



Using data: International and scientific perspective

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LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



European
Observatory
on Health Systems and Policies
a partnership hosted by WHO





Data sources

SOURCES

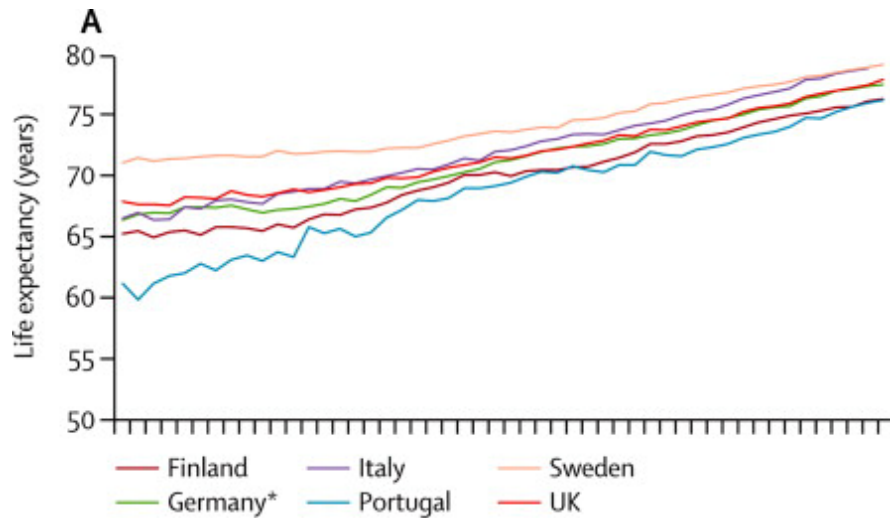
- International agencies: WHO, OECD, Eurostat, World Bank, etc.
- Research projects: e.g. Global Burden of Disease
- Condition / issue specific data: Diabetes Atlas, Eurocare, etc.
- Health surveys: EHIS, EU-SILC, SHARE, HBSC
- National data

STRENGTHS and LIMITATIONS

- + **Broadly reliable / comparable**
 - **Timeliness**
- + **Global coverage, innovative**
 - **Estimates, methodology**
- + **Reliable, robust**
 - **Narrow focus, timeliness**
- + **Population-based**
 - **Self-reported**
- + **Timely, more detailed**
 - **Comparability**

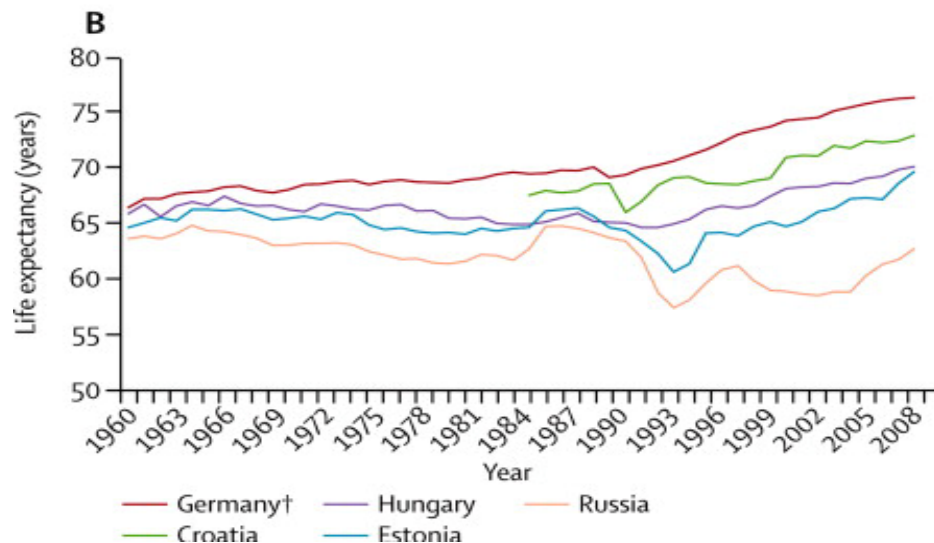


Exploring indicators – health divide



Convergence?

