

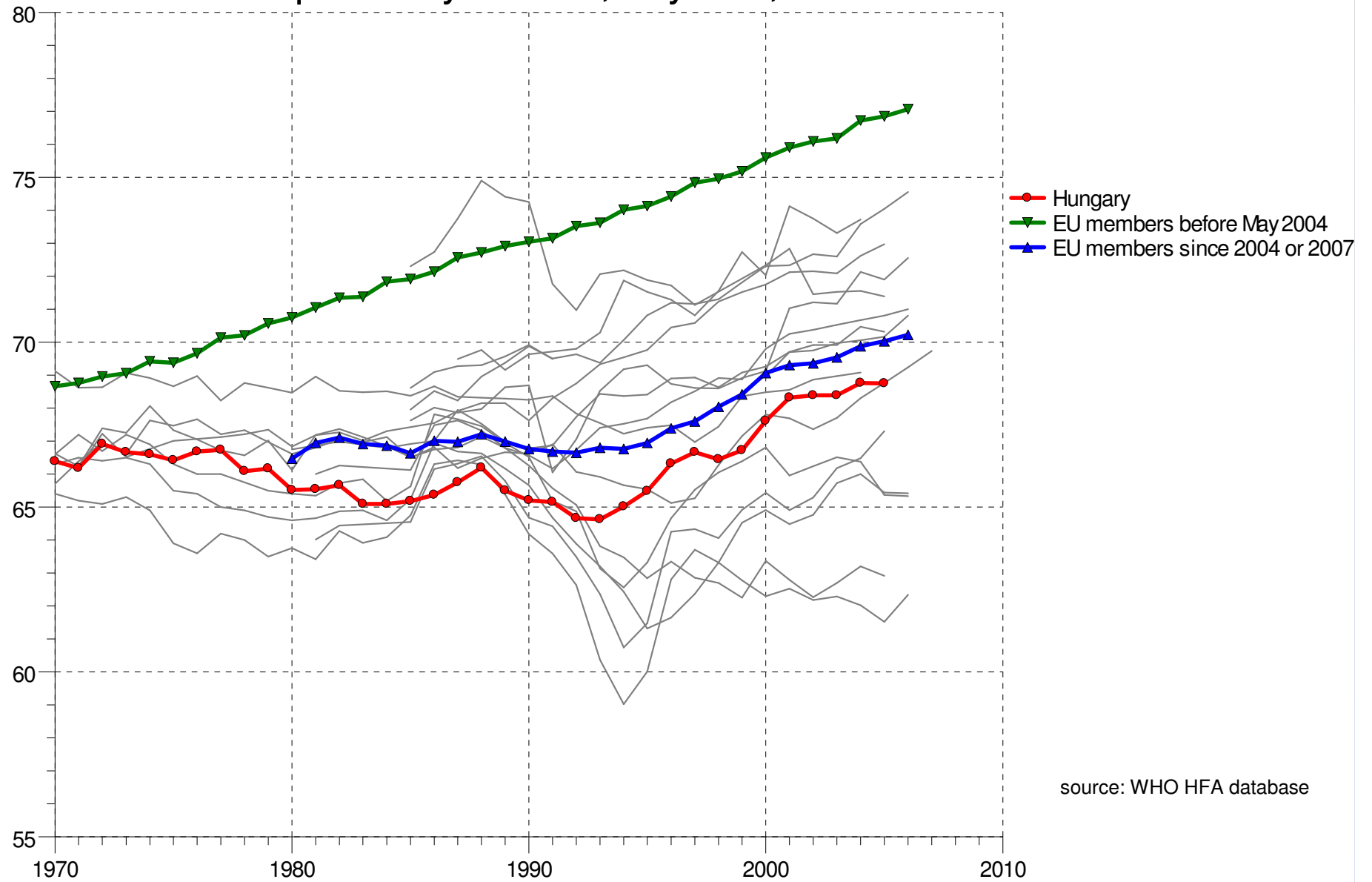
Public Health Challenges in Central and Eastern Europe

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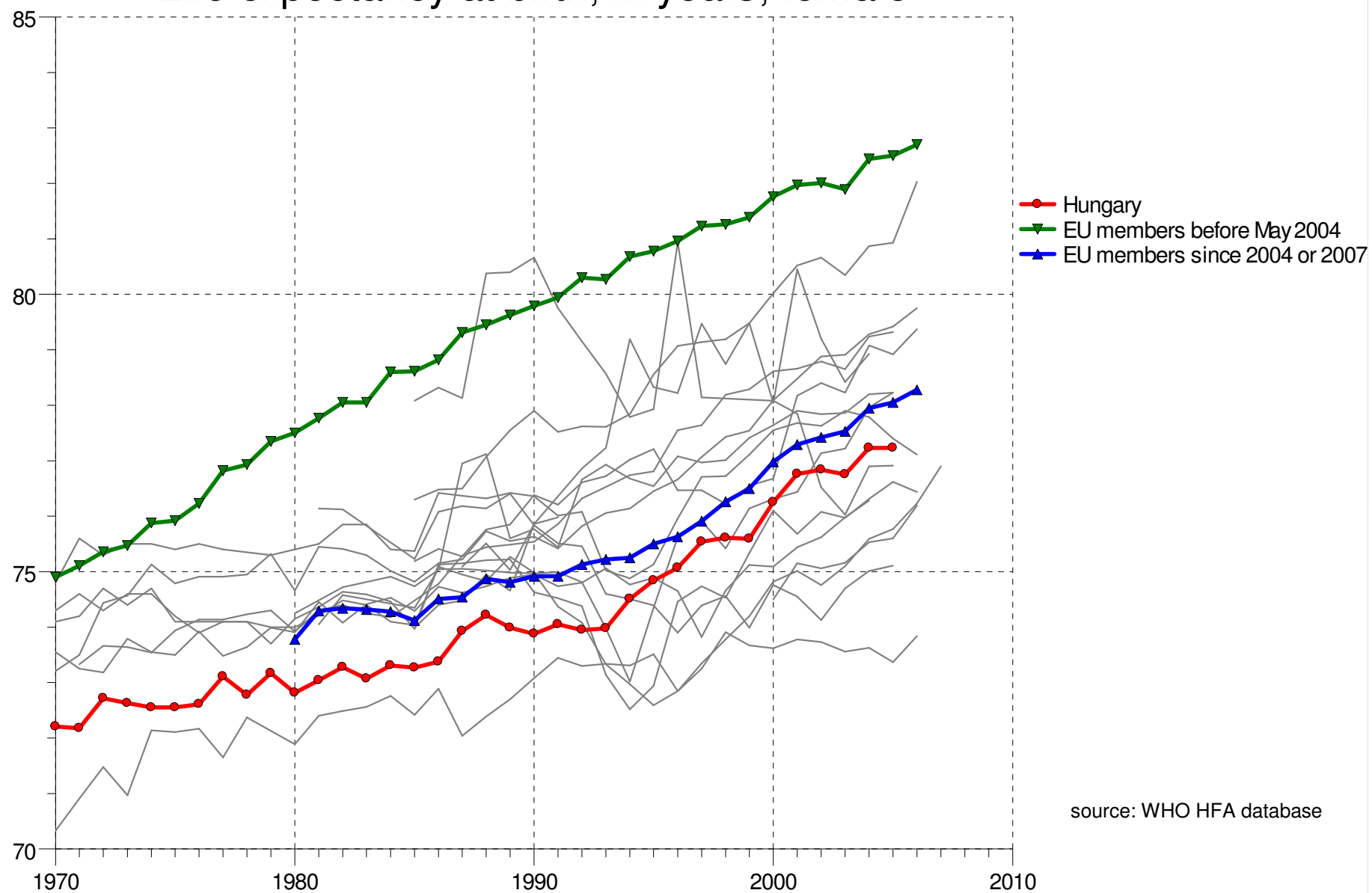
Poorer health than expected based
on the economical development

