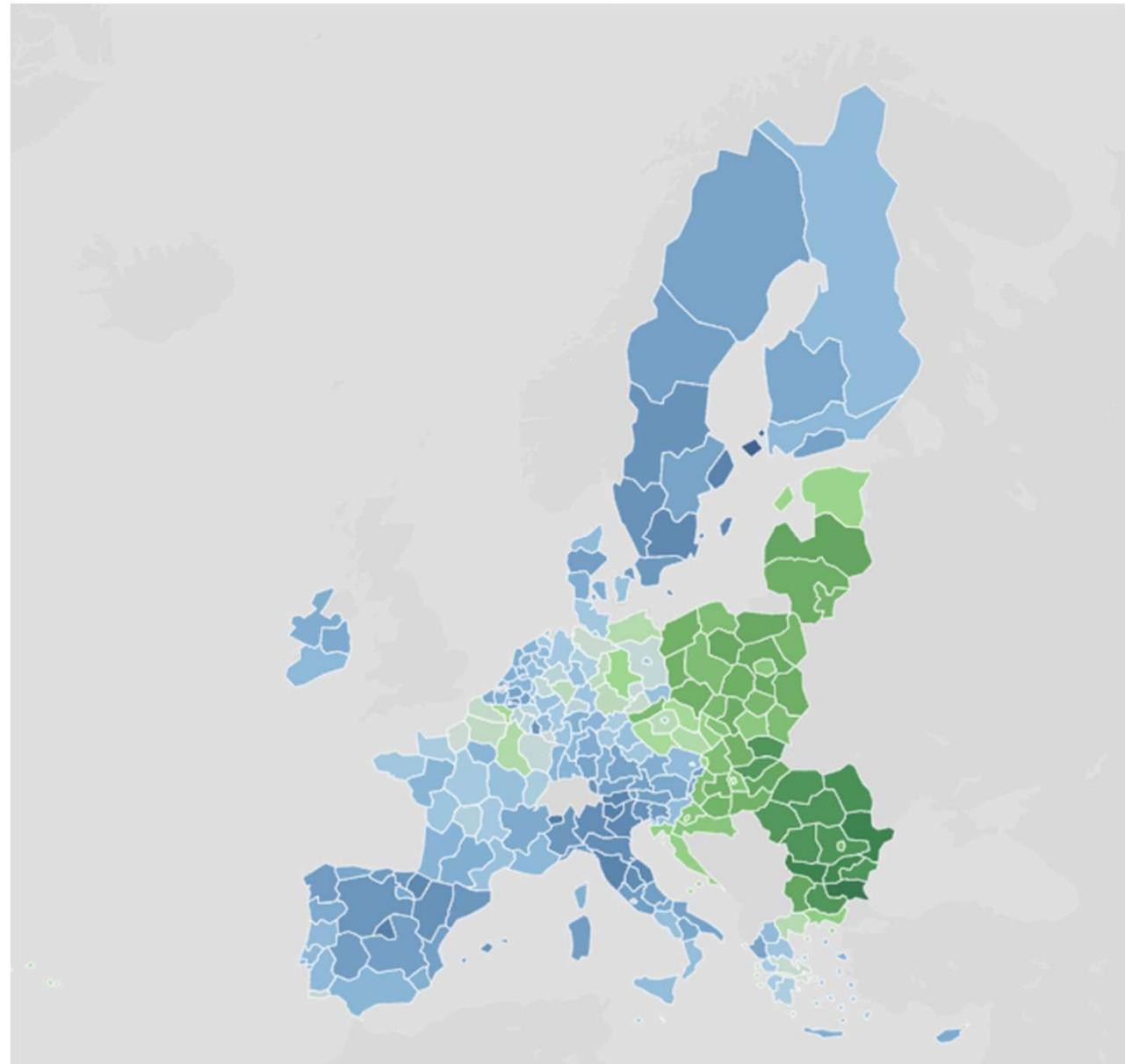




EU HEALTH EQUITY MAP

Mapping social and health
inequalities in the EU

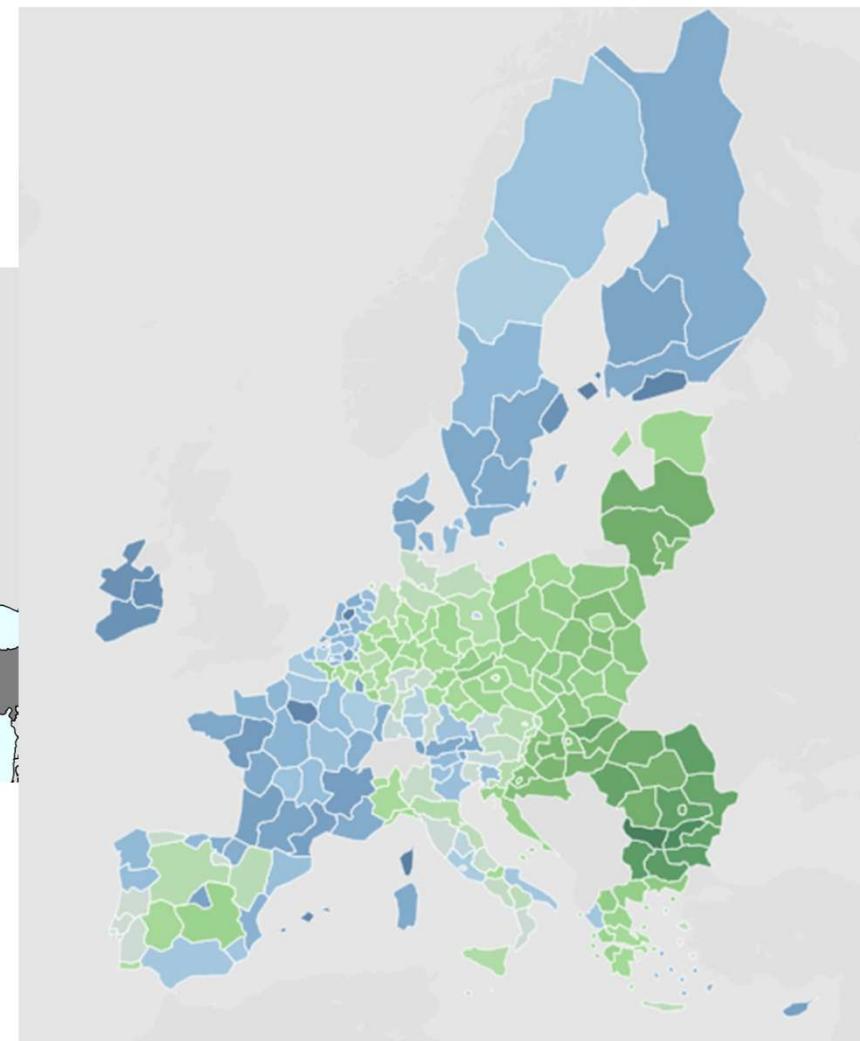
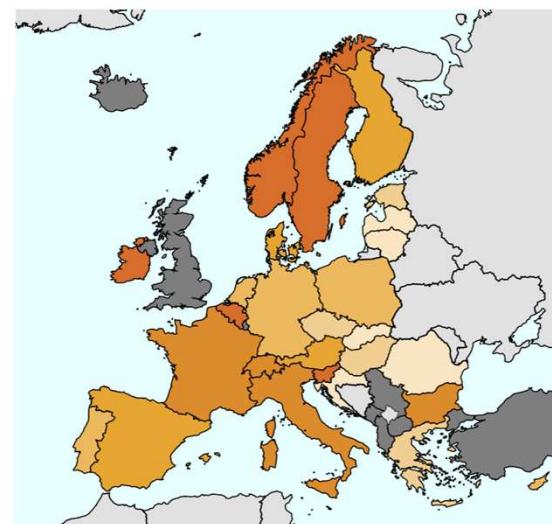
KEY FINDINGS



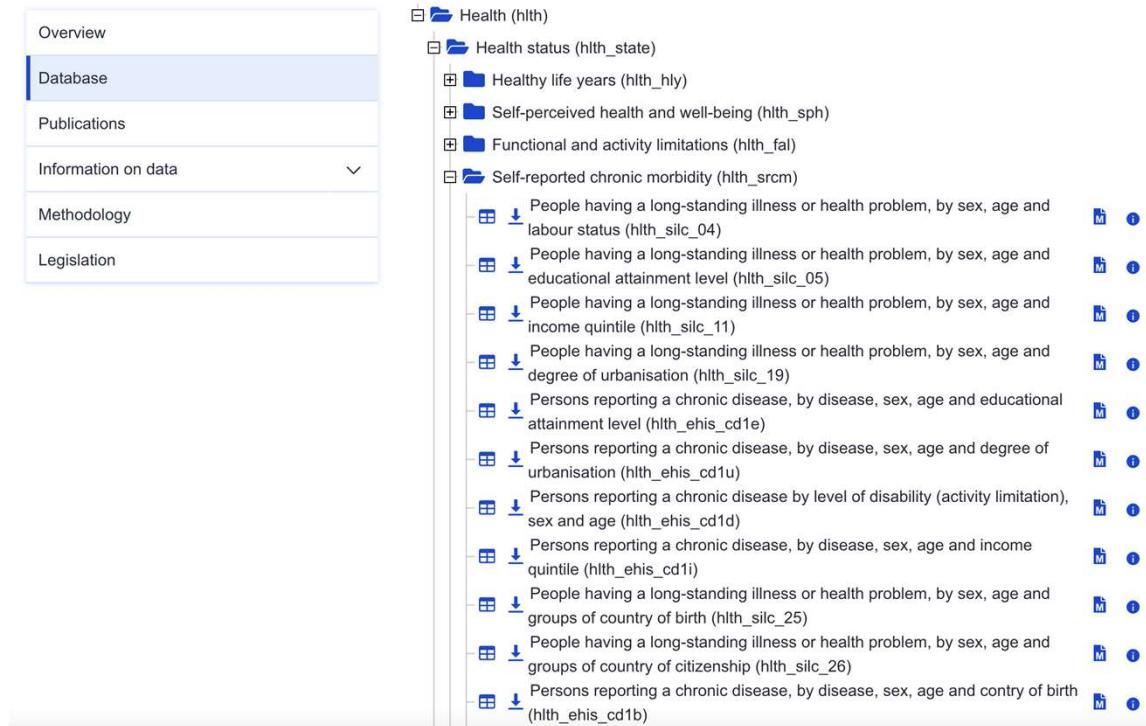
Across the EU, health is a shared value—but not yet a shared reality. Marked differences in health outcomes persist between and within regions, shaped by the economic, social and environmental conditions in which people live.



Country-level analysis highlights differences between countries, **while regional analysis reveals equally important differences within countries.**



The Eurostat database provides granular level data, however, they are not presented and assessed in a comprehensive manner that would allow a wide range of audiences, including policy makers, to identify and act upon disparities.



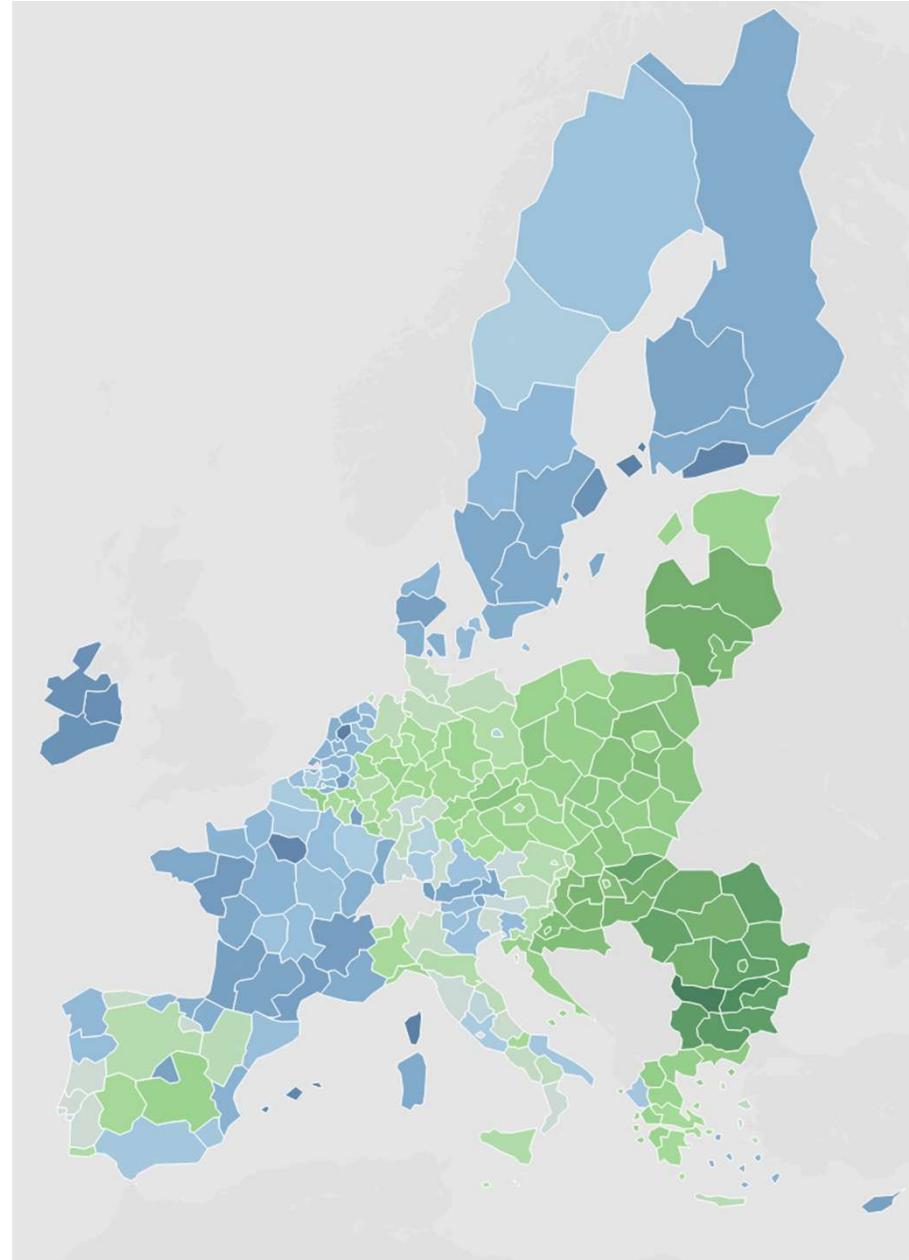
The screenshot shows a user interface for a statistical database. On the left, a sidebar menu includes 'Overview', 'Database' (which is selected and highlighted in blue), 'Publications', 'Information on data' (with a dropdown arrow), 'Methodology', and 'Legislation'. The 'Information on data' section is expanded, showing a list of data series under 'Self-reported chronic morbidity (hlth_srcm)'. Each item in the list has a blue download icon and a small 'i' icon for more information. The data series include:

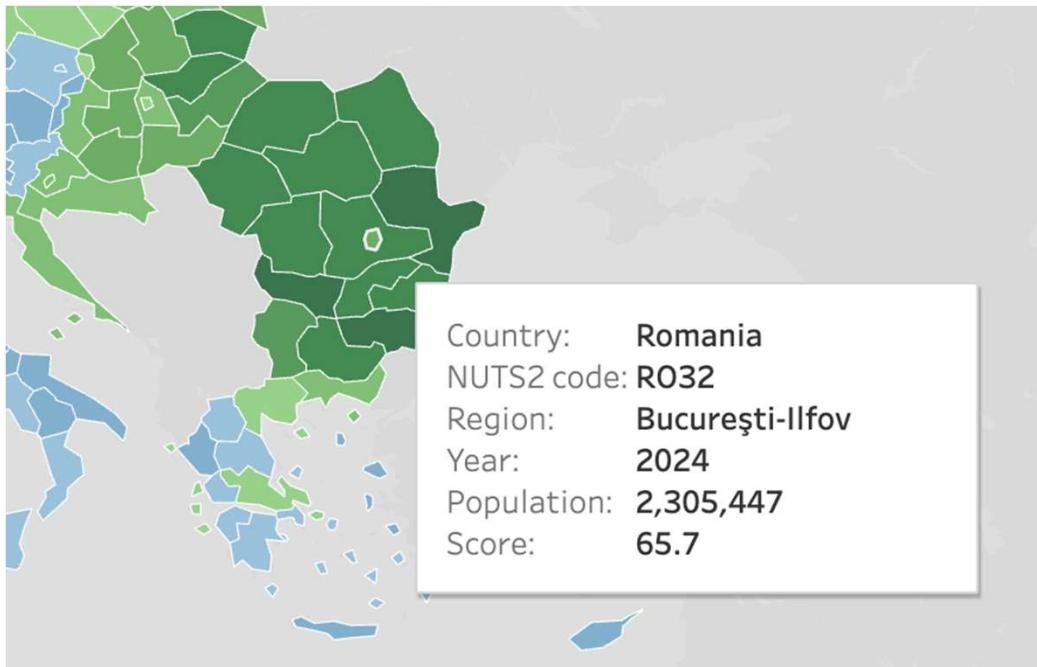
- People having a long-standing illness or health problem, by sex, age and labour status (hlth_silc_04)
- People having a long-standing illness or health problem, by sex, age and educational attainment level (hlth_silc_05)
- People having a long-standing illness or health problem, by sex, age and income quintile (hlth_silc_11)
- People having a long-standing illness or health problem, by sex, age and degree of urbanisation (hlth_silc_19)
- Persons reporting a chronic disease, by disease, sex, age and educational attainment level (hlth_ehis_cd1e)
- Persons reporting a chronic disease, by disease, sex, age and degree of urbanisation (hlth_ehis_cd1u)
- Persons reporting a chronic disease by level of disability (activity limitation), sex and age (hlth_ehis_cd1d)
- Persons reporting a chronic disease, by disease, sex, age and income quintile (hlth_ehis_cd1i)
- People having a long-standing illness or health problem, by sex, age and groups of country of birth (hlth_silc_25)
- People having a long-standing illness or health problem, by sex, age and groups of country of citizenship (hlth_silc_26)
- Persons reporting a chronic disease, by disease, sex, age and country of birth (hlth_ehis_cd1b)

EU Health Equity Map

Delivering on EU ambitions for cohesion, resilience and a wellbeing economy requires tools that translate these complex realities into actionable evidence for policy makers at all levels.

