

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



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Population pyramids in European country groups in 1980: changing age and sex structures

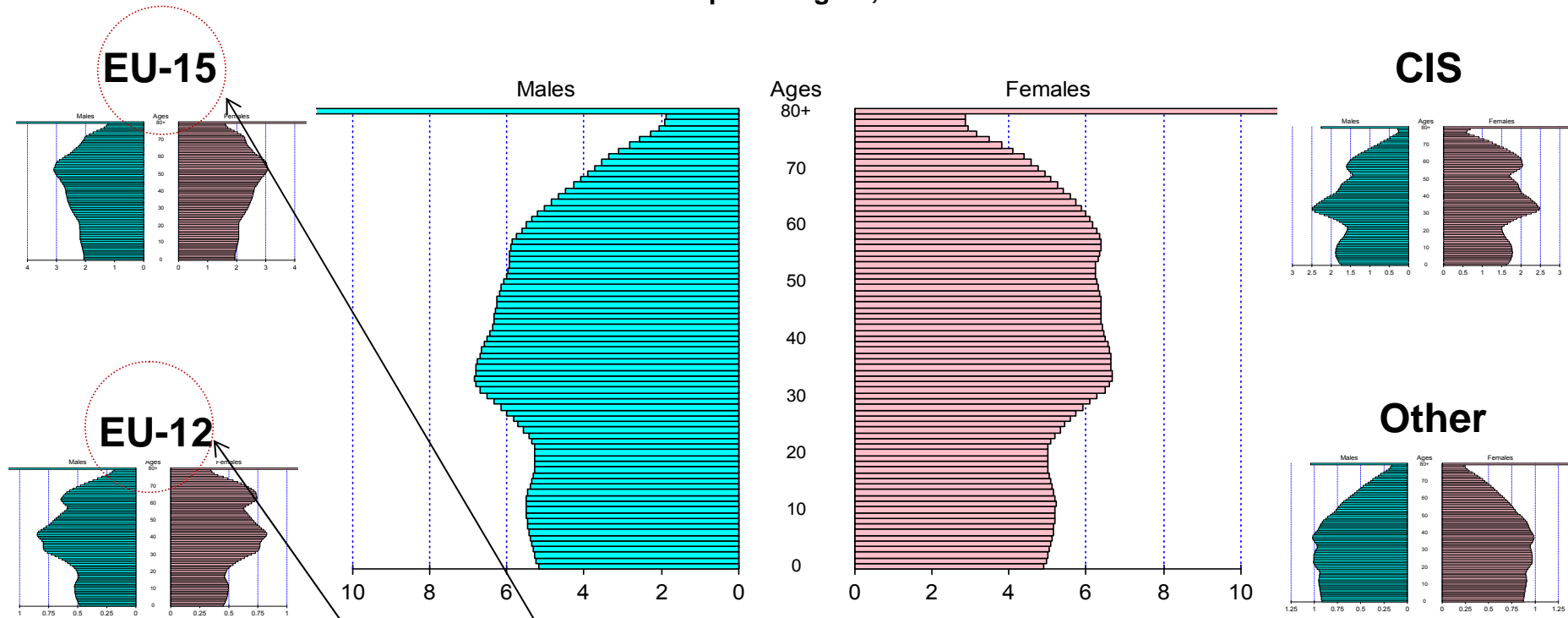
European Region, 1980



From: EU12 and CIS having similar shapes

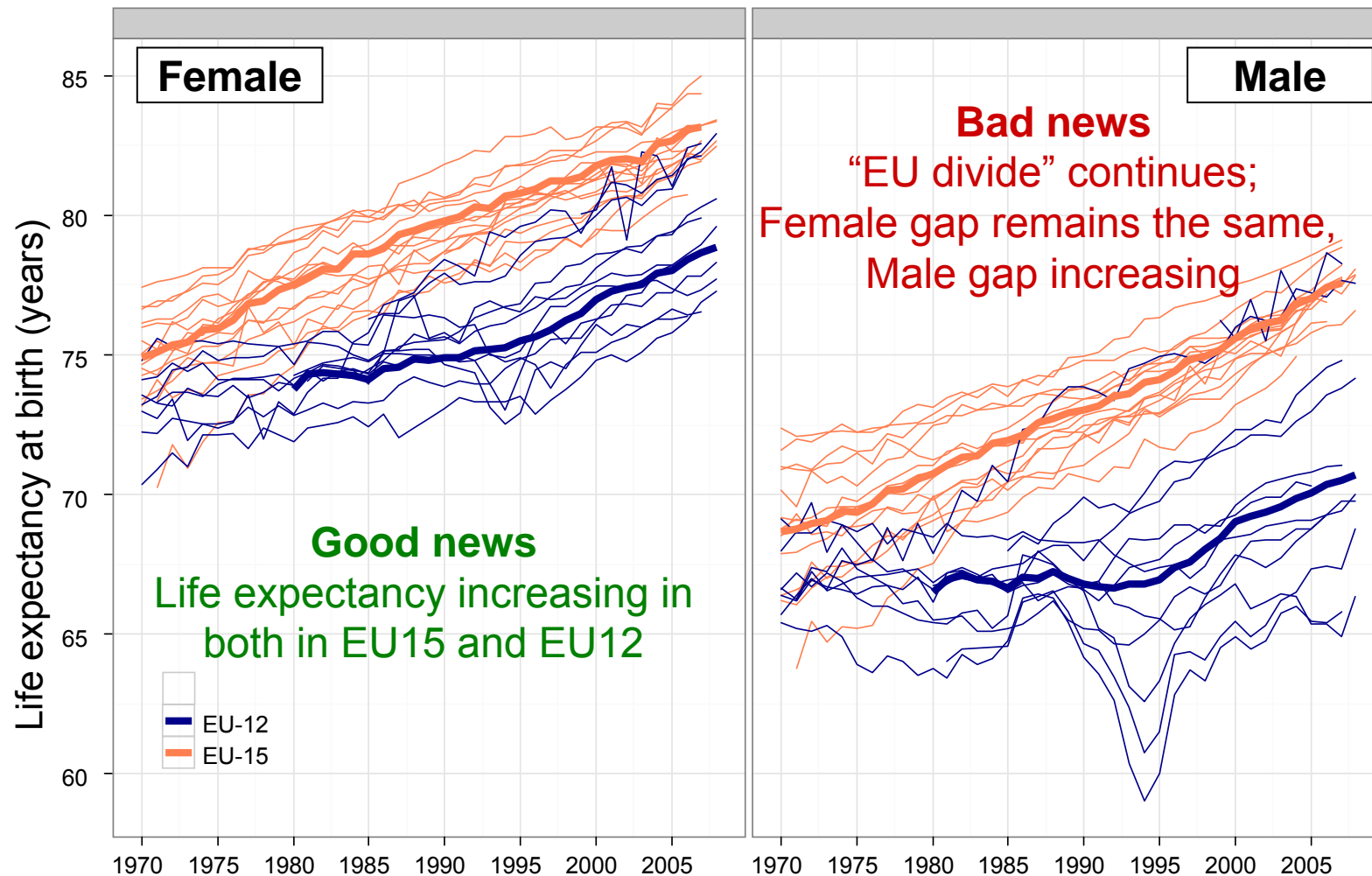
Population pyramids in European country groups in 2020: changing age and sex structures

