

Rapid Exchange Forum – Special Edition

March 28th 2022 09:00-10:00

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Attendees

REF secretariat, Cara Pries (Austria), Teresa Valero (Spain), Ettore Severi (ECDC), Jan Cap (Slovakia), Miriam Saso (Belgium), Małgorzata Stróżyk-Kaczyńska (Poland), Sarka Dankova (Czech Republic), Christian Wimmer (HERA), Metka Zaletel (Slovenia), Nienke Schutte (Belgium), Jane Idavain (Estonia), Anina Chileva (Bulgaria), Claudia Habl (Austria), Marika Borg (Malta), Ester Angulo-Pueyo (Spain), Neville Calleja (Malta), Marie Heloury (ECDC), Yves Lafort (Belgium), Dorita Buttigieg (Malta), Yves Dupont (Belgium), Florence De Bock (Belgium), Ailish Kelly (Ireland), Federico Pratellesi (DG SANTE), Melissa Vermeulen (Belgium), Petronille Bogaert (Belgium), Dimitra Lingri (Greece), Hanna Tolonen (Finland), Barthélémy Moreau de Lizoreux (Belgium), Matthias Wismar (Observatory), Valentina Mazzanti (Belgium), Howard Needham (ECDC), Steven Van Gucht (Belgium), Gaetan Lafortune (OECD), Jorgen Stassijns (Belgium), Merike Rätsep (Estonia), Richard Pentz (Austria), Favelle Lamb (ECDC), Modris Stasuls (DG ECHO), Luigi Palmieri (Italy), Luís Lapão (Portugal), Nayema Van den Houte (Belgium), Jaime Lopez Loosvelt (HERA), Cyril Barbezange (Belgium), Marjan Meurisse (Belgium), Heleen Masset (Belgium), Serge Nganda (Belgium), Dieter Van Cauteren (Belgium), Katelijne Matthys (Belgium)

Number of attendees: 49

Number of countries: 15

Aim of the meeting

The goal of the Rapid Exchange Forum – Special Edition is to act as a matchmaker between COVID-19 related international activities of organizations or expert groups that are already in place or that have been setup during the pandemic to exchange information on measures.

Welcome by Petronille Bogaert - PHIRI

Members of the Joint Action on Health Information ([JA InfAct](#)) started in April 2020 to meet regularly online to foster cross-country exchange. In these meetings, partners could approach each other for questions and shared views in a trusted environment on an ad-hoc basis. This initiative became an integral part of PHIRI, [the Population Health Research Infrastructure](#), allowing a quick exchange of data, indicators, good practices and experiences in the COVID-19 crisis response in a structured and efficient way. Today we have our 4th Special Edition of the Rapid Exchange Forum (REF). In this Special Edition, we do not only want to exchange experiences and discuss urgent questions between PHIRI-members, we aim to look beyond our consortium and bring together key experts and international organizations who are working in the field of COVID-19 to present their main COVID-19 activities.

Christian Wimmer – HERA

HERA was introduced in communications in September 2021 and is set up as directorate general, aiming to have 120 individuals working there. Currently, no *crisis mode* is activated, so HERA is working under the *preparedness mode*. HERA has four units: coordination unit, emergency office, the medical countermeasures unit, and the intelligence gathering, analysis and innovation unit.

In the preparedness mode, the main tasks of HERA are threat assessment and intelligence gathering, advanced research and development of capacity and production (addressing marketing challenges), procurement stockpiling and knowledge and skills. *Medical countermeasures* is an important issue, most activities in the preparedness mode are focusing on this.

The crisis mode should be declared by the European Council, and this activates an emergency framework; one of the elements is a health crisis board. It is up to the European council which elements a further activated, these could be monitoring, procurement, purchase and manufacturing of medical countermeasures, reservation/production capacities of vaccines, emergency research and innovation plans, emergency funds etc.

Questions/remarks

Gaetan Lafortune: What are the top threats in public health that you are looking at?

Christian Wimmer: In early 2022 HERA will identify 3 priority threats. These will be published by in June 2022, when there will be an epidemic preparedness report published. Currently HERA is discussing pathogens, CNBR threats, anti-microbial resistance issues.

Neville Calleja: Is there a vision to have any specific indicators that we have to produce on a regular basis for monitoring, on the basis of which emergency action in any specific region/country can be triggered?

Christian Wimmer: We are in the process of setting up a database. We can have this question answered by colleagues and forward to the PHIRI consortium.

Marie Heloury & Ettore Severi - ECDC

The ECDC/JRC response database is a collaborative project since May 2020 and entails a collection of NPIs (non-pharmaceutical interventions) that were implemented against the COVID-19 pandemic in

the EU/EEU region. As of March 2022, over 5000 single measures were collected on the local and regional level. Input is provided via public sources. It is a cross/agency collaboration. The database is updated every 2 weeks. Data input is public sources, such as government websites and official press releases. Data validation is done by ECDC staff.

Measures are coded through a 3-level hierarchy; from macro-categories, such as case management and quarantine, international travel etc. to more micro-categories. This standardized coding pathway allows to compare between countries and facilitate analysis. The web interfaces are developed by the JRC. There is an access-protected web-interface and a public database. There is also the opportunity to extract data.

The ECDC uses these data for rapid risks assessments, weekly country overviews, modelling of the effectiveness of the NPIs, Director's Policy briefs and ad-hoc analyses. The evaluation of the NPI's is also part of the *COVID-19 lessons learnt project* in ECDC and matched with literature reviews on NPI (cost-) effectiveness.

Questions/remarks

Petronille Bogaert: You collect the information from public sources. Could you elaborate a bit on the method you used to collect the data?

Ettore Severi: This has been a dynamic process. In the beginning we used data provided by European countries in the EWRS (the Early Warning and Response System). This database is confidential. A few months after the start of the pandemic, European countries started to share this data as well with the general population, so we could use sources as websites by national public health institutes, websites by the Ministries of Health (MoH) and media outlets.

Petronille Bogaert: The work in PHIRI is complementary. Our database is fed by our network, mainly public health institutes and ministries of health. There are also some differences in measures and levels. We will get together and see how we can feed information from one database to the other and vice versa.

Neville Calleja: What about measuring adherence to NPIs? (Google mobility data, for example, or surveys, or both) and weighing the analysis on effectiveness/economic analysis etc. on that basis? I hope ECDC agrees that compliance to the measures varied greatly across the territory and modelling any effect of these measures, be it on transmission or economics, is likely to be flawed as a result and COVID skeptics know this Achilles heel. We need to appreciate that the outcome of these analyses will determine the shape of future pandemic preparedness, of which we will get quite a few in the medium term, at least unless a vaccine against coronaviruses does actually materialize.

Ettore Severi: We do use mobility (e.g. Google mobility data) as an outcome of our NPI effectiveness analysis. We are looking into additional indicators for the economic analysis, but that's certainly a very good starting point.

Jorgen Stassijns: Do you also follow-up mask wearing in schools specifically? I can only see mask wearing in (closed) public spaces.

Ettore Severi: Yes we do, see 'Physical distancing - Closure of educational institutions - Other'

Federico Pratellesi – DG SANTE

The State of Health in the EU-project is running since 2017 and the aim of the project was to create a state-of-the-art knowledge repository of health systems performance which enables European health policymakers to carry out comparative analysis and assessments of their health policies and enable them to gain easy access to well-documented good practices, expertise and case studies of successful implementation of health system reforms. This project is managed by the Commission and run by the OECD health division and the Observatory on Health Systems and Policies.

The Country Health Profiles in 2021 focusses on assessing health systems resilience capacity in the face of the (direct and indirect) health impacts of the COVID-19 pandemic and its consequences on health systems. It provides a concise, policy-relevant synthesis of where population health status and health systems performance are in each European health system, following the COVID-19 pandemic.

The takeaway messages were based on the findings of the Country Health Profiles 2021: Understanding the far-reaching health impacts of the COVID-19 pandemic; Locking in the advantages of digital innovation in healthcare delivery and public health; Rethinking health workforce strategies and planning after the COVID-19 pandemic (see slides for details).

Questions/remarks

Petronille Bogaert: Thank you for this great presentation. In PHIRI we also look at the wider impacts of COVID-19 in research use cases, but we are also performing virtual country visits. In 11 countries we have interviews with the main stakeholders in the countries regarding COVID-19. Here we map the state-of-play of the health information systems dealing with COVID-19 information and data flows, and list the lessons learned and best practices.

Gaetan Lafortune – OECD

The **Country Health Profiles** in 2021 cover 27 European countries plus Norway and Iceland. The reports are translated in different languages. The structure is the same as the previous editions, but the focus is on COVID-19 and the policy responses (see the slides for details).

The profiles are aiming for a balance between prevention and health care issues. Many of the data come from the joint data collection that the OECD is doing with Eurostat on health expenditure. In addition, data from ECDC is used (on COVID-19 mortality) as well as data from WHO and data from the Global Burden of Disease. Also other EU wide surveys such as the Pan-European survey are used.

The OECD works closely with the Observatory, the Commission (DG SANTE) and also national delegates and experts are asked to review the draft of the country profile.

See the presentation slides for some of the results.

Matthias Wismar – Observatory on Health Systems and Policies

The [Observatory website](#) brings together all the resources on COVID-19 health systems response monitoring, resilience and build back better.

- **[COVID-19 Health Systems Response Monitor](#)**: from the beginning of the COVID-19, we have systematically monitored the WHO and OECD countries on behalf of the WHO and the European Commission, looking into 6 dimensions. Updates are still coming through.
- **[Strengthening health system resilience: key concepts and strategies](#)**: the concept of health system resilience explained in plain language and how to operationalize it for research.
- **[Health systems resilience during COVID-19: Lessons for building back better](#)**: strategies laid out in governance, financing, human resources, physical resources, service delivery to strengthen health system resilience in the crisis.
- **[Country health profiles](#)**: the country health profiles as have been explained by the previous speakers.
- **[Use of digital health tools in Europe: before, during and after COVID-19](#)**: demonstrating how important digital tools and skills were to strengthen health system resilience.

