European healthcare systems and their issues and trends

Money vs. Wisdom



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### **WORLD POPULATION**

162,807

8,031,242,630	Current World Population
45,463,657	Births this year
326,105	Births today
22,766,069	Deaths this year
163,298	Deaths today
22 607 507	
22,697,587	Net population growth this year

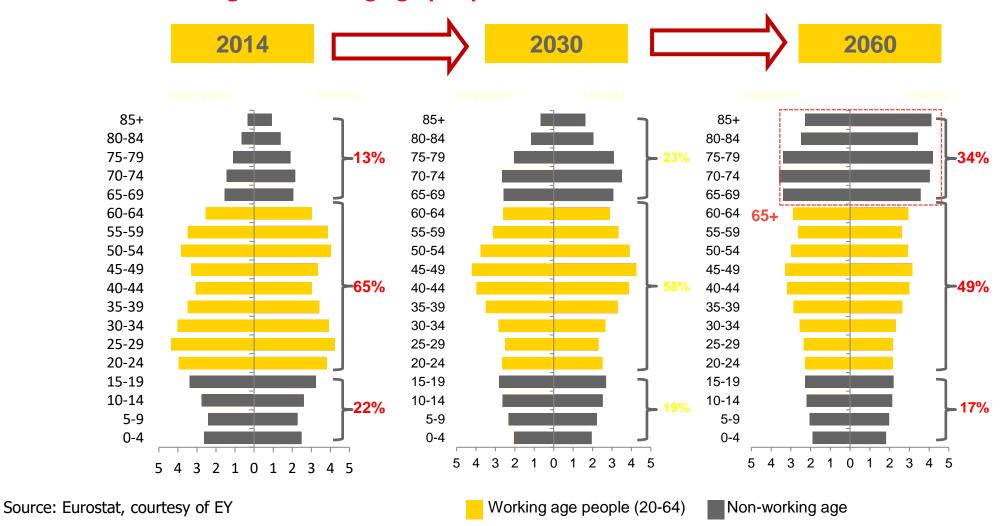
Net population growth today

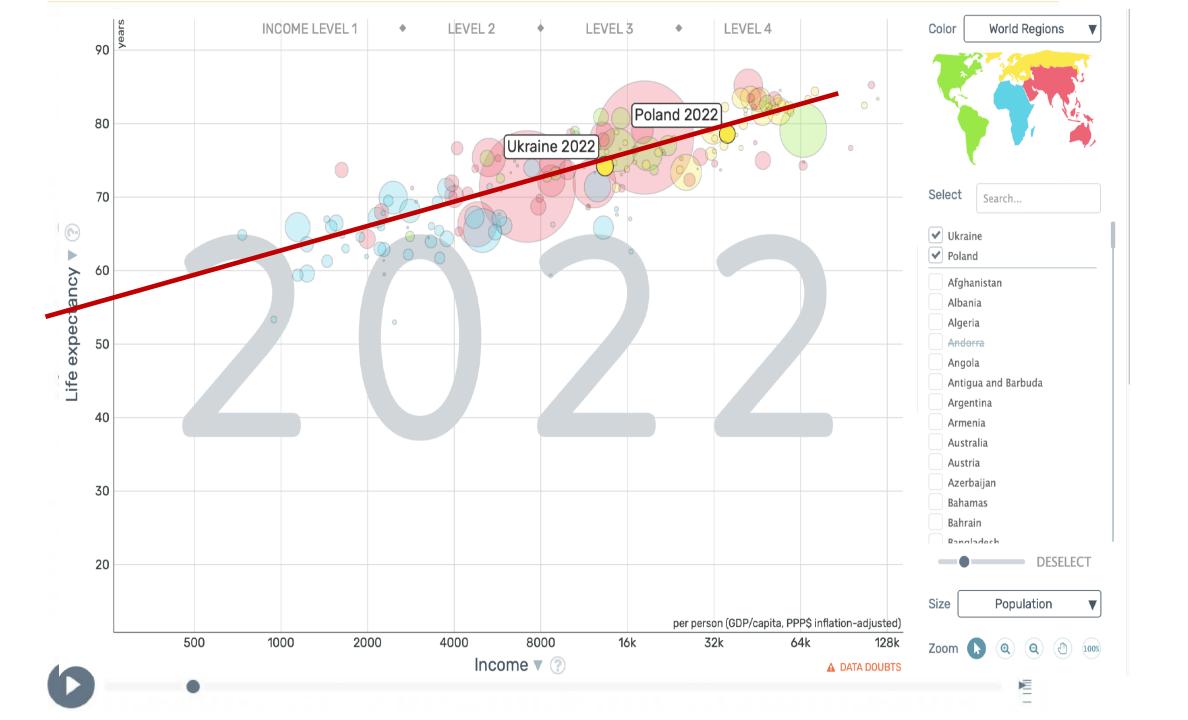
\$ 14,695,655,188
\$ 9,843,694,628
\$ 4,223,190,028
Public Healthcare expenditure today
Public Education expenditure today
Public Military expenditure today

