 4.4.12

## HIV reporting data in 1998

	Cumulative HIV cases reported to end 1998		Cases reported in 1998		
	data from	total number	Number	HIV rate per million	HIV/AIDS ratio
EUR-15	:	:	:	:	:
B	1986	11 067	740	73	4,5
DK	1990	2 482	179	34	2,5
D (1)	1993	13 359	2 247	27	2,4
EL (4)	1998	1 917	178	26	1,9
E	:	:	:	:	:
F (2)	1988	3 719	217	78	3,7
IRL	:	:	:	:	:
I (3)	1985	18 019	535	94	1,7
L	1985	397	30	71	3,0
NL	:	:	:	:	:
A	:	:	:	:	:
P	1983	10 012	:	:	:
FIN	1986	945	80	16	4,0
S	1985	4 911	246	28	3,9
UK	1984	33 329	2 789	48	2,9
IS	1985	121	8	29	4,0
NO	1986	1 869	98	22	2,5
CH	1985	23 821	657	90	1,5

(1) only labs

(2) Only Aquitaine

(3) Only Lazio and Trento

(4) Includes retrospective reporting before 1998

Source: Surveillance in Europe, quarterly report on AIDS, European Centre for Epidemiological Monitoring of AIDS, Paris (supported by the European Commission)

## 4.4.13

**Systematic HIV antibody screening in blood banks: HIV prevalence, per 100 000 of population, in blood donations by country**

	1991	1992	1993	1994	1995	1996	1997	1998
EUR-15	:	4,0	3,5	2,8	2,5	2,4	2,0	1,9
B	0,5	0,5	0,6	0,3	1,0	0,4	0,5	0,1
DK	0,5	0,8	0,3	0,3	1,0	0,3	0,5	0,5
D	2,3	1,9	1,5	1,2	1,6	0,8	1,2	1,1
EL (3)	24,0	14,6	18,3	15,1	15,7	14,4	6,9	5,4
E	17,9	14,6	11,8	11,0	9,7	9,6	7,5	7,2
F	7,9	5,9	4,7	3,8	2,4	2,4	2,2	1,7
IRL	0,6	1,8	1,6	1,1	0,6	0,6	0,6	1,3
I (2)	6,0	5,7	6,1	4,0	3,2	4,0	2,7	1,9
L	3,6	3,7	0,0	3,9	0,0	0,0	0,0	0,0
NL	0,9	1,5	0,8	1,3	0,0	0,9	0,4	0,2
A	3,8	2,4	1,9	4,2	1,9	1,8	1,3	1,9
P (1)	:	:	:	:	:	:	30,0	:
FIN	0,7	2,0	0,3	0,3	0,3	0,3	1,1	0,0
S	1,0	0,5	0,3	0,2	0,5	0,0	0,1	0,1
UK	0,9	0,9	0,7	0,5	1,0	0,8	1,1	0,8
IS	0,0	0,0	0,0	0,0	6,2	0,0	0,0	:
NO	0,5	0,5	0,0	0,0	0,0	1,5	0,5	0,0
CH	2,3	3,8	1,8	2,3	1,6	2,3	1,2	0,7

(1) Coimbra, Lisbon and Oporto only

(2) without Lombardia

(3) only 80% of donations

Source: Surveillance in Europe, quarterly report on AIDS, European Centre for Epidemiological Monitoring of AIDS, Paris

## 4.4.14

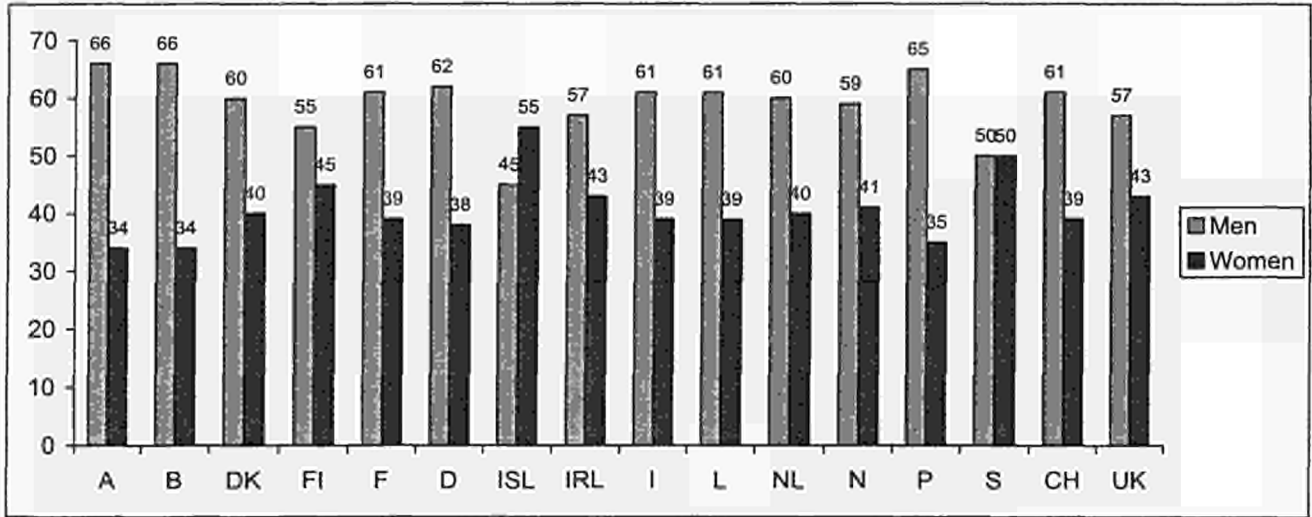
**Incidence of tuberculosis, total per 100 000 persons**

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1975	33,9	43,9	12,3	:	87,9	8,9	47,5	36,9	7,3	28,9	16,3	31,5	99,9	74,2	17,7	22,6	18,4	12,5	32,9
1980	25,2	27,3	8,4	:	56,1	12,9	32,0	33,9	5,8	24,8	12,0	29,2	69,5	47,0	11,1	18,8	11,0	12,2	18,3
1985	19,5	19,8	6,1	:	15,7	27,9	20,5	22,7	7,2	15,0	9,4	19,0	68,8	37,1	8,4	11,8	5,4	9,0	14,9
1986	19,0	19,2	5,8	:	15,7	35,6	19,0	17,0	7,1	15,5	8,5	18,2	66,2	31,4	7,7	12,1	5,4	8,2	13,6
1987	17,0	18,0	6,3	:	11,9	24,5	18,4	16,4	5,7	15,1	8,4	18,3	71,0	28,8	6,5	10,1	4,9	7,3	15,6
1988	15,8	16,0	5,9	:	9,0	21,9	16,5	15,1	6,3	5,4	9,1	18,4	63,8	21,8	6,4	10,2	6,4	7,0	18,2
1989	15,9	16,6	6,4	:	10,6	20,7	16,1	19,1	6,9	12,0	8,9	17,4	67,1	19,5	7,0	10,6	7,1	6,0	16,6
1990	15,2	15,8	6,8	18,5	8,6	19,5	15,9	17,8	7,4	12,6	9,2	19,7	62,8	15,5	6,5	10,3	7,1	6,7	19,0
1991	14,8	14,6	6,5	16,9	7,4	23,1	14,9	18,2	6,5	12,4	8,9	18,3	60,6	15,4	6,1	10,5	5,8	6,8	16,7
1992	15,4	13,3	6,9	17,5	8,9	24,9	15,0	17,0	8,2	6,4	9,7	17,1	60,1	13,9	7,0	11,1	6,1	6,7	14,4
1993	15,5	14,9	7,9	17,4	9,6	24,2	16,6	16,7	8,3	9,6	10,4	15,9	55,2	10,7	7,1	11,1	4,2	5,9	13,4
1994	15,3	15,0	9,5	15,9	8,8	24,1	15,7	14,6	10,2	10,7	11,8	15,7	56,8	10,9	6,1	10,6	6,8	5,6	13,2
1995	14,6	13,6	8,6	14,9	9,0	22,4	15,0	12,7	9,1	8,3	10,5	17,2	56,2	13,0	6,5	10,5	4,5	5,4	11,8
1996	13,9	13,3	9,2	14,5	9,0	21,2	13,1	12,0	9,0	9,1	10,8	17,9	52,9	12,6	5,9	10,6	4,1	5,0	10,8
1997	13,7	12,4	10,5	13,6	7,3	23,5	11,7	12,0	8,5	10,2	9,5	17,0	51,4	11,2	5,2	10,8	3,7	4,7	10,3

Source: EuroTB (CESES/KNCV) and the national coordinators for tuberculosis surveillance in the WHO European Region (supported by the European Commission) for 1995-1997. Health for All Database, WHO - (for 1975-1994)

## 4.4.15

## Tuberculosis notification rate (%) by sex, diagnosed in 1996





Source: EuroTB (CESES/KNCV) and the national coordinators for tuberculosis surveillance in the WHO European Region (supported by the European Commission)

#### 4.4.16

### Monitored linked clinical-virological surveillance for influenza in Europe 1997/98 and 1999/2000

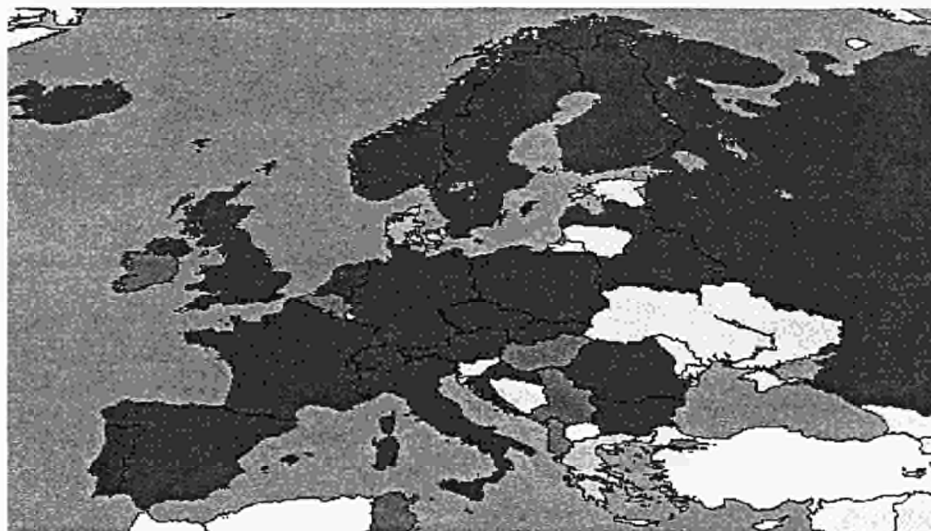
From 27 September 1998 to 20 March 1999



-  No Surveillance
-  No Report
-  No Activity
-  Sporadic
-  Local Outbreak
-  Regional Outbreak
-  Widespread Outbreak



From 1st October 1999 to 18 March 2000



-  No Surveillance
-  No Report
-  No Activity
-  Sporadic
-  Local Outbreak
-  Regional Outbreak
-  Widespread Outbreak



Source: FLU-NET / WHO

## 4.4.17

## Incidence of hepatitis B, total per 100 000 persons

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH	
1980	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1985	:	:	:	:	8,0	:	:	1,6	:	:	3,9	6,5	:	:	6,2	:	0,4	:	10,9	
1986	:	:	:	:	8,4	:	:	1,6	:	4,6	2,6	5,9	:	:	4,6	:	7,0	6,9	5,9	
1987	:	1,5	2,9	:	6,6	:	:	1,8	3,8	3,5	:	4,9	:	:	3,7	:	4,1	:	3,9	
1988	4,1	:	2,5	:	6,3	:	:	0,9	7,2	4,3	2,1	4,4	3,3	0,8	2,6	0,7	6,0	:	0,3	
1989	4,1	1,3	2,5	:	5,2	:	:	0,6	6,8	0,8	1,7	4,1	4,5	2,1	3,1	0,6	11,1	2,2	6,5	
1990	4,4	0,7	:	:	5,5	:	:	0,3	6,3	:	1,8	3,5	:	4,0	3,0	1,2	26,7	:	5,9	
1991	4,2	1,2	1,4	6,4	3,2	:	:	0,4	5,7	0,0	1,8	3,3	6,2	5,2	3,0	1,2	18,6	0,7	6,1	
1992	4,5	0,8	1,0	7,4	2,3	:	:	0,4	6,0	1,8	1,7	3,4	8,2	5,7	2,4	1,1	6,1	0,8	7,6	
1993	4,5	0,5	2,0	6,8	2,9	:	:	0,3	5,9	1,3	1,4	3,4	12,5	4,1	2,4	1,3	4,6	1,3	6,5	
1994	4,1	0,5	2,4	6,3	2,1	:	:	0,6	4,8	17,8	1,4	3,0	11,3	3,9	3,0	1,2	5,3	1,0	5,9	
1995	4,3	0,7	2,1	7,5	1,8	:	:	0,3	4,5	19,8	1,5	2,6	10,0	2,2	3,3	1,3	3,0	2,3	5,0	
1996	4,2	3,2	1,9	7,4	1,4	:	5,1	0,3	3,9	:	1,5	2,8	8,4	5,6	2,1	1,4	6,7	2,2	:	
1997	4,1	3,0	1,9	7,4	:	2,9	8,9	0,7	3,5	:	1,6	2,6	6,8	6,1	1,7	1,6	7,8	4,2	:	
1998	:	1,3	1,8	6,3	:	2,9	:	:	:	:	1,8	3,1	5,7	4,8	1,5	:	5,4	10,7	:	

Source: Health for All Database, 2000, WHO Europe

## 4.4.18

## Incidence of malaria, total per 100 000 persons

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1975	0,7	0,0	1,2	:	0,4	0,1	0,3	0,0	0,1	:	0,4	0,2	10,5	0,1	0,7	1,4	0,0	0,7	1,3
1980	0,9	0,6	1,4	:	0,6	0,2	0,2	0,7	0,3	:	0,7	0,6	0,3	0,3	1,2	3,0	0,0	0,6	1,5
1985	1,8	2,1	2,5	:	0,4	0,3	4,9	0,9	0,3	1,9	1,0	1,1	0,6	0,6	1,7	3,9	0,4	1,3	3,1
1986	2,2	3,1	3,5	:	0,4	0,5	5,4	1,2	0,3	0,8	1,2	1,2	0,8	0,6	1,8	4,1	0,0	1,6	3,0
1987	2,0	2,6	2,7	:	0,5	0,4	5,8	0,8	0,5	1,1	1,0	0,7	1,0	0,4	1,9	3,2	0,0	1,1	2,9
1988	2,6	2,7	2,8	:	0,6	0,5	8,7	0,9	0,6	0,3	1,8	1,1	1,1	0,9	2,0	2,9	0,0	1,3	4,9
1989	2,7	2,7	2,4	:	0,5	0,3	8,7	0,7	0,8	2,1	1,6	1,3	1,6	1,1	2,1	3,5	0,0	1,2	5,1
1990	2,5	0,2	2,3	1,2	0,3	0,4	7,5	0,3	0,9	1,8	1,7	1,5	1,3	:	2,4	3,7	0,0	1,4	4,4
1991	2,4	0,2	2,1	1,1	0,4	0,4	6,9	0,3	0,8	1,3	1,8	1,4	1,1	:	1,7	4,0	0,0	1,7	4,7
1992	2,0	2,5	2,1	1,0	0,3	0,4	6,0	0,4	0,9	0,3	1,2	0,7	0,6	:	1,4	2,8	0,0	0,8	3,8
1993	2,2	3,2	2,2	0,9	0,3	0,4	6,4	0,3	1,2	1,0	1,5	1,1	0,5	0,6	1,6	3,3	0,0	1,8	4,1
1994	2,2	:	2,6	1,0	0,3	0,7	6,3	0,3	1,4	1,5	1,5	1,0	0,7	0,8	1,8	3,2	0,0	1,7	4,4
1995	2,3	0,1	3,3	1,2	0,2	0,7	6,3	0,3	1,3	1,5	2,0	1,0	0,8	0,6	1,8	3,5	0,0	1,8	4,1
1996	2,8	0,1	3,6	1,3	0,2	0,6	8,8	0,4	1,3	1,0	2,0	1,1	0,9	1,0	2,1	4,3	0,0	2,3	4,1
1997	2,9	0,1	4,0	1,2	0,1	0,7	9,2	0,2	1,4	1,9	1,4	0,9	0,7	1,1	2,1	4,0	0,0	2,4	4,4
1998	2,9	0,0	3,4	1,2	:	0,9	:	:	:	1,9	1,6	:	0,8	0,8	1,9	:	0,7	2,0	:

Source: Health for All Database, 2000, WHO Europe

**4.4.19**
**Incidence of diseases preventable by recommended immunisation  
total per 100 000 of population, 1995-1997**

	Tetanus			Rubella			Acute Polyomelitis			Pertussis			Mumps			Measles			Diphtheria		
	1995	1996	1997	1995	1996	1997	1995	1996	1997	1995	1996	1997	1995	1996	1997	1995	1996	1997	1995	1996	1997
EUR-15	0,1	0,1	0,1	10,0	24,0	20,0	0	0	0	49,0	45,1	43,3	49,2	54,4	36,9	41,9	44,5	48,6	0	0	0
B	0,0	0,0	0,0	0,0	:	8,4	0	0	0	0,0	0,1	0,1	85,1	94,1	58,0	105,1	71,1	38,0	0	0	0
DK	0,1	0,0	0,0	0,1	0,2	0,0	0	0	0	1,6	1,7	3,8	0,3	0,8	0,6	0,4	2,3	1,2	0	0	0
D	0,0	0,0	:	0,0	0,0	0,0	0	0	0	:	:	:	:	:	:	:	1,0	:	0	0	0
EL	0,0	0,1	0,0	1,3	1,4	0,7	0	0,1	0	2,0	1,0	1,0	1,6	1,9	1,4	1,1	59,6	1,2	0	0	0
E	0,1	0,1	0,1	12,0	42,7	9,6	0	0	0	9,5	9,0	2,8	25,6	37,2	17,6	22,6	12,6	4,6	0	0	0
F	0,0	0,1	0,0	:	:	:	0	0	0	:	0,8	:	84,6	86,9	68,3	93,3	111,3	136,7	0	0	:
IRL	0,0	0,0	0,0	2,8	16,6	3,2	0	0	0	12,1	7,2	12,9	0,8	11,6	8,0	6,5	6,3	5,2	0	0	0
I	0,2	0,2	0,2	15,1	38,1	60,8	0	0	0	25,1	6,8	5,9	115,0	112,7	51,6	64,8	56,8	70,0	0	0	0
L	0,0	0,2	0,0	0,5	:	2,4	0	0	0	0,2	0,2	0,0	0,0	:	0,5	0,2	6,0	0,2	0	0	:
NL	0,0	0,0	0,0	0,1	0,3	0,1	0	0	0	2,1	17,9	22,4	0,2	0,2	0,3	1,2	0,4	0,1	0	0	0
A	:	:	0,0	:	:	:	0	0	0	1,1	1,2	1,5	:	:	:	:	:	0,0	0	0	0
P	0,3	0,2	0,2	1,3	2,8	2,7	0	0	0	0,2	0,2	0,1	22,5	113,6	195,2	1,9	1,1	1,3	0	0	0
FIN	0,0	0,0	0,0	0,1	0,0	0,0	0	0	0	10,1	11,4	11,8	0,1	0,0	0,0	0,1	0,0	0,0	0,1	0,1	0
S	0,0	0,0	0,0	0,0	0,1	0,0	0	0	0	120,7	95,8	28,2	0,5	0,1	0,2	0,3	0,5	0,7	0	0	0
UK	0,0	0,0	0,0	13,1	19,9	7,1	0	0	0	4,1	4,6	6,2	4,1	3,7	3,8	15,4	11,7	8,2	0	0	0
IS	0,0	:	0,0	77,1	119,7	11,4	0	0	0	10,1	37,2	17,4	33,7	13,4	4,1	0,8	0,4	0,4	0	0	0
NO	0,1	0,0	0,1	0,2	0,4	:	0	0	0	1,6	2,1	41,7	0,3	0,4	0,1	0,8	0,5	0,3	0	0	0
CH	0,0	0,0	:	24,1	:	:	0	0	0	241,1	:	:	648,3	:	:	19,86	0,0	:	0	0	0

Source: Health for All Database, WHO, 2000

**4.4.20**
**Incidence of syphilis, total per 100 000 persons**

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1980	:	:	:	:	:	:	:	:	:	:	:	12,2	:	1,9	:	7,9	2,6	:	:
1985	5,6	2,1	6,5	:	:	10,3	:	:	4,7	8,2	4,0	5,3	:	2,3	1,8	4,8	1,7	:	:
1986	4,4	1,8	3,0	:	:	9,9	:	:	3,5	5,7	2,9	4,7	0,0	1,6	1,1	3,9	2,5	2,0	:
1987	3,5	1,9	1,9	:	:	8,1	:	:	2,3	0,8	2,9	4,8	4,7	0,8	1,0	3,0	1,2	1,7	:
1988	2,8	0,5	2,0	:	:	8,5	:	:	1,3	1,3	2,7	3,3	2,5	1,1	1,0	2,4	3,2	1,6	:
1989	2,3	0,8	1,8	:	0,3	4,7	:	0,3	1,3	0,8	3,6	3,5	2,3	1,0	1,1	2,7	1,2	1,3	:
1990	2,0	0,5	1,1	:	0,1	4,3	:	0,5	1,1	1,3	3,3	2,6	1,9	0,6	0,4	2,5	2,8	0,2	:
1991	1,9	0,6	0,6	1,6	0,1	3,9	:	0,6	0,9	2,3	1,7	2,1	2,2	0,7	1,4	2,5	0,0	:	:
1992	1,8	0,4	1,0	1,7	:	3,2	:	0,6	0,8	1,0	1,2	2,3	1,8	0,7	0,9	2,4	0,8	:	:
1993	1,7	0,2	:	1,7	0,2	3,1	:	0,2	0,9	1,5	0,9	1,6	1,9	1,0	1,1	2,4	0,0	0,2	:
1994	1,7	0,1	:	1,3	:	3,4	:	0,3	1,0	1,5	0,9	1,7	2,0	1,2	0,8	2,5	1,9	0,4	:
1995	1,7	0,3	0,8	1,4	:	2,6	:	0,3	0,8	0,7	1,3	2,2	2,2	3,3	0,8	2,5	0,8	0,1	:
1996	1,5	0,3	0,8	1,4	0,6	2,1	:	0,5	0,8	0,7	1,4	2,6	2,1	4,2	0,6	2,1	0,0	0,2	:
1997	1,5	0,2	1,1	1,4	:	1,9	:	:	0,8	1,0	1,7	2,5	2,4	3,4	0,5	:	2,2	0,2	:
1998	1,5	0,2	:	1,4	:	1,9	:	:	:	2,1	0,8	2,5	1,8	3,6	0,5	:	1,8	0,3	:

Source: Health for All Database, 1999, WHO Europe



## 4.4.21

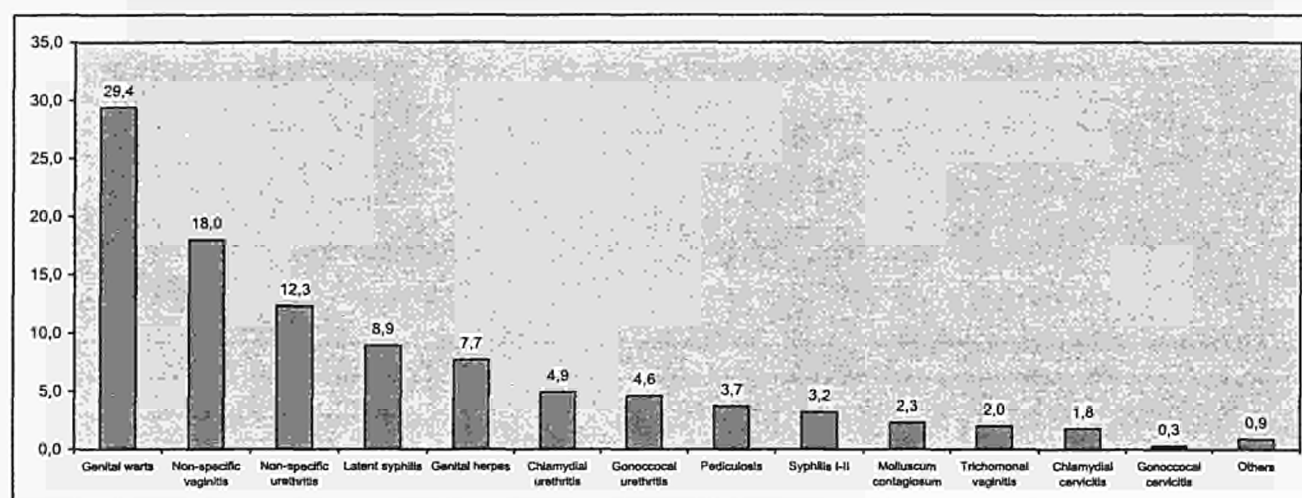
## Incidence of gonococcal infections, total per 100 000 persons

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1980	:	:	:	:	:	:	:	:	:	:	:	93,2	:	200,5	:	108,8	197,3	:	:
1985	57,8	4,9	152,2	:	:	80,2	:	:	2,9	20,5	80,9	64,9	0,1	127,4	61,6	92,6	114,3	141,7	:
1986	60,2	3,0	98,0	:	:	80,1	:	:	2,3	9,5	63,2	55,8	2,0	120,5	44,5	80,7	120,5	135,0	:
1987	32,1	2,2	63,4	:	:	63,5	:	:	1,2	2,2	43,8	38,7	4,2	95,0	26,8	50,2	76,9	90,2	:
1988	22,6	0,7	49,3	:	0,95	52,4	:	:	0,4	0,8	15,2	29,5	2,2	49,2	17,0	37,8	98,4	60,5	:
1989	20,3	0,9	33,0	:	0,31	47,2	:	0,8	0,8	1,3	20,4	23,5	1,6	45,7	13,0	36,3	69,3	34,6	:
1990	18,2	0,5	8,4	:	0,22	35,2	:	2,6	0,9	0,8	24,5	20,5	2,6	46,7	9,8	38,4	28,7	6,0	:
1991	17,6	0,5	:	15,2	:	29,3	:	2,1	0,9	1,0	19,2	22,4	2,4	28,4	7,2	35,3	17,4	:	:
1992	13,4	0,3	10,8	10,8	:	23,2	:	1,4	0,8	1,3	15,8	21,0	1,8	19,7	5,5	26,5	12,6	:	:
1993	10,6	0,3	7,3	8,0	0,36	18,6	:	0,7	0,9	0,8	12,0	14,5	1,6	15,4	4,2	21,6	5,7	8,0	:
1994	9,3	0,3	7,6	6,4	:	15,8	:	2,7	0,6	0,3	9,4	13,5	0,9	9,7	3,5	21,0	2,3	5,3	:
1995	8,4	0,5	5,5	5,0	:	11,7	:	2,1	0,6	1,7	9,2	11,1	0,7	7,4	2,8	21,9	0,4	4,0	:
1996	8,3	0,3	3,4	4,2	:	10,0	:	2,3	0,6	0,5	7,7	7,4	0,7	4,4	2,4	25,2	0,0	5,1	:
1997	7,6	0,4	3,6	3,6	:	5,9	:	:	0,6	0,5	7,6	5,5	0,7	4,2	2,8	:	1,9	4,4	:
1998	7,3	0,5	2,0	2,9	:	5,5	:	:	:	0,2	7,6	4,7	0,4	5,2	3,9	:	1,1	3,8	:

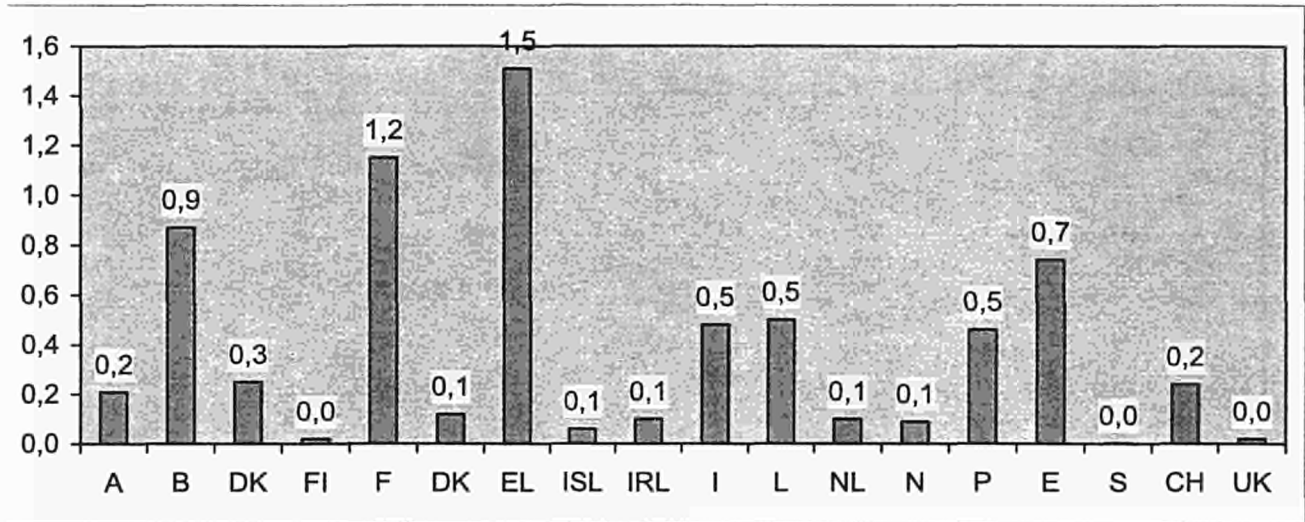
Source: Health for All Database, 1999, WHO Europe

## 4.4.22

## Distribution of reported STD (sexually transmitted diseases) cases: Italy, 1991-1996



Source: Eurosurveillance. European Communicable Disease Bulletin. Vol.3 n. 6. June 1998.

**4.4.23**
**Hepatitis C virus (HCV) prevalence (in % of population) by country, 1997**


Source: Weekly Epidemiological Record n. 72, 46, World Health Organisation, 1997

## 4.4.24

## Creutzfeld-Jacob Disease: confirmed and suspected cases per year of diagnosis. Incidence per million

	1990			1991			1992			1993			1994			1995			1996		
	Confir- med	Sus- pected	Incidence per million	Confir- med	Sus- pected	Incidence per million	Confir- med	Sus- pected	Incidence per million	Confir- med	Sus- pected	Incidence per million	Confir- med	Sus- pected	Incidence per million	Confir- med	Sus- pected	Incidence per million	Confir- med	Sus- pected	Incidence per million
B (1)	5	14	1,4	7	:	:	5	:	:	6	13	2,2	6	11	1,9	3	:	:	:	:	:
DK	:	3	0,6	:	4	0,8	:	6	1,2	:	2	0,4	:	4	0,8	:	3	0,6	:	:	:
D	:	:	:	:	:	:	:	:	:	21	:	0,6	39	37	0,7	48	40	0,9	:	:	:
GR	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
E	:	:	:	:	:	:	:	:	:	14	10	0,6	13	10	0,6	7	9	:	1	8	:
F	:	:	:	:	:	:	50	8	0,9	45	11	0,8	62	11	1,0	24	15	1	:	11	:
IRL	0	2	0,6	2	3	0,9	0	0	0	0	1	0,3	0	0	0,0	1	0	0,3	1	0	:
I	:	:	:	:	:	:	:	:	:	37	11	0,7	33	27	0,6	41	11	0,7	21	9	:
L	:	:	:	:	:	:	:	:	:	:	:	:	1	0	2,5	1	0	2,5	:	1	:
NL	:	:	:	:	2	:	:	1	:	9	:	0,6	8	10	0,6	5	3	0,3	:	:	:
P	1	:	:	0	3	0,3	1	2	0,3	1	4	0,6	1	4	0,5	1	3	0,4	5	1	:
UK	31	52	0,5	36	75	0,6	51	96	0,9	45	:	0,8	59	115	1,0	43	85	0,7	26	56	:
A	5	:	0,7	6	:	0,8	4	:	0,5	8	13	1,0	9	:	1,1	10	:	1,3	6	:	:
FIN	2	1	:	3	2	:	3	0	:	0	2	:	7	0	:	:	:	:	:	:	:
S	:	13	1,5	:	6	0,7	:	5	0,6	:	:	1,1	:	10	1,2	:	:	:	:	:	:

(1) Only Flanders

Source: Euro-Surveillance, European Communicable Disease Bulletin n. 6, Decembre 1996, DG V European Commission

**4.4.25**
**Prevalence rate (per 10 000 births, per year) of some congenital anomalies in the 25 EUROCAT registries (total), 1980-1994**

	Live births	Live births + foetal deaths	Induced abortions	Total
<b>TOTAL CONGENITAL ANOMALIES</b>	<b>206,1</b>	<b>214,5</b>	<b>24,5</b>	<b>235,6</b>
<b>Nervous system anomalies</b>	<b>15,0</b>	<b>18,8</b>	<b>9,1</b>	<b>26,7</b>
Neural tube defects	6,7	9,3	6,3	14,7
Anencephaly	1,0	2,6	3,6	5,7
Encephalocele	0,8	1,1	0,6	1,6
Spina bifida	4,8	5,5	2,1	7,3
Hydrocephaly	2,8	3,6	1,7	5,1
Microcephaly	2,8	2,9	0,2	3,2
Arhinencephaly	0,4	0,5	0,5	0,9
<b>Eye anomalies (total)</b>	<b>6,0</b>	<b>6,3</b>	<b>0,3</b>	<b>6,6</b>
Anophthalmos	0,2	0,2	0,1	0,3
Microphthalmos	1,2	1,3	0,2	1,4
Cataract	1,1	1,1	0,0	1,1
<b>Ear anomalies (total)</b>	<b>5,1</b>	<b>5,6</b>	<b>0,5</b>	<b>6,0</b>
Anotia and microtia	0,8	0,9	0,1	1,0
<b>Congenital heart disease</b>	<b>49,2</b>	<b>50,9</b>	<b>3,9</b>	<b>54,3</b>
Hypoplastic left heart	1,8	1,9	0,4	2,3
Common truncus	0,7	0,8	0,1	0,9
Non-corrected transposition of great vessels	3,3	3,4	0,0	3,6
Cleft palate	5,9	6,2	0,4	6,5
Cleft lip with or without	7,8	8,3	0,8	9,0
<b>Digestive system anomalies, excluding pyloric stenosis</b>	<b>11,9</b>	<b>12,8</b>	<b>1,7</b>	<b>14,3</b>
Tracheo-oesofagal fistula, oes. atresia and stenosis	2,5	2,7	0,2	2,9
Astresia and stenosis of small intestine	2,1	2,2	0,2	2,3
Ano-rectal atresia and stenosis	2,7	3	0,5	3,4
Pyloric stenosis	7,5	7,5	0,0	7,5
<b>Anomalies of the internal urogenital system</b>	<b>21,0</b>	<b>22,5</b>	<b>4,1</b>	<b>26,1</b>
Unilateral renal agenesis	1,8	2,0	0,5	2,4
Bilateral renal agenesis	1,2	1,6	0,8	2,3
Cystic kidney disease	2,9	3,2	1,1	4,1
<b>Anomalies of external genital organs</b>	<b>15,6</b>	<b>15,9</b>	<b>0,6</b>	<b>16,5</b>
Hypospadias	10,8	10,8	0,1	10,9
Indeterminate sex	0,8	0,7	0,2	0,8
<b>Anomalies of limbs</b>	<b>51,6</b>	<b>53,3</b>	<b>3,2</b>	<b>56,1</b>
Limb reduction	4,7	5,2	0,9	6,0
Upper limb reduction	3,5	3,8	0,6	4,4
Polydactyly	7,4	7,7	0,8	8,3
Syndactyly	5,1	5,4	0,4	5,8
<b>Total musculoskeletal and connective tissue anomalies</b>	<b>22,0</b>	<b>24,2</b>	<b>5,2</b>	<b>28,7</b>
Omphalocele	1,4	1,8	1,0	2,7
Gastroschisis	0,7	0,9	0,3	1,1
Anomalies of diaphragm	2,8	2,9	0,5	3,4
<b>Total chromosomal anomalies</b>	<b>16,2</b>	<b>17,6</b>	<b>9,6</b>	<b>25,9</b>
Total chromosomal anomalies with maternal age > = 35	5,5	5,9	5,9	11,0
Trisomy 21 / Down syndrome	11,6	12,0	4,8	16,1
Trisomy 21 / Down syndrome with maternal age < 30	6,6	6,9	0,8	7,6
Trisomy 21 / Down syndrome with maternal age > = 35	34,8	38,5	30,4	61,8
Other chromosomal anomalies (DS excluded)	4,8	5,7	4,9	10,0
Trisomy 13 / Patau syndrome	0,5	0,7	0,5	1,1
Trisomy 18 / Edward syndrome	1,2	1,5	1,6	2,9

Source: EUROCAT (European Registration of Congenital Anomalies) supported by the European Commission

## 4.4.26

## Prevalence rate (per 10 000 births, per year) of some congenital anomalies by EUROCAT registry, 1980-1994

Registries following EUROCAT methodology	Live births	Live births + foetal deaths from 20 weeks gestation	Induced abortions	Total
Glasgow (UK)	281,7	291,4	30,7	322,1
Belfast (UK)	135,2	145,6	7,9	153,4
Galway (Irl)	178,4	185,6	(1)	185,6
Dublin (Irl)	271,9	284,4	(1)	284,4
Odense (DK)	211,1	220,3	12,9	233,2
Northern Netherlands	215,5	223,6	11,6	235,2
Antwerp (B)	231,6	238,6	13,9	252,5
Hainaut-Namur (B)	230,4	238,6	17,1	255,8
Paris (F)	229,9	239,0	48,7	287,7
Strasbourg (F)	289,4	295,7	29,4	326,1
Bouches-du-Rhône (F)	177,5	189,3	29,6	218,9
Switzerland	140,7	143,6	16,5	160,1
Tuscany (I)	178,3	182,0	17,3	199,3
Basque Country (E)	185,4	188,7	26,4	215,1
Asturias (E)	188,7	194,3	24,5	218,8
Malta	180,9	186,9	(1)	186,9
<b>Total EUROCAT</b>	<b>206,1</b>	<b>214,5</b>	<b>24,5</b>	<b>235,6</b>

Registries with some ascertainment biases	Live births	Live births + foetal deaths from 20 weeks gestation	Induced abortions	Total
Mainz (D)	365,5	374,4	21,8	396,3
Saxony-Anhalt (D)	195,2	198,2	8,7	206,9
Southwestern Netherlands	110,2	111,8	3,9	115,7
Zagreb (Cr)	177,9	178,8	0,3	179,1
Emilia Romagna (I)	164,7	165,7	0,2	166,0
North-East Italy (I)	83,0	83,9	13,2	97,1
El Valles (E)	187,6	198,0	44,1	242,1
Barcelona (E)	78,1	81,1	28,6	109,7
Southern Portugal	104,6	110,0	2,2	112,1

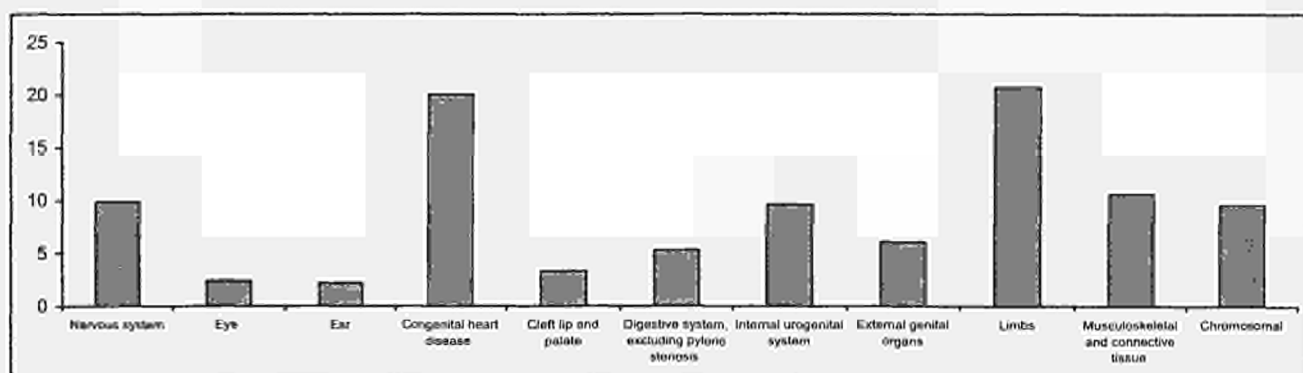
Total includes only the 16 registries listed above

(1) Termination of pregnancy is not legal in Ireland and Malta: these registries were not taken into account for the IA contribution to prevalence rate calculation

Source: EUROCAT (European Registration of Congenital Anomalies) supported by the European Commission

## 4.4.27

## Relative frequency (in %) by groups of congenital anomalies, 1980-1994



Source: EUROCAT (European Registration of Congenital Anomalies) supported by the European Commission

## 4.4.28

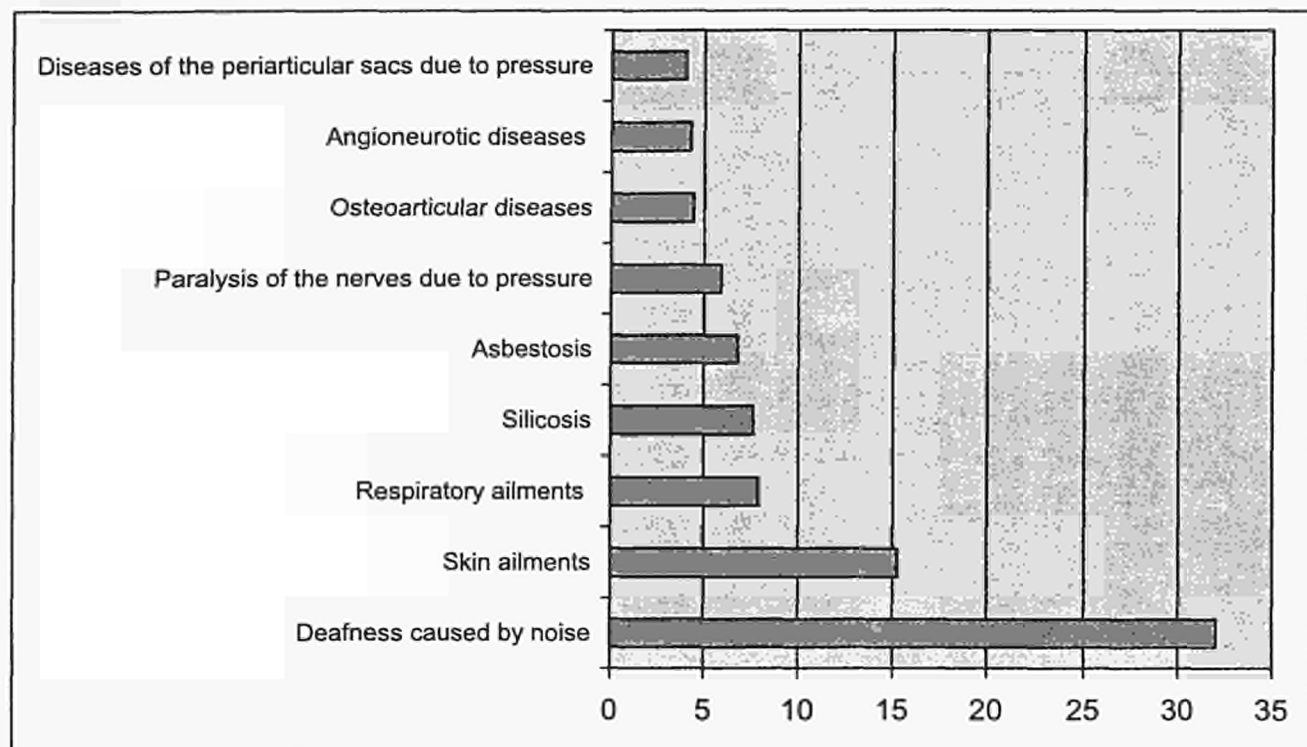
## Recognised occupational diseases in EU. Incidence per million, by NACE branches 1995

	Number of cases	Incidence per million													
		Total	a_b	c	d	e	f	g	h	i	j_k	l_m	n	o_to_q	unk
All cases of EODS	57 414	386,9	240,5	10 432,1	787,2	450,6	646,8	106,3	117,3	146,0	71,6	54,5	246,0	145,2	14 246,5
Diseases caused by isocyanates	301	2,0	0,1	6,2	5,8	2,2	2,1	2,1	0,2	0,9	0,4	0,0	0,4	1,2	25,5
Diseases caused by cadmium or compounds thereof	13	0,1	0,0	0,0	0,4	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Diseases caused by chromium or compounds thereof	276	1,9	0,3	1,5	5,3	0,0	3,8	0,4	0,3	0,8	0,4	0,3	0,7	0,4	59,5
Diseases caused by mercury or compounds thereof	29	0,2	0,0	0,0	0,5	0,0	0,2	0,1	0,0	0,0	0,0	0,0	0,4	0,0	5,7
Diseases caused by manganese or compounds thereof	7	0,0	0,0	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,1	0,0	0,0	0,0	8,5
Diseases caused by nickel or compounds thereof	325	2,2	0,3	1,5	4,1	0,0	0,4	1,2	3,8	1,1	1,0	0,7	4,0	1,7	93,5
Diseases caused by lead or compounds thereof	200	1,3	0,0	6,2	4,8	0,7	1,4	0,4	0,0	0,2	0,3	0,1	0,0	0,4	22,7
Diseases caused by carbon disulphide	18	0,1	0,0	1,5	0,4	0,0	0,1	0,0	0,0	0,0	0,1	0,0	0,1	0,0	2,8
Diseases caused by benzene or counterparts thereof (the counterparts of benzene are defined by the formula: C <sub>n</sub> H <sub>2n-6</sub> )	259	1,7	0,0	10,8	3,5	0,7	2,8	1,5	0,0	1,3	0,4	0,1	0,3	0,4	136,0
Diseases caused by halogenated derivatives of the aromatic hydrocarbons	109	0,7	0,6	0,0	1,5	0,0	0,4	0,8	0,0	0,4	0,1	0,0	1,3	0,5	11,3
Skin diseases and skin cancers caused by by-products of the distillation of coal	30	0,2	0,1	1,5	0,6	1,5	0,3	0,0	0,0	0,0	0,0	0,0	0,0	0,0	14,2
Occupational skin ailments caused by scientifically recognised allergy provoking or irritative substances not included under other headings	8 767	59,1	40,9	142,0	86,8	11,1	94,7	21,0	75,5	9,7	16,4	14,3	142,1	71,7	1 396,6
Silicosis	4 381	29,5	0,1	4 104,9	22,3	7,4	21,1	1,2	0,0	1,2	0,8	0,1	0,7	2,1	1 954,7
Asbestosis	3 894	26,2	0,4	72,5	68,4	137,9	50,3	4,6	1,2	16,1	1,9	0,5	0,3	6,0	1 685,6
Mesothelioma following the inhalation of asbestos dust	1 446	9,7	0,3	43,2	18,2	92,2	30,3	1,7	0,2	11,9	1,1	0,7	0,8	4,5	419,3
Pneumoconioses caused by dusts of silicates	488	3,3	0,1	611,1	1,2	2,2	1,8	0,1	0,2	0,2	0,1	0,0	0,0	0,0	62,3
Complication of asbestos in the form of bronchial cancer	987	6,7	0,1	29,3	15,5	17,7	16,2	2,7	0,0	3,5	0,5	0,1	0,2	1,5	444,8
Broncho-pulmonary ailments caused by dusts from sintered metals	57	0,4	0,0	3,1	1,3	0,7	0,3	0,1	0,0	0,0	0,1	0,0	0,1	0,0	11,3
Respiratory ailments of an allergic nature caused by the inhalation of substances consistently recognised as causing allergies and inherent to the type of work	4 543	30,6	77,3	146,6	82,7	11,1	14,1	8,7	12,5	9,7	5,0	4,6	16,7	18,0	543,9
Respiratory ailments caused by the inhalation of dust from cobalt, tin, barium and graphite	9	0,1	0,0	0,0	0,2	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	2,8
Infectious or parasitic diseases transmitted to man by animals or remains of animals	461	3,1	23,4	3,1	2,0	0,0	0,4	1,3	0,3	0,8	0,2	0,8	6,7	0,9	158,6
Brucellosis	242	1,6	14,7	0,0	2,6	0,0	0,1	0,7	0,0	0,2	0,1	0,7	0,7	0,2	2,8
Viral hepatitis	501	3,4	0,1	4,6	0,7	1,5	1,3	0,1	0,9	0,2	0,1	1,9	21,3	1,0	322,9
Tuberculosis	458	3,1	0,1	0,0	0,2	0,0	0,3	0,0	0,2	0,1	0,2	1,8	26,3	0,5	133,1
Cataracts caused by heat radiation	22	0,1	0,0	1,5	0,4	0,7	0,0	0,0	0,0	0,0	0,1	0,0	0,0	0,1	8,5
Hypoacusis or deafness caused by noise	18 419	124,1	27,8	1 905,9	326,6	104,7	240,1	27,9	4,1	47,7	22,2	18,3	7,7	15,8	5 178,5
Osteoarticular diseases of the hands and wrists caused by mechanical vibration	2 539	17,1	3,8	734,6	23,1	11,8	49,2	6,2	2,7	23,5	2,2	3,6	1,7	2,9	577,9
Angioneurotic diseases caused by mechanical vibration	2 454	16,5	3,1	1 416,7	30,5	24,3	24,0	2,7	0,0	4,1	2,3	1,3	0,7	2,7	170,0
Diseases of the periarthral sacs due to pressure	2 305	15,5	43,3	612,7	18,7	9,6	59,8	3,4	0,5	3,6	2,6	0,8	0,7	2,3	235,1
Paralysis of the nerves due to pressure	3 392	22,9	3,6	159,0	56,6	10,3	29,5	16,3	14,6	7,4	12,3	3,5	9,3	9,5	450,4
Diseases caused by ionising radiation	482	3,2	0,0	412,0	2,1	2,2	1,7	0,9	0,2	1,2	0,7	0,1	2,7	1,0	107,6
Diseases caused by certain chemical agents	1 567	10,6	1,4	29,3	27,1	5,2	11,4	6,6	4,3	4,8	2,7	1,3	7,3	4,5	379,6
Respiratory diseases	15 805	106,5	78,3	5 010,8	209,8	269,2	134,3	19,2	14,1	42,6	9,4	6,0	18,9	32,1	5 124,6
Infectious diseases	1 662	11,2	38,3	7,7	5,5	1,5	2,1	2,1	1,4	1,3	0,6	5,2	54,9	2,6	617,6
Diseases caused by physical agents	29 613	199,5	81,6	5 242,3	457,9	163,7	404,3	57,4	22,1	87,5	42,4	27,7	22,8	34,4	6 728,0

Source: Eurostat / EODS (European Statistics on Occupational Diseases)

## 4.4.29

## Recognised occupational diseases in EU-15 (% of total cases) 1995



Source: Eurostat / EODS (European Statistics on Occupational Diseases)

## 4.4.30

## Incidence per 10 000 by sex and age of hip fractures associated with osteoporosis

	Total (projection)		50-54		55-59		60-64		65-69		75-79		80-84		85+	
	men	women	men	women	men	women	men	women	men	women	men	women	men	women	men	women
A	1	8	3	3	5	7	9	14	15	47	36	82	54	138	110	351
B	2	9	1	2	3	5	7	11	13	41	40	72	65	122	160	317
DK	1	6	2	4	5	8	1	17	18	57	52	98	84	164	199	416
FIN	1	4	2	2	5	5	10	12	18	43	49	76	77	130	177	346
F	8	37	0	0	1	1	2	4	5	22	23	46	43	93	110	262
DK	19	89	3	3	5	7	9	14	15	47	36	82	54	138	110	351
EL	2	6	1	2	2	5	5	10	11	36	34	64	58	108	124	232
IRL	0	2	1	1	2	4	5	9	10	37	34	69	57	125	147	362
I	8	29	1	1	2	3	4	7	7	25	20	45	33	77	67	172
L	0	0	1	2	3	5	7	11	13	41	40	72	65	122	160	317
NL	3	11	1	2	3	5	7	11	13	41	40	72	65	122	160	317
P	1	4	2	2	4	5	7	9	11	29	26	47	37	75	64	151
EL	6	23	0	0	1	1	3	4	6	23	26	50	50	102	125	290
S	5	13	4	4	8	9	16	19	28	63	77	107	122	177	280	443
UK	13	55	1	1	2	4	5	9	10	37	34	69	57	125	147	362

For total projection the reference year is 1995; For A, B DK, FI, D, L NL: 1996; For F, P: 1994; For S: 1985; For UK, IRL: 1997

Source: Rapport sur l'Osteoporose dans la Communauté européenne. Actions de prevention. European Commission. Unit Public Health, DG SANCO, 1998

**4.4.31**
**Prevalence per 10 000 by sex and age of vertebrae fractures associated with osteoporosis**

	Total (Projection)		50-54		55-59		60-64		65-69		75-79		80-84		85+	
	men	women	men	women	men	women	men	women	men	women	men	women	men	women	men	women
A	216	307	1 580	858	1 760	1 150	1 940	1 510	2 120	1 930	2 500	3 020	2 690	3 690	3 080	5 330
B	300	539	1 600	1 200	1 790	1 620	1 970	2 120	2 160	2 710	2 540	4 230	2 740	5 180	3 140	7 480
DK	172	273	1 760	1 220	1 960	1 630	2 160	2 140	2 370	2 740	2 790	4 280	3 000	5 230	3 440	7 560
FIN	148	255	1 760	1 220	1 960	1 630	2 160	2 140	2 370	2 740	2 790	4 280	3 000	5 230	3 440	7 560
F	1 450	2 050	1 450	838	1 620	1 120	1 790	1 470	1 960	1 890	2 310	2 950	2 480	3 600	2 840	5 210
DK	1 750	2 830	1 130	730	1 260	980	1 390	1 280	1 520	1 640	1 790	2 570	1 920	3 140	2 200	4 540
EL	279	449	1 340	1 010	1 490	1 360	1 650	1 780	1 810	2 280	2 130	3 550	2 290	4 350	2 620	6 280
IRL	70	76	1 350	699	1 500	938	1 660	1 230	1 810	1 570	2 140	2 460	2 300	3 000	2 630	4 340
I	1 090	1 930	973	743	1 080	996	1 200	1 300	1 310	1 670	1 540	2 610	1 660	3 190	1 900	4 610
L	11	19	1 600	1 200	1 790	1 620	1 970	2 120	2 160	2 710	2 540	4 230	2 740	5 180	3 140	7 480
NL	337	519	1 330	896	1 480	1 200	1 630	1 570	1 790	2 020	2 110	3 150	2 270	3 850	2 600	5 570
P	355	334	2 060	846	2 300	1 130	2 540	1 490	2 780	1 900	3 270	2 970	3 520	3 630	4 030	5 250
EL	972	1 370	1 370	846	1 520	1 130	1 580	1 490	1 840	1 900	3 160	2 970	2 330	3 630	2 670	5 250
S	317	53	1 760	1 220	1 960	1 630	2 160	2 140	2 370	2 740	2 790	4 280	3 000	5 230	3 440	7 560
UK	1 430	1 780	1 350	699	1 500	938	1 660	1 230	1 810	1 570	2 140	2 460	2 300	3 000	2 630	4 340

For total projection the reference year is 1995; For A, B DK, FI, D, L NL: 1996; For F, P: 1994; For S: 1985; For UK, IRL: 1997

Source: Rapport sur l'Osteoporose dans la Communauté européenne. Actions de prevention. European Commission. Unit Public Health, DG SANCO. 1998

**4.4.32**
**Age-standardised myocardial infarction per 100 000 of population (35-64 age) and case-fatality rates at 28 days – 1987-1992**

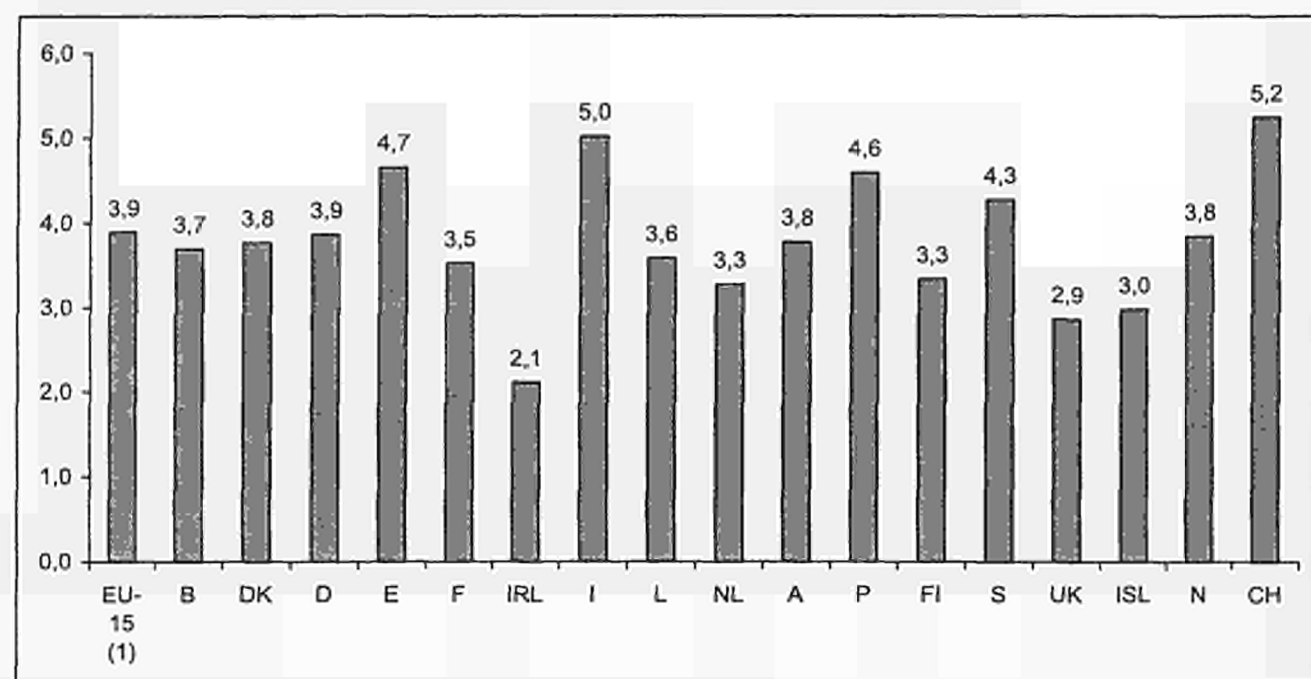
	Mean (SE) rates coronary events per 100 000 in MONICA		Age standardised 28-day case fatality coronary events (%)	
	M	F	M	F
B (Charleroi)	487	118	50,1	59,3
B (Ghent)	346	77	47,4	58,0
DK (Glostrup)	517	140	52,5	58,0
FI (Kuopio)	718	124	45,7	38,7
FI (North Karelia)	835	145	48,1	41,3
FI (Turku/Loimaa)	549	94	48,5	48,9
F (Lille)	298	64	58,7	69,5
F (Strasbourg)	292	64	49,0	57,1
F (Toulouse)	233	36	40,0	59,8
D (Augsburg)	286	63	55,1	64,6
D (Bremen)	361	81	49,6	52,0
D (East Germany)	370	78	50,0	62,8
ISL	486	99	36,9	34,1
I (Brianza)	279	42	40,7	52,5
I (Friuli)	253	47	45,1	49,9
E (Catalonia)	210	35	36,7	45,5
S (Goterburg)	363	64	43,6	45,4
S (Northern Sweden)	509	119	36,1	34,4
CH (Ticino)	290	-	33,5	-
CH (Vaud/Fribourg)	231	-	38,4	-
UK (Belfast)	695	188	41,0	41,5
UK (Glasgow)	777	265	48,2	46,4

Source: WHO MONICA (Monitoring trends and determinants in cardiovascular disease) supported by European Commission



## 4.4.33

## Prevalence estimate of diabetes – 1994 – % over total population



(1) EU-15 without Greece

Source: Diabetes 1994 to 2010: Global estimates and projections, McCarthy/Zimmet, 1997

International Diabetes Institute, a WHO Collaborating Centre for Diabetes (funding for this report from Bayer AG)

## 4.4.34

## Estimation of absolute number of people with diabetes (1994) and projections for 2000 and 2010

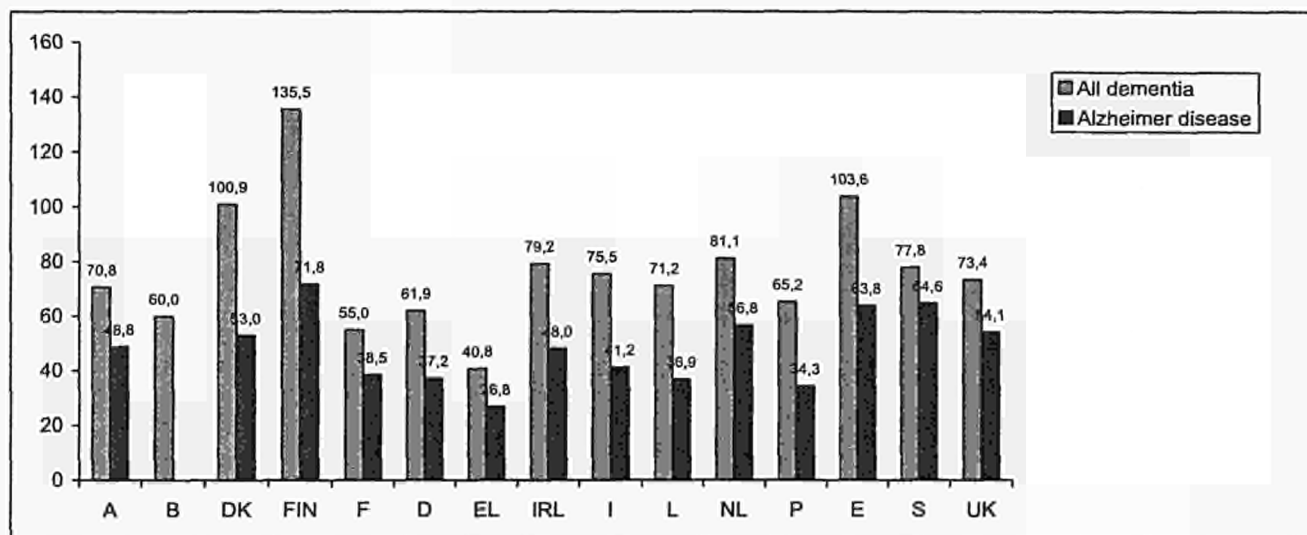
	(x 1000)					
	1994	2000	% increase		2010	% increase
			1994/2000			2000/2010
EU-15 (1)	13 932	17 066	22,5		20 186	18,3
B	369	453	22,8		536	18,3
DK	194	246	26,8		298	21,1
D	3 063	3 821	24,7		4 578	19,8
EL	:	:	:		:	:
E	1 839	1 945	5,8		2 049	5,3
F	2 018	2 628	30,2		3 238	23,2
IRL	75	121	61,3		166	37,2
I	2 895	3 028	4,6		3 160	4,4
L	14	19	35,7		22	15,8
NL	499	662	32,7		823	24,3
A	291	372	27,8		453	21,8
P	478	506	5,9		532	5,1
FIN	168	222	32,1		275	23,9
S	369	472	27,9		574	21,6
UK	1 660	2 571	54,9		3 482	35,4
IS	8	12	50,0		14	16,7
NO	166	215	29,5		262	21,9
CH	359	385	7,2		409	6,2

(1) EU-15 without Greece

Source: Diabetes 1994 to 2010: Global estimates and projections, McCarthy/Zimmet, 1997

International Diabetes Institute, a WHO Collaborating Centre for Diabetes (funding for this report from Bayer AG)

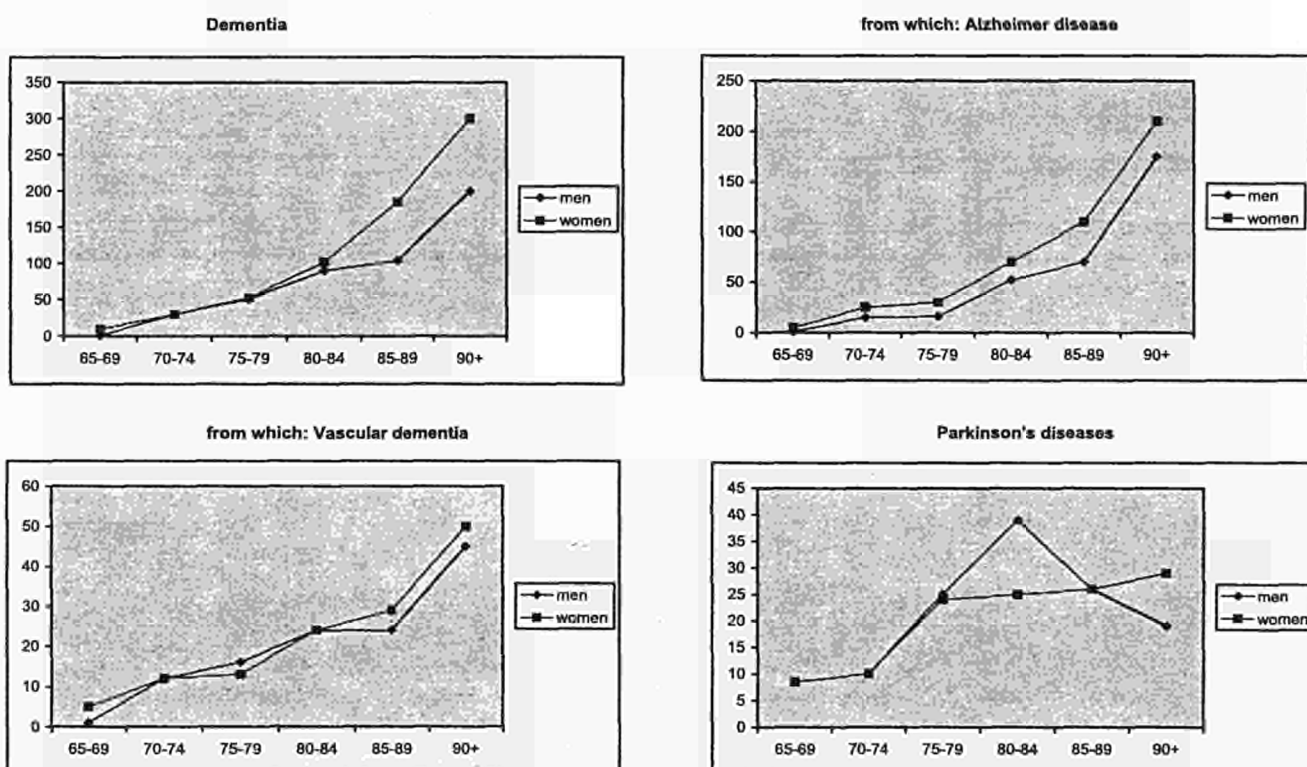
## 4.4.35

**Estimated cases (per 1 000) of all dementia and Alzheimer disease over population aged more than 65 years**


A: 1996; B: 1997, Alzheimer non available; DK: April 1997; FIN: February 1996; F: March 1997; D: 1997 (only moderate and severe cases); EL: April 1997 (>70 years olds); IRL: April 1997; I: 1990/1998; L: 1992; NL: 1997; P: 1994; E: April 1997; S: 1995; UK: 1996.