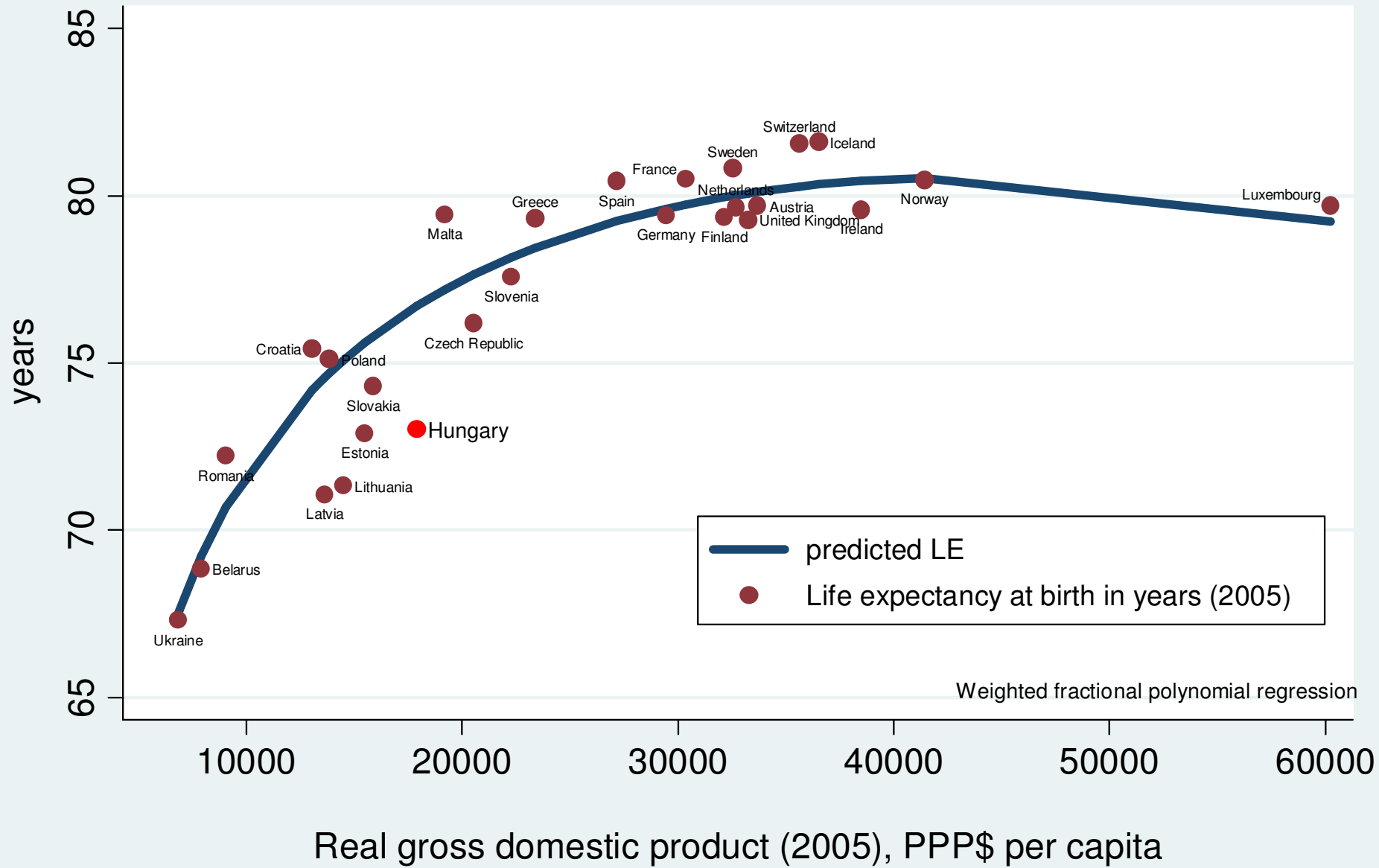
Life expectancy at birth, in years, male



source: WHO HFA database

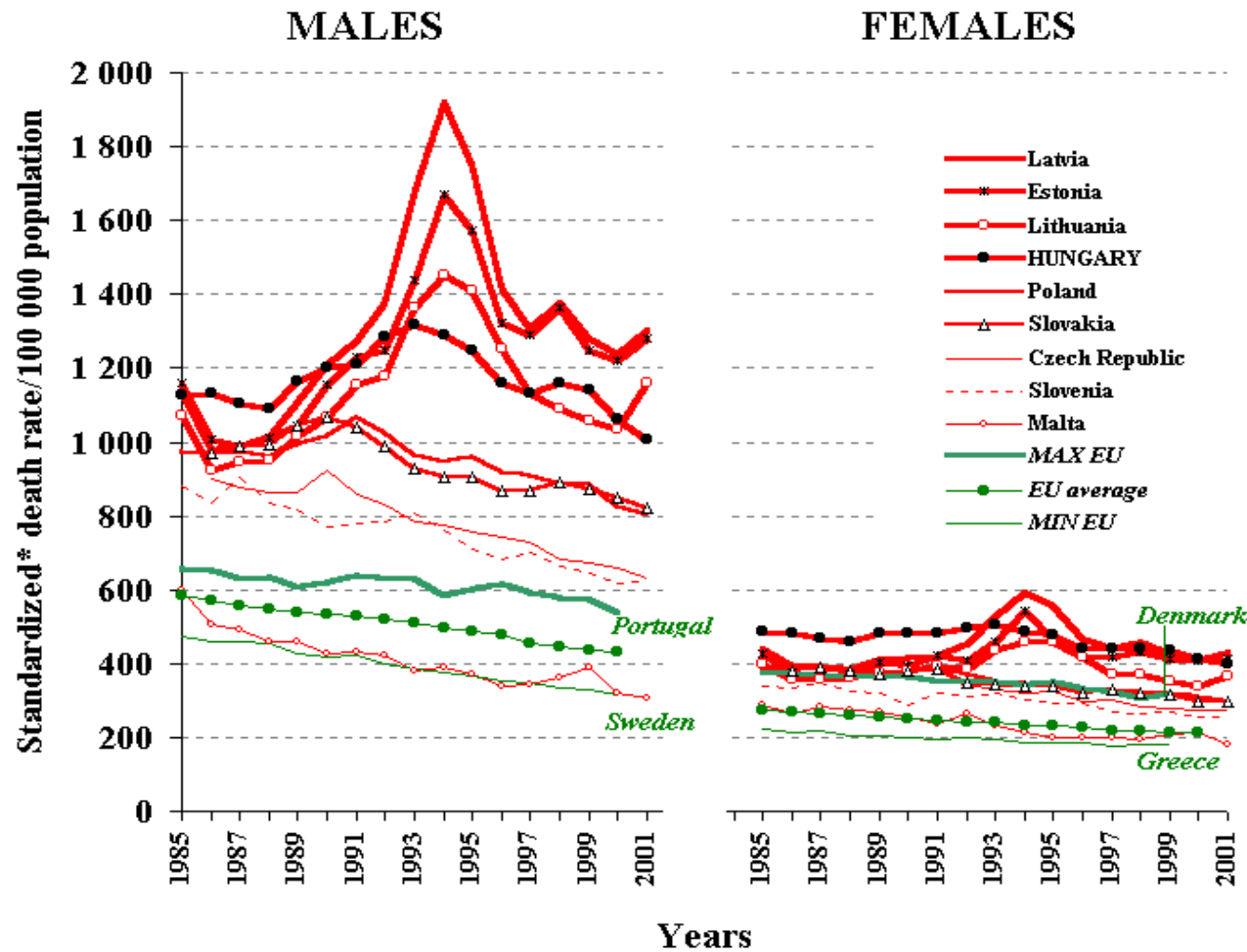
Life expectancy at birth, in years, female





High premature mortality reduces the
economical competitiveness

**Trends in mortality for males and females at ages 25-64 years
in the acceding countries[†] and the European Union
(1985-2001)**

