The Public Health Situation in the European Union

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Agenda

• Why a European policy for health is crucial to improve the health of our citizens: The evidence!

• The Response: Key features of the European Health Policy (Health 2020) and why a “whole-of-government and whole-society” approach is essential
The Evidence!

Health (divide!) trends in the European Union
Population pyramids in European country groups in 1980: changing age and sex structures

From: EU12 and CIS having similar shapes
Population pyramids in European country groups in 2020: changing age and sex structures

To: EU12 & EU15 having high & growing % of elderly.

Good news
Life expectancy increasing in both in EU15 and EU12

Bad news
“EU divide” continues; Female gap remains the same, Male gap increasing

Source: WHO/Europe. European Health for All database, 2010
Premature (0-64 yrs) mortality trends from ischaemic heart disease in EU countries, 1970-2007

Good news: Rising M & F trends of mid1990s reversed

Bad news: EU12 rates for men high; EU12/15 gap wider than in 1980 and unchanged for last 10 years

Source: WHO/Europe. European Health for All database, 2010
Mortality trends from cerebrovascular disease in EU countries between 1970-2007

**Female**

Good news: EU12 decrease since 2000. EU15 trends continue to decrease and converge

Bad news: Huge disparities between EU12 with few signs of convergence

**Male**

Source: WHO/Europe. European Health for All database, 2010
Good news: EU15 rates decreasing since 1990 for both men and women

Bad news: EU12 trends rising for both men and women and have overtaken EU15 in 1990 and gap widening

Source: WHO/Europe. European Health for All database, 2010
Mortality trends from trachea, bronchus and lung cancer in EU countries between 1970-2007

**Good news:**
- Male trends decrease

**Bad news:**
- Female trends increase
- Decline in EU12 males slower than EU15

Source: WHO/Europe. European Health for All database, 2010
Good news: Vaccine now available

Bad news: No significant progress, especially EU12
Female breast cancer mortality in EU, 1970-2008

SDR, malignant neoplasm female breast, 0-64 per 100000

Good News: Trends decreasing and converging!!
Mortality trends from infectious and parasitic disease in EU countries between 1970-2009

Bad news: EU15 mortality rates are rising and now higher than EU12! Septicaemia and AMR?

Good news: Increased attention, World Health Day 2011 (also in Strasbourg) and EU AMR day

Source: WHO/Europe. European Health for All database, 2010
Main causes of death in the EU

Summary of priority responses needed

Priority action on CVD in EU12 because the 2007 levels still leave them at the EU15’s 1980 level

Priority action on cancers in EU as in EU15 little change and EU12 increase
Measuring health status

• Health status is more than just mortality
• Disability-adjusted life years (DALYs) encapsulate mortality, morbidity and long-term disability
• DALYs are not uncontroversial, as they include value judgments on disability and age
Leading causes of DALYs in EU countries, 2004

- Unipolar depressive disorders
- Ischaemic heart disease
- Hearing loss, adult onset
- Alzheimer and other dementias
- Chronic obstructive pulmonary disease
- Cerebrovascular disease
- Osteoarthritis
- Diabetes mellitus
- Cataracts
- Road traffic accidents
- Trachea, bronchus and lung cancers
- Poisonings
- Alcohol use disorders
- Cirrhosis of the liver

Interventions to eliminate these risk factors could potentially lead to a 60% reduction in DALYs in Europe (53 Member States) and a 45% reduction in high-income countries.
The economics of health: The new fiscal realities

• Intensification of cost drivers
  – Demographic change
  – Technological change (can raise or lower costs)
  – Expectations

• Pressures on public revenues
  – Ageing and growing dependency ratios mean smaller share in the workforce – challenge where revenues tied to labour
  – Globalization and international competitiveness can bring downward pressure on tax rates

• Need to become more efficient
  – More reliance on technology assessment / cost-effectiveness
  – Efficiency-oriented investment: reconfiguration and “greening”
  – “bending the cost curve” with more emphasis on prevention
Cost drivers?
Change in health expenditure by different factors, France 1992-2000

- Change in population age structure
- Increase in population size
- Changes in morbidity
- Changes in practice for a given illness
- Other changes
- Total

% change from 1992

Source: Dormont et al 2006

Myth: Ageing is the main cost driver (not so!)

Reality: Bigger impact from changes in technology

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Population ageing…

Good news: Although the population is ageing, it is not a major contributor to rising costs.

Bad news: Smaller % of economically active mean less revenue for systems funded from wages.

Source: Hroboň 2007
The more governments spend on health, the lower the burden of out-of-pocket spending on their population.
Catastrophic spending is highest among poorer people

Economic and social distress and crisis test attitudes to solidarity

But today in Europe, it is not acceptable that people become poor as a result of ill health

Source: Võrk et al 2009
Protecting the poor and vulnerable

- Exempt the poor from paying user charges/co-payments
- Extend coverage to the long-term unemployed
- Target health spending better
- Target social assistance better
Arguing for more public spending while there is waste and inefficiency in service delivery is a difficult task

- Clearly, for health policy objectives, public spending on health is better than private spending, but ...

