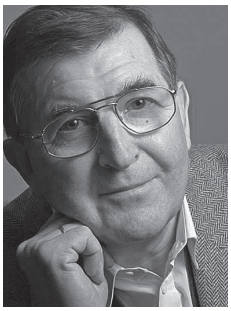
# »Closing the Health Gap in the European Union«

by Witold Zatoński



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The report »Closing the health gap in the European Union« is a final deliverable of the HEM – Closing the Gap project (co-financed by the EU, action no. 2003121) describing the »East-West Health Gap«, which is one of the greatest challenges facing the European Union today. The report is not another attempt at assessing the health state in Eastern Europe. It is instead a concentrated work focusing exclusively on adult premature mortality and its causes in the new EU member states. It does not mean that other elements influencing health are unimportant, however we believe that adult premature mortality, tobacco, alcohol and diet are the most crucial causes of the health gap between the new and the old EU member states and that adjusting these elements will help to close that gap. The European Union will fail its citizens by failing to close this health gap. It will also compromise the EU-wide attainment of economic efficiency and competitiveness. If the Union truly wishes to live up to its professed values of solidarity and equality and to meet its objectives for higher productivity and sustainable economic development as set out in the Lisbon Strategy, an urgent, substantial and concerted effort needs to be made to close the gap in the levels of health experienced by its working populations in East and West.

The HEM project is in the dissemination phase and the report »Closing the health gap in the European Union« is available electronically at the project website: www.hem.waw.pl. A hard copy is available just by sending a request to canepid@coi.waw.pl.

**Executive summary**

Closing the »East-West Health Gap« is one of the greatest challenges facing the European Union today. The improving trend in adult health that began for the countries of eastern Europe after the Second World War (WWII) came to a standstill and then reversed, with dire consequences for the well-being of citizens in these countries. In the years 1960–1990, life expectancy at the age of 20 declined in men and was static in women, unlike in the vast majority of industrialised countries in the world. Premature adult mortality between the ages 20–64, especially in men, reached levels for cardiovascular diseases (CVD), lung cancer and injuries that were amongst the highest in the world. The divergence in trends of premature adult mortality between western Europe and the Former Socialist Economy (FSE) countries led to a health gap of alarming proportions. The health decline and its adverse economic consequences was one of the most important factors in the stagnation of the economies of FSE countries.

At the beginning of the 21st century, the gap in health status between the new member states from eastern Europe (EU10) and the older EU15 members, for those aged between 20 and 64 years, is best illustrated by:

- male life expectancy at birth in the Baltic States (Latvia, Estonia and Lithuania) is about 12 years shorter than in the nearby Sweden;
- cardiovascular mortality is 6 times higher in Bulgarian women (122/100,000 person-years) than in French women (19/100,000 person-years);
- lung cancer deaths amongst Hungarian men (82/100,000 p-y) are more than 6 times more frequent than amongst Swedish men (13/100,000 p-y);
- death rates from liver cirrhosis in Hungarian (97/100,000 p-y) and Romanian (68/100,000) men are more than 10 times

higher than in Dutch (5.5/100,000 p-y) and Greek (6.3/100,000 p-y) men; and
- fatal injuries amongst men in the Baltic States (Lithuania 333/100,000 p-y, Latvia 318/100,000 p-y, Estonia 314/100,000 p-y) are circa 7-9 times higher than in the Netherlands (37/100,000 p-y) and the UK (45/100,000 p-y).

However, not all news from eastern Europe is bad. In some of the FSE countries, notably Poland, Czech and Slovak Republics, Hungary, and Slovenia, health trends have been improving after 1990. Life expectancy has begun to rise rapidly in these countries, increasing on average by 3.5 years in men and by 2.8 years in women over the period 1990-2002. There has been a dramatic decline in morbidity and mortality from cardiovascular diseases in both men and women of all adult age groups. The pace of this development has been among the fastest observed in Europe, but the causes of this spectacular reversal are not entirely clear. It seems that the most important causes are dietary changes brought about by the introduction of a market economy and changes in prices of various food items, the most significant factor seeming to be an increased consumption of polyunsaturated fatty acids, such as alpha-linolenic acid, leading to reduced omega-3 deficiency.

In the second half of the 1990s, the health decline in the remaining five eastern European member states (Bulgaria, Estonia, Latvia, Lithuania, and Romania), stopped, although there is, as yet, no sustained improvement in health. When comparing these five countries with the EU15 between 1990 and 2002, the health gap is either static (mostly in women) or slightly increasing (mostly in men).

