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

State of Health in the EU series webinars

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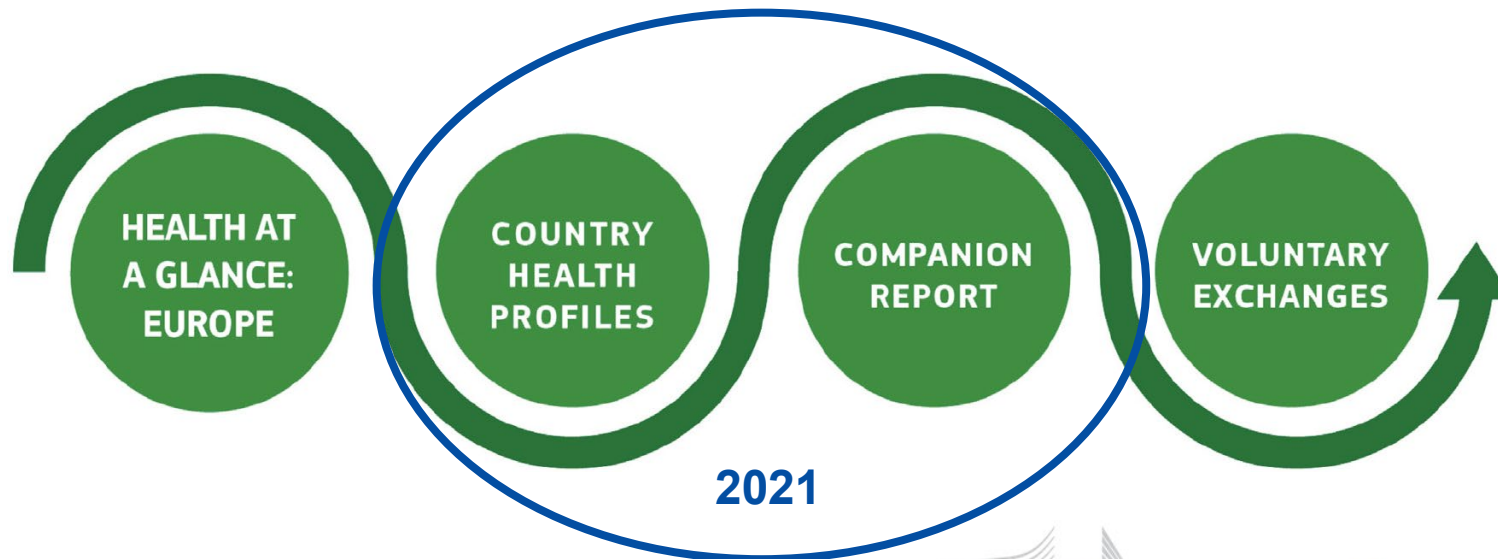*PHIRI Rapid Exchange Forum meeting, 28 March 2022*

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

HEALTH AT A GLANCE: EUROPE

COUNTRY HEALTH PROFILES

COMPANION REPORT

VOLUNTARY EXCHANGES

European Commission

OECD
BETTER POLICIES FOR BETTER LIVES

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2021

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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*