European Region, 2020

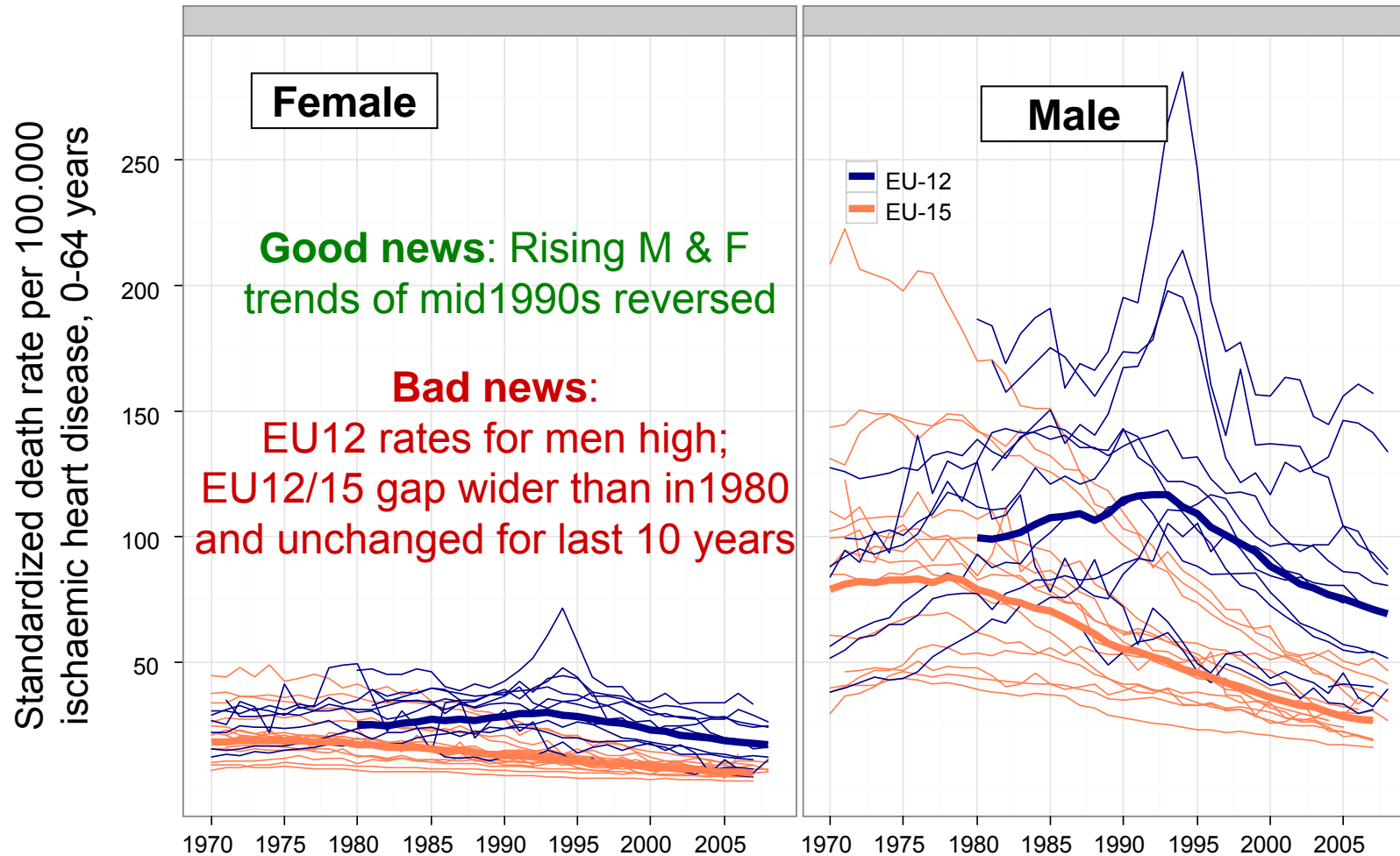


To: EU12 & EU15 having high & growing % of elderly.

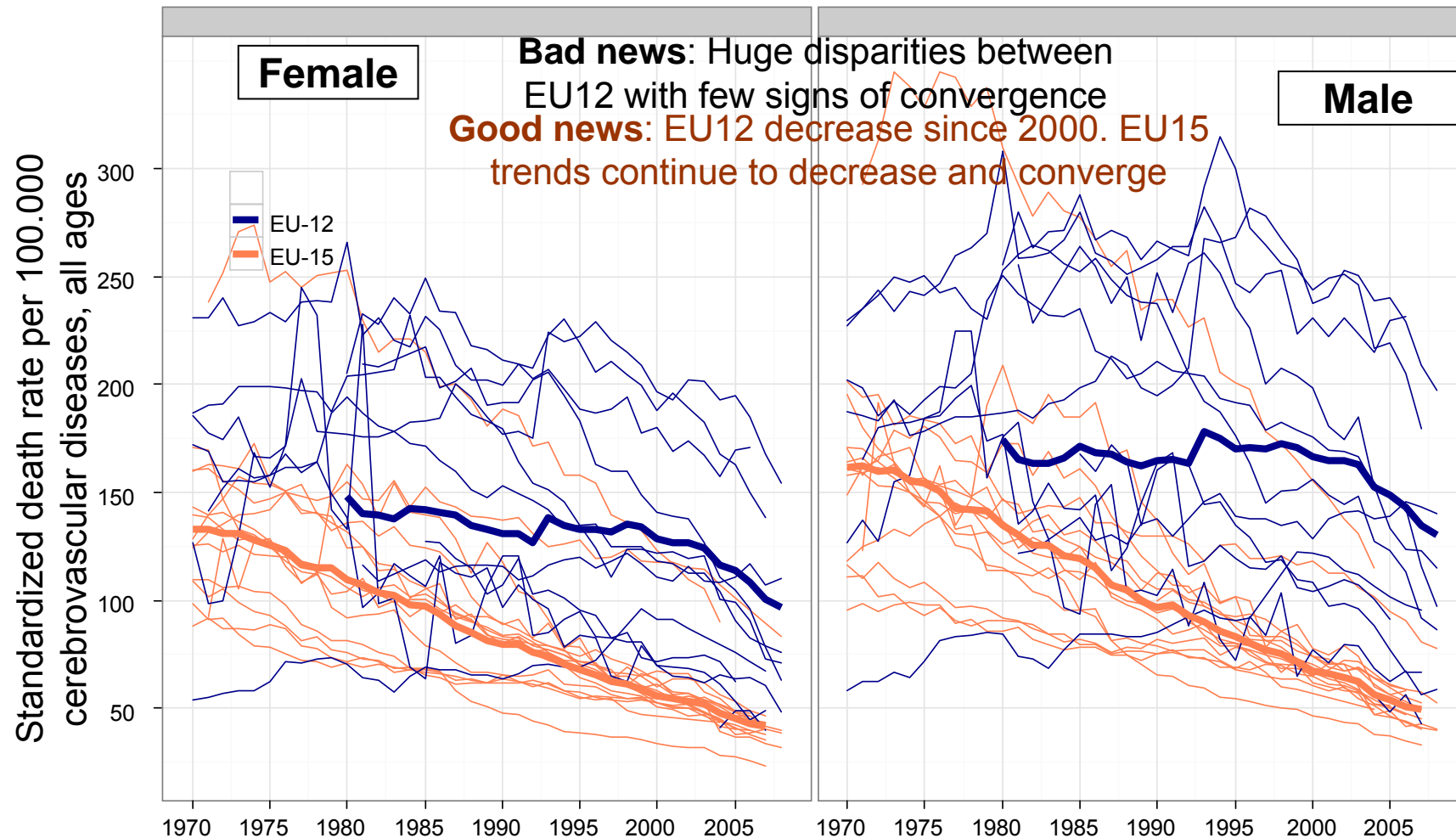
Trends in life expectancy at birth in EU countries, 1970-2007