- [COVID-19 and the opportunity to strengthen health system governance \(Eurohealth\)](#): based on the COVID-19 response monitor.
- [Rise like a phoenix: Health at the heart of a resilient future for Europe \(Eurohealth\)](#): focusing on health system governance (together with WHO).
- [La résilience des systèmes de santé post-COVID : Vers une plus grande coopération européenne](#): special issue of Eurohealth for the French presidency.

All webinars on resilience can also be found on the Observatory website (Multimedia section).

Concluding remarks

We thank all the speakers for their contribution to this Rapid Exchange Forum Rapid Edition.

Disclaimer

Disclaimer excluding Agency and Commission responsibility.

The content of this document represents the views of the author only and is his/her sole responsibility. The European Research Executive Agency (REA) and the European Commission are not responsible for any use that may be made of the information it contains.

Presentation Slides

The ECDC-JRC Response Measures Database

Marie Heloury and Ettore Severi – ECDC
PHIRI Rapid Exchange Forum, 28 March 2022

ECDC-JRC Response Measures Database

- Collection of non-pharmaceutical interventions (NPIs)
- >5,000 NPIs in 30 countries since January 2020
- National & sub-national NPIs
- Updated every 2 weeks
- Public sources (99%)
- Public website →

Austria | Current Measures | EU Measures | Terminology | General Info

Contact Form

All Measures | Case management and quarantine | General | Hygiene and safety measure | Internal travel | International travel | Physical distancing

Table | Chart

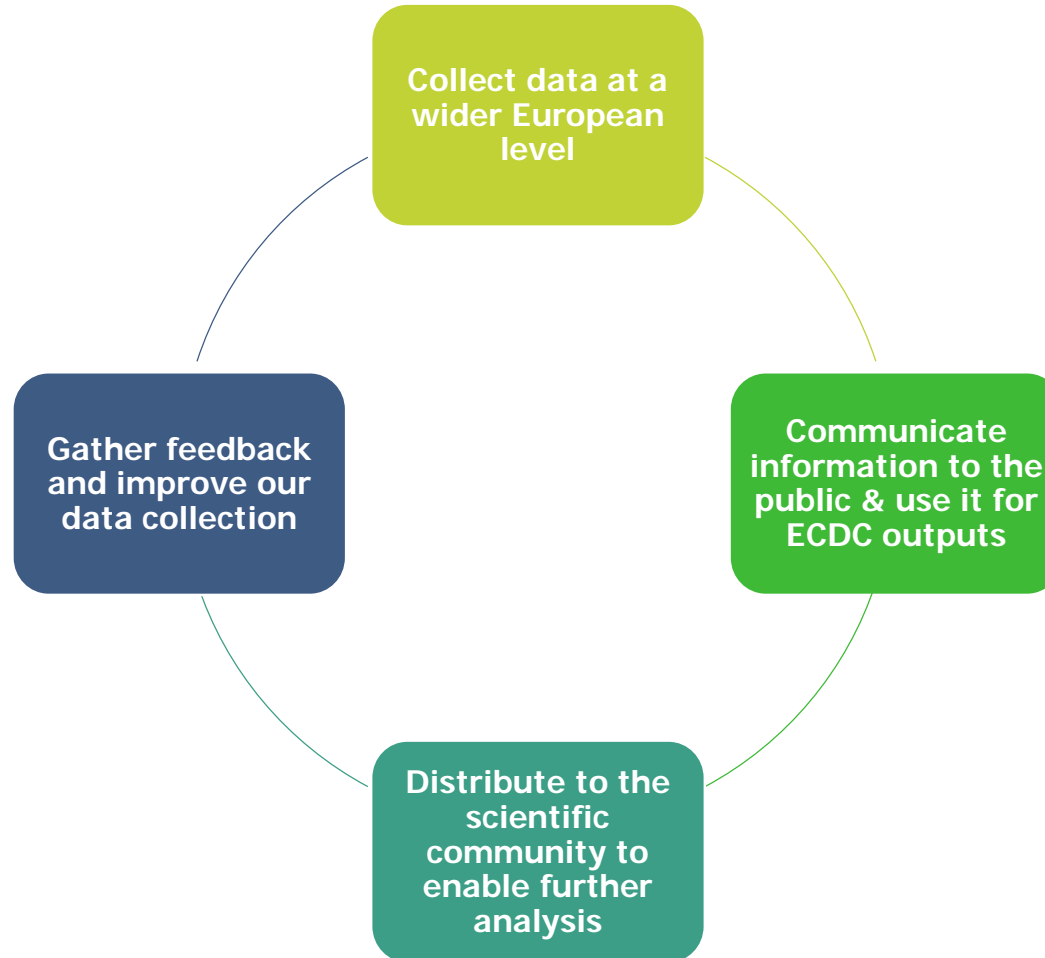
Level 1	Coverage	Level 2	Level 3	Start Date	End Date	Targets	Notes	View
●	📄 National	Protective mask use community	Closed public spaces	05 Mar 2022		General population	05/03/2022 There is still a recommendation to wear an FFP2 respirators in closed rooms. Masks are on...	👁
●	📄 Kärnten	Protective mask use community	Other	08 Feb 2022		General population	Carinthia reintroduced the mandatory wearing of masks in tourist hotspots from 9pm to 2am.	👁
●	📄 National	Protective mask use community	All public spaces	11 Jan 2022	04 Mar 2022	General population	11/01/2022 Wherever the recommended minimum distance of two meters from people outside the household...	👁
●	📄 National	Stay at home orders	Not applicable	27 Dec 2021	31 Dec 2021	General population	Curfew form 10 pm to 5 am, this also applies to New Year's Eve.	👁

Cross-agency collaboration

- A collaborative project between ECDC and the Joint Research Centre of the European Commission (JRC) since may 2020
- Data collection:
 - ECDC from March 2020 to June 2021
 - University of Crete (external contractor) since July 2021
- Data validation:
 - ECDC
- Dissemination of the database:
 - JRC, through RMD web page
 - ECDC, through weekly reports (with related data downloadable)





Why the ECDC-JRC Response Measure Database?



Measures coded through a 3-level hierarchy:

Level 1 categories:

- Case management & quarantine
- Ensuring treatment capacity
- General
- Hygiene & safety measures
- Internal travel
- International travel
- Physical distancing

			Categories
Internal travel 	Other	Not applicable	NPI related to internal travel which do fit within other sub-levels.
	Quarantine for internal travellers	Not applicable	Implementation of quarantine for individual returning from abroad (provide the list of country in the note).
	Travel advice	Not applicable	Travel advice related to COVID-19 within the concerned country (add the list of regions in the note).
	Travel restrictions	Cordon sanitaire Other	Implementation of a cordon sanitaire (quarantines an area during an infectious disease outbreak). Other travel restrictions not covered by the other categories.
International travel 	Ban for certain countries	Not applicable	International travel ban for the concerned country for abroad travel (add the country name in the note).
	Border screening	Other PCR/rapid antigen testing Temperature screening	Implementation of border screening at port of entry for travellers coming from abroad (add the list of regions in the note). Implementation of PCR or rapid antigen test screening at port of entry for travellers coming from abroad (add the list of regions in the note). Can be done before departure or at arrival. Implementation of temperature check at port of entry for travellers coming from abroad (add the list of regions in the note).
	Case reporting aboard conveyances	Not applicable	COVID-19 case reporting aboard any type of conveyances (boat, flight, etc.).
	Other	Not applicable	Other international travel measures which do fit within other sub-levels.
	Quarantine for international travellers	Not applicable	Specific quarantine for international travellers coming from abroad (add the country name in the note).
	Total border closure	Not applicable	Specific border closure (add the country name in the note).
	Travel advice	Not applicable	
Physical distancing 	Closure of educational institutions	Daycare nursery Higher Education Other Primary School Secondary School	Closure of day nursery (where children who are too young to go to school can be left all day while their parents are at work, maximum age can vary across EU/EEA countries). Closure of university or third-level educational institutions (= third-level or postsecondary education following the completion of secondary school). International travel advice for the concerned country for abroad travel (add the country name in the note). Closure of primary school (usually including the first three grades of elementary school). Closure of secondary school (usually for pupils between the ages of 11-12 and 17-18).
	Closure of public spaces	Entertainment venues Gyms sports centres Hotels other accommodation Non essential shops Other Place of worship Restaurants cafes	Closure of public entertainment venues (for instance: arena, concert hall, theatre, entertainment park). Closure of sport centres of any kind. Closure of hotels or accommodation. Closure of non-essential shops (! Definition can vary from countries to countries). Closure of other public places. Closure of place of worship. Closure of restaurants or cafes.
	Closure of public transport	Not applicable	Closure of public transport (all type).
	Public gathering restriction	Indoor over 100 Indoor over 1000 Indoor over 50 Indoor over 500	Any measure or legislation which limits participation or attendance to a public event between 51 and 100 participants. Any measure or legislation which limits participation or attendance to a public event between 501 and 1000 participants. Any measure or legislation which limits participation or attendance to a public event between 31 and 50 participants. Any measure or legislation which limits participation or attendance to a public event between 101 and 500 participants.