Source: Alzheimer Europe (Luxembourg) and national Alzheimer associations. Calculation by Eurostat.

## 4.4.36

**Estimated prevalence, by age, for some neurodegenerative diseases of old age**


For 8 countries: Finland, Sweden, Denmark, The Netherlands, United Kingdom, Spain and Italy

Source: EURODEM, with the support of the European Commission

**MORTALITY** **5**



## V. MORTALITY

### 1. INFANT MORTALITY

According to Eurostat demographic data, the infant mortality rate for the 3.9 million births observed in the EU in 1998 was 5.2 per 1 000 births. This has decreased over the past thirty years from 34.5 in 1960 to 12.4 in 1980 and 7.6 in 1990. In 1998, most EU countries had rates close to the EU average. Greece (6.8), Ireland (6.2) and Portugal (6.0) had the highest rates. In 1996 (latest available year by cause) the main causes of mortality of children under one year were: perinatal diseases, congenital malformations and chromosomal abnormalities and symptoms, signs, abnormal findings and ill defined causes (which includes the sudden infant death syndrome) for both boys and girls.

The sudden infant death syndrome (SIDS) crude death rate in 1996 in EU 15, was 5.5 deaths per 10 000 live births. Luxembourg (8.8) and Germany (8.7) have the highest rates and Portugal and Italy have the lowest. Diseases of the respiratory system, of the nervous system and accidents are responsible for a low proportion of infant deaths. SIDS was responsible for 10.4% of deaths for boys and 6.9% deaths for girls in 1996.

The perinatal mortality rate is also decreasing significantly. In 1992 (the most recent figure for EU as a whole) it was 7.6 per 1000 births compared with 35.4 per 1000 in 1960. This decline applies to most Member States. The same decreasing trend is observed with the neonatal mortality rate from 20.3 per 1000 in 1960 to 4.2 per 1000 in 1992, the early neonatal mortality rate from 16.2 per 1000 in 1960 to 3.2 per 1000 in 1992 and in the late foetal mortality rate from 19.5 per 1000 in 1960 to 4.7 in 1995 per 1000.

Data are collected by Eurostat. *Infant mortality* is the mortality of live-born children who die in the first year of life. It is computed as the ratio of deaths to children under one year of age per 1 000 live births in a given period. *Perinatal mortality* includes late foetal deaths and early neo-natal deaths (i.e. live-born children who die within a period of one week after delivery). It is calculated by dividing the total number of late foetal deaths and early neo-natal deaths by the total number of births (i.e. stillbirths and live births). Due to differences in the definition of late foetal deaths, perinatal mortality figures are not completely internationally comparable. The *neonatal* and *early neonatal mortality rates* represent the rate of deaths within 28 days, and within one week after birth respectively, per 1000 live births in a given period. A number of countries are in process of reviewing their definitions distinguishing between spontaneous abortion, *early foetal death* and *late foetal death* (or still birth), the criteria used in Member States goes from a minimum gestation period from 22 weeks (154 days) to 28 weeks (196 days).

### 2. MORTALITY BY CAUSE

According to the data collected by WHO (data at national level) and Eurostat (data at national and regional level) overall mortality has fallen over the past thirty years. According to Eurostat, in 1996, circulatory diseases were the most frequent cause of death (38.6% for men and 46.1% for women. External causes (accidents, disasters and others) account for 6.3% of deaths among men and 3.6% among women. Mortality patterns differ significantly according to age and sex. In 1996, the standardised mortality rate for women was lower than that of men in all cases, irrespective of the cause. After the first year of life, mortality reaches a minimum between 5 and 10 years of age, and it increases with age thereafter.

In general, mortality patterns are dominated by four main groups of causes of death: circulatory diseases (including ischaemic heart and cerebrovascular diseases), cancer, respiratory diseases and external

causes (including accidents and suicides), which together account for more than 80 % of deaths. These disease groups are strongly related to life styles, the first three groups are related to smoking and diet. Deaths from cancers and circulatory diseases dominate the higher age groups, accidents and suicides represent more than half of the deaths in the younger age groups (15-34 years of age) for both men and women.

Ischaemic heart diseases (IHD) (mostly acute cardiac infarction) account for nearly half of all deaths from cardiovascular disease. It is the largest single cause of death for people in the EU, accounting for 16.6% of all deaths in 1996. However, mortality rates for IHD have been declining for more than ten years in some EU countries. More recently, this trend has become apparent in the majority of EU countries, although it is more noticeable in younger age groups, in men and in the northern European countries.

Of the 3.730 million deaths that occurred in 1996 in the EU, 42.4% (1.582 million) were due to diseases of the circulatory system and 24.9% (0.930 million) to malignant tumours. However, causes of mortality vary greatly depending on age, sex and region. Violent deaths (suicides and accidents) are the largest cause of death among young men aged 15 –24 (58.3%). The incidence of death from cancer increases with age, accounting for half of all deaths of women aged between 45 and 54.

In terms of proportion of total deaths, in the EU in 1996, for children aged 1-4, accidents are the primary cause of death (23.5%), followed by congenital defects (15.1%) and tumours (12.4%). However, in Portugal and Spain, infectious and parasitic diseases are more prevalent than tumours, unlike the other Member States, where they are virtually non-existent. Most of the accidental deaths amongst children aged 1-4 are a result of motor vehicle traffic accidents on highways, suffocation and obstruction, and falls. In the 5-14 age group, accidents (mainly road accidents) are most common (31.6%) followed by tumours (particularly leukaemia) accounting for 19.9% of deaths.

For deaths recorded in 1996 for European males in the 15-24 age group, 49.9% were due to accidents and 12.8% to suicide, the second most common cause of death amongst males of this age. Accidents are also the prime cause of death amongst women (35.8%) and malignant tumours the second (13.7%). Less women (9.7%) in this age group die from suicides than men (12.8%). Disparities for this age group are more pronounced between the sexes than between countries.

The 25-34 age group appears to constitute a transitional group where the most common causes of death amongst men are accidents (27.5%), suicides (14.8%), AIDS (13.7%), and circulatory diseases (7.6%). This age group has the highest suicide proportion and the only significant AIDS proportion. Amongst women 25-34 year-old, tumours (22.0%) are the prime cause of death, followed by accidents (15.6%), suicides (10.2%), AIDS (12.1%) and diseases of the circulatory system (9.9%). Amongst 35-44 year-olds, 19.9% of all female deaths are due to cancer and 6.8% to diseases of the circulatory system. Amongst men, tumours (18.5%), suicides (13.6%), diseases of the circulatory system (17.7%) and accidents (13.6%), account for not so similar shares. Mortality amongst the 45-64 year-olds, both sexes, is largely due to tumours (42.2%) and diseases of the circulatory system (27.8%). Finally, amongst both men and women over 65 years of age, diseases of the circulatory system (47.2%) and tumours (22.4%) are the primary cause of death. Accidents account for much fewer deaths than in the preceding age groups, although the absolute level is not negligible at 63 721 deaths.

Of malignant tumours, breast cancer accounts for the greatest number of deaths amongst women, and lung cancer amongst men. As for diseases of the circulatory system, acute myocardial infarctions and other ischaemic cardiopathies are most common, followed by cerebrovascular disease for both men and women.

In terms of standard death rates (SDRs) in 1996, slightly more women than men die from diseases of the circulatory system. The highest mortality rates for these diseases are found in Ireland and Finland, and the lowest in Belgium and Spain. The pattern is not, however, the same for ischaemic heart disease or cerebrovascular disease. Relatively clear differences emerge between countries according to sex and the location of tumours. The SDR of breast cancer, for women, is particularly high in Denmark and the Netherlands, and low in Greece and Portugal. SDRs from lung cancer are highest in Belgium and the Netherlands amongst men. Pneumonia, bronchitis and asthma, have the highest SDRs for men in UK (73.8 deaths per 10 000 male population).

The SDR from AIDS is high in Spain (21.1 for men and 5.2 for women), Portugal (18.4 and 3.7) and Italy (11.3 and 3.5). There is a particularly large disparity between male and female deaths from AIDS in EU15 (7.2 against 1.8). In contrast, deaths due to diabetes are nearly the same for both men and women (15.2 and (13.5) respectively). The most affected countries are Portugal (24.1 for men and 22.8 for women) and Germany (21.0 and 18.2). The SDRs from accidents, for women, were highest in France (25.3) and Finland (22.9) and, for men, highest in Finland (68.0) and Luxembourg (56.8). More men than women commit suicide, the highest SDRs being, for men, in Finland (37.1) and Austria (33.2) and, for women, in Finland (10.3) and Belgium (10.2). The ratio of male to female suicides is 3.1 for EU15 and varies from 2.0 in the Netherlands to 5.0 in Greece, although female suicide is perhaps underestimated in statistics.

In terms of crude death rates (CDRs) and according to 1995 regional Eurostat data, NUTS 2 level, the regions with the highest crude number of deaths per 10 000 inhabitants for some selected causes of death are in the case of men: Lisboa (P) and Provence-Alpes-Côte d'Azur (F) for infectious and parasitic diseases, Liguria (I), Toscana (I) and Bretagne (F) for cancer, Voreio Aigaio (EL) and Asturias (E) for lung cancer, Mellersta Norrland (S) and Norra Mellansverige (S) for ischaemic heart disease and Itä-Suomi (FI) and Bretagne (F) for suicides. In the case of women: Region Bruxelloise (B) and Limousin (F) for infectious and parasitic diseases, Liguria (I) and the Highlands Islands (UK) for cancer, Merseyside (UK) and Dumfries and Galloway (UK) for lung cancer, Itä-Suomi (FI) and Lancashire (UK) for ischaemic heart disease and Bretagne (F) and Liège (B) for suicides.

### 3. SPECIAL CAUSES OF DEATH

According to Eurostat statistics on causes of death, the absolute number of deaths due primarily to alcoholic abuse (including alcoholic psychosis) in 1995 was 8 831 for men and 2 297 for women in the EU. The number of deaths due to alcoholic abuse increases with age, with the age groups 50-54 and 55-59 for both sexes being particularly affected.

According to the data provided by the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) and the Trimbos Institute (NL), many EU countries experienced fluctuations in the number of drug related deaths from 1985-1997. The frequency and quality of post-mortem analyses (autopsy, histological, serological and toxicological analyses) are of paramount importance for correctly detecting and classifying drug-related deaths. It is also important to notice the lack of a unique definition of the term drug-related death and the lack of consensus regarding which types of death should be included.

Data on absolute number of deaths are collected by the WHO (at national level) and by Eurostat (at national and regional NUTS 1 and NUTS 2 level). The coding is based on the *initial cause of death* (section b) of the death certificate. Causes of death are defined on the basis of the WHO's *International Classification of Diseases (ICD)*. All EU countries use the ninth or the tenth revision of the Classification.

The *standard death rate* (SDR) is the death rate of a population of a standard age distribution. As most causes of death vary significantly with people's age and sex, the use of standard death rates improves comparability over time and between countries, as they aim at measuring death rates independently of different age structures of populations. For reasons of international comparability SDRs used here are calculated by Eurostat on the basis of the standard European population as defined by the WHO.

The *crude death rate* (CDR) is a weighted average of the age-specific mortality rates. The weighting factor is the age distribution of the population whose mortality experience is being observed. To compare the CDR from two or more populations (at the NUTS 2 level in this publication) is a comparison of a combination of different age-specific death rates and different population structures not reflecting the 'real' mortality differences but including also the effect of the population structure on the total number of deaths and on the crude death rates.

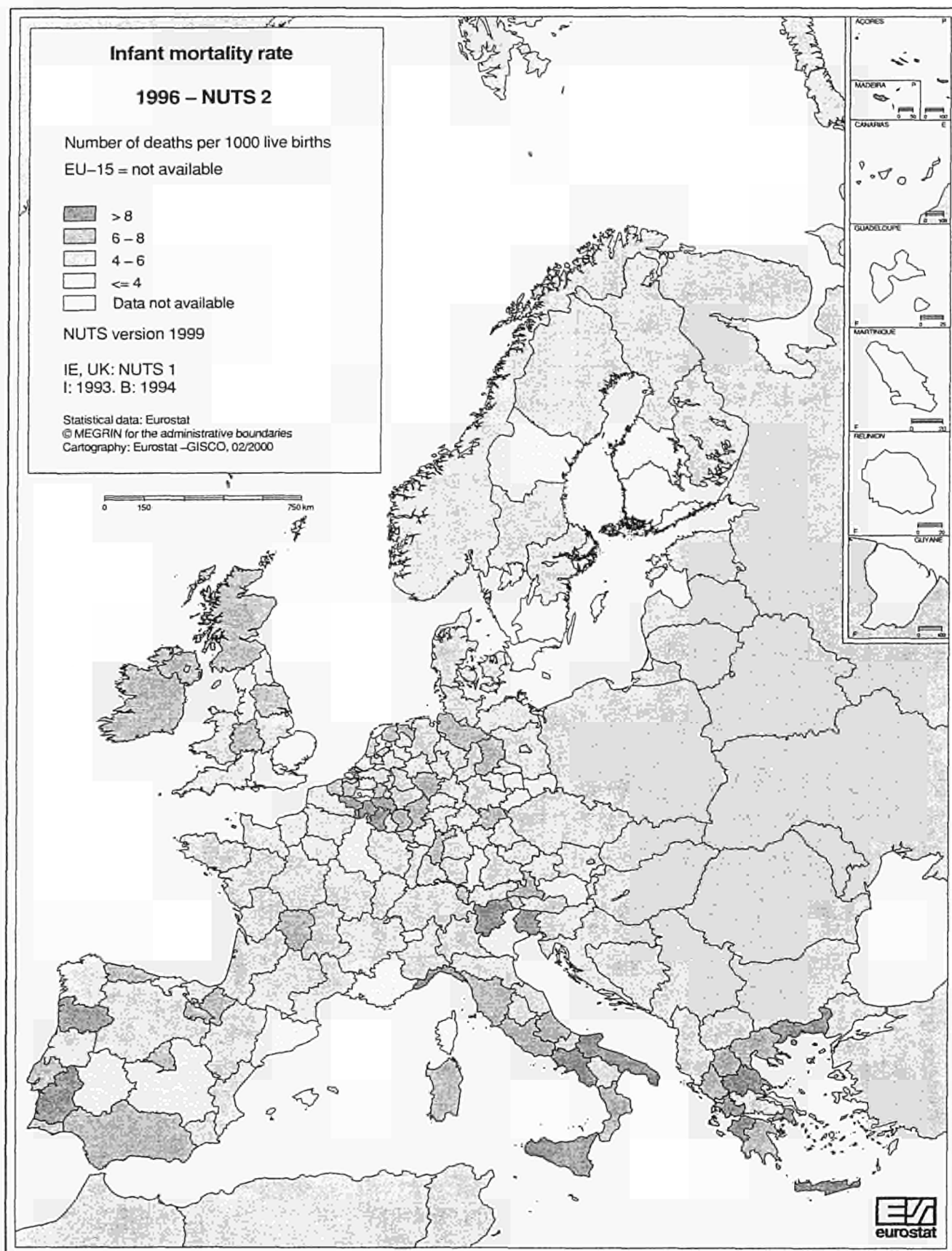
### 5.1.1 Infant mortality rate

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	LI	NO	CH
1960	34,5	31,2	21,5	35,0	40,1	43,7	27,5	29,3	43,9	31,5	17,9	37,5	77,5	21,0	16,6	22,5	13,0	21,1	18,9	21,1
1965	27,5	23,7	18,7	24,1	34,3	37,8	22,0	25,2	36,0	24,0	14,4	28,3	64,9	17,6	13,3	19,7	15,0	22,8	16,8	17,8
1970	23,4	21,1	14,2	22,5	29,6	28,1	18,2	19,5	29,6	24,9	12,7	25,9	55,5	13,2	11,0	18,5	13,2	11,8	12,7	15,1
1975	18,1	16,1	10,4	18,9	24,0	18,9	13,8	17,5	21,2	14,8	10,6	20,5	38,9	10,0	8,6	16,1	12,5	6,5	11,1	10,7
1980	12,4	12,1	8,4	12,4	17,9	12,3	10,0	11,1	14,6	11,5	8,6	14,3	24,3	7,6	6,9	12,1	7,7	7,6	8,1	9,1
1985	9,5	9,8	7,9	9,1	14,1	8,9	8,3	8,8	10,5	9,0	8,0	11,2	17,8	6,3	6,8	9,3	5,7	10,7	8,5	6,9
1990	7,6	8,0	7,5	7,0	9,7	7,6	7,3	8,2	8,2	7,3	7,1	7,8	11,0	5,6	6,0	7,9	5,9	0,0	7,0	6,8
1991	7,4	8,4	7,3	6,9	9,0	7,2	7,3	7,6	8,1	9,2	6,5	7,5	10,8	5,9	6,2	7,4	5,5	0,0	6,4	6,2
1992	6,9	9,6	6,6	6,2	8,4	7,1	6,8	6,5	7,9	8,5	6,3	7,5	9,3	5,2	5,3	6,6	4,8	10,7	5,9	6,4
1993	6,5	8,0	5,4	5,8	8,5	6,7	6,5	6,1	7,1	6,0	6,3	6,5	8,7	4,4	4,8	6,3	4,8	0,0	5,1	5,6
1994	6,1	7,6	5,5	5,6	7,9	6,0	5,9	5,7	6,6	5,3	5,6	6,3	8,1	4,7	4,4	6,2	3,2	5,6	5,2	5,1
1995	5,6	6,1	5,1	5,3	8,1	5,5	4,9	6,4	6,1	5,5	5,5	5,4	7,5	3,9	4,1	6,2	6,1	0,0	4,0	5,0
1996	5,5	5,6	5,6	5,0	7,2	6,0	4,8	5,5	5,9	4,9	5,7	5,1	6,9	4,0	4,0	6,1	3,7	7,4	4,0	4,7
1997	5,3	6,1	5,3	4,9	6,3	5,7	5,0	6,2	5,5	4,2	5,2	4,7	6,4	3,9	3,6	5,9	5,5	:	4,1	4,8
1998	5,2	5,6	:	4,7	6,8	5,7	4,8	6,2	5,5	5,0	5,2	4,9	6,0	4,2	3,5	5,6	2,6	:	4,0	4,4

Source: Eurostat, Demographic Statistics



### 5.1.2 Infant mortality rate by region, 1995



### 5.1.3 Infant deaths ( under one year)

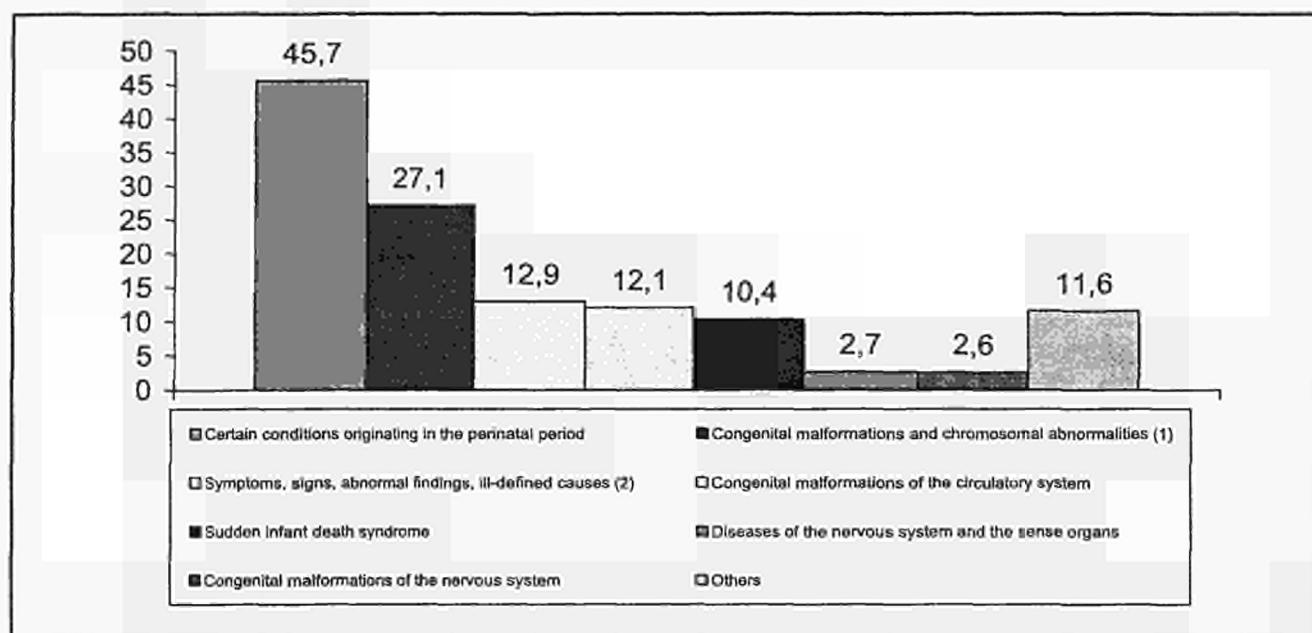
	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	LI	NO	CH
1960	199 773	4 824	1 636	44 105	6 300	28 826	22 484	1 777	39 950	158	4 286	4 727	16 576	1 725	1 699	20 700	64	8	1 167	1 993
1965	167 739	3 684	1 606	31 907	5 194	25 470	18 990	1 604	35 677	127	3 541	3 673	13 656	1 371	1 639	19 600	71	9	1 113	1 996
1970	128 623	2 999	1 005	23 547	4 290	18 595	15 437	1 255	26 639	110	3 045	2 908	10 027	854	1 212	16 700	53	5	823	1 495
1975	86 087	1 932	746	14 760	3 409	12 641	10 277	1 176	17 526	59	1 894	1 926	6 991	656	894	11 200	55	2	625	843
1980	57 642	1 510	484	10 779	2 658	7 048	8 010	821	9 320	48	1 557	1 303	3 852	481	671	9 100	35	3	411	667
1985	40 546	1 120	427	7 419	1 647	4 071	6 389	551	6 090	37	1 430	977	2 327	395	666	7 000	22	4	434	515
1990	33 373	985	473	6 385	993	3 050	5 599	434	4 654	36	1 397	709	1 279	368	739	6 272	28	0	428	574
1991	31 772	1 062	471	5 711	927	2 846	5 511	400	4 571	46	1 291	708	1 259	383	761	5 825	25	0	387	537
1992	29 401	1 194	444	4 992	871	2 798	5 075	331	4 489	44	1 235	718	1 068	344	657	5 141	22	4	353	557
1993	26 807	962	367	4 665	864	2 581	4 604	302	3 905	32	1 227	618	996	287	571	4 826	22	0	305	465
1994	24 663	887	380	4 309	823	2 239	4 193	277	3 507	29	1 104	578	881	308	499	4 649	14	2	312	424
1995	22 558	700	353	4 053	827	1 996	3 545	309	3 219	30	1 041	481	805	248	429	4 522	26	0	244	415
1996	22 157	652	376	3 962	730	2 141	3 501	278	3 109	28	1 086	451	758	242	377	4 466	16	3	246	389
1997	:	705	357	3 950	640	2 038	3 650	324	2 894	23	1 000	398	727	232	326	4 288	23	:	:	385

Source: Eurostat, Demographic Statistics

## 5.1.4

## Main causes of deaths of children under one year (in %)

## Boys - EU 15 - 1996



(1) The congenital malformations and chromosomal abnormalities is a group including the single diseases as congenital malformations on the nervous system and on the circulatory system

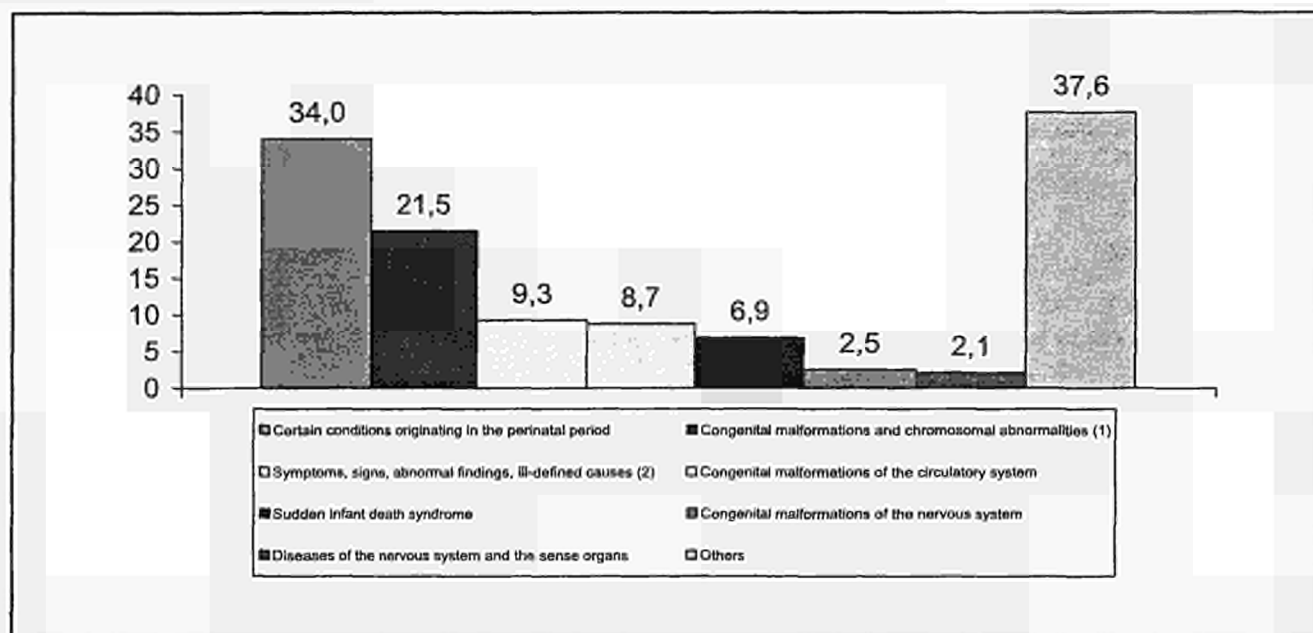
(2) The Symptoms, signs, abnormal findings, ill-defined causes includes single diseases as Sudden death Syndrome

Source: Eurostat, Causes of Death Statistics

## 5.1.5

## Main causes of deaths of children under one year (in %)

## Girls- EU 15 - 1996

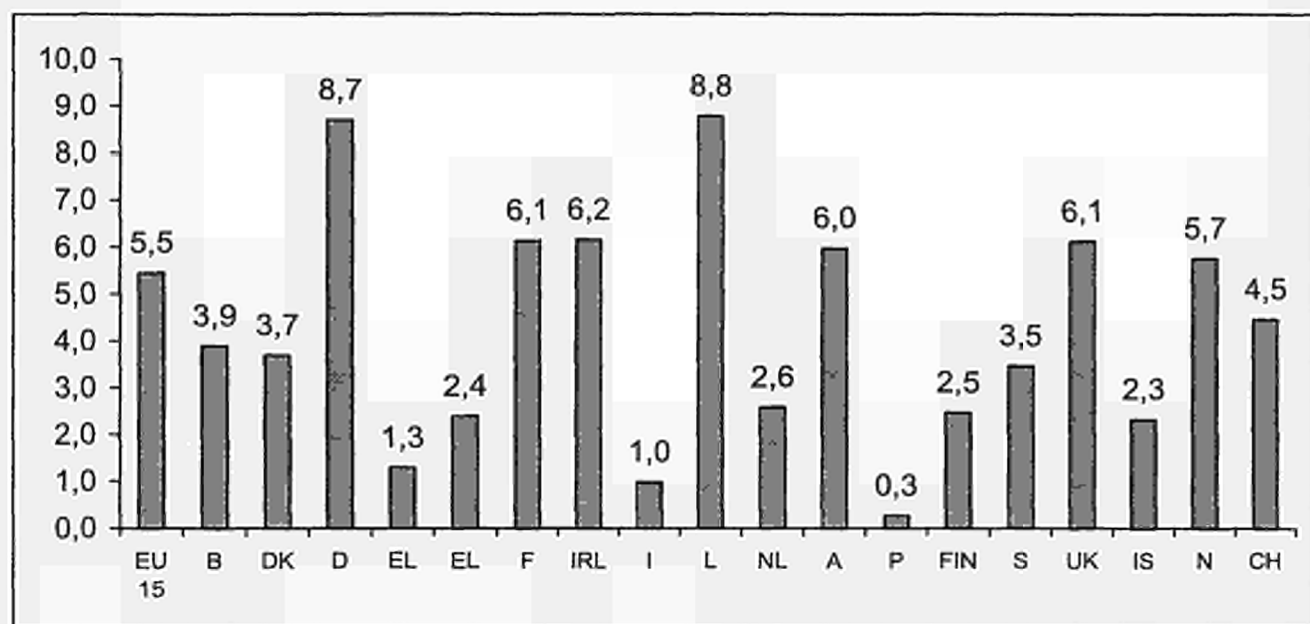


(1) The congenital malformations and chromosomal abnormalities is a group including the single diseases as congenital malformations on the nervous system and on the circulatory system

(2) The Symptoms, signs, abnormal findings, ill-defined causes includes single diseases as Sudden death Syndrome

Source: Eurostat, Causes of Death Statistics

## 5.1.6

**Death rate per 10 000 live births on the year 1996 due to the sudden infant death syndrome**


B: 1993; NL: 1995; ISL: 1995

Source: Eurostat, Causes of Death Statistics

## 5.1.7

**Perinatal mortality rate \***

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	LI	NO	CH
1960	35.4	31.9	26.2	34.9	26.4	42.8	31.4	37.7	41.9	32.2	26.6	34.9	41.1	27.5	25.4	33.5	19.7	:	23.7	25.6
1965	30.3	27.3	23.9	27.9	29.4	37.1	27.9	30.0	36.5	30.6	23.1	29.5	38.6	24.5	19.7	27.7	24.0	:	21.4	22.8
1970	26.1	23.3	17.9	25.3	27.4	31.1	23.3	24.3	31.2	24.7	18.6	26.7	36.5	17.0	16.4	23.7	18.5	:	18.1	18.1
1975	20.3	20.0	13.3	18.8	25.5	20.9	18.1	21.5	24.2	16.0	13.9	21.2	31.3	12.4	11.3	19.8	15.6	:	14.1	13.4
1980	14.1	14.1	8.9	12.1	20.3	14.4	12.9	14.8	17.8	9.8	11.1	14.1	23.9	8.4	8.8	13.4	8.8	:	11.1	9.5
1985	10.8	10.8	8.1	8.4	15.7	10.9	10.7	12.3	13.5	7.8	9.8	10.1	21.5	7.3	7.4	9.9	5.2	:	9.1	8.3
1990	8.3	8.9	8.3	6.3	11.9	7.6	8.3	10.1	10.5	6.9	9.6	6.9	14.2	6.2	6.5	8.1	6.3	0.0	7.5	7.7
1991	8.0	8.3	7.9	5.8	11.1	7.2	8.2	9.4	9.8	9.6	9.1	6.5	13.7	6.8	6.6	8.1	4.6	:	7.4	7.1
1992	7.6	8.4	8.1	5.8	10.0	7.3	7.7	9.3	8.8	7.7	9.1	6.8	11.9	5.9	5.8	7.7	6.7	:	7.4	7.0
1993	:	:	7.4	5.4	10.9	6.6	7.2	9.1	8.3	6.3	9.1	6.1	10.2	5.1	5.9	9.1	4.1	:	6.9	6.8
1994	:	:	7.8	6.4	9.7	6.5	7.4	9.3	:	6.2	8.6	6.2	9.3	5.4	5.4	8.9	4.5	:	7.5	6.1
1995	:	:	7.5	6.8	10.4	6.0	7.4	10.2	7.1	7.0	8.0	6.8	9.1	4.9	5.5	:	6.3	:	6.1	7.0
1996	:	:	8.0	6.8	9.5	6.4	8.2	:	:	:	8.4	7.1	8.6	4.9	:	8.7	7.4	:	6.5	6.3
1997	:	:	:	6.5	9.5	:	:	:	:	6.9	7.9	6.4	7.2	5.9	5.4	:	:	:	:	6.9

\* late foetal deaths + deaths in 1st week

Source: Eurostat, Demographic Statistics

### 5.1.8 Neonatal mortality rate

(x 1000 births)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	LI	NO	CH
1960	20,3	20,4	16,1	23,2	19,5	20,2	17,7	20,4	23,9	19,1	13,5	24,6	27,9	14,4	13,4	16,0	9,2	:	11,7	16,1
1965	17,5	16,0	14,7	17,5	19,8	20,0	15,3	17,2	22,5	16,3	11,4	20,1	25,4	13,6	10,8	13,4	10,6	:	11,9	13,8
1970	15,9	14,2	11,0	17,2	19,6	17,5	12,7	12,8	20,6	16,8	9,5	19,1	24,3	10,5	9,1	12,5	10,2	:	9,5	10,9
1975	12,6	11,7	8,0	13,4	18,0	12,6	9,1	12,0	16,1	9,5	7,6	15,5	22,1	7,8	6,4	10,9	8,9	:	7,3	7,4
1980	8,3	7,5	5,6	8,1	13,9	8,5	5,8	6,7	11,3	5,3	5,7	9,4	15,5	5,1	5,0	7,7	6,0	:	5,1	5,9
1985	6,0	5,8	4,7	5,3	10,6	5,9	4,6	5,3	8,2	2,9	5,0	7,1	12,2	4,3	4,2	5,3	3,6	:	4,7	4,5
1990	4,5	4,2	4,6	3,7	6,5	5,0	3,6	4,8	6,3	4,3	4,8	4,4	7,0	3,7	3,5	4,5	4,0	0	3,9	3,8
1991	4,4	4,3	4,2	3,5	6,1	4,6	3,5	5,0	6,3	5,0	4,6	4,4	6,9	4,2	3,6	4,4	2,9	0	3,7	3,6
1992	4,2	4,2	4,1	3,4	5,7	4,6	3,3	4,3	5,9	4,1	4,4	4,7	6,0	3,7	3,3	4,3	3,7	:	3,8	3,9
1993	:	:	3,5	3,1	6,1	4,1	3,1	4,0	5,3	3,4	4,5	3,7	5,6	3,0	3,1	4,2	2,8	0	3,5	3,5
1994	:	:	4,0	3,2	5,6	3,9	3,2	4,0	:	3,3	4,0	3,9	4,8	3,5	3,0	4,1	1,1	:	3,7	3,3
1995	:	:	3,7	3,2	5,8	3,5	2,9	4,7	4,6	3,5	3,8	3,4	4,7	2,6	2,9	:	4,4	:	2,7	3,4
1996	:	:	3,9	3,0	5,2	3,5	4,0	3,9	:	:	4,2	3,4	4,2	2,9	2,5	4,0	3,0	:	2,5	3,2
1997	:	:	4,1	2,9	4,9	:	:	3,7	:	2,2	3,7	3,2	4,1	2,8	2,4	:	:	:	:	3,4

Source: Eurostat, Demographic Statistics

### 5.1.9 Early neonatal mortality rate

(x 1000 births)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	LI	NO	CH
1960	16,2	17,0	13,9	19,7	12,3	15,9	14,6	16,1	17,8	16,3	11,9	20,2	15,0	12,6	11,8	13,7	7,1	:	9,9	14,4
1965	14,4	13,9	13,2	15,7	14,2	15,7	12,8	13,6	17,1	13,8	10,1	17,8	15,7	12,3	9,5	11,7	9,3	:	10,6	12,5
1970	13,0	12,1	9,5	15,2	14,5	13,7	10,1	10,6	16,1	15,2	8,0	16,8	16,1	9,1	8,1	10,7	8,7	:	8,5	9,4
1975	10,3	10,0	6,7	11,2	13,8	9,8	7,3	10,3	13,2	8,8	6,3	12,9	16,3	6,8	5,5	9,3	8,2	:	6,1	6,3
1980	6,7	6,2	4,6	6,4	11,2	6,7	4,4	5,8	9,4	4,3	4,5	7,5	12,3	4,2	4,3	6,2	4,2	:	4,0	4,6
1985	4,7	4,6	3,6	4,0	7,6	4,6	3,4	4,2	6,8	2,4	4,0	5,5	10,2	3,5	3,4	4,4	2,9	:	3,9	3,7
1990	3,5	3,4	3,6	2,7	4,8	3,6	2,5	4,1	5,1	2,6	3,9	3,3	5,7	3,1	3,0	3,5	3,6	0	3,2	3,1
1991	3,4	3,4	3,4	2,5	4,3	3,3	2,5	3,8	5,0	4,2	3,8	3,1	5,5	3,5	2,8	3,4	1,8	0	2,7	3,0
1992	3,2	3,2	3,2	2,5	4,0	3,3	2,3	3,7	4,6	3,1	3,5	3,3	4,7	3,0	2,6	3,4	3,3	:	3,1	3,2
1993	:	:	2,9	2,4	4,3	2,9	2,2	3,2	4,2	2,2	3,7	2,8	4,1	2,5	2,6	3,4	2,2	0	2,7	2,7
1994	:	:	3,4	2,4	4,0	2,8	2,3	3,2	:	2,6	3,2	2,9	3,4	2,9	2,3	3,2	1,1	:	3,0	2,7
1995	:	:	3,0	2,4	4,1	2,6	2,2	3,8	3,4	2,8	3,1	2,5	3,6	2,0	2,2	:	4,4	:	2,2	2,9
1996	:	:	3,3	2,3	3,7	2,5	3,2	3,2	:	:	3,4	2,6	3,2	2,3	1,8	3,2	2,8	:	2,0	2,6
1997	:	:	3,3	2,2	3,4	:	:	2,9	:	1,8	2,8	2,2	2,8	2,2	2,0	:	:	:	:	2,8

Source: Eurostat, Demographic Statistics

### 5.1.10 Late foetal mortality rate

(x 1000 births)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	LI	NO	CH
1960	19,5	15,1	12,4	15,5	14,3	27,3	17,0	21,9	24,5	16,1	14,9	15,0	26,5	15,1	13,7	20,1	12,7	10,4	13,9	11,4
1965	16,1	13,5	10,9	12,3	15,5	21,8	15,2	16,6	19,8	17,1	13,1	11,9	23,2	12,4	10,2	16,1	14,8	5,0	10,9	10,4
1970	13,4	11,2	8,5	10,3	13,1	17,6	13,3	13,8	15,4	9,7	10,7	10,1	20,7	8,0	8,3	13,1	9,8	0	10,7	8,9
1975	10,2	10,1	6,7	7,8	11,8	11,2	10,9	11,4	11,1	7,2	7,7	8,4	15,2	5,7	5,8	10,5	7,5	0	8,1	7,2
1980	7,5	7,9	4,4	5,7	9,2	7,8	8,6	9,1	8,4	5,5	6,6	6,6	11,8	4,2	4,5	7,2	4,6	0	7,1	4,9
1985	6,1	6,2	4,4	4,4	8,1	6,3	7,3	8,2	6,7	5,3	5,9	4,6	11,4	3,9	3,9	5,5	2,3	0	5,2	4,6
1990	4,8	5,5	4,7	3,5	7,1	4,0	5,9	6,0	5,4	4,2	5,7	3,6	8,6	3,2	3,6	4,6	2,7	0	4,3	4,6
1991	4,7	4,9	4,6	3,3	6,8	3,9	5,7	5,7	4,8	5,4	5,3	3,4	8,2	3,3	3,7	4,7	2,9	:	4,6	4,1
1992	4,4	5,2	5,0	3,3	6,0	4,0	5,4	5,5	4,3	4,6	5,6	3,5	7,2	2,9	3,2	4,3	3,5	:	4,3	3,9
1993	4,5	4,8	4,6	3,1	6,6	3,7	5,0	5,9	4,2	4,1	5,4	3,3	6,1	2,7	3,4	5,7	1,9	:	4,2	4,1
1994	4,6	4,0	4,4	4,0	5,7	3,7	5,1	6,1	3,9	3,7	5,4	3,3	5,8	2,5	3,1	5,8	3,4	:	4,6	3,4
1995	4,7	4,8	4,5	4,4	6,3	3,4	5,3	6,4	3,7	4,4	4,9	4,4	5,4	3,0	3,4	5,6	1,9	:	3,9	4,1
1996	:	:	4,8	4,5	5,8	3,9	5,0	:	4,0	2,8	5,0	4,5	5,4	2,7	:	5,5	4,6	:	4,5	3,7
1997	:	:	:	4,3	6,1	:	:	:	:	5,1	5,1	4,3	4,5	3,7	3,5	:	:	:	:	4,2

Source: Eurostat, Demographic Statistics

### 5.1.11 Deaths of children under 28 days

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	LI	NO	CH
1960	117 209	3 153	1 226	29 253	3 063	13 363	14 479	1 236	21 798	96	3 220	3 094	5 978	1 183	1 367	14 700	45	:	723	1 515
1965	106 674	2 494	1 265	23 225	3 000	13 488	13 186	1 092	22 311	86	2 795	2 613	5 338	1 059	1 322	13 400	50	:	792	1 544
1970	87 134	2 022	777	17 979	2 845	11 548	10 741	821	18 551	74	2 258	2 142	4 393	676	1 007	11 300	41	:	612	1 077
1975	59 925	1 404	576	10 446	2 556	8 413	6 815	803	13 329	38	1 354	1 449	3 962	514	666	7 600	39	:	413	581
1980	38 398	938	318	6 976	2 052	4 854	4 603	498	7 209	22	1 025	851	2 447	323	482	5 800	27	:	259	433
1985	25 600	662	254	4 345	1 229	2 705	3 533	328	4 758	12	888	618	1 586	273	409	4 000	14	:	238	334
1990	19 896	520	289	3 377	666	1 997	2 708	255	3 598	21	953	401	815	245	435	3 616	19	0	239	318
1991	18 957	544	271	2 901	627	1 809	2 660	263	3 545	25	907	415	805	276	444	3 465	13	0	222	312
1992	18 033	523	276	2 746	589	1 830	2 464	219	3 349	21	863	444	692	248	406	3 363	17	:	228	342
1993	:	:	238	2 499	624	1 589	2 240	198	2 939	18	873	348	633	195	370	3 182	13	0	206	290
1994	:	:	276	2 480	581	1 431	2 251	193	:	18	786	357	526	227	335	3 094	5	:	224	271
1995	:	:	261	2 433	587	1 285	2 112	227	2 410	19	732	298	508	166	297	:	19	:	161	281
1996	:	:	266	2 388	526	:	:	197	:	:	796	306	464	179	242	2 970	13	:	152	262
1997	:	:	276	2 350	503	:	:	196	:	12	705	265	462	164	214	:	:	:	:	272

Source: Eurostat, Demographic Statistics

### 5.1.12 Deaths of children under 7 days

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	LI	NO	CH
1960	93 707	2 634	1 061	24 900	1 932	10 491	11 949	977	16 232	82	2 842	2 548	3 213	1 035	1 211	12 600	35	:	615	1 357
1965	87 708	2 167	1 135	20 810	2 144	10 588	11 073	864	16 926	73	2 477	2 311	3 310	958	1 172	11 700	44	:	704	1 397
1970	71 208	1 727	671	15 958	2 099	9 054	8 591	680	14 477	67	1 914	1 887	2 901	590	892	9 700	35	:	551	930
1975	48 788	1 197	484	8 727	1 969	6 534	5 419	689	10 962	35	1 123	1 209	2 925	444	571	6 500	36	:	342	491
1980	30 890	775	262	5 582	1 660	3 799	3 495	426	6 044	18	812	685	1 949	264	419	4 700	19	:	205	342
1985	20 238	526	195	3 287	890	2 093	2 651	260	3 947	10	706	480	1 335	219	339	3 300	11	:	199	274
1990	15 159	424	229	2 488	492	1 426	1 875	216	2 884	13	776	297	664	200	366	2 809	17	0	194	262
1991	14 389	424	217	2 101	437	1 314	1 897	200	2 813	21	747	297	638	226	350	2 707	8	0	166	258
1992	13 560	405	215	2 039	420	1 311	1 696	191	2 585	16	696	312	538	202	314	2 620	15	:	185	275
1993	:	:	194	1 891	438	1 136	1 558	159	2 283	12	722	266	470	161	304	2 589	10	0	162	224
1994	:	:	238	1 853	413	1 038	1 623	154	:	14	629	265	375	188	282	2 399	5	:	178	223
1995	:	:	207	1 839	418	943	1 584	187	1 792	14	588	221	389	124	224	:	19	:	131	241
1996	:	:	223	1 867	371	915	2 334	160	:	:	648	233	356	138	171	2 314	12	:	119	213
1997	:	:	225	1 779	347	:	:	154	:	10	547	181	316	128	179	:	:	:	:	225

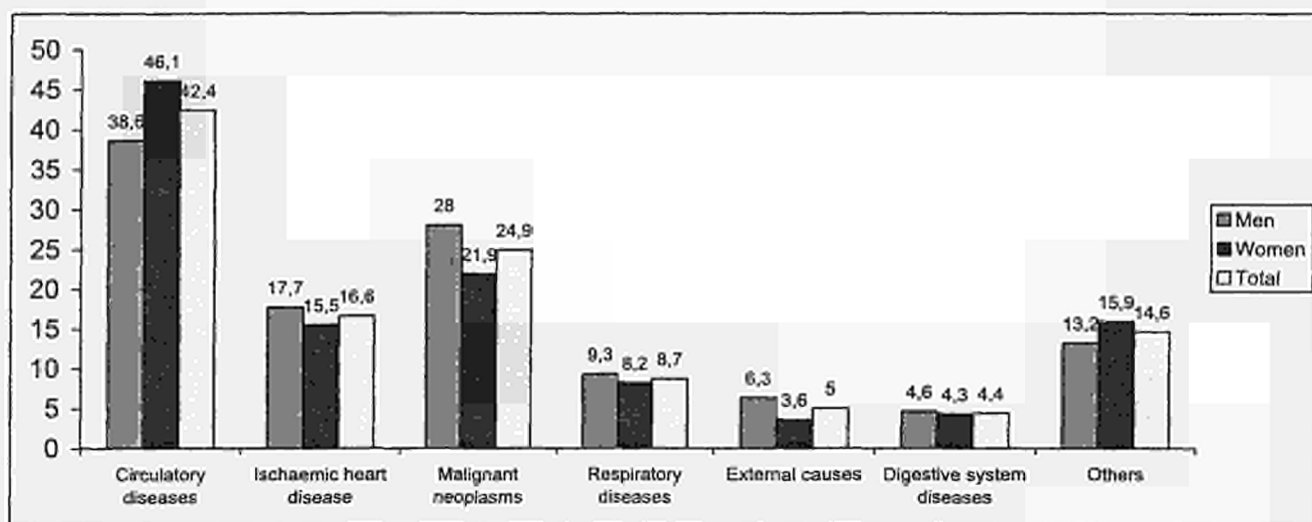
Source: Eurostat, Demographic Statistics







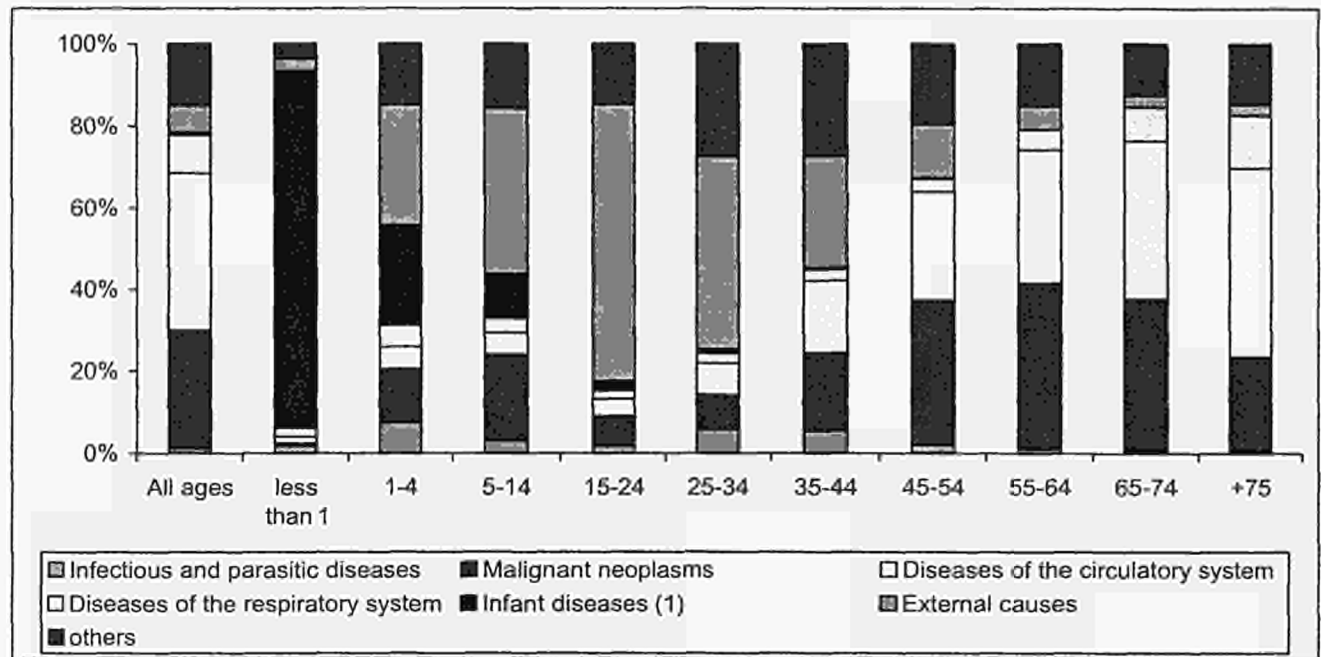
## 5.2.3

**Main causes of death by groups (% on total causes), men and women, EU 15 - 1996**


Source: Eurostat, Causes of Death Statistics

## 5.2.4

## Causes of death by age groups in 1996 (EU 15) (in %), men

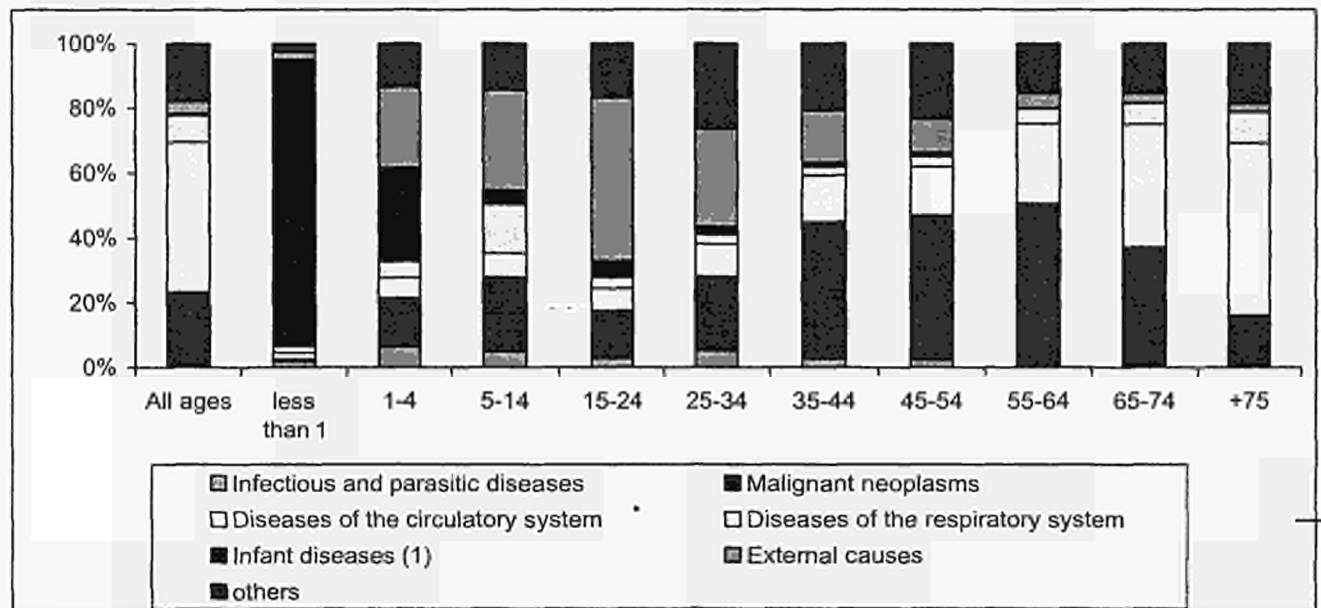


(1) This category includes the deaths due to congenital malformations, chromosomal abnormalities and to certain conditions originating in the perinatal period

Source: Eurostat, Causes of Death Statistics

## 5.2.5

## Causes of death by age groups in 1996 (EU 15) (in %), women



(1) This category includes the deaths due to congenital malformations, chromosomal abnormalities and to certain conditions originating in the perinatal period

Source: Eurostat, Causes of Death Statistics

## 5.2.6

## Proportion (%) of causes of death over total number of deaths in EU 15 - 1996, by age and sex

	Total			1-4			5-14			15-24			25-34			35-44			45-64			65+		
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women
Infectious and parasitic diseases	1,0	1,2	0,9	7,0	7,4	6,4	3,6	4,7	2,9	1,9	1,6	2,8	5,7	5,8	5,2	4,5	5,4	1,3	1,2	1,3	1,0	0,8	0,8	0,8
AIDS	0,5	0,8	0,2	1,3	1,3	1,3	1,5	2,0	1,1	1,4	1,4	1,7	13,3	13,7	12,1	7,5	9,2	1,9	0,6	0,7	0,2	0,0	0,0	0,0
Malignant tumours	24,9	28,0	21,9	12,4	11,7	13,3	19,9	20,9	19,2	8,8	7,0	13,7	11,8	7,9	22,0	26,0	18,5	19,9	42,2	38,3	50,0	22,4	27,0	18,6
Endocrine diseases	2,6	2,1	3,2	3,1	2,8	3,4	3,1	3,4	2,9	1,1	0,9	1,9	1,1	0,9	1,7	1,5	1,4	0,8	2,1	2,0	2,5	2,8	2,2	3,3
of which: Diabetes mellitus	2,1	1,7	2,5	0,2	0,2	0,1	0,3	0,2	0,4	0,2	0,2	0,3	0,5	0,4	0,8	0,9	0,9	0,5	1,7	1,6	1,9	2,3	1,8	2,7
Mental and behavioural disorders	1,8	1,6	2,1	0,2	0,3	0,1	0,3	0,3	0,3	3,2	3,6	2,4	4,8	5,6	2,6	3,4	4,1	1,0	1,4	1,6	1,0	1,8	1,3	2,2
Circulatory diseases	42,4	38,6	46,1	5,8	5,4	6,3	6,2	7,4	5,3	4,8	4,1	6,8	8,3	7,6	9,9	16,6	17,7	6,8	27,8	30,7	22,0	47,2	43,6	50,2
of which: Ischaemic heart diseases	16,6	17,7	15,5	0,2	0,3	0,2	0,4	0,4	0,3	0,4	0,4	0,4	1,9	2,1	1,5	7,1	8,8	1,7	14,7	17,7	8,8	17,8	19,0	16,8
of which: cerebrovascular diseases	11,2	8,8	13,5	1,0	1,0	1,0	1,8	2,2	1,5	1,2	0,9	2,1	2,0	1,5	3,4	3,7	3,0	2,4	5,1	4,8	5,7	12,9	10,6	14,7
Respiratory diseases	8,7	9,3	8,2	5,2	5,3	5,0	3,8	4,4	3,5	2,3	2,0	3,4	2,5	2,4	2,9	2,7	2,7	1,3	4,3	4,4	4,1	10,0	11,3	8,9
Digestive diseases	4,4	4,6	4,3	1,9	1,8	2,1	1,3	1,3	1,3	0,9	0,7	1,3	3,3	3,2	3,5	8,0	8,4	3,4	7,0	7,4	6,4	3,9	3,8	4,0
Genito-urinary diseases	1,4	1,3	1,4	0,4	0,3	0,5	0,4	0,5	0,3	0,2	0,2	0,3	0,3	0,3	0,5	0,5	0,4	0,3	0,7	0,7	0,9	1,5	1,5	1,5
Congenital malformations and chromosomal abnormalities	0,3	0,3	0,3	15,1	14,0	16,6	6,8	7,0	6,6	1,9	1,4	3,1	1,0	0,7	1,5	0,5	0,4	0,3	0,2	0,1	0,3	0,0	0,0	0,0
Accidents	3,4	4,0	2,7	23,5	25,2	21,2	31,6	26,0	35,4	46,3	49,9	35,8	24,2	27,5	15,6	11,6	13,6	3,5	3,9	4,4	2,9	2,1	1,9	2,3
Suicides	1,2	1,8	0,7	0,0	0,0	0,0	1,9	1,3	2,3	12,0	12,8	9,7	13,5	14,8	10,2	9,2	10,5	3,1	2,7	2,8	2,3	0,4	0,6	0,3
Other causes of death	7,8	7,3	8,3	25,5	25,8	25,1	21,2	23,0	20,1	16,5	15,8	18,8	23,5	23,3	24,2	15,7	16,9	58,3	6,5	6,3	6,8	7,0	5,9	7,8

Proportion of groups of deaths and single causes are calculated over total number of deaths

Source: Eurostat, Causes of Death Statistics

## 5.2.7

**Maternal deaths, all causes/100 000 live births**

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	34,9	20,4	8,5	:	28,3	33,1	28,2	31,1	54,5	:	13,4	25,8	:	12,4	10,0	18,0	:	10,8	25,2
1975	22,0	12,6	5,6	:	19,0	21,7	19,9	7,4	25,4	50,2	10,7	17,1	42,9	10,7	1,9	12,0	22,8	7,1	12,7
1980	13,1	5,6	1,8	:	17,6	11,1	12,9	6,8	12,8	0,0	8,8	7,7	19,6	1,6	8,2	10,9	0,0	11,8	5,4
1985	8,6	6,1	1,9	:	6,9	4,4	12,0	6,4	8,0	0,0	4,5	6,9	10,0	6,4	5,1	7,3	0,0	2,0	5,4
1986	7,6	3,4	3,6	:	8,0	5,5	10,9	4,9	5,5	0,0	8,1	6,9	8,7	6,6	2,9	6,9	0,0	3,8	3,9
1987	7,2	3,4	8,9	:	4,7	4,9	9,6	3,4	4,5	23,6	7,5	4,6	12,2	5,0	4,8	6,3	23,9	5,6	6,5
1988	7,7	3,3	3,4	:	5,6	5,0	9,3	1,8	7,6	0,0	9,6	5,7	6,6	11,1	8,9	6,4	0,0	3,5	10,0
1989	6,4	6,6	8,2	:	4,0	2,9	8,5	3,8	4,6	0,0	5,3	7,9	10,1	3,2	5,2	7,7	0,0	8,4	3,7
1990	7,8	3,2	1,6	9,1	1,0	5,5	10,4	3,8	8,6	20,3	7,6	6,6	10,3	6,1	3,2	7,6	21,0	3,3	6,0
1991	7,3	4,0	3,1	8,7	2,9	3,3	11,9	7,6	4,9	0,0	6,0	7,4	12,0	4,6	4,0	6,9	0,0	8,2	1,2
1992	7,4	5,6	7,4	6,7	5,8	4,8	12,9	3,9	7,2	0,0	7,1	4,2	9,6	4,5	0,0	6,7	0,0	6,7	4,6
1993	5,7	5,0	7,4	5,5	1,0	3,1	9,3	0,0	4,3	0,0	8,2	4,2	6,1	3,1	5,1	5,7	0,0	3,4	6,0
1994	6,6	6,0	4,3	5,2	1,9	3,6	11,7	2,1	3,5	18,4	6,1	8,7	9,2	10,7	0,9	7,9	0,0	0,0	3,6
1995	6,3	:	10,0	5,4	0,0	3,0	9,6	0,0	3,2	18,5	7,4	1,1	8,4	1,6	3,9	7,0	0,0	6,6	:
1996	5,8	:	7,4	6,4	4,0	3,0	13,2	:	3,8	0,0	13,2	4,5	5,4	3,2	5,3	6,6	0,0	:	:
1997	7,1	:	:	6,0	0,0	:	9,6	:	:	0,0	7,8	2,4	5,3	:	:	5,4	:	:	:
1998	:	:	:	:	:	:	:	:	:	:	4,9	7,9	:	:	:	:	:	:	:

Source: Health for All Database, WHO, 2000

## 5.2.8

**Deaths (SDR) from infectious and parasitic diseases:  
men per 100 000 men, all ages**

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	21,0	16,3	7,7	:	30,5	32,0	20,5	17,7	24,6	:	7,7	23,7	:	22,1	10,6	9,9	:	9,1	17,9
1975	15,0	12,5	5,7	:	18,1	24,2	19,4	12,0	13,7	5,7	6,8	14,6	32,4	18,3	9,0	8,0	:	9,0	13,2
1980	10,2	9,8	4,3	:	11,0	14,6	14,9	13,3	7,9	8,9	5,7	11,3	21,9	12,9	7,0	5,6	4,7	7,8	8,0
1985	8,4	8,5	5,1	:	8,0	11,6	13,9	10,7	5,1	4,5	4,4	7,6	14,9	10,1	6,8	5,0	5,0	7,3	7,1
1990	7,7	9,8	10,0	7,6	5,9	12,0	11,6	7,1	3,8	5,3	5,9	5,4	11,2	9,0	5,9	5,0	8,4	6,7	15,2
1991	7,5	10,2	9,9	7,0	5,5	12,2	11,4	7,9	3,6	3,6	6,1	4,6	11,6	8,0	5,9	4,8	4,2	4,9	16,5
1992	7,4	9,3	11,5	6,7	5,8	11,8	11,3	5,9	3,6	8,0	6,9	4,5	10,4	7,2	6,1	5,2	2,5	5,1	19,8
1993	7,7	13,6	12,9	6,9	6,2	12,1	11,3	5,7	3,7	6,6	7,9	3,5	14,2	7,5	6,7	5,3	5,3	5,9	18,9
1994	7,5	13,2	12,0	7,2	5,8	10,7	11,5	5,6	3,9	7,2	6,5	3,4	11,5	6,9	5,1	2,4	5,1	7,2	20,3
1995	8,0	:	13,8	7,1	5,4	11,3	11,7	5,3	4,7	4,6	7,2	2,8	13,6	8,0	6,3	3,7	6,1	7,3	:
1996	8,3	:	11,6	7,7	5,8	11,8	11,1	:	4,5	3,0	11,7	2,6	15,1	9,2	6,1	8,8	6,0	:	:
1997	:	:	:	7,6	5,7	:	14,1	:	:	5,3	9,7	3,1	16,6	:	:	:	5,8	:	:
1998	:	:	:	:	:	:	:	:	:	:	3,6	16,6	:	:	:	:	:	:	:

Source: Health for All Database, WHO, 2000

## 5.2.9

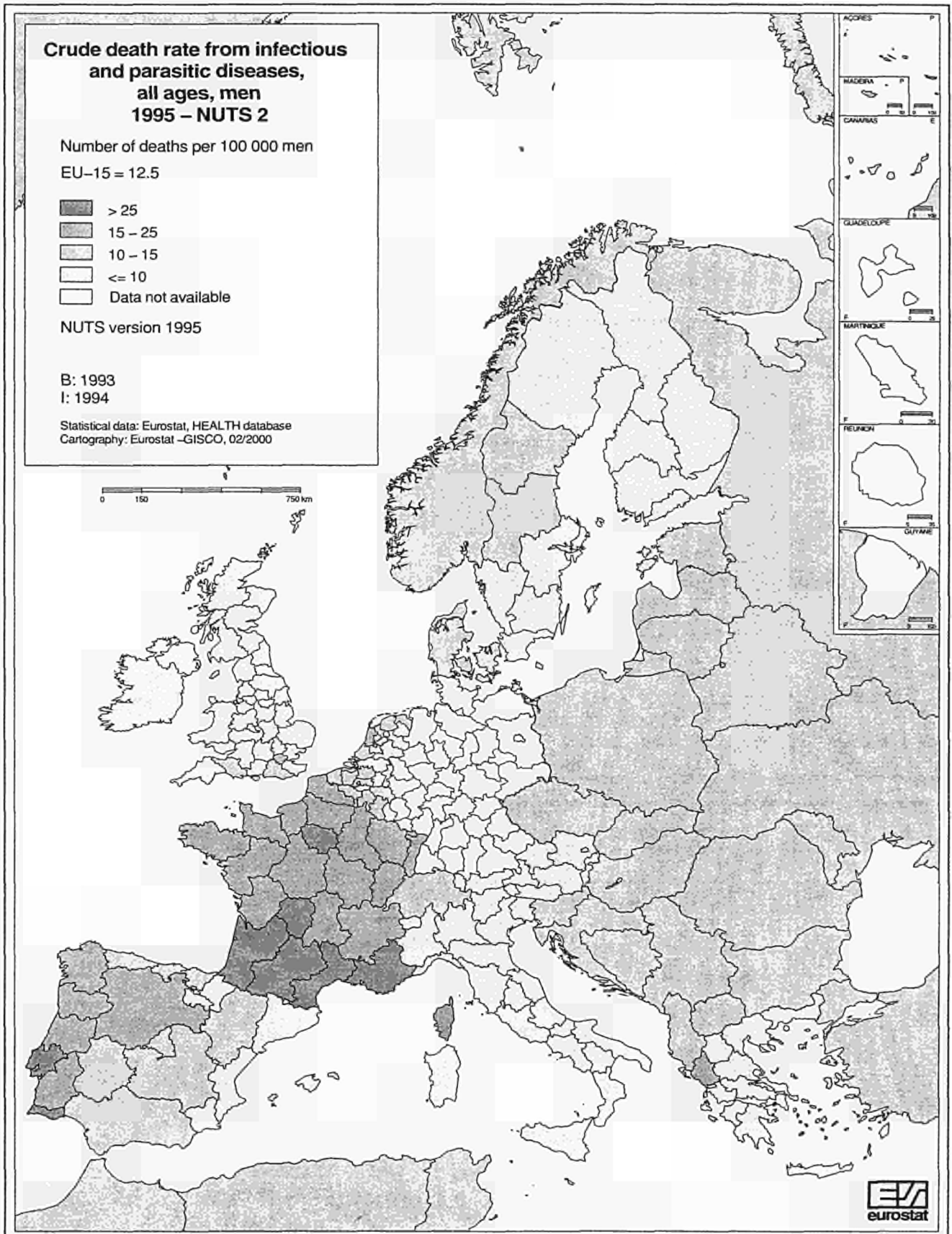
**Deaths (SDR) from infectious and parasitic diseases:  
women per 100 000 women, all ages**