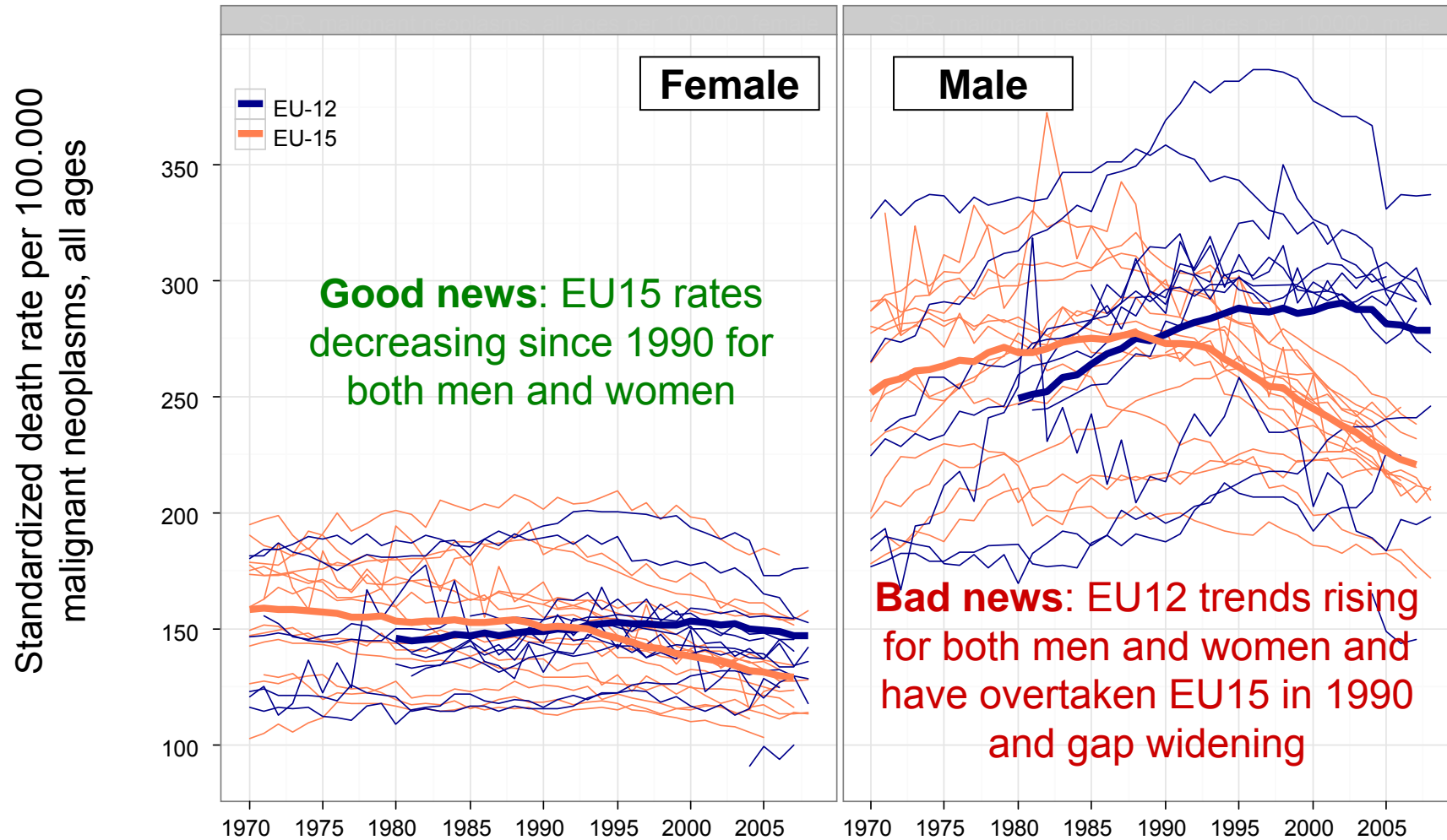
Premature (0-64 yrs) mortality trends from ischaemic heart disease in EU countries, 1970-2007



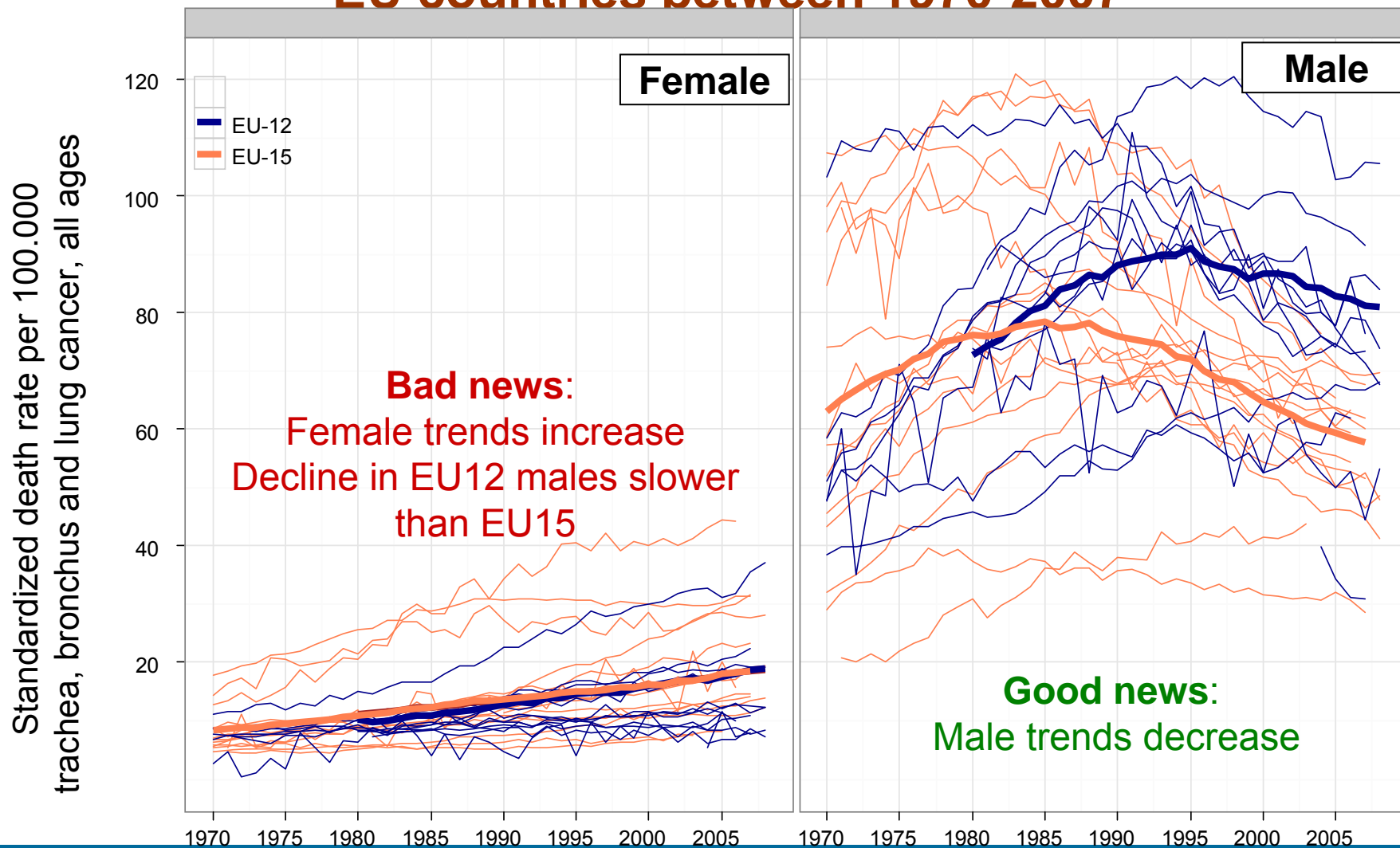
Mortality trends from cerebrovascular disease in EU countries between 1970-2007