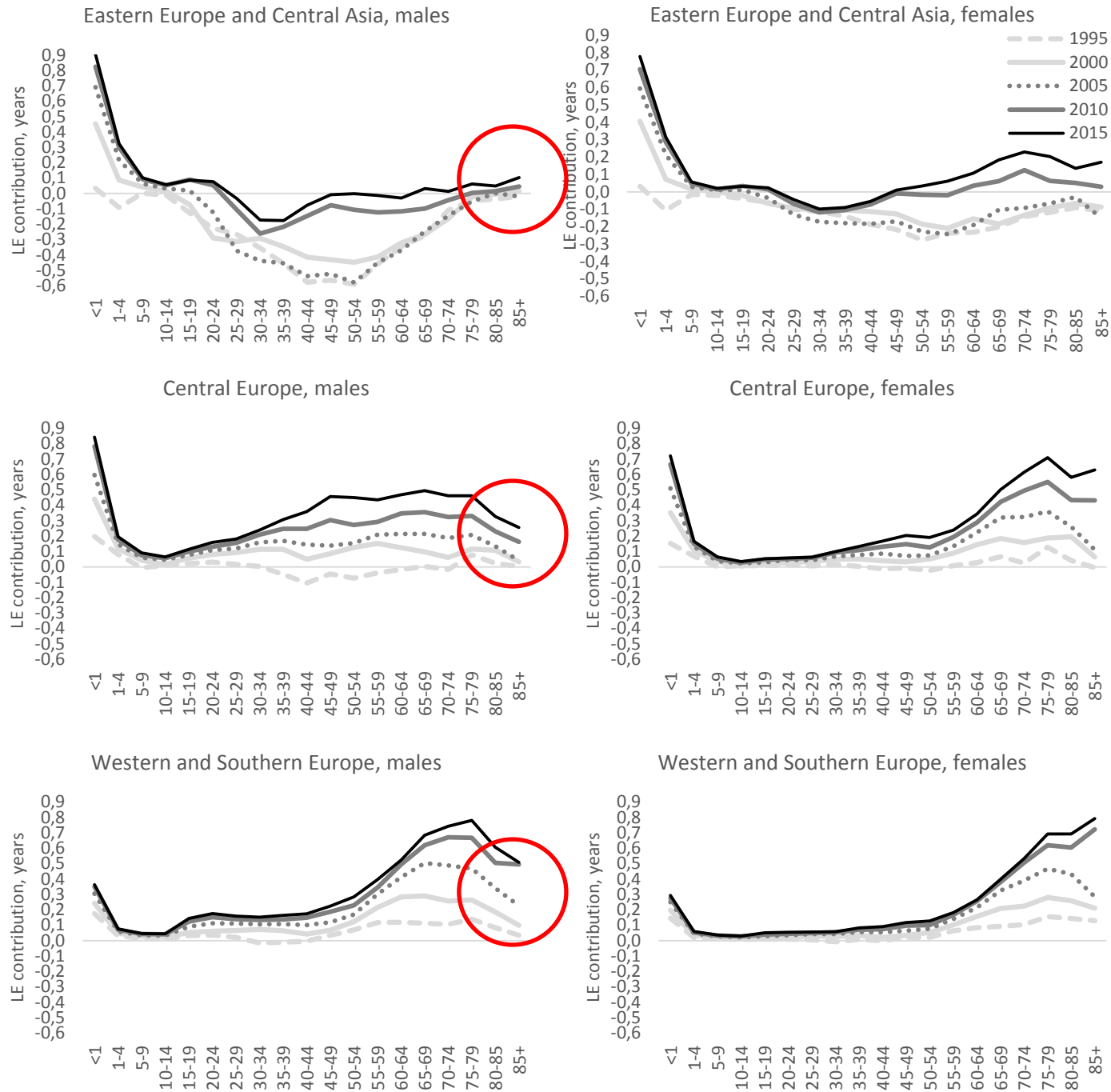
EU LE gap
2000 = 8.8
2015 = 8.4



Divergence?