**Other important phenomena characterise the health gap:**
Fatal **injuries** account for nearly half of premature adult mortality in men in the Baltic States (Estonia, Latvia, and Lithuania). Unlike the rest of the new EU member states, where in the last decade a downward trend similar to that of the EU15 has been observed, fatal injuries in the Baltic States continue at a very high rate. Our analyses indicate that alcohol is the proximate cause of the very high level of fatal injuries.

**Alcohol,** which is a leading cause of ill health across Europe, has a particularly negative impact on health outcomes in eastern Europe. The very high rate of unintentional and intentional fatal injuries is strongly related to alcohol consumption. Similarly, the high level of liver cirrhosis and other alcohol-related diseases (some cancers) is among the highest in Europe – reaching an especially high level in Hungary and Romania, but also in Slovakia and Slovenia. Two factors may determine the much higher alcohol related harm in eastern parts of the European Union compared to the western parts. First is the pattern of drinking; in the Baltic States and Poland, binge drinking is the predominant way of consuming alcohol. The second factor is the composition of the product. In the southern part of the region, primarily in Slovenia, and Hungary, but also in Slovakia and Romania, a large proportion of the alcohol consumed is homemade. There are several studies showing that homemade alcohol can contain long chain alcohols, characterised by high hepatotoxicity. The Baltic States have the additional problem of surrogate alcohol (drinking alcohol in products not explicitly intended for consumption). The issue of alcohol control is especially important in eastern European countries, in which the entry into the EU market led to reduced regulatory control and lower alcohol prices.

**Tobacco** is another leading cause of premature death in all parts of the EU, but tobacco-attributed mortality among men is now higher in the East. In women, the picture is more heterogeneous; in the East, there are countries with the lowest tobacco-attributable mortality in the EU (Lithuania and Romania), as well as countries with the highest (Hungary). Tobacco control in eastern parts of the European Union has a similar dimension as in the EU15, however with a time delay. There has been much progress in tobacco control in the EU10 in the last decade, partly due to the policy changes necessary for accession to the European Union.

Health improvements in central and eastern Europe are just beginning, and there is still a long way to go to close the gap between East and West. The dramatic »natural experiments« that are taking place are pertinent to the entire European continent, and the key role of European public health specialists should be to explain them and to initiate interventions to close the health gap. ■


## *Abstract*

**Abbau des Gesundheitsgefälles in der Europäischen Union**

**Der Bericht »Closing the health gap in the European Union«, der zum Abschluss des von der EU kofinanzierten Projekts »Health Evolution Monitoring (HEM) – Closing the Gap« (Überwachung der gesundheitlichen Entwicklung – Die Kluft schließen; Aktion Nr. 2003121) vorgelegt wurde, beschreibt das »Ost-West-Gesundheitsgefälle«, das zu den größten Herausforderungen zählt, vor denen die Europäische Union heute steht. Darin wird nicht einmal mehr der Versuch unternommen, den Stand der Gesundheit in Osteuropa zu bewerten. Vielmehr lieg der Schwerpunkt ausschließlich auf der vorzeitigen Sterblichkeit unter Erwachsenen und ihren Gründen in den neuen Mitgliedstaaten der EU. Dies soll nicht heißen, dass andere Faktoren, welche die Gesundheit beeinflussen, unbedeutend wären. Allerdings sind wir davon überzeugt, dass die vorzeitige Sterblichkeit, Tabak, Alkohol und Ernährung die ausschlaggebenden Ursachen für das Gesundheitsgefälle zwischen den neuen und alten EU-Staaten darstellen und dass Verbesserungen bei diesen Faktoren zum Schließen dieser Kluft beitragen werden. Die Europäische Union würde ihre Bürger im Stich lassen, wenn sie dieses Gefälle nicht abbaut. Dies würde auch die Erreichung des Ziels einer leistungsstarken und wettbewerbsfähigen Wirtschaft in der gesamten EU gefährden. Will die Union ihren erklärten Werten der Solidarität und Gleichheit wahrhaft gerecht werden und die in der Lissabonner Strategie dargelegten Ziele einer Produktivitätssteigerung und einer nachhaltigen Wirtschaftsentwicklung erreichen, so sind dringend erhebliche, konzertierte Bemühungen erforderlich, um die Kluft zwischen dem Gesundheitsniveau der Erwerbstätigen in Ost und West zu schließen.**

Im Rahmen der Verbreitung der Ergebnisse des HEM-Projekts ist der Bericht »Closing the health gap in the European Union« nun auf der Website des Projekts unter www.hem.waw.pl abrufbar.