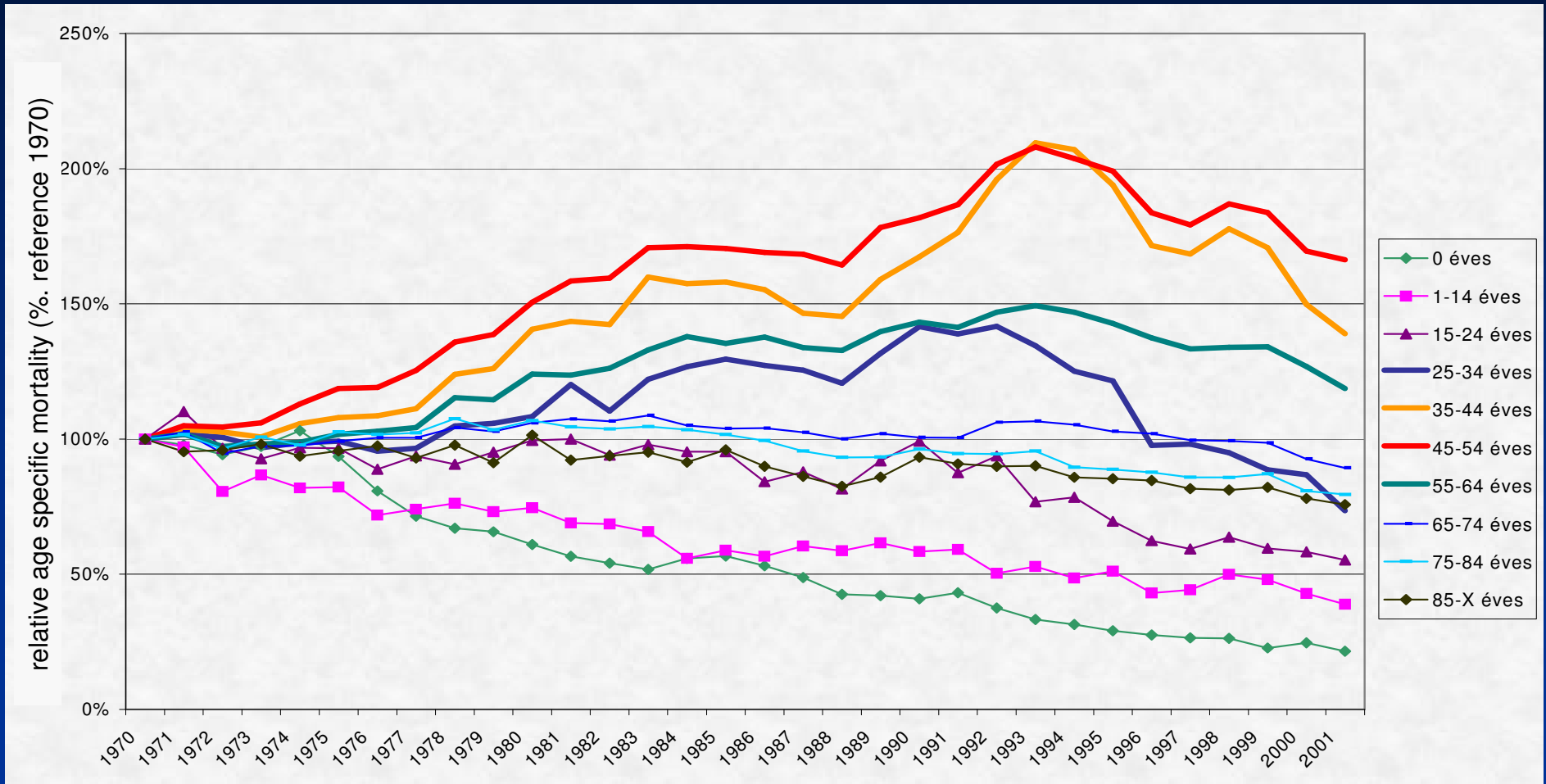


*Standard: The European standard population aged 25-64 years

Source: European health for all database, June 2003

[†] No data: Cyprus

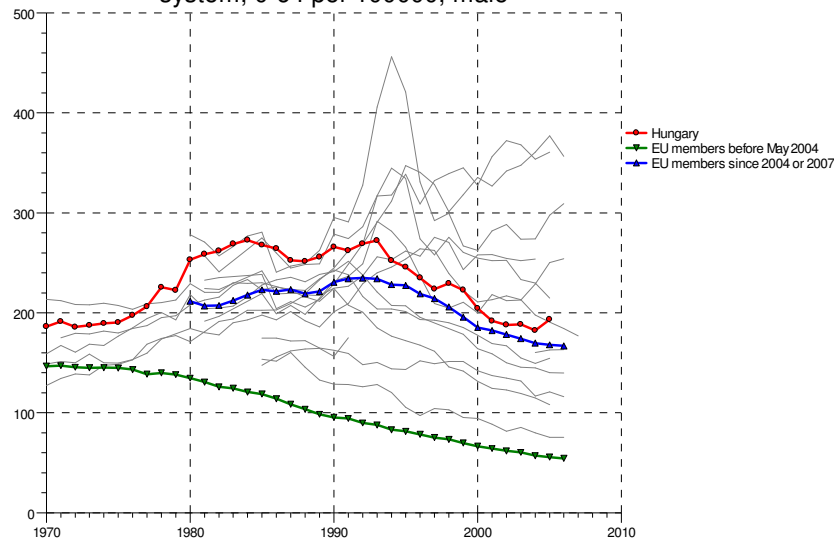
Relative age-specific mortality of Hungarian men (reference: 1970)



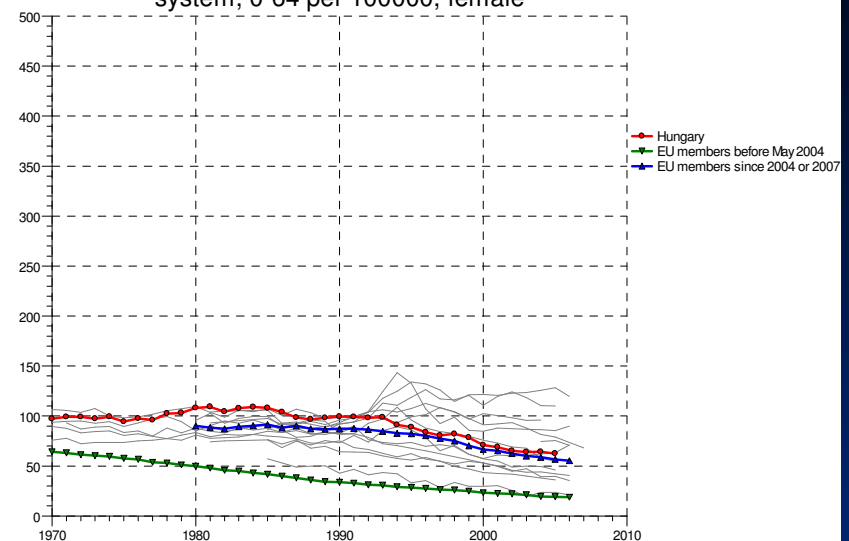
High burden of non-communicable
diseases

Premature mortality of cardiovascular diseases and cancer

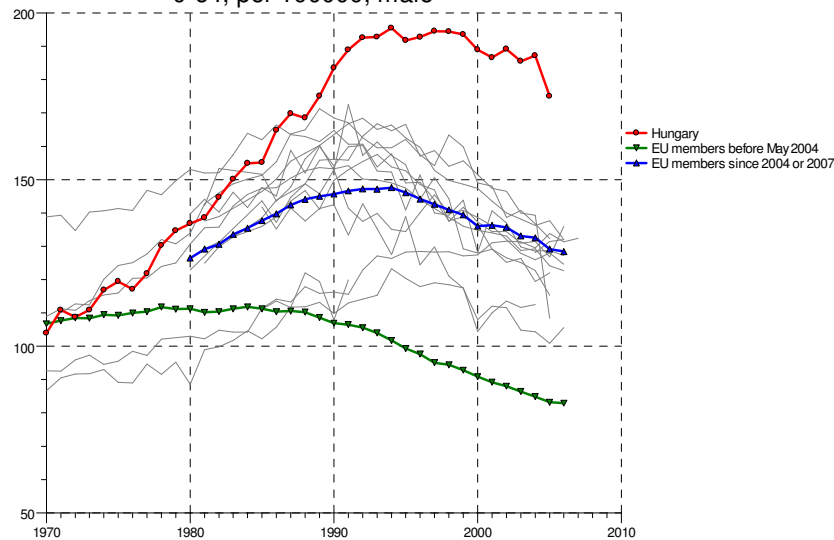
SDR, diseases of circulatory system, 0-64 per 100000, male



