## Country Health Profiles: Same structure, new focus

<table>
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<tbody>
<tr>
<td></td>
<td>(2) Life expectancy, health inequalities, mortality, morbidity</td>
<td>(3) Behavioural and environmental risk factors</td>
<td>(4) Organisation, financing, resources, service provision</td>
<td>(5.1) Avoidable mortality, avoidable admission, cancer screening and survival</td>
<td>(5.2) Unmet health care needs, out-of-pocket expenditure, waiting times</td>
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### Data sources

- Eurostat & OECD
- ECDC & WHO
- IHME GBD
- National Statistics
- HiTs & H@G
- Academic & other

### Quantitative and qualitative indicators

- Avoidable mortality, avoidable admission, cancer screening and survival
- Unmet health care needs, out-of-pocket expenditure, waiting times
- COVID-19 cases and deaths, containment measures, vaccination
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.

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. The education gap in life expectancy at age 30 was as follows:

- EU: 3.4 years
- Estonia: 8.5 years
- Latvia: 8.0 years
- Slovakia: 7.4 years

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

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

Note: The data refer to 2017. High education is defined as people who have completed a tertiary education, whereas low education is defined as people who have not completed their secondary education. Source: Eurostat database.
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. 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).

About two millions deaths in the EU can be attributed to modifiable and environmental risk factors.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Deaths</th>
<th>EU: %</th>
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<tbody>
<tr>
<td>Tobacco</td>
<td>782 230</td>
<td>17%</td>
</tr>
<tr>
<td>Dietary risks</td>
<td>736 102</td>
<td>17%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>294 400</td>
<td>6%</td>
</tr>
<tr>
<td>Air pollution</td>
<td>192 408</td>
<td>4%</td>
</tr>
<tr>
<td>Low physical activity</td>
<td>110 639</td>
<td>2%</td>
</tr>
</tbody>
</table>

Dietary risks include 14 components such as low fruit and vegetable consumption, and high sugar sweetened beverages and salt consumption.

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.

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.

- France: Decreases in mammography uptake between 2019 and 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

Resilience: increasing resource capacity

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

**Scaling up capacity**
- Increasing ICU bed capacity (e.g., using operating and recovery rooms)
- Creating new spaces for care and recovery (e.g., stadiums, hotels)
- In Belgium over 1,000 ICU beds were created during the first wave of the pandemic

**Repurposing or (re)distributing existing capacity**
- Using private or military hospitals
- Transferring capacity between facilities, regions and countries
- Spain booked private sector capacity for the public system. COVID-19 patients from neighboring countries were treated in Luxembourg

**Monitoring capacity needs**
- Utilizing data systems to oversee resource availability
- Ensuring physical capacity changes are coordinated with the health workforce
- All hospitals in the Netherlands connect to an ICU availability system

Source: SoHEU Country Profiles 2021
## 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 specialities, 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

- 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.