The new **Health Equity Map** for EU regions provides a consolidated, comparable overview of health outcomes and inequalities across the Union's regions, using harmonised indicators and robust regional data.



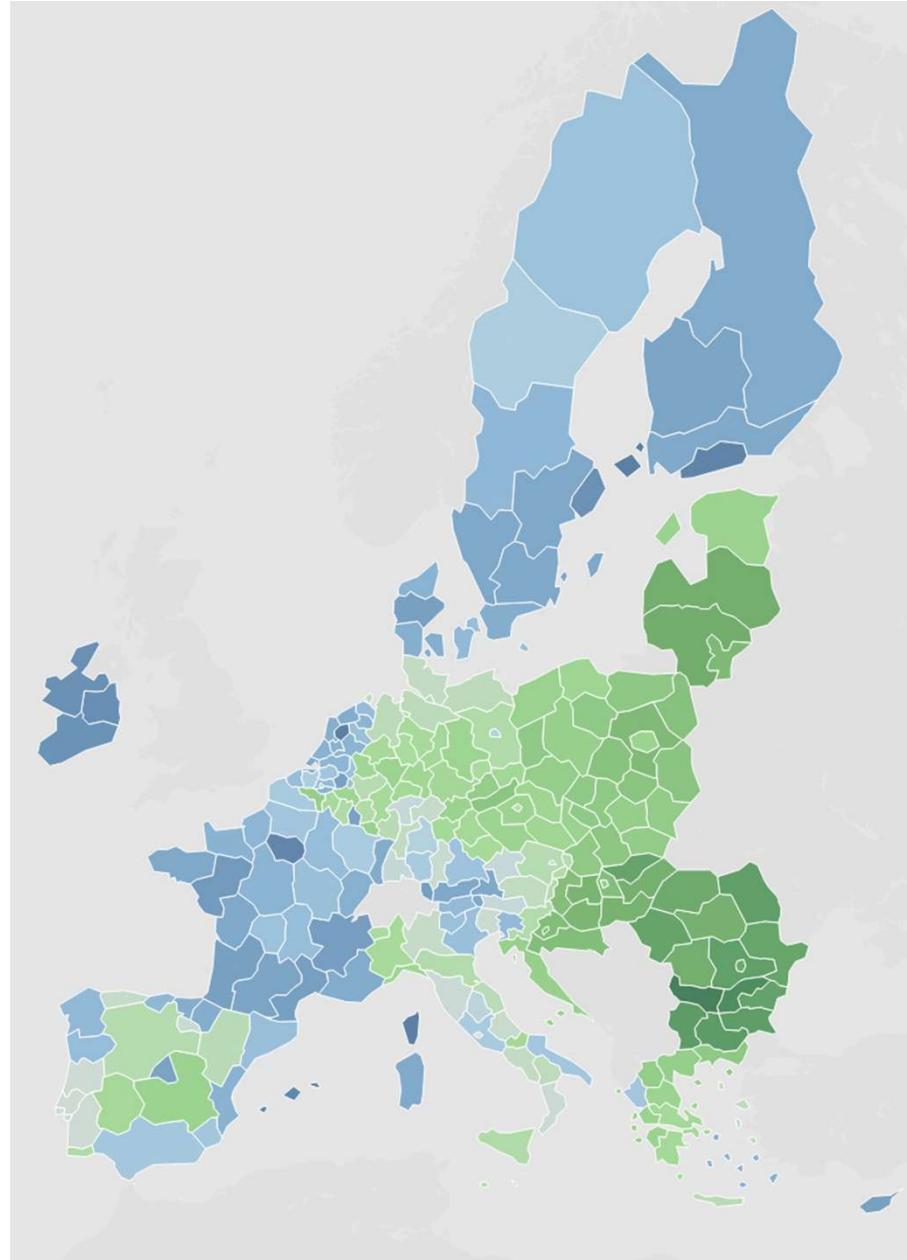


The **EU Health Equity Map** enables users to identify where gaps in health outcomes are widest, which population groups and territories are most at risk, and where progress is being made over time.

It enables an in-depth analysis of regional inequalities within Member States, of trends and progress over time of specific health outcomes, as well as understanding the specific issues faced by different age groups

EU Health Equity Map

- Evaluates the health realities of EU citizens at a granular (NUTS2) level using **health equity** and **life-course cycle** frameworks.
 - **Health equity** is assessed through three complementary lenses: the enabling environment, health outcomes, and health perceptions.
 - The **life-course framework** compares regional mortality outcomes separately for different age groups.
- To better understand the **social determinants** of health across EU regions, insights from both frameworks are **cross-analyzed** with indicators from the **EU Regional Social Progress Index**, and the **EU Regional Competitiveness Index**.



Why is this tool unique?

- **Granular, regional lens.** Tracks health equity at NUTS2 level across the EU, revealing disparities that national averages hide.
- **Two complementary frameworks in one tool.** Presents a Health Equity Framework (enabling environment, outcomes, perceptions) alongside a Life-Course Framework (mortality across four age groups).
- **Links health to root causes.** Connects health patterns to social determinants, benchmarking against the EU Regional Social Progress Index and the EU Regional Competitiveness Index.
- **Comparable over time.** Enables clear trend narratives (e.g., 2010–2023 for health equity pillars; early 2010s vs early 2020s for life-course), supporting “progress vs convergence” assessment.
- **Action-oriented design.** Built to support policy discussions with clear typologies (e.g., capacity–access mismatches; multi-dimensional disadvantage) rather than only rankings.
- **Turns “hard-to-use” data into decision-ready evidence.** In an area where data are often fragmented and difficult to interpret, the initiative provides a consistent, comparable, and user-friendly structure for regional health equity assessment.

What is the main contribution and value for policymakers?

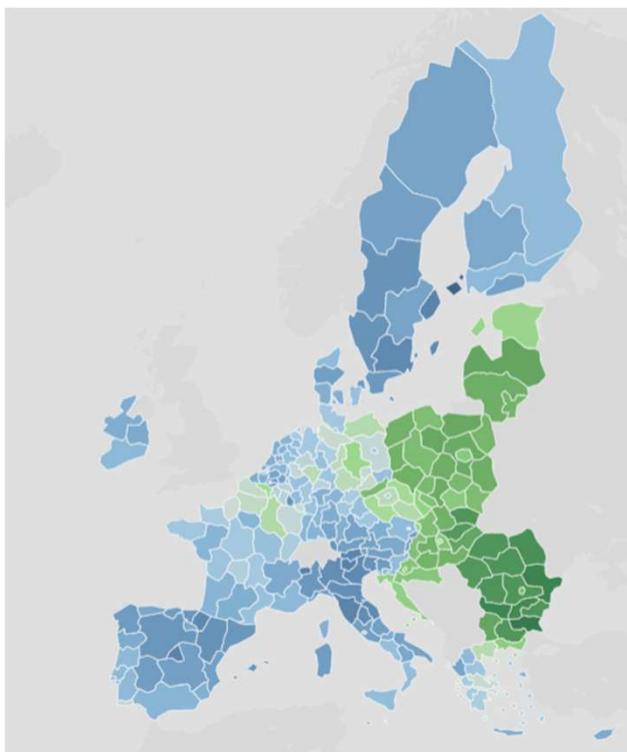
- **A shared evidence foundation for place-based policy.** Offers a consistent, EU-wide way to pinpoint where health inequities are concentrated and the dimension in which they are most pronounced (capacity, outcomes, or lived access).
- **Moves beyond ‘more healthcare’ as the default answer.** Shows that system capacity does not automatically translate into better outcomes or lower unmet needs—highlighting the importance of affordability, accessibility, and user experience.
- **Life-course targeting.** Demonstrates that inequalities widen with age, supporting age-specific policy packages (early-life protection, youth risk prevention, working-age prevention, healthy ageing).
- **Cross-sector policy relevance.** Shows that social progress aligns strongly with outcomes, mortality, and access perceptions, while the link to capacity is weaker—supporting “health in all policies” and cohesion-oriented action.
- **Practical tool for communication and accountability.** Produces clear, visual outputs (maps, trends, scatterplots) that can inform policymakers briefings, regional dialogues, and monitoring over time.

KEY FINDINGS SUMMARY

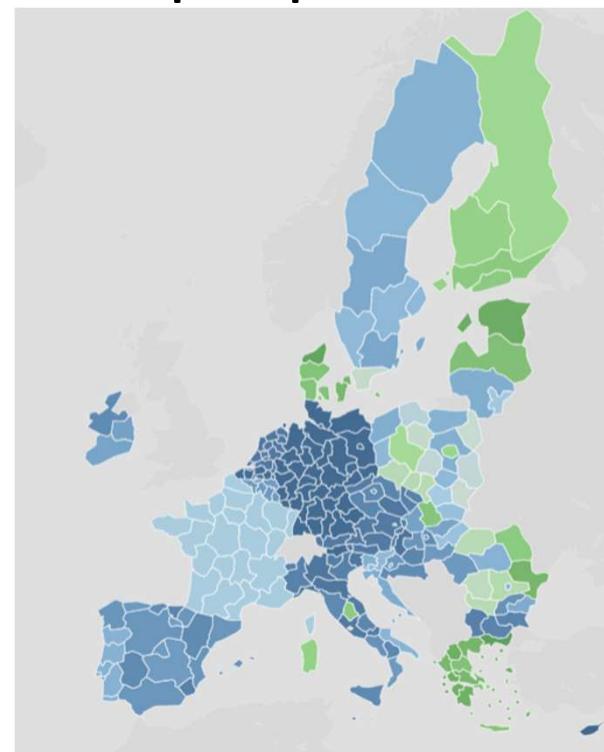
Health inequalities in the EU are strongly regional and persistent

Pronounced differences between NUTS2 regions remain visible in health system capacity, health outcomes, perceived access to care, and mortality across the life course—indicating that place continues to matter for health in Europe.

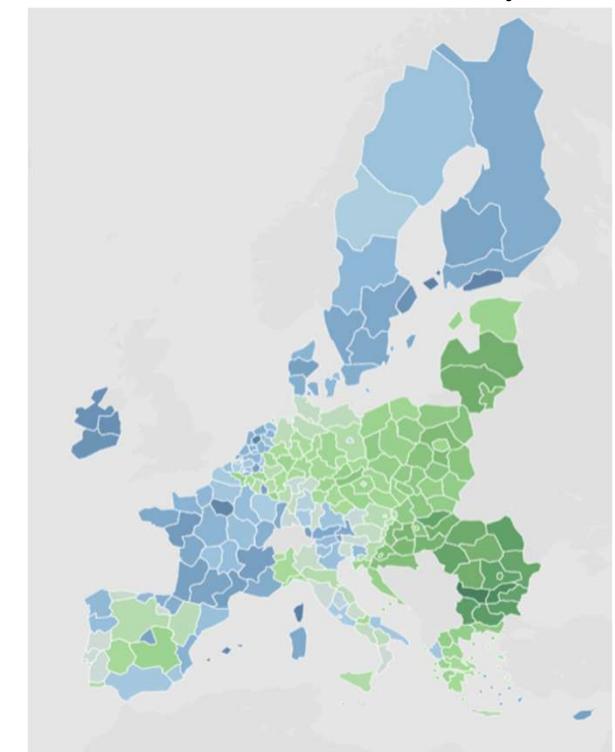
Health outcomes



Health perceptions

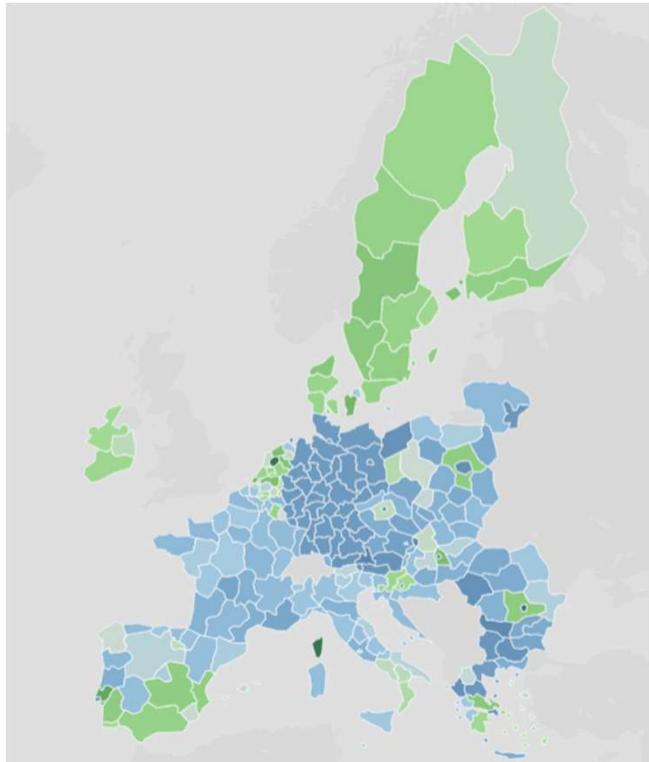


Deaths from all causes, 65+

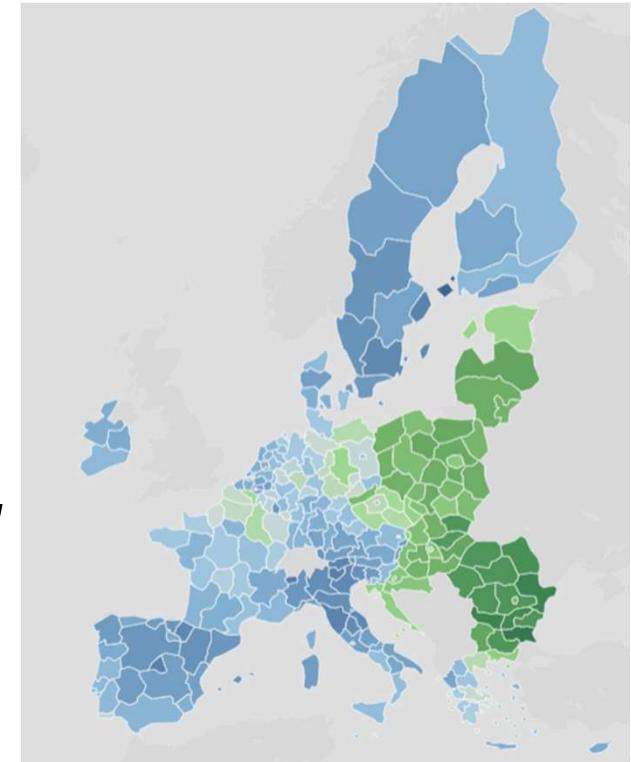


Health system capacity alone does not guarantee equitable health outcomes or access across the EU regions

Regions with similar levels of doctors and hospital beds often show very different health outcomes and levels of unmet needs, highlighting that supply-side investments must be complemented by policies addressing affordability, accessibility, and user experience.



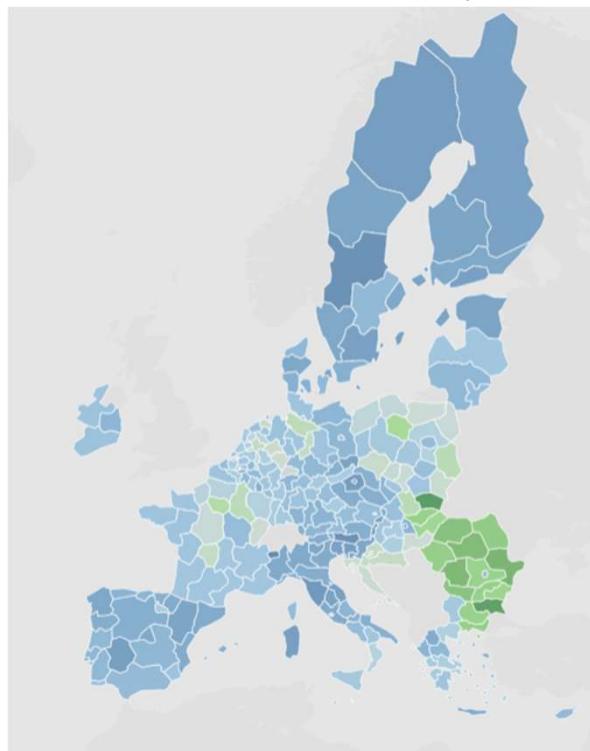
Enabling environment
(*doctors, beds*)
=>
Health outcomes
(*infant mortality, life years lost, standardized death rate*)



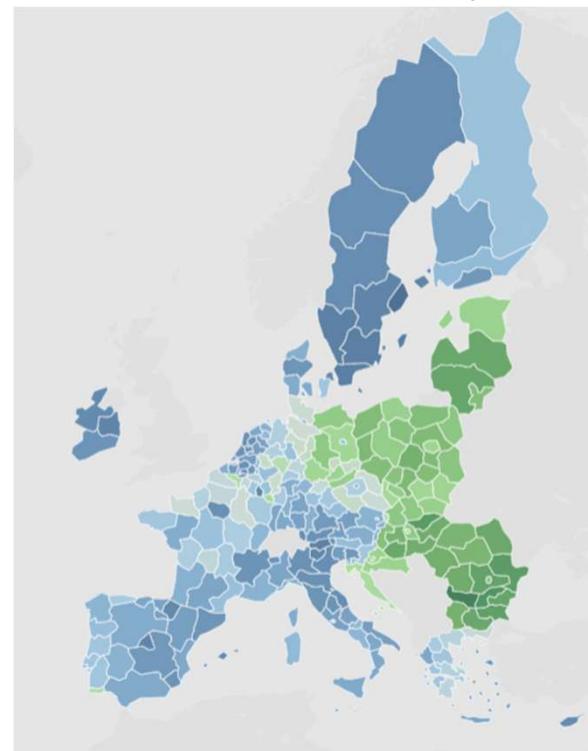
Health inequalities widen over the life course across the EU regions

Regional disparities in mortality are relatively smaller at younger ages but increase markedly among older populations, reflecting the cumulative impact of social, environmental, and behavioral factors over time.

