



State of Health in the EU

# Country Health Profiles

December 13<sup>th</sup> 2021

# Country Health Profiles: Same structure, new focus

1. Highlights

2. Health Status

*(2) Life expectancy, health inequalities, mortality, morbidity*

3. Risk Factors

*(3) Behavioural and environmental risk factors*

4. Health System

*(4) Organisation, financing, resources, service provision*

5. Performance of Health System

5.1 Effectiveness

*(5.1) Avoidable mortality, avoidable admission, cancer screening and survival*

5.2 Accessibility

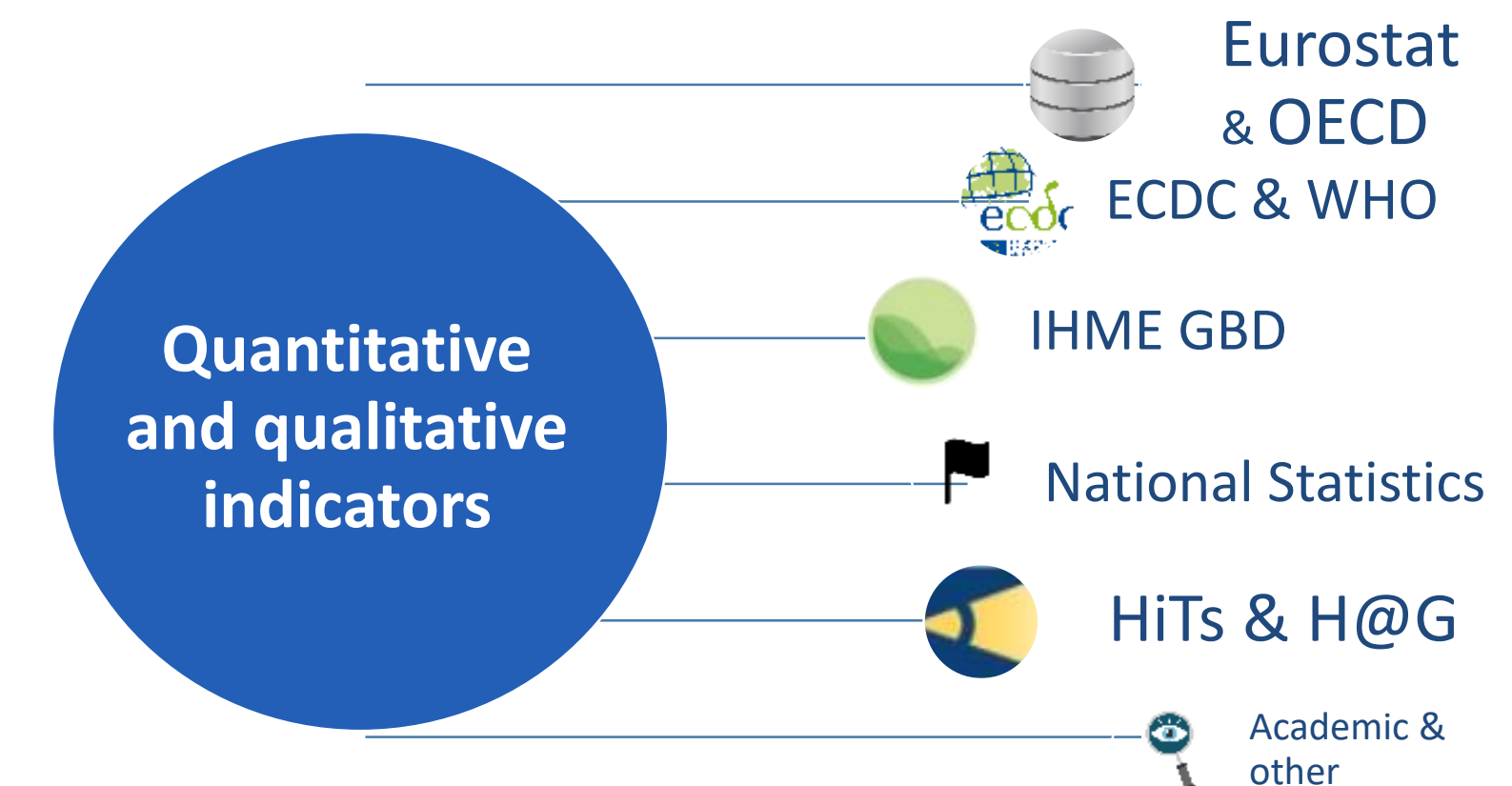
*(5.2) Unmet health care needs, out-of-pocket expenditure, waiting times*

5.3 Resilience

*(5.3) COVID-19 cases and deaths, containment measures, vaccination*

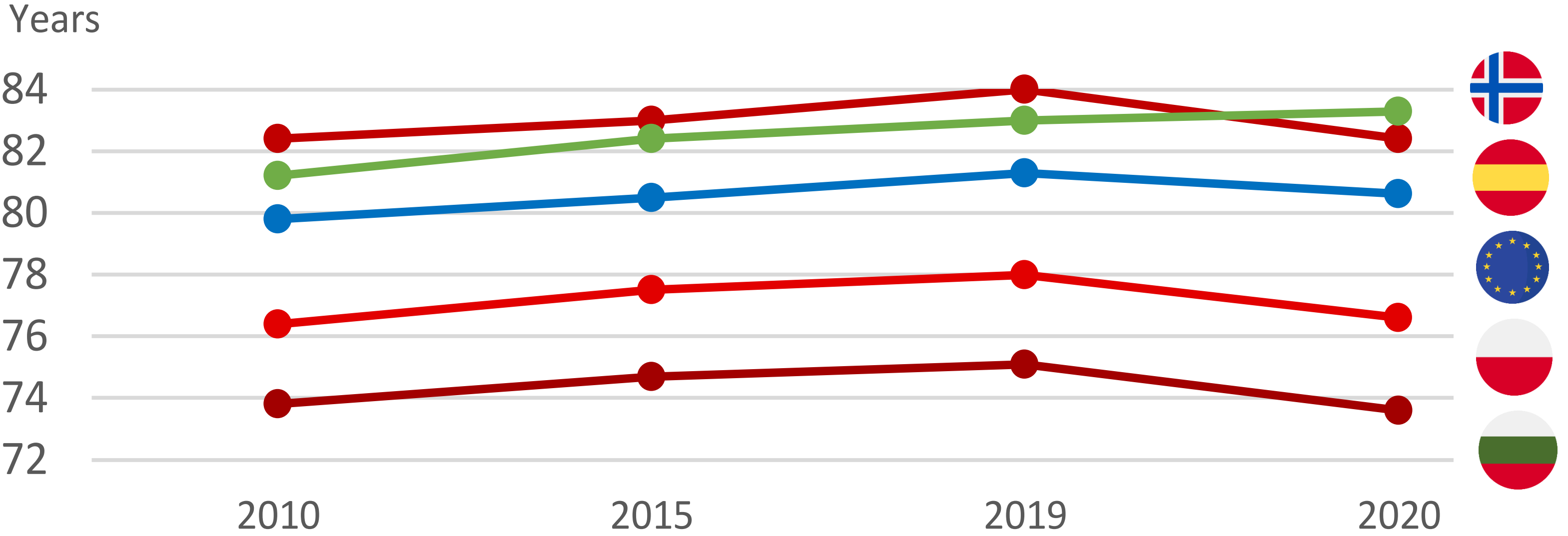
6. Key Findings

## Data sources



What has been the health impact  
of COVID-19 on EU countries?

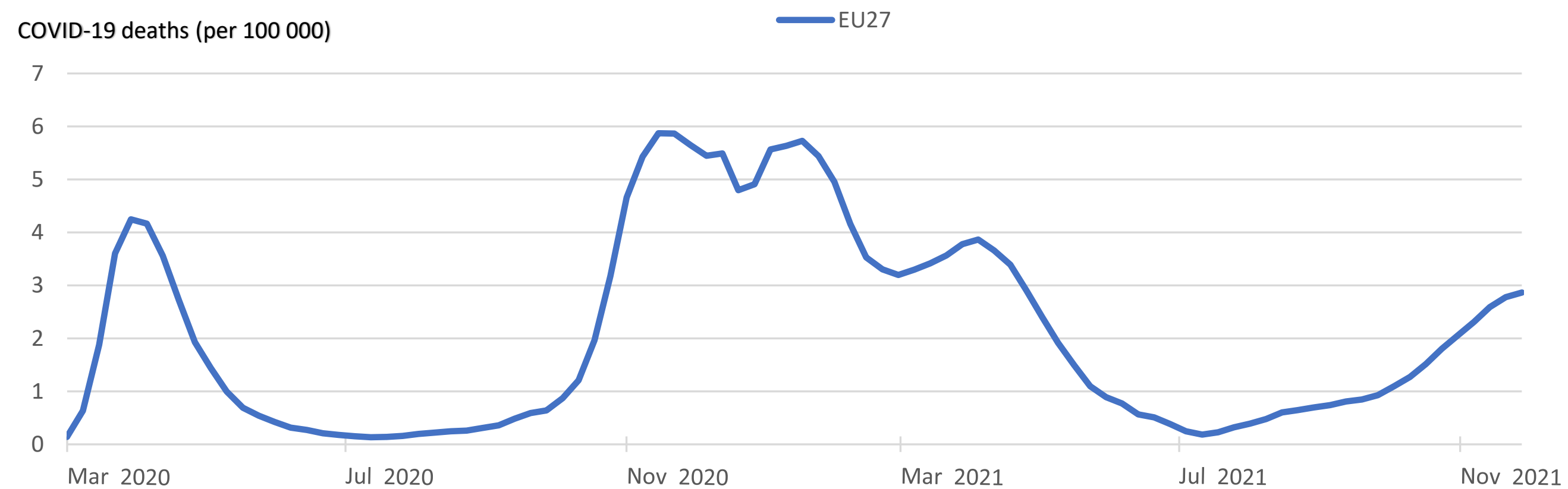
# Life expectancy fell by 0.7 years in the EU in 2020, the biggest drop since WW II in many countries



- Large reductions in both Western and Central and Eastern European countries
- Only a few Nordic countries managed to avoid a fall

Source: Eurostat Database.