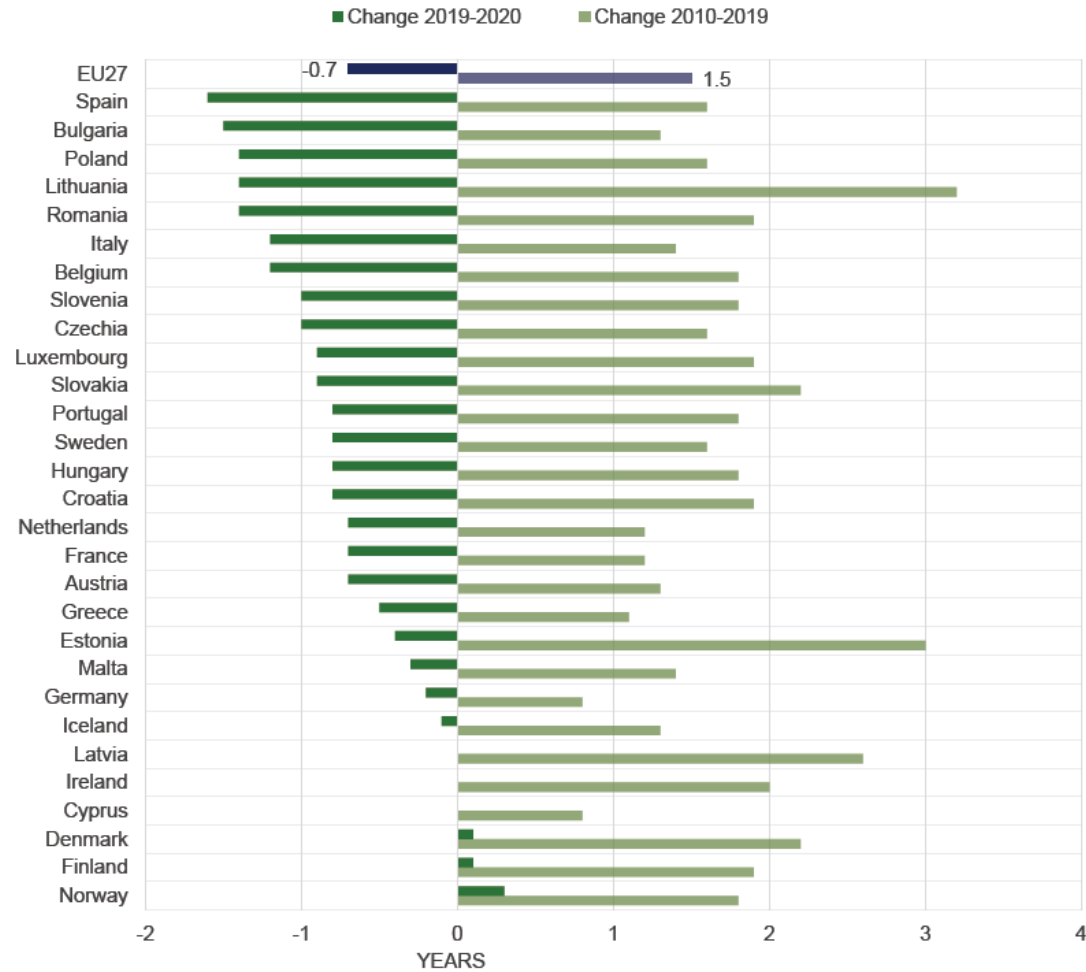 **3** *Rethinking health workforce strategies and planning after the COVID-19 pandemic*

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

State of Health in the EU
Companion Report
2021

European Commission

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

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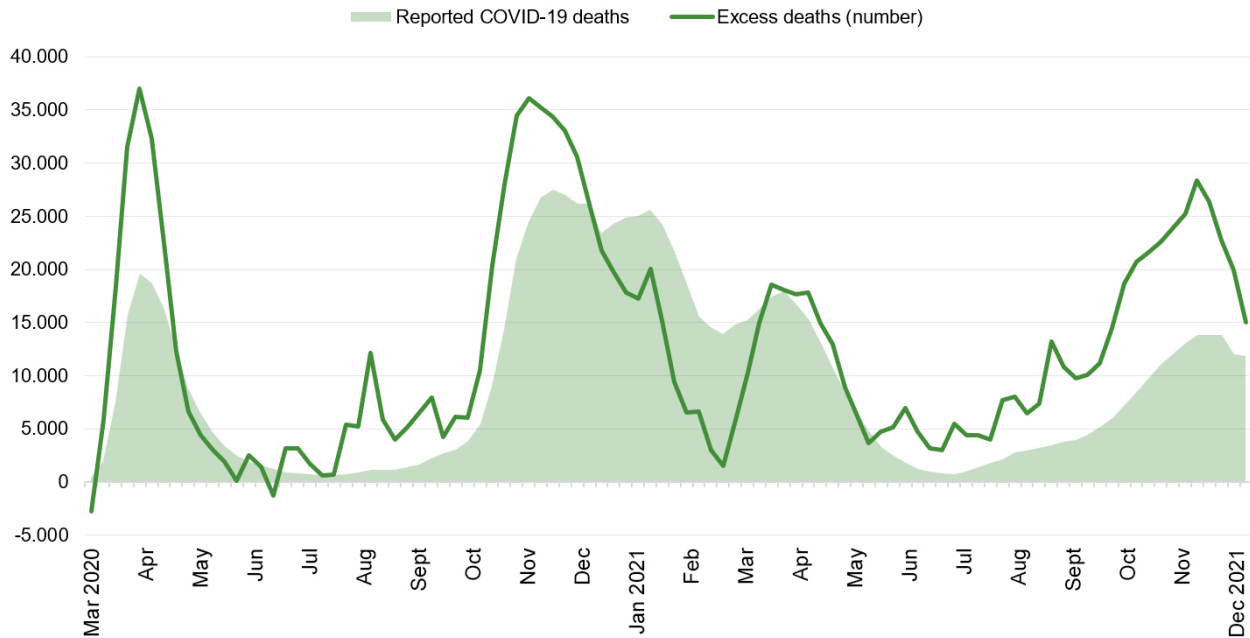
■ Change 2019-2020   ■ Change 2010-2019