Mackenbach J, Karanikolos M, McKee M (2013)

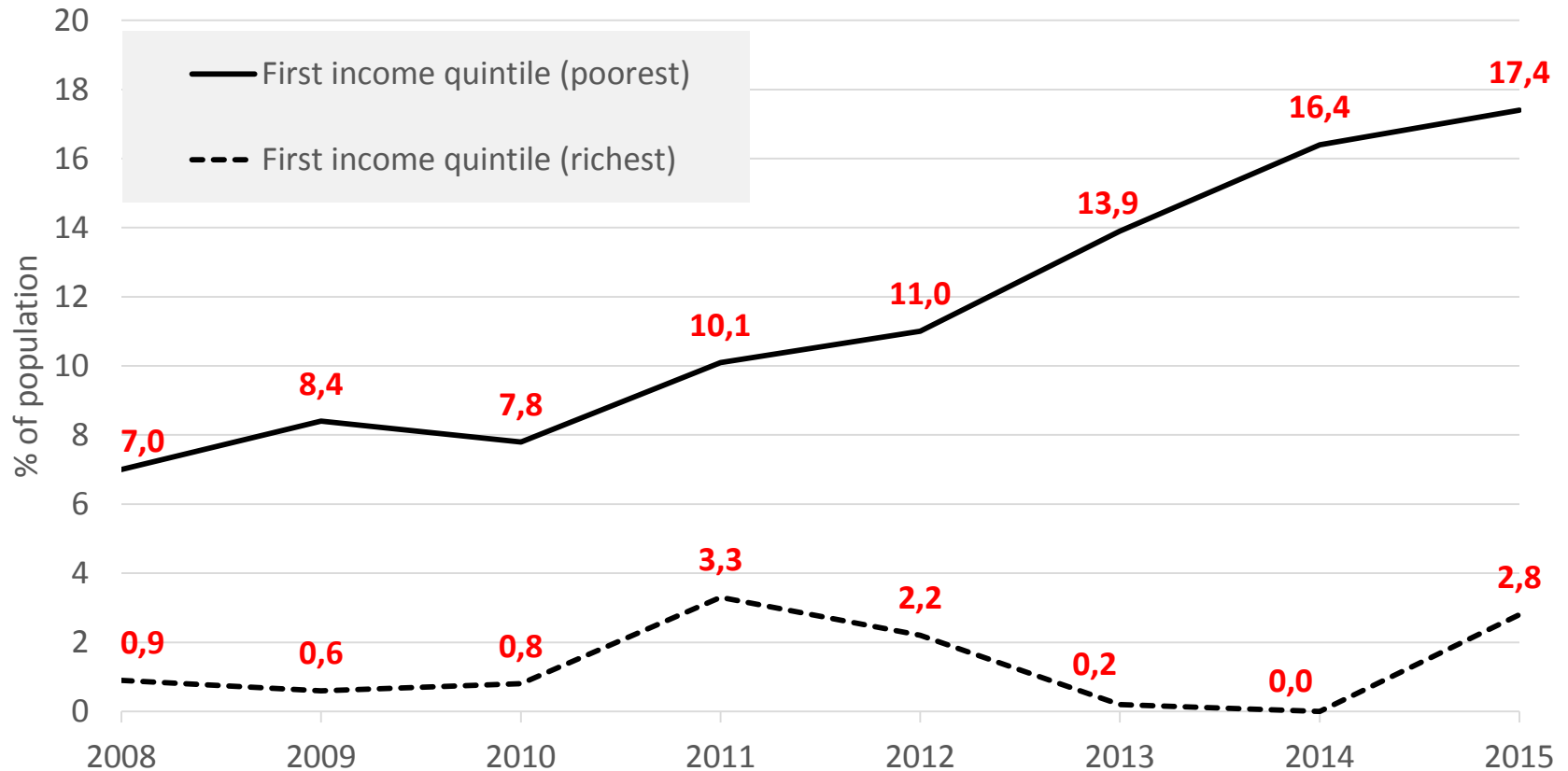
Change in LE by region, compared to 1990