# The number of COVID-19 cases reached a new peak across the EU at the end of November 2021, but COVID-19 deaths has been lower than in previous waves due to vaccines

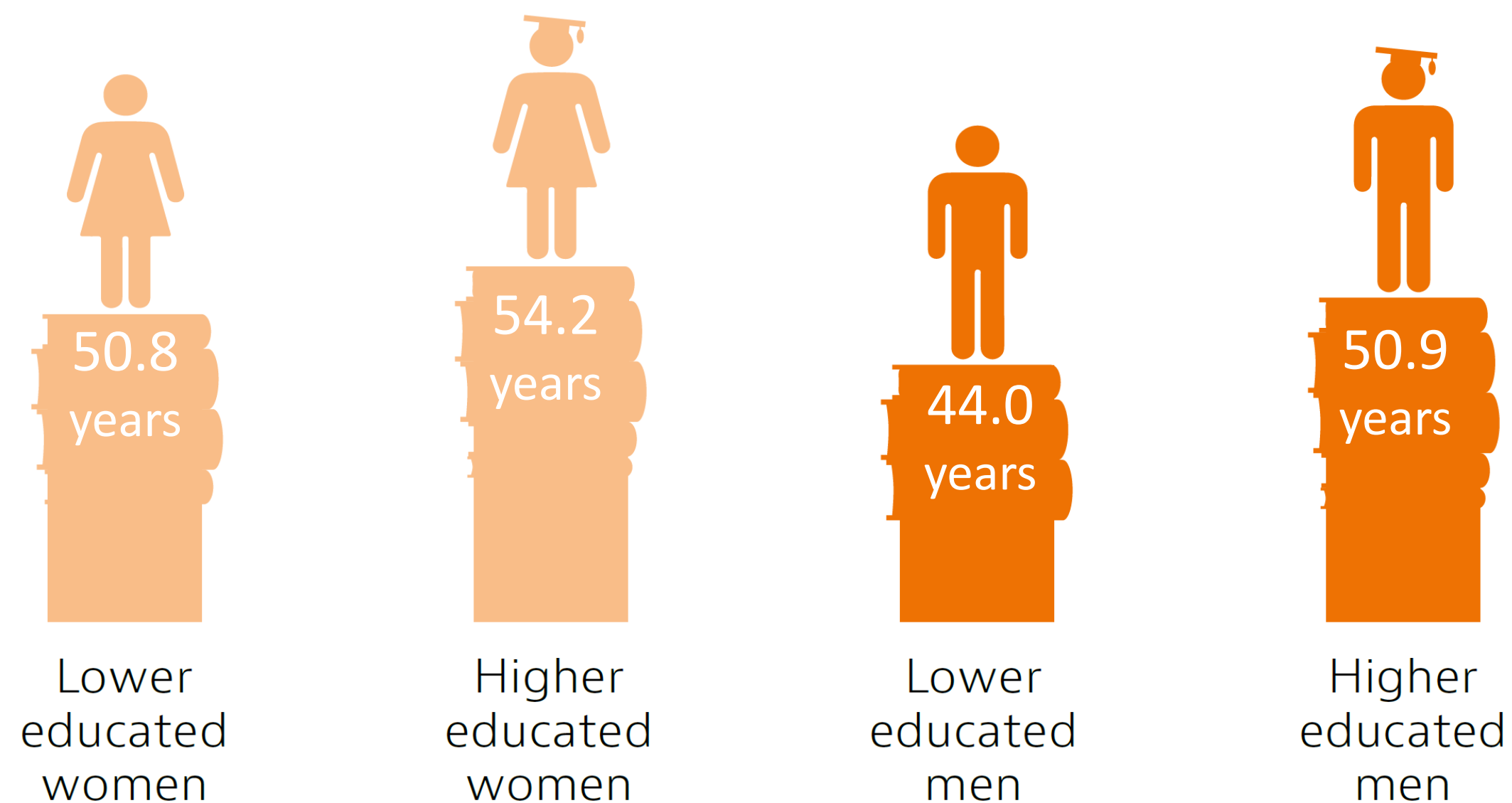


	2020	2021 (up to end Nov.)
Number of cases	16 million	30 million
Number of deaths	390 000	470 000

Note: The number of COVID-19 cases was underestimated during the first wave in 2020 due to more limited testing.

Source: ECDC

# Social inequalities in life expectancy were already large before the pandemic



Education gap in life expectancy at age 30

EU: 3.4 years

Estonia: 8.5 years

Latvia: 8.0 years

Slovakia: 7.4 years

EU: 6.9 years

Slovakia: 14.8 years

Latvia: 11.0 years

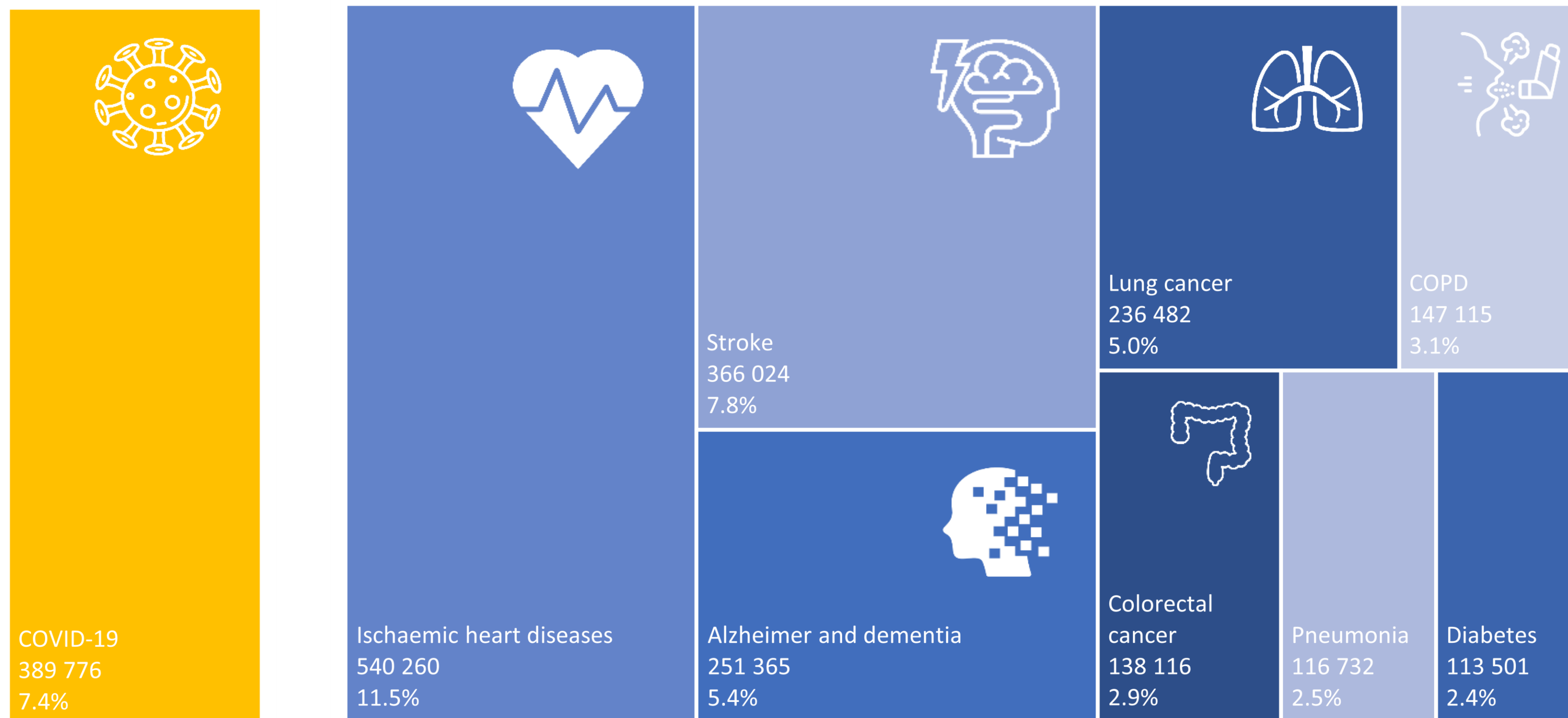
Poland: 11.0 years

These inequalities will widen in 2020 and 2021 because the pandemic had bigger impact on disadvantaged groups

Mortality rates from COVID-19 were 40% to 80% higher among lowest income groups than highest-income groups in several EU countries

# Putting COVID-19 deaths in perspective

Cardiovascular diseases and cancers are the leading causes of death in Europe (“silent pandemic”)



Note: The number and share of COVID-19 deaths refer to 2020, while the number and share of other causes refer to 2018.  
Sources: Eurostat (for causes of death); ECDC (for COVID-19 deaths in 2020, up to week 53).