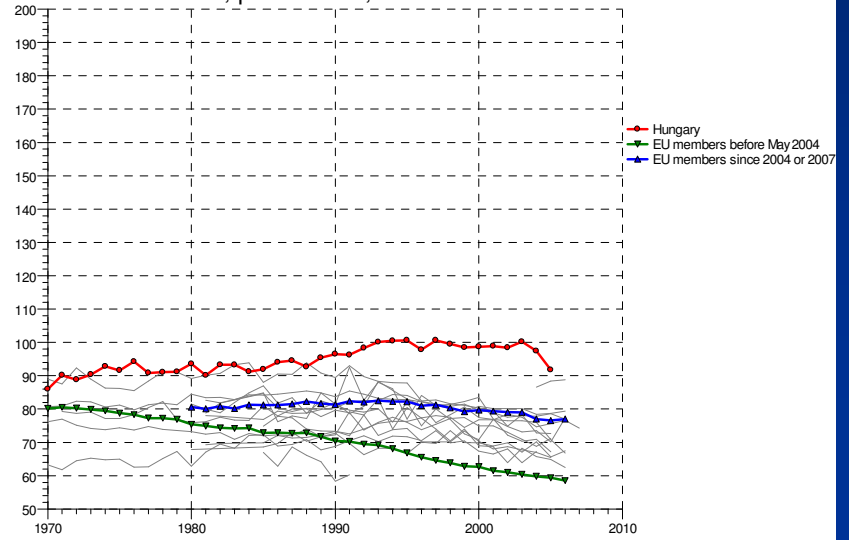
SDR, diseases of circulatory system, 0-64 per 100000, female



SDR, malignant neoplasms, 0-64, per 100000, male

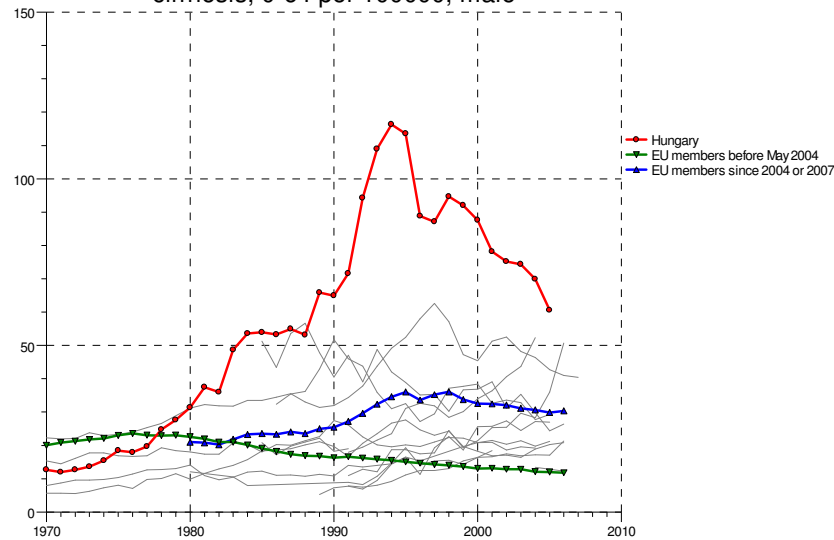


SDR, malignant neoplasms, 0-64, per 100000, female

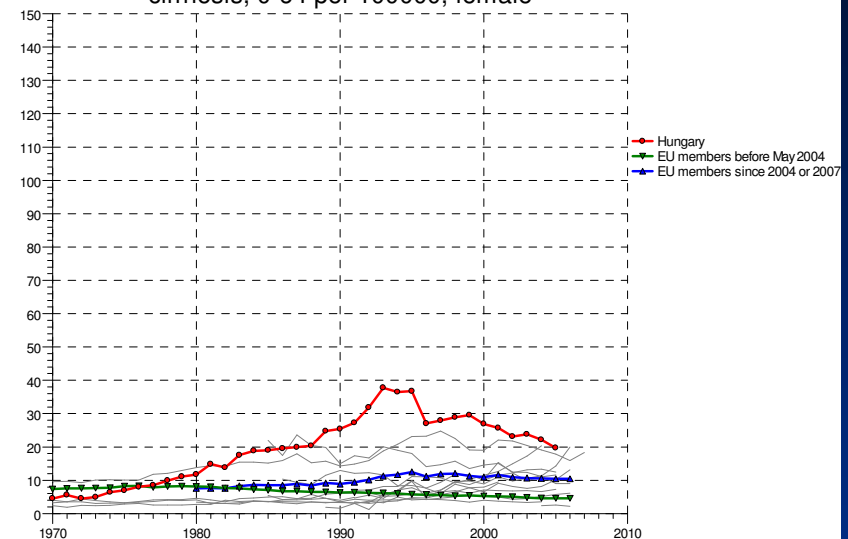


Premature mortality of chronic liver diseases

SDR, chronic liver disease and cirrhosis, 0-64 per 100000, male

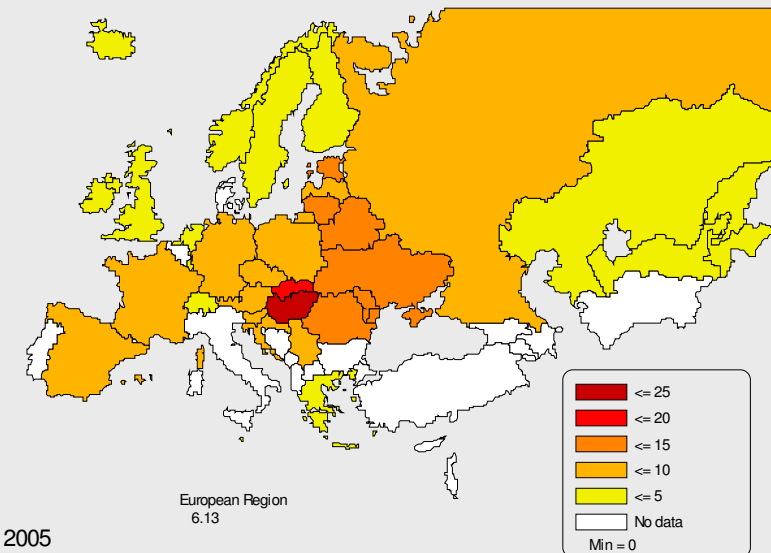


SDR, chronic liver disease and cirrhosis, 0-64 per 100000, female

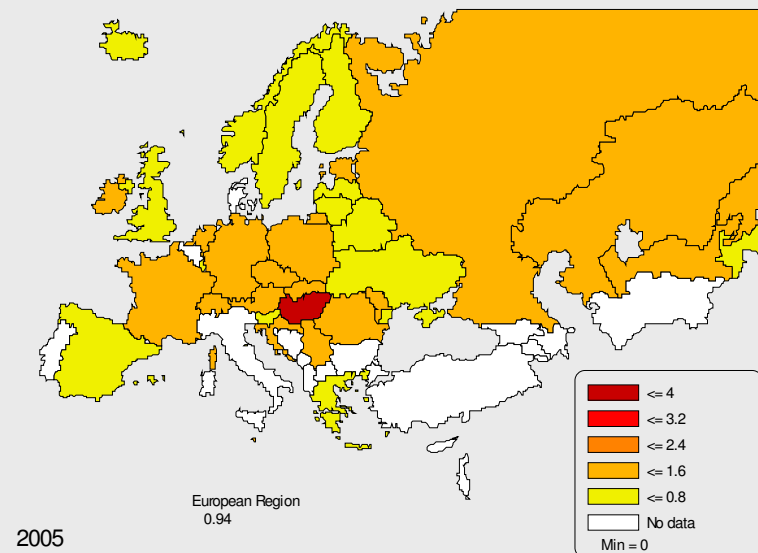


Which cancers?

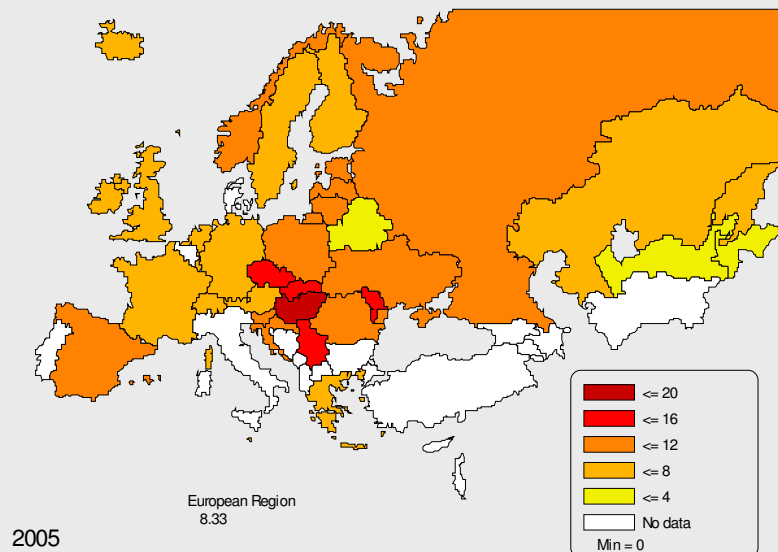
SDR(0-64),males, Malignant neoplasm of lip/oral cavity/pharynx, per 100000