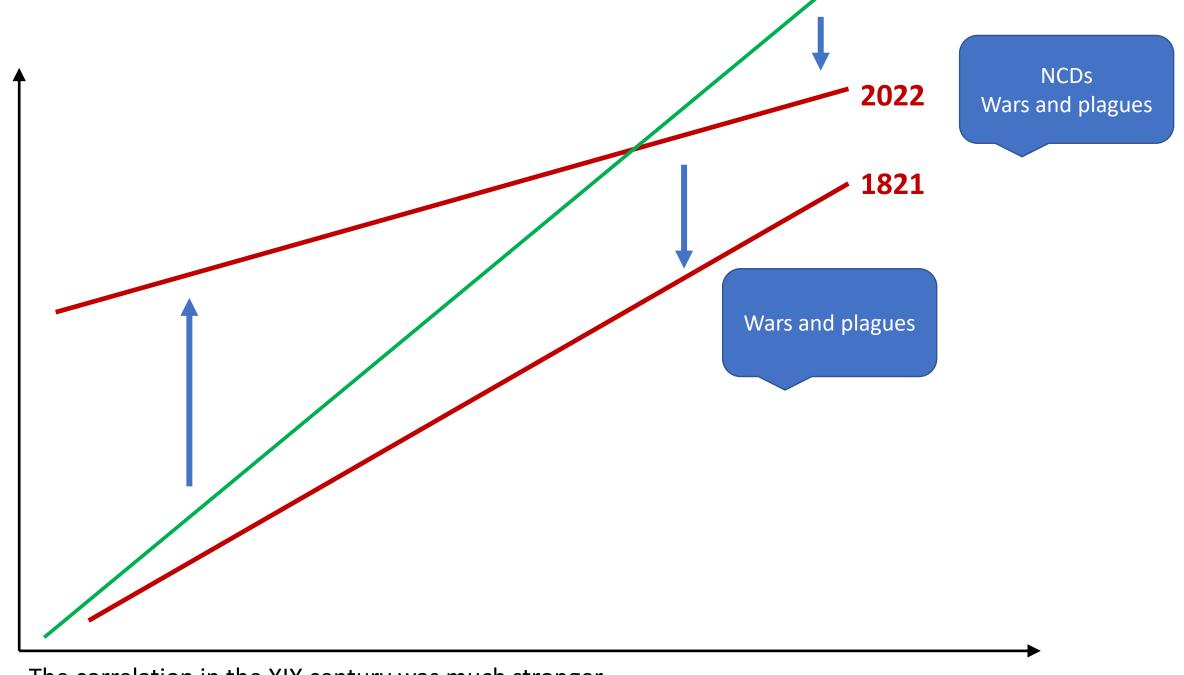
https://www.worldometers.info/pl/ (accessed 08.04.2023)

### **Demographic effect (Poland)**

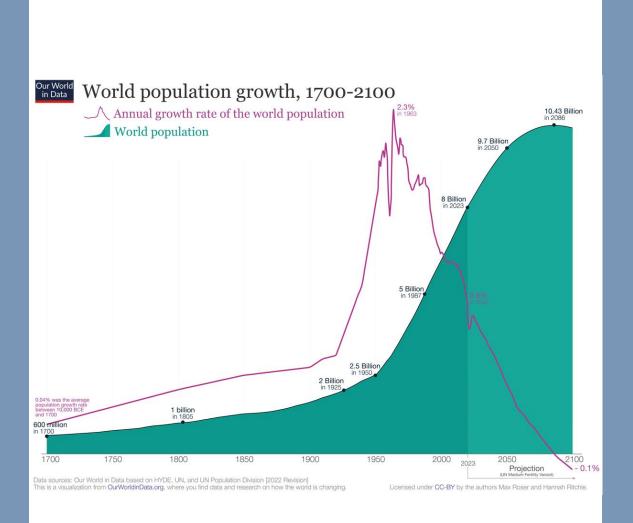
- Number of people 65+ will increase from 5,1 mln in 2010 (13% of population) to 11,3 mln in 2060 roku (over 34%).
- Percentage of working age people will decrease from 65% to 49%