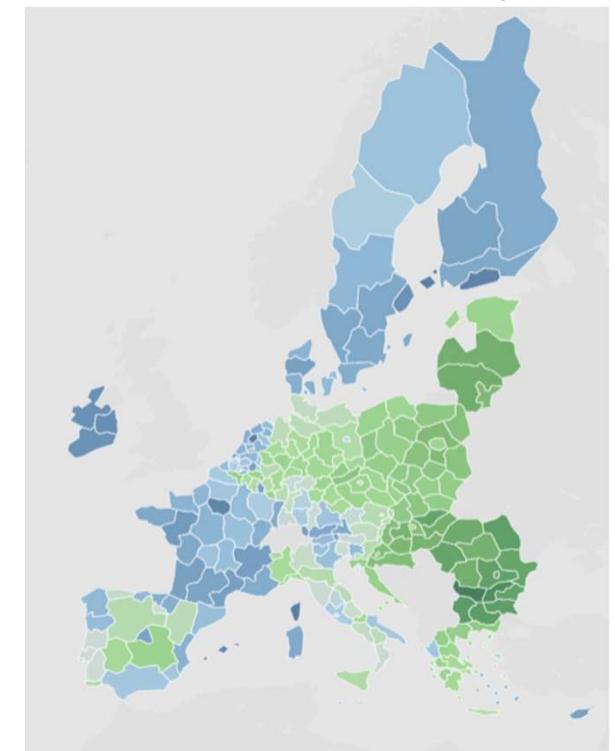
Death from all causes, <5



Death from all causes, <65

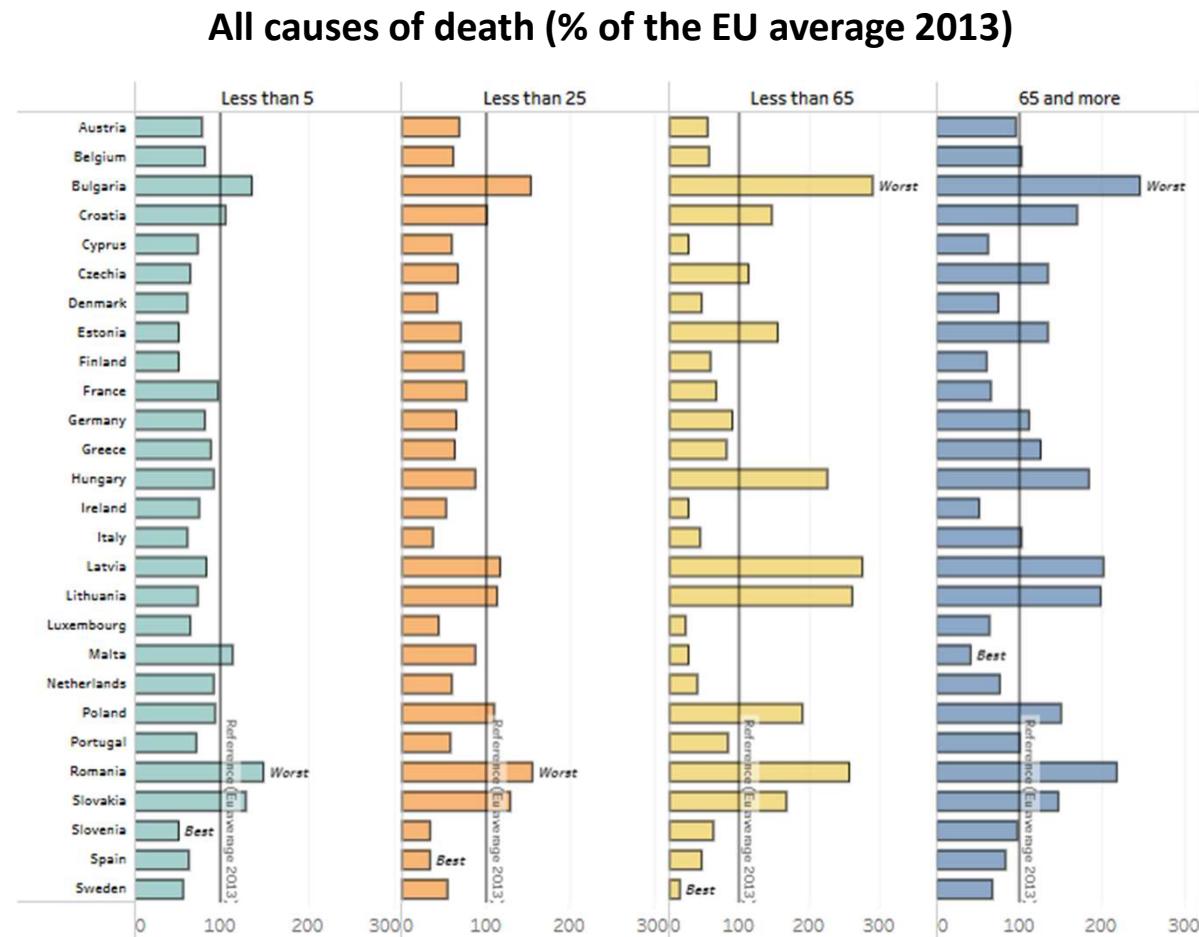


Deaths from all causes, 65+



Reducing health inequalities in the EU requires a place-based, life-course, and cross-sectoral approach

Sustained progress depends on aligning health system strengthening with social, environmental, and regional development policies, tailored to regional needs and different stages of the life course rather than relying on one-size-fits-all solutions.

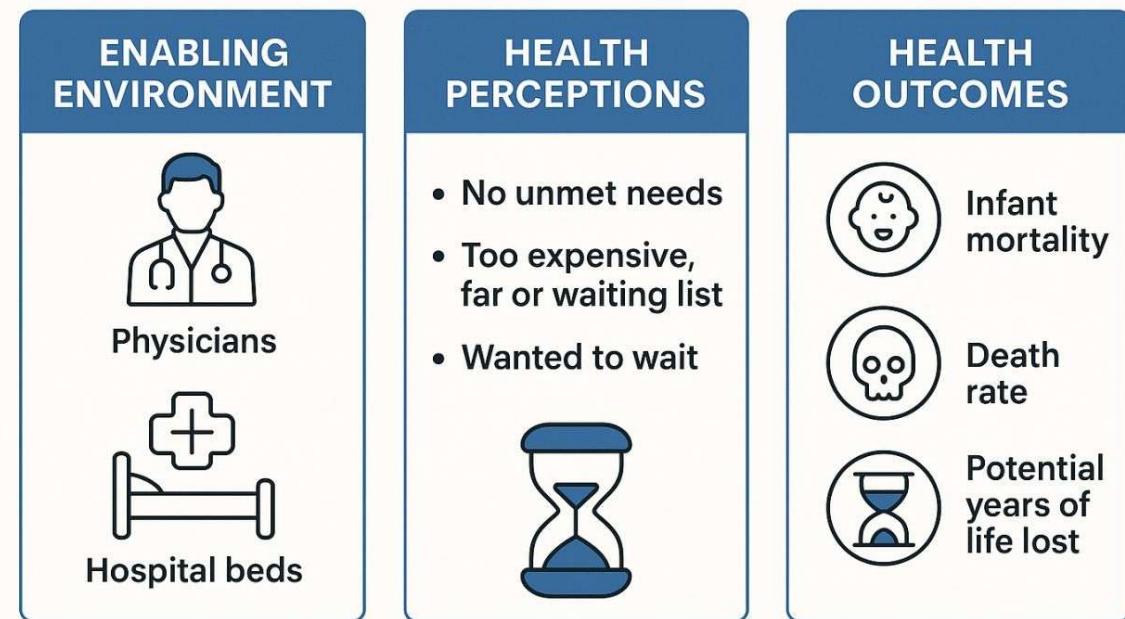


HEALTH EQUITY FRAMEWORK

Health Equity Framework

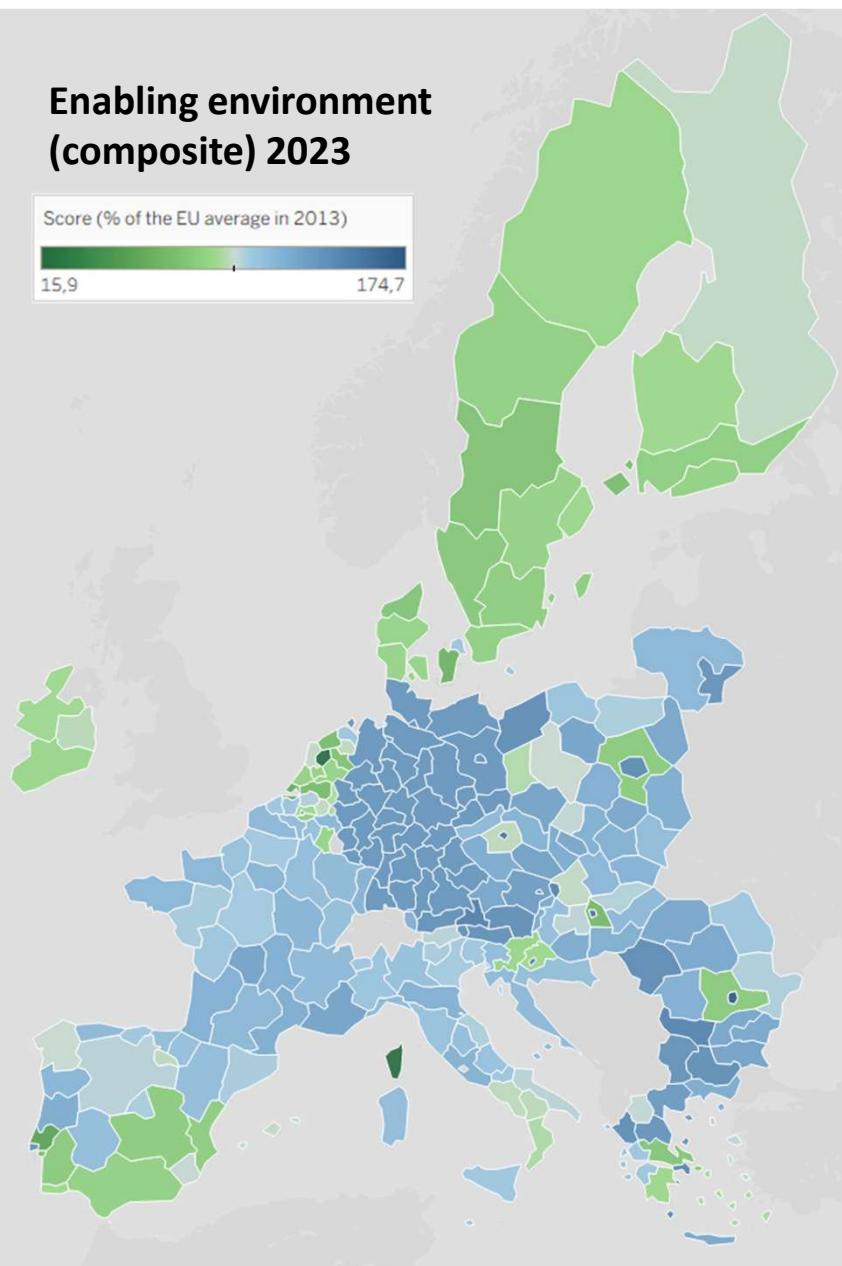
The **Health Equity framework** is composed of 3 dimensions that, together, form a holistic perspective of a person's health conditions:

1. An enabling environment
2. Perceptions of health
3. Health outcomes



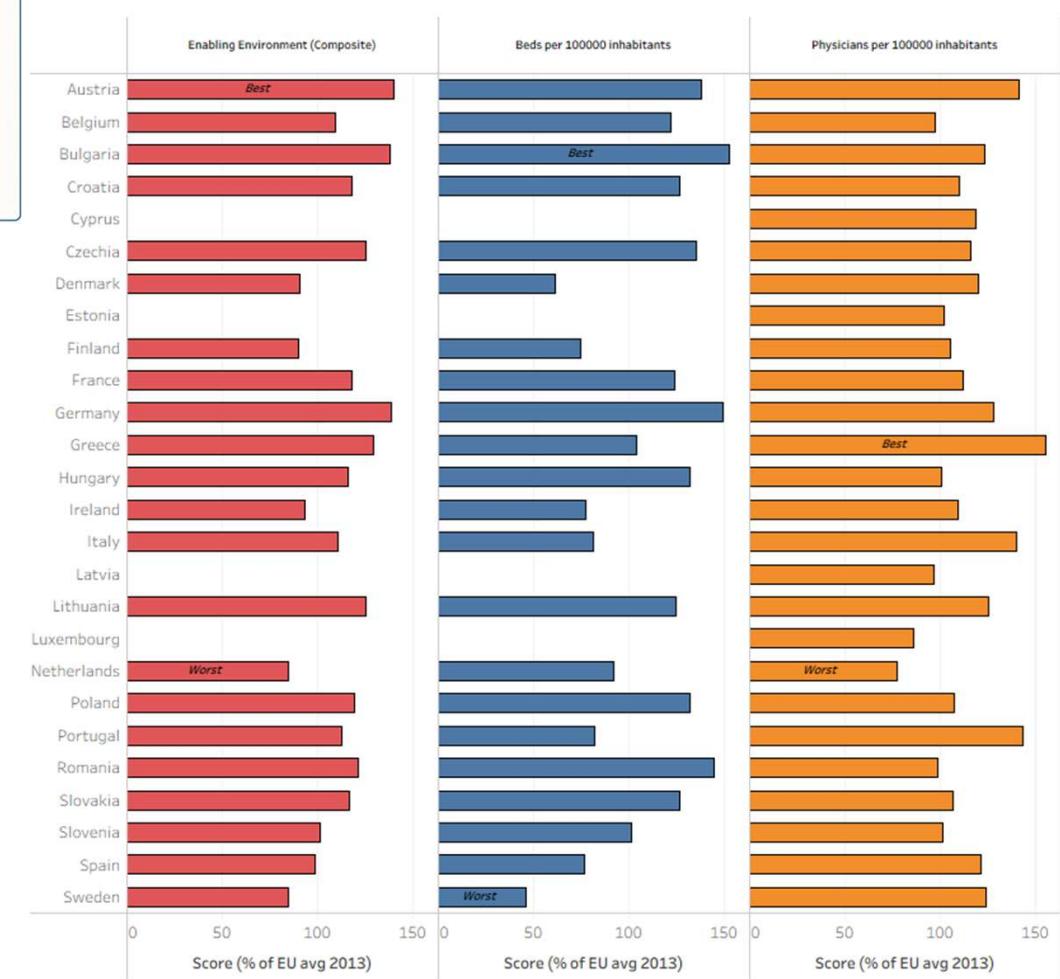
It enables policymakers and researchers to see how access to healthcare and infrastructure (the enabling environment) interact with people's lived experiences and perceptions of their health, as well as with objective measures such as disease prevalence and mortality rates. Taken together, these dimensions help identify regional disparities, uncover underlying determinants of inequality, and guide targeted interventions to promote fairer health opportunities for all EU residents.