# The mental health impact of the pandemic has been huge

Belgium 

All adults

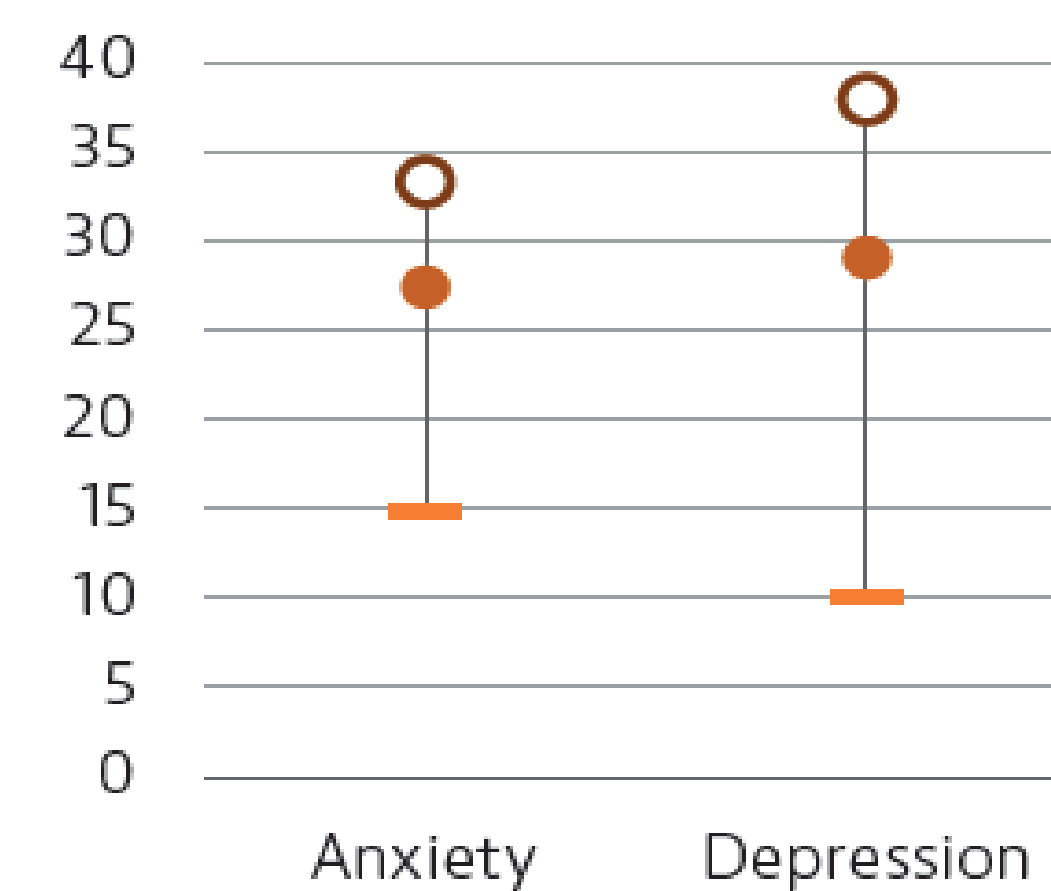
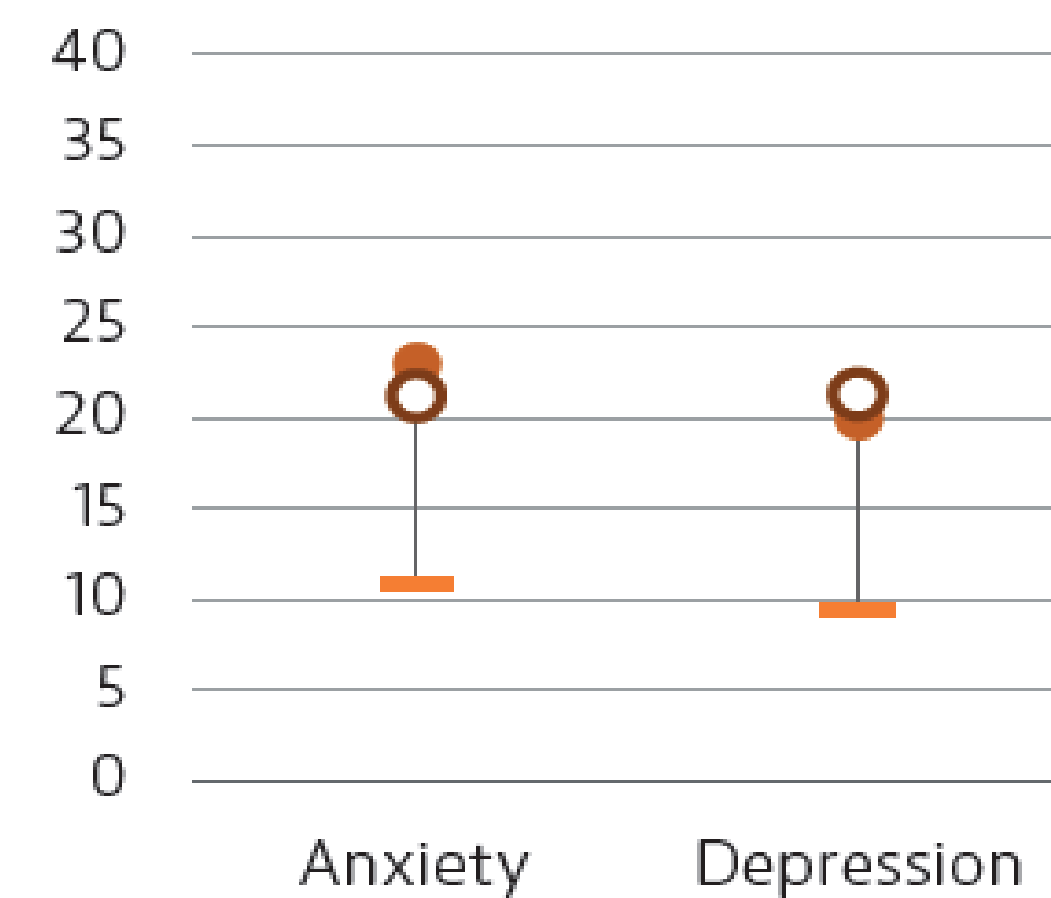
Young people