From policies to response measures

Every resident must stay at his/her place of residence from 20:00 to 5:00 in the period from 21 October to 14 November

Response measure - Level 1	Response measure - Level 2	Response measure - Level 3	Implementation	Status
Physical distancing	Stay at home orders	Not applicable	Partial	Mandatory

The study in universities is organised remotely until 14 November 2021. On 15 November persons with a vaccination or recovery certificate resume in-person studies

Response measure - Level 1	Response measure - Level 2	Response measure - Level 3	Implementation	Status
Physical distancing	Closure of educational institutions	Higher Education	Full	Mandatory

Dissemination and evaluation

Web interfaces developed by JRC



Access-protected web-interface

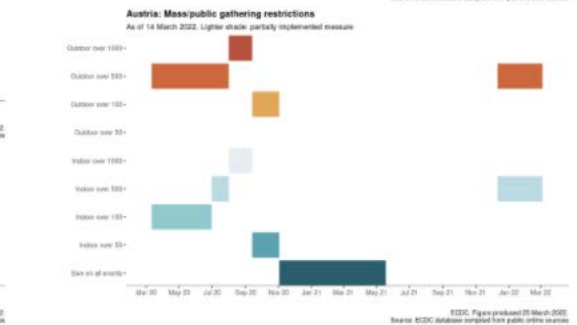
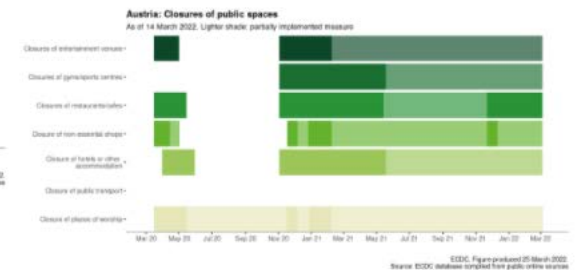
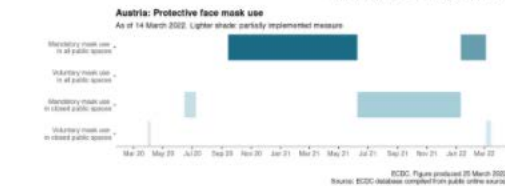
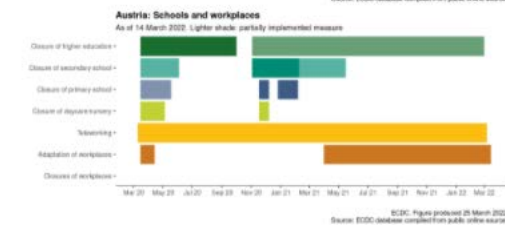
Public database

Outputs and visualisations

- ECDC rapid risk assessments
- [Weekly country overview](#)
- Modelling effectiveness of NPIs
- In action and after action reviews
- Director's Policy Brief
- Ad hoc analysis

Austria

- Indicator summary
- Cases, deaths and testing
- Hospital and ICU
- Vaccine uptake
- LTCF surveillance
- Response measures**
- Subnational cases
- Subnational cases (age-specific)
- Data completeness





ESCAIDE Online, 16-19 November 2021

European Scientific Conference on Applied Infectious Disease Epidemiology

Enter your keyword(s)

Registration Programme For attendees For presenters General information

Home > Programme > Side events > Collecting NPIs

< Side events

Collecting NPIs in response to a large-scale pandemic: lessons learned and future outlooks

event

ECDC



More information on this event will be published soon.

Date: 17 November 2021

Time: 17.30- 18.30 CET

Type: open event for all ESCAIDE registered participants.



International events

The ECDC-JRC Response Measure Database

Global Health Security Conference 2022

28 June - 1 July 2022

Convention & Exhibition Centre, Singapore

EHMA
European Health Management Association

EHMA 2022

**FROM PEOPLE TO SYSTEMS:
LEADERSHIP FOR A SUSTAINABLE FUTURE**

15-17 June 2022
Brussels, Belgium

Advances and challenges in pan-European health information systems during the COVID-19 pandemic

NPI evaluations

- Part of the *COVID-19 lessons learnt* project in ECDC
- Matched with literature reviews on NPI (cost-)effectiveness
 1. NPI effectiveness in reducing contact patterns
 - Developed by ECDC using 2020 and 2021 data
 2. EU experiences in improving adherence to NPIs
 - Partly addressed through an ECDC consultation in June 2022
 3. NPI societal impact
 - Collaboration with Eurofound and possibly other EU agencies
 4. NPI economic analysis
 - Direct health costs VS indirect costs on economy
 - ECDC open to collaborations

Thanks for your attention

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European health systems resilience in the face of the COVID-19 pandemic

State of Health in the EU series webinars

Federico PRATELLESI
'Performance of national health systems' Unit
DG for Health and Food Safety, European Commission

PHIRI Rapid Exchange Forum meeting, 28 March 2022

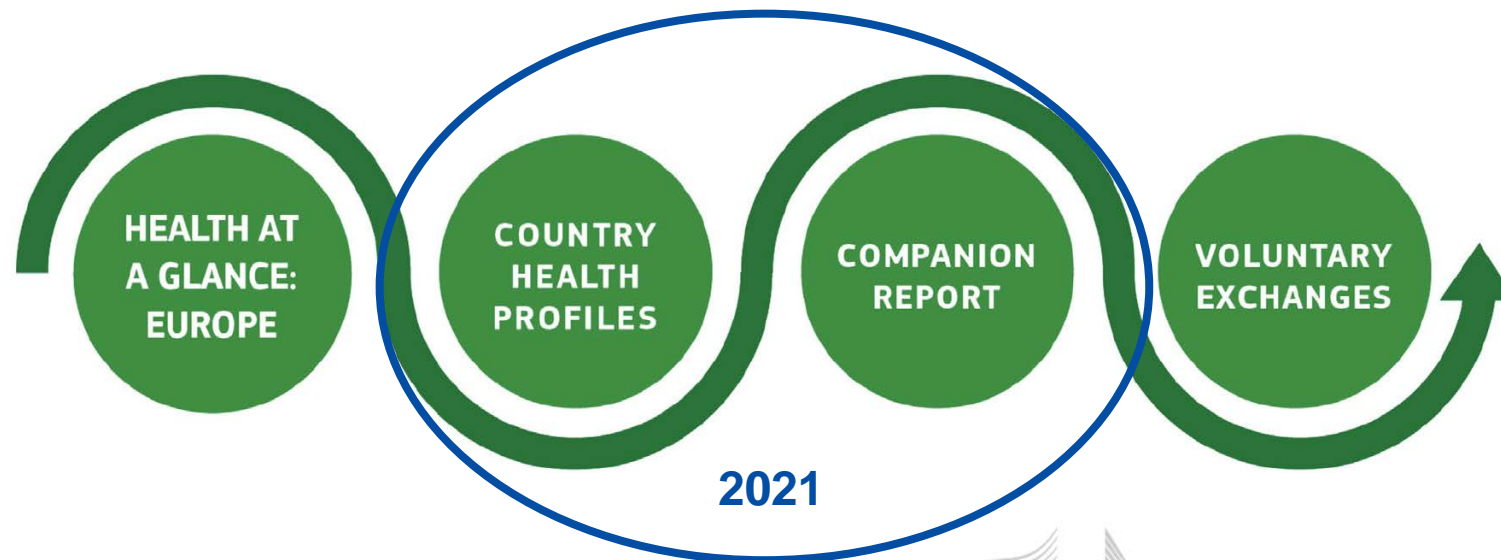
The *State of Health in the EU* project

- An infrastructure to make health system information, expertise and best practices easily accessible
- Objective: strengthen the evidence base on health systems performance for the benefit of policymakers, stakeholders, researchers and the general public.
- A recurring, two-year cycle of knowledge brokering since 2017



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- A recurring, two-year cycle of knowledge brokering since 2017



Country Health Profiles 2021



- Provide a concise, policy-relevant synthesis of where population **health status** and **health systems performance** are in each European health system **following the COVID-19 pandemic**.
- Give policymakers and other stakeholders a snapshot of key **strengths and challenges in their country's health system vs. others in the EU**
- Identify **opportunities for mutual learning/collaboration** in specific health areas
- Focus of the 2021 edition → **Assessing health systems resilience capacity in the face of the (direct and indirect) health impacts of the COVID-19 pandemic**



Companion Report 2021

- Draws three takeaway messages based on the findings of the **Country Health Profiles 2021**:

1

Understanding the far-reaching health impacts of the COVID-19 pandemic

2

Locking in the advantages of digital innovation in healthcare delivery and public health

3

Rethinking health workforce strategies and planning after the COVID-19 pandemic

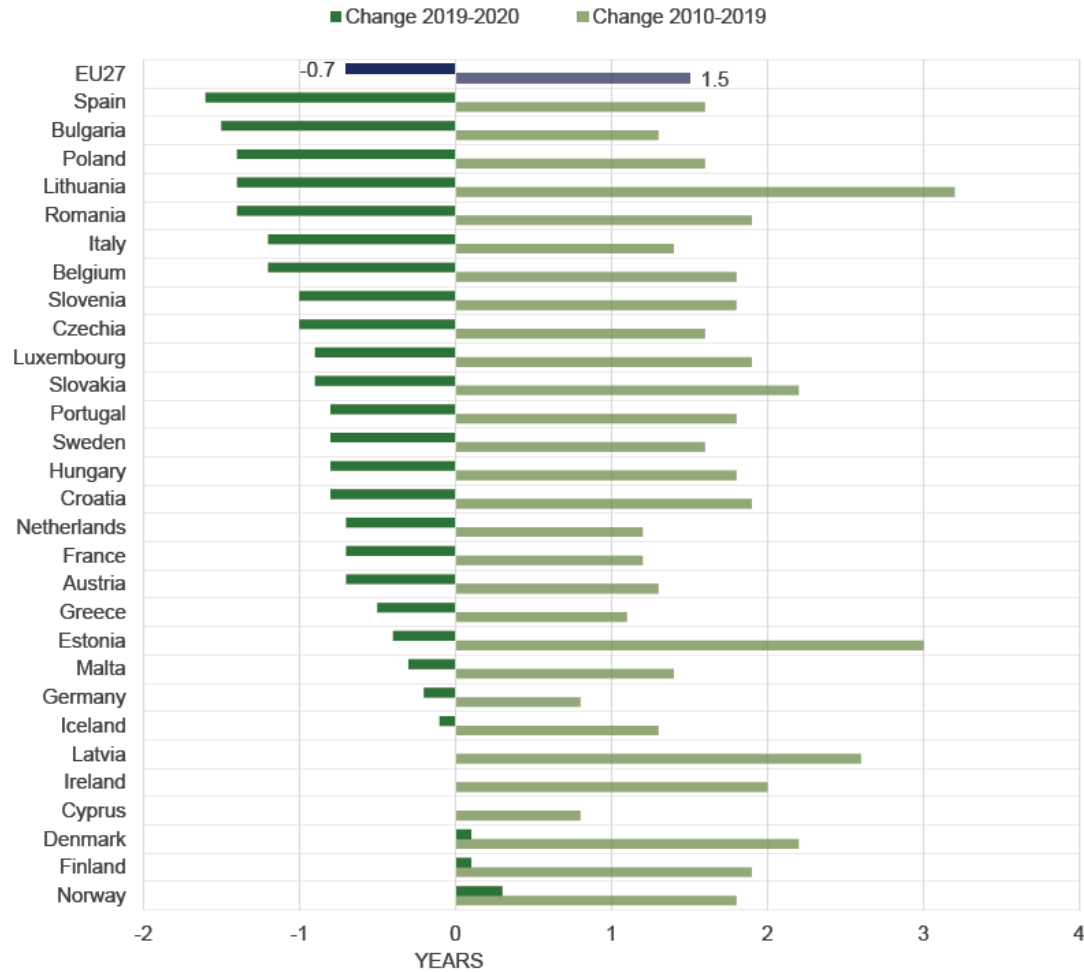
- European Commission's perspective, linking national health policy and investment priorities to the main **EU-level health policy initiatives and support instruments**