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	10,4	8,7	6,0	:	16,3	14,6	10,4	12,0	12,9	:	6,3	8,8	:	10,4	6,3	5,4	:	6,1	8,8
1975	7,8	5,9	3,9	:	10,9	12,5	10,2	8,3	6,8	5,3	5,3	4,9	15,5	9,3	5,3	4,7	7,5	6,8	7,0
1980	5,4	5,3	3,3	:	5,4	7,9	8,1	6,9	3,8	5,7	3,5	4,3	10,7	8,0	4,3	3,4	5,5	5,2	5,2
1985	4,7	5,0	3,5	:	4,3	5,9	7,7	5,9	2,6	3,7	3,7	2,4	5,9	6,5	4,8	3,4	2,4	5,1	3,6
1990	4,5	7,3	4,1	4,5	3,6	6,5	6,6	4,6	2,1	2,6	4,1	2,4	4,7	6,6	3,8	3,2	3,9	4,4	5,7
1991	4,3	6,4	4,0	4,2	3,2	6,3	6,6	3,8	2,0	1,9	4,6	1,7	4,9	5,7	3,9	3,2	5,7	4,0	6,9
1992	4,3	6,7	4,2	4,1	4,4	6,4	6,7	3,8	1,9	5,2	4,2	1,7	4,4	4,8	4,6	3,2	4,5	4,2	8,8
1993	4,6	7,7	4,4	4,2	4,0	6,6	6,9	3,6	2,0	6,3	5,3	1,6	5,9	4,3	4,6	3,6	4,9	4,9	8,3
1994	4,5	7,7	4,6	4,3	4,0	6,4	6,8	3,7	2,0	6,3	5,0	1,8	4,7	4,8	4,1	3,5	3,7	4,7	8,1
1995	4,8	:	5,8	4,4	3,8	6,6	7,0	4,4	2,7	3,6	5,7	1,2	5,4	5,1	4,5	3,9	4,1	5,8	:
1996	4,8	:	5,0	4,8	4,0	6,5	6,5	:	2,7	2,4	5,9	1,3	5,8	5,0	4,4	4,0	:	:	:
1997	:	:	:	5,0	4,2	:	7,2	:	:	2,8	5,9	1,3	5,9	:	:	4,2	:	:	:
1998	:	:	:	:	:	:	:	:	:	:	:	2,2	7,2	:	:	:	:	:	:

Source: Health for All Database, WHO, 2000

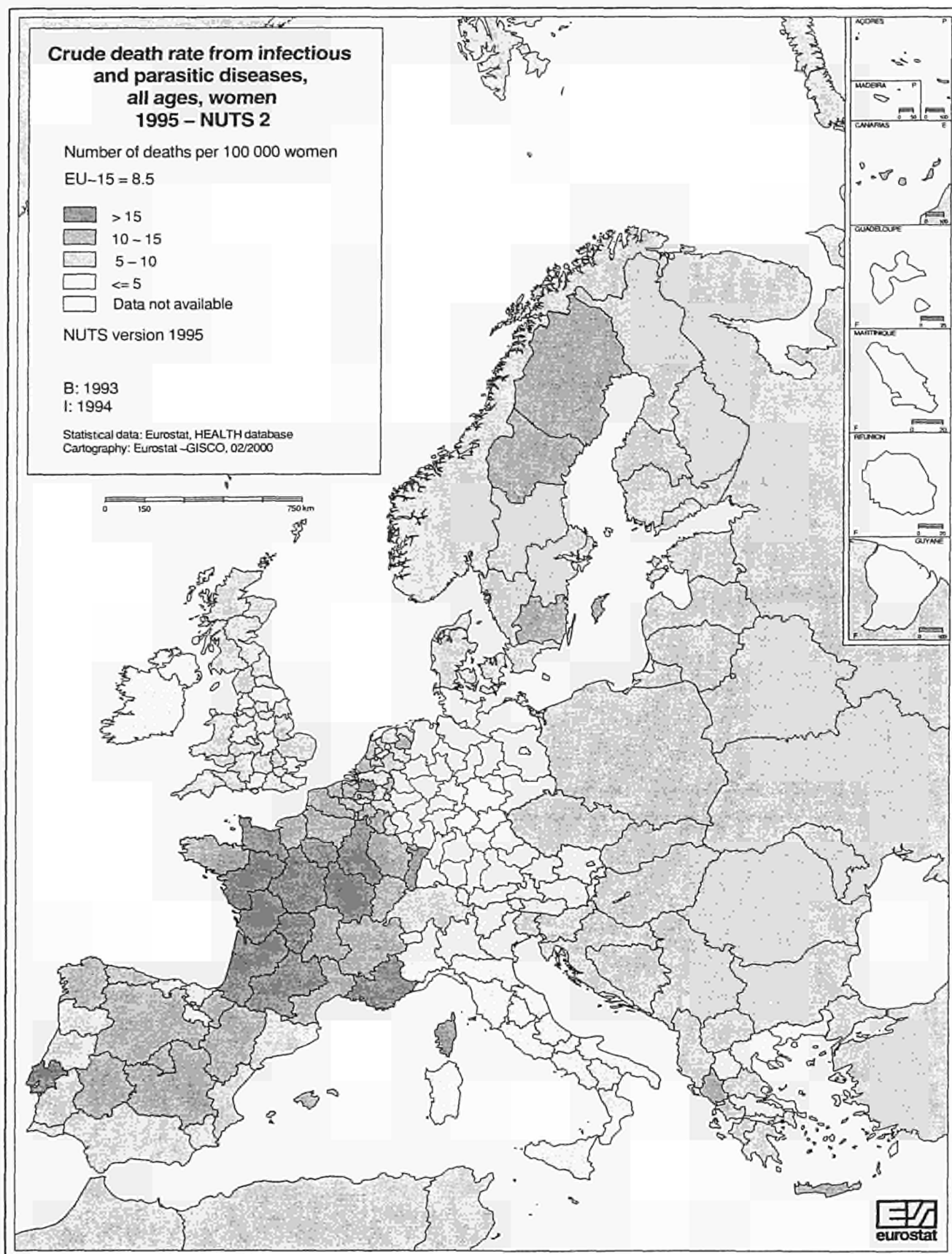
5.2.10

**Crude death rate from infectious and parasitic diseases, all ages, men  
1995 - per 100 000 inhabitants, men**



5.2.10

**Crude death rate from infectious and parasitic diseases, all ages: 1995 - per 100 000 inhabitants, women**



### 5.2.11 Deaths (SDR) from cancer: men per 100 000 men, all ages

	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	252,4	286,8	239,2	:	177,7	197,6	264,8	228,9	243,6	:	277,7	290,8	:	287,1	200,5	284,4	:	204,3	261,1
1975	263,8	303,8	248,0	:	200,5	222,9	285,8	247,7	252,6	311,1	299,5	282,3	187,3	271,6	229,5	282,8	212,1	209,9	270,2
1980	269,8	323,2	277,4	:	204,6	221,6	297,7	247,4	270,6	297,3	307,6	284,4	210,6	273,5	220,4	284,0	189,4	214,8	262,0
1985	275,4	323,9	278,8	:	216,0	236,0	304,4	262,9	287,4	323,8	305,6	269,1	214,9	258,3	202,6	285,7	216,0	229,4	280,7
1990	272,9	307,0	278,7	269,2	215,0	253,0	298,1	267,8	285,4	300,6	296,4	267,8	219,1	237,7	199,5	276,0	227,0	222,6	263,4
1991	272,8	303,2	265,3	272,3	217,1	254,6	296,7	266,0	284,4	284,6	295,3	269,0	214,9	228,9	199,8	275,7	234,1	225,1	263,0
1992	272,1	302,9	271,8	272,9	216,8	257,7	295,4	272,0	278,2	302,7	294,6	263,2	222,2	231,8	196,8	274,6	203,8	224,8	259,3
1993	270,4	306,9	277,7	271,6	218,7	258,0	293,2	274,0	276,4	304,2	292,2	265,2	228,8	230,1	194,5	267,0	182,1	229,7	253,6
1994	266,1	301,3	280,3	265,7	219,4	261,1	284,5	262,5	275,5	267,6	285,6	250,9	229,5	221,5	191,8	261,7	189,7	229,4	248,0
1995	262,3	:	274,9	263,2	221,2	262,2	281,7	267,3	260,9	302,4	281,9	249,7	234,8	220,6	190,9	257,6	201,6	227,2	:
1996	259,6	:	268,2	262,0	218,2	257,4	279,7	:	258,2	281,2	279,8	245,3	239,5	224,3	190,5	251,6	:	:	:
1997	:	:	:	251,7	217,2	:	273,1	:	:	248,9	272,9	241,7	240,6	:	:	243,9	:	:	:
1998	:	:	:	:	:	:	:	:	:	:	:	237,6	243,0	:	:	:	:	:	:

Source: Health for All Database, WHO, 2000

### 5.2.12 Deaths (SDR) from cancer: women per 100 000 women, all ages

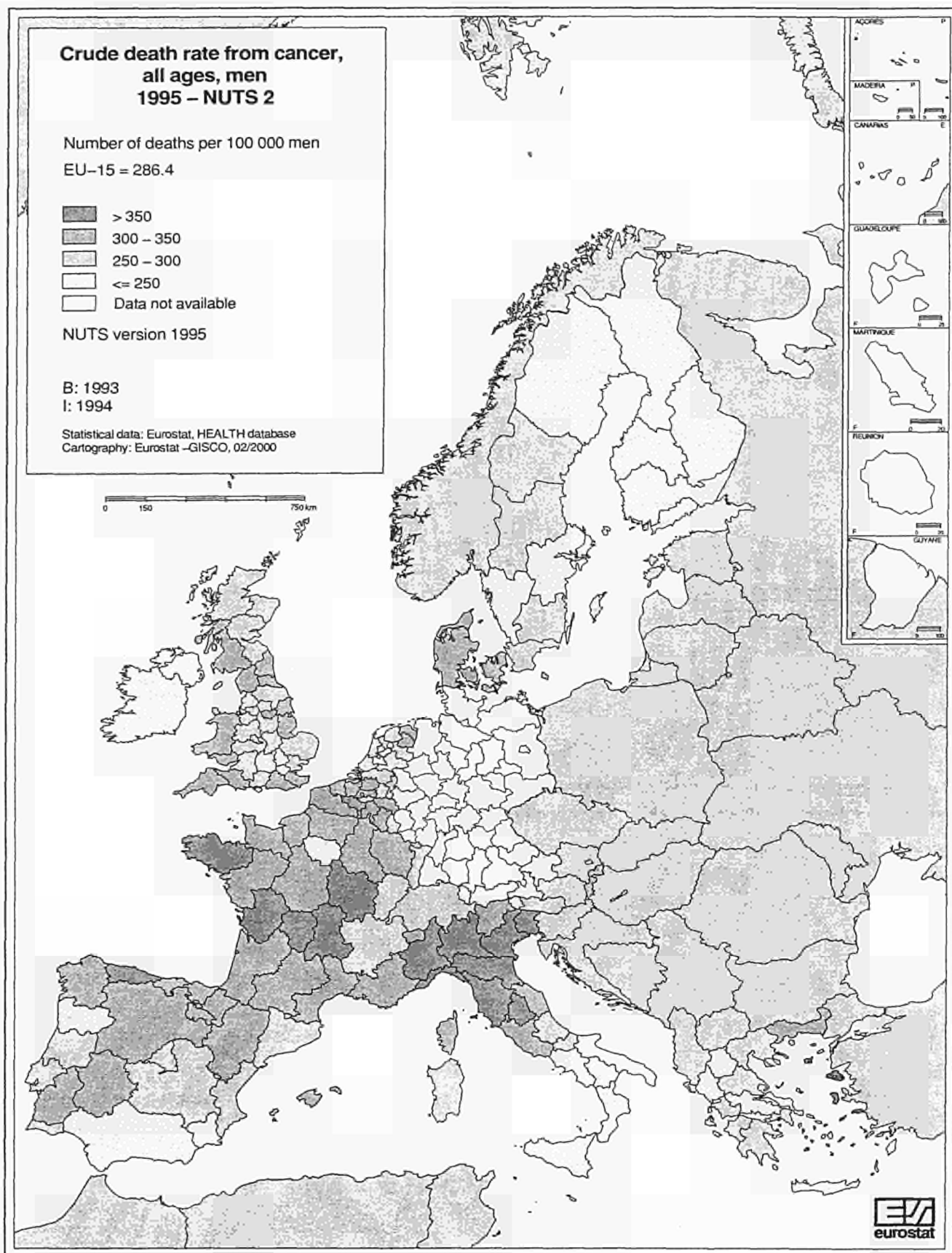
	EU-15	B	DK	D	EL	E	F	IRL	IT	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	158,3	174,9	194,8	:	102,4	125,9	142,5	178,7	146,9	:	177,2	190,3	:	149,5	159,4	174,3	:	146,9	165,1
1975	157,4	171,4	190,9	:	111,7	130,1	143,1	190,4	145,0	183,5	170,2	178,4	119,2	144,8	166,1	176,8	166,0	146,4	155,3
1980	153,6	168,9	200,9	:	116,8	119,6	136,8	180,8	143,5	194,0	159,6	172,6	127,3	140,8	159,6	181,5	148,8	146,0	151,3
1985	152,5	162,2	200,8	:	116,8	115,6	132,7	177,1	147,5	181,1	162,8	165,6	123,0	137,9	147,3	188,0	157,7	151,2	153,3
1990	150,4	154,9	201,4	160,4	113,1	118,4	129,2	181,8	144,8	170,0	162,4	160,7	126,9	136,9	144,2	185,5	176,9	150,4	146,8
1991	150,9	155,4	206,4	163,6	112,6	119,5	128,9	185,4	145,9	158,6	162,3	158,1	126,5	132,0	143,7	183,3	156,9	145,5	145,8
1992	150,1	156,3	203,7	162,4	115,1	117,4	128,8	187,7	144,2	159,9	160,0	159,1	125,7	134,7	143,0	182,4	162,5	144,1	144,6
1993	149,6	153,3	204,1	162,0	116,2	118,2	129,3	180,8	143,8	158,4	162,2	158,3	127,7	135,0	143,9	178,7	185,5	149,7	142,3
1994	147,7	154,3	206,8	158,9	116,3	118,9	126,5	182,5	142,8	154,0	162,4	155,2	122,7	125,9	138,0	176,8	171,0	154,1	138,8
1995	145,5	:	209,4	156,4	114,7	117,8	126,2	178,2	135,9	146,8	158,8	152,9	125,6	130,2	142,3	174,1	173,2	151,6	:
1996	144,1	:	200,9	155,6	116,6	114,7	125,5	:	135,9	140,8	159,7	146,7	124,3	123,0	140,6	171,6	:	:	:
1997	:	:	:	150,6	115,0	:	123,4	:	:	160,6	161,5	145,3	123,6	:	:	168,8	:	:	:
1998	:	:	:	:	:	:	:	:	:	:	:	140,3	123,2	:	:	:	:	:	:

Source: Health for All Database, WHO, 2000



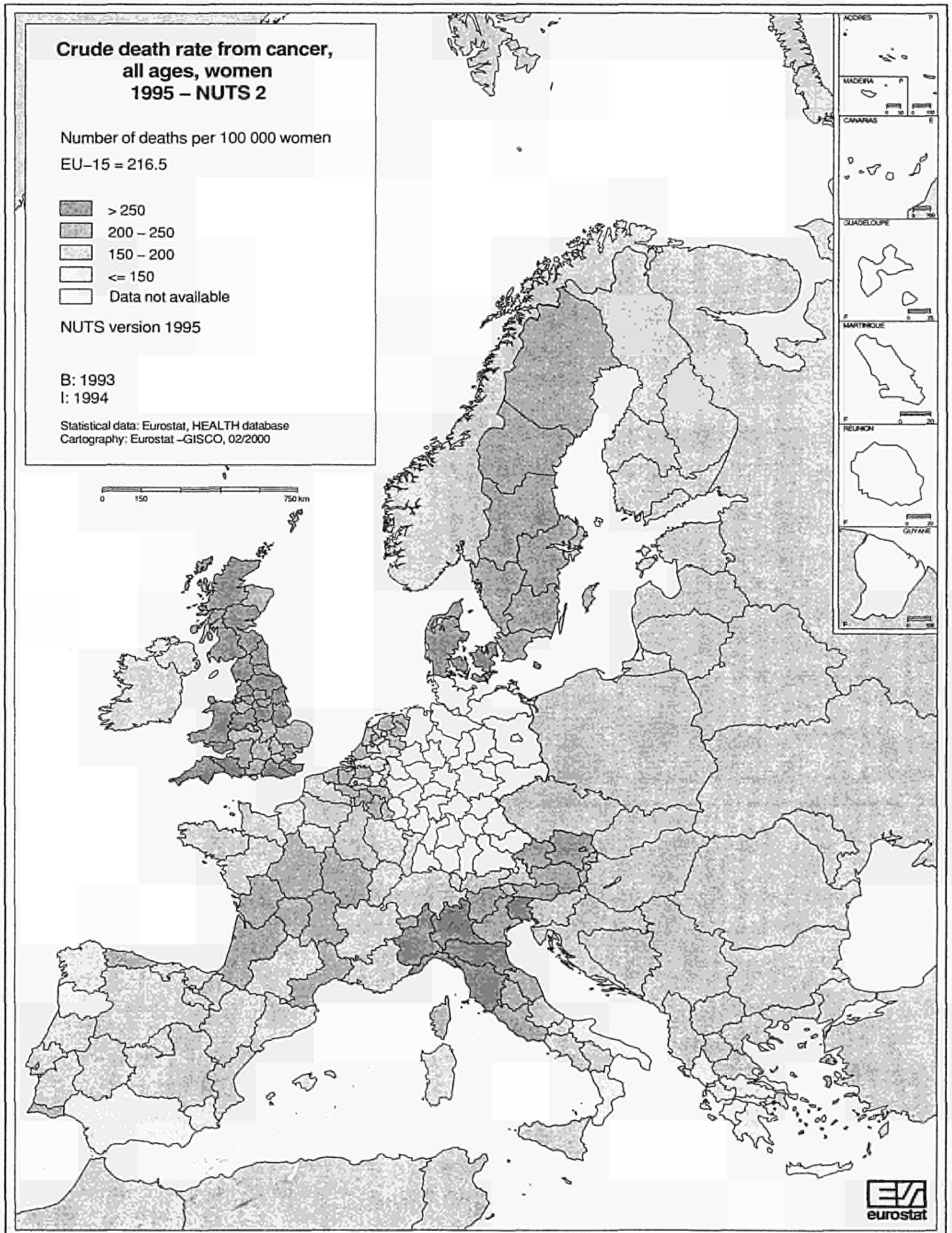
5.2.13

Crude death rate from cancer, all ages: 1995 - per 100 000 inhabitants, men



5.2.13

Crude death rate from cancer, all ages: 1995 - per 100 000 inhabitants, women



## 5.2.14

## Death (SDR) from cancer of cervix uteri: women per 100 000 women, all ages

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	5,5	5,1	4,4	3,9	3,5	3,3	3,3	3,2	3,0	2,9	2,8	:	:
B	5,2	3,6	4,6	4,3	3,0	2,9	2,6	3,5	3,0	:	:	:	:
DK	12,1	10,9	9,8	8,5	7,0	7,4	7,1	5,9	5,9	5,1	5,0	:	:
D	:	:	:	:	4,8	4,6	4,6	4,4	4,3	3,9	3,8	3,7	:
EL	1,1	1,2	1,7	1,9	1,9	2,1	1,9	1,9	1,1	1,4	1,3	1,5	:
E	1,2	1,1	1,7	2,0	2,4	2,3	2,2	2,3	2,4	2,6	2,2	:	:
F	3,4	3,3	3,3	2,7	2,3	2,4	2,2	2,3	2,3	2,1	1,9	2,1	:
IRL	5,7	5,4	3,7	4,4	4,1	3,5	4,2	4,5	3,6	4,4	:	:	:
I	2,2	1,5	1,5	1,0	1,3	1,1	1,2	1,2	1,2	1,2	1,1	:	:
L	:	8,6	5,3	2,9	5,2	4,7	3,6	2,1	2,4	1,5	1,4	1,0	:
NL	7,4	6,3	4,7	3,6	3,3	3,3	3,0	2,8	2,5	2,4	2,4	2,5	:
A	6,6	6,4	6,4	4,6	4,1	3,3	3,9	4,0	3,5	4,0	3,5	3,3	3,0
P	:	6,9	3,6	3,3	3,3	3,0	3,4	3,4	3,5	3,5	3,6	3,3	3,5
FIN	6,4	4,2	4,0	3,1	2,0	2,5	1,9	2,4	1,8	1,4	1,8	:	:
S	7,9	5,9	4,6	3,9	3,3	3,1	3,0	2,9	2,8	2,5	2,5	:	:
UK	8,4	7,6	7,0	6,6	5,7	5,4	5,3	4,8	4,3	4,2	4,1	3,8	:
IS	:	8,0	5,0	0,6	2,4	5,7	5,0	0,8	3,5	2,7	:	:	:
NO	8,4	7,7	6,7	5,9	5,1	6,0	5,7	4,9	4,7	4,2	:	:	:
CH	8,2	6,9	6,0	4,6	3,3	3,3	3,5	3,9	3,1	:	:	:	:

Source: Health for All Database, WHO, 2000

## 5.2.15

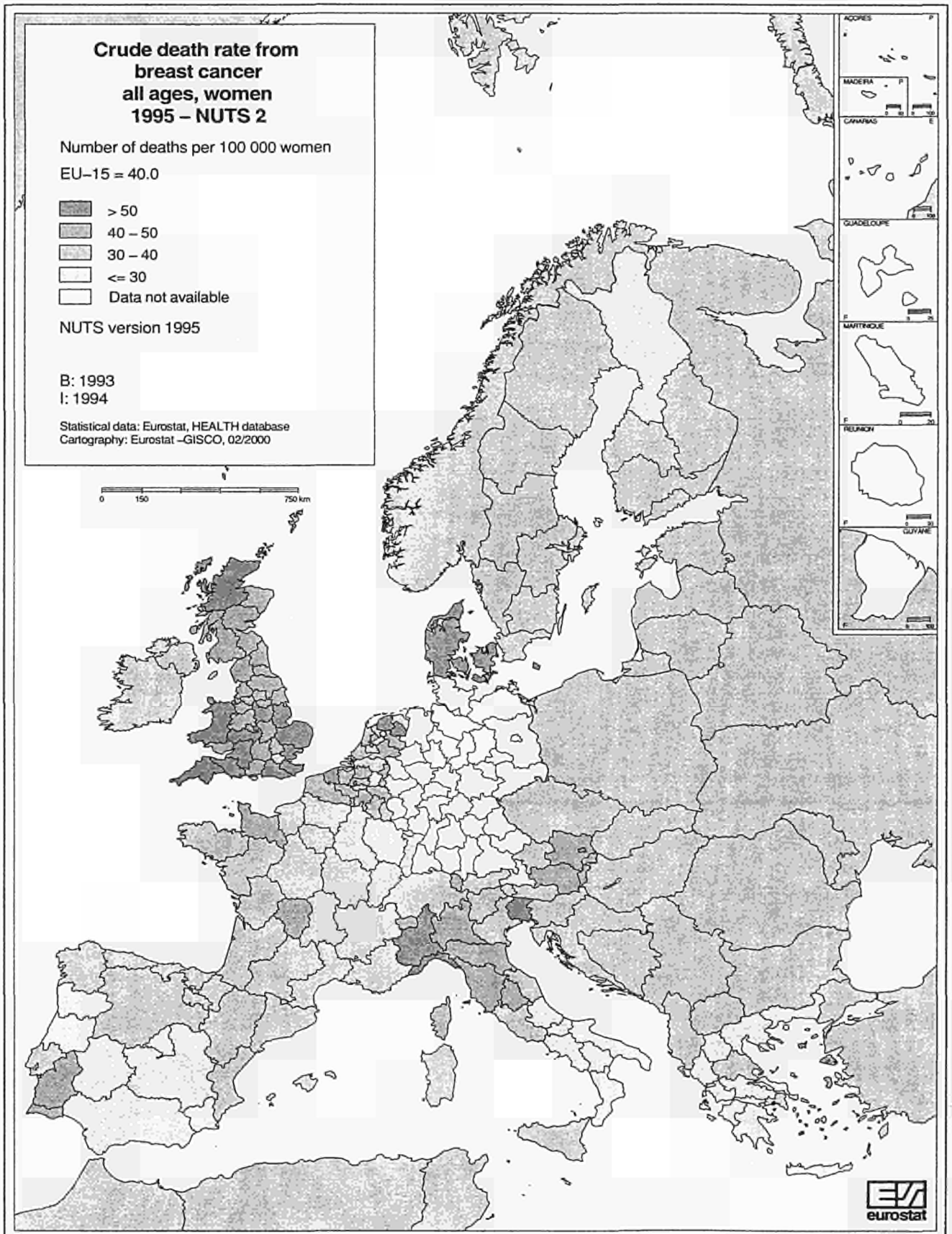
## Death (SDR) from cancer from breast: women per 100 000 women, all ages

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	26,9	28,3	29,0	30,5	31,1	31,3	31,0	31,0	30,5	30,4	29,8	:	:
B	33,0	35,4	36,7	36,8	36,9	37,5	35,5	35,1	36,8	:	:	:	:
DK	38,0	36,7	38,3	39,7	38,6	39,3	40,6	38,0	37,3	42,6	39,3	:	:
D	:	:	:	:	31,2	32,0	31,9	32,1	31,3	31,7	31,9	30,3	:
EL	13,6	15,9	20,6	21,0	21,3	21,0	21,8	22,7	23,3	22,9	23,2	21,5	:
E	14,1	17,6	19,2	21,0	24,2	24,3	24,4	25,3	24,6	24,8	22,8	:	:
F	24,3	26,7	26,0	27,2	28,1	28,1	28,1	28,4	28,2	27,9	28,0	27,6	:
IRL	30,5	36,6	39,8	37,1	36,7	39,5	39,4	37,4	37,7	37,4	:	:	:
I	24,7	26,1	26,9	28,9	29,4	29,8	28,4	29,5	28,7	28,2	28,0	:	:
L	:	34,1	33,5	42,5	39,5	32,8	25,0	37,2	33,9	36,2	24,0	26,7	:
NL	38,0	38,3	36,9	38,2	38,3	39,2	38,5	38,4	38,4	36,6	36,9	36,8	:
A	26,5	27,1	29,3	31,7	32,4	31,4	31,6	31,4	31,1	31,4	30,1	28,6	27,7
P	:	18,7	21,1	23,4	25,0	25,9	26,6	24,9	25,0	25,0	25,1	25,0	24,4
FIN	19,8	22,3	22,7	23,6	24,5	22,6	23,8	23,6	23,2	25,1	23,1	:	:
S	26,8	28,8	27,8	26,0	25,3	25,1	25,7	24,7	23,8	24,8	23,8	:	:
UK	37,1	38,8	40,0	41,5	40,3	39,9	39,2	37,7	37,1	36,0	34,2	33,4	:
IS	:	29,8	18,4	32,9	39,9	29,2	32,3	42,2	32,2	51,5	:	:	:
NO	24,4	24,9	25,3	25,9	27,3	25,7	27,2	27,7	28,7	27,1	:	:	:
CH	33,6	36,0	34,5	37,5	35,8	36,1	35,1	34,7	33,1	:	:	:	:

Source: Health for All Database, WHO, 2000

5.2.16

Crude death rate from breast cancer, all ages: 1995 - per 100 000 inhabitants, women



## 5.2.17

## Death (SDR) from trachea, broncus, lung cancer: men per 100 000 men, all ages

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	63,2	70,3	76,2	78,5	75,8	75,5	74,8	74,4	72,5	71,8	70,2	:	:
B	84,6	100,1	116,5	119,8	109,0	107,3	108,1	108,3	104,6	:	:	:	:
DK	58,7	68,0	78,6	83,6	78,4	72,3	73,0	77,9	74,1	75,3	73,1	:	:
D	:	:	:	:	71,9	71,9	71,0	71,2	68,9	69,5	67,5	65,6	:
EL	45,7	57,1	63,2	72,3	72,8	73,6	72,1	74,5	74,5	72,6	73,4	72,6	:
E	32,1	43,6	48,8	58,9	67,6	68,8	70,4	70,8	71,7	72,4	70,2	:	:
F	43,2	52,2	61,2	65,5	67,9	68,9	69,1	69,2	67,6	68,2	67,7	67,0	:
IRL	57,3	65,0	66,1	77,4	71,3	67,8	69,8	71,9	68,0	66,9	:	:	:
I	52,0	63,2	77,5	85,2	83,9	83,7	82,7	81,7	80,2	77,7	76,3	:	:
L	:	95,9	100,7	101,5	92,3	84,2	93,4	92,7	77,7	89,3	82,8	80,6	:
NL	93,9	107,6	117,1	116,7	103,6	104,0	101,4	100,0	96,5	94,3	90,9	88,9	:
A	74,1	75,9	75,4	71,4	67,7	67,9	64,8	67,0	61,6	60,7	60,8	58,6	59,3
P	:	22,0	30,8	36,1	38,4	38,2	38,3	43,6	41,6	42,2	43,9	43,7	46,0
FIN	98,2	89,2	97,9	87,4	73,2	66,8	71,6	67,2	62,2	63,3	60,5	:	:
S	29,2	35,8	37,3	37,2	35,6	35,9	35,1	33,5	34,3	33,6	32,6	:	:
UK	108,7	108,7	107,9	100,4	87,5	85,9	83,0	79,1	76,6	73,3	70,2	67,0	:
IS	:	28,9	23,9	44,9	45,4	54,2	40,6	44,2	37,5	43,6	:	:	:
NO	27,6	33,1	35,5	43,5	44,4	46,9	46,3	47,6	47,5	46,8	:	:	:
CH	59,6	70,5	70,4	72,9	66,7	65,5	64,7	62,9	59,7	:	:	:	:

Source: Health for All Database, WHO, 2000

## 5.2.18

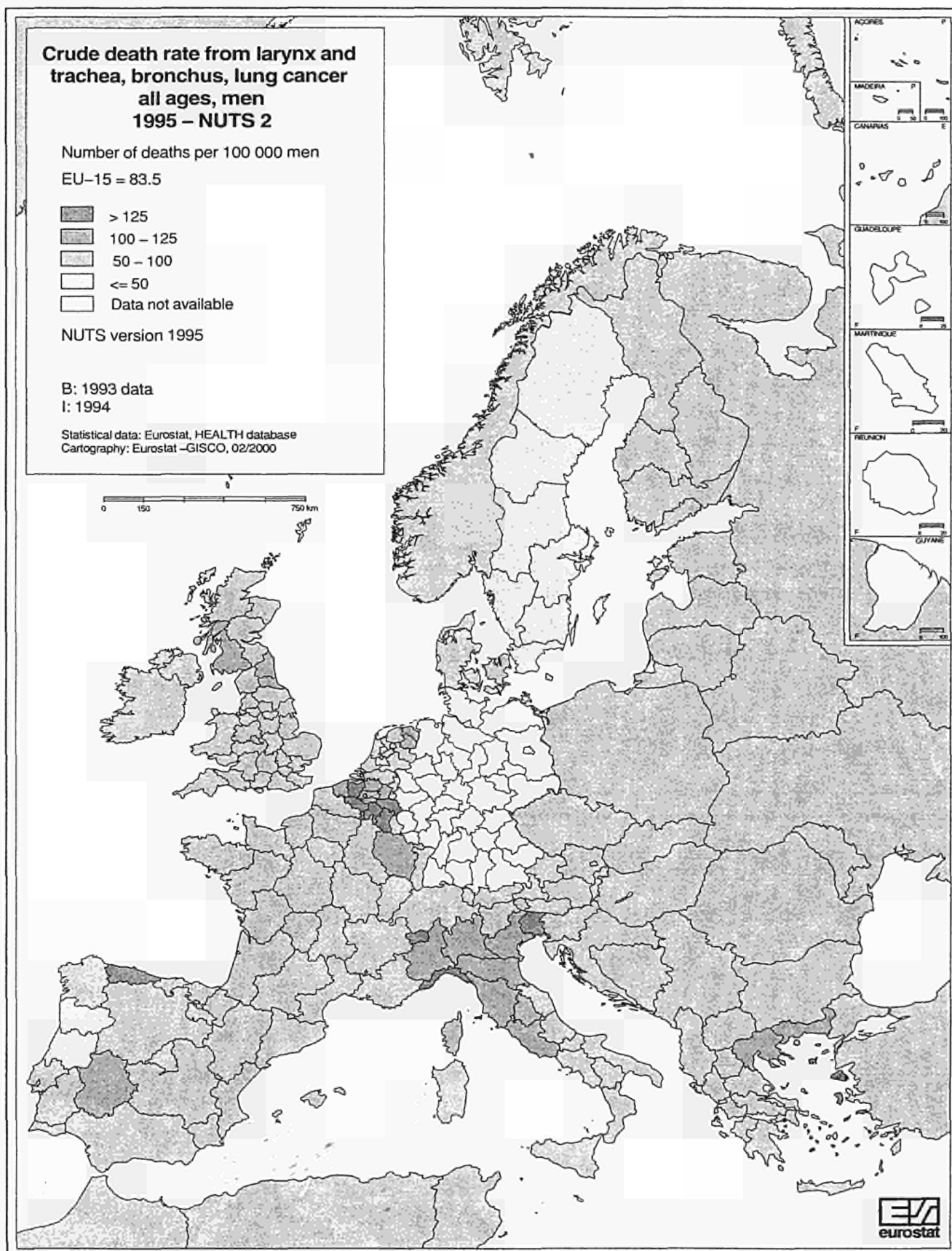
## Death (SDR) from trachea, broncus, lung cancer: women per 100 000 women, all ages

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	8,4	9,6	10,8	12,3	13,6	14,0	14,3	14,4	14,8	15,0	15,2	:	:
B	6,4	8,4	9,0	10,4	12,0	12,4	13,4	13,3	14,0	:	:	:	:
DK	12,7	15,8	20,6	28,3	34,3	36,9	34,9	36,4	40,2	40,4	39,2	:	:
D	:	:	:	:	11,5	12,1	12,3	12,8	13,4	13,4	13,8	14,3	:
EL	4,8	5,2	5,5	6,4	7,4	7,8	7,8	8,2	8,4	9,0	9,4	9,3	:
E	8,7	9,7	8,9	10,4	10,9	10,5	10,3	10,2	10,4	10,6	10,6	10,4	:
F	5,8	6,0	5,7	5,5	5,2	5,5	5,4	5,5	5,6	5,8	5,8	:	:
IRL	14,4	20,5	21,5	25,2	27,3	25,2	27,1	26,6	27,7	27,9	:	:	:
I	6,7	7,8	8,7	10,0	10,9	10,9	11,7	11,5	11,5	11,7	11,9	:	:
L	:	7,9	11,8	14,6	12,5	13,0	14,1	12,0	16,2	13,8	13,8	20,6	:
NL	5,4	6,4	8,8	11,8	14,7	15,2	16,6	17,8	18,9	19,6	19,7	20,9	:
A	8,6	10,1	10,9	11,9	12,9	14,1	13,7	14,2	15,0	14,1	15,2	15,9	15,9
P	:	4,8	5,3	5,7	6,5	6,9	6,5	7,1	6,8	7,1	6,2	6,8	7,1
FIN	5,7	6,4	9,3	10,1	10,1	10,0	10,9	9,9	10,3	10,3	10,6	:	:
S	7,0	9,0	10,7	11,9	14,0	15,8	15,9	15,3	15,9	17,6	18,4	:	:
UK	17,8	21,6	25,8	28,9	30,7	30,9	30,9	30,6	30,8	30,7	30,7	29,8	:
IS	:	17,9	30,8	25,1	32,1	33,0	42,7	35,7	39,9	31,0	:	:	:
NO	5,0	6,6	8,3	12,4	15,2	15,8	15,2	16,1	19,2	18,6	:	:	:
CH	5,1	6,4	7,9	9,5	11,1	10,5	12,6	13,8	14,0	:	:	:	:

Source: Health for All Database, WHO, 2000

5.2.19

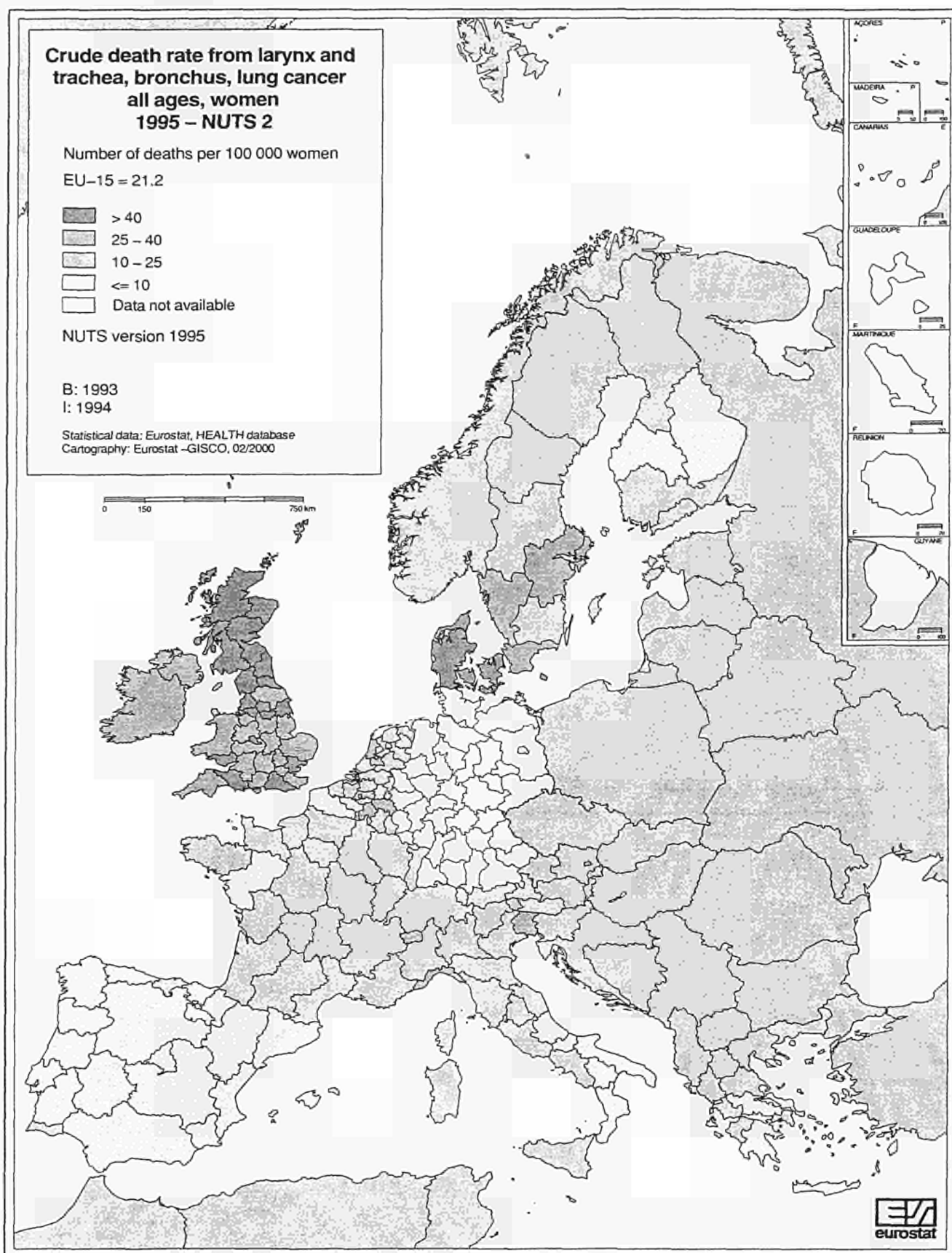
**Crude death rate from trachea, bronchus, lung cancer, all ages:  
1995 - per 100 000, men**





5.2.19

**Crude death rate from trachea, bronchus, lung cancer, all ages:  
1995 - per 100 000, women**



**5.2.20**
**Death (SDR) from diabetes mellitus: men per 100 000 men, all ages**

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	15,9	16,8	14,9	15,3	15,3	15,3	14,6	14,9	14,4	14,7	15,1	:	:
B	23,2	22,1	17,8	13,7	11,3	10,5	9,9	11,1	10,5	:	:	:	:
DK	10,0	12,0	10,2	13,6	15,4	13,1	14,6	18,0	15,2	13,2	10,8	:	:
D	:	:	:	:	16,2	16,4	16,0	19,8	18,8	19,6	21,0	18,7	:
EL	20,6	24,7	25,2	25,4	6,0	7,9	8,8	6,6	5,2	6,5	6,8	5,2	:
E	12,6	17,4	15,8	16,8	16,7	16,6	15,3	15,5	15,2	15,6	15,1	:	:
F	13,3	14,1	10,5	10,4	8,6	8,5	8,0	8,5	8,2	8,3	8,7	8,3	:
IRL	12,6	12,1	9,7	9,8	15,4	15,9	15,5	16,8	11,9	13,8	:	:	:
I	19,1	18,0	21,8	23,6	22,7	22,9	21,2	19,1	18,1	19,7	20,5	:	:
L	:	31,3	31,3	13,8	11,2	11,8	11,0	10,3	9,8	13,4	16,1	14,7	:
NL	10,7	10,9	8,1	14,3	19,9	18,5	17,3	17,4	17,6	16,8	16,9	:	:
A	14,6	12,2	11,3	14,1	19,1	17,7	16,1	16,0	14,3	16,6	15,5	15,6	12,6
P	:	9,8	16,9	16,7	22,8	25,1	24,2	26,9	26,5	24,1	24,0	25,0	27,2
FIN	11,5	15,7	12,7	7,6	9,8	8,8	9,2	9,1	9,7	9,4	9,3	:	:
S	12,0	13,5	14,8	11,0	13,0	13,1	13,4	13,7	12,6	13,6	13,5	:	:
UK	8,6	9,3	8,5	12,2	12,1	12,6	12,1	9,8	9,6	9,8	9,5	9,3	:
IS	:	2,9	3,2	1,0	3,4	10,8	2,5	10,2	3,0	4,5	:	:	:
NO	7,7	6,1	9,7	8,0	9,7	9,8	10,3	10,5	10,7	10,1	:	:	:
CH	22,5	15,9	16,6	15,5	14,7	14,4	14,2	14,2	14,3	:	:	:	:

Source: Health for All Database, WHO, 2000

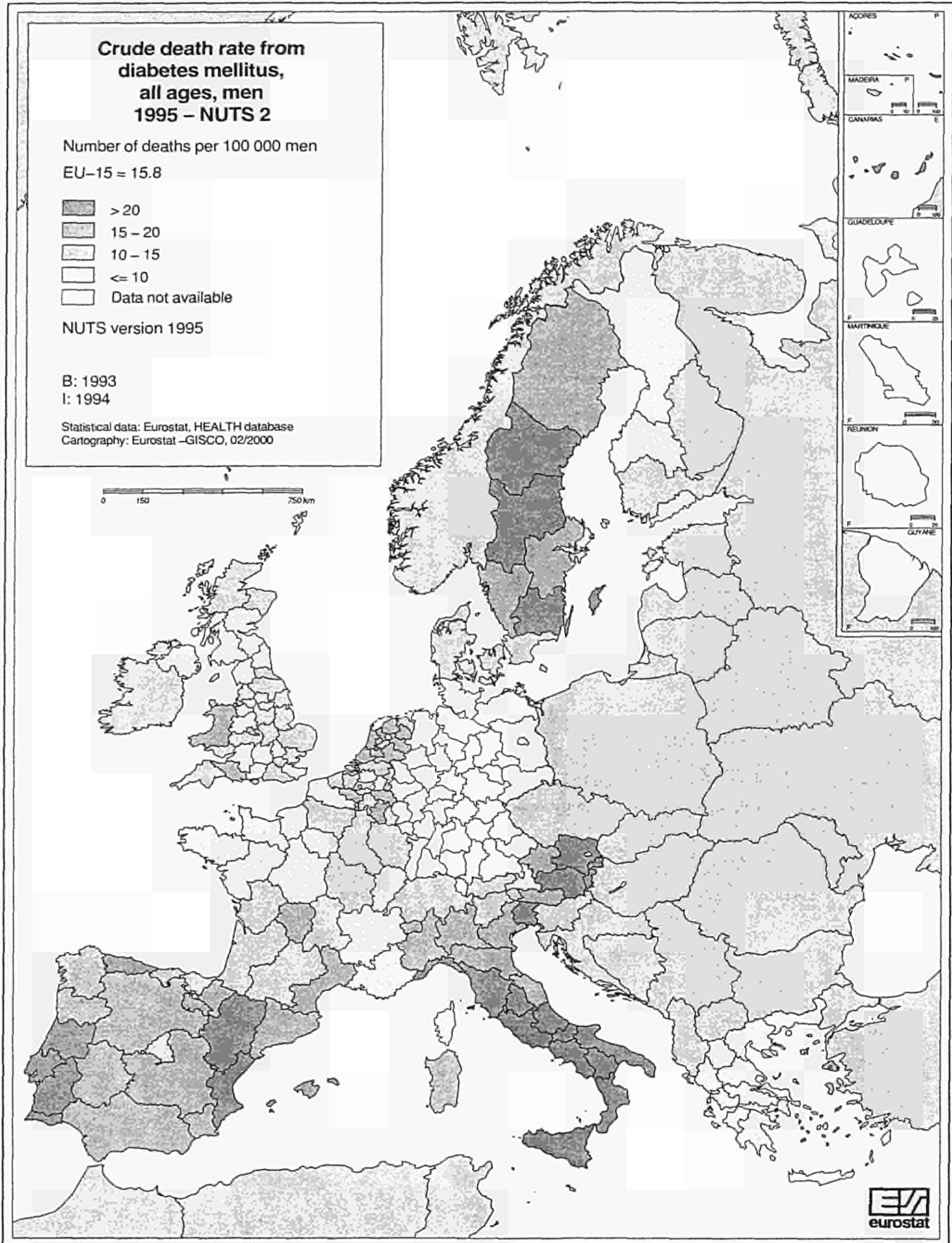
**5.2.21**
**Death (SDR) from diabetes mellitus: women per 100 000 women, all ages**

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	19,8	19,4	16,6	16,4	15,5	15,1	14,4	14,4	13,4	13,4	13,2	:	:
B	38,0	32,9	25,1	19,1	12,7	11,5	11,0	12,7	10,9	:	:	:	:
DK	11,9	11,2	8,9	11,1	9,5	9,8	9,6	11,5	9,9	9,6	7,1	:	:
D	:	:	:	:	16,9	16,8	16,5	19,6	18,0	18,1	18,2	16,7	:
EL	24,1	29,9	29,9	29,4	7,9	9,3	11,1	7,5	5,7	5,9	6,4	5,8	:
E	17,5	23,3	20,7	21,8	19,6	19,4	17,4	17,5	17,2	16,7	15,8	:	:
F	13,7	13,4	9,8	8,8	7,4	6,9	6,5	6,9	6,5	6,3	6,2	6,5	:
IRL	12,4	13,0	8,7	7,0	12,4	11,8	11,8	11,8	7,7	7,7	:	:	:
I	26,6	23,0	27,1	28,8	25,6	24,8	23,3	20,5	19,3	19,6	19,9	:	:
L	:	46,3	30,5	13,7	9,3	11,5	16,7	13,1	8,2	10,6	12,5	7,3	:
NL	16,3	13,6	10,0	14,9	20,7	19,3	17,0	16,4	16,3	14,9	14,9	:	:
A	17,6	13,3	12,2	13,1	17,9	16,4	14,4	13,1	13,5	14,2	13,4	12,0	10,8
P	:	8,8	15,7	17,0	22,9	25,6	25,2	26,9	23,7	23,8	22,6	23,9	24,8
FIN	18,5	21,6	13,4	9,5	9,8	8,3	8,9	9,1	7,4	8,1	8,6	:	:
S	11,7	13,2	13,3	9,2	9,7	9,4	9,5	9,9	8,1	8,9	8,6	:	:
UK	9,3	8,7	7,4	9,6	9,3	9,1	9,0	7,2	6,7	6,9	6,6	6,4	:
IS	:	0,9	1,0	5,9	1,2	4,3	1,4	4,1	3,0	3,0	:	:	:
NO	6,8	6,2	6,9	7,5	6,9	8,0	8,2	6,9	7,0	6,3	:	:	:
CH	28,0	18,9	17,2	15,3	13,4	13,7	13,3	12,8	12,0	:	:	:	:

Source: Health for All Database, WHO, 2000

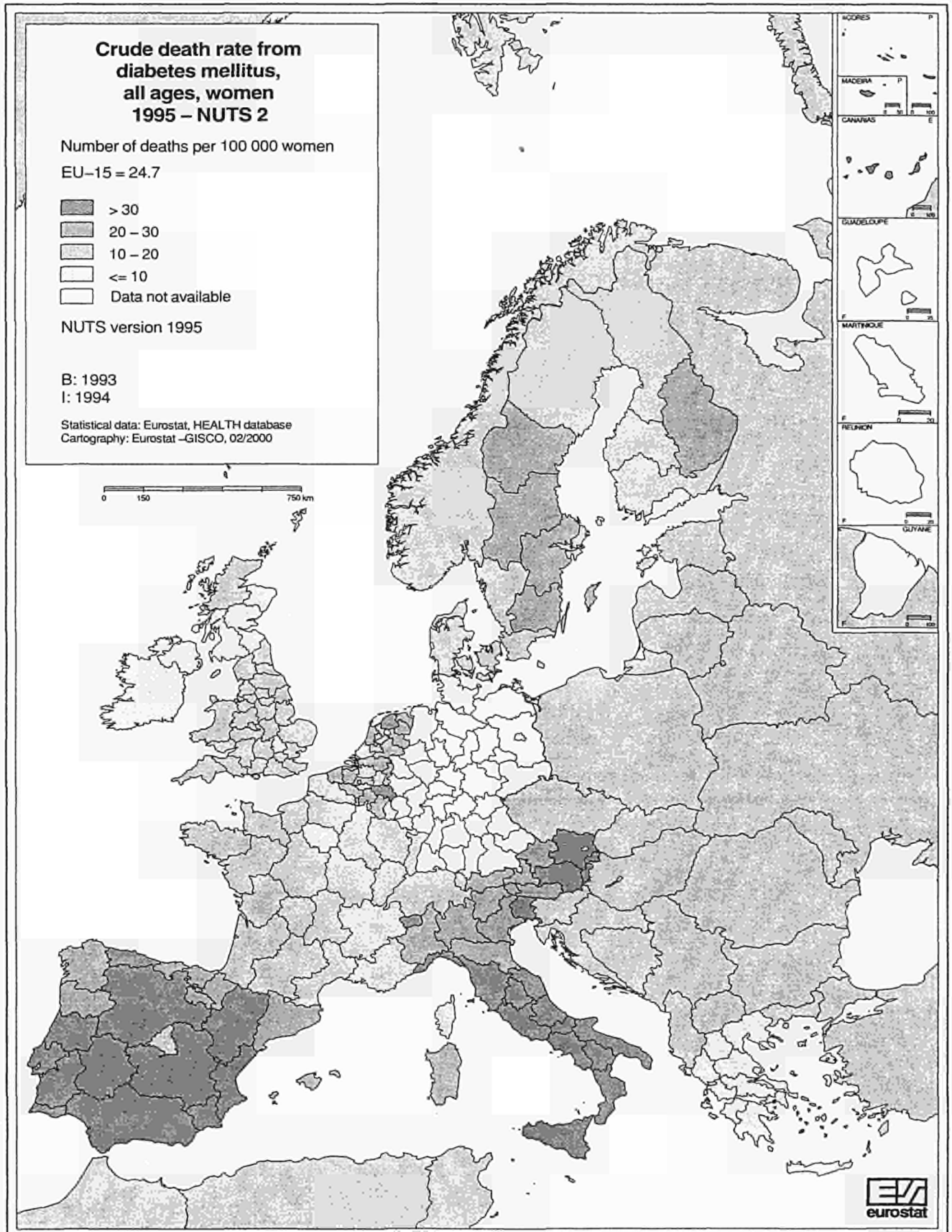


**5.2.22**  
**Crude death rate from diabetes mellitus, all ages:**  
**1995 - per 100 000 inhabitants, men**



5.2.22

**Crude death rate from diabetes mellitus, all ages:  
1995 - per 100 000 inhabitants, women**



## 5.2.23

## Death (SDR) from ischaemic heart diseases: men per 100 000 men, all ages

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	224,5	243,1	225,9	215,1	185,6	185,7	179,8	180,0	169,5	167,9	163,0	:	:
B	239,8	233,1	195,6	171,5	128,8	122,6	120,9	133,2	123,4	:	:	:	:
DK	386,7	398,9	382,6	345,1	293,1	276,8	270,7	260,1	232,5	226,7	199,9	:	:
D	:	:	:	:	225,4	231,4	226,0	229,0	218,9	216,7	211,5	201,3	:
EL	96,5	120,8	121,6	130,4	135,9	131,9	133,7	128,8	123,3	128,1	130,1	128,5	:
E	77,6	130,1	114,6	114,4	106,2	108,4	106,3	105,2	101,8	103,4	105,2	:	:
F	106,2	121,7	112,3	112,4	91,2	90,7	87,1	86,1	81,3	80,5	80,0	76,0	:
IRL	375,3	410,2	387,0	398,7	338,9	328,9	309,0	318,9	306,1	307,3	:	:	:
I	189,1	202,8	179,0	149,5	135,0	136,4	129,0	128,0	124,9	123,6	119,2	:	:
L	:	197,4	199,8	223,3	162,7	151,0	161,5	160,2	149,9	142,5	162,0	138,3	:
NL	294,4	286,8	257,8	248,1	194,0	185,2	175,1	181,2	165,7	164,4	156,2	148,0	:
A	277,0	303,0	228,7	240,3	221,2	223,7	219,6	215,4	210,9	211,7	206,8	209,0	205,6
P	:	134,3	130,7	117,9	114,9	114,3	110,8	119,7	104,1	102,7	105,4	99,8	104,5
FIN	480,2	459,3	434,2	427,5	359,4	339,5	346,1	326,4	299,5	304,3	285,1	:	:
S	378,6	400,8	405,4	354,2	270,0	260,7	248,5	246,9	229,2	230,3	215,1	:	:
UK	393,3	402,5	385,2	367,2	306,2	304,1	292,0	289,6	265,5	259,0	246,9	231,7	:
IS	:	297,1	341,0	303,5	232,9	266,4	246,0	232,6	240,2	225,0	:	:	:
NO	340,0	324,7	308,6	316,8	277,8	260,3	249,8	236,6	220,9	223,7	:	:	:
CH	163,9	175,2	183,8	174,0	162,7	160,9	155,9	152,8	144,8	:	:	:	:

Source: Health for All Database, WHO, 2000

## 5.2.24

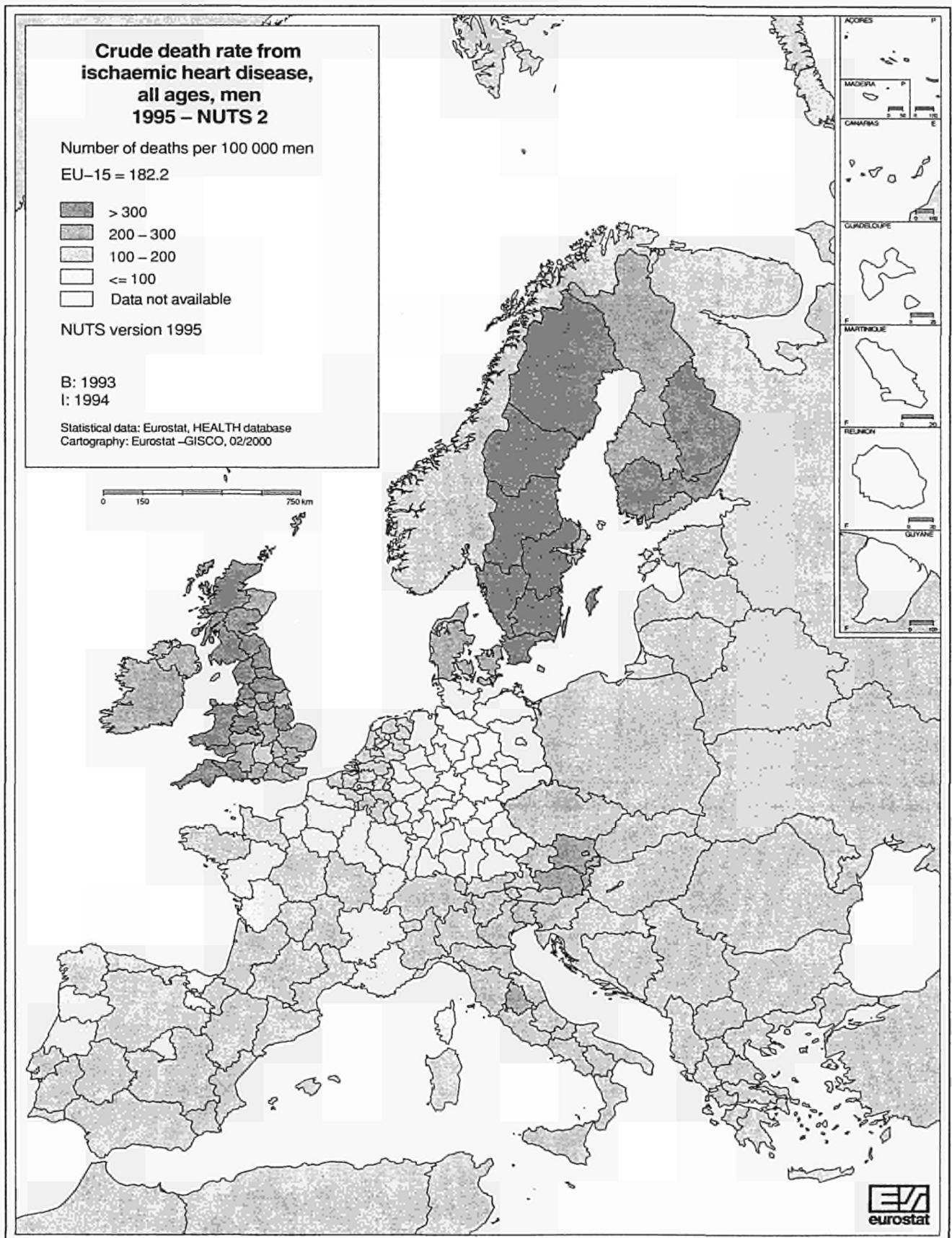
## Death (SDR) from ischaemic heart diseases: women per 100 000 women, all ages

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	108,0	116,0	100,3	96,2	86,4	86,8	84,3	84,8	80,3	79,4	77,2	:	:
B	106,6	99,5	81,4	75,2	55,0	56,1	51,9	60,4	57,7	:	:	:	:
DK	206,4	202,4	187,5	166,1	148,0	135,8	130,0	134,6	114,3	116,1	99,1	:	:
D	:	:	:	:	107,0	112,0	110,4	111,7	108,7	108,0	106,5	103,2	:
EL	46,1	57,2	45,0	53,3	60,6	57,3	59,5	57,1	55,5	57,4	56,9	56,2	:
E	38,3	62,4	50,6	49,8	48,0	48,4	46,7	47,0	45,3	46,5	46,5	:	:
F	46,6	52,1	47,8	48,3	39,5	38,5	36,9	36,6	33,8	33,1	32,6	30,8	:
IRL	195,1	204,1	181,8	182,4	156,9	149,0	146,4	148,7	145,7	144,8	:	:	:
I	110,9	113,6	89,7	68,7	63,1	62,8	60,3	60,4	59,6	59,4	57,0	:	:
L	:	69,2	97,8	95,3	67,7	62,7	61,5	68,5	66,9	54,7	56,8	59,7	:
NL	134,9	125,1	107,8	101,5	82,1	79,9	76,4	78,3	73,4	71,1	69,2	64,4	:
A	158,3	171,5	103,0	109,7	109,2	114,3	110,4	109,9	107,1	107,9	107,3	103,7	106,0
P	:	73,6	65,4	57,1	59,2	57,6	56,2	58,9	53,5	52,9	53,2	53,1	52,1
FIN	192,8	181,2	171,4	171,5	158,1	152,3	149,8	153,8	141,8	140,7	128,7	:	:
S	214,9	210,9	194,4	158,4	120,3	116,7	115,3	113,9	102,4	102,4	98,4	:	:
UK	176,0	179,9	166,9	167,7	145,5	144,4	138,8	137,4	126,1	121,9	116,1	109,8	:
IS	:	147,9	142,6	146,8	118,3	119,8	119,0	115,8	112,0	96,7	:	:	:
NO	153,8	137,3	127,8	122,0	115,6	111,3	106,0	103,4	95,7	93,6	:	:	:
CH	70,8	67,1	73,4	70,3	70,8	67,9	69,9	68,4	67,9	:	:	:	:

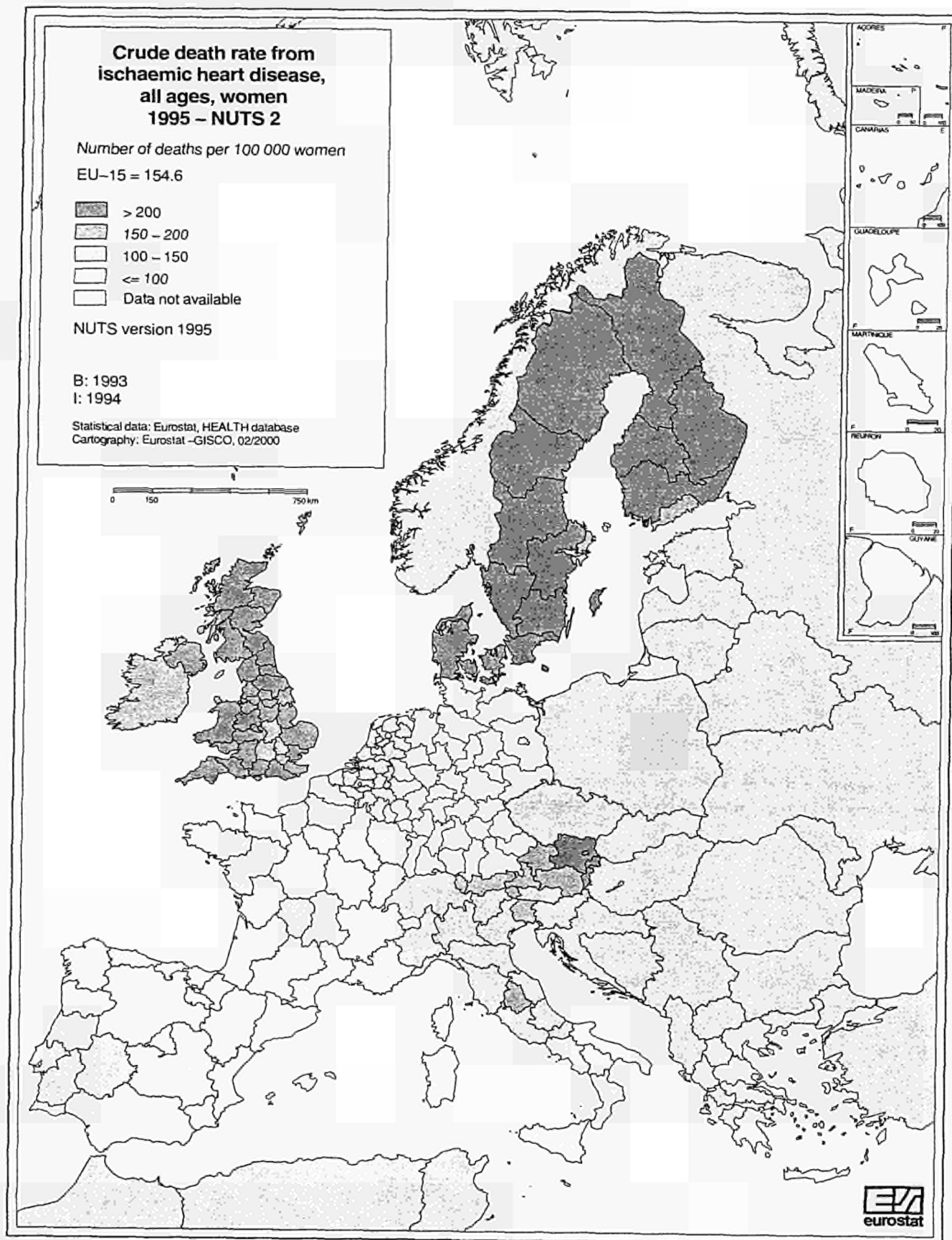
Source: Health for All Database, WHO, 2000