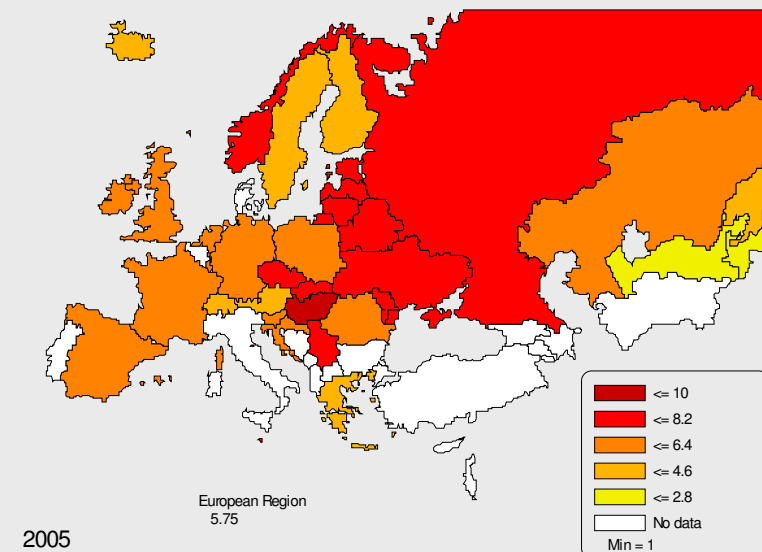
SDR(0-64),females, Malignant neoplasm of lip/oral cavity/pharynx, per 100000



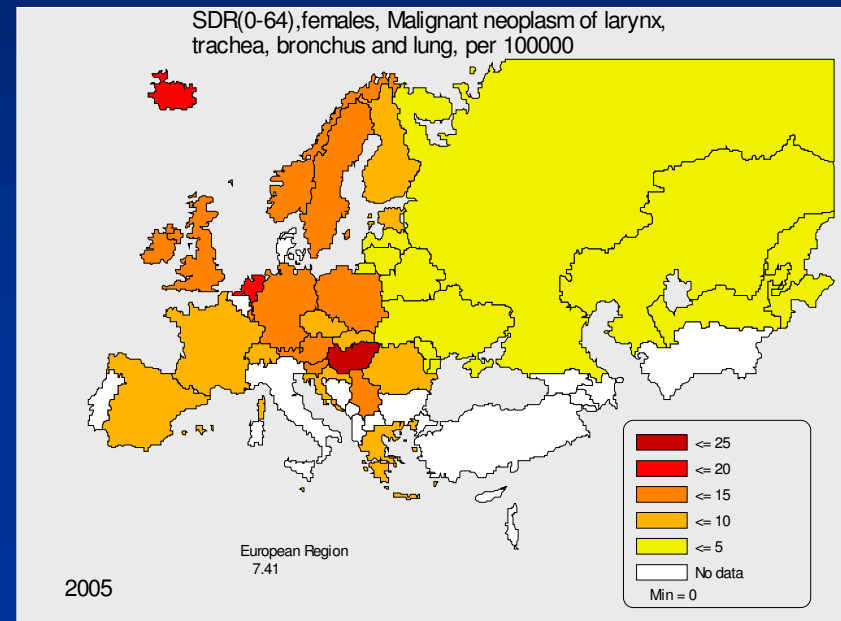
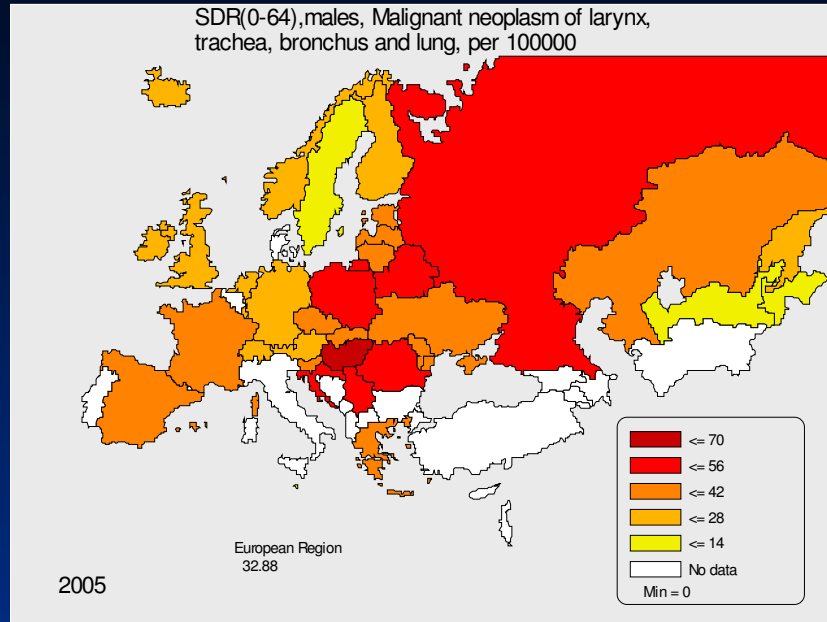
SDR(0-64),males, Malignant neoplasm of colon, rectum and anus, per 100000



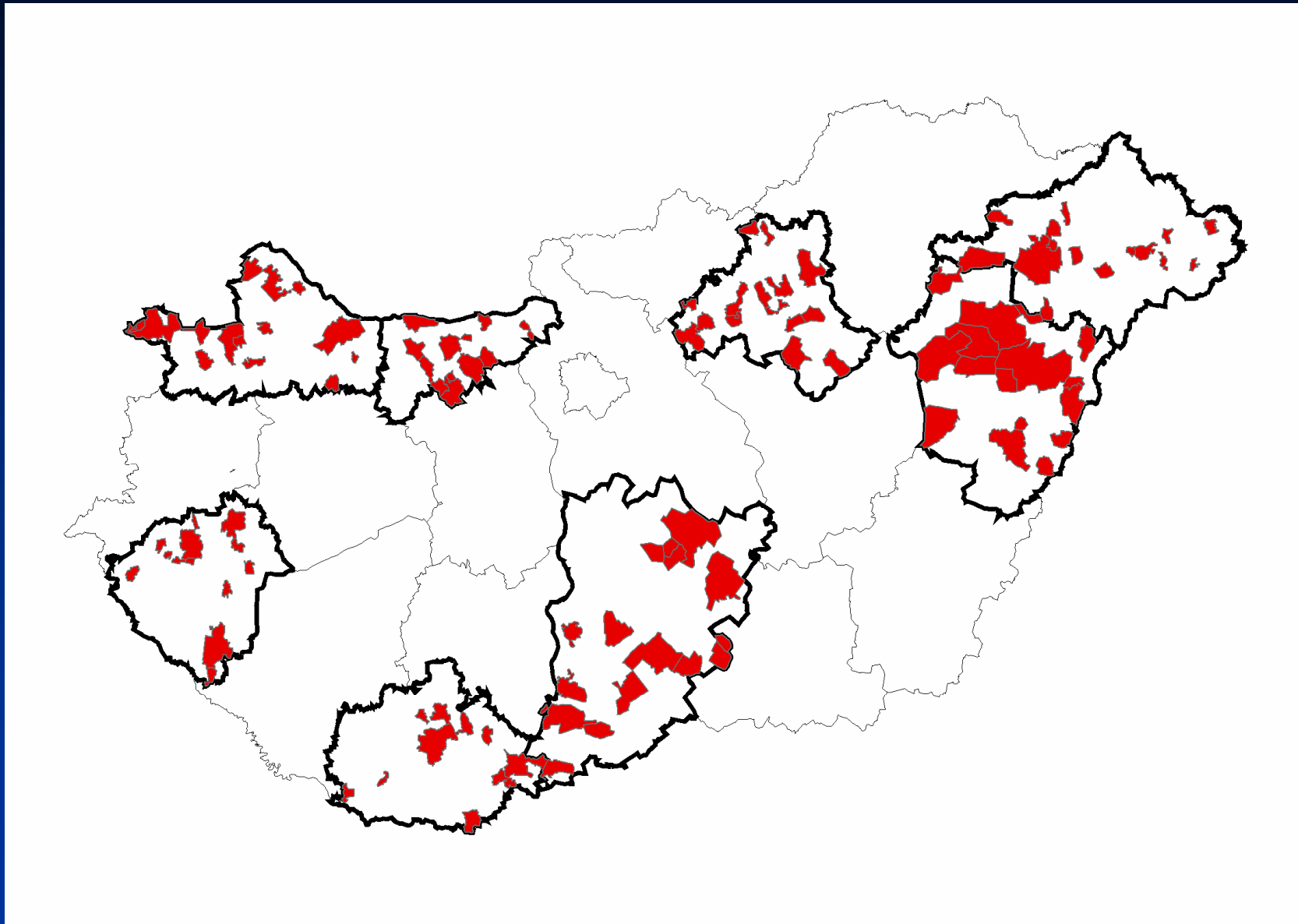
SDR(0-64),females, Malignant neoplasm of colon, rectum and anus, per 100000