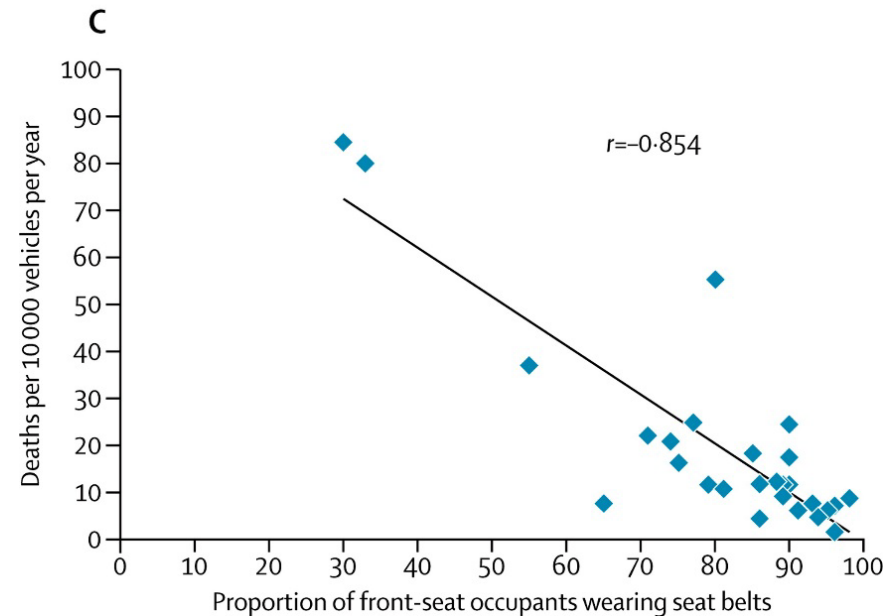
When data are scarce

Unmet medical need due to cost in Greece (EU-SILC)



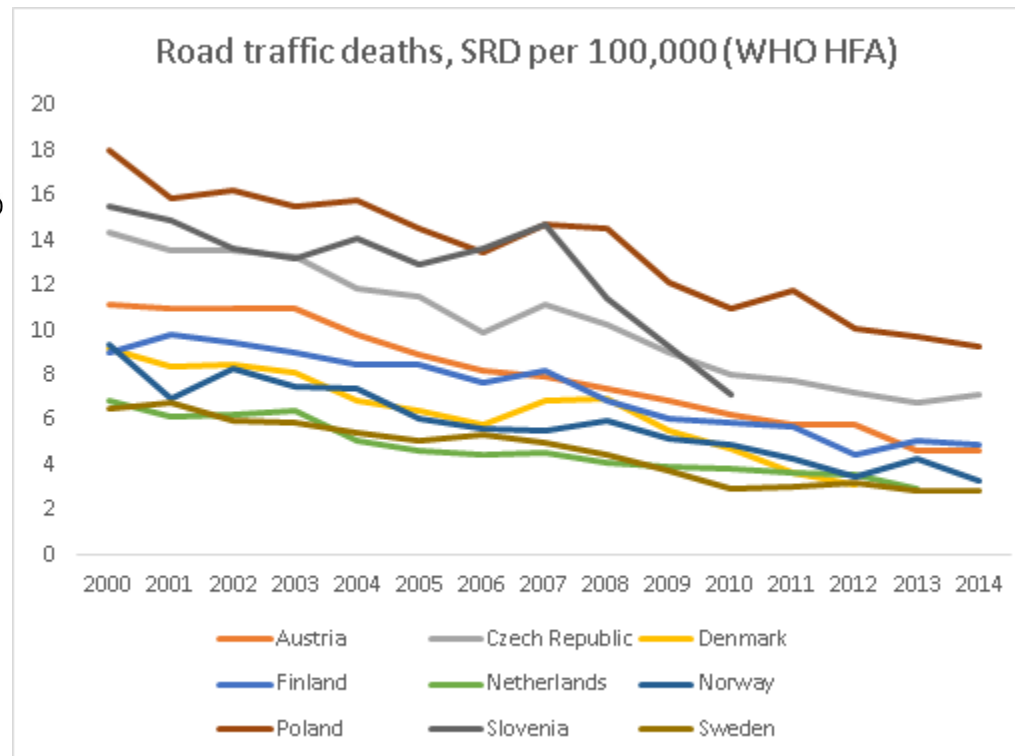


Stories of success...



