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Public policies for disease prevention in Europe

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Policies for disease prevention in Europe

- **Legal basis for disease prevention in the European Union**
- Comparison of national policies for disease prevention
 - 1° prevention: Road traffic accidents
 - 2° prevention: Cervical cancer
 - 3° prevention: Diabetes mellitus
- Conclusions

Legal basis for EU prevention policy

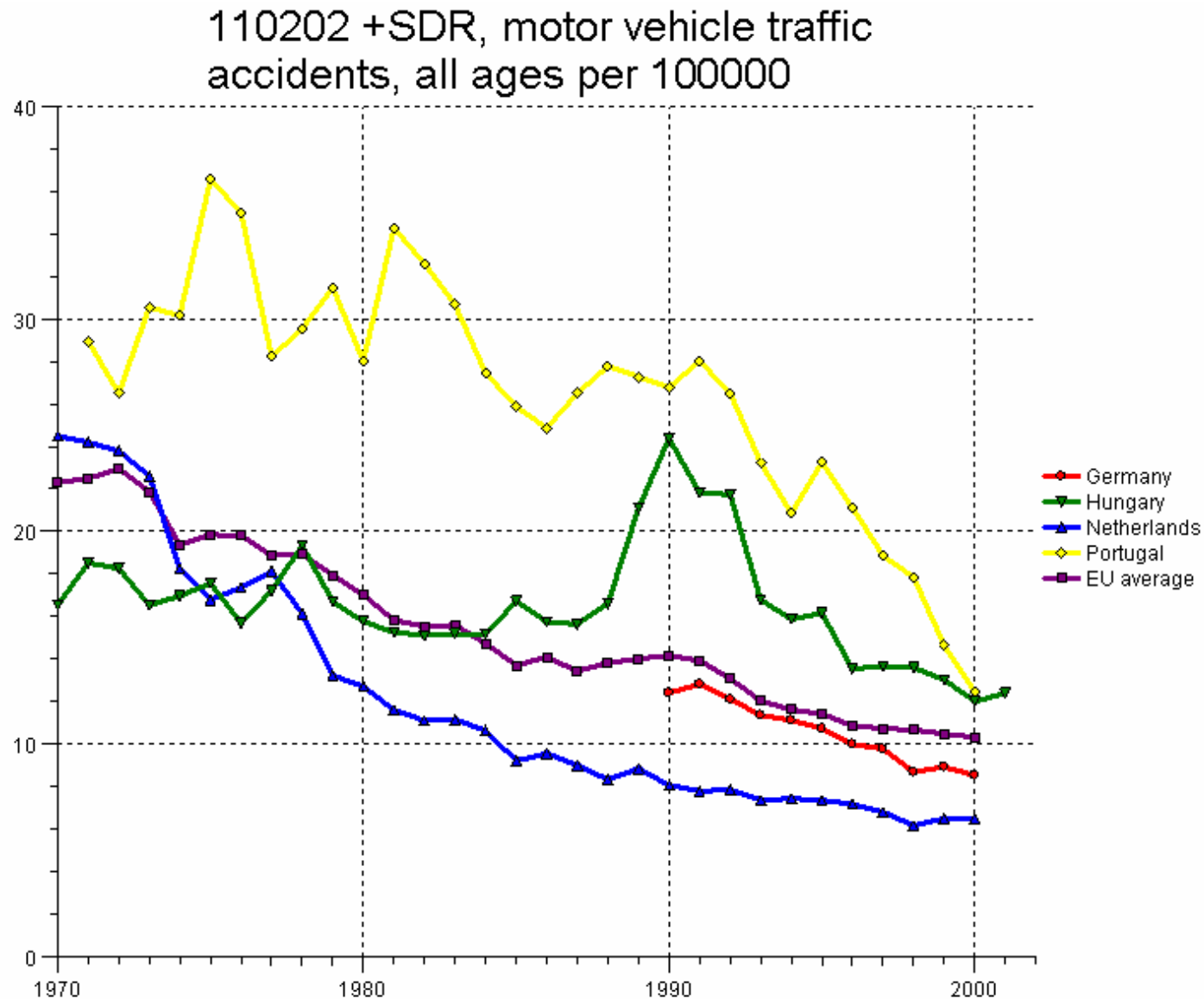
- Article 152, Treaty of the European Union (TEC)
 - “Community action shall complement the member states’ policies in improving public health, preventing human illness and diseases, and obviating sources of dangers to human health”.
- Role of the European Council :
 - Setting of high standards for the quality and safety of organs and substances of human origin, including blood products
 - Measures in the veterinary and phytosanitary fields to protect public health
 - Incentive measures to protect and improve human health **excluding any harmonisation of the laws and regulations of the member states.**
- Constitution for Europe (Draft July 2003):
 - Article II-35 establishes a “right of access to preventive health care and a right to benefit from medical care **according to national laws and practices.**”
 - Article III-179: = Art. 152 TEC with minor modifications.