- **Not all public spending is good spending!**

- Reducing waste and improving efficiency are vital to ensure popular and political support for more spending on health
Improving efficiency

Helps reduce the adverse effects of the crisis and secure popular and political support for more spending in the future

More public money for health and more health for the money given

Accountability for better performance
Summary

- EU12 following EU15 in trends in ageing – ageing a major public health issue
- Life expectancy increasing everywhere, but the “EU divide” between EU12 and EU15 remains at same level for females and increases for males.
- NCDs dominate the mortality pattern in all countries, but progress and reduction slow in EU12 (particularly CVD & cancers)
- Sharply rising female lung cancer mortality rates of special concern in some countries of EU15 and also EU12
- NCDs also dominate pattern of burden of disease (DALYs) in all countries, particularly CVD and mental health issues
- Dominant health issues and risk factors strongly linked to social determinants and inequalities
- We are not powerless, our policies can make a difference!
The Response!

The European Policy for Health
Health 2020
Vision of Health 2020

“A WHO European Region where all peoples are enabled and supported in achieving their full health potential and well-being, and in which countries, individually and jointly, work towards reducing inequalities in health within the Region and beyond”.

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Attributes of the Health 2020 policy

• Inspiring, challenging and practical
• Interconnects new evidence on health and its determinants with effective interventions for better health, equity and well-being
• Provides a value-based framework for health development, strategic goals, realistic targets for the European Region, and tools for planning, implementation, monitoring and evaluation
• Relevant to low-, medium- and high-income countries in the Region
• Places the revival of public health at the centre
Why a new health policy for the European Region?

• New era, with rapidly developing global and European trends
• Increasing complexity of drivers that shape health and the determinants of health inequities
• Ongoing and new challenges to health as a human right, a public good and as an asset for development
• Uneven progress in achieving health goals to date
• The need for a new approach to health governance in 21st century that builds on intersectoral action and health in all policies
The case for intersectoral action: the example of heart disease

- Physical activity
- Fat intake
- Type 2 diabetes
- Overweight
- Cholesterol
- Blood pressure
- Smoking
- Ischaemic heart disease

= requiring intersectoral action
Health 2020 will address six questions

1. Which types of intervention would make the biggest difference to the health and wellbeing of the people of the Region?
2. What opportunities hold the greatest promise?
3. How can we prepare for the next 10 years?
4. How can we accelerate action to reduce inequalities?
5. How can the Regional Office support decision-makers in their efforts to achieve better health and wellbeing for their people?
6. How can the Regional Office and Member States join forces and work with international partners within a coherent policy framework?

. . . . .these will be key to dialogue and shaping policy content and instruments
Health 2020: Main strategic orientations (1)

1. **Working together** for health and wellbeing in the European Region – Member States, international strategic partners, public health constituencies
2. Committing to a **whole-of-government** approach for health and wellbeing
4. Strengthening **leadership** for health and wellbeing and ensuring that **all sectors** understand and act on their responsibility for health
5. Upholding the **right to health** and a value-based approach to action for health and wellbeing
6. Tackling the **health divide** between and within countries
7. Investing in **governance for health** and wellbeing that reflects the realities and needs of the 21st century
8. Investing in **solutions that work** and are appropriate for Member States in different circumstances, to address the public health challenges of the European Region

9. Integrating strong evidence-based **economic arguments** to advocate for and support action on disease prevention and inequalities

10. Mobilizing action at country, intercountry and European levels for tackling the **chronic diseases epidemic**

11. Preparing and dealing effectively with **emergencies**

12. Ensuring high-performing, outcome-oriented and transparent **health systems**
Health 2020: Main strategic orientations (3)

13. Paying attention to the **voice and expectations of citizens** and creating empowering care and community systems

14. Creating **living and working conditions** that are conducive to health and wellbeing and maximizing population health assets

15. **Investing in capacity** for public health, change, innovation and leadership

16. Addressing the **risks and opportunities from emerging drivers** and trends – preparing for and anticipating change
Developing Health 2020

• **Participative process** - Reaching and involving a wide range of stakeholders and civil society

• **Country partnerships** a core element in the Health 2020 development process

• **A framework** to facilitate and support actions that make health and health equity a priority in European decision-making – *local, national and transnational*

• Ultimately, a **movement to promote health as a whole-of-government and society responsibility**
Main products

• Health 2020 policy document
• A series of policy and technical documents focusing on different sectors and levels of government
• Report and policy instruments on the European Review of the Social Determinants of Health and the Health Divide
• Report on governance for health in the 21st century study and related instruments
Thank you