— 2018 ● Apr-20 ○ Mar-21

— 2018 ● Apr-20 ○ Mar-21

% among adults aged 18 and over

% among young adults aged 18-29 years old<sup>1</sup>



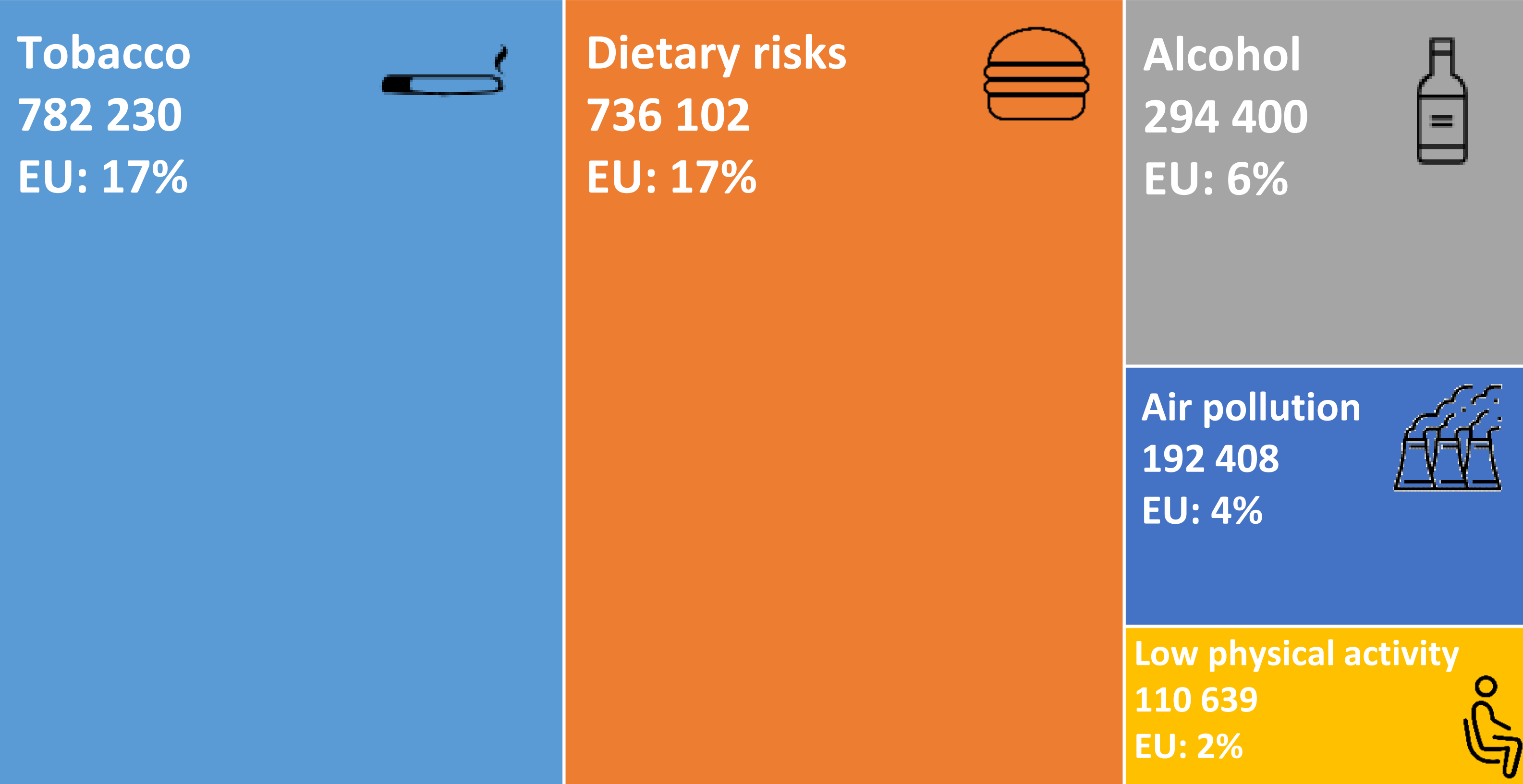
Prevalence of anxiety and depression more than doubled pre-crisis levels in most countries with available data

The mental health of some population groups were hit particularly hard (women, young people, unemployed)

Note: 1. 2018 data for young adults refer to those aged 15-24.  
Source: Sciensano (2021).



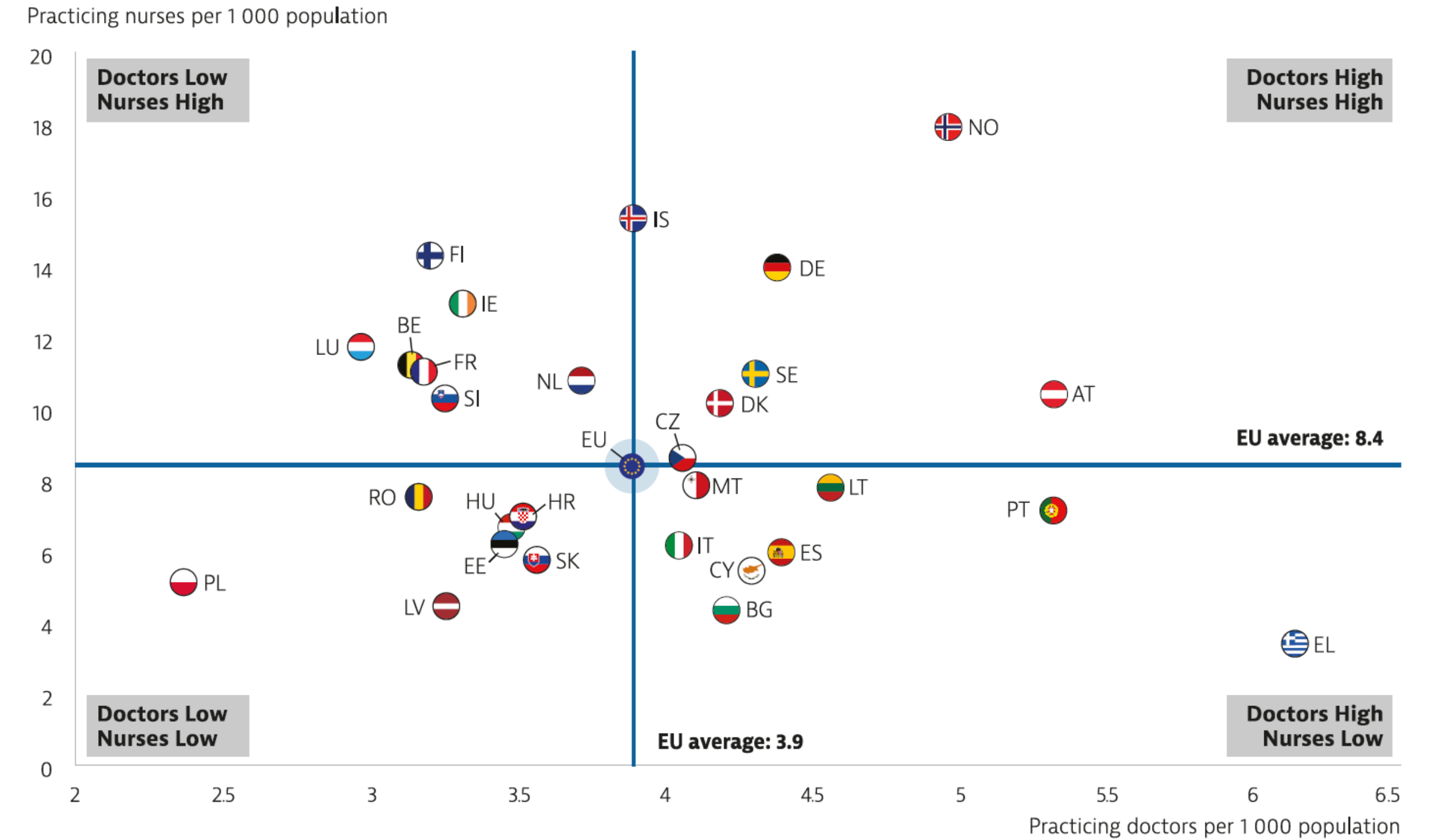
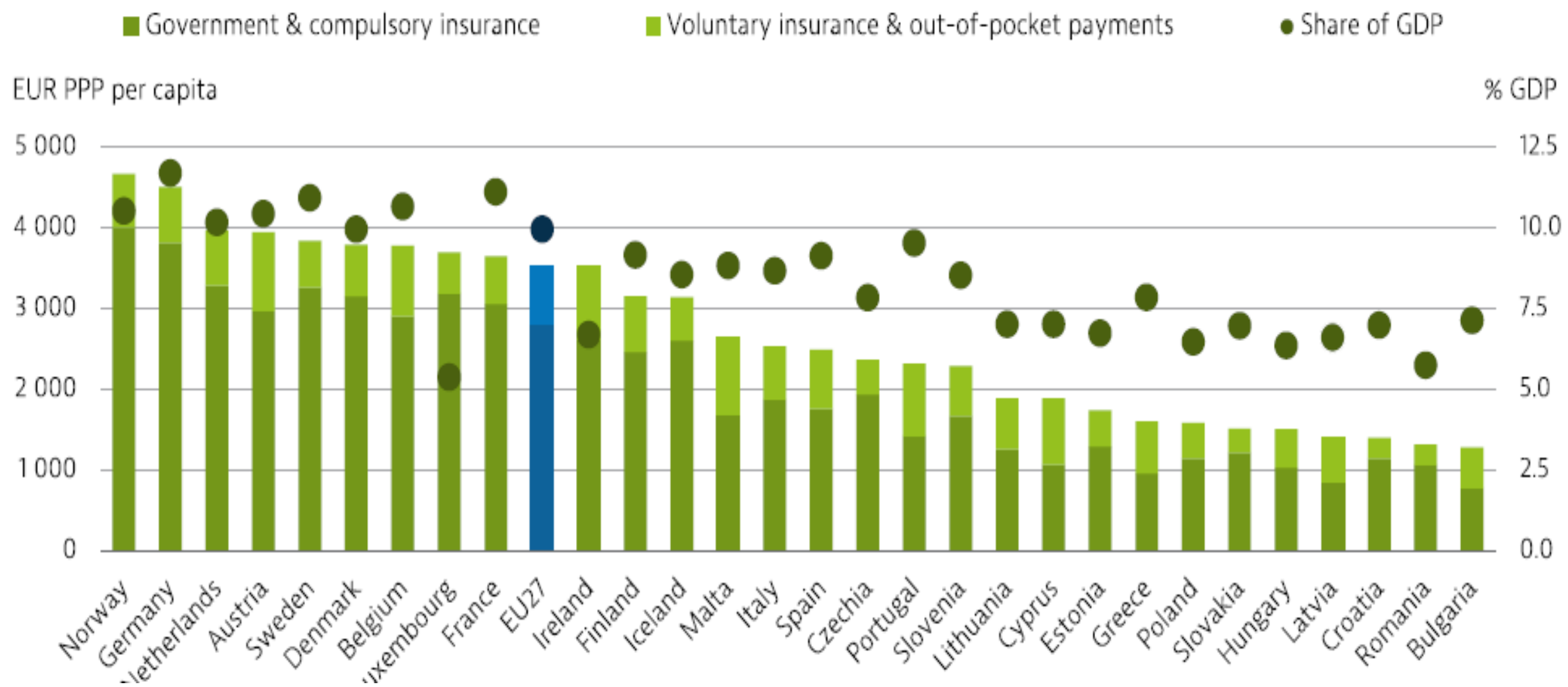
# About two million deaths in the EU can be attributed to modifiable and environmental risk factors



