

Successes and failures of health policy in Europe: four decades of divergent trends and converging challenges

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The volume represents one of a series of books produced by the European Observatory on Health Systems and Policies, and it is directed to public health practitioners, health policy makers, and public health scientists both in Europe and elsewhere. It aims to depict the impact of the different health policies implemented in the EU Member States on the population health in Europe in the last 40 years (1970-2010). In this book health policies are defined as “decisions, plans, and actions that are undertaken to achieve specific health goals within a society”, and Authors focus their analysis on the health policies that are based on primary or secondary prevention.

During these years the health of Europeans overall has improved markedly. The progress, however, has been very uneven, if we consider that currently the life expectancy in the former Soviet Union have yet to recover to the levels reached in 1970. How much of the variation in the overall and specific mortality rates can be explained by the success and failure of the health policies in the different European countries is what the book aims to systematically address.

The comparative analysis of the health policies in Europe performed by the Authors has many goals, among them to identify the “best practices from which other countries can learn; to make it possible to quantify what these policies have achieved and what they might achieve in the future; to dissect why some countries have succeeded while others have failed to tackle the determinants of health among their people”, so that others can learn from their experiences.

As authors state, by identifying the determinants of successes and failures of health policy, an important guidance will derive for policy makers on how to achieve optimal results.

The book covers eleven areas of health policy that have been identified in preliminary analyses as having contributed to major population health gains in at least some European countries. These are tobacco, alcohol, food and nutrition, fertility, pregnancy and childbirth, child health, infectious diseases, hypertension detection and treatment, cancer screening, mental health, road safety, and air pollution. For each of these areas, reviews were carried out to search and grade scientific evidence on the effectiveness of potentially relevant policies. Secondly, data were collected on the actual implementation of these policies in different European countries, and analyses were made concerning the impact of these policies on health outcomes. Thirdly, the possible determinants of between country differences in implementation of effective health policies were explored.

The final part of the analysis consisted of a systematic between-country analysis, seeking to identify countries whose overall success was better than might be expected given other factors known to influence health policies. An exploration was then carried out to identify the governance conditions that are associated with successful health policy. Finally, implications for policy makers were formulated.

In this context, how Italy performs? The first area covered in the book concerns the tobacco policy, which is quantified using the comprehensive Tobacco Control Scale (TCS) (1). Policies included are: cigarette prices, smoke-free workplaces and public places including bars and restaurants and public transport, spending on public information campaigns, comprehensive bans on advertising and promotion, large direct health warning labels and cessation treatment including the existence of a national quitline, reimbursement of pharmaceutical treatment products, and the operation of a national quitline. From the latest available data in 2010, Italy was among the first 15 countries scoring above 45 (on a 100-point scale, led by the UK).

The three best buys for alcohol policy are tax increase, limits on availability, and bans for advertising (2). Compared with 1980, in Italy the per capita consumption of alcohol decreased from 17 litres to 7 litres in 2009. How much of this dramatic change is due to reinforcement of alcohol policies, beside the societal changes, is difficult to address.

Concerning health policies related to food and nutrition, as well as pregnancy and fertility, Italy performs similar to the other Southern EU countries, with fruit and vegetables consumptions currently being the highest in EU (soon after the Greece). As for the child safety, Italy is one of the few countries (together with Austria, Sweden and the Czech Republic) having laws mandating fencing for public pools, and legislation concerning the minimum number of lifeguards and for their certification standards. Concerning policies towards the prevention of infectious diseases, Italy is the 5th country in EU for the uptake of influenza vaccination among >65 years old in 2008 (around 70%), even though is one of the countries with the highest incidence of measles in 2011.

Additionally, Italy is among the few EU countries with considerably low average levels of systolic blood pressure in men and woman, with a large change in the average levels in the past 30 years. It is widely believed that adherence to modern guidelines for the detection and treatment of hypertension explains such changes. Lastly, concerning road traffic injuries, Italy together with Spain was pioneer concerning the obligation to wear a reflective vest for anyone providing roadside assistance or leaving a stranded vehicle. Additionally, from 2000 to 2010, a 34% increase in the wearing of front seat-belts was associated with a 53% decrease in deaths in car occupants (3).

In conclusion, in the 40 years that Authors have surveyed, the populations of European countries have followed very different trends in health. Life expectancy at birth (for both sexes combined) now varies from 69 years in the Russian Federation to 82 years in Switzerland. While some European countries have experienced rapid and/or early declines in mortality from these causes, others have made no progress at all. Authors show that at least part of the explanation why there were declines in mortality from certain causes of death was indeed the implementation of effective health policies in ten out the 11 areas covered (mental health being the only exception). These successes have, however, not been shared equally between countries. Using a set of 18 quantitative performance indicators covering all of the ten areas, Authors constructed a summary health policy performance score that allowed to compare countries. As a group, the Nordic countries have been most successful, most of the other Western European countries also perform quite well, while most countries of the Western Balkans and Central & Eastern Europe perform less well, with the greatest failures seen in the former Soviet Union.

As a result of this first ever attempt to compare quantitatively the performance of European countries in terms of their health policies, Authors conclude that “we urge policy makers from all of Europe to combine efforts, through mutual learning and mutual assistance, to implement what we know to be possible and thereby improve the health and well-being of their citizens in the coming decades”.

References

- (1) Joossens L, Raw M. The Tobacco Control Scale: a new scale to measure country activity. *Tobacco Control* 2006; 15(3): 247-53
- (2) From Burden to “Best Buys”: Reducing the Economic Impact of Non-Communicable Diseases in Low- and Middle-Income Countries. World Health Organization and World Economic Forum. 18 Sept 2011. Copenhagen, WHO/WEF
- (3) Road accidents resulting in deaths and injuries. ISTAT. 31 Oct 2012. Rome