european burden-eu of disease network

Inequalities in the burden of disease of 44 European countries from 1990 to 2019

Orsolya Varga, Jonila Gabrani, Periklis Charalampous, Grant MA Wyper, Sarah Cuschieri, Diana Alecsandra Grad, Brigid Unim, Enkeleint A. Mechili, José Chen-Xu, Elena von der Lippe, Juanita A. Haagsma

cost EUROPEAN COOPERATION IN SCIENCE & TECHNOLOGY

COST is supported by the EU framework programme Horizon 2020

Background

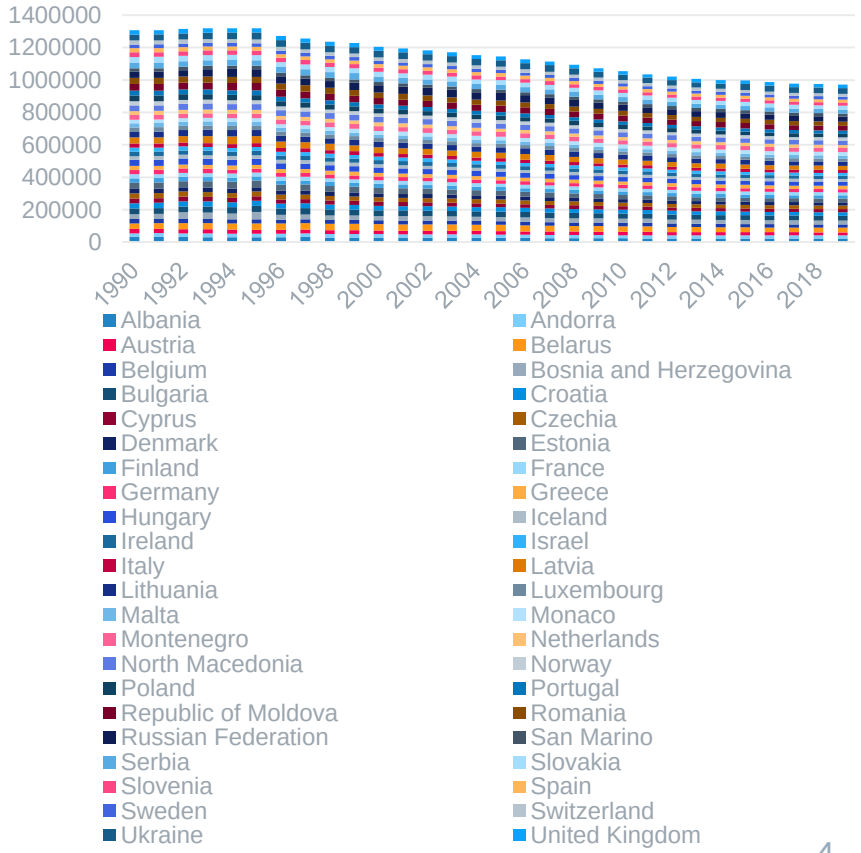
- The roots of „health equites” in social medicine go back to the 19th century, when it was recognized that social and class inequalities lead to inequalities in health.
- Health inequalities are unjust and avoidable disparities in health status between countries or sub-groups of a population.

Background

- The Constitution of the WHO (1946): “the highest standards of health should be within reach of all, without distinction of race, religion, political belief, economic or social condition”.
- UN: sustainable development goals aiming „leave no one behind”,
- OECD has produced several analysis,
- EU: e.g. reduce health inequalities through the Horizon 2020 programme for research and innovation.

Background

- Comparing Disability Adjusted Life Years (DALYs) rates across populations can facilitate the understanding of health inequalities, serving as a basis for evidence based policy interventions.
- Insights into cause-specific inequalities across countries and over time, using the DALY metric are currently limited in Europe.
- The **objective** of this study was to **assess inequalities in DALY rates between 44 countries in Europe over time, by all-cause and cause-specific category**