The correlation in the XIX century was much stronger



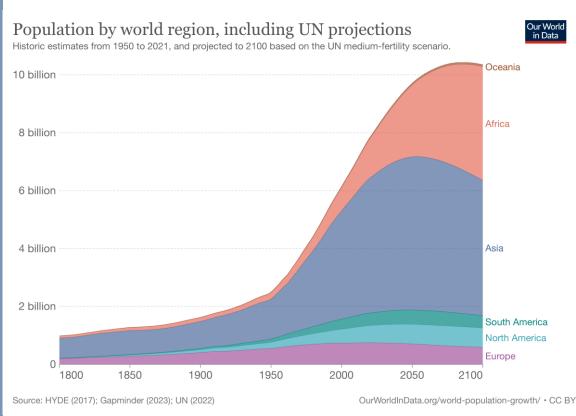
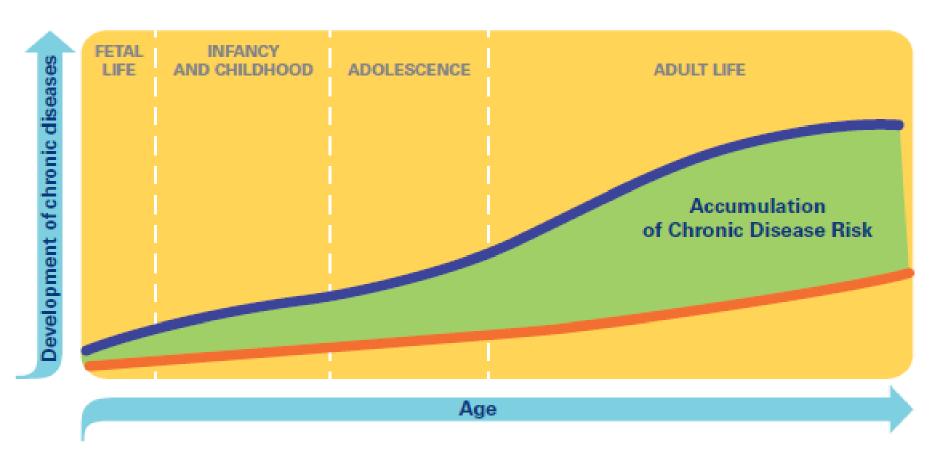


Figure 11

The risk of a chronic disease development increases with age due to the disparity between preventive measures and negative influences.

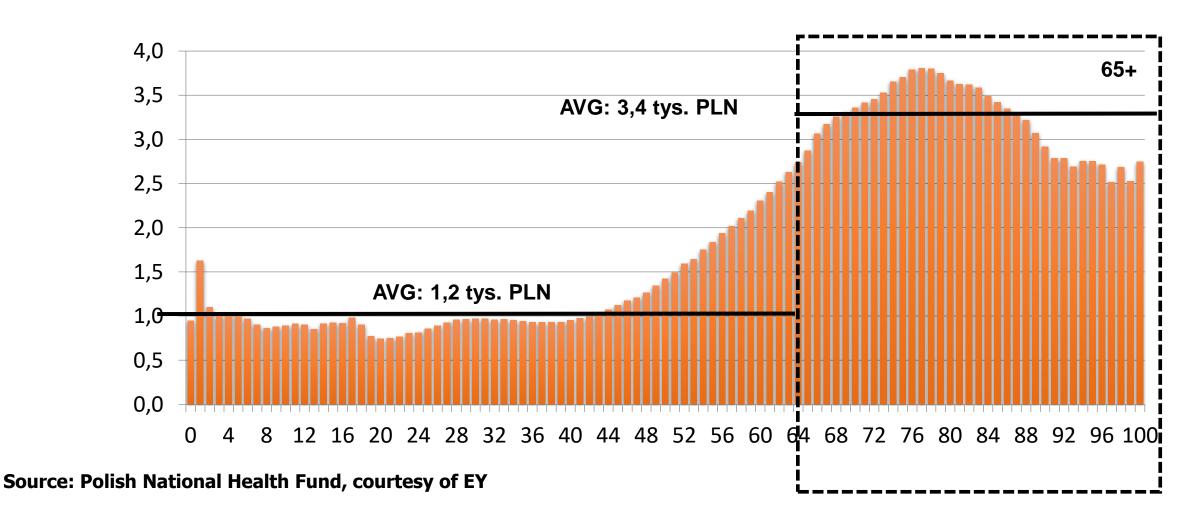
A Life Course Approach to Chronic Diseases