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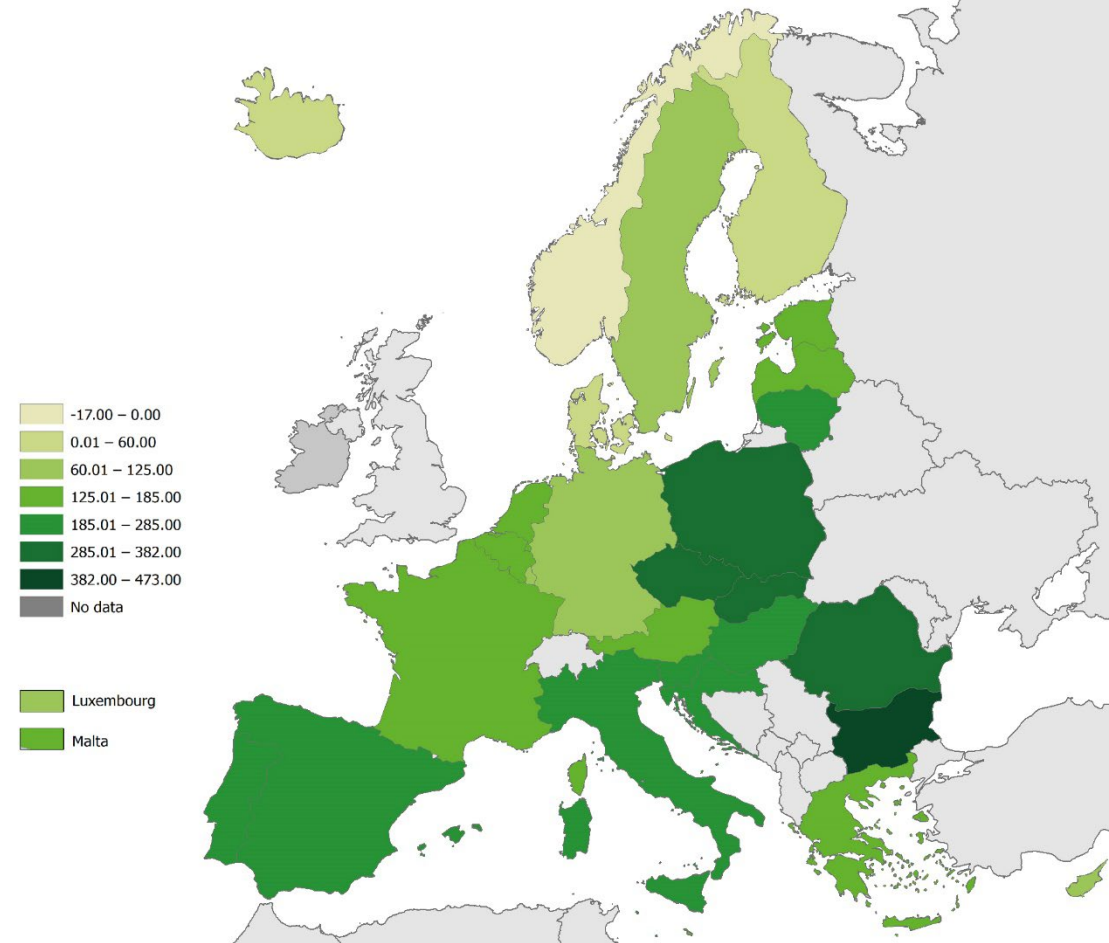
European Commission