Note: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable consumption, and high sugar sweetened beverages and salt consumption. Source: IHME (estimates refer to 2019)

# Country responses and resilient health systems

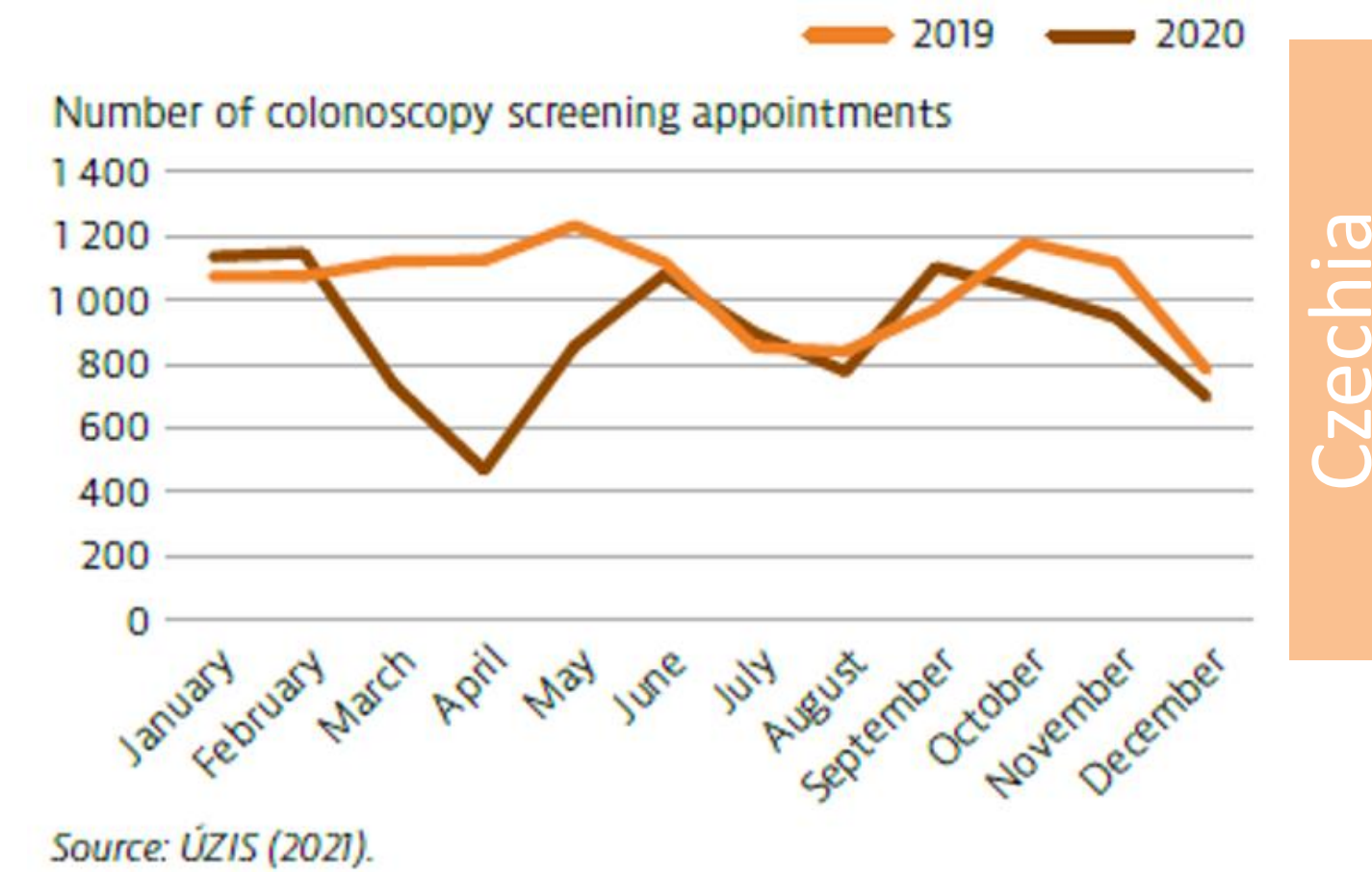
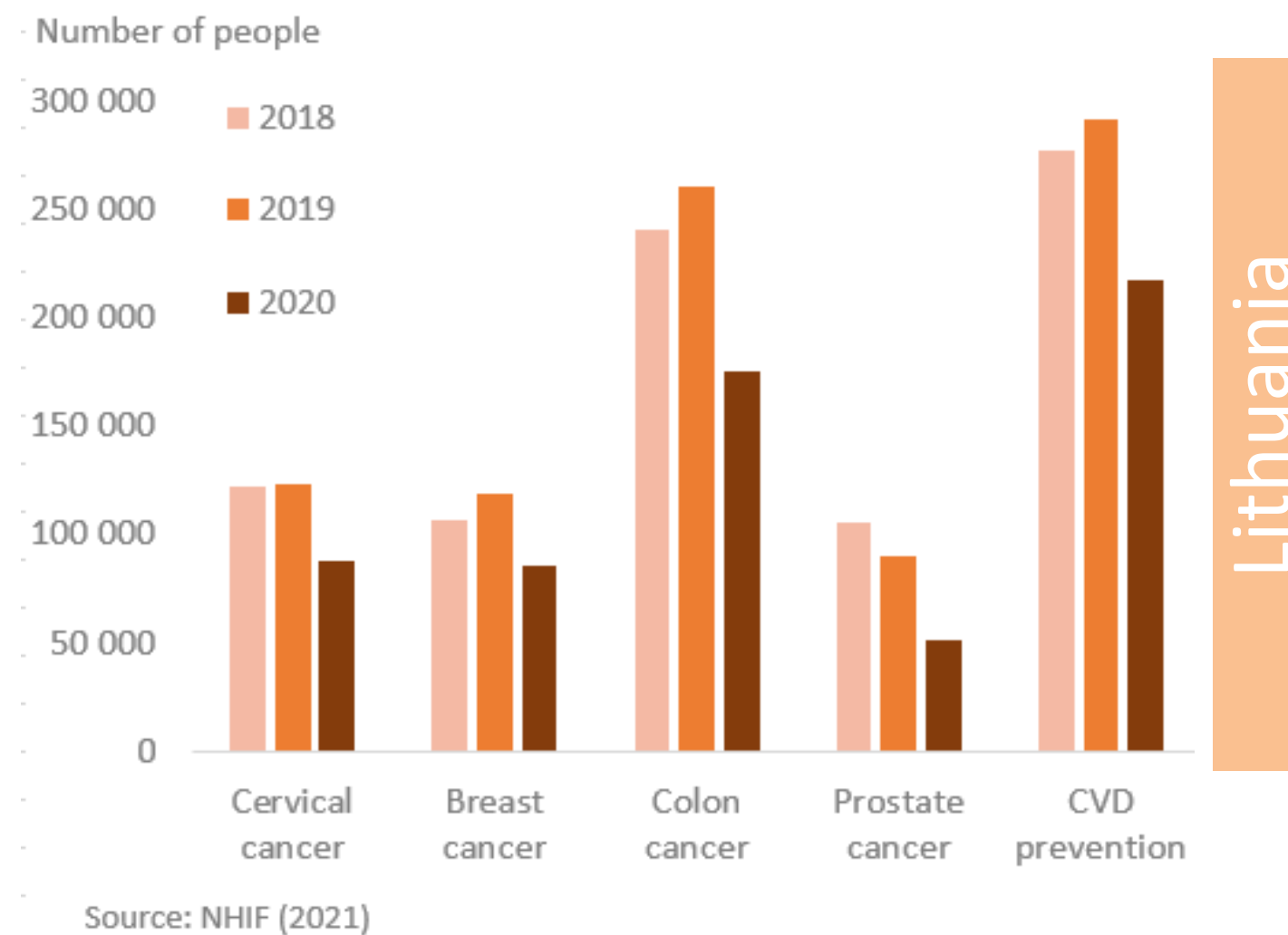
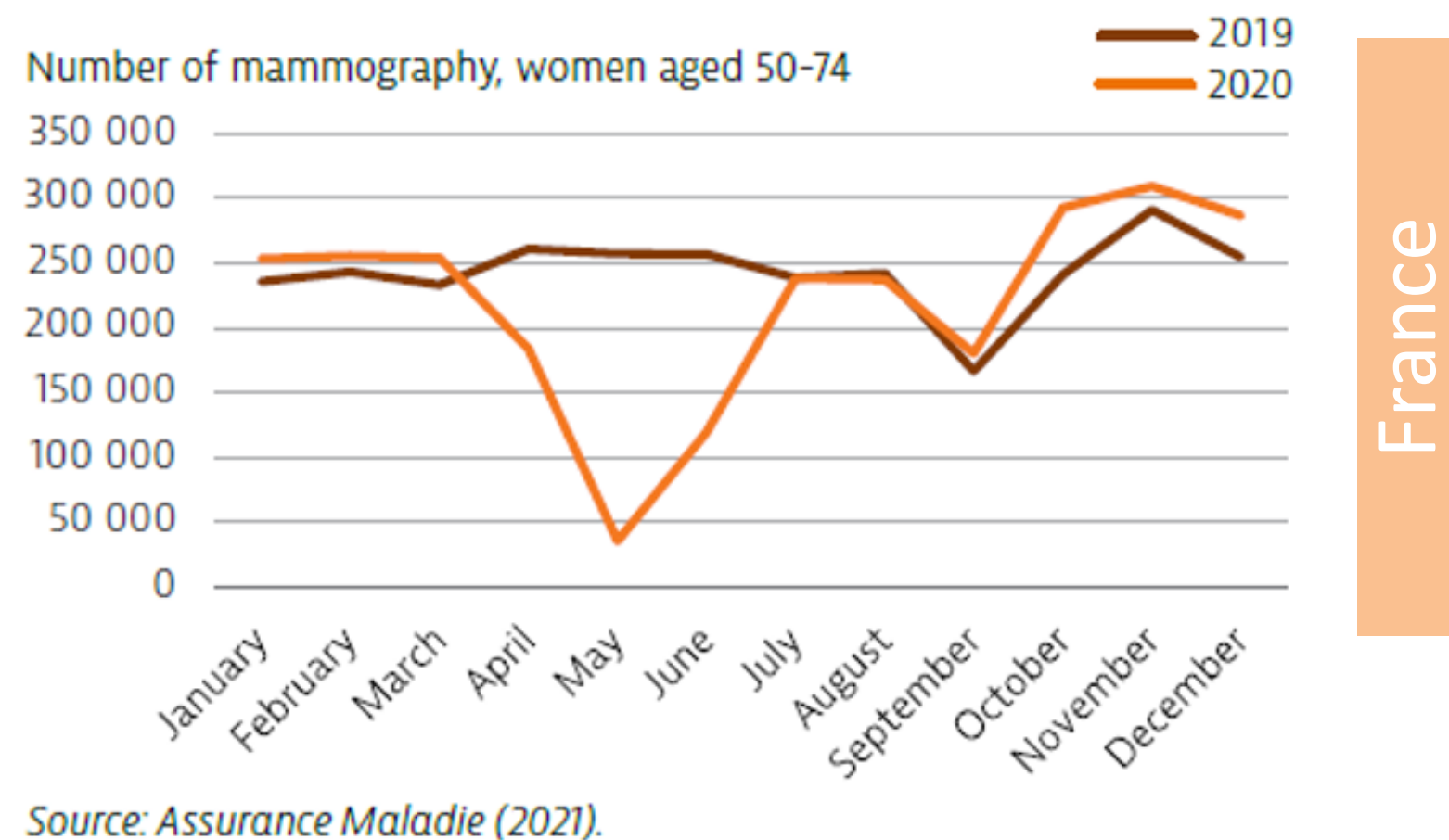
# Countries faced the beginning of the pandemic from different starting points



