

## Foreword

This 2020 edition of *Health at a Glance: Europe* marks the start of a new *State of Health in the EU* cycle – an initiative launched by the European Commission, in co-operation with the OECD and the European Observatory on Health Systems and Policies to assist EU Member States in improving the health of their citizens and the performance of their health systems.

This year, the COVID-19 pandemic has made clear how vulnerabilities in health systems can have profound implications for the health of our people, economic progress, trust in governments, and social cohesion across Europe and around the globe. The new coronavirus has caused severe human suffering and loss of life. As governments grappled with the spread of the virus – by closing down entire sectors of economic and social activity and imposing restrictions on mobility that are unprecedented in our lifetimes, the public health crisis evolved into a major economic and social crisis, with sharply rising unemployment rates and growing income inequalities.

There has been much talk of COVID-19 as a ‘once in a century’ shock, but this might not be the case. In the absence of important changes in our societies and health systems, the current coronavirus pandemic does not reduce the probability of new pandemics caused by emerging or already known pathogens. Nor does it diminish the likelihood that other low probability, high-impact risks might hit health systems, economies and societies in the near future. In fact, other looming crises, such as climate change and environmental degradation, are likely to increase the probability of repeated public health shocks. Building the resilience of our health systems and promoting a green recovery has never been so urgent.

### Recognising the importance of national, European and broader international efforts to suppress the spread of the pandemic

The COVID-19 pandemic, as well as other global threats such as climate change and air pollution, have brought to light the need for effective and inclusive multilateralism and co-ordinated actions at national, European and global levels to effectively and equitably deal with these issues. The European Commission and the OECD have worked on many fronts, in co-operation with the WHO and other international organisations, to support countries in their efforts to contain the spread of the coronavirus. We have also worked together to share and promote best practices from European as well as non-European countries that have been leading the way in policy responses.

The race is on to find effective and safe treatments and vaccines for COVID-19 to treat infected people globally and contain the spread of the virus. The European Commission is participating in the COVAX Facility to promote equitable access to affordable COVID-19 vaccines and has contributed EUR 400 million in guarantees to COVAX. European countries also have the collective responsibility to ensure that all new vaccines are developed in a way that ensures the highest standards of quality and safety and, once available, are distributed with the objective of achieving fair access across and within countries.

### Digitalising public health management

The COVID-19 pandemic has also highlighted the pressing need for improved data collection and exchange to better monitor and manage public health issues and health systems. Data fragmentation

and the limited degree of interoperability of health information systems are inadequate to provide the right information to the right people at the right time. The 2017 OECD Council Recommendation on Health Data Governance lays out the framework to encourage greater availability of timely health data within countries and across borders, while ensuring that risks to privacy and security are minimised and appropriately managed.

To step up co-ordination between authorities across the EU, and as part of its effort to create a *European Health Data Space*, the European Commission is currently developing a governance framework to promote a better use of health data, as well as a digital health infrastructure supporting such access. Once operational, it will allow better use of data for health care, research, innovation and more evidence-based health policy-making. Two decades into the 21<sup>st</sup> century, health systems need to harness more fully the potential of new information and communication systems.

### **Giving priority to the prevention of non-communicable diseases is also crucial**

The COVID-19 pandemic should not make us lose sight of the major impact of environmental and lifestyle risk factors in the current burden of chronic diseases, which also bear an increasing toll on mortality. In fact, the pandemic has compounded the harm of chronic diseases, given that severe cases of COVID-19 disproportionately affect not only older people, but also those who are obese or have preexisting conditions. Each year, hundreds of thousands of people across EU countries die because of air pollution, tobacco and alcohol consumption, unhealthy diets and lack of physical activity. Cross-sectoral policies need to be actively pursued to reduce population exposure to these health risks.

The prevention and early diagnosis of cancers must play a central part in *Europe's Beating Cancer Plan*. In 2020, 2.7 million people are expected to be diagnosed with cancer across the 27 EU Member States, and 1.3 million to die from it. Over 40% of cancer cases are preventable, and mortality can also be reduced through earlier diagnosis and improved care for cancer patients.

The prevention and early diagnosis of mental health issues has also too often been neglected in the past. The COVID-19 pandemic has increased the risk of development of various mental health conditions, particularly among young people and people in lower-income groups. The previous edition of *Health at a Glance: Europe*, published in 2018, made a strong case for preventing and addressing the huge burden of mental health issues in Europe. This has become an even greater priority now. The OECD Council Recommendation on Integrated Mental Health, Skills and Work Policy calls on governments to promote the provision of early and fully integrated services in order to improve social and labour market outcomes for people with mental health problems.

### **Promoting an economic recovery that improves people's health and the environment**

Urgent actions are also needed to counter the huge consequences of the COVID-19 pandemic on the economy, labour markets and people's quality of life. GDP fell by more than 10% in the second quarter of 2020 in many European countries, and the initial impact of the COVID-19 crisis on labour markets has been ten times larger than that observed in the first months following the 2008 Global Financial Crisis. The EU recovery plan from the COVID-19 crisis provides a tremendous opportunity to promote a stronger, more sustainable, fairer and resilient economy.

