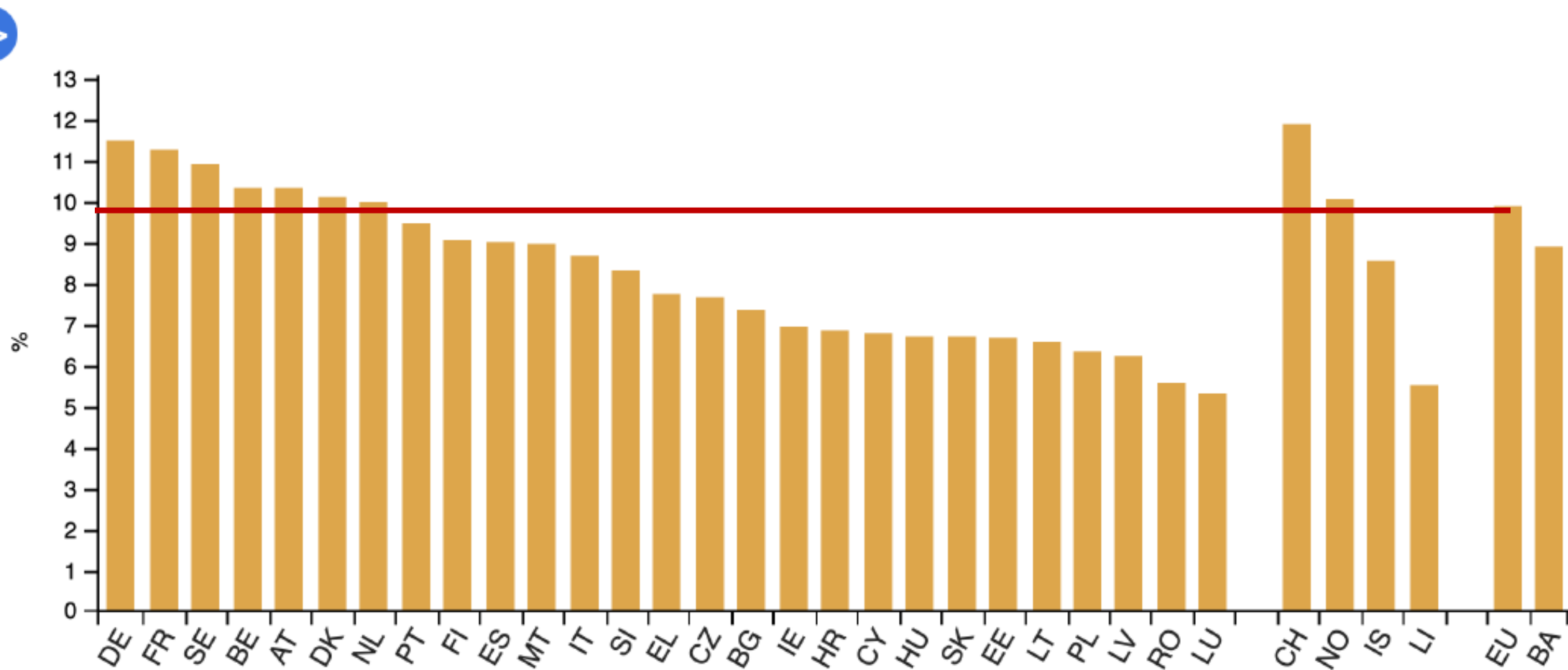


Health policies – time to change

Genesis
Unde venimus?

Prof. Andrzej M. Fal

Current healthcare expenditure relative to GDP, 2018



Source: Eurostat,

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_expenditure_statistics, Visited 06.12.2021