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RTA: leading cause for death by injury.

Dramatic increase in BoD expected: from rank 9 in 1999 to rank 3 by 2020



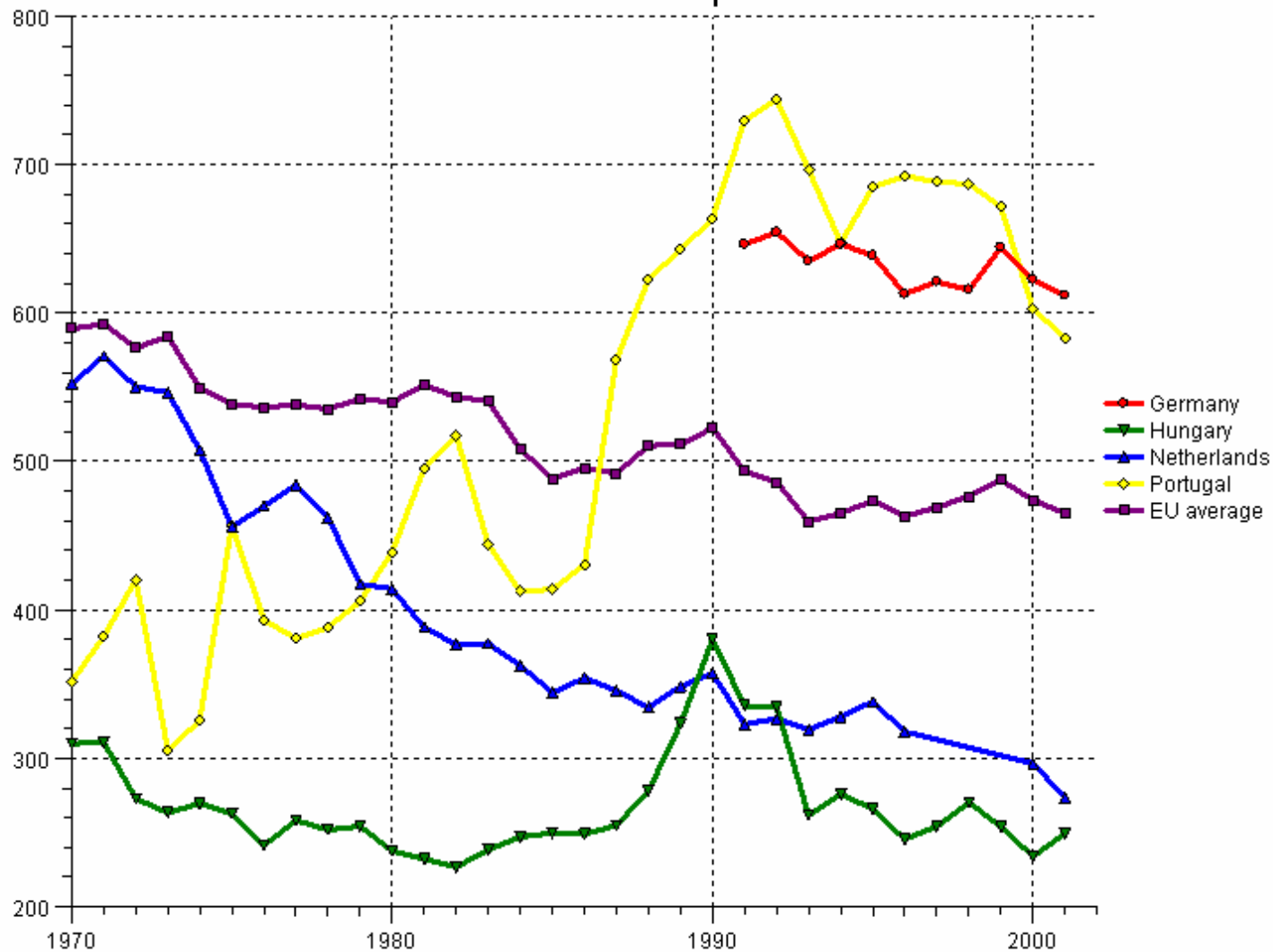
Effective traffic regulation

All key factors responsible for road traffic injuries are preventable:

- Driving under the influence of alcohol