Enabling environment (composite) 2023



Enabling Environment across the EU

score for 2023 (as % of the EU average 2013)





Enabling Environment across the EU

Top 15 performers in 2023 (as % of the EU average 2013)

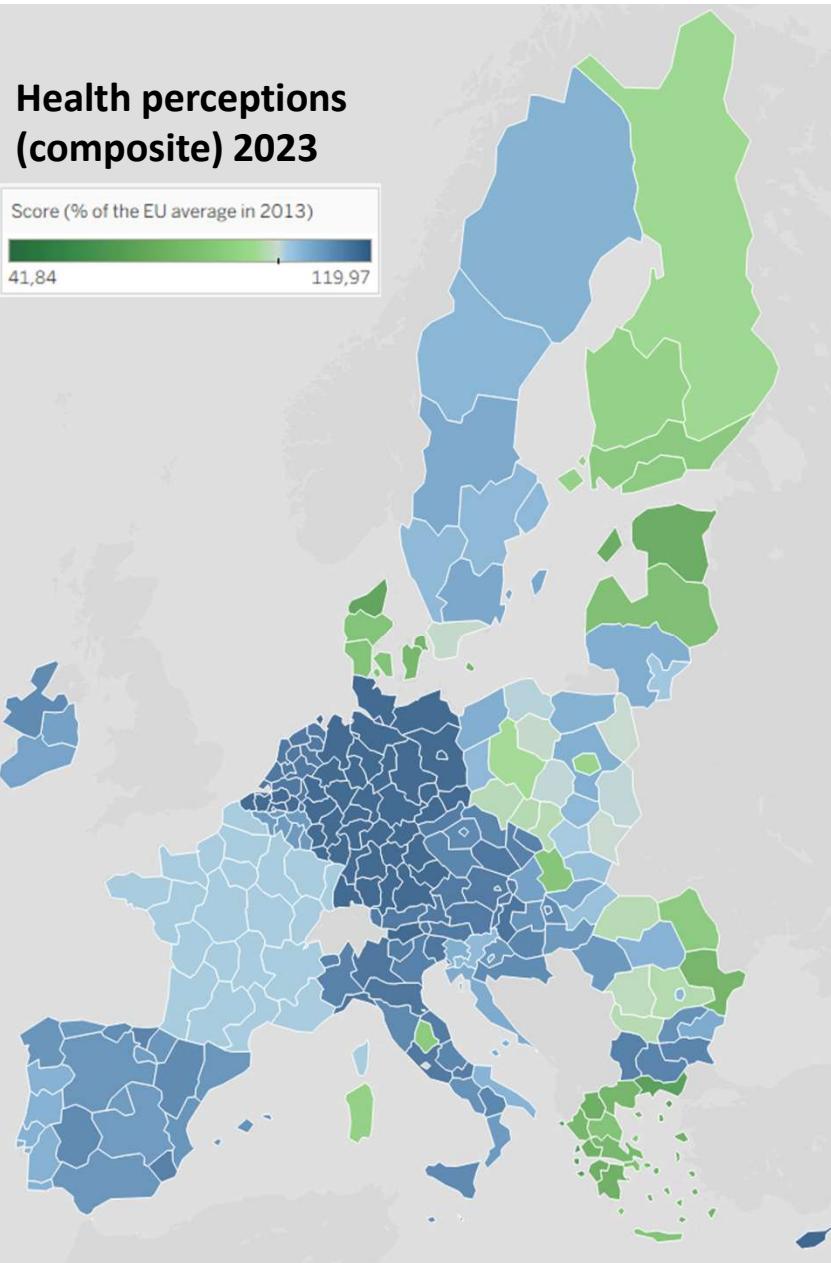
Hospital beds			2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	F
Bucureşti-Ilfov	Romania		150,9	148,8	151,0	151,2	152,9	154,3	156,0	156,8	158,5	162,0	164,6	169,0	172,9	174,7	
Budapest	Hungary		154,3	155,3	156,3	158,5	157,0	155,5	153,1	157,7	157,7	159,1	154,5	157,0	159,3	159,6	
Praha	Czechia		159,2	158,7	158,6	158,3	159,2	159,9	160,7	161,1	162,0	161,8	163,4	166,2	161,9	158,9	
Salzburg	Austria		142,9	145,0	147,9	148,9	149,5	150,0	151,3	151,7	152,1	152,7	151,8	150,6	151,5	152,1	
Grad Zagreb	Croatia		150,7	140,5	150,1	149,5	151,3	150,8	150,4	152,8	152,5	153,6	154,4	153,3	155,8	151,7	
Wien	Austria		146,5	147,5	147,8	150,6	152,4	154,5	155,0	155,7	154,7	155,1	154,4	153,8	152,5	151,7	
Severozapaden	Bulgaria		139,2	138,8	137,5	138,4	138,7	139,4	138,5	140,7	139,7	140,8	142,2	145,1	146,7	149,7	
Bratislavský kraj	Slovakia		151,6	149,5	151,1	151,1	150,4	150,2	150,3	149,6	150,5	150,9	151,5	150,5	148,3	148,9	
Attiki	Greece		151,9	152,4	152,1	148,7	148,1	146,7	148,9	147,6	147,3	147,9	148,0	147,7	146,9	147,2	
Warszawski stołeczny	Poland		140,6	140,6	140,6	140,6	140,6	140,6	140,6	140,6	140,6	138,9	137,7	139,2	136,4	145,8	
Vest	Romania		124,5	124,4	126,1	125,1	125,5	126,9	127,7	129,9	131,1	132,9	136,4	140,8	144,8	144,8	
Zachodniopomorskie	Poland		126,2	131,0	125,0	126,9	125,4	127,5	127,6	127,9	131,5	136,3	137,2	141,1	140,8	144,6	
Ipeiros	Greece		134,5	132,0	133,8	130,5	133,9	134,8	133,8	133,8	136,0	136,1	140,6	142,1	144,5	144,0	
Yuzhen tsentralen	Bulgaria		129,2	129,0	130,9	131,7	134,9	136,1	137,8	139,4	139,6	139,9	141,1	141,5	141,9	142,9	
Steiermark	Austria		141,3	141,3	141,7	142,1	142,0	143,4	143,6	144,9	145,4	145,2	144,4	144,6	143,7	142,8	

Bottom 15 performers in 2023 (as % of the EU average 2013)

Health perceptions (composite) 2023

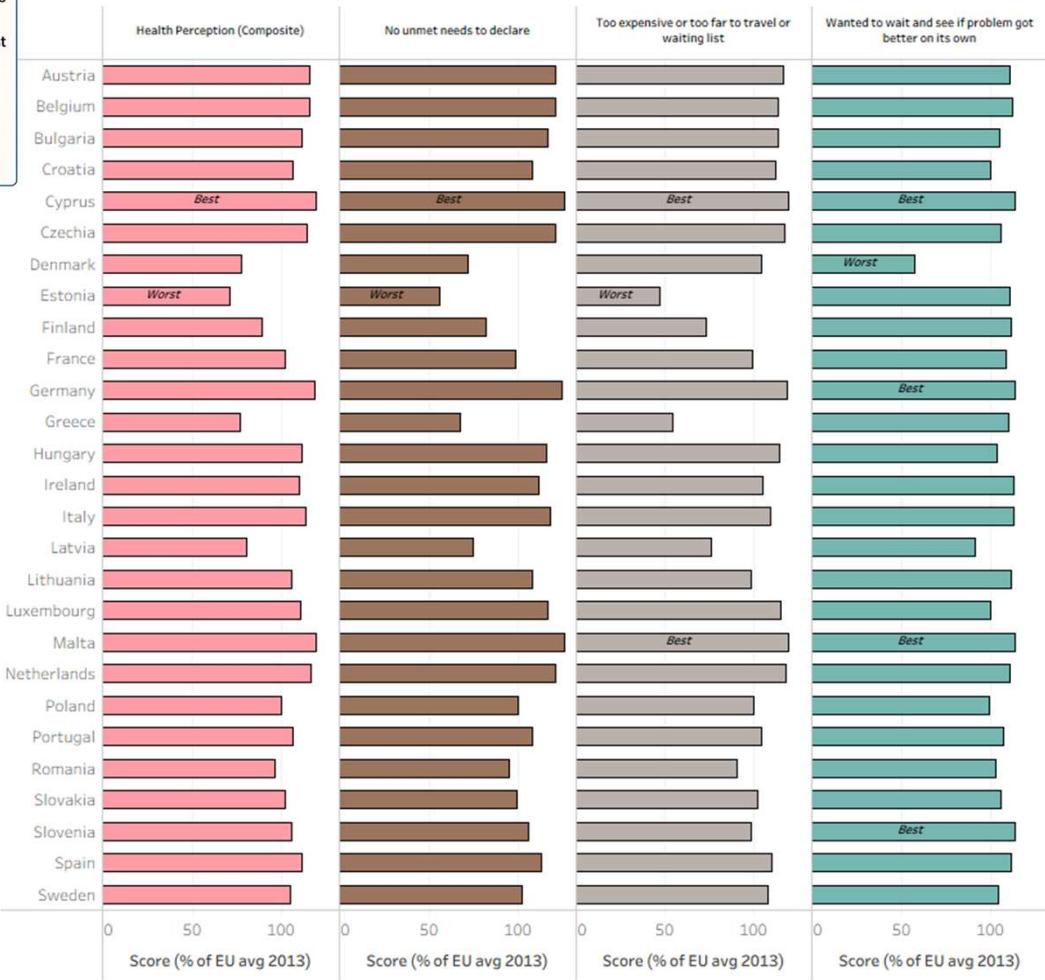
Score (% of the EU average in 2013)

41,84 119,97



Health Perceptions across the EU

score for 2023 (as % of the EU average 2013)





- No unmet needs
- Too expensive, far or waiting list
- Wanted to wait

Health perceptions across the EU

Top 15 performers in 2023 (as % of the EU average 2013)

		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 F
Kýpros	Cyprus	95,21	97,75	101,56	100,28	101,03	112,21	117,19	113,98	113,88	116,42	118,46	118,40	118,70	119,48
Malta	Malta	95,12	108,81	109,66	112,74	112,66	113,23	112,37	118,40	118,40	118,48	116,69	116,05	116,87	119,33
Provincia Autonoma di Bolzano/Bozen	Italy	108,73	109,74	110,74	111,75	112,76	113,77	114,78	115,78	116,79	117,80	118,81	119,82	119,97	119,04
Weser-Ems	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Unterfranken	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Tübingen	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Trier	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Thüringen	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Stuttgart	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Schwaben	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Schleswig-Holstein	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Sachsen-Anhalt	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Saarland	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Rheinhessen-Pfalz	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83
Oberpfalz	Germany	100,44	100,77	102,45	101,56	101,11	117,22	117,75	117,75	118,24	117,90	119,02	118,58	117,90	118,83

Bottom 15 performers in 2023 (as % of the EU average 2013)

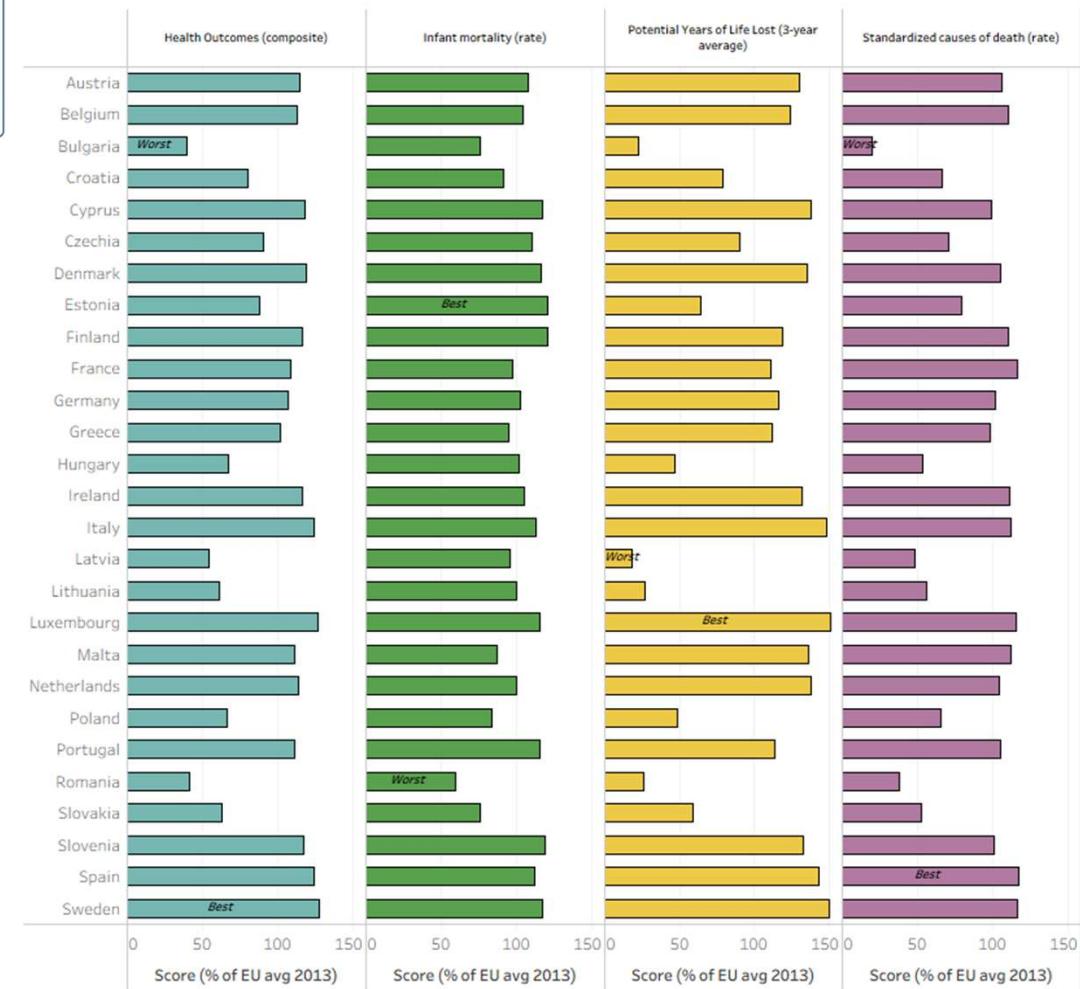
Stereia Elláda	Greece	73,88	76,63	79,37	82,11	84,85	87,60	90,34	93,08	95,82	99,59	89,26	93,06	75,59	77,47
Ipeiros	Greece	79,96	81,00	82,04	83,07	84,11	85,15	86,19	87,22	88,26	87,06	86,89	87,99	80,03	76,74
Sjælland	Denmark	112,41	107,80	97,39	98,46	89,86	102,33	97,42	93,94	97,94	91,34	94,72	84,41	76,57	76,49
Kentriki Makedonia	Greece	79,94	80,24	80,53	80,83	81,13	81,42	81,72	82,02	82,31	84,81	84,46	86,33	80,62	75,59
Sud-Est	Romania	59,14	57,81	52,97	57,84	60,77	66,91	79,46	90,68	88,54	87,42	83,78	81,24	77,53	75,54
Hovedstaden	Denmark	105,78	108,51	103,42	101,21	97,52	97,20	96,18	96,21	95,60	90,25	94,22	84,68	83,71	74,91
Notio Aigaio	Greece	80,47	79,51	78,55	77,59	76,63	75,66	74,70	73,74	72,78	78,89	85,01	84,33	80,52	73,69
Peloponnisos	Greece	82,83	83,91	84,99	86,08	87,16	88,24	89,32	90,40	91,49	88,29	85,62	86,09	77,01	73,06
Voreio Aigaio	Greece	70,54	70,33	70,11	69,90	69,69	69,48	69,27	69,06	68,85	79,17	77,51	80,87	76,13	72,52
Dytiki Elláda	Greece	73,39	75,83	78,27	80,71	83,15	85,59	88,03	90,47	92,91	93,99	99,51	85,11	81,44	72,31
Dytiki Makedonia	Greece	81,00	81,59	82,18	82,76	83,35	83,94	84,53	85,12	85,71	87,57	94,93	90,09	80,69	71,90
Eesti	Estonia	101,12	92,19	87,59	87,83	77,98	72,63	64,70	76,74	59,60	63,85	70,96	85,05	82,88	71,33
Nordjylland	Denmark	110,89	104,99	88,88	96,75	99,18	90,13	86,23	91,53	91,65	91,31	89,28	79,28	78,86	66,85
Anatoliki Makedonia, Thraki	Greece	84,03	83,58	83,13	82,69	82,24	81,79	81,34	80,90	80,45	77,62	71,08	74,54	73,58	64,27
Ionia Nisia	Greece	81,76	82,22	82,69	83,15	83,61	84,08	84,54	85,01	85,47	78,87	91,31	85,72	62,98	62,51

Health outcomes (composite) 2023



Health Outcomes across the EU

score for 2023 (as % of the EU average 2013)





Health Outcomes across the EU

Top 15 performers in 2023 (as % of the EU average 2013)

		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	EU
Åland	Finland	132,5	132,5	127,7	133,3	132,5	138,8	129,9	136,7	132,4	142,2	142,9	148,9	148,9	148,9	148,9
Valle d'Aosta/Vallée d'Aoste	Italy	126,4	126,2	126,6	126,5	121,7	116,2	114,5	120,3	125,8	128,8	128,1	137,2	137,5	137,0	137,0
Provincia Autonoma di Trento	Italy	127,3	126,9	126,7	126,5	130,6	133,5	133,5	133,4	133,3	136,8	130,8	137,1	136,7	136,2	136,2
Comunidad de Madrid	Spain	127,1	126,7	126,4	126,5	127,6	129,8	132,4	134,0	135,1	137,1	129,0	136,0	135,9	135,8	135,8
Stockholm	Sweden	126,8	126,5	127,0	128,0	128,9	129,6	131,4	131,2	131,8	136,1	130,3	136,4	135,6	135,4	135,4
Toscana	Italy	128,5	128,2	127,7	128,4	131,4	130,4	131,3	131,1	133,2	135,8	134,8	135,6	135,2	135,0	135,0
Provincia Autonoma di Bolzano/Bozen	Italy	131,2	131,1	130,6	131,7	130,4	131,3	130,7	132,3	132,0	135,2	129,4	135,2	134,8	134,4	134,4
Comunidad Foral de Navarra	Spain	129,3	129,3	129,0	128,8	126,7	127,1	128,5	131,9	133,7	136,2	133,3	134,4	133,6	133,0	133,0
Marche	Italy	131,1	131,0	130,2	130,7	132,4	129,7	132,2	130,5	135,3	135,6	134,1	133,4	132,9	132,9	132,9
Småland med öarna	Sweden	116,9	116,5	116,6	117,3	120,7	120,3	122,6	121,7	124,3	128,4	127,6	133,6	132,7	132,4	132,4
Veneto	Italy	126,9	126,5	126,0	126,4	129,7	129,7	131,7	132,2	133,9	133,9	131,6	133,1	132,8	132,4	132,4
Umbria	Italy	127,2	126,9	126,0	127,1	128,2	125,2	129,5	131,2	136,5	136,7	130,5	132,4	131,9	131,5	131,5
Lombardia	Italy	126,8	126,4	125,9	126,7	128,1	128,2	129,8	130,4	131,1	133,1	124,9	131,3	131,1	130,8	130,8
Emilia-Romagna	Italy	125,3	124,9	124,2	125,0	126,9	127,4	130,1	131,3	132,8	132,0	129,4	130,6	130,5	130,1	130,1
Friuli-Venezia Giulia	Italy	119,4	118,9	118,7	118,7	124,4	124,3	130,1	130,8	131,5	132,8	130,2	129,6	129,7	129,3	129,3