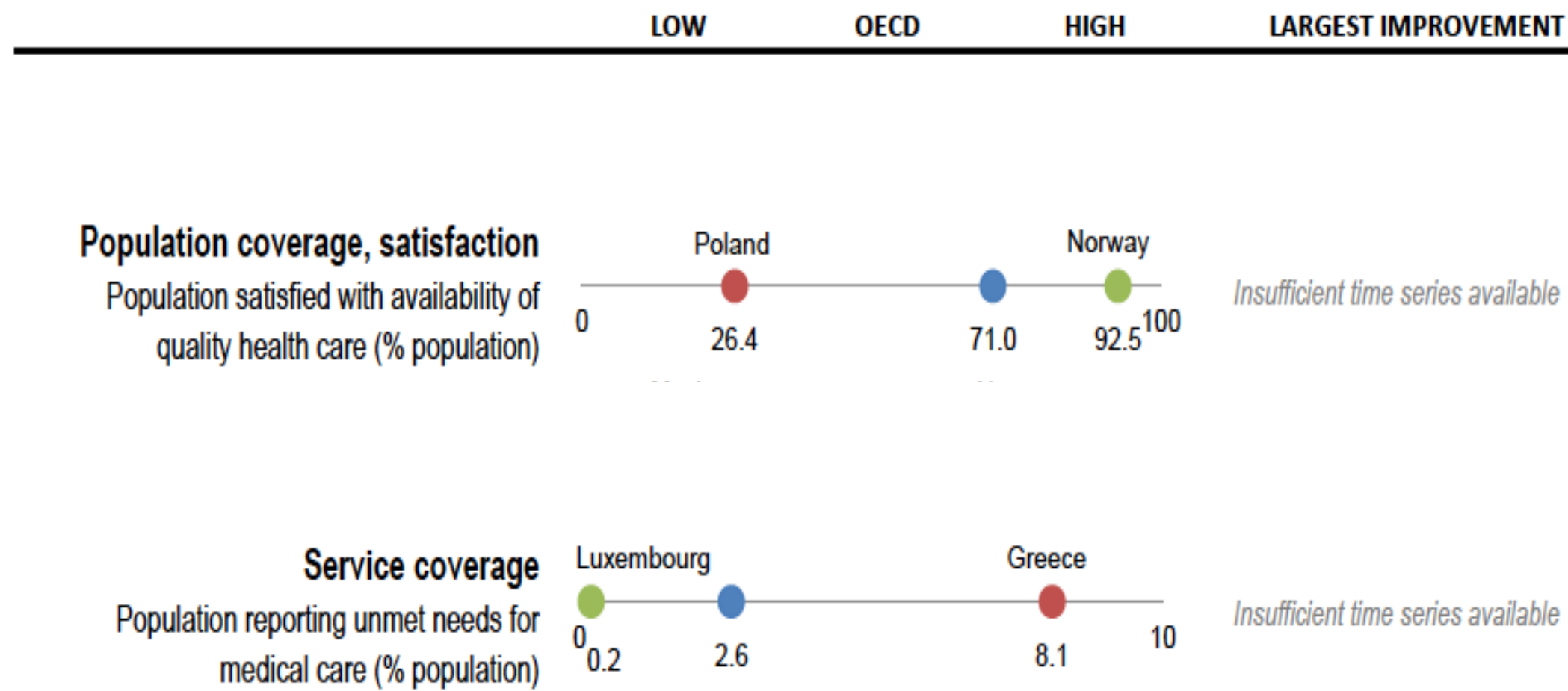
Doctors & nurses



Note: The EU average is unweighted. In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large overestimation of the number of practising doctors (e.g. of around 30% in Portugal). In Austria and Greece, the number of nurses is underestimated as it only includes those working in hospital.

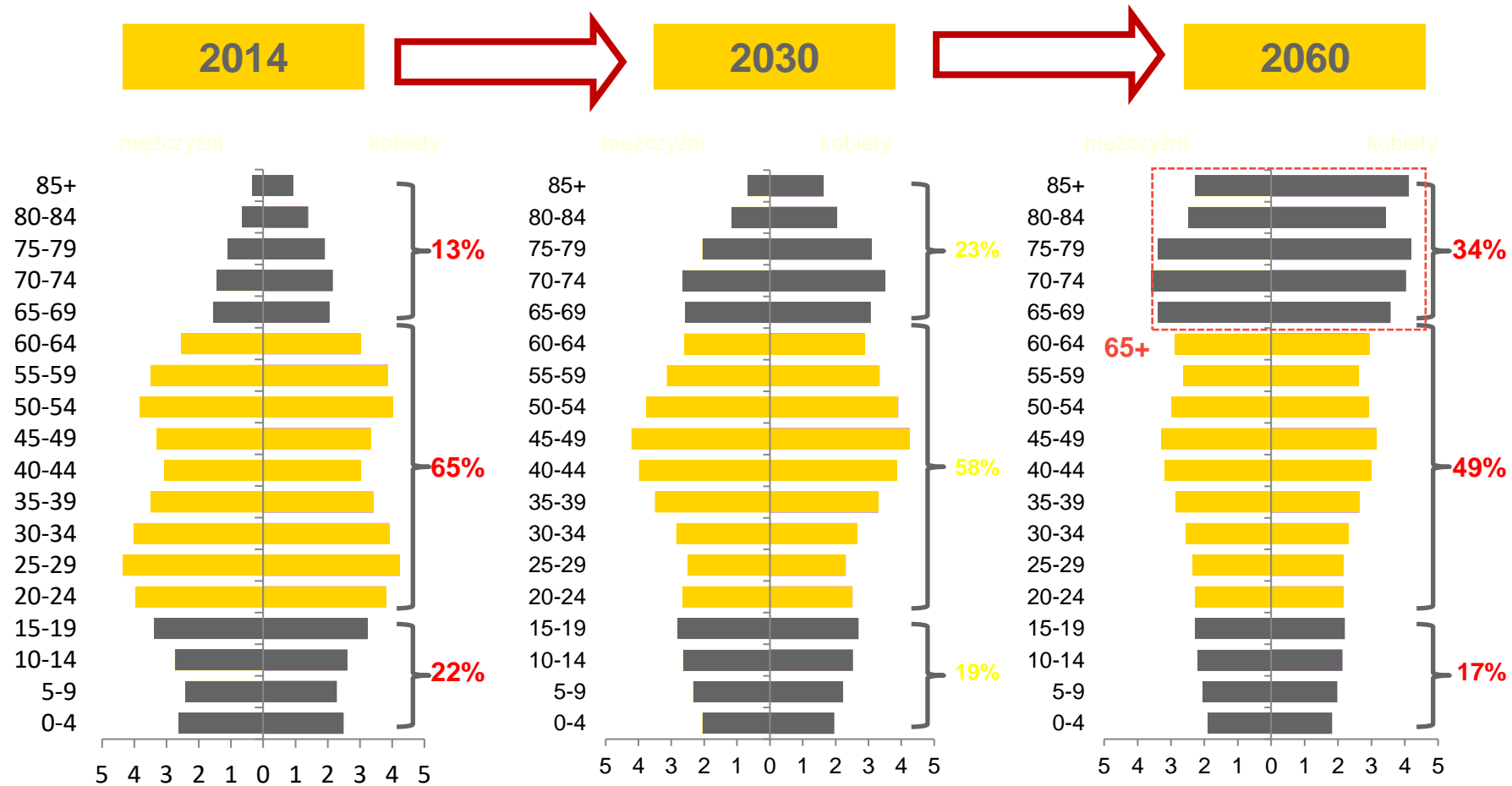
Source: OECD Health Statistics 2020; Eurostat Database.

Figure 1.4. Access to care across the OECD, 2019 (or nearest year)