- Speeding
- Under-utilisation of seat belts and child restraints
- Poor road design and roadway environment
- Unsafe vehicle design
- Under-implementation of road safety standards

What about Germany?

110302 +Persons killed or injured
in road traffic accidents per 100000



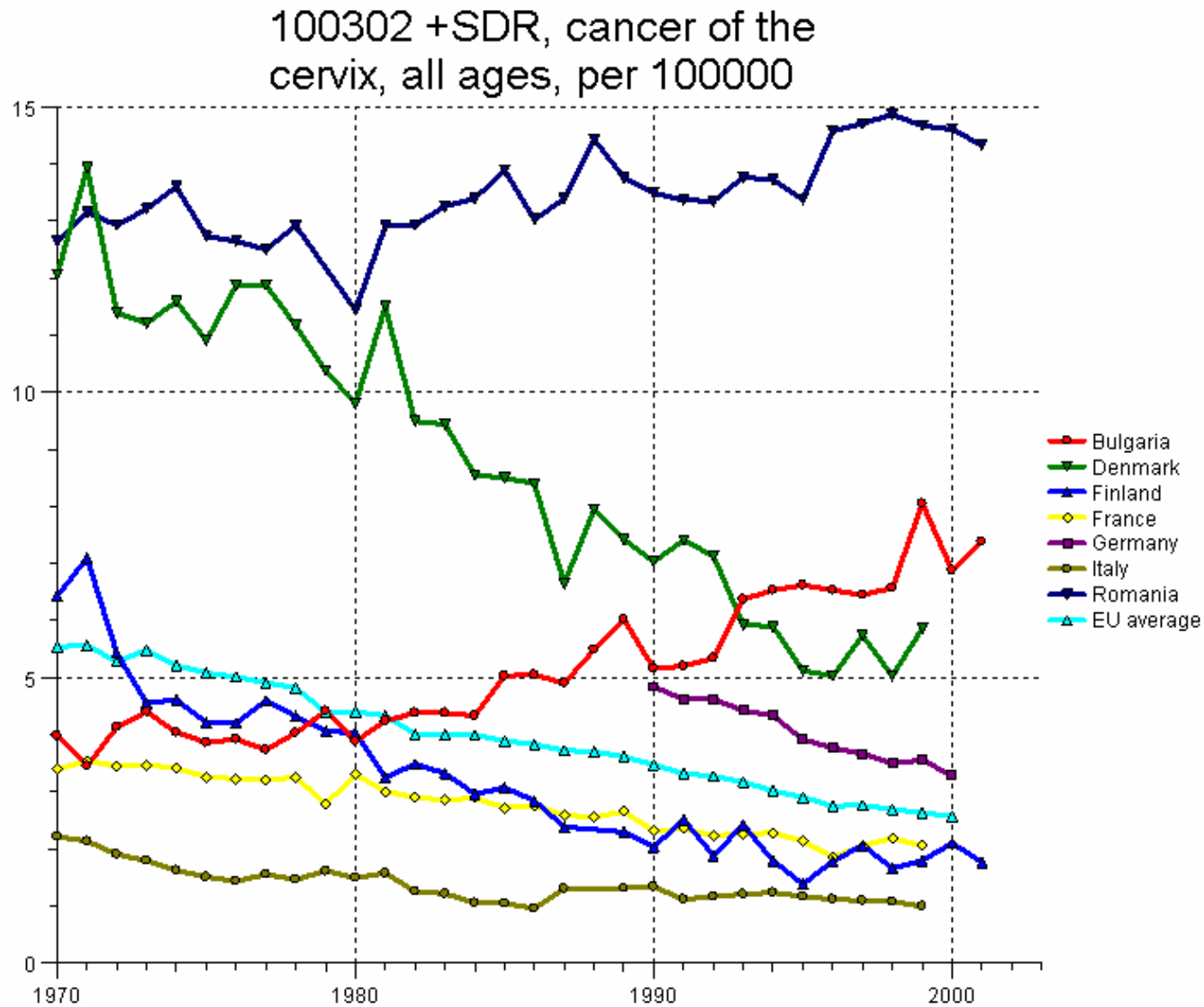
Germany: a culture of “speeding”