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

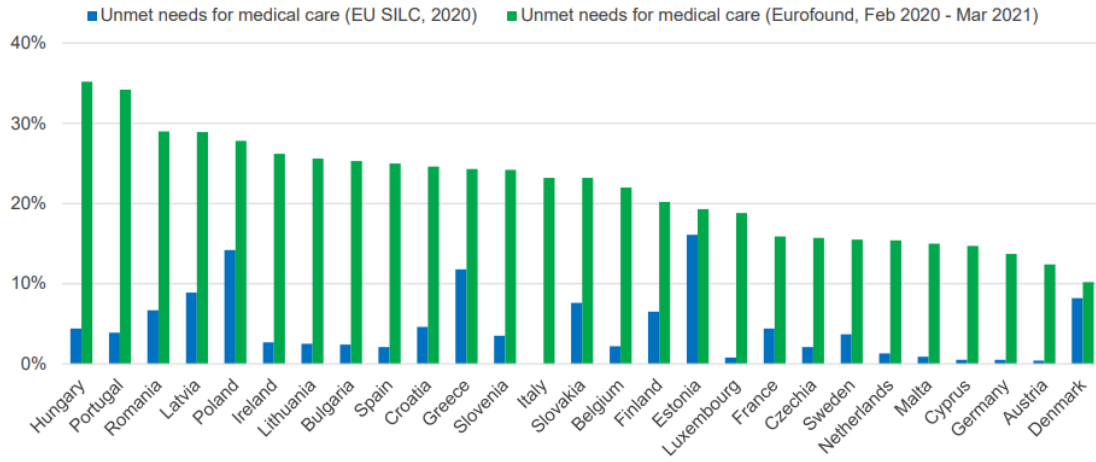### Cumulative excess deaths (rate per 100 000) (Mar 2020; Dec 2021)
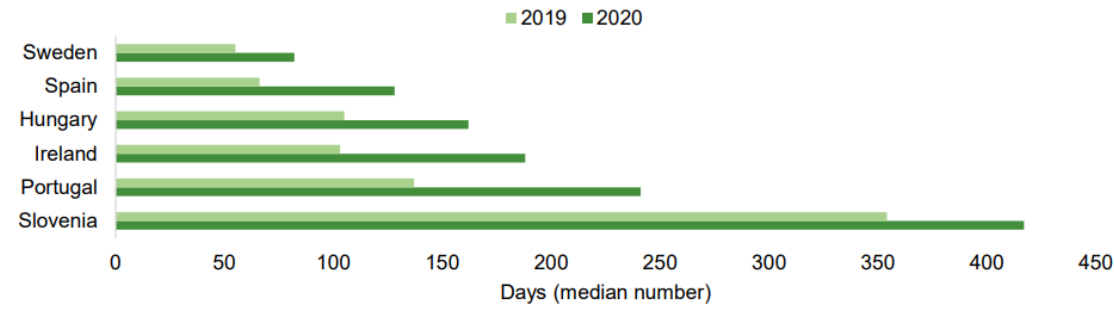
Source: ECDC, Eurostat Database

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

1

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

■ Unmet needs for medical care (EU SILC, 2020) ■ Unmet needs for medical care (Eurofound, Feb 2020 - Mar 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 differences[10].