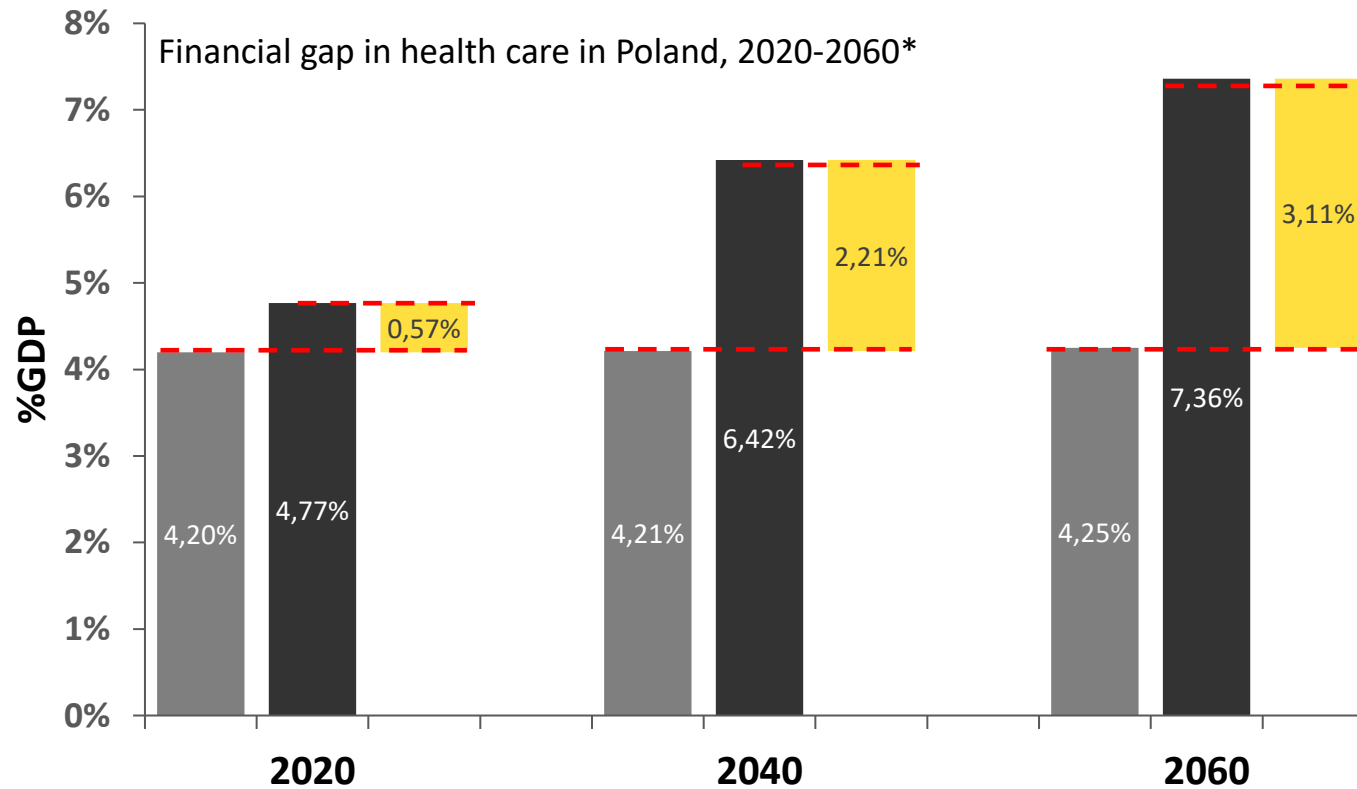
Demographic effect (Poland)

- 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%**



Financial effect (Poland)

- Maintaining the present financing mechanism - the financial gap in public health care may reach in Poland 3% GDP



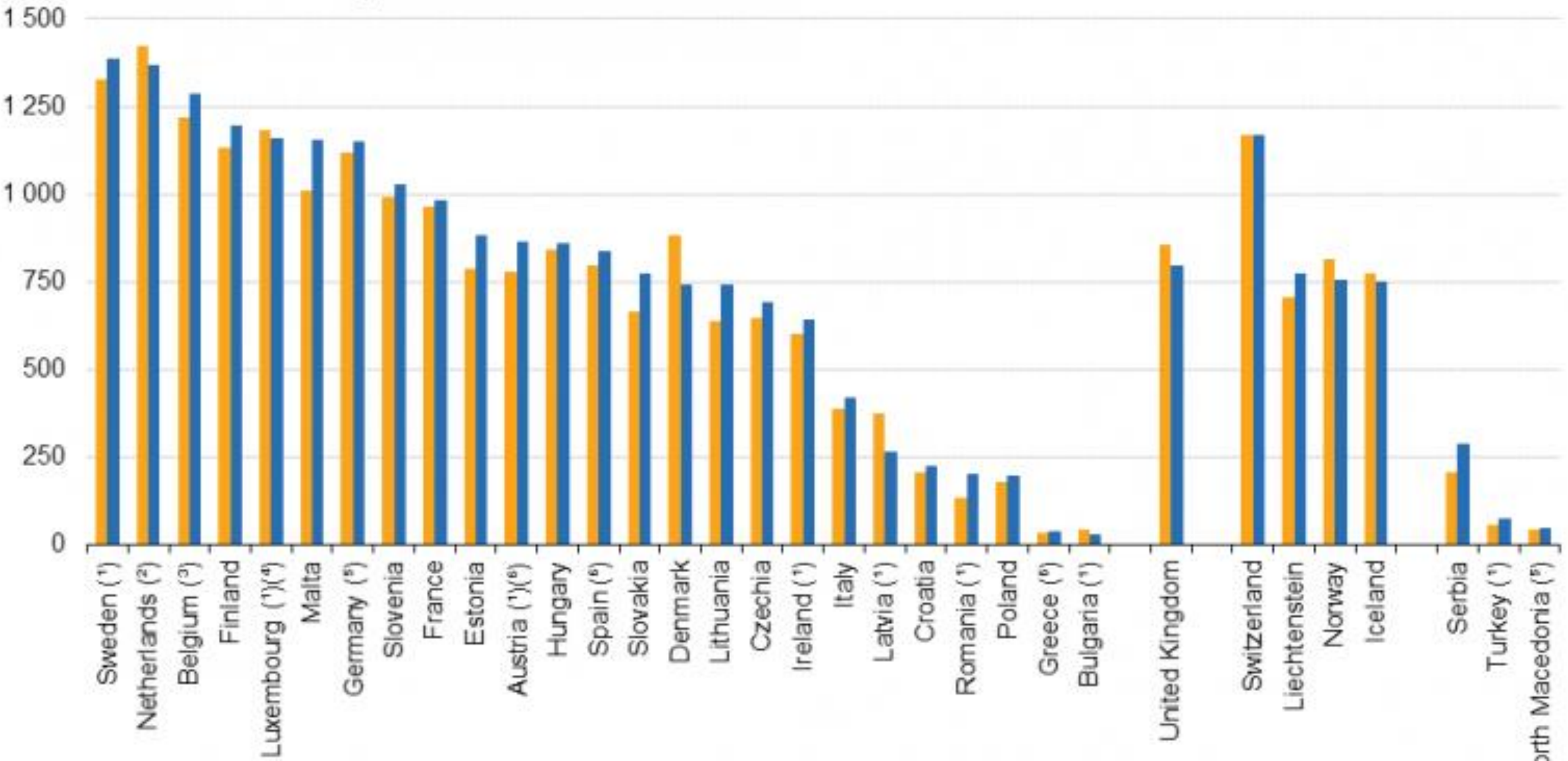
Courtesy of EY.