1

Understanding the far-reaching health impacts of the COVID-19 pandemic

Gains and losses in life expectancy (2010-2019), (2019-2020)

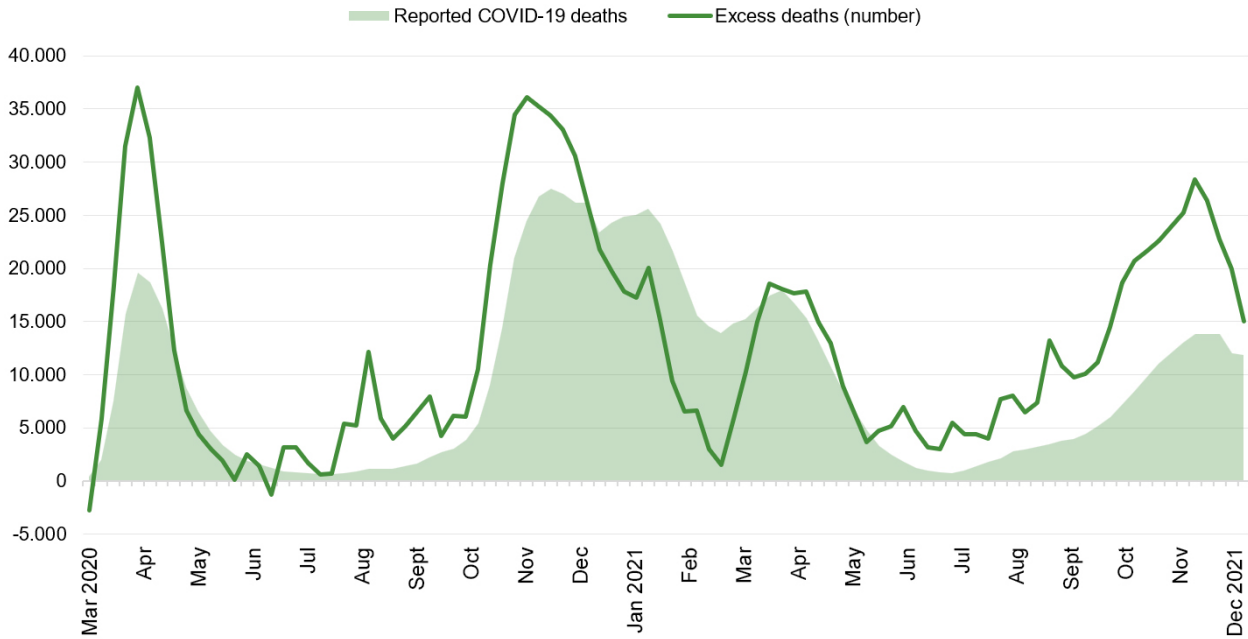


Note: Provisional data for 2020; 2020 data for Ireland not available; No change (2019-2020) in Latvia and Cyprus.
Source: Eurostat Database.

1

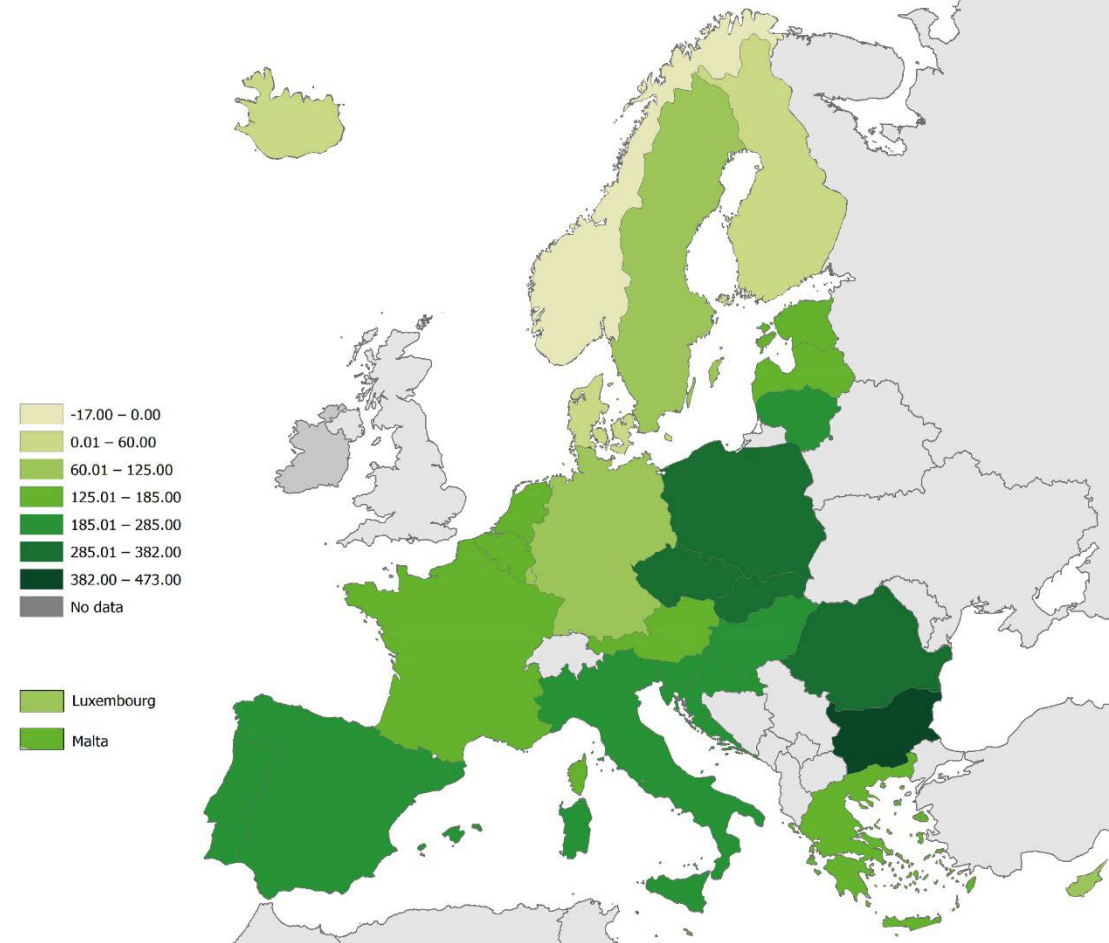
Understanding the far-reaching health impacts of the COVID-19 pandemic

Reported COVID-19 deaths and excess deaths in the EU/EEA



Note: Data excludes IE (data not available), includes IS, NO. Baseline to calculate excess mortality: (2016-2019).
Source: ECDC, Eurostat Database

Cumulative excess deaths (rate per 100 000) (Mar 2020; Dec 2021)

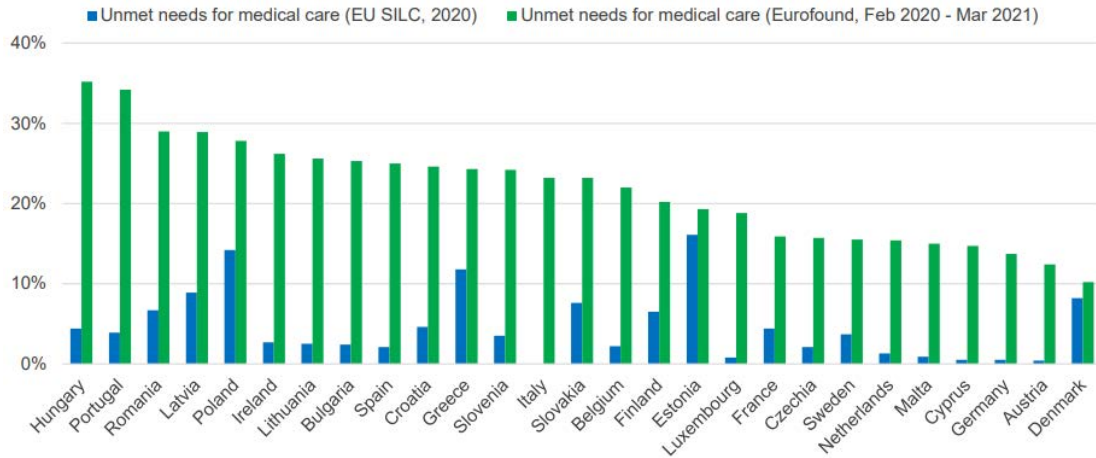


Source: ECDC, Eurostat Database

1

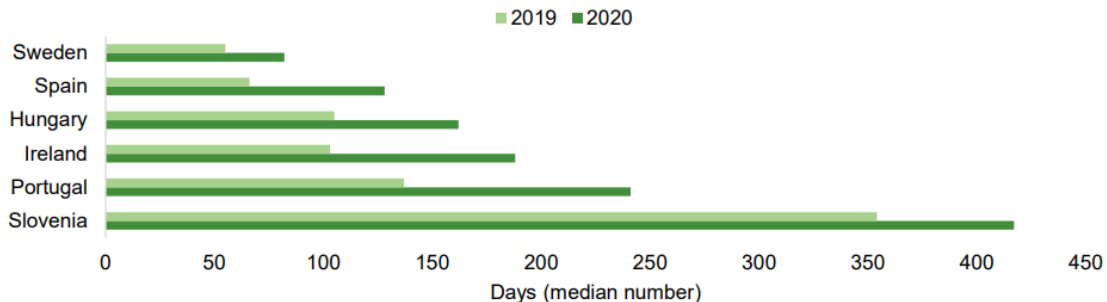
Understanding the far-reaching health impacts of the COVID-19 pandemic

Unmet needs for medical care, breakdown by country (2020, 2021)



Sources: Eurofound (2020) Eurostat database (EU-SILC – part of the European Pillar of Social Right's Social Scoreboard). Please note that the two indicators are not comparable due to methodological differences¹⁰.