Bottom 15 performers in 2023 (as % of the EU average 2013)

Yugozapaden	Bulgaria	62,0	60,6	59,7	60,9	60,4	61,2	64,1	69,2	69,9	72,7	67,0	54,1	53,7	53,6	53,6
Észak-Magyarország	Hungary	36,0	35,3	36,2	37,5	44,4	48,8	57,8	57,6	55,5	55,2	51,9	45,1	44,4	43,8	43,8
Vest	Romania	39,8	37,0	39,3	38,4	44,7	46,7	52,9	53,2	58,7	60,0	57,4	48,0	46,4	42,7	42,7
Yuzhen tsentralen	Bulgaria	42,6	39,7	39,2	40,5	44,0	44,1	47,1	49,5	53,4	55,9	48,5	41,8	41,2	41,7	41,7
Východné Slovensko	Slovakia	53,3	53,2	49,2	50,2	50,9	49,8	53,8	57,3	57,5	61,0	56,1	45,0	43,7	41,2	41,2
Nord-Vest	Romania	40,2	37,8	39,0	37,9	44,9	46,6	51,5	52,9	54,2	57,6	50,6	44,8	43,0	41,0	41,0
Sud-Muntenia	Romania	38,2	34,8	35,2	33,9	38,6	44,6	47,3	51,8	53,3	57,1	52,5	45,5	43,6	40,9	40,9
Severoiztochen	Bulgaria	44,8	43,0	40,9	42,3	45,0	48,2	52,5	52,3	53,0	56,4	53,4	41,7	40,8	40,7	40,7
Centru	Romania	43,2	41,1	41,8	41,9	47,9	48,8	53,0	56,4	56,7	58,6	51,8	44,4	42,5	39,8	39,8
Sud-Vest Oltenia	Romania	36,6	34,2	34,9	34,1	36,8	41,0	49,4	52,8	58,7	59,7	55,5	45,7	43,6	39,8	39,8
Nord-Est	Romania	33,0	30,2	31,4	30,3	35,3	40,0	44,1	47,8	45,6	51,3	47,9	42,4	39,8	36,9	36,9
Severen tsentralen	Bulgaria	39,9	37,1	36,8	38,1	40,2	40,9	46,0	43,7	48,2	51,1	45,1	33,6	31,9	32,1	32,1
Severozapaden	Bulgaria	29,8	28,1	25,9	26,9	26,4	31,0	30,7	32,0	32,5	39,5	37,0	28,5	28,5	28,3	28,3
Sud-Est	Romania	30,7	27,3	27,3	29,1	28,9	36,4	38,8	43,2	42,6	44,0	42,5	34,9	32,2	27,8	27,8
Yugoiztochen	Bulgaria	30,7	28,6	27,0	29,0	30,2	33,6	34,2	36,6	39,3	39,9	35,1	20,1	17,6	19,6	19,6

Health equity framework: key findings

- **1. Regional health equity gaps remain large and persistent**
 - In 2023, the spread across EU regions remains wide, especially for Enabling environment, and Health outcomes.
 - **Policy implication:** General improvement does not guarantee convergence. Health equity requires explicitly place-based EU and national policies, not reliance on national averages.
- **2. Health system capacity has expanded — but unevenly**
 - Majority of regions improved their score in Enabling environment since 2010.
 - But almost a third of regions still remain below the 2013-EU benchmark in 2023.
 - **Policy implication:** Workforce and infrastructure shortages remain geographically concentrated. Targeted incentives for physicians, nurses, and facilities in lagging regions are essential.

Health equity framework: key findings

- **3. Health outcomes improve more slowly and reflect long-term conditions**
 - Average improvement in health outcomes since 2010 is modest, and approximately a quarter of regions still score below the score of 90 in 2023.
 - **Policy implication:** Improving outcomes requires long-term prevention and social investment, not only short-term health system expansion.
- **4. Perceived access barriers remain a critical — and volatile — dimension**
 - Significant majority of regions are above 2013-EU-average on health perceptions in 2023, however, almost a half of regions experienced declining perceptions since 2010.
 - **Policy implication:** Access barriers (cost, waiting times, distance, administrative burden) can worsen even when systems expand. Affordability and user experience must be policy priorities.

Health equity framework: key findings

- **5. Measured capacity does not always translate into real outcomes and perceived access**
 - About one tenth of regions combine high system capacity with below-average perceptions and/or below-average health outcomes. Interestingly, the opposite mismatch also exists (regions with good perceptions despite lower system capacity).
 - **Policy implication:** Health equity depends on effective access, not only availability. Policies must address waiting lists, navigation, and trust — not just supply.
- **6. Only one third of regions improved across all dimensions**
 - Multi-pillar progress is real, but not the norm. Only one third of regions improved simultaneously in enabling environment, outcomes, and perceptions over the period under study. On the other hand, almost a quarter of regions declined in two or more pillars.
 - Some regions are below the EU benchmark average (of 2013) across all three pillars in 2023.
 - **Policy implication:** Fragmented interventions are insufficient. **Integrated health-equity strategies** combining capacity, prevention, and access are needed — especially in structurally lagging regions.

LIFE-COURSE FRAMEWORK

Life-Course Framework

Below 5 years of age	Below 25 years of age	Below 65 years of age	Above 65 years of age
<ul style="list-style-type: none">• Pneumonia• Sudden Infant Death Syndrome• Congenital malformations• Perinatal period• Unknown causes• External causes	<ul style="list-style-type: none">Malignant neoplasmsFallsTransport accidentsSelf-harm	<ul style="list-style-type: none">Malignant neoplasmsDigestive systemTransport accidentsCirculatory system	<ul style="list-style-type: none">Circulatory systemMalignant neoplasmsDementia, Alzheimer'sAbnormal findingsRespiratory diseases

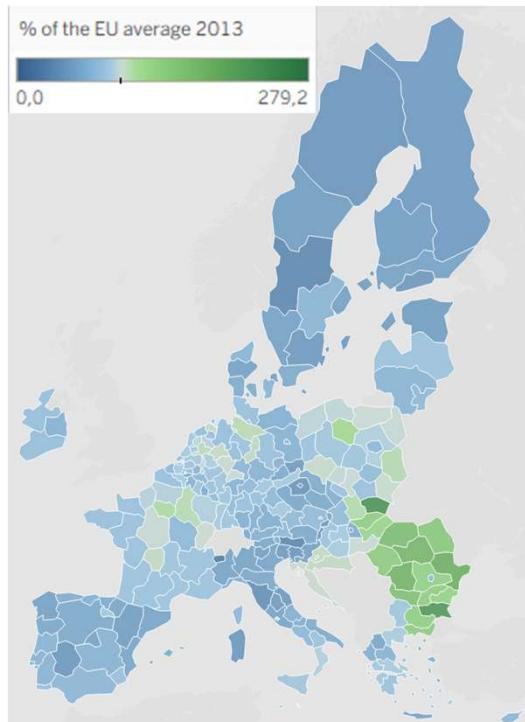
Guided by the life-course approach, the framework recognises that health outcomes are shaped by cumulative experiences and exposures throughout different stages of life.

The framework focuses on the **causes of death mortalities**, and enables a comprehensive understanding of how health determinants and risks evolve from early development to older age:

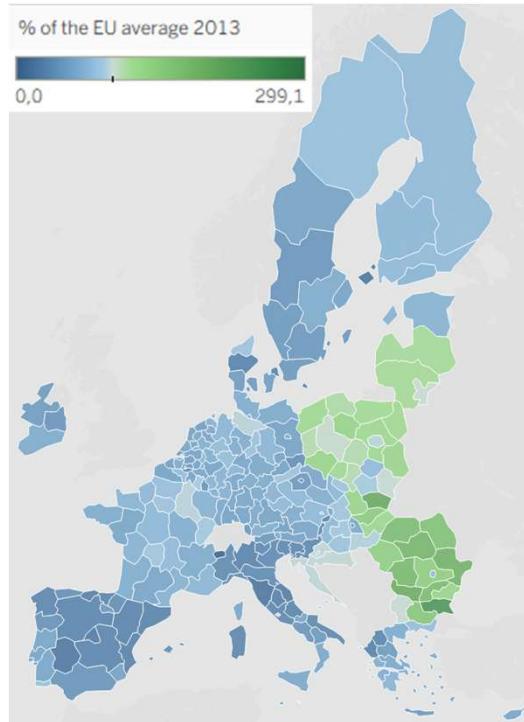
- **Prenatal and Early Childhood (below 5 years):** Focuses on early childhood conditions, including congenital malformations, perinatal health, and preventable mortality.
- **Childhood and Adolescence (below 25 years):** Emphasizes physical and mental health, injury prevention, and emerging risks like accidents and early-onset diseases.
- **Adulthood (below 65 years):** Concentrates on non-communicable diseases and mortality from external causes, influenced by lifestyle and environmental factors.
- **Older Age (above 65 years):** Focuses on healthy aging, chronic disease management, and major causes of mortality like circulatory diseases and dementia.

All causes of death mortality

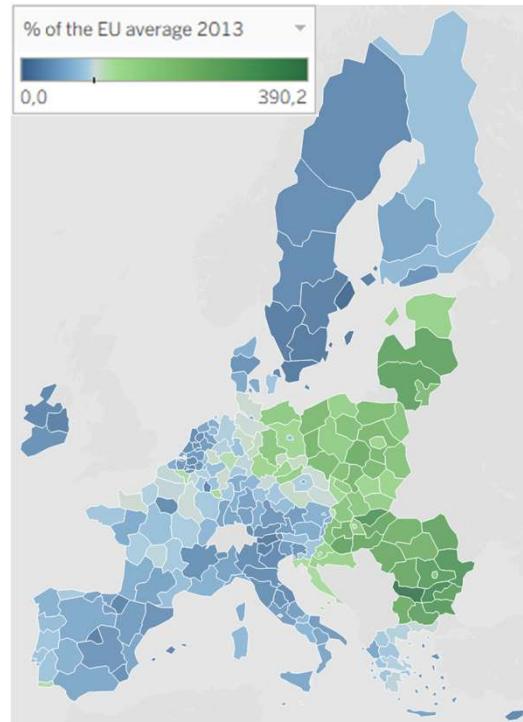
(2021 score, as % of the EU average 2013; *lower scores mean better results*)



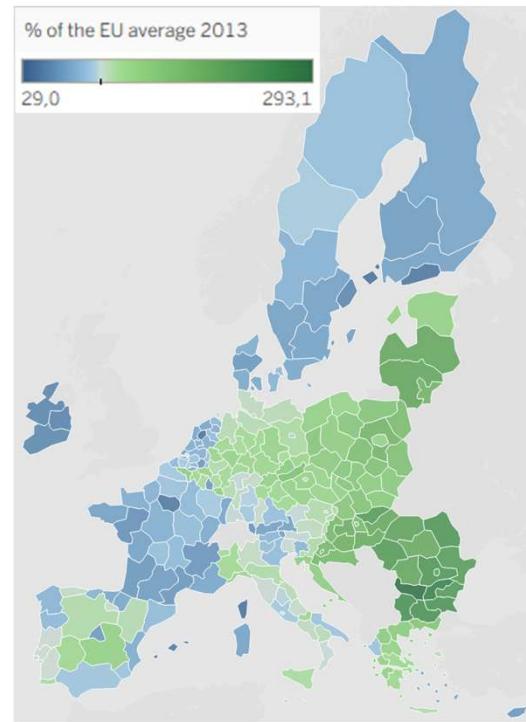
Less than 5 years old



Less than 25 years old



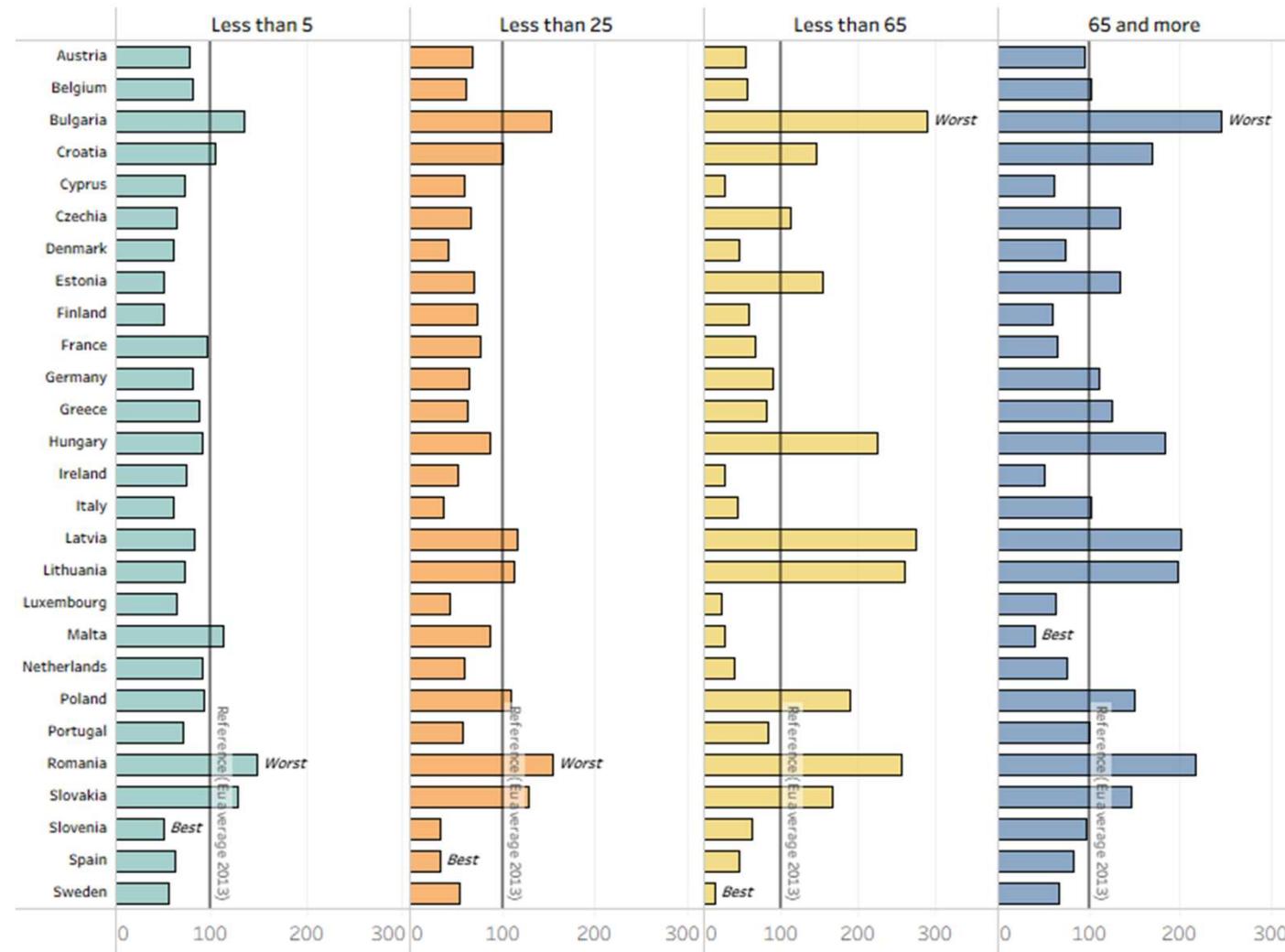
Less than 65 years old



65 years old and more

All causes of death mortality: EU countries

(2021 score, as % of the EU average 2013; *lower scores mean better results*)



All causes of death mortality: EU regions

Bottom 15 performers in 2021 for the 65+ age group (as % of the EU average 2013)