Source: Ministry of Finances ; European Commission, The 2015 Ageing Report .

Long-term care beds in nursing and residential care facilities, 2013 and 2018

(per 100 000 inhabitants)

Change in resources demand



Present
Ubi sumus?

“Health debt”

... defined as the sum of
medical procedures not
financed, postponed or
reduced for any reason.



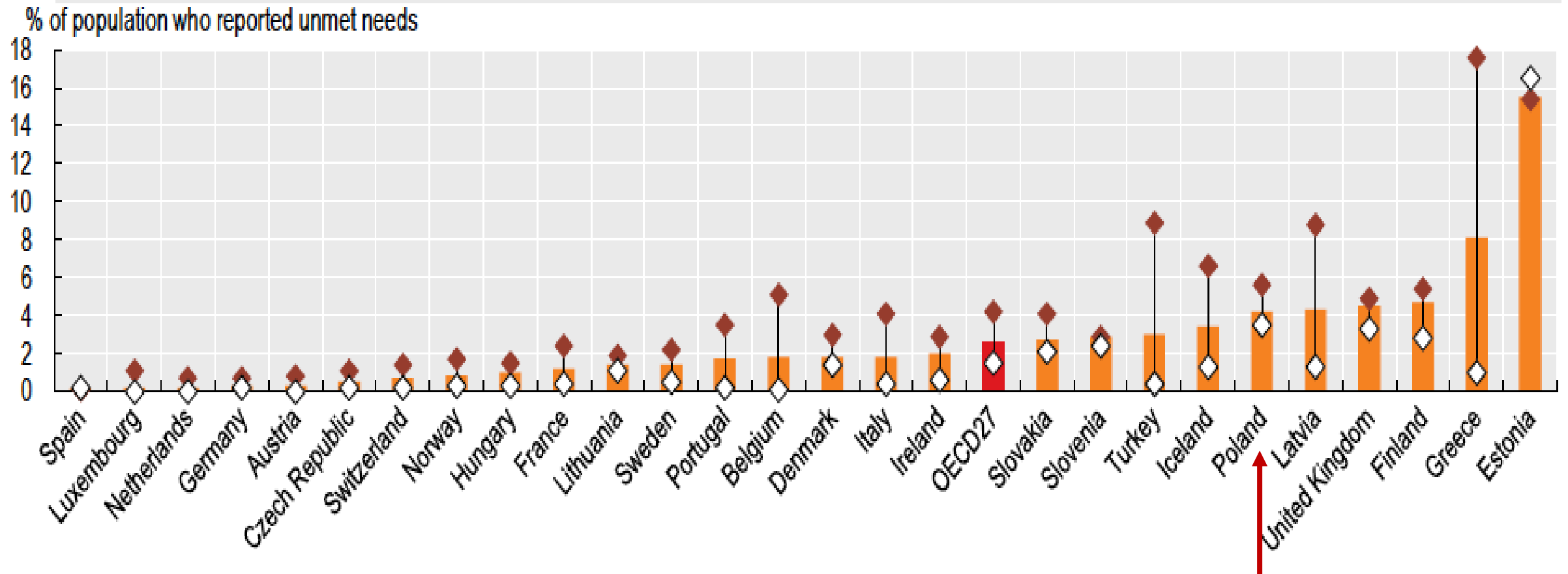
OECD

Figure 5.4. Population reporting unmet needs for medical care, by income level, 2019

Total

Lowest quintile

Highest quintile

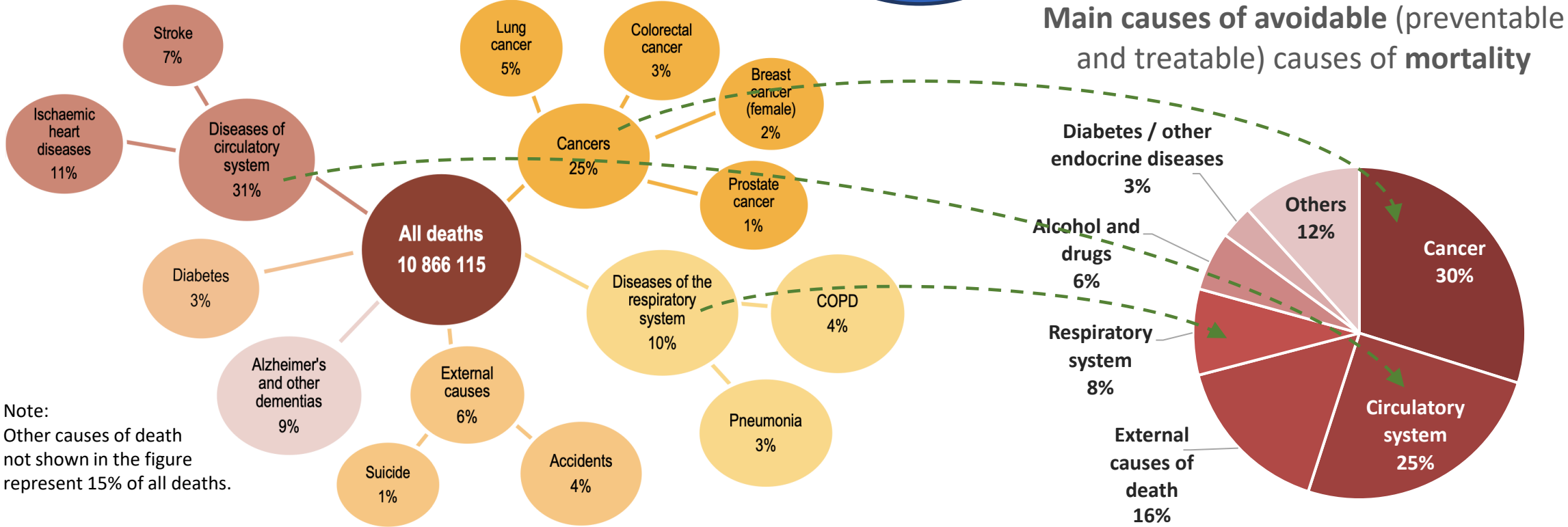


Source: Eurostat database, based on EU-SILC.