Waiting times for hip replacement surgery, 2019-2020

■ 2019 ■ 2020

Days (median number)

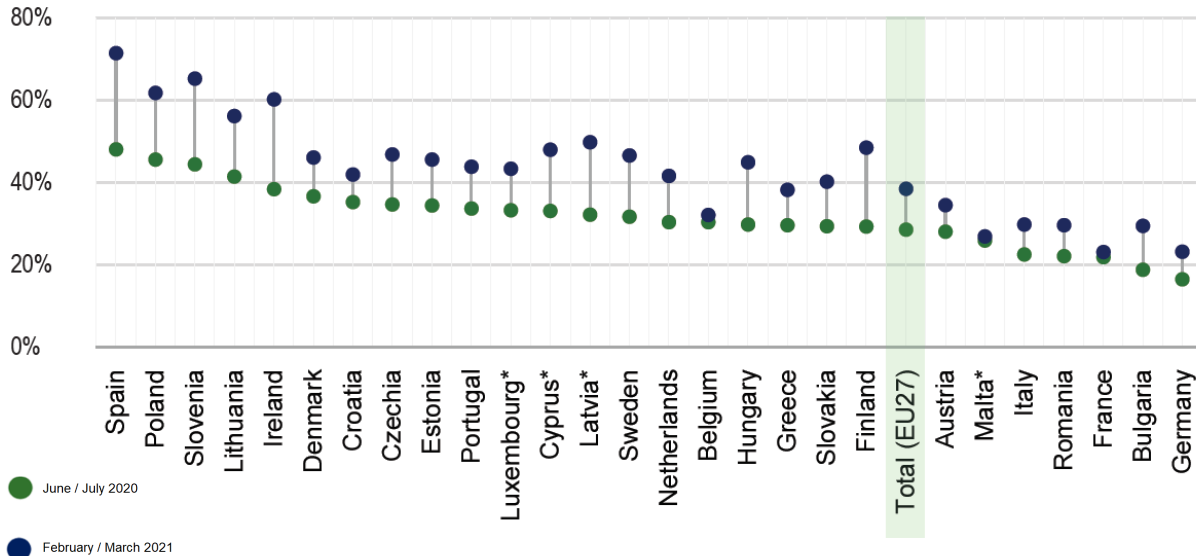*Source: OECD Health statistics database*

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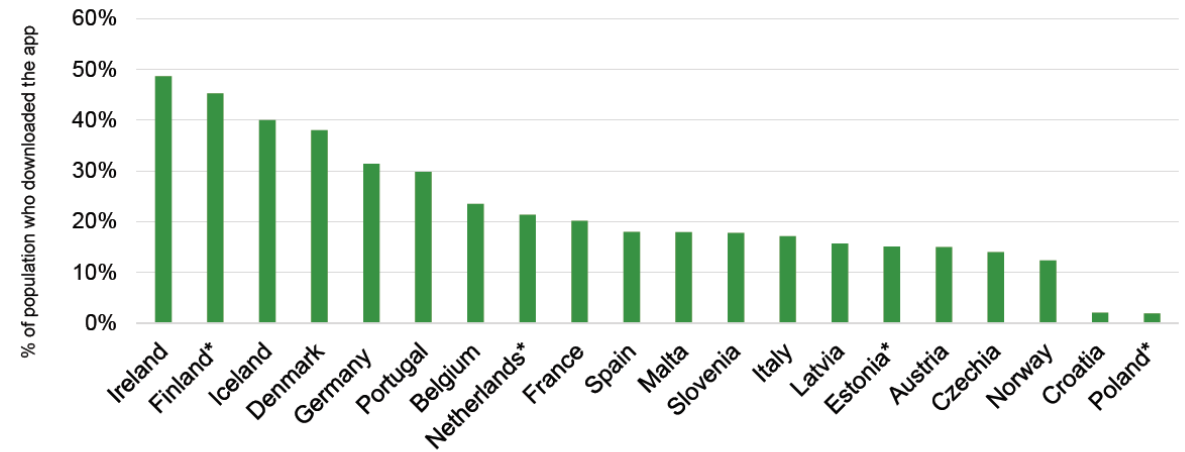
Locking in the advantages of digital innovation in healthcare delivery and public health

- 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)

June / July 2020

February / March 2021

*Source: Eurofound (2021) Living, working and COVID-19 dataset.   *Low reliability.*