5.2.25

**Crude death rate from ischaemic heart disease, all ages:  
1995 - per 100 000 inhabitants, men**



## 5.2.25

**Crude death rate from ischaemic heart disease, all ages:  
1995 - per 100 000 inhabitants, women**


**5.2.26**
**Death (SDR) from cerebrovascular disease: men per 100 000 men, all ages**

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	162,0	154,5	135,0	119,6	96,7	97,8	92,5	90,0	85,5	83,0	80,2	:	:
B	170,8	156,7	113,9	95,5	79,1	76,3	77,0	77,3	71,9	:	:	:	:
DK	111,0	93,2	90,7	82,1	81,8	79,9	81,2	82,8	74,7	78,1	76,8	:	:
D	:	:	:	:	99,9	104,5	98,9	97,2	94,0	90,6	88,6	81,5	:
EL	118,2	135,6	147,2	147,5	129,8	128,8	124,7	115,7	121,3	119,9	113,0	111,5	:
E	148,7	180,6	146,2	124,8	97,4	97,4	89,7	86,1	81,9	79,9	74,9	:	:
F	158,0	146,6	114,9	95,7	65,5	64,7	60,6	59,5	55,0	54,6	:	:	:
IRL	170,0	156,2	135,9	109,5	91,0	84,2	86,1	89,5	80,3	80,4	:	:	:
I	164,4	153,9	136,8	132,5	105,1	105,5	98,1	96,8	92,4	84,2	79,1	:	:
L	:	143,1	209,1	185,1	136,9	121,9	111,9	116,8	99,3	101,5	100,0	78,6	:
NL	116,3	108,4	91,6	79,4	75,1	75,7	74,0	73,1	71,3	67,7	65,2	64,9	:
A	201,8	183,5	172,7	161,3	113,7	107,4	106,8	97,6	93,6	92,4	93,9	91,2	85,6
P	:	328,2	310,0	277,4	241,7	243,1	232,0	239,6	215,5	212,9	213,2	196,5	195,7
FIN	195,3	145,5	126,0	124,8	112,5	111,6	103,6	106,7	98,5	101,6	84,0	:	:
S	95,6	97,8	85,5	78,4	75,5	77,0	73,7	73,3	69,4	69,1	67,7	:	:
UK	164,7	146,4	125,8	113,6	92,7	95,9	91,0	83,0	78,5	78,3	76,7	74,0	:
IS	:	109,2	72,7	67,5	78,4	77,8	59,2	66,2	69,0	86,4	:	:	:
NO	155,9	127,1	108,3	96,2	95,0	86,5	88,9	90,9	80,4	79,6	:	:	:
CH	124,7	116,3	100,2	78,9	67,3	60,2	57,9	57,7	56,3	:	:	:	:

Source: Health for All Database, WHO, 2000

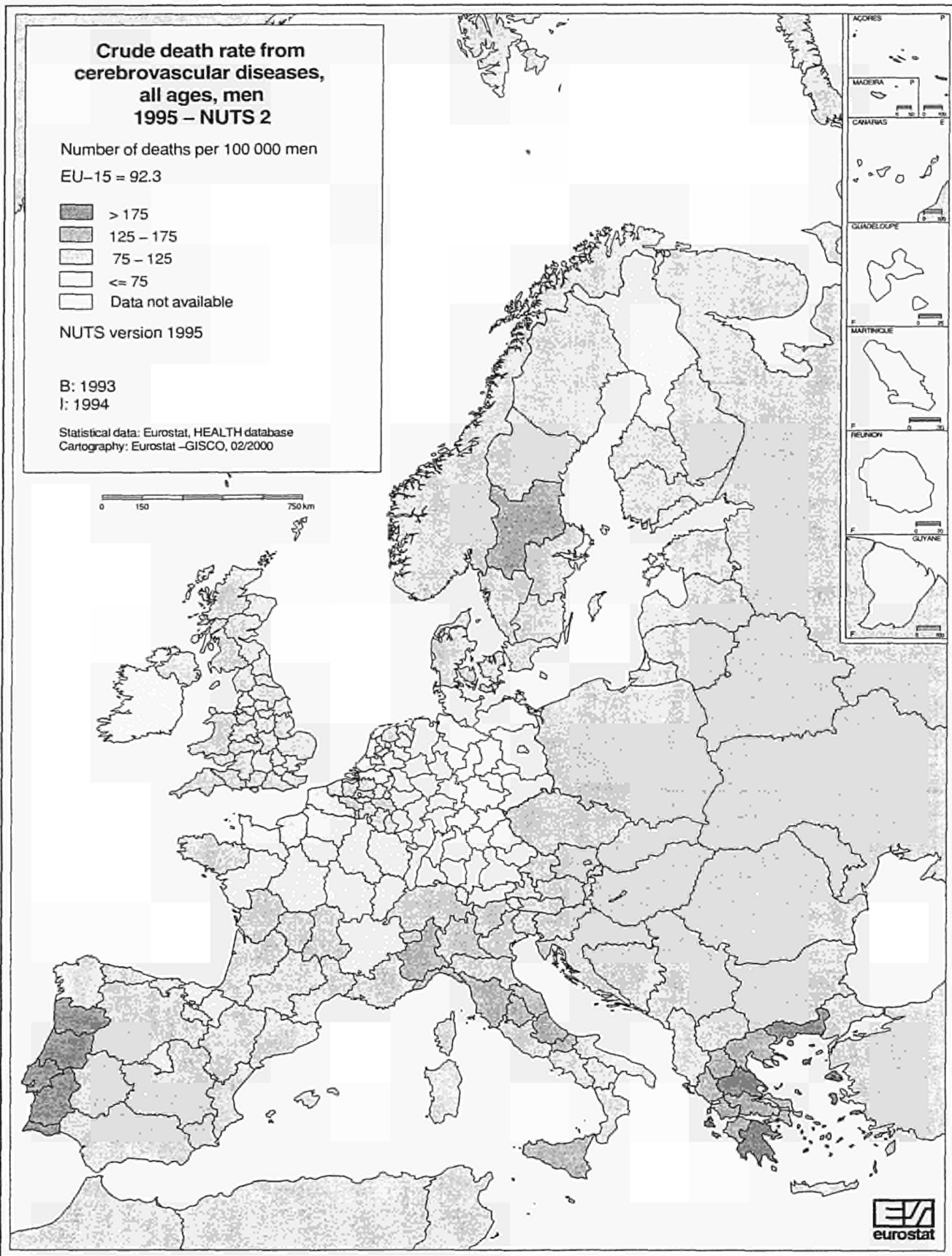
**5.2.27**
**Death (SDR) from cerebrovascular disease: women per 100 000 women, all ages**

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	133,1	126,1	110,0	97,2	79,5	79,6	75,5	73,5	70,4	67,5	65,2	:	:
B	139,3	126,6	91,9	78,8	65,6	62,2	60,2	62,0	58,0	:	:	:	:
DK	98,5	78,5	71,2	66,7	65,6	64,8	65,4	67,9	61,4	60,7	60,2	:	:
D	:	:	:	:	80,1	83,2	78,8	77,1	75,1	70,6	68,8	63,9	:
EL	124,1	141,8	154,9	152,8	136,9	138,4	130,9	124,0	124,2	124,0	114,0	112,8	:
E	128,4	153,5	124,4	105,8	83,1	82,4	75,3	72,4	69,5	64,5	61,6	:	:
F	109,4	103,5	81,2	68,3	48,0	47,2	44,1	42,5	39,4	38,4	:	:	:
IRL	159,9	154,7	131,9	105,2	79,6	80,6	76,8	76,8	74,6	71,6	:	:	:
I	125,5	120,7	106,0	102,6	82,0	81,3	78,1	77,3	75,3	68,0	64,0	:	:
L	:	128,8	163,2	139,6	117,3	104,3	101,8	91,0	78,8	78,5	70,0	63,0	:
NL	108,9	93,3	75,7	65,2	61,5	61,7	62,8	61,1	58,0	57,6	52,8	54,1	:
A	160,4	146,7	136,1	124,5	89,0	91,2	82,1	78,8	76,7	73,9	77,2	72,9	70,2
P	:	247,3	252,8	214,7	190,5	188,4	176,0	180,1	166,3	167,9	166,5	153,1	152,1
FIN	170,7	124,9	104,0	97,6	89,3	86,6	82,7	89,1	77,9	82,8	69,5	:	:
S	88,0	88,5	71,9	67,8	63,6	62,5	61,3	59,5	57,1	54,5	55,6	:	:
UK	145,0	129,1	111,5	101,0	84,0	83,2	79,5	74,6	70,9	70,6	68,7	65,9	:
IS	:	64,8	72,1	64,7	58,7	54,6	45,8	55,6	58,2	61,0	:	:	:
NO	132,6	115,6	89,3	82,4	76,7	71,5	70,9	71,8	66,3	62,8	:	:	:
CH	106,8	93,5	83,3	60,3	50,7	48,0	46,6	44,5	43,8	:	:	:	:

Source: Health for All Database, WHO, 2000

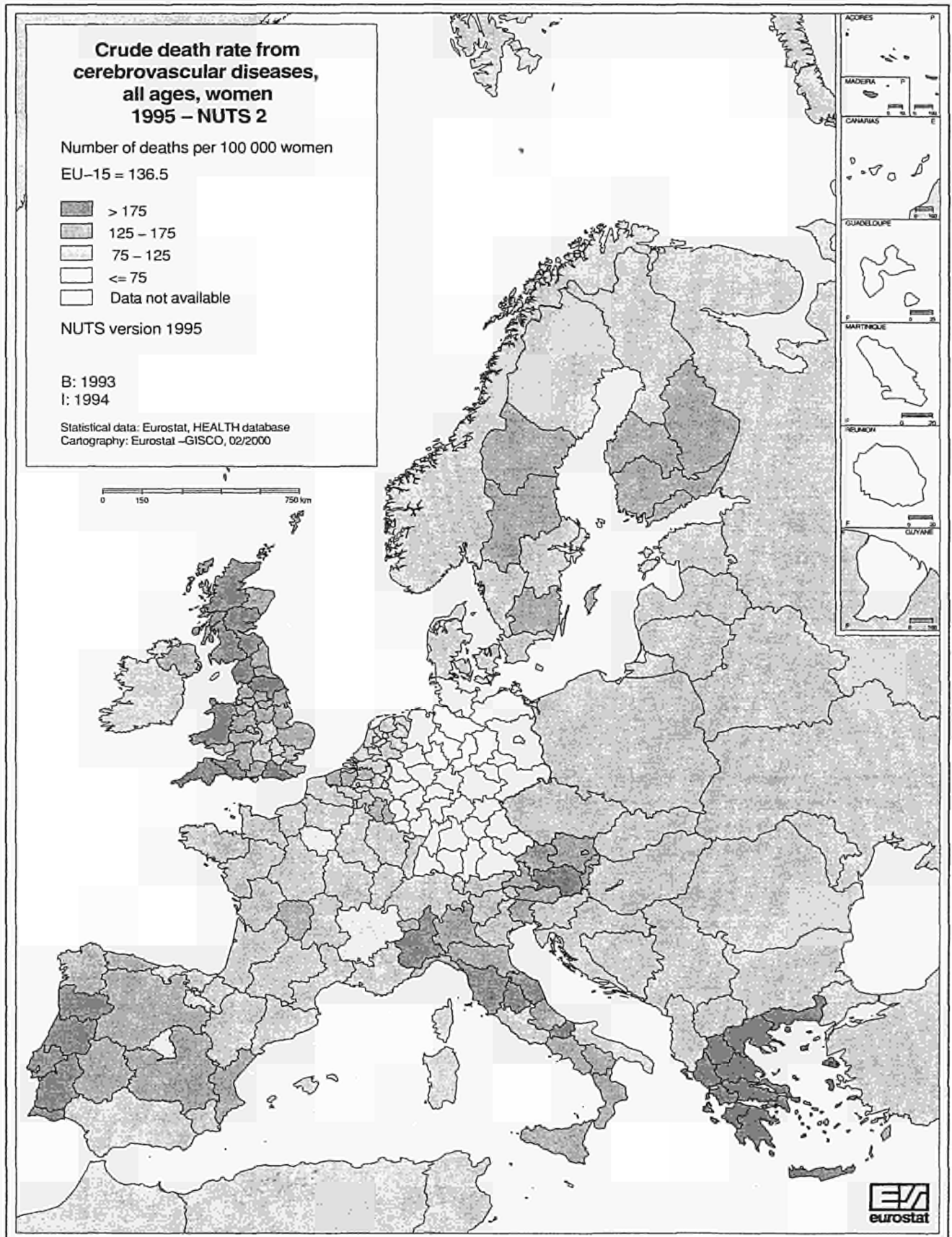


**5.2.28**  
**Crude death rate from cerebrovascular disease, all ages:**  
**1995 - per 100 000 inhabitants, men**



5.2.28

**Crude death rate from cerebrovascular disease, all ages:  
1995 - per 100 000 inhabitants, women**





## 5.2.29

**Death (SDR) from diseases of the respiratory system: men per 100 000 men, all ages**

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	144,9	131,5	110,2	100,5	88,5	84,7	80,6	89,1	82,7	85,9	84,5	:	:
B	138,9	119,7	109,9	115,4	110,3	105,9	106,5	119,5	108,1	:	:	:	:
DK	79,5	86,1	93,0	93,0	86,1	78,3	81,5	87,1	85,4	94,1	90,0	:	:
D	:	:	:	:	84,1	78,4	73,8	75,0	73,1	72,5	71,3	65,2	:
EL	110,4	105,8	75,7	59,0	49,0	48,4	55,6	49,4	47,6	47,8	47,0	43,6	:
E	129,3	150,8	109,7	106,0	107,0	103,0	95,4	98,5	93,0	98,1	99,3	:	:
F	91,2	88,5	77,6	74,0	66,3	62,9	63,8	65,5	60,1	62,9	64,0	:	:
IRL	228,0	179,7	187,5	195,0	175,5	159,5	148,7	158,7	157,7	170,3	:	:	:
I	137,2	124,3	97,4	90,5	75,2	69,8	63,7	61,6	62,4	61,2	55,9	:	:
L	:	90,8	70,6	86,9	85,8	81,7	87,5	82,4	86,2	81,3	78,9	76,7	:
NL	98,6	90,4	76,8	91,1	95,5	94,2	85,4	109,2	92,3	99,7	98,0	98,6	:
A	142,8	108,9	74,7	79,6	60,7	57,4	56,6	54,4	46,8	48,3	46,4	45,6	45,2
P	:	155,0	119,2	109,8	98,6	96,4	87,7	98,8	91,2	98,3	102,9	110,5	113,1
FIN	153,3	142,4	142,5	124,9	102,3	91,1	91,8	102,9	87,4	90,9	97,1	:	:
S	66,4	57,3	61,5	82,8	67,8	63,7	64,5	70,4	58,9	60,2	63,9	:	:
UK	240,1	208,3	195,0	144,9	117,7	117,9	111,0	150,1	132,7	143,5	137,2	138,3	:
IS	:	115,7	90,7	81,1	78,4	76,1	82,2	80,5	73,7	81,0	:	:	:
NO	102,1	101,3	88,3	94,7	92,4	83,3	86,4	100,3	82,5	91,9	:	:	:
CH	94,7	77,9	69,3	61,8	79,6	65,2	63,7	67,6	64,3	:	:	:	:

Source: Health for All Database, WHO, 2000

## 5.2.30

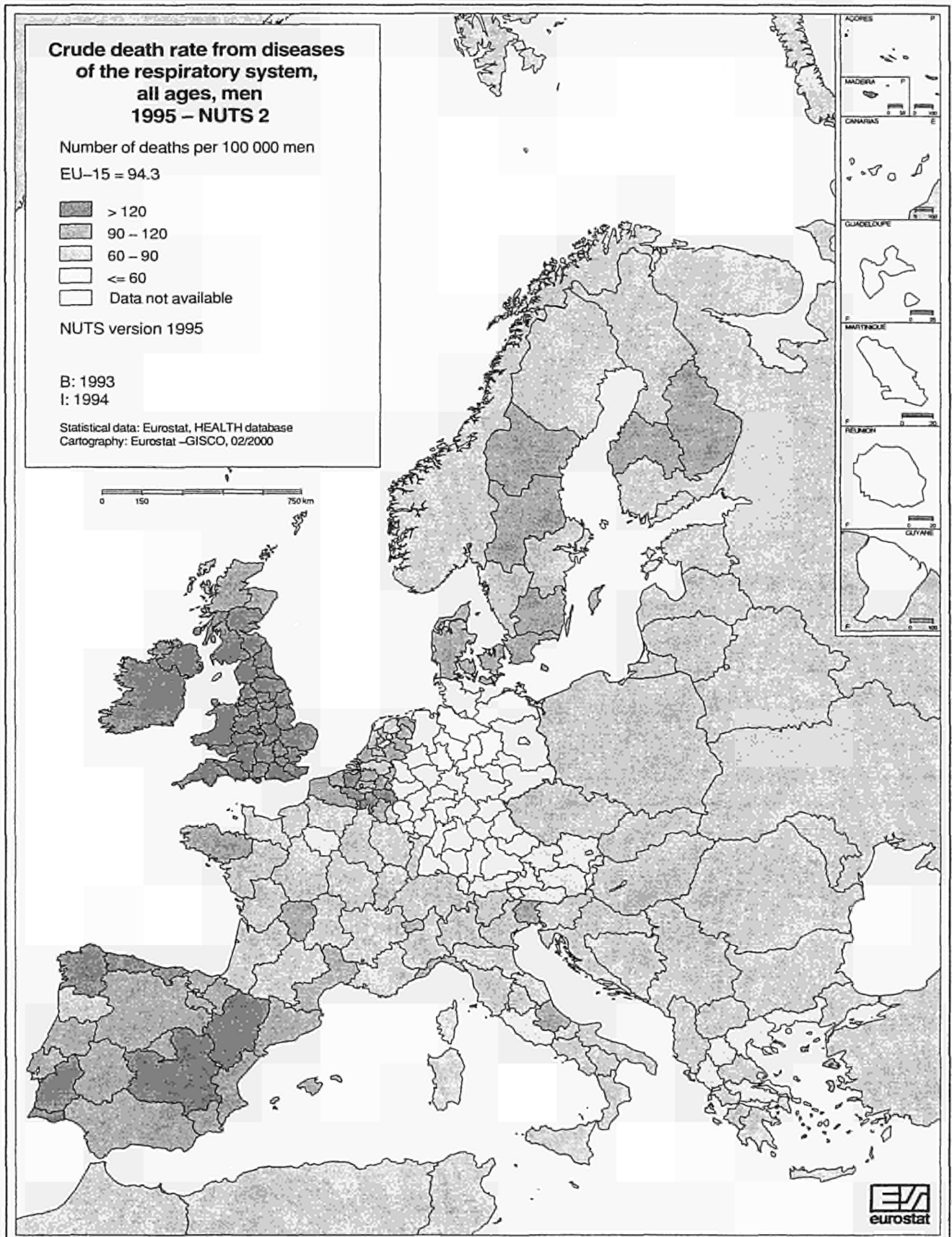
**Death (SDR) from diseases of the respiratory system: women per 100 000 women, all ages**

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	73,1	61,5	49,8	42,9	39,3	37,4	35,6	42,0	38,5	40,6	40,3	:	:
B	54,6	46,8	35,4	34,6	35,3	33,4	35,3	40,2	36,7	:	:	:	:
DK	41,1	45,4	48,4	50,0	49,8	47,5	50,1	55,7	54,1	61,8	64,8	:	:
D	:	:	:	:	33,2	30,2	27,6	29,3	29,1	29,0	29,0	26,6	:
EL	78,7	74,1	51,0	37,7	31,7	31,7	35,2	31,3	28,9	30,5	29,3	28,5	:
E	81,2	84,4	53,5	45,7	42,8	39,4	35,4	36,7	34,2	35,7	36,3	:	:
F	44,9	39,5	30,9	31,2	30,1	27,7	28,9	30,5	27,0	28,4	29,9	30,4	:
IRL	141,4	109,8	111,6	107,1	97,4	101,0	88,4	95,3	91,8	102,8	:	:	:
I	75,4	58,2	40,8	34,2	28,0	25,4	24,1	22,7	23,8	22,4	20,8	:	:
L	:	32,4	26,3	37,5	32,0	33,6	32,2	39,2	34,5	31,5	31,3	33,4	:
NL	47,2	33,7	29,8	34,4	36,7	36,5	33,0	45,9	38,2	42,6	40,6	44,0	:
A	72,4	59,2	37,1	32,9	26,7	24,4	23,7	23,4	21,9	20,0	20,5	20,7	20,2
P	:	78,2	57,5	48,2	45,0	40,5	38,5	44,7	39,1	44,3	46,6	48,8	51,0
FIN	75,4	62,0	58,6	48,9	42,4	38,8	39,8	48,7	38,8	37,7	41,4	:	:
S	43,7	28,8	34,1	44,4	36,4	36,2	35,3	41,6	34,4	35,7	37,2	:	:
UK	112,1	99,0	101,0	71,4	65,0	65,8	62,0	91,7	80,5	89,6	86,8	90,5	:
IS	:	68,3	65,0	83,7	69,3	63,9	81,0	79,0	72,6	86,0	:	:	:
NO	74,3	73,9	53,9	59,0	55,6	53,2	55,4	65,6	51,5	56,0	:	:	:
CH	45,0	34,8	29,5	24,9	37,2	27,7	29,3	31,7	28,8	:	:	:	:

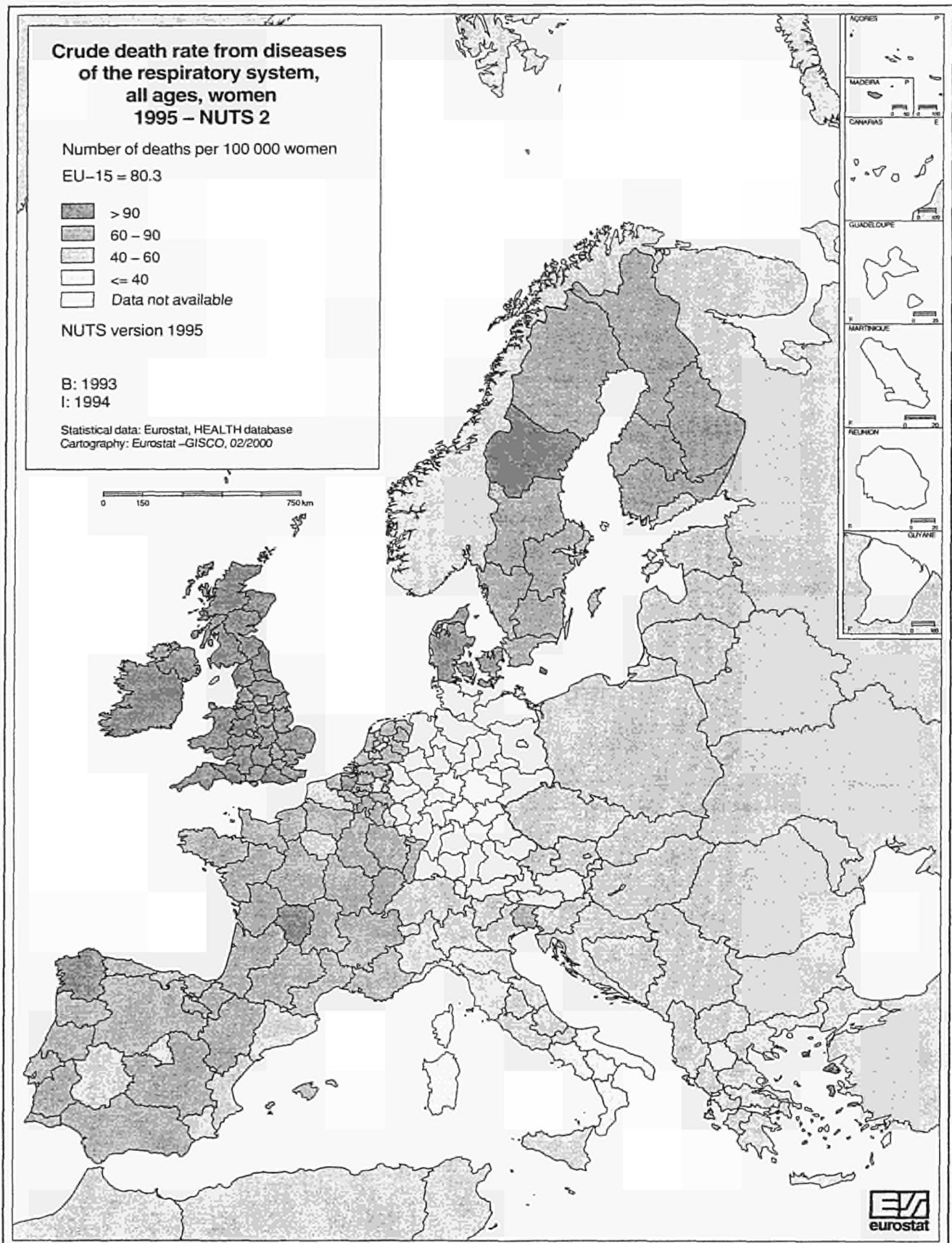
Source: Health for All Database, WHO, 2000

5.2.31

**Crude death rate from diseases of the respiratory system, all ages: 1995 - per 100 000 inhabitants, men**



## 5.2.31

**Crude death rate from diseases of the respiratory system, all ages:  
1995 - per 100 000 inhabitants, women**


**5.2.32**
**Death (SDR) by suicide: men per 100 000 men, all ages**

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	19,4	18,0	19,5	20,8	18,7	18,7	18,5	18,5	18,4	18,1	17,4	:	:
B	23,1	21,8	28,8	31,2	25,8	25,0	25,5	30,2	29,9	:	:	:	:
DK	29,3	31,2	42,4	34,7	30,7	28,6	27,7	27,6	24,9	22,9	22,9	:	:
D	:	:	:	:	23,6	23,7	22,6	21,6	21,7	21,8	20,6	20,6	:
EL	5,0	3,6	4,8	5,6	5,1	5,6	5,2	5,7	5,1	5,5	5,2	5,7	:
E	7,6	7,1	7,6	10,4	11,2	11,0	10,8	11,6	12,2	11,8	11,9	:	:
F	25,1	24,5	28,9	33,3	29,1	28,9	29,4	30,4	30,2	28,8	27,3	26,8	:
IRL	3,5	7,8	10,2	13,7	16,1	17,2	18,4	15,5	17,9	18,4	:	:	:
I	9,0	8,4	10,5	12,2	10,7	10,8	11,2	11,7	11,1	11,1	11,1	:	:
L	:	15,3	20,5	22,2	24,4	27,5	14,3	23,9	30,6	21,4	25,0	28,5	:
NL	11,7	12,1	13,9	14,9	12,1	13,7	13,5	13,1	13,9	12,5	13,0	13,0	:
A	39,0	38,3	39,0	40,4	33,9	33,5	32,9	31,4	32,2	32,9	33,0	28,6	28,9
P	:	16,1	13,7	15,9	13,6	14,9	13,3	12,3	12,2	11,9	9,9	9,6	8,3
FIN	38,6	42,4	41,7	40,1	47,9	47,5	45,5	43,5	42,3	41,8	37,0	:	:
S	31,4	27,7	27,4	24,0	22,5	23,0	20,4	20,9	19,9	20,3	18,8	:	:
UK	9,9	9,4	11,3	12,4	12,2	12,1	12,3	11,8	11,5	11,3	10,6	10,6	:
IS	:	15,4	14,0	22,0	27,2	23,0	18,1	15,1	16,4	17,1	:	:	:
NO	12,7	14,9	18,7	21,0	22,6	23,2	20,5	20,3	17,4	18,5	:	:	:
CH	29,9	34,5	36,8	34,3	29,9	32,3	29,5	28,3	29,6	:	:	:	:

Source: Health for All Database, WHO, 2000

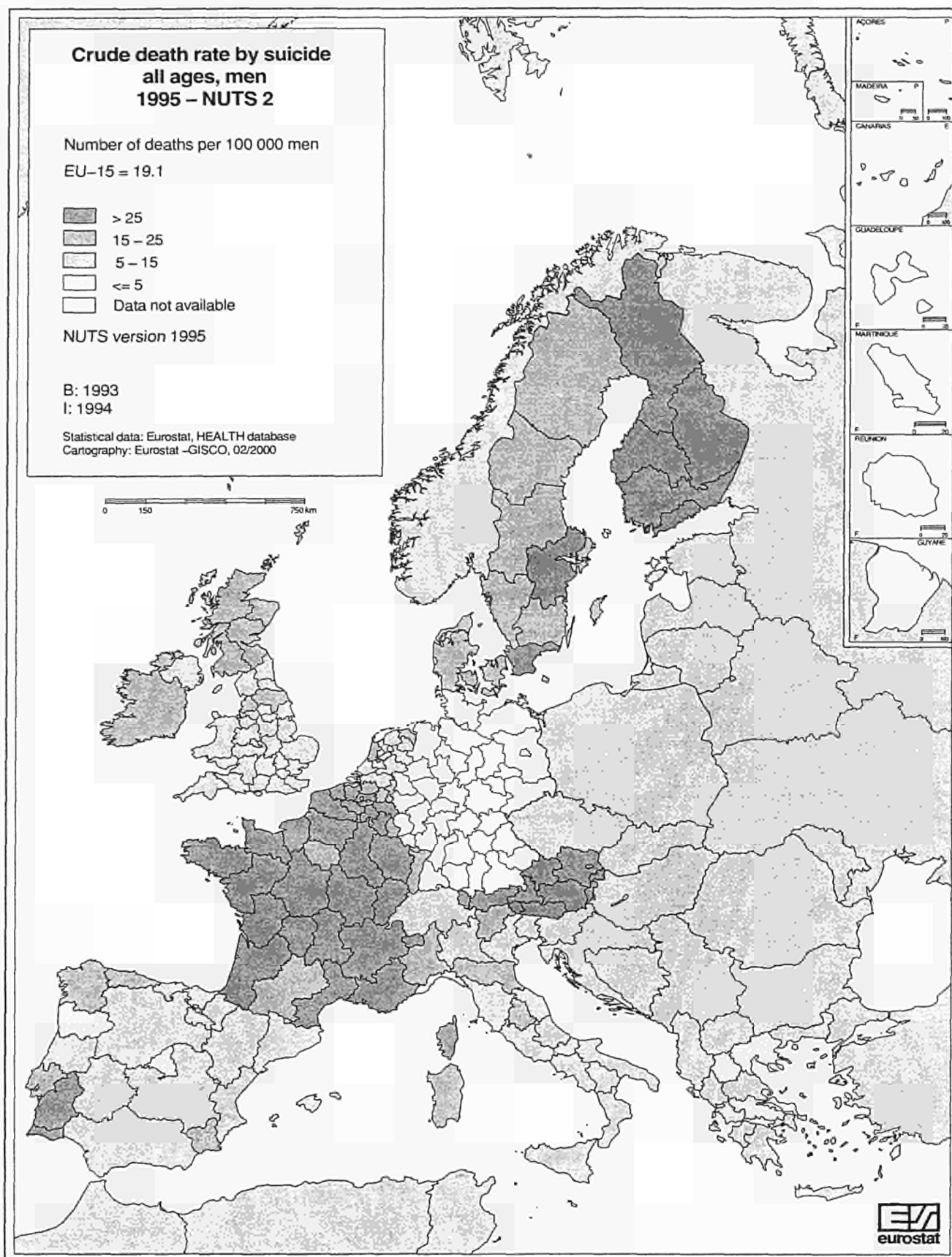
**5.2.33**
**Death (SDR) by suicide: women per 100 000 women, all ages**

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	8,2	7,8	8,2	8,0	6,6	6,5	6,2	6,1	5,8	5,8	5,7	:	:
B	10,8	10,9	15,3	14,0	10,5	9,4	9,9	10,3	10,3	:	:	:	:
DK	16,0	18,9	22,3	19,9	14,8	13,6	13,7	13,8	10,2	9,7	8,7	:	:
D	:	:	:	:	8,6	8,5	8,0	7,3	7,0	7,1	6,8	6,6	:
EL	1,9	2,1	1,8	2,4	1,4	1,5	1,2	1,8	1,2	1,1	1,0	0,9	:
E	2,4	2,1	2,2	3,4	3,6	3,4	3,0	3,3	3,2	3,3	3,8	:	:
F	8,2	8,6	10,5	12,0	10,2	10,3	10,0	10,5	9,8	9,8	9,5	9,2	:
IRL	0,6	3,4	5,2	4,1	5,3	4,1	3,7	4,2	5,5	4,9	:	:	:
I	3,6	3,4	4,4	4,3	3,6	3,6	3,5	3,4	3,2	3,2	3,5	:	:
L	:	6,6	6,8	7,7	9,7	10,8	14,3	7,3	6,4	8,0	8,8	9,4	:
NL	6,8	7,7	7,7	8,0	6,8	7,1	6,7	6,4	6,1	6,1	6,3	6,2	:
A	13,4	12,8	13,4	14,0	11,6	10,2	10,4	9,7	10,4	9,2	8,9	8,5	7,9
P	:	4,4	4,0	5,4	4,0	4,2	4,2	3,4	2,9	3,9	2,7	2,4	2,2
FIN	9,7	10,5	10,3	9,7	11,9	11,2	11,0	10,9	11,4	11,4	10,3	:	:
S	13,2	11,0	11,0	10,7	9,7	9,5	8,9	8,9	7,9	8,4	7,7	:	:
UK	6,3	5,9	6,4	5,4	3,6	3,3	3,4	3,2	3,1	3,0	3,1	3,0	:
IS	:	9,9	10,3	8,4	4,9	7,0	-4,6	6,4	2,9	3,5	:	:	:
NO	5,3	5,8	6,9	7,6	7,8	8,0	7,5	6,1	6,8	6,1	:	:	:
CH	10,3	12,7	14,3	14,3	11,5	10,5	9,7	10,3	10,9	:	:	:	:

Source: Health for All Database, WHO, 2000

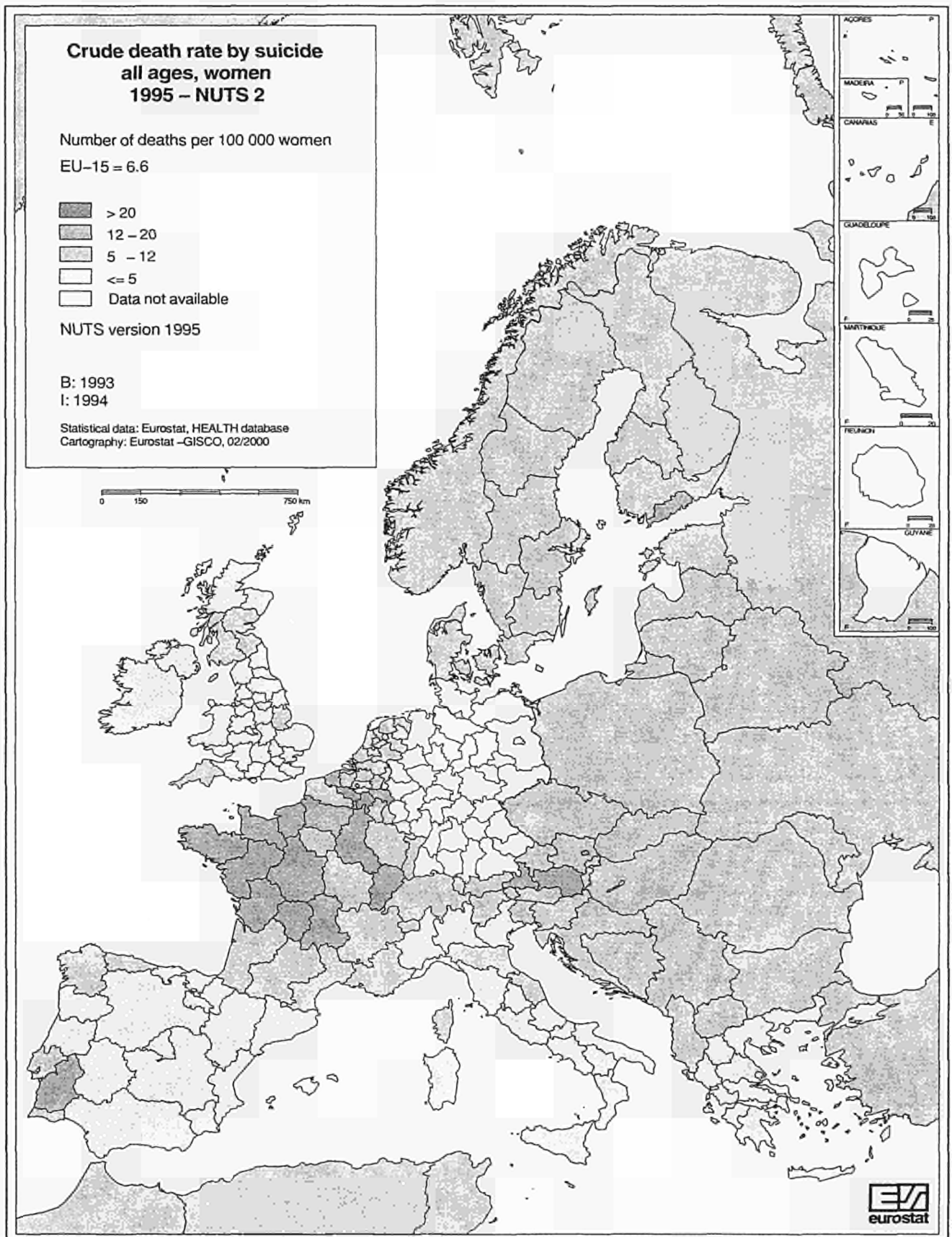
5.2.34

Crude death rate by suicide, all ages: 1995 - per 100 000 inhabitants, men



5.2.34

Crude death rate by suicide, all ages: 1995 - per 100 000 inhabitants, women





## 5.2.35

## Death (SDR) in motor-vehicle traffic accidents: men per 100 000 men, all ages

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	35.3	31.0	26.5	21.1	21.8	21.5	20.1	18.5	17.8	17.6	16.7	:	:
B	45.6	35.2	36.5	26.3	26.3	25.3	23.2	24.8	26.4	:	:	:	:
DK	34.4	23.1	18.0	21.3	15.5	15.9	15.5	14.5	13.2	14.4	13.6	:	:
D	:	:	:	:	18.4	19.5	18.2	17.2	16.8	16.1	15.0	14.8	:
EL	18.6	26.2	26.7	30.8	32.3	32.4	32.3	28.5	30.7	33.6	34.0	31.9	:
E	23.1	25.0	26.2	22.9	30.7	29.4	25.2	23.3	21.0	21.3	20.8	:	:
F	35.7	33.5	29.7	25.8	25.4	23.8	22.1	21.5	20.0	19.6	18.6	18.6	:
IRL	25.3	30.5	26.0	20.4	20.1	17.4	14.8	16.6	16.6	17.1	:	:	:
I	41.5	35.4	30.4	24.0	23.2	24.5	24.3	21.4	20.9	20.1	18.7	:	:
L	:	55.5	43.4	33.7	26.1	30.7	24.7	26.2	26.4	22.2	25.7	19.8	:
NL	37.3	25.2	19.2	14.1	11.8	11.9	11.5	11.2	11.1	10.9	10.7	10.0	:
A	55.2	52.3	38.5	29.4	26.4	25.2	21.2	21.6	23.1	20.3	16.8	18.5	14.8
P	:	64.4	49.4	44.5	44.2	46.0	44.0	37.7	33.5	37.9	34.1	31.1	29.2
FIN	37.9	29.4	19.1	16.1	18.2	16.2	15.4	11.9	12.6	11.8	10.4	:	:
S	22.7	20.4	15.0	12.9	11.2	10.6	10.5	8.7	7.2	7.4	7.0	:	:
UK	20.9	18.0	17.0	13.5	13.6	12.1	11.1	9.3	8.9	8.6	8.8	8.9	:
IS	:	27.6	16.3	15.9	13.0	16.4	9.3	14.4	5.8	12.2	:	:	:
NO	23.0	18.8	13.5	14.0	11.6	9.5	9.9	8.5	9.1	9.4	:	:	:
CH	40.8	28.9	29.1	20.0	20.1	18.4	15.6	14.6	12.8	:	:	:	:

Source: Health for All Database, WHO, 2000

## 5.2.36

Death (SDR) in motor-vehicle traffic accidents:  
women per 100 000 women, all ages

	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
EU-15	10.6	9.7	8.3	6.8	7.0	6.7	6.4	5.9	5.7	5.7	5.4	:	:
B	15.2	12.0	11.5	8.7	8.5	8.3	7.9	7.8	8.5	:	:	:	:
DK	14.1	9.0	8.2	7.0	6.6	5.5	5.1	5.3	5.4	6.2	4.8	:	:
D	:	:	:	:	6.7	6.4	6.2	5.7	5.4	5.5	5.1	4.8	:
EL	5.6	8.1	7.6	9.6	9.9	9.3	9.1	7.6	9.1	9.8	10.6	9.4	:
E	6.4	7.5	8.1	6.7	8.5	8.1	7.3	6.6	6.0	6.2	6.0	:	:
F	12.2	10.7	10.1	9.3	8.7	7.9	7.5	7.6	7.3	7.1	6.8	6.2	:
IRL	9.1	8.8	8.4	6.7	6.6	6.6	6.0	6.0	5.7	5.8	:	:	:
I	9.6	9.1	8.0	6.7	6.3	6.5	6.8	5.7	5.9	5.7	5.3	:	:
L	:	14.8	15.2	9.3	8.9	11.8	11.4	12.5	7.3	8.9	6.8	6.9	:
NL	12.4	9.0	6.8	4.9	4.8	4.1	4.6	3.9	4.1	4.0	3.8	3.9	:
A	14.5	14.7	10.3	7.9	7.6	7.4	7.0	6.7	6.3	6.0	5.5	5.6	5.0
P	:	13.2	9.7	9.3	11.0	11.4	10.6	10.0	9.4	9.8	9.4	7.9	7.4
FIN	12.1	10.9	5.8	5.9	7.4	7.1	6.8	5.0	5.0	3.8	3.7	:	:
S	10.0	8.4	5.9	5.8	5.2	4.4	4.3	4.0	3.2	3.3	3.2	:	:
UK	7.5	6.4	6.0	5.0	4.7	4.5	4.1	3.5	3.3	3.1	3.0	3.0	:
IS	:	8.8	2.7	3.9	6.7	6.4	5.8	1.4	1.6	7.5	:	:	:
NO	6.4	7.9	3.9	5.6	3.5	4.5	3.7	3.5	3.6	3.9	:	:	:
CH	12.8	10.4	8.3	6.8	5.9	5.3	5.0	4.2	4.4	:	:	:	:

Source: Health for All Database, WHO, 2000

## 5.3.1

## Absolute number of deaths primarily due to alcoholic abuse (including alcoholic psychosis) by age and sex - 1996

		Males														
	total	1-14	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
EU-15	8 659	0	21	87	279	565	930	1 114	1 142	1 351	1 163	894	545	290	183	95
B (93)	178	0	0	1	4	14	11	24	26	23	27	17	20	7	3	1
DK	225	0	0	:	3	6	28	27	40	39	25	16	8	7	1	:
D	4 588	0	9	48	170	332	503	560	620	855	642	423	215	107	72	32
EL	52	0	0	:	1	1	1	1	12	7	9	11	5	:	4	:
E	261	0	1	4	6	15	17	25	28	33	34	36	26	18	15	3
F	1 926	0	6	17	46	104	215	275	222	204	249	235	173	96	51	33
IRL	49	0	1	1	:	3	7	4	7	5	7	7	2	3	2	:
I	179	0	0	2	5	7	16	14	20	16	32	30	16	9	8	4
L	17	0	0	:	1	:	1	:	3	1	5	3	1	1	1	:
NL (95)	123	0	0	:	3	9	17	19	16	18	15	6	10	4	1	5
A	243	0	2	4	12	13	19	39	33	40	30	24	16	6	2	3
P	66	0	0	1	5	2	6	9	6	9	10	9	4	3	1	1
FIN	202	0	1	4	7	22	35	41	19	26	11	15	10	3	3	5
S	230	0	0	:	:	6	14	37	40	34	33	24	15	13	8	6
UK	320	0	1	5	16	31	40	39	50	37	36	31	18	12	5	1
IS	:	0	0	:	:	:	:	:	:	:	:	:	:	:	:	:
NO	172	0	0	1	1	5	12	17	16	20	22	29	24	15	5	5
CH	176	0	0	2	4	6	12	15	19	27	20	25	11	10	19	6
		Females														
	total	1-14	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
EU-15	2 248	0	2	15	56	115	220	273	319	328	271	209	175	116	89	95
B (93)	:	0	0	:	:	:	:	:	:	:	:	:	:	:	:	:
DK	:	0	0	:	:	:	:	:	:	:	:	:	:	:	:	:
D	62	0	0	:	:	2	5	11	11	9	8	3	6	4	2	1
EL	1 206	0	2	12	33	63	114	129	169	218	163	93	83	59	41	32
E	3	0	0	:	:	:	:	:	:	1	2	:	:	:	:	:
F	36	0	0	:	4	4	3	4	3	3	4	2	3	2	2	3
IRL	471	0	0	1	10	27	53	63	56	49	50	53	44	28	21	33
I	14	0	0	:	1	:	2	3	5	1	:	:	2	:	:	:
L	44	0	0	1	1	1	3	4	7	3	6	4	6	4	3	4
NL (95)	6	0	0	:	:	1	:	2	:	:	2	1	:	:	:	:
A	:	0	0	:	:	:	:	:	:	:	:	:	:	:	:	5
P	50	0	0	:	:	3	:	9	11	6	3	7	4	2	3	3
FIN	13	0	0	:	:	1	:	1	2	1	2	2	1	2	1	1
S	47	0	0	:	1	2	8	4	7	:	4	3	1	1	9	5
UK	54	0	0	:	2	3	6	6	12	8	8	5	4	3	:	6
IS	143	0	0	1	5	7	18	24	24	15	14	18	9	5	3	1
NO	:	0	0	:	:	:	:	:	:	:	:	:	:	:	:	:
CH	42	0	1	:	1	:	3	5	7	6	5	7	2	3	2	5
	49	0	1	:	3	2	7	3	6	6	4	4	2	4	3	6

Source: Eurostat, Causes of Death Statistics



## 5.3.2

## Number of acute drug-related deaths recorded in EU countries

	EU-15	B	DK	D (1)	EL	E (2)	F	IRL (3)	IT	L (3)	NL (4)	A (5)	P	FIN	S	UK (6)
1985	:	12	150	324	10	143	172	:	242	1	40	:	:	:	150	1 254
1986	:	20	109	348	28	163	185	8	292	3	42	:	18	:	138	1 362
1987	:	17	140	442	56	234	228	7	543	5	23	:	22	:	141	1 332
1988	:	37	135	670	62	337	236	15	809	4	33	:	33	11	125	1 348
1989	4 557	49	123	991	72	455	318	8	974	8	30	20	52	23	113	1 321
1990	5 438	96	115	1 491	66	455	350	11	1 161	9	43	36	82	41	143	1 339
1991	6 723	90	188	2 125	71	579	411	14	1 383	17	49	70	143	34	147	1 402
1992	6 821	75	208	2 099	79	556	499	17	1 217	17	43	121	155	27	175	1 533
1993	5 994	80	210	1 738	78	422	454	20	888	14	38	130	100	26	181	1 615
1994	6 262	46	271	1 624	146	388	564	19	867	29	50	140	142	35	205	1 736
1995	6 715	48	274	1 565	176	394	465	39	1 195	20	33	160	145	51	194	1 956
1996	:	:	266	1 699	222	415	393	50	1 566	16	61	179	169	45	250	2 150
1997	:	:	275	1 486	232	347	228	52	1 160	9	67	132	135	:	:	2 144

(1) Cases from former West Germany

(2) Cases refers to six larg cities; only related to opiates and cocaine

(3) Population aged 15-49

(4) Only ICD-9 codes 292, 304, 305.2.9, E850.0, E854.1 or E854.2.

(5) Only overdoses.

(6) England and Wales

Source: European Monitoring Centre for Drugs and Drug Addiction, Lisboa, 1999 / The Trimbos Institute (NL)



**HEALTH CARE** **6**



## VI. HEALTH CARE

### 1. HUMAN RESOURCES

According to the Eurostat Labour Force Survey (LFS), 14 200 million people were employed in the health and social work sector in EU-15 in 1998, representing 9.4% of total employment in EU15. These figures include employees (wage earners) and independent professionals. The highest percentage of health care workers is found in Sweden (19.2%) and the lowest in Portugal (4.1%). Data for the period 1993-1998 show a slow increase in the percentage employed in the health and social work sector (Sweden being the only exception).

Between 1980 and 1997, the available number of physicians, dentists, nurses and pharmacists, collected by Eurostat mainly from register sources, increased in all the Member States of the EU. The density of manpower in the field of health care varies widely from one Member State of the Union to another. In 1996, there were between 174 (UK) and 421 (Spain) physicians per 100 000 inhabitants in the EU. The figure for Italy (570) is not fully comparable, since it includes dentists. Compared to 1985, these figures have increased in all the Member States. The age and sex distribution for 9 EEA countries in 1996, shows that 62% of physicians are under 45 years of age; in every age-group male physicians outnumber their female colleagues. Under 35 years of age, the difference between both sexes is small but after 35 years of age the difference increases fast. According to 1996 regional Eurostat data, NUTS-2 level, data on number of physicians per 1000 inhabitants are detailed in the annexed map.

The number of dentists has increased in all EU countries since 1991. The distribution of the density of dentists does not follow the same pattern as that for physicians. There are very few dentists in Portugal and Spain (30 and 39 per 100 000 inhabitants respectively). The highest number of dentists per 100 000 inhabitants can be found in Greece (109 per 100 000) and Sweden (103 per 100 000).

The number of pharmacists has increased in all EU countries since 1980. The largest number of pharmacists per 100 000 inhabitants can be found in Belgium and Sweden (143.5 per 100 000).

For nurses, data are not available for the majority of EU countries, Finland (1 355) has the largest number in contrast to Portugal (301). Little information is also available for physiotherapists, but it seems that the Nordic countries have the largest numbers (176.8 in Finland and 104.5 in Norway) in sharp contrast to Spain (5.3) and Austria (24.7). It should be noted that differences in concepts and lack of data hamper comparability.

Eurostat collects statistics on health manpower. The Member States of the EU base their statistics in the field of health care on different concepts and registers. In eight of the Member States (Belgium, Denmark, Germany, Greece, France, UK, Sweden), the *number of physicians* means the number of active practitioners, i.e. both practitioners with a medical practice and those working in industry, research or administration. Furthermore in Ireland and Luxembourg, the figure includes only practitioners with a medical practice. In other five Member States (Spain, Italy, Netherlands, Portugal, Finland) the figures include practitioners "entitled to practice", which includes practitioners who are unemployed, retired or work without directly practising medicine as well as those who actually have a medical practice. In the UK and Ireland, only the public sector is counted. Similar methodological differences can be observed in the case of *dentists* and *pharmacists*. In the case of *nurses* different Member States mix health care personnel performing nursing and caring tasks: NRCG, second level nurses and specialist nurses, but also other categories of caring personnel. For *physiotherapists* the tasks performed in every Member State can differ.

## 2. FACILITIES AND USE OF SERVICES

### *Immunisation coverage*

According to Eurosurveillance data, strategies for achieving a reduction for poliomyelitis, diphtheria, neonatal tetanus, measles, mumps and congenital rubella are defined in terms of targets for immunisation coverage, epidemiological surveillance, and control measures to be implemented in the event of an epidemic. A target of at least 95% immunisation coverage of children at 2 years of age is to be achieved in each EU country. In March 1996, five Member States had achieved immunisation coverage of at least 95% for diphtheria, tetanus and pertussis (DTP vaccination) in children under 1 year of age, but in four Member States the coverage for pertussis vaccination is still less than 80%. A total of 15 cases of diphtheria were reported in the EU in 1996 (17 in 1995, 15 in 1994 and 20 in 1993). Coverage of pertussis vaccine is about 50% in Italy and Germany. Coverage is 95% or over for poliomyelitis vaccination in eight Member States, and it is lower than 80% in only one Member State. Member States of the EU reported no cases of poliomyelitis after 1989. Coverage of measles vaccination is at least 95% in 2-year-old children in Finland and Sweden, whereas five Member States have coverage of less than 80%. Few countries present data on immunisation coverage against Hib or hepatitis B. Data on coverage with two doses of measles, mumps and rubella (MMR) vaccine are not systematically available although such a schedule has been implemented for several years in 10 of the 15 Member States.

Immunisation coverage has been defined as the proportion of a population (or sub-population, however defined) that has been vaccinated. In countries where public health data are computerised and actively managed, the results cover the entire child population precisely, for example in Denmark, the Netherlands, and the UK. In countries where computerised public health records are confidential, indirect methods have to be used. This is why it is essential to validate coverage data either systematically or periodically. Systematic measures are taken in Denmark, Finland, France, Ireland, Italy (compulsory vaccines), the Netherlands, Portugal, Sweden, and the UK. In Austria, Belgium, Germany, Greece and Spain, where many vaccinations are given by the private sector, coverage is mainly assessed by estimating the number of imported or distributed vaccines. In Italy, the same method is used to assess the coverage of MMR vaccination. Finally, in Belgium, Finland, France, Greece, and Italy, estimates of coverage are validated by performing ad hoc surveys of representative samples. This is the only method of assessment in Luxembourg. These surveys are conducted every year or more, according to the country. The Regional Office of the WHO for Europe collected annual coverage data relating to children under 1 year of age for diphtheria, tetanus, and pertussis (DTP), poliomyelitis, and BCG vaccinations, and children under 2 years of age for MMR vaccine. The WHO's coverage data were last updated in March 1996 and included information on immunisation coverage for 1995, 1994, or earlier years. All countries report coverage data for children who have received three doses of DTP and poliomyelitis vaccines, and MMR vaccine, and BCG is reported by four countries where policy is to vaccinate all newborn babies. In addition, some countries report immunisation coverage of vaccines against *Haemophilus influenzae type b* (Hib) and hepatitis B virus.

### *Preventive examinations*

In the 1996 Eurobarometer survey a number of additional questions were included to shed light on prevention against diseases such as cancer. The results - to be interpreted with care due to small sample numbers - show wide divergence between the Member States.

The third EU action plan against cancer (1996-2000) has assigned priority to early detection and screening of cancer. In existing screening programmes, effectiveness is strongly influenced by the participation rate of

the targeted population. A participation rate of 60% is acceptable, but 75% (or greater) is desirable and only reached in countries with systematic screening programmes with personalised invitations. Results of the 1996 Eurobarometer survey indicate that during the last 12 months 16.0% of Europeans had been screened for cancer in 1996. The highest proportion is reported in Germany (35.3%), and the lowest in Ireland (5.2%).

The results of heart check-up in 1996 show that the level of people tested is highly age-dependent with more than 44% of people aged over 65 tested compared with only 10% of people under 35. The highest rate of heart check-up is reported in Germany (29.6%) and the lowest in the Netherlands (13.7%).

20.1% of people in EU have been tested for diabetes in 1996. The results for people aged under 40 (12.5%) and aged 65 and over (36.6%) may highlight the need to increase diabetes testing in middle-aged people and older, especially women and particularly those who are overweight. Luxembourg (33.7%) and Germany (30.5%) have the highest rate of testing while Ireland (7.2%) and Denmark (12.3%) have the lowest.

25.5% of Europeans report having had a cholesterol test in 1996 with wide differences between Member States, from 38.5% in Austria and 35.8% in Luxembourg to only 9.2% in Denmark.

Dental check-up (at least one time during the last 12 months) is the most frequent preventive examination in Europe (57.8%), with 6 countries reporting more than 70%: Denmark, Sweden, the Netherlands, Luxembourg, Germany and Austria. The lowest values are in countries where check-ups are under-reimbursed by the social security schemes e.g.: Portugal (33.3%) and Spain (36.4%)

The remaining preventive examinations show different values in EU: eye test by an optician or doctor (34.2%), blood test (43.5%), X-ray examinations (22.7%), hearing test (11.0%) and urine test (33.2%).

### ***Preventive examinations in women***

Age-related osteoporosis occurs more frequently in women than in men. 8.3% of women (and 17.0% aged over 50) have had an osteoporosis examination according to the Eurobarometer survey in 1996. This percentage varies in the case of women from 15.6% in Austria to 2.3% in Ireland.

Gynaecological examination appears to be the most frequent preventive examination in case of women (44.1% for EU15) even if in some countries such as Ireland (10.6%) and the Netherlands (19.2%) the rates are low.

Breast cancer screening may be performed by physical examination of the breast or by mammography (X-ray). 36.6% of women in EU15 reported having performed a breast examination by hand and 17.8% by X-ray in 1996. The rates vary slightly across the age groups ranging from 29.8% among women aged 60 and over to 48.4% among women aged 50-59 years. Within the EU the rates range from a high 50.5% (by hand) in Germany to a 15.3% in Ireland and from a 30.6% (by X-ray) in Denmark to 4.4% in Ireland.

A main cause of cancer of the cervix is infection of the cervix with human papilloma virus (HPV) particularly types 16 and 18. Cervical cancer may be detected by a Papanicolaou smear test. At an EU level, 36.4% of women reported a cervical smear test in 1996. Again considerable variations can be observed in Member States as well with Danish (61.9%) and French (50.6%) women reporting the highest and Ireland (14.7%) and the Netherlands (23.0%) the lowest.

### ***Hospitals and hospitalisation***

According to Eurostat, the available resources, in terms of the number of hospital beds per head of population, vary widely from one Member State to another. In Luxembourg, Finland and France there are

over 1 153, 928 and 906 hospital beds for 100 000 inhabitants – approximately double the number in Spain, Portugal or Greece. Over the period 1980-1995, there was a slight reduction in the number of hospital beds per inhabitants in the EU. The number of psychiatric beds also decreased, Belgium and the Netherlands having the highest figures. The reduction of beds can be explained by developments in medical technologies which have made it possible to reduce the average length of hospitalisation for a given disorder. Another reason is the financial constraints of the 1980s, which led to rationalisation of the health services. According to 1996 regional Eurostat data, NUTS 2 level, data on hospital beds per 1000 inhabitants are given in the annexed map.

Data on the *number of beds* collected by Eurostat are normally given as an annual average. The comparability is weak and must be treated with caution due to the different concepts for 'hospital' and 'hospital bed' in the EU countries. In general, however, changes in the number of beds are accounted for *pro rata temporis*. Bed-counts include only beds used for full in-patient accommodation. The figures for 'total hospital beds' refer to all beds (except cots for healthy infants) in general, university and specialised hospitals, mental hospitals, institutions for the mentally weak (mentally deficient), nursing homes and others. Beds in hospitals available for nursing day-care, medical childrens homes, nurseries for toddlers under medical supervision and institutions for the sensorially-handicapped, are not necessarily included.

The average length of stay, according to OECD Ecosanté Database, was between 35 days in the Netherlands and 10 in Ireland in 1980. In 1996, this range had fallen to between 33 days in the Netherlands and 7 days in Denmark and Ireland. Divided into 17 main groups following the ICD-9 Classification, the highest average length of stay in 1996 is recorded for the mental disorders in a range from 99.0 days in Greece, 86.4 days in UK or 73.4 in Spain to 7.3 in France or 7.7 in Denmark, probably due to different structures in the psychiatric care. Congenital anomalies, injuries and poisoning and the diseases of the circulatory system presents also high lengths of stay in hospitals.

Admission rates per year, provide a measure of hospital turnover. Even though the admission rates increased in almost all countries, lower number of days spent by patients in a hospital came about through a substantial reduction in the average length of hospitalisation. The relation between number of beds and admission rates is not so clear. Finland, Austria, UK, France, Germany and Belgium have the highest rates of admission in hospital (over 20% of population per year). The Netherlands has 11.0% but having a very large nursing sector. The lowest hospital admission rates are found in Portugal and Spain.

In terms of frequency of admission, (discharges from hospitals) divided into 17 main groups following the ICD-9 Classification, diseases of the circulatory system comprise the highest frequency of admission followed by admissions for cancer, traumas and poisoning.

The *average length of stay* calculated by OECD is defined as the number of bed days in hospitals divided by the number of admissions or discharges according to data from hospital or morbidity surveys in EU countries. *Admission rate* calculated by OECD according to data from hospital or morbidity surveys in EU countries is defined as the number of admissions (or discharges) to hospitals divided by the population and multiplied by 100. Comparisons of diagnosis between various geographic areas are difficult and contain a number of potential sources of error, e.g. differences in classifications, quality of the registers, use of different codes for the same type of diagnosis and variations from one country to another in the way of counting diagnosis in hospitals.



The data collected from information on discharges from hospitals are based on cases which can include, in most of the countries, re-admissions of the same person. Data based on surveys as the ECHP generally contain no information on the causes for hospitalisations but are based on single person related data.

According to 1994 results of the ECHP 10.2% of Europeans (for EU 12) have experienced a hospitalisation during the last 12 months. The proportion ranges from 7% in Portugal up to 13% in Germany and 15% in Luxembourg. These differences may partly reflect the differences in organisation of health care services. Therefore, with caution it could be said that the figures are lower in the southern Member States of the EU (EU12) and in the Netherlands than in the other Member States. Up to and including the age group 45-54 years, women have higher hospitalisation rates than men; after that, men have the higher rates, especially in the age group 75-84. In 1996, for EU 15 (without Sweden) the average number of nights spent in a hospital during the last 12 months was 14 nights. The average length of stay is identical for men and women.

The ECHP (*see chapter IV for more details*) is a longitudinal, multi-subject survey covering many aspects of daily life, particularly employment and income, but also demographic characteristics, environment, education and health. The health section of the ECHP contains also questions on *hospitalisation in the 12 months preceding the interview*. Figures for *hospitalisation* from surveys such as the ECHP, have some limitations i.e. the fact that persons living in institutions are not included in this surveys. This leads to small underestimations.

### **Satisfaction with health systems**

The results of the Eurobarometer Survey 1998 illustrate a general evaluation of the national health system without specific reference to issues such as equity, efficiency and satisfaction with different levels of care. Greece, Italy, Ireland, and Portugal show the lowest levels of satisfaction; they also rank lowest in per capita health expenditure in PPP. However, the percentage of those who are neither satisfied nor dissatisfied in Spain (39.2%) is the highest in the EU. Austria shows the highest level of satisfaction (70.6%), although health spending is lower than in Luxembourg (50.7%) or Germany (43.2%), which show a lower level of satisfaction despite having the highest health expenditure per capita.

It is also worth noting that, according to the results of the Eurobarometer Survey 1996, a majority of citizens in the EU believe that people use health care facilities too frequently. This is not, however, the view of the majority of citizens in Portugal, Finland and Sweden.

There is wide diversity of satisfaction with current health services and the role of private organisations and government agencies.

### **Technological outputs**

Part of the effectiveness of health treatments could be due to the introduction of new technologies. Technology assessment includes the evaluation of technical performance, clinical efficacy, safety, economic efficiency, organisational impact, social consequences and ethical implications. Data on some medical high-tech facilities are however sparse.

The OECD Health Data 99 provides information on the number of computer tomography (CT) *scanners*, a diagnostic device that combines X-ray equipment with a computer and a cathode ray tube

to produce images of cross-sections of the human body. Data are collected on the number of types of radiation treatment equipment, on lithotriptors and on the number of magnetic resonance imaging (MRI) equipment - a diagnostic device based on nuclear magnetic resonance that provides images without the use of ionising radiation.

### ***Home care***

All EU countries are confronted with an increase in demand for home care; the main reasons are the ageing population, smaller family size and increased female participation in the labour market. Another reason for substitution of hospital care by home care is an attempt to control health care expenditures. There are differences among the countries in definition of home care. According to NIVEL (Netherlands Institute of Primary Health Care) whose data (see Annex II) are used in this publication, home care is restricted to the care provided at home by professional home-nursing organisations and home-help services. Services included in home-help and home-nursing are described in the Annex. There are large differences between EU countries in the development of home care services. In countries such as Denmark, the Netherlands, Belgium, Finland, Ireland, Sweden and UK home-nursing and home-help services are fairly developed compared to Austria, Greece, Italy and Spain. There are also large differences among the countries regarding the level of co-ordination of home-nursing and home-help services. A major problem in many countries is the separation between health and social services. Whereas home-nursing is mostly financed by general taxation or social insurance, home-help services are usually administrated and financed by the local government or by voluntary organisations. In general there are also large differences between the countries on the financing of home care.

### ***Consultations of health professionals***

Main indicators are mean number of consultations to a health professional during the last 12 months. According to the 1995 results of the ECHP the percentage of persons having consulted a doctor, a dentist or an optician during the last 12 months was 88% on average for the 12 countries participating in the survey. The average number of visits for the 12 countries participating in the survey to a general practitioner is 4.2 to a medical specialist 1.9 and to a dentist 1.4. The frequency of visits to health professionals is especially high in Germany, where 95% of the population has consulted a health professional (34% more than 10 times), the average values being 5.1 for doctors and 3.2 for specialists. The frequency of visits is also high in Denmark, Luxembourg, the Netherlands, Austria and Belgium. Greece is the country with the lowest frequency (67% of population for an average number of 2.2), followed by Ireland and Spain.

According to the Eurobarometer Survey 1996, the persons surveyed agree strongly (25.8%) or slightly (34.9%) with the statement that the time spent by doctors discussing preventive action and healthy lifestyle with their patients is generally not enough. The highest percentages are to be found in Spain (76.2%), and the lowest in Sweden (48.0%). These results require further analysis, and more detailed studies should be initiated to examine what the public believes the role of the doctors should be concerning preventive action and health improvement and promotion.

### ***Consumption of pharmaceuticals***

The medicines per person expressed in terms of number of containers seems to follow a pattern similar to pharmaceutical expenditure figures, even if these figures are very difficult to compare in view of different

criteria in the Member States. France (52.0 in 1995) has the largest consumption of containers of medicines per person, followed by Spain (26.5 in 1996). Sweden (6.4 in 1996) and Denmark (7.4 in 1996) have the lowest levels.

According to OECD Health Data 99 there is no ideal definition for this time series. The data collected refer to the number of containers (items or packages) or the number of prescriptions (some of which are renewable) per person. No standard definition has been set by the WHO Collaborating Centre for Drug Statistics Methodology. The Defined Daily Dosage (DDD) provides a measure of the volume of pharmaceutical consumption on the domestic market per thousand adult population, as classified by the Anatomic Therapeutic Classification (ATC). However figures are, for the moment, inaccurate.

Data on drug sales through retail pharmacies are collected by the private firm IMS Health for some selected markets expressed in US\$. According to the Drug Monitor of IMS-Health: from January to December 1998 a growth of 7.0% in drug sales was reported in the 5 most important European markets. Spain (11%) experienced the highest increase followed by UK (8%), Italy (8%), Germany (6%) and France (4%). On the major therapy classes experiencing growth over this period, genito-urinary drugs increased by 10% (19% in USA), cytostatics increased 10% due to the new products ( $\beta$ -interferons and others) for treatment of breast- and other cancers, anti-infectious medication increased from 5% due to increasing use of cocktail therapies used in HIV infections and the launch of new vaccines. Alimentary and metabolic medication grew by 5% as a result of the recent launch of some anti-obesity preparations.