Region Name	Country	2013	2014	2015	2016	2017	2018	2019	2020	2021	€
Severozapaden	Bulgaria	239,6	232,5	223,7	224,4	224,6	221,0	225,3	240,3	293,1	
Severen tsentralen	Bulgaria	209,4	205,8	199,5	197,7	195,6	195,3	197,2	216,5	265,4	
Yuzhen tsentralen	Bulgaria	180,7	178,7	179,0	181,6	184,3	178,4	175,9	191,6	238,4	
Yugozapaden	Bulgaria	186,0	182,5	179,3	179,1	176,9	172,1	170,6	188,0	238,2	
Yugoiztochen	Bulgaria	201,1	200,3	198,8	194,8	191,9	185,1	185,8	196,9	235,9	
Nord-Est	Romania	182,7	185,5	187,5	187,9	188,2	189,1	187,9	204,0	232,6	
Sud-Muntenia	Romania	190,2	188,3	186,6	188,9	187,3	184,0	180,5	196,5	231,4	
Severoiztochen	Bulgaria	193,2	190,4	186,6	183,6	181,5	177,0	174,6	185,8	227,1	
Vest	Romania	199,0	191,1	193,2	193,0	195,6	185,8	179,3	189,6	223,0	
Észak-Magyarország	Hungary	196,6	196,8	199,0	196,9	196,1	193,8	193,5	203,3	222,9	
Sud-Est	Romania	180,0	179,7	180,7	181,7	182,4	181,6	181,5	190,9	220,5	
Bucureşti-IIfov	Romania	178,7	174,4	170,8	173,2	172,8	171,2	165,6	179,4	211,6	
Nord-Vest	Romania	184,5	178,9	178,6	175,8	176,9	171,5	167,3	180,9	209,2	
Vidurio ir vakaru Lietuvos regionas	Lithuania	168,2	168,7	173,8	174,9	181,1	178,8	172,6	180,9	203,4	
Sud-Vest Oltenia	Romania	191,5	188,9	187,6	184,8	177,8	167,9	164,2	172,6	202,1	

Top 15 performers in 2021 for the 65+ age group (as % of the EU average 2013)

Languedoc-Roussillon	France	65,6	61,3	58,5	58,7	60,6	59,2	56,4	58,1	61,5	
Rhône-Alpes	France	54,0	50,5	48,0	46,7	49,7	47,1	46,5	58,7	61,3	
Pays de la Loire	France	64,3	60,9	60,2	58,4	62,1	58,1	57,0	56,8	58,5	
Southern	Ireland	76,8	76,8	76,8	75,1	71,0	66,4	56,0	52,0	53,2	
Stockholm	Sweden	74,2	67,3	62,6	61,0	57,3	54,7	48,1	59,5	52,4	
Northern and Western	Ireland	76,4	76,4	76,4	70,9	64,9	59,6	54,2	51,7	51,8	
Eastern and Midland	Ireland	63,3	63,3	63,3	59,3	58,0	52,9	48,8	49,0	50,9	
Illes Balears	Spain	71,9	68,2	65,5	62,6	61,9	54,2	48,9	45,7	45,4	
Île-de-France	France	39,5	34,3	31,2	30,1	32,3	30,5	29,0	41,4	44,5	
Helsinki-Uusimaa	Finland	57,8	52,3	47,7	46,7	43,9	41,7	38,3	40,4	43,4	
Malta	Malta	61,5	51,1	41,8	33,6	31,9	29,4	32,0	36,5	40,7	
Flevoland	Netherlands	64,6	53,1	45,5	39,5	37,4	34,7	30,0	34,9	40,0	
Corse	France	53,3	49,6	47,7	43,0	40,1	35,4	32,8	33,3	39,8	
Canarias	Spain	47,5	46,0	45,9	48,2	47,2	46,8	43,9	43,1	39,6	
Åland	Finland	108,6	92,1	73,9	72,0	58,5	47,6	33,9	46,9	38,7	

All causes of death mortality: EU regions

Bottom 15 performers in 2021 for the >5 age group (as % of the EU average 2013)

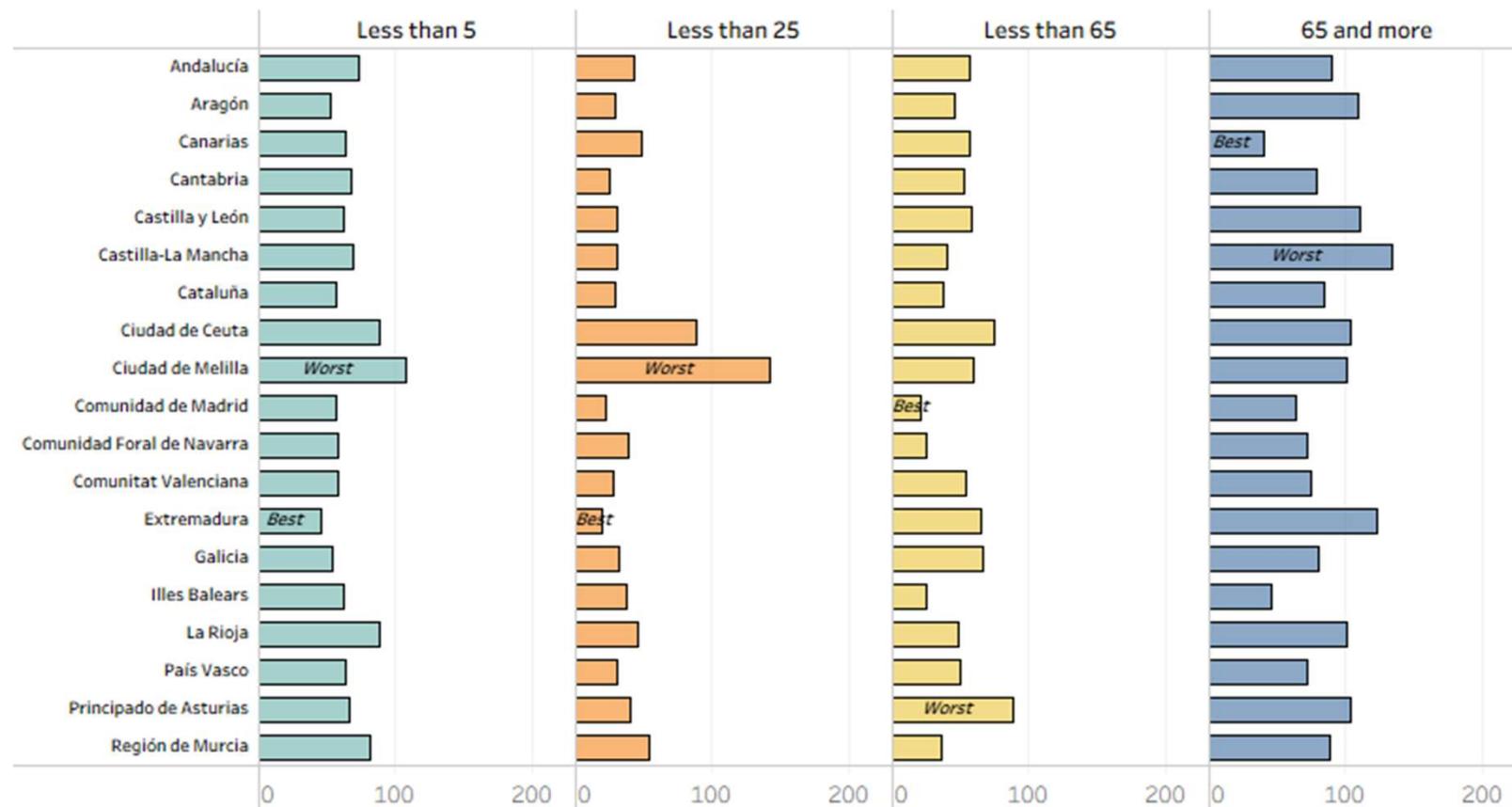
Region Name	Country	2013	2014	2015	2016	2017	2018	2019	2020	2021	€
Východné Slovensko	Slovakia	219,6	230,6	238,5	245,0	231,2	232,8	227,5	238,2	229,2	
Yugoiztochen	Bulgaria	279,2	270,1	252,5	250,6	233,0	222,4	217,3	209,4	221,0	
Sud-Est	Romania	276,6	271,7	251,6	245,4	227,0	213,8	204,1	185,3	181,9	
Sud-Vest Oltenia	Romania	246,4	241,0	237,8	220,2	212,7	187,5	183,7	178,5	176,0	
Centru	Romania	246,3	235,1	225,3	214,1	200,2	192,7	186,4	183,1	172,6	
Nord-Vest	Romania	233,0	221,1	220,4	210,7	206,8	193,3	182,0	175,6	161,2	
Severozapaden	Bulgaria	265,6	261,1	241,5	234,7	227,4	225,0	195,5	168,0	157,7	
Nord-Est	Romania	262,8	261,7	248,7	227,7	202,8	191,6	174,2	157,2	145,3	
Anatoliki Makedonia, Thraki	Greece	126,6	126,6	126,6	116,3	127,2	123,1	121,7	116,9	140,0	
Vest	Romania	218,6	215,3	210,4	203,6	205,1	181,3	172,1	145,7	139,5	
Severen tsentralen	Bulgaria	227,4	205,6	194,9	177,8	179,8	162,1	155,5	135,5	137,4	
Észak-Magyarország	Hungary	202,0	181,9	164,3	140,2	140,0	149,2	147,3	146,1	137,3	
Yuzhen tsentralen	Bulgaria	236,2	209,9	204,1	193,9	188,8	178,3	167,5	152,4	136,5	
Sud-Muntenia	Romania	236,1	231,2	215,1	215,7	196,1	187,2	163,9	150,6	135,0	
Severoiztochen	Bulgaria	221,3	199,9	173,2	157,0	154,2	150,3	154,4	137,3	129,2	

Top 15 performers in 2021 for the >5 age group (as % of the EU average 2013)

Umbria	Italy	60,0	61,8	74,8	69,2	61,4	47,3	47,1	61,4	49,5
Småland med öarna	Sweden	77,7	67,6	70,8	69,4	71,4	64,8	60,9	57,8	48,7
Marche	Italy	53,9	53,1	60,3	59,1	64,3	58,1	56,9	49,3	48,7
Pohjois- ja Itä-Suomi	Finland	65,3	62,4	52,1	51,0	41,7	49,9	52,4	57,9	48,7
Helsinki-Uusimaa	Finland	59,1	51,6	41,8	41,6	45,7	49,6	50,1	47,3	47,8
Burgenland	Austria	74,4	67,6	64,0	72,9	66,1	84,5	65,5	59,2	46,8
Extremadura	Spain	67,0	58,8	70,9	74,6	78,2	78,7	76,1	63,5	45,5
Sardegna	Italy	74,6	69,1	69,9	62,6	59,0	59,7	54,0	47,9	45,5
Zahodna Slovenija	Slovenia	53,3	53,3	53,3	45,4	50,6	55,2	49,6	46,6	45,0
Střední Čechy	Czechia	53,8	50,2	51,3	59,5	61,0	55,0	49,7	44,2	44,3
Övre Norrland	Sweden	74,4	75,5	76,7	76,5	74,6	68,3	59,8	51,7	43,9
Toscana	Italy	59,2	51,7	52,2	57,1	58,2	55,6	46,2	44,7	40,5
Norra Mellansverige	Sweden	75,9	79,7	78,7	84,3	85,4	83,2	70,9	54,5	33,5
Kärnten	Austria	68,6	48,1	51,1	58,8	53,8	47,0	43,8	45,5	33,2
Valle d'Aosta/Vallée d'Aoste	Italy	49,6	63,0	92,9	108,6	96,6	59,1	47,1	48,1	24,8

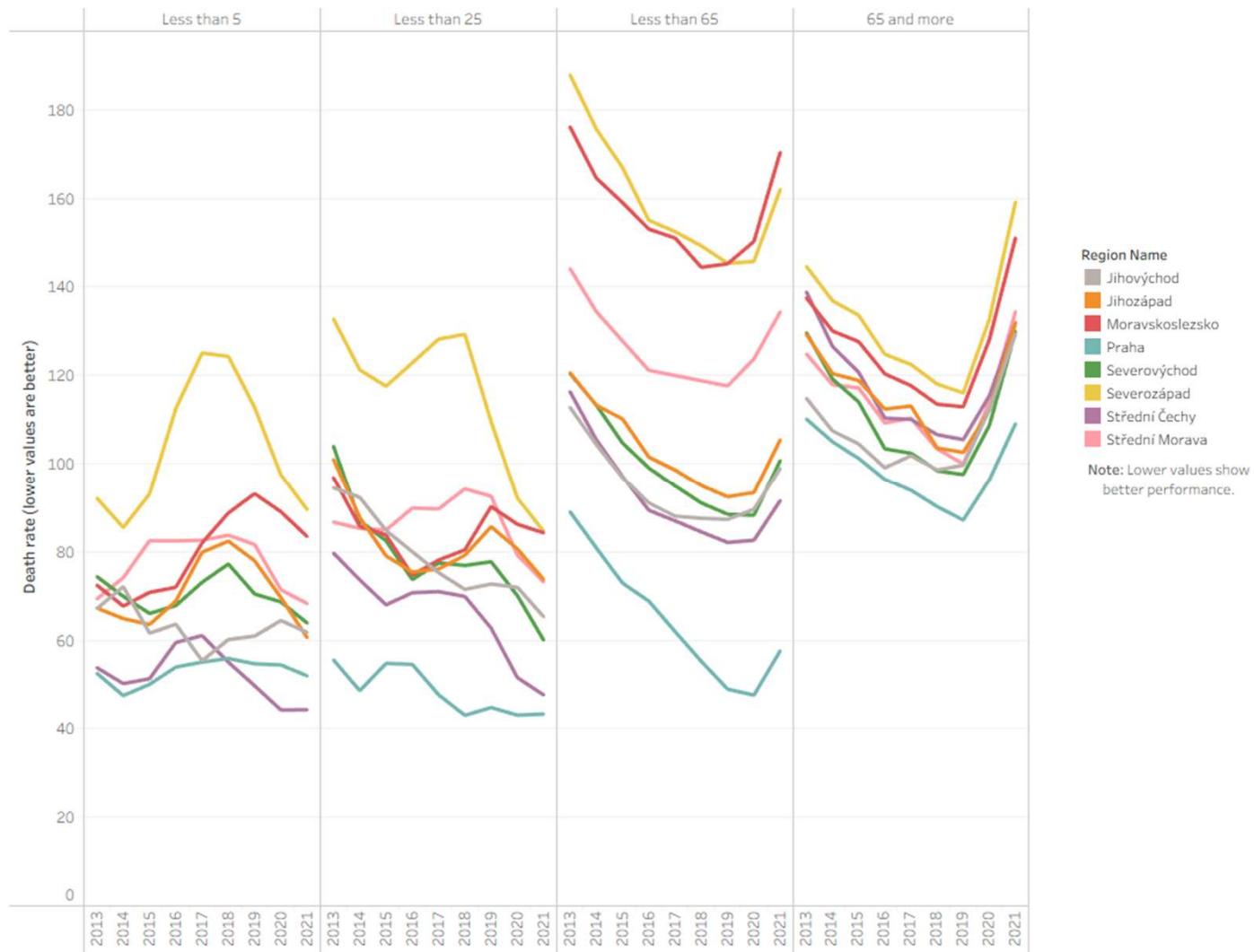
All causes of death mortality: EU regions by country (*Spain*)

(2021 score, as % of the EU average 2013; *lower scores mean better results*)

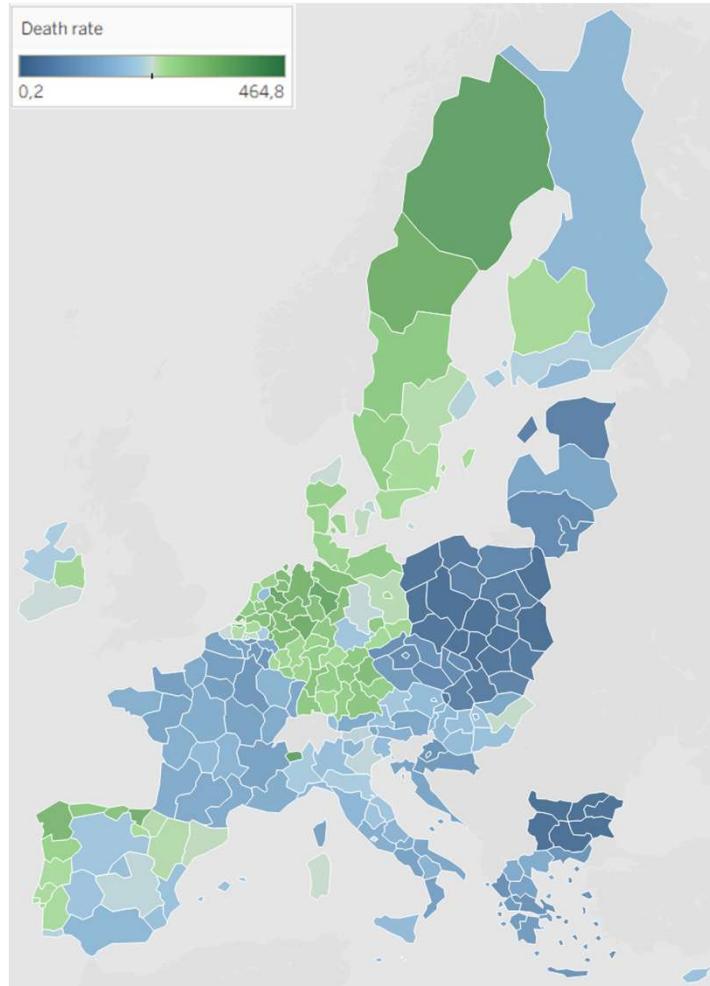


All causes of death mortality: EU regions by country (*Czechia*)

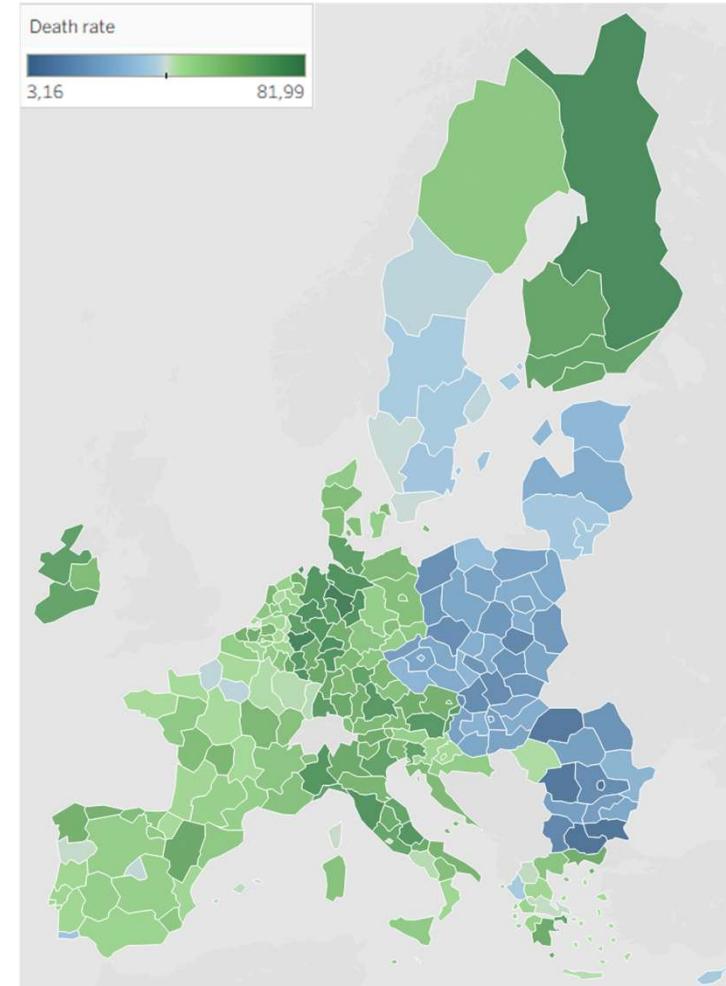
(2021 score, as % of the EU average 2013; *lower scores mean better results*)



Individual causes of death: dementia
(2022; death rate; 65+; *lower scores mean better results*)



Individual causes of death: parkinson
(2022; death rate; 65+; *lower scores mean better results*)



Life-course framework: key findings

- **1. Mortality inequalities widen with age**
 - Regional disparities are most pronounced in the 65+ population, with strong geographic clustering of high mortality.
 - **Policy implication:** Healthy ageing policies (chronic disease management, prevention, long-term care) must be regionally targeted, not nationally uniform.
- **2. Early-life mortality is lower overall, but remaining gaps are highly preventable**
 - Mortality among <5 and <25 is relatively compressed across regions, yet clear hotspots persist.
 - **Policy implication:** Remaining gaps point to preventable risks (perinatal care, injuries, mental health), where focused interventions can yield high returns.