Descriptive study

Global Burden of Disease 2019 results

Age-standardized DALY

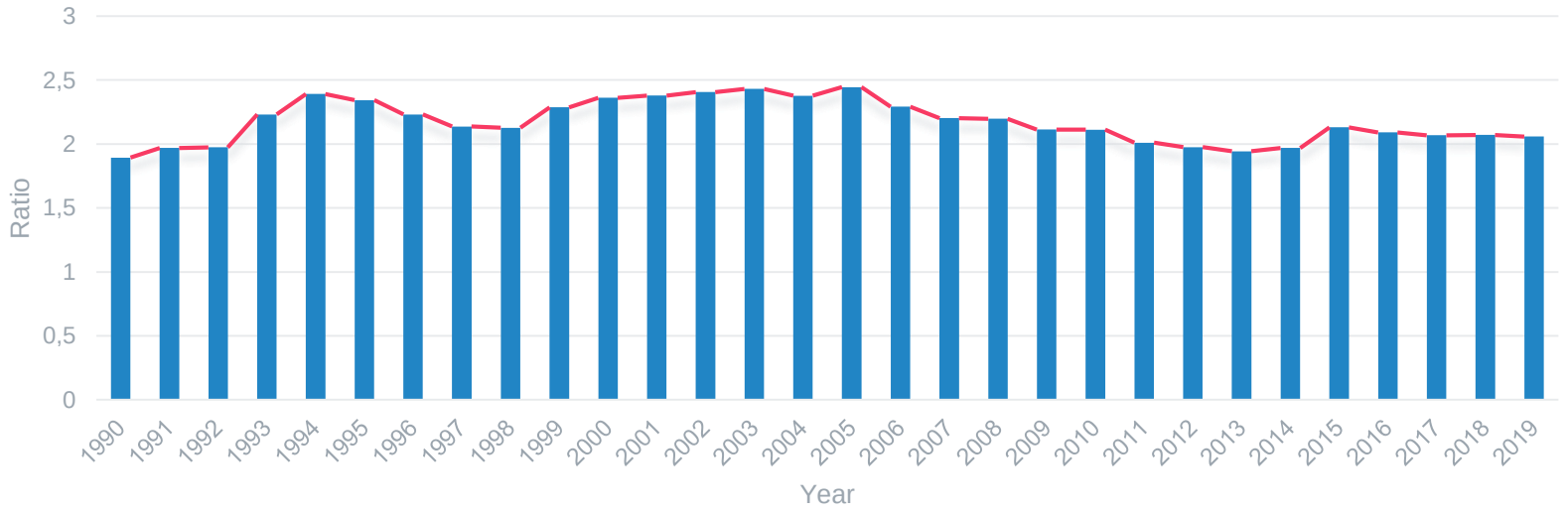
44 European countries

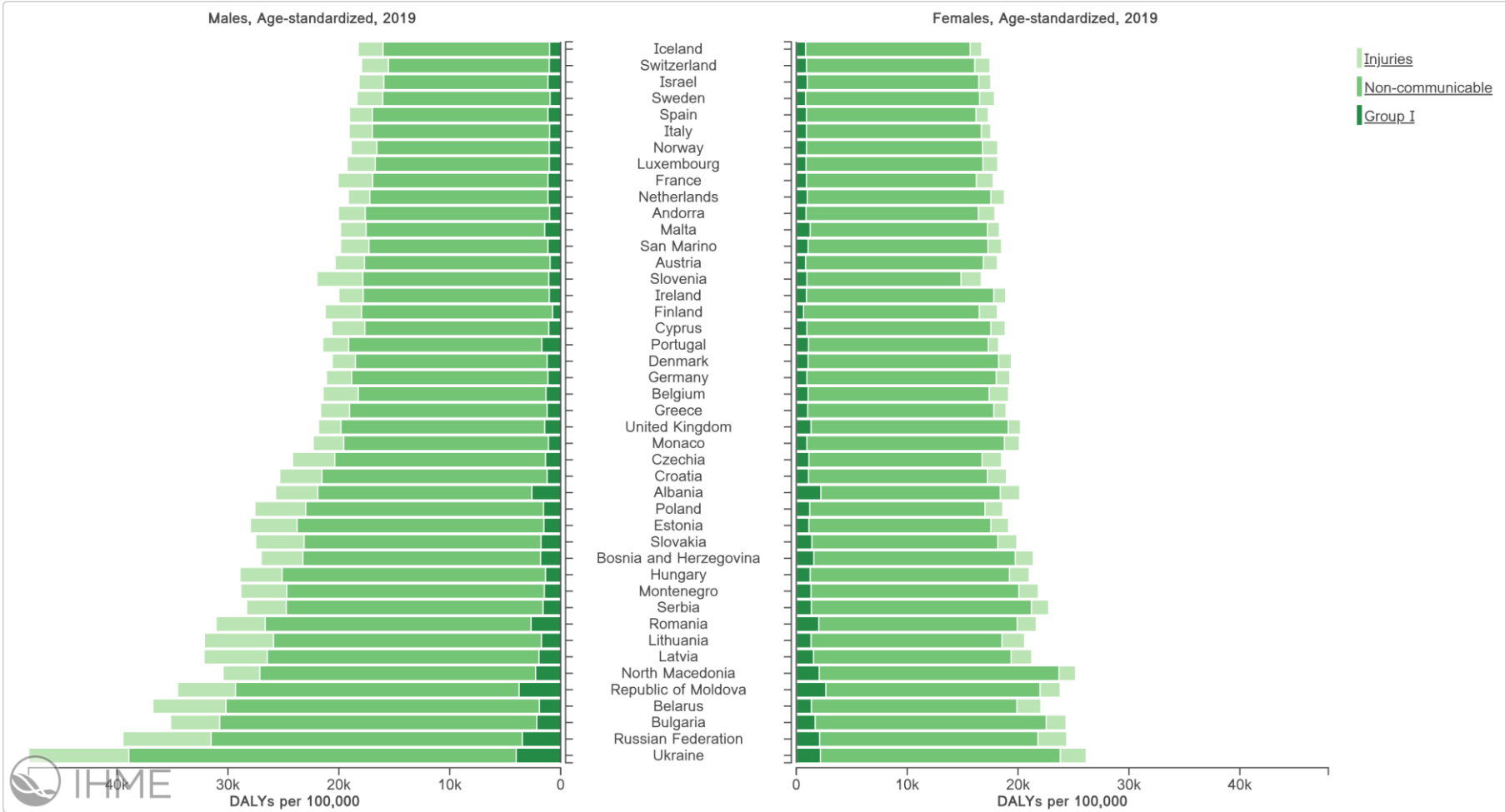
from 1990 to 2019

Inequality between countries reported

using the ratio of DALY rate for the highest-ranking country to the lowest-ranking country in each year expressing the difference between DALY experiences in Europe.

- During the period, the all-cause DALY rate ratio had peaks around 2.4, in 1994 (highest ranking country: Russian Federation; lowest ranking country: San Marino) and reduced to 2.0 in 2019 (highest ranking country: Ukraine; lowest ranking country: Iceland).




