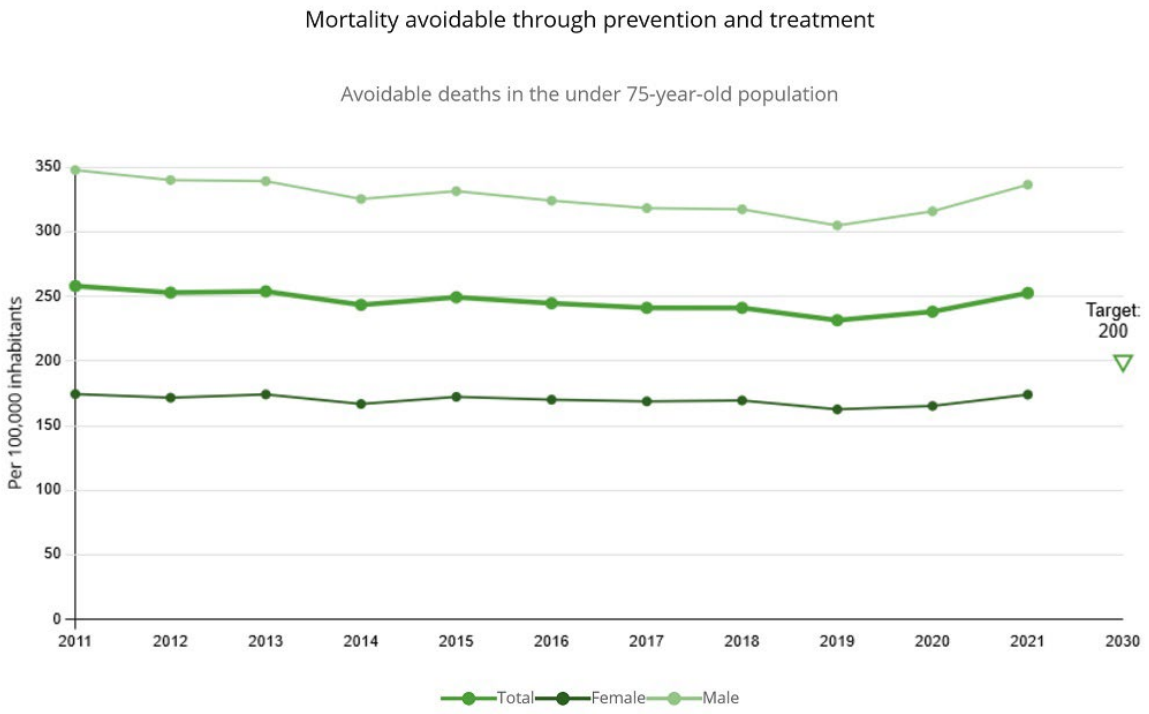
Health and nutrition – *Living healthy for longer*

3.1.a Mortality avoidable through prevention and treatment



Note(s):
Age-standardisation: European Standard Population 2013.

Data source(s):
Statistical Office of the European Union

Definition
The indicator represents the avoidable deaths of the female and male population under the age of 75 in relation to 100,000 inhabitants of the 2013 European standard population under the age of 75 (excluding those under the age of 1). The indicator distinguishes between treatable and preventable mortality, the sum of which is the avoidable mortality.

Intention
Deaths are avoidable through prevention, early detection or optimal treatment. The indicator is therefore a measure of the quality of the healthcare system and the health behaviour of the population with regard to the extent to which deaths occur that could have been prevented in principle with appropriate prevention or treatment in a certain age group.

Target
Reduction to 200 cases per 100,000 inhabitants by 2030

Content and methodology

The indicator Mortality Amenable to Prevention and Treatment is intended to provide insight into the quality of the healthcare system, particularly the effectiveness of preventive programmes and early diagnostic measures. Deaths amenable to treatment are those that could have been avoided through timely and effective medical interventions. This includes both secondary prevention and therapeutic treatments following the onset of disease or injury aimed at reducing mortality (lethality).