Waiting times for hip replacement surgery, 2019-2020



Source: OECD Health statistics database

- Significant **morbidity** impacts of the COVID-19 pandemic that are not sufficiently covered by available data:
- **Forgone non-COVID care and missed diagnosis** (e.g. cancer); “elective care” ≠ postponable with no consequences
- Impact on people’s **mental health**
- Burden of **post-COVID-19 condition** (A.K.A ‘Long COVID’)

→ Death - not the only clinically relevant outcome of COVID-19.

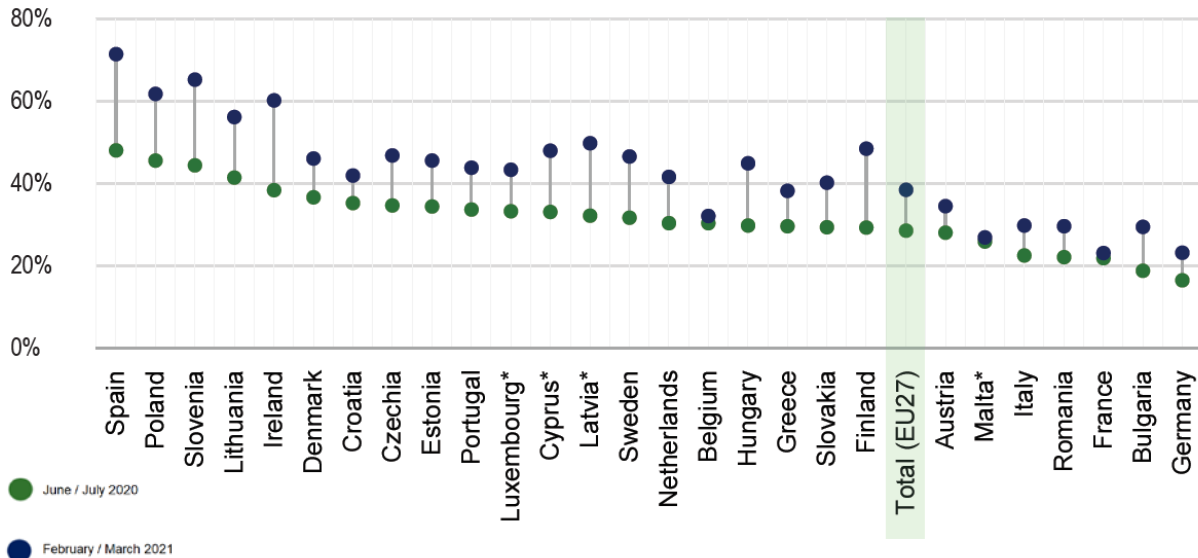
→ Public health surveillance systems need to transform to reflect this, to enable development of better health policy.

2

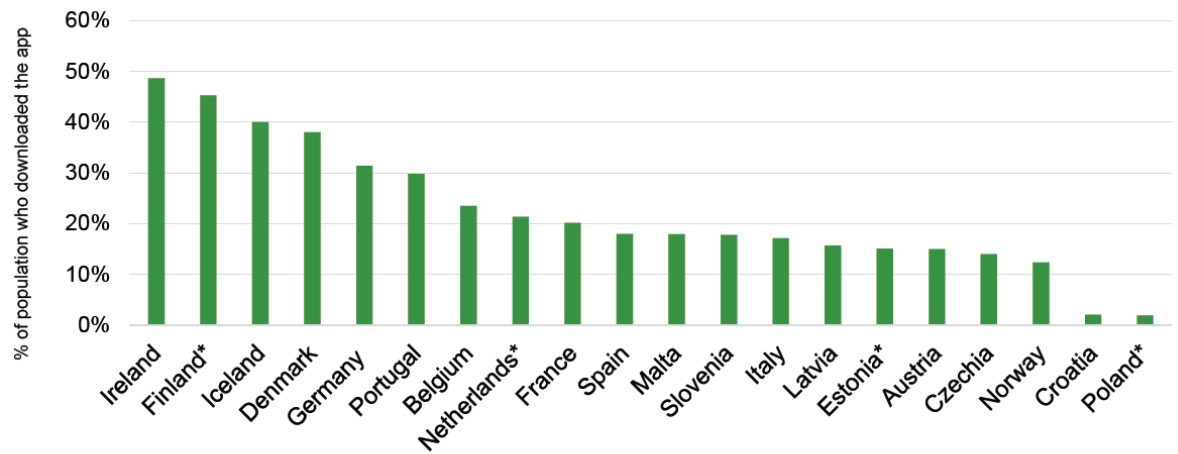
Locking in the advantages of digital innovation in healthcare delivery and public health

- COVID-19 led to a massive acceleration in the take-up of digital health tools (e.g., telemedicine)
- Digital health technologies have been used to boost public health measures (e.g., tracing, certification of vaccination/negative test/recovery via the EU Digital COVID Certificate)
- Some challenges associated with the extremely rapid implementation of new technologies in an emergency context – e.g., the lack of an evidence base on their effectiveness

Share of population that had a remote GP consultation (Jun 2020, Feb 2021)



Estimated use of contact-tracing apps – April 2021



Source: Country Health Profiles 2021. Note: Data as of April 2021. * Data to autumn 2020.



2

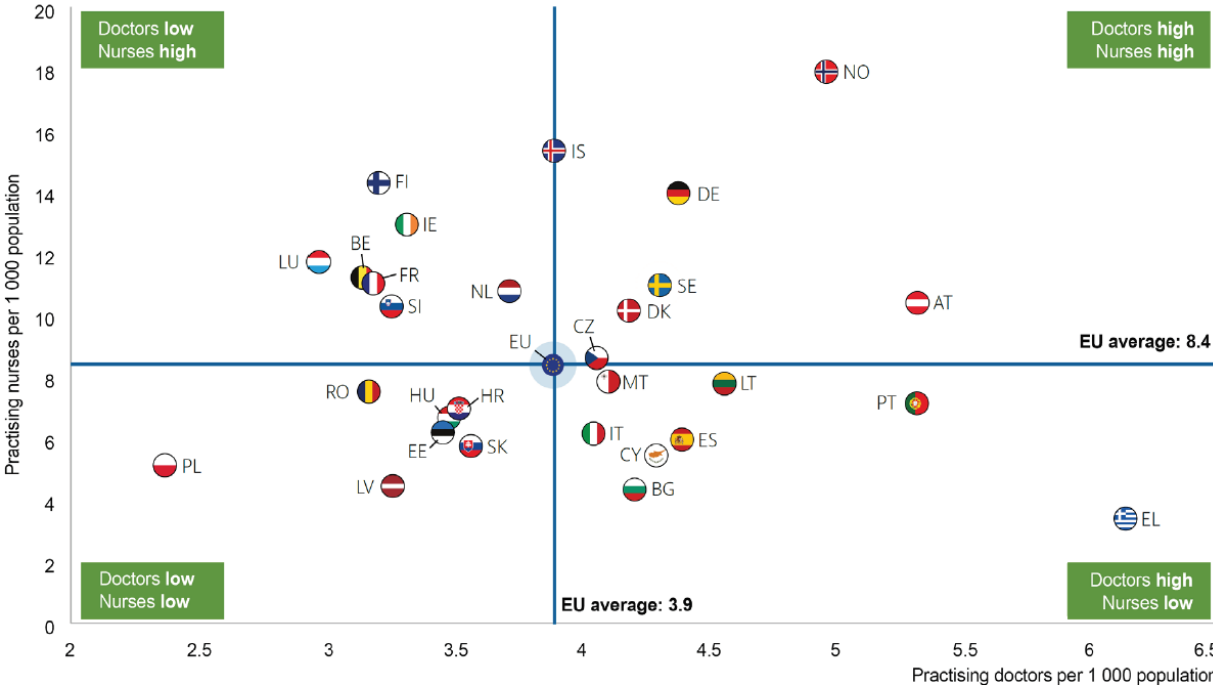
Locking in the advantages of digital innovation in healthcare delivery and public health

- COVID-19 pandemic sped up ‘by necessity’ the implementation of major changes (regulatory, technological) required to increase the use of digital health tools...
- **Securing a positive digital health technology legacy after the pandemic:**
 - How should the use of digital health technologies be recalibrated to serve a **broader set of objectives** (quality, efficiency, accessibility)?
 - How to **incentivize their use in a non-emergency context**?
 - How to minimize risks of **widening health inequalities through digital exclusion**?
 - Need to ensure sustained investment in implementation and maintenance of **IT infrastructure** and equipment (including **cybersecurity** and **training** of personnel)
- Commission flagship initiative: **European Health Data Space (EHDS)**

3

Rethinking health workforce strategies and planning after the COVID-19 pandemic

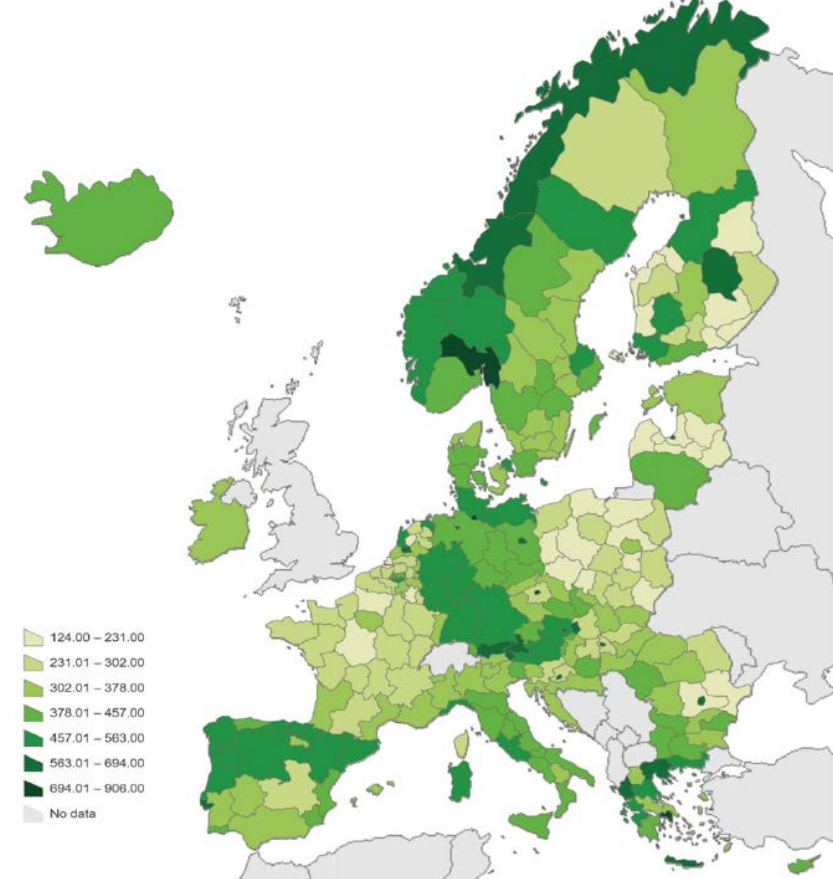
Doctors and nurses per 1000 population, 2019 or latest year available



Note: In Greece and Portugal, data refer to all doctors licensed to practice, resulting in an overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospitals.