We are encouraged to see many governments seizing this once-in-a-lifetime opportunity to ensure a truly sustainable recovery, respectful of the environment and people's health. Climate change, pollution and biodiversity loss are the next crises around the corner, and actions must be taken now to tackle them. Green recovery measures are a win-win option as they can boost economic activities while improving environmental outcomes and enhancing people's health and well-being. Decisions

taken now must focus on achieving the national emissions reduction commitments by 2030, to reduce the serious health and mortality consequences of air pollution.

### Promoting more resilient health systems through multilateralism

The COVID-19 pandemic has exposed the insufficient preparation of countries to cope with major public health emergencies. The costs of having more resilient health systems pale in comparison with the huge economic consequences of failing to do so. The new coronavirus is neither the first pandemic nor the last one, and many other more or less predictable events may have a huge impact on public health. It has thus become apparent that both the global and EU health security framework need significant strengthening. Fragmentation makes us all vulnerable and it is only through multilateral cooperation that we can face up to public health threats of the magnitude of COVID-19.

The initiatives aimed at setting out a more comprehensive approach to crisis preparedness, surveillance and response presented by the European Commission in November 2020 – including the *Pharmaceutical Strategy for Europe* and the proposals to build a European Health Union by reinforcing the mandates of the *European Centre for Disease Control* and the *European Medicines Agency* – are some of the first, important steps towards this goal. These initiatives provide examples of greater public health cooperation across borders, in the context of reforming and strengthening the WHO.

In addition, we must harness the lessons of this crisis and plan for a thorough assessment of health system resilience, drawing on the best practices from countries within and outside Europe and the support that the European Commission and the OECD can provide. This exercise should involve all stakeholders and lead to better preparedness for pandemics and other public health emergencies in the future.

The foremost lesson learnt from the COVID-19 pandemic is that there is no trade-off between lives and livelihoods. Public health and the global economy are inextricably linked. We cannot have one without the other. Healthy global economic systems depend on healthy citizens. Strengthening the preparedness and resilience of health systems will require additional resources. With the right investment – from better global public health governance, to stronger health information systems and support for a digital transformation of health systems – the return on the well-being of people and the functioning of economies and societies will be high and long-lasting.



Angel Gurría  
OECD Secretary-General



Stella Kyriakides  
European Commissioner for Health and Food Safety



## Acknowledgements

*Health at a Glance: Europe 2020* is the first step in the *State of Health in the EU* cycle, an initiative launched by the European Commission in 2016 to assist EU Member States in improving the health of their citizens and the performance of their health systems. While the preparation of this publication was led by the OECD, the Commission provided guidance and substantive input throughout the process, as well as financial support.

This publication would not have been possible without the effort of national data correspondents from the 36 countries covered in this report who have provided most of the data and the metadata.

This report was prepared by a team from the OECD Health Division under the co-ordination of Gaétan Lafortune. The preparation of Chapter 1 on resilience to the COVID-19 pandemic was led by Chris James and Guillaume Dedet, with input from Caroline Berchet, Gabriel Di Paolantonio, Tiago Cravo Oliveira Hashiguchi, Emily Hewlett, Caroline Penn and Eileen Rocard. Chapter 2 on the health and welfare impact of air pollution was prepared by Yevgeniy Goryakin (formerly from the OECD Health Division) and Gaétan Lafortune, with input from Michele Cecchini. Chapter 3 on the health status of populations was prepared by Gaétan Lafortune, Eileen Rocard and Gabriel Di Paolantonio, with input from Emily Hewlett. Chapter 4 on risk factors was prepared by Eileen Rocard, Marion Devaux and Sabine Vuik, with input from Joao Matias from the EMCDDA for the indicator on illegal drug consumption among adults. Michael Mueller prepared Chapter 5 on health expenditure and financing, with input from Gastón Escotto Garcia and David Morgan. Rie Fujisawa prepared Chapter 6 on effectiveness and quality of care under the overall supervision of Niek Klazinga, with input from Gastón Escotto Garcia and Eileen Rocard. Chapter 7 on accessibility was prepared by Gaétan Lafortune, Caroline Berchet, Michael Mueller and Gaëlle Balestat, with input from Marie-Clémence Canaud and Gabriel Di Paolantonio, as well as from Sarah Thomson, Jorge Alejandro Garcia, Jon Cylus and Tamas Evetovits from the WHO Barcelona Office for Health Systems Strengthening for the indicator on the financial burden of out-of-pocket spending. This publication benefited from useful comments from Francesca Colombo and Frederico Guanais from the OECD Health Division. Editorial assistance was provided by Marie-Clémence Canaud, Lucy Hulett and Liv Gudmundson.

The European Commission, in particular DG SANTE's *State of Health in the EU* team, provided substantive input and comments on all chapters. Useful input and comments were also received from Eurostat for all chapters, the European Centre for Disease Prevention and Control (ECDC) for Chapter 1 and some indicators in Chapter 6, DG Environment and the European Environment Agency for Chapter 2, the Joint Research Centre (JRC) for the cancer indicators in Chapters 3 and 6, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for some indicators in Chapter 4, and the CONCORD programme for the cancer indicators in Chapter 6.



From:

## Health at a Glance: Europe 2020

### State of Health in the EU Cycle

Access the complete publication at:

<https://doi.org/10.1787/82129230-en>

---

#### Please cite this chapter as:

OECD/European Union (2020), "Foreword", in *Health at a Glance: Europe 2020: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/4faf4e43-en>

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.