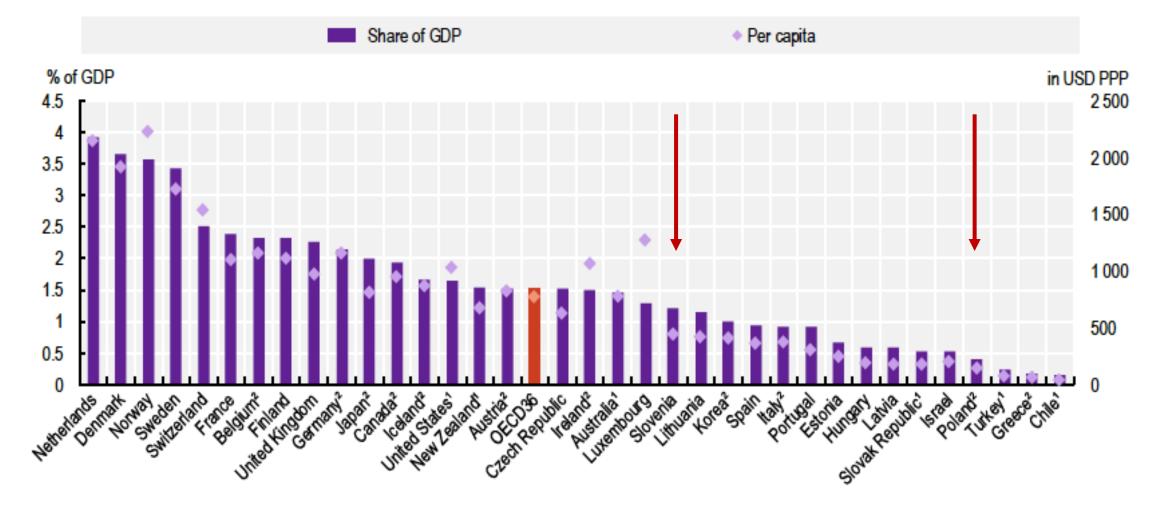
Source: World Health Organization. (2005). "Preventing Chronic Disease, A Vital Investment".

Assuming no change in the proportions of the demand, population ageing will cause:

- increased demand,
- changed structure of the demand,
- increased need for financing.



#### Spending on long-term care

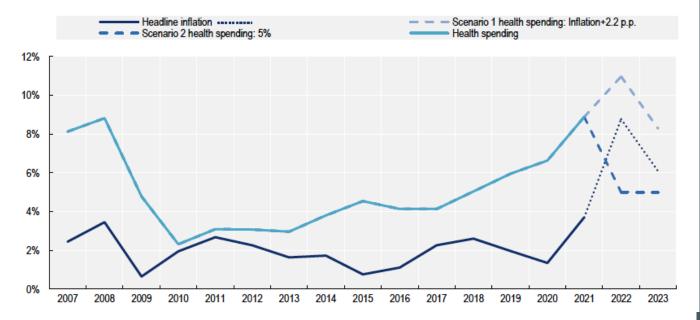


1. Estimated by the OECD Secretariat. 2. Countries not reporting spending for LTC (social). In many countries this component is therefore missing from total LTC but in some countries it is partly included under LTC (health). Colombia became an OECD member after the 2020 data collection and is missing from the chart.

Source: OECD Health Statistics 2020, <a href="https://doi.org/10.1787/health-data-en">https://doi.org/10.1787/health-data-en</a>; Mueller, Bourke and Morgan. (2020[1]) "Assessing the comparability of Long-Term Care spending estimates under the Joint Health Accounts Questionnaire", <a href="https://www.oecd.org/health/health-systems/LTC-Spending-Estimates-under-the-Joint-Health-Accounts-Questionnaire.pdf">https://www.oecd.org/health/health-systems/LTC-Spending-Estimates-under-the-Joint-Health-Accounts-Questionnaire.pdf</a>.

Figure 1. Health spending has consistently outpaced headline inflation over the last 15 years

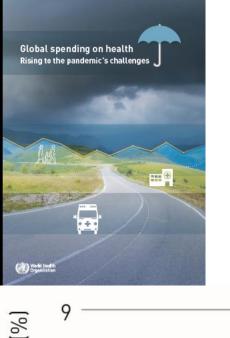
Annual changes in current health expenditure, in nominal terms, compared to headline inflation, OECD average





Note: Scenario 1 (light blue dashed line) shows average health spending growth at 2.2 percentage points (the average between 2010 and 2019) above projected inflation (dotted line). Scenario 2 (dark blue dashed line) shows health spending growth at 5% – the average observed growth of health spending over the last 15 years.