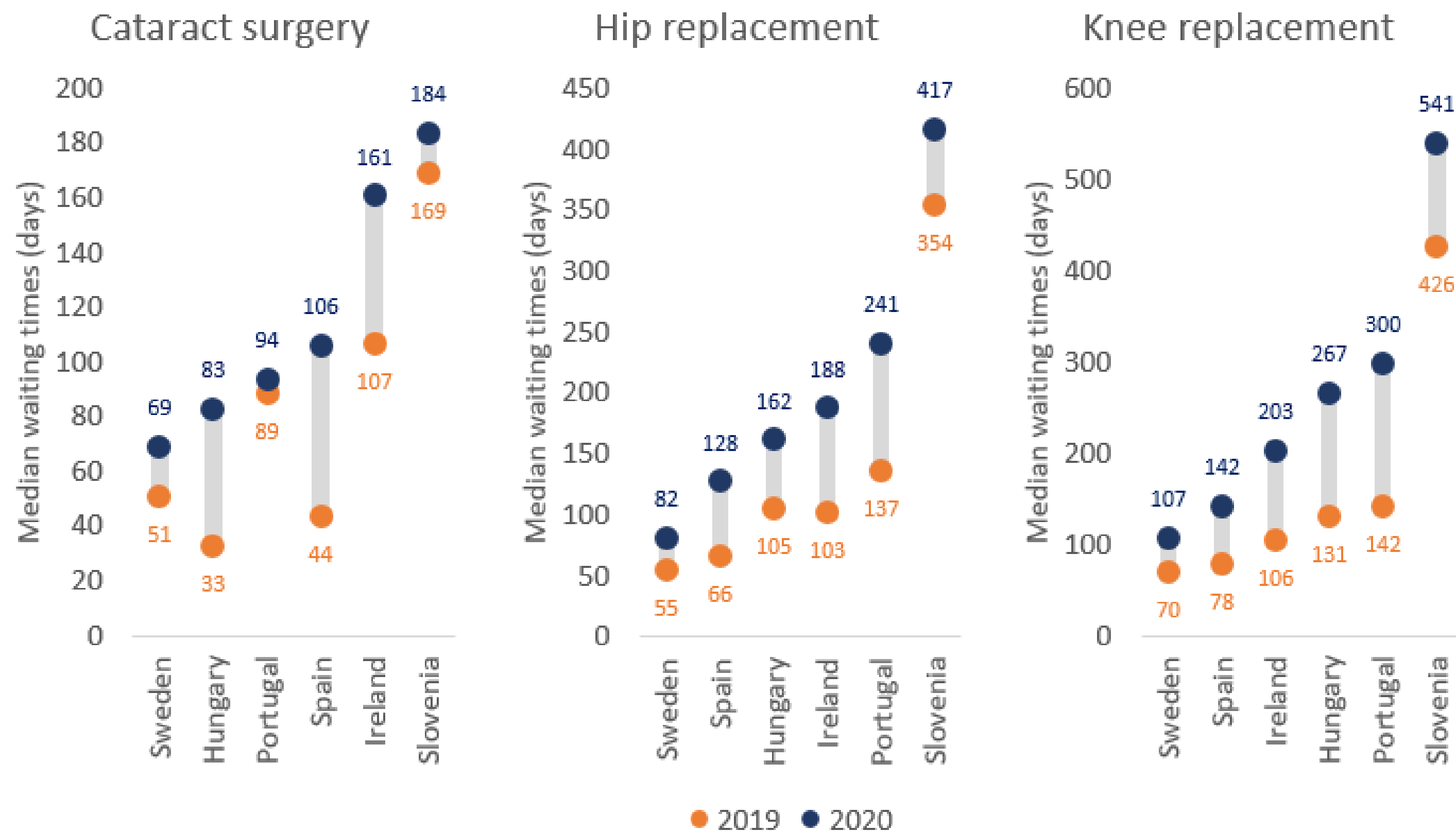
Note: Health expenditure in 2019 (EUR PPP per capita and as % of GDP)  
 Source: OECD Health Statistics 2021 (data refer to 2019, except for Malta 2018)