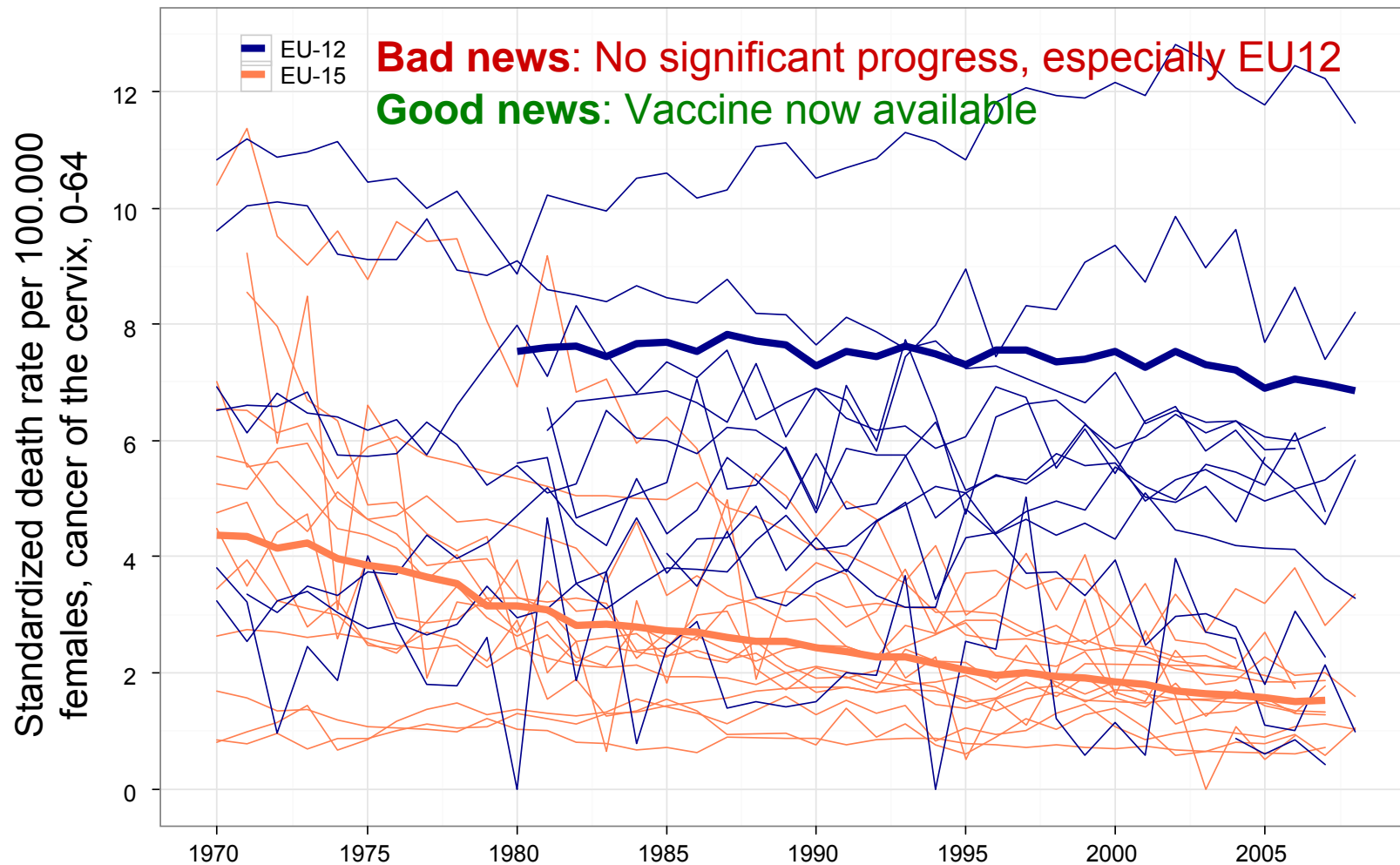
Mortality trends from malignant neoplasms in EU countries between 1970-2007



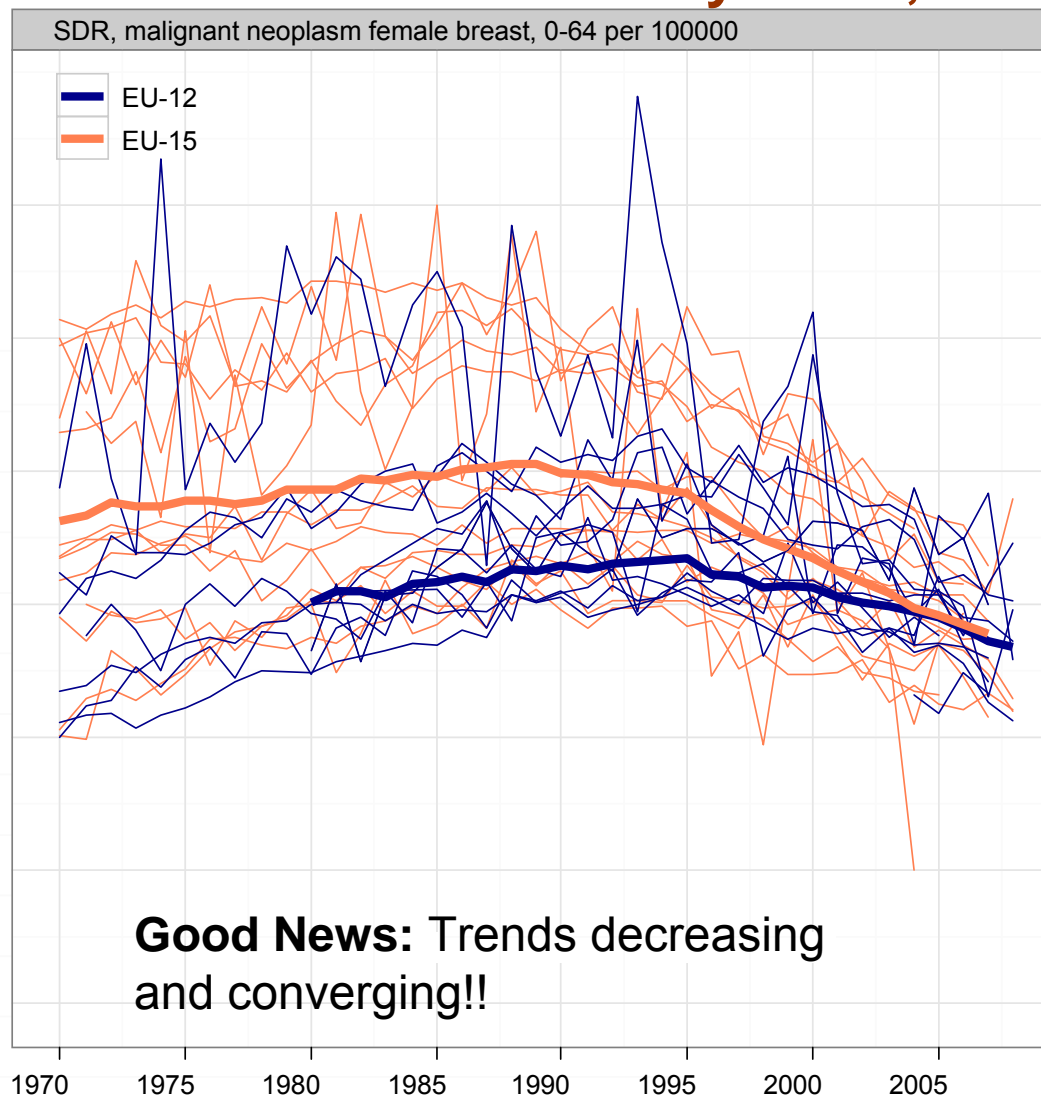
Mortality trends from trachea, bronchus and lung cancer in EU countries between 1970-2007