Source: OECD Health Statistics 2022. OECD Economic Outlook, June 2022.



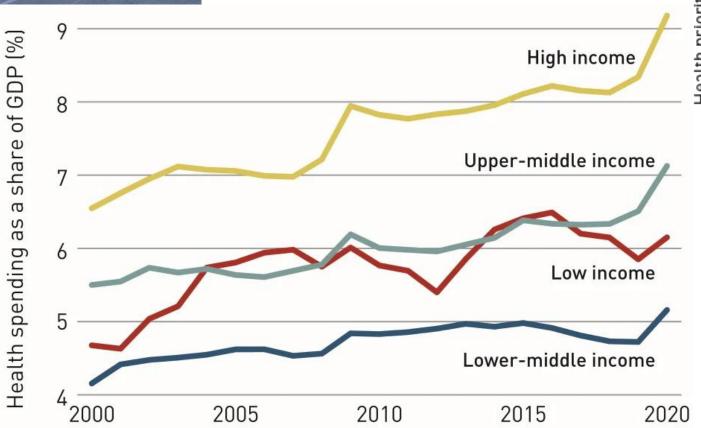
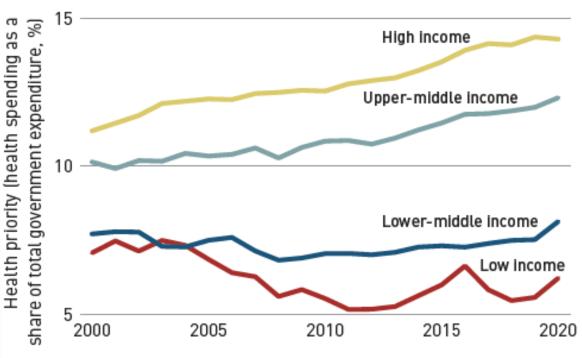


FIGURE 1.6 Health priority rose sharply in low, lowermiddle and upper-middle income countries in 2020



### Money

Aging societies are the main cost driver in health care

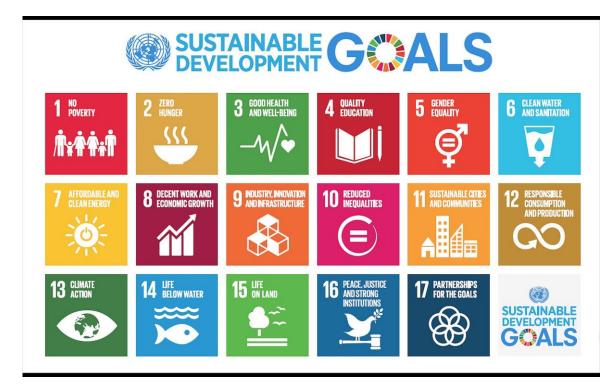
The demand rose during the pandemics (health debt)

We're still not satisfied with the quality and availability of health care

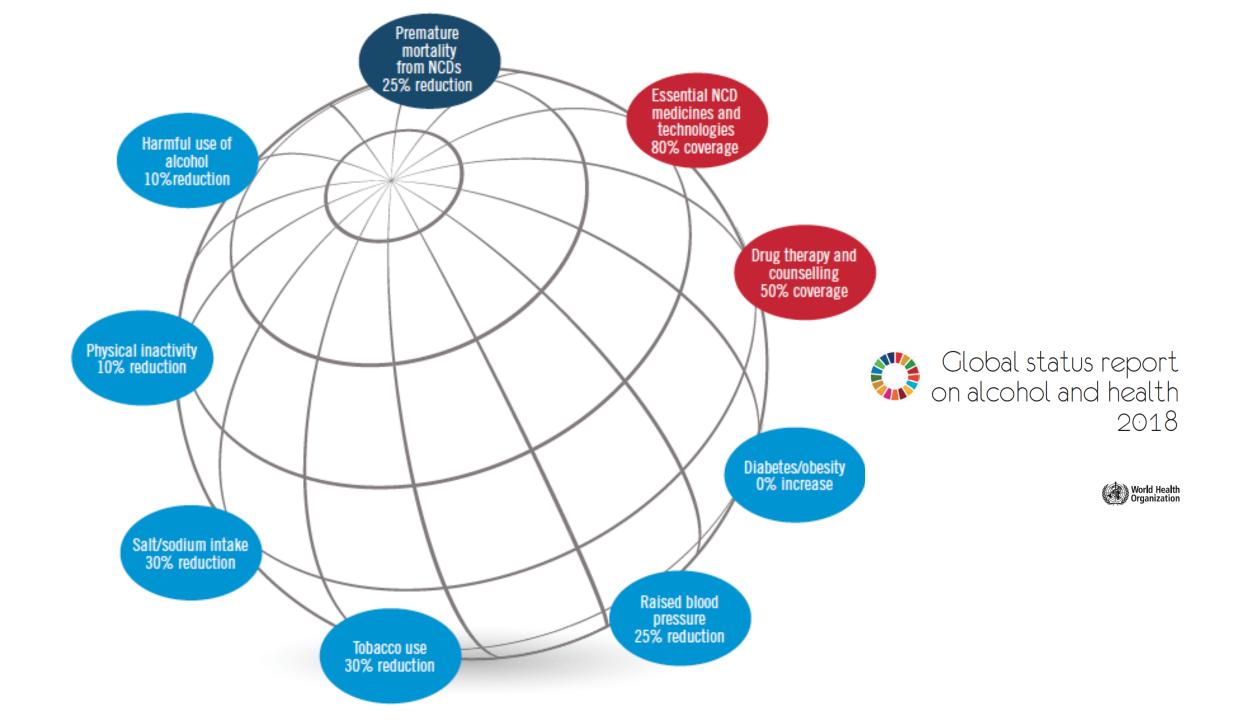
Inflation rose to its maximum in over a decade – "medical inflation" seems to be even higher.