Avoidable death prior to pandemic

Totally possible:
-16% of all deaths

OECD Main causes of mortality across OECD countries, 2017 (or nearest year)



Note:
Other causes of death
not shown in the figure
represent 15% of all deaths.



Cumulative excess mortality compared to reported COVID-19 deaths per million population, January 2020 to end of June 2021

Excess deaths per 1 million population

COVID-19 deaths per 1 million population

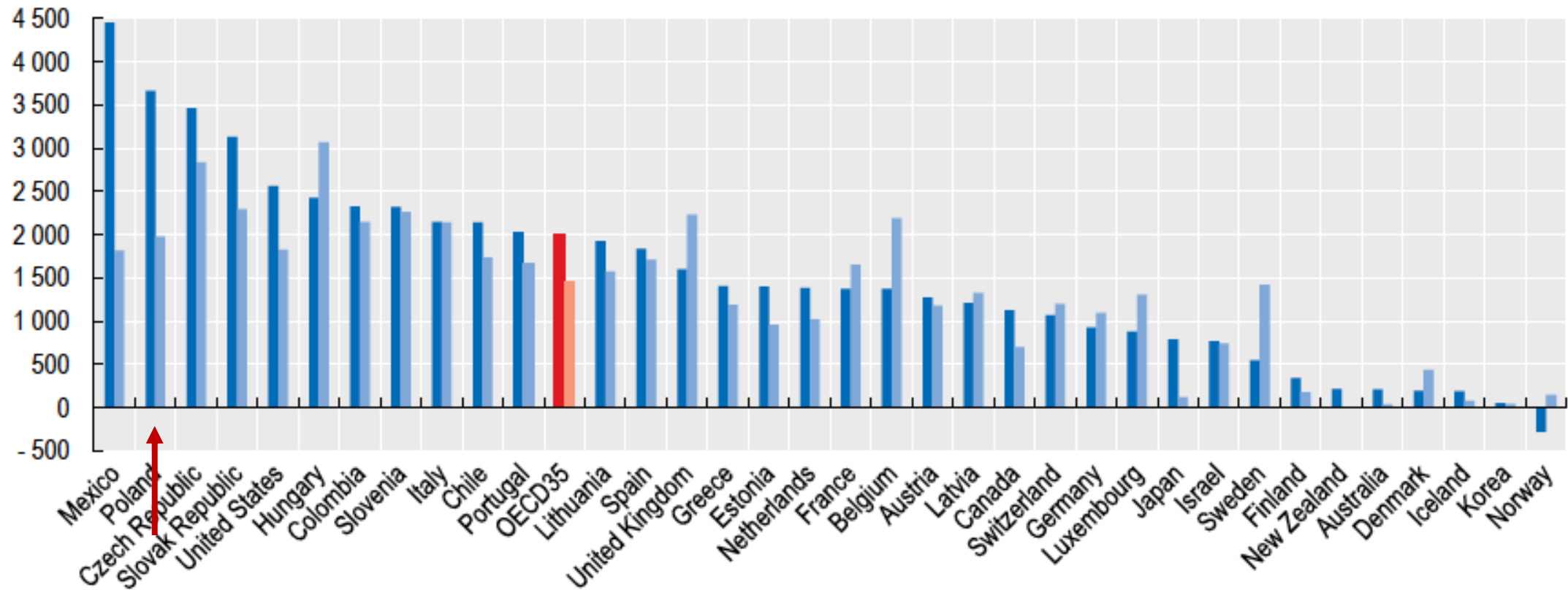
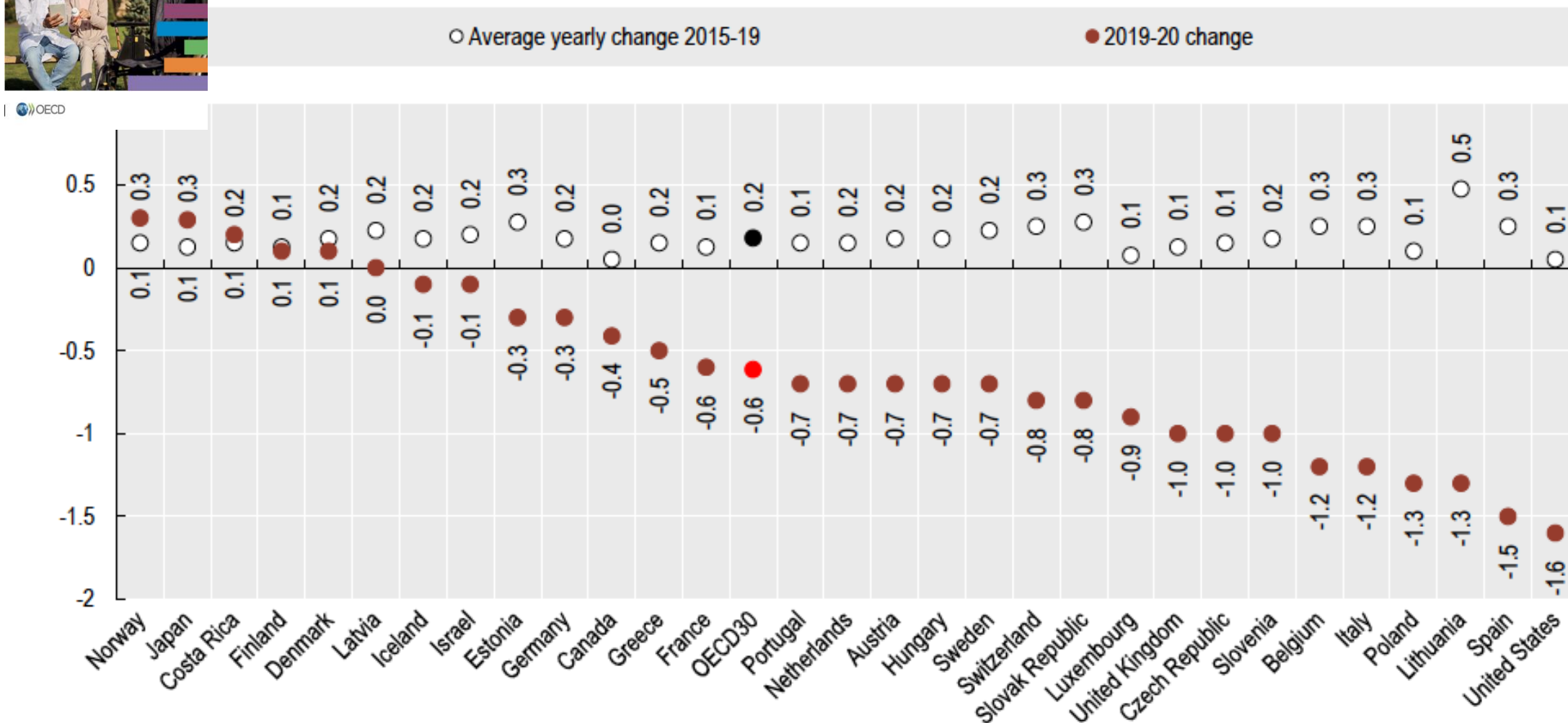