From January to December 1999, IMS Health has reported, again, a 7% growth in drug sales (valued at \$52.4 billion) through retail pharmacies in the 5 most important European markets. Growths in Spain (11%) and UK (10%) were the most significant. On the major therapy classes in 1999, the class referring to drugs for musculo-skeletal diseases experienced the highest level of growth up 19% from the previous year

IMS Health provided data on the sales of medicinal products by retail pharmacy outlets. These figures are taken from the monthly pharmaceutical audit conducted by IMS Health and cover the 12 months period from January 1998 and 1999 through to December 1998 and 1999. All sales values are shown in millions of dollars at prevailing exchange rates. In order to remove the effects of fluctuating exchange rates, growth rates are calculated net of exchange, in other words, growth figures are shown at local currency level or constant exchange.

The use of medicines without a doctor's prescription is increasing. According to Eurobarometer Survey 1996, 13.0% of Europeans declared that they had consumed medicines without a doctor's prescription during the last two weeks preceding the survey. This percentage is greater for women (15.2%) than for men (10.7%). The Spanish (19.0%) are the highest self-consumers of medicines, especially in the case of women (22.7%). The lowest consumption of unprescribed medicines is in Ireland (6.3%) and in the Netherlands (6.5%). 6.7% of Europeans declare that they consume vitamins without a doctor's prescription [women (7.9%) - men (5.4%)].

### 3. TREATMENTS AND MEDICAL PROCEDURES

#### *Caesarean sections*

According to WHO the number of caesarean sections per 1 000 live births in the EU has increased from 94.4 in 1980 to 179.4 in 1996. The Member States with the highest rates are the Southern countries:

Portugal (275.3), Italy (274.1), Greece (240.0 in 1991) and Spain (188.0), lowest figures were in Luxembourg (16.9) and Ireland (49.4).

### ***Organ transplants***

According to Eurostat during 1997, kidney transplants remain the most frequent type of transplant (living donors represent less than 8%). On the average for every one million Europeans, there are 30 kidney transplants, slightly more than 6 heart transplants, almost 11 liver transplants and between 1 and 2 lung transplants. Spain, Austria and Belgium/Luxembourg have the highest transplantation rates for all organs in EU. Greece has the lowest rates.

Eurostat collects this information on the basis of results disseminated from different specialised national and international organisations (ETCO, Eurotransplant, Scandiatransplant, ITCS and the Spanish ONT). The Council of Europe has in the past developed the ethical principles governing organ transplantation. At the 3rd Conference of Ministers of Health on organ transplantation the Ministers reconfirmed the principle of non commercialisation of human organs and the need for organisational measures to increase the availability of organs. The Member States continue to co-operate in this area and particular attention is now being paid to quality control of organ transplantation.

### ***Cardiac interventions***

The data are compiled according to the fourth European Survey on open-heart surgery and the third on PTCA and cardiac catheterisation from the European Heart Institute in Salzburg (Austria). In EU, 255 181 open-heart procedures (670 per million of population) were carried out in 1995. The increase in cardiac surgery was 8%, in PTCA (percutaneous coronary angioplasty) 12% and in cardiac catheterisation, including coronary angiography, 8%. The main increase in procedures was in the area of coronary artery surgery, while congenital cases, valves and heart replacements showed only a slight increase. When comparing between Central, Northern and Southern regions of Europe, different areas of high and low density in cardiac care as well as in the number of cardiac centres can be observed.

The European Survey on cardiac interventions, open heart surgery, PTCA and cardiac catheterisation is conducted by the European Heart Institute in Salzburg (Austria) with the support of the WHO, the International Society of Cardio-thoracic Surgeons and the International Society and Federation of Cardiology. Is based on direct responses from cardio-surgical professionals (in Austria, Portugal and Greece) and from national Ministries of Health (for Belgium, Denmark, Finland, Sweden, Spain and the Netherlands) and national societies for cardiac surgery (for the remaining countries).

### ***Dialysis***

According to OECD Health Data 99 the number of patients with dialysis treatments is the sum of Hospital/Centre and Home Haemodialysis/Haemoinfiltration, Intermittent Peritoneal Dialysis, Continuous Ambulatory Peritoneal Dialysis and Continous Clinical Peritoneal Dialysis on December 31st of each year.

## 4. COST AND FINANCING

### *The health care systems*

From an economic point of view a health care system can be defined as a subset of the economic system that includes all economic units involved in the production, consumption and distribution of health care. However, in most countries, health care production, consumption and distribution are not organised in a single way or according to the same sets of resource-allocation principles and mechanisms for all the population. Part of the population basically consumes health care according to free-market criteria, but some groups may have access to care under a given set of governmental regulations which include a mix of insurance, subsidiarity, monopsony and other market interventions.

A general characteristic of health care consumption is the presence of financial intermediates or third-party payers. Health care is sometimes the object of voluntary insurance; but in most countries a high proportion of the population is covered by a so-called social or mandatory insurance, where membership or entitlement is not the result of consumer decision but legally enforced. In any event, the consumer seldom pays health care directly to the provider. Most countries have more than one organisational structure for delivery of health care and for its remuneration. Hence, one has to consider the total of a country's health care systems and its subsystems, each of them following its own resource-allocation criteria and working independently of each other.

To help in an interpretation of the basic empirical information about health systems, Eurostat proposes an understanding of the underlying structures, like reimbursements, benefits, cost sharing, planning, public versus private insurance, financing methods, legal systems, etc., considered as necessary. A few aspects are highlighted here.

Health systems may be categorised according to one of three basic models:

- *National Health Service* (Beveridge) model, characterised by universal cover, tax financing, and public providers;
- *Social Insurance* (Bismarck) model, characterised by compulsory universal coverage (generally within the framework of social security), financed by employer and individual contributions through non-profit insurance funds, and public and/or private providers;
- *Private Insurance* model, characterised by employer-based or individual purchase of private health insurance coverage financed by individual and/or employer contributions, and private providers.

The prototype example of the third model is the United States. In all Member States of the EU, however, people are covered by public institutions against (most of) the costs of their treatment in case of illness.

Nine Member States (DK, E, FIN, GR, I, IRL, P, S, UK,) cover their entire population by means of a National Health Service. The southern European countries (E, GR, I, P), have adopted this type of universal cover over the last fifteen years. The national health systems involve the direct provision of services by the State, and access to the majority of health services is generally free for the entire population. Health care is financed mainly out of taxation, which can include both direct taxes (such as income tax), and indirect taxes (such as VAT). In Italy, Greece and Spain, however, financing is mixed - in other words based on both taxation and sickness insurance contributions. In Ireland, the main source of finance is taxation, but in contrast to the UK, many hospitals are in private hands. Only people with low incomes are covered for primary care in Ireland: those not covered have to pay for care received privately and a modest amount per day for hospital care received publicly. In Greece, the universal right to health care consists of access to public hospitals including their outpatient departments.

In the other six Member States (A, B, D, F, L, NL), medical coverage is through social insurance. Except in the Netherlands and Germany, social insurance covers almost the entire population. In the Netherlands, almost the entire population is insured against the risk of serious or long-term illness. At present, around 70% of the population have compulsory coverage against the risks of acute illnesses, while the remaining 30% - persons with income over a certain ceiling and self-employed persons - have (voluntary) private insurance. In Germany, 92.5% of the population is covered by social insurance against the risk of sickness (85% on a compulsory basis and 15% on a voluntary basis), and the remainder (mainly civil servants, self-employed persons and the high-income group) is covered by private sickness insurance schemes. In Belgium, the self-employed and employers are only covered for the heavy risks - in-patient care - and for certain diseases such as cancer and tuberculosis.

In all Member States, private insurance also plays a role, albeit a varied one. In some countries (e.g. the Netherlands) voluntary private insurance fills most of the gaps left by statutory insurance. In others (e.g. Austria), private insurance also provides supplementary cover to persons who already have comprehensive public cover. In other countries still (e.g. France), private insurance provides cover against public sector co-payments (*ticket modérateur*) levied on prescription medicines, consultations with a doctor, etc. In Ireland, private insurance serves all three functions. Hospital beds are over 90% publicly owned in Denmark, Finland, Sweden and the UK, between 80 and 90% publicly owned in Italy and Portugal, and the majority are publicly owned in France, Greece, Italy and Spain. About half are publicly owned in Austria and Germany. In Belgium, Luxembourg and the Netherlands, most of the acute hospitals are private. In Belgium, France, Germany and Luxembourg, patients can go directly to a specialist. In the other Member States access is normally by referral from a general practitioner (gatekeeper-mechanism).

The method of paying general practitioners is indicated in the tables. Doctors can be faced with changing incentives by altering the method by which they are paid. In six countries, they are paid on a capitation basis. This is a fixed payment for each listed or enrolled person served per period of time. Payments will vary according to the number of patients enrolled but not with the number of services rendered per patient. In five countries, mainly with a National Health Service, doctors are paid by salary. This payment does not vary either with the number of individuals served or with the number of services rendered. In eight countries, a fee is paid for each act or service rendered.

For better understanding the organisation of health care systems and the differences in health care resources in the Member States, the EUCOMP project has been launched in the framework of the Health Monitoring Program co-ordinated by the North Eastern Health Board from Ireland with the support of Eurostat and all the Member States. The intention is to produce a result, which is capable of application in all Member States, with a template for a data collection and comparisons toolkit. The design of the questionnaire is characterised by the integration of the list of functions of health care from the Dutch CCP-project and the functional classification, established by the OECD within the framework of the development of a system of health accounts. As a spin-off to this activity definitions and descriptions will become available as basic material for the development of a glossary of the most important health care concepts.

### ***Total health expenditure***

According to OECD definition on health expenditure, the amount in 1997 that the EU countries spent on total health care as a share of their gross domestic product (GDP) in the Member States of the EU was between 6.7% and 10.4%. As can be seen, expenditure on health care accounts for a relatively large proportion of GDP in France (9.9%) and the Germany (10.4%) compared with Ireland (7.0%) or UK (6.7%). The proportion of GDP spent on health care increased between 1980-1997, with 12 Member States devoting an increasing proportion of GDP to health care. The variation of this proportion is caused by the combined

action of the underlying growth rates of GDP and total expenditures on health, respectively. Between 1980 and 1997, the average annual growth rate of the total health expenses exceeded the growth rate of GDP in almost the entire EU. The development of health expenditure as a proportion of GDP was not uniform over this period. In the majority of Member States, the average annual growth rate of this proportion was higher in the recession years 1990-1993, compared to the ten years before.

Expenditure depends partly on the price of the goods and services, and partly on the quantity supplied. Price inflation plays a large part in the growth of the nominal GDP and total health expenditures. The specific health care cost increases could be somewhat higher (or lower) than the general inflation. However, determination of the medical-specific inflation is difficult. The general problem with the health sector is that 'health' as an output cannot be measured directly. While in most economic sectors goods and prices are readily available, these cannot be recorded directly for e.g. ambulatory and hospital services. Besides (medical) price inflation, various other factors have contributed to the increase in medical expenditure - particularly the increased demand for health care by older populations with higher levels of disability and chronic diseases, the constant development of new and expensive medical techniques and the increased access to and utilisation of these techniques, together with increasing consumers' expectations of a healthy life.

It should be stressed again that differences in health care organisation and in the boundaries of health care, e.g. what is 'health' and what is 'social' services, make inter country comparisons difficult to interpret both at a given point in time and according to trends.

The increase in public expenditure on health care was generally lower than the increase in total expenditure between 1980 and 1997. In 1997, public expenditure accounted on average for three-quarters of total expenditure on health care. The change in total as well as public health care expenditure per head of population, between 1980 and 1995, in the Member States, is shown in a graph. These expenditure data have been calculated in national currency units at 1990 GDP relative prices, in order to remove the influence of the general inflation between 1985 and 1995. It should be noted that the resulting expenditure changes may be attributable to either 'price effects' of medical goods and services (because the prices of these health care expenditures may differ from the general consumer price index) or to 'volume effects'. Between 1980 and 1997, public expenditure on health care increased at a slower pace than total expenditure in all the countries apart from Belgium, the Netherlands and Finland. Total expenditure also includes the portion to be borne by the patients themselves, either directly or indirectly through private insurance schemes. So in the EU there was a part of the financing of health care shifting from public authorities to the households themselves.

The tables show the substantial differences between Member States in total health expenditure per head of population in 1997. Expressed in PPP (Purchasing Power Parities) which reflect the real purchasing power of a currency within the country concerned, Germany (2 364 PPP) and Luxembourg (2 303 PPP) spent almost 50% more per capita than the EU average (1 698 PPP) and over 2 or 1.5 times as Greece (1 196 PPP), Ireland (1 293 PPP), Spain (1 183 PPS) and Portugal (1 148 PPP). Similar trends are observed in the in-patient care expenditure per head of population and the ambulatory care expenditure per head of population. It is interesting to observe (even if the comparability of the data is weak) that in some countries (Spain, Luxembourg, Austria and Finland) expenditure on ambulatory care is becoming greater than on in-patient care.

The expenditure data are retrieved from the OECD Ecosanté database 1999. In its health accounts, the OECD looks at the financing aspect of health care in its entirety. *Total health expenditure* includes: the medical care households receive (ranging from hospitals and physicians to ambulance services and pharmaceutical products), and their health expenses, including cost-sharing and the medicines

they buy on their own initiative; government-supplied health services (e.g. schools, vaccination campaigns), investment in clinics, laboratories, etc.; administration costs; research and development; industrial medicine, outlays of voluntary organisations, caritative institutions and non-governmental health plans. *Public expenditure on health* is the publicly financed share (i.e. by the central and local authorities, public health centres and social insurance bodies) of the total expenditure on health, namely: direct outlays; reimbursements to households (transfers); payments to producers to lower costs (subsidies); direct investments and capital transfers to private investors; the public sector also lowers the household burden through tax deductions and tax credits.

The calculation of PPP (Purchasing Power Parities) is organised at world level by the International Comparison Project of the United Nations. The basis for the calculation of PPP is data on prices of an agreed list of products. Great attention is given to obtaining a list of products which are both representative in the countries participating and strictly comparable between countries. Price parities for the aggregates and for GDP are then obtained as suitably weighted averages of these price ratios. Such parities would be enough in order to express all the data, in real terms, in the currency of one country (the method guarantees that they are transitive and independent of the base country chosen). In the OECD database Ecosanté, PPPs are the rates of currency conversion that equalise the purchasing power of different currencies. This means that a given sum of money, when converted into different currencies at the PPPs rates, will constitute the same basket of goods and services in all countries. Unfortunately, price comparisons and PPP for health services and goods are among the weak points in international health care data sets. Health specific PPPs, and hence, the results presented here, should be used with caution.

Experts agree that all existing expenditure data have strengths and weaknesses. Bilateral or country-by-country comparisons based on a multi-axial breakdown of expenditure by providers, by functions, and by financing institutions is an innovative approach to increase comparability. OECD and Eurostat are currently implementing this approach in the framework of a new Handbook 'A System of Health Accounts for International Data Collection (OECD)'.

### ***Medical care expenditure***

According to the final consumption of households in PPS as expressed in the National Accounts (ESA), the medical care and health expenditure of households was 739 035 PPS as an EU 15 average for 1994. It represents a 30.0% increase in relation to 1985. The situation is varied throughout the EU with high household consumption of medical care in the Netherlands (1 245 834), Germany (1 240 343), France (1 042 021), Belgium (1 160 682) and Luxembourg (986 239), in contrast to the UK (151 556), Sweden (170 721), Denmark (204 386) and Ireland (278 285). The amount of household expenditure is probably related to the organisation of health care systems and the way it is financed in each Member State.

Similar patterns can be observed for household expenditure on therapeutic appliances and equipment, hospital care and the like, and the services of physicians, nurses and related practitioners.

Based on the European System of Integrated Economic Accounts (ESA), Eurostat produces figures for the final consumption of households, representing the value of goods and services used for the direct satisfaction of individual human needs. The flow contains the final consumption of resident households and non-resident households on the economic territory. It is valued at purchasers' prices



for products bought on the market and at basic prices for own consumption and for products received by employees from their employers as remuneration in kind. This does not apply to social transfers in kind, such as expenditure initially incurred by households but subsequently reimbursed by social security (e.g. some medical expenses).

The calculation of PPP (Purchasing Power Parities) is organised at world level by the International Comparison Project of the United Nations (*see point Total health expenditure*). For the EU calculations another 'numerator' is used. It is called the purchasing power standard (PPS) and is defined by applying these price ratios to the GDP in national currencies of the countries and scaling the parities such that the value of the GDP of EU 15 in PPS is the same as in ECU (or Euro). The identity EU total in ECU's = EU total in PPS used to define the 'numerator' is calculated for every year.

### **Pharmaceutical expenditure**

The continuous rise in pharmaceutical costs has caused increased concern to Member States. According to OECD Health Data, the total expenditure on pharmaceutical goods in the EU represents between 10% and 20% of total health care expenditure, a figure that has been increasing more rapidly than total health expenditure during the 1980s and the beginning of the 1990s. This has reflected the introduction of expensive new medicines and increases in volume rather than a general increase in prices. A related factor is that the proportion of prescription costs paid for by publicly financed schemes has been increasing steadily.

Total Expenditure on Pharmaceutical Goods is retrieved from the OECD Ecosanté database 1999. The total expenditure on pharmaceutical goods is defined as the consumption of pharmaceutical products, including prescriptions and self-medication, often referred to as over-the-counter (OTC) products. Vitamins are excluded, as they are nutrients. The series includes the pharmacists' remuneration when it is separate from the price of the medicines. Pharmaceuticals consumed in hospitals are excluded. The expenditure includes VAT and sales taxes where applicable. The amount of consumption in hospitals is included under in-patient care.

The number of hospital stays, bed-days and surgical procedures declined most rapidly for those diagnoses with the greatest increase in the total number of drugs prescribed and the greatest change in the distribution of drugs, by molecule. Greater quantity and novelty of pharmaceuticals reduced the average length of stay in hospitals, as well as the number of hospital stays. The average number of in-patient procedures performed per stay increased more slowly for diagnoses with higher growth in drug quantity and novelty. Increases in drug quantity and novelty are associated with reductions in both the numbers of hospital deaths and deaths per hospital stay; they have much weaker effects on non-hospital mortality, and are unrelated to changes in mean age at death. The greater the increase in the probability that a doctor prescribes a drug, the lower the increase in the probability that he or she refers the patient to another physician. Changes in the number of ambulatory surgical procedures appear to be unrelated to changes in drug utilisation.

Final consumption of households on medical and pharmaceutical products per consumption function in PPS can be expressed in the ratio per inhabitant for different functions of consumption according to the results for 13 countries in the EU used in the National Accounts (ESA). France (299.3 PPS in 1995) has the largest consumption per capita of medicines and other pharmaceutical products in the EU, in contrast to the UK (44.3) after the beginning of 80s. Italy (238.8), Belgium (200.2) and the Netherlands (207.6) also have high

levels of medical consumption. Austria (78.5), Denmark (62.3) and Sweden (55.7) have low levels of consumption.

### ***Health care expenditure in the social protection schemes***

The data on social protection expenditure and receipts for the Member States of the EU, are drawn up by Eurostat according to the European system of integrated social protection statistics (ESSPROS). This harmonised system provides a means to analyse and to compare the relevant financial flows. Expenditure on social protection schemes is broken down into social benefits, administration costs, transfers to other schemes and other expenditure. Social benefits consists in transfers, in cash or in kind, by social protection schemes to households or individuals to relieve them of the burden of risks or needs. Social benefits are classified by function (from which the sickness/health care function), by whether or not they are subject to means-testing (i.e. whether the beneficiary's income and/or wealth falls below a specified level), by type: cash benefits (periodic and lump sum), benefits in kind and re-routed social contributions (payments made by one social protection scheme to another in order to maintain or accrue the rights of the people protected to social protection under the latter scheme).

In most Member States an average of 25% of total expenditure on social protection benefits is assigned to health. In 1997, each inhabitant received average annual sickness/health care benefits amounting to the equivalent of PPS 1 375. Five Member States exceeded this average, including Luxembourg (2 119) with a rate 50% above the average, the Netherlands (1 835), Germany (1 691), France (1 664) and Austria (1 554) with rates approximately 25% above the average. The southern EU countries, in particular Greece (708), Portugal (839) and Spain (927), recorded lower sickness benefit levels even if the increase since 1990 in Spain (67%), Greece (66%) and Portugal (44%) is important.

In the period 1980-97, the share of GDP devoted to social protection sickness/health care decreased in Denmark, Germany, Ireland, Austria and Sweden. Consequently, expenditure on health grew less rapidly than the gross domestic product and increased in the other countries. The trend is hardly surprising in Spain, Italy, Portugal and the UK, in view of the lower initial level of social protection expenditure on health and the gradual introduction of collective benefits in the southern EU countries (introduction of a national health system). In contrast, despite their efforts, France has not succeeded in controlling the growth of this expenditure, which has continued to increase not only in absolute terms, but also as a proportion of the national wealth.

A complete description of the health care provision in the social protection systems and, specially, the description of the out-pocket payments and the main cost sharing measures for medical treatment and hospital staying is provided by the MISSOC (Mutual Information System on Social Protection in the EU) created by the European Commission. This on-line system provides a permanent update of all modifications and changes in legal systems of medical reimbursements and health care provision in the EU countries. According to the MISSOC (see Annex III), the way in which health care systems are organised varies a lot in the MS. Data relating to in-patient and out-patient health care provision are broken down into directly provided benefits and reimbursements. Reimbursements (patient pays and social protection system reimburses) is predominant in France, Luxembourg and, partially, in Belgium. The direct system (benefits are directly provided to the protected people) is typical of national health services (Denmark, UK, Spain, Greece). The direct settlement system (*tiers payant*) with a variety of agreements with health care providers can be found in France, Germany, the Netherlands and Belgium. Various methods of cost sharing exist also in the MS (fixed percentage, threshold for costs, fixed fee, goods or services excluded, etc). They are described in Annex III.

*The sickness/health care function in the ESSPROS (European System of Statistics on Social Protection) collected by Eurostat includes: cash benefits (rather limited because the most part are included in other social protection functions) that replaces whole or in part loss of earnings during temporary inability to work due to sickness and injury and medical care provided in the framework of social protection to maintain, restore or improve the health of the people protected. Medical care covers services (medical and paramedical services provided by general practitioners, specialists and other personnel; laboratory tests and other examinations; dental care; physiotherapy; thermal cures; transport of sick people; preventive treatment such as vaccinations; accommodation in the case of a stay in hospital or other institution) and goods (pharmaceutical products; medical prosthesis; dressing and medical supplies).*

### ***Research and development on human health***

According to Eurostat data, the proportion of government R&D appropriations devoted to the protection and improvement of human health has grown by 59% in EU since 1986. The increase in human health R&D appropriations varies significantly between Member States.

According to Eurostat, government budget appropriations or outlays on Research and Development mean all appropriations by central government allocated to R&D in central government budgets. Data on government R&D appropriations therefore refer to budget provisions, not to actual expenditure. The figures for actual expenditure, which are not available in their final form until some time after the end of the budget year concerned, may well differ from the original budget provisions. Government R&D appropriations are broken down by socio-economic objectives on the basis of the NABS (Nomenclature for the Analysis and Comparison of Scientific Programmes and Budgets) developed by the European Commission.

## 6.1.1

### Persons employed in health and social work, males and females

(x 1000)

	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1993	:	377	427	:	155	570	2 071	88	1 115	10	884	:	198	:	:	2 607	:	:	:
1994	:	389	396	:	161	582	2 156	99	1 140	10	906	:	199	:	:	2 662	:	:	:
1995	13 368	381	433	3 070	163	607	2 237	101	1 122	11	916	270	196	291	843	2 729	21	356	:
1996	13 785	400	440	3 277	171	669	2 279	109	1 122	12	917	277	201	287	802	2 824	20	376	375
1997	14 063	416	446	3 280	170	708	2 324	117	1 153	12	968	282	207	308	768	2 904	21	381	399
1998	14 200	417	456	3 389	185	716	2 355	:	1 198	12	987	291	194	305	756	2 938	:	:	:

Source: Labour Force Survey, Eurostat

## 6.1.2

### Percentage of employment in health and social work sector over total employment, males and females

(in %)

	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1993	:	10,1	16,6	:	4,2	4,8	9,5	7,6	5,5	6,1	13,3	:	4,4	:	:	10,2	:	:	:
1994	:	10,4	15,6	:	4,3	5,0	9,9	8,2	5,7	6,1	13,5	:	4,5	:	:	10,4	:	:	:
1995	9,0	10,0	16,6	8,6	4,3	5,0	10,1	8,0	5,6	6,8	13,5	7,3	4,4	14,4	20,4	10,5	15,0	17,4	:
1996	9,2	10,6	16,8	9,2	4,4	5,4	10,3	8,3	5,6	7,3	13,2	7,7	4,5	13,9	20,1	10,8	14,3	17,8	9,9
1997	9,4	10,8	16,7	9,3	4,4	5,6	10,5	8,5	5,8	7,1	13,5	7,8	4,6	14,5	19,6	10,9	15,1	17,5	10,6
1998	9,4	10,8	17,0	9,5	4,7	5,4	10,5	:	6,0	7,0	13,3	8,0	4,1	14,0	19,2	10,9	:	:	:

Source: Labour Force Survey, Eurostat

### 6.1.3 Total number of physicians

	EUR-15	B (1,8)	DK (1,11)	D (3,4)	GR (1)	E (2)	F (1,5,8)	IRL (6,8,15)	I (2,14)	L (8,16)	NL (2,12)	P (2,8,9)	UK (1,8,10)	FIN (2,13)	S (1)	A (1)	IS (1)	NO	CH (1)
1970	:	14 991	6 935	126 909	14 263	45 335	62 400	:	58 297	362	16 292	8 156	61 644	4 798	10 560	12 287	291	:	8 890
1980	:	24 536	11 143	173 325	23 469	86 253	104 073	:	148 101	538	26 987	19 332	78 433	9 004	18 300	16 938	488	:	15 865
1985	:	29 993	12 975	198 845	29 103	127 195	120 929	5 750	215 206	663	32 193	24 390	85 545	10 193	:	19 451	626	:	17 667
1986	966 662	30 942	13 144	204 466	30 491	131 080	126 019	5 680	224 976	686	33 330	25 696	86 214	10 556	23 154	20 228	632	:	18 319
1987	:	31 718	:	211 984	33 291	135 406	131 924	5 500	235 458	666	34 573	26 381	86 778	10 889	23 900	20 502	665	:	18 667
1988	1 034 777	32 571	13 679	218 641	32 145	138 994	138 835	5 590	245 898	709	35 852	26 869	88 408	11 212	24 000	21 374	675	:	19 017
1989	:	33 442	:	229 069	33 151	143 803	143 438	5 220	255 231	744	36 042	27 608	90 230	11 823	24 200	22 221	715	:	19 433
1990	1 104 872	34 275	14 277	237 750	34 336	148 717	148 089	5 450	266 447	766	37 461	28 016	91 777	12 091	22 182	23 238	726	:	20 030
1991	:	35 199	14 657	244 328	37 238	153 306	152 096	5 995	276 810	780	:	28 326	93 108	12 357	23 154	24 049	734	11 089	20 594
1992	:	36 178	:	251 877	38 738	156 100	155 896	7 096	285 111	814	:	28 604	94 351	12 929	23 655	25 268	771	11 383	20 706
1993	:	36 821	:	259 981	40 116	159 291	158 897	7 212	313 337	848	:	28 769	95 395	13 344	23 861	26 121	779	11 652	21 238
1994	:	37 792	15 102	267 186	40 487	162 089	160 235	7 129	319 502	915	:	29 031	95 853	13 700	24 545	27 170	797	12 076	21 788
1995	:	38 369	:	273 880	41 039	162 650	169 447	7 563	324 348	931	:	29 353	99 342	14 141	24 587	27 889	809	12 871	22 275
1996	:	38 690	:	279 335	41 511	165 560	171 758	7 622	327 254	975	:	29 902	102 613	14 579	24 765	28 530	839	13 351	22 718
1997	:	39 240	:	282 737	43 030	168 240	174 560	7 801	332 124	1 025	:	30 431	:	15 192	24 600	29 226	884	13 547	:
1998	:	40 291	:	:	:	171 494	175 431	8 102	335 786	1 059	46 101	31 087	:	15 436	:	30 110	:	:	:
1999	:	:	:	:	:	:	177 138	8 469	:	1 095	48 987	:	:	15 794	:	30 115	:	:	:

(1) in activity (with or without a medical practice)

(2) entitled to practise

(3) practising doctors

(4) figures for new Länder and East Berlin included since 1991

(5) figures for overseas departments not included since 1982

(6) private hospitals and clinics not included

(7) dentists included

(8) stomatologists included

(9) not all hospitals included

(10) N.H.S. only

(11) only available for every second year

(12) problem of data quality

(13) all doctors alive before 1985

(14) dentists excluded

(15) Figures prior 1992 include persons aged under 65 years, from 1992 all ages included

(16) Practising doctors since 1987 (entitled to practise 1970-1986).

Source: Eurostat

## 6.1.4 Physicians per 100 000 inhabitants

	EUR-15	B (1,8)	DK (1,11)	D (3,4)	GR (1)	E (2)	F (1,5,8)	IRL (6,8,15)	I (2,14)	L (8,16)	NL (2,12)	P (2,8,9)	UK (1,8,10)	FIN (2,13)	S (1)	A (1)	IS (1)	NO	CH (1)
1970	:	155,2	141,3	162,1	162,4	135,0	123,5	:	108,6	106,9	125,7	93,8	111,0	104,0	131,9	164,8	142,6	:	144,1
1980	:	249,0	217,5	221,7	244,8	231,6	193,7	:	262,6	148,0	191,5	199,0	139,3	188,7	220,4	224,5	215,1	:	251,7
1985	:	304,3	253,9	255,9	293,4	331,7	224,6	162,2	380,2	181,0	222,7	243,7	151,2	208,3	:	257,4	260,2	:	273,7
1986	270,2	313,8	256,9	263,3	306,5	340,7	233,0	160,4	397,4	186,8	229,4	256,6	151,9	215,0	277,0	267,5	260,9	:	282,5
1987	:	321,5	:	272,5	333,4	351,1	242,8	155,1	416,0	180,2	236,6	263,6	152,4	221,1	285,2	270,8	272,3	:	286,2
1988	287,9	329,8	266,7	280,7	320,9	359,6	254,4	158,1	434,3	190,6	243,6	269,2	154,9	227,0	285,2	281,7	272,6	:	289,6
1989	:	336,9	:	292,2	329,6	371,3	261,5	148,5	450,5	198,5	243,4	277,3	157,6	238,6	286,1	292,3	283,8	:	293,5
1990	305,0	344,5	278,0	300,5	339,3	383,2	268,6	155,4	470,0	202,0	251,5	282,4	159,7	243,1	260,1	303,4	286,1	:	300,1
1991	:	352,4	284,8	306,4	365,1	394,4	274,5	170,3	487,8	202,9	:	286,9	161,4	247,2	269,5	308,7	286,8	260,9	305,1
1992	:	361,0	:	313,8	376,3	400,6	279,9	200,3	502,3	208,8	:	290,1	162,9	257,1	273,7	321,2	296,9	266,4	302,6
1993	:	365,7	:	321,1	387,6	407,9	283,9	202,6	550,1	214,6	:	291,6	164,2	264,0	274,5	328,1	296,9	271,0	307,4
1994	:	374,2	290,6	328,5	388,9	414,4	285,0	199,7	559,2	228,2	:	293,6	164,5	269,8	280,7	339,0	300,6	279,2	312,7
1995	:	378,7	:	335,9	393,0	415,2	300,3	210,4	566,3	229,0	:	296,1	169,8	277,3	278,9	346,9	303,0	296,0	317,4
1996	:	381,4	:	341,4	396,7	421,9	303,2	210,8	570,8	236,2	:	301,4	174,8	284,9	280,2	354,2	313,1	305,5	321,7
1997	:	385,8	:	344,7	410,3	428,1	306,8	213,6	578,0	245,0	:	306,3	:	296,0	278,1	362,3	327,5	308,4	:
1998	:	395,3	:	:	:	435,8	298,7	219,3	583,3	249,9	294,5	312,2	:	299,9	278,2	372,9	:	:	:
1999	:	:	:	:	:	:	300,4	226,2	:	255,1	310,8	:	:	306,1	:	372,6	:	:	:

(1) in activity (with or without a medical practice)

(2) entitled to practise

(3) practising doctors

(4) figures for new L'nder and East Berlin included since 1991

(5) figures for overseas departments not included since 1982

(6) private hospitals and clinics not included

(7) dentists included

(8) stomatologists included

(9) not all hospitals included

(10) N.H.S. only

(11) only available for every second year

(12) problem of data quality(13) all doctors alive before 1985

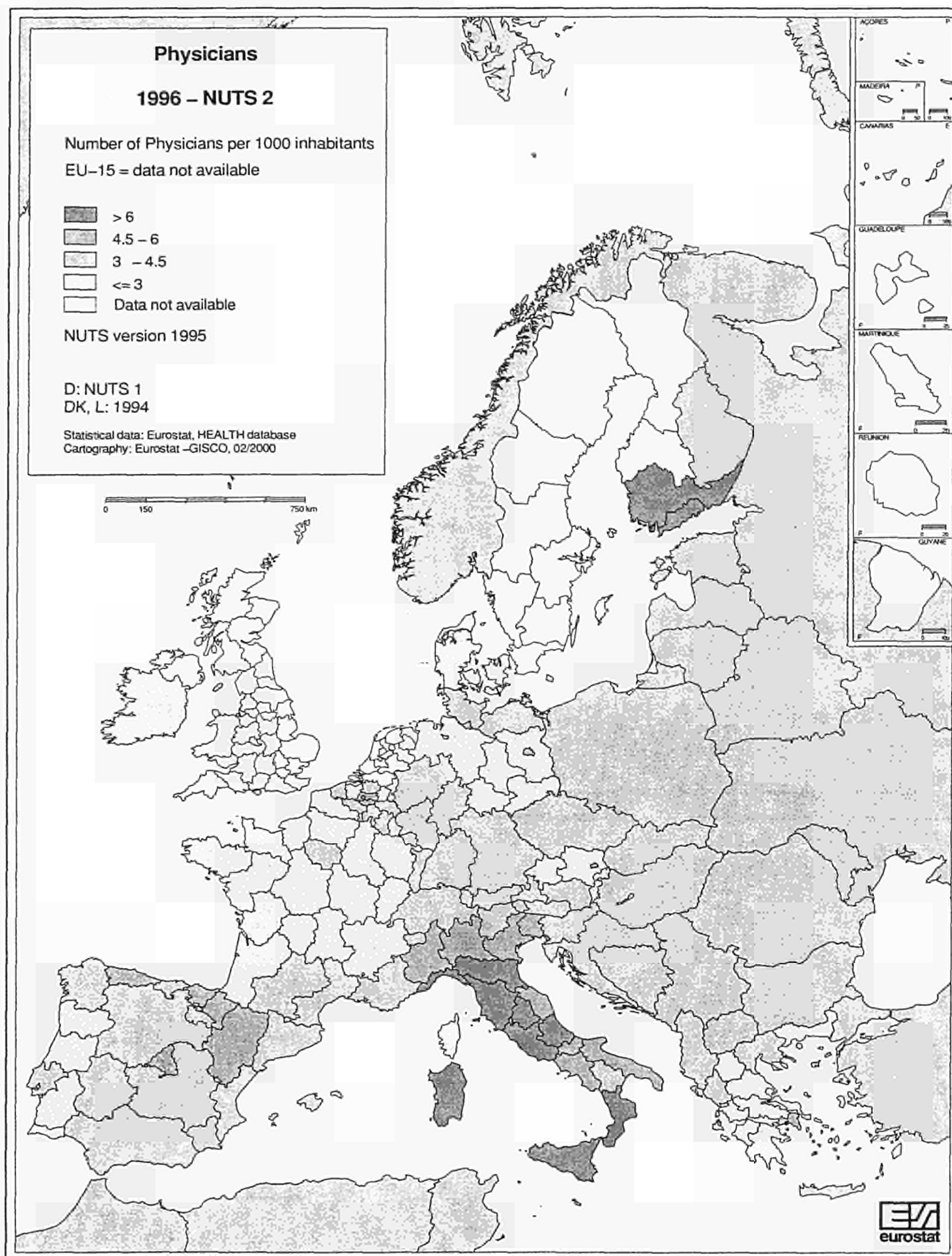
(14) dentists excluded

(15) Figures prior 1992 include persons aged under 65 years, from 1992 all ages included

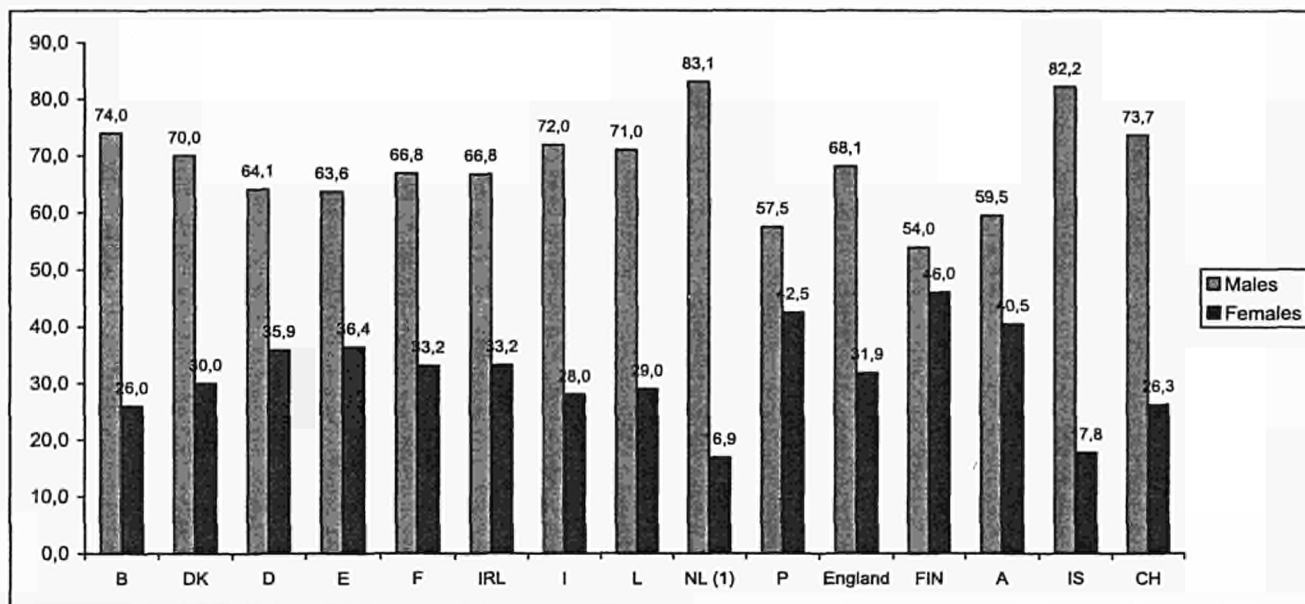
(16) Practising doctors since 1987 (entitled to practise 1970-1986).

Source: Eurostat

### 6.1.5 Physicians per 1 000 inhabitants - 1995



### 6.1.6 Physicians by sex (% of total) - 1996

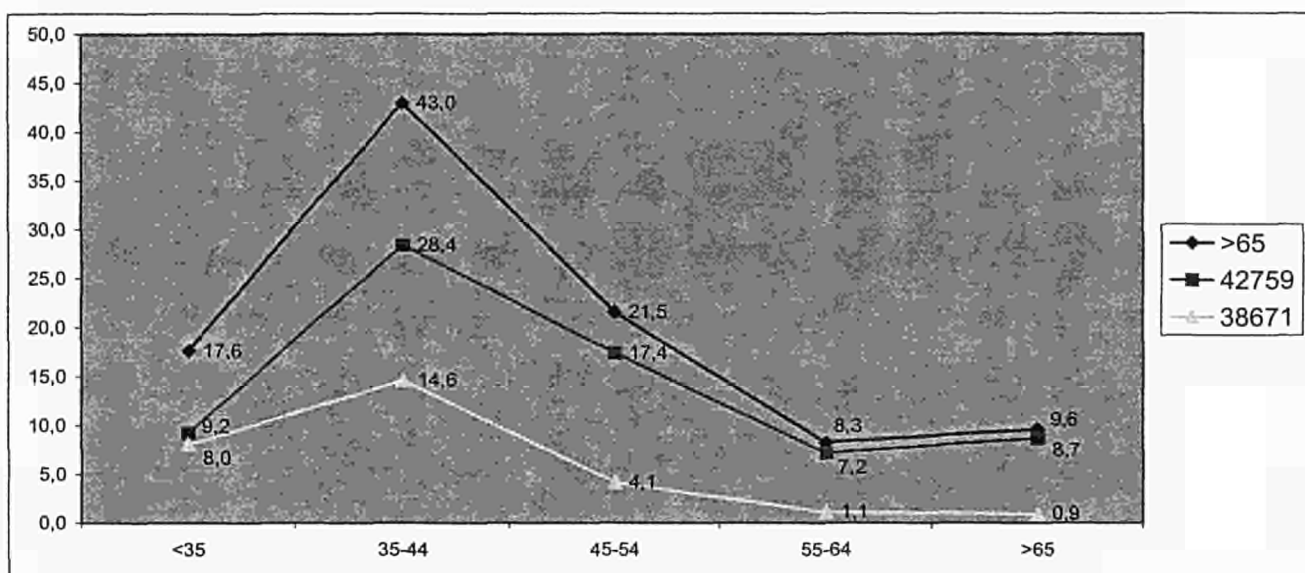


1) NL: only independent physicians

B: 1995; DK: 1994; NL: 1995; ISL: 1994. Data not available for Sweden and Greece

Source: Eurostat

### 6.1.7 Percentage of physicians by age groups according to sex for nine EEA countries - 1996 (% over total, by sex)



The total includes only Belgium, Denmark, Italy, Luxembourg, Netherlands (independents only), England, Finland, Austria and Switzerland

Source: Eurostat



## 6.1.8

## Medical specialists, absolute numbers per speciality

	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FI	S	England (1)	ISL	N	CH
	1995	1998	1995	1997	1996	1999			1999	1998	1997	1997	1999	1998	1998	1998	1998	1995
Anesthesiology and intensive care	1 167	692	12 490	1 349	2 805	8 483	:	:	58	1 073	1 334	1 055	536	1 156	2 960	55	444	580
General surgery	1 348	613	17 305	1 819	4 716	4 364	:	:	58	1 000	1 055	1 208	965	1 631	2 830	73	864	871
Infant surgery	-	:	:	130	278	:	:	:	-	:	5	95	51	:	90	:	:	44
Neurological surgery	97	60	:	196	398	286	:	:	4	110	97	120	38	86	130	:	:	54
Plastic surgery	113	66	:	:	468	228	:	:	4	170	607	149	43	107	170	:	:	84
Dermatology	517	238	5 021	648	1 124	3 710	:	:	20	389	433	236	173	339	320	15	110	262
Gynecology and obstetrics	1 053	463	15 789	2 133	4 351	6 513	:	:	61	773	1 121	1 434	540	1 203	1 040	42	414	808
General Practitioners	:	3 710	37 431	11 768	5 381	91 589	:	:	359	7 093	:	4 350	1 879	5 230	270	156	2 352	2 583
Internal medicine	2 085	985	37 737	609	4 242	1 908	:	:	104	1 659	2 334	1 331	1 051	2 621	:	123	1 067	3 406
Cardiology	547	174	:	2 054	1 904	5 091	:	:	32	643	:	703	86	532	480	24	189	295
Endocrinology	:	86	:	284	840	1 081	:	:	3	:	:	153	18	130	320	:	:	76
Gastroenterology	217	121	:	356	1 616	2 852	:	:	14	138	:	340	53	169	390	18	145	211
Respiratory medicine	202	:	1 380	813	873	2 111	:	:	16	387	291	444	204	269	350	18	130	179
Oncology	:	83	:	6	426	477	:	:	-	:	:	129	96	268	100	16	87	124
Rheumatology	190	289	:	165	548	2 418	:	:	12	156	:	75	95	218	360	14	407	179
Neurology	:	180	1 675	402	1 002	1 319	:	:	17	632	:	304	227	284	320	19	190	219
Psychiatry / Neuropsychiatry	1 696	700	2 592	1 180	2 603	11 722	:	:	52	2 195	1 185	945	844	1 444	2 450	63	770	1 327
Occupational medicine	-	65	2 915	:	1 017	4 607	:	:	8	1 167	38	86	32	734	60	:	:	40
Ophthalmology	857	291	7 009	1 383	2 349	5 188	:	:	46	620	585	710	336	580	600	27	264	455
Oto rhino laryngology	508	350	5 891	819	1 662	2 575	:	:	31	449	461	467	272	587	420	20	245	277
Paediatrics	1 093	294	13 386	2 590	7 019	5 593	:	:	50	970	857	1 256	518	1 202	1 260	56	367	768
Radiotherapy / Radiology	1 252	380	6 261	-	2 316	7 010	:	:	44	1 032	756	829	479	931	1 780	36	342	309
Urology	283	105	4 263	:	1 373	378	:	:	19	317	363	260	89	303	360	18	109	136

(1) Not comparable. Only Consultants working in the National Health Service

Source: Eurostat

## 6.1.9 Medical specialists per million of population

	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FI	S	UK	ISL	N	CH
	1995	1998	1995	1995	1996	1999			1999	1998	1997	1997	1999	1998		1998	1998	1995
Anesthesiology and intensive care	115,2	130,7	153,2	129,2	71,5	143,9	:	:	136,9	68,5	165,3	106,7	103,9	130,7	:	201,9	100,5	82,6
General surgery	133,1	115,8	212,2	174,2	120,2	74,0	:	:	136,9	63,9	130,8	122,1	187,0	184,3	:	268,0	195,6	124,1
Infant surgery	-	:	:	12,4	7,1	:	:	:	-	:	0,6	122,1	9,9	:	:	:	:	6,3
Neurological surgery	9,6	11,3	:	:	10,1	4,9	:	:	9,4	7,0	12,0	9,6	7,4	9,7	:	:	:	7,7
Plastic surgery	11,2	12,5	:	:	11,9	3,9	:	:	9,4	10,9	75,2	12,1	8,3	12,1	:	:	:	12,0
Dermatology	51,0	44,9	61,6	62,1	28,6	62,9	:	:	47,2	24,8	53,7	15,1	33,5	38,3	:	55,1	24,9	37,3
Gynecology and obstetrics	103,9	87,4	193,6	204,3	110,9	110,5	:	:	144,0	49,4	138,9	23,9	104,7	136,0	:	154,2	93,7	115,1
General Practitioners	:	700,7	459,1	1126,9	137,1	1553,2	:	:	847,3	453,1	:	145,0	364,2	591,1	:	572,7	532,4	368,0
Internal medicine	205,8	186,0	462,8	58,3	108,1	32,4	:	:	245,5	106,0	289,3	439,7	203,7	296,2	:	451,6	241,5	485,3
Cardiology	54,0	32,9	:	196,7	48,5	86,3	:	:	75,5	41,1	:	134,6	16,7	60,1	:	88,1	42,8	42,0
Endocrinology	:	16,2	:	27,2	21,4	18,3	:	:	7,1	:	:	71,1	3,5	14,7	:	:	:	10,8
Gastroenterology	21,4	22,9	:	34,1	41,2	48,4	:	:	33,0	8,8	:	15,5	10,3	19,1	:	66,1	32,8	30,1
Respiratory medicine	19,9	:	16,9	77,9	22,2	35,8	:	:	37,8	24,7	36,1	34,4	39,5	30,4	:	66,1	29,4	25,5
Oncology	:	15,7	:	:	10,9	8,1	:	:	-	:	:	44,9	18,6	30,3	:	58,7	19,7	17,7
Rheumatology	18,8	54,6	:	15,8	14,0	41,0	:	:	28,3	10,0	:	13,0	18,4	24,6	:	51,4	92,1	25,5
Neurology	:	34,0	20,5	38,5	25,5	22,4	:	:	40,1	40,4	:	7,6	44,0	32,1	:	69,8	43,0	31,2
Psychiatry / Neuropsychiatry	167,4	132,2	31,8	113,0	66,3	198,8	:	:	122,7	140,2	146,9	30,7	163,6	163,2	:	231,3	174,3	189,1
Occupational medicine	-	12,3	35,7	:	25,9	78,1	:	:	18,9	74,5	4,7	95,5	6,2	83,0	:	:	:	5,7
Ophthalmology	84,6	55,0	86,0	132,4	59,9	88,0	:	:	108,6	39,6	72,5	8,7	65,1	66,7	:	99,1	59,8	64,8
Oto rhino laryngology	50,1	66,1	72,2	78,4	42,4	43,7	:	:	73,2	28,7	57,1	71,8	52,7	66,3	:	73,4	55,5	39,5
Paediatrics	107,9	55,5	164,2	248,0	178,9	94,8	:	:	118,0	62,0	106,2	47,2	100,4	135,9	:	205,6	83,1	109,4
Radiotherapy / Radiology	123,6	71,8	76,8	-	59,0	118,9	:	:	103,8	65,9	93,7	127,0	92,8	105,2	:	132,2	77,4	44,0
Urology	27,9	19,8	52,3	:	35,0	6,4	:	:	44,8	20,3	45,0	83,8	17,2	34,2	:	66,1	24,7	19,4

Source: Eurostat

## 6.1.10

## Total number of dentists

	EUR-15	B (2,7)	DK (3)	D (3,4)	GR (1)	E (2)	F (1,5,7)	IRL (2)	I (6)	L (7,10)	NL (2)	P (2)	UK (1,7,8)	FIN (2,9)	S	A (1)	IS (1)	NO	CH (3)
1970	:	1 758	3 125	38 524	4 395	3 361	:	:	:	106	3 364	471	14 973	2 695	6 720	3 217	101	:	1 982
1980	:	4 353	5 089	42 949	7 646	3 946	30 321	1 033	:	131	5 688	1 083	17 949	3 941	8 263	3 095	168	:	2 841
1985	:	6 214	4 736	47 403	8 737	5 137	34 744	1 168	71	168	7 118	1 265	21 082	3 916	:	3 078	197	:	3 117
1986	161 371	6 433	4 795	50 240	9 080	5 722	34 946	1 205	2 636	181	7 405	1 329	21 348	4 029	8 960	3 062	205	:	3 110
1987	166 964	6 688	4 857	51 351	9 114	7 304	35 513	1 201	4 010	175	7 585	1 404	21 580	4 093	9 020	3 069	213	:	3 147
1988	171 529	6 904	4 662	52 576	9 206	7 503	36 079	1 212	5 622	179	7 882	1 450	21 826	4 221	9 040	3 167	215	:	3 184
1989	179 303	7 050	4 642	53 093	9 628	9 433	37 056	1 242	8 628	192	7 803	1 625	22 280	4 369	9 010	3 252	219	:	3 230
1990	:	7 135	4 562	:	10 038	10 347	37 931	1 313	13 430	198	7 900	1 687	22 344	4 486	8 629	3 317	230	:	3 268
1991	:	7 045	4 575	54 972	10 258	11 249	38 146	1 348	19 651	198	:	1 691	22 088	4 562	8 923	3 354	241	:	3 252
1992	:	6 978	4 592	56 256	10 403	11 808	38 451	1 400	22 868	205	:	1 772	22 154	4 614	8 923	3 422	257	:	3 368
1993	206 711	6 971	4 597	58 194	10 739	12 247	38 868	1 433	24 777	203	7 258	2 064	22 782	4 602	8 459	3 517	264	3 800	3 309
1994	:	7 070	4 579	59 211	10 865	13 242	39 284	1 494	26 561	199	:	2 307	23 735	4 685	8 338	3 607	273	3 623	3 479
1995	:	7 085	4 629	60 616	10 663	14 012	39 714	1 568	28 257	227	7 328	2 529	23 988	4 761	:	3 395	270	:	3 474
1996	:	7 152	:	61 404	11 419	14 877	39 565	1 609	29 602	235	7 258	2 780	24 485	4 796	7 643	3 524	277	3 701	:
1997	:	7 360	:	62 024	11 638	15 291	39 545	1 671	30 464	250	7 319	3 025	:	4 839	7 514	3 623	284	3 692	:
1998	:	7 106	:	:	:	16 133	:	1 713	31 437	262	:	3 322	:	4 833	:	3 624	:	:	:
1999	:	:	:	:	:	:	:	1 794	:	269	:	:	:	4 826	:	3 858	:	:	:

(1) in activity (with or without a medical practice)

(2) entitled to practise

(3) practising dentists

(4) figures for new Länder and East Berlin included

(5) figures for overseas departments not included since 1982

(6) included with the number of doctors

(7) stomatologists not included

(8) NHS only

(9) all dentists alive before 1985

(10) Practising dentists since 1987 (entitled to practise 1970-1986).

Source: Eurostat

## 6.1.11

## Dentists per 100 000 inhabitants

	EUR-15	B (2,7)	DK (3)	D (3,4)	GR (1)	E (2)	F (1,5,7)	IRL (2)	I (6)	L (7, 10)	NL (2)	P (2)	UK (1,7,8)	FIN (2,9)	S	A (1)	IS (1)	NO	CH (3)
1970	:	18,2	63,7	49,2	50,1	10,0	:	:	:	31,3	26,0	5,4	27,0	58,4	84,0	43,2	49,5	:	32,1
1980	:	44,2	99,4	54,9	79,7	10,6	56,4	30,4	:	36,0	40,4	11,1	31,8	82,6	99,5	41,0	74,0	:	45,1
1985	:	63,0	92,7	61,0	88,1	13,4	64,5	33,0	0,1	45,9	49,2	12,6	37,3	80,0	:	40,7	81,9	:	48,3
1986	45,1	65,3	93,7	64,7	91,3	14,9	64,6	34,0	4,7	49,3	51,0	13,3	37,6	82,0	107,2	40,5	84,6	:	48,0
1987	46,6	67,8	94,8	66,0	91,3	18,9	65,4	33,9	7,1	47,4	51,9	14,0	37,9	83,1	107,6	40,5	87,2	:	48,2
1988	47,7	69,9	90,9	67,5	91,9	19,4	66,1	34,3	9,9	48,1	53,6	14,5	38,2	85,5	107,4	41,7	86,8	:	48,5
1989	49,7	71,0	90,5	67,7	95,7	24,4	67,5	35,3	15,2	51,2	52,7	16,3	38,9	88,2	106,5	42,8	86,9	:	48,8
1990	:	71,7	88,8	:	99,2	26,7	68,8	37,4	23,7	52,2	53,0	17,0	38,9	90,2	101,2	43,3	90,6	:	49,0
1991	:	70,5	88,9	68,9	100,6	28,9	68,8	38,3	34,6	51,5	:	17,1	38,3	91,3	103,9	43,0	94,2	:	48,2
1992	:	69,6	89,0	70,1	101,1	30,3	69,0	39,5	40,3	52,6	:	18,0	38,3	91,7	103,2	43,5	99,0	:	49,2
1993	56,3	69,2	88,7	71,9	103,8	31,4	69,4	40,3	43,5	51,4	47,6	20,9	39,2	91,0	97,3	44,2	100,6	88,4	47,9
1994	:	70,0	88,1	72,8	104,4	33,9	69,9	41,9	46,5	49,6	:	23,3	40,7	92,3	95,3	45,0	103,0	83,8	49,9
1995	:	69,9	88,8	74,3	102,1	35,8	70,4	43,6	49,3	55,8	47,8	25,5	41,0	93,4	:	42,2	101,1	:	49,5
1996	:	70,5	:	75,0	109,1	37,9	69,8	44,5	51,6	56,9	47,1	28,0	41,7	93,7	86,5	43,8	103,4	84,7	:
1997	:	72,4	:	75,6	111,0	38,9	69,5	45,8	53,0	59,8	47,2	30,5	:	94,3	85,0	44,9	105,2	84,0	:
1998	:	69,7	:	:	:	41,0	:	46,4	54,6	61,8	:	33,4	:	93,9	80,9	44,9	:	:	:
1999	:	:	:	:	:	:	:	47,9	:	62,7	:	:	:	93,5	:	47,7	:	:	:

(1) in activity (with or without a medical practice)

(2) entitled to practise

(3) practising dentists

(4) figures for new L'nder and East Berlin included

(5) figures for overseas departments not included since 1982

(6) included with the number of doctors

(7) stomatologists not

(8) NHS only

(9) all dentists alive before 1985

(10) Practising doctors since 1987 (entitled to practise 1970-1986).

Source: Eurostat

## 6.1.12

## Total number of pharmacists

	EUR 15	B (2)	DK (1)	D (1)	GR	E (2)	F (3)	IRL (1)	I	L (2)	NL (3)	P (2)	UK (3,4)	FIN (2,6)	S (5)	A (1)	IS (1)	NO	CH
1970	:	6 735	:	23 751	2 120	15 963	16 872	:	:	181	1 057	:	:	:	:	2 627	93	:	1 140
1980	:	9 682	:	32 223	5 170	23 299	20 594	2 063	:	223	1 529	:	:	7 788	:	2 972	151	:	1 217
1985	:	10 792	:	36 017	5 994	30 569	22 745	2 068	52 000	254	1 800	4 166	19 285	7 085	:	3 136	178	:	1 366
1986	:	11 027	:	36 896	6 261	31 113	23 127	2 064	:	262	1 991	4 285	19 647	7 060	:	3 195	180	:	1 389
1987	:	11 472	:	38 059	6 611	32 307	23 618	2 080	:	274	2 103	4 728	:	7 104	:	3 234	183	:	1 417
1988	:	11 629	:	38 808	6 941	33 711	24 011	2 114	:	288	2 153	5 010	20 311	7 138	:	3 293	210	:	1 467
1989	:	12 014	:	39 510	7 266	35 141	24 514	2 123	53 948	295	2 229	5 311	20 972	6 847	:	3 388	212	1 876	1 510
1990	:	12 335	:	:	7 463	36 590	24 878	2 160	:	307	2 229	5 438	21 208	6 877	12 205	3 486	223	1 909	1 536
1991	:	12 490	:	41 607	7 670	37 648	25 179	2 194	:	316	2 287	5 912	21 049	6 924	11 925	3 582	222	:	1 537
1992	:	12 896	2 000	42 369	7 834	38 715	25 646	2 215	54 693	:	2 393	5 950	21 401	6 954	11 631	3 745	236	:	1 562
1993	:	13 363	:	42 887	8 000	38 715	25 863	2 256	:	255	:	6 000	21 248	6 985	11 506	3 871	240	:	1 543
1994	:	13 657	:	43 822	8 147	40 323	26 099	2 334	:	263	2 464	6 319	:	7 113	11 196	4 009	261	:	1 591
1995	:	13 926	:	44 696	8 348	41 387	26 330	2 438	:	269	2 484	6 432	:	7 204	11 187	4 071	293	:	1 585
1996	:	14 238	2 647	45 534	8 646	43 221	26 503	2 548	:	286	2 556	6 781	:	7 250	10 989	4 180	313	:	:
1997	:	14 597	:	47 139	8 770	44 990	26 684	2 548	:	284	2 622	7 334	:	7 367	10 611	4 264	329	:	:
1998	:	:	:	:	:	46 761	27 220	2 649	:	292	2 717	7 505	:	7 462	10 158	:	:	:	:
1999	:	:	:	:	:	:	:	2 705	:	:	:	:	:	7 569	:	:	:	:	:

(1) pharmacists in activity (working in a pharmacy or in industry, research,...)

(2) pharmacists entitled to practise

(3) pharmacists working in a pharmacy

(4) number of community pharmacists

(5) all categories working in pharmacies

(6) all pharmacists alive before 1985

Source: Eurostat

## 6.1.13

## Pharmacists per 100 000 inhabitants

	EUR 15	B (2)	DK (1)	D (1)	GR	E (2)	F (3)	IRL (1)	I	L (2)	NL (3)	P (2)	UK (3,4)	FIN (2,6)	S (5)	A (1)	IS (1)	NO	CH
1970	:	69,7	:	30,3	24,1	47,5	33,4	:	:	53,5	8,2	:	:	:	:	35,2	45,6	:	18,5
1980	:	98,2	:	41,2	53,9	62,6	38,3	60,8	:	61,4	10,9	:	:	163,2	:	39,4	66,5	:	19,3
1985	:	109,5	:	46,3	60,4	79,7	42,2	58,3	91,9	69,4	12,5	41,6	34,1	144,8	:	41,5	74,0	:	21,2
1986	:	111,8	:	47,5	62,9	80,9	42,8	58,3	:	71,3	13,7	42,8	34,6	143,8	:	42,3	74,3	:	21,4
1987	:	116,3	:	48,9	66,2	83,8	43,5	58,7	:	74,2	14,4	47,2	:	144,2	:	42,7	74,9	:	21,7
1988	:	117,8	:	49,8	69,3	87,2	44,0	59,8	:	77,4	14,6	50,2	35,6	144,5	:	43,4	84,8	:	22,3
1989	:	121,0	:	50,4	72,2	90,7	44,7	60,4	95,2	78,7	15,1	53,3	36,6	138,2	:	44,6	84,2	44,4	22,8
1990	:	124,0	:	:	73,7	94,3	45,1	61,6	:	80,9	15,0	54,8	36,9	138,2	143,1	45,5	87,9	45,1	23,0
1991	:	125,1	:	52,2	75,2	96,9	45,4	62,3	:	82,2	15,2	59,9	36,5	138,5	138,8	46,0	86,8	:	22,8
1992	:	128,7	38,7	52,8	76,1	99,4	46,1	62,5	96,4	:	15,8	60,3	37,0	138,3	134,6	47,6	90,9	:	22,8
1993	:	132,7	:	53,0	77,3	99,1	46,2	63,4	:	64,5	:	60,8	36,6	138,2	132,4	48,6	91,5	:	22,3
1994	:	135,2	:	53,9	78,3	103,1	46,4	65,4	:	65,6	16,2	63,9	:	140,1	128,0	50,0	98,5	:	22,8
1995	:	137,5	:	54,8	79,9	105,6	46,7	67,8	:	66,2	16,2	64,9	:	141,3	126,9	50,6	109,7	:	22,6
1996	:	140,4	50,4	55,7	82,6	110,1	46,8	70,5	:	69,3	16,6	68,4	:	141,7	124,3	51,9	116,8	:	:
1997	:	143,5	:	57,5	83,6	114,5	46,9	69,8	:	67,9	16,9	73,8	:	143,5	120,0	52,9	121,9	:	:
1998	:	:	:	:	:	118,8	46,4	71,7	:	68,9	17,5	75,4	:	145,0	114,8	:	:	:	:
1999	:	:	:	:	:	:	:	72,2	:	:	:	:	:	146,7	:	:	:	:	:

(1) pharmacists in activity (working in a pharmacy or in industry, research,...)

(2) pharmacists entitled to practise

(3) pharmacists working in a pharmacy

(4) number of community pharmacists

(5) all categories working in

(6) all pharmacists alive before 1985

Source: Eurostat

## 6.1.14

## Total number of nurses and midwives

	EUR-15	B (8)	DK (1)	D (2)	GR (1)	E	F (4, 5)	IRL	I (3)	L	NL	P	UK (6)	FIN (1)	S (7)	A	IS (1)	N	CH
1970	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	25 743	856	:	35 920
1980	:	83 833	25 986	382 000	18 793	118 702	254 976	:	75 483	:	:	22 144	:	39 644	:	40 755	1 314	:	63 467
1985	:	75 474	30 760	452 000	24 499	143 508	259 311	:	136 445	:	:	23 991	:	43 989	:	47 665	1 754	:	:
1986	:	:	31 846	:	:	147 462	303 985	:	146 811	:	:	25 199	:	45 531	:	48 937	1 846	:	:
1987	:	:	32 657	492 000	:	148 723	309 828	:	157 509	:	:	25 777	:	47 067	:	50 546	1 890	:	:
1988	:	:	33 311	:	:	152 624	315 760	:	168 730	:	:	26 324	:	48 850	:	51 101	1 906	:	:
1989	:	:	34 294	502 000	:	157 194	312 271	:	164 832	:	:	27 445	:	50 393	:	52 903	1 921	:	:
1990	:	:	35 137	:	34 582	158 497	315 815	39 595	178 845	:	:	27 652	:	50 616	75 340	56 091	1 995	:	93 782
1991	:	:	36 263	708 000	:	161 285	319 013	42 705	183 212	:	:	29 418	:	52 059	77 626	59 361	2 013	30 436	:
1992	:	:	36 849	698 000	:	164 891	324 679	44 130	163 329	:	:	29 626	:	54 587	75 283	62 236	2 059	31 733	:
1993	:	:	37 244	704 000	37 211	167 894	331 984	46 509	179 245	:	:	30 975	:	57 207	74 763	64 249	2 108	31 852	:
1994	:	107 558	36 925	740 000	37 476	167 957	344 000	48 945	180 021	:	:	31 991	:	60 575	76 301	67 824	2 146	33 905	:
1995	:	110 957	36 924	735 000	38 195	172 132	353 303	51 200	234 131	2 913	:	35 549	524 944	63 481	74 627	69 270	:	36 601	:
1996	:	109 195	:	782 000	38 808	177 034	356 316	53 641	210 293	3 047	:	34 509	529 871	66 469	74 236	70 482	:	38 460	:
1997	:	:	:	777 000	38 112	181 877	:	56 155	213 453	3 152	:	29 875	529 063	69 553	72 617	71 408	:	40 296	:
1998	:	:	:	785 000	:	203 504	:	59 010	:	3 164	197 183	37 747	534 206	72 205	:	:	:	42 004	:
1999	:	:	:	:	:	:	:	61 629	:	3 240	202 714	:	:	74 443	:	:	:	:	:

(1) Specialist nursing staff and midwives. Calculated as man years.

(2) Krankenschwestern, Krankenpfleger und Hebammen (results Mikrozensus)

(3) Only nurses with diplomas of at least three years and midwives practising in public and private hospitals. 1995 and 1996 have been estimated.

(4) Figures for overseas departments not included since 1982

(5) Midwives included even if in France they are a medical profession

(6) Head accounting

(7) Active nurses

(8) INAMI for out-patient nurses and Ministère de la Santé for in-patient nurses. Nurses in 'Maison de repos', not included.