Source: Adapted from OECD/European Observatory on Health Systems and Policies (2021), Country Health Profiles 2021 - State of Health in the EU.

Doctors per 100 000 population – regional breakdown, 2020 or latest year available



Note: In Greece and Portugal, data refer to all doctors licensed to practice, resulting in an overestimation of the number of practising doctors.

Source: Eurostat database, National Statistical Institutes, National Medical Associations. Regional data (NUTS 1, 2 or 3) not available for Ireland, Estonia, Lithuania and Iceland.



3

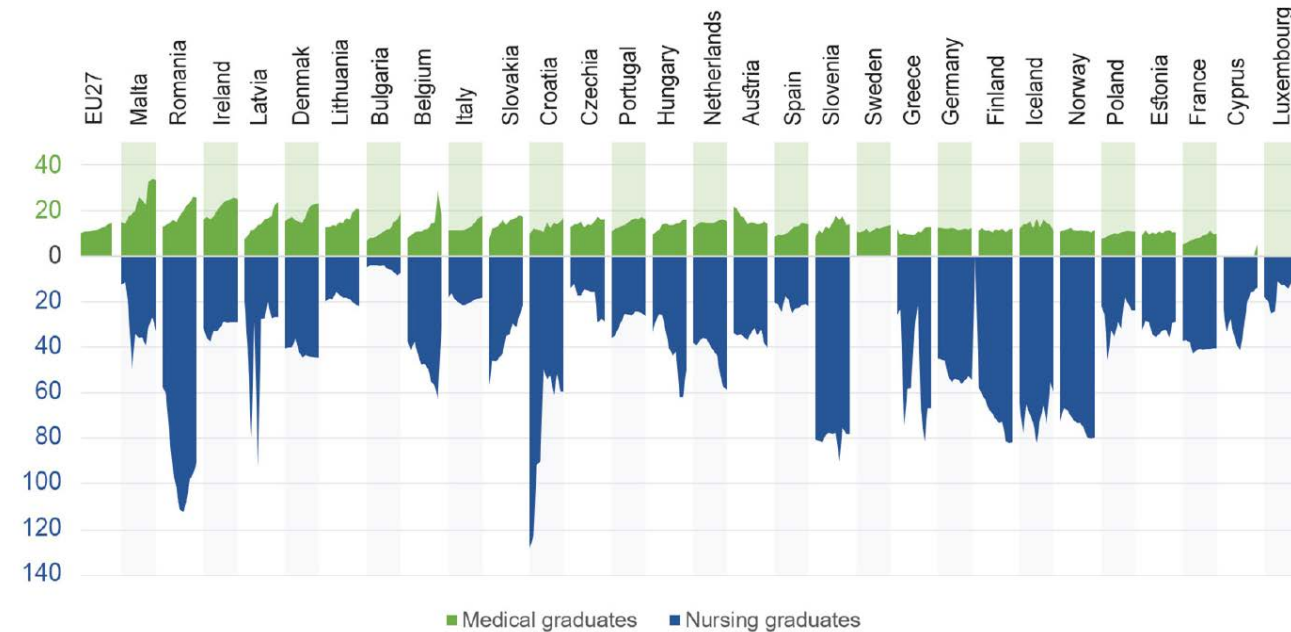
Rethinking health workforce strategies and planning after the COVID-19 pandemic

- Strategies to expand health workforce capacity were essential to avert health system failure in the countries hardest-hit by COVID-19
- COVID-19 has tested an already strained health workforce to the limit:
 - Italy - 49 % of health workers reported symptoms of PTSD in a survey carried out in March 2020.
 - Spain - 57 % of health workers reported symptoms of PTSD in April 2020;
 - Austria - 46 % of healthcare workers assessed their job as 'overwhelming' in May 2020
- A well-trained, motivated health workforce of appropriate size and composition is a **crucial precondition for building resilient health systems**

3

Rethinking health workforce strategies and planning after the COVID-19 pandemic

Medical and nursing graduates per 100 000 population, 2009-2019



Source: Eurostat database. 2018 data for Denmark, Greece, France, Poland (both variables) Croatia and Slovenia (nursing graduates); no data on nursing graduates for Sweden.

- Avenues out of the health workforce crisis post-COVID-19 pandemic:
 - 1) Implement **better workforce planning** → countries with the greatest personnel shortages will need to improve working conditions (salary, non-salary components) for their health workers
 - 2) Re-evaluate **forecasts of future staff needs** and increase investment in **training and education**
 - 3) Incentivize adoption of **skill-mix innovations** (e.g. task-shifting, not as a substitute for workforce expansion)

Thank you

#SoHEU

https://ec.europa.eu/health/state-health-eu/overview_en

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State of Health in the EU

Country Health Profiles

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Country Health Profiles: Same structure, new focus

1. Highlights

2. Health Status

Life expectancy, health inequalities, mortality, morbidity

3. Risk Factors

Behavioural and environmental risk factors

4. Health System

Organisation, financing, resources, service provision

5. Performance of Health System

5.1 Effectiveness

Avoidable mortality, avoidable admission, cancer screening and survival

5.2 Accessibility

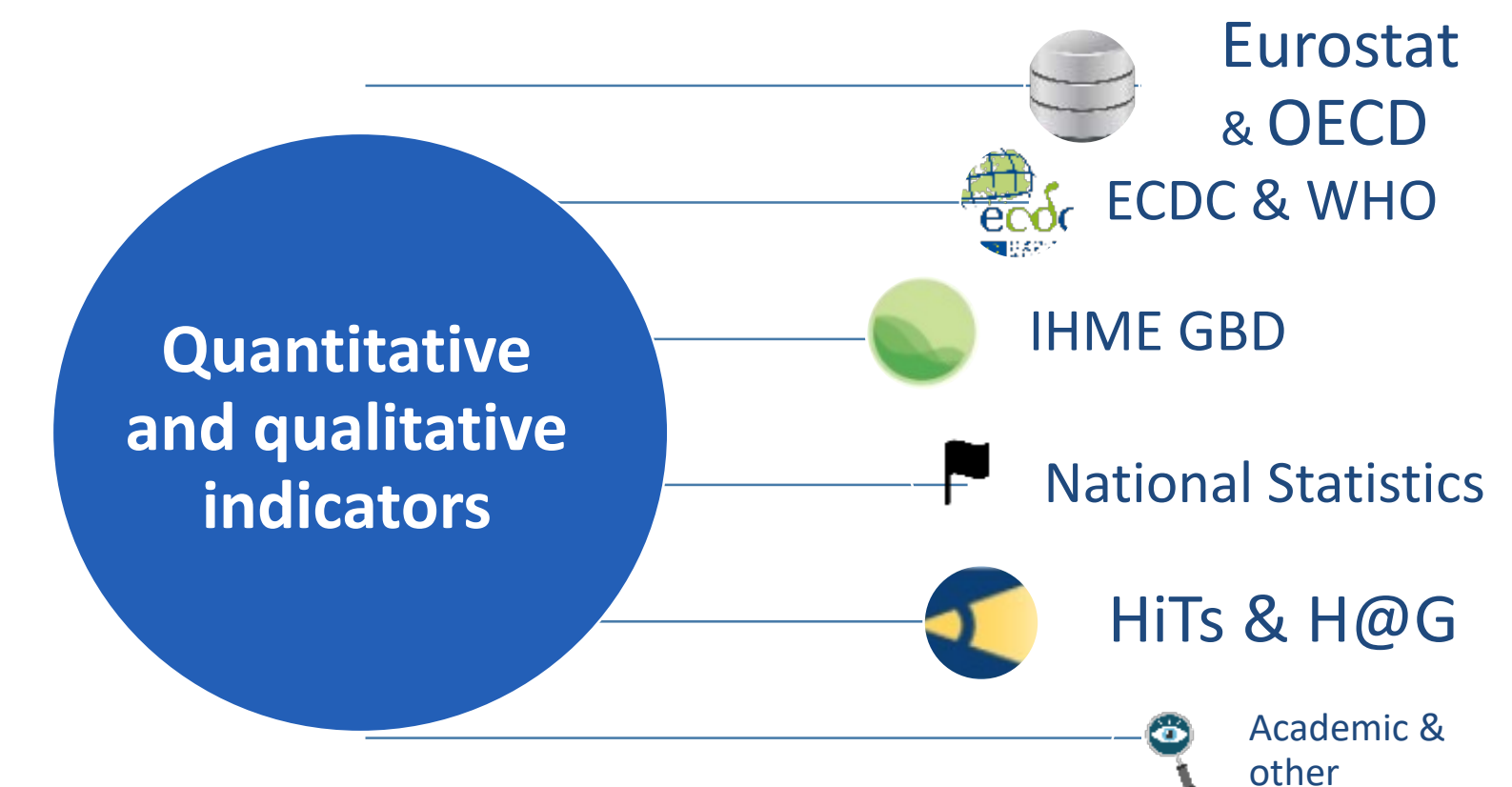
Unmet health care needs, out-of-pocket expenditure, waiting times