## Wisdom



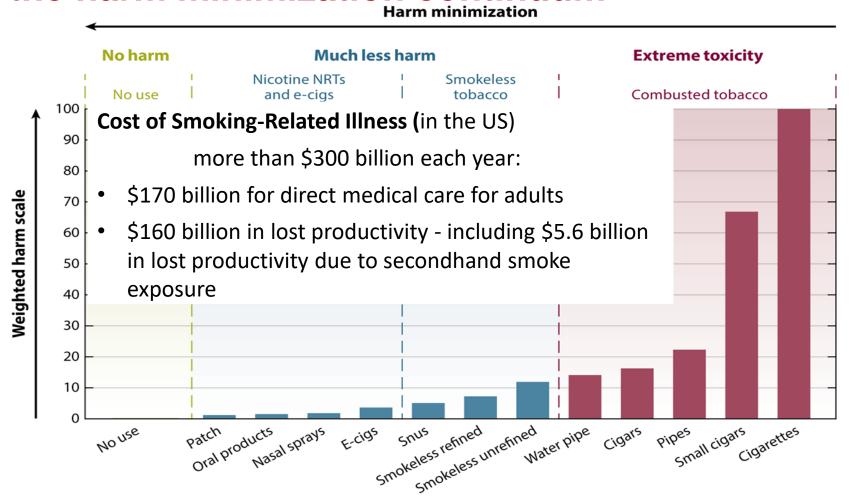


SDG Target 3.4: By 2030 reduce by 1/3 premature mortality from NCDs through prevention and treatment and promoting mental health and wellbeing.



# Tobacco products along the harm minimization continuum

### Tertiary prevention



The figure depicts 4 panels representing classes of products ranging from exceptionally low harm to exceptionally high harm.

Panel 2 (left middle) depicts the class of nicotine delivery products without any tobacco (e-cigs/e-vapor products and nicotine replacement therapies - NRTs).

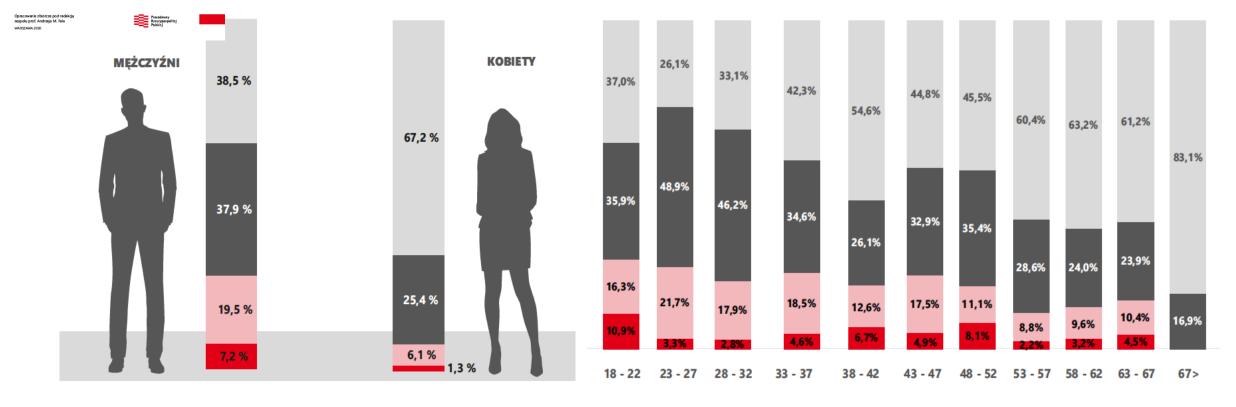
Panel 3 (right middle) - products containing noncombusted or smokeless tobacco.