Estimated use of contact-tracing apps – April 2021

% of population who downloaded the app

*Source: Country Health Profiles 2021. Note: Data as of April 2021. * Data to autumn 2020.*
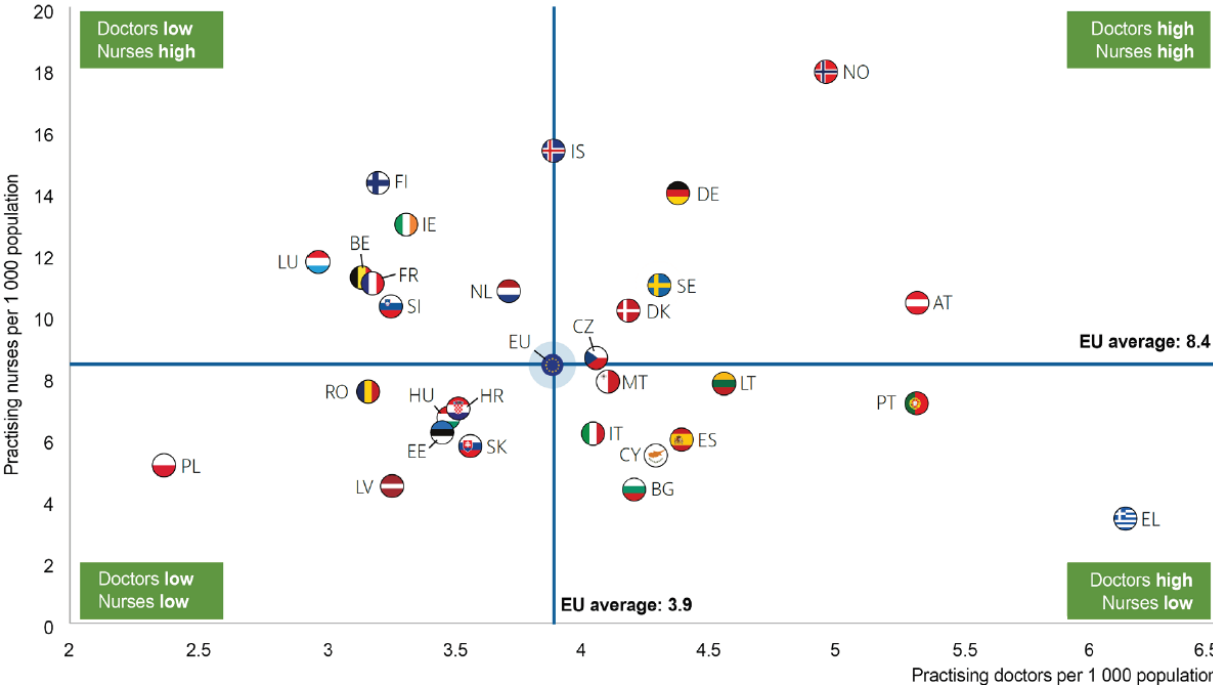
2 *Locking in the advantages of digital innovation in healthcare delivery and public health*

- 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)