Source: Eurostat

## 6.1.15

## Nurses and midwives per 100 000 inhabitants

	EUR 15	B	DK (1)	D (2)	GR (1)	E	F	IRL	I (3)	L	NL	P	UK (4)	FIN (1)	S	A	IS (1)	NO	CH
1970	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	345,3	419,6	:	582,3
1980	:	850,7	507,3	488,6	196,0	318,7	474,5	:	133,9	:	:	228,0	:	830,9	:	540,1	579,1	:	1 006,8
1985	:	765,6	601,8	581,7	247,0	374,3	481,5	:	241,1	:	:	239,7	:	898,9	:	630,9	729,0	:	:
1986	:	:	622,4	:	:	383,3	562,1	:	259,3	:	:	251,6	:	927,2	:	647,2	762,2	:	:
1987	:	:	637,2	632,6	:	385,6	570,3	:	278,3	:	:	257,6	:	955,6	:	667,7	774,0	:	:
1988	:	:	649,4	:	:	394,9	578,5	:	298,0	:	:	263,7	:	989,1	:	673,6	769,8	:	:
1989	:	:	668,5	640,4	:	405,9	569,2	:	291,0	:	:	275,7	:	1 017,1	:	695,9	762,6	:	:
1990	:	:	684,2	:	341,7	408,4	572,9	1 129,0	315,4	:	:	278,8	:	1 017,5	:	732,2	786,1	:	1 405,2
1991	:	:	704,6	887,7	:	415,0	575,8	1 212,9	322,9	:	:	298,0	:	1 041,5	714,7	761,9	786,6	716,2	:
1992	:	:	713,8	869,5	:	423,2	583,0	1 245,4	287,8	:	:	300,5	:	1 085,4	722,0	791,0	792,8	742,5	:
1993	:	:	718,9	869,4	359,6	430,0	593,1	1 306,4	314,7	:	:	314,0	:	1 131,7	840,1	806,9	803,4	740,9	:
1994	:	1 064,9	710,6	909,8	360,0	429,4	611,8	1 371,4	315,1	:	:	323,5	:	1 192,9	814,4	846,2	809,5	784,0	:
1995	:	1 095,3	707,9	901,4	365,8	439,4	626,2	1 424,3	408,8	716,4	:	358,6	897,3	1 245,0	821,4	861,6	:	841,7	:
1996	:	1 076,6	:	955,8	370,8	451,1	628,9	1 483,6	366,8	738,1	:	347,8	902,8	1 299,0	813,8	875,0	:	880,1	:
1997	:	:	:	947,4	363,4	462,8	:	1 537,6	371,5	753,5	:	300,7	898,2	1 355,2	868,6	885,1	:	917,3	:
1998	:	:	:	956,6	:	517,2	:	1 597,5	:	746,8	1 259,6	379,1	904,1	1 402,8	:	:	:	950,8	:
1999	:	:	:	:	:	:	:	1 645,8	:	754,9	1 286,2	:	:	1 442,8	:	:	:	:	:

(1) Active general nurses and midwives. Calculated as man years.

(2) Krankenschwestern, Krankenpfleger und Hebammen (results Mikrozensus)

(3) Only nurses with diplomas of at least three years and midwives practising in public and private hospitals. 1995 and 1996 have been estimated by the ISTAT.

(4) Per head accounting

Source: Eurostat



6.1.16

Total number of physiotherapists

	EUR 15	B	DK	D	GR	E	F (1)	IRL	I	L	NL	P	UK	FIN (2)	S	A	IS	NO	CH	
1970	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	75	:	:
1980	:	:	:	:	:	:	34 572	:	:	:	:	:	:	:	:	:	:	133	:	:
1985	:	:	:	:	:	:	34 589	:	:	:	8 750	:	:	4 557	:	:	:	139	:	:
1986	:	:	:	:	:	:	35 746	702	:	:	:	:	:	4 910	:	:	:	152	:	:
1987	:	:	:	:	:	:	36 552	:	:	:	:	:	:	5 292	:	:	:	176	:	:
1988	:	:	:	:	:	:	37 357	:	:	:	:	:	:	5 710	:	:	:	185	:	:
1989	:	:	:	:	:	:	38 524	:	:	:	:	:	:	5 993	:	:	:	206	:	:
1990	:	:	:	:	:	:	38 257	844	:	:	10 808	:	:	6 232	:	:	:	210	:	:
1991	:	:	:	:	:	:	39 323	:	:	:	10 199	:	:	6 605	:	:	:	233	4 000	:
1992	:	:	:	:	:	:	40 254	:	:	:	:	:	:	6 908	:	:	:	247	:	:
1993	:	:	:	:	:	:	41 858	:	:	:	11 400	:	:	7 339	6 740	:	:	252	4 290	:
1994	:	:	:	:	:	2 331	43 968	:	:	:	:	:	12 872	7 781	7 028	:	:	270	4 255	:
1995	:	:	4 600	:	:	2 409	45 783	1 099	:	255	11 701	:	:	8 135	7 318	:	:	288	4 626	:
1996	:	:	:	:	:	1 883	48 819	1 123	10 874	271	:	:	14 332	8 531	7 563	1 905	321	4 566	:	:
1997	:	:	:	:	:	2 099	:	1 185	9 361	278	11 669	:	14 779	9 048	:	1 992	:	:	:	:
1998	:	:	:	:	:	2 336	49 341	1 294	:	278	:	:	15 206	9 484	:	:	:	:	:	:
1999	:	:	:	:	:	:	:	1 356	:	273	:	:	:	9 784	:	:	:	:	:	:

(1) figures for overseas departments not included since 1982

(2) Personnel under the age of 63

Source: Eurostat

### 6.1.17 Physiotherapists per 100 000 inhabitants

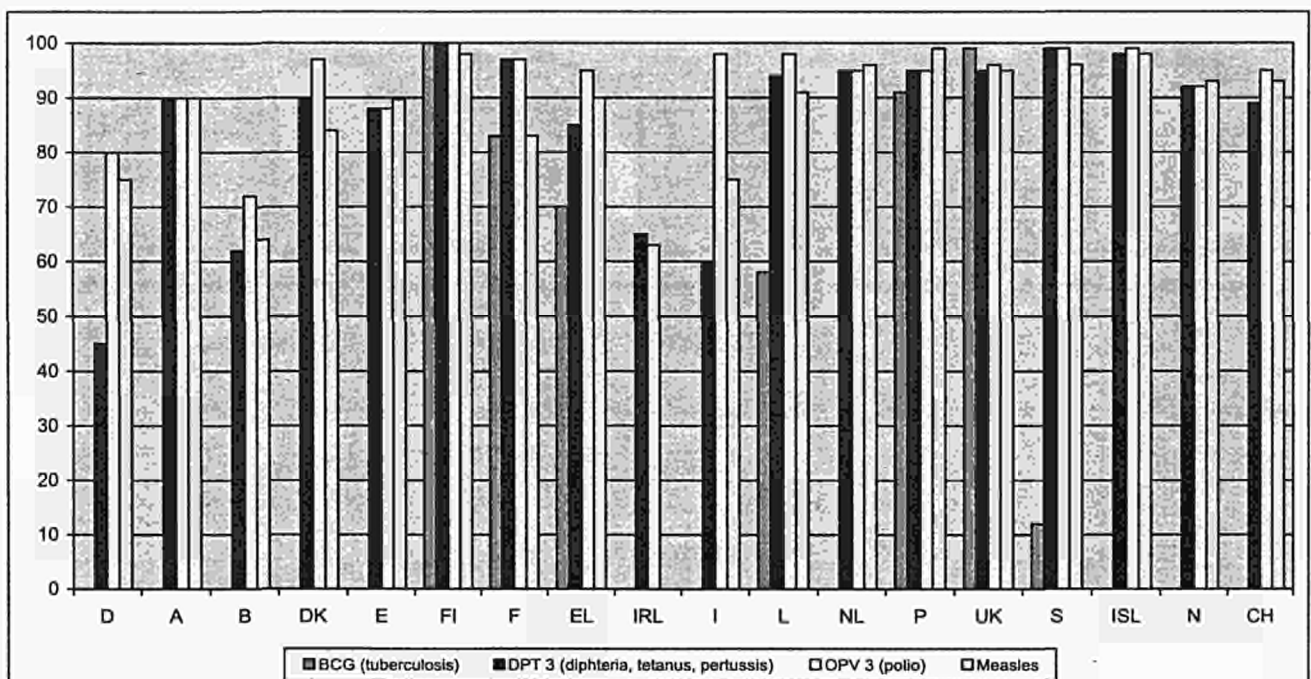
	EUR 15	B	DK	D	GR	E	F (1)	IRL	I	L	NL	P	UK	FIN (2)	S	A	IS	NO	CH	
1970	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	33,1	:	:
1980	:	:	:	:	:	:	64,3	:	:	:	:	:	:	:	:	:	:	55,3	:	:
1985	:	:	:	:	:	:	62,7	:	:	:	60,5	:	:	93,1	:	:	57,4	:	:	
1986	:	:	:	:	:	:	64,5	19,8	:	:	:	:	100,0	:	:	62,2	:	:		
1987	:	:	:	:	:	:	65,6	:	:	:	:	:	107,4	:	:	71,1	:	:		
1988	:	:	:	:	:	:	66,7	:	:	:	:	:	115,6	:	:	73,4	:	:		
1989	:	:	:	:	:	:	68,5	:	:	:	:	:	121,0	:	:	81,2	:	:		
1990	:	:	:	:	:	:	67,6	24,1	:	:	72,6	:	125,3	:	:	82,1	:	:		
1991	:	:	:	:	:	:	69,1	:	:	:	67,9	:	132,1	:	:	89,7	94,1	:		
1992	:	:	:	:	:	:	70,4	:	:	:	:	:	137,4	:	:	94,1	:	:		
1993	:	:	:	:	:	:	72,8	:	:	:	74,8	:	145,2	77,5	:	95,1	99,8	:		
1994	:	:	:	:	:	6,0	76,1	:	:	:	:	:	22,1	153,2	80,4	101,1	98,4	:		
1995	:	:	88,2	:	:	6,1	78,9	30,6	:	62,7	75,9	:	159,5	83,0	:	107,5	106,4	:		
1996	:	:	:	:	:	4,8	83,8	31,1	19,0	65,6	:	:	24,4	166,7	85,6	23,7	118,9	104,5	:	
1997	:	:	:	:	:	5,3	:	32,4	16,3	66,5	75,0	:	25,1	176,3	:	24,7	:	:	:	
1998	:	:	:	:	:	5,9	84,0	35,0	:	65,6	:	:	25,7	184,3	:	:	:	:	:	
1999	:	:	:	:	:	:	:	36,2	:	63,6	:	:	:	189,6	:	:	:	:	:	

(1) Figures for overseas departments not included since 1982

(2) Personnel under the age of 63

Source: Eurostat

### 6.2.1 Proportion (%) of immunised children aged less than 2 years in european countries, 1997



Source: Expanded Programm of Immunization (WHO Europe)

## 6.2.2

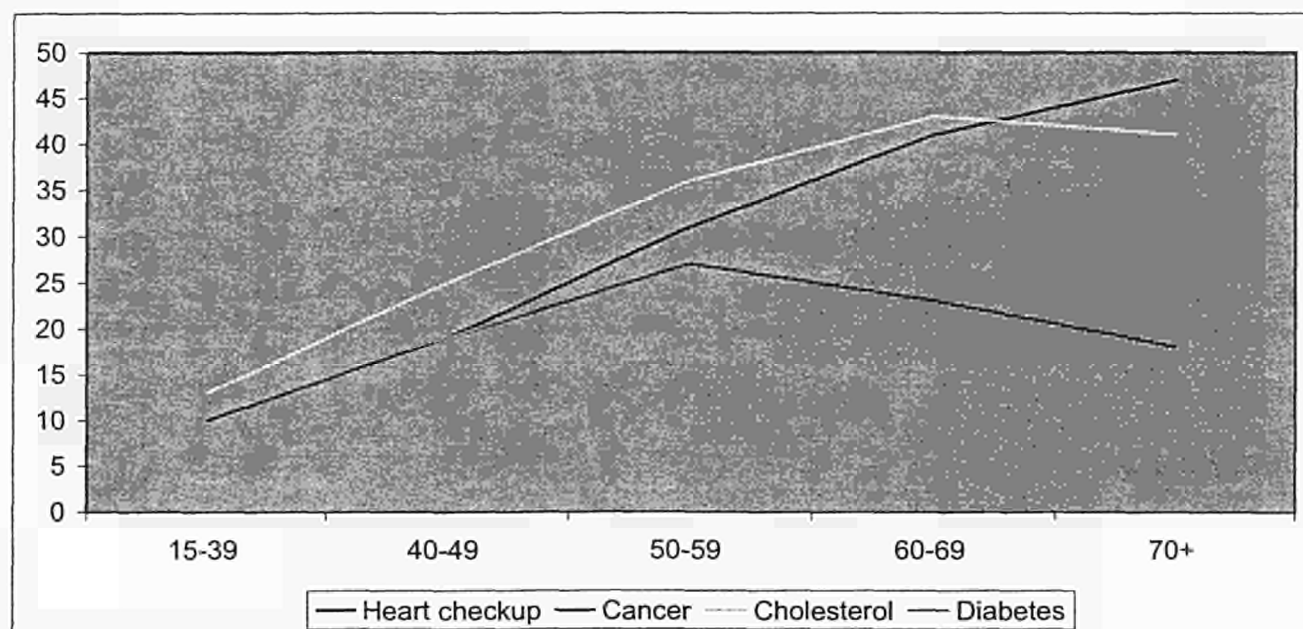
## Percentage of population reporting general preventive examinations, 1996

	Cancer test	Diabetes test	Heart check-up	Cholesterol test	Dental check-up	Eye test	Blood test	X-ray	Hearing test	Urine test
EU-15	16,0	20,3	22,3	25,5	57,8	34,2	43,5	22,7	11,0	33,2
B	16,7	14,6	19,8	23,8	55,7	30,1	43,3	13,9	10,6	25,0
DK	16,8	12,3	15,0	9,2	82,4	31,7	33,3	21,7	10,3	20,6
D	35,3	30,5	29,6	29,8	73,3	30,8	41,8	30,1	12,8	37,0
EL	10,4	24,6	24,4	35,6	37,9	25,6	50,5	29,0	8,3	36,0
I	8,6	17,4	23,0	28,4	50,7	32,4	51,5	24,8	8,1	41,1
E	7,3	15,2	17,9	30,3	36,4	36,2	42,1	22,9	13,4	32,6
F	8,4	18,0	19,0	28,6	51,7	37,7	45,6	9,0	12,9	30,6
IRL	5,2	7,2	20,1	13,0	40,8	21,6	28,3	19,3	5,6	20,3
UK	11,0	15,1	19,2	12,7	61,4	41,1	36,2	20,5	7,1	25,8
L	26,3	33,7	24,4	35,8	74,8	51,6	52,4	32,1	13,7	43,3
NL	12,5	12,2	13,7	16,1	75,4	31,3	36,7	21,9	9,5	21,2
P	11,0	27,0	27,8	29,1	33,3	24,6	49,2	34,0	9,5	45,2
FIN	13,3	23,1	23,7	24,2	53,7	35,8	54,8	29,2	17,8	34,8
S	17,2	13,0	15,8	14,2	76,9	35,5	47,4	22,1	15,1	34,7
A	26,2	28,8	30,0	38,5	70,0	37,3	45,4	31,4	21,2	36,7

Source: Eurobarometer 44.3, European Commission

## 6.2.3

## Percentage of population reporting general preventive examinations, 1996, EU-15 by age



Source: Eurobarometer 44.3, European Commission

## 6.2.4

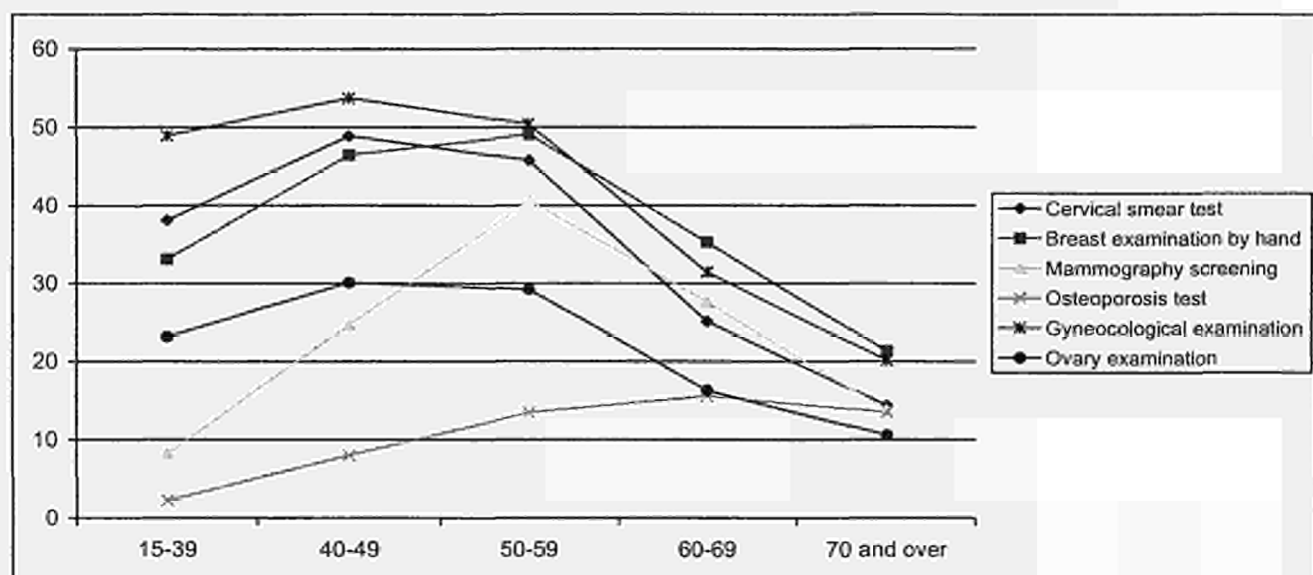
## Percentage of women reporting specific preventive examinations, 1996, EU-15

	Breast examination by hand	Breast examination X-ray	Gynaecological examination	Ovary examination	Cervical smear test	Osteoporosis examination
EU-15	36,6	17,7	44,1	23,8	36,4	8,3
B	42,2	16,8	49,9	24,2	41,3	10,7
DK	52,3	30,6	77,6	37,2	61,9	7,7
D	50,5	20,3	58,2	35,6	41,6	11,9
EL	21,0	11,9	33,6	16,4	31,3	9,8
I	27,3	14,6	38,0	21,2	28,3	8,2
E	30,6	19,4	39,5	27,6	27,7	8,0
F	45,8	16,5	62,7	30,9	50,6	9,2
IRL	15,3	4,4	10,6	4,0	14,7	2,3
UK	25,4	13,9	21,8	7,8	30,1	3,8
L	47,7	26,0	60,8	39,7	38,9	11,3
NL	27,1	21,6	19,2	8,1	23,0	5,9
P	26,3	18,1	29,5	19,9	25,0	5,6
FIN	37,7	17,2	53,0	14,4	43,3	2,8
S	33,6	28,0	43,0	11,7	27,5	2,8
A	51,7	29,0	56,6	32,5	48,6	15,6

Source: Eurobarometer 44.3, European Commission

## 6.2.5

## Percentage of women reporting some specific preventive examinations, 1996, EU-15 by age



Source: Eurobarometer 44.3, 1996, European Commission

## 6.2.6

## Total number of hospital beds (including psychiatric beds)

	EUR 15	B	DK	D (1)	GR (3)	E (2)	F	IRL (1)	I (3)	L	NL (1)	P (1)	UK (4)	FIN (5)	S (4, 6)	A	ISL (1)	NO	CH
1970	:	:	:	:	54 633	157 598	:	:	568 513	4 289	97 900	:	:	:	123 224	80 549	:	:	:
1980	:	:	:	:	60 067	201 035	597 800	31 106	554 595	4 667	95 200	:	:	:	125 863	84 382	:	:	:
1985	:	91 790	:	:	54 438	175 410	579 750	29 320	470 579	4 587	90 600	44 115	420 036	62 000	121 917	82 388	:	:	:
1986	:	89 590	33 209	:	52 864	171 860	574 612	28 435	450 337	4 616	90 300	44 034	408 310	68 220	118 714	82 443	:	24 524	:
1987	:	88 550	32 325	:	51 745	171 155	569 184	25 906	440 187	4 661	89 900	44 313	388 319	67 246	115 030	81 721	:	24 024	:
1988	:	83 089	31 267	:	41 587	170 076	564 035	23 021	424 417	4 669	89 500	43 956	372 535	66 645	112 094	80 984	:	22 233	128 871
1989	:	82 632	30 229	:	51 448	168 514	558 693	22 240	389 458	4 642	89 300	43 790	356 439	64 412	109 752	80 462	2 682	20 295	:
1990	2705 009	80 551	29 104	672 517	51 329	165 897	552 755	21 701	410 026	4 483	86 852	42 920	339 021	62 424	106 484	78 945	2 671	19 667	:
1991	2633 815	79 346	28 072	665 565	51 297	164 451	546 423	21 444	385 691	4 438	86 033	42 069	322 654	56 537	102 152	77 643	2 587	18 785	139 209
1992	2553 194	77 869	26 764	646 995	51 477	161 537	540 074	20 914	389 458	4 429	85 507	41 814	307 876	55 376	66 045	77 059	2 549	18 361	:
1993	2458 297	77 723	26 463	628 658	51 400	158 944	533 070	20 101	380 420	4 560	84 626	41 000	:	50 850	61 258	75 563	2 554	18 061	:
1994	:	77 181	26 170	618 176	51 788	157 433	523 242	19 577	373 408	4 443	82 072	40 662	:	:	57 167	75 203	2 483	17 590	:
1995	:	75 360	25 767	609 123	52 227	154 644	516 361	19 374	356 243	:	80 687	40 548	:	47 297	53 689	74 863	2 432	17 646	:
1996	:	74 480	24 966	593 743	52 586	:	508 075	18 989	372 352	:	80 131	41 114	261 531	41 500	49 468	74 061	:	17 565	:
1997	:	:	24 538	580 425	52 474	:	:	18 525	334 613	:	79 998	38 818	254 110	40 499	46 177	73 294	:	17 542	:
1998	:	:	:	:	:	:	:	18 268	:	:	78 944	39 936	248 554	39 782	:	:	:	:	:
1999	:	:	:	:	:	:	:	18 114	:	:	:	:	:	:	:	:	:	:	:

(1) Nursing homes and day care beds not included

(2) Nursing homes and day care beds partially included

(3) Beds in Military hospitals not included

(4) Only beds in public hospitals are included

(5) Until 1995 the number of hospital beds were collected separately. Since 1996 the number of hospital beds has been estimated following the formula the number of hospitalisations days/365 (or 366 in leap years). Estimated utilisation rate is 100%.

(6) After the ADEL-reform, around 31000 beds for somatic stay has been transferred to the city councils since 1.1.1992 and not more included in the health statistics.

Source: Eurostat

## 6.2.7

## Hospital beds (including psychiatric beds) per 100 000 inhabitants

	EUR 15	B	DK	D (1)	GR (3)	E (2)	F	IRL (1)	I (3)	L	NL (1)	P (1)	UK (4)	FIN (5)	S (4, 6)	A	ISL (1)	NO	CH
1970	:	:	:	:	622,2	469,2	:	:	1 059,0	1 267,1	755,5	:	:	:	1 539,5	1 080,4	:	:	:
1980	:	:	:	:	626,5	539,8	1 112,6	916,8	983,5	1 284,1	675,6	:	:	:	1 515,9	1 118,3	:	:	:
1985	:	931,1	:	:	548,8	457,5	1 076,6	827,2	831,4	1 252,6	626,8	440,8	742,2	1 266,9	1 461,4	1 090,4	:	:	:
1986	:	908,7	649,1	:	531,3	446,7	1 062,5	803,1	795,5	1 257,0	621,5	439,7	719,3	1 389,2	1 420,3	1 090,4	:	589,6	:
1987	:	897,6	630,8	:	518,2	443,8	1 047,7	730,7	777,7	1 261,4	615,1	442,8	682,1	1 365,2	1 372,4	1 079,6	:	575,6	:
1988	:	841,3	609,6	:	415,2	440,0	1 033,4	651,3	749,7	1 255,1	608,2	440,4	652,6	1 349,5	1 332,2	1 067,5	:	529,6	1 962,5
1989	:	:	589,3	:	511,5	435,1	1 018,4	632,7	687,5	1 238,2	603,2	439,9	622,5	1 300,1	1 297,5	1 058,4	1 064,7	480,8	:
1990	746,7	809,7	566,7	850,1	507,2	427,5	1 002,8	618,8	723,2	1 181,9	583,2	432,7	590,0	1 254,9	1 248,8	1 030,6	1 052,4	464,6	:
1991	723,7	794,5	545,5	834,5	502,9	423,1	986,2	609,0	679,7	1 154,5	573,2	426,1	559,3	1 131,1	1 189,1	996,6	1 010,9	442,0	2 062,1
1992	698,5	777,0	518,5	806,0	500,0	414,6	969,8	590,2	686,2	1 136,2	565,2	424,1	531,7	1 101,1	764,0	979,4	981,5	429,6	:
1993	669,1	772,0	510,8	776,4	496,7	407,0	952,3	564,6	667,9	1 153,8	555,3	415,6	:	1 005,9	704,8	949,0	973,3	420,1	:
1994	:	764,1	503,6	760,0	497,5	402,5	930,6	548,5	653,5	:	535,0	411,2	:	:	653,7	938,3	936,6	406,7	:
1995	:	743,9	494,0	747,0	500,1	394,7	915,2	539,0	621,9	:	523,1	409,1	:	927,6	609,0	931,1	910,9	405,8	:
1996	:	734,3	475,5	725,7	502,5	:	896,8	525,2	649,5	:	517,2	414,4	445,6	811,1	559,8	919,5	:	401,9	:
1997	:	:	465,2	707,7	500,4	:	:	507,2	582,3	:	513,9	390,8	431,4	789,1	522,1	908,5	:	399,3	:
1998	:	:	:	:	:	:	:	494,5	:	:	504,3	401,1	420,6	772,9	:	:	:	:	:
1999	:	:	:	:	:	:	:	483,7	:	:	:	:	:	:	:	:	:	:	:

(1) Nursing homes and day care beds not included

(2) Nursing homes and day care beds partially included

(3) Beds in Military hospitals not included

(4) Only beds in public hospitals are included

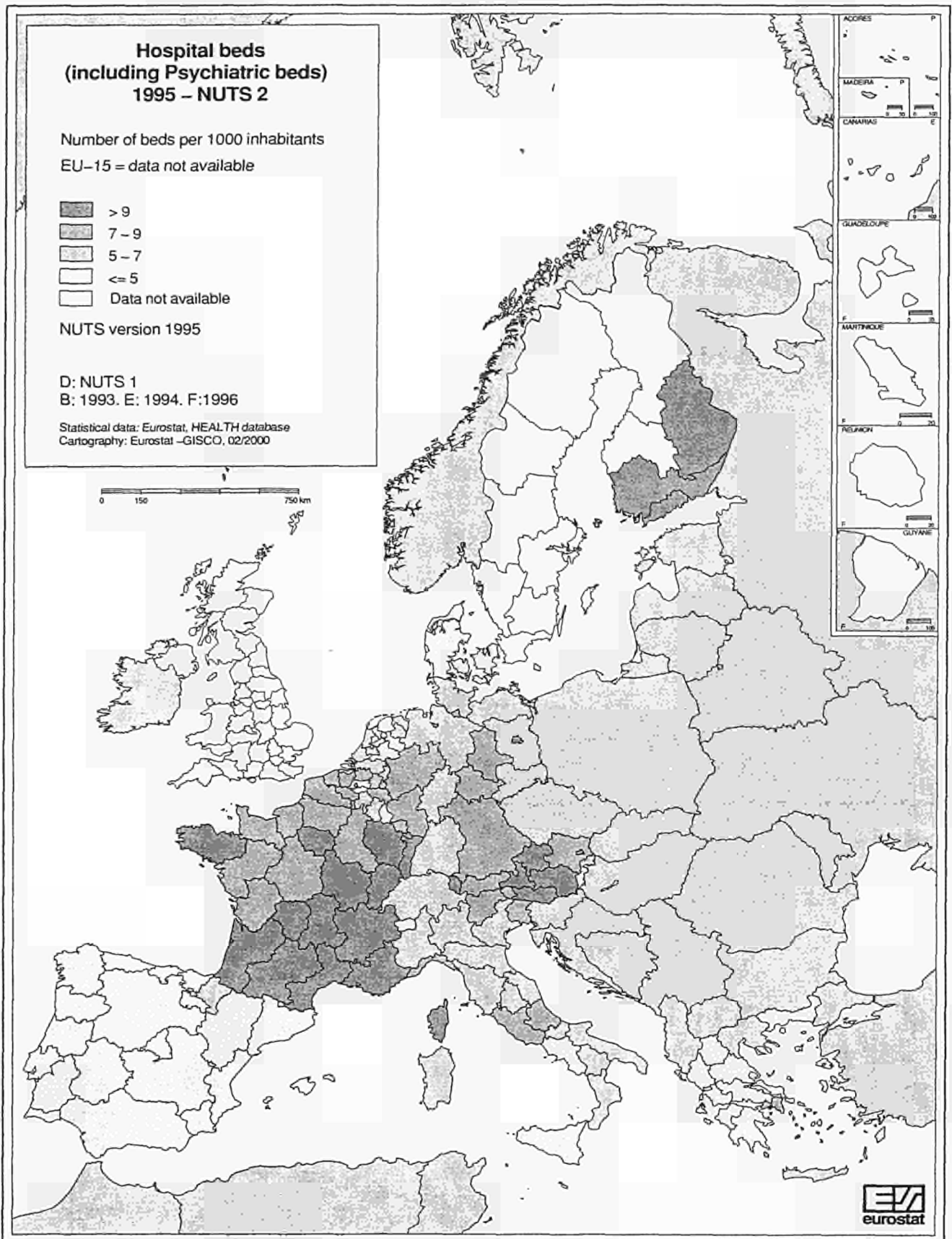
(5) Until 1995 the number of hospital beds were collected separately. Since 1996 the number of hospital beds has been estimated following the formula the number of hospitalisations days/365 (or 366 in leap years). Estimated utilisation rate is 100%.

(6) After the ADEL-reform, around 31000 beds for somatic stay has been transferred to the city councils since 1.1.1992 and not more included in the health statistics.

Source: Eurostat

6.2.8

Hospital beds (including psychiatric beds) per 1 000 inhabitants - 1995



## 6.2.9

## Total number of psychiatric hospital beds

	EUR 15	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	FIN (1)	S	A	IS	NO	CH
1970	:	26 553	:	:	:	:	:	:	119 351	1 343	:	:	:	19 628	:	:	:	9 730	18 491
1980	:	24 182	:	:	:	:	130 156	13 441	85 971	1 297	:	:	:	18 972	26 962	9 728	:	7 640	14 152
1985	:	21 870	:	:	13 231	:	113 657	12 097	63 188	1 097	:	8 478	153 065	16 470	20 906	8 250	:	5 087	12 983
1986	:	21 190	6 373	:	13 013	:	110 741	11 559	58 415	1 002	:	8 987	146 639	15 657	19 189	7 727	:	5 145	12 121
1987	:	21 210	5 915	:	12 699	:	107 423	10 681	55 978	984	:	9 121	134 269	14 505	17 818	7 364	:	4 988	12 502
1988	:	21 020	5 660	:	12 632	:	103 853	9 389	52 840	1 002	:	8 845	125 633	13 936	16 844	6 804	:	4 420	12 378
1989	:	20 720	5 224	:	12 378	:	99 780	9 606	47 493	1 002	:	8 804	116 848	12 436	15 535	6 581	385	3 762	10 727
1990	:	19 371	4 934	95 754	11 889	:	96 100	7 992	47 786	852	26 553	8 799	108 387	11 618	14 533	6 473	383	3 627	11 877
1991	460 740	19 146	4 776	92 364	11 675	24 400	92 632	7 638	42 431	797	26 607	8 481	99 664	10 840	12 960	6 329	367	3 467	11 842
1992	431 623	17 939	4 375	82 704	11 480	25 050	87 979	6 912	41 168	797	26 542	7 263	91 613	9 973	11 846	5 982	375	3 310	11 360
1993	320 593	17 883	4 292	74 067	11 500	24 390	83 350	6 457	39 668	734	26 707	7 100	:	7 700	10 865	5 880	346	3 338	11 319
1994	:	17 209	4 300	71 062	10 654	24 165	80 303	6 110	39 115	394	26 678	7 154	:	:	9 797	5 612	346	3 175	10 067
1995	290 876	17 077	4 246	68 665	11 530	23 639	77 925	5 812	27 584	414	26 417	7 191	:	6 629	8 372	5 375	315	3 112	10 379
1996	:	16 683	4 262	64 279	11 205	:	74 895	5 407	31 198	414	26 675	7 320	50 681	6 232	7 276	4 924	:	3 013	:
1997	:	:	4 214	62 185	11 236	:	:	4 999	22 568	:	26 657	7 117	49 191	5 839	6 267	4 658	:	3 037	:
1998	:	:	:	:	:	:	:	4 807	:	:	26 013	6 958	47 627	5 588	:	:	:	:	:
1999	:	:	:	:	:	:	:	4 614	:	:	:	:	:	:	:	:	:	:	:

(1) Until 1995 the number of hospital beds were collected separately. Since 1996 the number of hospital beds has been estimated following the formula the number of hospitalisations days/365 (or 366 in leap years). Estimated utilisation rate is 100%.

Source: Eurostat



## 6.2.10

## Psychiatric hospital beds per 100 000 inhabitants

	EUR 15	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	FIN (1)	S	A	IS	NO	CH
1970	:	:	:	:	:	:	:	:	222,3	:	:	:	:	425,4	:	:	:	251,9	299,8
1980	:	:	:	:	:	:	242,2	396,2	152,5	:	:	:	:	397,6	324,7	128,9	:	187,3	224,5
1985	:	221,9	:	:	133,4	:	211,1	341,3	111,6	:	:	84,7	270,5	336,6	250,6	109,2	:	122,7	201,1
1986	:	214,9	124,6	:	130,8	:	204,8	326,5	103,2	273,6	:	89,7	258,3	318,8	229,6	102,2	:	123,7	186,9
1987	:	215,0	115,4	:	127,2	:	197,7	301,3	98,9	268,0	:	91,1	235,8	294,5	212,6	97,3	:	119,5	191,6
1988	:	212,8	110,3	:	126,1	:	190,3	265,6	93,3	271,2	:	88,6	220,1	282,2	200,2	89,7	:	105,3	188,5
1989	:	208,7	101,8	:	123,1	:	181,9	273,3	83,8	269,4	:	88,4	204,1	251,0	183,7	86,6	152,8	89,1	162,0
1990	:	194,7	96,1	121,0	117,5	:	174,3	227,9	84,3	227,3	178,3	88,7	188,6	233,6	170,4	84,5	150,9	85,7	178,0
1991	126,6	191,7	92,8	115,8	114,5	62,8	167,2	216,9	74,8	210,1	177,3	85,9	172,8	216,9	150,9	81,2	143,4	81,6	175,4
1992	118,1	179,0	84,8	103,0	111,5	64,3	158,0	195,1	72,5	207,3	175,4	73,7	158,2	198,3	137,0	76,0	144,4	77,5	166,0
1993	108,5	177,6	82,8	91,5	111,1	62,5	148,9	181,4	69,6	188,3	175,3	72,0	:	152,3	125,0	73,9	131,9	77,6	163,9
1994	:	170,4	82,7	87,4	102,3	61,8	142,8	171,2	68,5	:	173,9	72,4	:	:	112,0	70,0	130,5	73,4	144,5
1995	97,1	168,6	81,4	84,2	110,4	60,3	138,1	161,7	48,2	:	171,3	72,5	:	130,0	95,0	66,9	118,0	71,6	147,9
1996	:	164,5	81,2	78,6	107,1	:	132,2	149,5	54,4	:	172,2	73,8	86,3	121,8	82,3	61,1	:	68,9	:
1997	:	:	79,9	75,8	107,1	:	:	136,9	39,3	:	171,2	71,6	83,5	113,8	70,9	57,7	:	69,1	:
1998	:	:	:	:	:	:	:	130,1	:	:	166,2	69,9	80,6	108,6	:	:	:	:	:
1999	:	:	:	:	:	:	:	123,2	:	:	:	:	:	:	:	:	:	:	:

(1) Until 1995 the number of hospital beds were collected separately. Since 1996 the number of hospital beds has been estimated following the formula the number of hospitalisations days/365 (or 366 in leap years). Estimated utilisation rate is 100%.

Source: Eurostat

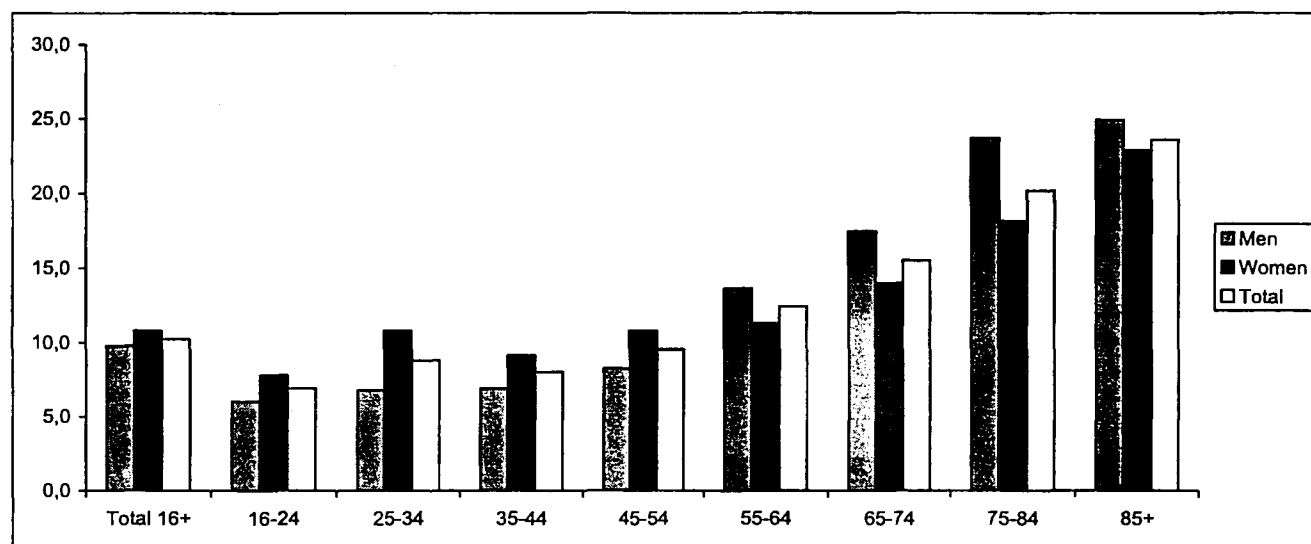
### 6.2.11 Hospitalisation during the last 12 months (16+ years) (1) 1994

	EUR 12	B	DK	D	EL	E	F	IRL	I	L	NL	P (1)	UK
	% (standardised)												
<b>Male</b>													
Yes	9,8	11,8	8,9	12,2	8,6	8,1	9,1	9,2	8,9	14,5	7,5	6,9	9,9
No	90,2	88,2	91,1	87,8	91,4	91,9	90,9	90,8	91,1	85,5	92,5	93,1	90,1
Sample size (=100%)	62 308	3 889	2 887	4 364	6 077	8 672	6 876	4 844	8 496	999	4 611	5 506	5 086
Population (16+) x mln	133,8	3,9	2,1	32,0	4,1	15,2	21,3	1,2	22,4	0,2	6,0	3,8	21,8
<b>Female</b>													
Yes	10,8	12,3	11,7	14,2	7,5	7,9	10,4	12,4	8,7	14,7	8,9	6,2	12,1
No	89,2	87,7	88,3	85,8	92,5	92,1	89,6	87,6	91,3	85,3	91,1	93,8	87,9
Sample size (=100%)	66 825	4 229	3 016	4 791	6 415	9 235	7 456	5 060	9 233	1 047	4 796	6 116	5 431
Population (16+) x mln	146,3	4,3	2,2	35,3	4,4	16,5	23,3	1,4	24,6	0,1	6,3	4,2	23,6
<b>Total</b>													
Yes	10,2	12,0	10,3	13,1	8,0	8,0	9,7	10,8	8,8	14,7	8,1	6,5	10,9
No	89,8	88,0	89,7	86,9	92,0	92,0	90,3	89,2	91,2	85,3	91,9	93,5	89,1
Sample size (=100%)	129 133	8 118	5 903	9 155	12 492	17 908	14 332	9 904	17 729	2 046	9 407	11 622	10 517
Population (16+) x mln	280,1	8,2	4,3	67,3	8,5	31,7	44,6	2,6	47,0	0,3	12,3	8,0	45,4

(1) Excl. hospitalisation for child birth

Source: European Community Household Panel, Eurostat

### 6.2.12 Hospitalisation (% of population) during the last 12 months by age - 1994 - EU 12



Source: European Community Household Panel, Eurostat

## 6.2.13

## Number of nights spent in a hospital during the past 12 months (aged 16 and over) - 1996

	EU 15 *	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK
<b>MEN</b>																
<i>Days</i>																
Total average (all)	1,5	1,4	1,0	2,9	1,0	1,0	1,2	0,9	1,2	1,7	0,9	1,9	1,0	1,4	:	0,7*
Total average (hospitalised only)	14,3	12,8	10,4	22,4	15,2	13,4	12,2	9,7	13,4	13,6	13,7	15,2	15,0	10,2	:	6,8
<i>Percentage by length of stay</i>																
1 night	1,0	1,3	2,7	0,5	0,4	0,8	1,2	1,2	0,4	0,7	1,1	0,5	0,6	2,1	:	2,2*
2 nights	0,9	1,3	1,3	0,3	0,3	1,0	1,3	0,9	0,5	0,5	0,7	0,9	0,6	1,6	:	1,6*
3 nights	0,8	0,8	0,8	0,5	0,4	0,6	1,0	1,2	0,8	0,6	0,5	1,2	1,0	1,8	:	1,2*
4 nights	0,7	0,7	0,3	0,8	0,3	0,6	0,8	0,9	0,6	1,6	0,4	0,7	0,2	0,9	:	0,8*
5 nights	0,6	1,0	0,6	0,7	0,5	0,6	0,5	0,5	0,7	0,3	0,4	0,9	0,4	1,2	:	0,5*
6-10 nights	2,2	2,1	1,7	2,8	1,7	1,6	2,4	2,3	2,4	4,5	1,2	3,0	1,8	2,7	:	1,6*
11-15 nights	1,3	1,8	1,0	1,9	1,0	1,0	0,9	0,9	1,5	1,2	0,6	1,7	1,0	1	:	0,9*
16-20 nights	0,6	0,6	0,2	0,9	0,6	0,5	0,5	0,2	0,7	1,1	0,4	1,0	0,2	0,2	:	0,2*
21-30 nights	1,0	0,9	0,7	2,2	0,6	0,5	0,5	0,5	0,8	1,3	0,8	1,3	0,6	1,1	:	0,3*
31+ nights	1,0	0,6	0,6	2,4	0,5	0,5	0,8	0,4	0,6	1,0	0,6	1,1	0,7	0,8	:	0,3*
<b>WOMEN</b>																
<i>Days</i>																
Total average (all)	1,5	1,6	1,3	2,7	0,7	0,9	1,4	1,2	1,3	1,7	1,0	2,4	0,6	1,5	:	1
Total average (hospitalised only)	13,7	13,2	11,8	19,3	13,0	11,9	12,8*	10,7	14,1	12,5	11,5	16,1	11,2	10,3	:	8,7
<i>Percentage by length of stay</i>																
1 night	1,1	1,2	2,0	0,4	0,2	0,9	1,0	1,0	0,4	1,1	1,8	1,0	0,7	2,4	:	2,8
2 nights	0,9	1,4	1,3	0,5	0,4	0,9	1,2	1,0	0,5	0,9	0,9	0,7	0,8	1,8	:	1,5
3 nights	0,8	1,5	1,0	0,7	0,4	0,9	1,0	1,2	0,7	1,5	0,5	1,5	0,6	1,5	:	0,8
4 nights	0,8	0,8	0,9	1,0	0,4	0,4	1,0	0,8	0,7	0,9	0,3	1,1	0,4	1,2	:	0,7
5 nights	0,8	0,7	0,6	1,0	0,6	0,4	0,8	0,9	0,8	1,3	0,5	1,4	0,3	1,4	:	1
6-10 nights	2,7	3,0	2,2	3,4	1,7	1,6	2,7	2,9	2,7	3,8	2,1	3,7	0,8	3	:	2,7
11-15 nights	1,2	1,2	0,8	1,9	1,1	1,0	0,9	1,1	1,1	2,1	1,0	2,1	1,0	1,3	:	0,8
16-20 nights	0,6	0,7	0,3	1,1	0,3	0,3	0,4	0,2	0,6	0,6	0,3	0,7	0,3	0,6	:	0,3
21-30 nights	0,9	1,1	0,5	1,7	0,3	0,5	0,6	1,3	0,8	0,8	0,6	1,3	0,4	0,7	:	0,6
31+ nights	1,0	1,0	1,2	2,1	0,4	0,5	1,1	0,5	0,6	0,9	0,6	1,7	0,4	1	:	0,5
<b>MEN AND WOMEN</b>																
Total average (all)	1,5	1,5	1,2	2,8	0,9	0,9	1,3	1,0	1,2	1,7	1,0	2,2	0,8	1,4	:	0,9*
Total average (hospitalised only)	14,0	13,0	11,1	20,7	14,2	12,6	12,6*	10,2	13,8	13,0	12,4	15,7	13,2	10,2	:	7,9
1 night	1,0	1,2	2,4	0,4	0,3	0,8	1,1	1,1	0,4	0,9	1,5	0,8	0,6	2,2	:	2,5*
2 nights	0,9	1,3	1,3	0,4	0,3	0,9	1,3	1,0	0,5	0,7	0,8	0,8	0,7	1,7	:	1,6*
3 nights	0,8	1,2	0,9	0,6	0,4	0,8	1,0	1,2	0,8	1,1	0,5	1,4	0,8	1,7	:	1,0*
4 nights	0,7	0,7	0,6	0,9	0,3	0,5	0,9	0,9	0,7	1,2	0,3	0,9	0,3	1	:	0,7*
5 nights	0,7	0,8	0,6	0,8	0,6	0,5	0,7	0,7	0,8	0,8	0,5	1,2	0,3	1,3	:	0,8*
6-10 nights	2,5	2,6	2,0	3,1	1,7	1,6	2,6	2,6	2,6	4,1	1,7	3,4	1,3	2,9	:	2,2*
11-15 nights	1,2	1,5	0,9	1,9	1,0	1,0	0,9	1,0	1,3	1,7	0,8	1,9	1,0	1,2	:	0,8*
16-20 nights	0,6	0,7	0,3	1,0	0,5	0,4	0,4	0,2	0,6	0,8	0,4	0,8	0,2	0,4	:	0,3*
21-30 nights	0,9	1,0	0,6	1,9	0,5	0,5	0,6	0,9	0,8	1,0	0,7	1,3	0,5	0,9	:	0,5*
31+ nights	1,0	0,8	0,9	2,2	0,5	0,5	1,0	0,5	0,6	0,9	0,6	1,4	0,6	0,9	:	0,4*

\* without Sweden

Source: European Community Household Panel, Eurostat

## 6.2.14

## Number of nights spent in a hospital during the past 12 months by age, EU 15 \* - 1996

	Total 16+	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
<b>MEN</b>									
<i>Days</i>									
Total average (all)	1,5	<b>0,6</b>	0,5	<b>0,8</b>	1,2	<b>1,9</b>	3,5	<b>3,9</b>	5,2
Total average (hospitalised only)	14,3	<b>9,3</b>	9,4	<b>11,2</b>	11,6	<b>14,9</b>	18,3	<b>18,1</b>	26,6
<i>Percentage by length of stay</i>									
1 night	1,0	<b>0,9</b>	1,1	<b>0,7</b>	1,0	<b>1,0</b>	1,2	<b>1,3</b>	0,4
2 nights	0,9	<b>1,1</b>	0,7	<b>0,6</b>	0,9	<b>0,8</b>	1,1	<b>1,2</b>	2,5
3 nights	0,8	<b>0,8</b>	0,5	<b>0,7</b>	0,7	<b>0,9</b>	1,5	<b>0,6</b>	1,1
4 nights	0,7	<b>0,5</b>	0,5	<b>0,6</b>	0,8	<b>0,7</b>	1,0	<b>0,8</b>	0,5
5 nights	0,6	<b>0,3</b>	0,4	<b>0,4</b>	0,7	<b>0,6</b>	1,2	<b>1,3</b>	0,7
6-10 nights	2,2	<b>1,5</b>	1,1	<b>1,4</b>	1,8	<b>2,9</b>	4,4	<b>4,8</b>	4,3
11-15 nights	1,3	<b>0,7</b>	0,6	<b>0,5</b>	1,0	<b>1,8</b>	2,6	<b>3,7</b>	3,7
16-20 nights	0,6	<b>0,2</b>	0,2	<b>0,2</b>	0,7	<b>0,8</b>	1,3	<b>1,6</b>	1,4
21-30 nights	1,0	<b>0,5</b>	0,3	<b>0,4</b>	1,0	<b>1,4</b>	2,0	<b>2,7</b>	1,2
31+ nights	1,0	<b>0,3</b>	0,2	<b>0,4</b>	0,8	<b>1,2</b>	2,7	<b>3,5</b>	4,7
<b>WOMEN</b>									
<i>Days</i>									
Total average (all)	1,5	<b>0,5</b>	0,8	<b>0,7</b>	1,2	<b>1,7</b>	2,5	<b>3,9</b>	3,8
Total average (hospitalised only)	13,7	<b>8,3</b>	8,4	<b>9,4</b>	12,7	<b>14,8</b>	17,0	<b>20,6</b>	19,0
<i>Percentage by length of stay</i>									
1 night	1,1	<b>1,4</b>	1,5	<b>1,1</b>	0,7	<b>1,1</b>	0,8	<b>1,0</b>	1,0
2 nights	0,9	<b>0,5</b>	1,2	<b>0,6</b>	0,7	<b>1,0</b>	1,3	<b>0,8</b>	1,0
3 nights	0,8	<b>0,7</b>	0,9	<b>0,8</b>	0,6	<b>0,9</b>	0,9	<b>0,9</b>	1,5
4 nights	0,8	<b>0,8</b>	1,0	<b>0,7</b>	0,7	<b>0,7</b>	0,5	<b>1,1</b>	0,5
5 nights	0,8	<b>0,8</b>	1,3	<b>0,8</b>	0,5	<b>0,8</b>	0,6	<b>0,7</b>	1,0
6-10 nights	2,7	<b>1,8</b>	2,4	<b>2,3</b>	2,7	<b>2,4</b>	3,5	<b>4,9</b>	3,1
11-15 nights	1,2	<b>0,4</b>	0,6	<b>0,5</b>	1,4	<b>1,8</b>	1,7	<b>2,7</b>	3,9
16-20 nights	0,6	<b>0,1</b>	0,2	<b>0,2</b>	0,5	<b>0,6</b>	1,1	<b>1,4</b>	1,4
21-30 nights	0,9	<b>0,3</b>	0,2	<b>0,5</b>	0,8	<b>1,1</b>	1,8	<b>1,9</b>	3,6
31+ nights	1,0	<b>0,2</b>	0,5	<b>0,3</b>	0,7	<b>1,1</b>	2,0	<b>3,2</b>	3,0
<b>MEN AND WOMEN</b>									
Total average (all)	1,5	<b>0,7</b>	0,6	<b>0,7</b>	1,2	<b>1,8</b>	3,0	<b>3,9</b>	4,3
Total average (hospitalised only)	14,0	<b>8,7</b>	8,8	<b>10,2</b>	12,2	<b>14,9</b>	17,6	<b>19,7</b>	21,2
1 night	1,0	<b>1,3</b>	1,1	<b>0,9</b>	0,9	<b>1,0</b>	1,0	<b>1,1</b>	0,8
2 nights	0,9	<b>1,0</b>	0,8	<b>0,6</b>	0,8	<b>0,9</b>	1,2	<b>1,0</b>	1,5
3 nights	0,8	<b>0,7</b>	0,7	<b>0,8</b>	0,6	<b>0,9</b>	1,2	<b>0,9</b>	1,3
4 nights	0,7	<b>0,8</b>	0,7	<b>0,7</b>	0,8	<b>0,7</b>	0,7	<b>1,0</b>	0,5
5 nights	0,7	<b>0,9</b>	0,5	<b>0,6</b>	0,6	<b>0,7</b>	0,9	<b>0,9</b>	0,9
6-10 nights	2,5	<b>1,8</b>	1,7	<b>1,9</b>	2,2	<b>2,6</b>	3,9	<b>4,6</b>	3,5
11-15 nights	1,2	<b>0,8</b>	0,5	<b>0,5</b>	1,2	<b>1,7</b>	2,1	<b>3,0</b>	3,8
16-20 nights	0,6	<b>0,2</b>	0,1	<b>0,2</b>	0,6	<b>0,7</b>	1,2	<b>1,5</b>	1,4
21-30 nights	0,9	<b>0,3</b>	0,4	<b>0,5</b>	0,9	<b>1,3</b>	1,9	<b>2,2</b>	3,0
31+ nights	1,0	<b>0,4</b>	0,3	<b>0,4</b>	0,8	<b>1,1</b>	2,3	<b>3,3</b>	3,6

\* without Sweden

Source: European Community Household Panel, Eurostat

## 6.2.15

## Discharges from hospitals by main group of diagnosis (patients admitted for night and day)

## Rate over total population - 1997

ICD9	Diagnosis	B	DK	D (96)	GR (93)	E (94)	F (93)	IRL (95)	I	L	NL	P	UK (93)	FIN	S	A	IS (94)	NO (1)	CH
I	Infectious and parasitic diseases	-	4,70	3,5	3,8	-	3,6	3,60	2,9	-	1,3	2,1	2,50	4,9	4,4	6,7	4,3	3,3	-
II	Neoplasms	-	22,50	16,5	14,6	8,0	18,9	8,30	10,8	-	9,3	4,8	18,0	21,3	17,3	30,0	15,9	18,2	-
II	Endoc., nutrit. and metabolic disea. and immunity disorders	-	4,40	5,5	3,4	1,70	4,8	2,10	9,2	-	2,0	1,8	2,60	4,0	3,6	8,6	3,7	2,3	-
IV	Diseases of blood and bloodforming organs	-	1,90	1,1	4,7	0,7	2,2	1,40	1,3	-	1,0	0,7	2,60	1,5	1,3	1,7	1,2	1,0	-
V	Mental disorders	-	2,60	9,5	3,3	2,40	5,3	1,30	4,7	-	1,5	1,1	6,50	2,3	2,0	10,6	2,7	-	-
VI	Diseases of the nervous system and sense organs	-	7,60	11,3	8,0	6,10	16,9	6,80	11,6	-	5,4	3,8	10,90	18,5	7,5	18,8	7,6	6,1	-
VII	Diseases of the circulatory system	-	24,00	30,8	19,3	10,10	22,2	14,70	24,7	-	16,2	10,2	17,40	29,7	28,9	38,7	21,7	23,0	-
VIII	Diseases of the respiratory system	-	15,50	12,2	11,0	7,80	14,6	16,50	11,7	-	7,2	6,5	13,70	17,7	11,7	19,2	15,1	12,2	-
IX	Diseases of the digestive system	-	16,40	17,9	14,9	11,70	27,2	13,70	18,2	-	9,0	9,8	20,50	16,6	13,4	22,9	13,5	10,6	-
X	Diseases of the genito-urinary system	-	10,70	13,0	11,6	6,90	13,5	9,40	11,4	-	5,6	5,1	16,80	12,2	8,5	17,4	16,7	7,8	-
XI	Deliveries and complicat. of pregnancy, childbirth and puer.	-	-	13,5	-	-	-	-	12,9	-	8,3	12,2	-	-	-	4,3	-	-	-
XII	Diseases of the skin and subcutaneous tissue	-	2,50	2,7	2,3	1,30	3,9	2,70	2,5	-	1,1	1,3	4,0	3,0	1,4	23,8	3,4	1,4	-
XIII	Diseases of the musculoskeletal system and connective tis.	-	10,70	12,7	5,9	4,90	12,8	6,30	9,2	-	8,1	2,9	11,10	20,2	8,7	2,0	12,3	9,5	-
XIV	Congenital anomalies	-	2,0	1,4	1,2	0,8	2,0	1,50	1,6	-	1,0	0,9	2,30	2,6	1,6	1,7	2,7	2,3	-
XV	Certain conditions originating in the perinatal period	-	3,40	1,4	1,6	1,20	1,6	0,7	2,3	-	3,9	0,3	4,0	1,4	1,5	7,5	1,4	1,8	-
XVI	Symptoms, signs and ill-defined conditions	-	18,30	6,6	9,0	6,80	20,0	12,0	8,4	-	6,3	2,1	15,40	12,4	14,8	29,8	9,0	10,7	-
XVII	Injury and poisoning	-	19,0	19,9	12,5	-	22,2	17,30	16,2	-	8,1	6,5	14,20	18,0	16,3	2,3	14,6	16,7	-
XVIII	Special admissions (incl. live births in hospitals)	-	-	-	-	-	24,4	-	0,0	-	7,3	15,0	-	-	-	-	-	-	-
<b>Total</b>		-	<b>190,10</b>	<b>179,5</b>	<b>139,3</b>	<b>104,70</b>	<b>225,8</b>	<b>126,10</b>	<b>159,6</b>	-	<b>102,5</b>	<b>87,1</b>	<b>208,6</b>	<b>207,8</b>	<b>161,7</b>	<b>240,9</b>	<b>178,3</b>	<b>148,2</b>	-

(1) Figures are for discharges, not for concluded treatment of patients in wards

Source: Eurostat / OECD

### 6.2.16 Average length of stay in hospitals (in days)

	EUR-15	B	DK	DE	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	:	:	18	24	15	:	18	13	19	27	38	22	24	24	27	26	28	21	26
1975	:	:	15	21	15	17	20	11	16	25	37	20	18	23	26	23	26	17	26
1980	18	19	13	19	13	15	17	10	14	23	35	18	14	22	23	19	23	14	25
1985	16	17	11	17	12	13	16	9	12	20	34	14	14	20	21	16	21	12	24
1986	16	16	10	17	12	13	15	8	12	20	34	14	14	19	21	15	21	11	24
1987	16	16	9	17	11	13	14	8	12	19	35	13	12	19	20	15	20	11	25
1988	:	15	9	16	11	13	14	8	12	18	35	13	12	20	19	:	18	10	:
1989	:	14	8	16	10	13	13	8	12	17	34	13	11	19	19	:	19	9	:
1990	15	14	8	17	10	12	13	8	12	18	34	13	11	18	18	16	18	:	:
1991	14	13	8	16	10	12	12	8	12	18	34	12	11	19	17	14	18	:	:
1992	13	12	8	16	9	12	12	8	11	17	34	12	10	17	10	12	17	:	:
1993	:	12	8	:	9	12	12	8	11	16	33	12	10	15	9	10	:	:	:
1994	12	12	7	15	9	11	12	7	11	16	33	11	10	13	8	10	:	10	:
1995	12	12	7	14	8	11	11	7	10	15	33	11	10	12	8	10	:	10	:
1996	12	11	7	14	8	11	11	7	9	15	33	11	10	12	8	:	:	10	:
1997	:	:	:	13	:	:	11	:	:	:	32	10	9	:	:	:	:	:	:

Source: OECD Health Data 99

## 6.2.17

## Average length of stay by main diagnosis (in days)

ICD9	Diagnosis	B	DK (1993)	D (1995)	GR (1993)	E (1994)	F (1995)	IRL (1995)	I (1994)	L	NL (1994)	P (1995)	UK (1993)	FIN (1995)	S (1995)	A (1995)
I	Infectious and parasitic diseases	-	5,60	10,90	6,0	11,50	7,0	6,10	10,8	-	12,7	12,6	6,60	7,9	5,5	9,5
II	Neoplasms	-	7,10	11,90	8,0	12,50	8,7	12,30	12,7	-	12,4	12,0	9,40	8,1	7,9	9,5
II	Endoc., nutrit. and metabolic disea. and immunity disorders	-	12,80	13,10	8,0	11,90	7,6	8,90	11,0	-	13,0	9,2	10,40	11,5	7,6	12,8
IV	Diseases of blood and bloodforming organs	-	6,30	10,90	4,0	16,80	8,8	6,70	10,5	-	10,3	9,0	6,60	7,2	6,0	8,8
V	Mental disorders	-	9,00	38,10	94,0	93,70	8,2	13,10	19,6	-	32,5	17,1	86,40	49,2	40,3	46,7
VI	Diseases of the nervous system and sense organs	-	5,50	9,80	7,0	6,80	5,2	7,10	9,4	-	6,9	6,5	8,10	9,4	7,4	9,2
VII	Diseases of the circulatory system	-	9,30	13,20	8,0	11,60	8,3	10,60	12,1	-	11,3	9,9	12,40	17,6	8,1	14,1
VIII	Diseases of the respiratory system	-	5,80	9,50	6,0	8,60	6,6	6,50	9,2	-	9,6	8,4	8,00	10,9	5,2	8,9
IX	Diseases of the digestive system	-	5,60	10,50	7,0	8,60	6,2	6,20	9,6	-	9,4	7,8	5,90	5,8	5,1	9,3
X	Diseases of the genito-urinary system	-	4,30	8,30	6,0	8,10	5,8	5,40	7,8	-	7,8	6,1	5,30	5,6	4,6	6,9
XI	Deliveries and complicat. of pregnancy, childbirth and puer.	-	3,60	6,70	5,0	7,20	6,0	4,40	5,8	-	7,3	3,8	3,00	4,0	3,6	6,3
XII	Diseases of the skin and subcutaneous tissue	-	7,40	13,50	7,0	4,20	6,5	8,00	9,1	-	12,7	7,9	10,60	8,5	8,7	9,0
XIII	Diseases of the musculoskeletal system and connective tis.	-	9,30	14,20	9,0	8,40	8,1	9,50	11,1	-	9,9	11,0	9,70	7,0	7,9	11,0
XIV	Congenital anomalies	-	5,30	10,10	8,0	10,20	7,3	6,10	7,8	-	8,6	7,6	6,00	5,0	5,0	8,6
XV	Certain conditions originating in the perinatal period	-	10,10	12,90	8,0	8,30	12,4	10,00	8,7	-	8,8	8,3	6,40	10,1	11,3	11,9
XVI	Symptoms, signs and ill-defined conditions	-	8,00	4,40	4,0	9,70	5,9	4,10	7,5	-	8,0	6,3	5,30	5,4	3,1	7,2
XVII	Injury and poisoning	-	7,60	11,50	7,0	8,10	6,3	5,10	7,9	-	11,9	10,0	7,80	9,7	6,9	8,9
XVIII	Special admissions (incl. live births in hospitals)	-	-	-	-	-	5,7	-	6,4	-	5,2	4,2	-	4,3	6,1	4,2
	No diagnosis	-	-	-	-	-	-	-	-	-	-	-	-	6,4	27,6	-
<b>Total</b>		-	<b>6,30</b>	<b>12,50</b>	<b>8,8</b>	<b>10,60</b>	<b>6,8</b>	<b>7,10</b>	<b>9,8</b>	-	<b>9,7</b>	<b>7,6</b>	<b>7,1</b>	<b>11,8</b>	<b>8,7</b>	<b>11,5</b>

Source: Eurostat and OECD

## 6.2.18 Admissions (in-patient care) as % of population

	EUR-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	:	9,3	14,4	15,4	10,5	:	7,4	12,4	15,7	13,4	10,0	15,5	6,9	18,2	16,6	10,9	16,4	13,2	13,1
1975	:	11,8	17,7	16,9	10,8	8,1	16,5	15,6	18,1	13,7	11,0	17,0	8,3	18,9	18,1	11,6	19,0	14,7	11,4
1980	:	13,6	18,3	18,8	11,8	9,3	19,3	17,2	18,1	16,6	11,7	19,5	8,9	21,0	18,3	13,6	22,2	15,5	12,6
1985	:	14,9	19,9	19,9	11,9	9,3	21,1	17,0	17,0	18,8	11,4	21,6	8,5	22,6	20,0	15,5	24,5	16,6	13,1
1986	:	17,3	20,3	20,6	12,0	9,2	21,6	17,0	16,7	19,0	11,2	22,2	8,7	22,3	19,7	15,7	24,6	16,6	13,3
1987	:	17,5	20,5	21,1	12,1	9,4	21,7	16,8	16,7	19,3	11,0	22,6	9,4	22,6	20,0	15,8	25,5	16,3	13,2
1988	:	17,7	20,9	21,5	12,1	9,7	22,3	15,2	16,6	19,9	10,9	22,8	9,7	22,6	20,0	17,6	28,1	16,7	13,6
1989	:	18,0	21,1	21,6	12,6	9,7	22,8	14,6	15,3	20,9	11,0	23,1	10,6	22,7	19,6	18,1	28,3	15,3	12,0
1990	:	18,6	21,2	20,0	12,8	9,7	23,2	15,1	15,5	19,9	10,9	23,4	10,8	22,4	19,5	18,4	28,7	15,6	13,9
1991	:	19,2	21,1	20,1	13,1	10,0	23,5	15,0	15,0	20,0	10,9	23,6	10,9	22,7	19,9	19,3	28,2	15,5	:
1992	:	19,6	21,4	20,5	13,7	10,2	23,6	14,5	15,5	20,3	11,0	23,9	11,2	23,5	19,5	19,9	29,2	15,6	14,6
1993	:	19,7	21,5	20,7	14,0	10,5	23,3	15,5	15,9	19,6	11,0	24,1	11,4	24,4	19,5	20,8	:	15,8	:
1994	:	19,8	20,4	21,2	14,8	10,7	22,8	15,4	16,0	19,4	11,2	24,4	11,5	25,1	19,2	21,6	:	15,1	15,0
1995	:	19,6	19,8	21,9	15,0	10,0	22,7	15,5	16,2	:	11,1	24,7	11,3	25,4	18,5	23,0	:	15,0	:
1996	:	20,0	19,8	20,9	:	10,0	22,5	15,2	18,5	:	11,1	25,1	11,4	25,7	18,1	23,1	:	15,3	:
1997	:	:	:	22,1	:	:	23,0	:	:	:	11,0	26,6	11,8	:	:	:	:	:	:

Source: OECD Health Data, 1999

## 6.2.19 Satisfaction with health services - 1998

	Very satisfied	Fairly satisfied	Neither satisfied	Fairly dissatisfied	Very dissatisfied	Other	PPP per capita (1997)
EU-15	9,2	32,1	29,4	17,8	10,1	1,4	1 698
B	9,9	46,4	29,3	9,7	2,3	2,4	1 768
DK	14,1	34,1	24,9	18,3	7,2	1,4	2 042
D	10,8	32,4	28,0	18,5	9,0	1,3	2 364
EL	2,1	8,6	23,8	27,0	37,8	0,7	1 196
E	5,2	25,6	39,2	22,0	7,0	1,0	1 183
F	11,0	48,7	28,5	8,3	2,5	1,0	2 047
IRL	5,1	18,8	28,7	26,8	16,3	4,3	1 293
I	1,3	13,6	34,2	30,1	20,3	0,5	1 613
L	12,9	36,8	31,2	11,9	3,2	4,0	2 303
NL	7,9	61,8	22,3	4,8	1,8	1,4	1 933
A	34,8	35,8	17,3	6,4	1,9	3,6	1 905
P	0,6	5,1	21,1	32,8	39,9	0,5	1 146
FIN	29,0	49,0	13,4	5,5	2,2	0,9	1 525
S	13,3	32,6	30,6	16,4	5,7	1,4	1 762
UK	13,1	36,2	28,4	13,1	6,4	2,8	1 391

Original question: On a scale from 1 to 10, how satisfied are you with health services in your country ?

