Hurtling towards the edge? Population dynamics and public health

Successes and failures of health policy in Europe

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Europe, with its 53 countries and divided history, is a remarkable but inadequately exploited natural laboratory for studying the effects of health policy. In this presentation I will assess the extent to which European countries vary in the implementation of health policies in ten different areas (tobacco, alcohol, food & nutrition, fertility, pregnancy & childbirth, child health, infectious diseases, hypertension detection & treatment, cancer screening, road safety, and air pollution), and exploit these variations to investigate the role of political, economic and social determinants of health policy. On the basis of a set of 27 'process' and 'outcome' indicators, as well as a summary score indicating a country's overall success in implementing effective health policies, striking variations were between European countries. On the whole, Sweden, Norway and Iceland perform best, and Ukraine, Russian Federation, and Armenia perform worst. While this is perhaps unsurprising in view of the economic situation of these countries, within Western Europe some countries, such as Denmark and Belgium, perform significantly worse than their equally well-to-do neighbours.

In exploratory regression analyses these process and outcome indicators of health policy were related to six background factors: national income, survival/self-expression values, democracy, government effectiveness, left party participation in government, and ethnic fractionalization. Survival/self-expression values and ethnic fractionalization were the main predictors of the health policy performance summary score, and partly explained the excellent performance of the Nordic countries, as well as the mediocre performance of Belgium. National income, survival/self-expression values and government effectiveness were the main predictors of countries' performance in specific areas of health policy, and partly explained the below-average performance of many Central and Eastern European countries.

In conclusion, although many new preventive interventions have been developed, their implementation appears to have varied enormously among European countries. Substantial health gains can be achieved if all countries would follow best practice, but this probably requires the removal of barriers related to both the "will" and the "means" to implement health policies.