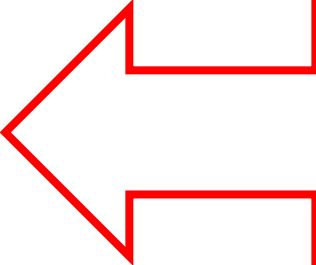


Figure 3.2. Reductions in life expectancy during the pandemic



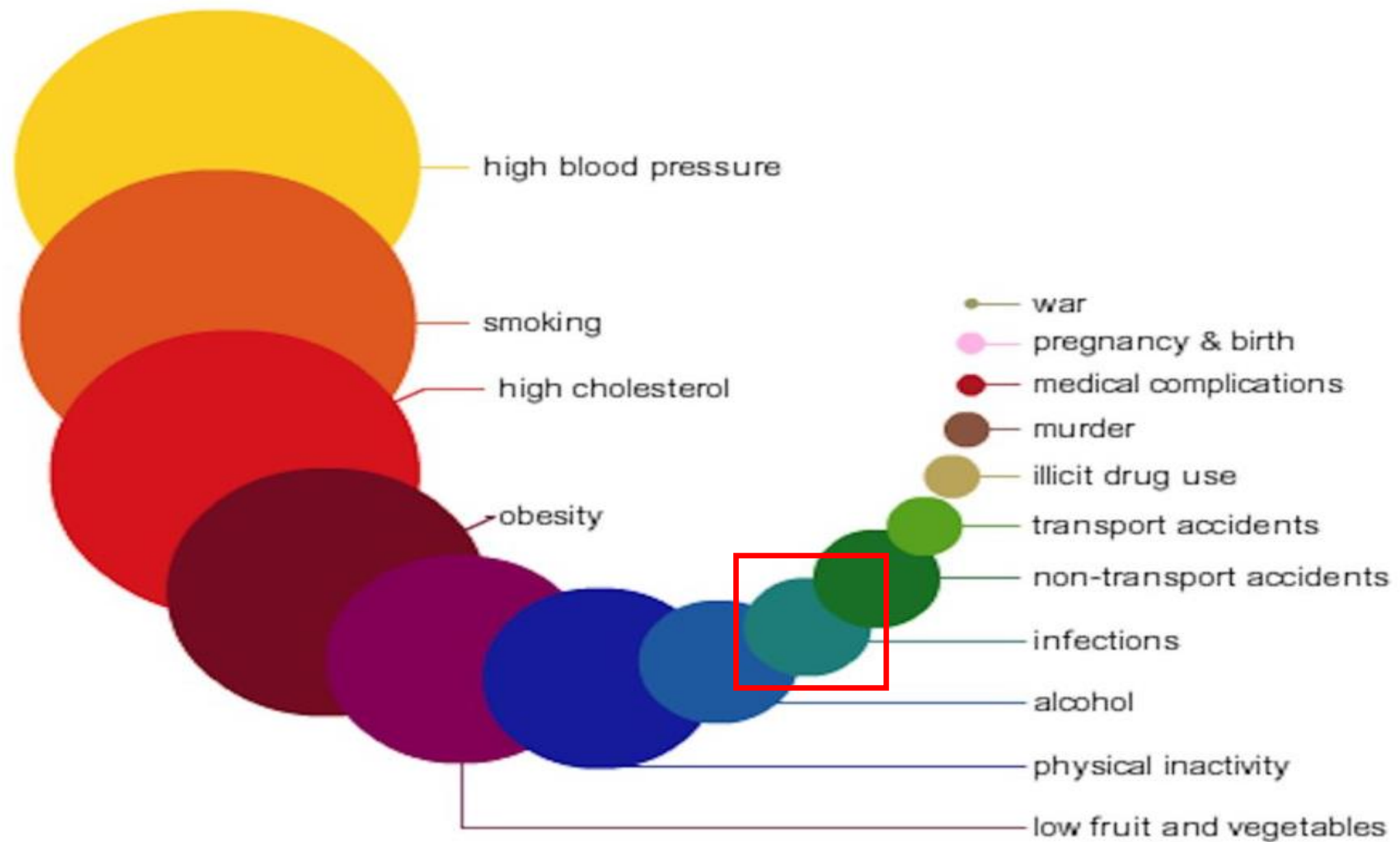
Future Quo vadimus?

