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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• Conclusions
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)

<table>
<thead>
<tr>
<th>Country</th>
<th>Av. quality rating</th>
<th>Index fees (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>0.62</td>
<td>122</td>
</tr>
<tr>
<td>France</td>
<td>0.54</td>
<td>386</td>
</tr>
<tr>
<td>Germany</td>
<td>0.49</td>
<td>522</td>
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<tr>
<td>Italy</td>
<td>0.47</td>
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<tr>
<td>Netherlands</td>
<td>0.40</td>
<td>157</td>
</tr>
</tbody>
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Source: Collado-Mesa et al. (1999), Gandjour et al. (2002)
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• 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