Panel 4 (right) - combusted or smoked tobacco.

Panel 1 (left) depicts not use and thus no exposure.





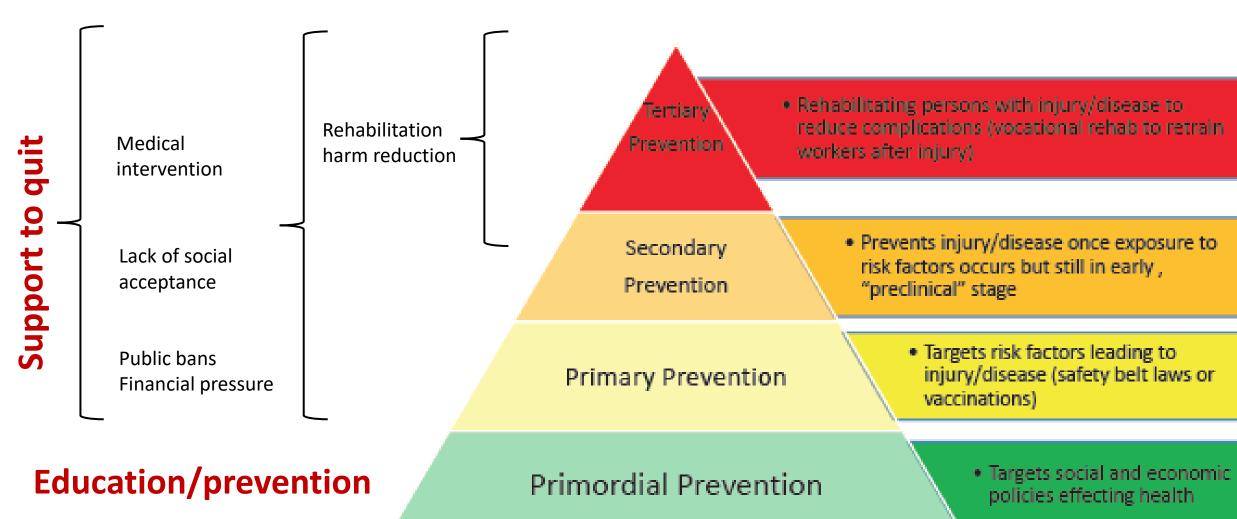


By sex ...

By age ...

Tobacco harm reduction involves providing tobacco users who are unwilling or unable to quit using nicotine products with less harmful nicotine-containing products for continued use.

### **Public health - prevention stages**







**US\$ 1 US\$ 7** 

Every US\$ 1 invested in the WHO Best Buys will yield a return of at least US\$ 7 by 2030





A 15% reduction in premature mortality could be achieved by 2030 by implementing the WHO Best Buys