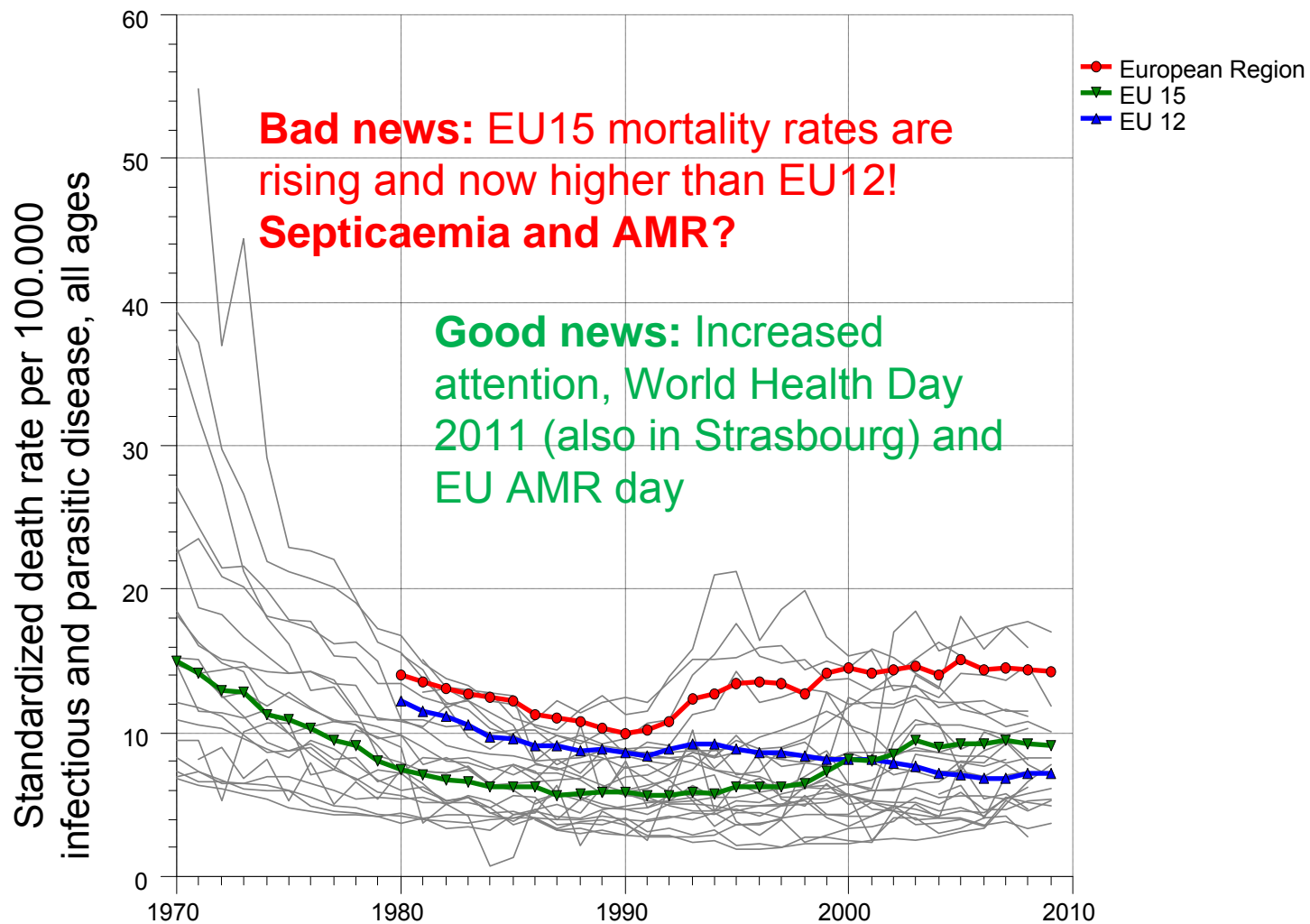
Premature mortality trends from cancer of the cervix in EU countries between 1970-2007



Female breast cancer mortality in EU, 1970-2008

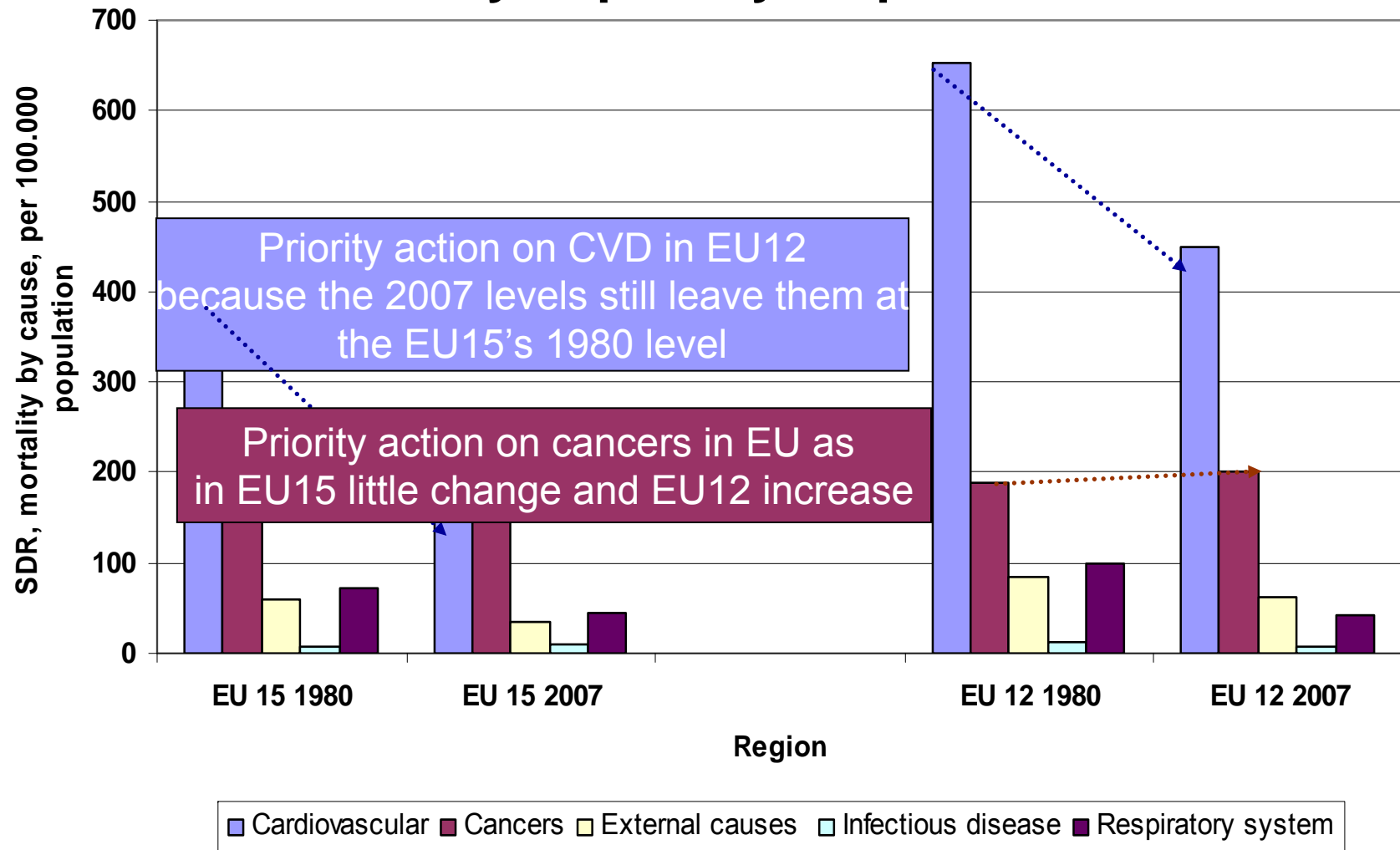


Mortality trends from infectious and parasitic disease in EU countries between 1970-2009



Main causes of death in the EU

Summary of priority responses needed



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

Source: WHO. Global burden of disease. The 2004 update, 2008.