Life-course framework: key findings

- **3. EU-wide progress has not translated into full convergence**
 - Most regions improved across age groups since the early 2010s, but persistent spatial patterns remain.
 - **Policy implication:** Improvement alone is insufficient; equity-oriented targeting is needed to avoid locking in long-term regional disadvantages.
- **4. Working-age mortality remains a core equity challenge**
 - For those <65, several regions continue to record mortality well above the EU benchmark.
 - **Policy implication:** Reducing premature mortality requires stronger action on prevention, early detection, primary care, and workplace/environmental risks.

Life-course framework: key findings

- **5. Different life stages require different policy levers**
 - Patterns differ systematically across age groups, reflecting distinct underlying risk profiles.
 - **Policy implication:** A life-course approach is essential – early childhood protection, youth safety and mental health, working-age NCD prevention, and healthy ageing must be addressed separately but coherently.
- **6. Within-country regional differences are large and policy-relevant**
 - Countries show substantial internal variation across NUTS2 regions for different age groups and over time.
 - **Policy implication:** Subnational targeting should be embedded in EU health, cohesion, and social policies; national averages mask critical regional needs.

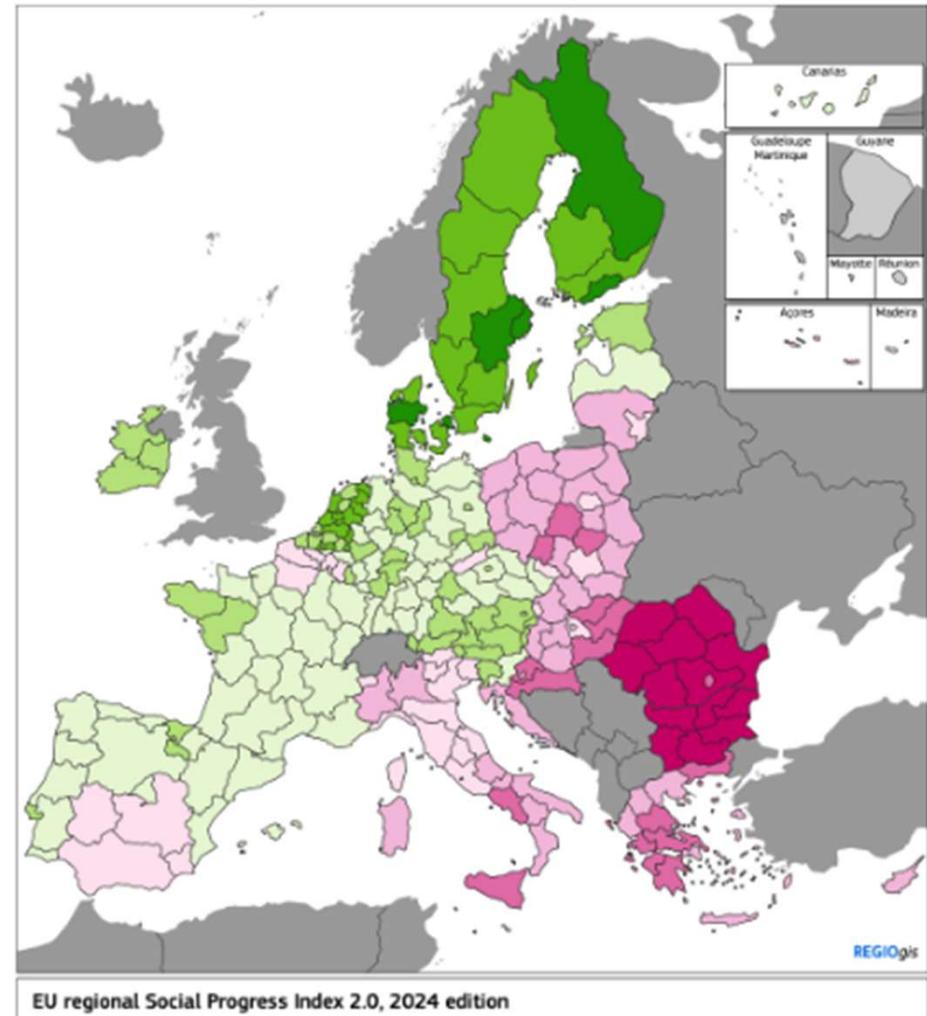
SOCIAL DETERMINANTS OF HEALTH

Health outcomes are greatly influenced by **social determinants**, including income, education, employment, social status, environment, and access to healthcare. This was evident during the Covid-19 pandemic, exposing deep vulnerabilities at all levels of our society and revealing once again that wealth alone does not guarantee superior wellbeing.

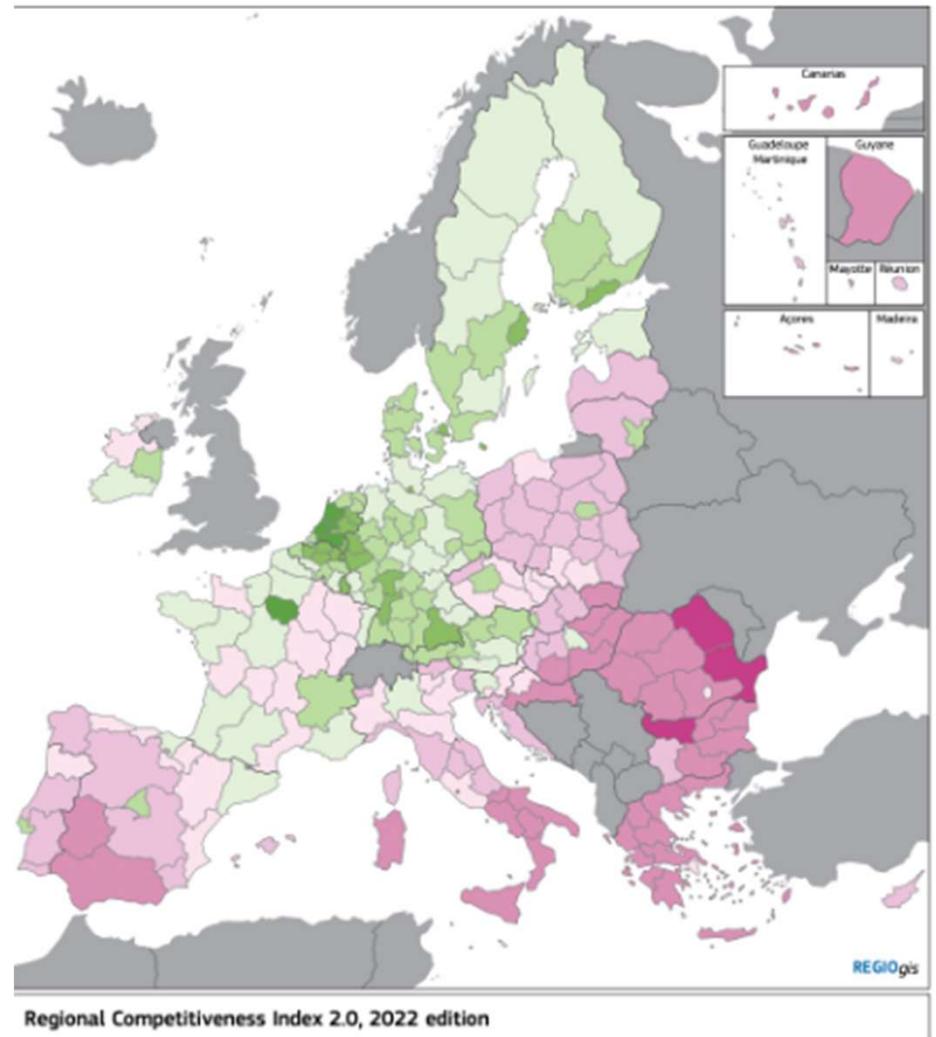
Analysing health outcomes data against social, economic and environmental data thus provides a deep understanding of the social determinants of health, and evidence to inform a holistic approach to health equity policy – one that is preventative, targeted, and comprehensive.

To better understand the social determinants of health across EU regions, insights from both frameworks are cross-analyzed with indicators from the **EU Regional Social Progress Index**, and the **EU Regional Competitiveness Index**.

The EU Regional Social Progress Index is a valuable tool for understanding the underlying conditions of a society not reflected through economic indicators alone or by focusing on a single measurement. The index uses administrative data that capture the lived experiences of all people, focusing exclusively on social and environmental outcome indicators, and was designed precisely to make visible the issues and the people that are left behind in a purely economic paradigm. The Social Progress Index is an aggregate index of social and environmental outcomes that measure progress across three dimensions – Basic Human Needs, Foundations of Wellbeing, and Opportunity – asking universally important questions about the success of our societies.



The **EU Regional Competitiveness Index** provides a complementary perspective by assessing the ability of regions to offer an attractive and sustainable environment for businesses and residents alike. The RCI captures a broad range of factors – from infrastructure, innovation, and digital connectivity to education, labour market efficiency, and institutional quality – all of which influence economic performance and, indirectly, health outcomes.



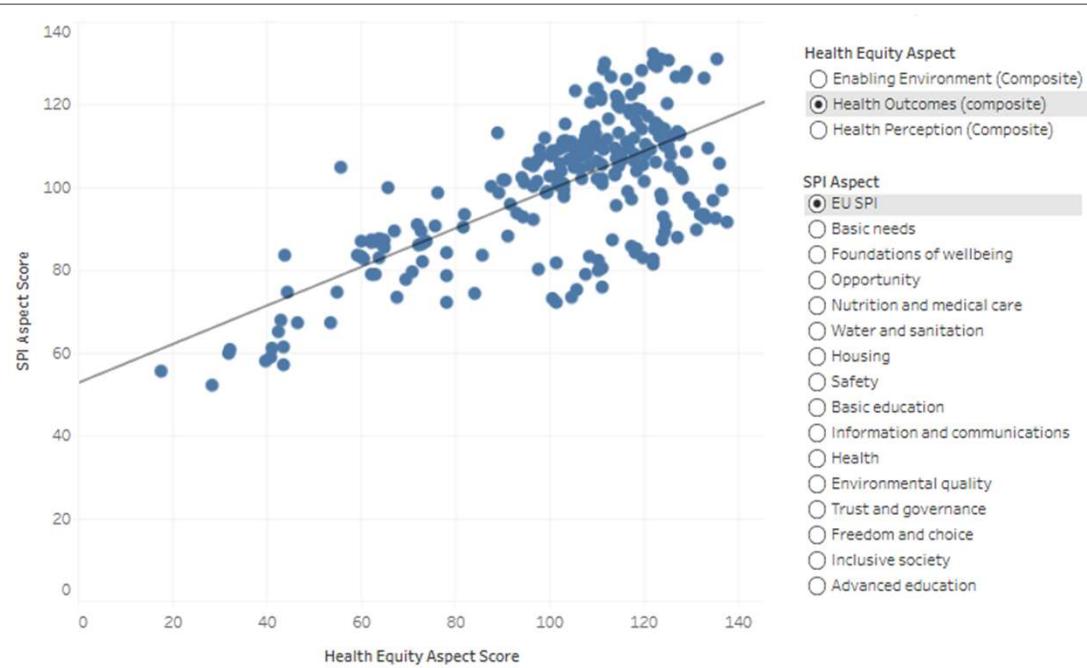
SPI and RCI frameworks



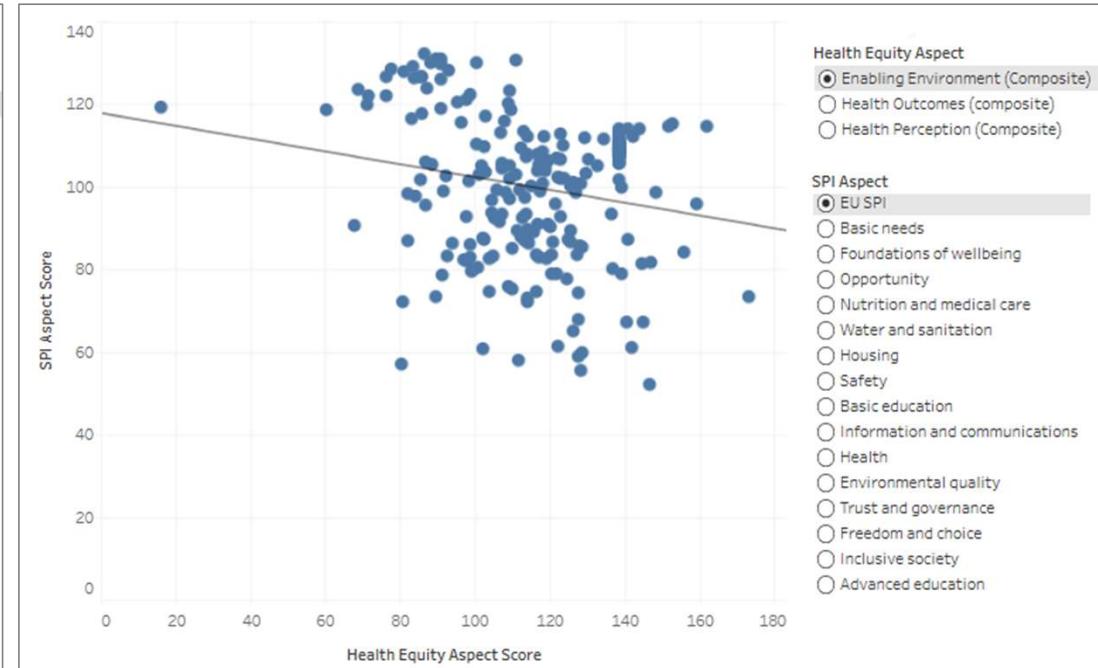
Social conditions are a key driver of health outcomes and lived access to care

Across the EU regions, higher social progress is consistently associated with better health outcomes, lower mortality across all age groups, and fewer perceived barriers to care, even though it shows only a weak relationship with the geographic distribution of health system capacity.