Males, Age-standardized, 2019
Females, Age-standardized, 2019
Injuries
Non-communicable
Group I
Iceland
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Israel
Sweden
Spain
Italy
Norway
Luxembourg
France
Netherlands
Andorra
Malta
San Marino
Austria
Slovenia
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Cyprus
Portugal
Denmark
Germany
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United Kingdom
Monaco
Czechia
Croatia
Albania
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Slovakia
Bosnia and Herzegovina
Hungary
Montenegro
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Lithuania
Latvia
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Republic of Moldova
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Bulgaria
Russian Federation
Ukraine
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DALYs per 100,000
DALYs per 100,000
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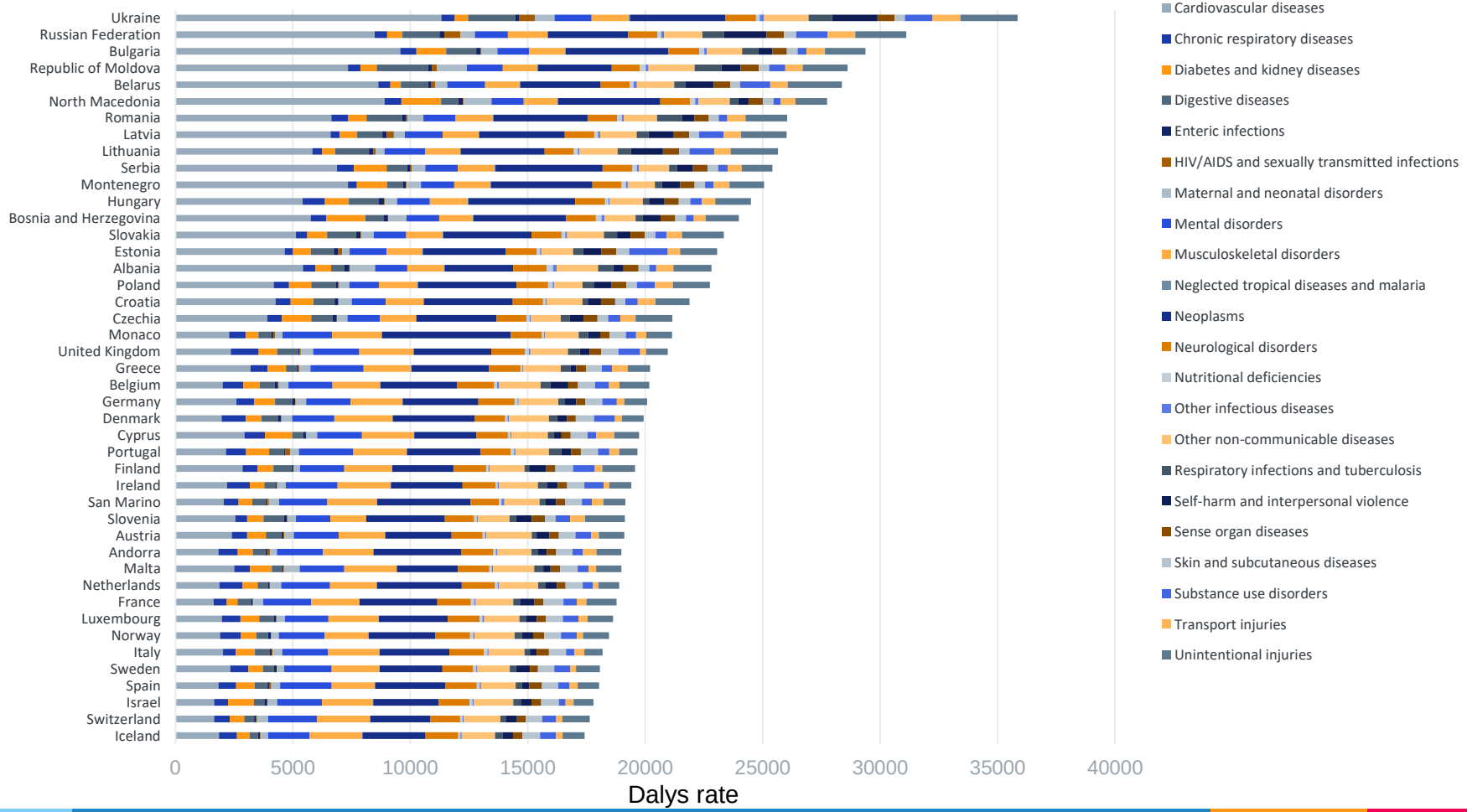
Ukraine
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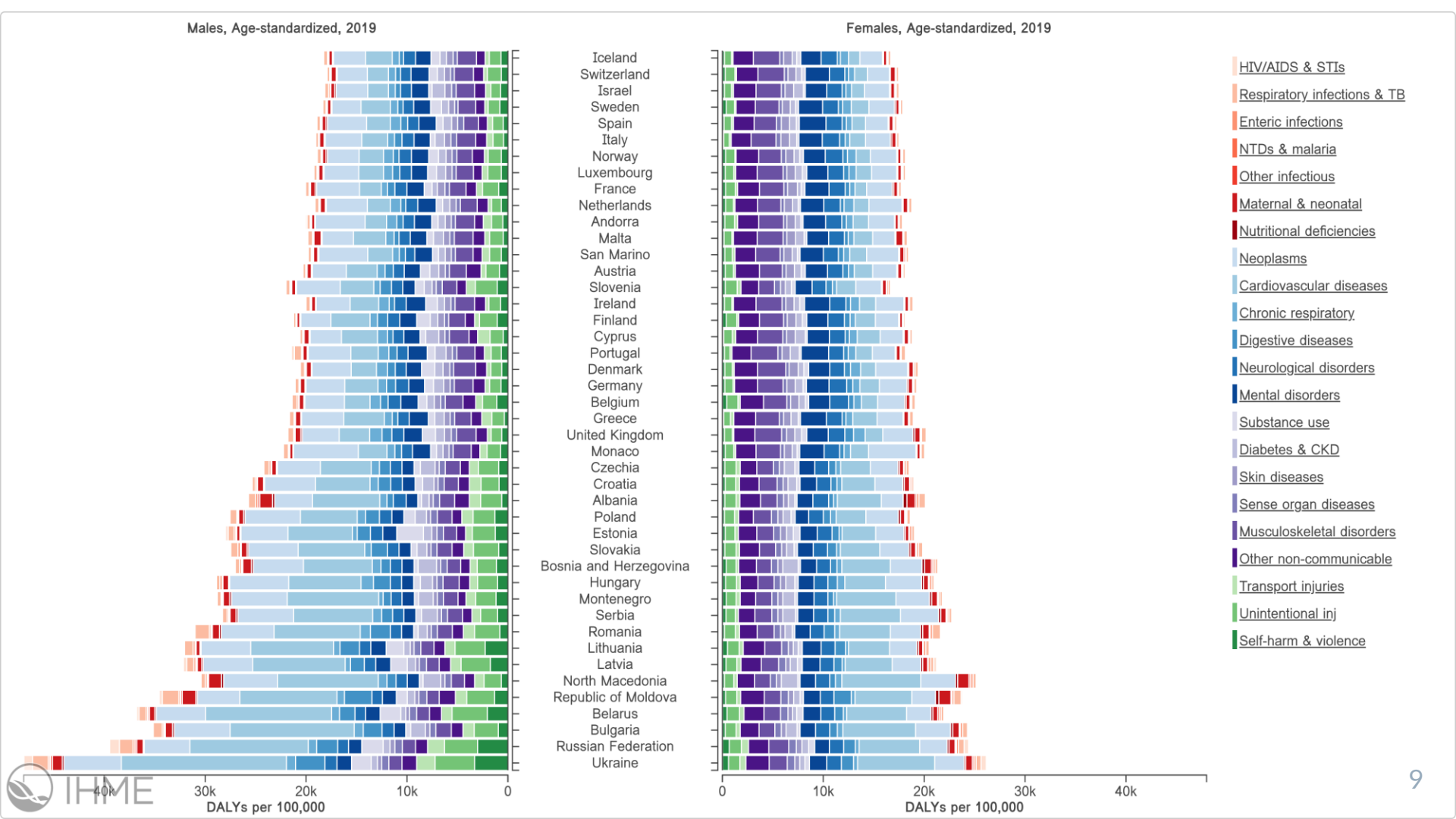
Dalys rate
Cardiovascular diseases
Chronic respiratory diseases
Diabetes and kidney diseases
Digestive diseases
Enteric infections
HIV/AIDS and sexually transmitted infections
Maternal and neonatal disorders
Mental disorders
Musculoskeletal disorders
Neglected tropical diseases and malaria
Neoplasms
Neurological disorders
Nutritional deficiencies
Other infectious diseases
Other non-communicable diseases
Respiratory infections and tuberculosis
Self-harm and interpersonal violence
Sense organ diseases
Skin and subcutaneous diseases
Substance use disorders
Transport injuries
Unintentional injuries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Females, Age-standardized, 2019
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Republic of Moldova
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Bulgaria
Russian Federation
Ukraine
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DALYs per 100,000
DALYs per 100,000
HIV/AIDS & STIs
Respiratory infections & TB
Enteric infections
NTDs & malaria
Other infectious
Maternal & neonatal
Nutritional deficiencies
Neoplasms
Cardiovascular diseases
Chronic respiratory
Digestive diseases
Neurological disorders
Mental disorders
Substance use
Diabetes & CKD
Skin diseases
Sense organ diseases
Musculoskeletal disorders
Other non-communicable
Transport injuries
Unintentional inj
Self-harm & violence

Conclusion

Since health inequalities are mainly rooted in economic and social causes, they require a comprehensive solution. Still, the health sector's potential, especially prevention efforts targeting non-communicable diseases, should not be overlooked.

Key messages

- Need for disease-specific health inequality studies
- Need for policy interventions for non-communicable diseases and their risk factors

Thank you for your attention!

Acknowledgments

- Nour Mahrouseh, PhD student