World after COVID-19

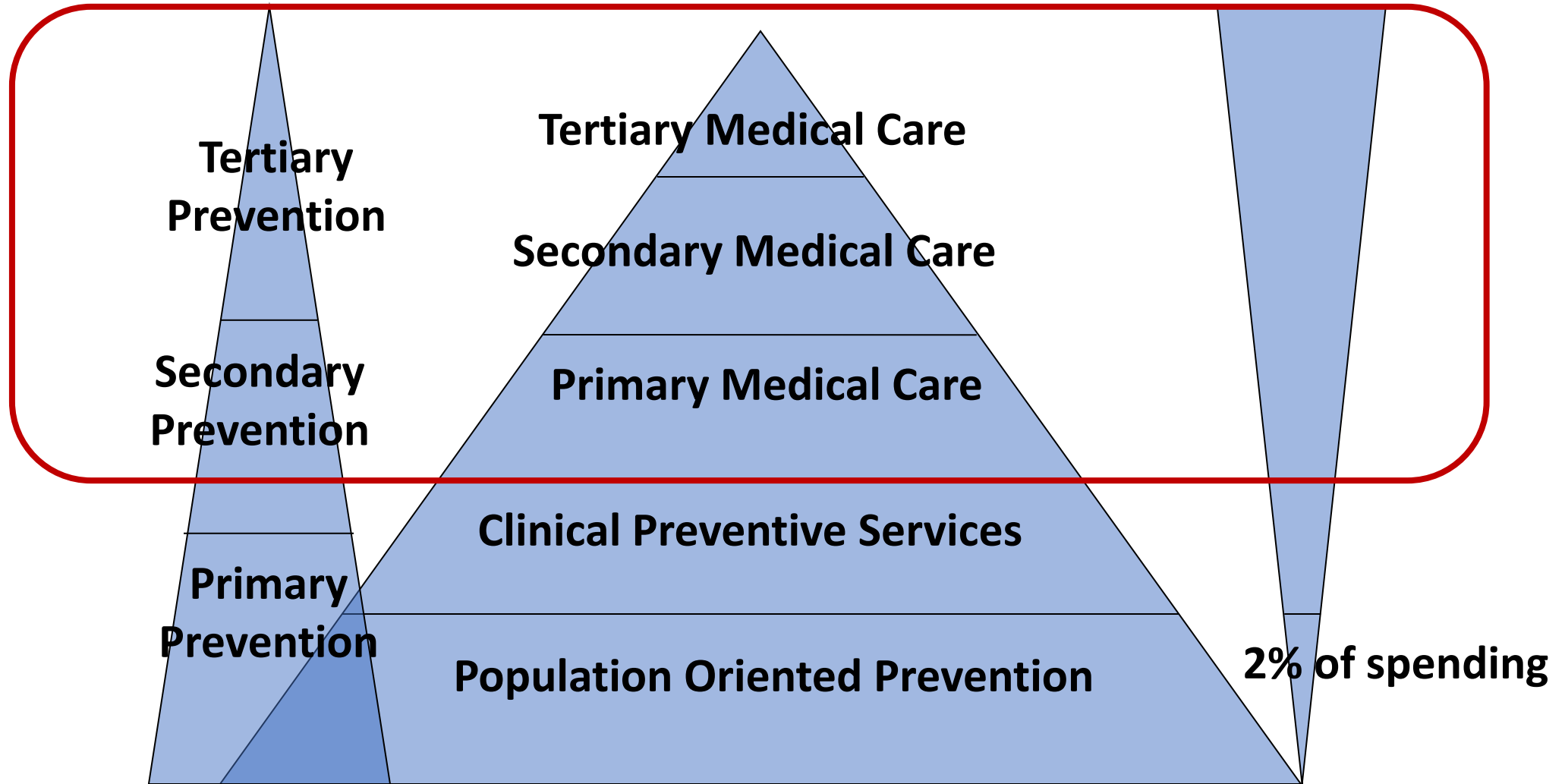


During the past 22 months of COVID19 pandemic at least **5,3 mln** people died due to the **SARS-CoV-2** infection.

During the same time - **approx. 75 mln** people died prematurely due to **NCDs**.



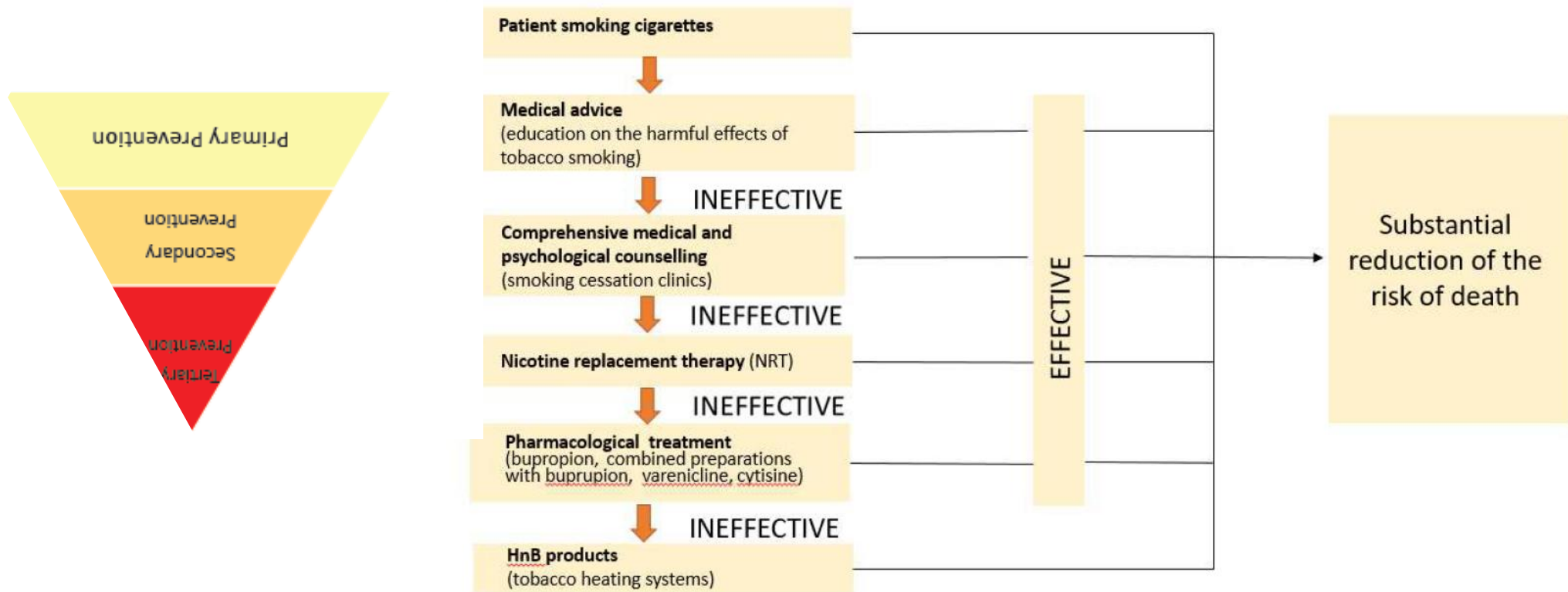
Prevention, Curative Medicine, Financing