Retu





Invest

US\$ 1



Return

US\$ 12.82



nvest

US\$ 1 <sup>→</sup>



Returr

US\$ 9.13



nvest

US\$ 1 -



Retu

**US\$ 2.80** 



Invest

US\$ 1 -



Return

US\$ 3.29



ivest

US\$ 1

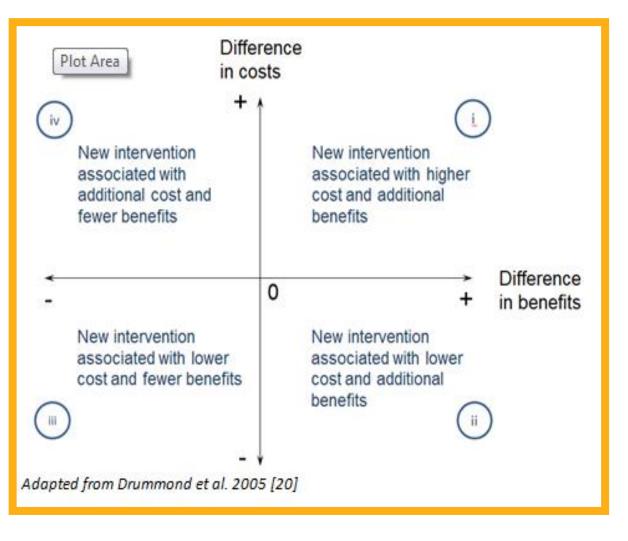


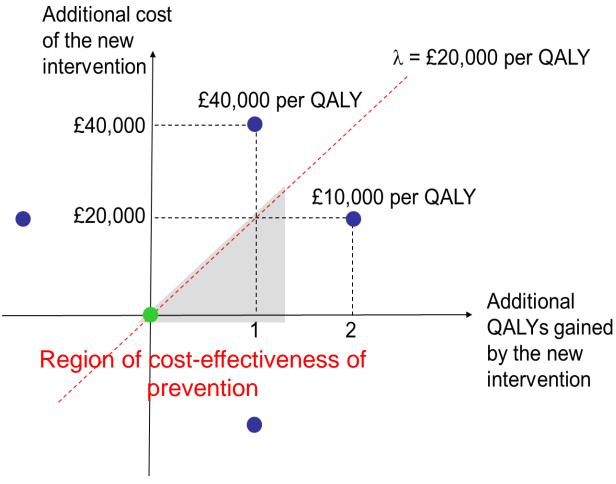
.

US\$ 2.74



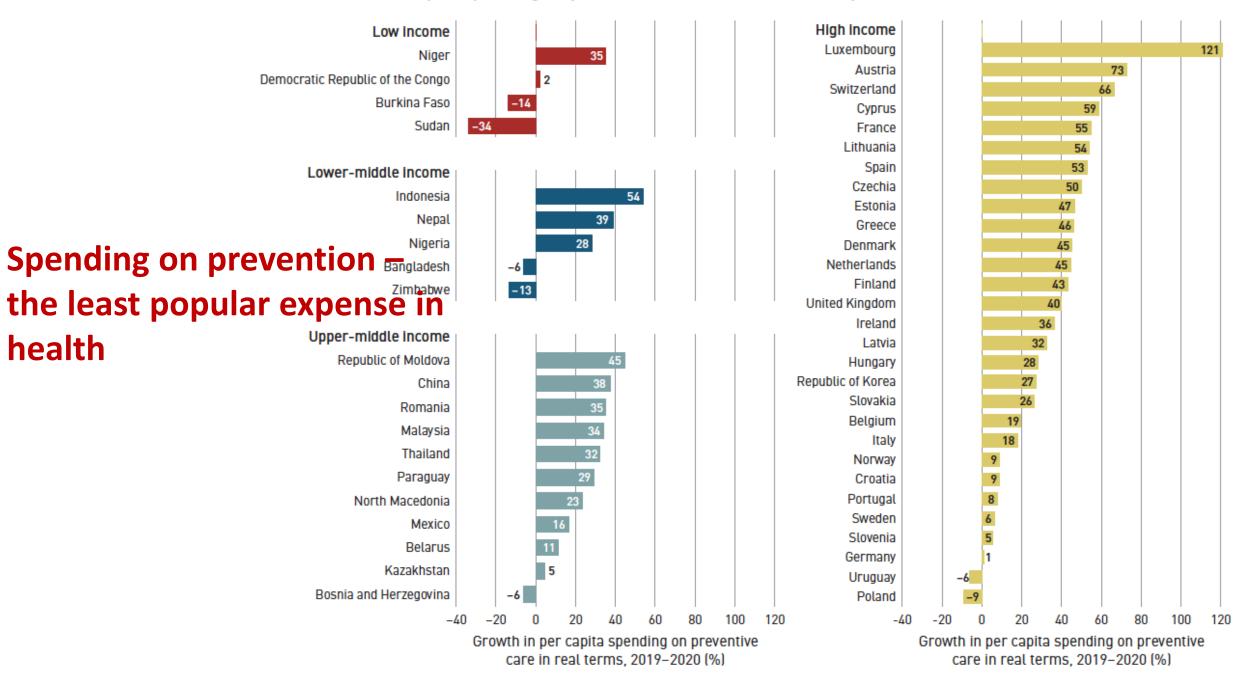
### **Cost-effectiveness**





WHO – 2017 report; own research

FIGURE 2.7 Per capita spending on preventive care rose substantially in 2020 in most countries with data



### Wisdom

Prevention is the most effective way of investing in future health.

Lifestyle changes, reduction of behavioral risk factors can reduce the burden of NCDs.

NCDs are responsible for over 90% of premature death' and for more than 60% of curative medicine costs.

Harm reduction – employing the innovative techniques should be used for "quitters" support.