Attributable DALYs by risk factor and income group in WHO regions,^a estimates for 2004

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

Risk factor ^b	Europe		
	Total	High income	Low and middle income
Population (millions)	883	407	476
	(000)	(000)	(000)
Total DALYs (all causes)	151 461	49 331	102 130
Childhood and maternal undernutrition			
Underweight	1 148	19	1 129
Iron deficiency	948	251	696
Vitamin A deficiency	318	1	317
Zinc deficiency	174	1	174
Suboptimal breastfeeding	1 263	98	1 164
Other nutrition-related risk factors			
High blood pressure	17 121	3 807	13 314
High cholesterol	8 975	1 859	7 116
High blood glucose	7 304	2 308	4 996
Overweight and obesity	11 758	3 132	8 625
Low fruit and vegetable intake	3 624	547	3 077
Physical inactivity	8 264	2 189	6 075
Addictive substances			
Tobacco use	17 725	5 526	12 199
Alcohol use	17 342	3 165	14 177
Illicit drug use	2 395	937	1 458
Sexual and reproductive health			
Unsafe sex	1 543	384	1 159
Unmet contraceptive need ^c	131	4	127
Environmental risks			
Unsafe water, sanitation, hygiene	1 182	69	1 113
Urban outdoor air pollution	1 456	369	1 087
Indoor smoke from solid fuels	485	4	482
Lead exposure	134	7	126
Global climate change	26	1	25

Linked to social determinants and inequalities

The economics of health: The new fiscal realities

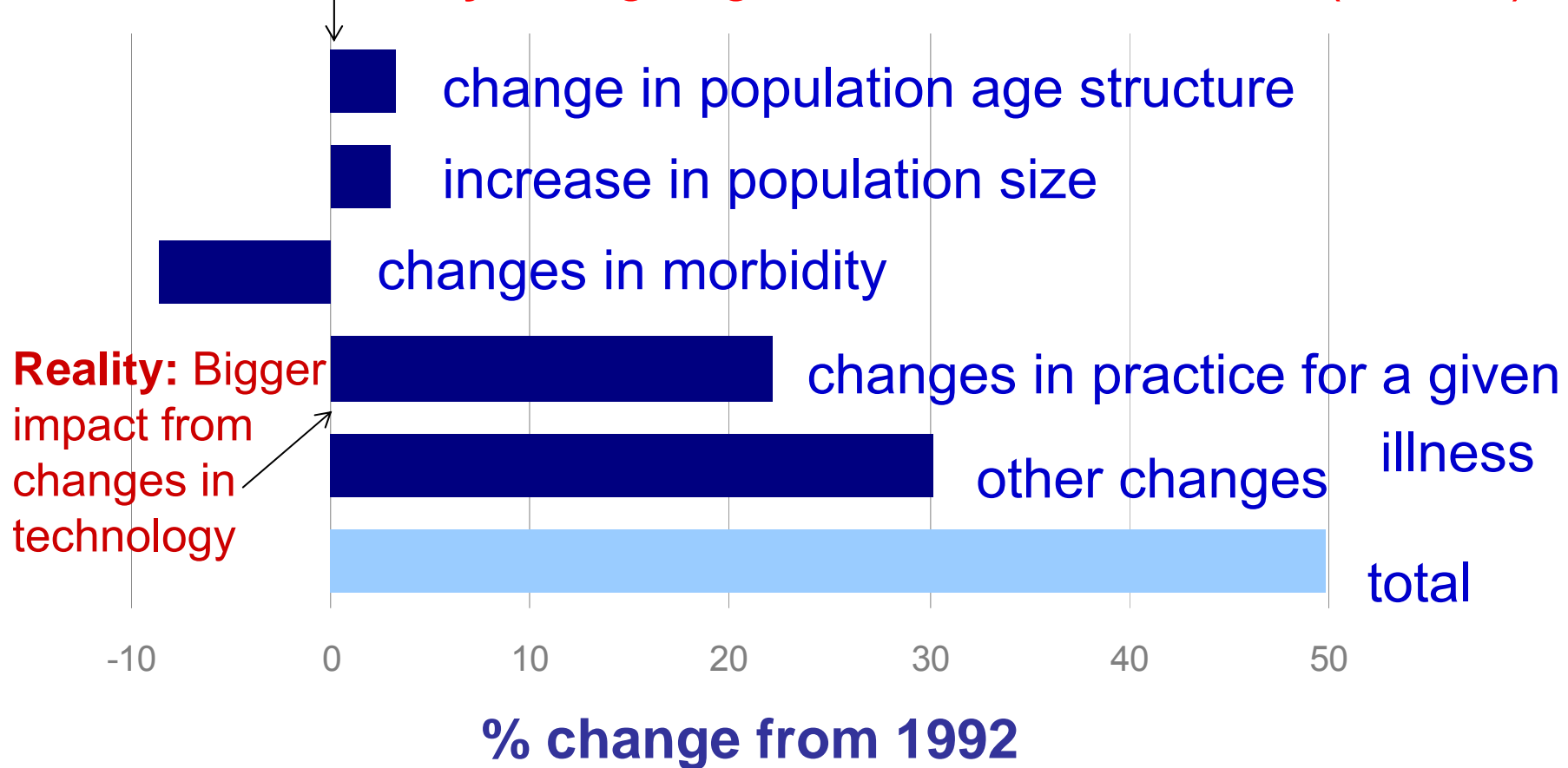
- Intensification of cost drivers
 - Demographic change
 - Technological change (can raise or lower costs)
 - Expectations
- Pressures on public revenues
 - Ageing and growing dependency ratios mean smaller share in the workforce – challenge where revenues tied to labour
 - Globalization and international 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?