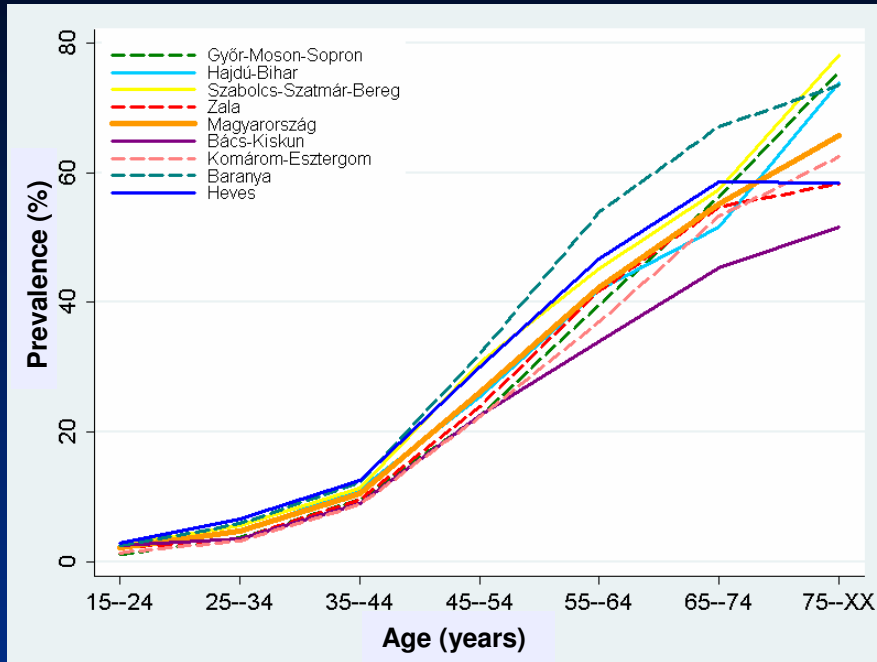
Which cancers? (2)