5.3 Resilience

COVID-19 cases and deaths, containment measures, vaccination

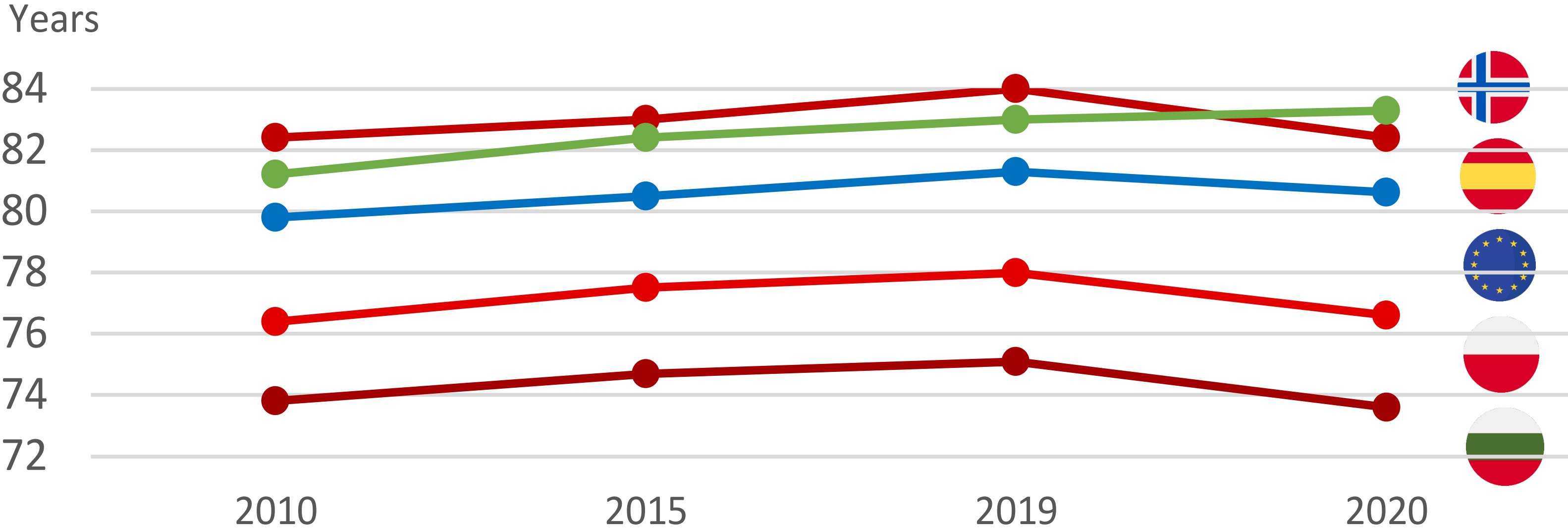
6. Key Findings

Data sources



Aiming to maintain a proper balance between prevention and care

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.

Social inequalities in life expectancy were already large before the pandemic



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

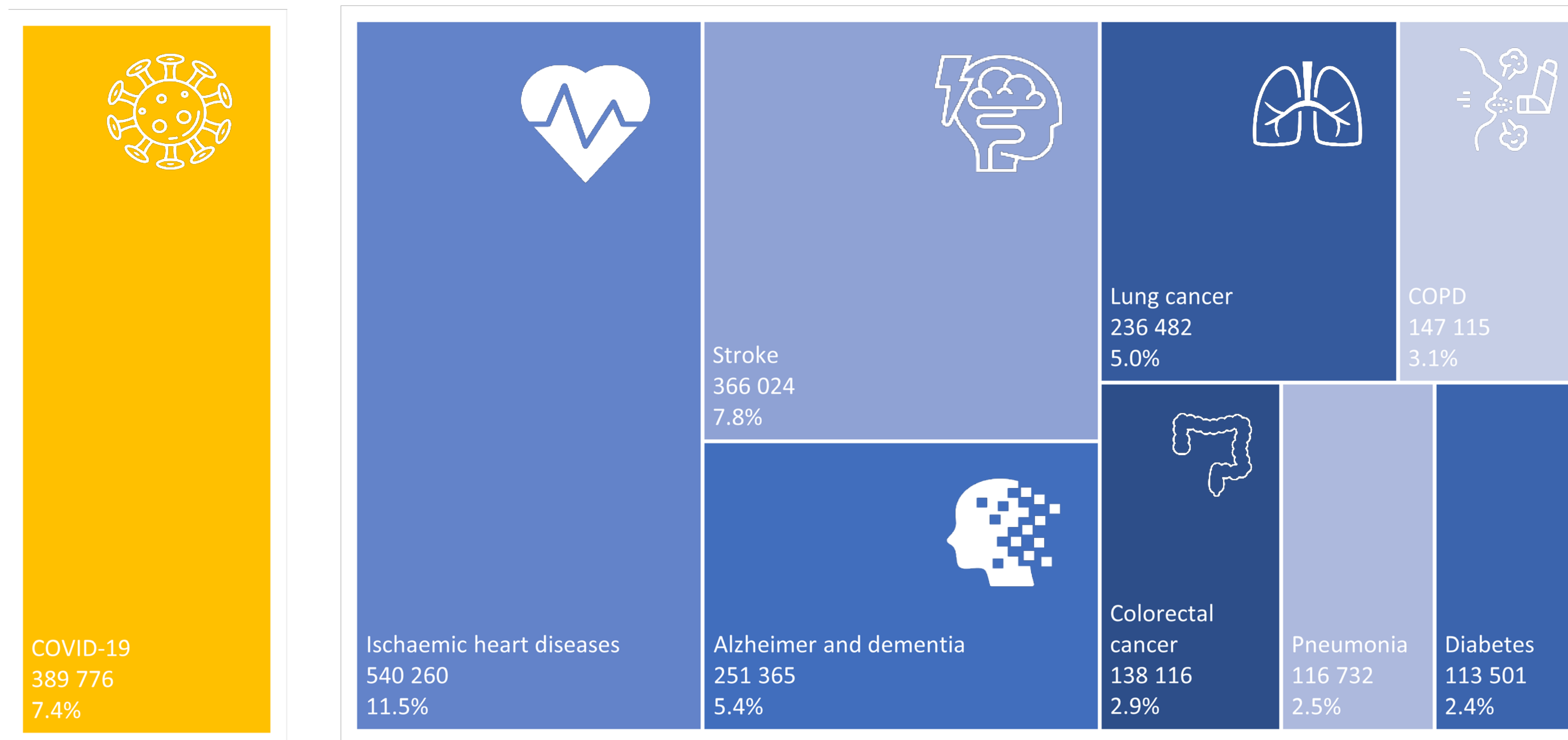
Education gap in life expectancy at age 30

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

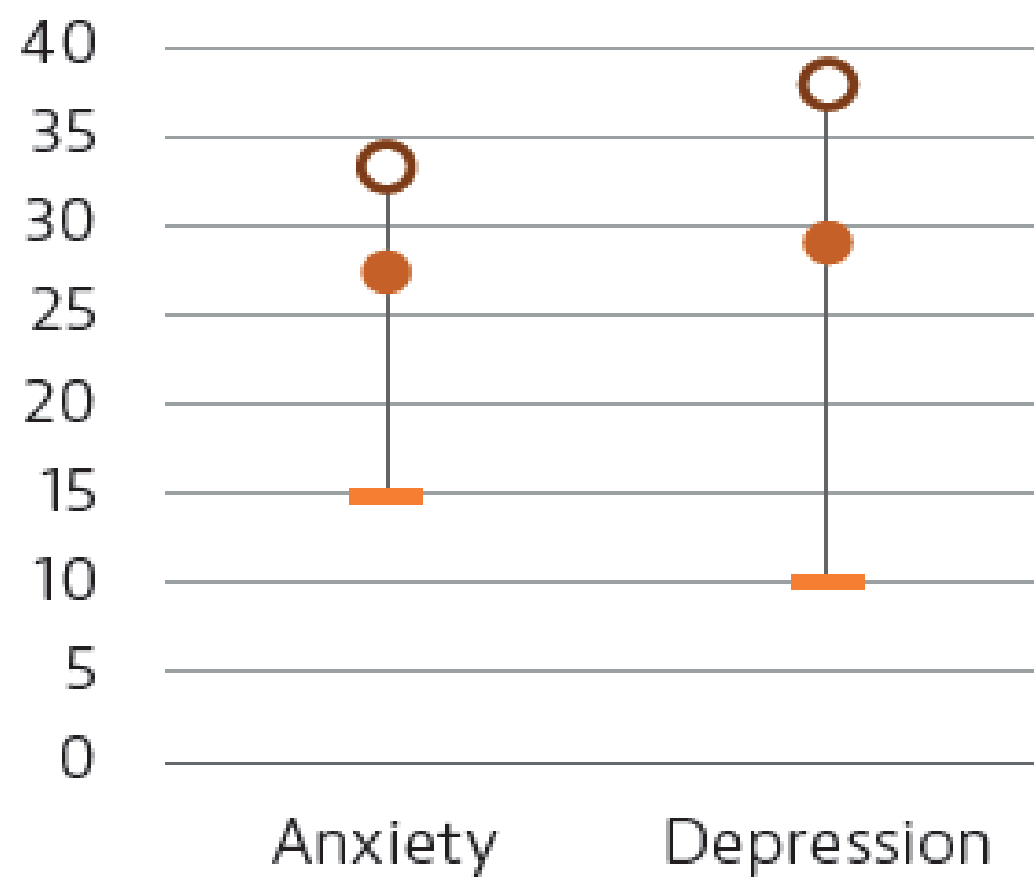
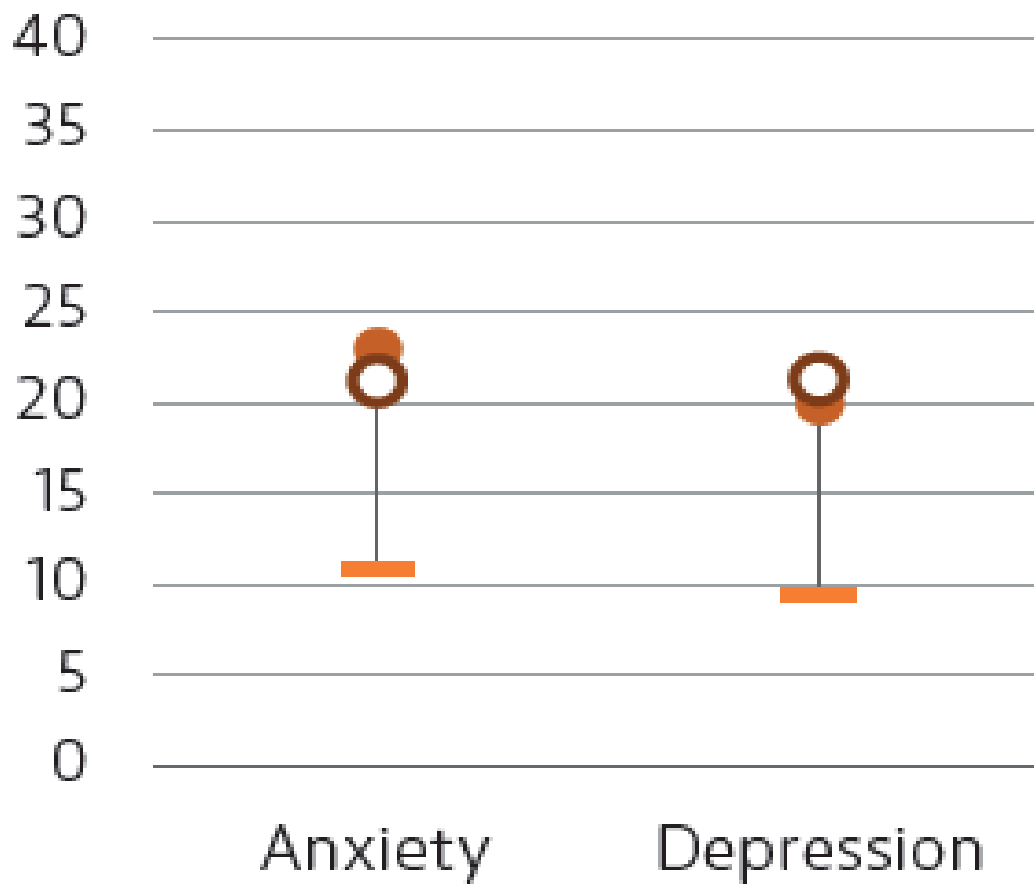
Young people