Rethinking health workforce strategies and planning after the COVID-19 pandemic
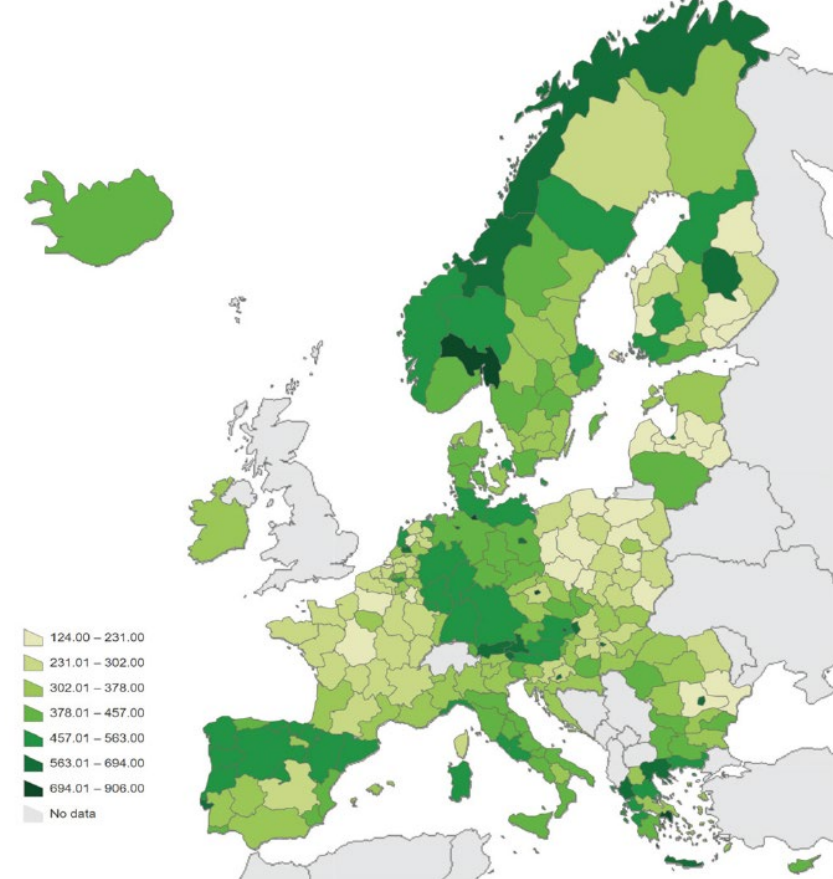
3

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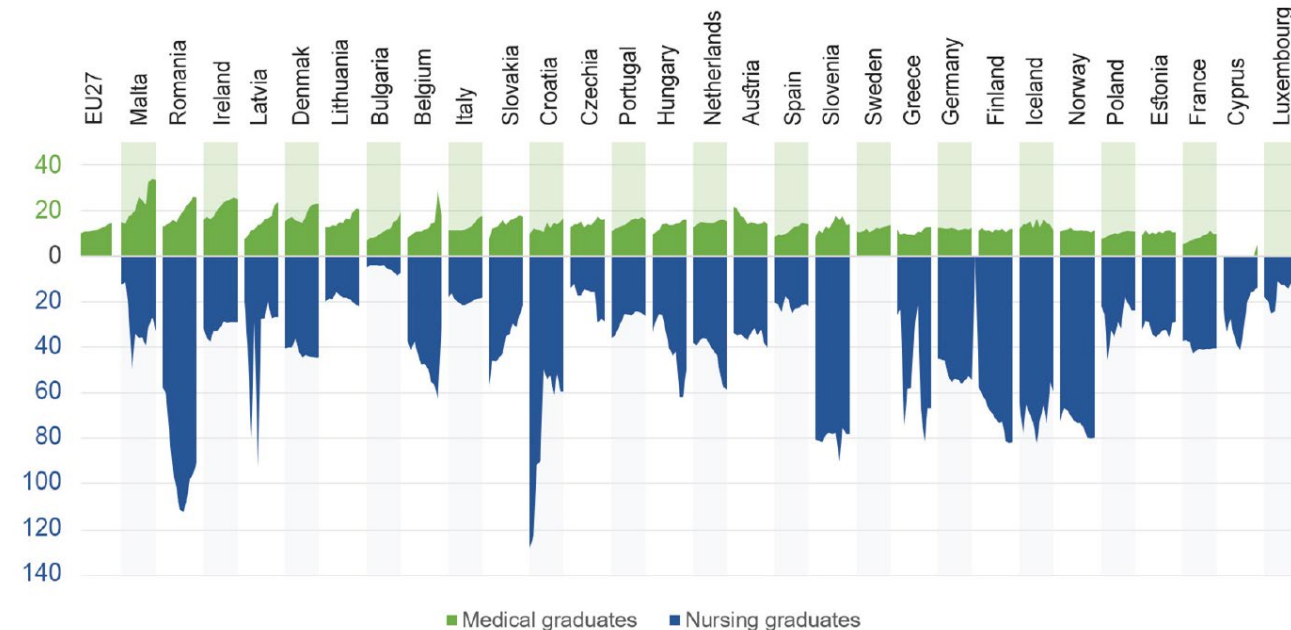
3 *Rethinking health workforce strategies and planning after the COVID-19 pandemic*

- 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**

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

3

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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