Polish Experts Group Opinion on Heat-not-Burn tobacco products

Tertiary prevention

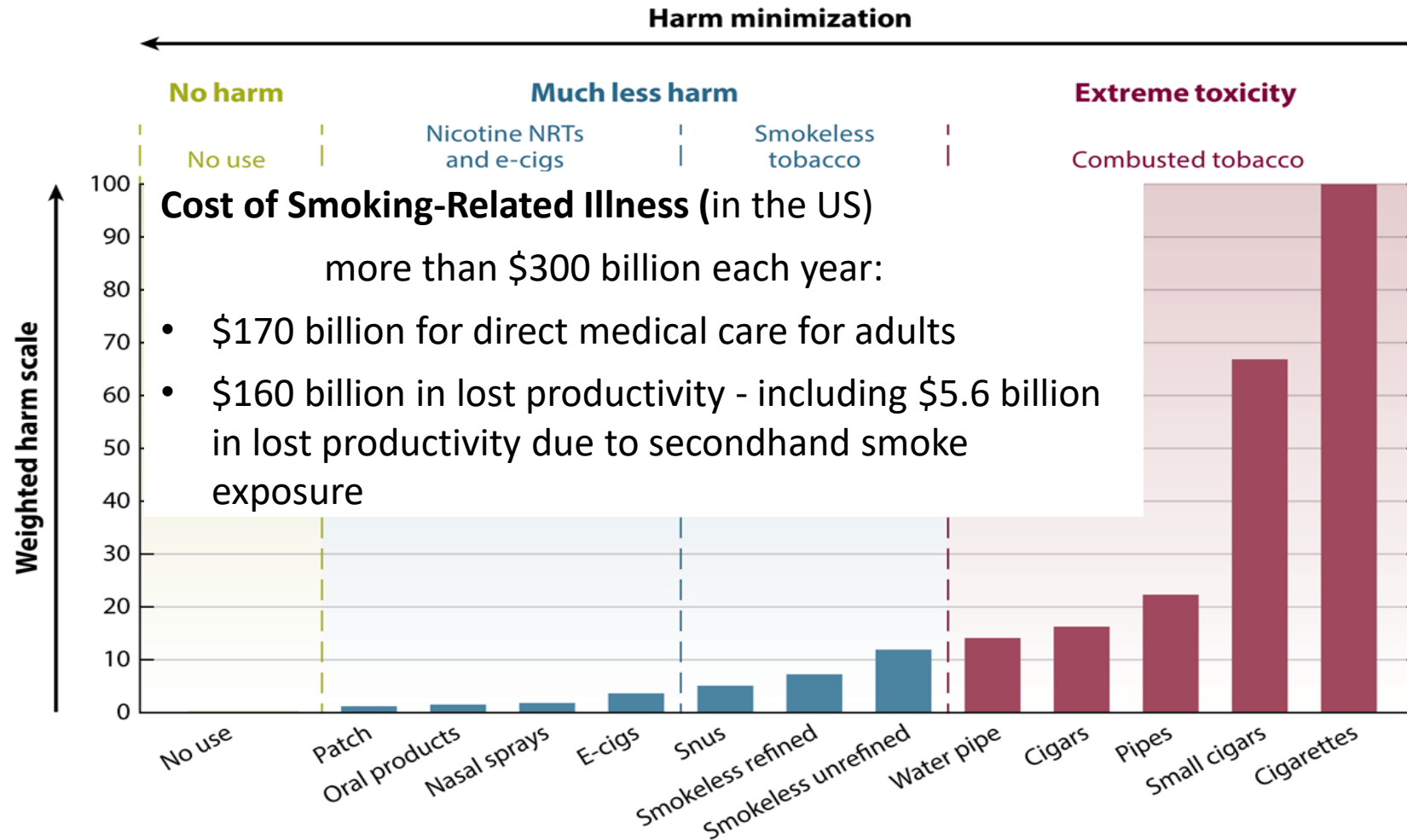
Choroby Serca i Naczyn 2019, tom 16, nr 2, 135–142, DOI: 10.5603/ChSiN.2019.0021



Proposed diagram of intervention with the aim to quit smoking;
HnB (heat-not-burn) — tobacco products based on heating tobacco

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 1 (left) depicts no use and thus no exposure.

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.

1. Being focused on the pandemic right now we should prepare **new public health attitudes and new mechanisms of financing** of health care in EU after the pandemic.
2. Excessive death during COVID19 proved that the **overall health status in many EU countries is far from satisfactory**. It also proved many inequalities between EU Member States.
3. The real long-term threat to public health in EU are noncommunicable diseases. **They're responsible for over 90% of premature death. For NCDs prevention is much more cost-effective** than curative medicine.
4. Society ageing results in rising healthcare costs but it also forces **major changes in hospital structure** (long term beds, physiotherapy).

- Aiming to universal access and coverage of health care in EU in the future we need to:
 - Create a roadmap of health priorities.
 - Build a common EU health care systems based on the same standards for all citizens.
- **To improve financing:**
 - Increase excise taxes on all harmful-to-health products and transfer these amounts to the health care.
 - Incline all employers to finance periodic health checkups for their employees
 - Stimulate “silver economy” development to decrease old-age-dependency ratio.
- **To improve health status**
 - Implement the HiAP attitude in all Member States
 - Focus on NCDs, preventive measures including harm reduction attitude to decrease the impact of behavioral factors (smoking, binge drinking, sugar) on the health status of citizens.