— 2018 ● Apr-20 ○ Mar-21

— 2018 ● Apr-20 ○ Mar-21

% among adults aged 18 and over

% among young adults aged 18-29 years old¹

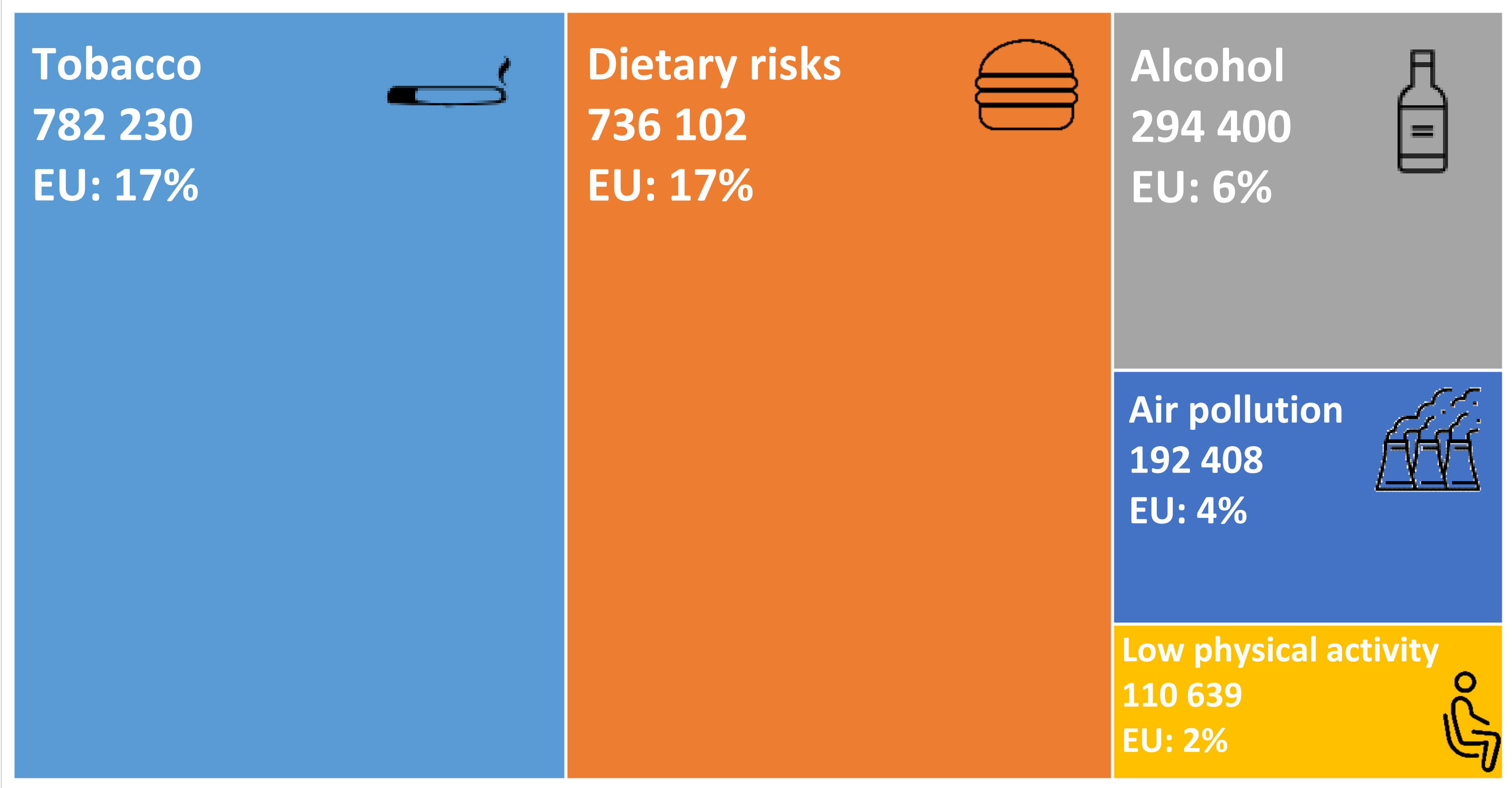


Prevalence of anxiety and depression more than doubled pre-crisis levels in most countries with available data

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

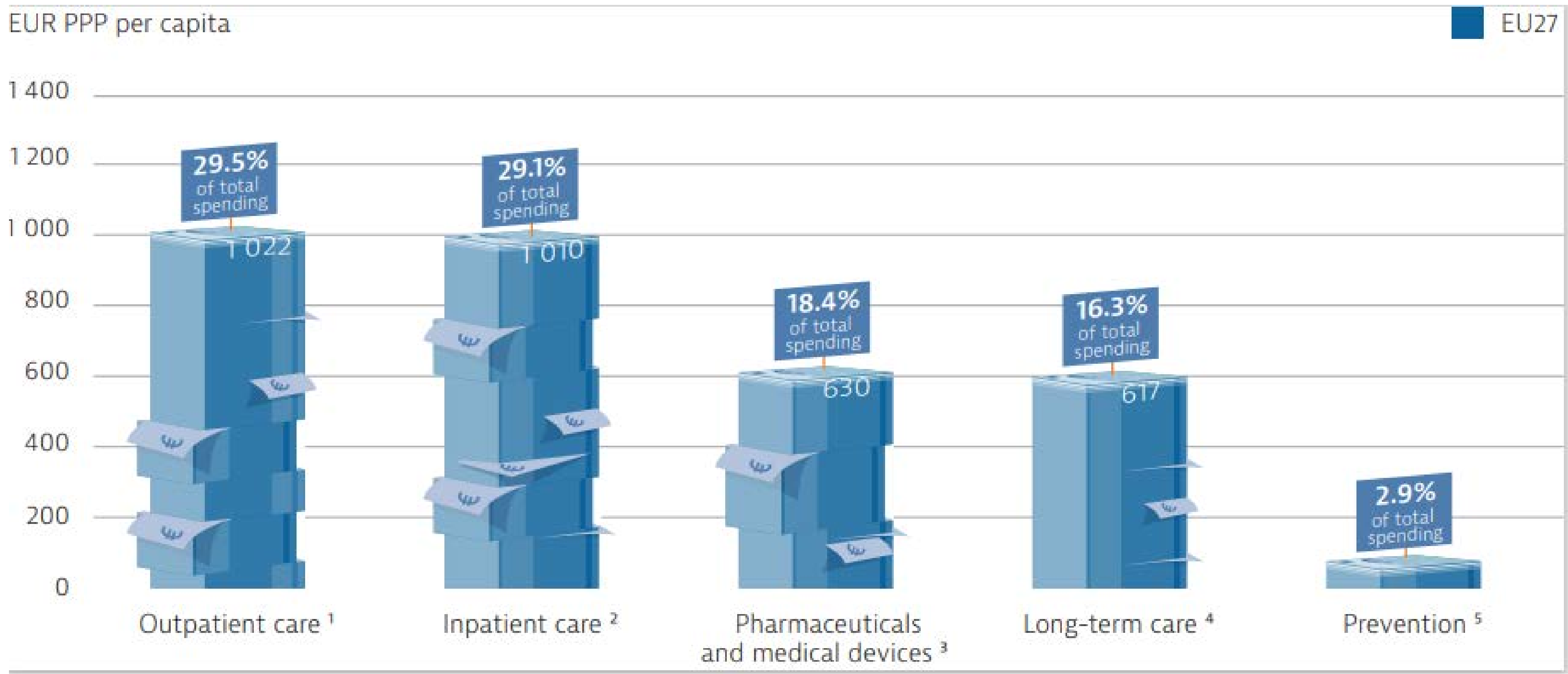
Note: 1. 2018 data for young adults refer to those aged 15-24.
Source: Sciensano (2021).

40% of all deaths in the EU can be attributed to modifiable & 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)

EU countries allocate little - less than 3% - of total health expenditure to prevention (average)



Note: The costs of health system administration are not included. 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes only spending for organised prevention programmes. The EU average is weighted.
Sources: OECD Health Statistics 2021, Eurostat Database (data refer to 2019).

For more information...

ec.europa.eu/health/state

oecd.org/health/health-systems/country-health-profiles-EU.htm

<https://tinyurl.com/OBScountryhealthprofiles2021>