Health outcomes vs. Social Progress Index



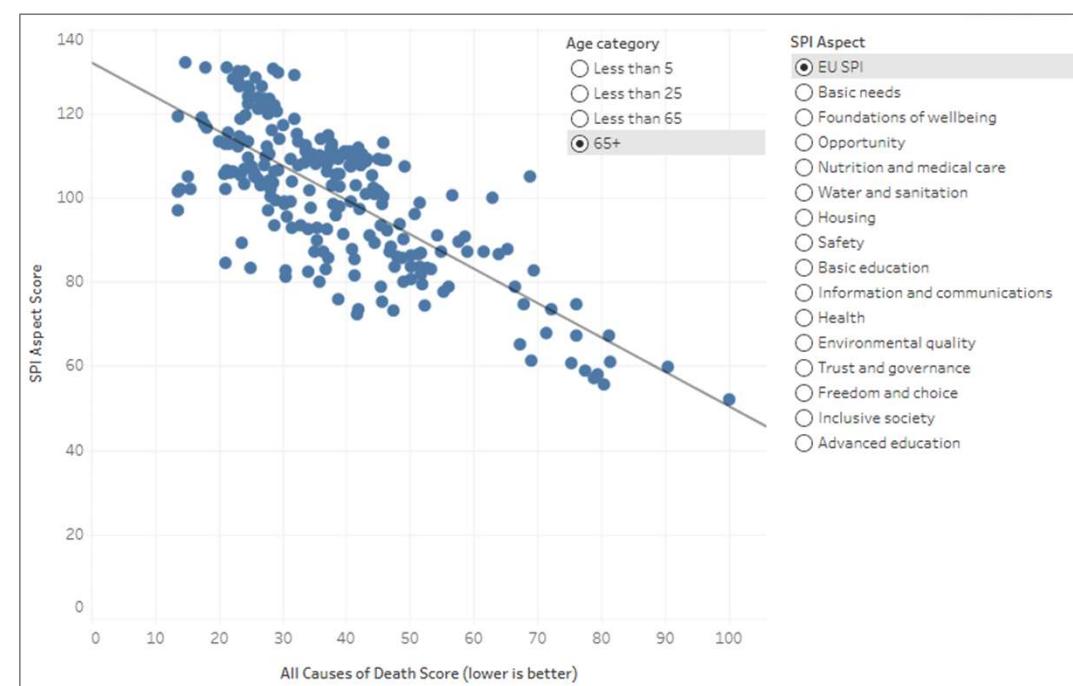
Enabling environment vs. Social Progress Index



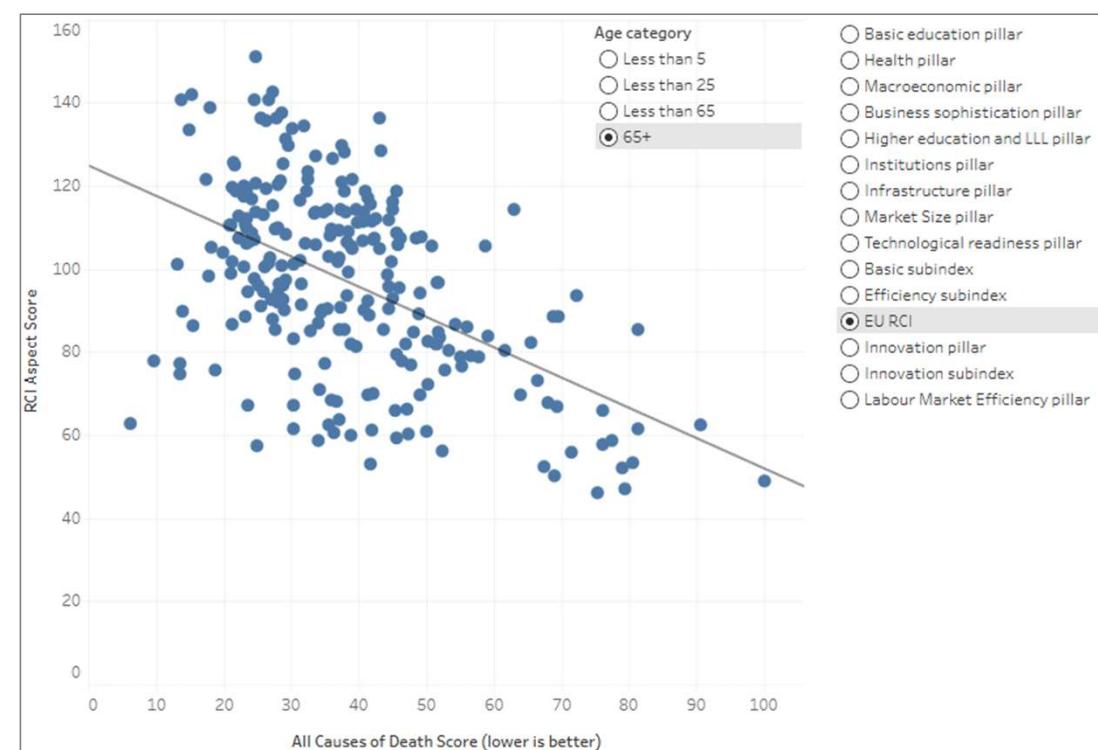
Social determinants are associated with overall mortality across regions

There is also a strong association between the Social Progress Index scores and life-course framework mortalities from all causes of death. Similar (but weaker) associations also hold between the Regional Competitiveness Index (RCI) and mortalities from all causes of death.

65+ All causes mortality vs. Social Progress Index



65+ All causes mortality vs. RCI



Social determinants of health: key findings

- **1. Social progress is strongly associated with health outcomes and health perceptions — but not with system capacity**
 - Across EU regions, higher SPI scores are clearly associated with better health outcomes and health perceptions, while the relationship with the enabling environment is weak or absent.
 - Social conditions matter greatly for how healthy people are and how they experience access to care, but they do not automatically determine the geographic distribution of doctors and hospital beds.
- **2. Health-system capacity appears largely decoupled from regional social conditions**
 - Regions with similar SPI scores often display very different levels of health-system capacity, and vice versa.
 - This reflects the role of institutional design, workforce allocation, and historical infrastructure, rather than social progress per se.

Social determinants of health: key findings

- **3. Social determinants exert their strongest influence *downstream***
 - The strongest and most consistent social gradients are observed for health outcomes, perceived access barriers, and life-course (aggregate) mortality.
 - Social progress shapes health primarily through exposure, prevention, behaviours, and cumulative advantage, rather than through healthcare supply.
- **4. Policy implication: capacity alone cannot compensate for social disadvantage**
 - Some regions with relatively strong enabling environments still exhibit weaker outcomes or perceptions when social conditions lag.
 - Expanding supply without addressing social determinants risks limited returns in terms of equity.

Social determinants of health: key findings

- **5. Competitiveness shows a different pattern than social progress**
 - RCI is more clearly related to the enabling environment than SPI, but still with substantial dispersion.
 - Economic strength facilitates investment in capacity, but does not guarantee equitable access or better outcomes.
- **6. Deeper analyses of the relationships are possible (and needed)**
 - Further analyses can focus on the relationships between more granular aspects of the two indices (dimensions, components) and:
 - All causes of death mortalities
 - Individual causes of death mortalities
 - Pillars of the Health Equity Framework
 - Individual indicators of the Health equity framework's pillars

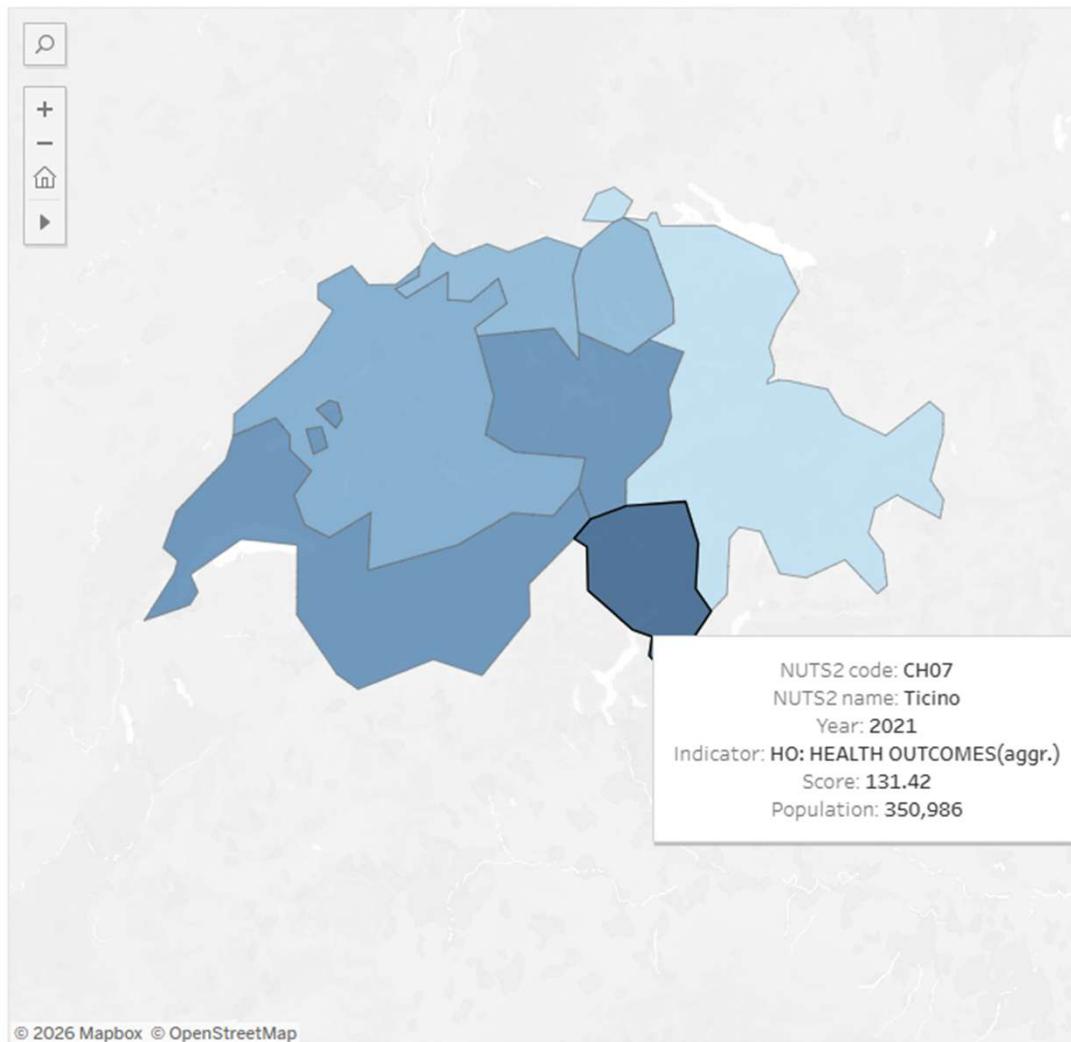
NON-EU APPLICATION: SWITZERLAND

Non-EU Application: Switzerland

- **1. It is shown that the Health Equity Map approach can be replicated to all non-EU countries that have data available in the Eurostat database.**
 - Switzerland is one of those countries.
 - Other countries include Norway, Iceland, Liechtenstein, Western Balkan countries (Albania, Bosnia and Herzegovina, Montenegro, Macedonia, Serbia, Kosovo), Turkey and Ukraine.
 - At least some aspects of the Health Equity Map frameworks can be replicated for these countries.
- **2. The results for Switzerland confirm the findings and trends shown previously.**
 - Most of the regions of the country perform just above the 2013 EU average in Enabling Environment, while all of them clearly outperform the threshold in Health Outcomes and Health Perceptions – and the same is observed also in the Life-course framework across all age categories (for the „all causes of death“ indicator).
- **3. The visualizations for Switzerland are also available in the on-line tool (as a separate tab).**

Maps of scores (% of the 2013 EU average)

HO: HEALTH OUTCOMES(aggr.)



Select year

2021

Select indicator

- EE: ENABLING ENVIRONMENT(aggr.)
- EE: Hospital beds/100,000 pop
- EE: Physicians/100,000 pop
- HO: HEALTH OUTCOMES(aggr.)
- HO: Infant mortality rate
- HO: Standardized death rate
- HO: Years & potential years lost
- HP: HEALTH PERCEPTION(aggr.)
- HP: Hoping for improvement
- HP: No unmet needs
- HP: Too far, expensive, waiting list
- LC-65+: Aggregate death rate for 65-plus
- LC-U5: Aggregate death rate for U-5
- LC-U25: Aggregate death rate for U-25
- LC-U65: Aggregate death rate for U-65

Notes:

EE = Enabling Environment

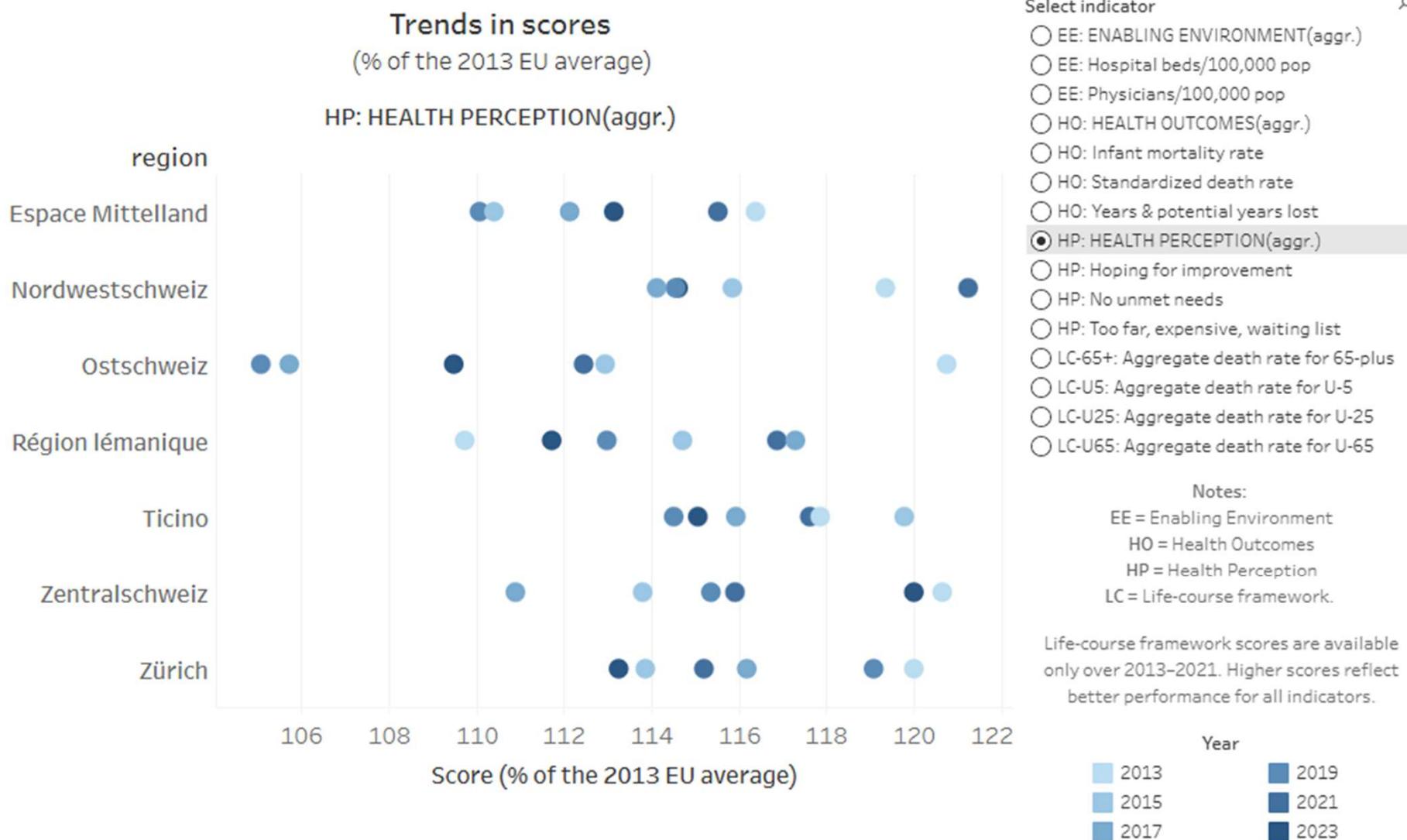
HO = Health Outcomes

HP = Health Perception

LC = Life-course framework.

Life-course framework scores are available only over 2013–2021. Higher scores reflect better performance for all indicators.





Tables of scores
(% of the 2013 EU average)

EE: ENABLING ENVIRONMENT(aggr.)

year	CH02 Espace Mittelland	CH03 Nordwestschweiz	CH05 Ostschweiz	CH01 Région lémanique	CH07 Ticino	CH06 Zentralschweiz	CH04 Zürich
2013	92.58	116.92	92.83	117.89	105.67	67.14	113.17
2014	90.87	118.01	92.10	118.64	108.12	68.12	115.21
2015	92.80	116.67	93.86	120.06	108.89	69.51	116.72
2016	93.07	116.18	95.22	119.86	112.20	70.79	117.35
2017	93.69	116.44	94.92	120.15	114.80	71.88	117.80
2018	94.96	117.00	95.06	120.52	117.69	72.58	116.81
2019	95.18	117.15	94.12	120.32	119.03	73.04	115.98
2020	94.35	117.48	94.93	118.49	122.23	74.04	114.51
2021	94.28	119.20	95.56	117.96	125.44	75.87	113.77
2022	95.55	120.26	95.40	118.11	127.35	76.53	114.69
2023	95.55	120.26	95.40	118.11	127.35	76.53	114.69

Select indicator

- EE: ENABLING ENVIRONMENT(aggr.)
- EE: Hospital beds/100,000 pop
- EE: Physicians/100,000 pop
- HO: HEALTH OUTCOMES(aggr.)
- HO: Infant mortality rate
- HO: Standardized death rate
- HO: Years & potential years lost
- HP: HEALTH PERCEPTION(aggr.)
- HP: Hoping for improvement
- HP: No unmet needs
- HP: Too far, expensive, waiting list
- LC-65+: Aggregate death rate for 65-plus
- LC-U5: Aggregate death rate for U-5
- LC-U25: Aggregate death rate for U-25
- LC-U65: Aggregate death rate for U-65

Notes:

EE = Enabling Environment

HO = Health Outcomes

HP = Health Perception

LC = Life-course framework.

Life-course framework scores are available only over 2013-2021. Higher scores reflect better performance for all indicators.

The EU Health Equity Map

Explore the EU Health Equity Map
interactive visualisations at:

<https://www.socialprogress.org/eu-health-equity-map>