# Health care effectiveness was improving but services were disrupted in 2020

## Examples of decreases in uptake for cancer screening programmes in 2020



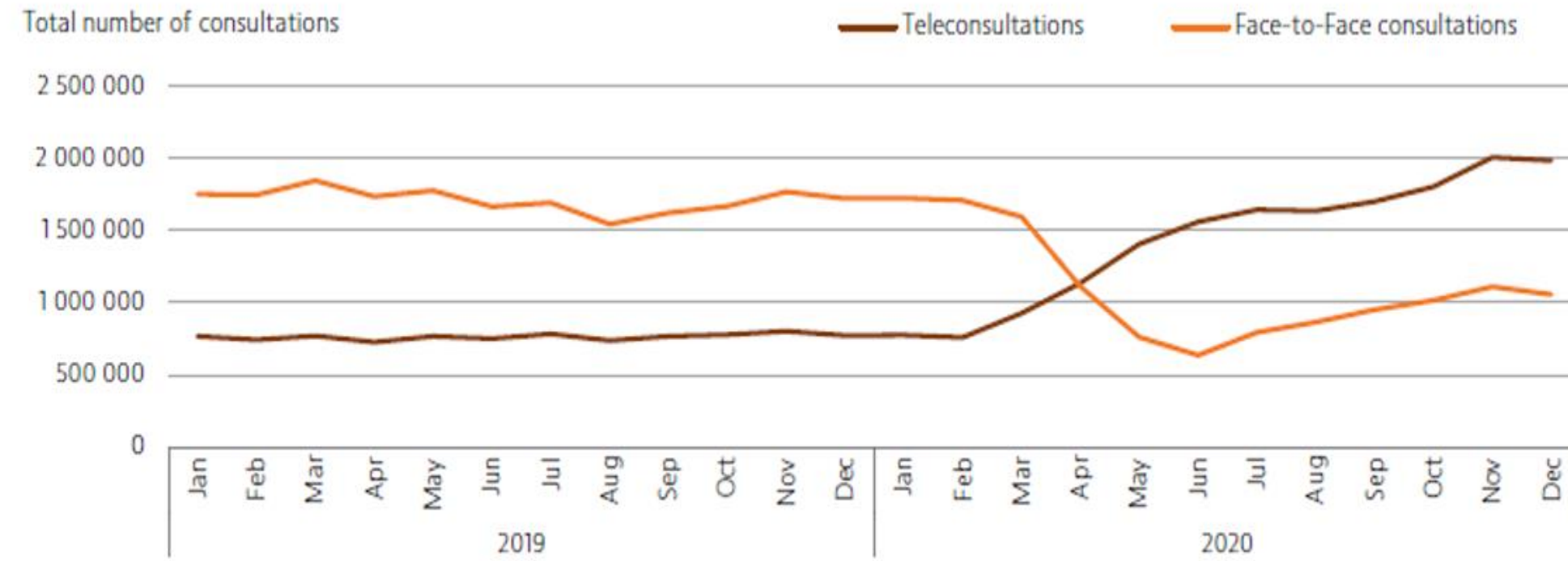
# Accessibility: waiting times for elective surgery increased in 2020 in many countries



Note: Selected countries

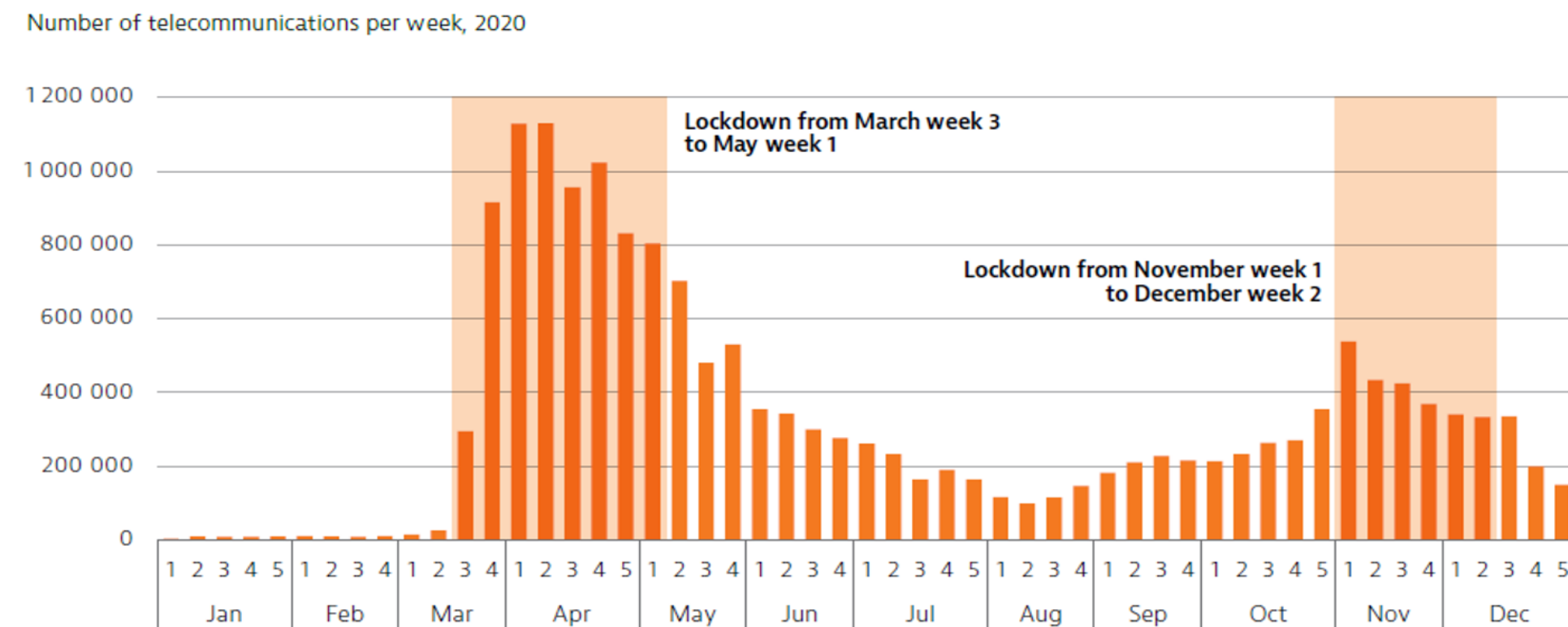
Source: OECD (2021) Health at Glance 2021

# Accessibility: use of telemedicine increased in 2020



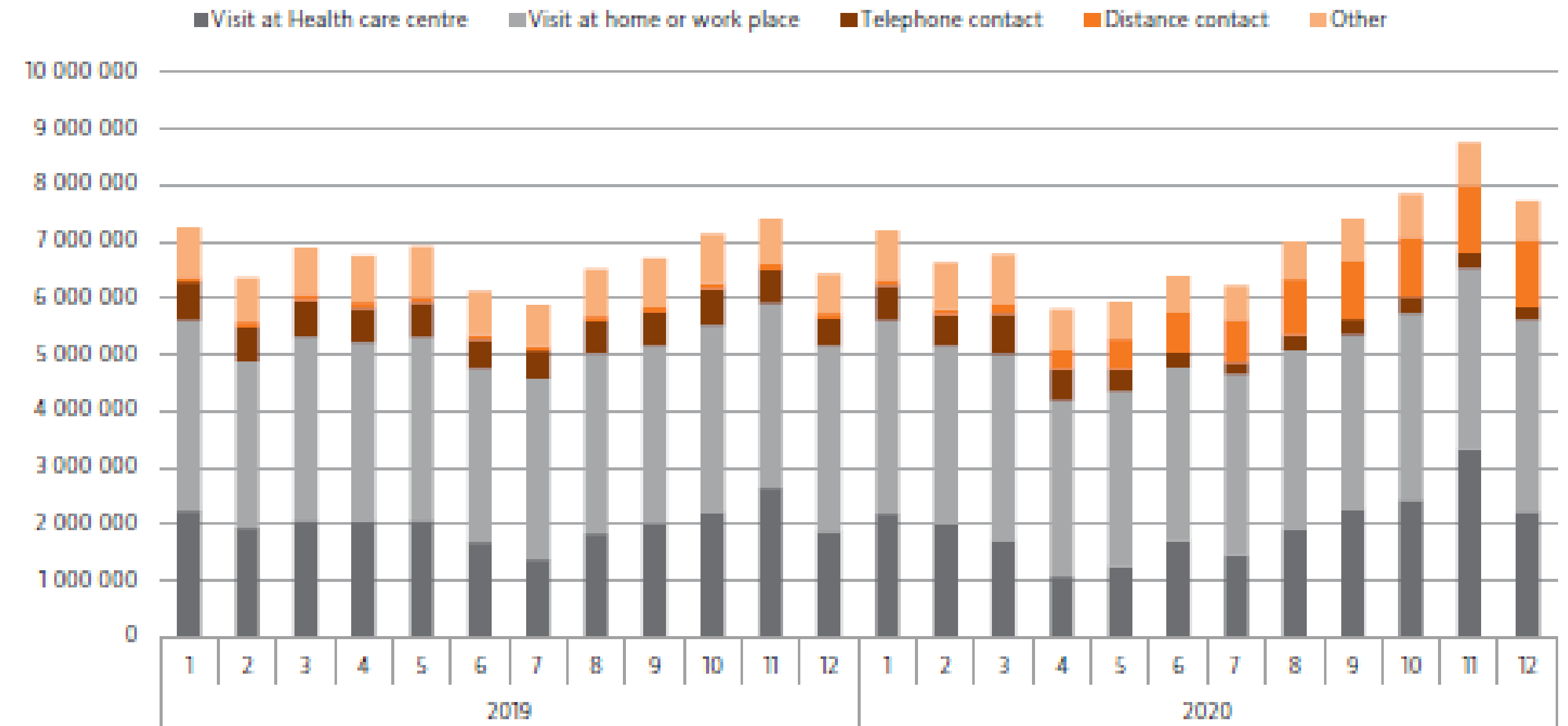
Portugal

Note: Data show three-month moving averages.  
Source: Ministry of Health (2020).



France

Source: Assurance Maladie (2020).

