Executive summary

The pandemic has had a dramatic impact on people's lives in Europe and around the world. It has led to a reduction of more than one year in life expectancy in the EU in 2021 compared with the pre-pandemic level – the largest drop observed in most EU countries since World War II. By the end of October 2022, more than 1.1 million COVID-19 deaths had been reported across the 27 EU countries. This is however an under-estimation, with excess mortality statistics pointing to an additional 300 000 people dying as a direct or indirect result of the pandemic. Over 90% of COVID-19 deaths have occurred among people over the age of 60. The mortality impact of COVID-19 has been lowest in the Nordic countries (Iceland, Norway, Denmark and Finland), and highest in Central and Eastern European countries (Bulgaria, Hungary, Croatia, Czech Republic, Slovenia, Latvia and Romania).

Many factors explain cross-country differences in COVID-19 mortality, including the pre-existing health conditions and vulnerabilities of the population before COVID-19, the timing and effectiveness of containment strategies, the take-up of COVID-19 vaccination, and differences in the capacity of health systems to respond effectively to the unprecedented challenges imposed by COVID-19.

The pandemic has had a major impact on the mental and physical health of young people

Although the pandemic has had an impact on nearly everyone's life, there have been particular concerns about the mental and physical health of the millions of young Europeans whose formative years have been marked by disruptions in their education and social activities. In several European countries such as Belgium, Estonia, France, Sweden and Norway, the share of young people reporting symptoms of depression more than doubled during the pandemic, reaching prevalence levels at least twice as high as in older age groups. Many children and young people also spent considerably less time engaging in physical activity and had worsening nutrition habits, with indications of a rise in child overweight and obesity in some countries.

The growing demand for mental health support, combined with disruptions in care delivery during the pandemic, challenged already-stretched mental health services. About 50% of young Europeans reported unmet needs for mental health care in spring 2021 and again in spring 2022. Many countries have implemented some measures to protect and care for young people's mental health, yet the magnitude of the impact warrants further action to ensure the pandemic does not leave permanent scars on this generation.

Care disruption during the pandemic created a backlog of patients for cancer care and elective surgery

The pandemic also disrupted the provision of primary care, cancer screening and treatment, care continuity for people with chronic conditions, and elective (non-urgent) surgery, especially during times when confinement measures were in place. During the first months of the pandemic in spring 2020, disruptions in cancer screening programmes and specialist consultations resulted in cancer patients being diagnosed at a later stage. Many countries were able to offset some of the initial reductions in cancer screening by scaling up activities in the second half of the year. However, screening rates for breast and cervical cancer still fell by 6% on average in EU countries in 2020. Delays in cancer screening can lead to many cancer patients being diagnosed at more advanced stages, making their treatment more complex and reducing their chances of survival.

Elective surgical procedures were also halted, creating a backlog of patients awaiting these interventions. In 2020, 2 million fewer elective surgical procedures (such as cataract surgery, and hip and knee replacements) were performed than in 2019 across EU countries – a decrease of one-sixth compared to pre-pandemic volumes. These "missing volumes" of operations have increased waiting times for patients in need of surgery, increasing patient dissatisfaction. Many EU countries have provided additional funding to address these backlogs, but the main constraint to scaling up volumes of procedures has been shortages of health workers. Incentives were provided for staff to work longer hours, but these clearly had limits and ran the risk of leading to burnout and resignation.

On a more positive note, the rapid development of teleconsultations in early 2020 helped to maintain access to care, in particular for patients with chronic conditions. Although it is encouraging that the vast majority of people who used telemedicine expressed high satisfaction, there are nevertheless concerns that some teleconsultations provide little benefit and that teleconsultations pose risks of widening health inequalities through digital exclusion for older, poorer people and those living in rural areas.

EU countries generally recognised the need to boost resources to respond to the pandemic. Despite a significant reduction in GDP, per-capita health expenditure increased by over 5% on average across EU countries in 2020, and by over 10% in Bulgaria, the Czech Republic and Hungary. However, several of the weaknesses and vulnerabilities identified during the pandemic remain – most notably the widespread shortage of health workers. According to recent OECD estimates, about half of all the new investments required to make health systems more resilient should be devoted to increasing both recruitment and retention of health workers through improved working conditions.

Prioritising the prevention of infectious and non-communicable diseases

Despite much talk of health spending being an investment rather than a cost, policy approaches had not changed significantly before the pandemic. Health spending remained overwhelmingly focused on curative care, with only 3% of total health spending going toward prevention on average. In 2020, most EU countries substantially increased their spending on prevention, at least temporarily, to fund testing, tracing, surveillance and public information campaigns related to the pandemic. In 2021, large additional resources were allocated to the roll-out of COVID-19 vaccination campaigns. The rapid deployment of vaccines was an important contributor to the management of the pandemic: vaccinations were estimated to have prevented over 250 000 deaths across the EU only in 2021, although vaccination rates among vulnerable groups remained quite low in some countries.

During the pandemic, many European countries also made substantial progress in vaccinating vulnerable groups against seasonal flu, with the proportion of people aged over 65 vaccinated increasing by over 10 percentage points in several countries. Despite some temporary challenges in 2021, most European countries were also able to maintain childhood vaccination programmes.

One of the lessons from the pandemic is that maximising people's health and minimising their exposure to risk factors before a crisis is critical. Obesity and chronic conditions, such as diabetes and respiratory problems, were important risk factors for serious complications and death from COVID-19. The prevention of behavioural and environmental risk factors can go a long way to improving people's health and reducing the prevalence of chronic diseases and deaths. Despite progress in reducing smoking rates over the last decades, tobacco consumption remains the largest behavioural risk factor to health, still accounting for about 780 000 deaths per year in the EU. Alcohol consumption has also been declining over the past decade, but harmful alcohol use is still responsible for nearly 300 000 deaths per year in the EU.

Environmental factors, such as air pollution and climate change, also have serious consequences on people's health and mortality. It is estimated that over 300 000 people in the EU died due to air pollution from fine particulate matters alone in 2019, although this number has fallen in most countries as emissions are declining and air quality is improving.

Monitoring and improving the *State of Health in the EU*

Health at a Glance: Europe 2022 is the result of ongoing close collaboration between the OECD and the European Commission to improve country-specific and EU-wide knowledge on health issues as part of the Commission's *State of Health in the EU* cycle.

In 2016, the European Commission launched the *State of Health in the EU* cycle to assist EU Member States in improving the health of their citizens and the performance of their health systems. *Health at a Glance: Europe* is the first product of the two-year cycle, presenting every even-numbered year extensive data and comparative analyses that can be used to identify both the strengths and the opportunities for improvement in health and health systems.

The second step in the cycle is the *Country Health Profiles* for all EU countries. The next edition of these profiles will be published in 2023 jointly with the *European Observatory on Health Systems and Policies*, and will highlight the particular characteristics and challenges of each country's health system. During the whole cycle, a series of *Voluntary Exchanges* with Member States will take place to discuss some of the health challenges they face and potential policy responses in greater detail.

For more information, please consult: https://health.ec.europa.eu/state-health-eu_en.

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