General Practitioners' Morbidity Sentinel Station Program

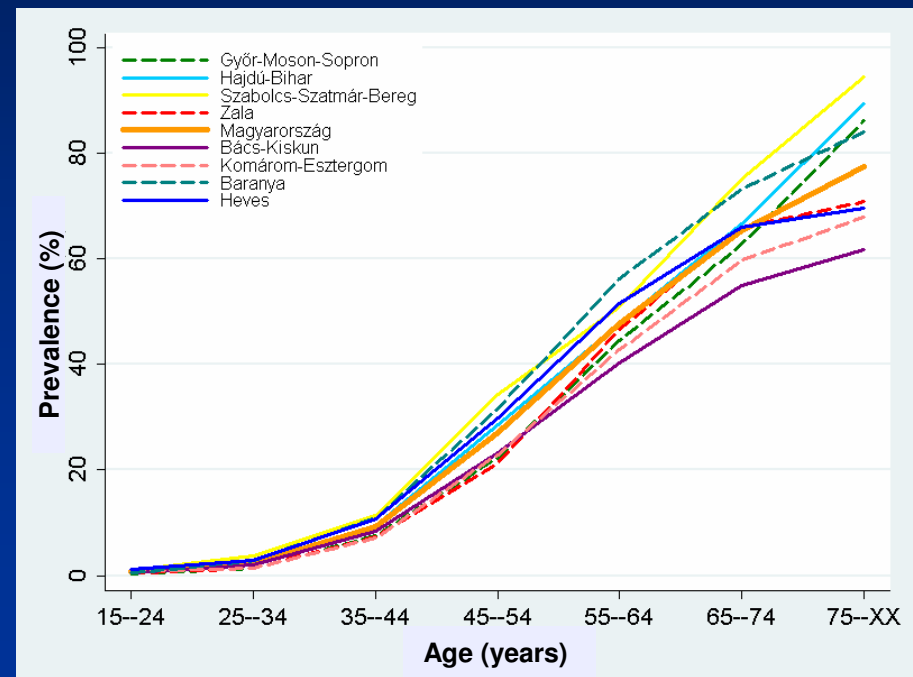


Prevalence of hypertension on 31.12.2005 by counties

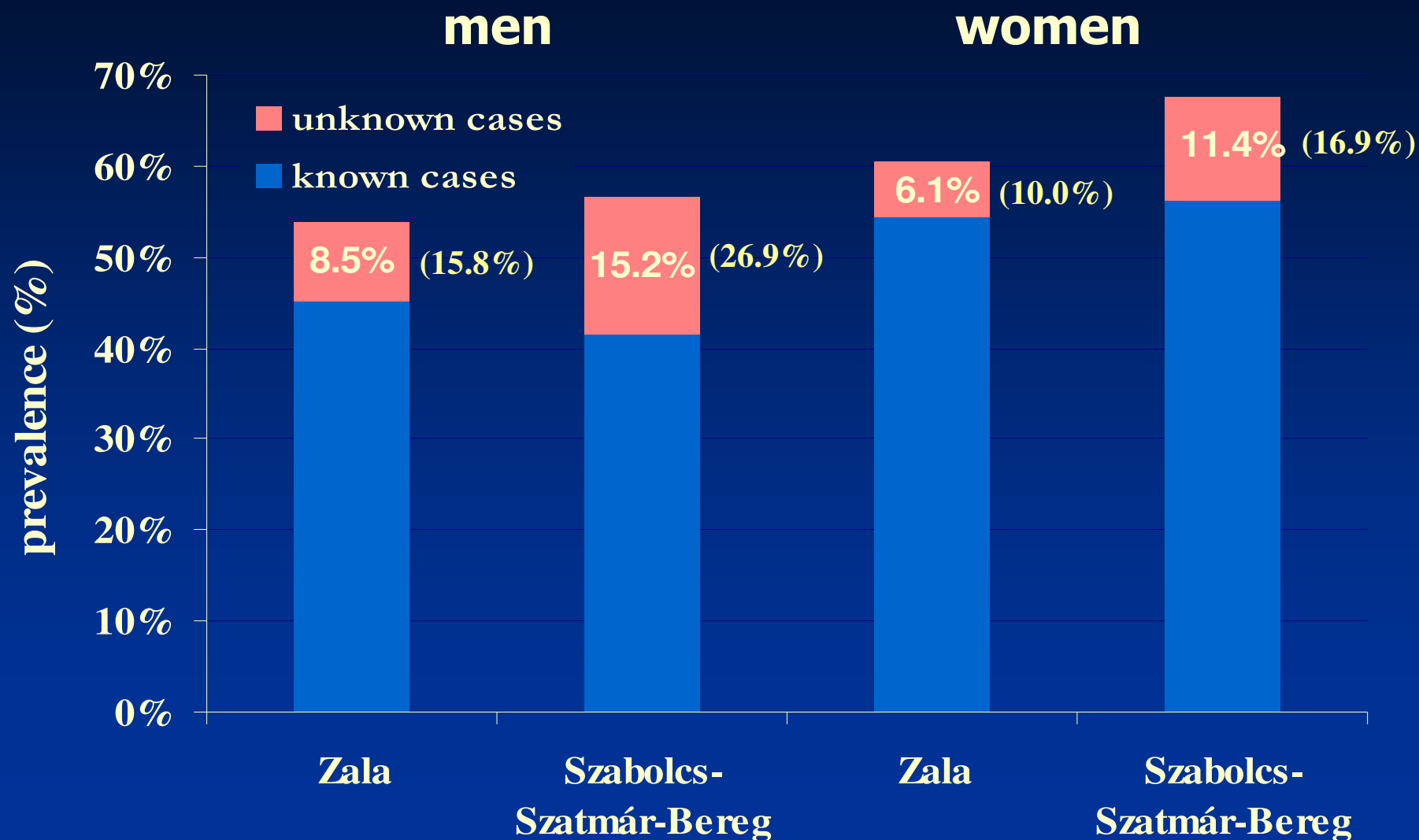


Men

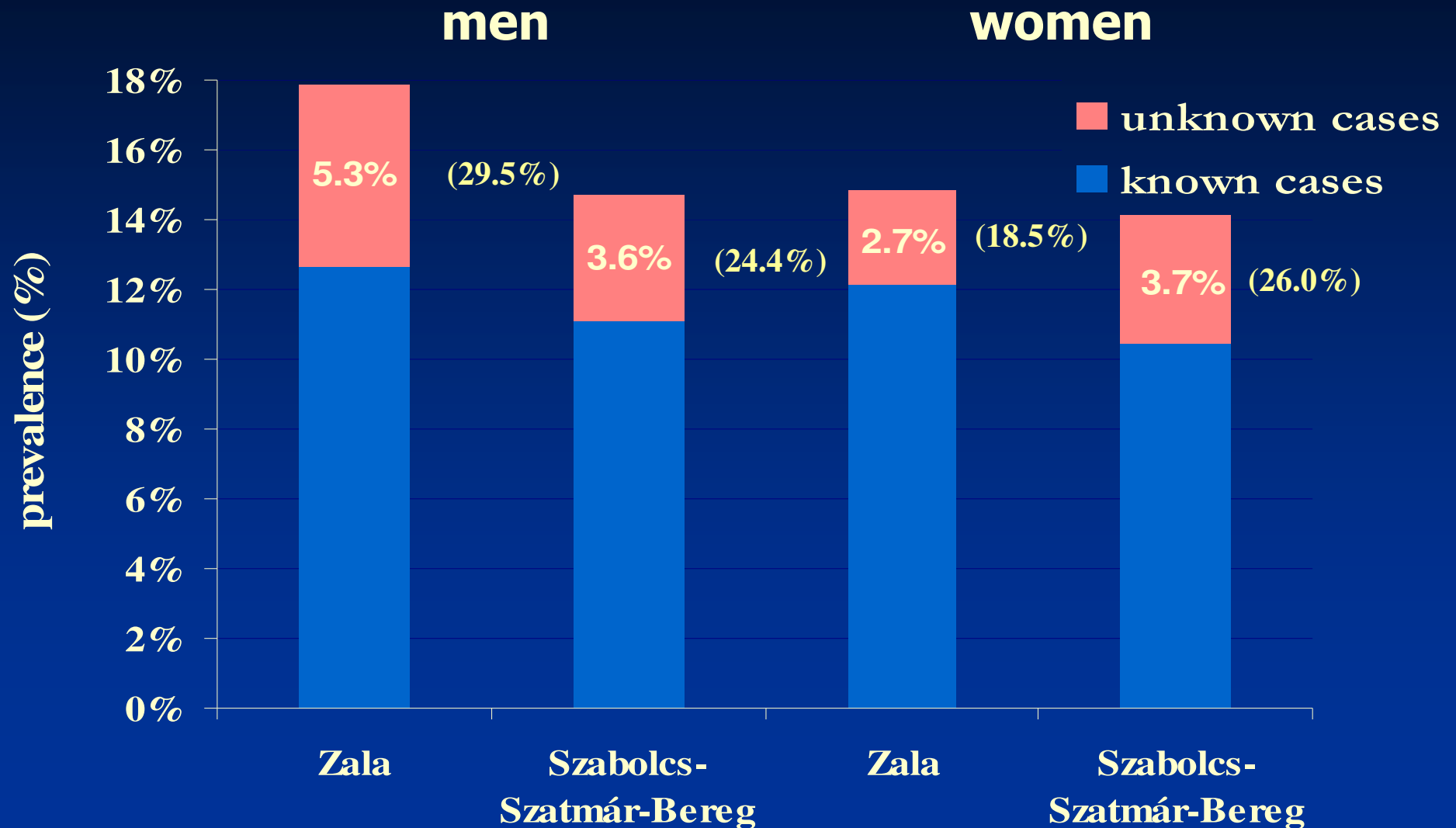
Women



Magnitude of unknown morbidity of hypertension in the age group 55-64 years



Magnitude of unknown morbidity of diabetes mellitus in the age group 55-64 years

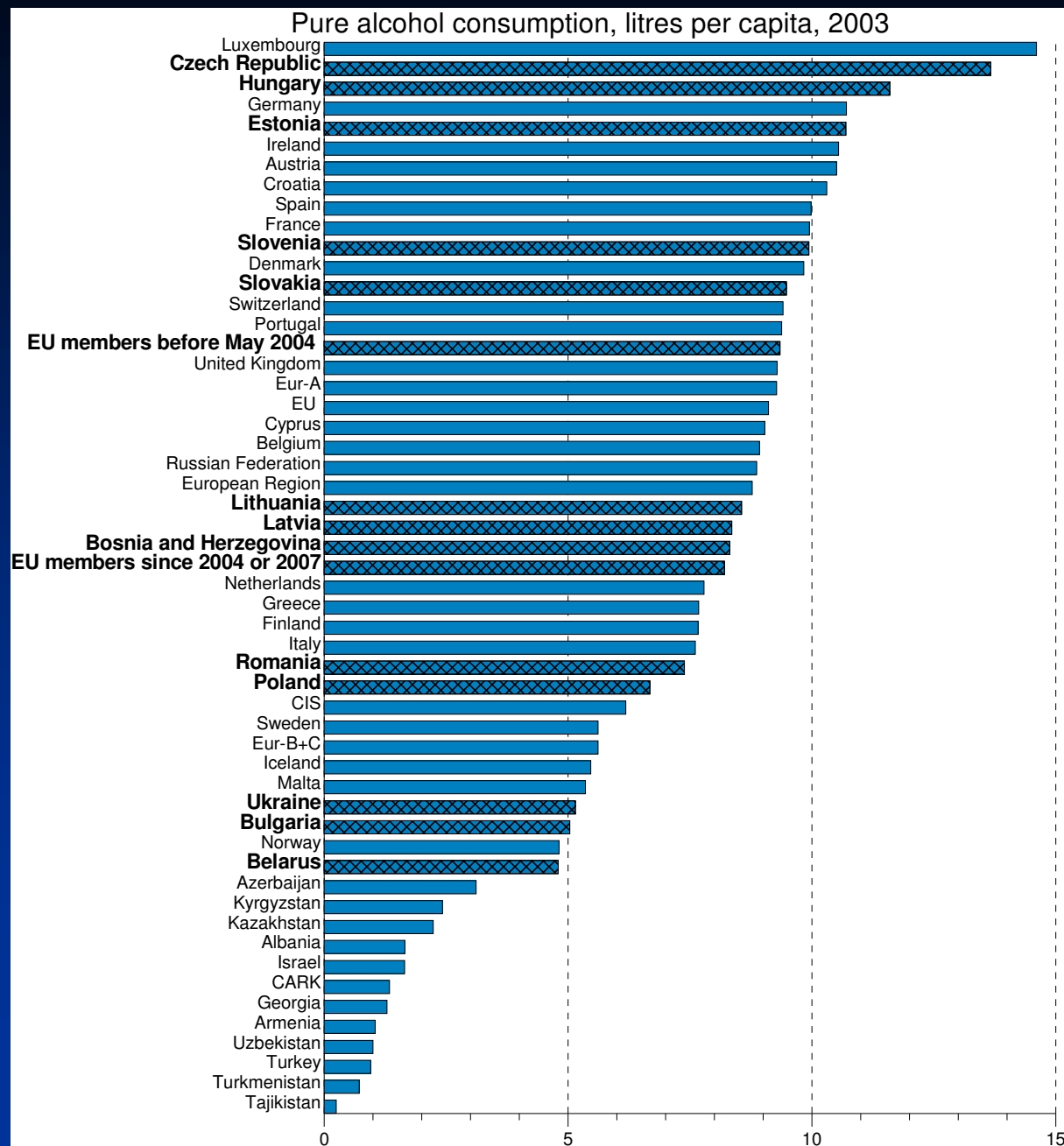


Poor health is mostly explained by
unhealthy behavior

Health behavior of the Hungarian adult population in 2000 (source: National Health Interview Survey, OLEF2000)