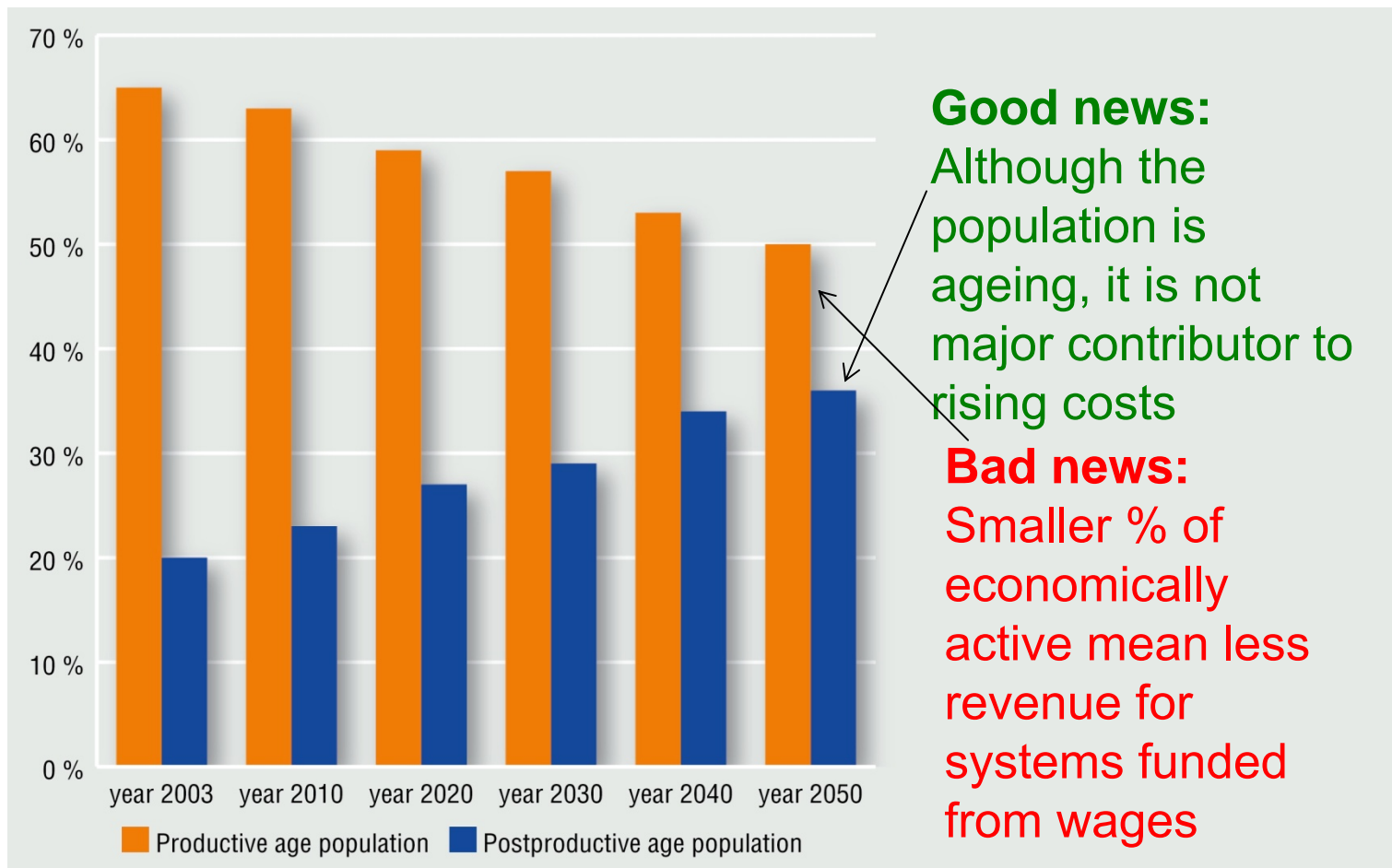
Change in health expenditure by different factors, France 1992-2000

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



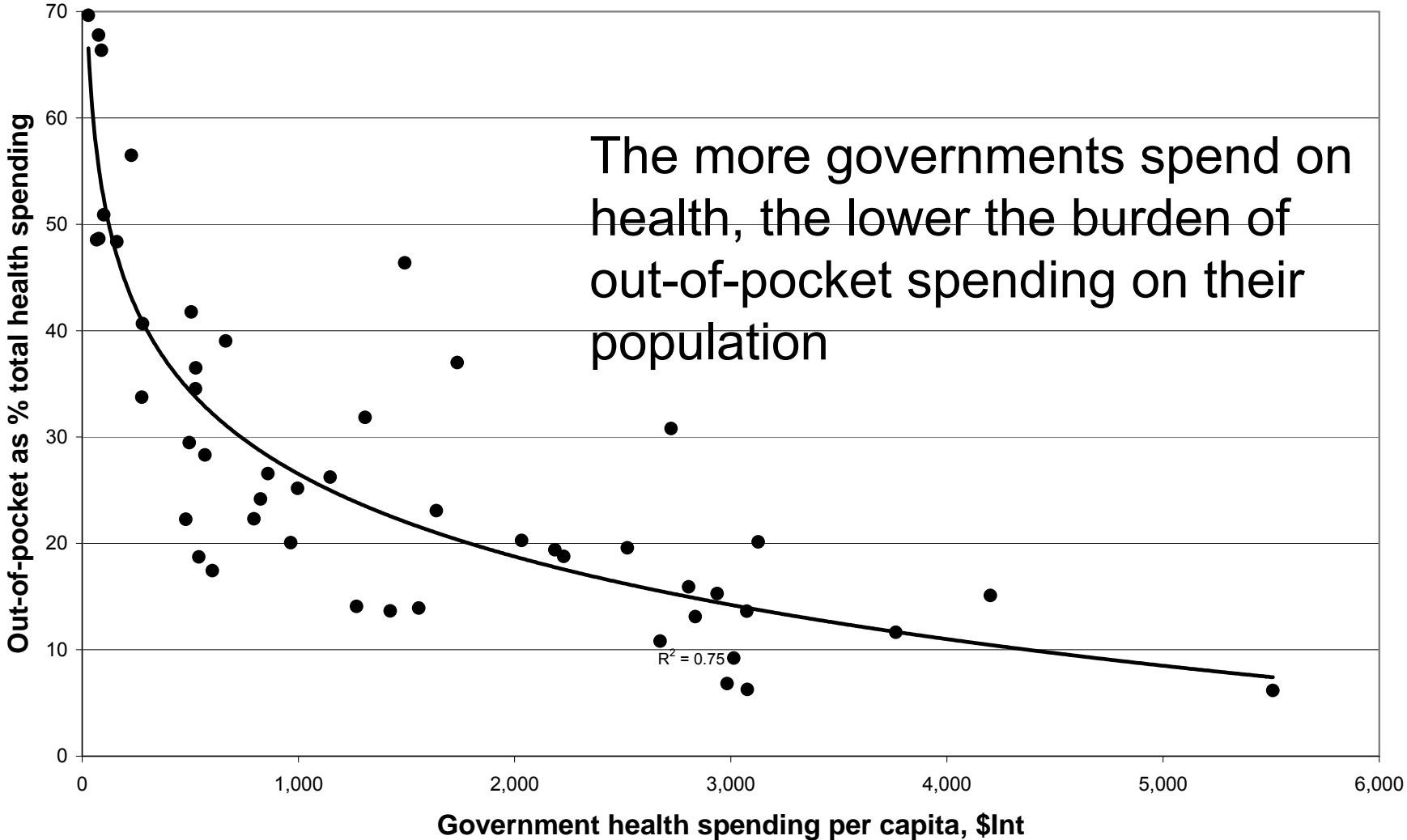
Source: Dormont et al 2006

Population ageing...