Countries with Vision Zero / Safe System / Sustainable Safety National Policy

- Australia
- Austria
- Czech Republic
- Denmark
- Finland
- Netherlands
- New Zealand
- Norway
- Poland
- Slovenia
- Sweden



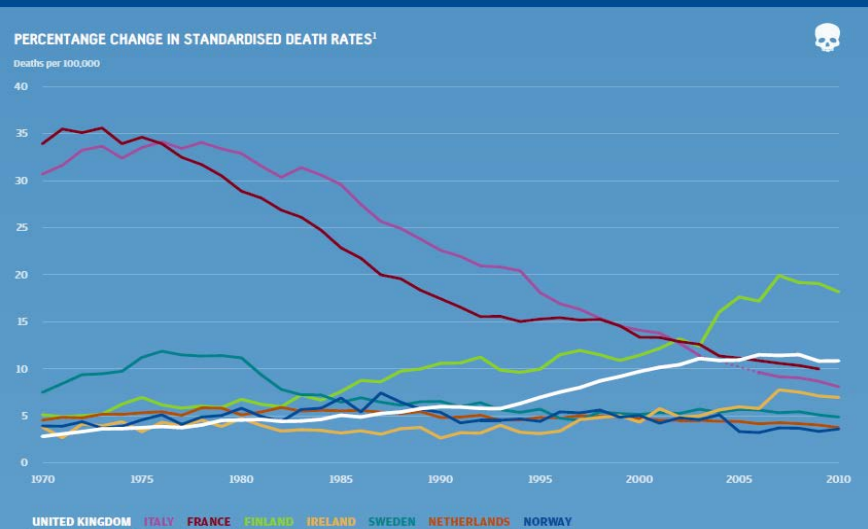


... and those of failure



Survival rates have improved for almost every disease of every organ in the last few decades, with one notable exception: liver disease¹.

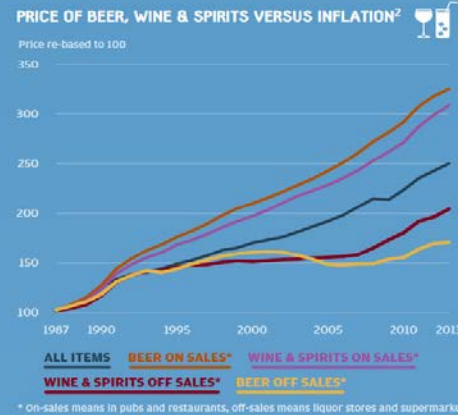
France and Italy have seen a dramatic reduction in liver mortality whereas the UK and Finland have seen liver deaths rise more than fivefold¹.



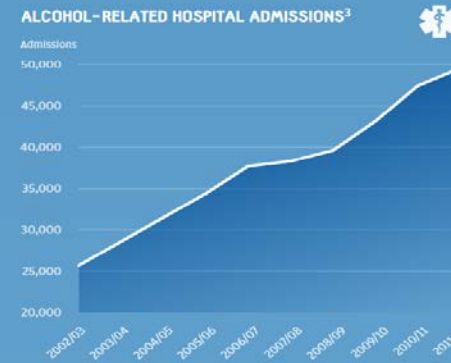
A steady fall in cirrhosis deaths in France over the last 30 years corresponds to a proportionate fall in alcohol consumption over the period⁷.

Conversely, a 33% reduction in Finnish alcohol taxation in 2004 resulted in soaring rates of liver disease⁸.

1 The UK population changed their drinking habits reflecting the **affordability of stronger alcohol at home...**



...and the number of people admitted to hospital for alcohol-related liver disease has almost doubled in a decade.