Very satisfied (9-10), fairly satisfied (8-7), neither satisfied (6-5), fairly dissatisfied (4-3) and very dissatisfied (2-1)

Sources: Eurobarometer 50.1, European Commission  
OECD Health Data 1999 (for PPP per capita)



## 6.2.20

## Attitudes regarding frequency in using health care facilities - 1996

	Agree strongly	Agree slightly	Uncertain	Disagree slightly	Disagree strongly	No answer
EU-15	16,5	35,0	14,2	20,8	7,9	5,6
B	11,7	35,2	17,8	17,7	11,2	6,3
DK	24,9	39,1	7,4	17,4	8,4	2,8
D	11,0	27,4	17,1	30,1	7,7	6,8
EL	13,9	29,5	17,2	25,3	7,2	6,9
E	18,7	43,9	12,7	14,6	2,4	8,3
F	20,7	46,0	13,7	12,0	5,6	2,0
IRL	16,5	32,2	14,8	20,7	8,5	7,3
I	23,7	30,0	16,8	11,1	11,5	6,8
L	22,5	38,2	14,6	13,5	2,3	8,8
NL	19,0	42,0	7,7	13,7	12,2	5,4
A	20,7	32,1	14,3	17,6	7,4	8,0
P	5,3	30,4	21,3	29,9	5,1	7,9
FIN	5,1	31,3	7,6	41,2	9,8	5,2
S	8,7	27,5	18,5	34,1	5,5	5,7
UK	14,7	36,1	8,4	27,7	9,8	3,3

Question: People use health care facilities too frequently.

Source: Eurobarometer 44.3, European Commission

## 6.2.21

## Opinion on institutions which should be responsible for health services - 1998

	Local/national Government	Companies	Associations	Others
EU-15	86,0	5,7	4,7	3,6
B	85,1	5,3	0,1	9,5
DK	89,7	8,6	0,1	1,6
D	78,7	6,2	5,8	9,3
EL	81,6	8,9	7,9	1,6
E	90,2	3,3	2,0	4,5
F	92,1	3,7	3,0	1,2
IRL	94,9	0,6	0,8	3,7
I	78,1	12,2	3,6	6,1
L	89,1	2,8	2,5	5,6
NL	96,1	1,6	1,0	1,3
A	85,2	11,1	13,7	10,0
P	96,7	1,2	0,8	1,3
FIN	95,5	1,4	0,2	2,9
S	87,1	9,9	0,3	2,7
UK	93,4	2,3	1,3	3,0

Original question: For each of the following areas (Health services), please tell me if you think it should be taken care of more by local/national government, by private companies or by associations ?

Sources: Eurobarometer 50.1, European Commission

## 6.2.22

**Medical high-tech facilities per million of population 1997**

	Lithotriptors	Scanners	Radiation treatment equipment	Magnetic Resonance Imager	Mammographs	Hemodialysis stations
A	1,6	24,9	3,7	8,4	:	84,8
B	1,6	17,0	:	3,3	:	:
DK	1,7	17,1	4,6	6,2	:	:
FI	:	5,8	:	1,3	:	:
F	0,4	12,5	14,2	2,4	38,2	:
DK	0,8	9,7	7,8	2,5	:	168,9
EL	3,3	6,1	6,5	1,2	:	102,3
IRL	0,8	4,3	:	0,3	:	:
I	2,9	14,7	2,4	4,1	:	156,5
L	2,4	23,9	0,0	2,4	26,3	:
NL	0,8	9,1	:	3,9	:	:
P	1,2	12,3	2,9	2,6	3,6	195,7
E	1,8	9,3	3,3	3,3	:	:
S	0,3	13,8	0,8	6,8	:	:
UK	:	8,3	:	3,4	:	:
IS	3,7	14,8	14,8	7,4	18,5	:
NO	:	11,8	:	0,7	:	:
CH	:	18,0	:	7,5	:	:

Scan: B (94), DK (90), EL (96), IRL (90), NL (93), S (93), UK (93), N (90), CH (93)

MRI: B (93), DK (90), FI (90), EL (96), IRL (90), NL (95), S (95), UK (95), N (90), CH (93)

Lith: B (92), EL (94), IRL (88), I (96), NL (90), S (93)

RTE: EL (94), S (93)

Hemo: EL (94)

Source: OECD Health Data - 1999

## 6.2.23

### Number of consultations of a general practitioner, medical specialist or dentist during the last 12 months - 1996

	EUR 12 (1)	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK
<b>Mean number of times having consulted</b>																
<b>a general practitioner</b>	4,2	5,2	2,9	5,1	2,2	3,9	:	3,5	4,1	3,2	2,9	4,8	3,4	:	:	(3,8)
<b>medical specialist</b>	1,9	1,8	0,9	3,2	1,7	1,8	:	0,7	1,1	2,1	1,8	1,8	1,2	:	:	(1,1)
<b>dentist</b>	1,4	1,3	1,7	2,0	0,7	0,9	:	0,7	1,0	1,6	1,7	1,5	0,7	:	:	(1,4)
<b>Percentage of persons having consulted a doctor</b>																
<b>dentist or optician during the last 12 months (%)</b>																
<b>1 or 2 times</b>	19,0	17,0	26,0	13,0	19,0	23,0	:	27,0	21,0	16,0	24,0	18,0	19,0	:	:	(22,0)
<b>3 to 5 times</b>	27,0	26,0	35,0	27,0	21,0	22,0	:	24,0	24,0	31,0	33,0	28,0	23,0	:	:	(32,0)
<b>6 to 9 times</b>	18,0	18,0	19,0	21,0	11,0	13,0	:	12,0	15,0	26,0	19,0	20,0	16,0	:	:	(19,0)
<b>more than 10 times</b>	24,0	29,0	14,0	34,0	15,0	21,0	:	16,0	21,0	22,0	18,0	26,0	18,0	:	:	(19,0)
<b>Never</b>	12,0	8,0	5,0	5,0	33,0	20,0	:	21,0	19,0	5,0	6,0	8,0	23,0	:	:	(8,0)

(1) twelve available countries (without France)

Source: European Community Household Panel, Eurostat

**6.2.24**
**Opinion on time spent by doctors discussing preventive action and healthy lifestyle - 1996**

	Agree strongly	Agree slightly	Uncertain	Disagree strongly	Disagree strongly	No answer
EU-15	25,8	34,9	11,9	14,9	5,5	7,3
B	15,2	35,5	19,1	18,4	4,3	7,6
DK	31,8	34,1	5,4	15,0	8,3	5,4
D	15,7	30,9	15,3	22,7	8,5	7,2
EL	35,8	31,7	14,8	9,5	3,9	4,5
E	32,7	43,5	7,9	7,7	1,7	6,5
F	25,8	38,4	13,3	12,8	5,6	4,3
IRL	33,1	32,4	12,7	10,9	3,5	7,5
I	49,7	20,1	12,9	6,6	3,9	7,1
L	17,4	35,5	12,0	19,1	6,2	9,9
NL	24,0	29,1	6,3	16,7	16,0	7,8
A	21,6	32,4	17,7	15,0	5,0	8,1
P	18,8	44,0	13,9	10,9	1,1	11,6
FIN	20,8	47,4	3,1	19,7	5,6	3,4
S	14,7	33,3	14,5	22,0	3,5	12,0
UK	25,1	35,7	10,2	17,0	5,4	6,7

Question: Doctors do not spend enough time discussing preventive action and healthy lifestyle with their patients

Source: Eurobarometer 44.3, European Commission

**6.2.25**
**Medicines /person - Number of containers (1)**

	EUR-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	:	:	5,9	:	5,8	9,2	26,0	:	15,7	11,3	9,1	16,6	:	4,0	:	5,5	:	:	:
1975	:	9,0	6,2	:	8,2	12,2	34,0	10,1	20,2	:	:	17,4	14,5	4,9	:	6,2	:	5,3	:
1980	:	10,3	6,5	14,3	6,9	14,4	38,0	11,4	27,8	:	:	14,9	15,4	5,1	4,4	6,6	7,1	:	:
1985	:	8,2	5,9	12,0	9,0	:	46,0	9,1	27,4	:	:	14,3	14,2	5,6	4,8	7,0	11,4	6,3	:
1990	:	9,6	5,9	13,5	7,5	22,7	50,0	11,0	28,6	:	:	15,7	17,4	6,1	5,3	7,8	13,9	7,0	:
1991	:	10,4	6,5	14,3	7,5	25,3	50,0	12,5	28,0	:	:	16,1	18,3	6,3	5,3	8,2	14,6	6,8	:
1992	:	10,8	6,9	14,9	8,0	25,1	50,0	13,1	28,0	:	:	16,6	18,6	6,0	5,6	8,6	14,9	6,9	:
1993	:	10,4	7,0	13,1	8,5	25,5	52,0	13,5	26,2	:	:	16,8	19,2	5,9	5,7	9,0	14,6	6,8	:
1994	:	:	7,1	12,8	9	24,9	51,0	:	24,4	:	:	17,2	19,8	5,7	5,9	9,0	14,9	6,9	:
1995	:	:	7,3	:	:	26,0	52,0	:	25,3	:	:	17,4	21,6	6,0	6,1	9,3	16,0	:	:
1996	:	:	7,4	:	:	26,5	52,0	:	25,9	:	:	17,2	22,3	6,3	6,4	:	16,4	:	:
1997	:	:	:	:	:	:	51,0	:	25,8	:	:	16,7	22,4	6,4	:	:	17,4	:	:

(1) There is no ideal definition for this time series. The data collected refer to the number of medicines (items or packages) or the number of prescriptions (some of which are renewable) per person.

Source: OECD Health Data 99

## 6.2.26

## Drugs purchases by type of drug - Retail pharmacies - 1999

(in \$ and % change over previous year)

	Five EU countries		D		F		I		UK		E		USA	
	\$ mill	%	\$ mill	%	\$ mill	%	\$ mill	%	\$ mill	%	\$ mill	%	\$ mill	%
Total	53 918	:	15 738	6	14 123	5	9 462	9	8 983	10	5 612	11	86 048	16
Cardiovascular	12 853	24	3 737	4	3 618	2	2 251	12	1 966	17	1 281	12	15 668	13
Alimentary mets	8 522	16	2 576	7	2 145	5	1 379	7	1 545	5	877	10	12 983	15
Central nervous system	7 687	14	1 965	8	2 094	10	1 101	11	1 583	12	944	17	17 869	16
Anti-infectives	4 957	9	1 388	7	1 439	-5	1 174	4	450	1	506	0	8 720	16
Respiratory	5 369	10	1 442	4	1 296	4	801	11	1 231	3	599	11	8 637	17
Genito-urinary	3 169	6	957	6	888	6	560	18	519	12	245	17	5 744	13
Musculoskeletal	2 603	5	676	2	670	2	514	7	477	9	266	11	4 350	52
Dermatologics	2 052	4	628	0	510	2	321	9	382	1	211	8	3 241	7
Cystostatics	2 033	4	774	16	284	38	467	-1	260	15	248	7	2 381	24
Blood agents	1 339	3	408	21	326	11	358	10	96	39	151	13	1 368	26
Sensory organs	979	2	237	7	271	7	202	16	157	13	112	20	1 695	5
Miscellaneous	366	1	203	-1	86	0	31	-1	38	5	8	5	1 181	9
Hormones	1 049	2	336	4	262	17	169	-2	125	34	157	7	1 030	14
Diagnostic agents	752	1	339	16	190	10	111	19	109	18	3	7	1 042	15
Hospital solutions	91	0	49	5	13	0	17	-38	10	8	2	0	1	-2
Parasitology	97	0	23	1	31	0	6	2	35	-5	2	-10	138	-17

Source: Drug Monitor, IMS Health, December 1999

**6.2.27**
**% of population consuming medicines or vitamins without prescription - 1996**

	EUR-15	B	DK	D	EL	I	E	F	IRL	UK	L	NL	P	FIN	S	A
<b>MALES</b>																
Medicines	10,7	12,5	6,9	11,0	8,8	12,4	15,2	8,1	4,7	9,8	10,0	6,6	11,9	10,6	9,9	10,8
Vitamines	5,4	6,9	10,4	8,2	1,0	2,7	3,4	4,9	2,7	6,1	8,7	4,9	1,9	6,6	6,8	8,7
Both	2,2	2,4	3,6	2,6	0,4	1,8	1,6	3,4	0,8	1,4	2,6	1,1	0,6	4,5	2,3	5,7
<b>FEMALES</b>																
Medicines	15,2	18,4	10,6	14,4	11,0	16,8	22,7	15,9	7,9	13,0	12,4	6,4	16,1	15,2	12,0	14,2
Vitamines	7,9	9,3	18,7	10,6	2,1	3,9	3,8	5,2	11,6	11,9	10,2	8,7	1,8	12,3	13,9	12,9
Both	4,0	8,5	6,9	7,7	1,5	2,0	1,3	3,9	2,7	2,8	4,0	2,2	3,1	6,0	3,8	4,5
<b>ALL</b>																
Medicines	13,0	15,6	8,8	12,8	9,9	14,7	19,0	12,1	6,3	11,4	11,3	6,5	14,1	13,0	11,0	12,6
Vitamines	6,7	8,1	14,6	9,4	1,5	3,3	3,6	5,0	7,2	9,1	9,5	6,8	1,9	9,5	10,4	10,9
Both	3,1	5,6	5,3	5,2	1,0	1,9	1,4	3,7	1,8	2,1	3,3	1,6	1,9	5,3	3,1	5,1

Source: Eurobarometer 44.3, European Commission

**6.3.1**
**Caesarean sections per 1 000 live births**

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	:	:	57,0	:	130,0	:	:	:	:	:	21,4	:	23,3	60,0	:	:	31,0	:	:
1975	:	:	75,0	:	120,0	:	:	:	:	:	27,7	:	55,0	79,0	74,6	:	49,0	:	:
1980	94,4	74,0	104,0	:	180,0	:	:	:	112,0	13,2	46,8	:	70,6	:	118,4	:	74,0	83,8	:
1985	117,4	94,2	128,9	:	180,0	:	:	77,1	158,0	16,7	64,1	:	101,3	148,0	120,6	82,0	112,3	119,7	:
1986	119,7	97,1	130,7	:	150,0	113,7	120,7	84,9	157,0	16,0	:	:	122,8	152,0	115,8	93,9	118,3	120,9	198,0
1987	129,2	95,9	126,2	:	200,0	121,5	:	89,1	175,0	16,6	:	:	132,2	142,8	112,3	:	130,0	129,2	192,0
1988	136,5	102,3	129,9	:	210,0	129,0	128,5	96,5	187,9	17,3	:	:	147,8	138,9	111,9	:	119,6	127,8	192,0
1989	142,3	105,0	125,6	:	220,0	137,3	127,9	100,8	196,3	16,9	:	:	159,2	141,3	110,0	:	114,7	129,4	171,0
1990	149,1	104,5	124,0	157,0	240,0	142,2	126,9	105,4	207,9	16,5	74,1	:	186,1	135,2	107,9	:	118,1	127,5	169,0
1991	158,4	116,1	122,4	152,2	240,0	150,3	142,1	115,6	226,0	17,0	77,4	:	200,1	143,1	112,3	112,8	114,3	124,8	186,0
1992	164,5	119,7	122,2	159,4	:	162,0	148,3	120,4	232,4	17,4	79,5	:	217,9	144,9	112,0	:	134,3	125,6	177,0
1993	171,3	:	125,2	165,7	:	173,3	151,0	128,7	241,3	:	84,4	:	225,2	145,8	116,0	:	129,8	124,8	:
1994	176,0	:	125,2	170,7	:	177,8	153,7	:	247,6	16,8	91,8	:	238,7	153,0	117,3	:	137,6	126,0	:
1995	179,4	:	124,8	172,4	:	188,0	154,7	:	:	16,4	96,5	123,9	241,7	155,8	120,0	:	141,1	126,4	:
1996	179,4	:	126,6	176,1	:	:	158,0	49,4	:	16,4	100,6	130,9	246,3	157,3	117,3	141,5	151,5	127,3	:
1997	:	:	:	181,4	:	:	:	:	264,1	16,9	103,9	139,5	274,1	155,1	:	:	162,6	128,8	:
1998	:	:	:	:	:	:	:	:	:	18,1	:	145,8	275,3	:	:	:	:	:	:

Source: Health for All Database, WHO, 2000

### 6.3.2 Organ transplantation (Absolute figures)

	EU-15	A	B/L	DK	FIN	F	D	EL	I	NL	P	E	S	UK/IRL	CH	NO	USA
<b>Kidney (1)</b>																	
1992	:	:	:	185	:	:	2 092	:	:	491	:	1 492	:	:	204	:	9 673
1993	:	:	:	188	:	:	2 164	:	:	440	:	1 488	:	:	238	:	10 294
1994	:	:	:	177	:	1 514	1 972	:	:	390	:	1 633	:	:	232	:	10 540
1995	<b>10 796</b>	304	350	154	166	1 569	2 128	131	1 149	491	370	1 800	276	1 908	199	189	10 949
1996	<b>10 758</b>	365	443	168	178	1 638	2 015	106	1 237	505	401	1 705	308	1 689	209	186	11 185
1997	<b>11 325</b>	334	429	160	144	1 688	2 249	134	1 309	510	388	1 861	334	1 785	236	180	11 475
1998	11 697	373	387	202	187	1 885	2 340	169	1 241	484	310	1 995	357	1 767	261	203	12 032
1999	:	:	:	:	163	:	:	:	:	:	:	2 022	301	:	246	204	:
<b>Heart</b>																	
1992	:	:	:	26	:	:	516	:	:	44	:	254	:	:	37	:	2 160
1993	:	:	:	35	:	:	505	:	:	55	:	287	:	:	47	:	2 277
1994	:	:	:	27	:	398	478	:	:	60	:	292	:	:	49	:	2 321
1995	<b>2 237</b>	<b>108</b>	101	30	26	408	475	10	390	48	5	278	21	337	43	22	2 344
1996	<b>2 162</b>	<b>103</b>	107	32	29	397	489	7	345	60	9	282	22	280	41	22	2 319
1997	<b>2 390</b>	<b>92</b>	124	33	20	419	584	8	372	53	7	317	40	321	35	24	2 266
1998	<b>2 188</b>	<b>94</b>	96	27	18	369	528	13	336	41	7	342	36	281	44	33	2 307
1999	:	94	91	26	13	:	480	:	:	43	:	332	34	:	47	32	:
<b>Liver</b>																	
1992	:	:	:	30	:	:	502	:	:	65	:	468	:	:	45	:	2 989
1993	:	:	:	49	:	:	590	:	:	66	:	495	:	:	51	:	3 367
1994	:	:	:	54	:	567	586	:	:	75	:	614	:	:	60	:	3 549
1995	<b>3 607</b>	<b>110</b>	138	36	31	654	586	7	404	98	70	698	87	688	47	19	3 818
1996	<b>3 739</b>	<b>132</b>	147	41	29	651	699	10	426	76	115	700	75	638	67	20	3 916
1997	<b>4 020</b>	<b>131</b>	139	39	28	623	762	18	473	89	143	790	92	693	55	18	4 001
1998	<b>4 232</b>	<b>133</b>	139	34	39	693	699	18	549	100	134	899	105	690	77	25	4 339
1999	:	145	177	31	30	:	719	:	:	95	:	960	93	:	55	29	:
<b>Lung</b>																	
1992	:	:	:	:	:	:	:	:	:	:	:	10	:	:	1	:	535
1993	:	:	:	:	:	:	:	:	:	:	:	20	:	:	15	:	667
1994	:	:	:	:	:	:	:	:	:	:	:	36	:	:	24	:	722
1995	<b>440</b>	<b>29</b>	16	18	4	81	60	1	41	20	0	45	16	109	18	14	870
1996	<b>530</b>	<b>29</b>	19	28	5	69	86	3	55	20	0	76	23	117	31	7	807
1997	<b>555</b>	<b>30</b>	26	22	3	62	89	1	74	10	1	108	17	112	16	13	926
1998	<b>661</b>	<b>61</b>	32	36	1	88	116	0	65	17	0	128	33	84	30	9	859
1999	:	66	28	46	-	:	125	:	:	17	:	135	26	:	32	:	:
<b>Pancreas (2)</b>																	
1992	:	:	:	:	:	:	:	:	:	:	:	26	:	:	11	:	551
1993	:	:	:	:	:	:	:	:	:	:	:	24	:	:	16	:	760
1994	:	:	:	:	:	:	:	:	:	:	:	16	:	:	16	:	840
1995	:	<b>8</b>	<b>19</b>	:	:	:	75	:	:	11	-	24	:	:	9	:	1 018
1996	:	<b>7</b>	<b>16</b>	:	:	:	113	:	:	17	-	24	:	:	7	:	1 014
1997	:	<b>25</b>	<b>19</b>	-	-	:	162	1	29	0	-	27	9	34	5	1	1 041
1998	<b>402</b>	<b>29</b>	<b>16</b>	-	-	47	175	-	52	16	-	28	10	29	4	6	1 196
1999	:	<b>27</b>	<b>33</b>	-	-	:	209	:	:	19	:	25	9	:	3	:	:

(1) cadaveric and living donors

(2) and kidney in most cases

Source: Eurostat

### 6.3.3 Organ transplantation (per million of population)

	EU-15	A	B/L	DK	FIN	F	D	EL	I	NL	P	E	S	UK/IRL	CH	NO
<b>Kidney (1)</b>																
1992	:	:	:	35,8	:	:	26,1	:	:	32,5	:	38,3	:	:	29,8	:
1993	:	:	:	36,3	:	:	26,7	:	:	28,9	:	38,1	:	:	34,5	:
1994	:	:	:	34,1	:	26,2	24,2	:	:	25,4	:	41,7	:	:	33,3	:
1995	29,1	37,8	33,2	29,5	32,6	27,0	26,1	12,5	20,1	31,8	37,3	45,9	31,3	30,7	28,4	43,5
1996	28,9	45,3	42,0	32,0	34,8	28,1	24,6	10,1	21,6	32,6	40,4	43,4	34,9	27,1	29,6	42,6
1997	30,3	41,4	40,5	30,3	28,1	28,9	27,4	12,8	22,8	32,8	39,1	47,4	37,8	28,5	33,3	41,0
1998	31,2	46,2	36,5	38,2	36,3	32,1	28,5	16,1	21,6	30,9	31,1	50,7	40,3	28,1	36,8	46,0
1999	:	:	:	:	31,6	:	:	:	:	:	:	51,3	34,0	:	34,6	45,9
<b>Heart</b>																
1992	:	:	:	5,0	:	:	6,4	:	:	2,9	:	6,5	:	:	5,4	:
1993	:	:	:	6,8	:	:	6,2	:	:	3,6	:	7,3	:	:	6,8	:
1994	:	:	:	5,2	:	6,9	5,9	:	:	3,9	:	7,5	:	:	7,0	:
1995	6,0	13,4	9,6	5,8	5,1	7,0	5,8	1,0	6,8	3,1	0,5	7,1	2,4	5,4	6,1	5,1
1996	5,8	12,8	10,1	6,1	5,7	6,8	6,0	0,7	6,0	3,9	0,9	7,2	2,5	4,5	5,8	5,0
1997	6,4	11,4	11,7	6,3	3,9	7,2	7,1	0,8	6,5	3,4	0,7	8,1	4,5	5,1	4,9	5,5
1998	5,8	11,6	9,0	5,1	3,5	6,3	6,4	1,2	5,8	2,6	0,7	8,7	4,1	4,5	6,2	7,5
1999	:	11,6	8,6	4,9	2,5	:	5,9	:	:	2,7	:	8,4	3,8	:	6,6	7,2
<b>Liver</b>																
1992	:	:	:	5,8	:	:	6,3	:	:	4,3	:	12,0	:	:	6,6	:
1993	:	:	:	9,5	:	:	7,3	:	:	4,3	:	12,7	:	:	7,4	:
1994	:	:	:	10,4	:	9,8	7,2	:	:	4,9	:	15,7	:	:	8,6	:
1995	9,7	13,7	13,1	6,9	6,1	11,3	7,2	0,7	7,1	6,4	7,1	17,8	9,9	11,1	6,7	4,4
1996	10,0	16,4	13,9	7,8	5,7	11,2	8,5	1,0	7,4	4,9	11,6	17,8	8,5	10,2	9,5	4,6
1997	10,8	16,2	13,1	7,4	5,5	10,7	9,3	1,7	6,2	5,7	14,4	20,1	10,4	11,1	7,8	4,1
1998	11,3	16,5	13,1	6,4	7,6	11,8	8,5	1,7	9,5	6,4	13,5	22,8	11,9	11,0	10,9	5,7
1999	:	17,9	16,6	5,8	5,8	:	8,8	:	:	6,0	:	24,4	10,5	:	7,7	6,5
<b>Lung</b>																
1992	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1993	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1994	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
1995	1,2	3,6	1,5	3,5	0,8	1,4	0,7	0,1	0,7	1,3	0	1,1	1,8	1,8	2,6	3,2
1996	1,4	3,6	1,8	5,3	1,0	1,2	1,1	0,3	1,0	1,3	0	1,9	2,6	1,9	4,4	1,6
1997	1,5	3,7	2,5	4,2	0,8	1,1	1,1	0,1	1,3	0,6	0,1	2,7	1,9	1,8	2,3	3,0
1998	1,6	7,6	3,0	6,8	0,2	1,5	1,4	0,0	1,1	1,1	0	3,3	3,7	1,3	4,2	2,0
1999	:	8,2	2,6	8,7	-	0,0	1,5	:	:	1,1	:	3,4	2,9	:	4,5	:
<b>Pancreas (2)</b>																
1992	:	:	:	:	:	:	:	:	:	:	:	0,7	:	:	:	:
1993	:	:	:	:	:	:	:	:	:	:	:	0,6	:	:	:	:
1994	:	:	:	:	:	:	:	:	:	:	:	0,4	:	:	:	:
1995	:	1,0	1,8	:	:	:	0,9	-	-	0,7	-	0,6	-	-	-	-
1996	:	0,9	1,5	:	:	:	1,4	-	-	1,1	-	0,6	-	-	-	-
1997	:	3,1	1,8	-	-	:	2,0	0,1	0,5	0,0	-	0,7	1,0	0,5	0,7	0,2
1998	1,1	3,6	1,5	-	-	0,8	2,1	:	0,9	1,0	:	0,7	1,1	0,5	0,6	1,4
1999	:	3,3	3,1	-	-	:	2,5	:	:	1,2	:	0,6	1,0	:	0,4	:

(1) cadaveric and living donors

(2) and kidney in most cases

Source: Eurostat



### 6.3.4

#### Patients undergoing dialysis per million population

	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO	CH
1970	:	19,7	21,1	16,3	3,2	3,3	21,8	15,9	6,1	5,9	31,9	10,4	2,1	14,6	26,7	16,7	9,8	4,4	33,3
1975	:	74,8	62,7	82,8	40,5	25,5	89,5	31,8	76,6	78,0	71,9	36,8	4,2	28,2	44,8	39,5	22,8	17,7	89,0
1980	:	156,8	101,3	176,0	75,3	126,8	184,2	51,5	168,0	186,3	119,4	104,2	26,7	44,4	89,9	68,2	30,5	39,2	161,5
1985	:	253,6	147,2	255,8	139,3	214,8	237,1	85,3	243,6	239,8	177,9	184,7	184,5	92,8	137,8	112,7	57,8	55,9	225,8
1990	:	261,2	193,5	297,3	236,2	264,3	236,3	90,1	256,2	252,6	219,3	243,2	275,0	124,2	140,8	154,1	97,7	58,2	243,9
1991	:	289,9	191,9	265,7	261,0	351,8	299,3	88,8	283,6	456,0	204,8	253,4	261,5	141,4	210,2	159,8	115,5	65,7	265,6
1992	:	299,5	200,6	222,9	244,0	358,9	288,1	69,0	262,5	364,1	226,8	264,1	237,0	144,6	214,6	172,1	95,3	71,4	232,7
1993	:	324,5	223,9	265,7	408,7	365,1	214,5	73,8	341,1	358,4	253,2	278,8	247,1	163,1	256,1	159,3	117,0	63,8	274,6
1994	:	329,4	247,2	230,9	481,6	389,3	369,5	98,6	316,4	337,5	263,8	302,9	303,3	169,3	253,7	147,3	131,1	60,9	264,5
1995	:	:	:	489,1	:	401,0	:	:	:	:	:	322,6	:	:	:	:	130,6	:	:
1996	:	:	:	506,4	:	405,4	:	:	:	:	:	326,3	:	:	:	:	77,8	:	:
1997	:	:	:	530,1	:	436,8	:	:	:	:	:	344,5	:	:	:	:	95,5	:	:

Source: OECD Health Data 99

## 6.3.5 Cardiac interventions

		EU-15	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	FIN	S	A	IS	NO	CH	
Open heart procedures (total)	1989	:	7 227	:	34 504	2 682	:	:	:	15 631	-	:	:	:	2 383	:	3 520	:	3 296	:	
	1990	162 671	7 933	1 663	38 783	2 682	10 065	30 613	857	19 955	-	12 305	2 378	21 907	2 602	7 211	3 717	135	3 334	:	
	1991	175 142	8 573	2 005	42 291	2 500	10 913	33 250	1 573	22 611	-	11 700	1 943	23 000	2 792	7 905	4 086	196	3 803	5 407	
	1992	202 393	9 243	2 514	48 953	4 813	12 022	34 747	1 616	26 223	-	12 905	2 781	28 000	4 332	9 400	4 844	254	3 944	5 752	
	1993	218 424	10 010	2 776	56 079	4 800	13 316	35 678	1 843	28 000	-	12 997	2 900	30 488	4 904	9 119	5 514	248	4 100	6 055	
	1994	236 339	10 936	3 251	65 346	5 040	14 137	37 001	1 113	28 295	-	13 929	3 200	32 624	5 600	10 100	5 769	267	3 762	5 632	
1995	255 181	11 574	3 235	78 184	5 300	15 551	38 000	2 147	28 500	-	14 148	3 678	35 000	4 982	8 733	6 149	243	3 846	6 258		
Open heart procedures (procedures/million)	1989	:	728	:	436	265	:	:	:	276	-	:	:	:	479	:	460	:	:	:	
	1990	436	794	323	486	263	259	538	243	352	-	820	241	380	521	839	477	:	:	:	
	1991	467	855	388	527	243	280	581	444	398	-	773	197	397	555	914	519	:	:	:	
	1992	537	918	485	605	465	308	604	454	460	-	847	282	482	857	1 081	608	32	495	722	
	1993	577	991	534	689	461	340	617	516	490	-	847	293	523	966	1 043	688	31	511	755	
	1994	623	1 080	623	801	483	361	638	310	494	-	903	323	558	1 098	1 146	718	33	468	700	
1995	670	1 141	616	956	506	396	652	594	497	-	913	371	596	974	988	763	30	477	777		
Number of cardiosurgical centres	1995	401	29	5	76	6	72	63	5	59	0	11	6	46	5	9	9	1	7	13	
Mean procedures/centre	1995	636	399	647	1029	883	216	603	429	483	-	1286	613	761	996	970	683	243	549	481	
Total cardiac interventions 1995																					
- coronary artery bypass grafting		163 742	7 292	2 173	51 698	3 900	7 500	20 500	1 500	16 500	-	11 600	2 000	25 000	3 487	6 751	3 841	218	3 070	4 485	
- valve surgery		58 456	2 430	441	16 665	1 000	6 000	10 600	430	8 600	-	1 500	1 200	6 300	797	1 037	1 456	10	400	1 735	
- congenital surgery		18 420	1 273	360	4 503	133	1 500	3 000	170	2 800	-	115	250	3 100	199	625	392	7	115	:	
- heart and heart-lung replacement		1 907	120	33	476	5	230	370	3	200	-	48	0	240	32	25	125	0	40	44	
- aortic aneurysm		5 506	128	52	1 345	64	310	1 500	6	570	-	40	4	1 000	94	221	172	2	40	:	
PTCA total of procedures	1992	:	7 879	903	56 890	1 628	6 714	30 870	:	9 342	-	10 521	531	11 150	1 068	2 844	3 780	:	:	:	
	1993	:	8 600	1 001	69 804	1 700	7 807	32 400	322	10 452	-	11 404	:	13 000	1 390	3 654	4 282	:	:	:	
	1994	:	:	:	:	:	:	:	:	:	-	:	:	:	:	:	:	:	:	:	
	1995	229 770	11 486	1 560	110 000	2 000	12 359	34 000	1 063	12 600	-	13 311	1 513	17 344	1 804	4 832	5 898	340	3 145	6 713	
Hearth catheterisation total of procedures	1992	:	35 287	4 115	242 791	:	42 333	:	:	73 372	-	:	:	66 945	5 200	:	18 806	:	:	:	
	1993	:	32 000	4 832	279 882	:	37 591	:	:	75 701	-	36 000	:	77 000	8 371	16 500	21 963	:	:	:	
	1994	:	:	:	:	:	:	:	:	:	-	:	:	:	:	:	:	:	:	:	
	1995	872 783	42 660	6 691	378 000	10 000	57 773	102 000	7 976	86 000	-	44 000	8 689	80 000	8 178	16 847	23 969	998	9 757	23 150	
Cardiac interventions 1995 per million																					
	- coronary artery surgery		430	719	414	632	373	191	352	415	288	-	756	202	426	687	764	477	27	381	557
	- valve surgery		154	240	84	204	96	153	182	119	150	-	98	121	89	157	117	181	1	50	215
	- congenital surgery		48	126	69	55	13	38	51	47	49	-	7	25	6	39	71	49	1	14	:
	- heart replacement		5	12	6	6	0	6	6	1	3	-	3	0	52	6	3	16	0	5	5
	- aortic aneurysm		14	13	10	16	6	8	26	2	10	-	3	0	5	19	25	21	0	5	:
PTCA procedures/million	1992	:	783	174	703	157	172	537	:	164	-	690	54	192	211	327	475	0	0	0	
	1993	:	851	193	858	163	200	561	90	183	-	743	:	223	274	418	534	0	0	0	
	1994	:	:	:	:	:	:	:	:	:	-	:	:	:	:	:	:	:	:	:	
	1995	604	1 132	297	1 344	191	315	584	294	220	-	859	153	295	353	547	732	42	390	833	
Hearth catheterisation procedures/million	1992	:	3 505	794	2 998	:	1 084	:	:	1 288	-	:	:	1 152	1 029	:	2 362	0	0	0	
	1993	:	3 168	930	3 441	:	961	:	:	1 325	-	2 347	:	1 321	1 649	1 887	2 740	0	0	0	
	1994	:	:	:	:	:	:	:	:	:	-	:	:	:	:	:	:	:	:	:	
	1995		4 206	1 274	4 620	956	1 472	1 751	2 206	1 500	-	2 840	876	1 363	1 598	1 906	2 976	124	1 211	2 873	

Source: European Heart Institute / Europäisches Herzinstitut, Salzburg

## 6.4.1

**Total expenditure on health as a proportion of GDP  
(Gross Domestic Product)**

	1960	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
EU 15	:	5,1	:	7,3	7,4	7,6	7,9	8,2	8,3	8,1	8,1	8,1	8,0
B	3,4	4,1	5,9	6,5	7,3	7,5	7,9	8,0	8,1	8,0	7,9	7,8	7,6
DK	3,6	5,9	6,3	9,3	8,7	8,3	8,2	8,2	8,5	8,3	8,1	8,1	8,0
D	4,8	6,3	8,8	8,8	9,3	8,7	9,4	9,9	9,9	10,0	10,4	10,8	10,7
EL	3,1	5,7	:	6,6	:	7,6	7,9	8,3	8,3	8,3	8,4	8,4	8,6
E	1,5	3,7	4,9	5,6	5,7	6,9	7,0	7,4	7,6	7,4	7,3	7,4	7,4
F	4,2	5,8	7,0	7,6	8,5	8,9	9,1	9,4	9,8	9,7	9,8	9,8	9,6
IRL	3,8	5,3	7,7	8,7	7,9	6,7	7,0	7,5	7,4	7,3	7,0	6,4	6,3
I	3,6	5,2	6,2	7,0	7,1	8,1	8,4	8,5	8,6	8,4	7,7	7,8	7,6
L	:	3,7	5,1	6,2	6,1	6,6	6,5	6,6	6,7	6,5	6,7	6,8	7,0
NL	3,8	5,9	7,5	7,9	7,9	8,3	8,6	8,8	9,0	8,8	8,8	8,7	8,5
A	4,3	5,3	7,2	7,7	6,7	7,2	7,2	7,6	8,1	8,1	8,0	8,0	8,3
P	:	2,8	5,6	5,8	6,3	6,4	7,0	7,2	7,5	7,5	7,8	7,9	7,9
FIN	3,9	5,7	6,4	6,5	7,3	8,0	9,1	9,3	8,5	7,9	7,7	7,8	7,4
S	4,7	7,1	7,9	9,4	9,0	8,8	8,7	8,8	8,9	8,7	8,5	8,6	8,6
UK	3,9	4,5	5,5	5,6	5,9	6,0	6,5	6,9	6,9	6,9	6,9	6,9	6,8
IS	3,3	5,0	5,8	6,2	7,3	7,9	8,1	8,2	8,3	8,1	8,2	8,2	7,9
NO	2,9	4,5	6,0	7,0	6,7	7,8	8,1	8,2	8,1	8,0	8,0	7,8	7,5
CH	3,1	4,9	6,6	6,9	7,7	8,3	8,9	9,3	9,4	9,5	9,6	10,1	10,0

Source: OECD Health Data 99

## 6.4.2

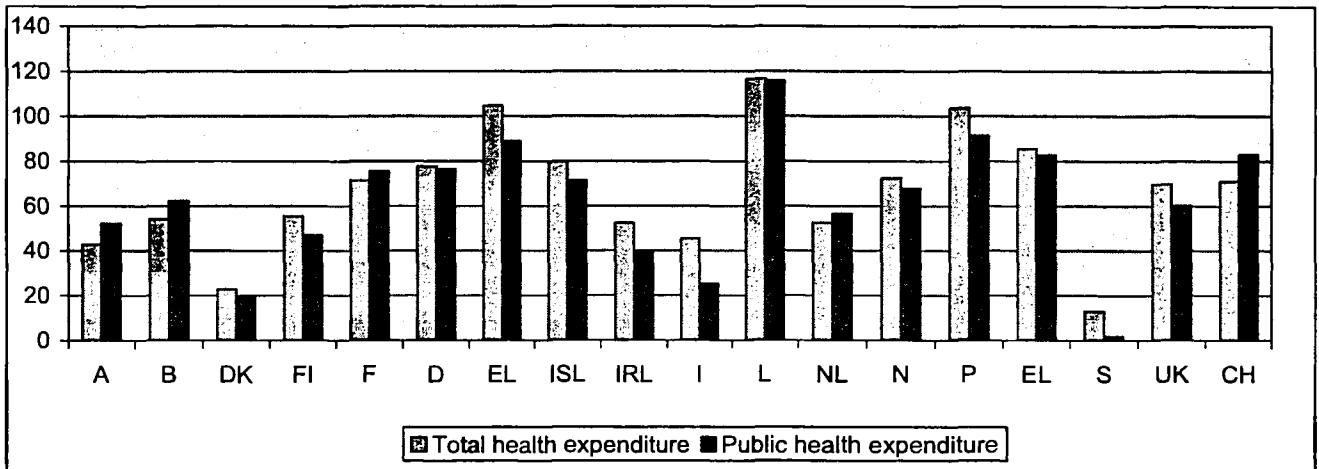
**Public expenditure on health as a proportion of GDP**

	1960	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
EU 15	:	3,9	:	5,8	:	6,0	6,2	6,4	6,4	6,2	6,2	6,2	6,1
B	2,1	3,5	4,7	5,4	6,0	6,7	6,9	7,1	7,2	7,1	6,9	6,8	6,7
DK	3,2	5,1	5,8	8,1	7,5	7,0	6,9	7,0	7,2	6,9	6,8	6,8	6,7
D	3,2	4,6	6,9	6,9	7,2	6,7	7,3	7,8	7,7	7,7	8,2	8,5	8,3
EL	1,5	2,4	:	3,7	:	4,8	4,8	4,9	4,8	4,9	4,9	4,9	5,0
E	0,9	2,4	3,8	4,5	4,6	5,4	5,5	5,8	6,0	5,9	5,7	5,8	5,6
F	2,4	4,3	5,4	6,0	6,5	6,6	6,8	7,0	7,3	7,2	7,3	7,3	7,1
IRL	2,9	4,3	6,1	7,1	6,0	4,9	5,2	5,5	5,5	5,3	5,2	4,8	4,9
I	3,0	4,5	5,2	5,6	5,5	6,3	6,6	6,5	6,3	5,9	5,4	5,5	5,3
L	:	3,3	4,7	5,7	5,5	6,1	6,0	6,1	6,2	6,0	6,2	6,2	6,4
NL	1,3	5,0	5,5	5,9	5,9	6,1	6,4	6,8	7,0	6,8	6,7	6,2	6,2
A	3,0	3,4	5,0	5,3	5,1	5,3	5,3	5,6	6,0	6,0	5,9	5,9	6,0
P	0,8	1,6	3,3	3,7	3,4	4,2	4,4	4,3	4,7	4,8	4,7	4,7	4,7
FIN	2,1	4,2	5,0	5,1	5,7	6,5	7,4	7,4	6,5	6,0	5,8	5,9	5,7
S	3,4	6,1	7,1	8,7	8,1	7,9	7,6	7,7	7,7	7,4	7,1	7,2	7,2
UK	3,3	3,9	5,0	5,0	5,0	5,1	5,4	5,9	5,8	5,8	5,8	5,8	5,8
IS	2,5	4,1	5,1	5,5	6,3	6,9	7,0	7,0	6,9	6,8	6,9	6,8	6,7
NO	2,3	4,1	5,7	5,9	5,7	6,5	6,8	7,0	6,7	6,6	6,7	6,5	6,2
CH	1,9	3,1	4,6	4,6	5,1	5,7	6,1	6,5	6,7	6,8	7,0	7,1	7,0

Source: OECD Health Data 99

### 6.4.3

#### Change (1980-1995) in total and public health expenditure on national currency units at 1990 GDP relative prices

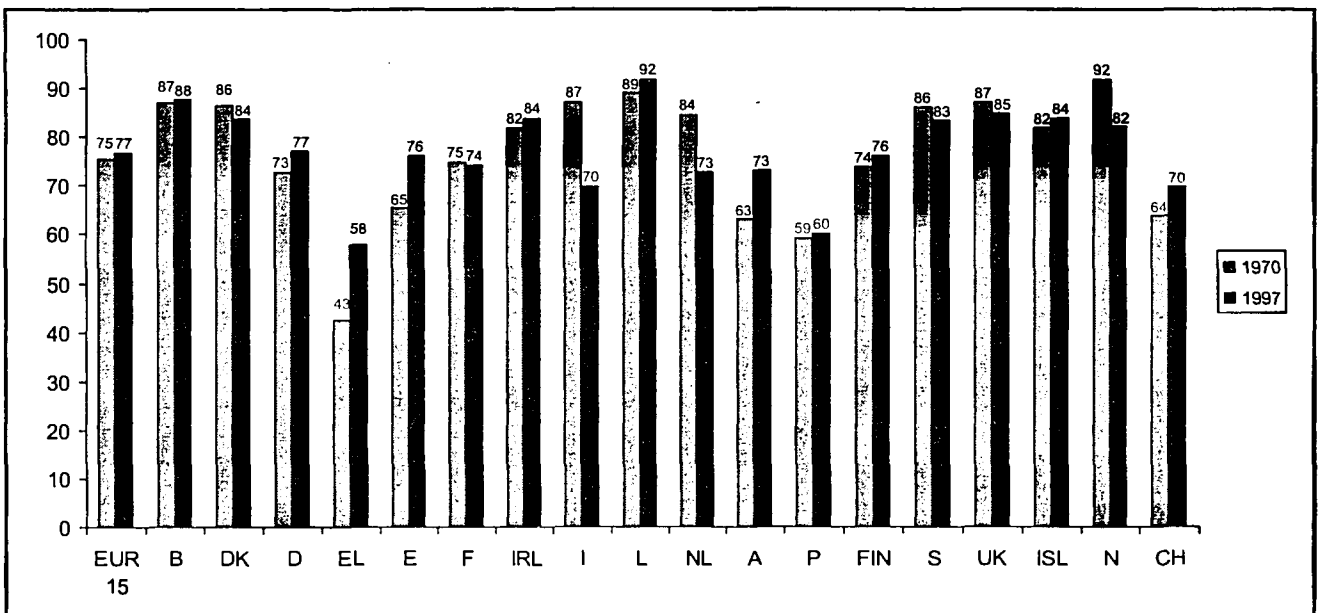


Value of the price index of the variable considered divided by the value of the price index of GDP, calculated as 1990=100. This is an indicator of the variation in the prices of the variable considered, compared to the variation of total production prices.

Source: OECD Health Data 99

### 6.4.4

#### Public share in total spending on health 1970-1997



Source: OECD Health Data 99

### 6.4.5 Total health expenditure - (in PPP per capita)

	1960	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
EU 15	:	156	:	577	:	1 186	1 265	1 376	1 424	1 479	1 568	1 628	1 698
B	53	130	305	578	882	1 247	1 381	1 518	1 600	1 656	1 698	1 725	1 768
DK	67	216	344	832	1 173	1 424	1 486	1 548	1 681	1 765	1 855	1 973	2 042
D	90	224	476	824	1 242	1 602	1 600	1 829	1 839	1 973	2 178	2 288	2 364
EL	21	100	:	345	:	702	772	886	917	978	1 054	1 113	1 196
E	14	82	185	325	454	815	900	975	1 010	1 015	1 063	1 122	1 183
F	72	206	389	701	1 082	1 539	1 656	1 783	1 834	1 869	1 984	2 005	2 047
IRL	35	98	234	455	592	759	856	1 013	1 050	1 156	1 246	1 189	1 293
I	49	154	287	579	830	1 321	1 449	1 541	1 515	1 562	1 534	1 615	1 613
L	:	147	310	605	892	1 495	1 575	1 745	1 891	1 956	2 120	2 147	2 303
NL	67	202	399	679	929	1 326	1 417	1 536	1 599	1 653	1 777	1 832	1 933
A	64	159	357	663	814	1 205	1 270	1 427	1 544	1 613	1 675	1 773	1 905
P	:	43	145	260	381	614	731	807	875	941	1 046	1 086	1 148
FIN	54	163	304	510	849	1 292	1 412	1 386	1 332	1 295	1 414	1 486	1 525
S	89	270	465	850	1 172	1 492	1 458	1 497	1 504	1 533	1 623	1 701	1 762
UK	74	144	271	444	669	955	1 006	1 151	1 165	1 213	1 253	1 358	1 391
IS	50	137	288	577	949	1 374	1 453	1 503	1 554	1 579	1 826	1 918	1 981
NO	46	131	297	632	915	1 365	1 513	1 680	1 724	1 746	1 860	2 010	2 017
CH	87	252	483	801	1 250	1 760	1 958	2 136	2 214	2 294	2 464	2 548	2 611

Source: OECD Health Data 99

### 6.4.6 Total expenditure on in-patient care (in PPP per capita)

	1960	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
EU 15	:	:	:	:	:	:	:	:	:	:	:	:	:
B	20	33	90	191	300	409	460	516	563	586	634	689	697
DK	34	121	215	503	731	866	868	900	973	1 032	1 090	1 154	1 381
D	:	:	64	176	253	360	414	447	473	472	481	504	:
EL	25	78	163	338	510	684	727	785	812	838	893	903	918
E	:	69	160	274	424	557	551	621	656	709	755	781	:
F	10	27	46	91	151	199	208	233	247	261	:	:	:
IRL	:	:	:	267	323	:	:	:	:	:	:	:	:
I	21	74	147	270	398	598	671	722	705	735	721	757	796
L	:	:	85	189	244	395	421	470	530	536	664	706	:
NL	:	112	221	389	521	693	745	802	839	865	931	967	1 017
A	15	46	90	125	188	257	269	291	312	329	344	368	:
P	:	:	:	75	101	198	241	282	319	346	379	:	:
FIN	23	81	145	247	386	571	619	600	548	526	563	614	629
S	:	:	:	:	:	:	:	:	:	:	:	:	:
UK	:	:	:	238	:	419	448	498	499	512	529	:	:
IS	17	66	135	341	536	754	805	805	840	853	1 004	1 053	1 090
NO	18	90	208	404	593	841	901	1 001	1 027	658	695	765	825
CH	39	105	189	341	612	871	1 007	1 097	1 138	1 181	1 250	1 255	:

Source: OECD Health Data 99

## 6.4.7

**Total expenditure on ambulatory care (in PPP per capita)**

	1960	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
EU 15	:	:	:	:	:	:	:	:	:	:	:	:	:
B	22	55	116	226	353	496	535	584	598	605	651	683	685
DK	:	63	87	175	229	334	365	370	402	399	390	396	379
D	:	72	155	283	408	503	503	585	586	633	717	773	
EL	:	23	43	85	:	:	:	:	:	:	:	:	:
E	:	:	:	41	53	88	104	115	120	:	:	:	:
F	20	55	100	176	293	448	487	522	529	528	554	559	565
IRL	:	:	:	:	:	:	:	:	:	:	:	:	:
I	18	56	98	159	222	384	423	448	453	473	458	474	494
L	:	33	76	299	460	738	786	876	987	871	1 098	1 091	
NL	21	:	111	188	250	393	417	444	453	473	500	513	543
A	16	38	71	128	183	290	302	339	366	392	420	454	500
P	:	:	:	:	:	:	:	:	:	:	:	:	:
FIN	24	60	117	204	366	572	639	642	630	637	699	725	742
S	:	:	:	:	:	:	:	:	:	:	:	:	:
UK	:	:	:	:	:	:	:	:	:	:	:	:	:
IS	:	:	94	98	183	315	341	369	387	387	429	448	455
NO	:	:	:	116	193	284	:	:	:	:	:	:	:
CH	:	216	364	520	696	748	813	837	880	963	:	:	:

Source: OECD Health Data 99

## 6.4.8

Constant prices - Final consumption of households on the economic territory in millions of specific PPS  
 Medical care and health expenses [CM 5]

Ratio per inhabitant

	EU 15	Eurozone	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS
1960	:	:	277 607	:	485 043	48 731	:	142 359	:	70 631	:	:	:	:	:	:	:	:
1965	:	:	334 001	:	589 481	63 861	76 420	213 969	:	113 611	:	:	:	:	:	:	:	:
1970	:	:	407 554	116 955	738 974	174 273	124 955	354 743	102 367	208 323	335 804	738 500	:	:	:	:	56 696	:
1975	:	:	635 536	117 254	826 229	193 727	173 237	450 106	116 895	315 773	463 632	842 041	:	:	:	:	60 938	:
1980	:	:	794 666	130 837	1 016 165	200 791	203 275	534 362	123 662	433 296	652 216	950 554	267 221	176 145	:	97 240	72 623	115 317
1985	568 579	708 519	930 539	139 365	1 236 124	209 485	184 308	681 823	198 719	466 172	686 154	988 469	288 795	186 733	267 197	104 404	99 722	137 897
1990	694 624	864 581	1 024 556	166 830	1 429 409	212 923	218 785	893 881	228 387	621 308	813 543	1 094 542	382 406	265 351	312 547	128 725	130 215	157 218
1991	700 891	861 579	1 090 246	159 867	1 215 526	201 703	244 012	937 712	234 823	644 705	838 484	1 124 520	391 659	270 593	314 022	140 679	137 871	154 262
1992	749 894	923 680	1 117 752	160 518	1 360 636	212 189	263 344	971 141	241 083	661 861	848 864	1 160 086	401 958	281 497	310 196	146 611	139 257	149 905
1993	764 966	942 384	1 111 643	172 903	1 389 420	216 155	277 999	1 004 567	245 336	657 567	886 252	1 177 112	409 392	289 276	302 723	153 147	138 117	151 007
1994	773 229	951 044	1 104 760	175 737	1 402 433	268 919	291 326	1 012 388	248 878	659 622	915 696	1 188 517	416 823	297 417	297 209	157 760	140 442	156 474
1995	793 396	976 443	1 134 043	182 248	1 463 658	266 364	321 649	1 018 045	261 210	654 285	943 565	1 196 767	417 431	301 411	311 378	161 721	142 921	160 339
1996	817 306	1 007 101	1 163 668	192 368	1 524 980	258 276	334 747	1 029 088	266 154	674 465	963 414	1 221 425	427 681	308 604	329 435	165 487	142 599	165 787
1997	842 891	1 037 987	1 160 682	204 118	1 592 372	260 095	341 520	1 042 021	278 035	688 310	986 246	1 245 834	480 303	317 309	345 492	170 721	151 426	167 576

Source: European System of Accounts - Eurostat

## 6.4.9

## Constant prices - Final consumption of households on the economic territory in millions of specific PPS

## Therapeutic appliances and equipment [CM 52]

## Ratio par habitant

	EU 15	Eurozone	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS
1960	:	:	:	:	:	:	:	:	:	3 062	:	:	:	:	:	:	:	:
1965	:	:	:	:	:	:	:	:	:	3 778	:	:	:	:	:	:	:	:
1970	:	:	13 895	14 751	77.142~	:	:	8 823	:	9 455	:	24 566	:	:	:	:	6 291	:
1975	:	:	16 235	17 787	80 332	:	:	13 955	:	13 733	:	21 566	:	:	:	:	7 303	:
1980	:	:	18 153	27 501	75 571	:	12 760	18 117	:	23 619	:	28 038	9 597	6 180	:	15 724	8 403	26 195
1985	:	:	17 772	31 660	85 540	:	13 217	23 470	:	24 728	:	22 891	11 118	5 423	35 469	14 647	10 330	23 604
1990	:	:	22 254	33 963	112 472	:	:	32 228	:	32 490	:	29 613	19 448	13 987	34 520	20 371	17 579	26 085
1991	:	:	24 058	34 853	100 240	4 376	:	34 679	:	33 535	:	30 653	20 239	15 735	36 529	21 582	18 044	24 515
1992	:	:	28 912	36 648	121 467	4 475	:	36 041	:	33 569	:	31 944	19 447	17 299	32 109	19 559	20 594	23 082
1993	:	:	27 599	39 554	125 215	4 476	:	36 447	:	32 990	:	31 466	20 752	18 119	33 046	19 891	22 004	20 828
1994	:	:	28 556	40 443	120 608	4 514	:	38 000	:	32 117	:	31 030	22 292	17 111	31 580	18 540	24 976	21 604
1995	:	:	32 175	41 668	125 814	4 795	:	37 668	:	32 775	:	31 369	21 912	17 205	35 119	20 089	26 698	23 288
1996	:	:	31 976	44 641	129 237	4 874	:	38 559	:	33 794	:	32 730	21 731	:	37 234	19 574	26 591	25 697
1997	:	:	34 388	:	133 564	5 122	:	39 286	:	33 049	:	34 038	22 402	:	36 916	:	:	26 436

Source: European System of Accounts - Eurostat



## 6.4.10

## Constant prices - Final consumption of households on the economic territory in millions of specific PPS

## Services of physicians, nurses and related practitioners [CM 53]

## Ratio par habitant

	EU 15	Eurozone	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS
1960	:	:	:	:	:	:	:	:	:	50 694	:	:	:	:	:	:	:	:
1965	:	:	:	:	:	:	:	:	:	75 322	:	:	:	:	:	:	:	:
1970	:	:	179 742	52 272	:	:	:	128 375	:	84 986	:	162 537	:	:	:	:	14 233	:
1975	:	:	244 846	46 538	:	:	:	167 814	:	147 810	:	177 031	:	:	:	:	11 678	:
1980	:	:	299 808	37 889	:	:	43 487	212 067	:	211 309	:	232 607	71 669	82 150	:	:	14 666	41 537
1985	:	:	378 163	43 907	:	:	40 612	286 633	:	201 435	:	259 679	77 925	86 864	77 334	:	18 319	73 733
1990	:	:	451 808	50 830	:	:	:	399 484	139 070	239 956	:	291 820	116 988	94 234	97 624	:	21 920	103 063
1991	:	:	459 075	50 999	:	245 295	:	419 526	144 249	250 108	:	297 817	116 523	95 734	90 879	:	21 610	99 719
1992	:	:	470 896	54 452	:	258 694	:	435 283	147 062	249 642	:	306 261	122 975	96 698	82 287	:	20 890	98 550
1993	:	:	453 802	54 813	:	263 858	:	448 324	149 352	246 405	:	310 461	125 230	98 819	75 707	:	19 106	102 854
1994	:	:	447 572	55 028	:	336 592	:	447 342	151 521	250 670	:	316 531	124 523	106 196	70 460	:	18 077	106 364
1995	:	:	464 549	51 781	:	330 940	:	443 992	159 610	245 194	:	312 816	124 102	107 068	72 345	:	17 239	106 423
1996	:	:	475 049	49 578	:	319 102	:	450 547	161 935	249 969	:	317 030	132 344	:	75 624	:	16 497	108 442
1997	:	:	469 814	:	:	317 921	:	450 843	168.741~	257 376	:	321 079	175 361	:	78 100	:	:	108 583

Source: European System of Accounts - Eurostat

**6.4.11**
**Total expenditure on pharmaceutical goods - (in PPP per capita)**

	1960	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
EU 15	:	:	:	111	162	176	193	:	:	231	243	263	:
B	13	37	67	100	138	194	213	247	280	287	308	309	325
DK	:	20	31	54	79	95	122	133	143	153	160	168	178
D	:	36	65	110	172	228	228	260	229	244	266	281	292
EL	6	26	43	65	83	119	132	159	189	209	223	237	:
E	:	:	:	68	92	145	165	181	188	188	208	225	244
F	16	48	77	111	175	256	276	296	308	311	335	337	352
IRL	:	22	32	50	59	89	95	109	108	117	125	126	:
I	10	22	41	80	148	242	259	278	275	271	265	289	313
L	:	29	51	88	132	223	236	:	:	237	255	251	:
NL	6	15	37	53	83	127	136	159	174	178	195	198	210
A	11	26	46	72	100	159	173	193	209	221	235	249	288
P	6	:	52	97	153	178	200	224	237	263	286	308	:
FIN	9	21	36	54	82	122	140	150	164	173	199	214	227
S	:	18	37	55	82	120	126	146	161	179	201	222	224
UK	:	18	30	57	94	132	141	166	178	186	199	225	236
IS	8	22	45	92	158	216	208	226	224	239	289	316	317
NO	10	19	55	83	98	111	125	166	154	166	181	:	:
CH	:	48	65	121	111	144	153	158	168	173	190	194	:

Source: OECD Health Data 99

## 6.4.12

## Constant prices - Final consumption of households on the economic territory in millions of specific PPS

## Medical and pharmaceutical products [CM 51]

## Ratio par habitant

	EUR-15	Eurozone	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS
1960	:	:	:	:	:	:	:	:	:	9 381	:	:	:	:	:	:	:	:
1965	:	:	:	:	:	:	:	:	:	19 680	:	:	:	:	:	:	:	:
1970	:	:	67 190	26 160	:	49 408	:	61 607	:	17 185	:	41 269	:	:	:	:	22 265	:
1975	:	:	112 101	33 629	:	69 763	:	96 426	:	38 480	:	71 324	:	:	:	:	23 344	:
1980	:	:	143 309	44 570	:	72 420	81 830	116 526	:	76 168	:	98 800	34 149	64 622	:	28 110	26 889	46 818
1985	:	:	150 547	44 847	:	82 060	70 680	166 279	:	127 657	:	109 748	42 054	65 014	90 374	31 838	34 489	41 877
1990	:	:	176 399	51 597	:	83 160	:	238 981	89 317	223 894	:	150 942	61 407	139 571	105 694	41 986	34 480	28 071
1991	:	:	188 258	52 566	:	76 546	:	252 941	90 574	234 611	:	159 426	67 210	141 413	112 511	44 693	38 709	30 028
1992	:	:	201 501	48 319	:	79 537	:	265 588	94 021	248 179	:	172 099	70 686	146 842	114 262	48 193	42 453	28 273
1993	:	:	210 756	56 866	:	80 565	:	280 654	95 985	246 895	:	182 969	73 780	152 395	109 098	52 325	44 975	27 325
1994	:	:	211 530	59 310	:	84 653	:	283 816	97 357	240 903	:	190 827	75 350	157 261	112 329	54 439	44 577	28 506
1995	:	:	221 278	62 284	:	88 340	:	296 919	101 600	243 391	:	198 747	78 811	160 861	113 787	55 702	44 443	30 628
1996	:	:	226 343	67 956	:	88 961	:	300 332	104 219	261 954	:	207 630	79 384	:	117 374	58 879	44 522	31 648
1997	:	:	229 487	:	:	97 043	:	309 834	109 295	268 321	:	220 583	80 889	:	118 184	:	:	32 557

Source: European System of Accounts - Eurostat

**6.4.13**
**Expenditure on social protection benefits**
**Sickness / Health care**

(% of GDP)

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO
1980	:	6,6	:	8,4	:	5,4	:	8,9	5,0	6,4	9,2	7,3	:	5,6	:	:	:	:	:
1981	:	6,8	:	8,5	:	5,5	7,5	8,7	5,2	6,6	9,1	:	:	5,8	:	:	:	:	:
1982	:	6,8	:	8,1	:	5,5	7,6	8,7	5,4	6,6	9,2	:	:	6,3	:	:	:	:	:
1983	:	6,9	:	7,8	:	5,3	7,6	8,5	5,4	6,1	8,9	:	:	6,3	:	:	:	:	:
1984	:	6,6	:	7,9	:	5,2	7,9	8,2	5,1	6,1	8,6	:	:	6,3	:	:	:	:	:
1985	:	6,3	:	8,1	:	5,0	7,8	8,2	5,2	5,6	8,5	6,8	:	6,6	:	:	:	:	:
1986	:	6,6	:	8,1	:	4,8	7,8	7,9	5,0	5,6	8,3	:	:	7,2	:	:	:	:	:
1987	:	6,7	:	8,2	:	4,9	7,6	7,4	5,5	5,8	8,5	:	:	6,9	:	:	:	:	:
1988	:	6,3	:	8,3	:	5,2	7,6	6,8	5,6	5,6	8,5	:	:	6,7	:	:	:	:	:
1989	:	6,2	:	7,8	:	5,4	7,7	6,4	5,5	5,4	8,4	:	:	6,5	:	:	:	:	:
1990	:	6,7	5,8	7,7	5,4	5,6	7,8	6,2	6,0	5,4	8,7	6,8	4,1	7,0	:	6,0	:	:	7,5
1991	:	7,0	6,0	8,2	5,1	6,0	7,9	6,5	6,1	5,6	8,8	6,8	4,7	7,9	:	6,5	:	:	7,7
1992	:	7,3	6,0	8,6	5,4	6,4	8,2	6,8	6,1	5,7	9,3	7,0	5,6	7,8	:	6,8	:	7,3	7,7
1993	7,6	6,9	6,2	8,4	5,6	6,6	8,5	6,8	5,8	6,0	9,4	7,3	6,2	7,3	8,7	7,0	7,6	7,2	7,5
1994	7,4	6,7	5,9	8,5	5,7	6,4	8,4	6,6	5,5	5,6	8,9	7,3	6,5	6,8	7,9	6,8	7,4	6,9	7,1
1995	7,5	6,4	5,8	8,8	5,7	6,2	8,5	6,6	5,5	5,9	8,7	7,4	6,0	6,6	7,7	6,7	7,5	7,1	7,0
1996	7,5	6,7	5,6	8,7	5,6	6,2	8,6	6,1	5,6	6,2	8,3	7,2	6,4	6,7	7,5	6,9	7,5	6,9	7,2
1997	7,3	6,5	5,5	8,1	5,7	6,0	8,4	6,0	5,8	5,9	8,9	7,2	6,6	6,4	7,5	6,7	7,3	6,8	7,3