Source: Hroboň 2007

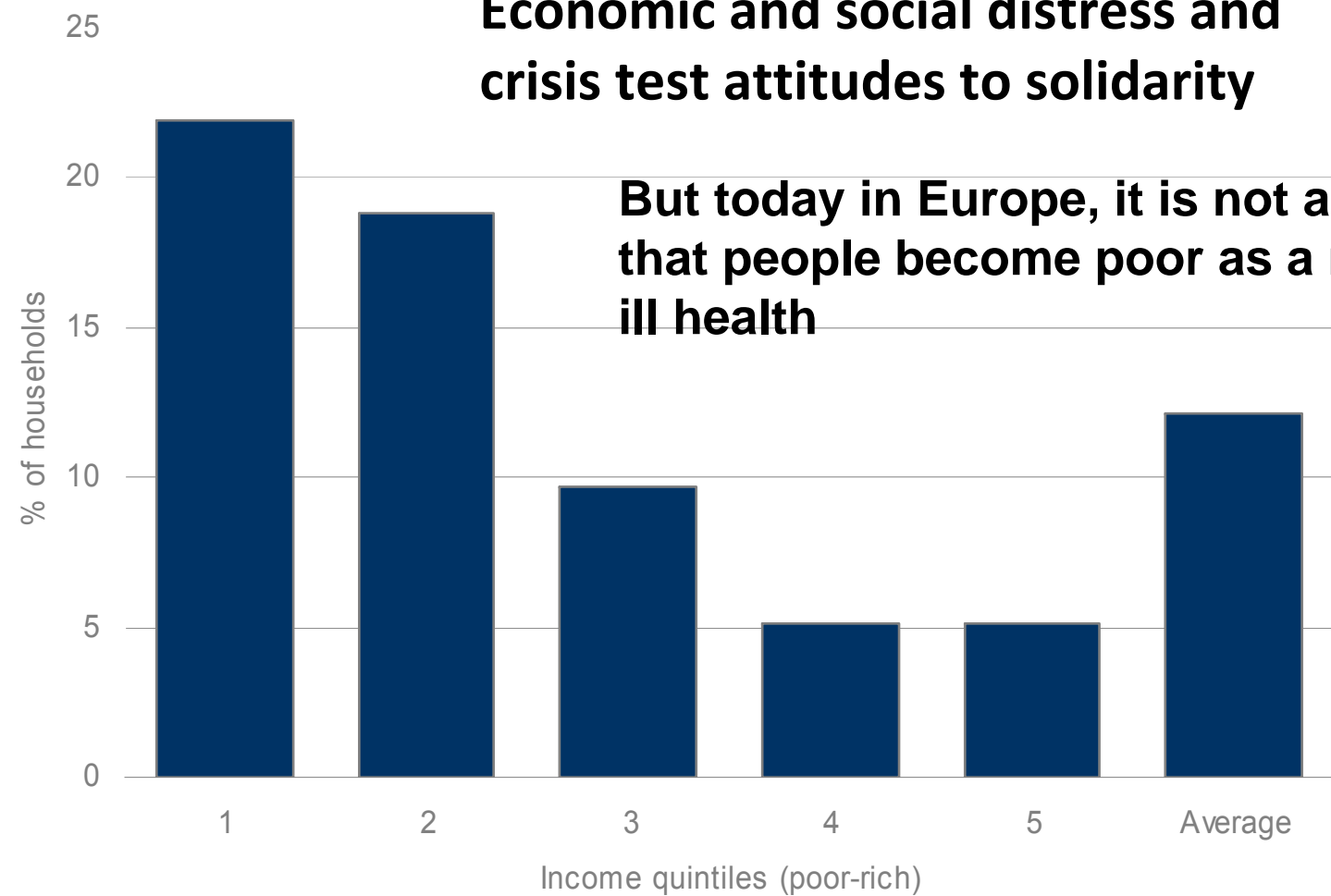
Government & out-of-pocket health spending



WHO HFA database

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

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



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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”.

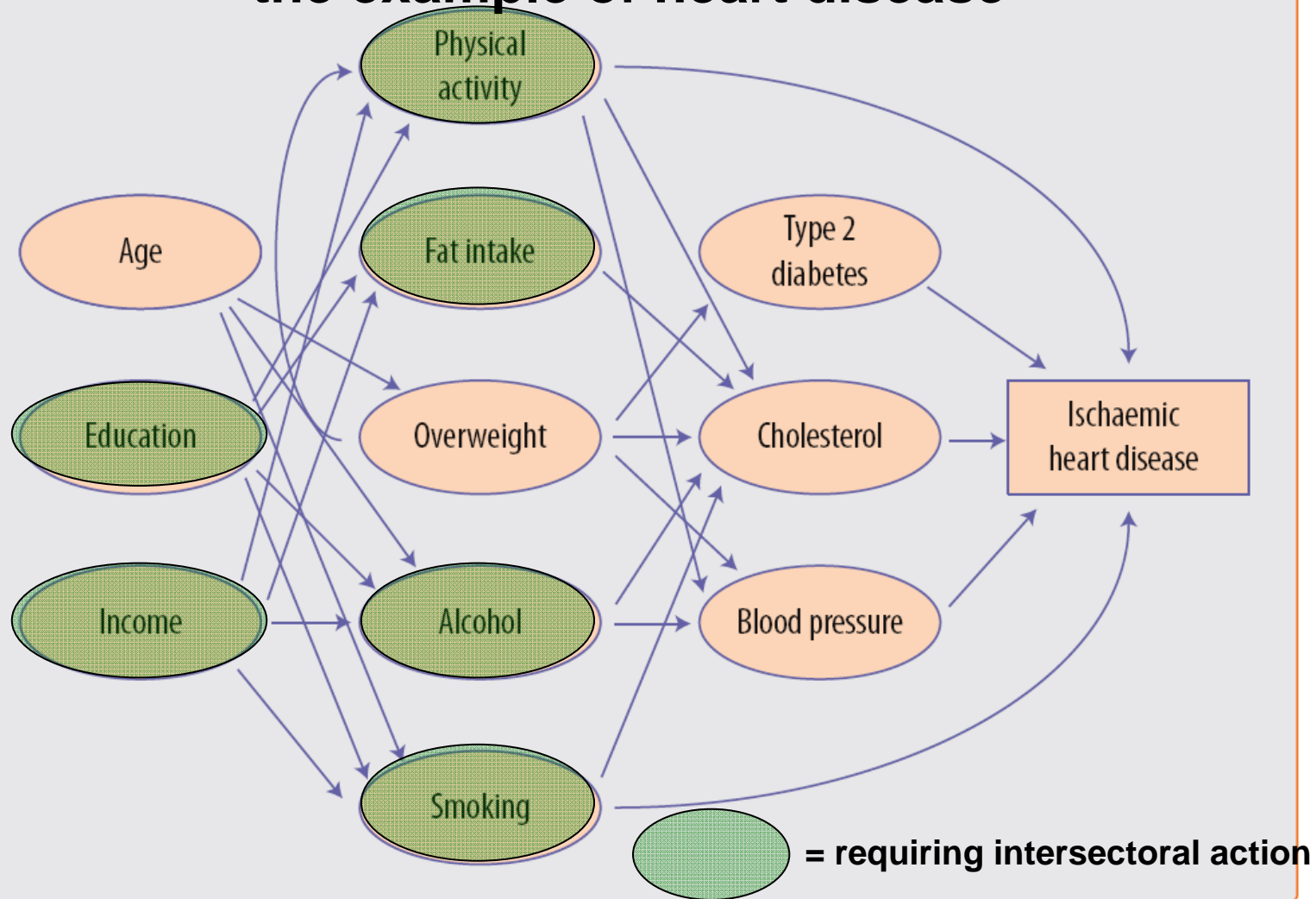
Attributes of the Health 2020 policy

- 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



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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

Health 2020: Main strategic orientations (2)

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



European Commission and WHO
Regional Office for Europe:
A shared vision for joint action

The Joint Declaration of the European Commission and the World Health Organization Regional Office for Europe on Europe's health and well-being is a landmark document that sets out a shared vision for joint action between the European Commission and the WHO Regional Office for Europe. The declaration is a result of a series of consultations and discussions between the two organizations, and it outlines a shared vision for joint action in the areas of health, well-being, and the environment. The declaration is a key document in the relationship between the European Commission and the WHO Regional Office for Europe, and it provides a framework for joint action in the future.



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