Mortality amenable to prevention primarily concerns deaths that could have been avoided through effective public health measures and primary prevention. These are interventions taken before the onset of disease or injury to reduce the incidence of illness. Identifying and mitigating underlying risk factors such as unhealthy diets (see Obesity Rates indicators 3.1.e and 3.1.f), tobacco use (see Smoking Rates indicators 3.1.c and 3.1.d), alcohol consumption and lack of physical activity is essential for reducing the number of avoidable deaths and improving overall public health.

The specific causes of death considered avoidable according to these definitions were established in 2018 by the Organisation for Economic Co-operation and Development (OECD) and Eurostat, the statistical office of the European Union, in collaboration with an expert group, and were revised in 2019. These include a range of infectious diseases (including COVID-19), various types of malignant neoplasms, endocrine and metabolic disorders, and certain diseases of the nervous system, circulatory system, respiratory system, digestive system, and genitourinary system, as well as conditions related to pregnancy, childbirth and the perinatal period, certain congenital anomalies, complications of medical and surgical care, injuries, and alcohol- and drug-related disorders. Some deaths, such as those from ischaemic heart disease, are considered both preventable and treatable. To avoid double counting, these deaths are classified as mortality amenable to prevention, as successful prevention would render treatment unnecessary.

The indicator considers only deaths occurring among persons under the age of 75. To ensure comparability, it is standardised to the European standard population for this age group. This approach avoids distortions in the results due to differing age structures between countries or demographic changes over time. The data used to calculate the indicator is derived from the cause of death statistics maintained by the Federal Statistical Office, which systematically records and analyses all official death certificates.

Development

Overall mortality amenable to prevention and treatment has been on a downward trend since 2011. Between 2011 and 2019, avoidable mortality fell from 258 deaths per 100,000 inhabitants to 231 in 2019 (–10.4%). In the years that followed, the indicator rose again due to the COVID-19 pandemic, reaching the same level in 2021 as in 2012. This is also reflected in the distribution of individual causes of death. At the European level, COVID-19 infections were the most common cause of avoidable death, followed by ischaemic heart disease and lung cancer.

When examining mortality amenable to prevention and treatment separately, it becomes apparent that around two-thirds of avoidable deaths could have been prevented through preventive measures, while one-third could have been avoided through medical treat-

ment. However, this distribution is also partly due to the previously mentioned categorisation of certain causes of death that are both preventable and treatable.

A gender-specific analysis of the indicator revealed a significant disparity between men and women. Among men, avoidable mortality stood at 336 deaths per 100,000 inhabitants, while for women the figure was only 174 – roughly half that of men. This difference was primarily due to deaths preventable through public health measures, indicating that men are less likely to participate in preventive care and are less effectively reached by prevention programmes than women. The gender gap was less pronounced in mortality amenable to treatment.

The politically set target of reducing mortality amenable to prevention and treatment to a maximum of 200 deaths per 100,000 inhabitants by 2030 could have been achieved had the pre-pandemic trend continued. However, the pandemic-related increase disrupted the generally positive trajectory of the indicator.

In a European comparison, Germany, with an avoidable mortality rate of 253 deaths per 100,000 inhabitants in 2021, ranked in the middle and was clearly below the EU average of 294 deaths. The lowest rates were recorded in Spain (195 deaths per 100,000) and Sweden (177 deaths per 100,000). In many Eastern European countries, such as Bulgaria (685 deaths per 100,000) and Romania (695 deaths per 100,000), the rates were significantly higher.

Type of target
Target with specific target value

Assessment
Avoidable mortality through prevention and treatment should be reduced to a maximum of 200 deaths per 100,000 inhabitants by 2030.

According to the target formulation, indicator 3.1.a is assessed as thunderstorm for 2021. On average over the past six years, the indicator value has increased, indicating a trend contrary to the desired direction.