Source: ESSPROS (European System of Social Protection Statistics), Eurostat

**6.4.14**
**Expenditure on social protection benefits**
**All schemes (in PPS per capita)**

Sickness / Health care

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO
1980	:	511	:	705	:	273	:	378	359	522	697	661	:	445	:	:	:	:	:
1981	:	575	:	780	:	305	667	413	415	591	753	:	:	505	:	:	:	:	:
1982	:	625	:	798	:	332	752	452	466	647	806	:	:	599	:	:	:	:	:
1983	:	668	:	826	:	345	795	465	502	643	836	:	:	644	:	:	:	:	:
1984	:	698	:	917	:	357	873	488	513	704	865	:	:	685	:	:	:	:	:
1985	:	706	:	999	:	372	919	527	556	782	929	853	:	774	:	:	:	:	:
1986	:	676	:	1 059	:	385	963	541	575	856	948	:	:	880	:	:	:	:	:
1987	:	815	:	1 115	:	425	982	548	659	931	1 005	:	:	900	:	:	:	:	:
1988	:	840	:	1 208	:	490	1 052	555	729	993	1 065	:	:	953	:	:	:	:	:
1989	:	894	:	1 220	:	561	1 158	589	779	1 100	1 147	:	:	1 014	:	:	:	:	:
1990	:	1 024	844	1 309	468	620	1 227	645	912	1 239	1 293	1 025	369	975	:	883	:	:	1 118
1991	:	1 131	944	1 322	474	726	1 331	738	1 006	1 389	1 394	1 117	452	1 034	:	957	:	:	:
1992	:	1 256	962	1 496	514	795	1 413	813	1 024	1 564	1 508	1 226	546	986	:	1 049	:	:	:
1993	1 184	1 217	1 024	1 477	546	829	1 444	873	975	1 748	1 565	1 288	612	967	1 350	1 073	1 187	1 192	1 463
1994	1 223	1 231	1 065	1 607	582	812	1 474	942	955	1 751	1 546	1 373	700	956	1 296	1 113	1 225	1 213	1 381
1995	1 278	1 200	1 109	1 724	617	842	1 560	1 072	1 003	1 817	1 585	1 408	675	1 020	1 343	1 105	1 279	1 265	1 394
1996	1 338	1 354	1 189	1 793	641	896	1 589	1 007	1 048	2 036	1 601	1 479	746	1 092	1 362	1 213	1 340	1 355	1 506
1997	1 375	1 392	1 198	1 691	708	927	1 664	1 149	1 161	2 119	1 835	1 554	839	1 107	1 432	1 253	1 379	1 453	1 704

Source: ESSPROS (European System of Social Protection Statistics), Eurostat

## 6.4.15

**Expenditure on social protection benefits: Sickness / health care benefits in kind, in PPS per capita**

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO
1990	:	801	665	978	386	508	1 069	540	863	:	845	842	318	760	:	699	:	725
1991	:	889	771	995	392	593	1 162	624	959	:	940	914	393	813	:	797	:	:
1992	:	1 002	790	1 141	435	642	1 238	693	973	:	1 049	1 007	485	783	:	872	:	:
1993	:	963	837	1 131	467	673	1 273	752	930	:	1 103	1 067	557	777	995	897	934	1 016
1994	:	979	884	1 251	500	661	1 304	821	917	:	1 135	1 143	640	769	996	947	966	979
1995	:	974	885	1 329	534	687	1 378	896	868	:	1 179	1 182	608	820	1 053	946	1 015	974
1996	:	1 115	947	1 423	559	729	1 405	878	913	:	1 176	1 254	679	885	1 102	1 024	1 101	991
1997	:	1 146	965	1 380	621	764	1 473	1 015	1 019	:	1 410	1 335	768	898	1 150	1 064	1 162	1 134

Source: ESSPROS (European System of Social Protection Statistics), Eurostat

## 6.4.16

**Expenditure on social protection benefits: Sickness / health care benefits in cash, in PPS per capita**

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	IS	NO
1990	:	223	179	331	82	112	158	105	49	:	448	184	51	215	:	183	:	394
1991	:	242	173	327	82	134	169	115	47	:	454	203	59	221	:	160	:	:
1992	:	254	172	355	79	153	175	120	51	:	459	219	61	203	:	177	:	:
1993	:	254	187	346	80	156	171	121	45	:	462	220	55	190	355	176	258	448
1994	:	252	181	356	82	151	170	121	39	:	410	230	60	187	300	166	246	402
1995	:	226	224	394	83	155	182	175	135	:	406	226	67	199	290	158	250	421
1996	:	239	242	370	83	167	184	129	135	:	425	225	67	206	260	189	253	515
1997	:	246	232	312	87	163	192	134	142	:	424	219	71	209	282	189	291	569

Source: ESSPROS (European System of Social Protection Statistics), Eurostat

## 6.4.17

**Social benefits detailed by fonction: Sickness / health care (all schemes)**  
**PPS per capita - 1996**

	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK	EEA	IS	NO
<b>Social protection benefits</b>	1 322	1 472	1 189	1 819	679	897	1 540	1 008	959	2 036	1 601	1 479	746	1 092	1 326	1 185	1 324	1 355	1 506
<b>Cash benefits</b>	:	275	242	396	94	162	168	130	36	:	425	225	67	206	260	168	:	253	515
<b>Benefits in kind</b>	:	1 197	947	1 423	585	735	1 372	878	923	:	1 176	1 254	679	885	1 066	1 017	:	1 101	991
<b>Means-tested benefits</b>	:	:	:	18	0	36	:	117	3	:	1	:	2	:	:	10	:	:	:
<b>Cash benefits (means-tested)</b>	:	:	:	0	:	:	:	0	3	:	1	:	0	:	:	10	:	:	:
Periodic cash benefits	:	273	238	396	80	162	166	130	36	:	424	225	67	206	260	162	:	253	514
Periodic cash benefits (means-tested)	:	:	:	:	0	:	:	0	3	:	1	:	:	:	:	10	:	:	:
Paid sick leave benefit (means-tested)	:	:	:	:	:	:	:	:	:	:	1	:	:	:	:	:	:	:	:
Other periodic cash benefits (means-tested)	:	:	:	:	0	:	:	0	3	:	:	:	:	:	:	10	:	:	:
<b>Lump sum cash benefits</b>	:	2	4	0	14	:	2	:	:	:	1	:	0	:	:	6	:	:	1
Other lump sum cash benefits (means-tested)	:	:	:	:	:	:	:	:	:	:	:	:	0	:	:	0	:	:	:
<b>Benefits in kind (means-tested)</b>	:	:	:	18	0	36	:	117	:	:	:	:	2	:	:	:	:	:	:
In-patient care (means-tested)	:	:	:	6	:	26	:	:	:	:	:	:	0	:	:	:	:	:	:
In-patient care direct provision (means-tested)	:	:	:	6	:	26	:	:	:	:	:	:	0	:	:	:	:	:	:
In-patient care reimbursement (means-tested)	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Out-patient care (means-tested)	:	:	:	12	:	10	:	117	:	:	:	:	0	:	:	:	:	:	:
Out-patient care direct provision of pharmaceut. products (means-tested)	:	:	:	3	:	:	:	48	:	:	:	:	0	:	:	:	:	:	:
Out-patient care other direct provision (means-tested)	:	:	:	9	:	10	:	69	:	:	:	:	0	:	:	:	:	:	:
Out-patient care reimbursement of pharmaceutical products (means-tested)	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Out-patient care other reimbursement (means-tested)	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
<b>Other benefits in kind (means-tested)</b>	:	:	:	0	0	:	:	:	:	:	:	:	1	:	:	:	:	:	:
<b>Non means-tested benefits</b>	:	1 472	1 189	1 801	679	861	1 540	891	956	:	1 601	1 479	744	1 092	1 326	1 175	:	1 355	1 506
<b>Cash benefits (non means-tested)</b>	:	275	242	396	94	162	168	130	33	:	425	225	67	206	260	158	:	253	515
Periodic cash benefits (non means-tested)	:	273	238	396	80	162	166	130	33	:	423	225	67	206	260	152	:	253	514
Paid sick leave benefit (non means-tested)	:	272	234	396	80	162	89	66	33	:	370	225	66	206	260	152	:	253	514
Other periodic cash benefits (non means-tested)	:	0	4	:	0	:	77	64	:	:	54	0	1	:	0	1	:	:	:
<b>Lump sum cash benefits (non means-tested)</b>	:	2	4	0	14	:	2	:	:	:	1	:	:	:	:	6	:	:	1
Other lump sum cash benefits (non means-tested)	:	2	4	0	14	:	2	:	:	:	1	:	:	:	:	6	:	:	1
<b>Benefits in kind (non means-tested)</b>	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
In-patient care (non means-tested)	:	1 154	667	585	271	419	802	659	559	:	920	681	334	433	518	613	:	625	524
In-patient care direct provision (non means-tested)	:	3	667	551	238	415	552	659	559	:	404	681	331	426	518	613	:	625	:
In-patient care reimbursement (non means-tested)	:	1 151	:	34	33	4	250	:	:	:	515	:	3	7	:	:	:	:	:
Out-patient care (non means-tested)	:	43	280	790	281	279	567	103	363	:	239	534	334	445	529	402	:	435	416
Out-patient care direct provision of pharmaceutical products (non means-tested)	:	:	81	200	5	155	:	106	:	:	141	121	:	140	87	:	:	146	:
Out-patient care other direct provision (non means-tested)	:	43	200	513	118	121	23	62	257	:	:	394	185	304	389	315	:	289	:
Out-patient care reimbursement of pharmaceutical products (non means-tested)	:	:	:	13	131	:	217	30	:	:	125	:	4	85	:	:	:	:	:
Out-patient care other reimbursement (non means-tested)	:	:	:	64	27	2	326	10	:	:	114	:	25	56	:	:	:	:	:
<b>Other benefits in kind (non means-tested)</b>	:	:	:	30	33	1	4	:	:	:	18	39	9	8	19	2	:	41	51

Source: ESSPROS (European System of Social Protection Statistics), Eurostat

## 6.4.18

**Protection and improvement of human health as % of total R & D government appropriations (final budget)**

	EU15	Eurozone	B	DK	D	EL	E	F	IRL	I	NL	A	P	FIN	S	UK	EEA	IS	NO
1980	:	:	3,7	:	:	:	:	:	:	:	:	:	:	0,8	:	:	:	:	:
1985	3,5	3,5	2,7	3,3	3,0	7,6	2,5	4,0	4,6	4,6	2,7	1,4	:	2,0	1,1	3,9	3,5	6,5	7,3
1986	3,4	3,3	3,1	6,0	3,1	7,5	3,4	3,0	4,9	5,0	2,7	1,4	0,3	2,0	0,7	4,5	3,5	3,0	7,5
1987	3,7	3,6	2,9	4,8	2,8	7,6	9,6	3,3	5,0	5,8	2,5	1,4	0,2	2,0	1,0	4,6	3,7	:	7,1
1988	3,6	3,5	2,6	1,7	3,1	8,0	8,1	3,0	5,3	4,9	2,5	1,7	3,6	2,2	1,1	4,9	3,6	:	6,6
1989	3,8	3,6	1,8	1,8	3,5	8,2	6,6	3,4	4,5	4,7	2,6	2,1	4,6	2,0	1,1	5,4	3,8	:	6,6
1990	4,0	3,9	2,1	1,6	3,5	7,6	6,6	3,4	4,1	5,8	2,8	2,1	2,7	2,0	0,9	5,8	4,0	:	6,4
1991	4,0	3,9	1,8	1,9	3,2	6,9	5,2	3,5	4,0	6,0	3,4	2,5	4,1	3,8	0,6	5,9	4,0	5,0	6,2
1992	4,4	4,3	1,8	1,8	3,3	6,4	5,1	4,5	4,1	6,4	3,4	2,3	5,7	3,7	0,7	6,6	4,4	6,3	5,3
1993	4,4	4,2	1,7	1,7	3,2	6,1	5,4	4,6	2,8	7,0	3,0	2,0	4,9	3,1	0,5	7,1	4,4	0,2	6,3
1994	4,3	4,0	1,6	1,6	3,2	5,4	5,4	4,5	3,4	6,1	2,7	3,0	7,1	3,1	1,0	7,6	4,3	2,1	6,2
1995	5,4	4,4	2,3	1,7	3,2	5,3	5,2	5,0	2,9	8,5	2,1	2,5	5,2	3,5	1,5	13,7	5,4	3,5	6,8
1996	5,5	4,4	1,5	1,7	3,4	5,7	5,3	5,1	3,2	7,6	2,0	2,3	5,3	3,4	1,5	14,5	5,5	3,6	6,9
1997	5,9	4,5	1,3	1,6	3,3	:	4,9	5,4	3,5	7,0	2,0	3,1	5,9	7,9	:	14,4	5,9	5,7	6,9
1998	:	:	:	:	:	:	:	:	:	:	:	:	6,1	:	:	:	:	:	:

Source: Eurostat (R & D Statistics)





**ANNEXE** **7**



## I. Organisation of the health systems

	Main type of coverage	Share (%) in financing health system 1992				Methods of providing services under health insurance		Main type of providers primary care doctors	Type of payment to
		Social contributions	State	Persons	Private insurances	Integrated	Contracted		
<b>A</b>	social insurance	54.3	24.0	13.9	5.1	-	All services	ambulatory mainly private; hospitals mainly public	fee-for-service (R) plus capitation (1)
<b>B</b>	social insurance + government subsidies	44.0	34.1	12.0	5.3	-	All services	ambulatory private; hospitals partly public	fee-for-service
<b>D</b>	social insurance	67.7	11.3	12.0	7.9	-	All services	ambulatory private; hospitals partly public	normally fee-for-service (R)
<b>DK</b>	national health service	0.0	86.1	12.1	1.8	Hospitals	GPs, specialists outside hospitals, pharmacies	mainly public	28% capitation, 63% fee-for-service, 9% other (R) (2)
<b>E</b>	mixed system: national health service + contributions	32.7	47.0	15.5	4.8	Specialists, hospitals, GPs	Pharmacies, dentists and private hospitals	mainly public	60% GPs salary plus capitation, 40% GPs capitation (R)
<b>F</b>	social insurance	66.2	6.2	17.8	9.0	-	All services	ambulatory private; hospitals mainly public	fee-for-service
<b>FIN</b>	national health service	:	:	:	:	Hospitals, health centres	Private hospitals, pharmacies, private outpatient care services	mainly public	salary, some capitation (R)
<b>GR</b>	mixed system: national health service + contributions	44.4	33.5	19.1	3.0	Doctors, dentists, hospitals	Private hospitals and pharmacies	mainly public	salary (R)
<b>I</b>	mixed system: national health service + contributions	36.4	39.0	20.2	2.3	Public hospitals and specialists	Private hospitals, GPs and private specialists	mainly public	capitation (R)

<b>IRL</b>	publicly financed health system	5.7	72.0	13.7	8.4	Public hospitals, specialists	Private non-profit hospitals, GPs, pharmacies	mainly private	fee-for-service if higher income, capitation if lower income (R)
<b>L</b>	social insurance	52.1	27.3	17.7	2.8	-	All services	mainly private	fee-for-service
<b>NL</b>	social insurance	72.1	4.9	8.1	14.9	-	All services	mainly private	fee-for-service if higher income, capitation if lower income ®
<b>P</b>	national health service	13.7	61.6	21.9	2.2	GPs, some specialists, public hospitals	Private hospitals, some doctors in rural areas, pharmacies, labs for X-rays and pathology	mainly public	salary (R)
<b>S</b>	national health service	11.0	76.7	11.1	1.2	Hospitals, health centres, pharmacies	Private doctors, private hospitals (1% of beds)	mainly public	salary (R), private doctors on fee-for-service
<b>UK</b>	national health service	7.0	71.8	15.8	5.4	Public hospitals, community services	GPs, private hospitals, most dentists	mainly public	capitation (R) (3)
<b>CH</b>	social insurance + government subsidies	31.3	32.2	24.5	9.5	-	All services	ambulatory private; hospitals partly public	Fee-for-service

(R) Access to a specialist is normally by referral from a General Practitioner.

(1) This may be reduced if doctor has many patients

(2) Also private doctors on fee-for-service with rights to extra-bill

(3) There also components of salary, some fees-for-services and bonuses for achieving certain preventive targets.

Source: BASYS, 1994

## II. Overview of the home-care systems (Home nursing and home help services)

	Main providers	Provision of services	Medical referral required (for home nursing)	Assessment of needs	Funding of organisation	Co-payments by patients
<b>A</b>	Different organisations, varying between provinces. Mainly private non-profit organisations	Home nursing: Grundpflege (helping the patient with basic needs including ADL activities), Medizinischer Hauskrankenpflege (Technical nursing procedures) and basic care like washing and dressing  Home help: temporary care for families or individuals at home	Yes, for technical home nursing care only	Home nursing: By qualified nurse using a standardised form  Home help: By a qualified nurse of a special government agency, with standardised form	Home nursing: Fee-for-service: payment for nursing activity  Home help: subsidised by province and municipalities and payment per hour	Home nursing: Yes, for general basic nursing care  Home help: Yes, depending on income.  Average % of total costs: 13%
<b>B</b>	Home nursing: One nation-wide private non-profit organisation (White/Yellow Cross), some smaller organisations and a large number of independent nurses  Home help: Social services of municipality and some private organisations	Home nursing: hygiene and other personal care, routine technical nursing procedures, more complicated nursing activities, patient education and encouragement of informal care  Home help: housework, hygienic and other personal care, moral support, general and family support. 11 hours help per week per family (average) spread over two days	Yes, for technical nursing care such as injections	By home nurse, social worker or social nurse using a national standardised form (Katz-schaal)	Home nursing: Fee-for-service: per diem, or per activity determined by level of dependency of patient  Home help: Subsidised by central government based on number of personal and clients	Home nursing: Yes, mainly membership fee  Home help: Yes depending on income and household composition  Average % of total costs: 20%
<b>DK</b>	Home care department of municipalities	Home nursing: (not available)  Home care: housework, hygienic and other personal care, shopping and outdoor walks	No	By social counsellor or nurse. No standardised assessment forms	Fixed budget funded by national and local taxes	No, except in some very specified cases in home nursing  Average % of total costs: 0

<b>FIN</b>	<p>Home nursing: Local health (and social) care centres (NHS)</p> <p>Home help: Local health (and social) care centres (NHS), social welfare board of municipality and private non-profit organisations</p>	<p>Home nursing: medical and nursing care at the patient's own home, assist with all activities of daily living and co-ordinate the care of patient with home help services to keep the patient living home as long as possible</p> <p>Home help: housework, hygienic and other personal care, moral support</p>	yes	<p>Home nursing: By physician, health visitor or registered nurse. Standardised forms are used</p> <p>Home help: By leading home maker or social worker (social welfare) or health visitor or registered nurse (health and social centres). Standardised forms are used</p>	Budget determined by local authorities	<p>Yes, income and household-related.</p> <p>Average % of total costs: 11-35%</p>
<b>F</b>	Mainly private non-profit organisations, some services by municipalities and large number of independent nurses	<p>Home nursing: hygienic and other personal care, psychosocial activities and encouraging help from family members and other carers</p> <p>Home help: housework, hygienic care (in certain cases)</p>	Yes	<p>Home nursing: By nurse using standardised forms</p> <p>Home help: By social worker</p>	<p>Home nursing: Fee-for-service (payment for activity) and budget for a fixed number of patients</p> <p>Home help: Funding by municipality (low-income group) or private insurance.</p>	<p>Home nursing: Yes, but mostly paid by additional insurance</p> <p>Home help: Not below a certain income. Otherwise dependent on old age insurance</p> <p>Average % of total costs: 0</p>
<b>D</b>	<p>Home nursing: Mainly private non-profit organisations. In some regions mainly for-profit organisations.</p> <p>Home help: Mainly private non-profit organisations. Different organisations for services in addition to home nursing (Sozial-stationen) and for home help for elderly (MSDs)</p>	<p>Home nursing: Grundpflege (helping the patient with basic needs including ADL activities), Behandlungspflege (Technical nursing procedures).</p> <p>Home help: temporary care for families or individuals at home including basic nursing care, pedagogical and psychological care and homemaking services</p>	Yes	<p>Home nursing: By physicians in co-operation with head nurse, using standardised forms.</p> <p>Home help: Mostly by a nurse or social worker, using standardised forms.</p>	<p>Home nursing: Fee-for-service</p> <p>Home help: Fee-for-service (by patient or insurance). For MSDs a global budget form municipalities is added, based on number of personnel and output</p>	<p>Home nursing: No</p> <p>Home help: Yes, except for home help in addition to home nursing</p> <p>Average % of total costs: 10% (Sozialstationen), 20% (other)</p>

EL	<p>Home nursing: NHS-Organisations, private organisations (both for- and non-profit)</p> <p>Home help: Private organisations (both for- and non-profit)</p>	<p>Home nursing: needs assessment, routine technical nursing procedures, more complicated nursing activities, patient education, psychosocial activities and evaluation of care</p> <p>Home help: housework, hygienic and other personal care, routine technical nursing procedures, moral support</p>	No	<p>Home nursing: By physician, health visitor visiting nurse. No standardised form.</p> <p>Home help: By visiting nurse or social worker. No standardised form</p>	<p>Home nursing: NHS and Red Cross organisations: fixed budget; others: fee-for-service</p> <p>Home help: Fee-for-service. No funding by authorities or insurances</p>	<p>Home nursing: Yes, for all services</p> <p>Home help: Yes, in private for profit organisations only.</p> <p>Average % of total costs: 20%</p>
IRL	<p>Home nursing: Only statutory Health boards</p> <p>Home help: Health boards and some voluntary organisations</p>	<p>Home nursing: hygienic and other personal care, needs assessment, routine technical nursing procedures, more complicated nursing activities, patient education, psychosocial activities and stimulating informal care</p> <p>Home help: basic personal care, moral support, administrative duties and monitoring home help standards</p>	No	By public health nurse or home help organiser. No national standardised forms	Fixed budget	<p>Home nursing: No</p> <p>Home help: Yes, but different regulations in health boards.</p> <p>Average % of total costs: 10%</p>
I	<p>Home nursing: Different organisations: NHS, social services of municipalities, private organisations (for- and non-profit)</p> <p>Home help: Social services of municipalities and private organisations (for- and non-profit)</p>	<p>Home nursing: minimal amount of care per year is determined by law (140 hours of homemaking activities and personal care, 100 hours of nursing care, 50 house calls by the GP, 50 hours of rehabilitation care and 8 medical controls).</p> <p>Home help: housework, hygienic and personal care, moral support, general and family support</p>	No	<p>Home nursing: Nurse, physician or special team. No national standardised forms.</p> <p>Home help: Large differences between organisations. No national standardised forms</p>	Public organisations: budgets. Private organisations: fee-for-service	<p>Home nursing: Yes, in social services and private organisations. Not in NHS</p> <p>Home help: Yes, but large differences between organisations</p> <p>Average % of total costs: 50%</p>

L	<p>Home nursing: Two large private non-profit organisations and four smaller ones (two non-profit)</p> <p>Home help: Mainly private non-profit organisations</p>	<p>Home nursing: the majority are prescribed services (hygienic and other personal care, needs assessment, routine technical nursing procedures, more complicated nursing activities, patient education, psychosocial activities)</p> <p>Home help: housework, hygienic and personal care, moral support, administrative duties</p>	Yes, for technical nursing activities only	<p>Home nursing: Physicians or specialised nurse. A special form can be used.</p> <p>Home help: By head of regional service: social worker or specialised nurse</p>	<p>"Home nursing: Mainly Fee-for-service; the four smaller ones also receive an additional state budget"</p> <p>Home help: Mainly budgets financed by Ministry of Health and municipalities</p>	<p>Home nursing: Yes, for general basic nursing care</p> <p>Home help: Yes, income related</p> <p>Average % of total costs: 30%</p>
NL	<p>The National Association of Home Care which consists of Regional Cross Associations or Home Care Organisations (all are private non-profit)</p>	<p>Home nursing: needs assessment, hygienic and other personal care, routine technical nursing procedures, more complicated nursing activities, patient education, psychosocial activities, encouraging help and evaluation of care</p>	No	<p>"Home care nurse (in Regional Cross Associations); nurse, home help manager or special team (in home care organisations). No national standardised forms"</p>	<p>Home nursing: Fixed budget based on the number of personal</p> <p>Home help: Fixed budget from central Government based on number of inhabitants and age distribution in catchment area</p>	<p>Home nursing: No</p> <p>Home help: Yes, dependent on income and household composition</p> <p>Average % of total costs: 10%</p>
P	<p>Home nursing: Mainly NHS-health care centres and some private non profit organisations</p> <p>Home help: Social services of municipalities and some private non-profit social solidarity organisations</p>	<p>Home help: housework, hygienic and personal care, moral support, psychosocial support</p> <p>Home nursing: routine technical nursing procedures, patient education, psychosocial care and stimulating informal care</p> <p>Home help: housework, hygienic and other personal care, family support</p>	No	<p>Home nursing: Nurse or physician. No standardised forms</p> <p>Home help: Social worker. No standardised forms.</p>	<p>Home nursing: Fixed budget based on historical costs with adjustments for inflation</p> <p>Home help: Fixed budget from central government, based on number of clients and types of services</p>	<p>Home nursing: No</p> <p>Home help: Yes, income related</p>



<b>E</b>	Home nursing: NHS-Health care centres  Home help: Social services of municipalities	Home nursing: needs assessment, hygienic and other personal care, routine technical nursing procedures, more complicated nursing activities, patient education, psychosocial activities, encouraging help and evaluation of care  Home help: housework, hygienic and other personal care, family support	No	Home nursing: Nurse or physician using a standardised form.  Home help: Social worker. In some parts of the country a standardised form are used.	Home nursing: Fixed budget  Home help: Fixed budget from municipalities and central government	Home nursing: No  Home help: Yes, income related  Average % of total costs: 10%
<b>S</b>	NHS-health care centres or social services of municipalities	Home nursing: needs assessment, hygienic and other personal care, routine technical nursing procedures, more complicated nursing activities, patient education, psychosocial activities, encouraging help and evaluation of care  Home help: housework, hygienic and other personal care, routine technical nursing procedures	No, only in a few regions	Home nursing: Registered nurse (in health care centres). Home help administrator (in social services). No standardised forms.  Home help: Fixed budget from municipalities and central government	Home nursing: Fixed budget  Home help: Fixed budget from municipalities and central government	Home nursing: Yes  Home help: Yes, dependent on income and number of hours of care
<b>UK</b>	Home nursing: Part of NHS: community unit of DHAs or independent Community Trusts (after reform of NHS)  Home help: Social services of municipalities and private organisations both for- and non-profit	Home nursing: needs assessment, hygienic and other personal care, routine technical nursing procedures, more complicated nursing activities, patient education, psychosocial activities, encouraging help and evaluation of care  Home help: housework, hygienic and other personal care, general and family support	No	Home nursing: By the team leader (a qualified nurse). No national standardised forms  Home help: Care manager (social worker). No national standardised forms.	Home nursing: Old system: fixed budget based on number of inhabitants and demography of population. New system: fee-for-service.  Home help: Social service: budgets. Private organisations: fee-for-service.	Home nursing: No  Home help: Yes, different regulations exist.  Average % of total costs: 20%

Source : NIVEL Foundation, Utrecht, 1999

**III. Description of out-pocket payments  
main cost sharing measure for medical treatment and hospital staying (I)  
1999**

	Approval of medical treatment	Professional fees	Patient's participation	Hospital stays
NL	All doctors qualified to practise with whom a health insurance fund has entered into a contract	<p>Direct payment of fees by the sickness fund: Flat-rate per insured person according to the system of lists (family doctor principle).</p> <p>Free choice of doctor (twice a year) by registering with a doctor who has entered into contract with a health insurance fund.</p>	<p>Health Insurance Act (ZFW): The 1997 introduced system of a general share borne with a maximum of NLG 200 (EUR 91) per year has been abolished as of 1st of January 1999.</p> <p>Exceptional Medical Expenses Act (AWBZ): A share must be borne by insured persons over 18, for nursing home care with a maximum of NLG 3,520 (EUR 1,597) per month.</p>	<p>Free choice among hospitals or institutions approved by the Minister of Health.</p> <p>No share borne by the beneficiary in the lower class of accommodation. Admission must be authorised by the health insurance fund.</p> <p>Duration of benefit: as long as indicated (after a year taken over by cover under the Exceptional Medical Expenses Act, AWBZ).</p>

D	<p>Contract doctors are formed into associations of sickness fund doctors (Kassenärztliche Vereinigungen) at regional and national level. In certain cases, hospital doctors who have completed a course of further training, doctors in hospitals and rehabilitation institutions, in special cases doctor-run institutions.</p>	<p>System based in principle on benefits in kind. No fees paid by insured; fees are paid by the association of sickness fund doctors (Kassenärztliche Vereinigung). The remuneration can be a fixed amount or can be calculated based on the criteria of either individual services provided, or of a flat rate per head, or according to a system resulting from a combination of these or further methods of calculation.</p> <p>The association of sickness fund doctors (Kassenärztliche Vereinigung) distributes the remuneration package among the contract doctors on the basis of a certain scale (payment distribution scale).</p> <p>Free choice among contracted sickness insurance fund doctors.</p> <p>Voluntary insured patients can choose cost repayment instead of benefits in kind.</p>	<p>No participation in the case of treatment by contracted doctors, except in the case of treatment (e.g. massages, baths or physiotherapy) which is also part of the prescribed cure, 15% has to be paid by the patient, except for children or hardship cases.</p>	<p>Free hospitalisation in a shared room with exception of participation of DEM 17 (EUR 8.69) (old Länder) or DEM 14 (EUR 7.16) (new Länder) per calendar day during a maximum of 14 days.</p> <p><i>Duration of benefit:</i> Unlimited, in principle.</p>
E	<p>Public Health Services (Servicios Públicos de Salud) appoint doctors to vacancies on the basis of competitive examinations.</p>	<p>General practitioners and specialists working outside hospitals are, in general, paid on the basis of lump sum determined by the number of insured persons entered on their list, thereby guaranteeing a minimum level of earnings.</p> <p>Hospital doctors are, in general, paid on the basis of a monthly salary plus certain supplementary payments.</p> <p>Free choice of general practitioner, paediatrician and obstetrician within area, provided choice would not bring number on doctor's list above maximum permitted.</p> <p>No fees are due</p>	<p>No participation</p>	<p><i>Surgery:</i> entirely free of charge. For <i>other reasons:</i> Authorised by administering body either automatically or on medical application where necessitated by diagnosis or patient suffering from a communicable disease or conduct or behaviour of the patient is such as to require constant attention.</p>

<p><b>F</b></p>	<p>All doctors qualified to practise</p>	<p>Scales of fees fixed by a national agreement or by interministerial decree. These scales may be exceeded: For agreed physicians working in the so-called free fee sector, or having acquired a special qualification before 1980.</p> <p>Free choice of doctor. Advance on fees by insured person. Refund based upon agreed or official rate.</p>	<p>Share borne by insured person (statutory):</p> <p>30% for doctors' fees,</p> <p>25% for consultations given in hospitals,</p> <p>20% for hospital treatment.</p> <p>Not required for certain complaints and for those complaints only.</p>	<p>Free choice among public and private (approved) hospitals.</p> <p>Participation of the insured: 20% in general. No participation from 31st day of hospitalisation for treatment or series of treatments above K 50 (scale of sicknesses).</p> <p>Participation for hospitalisation: FRF 70 (EUR 11) per day, including the day of discharge.</p> <p>Duration of coverage: Unlimited, subject to sickness fund's prior approval.</p>
<p><b>DK</b></p>	<p>All doctors qualified to practise (numbers limited by district according to number of inhabitants).</p> <p><i>Category 1:</i> Free choice of doctor (once in a period of 6 months) registered with the district. No fees payable for care given by the chosen doctor.</p> <p><i>Category 2:</i> Free choice, but the insured person has to pay part of the costs.</p>	<p>Fees are fixed by agreement between the Doctors' Organisation and the public health insurance. Fees are calculated according to the number of patients registered and of the medical services performed. Specialists are paid a flat-rate sum for each medical action.</p> <p><i>Category 1:</i> Free choice of doctor (once in a period of 6 months) registered with the district. No fees payable for care given by the chosen doctor.</p> <p><i>Category 2:</i> Free choice, but the insured person has to pay part of the costs.</p>	<p><i>Category 1:</i> No charges. (Treatment by the chosen GP or a specialist to whom he refers the patient.)</p> <p><i>Category 2:</i> The part of expenses which exceeds the amount fixed by the public scheme for Category 1.</p>	<p>Free choice of regional public hospitals.</p> <p><i>Public hospitals and approved private establishments:</i> No charge.</p> <p><i>Non-approved private establishments:</i> patients pay all costs.</p> <p><i>In the case where a public hospital refers a patient to a private establishment:</i> no charge.</p>

EL	Doctors employed by the insurance institute (IKA).	<p>Doctors are paid by the insurance institution.</p> <p>There is no option for the doctor's choice. The insured goes to the local insurance institute doctor.</p> <p>No fees.</p>	No participation.	<p>The insured has the right to hospitalisation in a public hospital or in a registered clinic designated by the insurance institute or in an IKA hospital.</p> <p>No charge, in case of hospitalisation, for the insured.</p>
L	All doctors qualified to practise.	<p>Fees according to collective agreements. Scales of fees are linked to the trend of reasonable compensation of employees. Payment for treatment. Free choice of doctor for each complaint, treatment abroad subject to approval of sickness fund.</p>	<p>Share borne by insured person: 20 % of the ordinary tariff for visits for the first medical visit in any 28-day period; 5 % for other visits or consultations.</p> <p>No charge in cases of hospitalisation.</p> <p>No restriction for seeing a specialist.</p>	<p>Free choice of hospital (hospital abroad subject to approval of sickness fund).</p> <p><i>Participation in maintenance costs:</i> LUF 219 (EUR 5.43) per day of hospitalisation.</p>

<p><b>IRL</b></p>	<p>Doctors participate in the general medical services on the basis of a contract agreed by the Department of Health with the Irish Medical Organisation.</p>	<p>Doctors are paid an annual capitation fee per eligible patient in accordance with a scale of fees agreed with the Irish Medical Organisation.</p> <p>Persons with full eligibility may choose from a list of local doctors. Doctor's fees are paid by the local Health Board. See "Organisation: 1 Doctors - Payment".</p> <p>Persons with limited eligibility choose their own doctor and pay fees directly to doctor.</p>	<p><i>Persons with full eligibility</i> enjoy a full range of general practitioner services, including related prescribed drugs, at no cost. there is also a range of schemes, particularly with respect to prescribed drugs, intended to assist persons not eligible for medical card.</p> <p><i>Persons with limited eligibility</i> can avail of specialist services in public hospitals free of charge.</p>	<p><i>Persons with full eligibility:</i> No charge.</p> <p><i>Persons with limited eligibility:</i> Charge of IEP 25 (EUR 32) per night in a public ward up to a maximum of IEP 250 (EUR 317) on any 12 month consecutive period.</p> <p><i>Persons who attend the Accident and Emergency Department directly without having a letter of referral from their general practitioner</i> are liable for a charge of IEP 20 (EUR 25) which applies to the first visit for any episode of care only. No charge applies to attendances at out-patient clinics.</p> <p><i>Private hospitals and homes:</i> Patient is liable for all costs except that in some nursing homes financial aid is given towards the cost of maintenance.</p> <p><i>Infectious diseases treatment:</i> Free of charge to all persons. Unlimited duration.</p>
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I	<p>Doctors employed either by the regional health administrations, or by the hospitals. General practitioners and specialists approved under special contracts.</p>	<p><i>Employed doctors:</i> Variable monthly wages, determined by the government according to professional categories.</p> <p><i>Approved doctors:</i> Flat-rate amount per capita. Free choice of general practitioner among those approved for the region. The choice is confirmed unless the insured decides otherwise. There is no payment made by the insured person for treatment but the doctor receives from the region a flat-rate lump sum per insured person.</p> <p>For specialists a prescription made out by a general practitioner is needed and only specialists who work at the health centres (USL) are covered for.</p>	<p><i>Tests, visits to a specialist and medication of group B are free of charge for:</i> children up to 6 years, persons aged over 65 if they come from a family whose income is below ITL 70,000,000 (EUR 36,152); recipients of minimal pensions aged over 60 and unemployed persons with an annual family income of less than ITL 16,000,000 (EUR 8,263); this limit amounts to ITL 22,000,000 (EUR 11,362) for a couple and is increased by ITL 1,000,000 (EUR 516) for each dependent child; recipients of social pensions; those with serious complaints of for patients waiting for a transplantation.</p> <p>Other insured persons pay up to ITL 70,000 (EUR 36) for each prescription.</p> <p>In the case of pregnancy all tests are free of charge if carried out within the framework of the public health service.</p> <p>For each test carried out or each visit to a specialist the insured person is expected to contribute ITL 6,000 (EUR 3.10). If more than one service rendered in the same specialised field, the insured person contributes 50% of the costs, with a ceiling of ITL 70,000 (EUR 36).</p>	<p>Free choice of public or private hospital among those registered under the scheme. Direct assistance free (sharing a room).</p>
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<p><b>A</b></p>	<p>The relationship between medical doctors and insurance funds is governed by individual contracts, the contents of which are determined to a far-reaching extent by overall contracts with the Regional Chambers of Medical Doctors (Ärzttekammer).</p>	<p>Fees are laid down in the overall contracts between the Regional Chambers of Medical Doctors and the insurance funds (flat-rate per person, per sick case or per medical treatment or a combination of all).</p> <p>Free choice of doctors who have concluded an individual contract (Vertragsärzte).</p> <p>No fees paid by the insured person, the payment is made by the insurance fund.</p>	<p>As of 1.1.1997 patients will pay a contribution amounting to ATS 50 (EUR 3.63) on each certificate for treatment by a doctor or a dentist (except in the case of children, pensioners and the needy).</p>	<p>Full coverage of expenses in the general scale of fees of a public or private hospital (which has concluded a contract), with the exception of a minor participation of an amount of max. ATS 72 (EUR 5.23) per day which can only be claimed for a maximum of 28 days per calendar year.</p> <p>For the hospitalisation of a dependant a 10%-contribution for a period of 4 weeks.</p> <p>Duration of benefit: as long as required.</p>
<p><b>P</b></p>	<p>Doctors employed either by regional health authorities or by hospitals. Specialists approved under agreement between the Order of Medical Practitioners and the Ministry of Health for the purpose of consultations for persons unable to reach an official clinic within a specified time.</p>	<p><i>Employed doctors:</i> monthly salary set by government, varying according to professional category.</p> <p><i>Approved doctors:</i> payment per item of service.</p> <p>Free choice of general practitioner/ specialist working either in health centres or under agreement.</p> <p>No fees to be paid (National Health Service).</p>	<p>Variable insured person's share set by government. Exemption for some specific groups, e.g. pregnant women, children under 12 years, pensioners with income below the national minimum wage, persons responsible for certain handicapped young people, the socially and economically disadvantaged.</p>	<p>Free choice among public hospitals and, if there is a waiting list, institutions approved by the Ministry of Health. No participation in charges in public ward (or in private room if recommended by the doctor). If in private room freely chosen by beneficiaries, charges are payable in full by the beneficiaries, as well as private hospital and clinic charges.</p>



FIN	All doctors must be approved by the National Board of Medicolegal Affairs.	<p>Doctors working at public hospitals or health centres are salaried by municipalities.</p> <p>Private doctors are paid on a fee-for-service basis.</p> <p><i>Public Hospital and Health Centre:</i> Only limited possibility of choice. Doctors are employed by the municipality. Patients' fees see point 2.</p> <p><i>Private doctor:</i> Free choice and the patient pays the doctor directly in full.</p>	<p><i>Health Centre:</i> Physician services maximum FIM 50 (EUR 8.41) for the first three visits in a calendar year or an annual fee of maximum FIM 100 (EUR 17) for 12 months depending on the municipality; most other services free of charge. Children under the age of 15 are exempt from the fee.</p> <p><i>Hospital:</i> The fee for an out-patient visit is FIM 100 (EUR 17), for day surgery FIM 250 (EUR 42). The fee for in-patient care is FIM 125 (EUR 21) a day. The fee for in-patient care in psychiatric units is FIM 70 (EUR 12).</p> <p><i>Private doctor:</i> The patient pays doctor's basic fee which, as far as it does not exceed a fixed tariff, is refunded by 60% from the sickness insurance. For treatment costs on prescription by certain other medical staff, the patient's own liability is FIM 70 (EUR 12) and 25% of the excess amount within a fixed tariff.</p>	<p><i>Public hospital:</i> Hospital fee of FIM 125 (EUR 21) a day. Patient under the age of 18 may be charged only for the first seven treatment days in a calendar year. Patient receiving long-term care (over three months) are charged a fee in accordance with their means. Such a fee, however, may be no more than 80% of the patient's net monthly income.</p> <p><i>Private hospital:</i> Part of the doctor's fee and costs for examination and care are refunded by the sickness insurance.</p>
S	All doctors qualified to practise are able to be affiliated to the sickness insurance ( <i>sjuk- och föräldraförsäkring</i> ).	<p>Doctors employed by the public health authorities are paid an income.</p> <p>Private practitioners affiliated to a county council paid according to a tax, which is fixed after negotiations between the government and the doctors' organisations.</p> <p>Free choice of doctors in the public health and private practitioners affiliated to a county council.</p> <p>The patient pays a part of the cost himself. The doctor, if it is a private practitioner, will be paid the rest from the regional health authorities.</p>	<p>The insured person pays between SEK 100 (EUR 11) and SEK 140 (EUR 15) per visit to a doctor.</p> <p>For specialist care the patient pays between SEK 120 (EUR 13) and SEK 250 (EUR 26).</p> <p>Emergency cases: between SEK 120 (EUR 13) and SEK 300 (EUR 32). Below the age of 20 no charge.</p>	<p>Free choice of regional public hospitals and approved private establishments.</p> <p>The patient will be charged maximum SEK 80 (EUR 8.45) per 24 hours.</p>

<p><b>UK</b></p>	<p>Doctors licensed to practice by the General Medical Council (the statutory licensing body) contract with Local Health Authorities, subject to approval of Medical Practices Committee (which regulates the numbers of doctors in each locality).</p>	<p>Fees, allowances and reimbursements set nationally by Government, in the light of recommendations by an independent Pay Review Body and after consultation with doctors' representatives (National Health Service).</p> <p>From April 1998 alternative arrangements based on direct negotiations between individual doctors and Health Authorities are being piloted.</p> <p>Free choice by patient (or parent/guardian), subject to acceptance by doctor. If a patient cannot find a doctor willing to accept them, the Health Authority will assign a patient to a doctor's list.</p> <p>No fees for services provided by National Health Service.</p>	<p>No charge.</p>	<p>No charge, except where the patient asks for special amenities or for extra treatment which is clinically necessary.</p>
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**Description of out-pocket payments  
main cost sharing measure for other provisions on health care (II)  
1999**

	Pharmaceutical products	Prostheses, Spectacles and hearing aids	Dental services	Transport of patients	Courses of treatment	Others
NL	<p>Registration of insured person with a chemist who entered into contract with the health insured fund</p> <p>Insured person is entitled to a qualitatively good package of medicines without it being necessary to make additional payment. Besides this medical package medicines can be supplied and charged to the health insurance funds up to the average price per standard dosage of medicines which belong to a certain classified medical package, with an additional payment to be paid by the insured himself</p>	<p>Subject to prior approval of health insurer. No cost sharing except for:</p> <p><i>Artificial breasts:</i> payment of cost in excess of maximum NLG 397.50 (EUR 180).</p> <p><i>Orthopaedic shoes:</i> share in cost of NLG 112 (EUR 51) per year up to age 16; NLG 224 per year (EUR 102) for age 16 and over.</p> <p><i>Spectacles and contact lenses:</i> after first purchase entitlement without cost-sharing only on specific medical indication.</p> <p><i>Hearing appliances:</i> payment of cost in excess of NLG 1,273.50 (EUR 578).</p> <p><i>Wigs:</i> payment of cost in excess of NLG 556 (EUR 252).</p>	<p>Comprising dental care for children including preventive maintenance work, fluoride applications up to twice a year from the age of six, sealing, periodontal care and surgical treatment.</p> <p>Comprising for adults preventive dental care (check up at least one a year), dentures and specialist surgical treatment.</p> <p><i>Dentures:</i> Patient's participation of 25%.</p>	<p>By ambulance, taxi or private car: share in the cost of 66 Euro per 12 months</p>	<p>No benefits</p>	<p><i>Physiotherapy:</i> entitlement of 9 treatments per indication per year</p>

F	<p>Insured person's share: 35%, or 65% for drugs mainly meant for troubles or affections normally without gravity.</p> <p>100% for ease drugs.</p> <p>No share required from long-term patient, only for the illness concerned.</p>	<p>Subject to sickness fund's prior approval: refund of established fees (65 %) and for major fittings (100 %).</p>	<p>Comprising preventive and conservative treatment, extractions and (submit to approval) dental prosthesis, orthodontic treatment.</p> <p>Refund: according to fixed rate as for medical care. Share borne by the insured person: 30%.</p>	<p>Transportation in case of hospitalisation.</p>	<p>Subject to sickness fund's prior approval: refund of medical fees and cost of treatment in a thermal centre. No daily allowances in principle (except for social and medical treatment provided by the sickness fund).</p>	<p>Supplementary benefits and aid benefits which may be granted by the sickness insurance fund for social and medical treatment.</p>
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D	<p><i>Insured person's contribution:</i> A charge of DEM 8 (EUR 4.09), DEM 9 (EUR 4.60), DEM 10 (EUR 5.11), depending on the packet</p> <p>size of the pharmaceutical product prescribed, except for children and hardship cases. If there is a fixed-price for a group of products</p> <p>(Festbetragsarzneimittel), the amount of contribution payable depends on this fixed price. In such cases, the patient must pay the</p> <p>difference between the fixed price and the prescribed product, in addition to the set prescription charge.</p> <p>Insured persons must pay for comfort drugs (Bagatellarzneimittel). Certain uneconomical drugs are not paid by the insurance.</p> <p><i>Members of family:</i> As for insured persons.</p>	<p>As long as no fixed amounts are established, the sickness funds cover the entire costs, when fixed amounts have been established, the costs will be covered up to this amount.</p> <p><i>For bandages, insoles, and aids for compression therapy:</i> 20% of the amount to be covered by the sickness funds, with the exception of children and hardship cases. Payment of costs for a spectacle frame by the insured.</p>	<p>A system encompassing all age groups of prophylactic measures designed to prevent dental disease.</p> <p>Full compensation of conservative dental treatment, including dental prophylactics.</p> <p><i>For denture,</i> the insured person contributes 50% of the costs of the required medical treatment. When the insured person takes measures to maintain healthy teeth, the benefit is increased by a bonus of 10% or 15%.</p>	<p>In certain cases the cost for rescue and transport back to the hospital or the doctor are covered; DEM 25 (EUR 13) participation per journey.</p>	<p>Payment of medical services for ambulatory preventive or rehabilitative courses; contribution to the other costs (accommodation, nursing, transportation) up to DEM 15 (EUR 7.67) per day. Full compensation with DEM 25 (EUR 13) (old Länder) and DEM 20 (EUR 10) (new Länder) paid by the insured patient per (calendar) day or contribution of sickness funds for preventive and curative courses for mothers. Full compensation for institutional preventive or rehabilitative courses, except for copayment of insured person of DEM 25 (EUR 13) (old Länder) and DEM 20 (EUR 10) (new Länder) per day.</p>	<p><i>Home care:</i> Basic nursing and treatment as well as household assistance.</p> <p><i>Household aid,</i> i.e. replacement in the household, or payment of cost of household assistant.</p> <p>Examination of children for early discovery of diseases.</p> <p>Medical examination of <i>insured persons after the age of 35</i> for early discovery of heart-, circulation- or kidney diseases and of diabetes.</p> <p>Examinations for early discovery of cancer.</p> <p>Prescribed items other than medicines: insured person pays 15%, except for children and hardship cases.</p> <p><i>Long-term Care Insurance:</i> Benefits for persons permanently and to a large extent in need of help because of a physical illness or a mental disease or due to any other handicap. Domiciliary care: Basic nursing and household assistance by non-residential care institutions up to the amount of DEM 750 (EUR 383), DEM 1,800 (EUR 920) or DEM 2,800 (EUR 1,432) per month, depending on the nursing level; in special hardship cases up to DEM 3,750 (EUR 1,917) p.m. Care allowance: Instead of availing of the help of professional care services, the person in need of care may apply for a nursing allowance, if he/she personally ensures that the necessary basic care and assistance is provided by a carer; depending on the care level, the rate of the allowance is equal to DEM 400 (EUR 205), DEM 800 (EUR 409) or DEM 1,300 (EUR 665) per month. Combined benefit: If the insured person does not claim the full benefit in kind to which he/she is entitled, a proportionate nursing allowance is paid at the same time. Carer's substitute: If the carer is temporarily unable to ensure the care because of a holiday, sickness or other reasons, the costs of providing a substitute are taken over for a maximum of four weeks and up to the amount of DEM 2,800 (EUR 1,432) per year. Partially residential care: As a supplement to domiciliary care, the care in institutions providing care during day and night is paid up to the value of DEM 750 (EUR 383), DEM 1,500 (EUR 767) or DEM 2,100 (EUR 1,074) per month. If the insured person does not claim the full amount of the benefit in kind, he/she is entitled to a proportionate nursing allowance. Short-time care: Provided that there is no other possibility to ensure domiciliary care, the costs of accommodation in a residential institution are taken over for a maximum of 4 weeks and up to DEM 2,800 (EUR 1,432) per year during the transitional period following to an in-patient treatment or if the carer is unavailable.</p> <p>In-patient care: from 1.1.1998 the costs for care, for medical treatment and also for social assistance will be covered depending on the care level at DEM 2,000 (EUR 1,023), DEM 2,500 (EUR 1,278), or DEM 2,800 (EUR 1,432), in extreme cases the sum increases to DEM 3,300 (EUR 1,687).</p>
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<p><b>E</b></p>	<p>Beneficiaries pay 40% of the price of medicaments. There is a 10% reduction of the price for certain special medicaments, with a maximum limit of ESP 439 (EUR 2.64).</p> <p>No charge whatsoever for: pensioners, patients undergoing residential hospital care, residents over 65 years of age with insufficient means of existence, as well as conscientious objectors performing social work.</p>	<p>Provision and normal replacement of prosthesis, orthopaedic apparatus and wheel-chairs free of charge.</p> <p>Grants may be made towards spectacles, hearing aids and other special types of prosthesis.</p>	<p>Comprising extractions and certain types of treatment. Certain financial aids for dental prosthesis. In the event of an employment injury or in the case of an occupational disease, oral and facial surgery are also covered.</p>	<p>Transport to hospital for sick people, in emergencies and under other special circumstances.</p>	<p>Precautionary measures.</p> <p>Thermal baths possible under certain conditions.</p>	<p>Home help for retired people, invalids, the mentally handicapped, etc.</p>
<p><b>DK</b></p>	<p>Cost to insured according lists of products:</p> <p><i>Very important products:</i> 25% of cost;</p> <p><i>Less important products:</i> 50% of cost.</p> <p><i>Insulin:</i> No charge to the insured person.</p> <p>For each category, the proportion of the cost payable by the insurance schemes is calculated with reference to two similar medicines on the market at the lowest end of the price scale.</p>	<p>Partial reimbursement</p>	<p>Cost to insured person in both categories:</p> <p>From 35% to 60% of cost of treatments on list. 100% for treatment not included in the list.</p> <p>Treatment is free for children and partially covered for handicapped persons.</p>	<p>Free transport to doctor or hospital for pensioners who are insured in Category 1, and in certain other cases and circumstances.</p>	<p>(same for hospitalisations)</p>	<p>For both categories of insured persons, share of cost met for treatment by chiropractor, physiotherapist or psychologist to whom the general practitioner has referred the insured.</p> <p>Free assistance and treatment given by nurse at home if recommended by a doctor.</p>

EL	<p>Charge of 25% for medicines prescribed by doctor.</p> <p>10% contribution towards cost of medication prescribed for certain illnesses (Parkinson's disease, Paget's disease, Crohn's disease, etc.).</p> <p>10% contribution towards cost of medication for retired persons receiving the minimum pension.</p> <p>No charges payable in the event of an employment accident, for medication during pregnancy and for chronic illnesses (cancer, diabetes etc.).</p>	Charge limited to 25 % maximum.	As for health care but charge of 25 % for dental prosthesis.	Cost of travelling for the sick living in distant regions, subject to certain conditions.	Partial contribution by the insured.	-
L	<p>Reimbursement according classification of drugs:</p> <p><i>Normal reimbursement: 80%</i></p> <p><i>Preferential reimbursement: 100%</i></p> <p><i>Reduced reimbursement: 40%</i></p> <p>Non-refundable products and drugs.</p>	Subject to sickness fund's prior approval: Refunds at the tariff rates fixed by agreements.	<p>Comprising preventive and conservative treatment, extractions, orthodontic treatment, and prostheses. Refund of tariffs as established in the collective agreements.</p> <p>80% reimbursement in excess of an annual sum of LUF 1,335 (EUR 33) which is fully covered. Prostheses are 100% covered, unless</p> <p>the insured person did not regularly consult a dentist, in which case patient's participation is 80%. Supplements for prostheses and benefits are for necessary treatment only, any extra treatment is not covered.</p>	Transportation cost reimbursable under certain conditions.	Subject to approval.	-

<p><b>IRL</b></p>	<p>No charge for persons with full eligibility.</p> <p>For those with limited eligibility, a refund of expenses over IEP 90 (EUR 114) per quarter. Persons suffering from a long-term condition are obliged only to pay IEP 32 (EUR 41) per month. No charge for persons suffering from mental handicap and mental illness (for persons under 16 years only) and from specified long-term illnesses in respect of drugs prescribed for treatment.</p> <p>A new drugs payment scheme will be introduced from the 1st March 1999, whereby no individual or family will have to pay more than IEP 42.00 (EUR 53) per month for prescribed medicines.</p>	<p>No charge for persons with full eligibility and for children under 6 years of age and national school pupils.</p> <p>Limited charges only levied on insured persons who satisfy certain contribution conditions.</p>	<p>No charge for persons with full eligibility, children under 6 years of age and persons who attend national school up to the age of 14 years.</p> <p>No charge for insured persons who satisfy certain contribution conditions for scalings, examinations, and polishing.</p> <p>Limited charge for fillings, extractions and other services.</p>	<p>Free transport to hospital, subject to certain conditions.</p>	<p>Health examination service for pre-school children and pupils of national schools.</p> <p>All necessary follow-up services for defects discovered at such examinations.</p> <p>A national screening service for scoliosis.</p> <p>Immunisation, diagnostic and hospital services for infectious diseases available without charge to all.</p>	<p>Hospital in-patient and out-patient services are provided free of charge for children suffering from certain long-term diseases and disabilities, women receiving maternity services, children up to six weeks of age and children referred from child health clinics and school health examinations.</p> <p>Free home help service, subject to certain conditions.</p>
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I	<p>Classification of medication into three groups:</p> <p><i>Group A:</i> Medication termed essential for the treatment of more serious complaints: Free for all insured persons.</p> <p><i>Group B:</i> Medication for the treatment of serious complaints but less serious than those referred to in group A: Free of charge for some categories of persons as mentioned under item Patient's contributions towards medical expenses and for the disabled. The rest of the population pays half price.</p> <p><i>Group C:</i> Other medication and medication for which a prescription is not required: The cost is borne fully by the insured person.</p> <p>Each prescription may not include more than 2 items. The patient is expected to contribute ITL 4,000 (EUR 2.07) for the prescription of 1 item and ITL 6,000 (EUR 3.10) for the prescription of 2 items; only the 100% disabled are exempt from making a contribution. and all medication essential for the treatment of very serious illnesses.</p>	No benefits.	Free treatment in the centres of the National Health Service and from registered doctors.	No benefits.	<p>Thermal cures: subject to prior approval of the local health unit.</p> <p>Participation: ITL 6,000 (EUR 3.10) for the prescription, plus 50% of fixed rates, with a maximum of ITL 70,000 (EUR 36) for each course of treatment.</p>	-
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<p><b>A</b></p>	<p>Coverage of expenses for medically prescribed registered pharmaceutical products included in the List of Pharmaceutical Products (others: approved by medical superintendent or supervisory medical doctor). The charge amounts to ATS 44 (EUR 3.20) per item prescribed (free of charge for notifiable infectious diseases or in case of need).</p>	<p>Insured person's contribution 10%, minimum ATS 281 (EUR 20) (free of charge in case of need).</p> <p>The maximum amount to be covered by the insurance funds amounts up to ATS 14,049 (EUR 1,021) for prostheses up to ATS 35,121 (EUR 2,552) according to the statutes of the insurance funds.</p>	<p>Dental treatment and (indisposable) dental prosthesis are granted according to the statutes. Medical treatment includes conservative, surgical and orthodontic treatments. The patient's or family member's contribution towards orthodontic treatment and removable dental prosthesis such as braces is between 25% and 50%. As of 1.1.1997 a contribution amounting to ATS 50 (EUR 3.63) is to be paid for each dental treatment certificate, except in the case of children, pensioners and the needy).</p> <p>For extra treatment and services (e.g. inlays and crowns) the insurance fund's subsidy is between ATS 325 (EUR 24) and ATS 2,960 (EUR 215) per unit.</p>	<p>Expenses for transport, refund of travel expenses.</p>	<p>May be granted if necessary (in institutions of the insurance funds, contract institutions or in the form of supplements).</p> <p>Contribution amounts to between ATS 76 (EUR 5.52) and ATS 194 (EUR 14) per day and lasts for a maximum of 28 days per calendar year. The needy are exempt from participation.</p>	<p>Examinations of young persons, preventive examinations, mother-and-child examinations, medical care at home (medical benefits following the doctor's orders, provided by qualified staff, for a maximum of 4 weeks), psychotherapy.</p>
<p><b>P</b></p>	<p>Depending on type of illness, the state contributes 70% or 40% of the cost of medicines on the official list drawn up by the health services. These percentages are increased by 15% for pensioners whose pensions are less than the minimum wage.</p>	<p>80 % charge for prosthesis on the official list.</p> <p>Spectacles under health service prescription: 75 % charge for spectacles (contact lenses if certified necessary by doctor). Spectacles prescribed by specialists in private practice: Paid for by patient subject to 75 % reimbursement on prices according to official scale.</p>	<p>Medical treatment in health centres. Reimbursement by health service in line with scale laid down by government, in the event of recourse to private health services.</p> <p>Dental prosthesis prescribed by Health Service: benefit of 75 % of the price of the dental prosthesis according to scale.</p> <p>Dental prosthesis prescribed by private specialist: Fees paid by patient. Refund of 75 % of the fee according to official scale.</p>	<p>Payment of travel costs for patients living in remote areas, subject to certain conditions.</p>	<p>Reimbursement of cost of treatment in thermal centres in line with prevailing official scale, after receiving permission.</p>	

FIN	<p><i>Public hospitals:</i> Costs included in fee.</p> <p><i>Sickness insurance:</i> Patient's own liability is FIM 50 (EUR 8.41) + 50% of excess amount for products prescribed by a doctor. In serious and chronic diseases a number of listed pharmaceutical products qualify for refunds of 75% or 100% of the costs exceeding FIM 25 (EUR 4.20). If patient's own costs for pharmaceutical products during one calendar year exceed FIM 3,283 (EUR 552), the excess amount is fully reimbursed.</p>	<p><i>Health Centre:</i> In certain cases free of charge.</p> <p><i>Sickness Insurance:</i> Not refundable.</p>	<p><i>Health Centre:</i> The patient normally pays a fee according to a basic fee and a fixed tariff for each intervention. Health Centres are allowed to fix their tariff within certain limits. They are all lower than those by private dentists. Persons under the age of 19 and war veterans receive dental treatment free of charge.</p> <p><i>Sickness insurance:</i> Dental expenses are partly refunded to persons born in 1956 or thereafter. For examination and preventive treatment, the rate of refund is 75% and for other treatment 60% of the fee up to a specified limit. No refund is provided in respect of ortho- and prosthodontic treatment.</p> <p>For other persons costs for dental treatment are partly refunded only if the care was needed for the treatment of a disease other than the dental one. In addition, costs for examination and preventive treatment are refunded to persons born 1955 or before that, once in every three calendar years.</p>	<p>Travel and transport costs are fully compensated from the sickness insurance after deduction of patient's own liability of FIM 45 (EUR 7.57).</p> <p>If the patient's share of travel costs during the same calendar year is more than FIM 900 (EUR 151), the excess amount is fully refunded.</p> <p>Accommodation is refunded up to a maximum of FIM 120 (EUR 20) per night.</p>	See patients' participation.	-
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<p><b>S</b></p>	<p>The patient pays the whole cost up to and including SEK 400 (EUR 42).</p> <p>Costs between SEK 401 (EUR 42) and SEK 1,200 (EUR 127) are subsidised by 50%.</p> <p>Costs between SEK 1,201 (EUR 127) and SEK 2,800 (EUR 296) are subsidised by 75%.</p> <p>Costs between SEK 2,801 (EUR 296) and SEK 3,800 (EUR 401) are subsidised by 90%.</p> <p>Costs above SEK 3,800 (EUR 401) are subsidised totally.</p>	<p>The county councils provide appliances on certain conditions.</p>	<p>For children up to 20 years of age dental care is free of charge in the public dental care.</p> <p>A new system of dental care subsidies is introduced from 1 January 1999. Free pricing is introduced for dentists and dental hygienists.</p> <p>For basic treatment the insurance pays a fixed amount to the dentist and the individual the remaining costs. The amount from the insurance corresponds to 30% of the tariff valid for 1998.</p> <p>For prosthetic treatment and orthodontic treatment there is a limit for high costs, where the insurance pays double the fixed amount for basic care reduced by SEK 3,500 (EUR 370) and the individual pays the rest.</p>	<p>Reimbursement for transportation costs on certain conditions.</p>	<p>See Hospitalisation.</p>	<p>Limitations for high costs. When a person within a 12 months period has costs for public health and medical care the limit is a maximum of SEK 900 (EUR 95). For pharmaceutical products the limit is SEK 1,300 (EUR 137) for a period of 12 months.</p>
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UK	<p>Charge of GBP 5.80 (EUR 8.16) per prescribed item except for children under 16, people aged 16-18 and still in full-time education, people aged 60 or over, pregnant women and women who have had a baby within the last 12 months, War Pensioners (for their accepted disability), persons receiving Income Support, income based Jobseeker's Allowance, Family Credit or Disability Working Allowance and their partners, some other people on low incomes, and people suffering from specified conditions.</p> <p>An annual (or 4 months) season ticket can be bought entitling the holder to an unlimited number of prescribed items without charge in the period of its validity. The cost of the ticket is GBP 30.10 (EUR 42) for 4 months and GBP 82.70 (EUR 116).</p>	<p><i>Spectacles:</i> No spectacles supplied free.</p> <p><i>Vouchers available to help with purchase of spectacles for certain groups:</i> to children under 16 or under 19 and still in full-time education, or people receiving income-based Jobseeker's Allowance, Income Support, Family Credit or Disability Working Allowance and their partners. Also for those on low incomes or requiring complex lenses; also War Pensioners (for their accepted disability) and Hospital Eye Service patients.</p> <p>No charge for sight tests for the above categories, plus registered blind or partially sighted, diagnosed diabetic or glaucoma patient, or aged 40 or over and the brother, sister, parent or child of a diagnosed glaucomed patient. Others pay privately.</p> <p><i>Prosthesis and hearing-aids:</i> No charge for provision and fitting of National Health Service appliances.</p>	<p><i>Proportional charges</i> for NHS dental treatment in the General Dental Service, including examination. 80% of cost of a course of treatment up to a maximum of GBP 340 (EUR 478).</p> <p><i>No charge</i> for women who are pregnant, or who have had a baby in the preceding 12 months, when the course of treatment starts, people under 18; those under 19 in full-time education; people receiving income support, or income-related job seekers allowance, family credit or disability working allowance and their partners.</p> <p>People on a low income may be able to get help with the cost of treatment.</p> <p>Dental treatment in the hospital and Community Dental services, however, is free except for dentures and bridges.</p>	<p>Various additional benefits provided under the National Health Service and by local authorities, e.g. free transport to hospital, or in cases of medical need, reimbursement of hospital travelling costs in certain cases.</p>	<p>No charge, except where the patient asks for special amenities or for extra treatment which is not clinically necessary.</p>	
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Source: MISSOC (Mutual Information System on Social Protection in the EU), DG Employment of the European Commission, 1999



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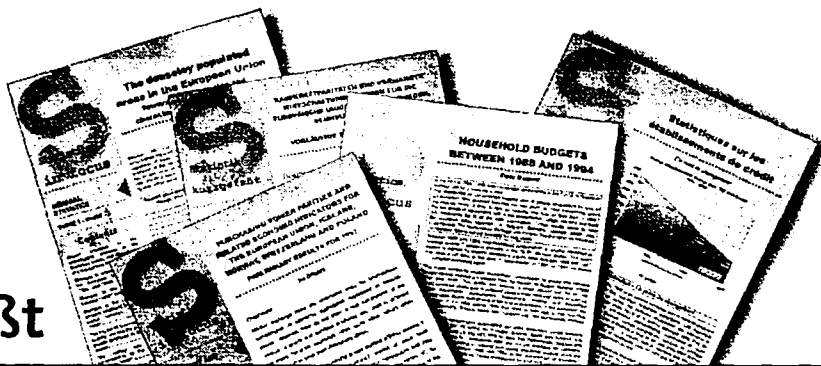
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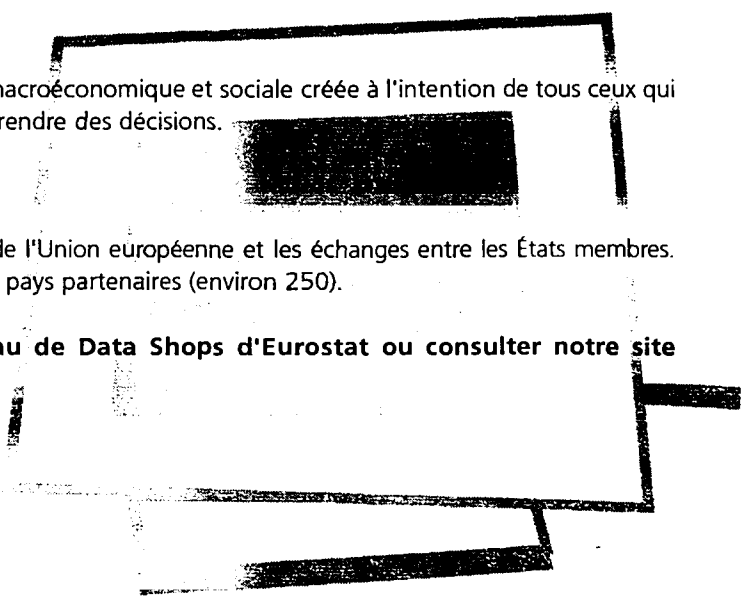
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