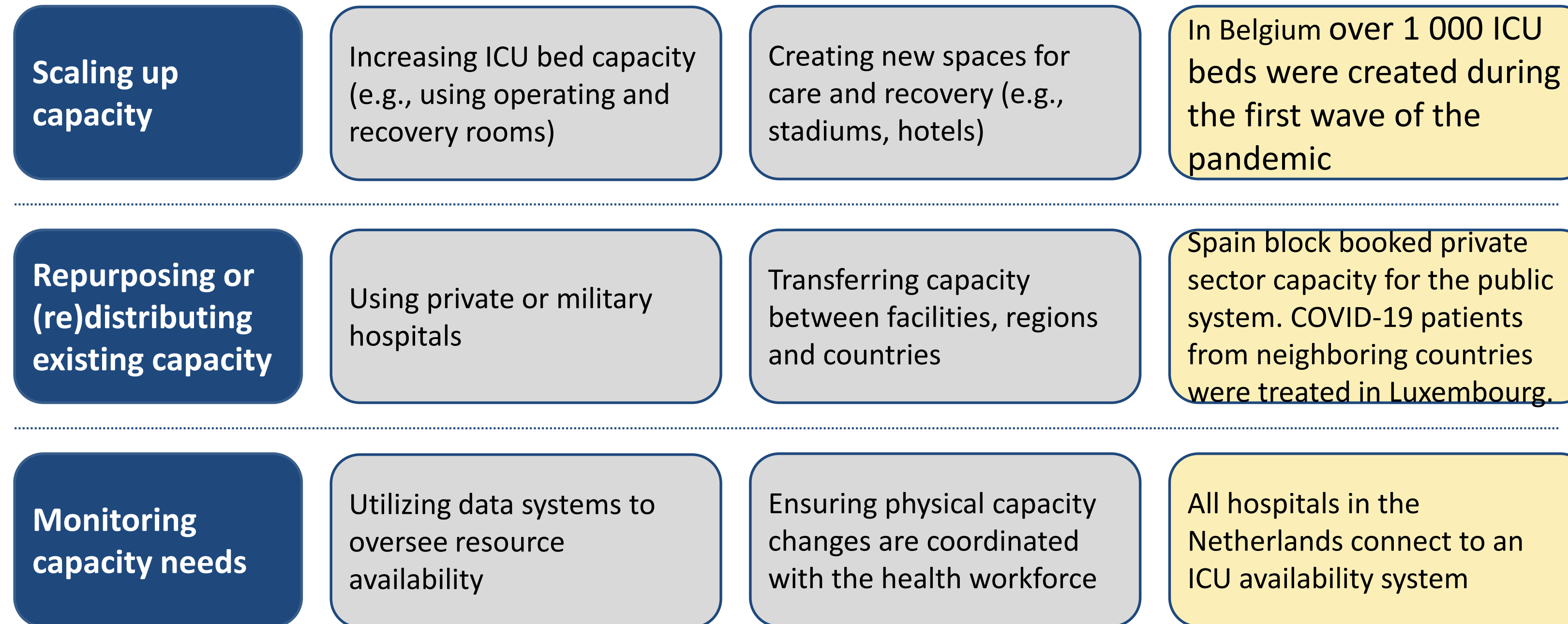


Finland

Source: Finnish Institute for Health and Welfare (2021d).

# Resilience: increasing resource capacity

Country responses have provided a range of strategies to upsurge health system capacity



# Resilience: scaling up the health workforce

## Most countries took steps to modify existing work practices

- ✓ Work extra hours
- ✓ Modify work schedules
- ✓ Suspending rotations
- ✓ Suspending night shift or on-call regulations
- ✓ Cancelling leaves of absence
- ✓ Postponing re-registration or revalidation requirements

## Some countries took steps to reskill, redeploy and repurpose

- ✓ Reassigned health professionals to other specialties, roles or expanded scopes of practice
- ✓ Redeployed health workers to regions or facilities with greater need
- ✓ Some countries brought private sector workers into the public sector

## Countries also brought in new or inactive workers

- ✓ Utilize medical and nursing students
- ✓ Bring back retired or otherwise inactive professionals
- ✓ Recruit additional health workers
- ✓ Foreign-trained but unlicensed professionals
- ✓ Support from international health workers
- ✓ Volunteers in support roles
- ✓ Military medical support

France:  
Pharmacists  
authorised to  
issue  
ePrescriptions

Belgium:  
Non-nursing  
professionals  
performed  
nursing tasks

Austria:  
Paramedics  
authorised to  
administer  
vaccines

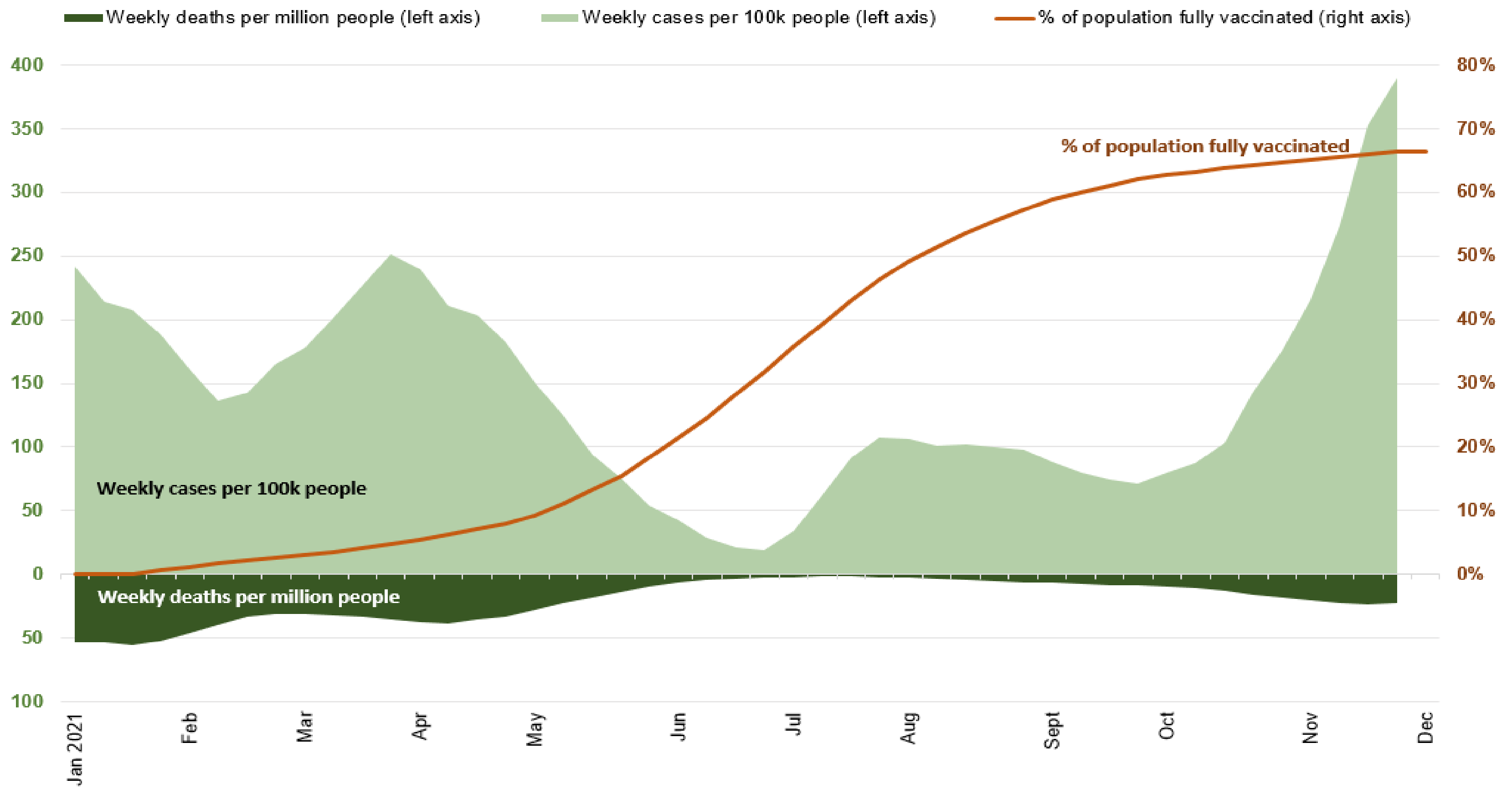
Germany:  
Foreign-trained  
unlicensed  
doctors in  
support roles

Portugal:  
Exceptional  
procedure to  
recruit new  
professionals

Italy:  
Deployed  
foreign doctors  
and nurses



# Resilience: vaccination rollout reduced COVID-19 deaths across the EU in 2021



Source: ECDC, December 2021

# Key findings

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- COVID-19 had major impact across the EU, increasing excess deaths and reducing life expectancy. But we should not forget the high burden of non-communicable diseases and the need to invest in prevention to bolster population health.
- Countries will need to tackle the back-logs created by disrupted or postponed health services to ensure timely access to health services for all the population.
- Digital solutions such as tele-consultations have helped to maintain access to care. Countries can now assess their future usefulness as part of care-delivery toolkits.
- The crisis incentivised several strategies to scale up the number of health professionals. But there is a need for further investment in the health workforce to increase planning, recruitment and retention rates.
- The effective COVID-19 vaccination rollout across the EU has helped to reduce the number of deaths in 2021. But vaccination rates vary considerably across countries. Addressing vaccination hesitancy remains an important issue in several member states.