- lack of a general speed limit on motorways.
- non-lethal injuries on motorways (2001)
 - Germany 31.7/100,000
 - France 13.1/100,000
 - UK 15.9/100,000
- Other expressions of speeding culture
 - scarcity of fixed safety cameras to control speed in inner cities, towns and villages
 - comparatively low level of penalties for speeding offences
- fines for exceeding the indicated speed limit by 20 km/hour in the EU
 - €40 in Germany
 - €390 in Norway

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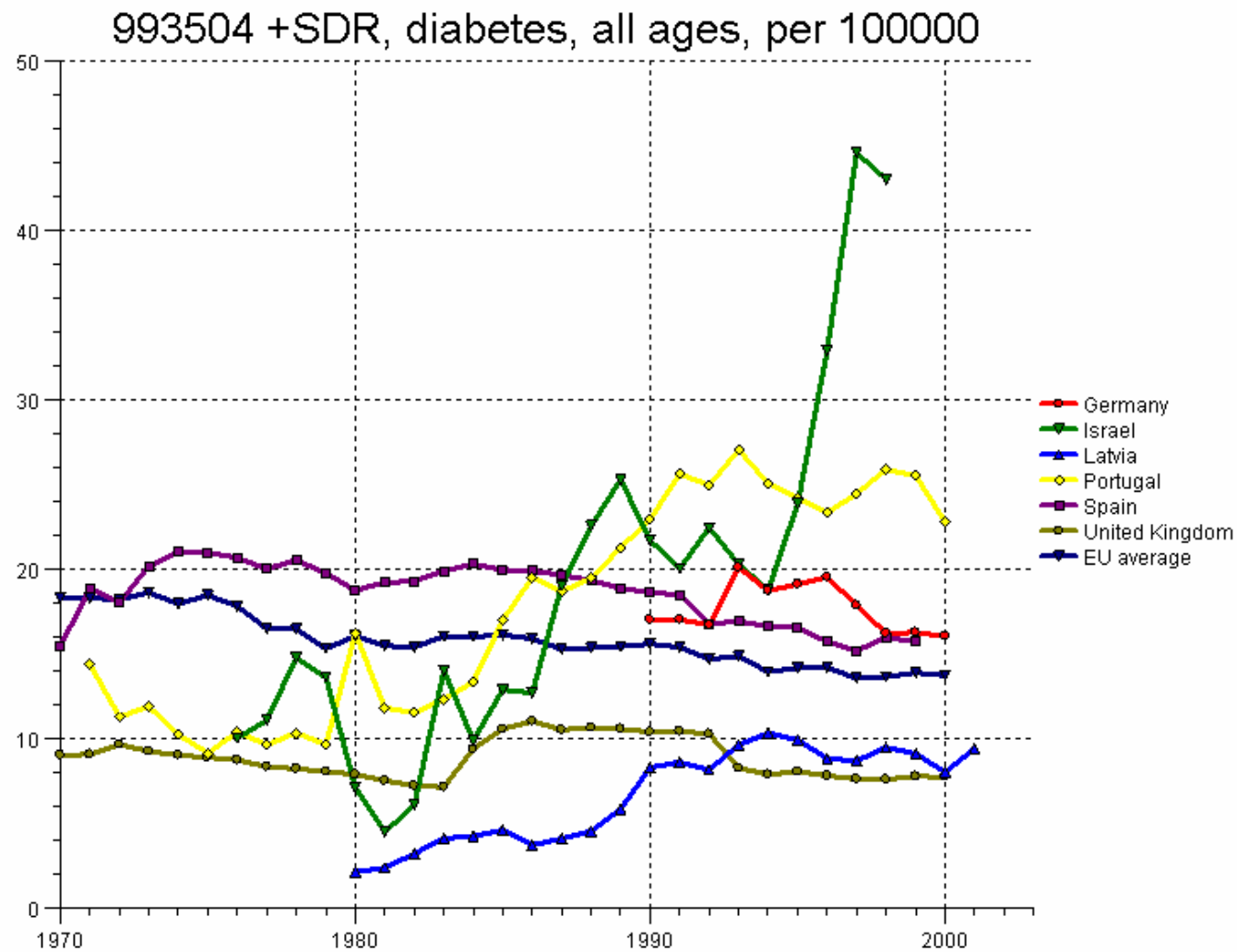
Cervical cancer: second most common malignant disease of women. Western Europe: mortality rates decreased substantially since 1970s