2 Of the 25% of the UK population with obesity, a vast majority has **non-alcohol related fatty liver disease**¹.

3 Annual deaths related to **hepatitis C** have quadrupled since 1996. It is estimated that around 75% of infected cases are unknown⁴.

So what changes do we need to make in the UK?

POLICY MAKERS

Introduce a **minimum price of 50p** to reduce alcohol consumption.

PROJECTED MINIMUM PRICE PER UNIT OF ALCOHOL AND RESULTING PERCENTAGE DECREASE IN CONSUMPTION⁵





Talking to end users

Policy focus group

- Around 20 experts on HSPA from 13 EU countries
- 2 indicators from OECD HCQI
- We gather views on:
 - 1) Reasons for observed variations
 - 2) Proposed policy action/s

Diabetes admissions

ASR per 100,000 population
and % change in 2007-2013

Used for:

- Some **insight** into performance and country's comparative position;
- more a **trigger** for in-depth within country analysis to confirm accuracy;
- starting point for further discussions on **quality improvement**;
- generally good reflection **of quality of primary care**;
- supplemented by **additional indicators** (e.g. diabetes complications);

But:

- conceal** contextual and health system variables;
- Evidence on association with access to **secondary care**

CHF admissions

ASR per 100,000 population
and % change in 2007-2013

Not used:

- Doubts in terms of **accuracy and validity**;
- Difficult to interpret: **complex patient journey**, too many “unknowns”, e.g. severity, co-morbidities, etc;
- May be **affected by improvements** in survival of CVD patients, ageing, advances in technology



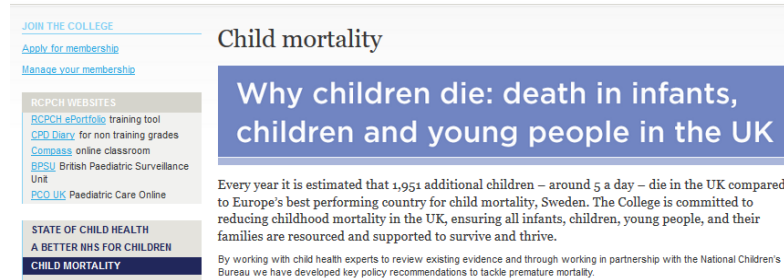
Communicating

Health services for children in Western Europe Wolfe et al (2013)

	Mortality (directly standardised rate)	Yearly excess deaths compared with Sweden
Sweden	29-27	0
Luxembourg	26-50	0
Finland	30-27	9
Spain	37-40	545
Greece	37-86	135
Germany	37-88	815
Italy	38-07	683
France	38-25	962
Austria	39-09	106
Ireland	39-78	98
Netherlands	40-66	292
Portugal	40-73	176
Denmark	42-69	121
UK	47-73	1951
Belgium	47-77	304

Source: WHO Mortality Database, 2012.² Directly standardised rate data show all-cause mortality per 100 000 children aged 0–14 years and are 5 year means for 2006–10, except for France and Luxembourg (2005–09), Denmark (2002–06), Belgium (1998–99; 2004–06), Italy (2003; 2006–09); and Portugal (2003; 2007–10). Data for excess deaths are absolute numbers. An estimated 6198 deaths would have been avoided if the child mortality rate across the 15 pre-2004 countries of the European Union was the same as that in Sweden.

Table: Child mortality rates in the 15 pre-2004 countries of the European Union and excess child deaths compared with Sweden



An asthma attack may be life threatening. Research shows two-thirds of hospital admissions for asthma can be avoided / Rex Features

Incentive payments encourage GPs to closely monitor adult patients – but not children

JEREMY LAURANCE
@jeremylaurance
Wednesday 27 March 2013 00:00 GMT



Almost 2,000 British children a year die from “avoidable” causes because family doctors lack training in paediatric care, researchers warned yesterday.





Key points

- **Exploring (disaggregating) data and trends** uncovers very pertinent areas where health action needs to be taken
- Data can demonstrate both successes and failures of policies, and both **provide valuable lessons**, particularly within Europe
- Data / quantitative indicators need to be **well understood** and need **analytical context** to become a meaningful tool for policy making