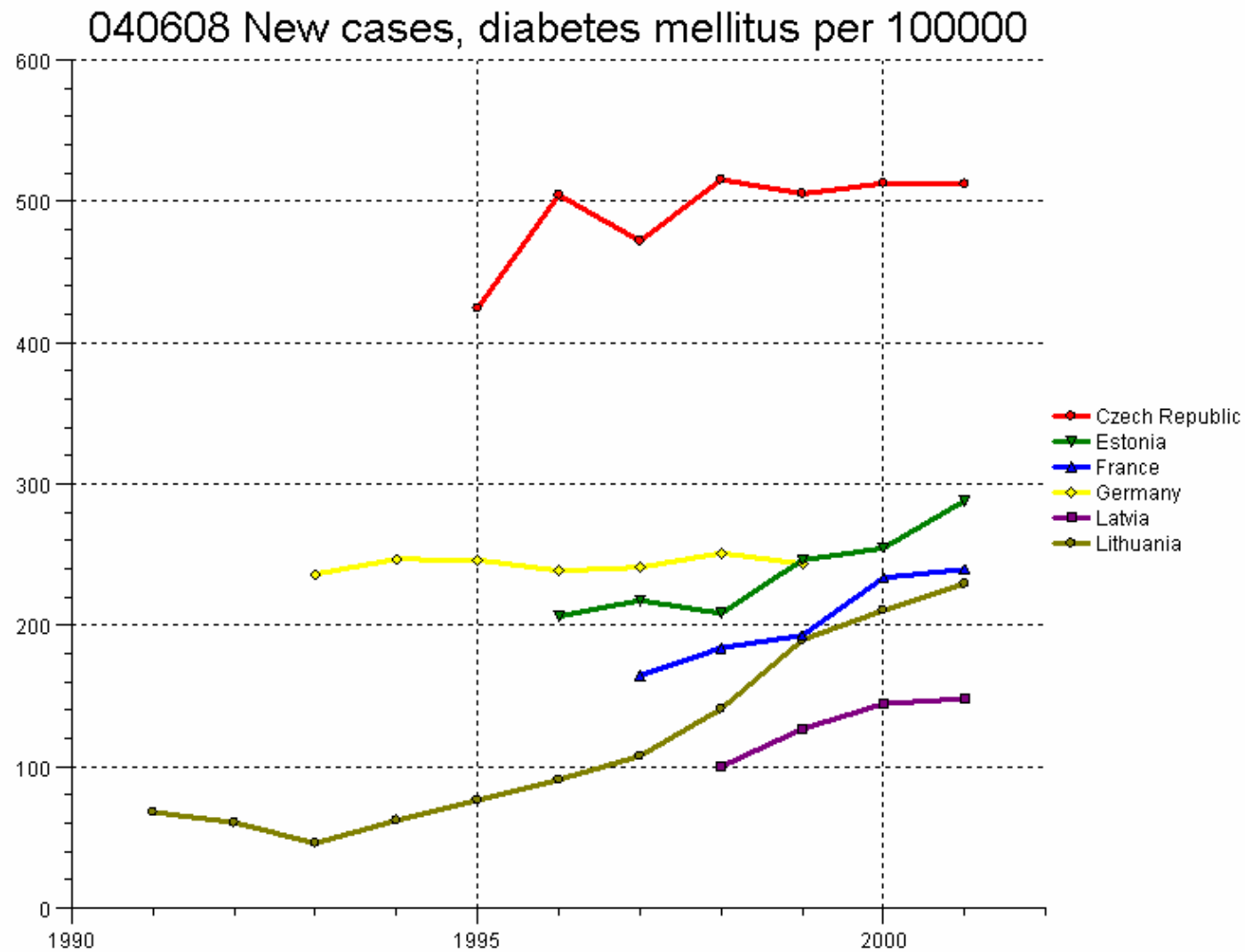
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Decrease in physical activity and inadequate nutrition: obesity - leads to type 2 diabetes mellitus, prevalence now 5-6%



Diabetes incidence is rising



Quality of Diabetes Care in Europe

EURODIAB IDDM Complications Study

management of concomitant hypertension in type 1 diabetes patients in 16 European countries (1989-1990)

- 24% of diabetes patients suffer from hypertension
- Only 42% of those in need received antihypertensive treatment

- Differences between study centres were substantial
 - Italy 12% and 80%
 - Germany 44% and 48%
 - UK 43% and 45%

- In only 11% of those treated, blood pressure was adequately controlled!**

Process quality and costs of preventing complications

office-based general practitioners in 7 European countries (2000/2001)

Country	Av. quality rating	Index fees (€)
UK	0.62	122
France	0.54	386
Germany	0.49	522
Italy	0.47	349
Netherlands	0.40	157

Source: Collado-Mesa et al. (1999), Gandjour et al. (2002)

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Conclusions

- Substantial variation in disease-specific mortality and prevention policies
- Consistent implementation of regulatory measures – e.g. speeding limits and penalties - is an effective instrument for disease and injury prevention
- Organisational change is equally effective, e.g. the introduction of a national, organised screening programme for cervical cancer or a population-based patient register for diabetes
- Health policy: prevention through behaviour changes, not merely structural changes
- Is a state willing and able to force preventive policies through, if they contradict the interests of powerful lobbying groups? e.g. strong automotive industry in Germany
- Current and planned EU legislation limits the role of EU to support national policies. A robust public health article in the new EU constitution, “which is not simply an exclusive list of potential EU legislation”, is clearly needed
- Less formal policy instruments are equally needed, e.g. clinical practice guidelines
- Comparative health services research - evidence-based policies for prevention