Health behaviour parameters	Males		Females	
	18-34	35-64	18-34	35-64
<i>Smokers</i>				
> 20 cigarettes/day	25 %	30 %	11 %	12 %
< 20 cigarettes/day	19 %	11 %	18 %	16 %
<i>Alcohol consumption</i>				
heavy drinkers	18 %	22 %	6 %	6 %
moderate drinkers	38 %	52 %	20 %	25 %
<i>Physical activity</i>				
less frequent than weekly / never	21 %	33 %	33 %	37 %
<i>Nutrition</i>				
animal fat consumption	20 %	26 %	16 %	27 %
overweighted/obese	42 %	65 %	22 %	57 %
<i>Fresh fruit/vegetable</i>				
less frequent than daily	40 %	30 %	29 %	20 %

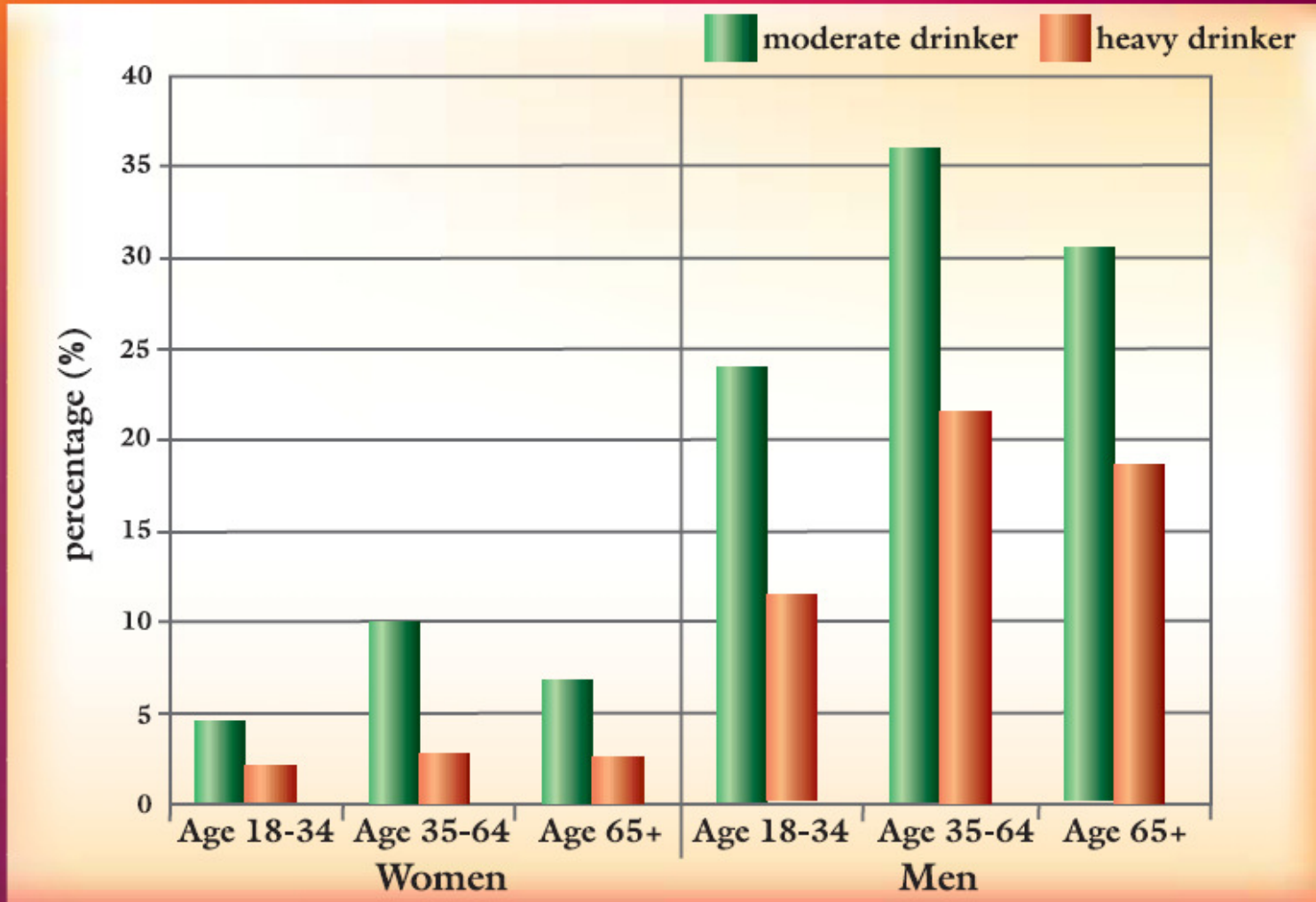
Alcohol consumption 2000/2003



source: WHO HFA Database

Alcohol use in 2003

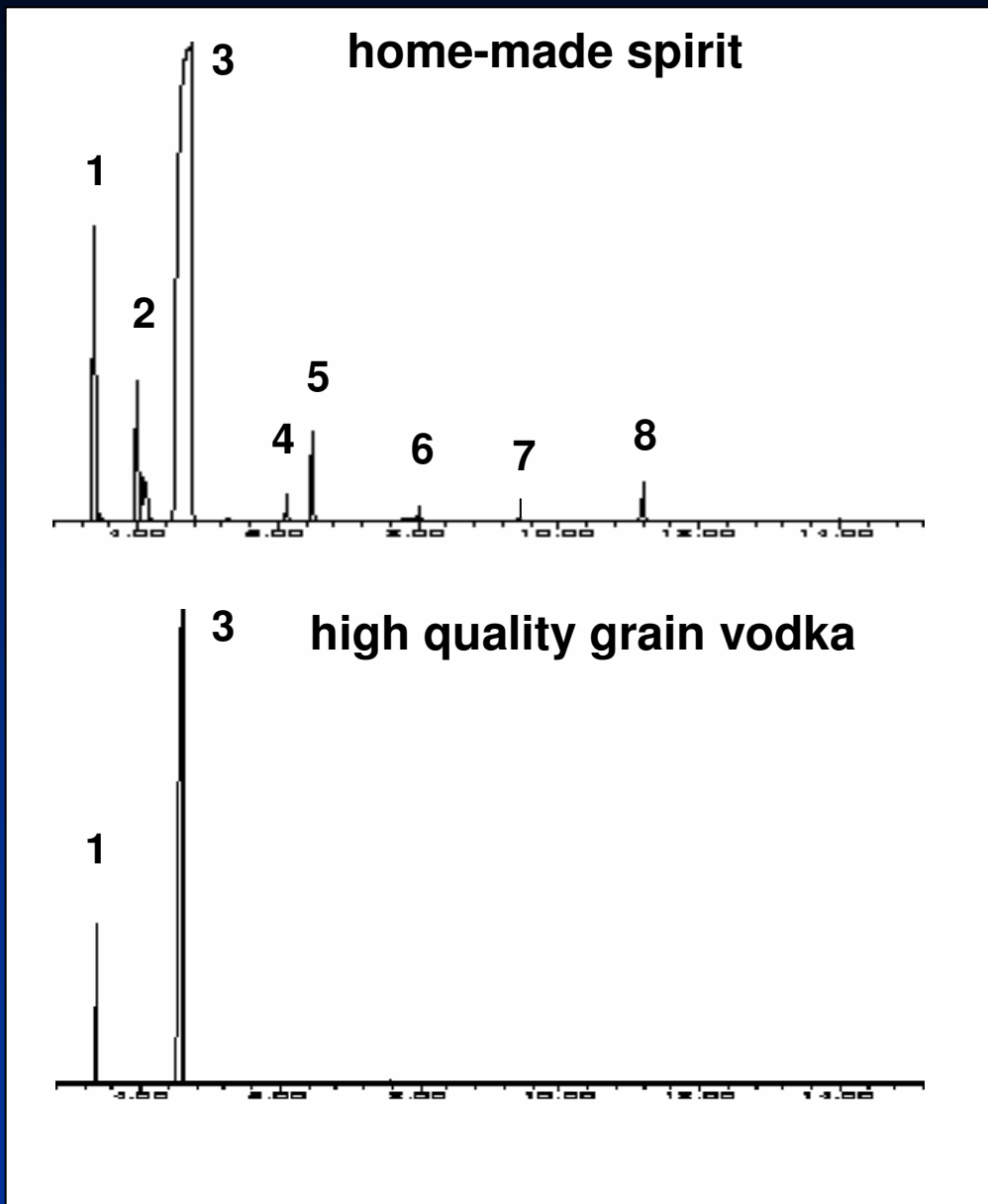
Chart 6 - Regular alcohol users by age and gender, in 2003



source: National Health Interview Survey 2003 (OLEF2003)



Representative chromatograms of alcoholic drinks from legal and illegal sources



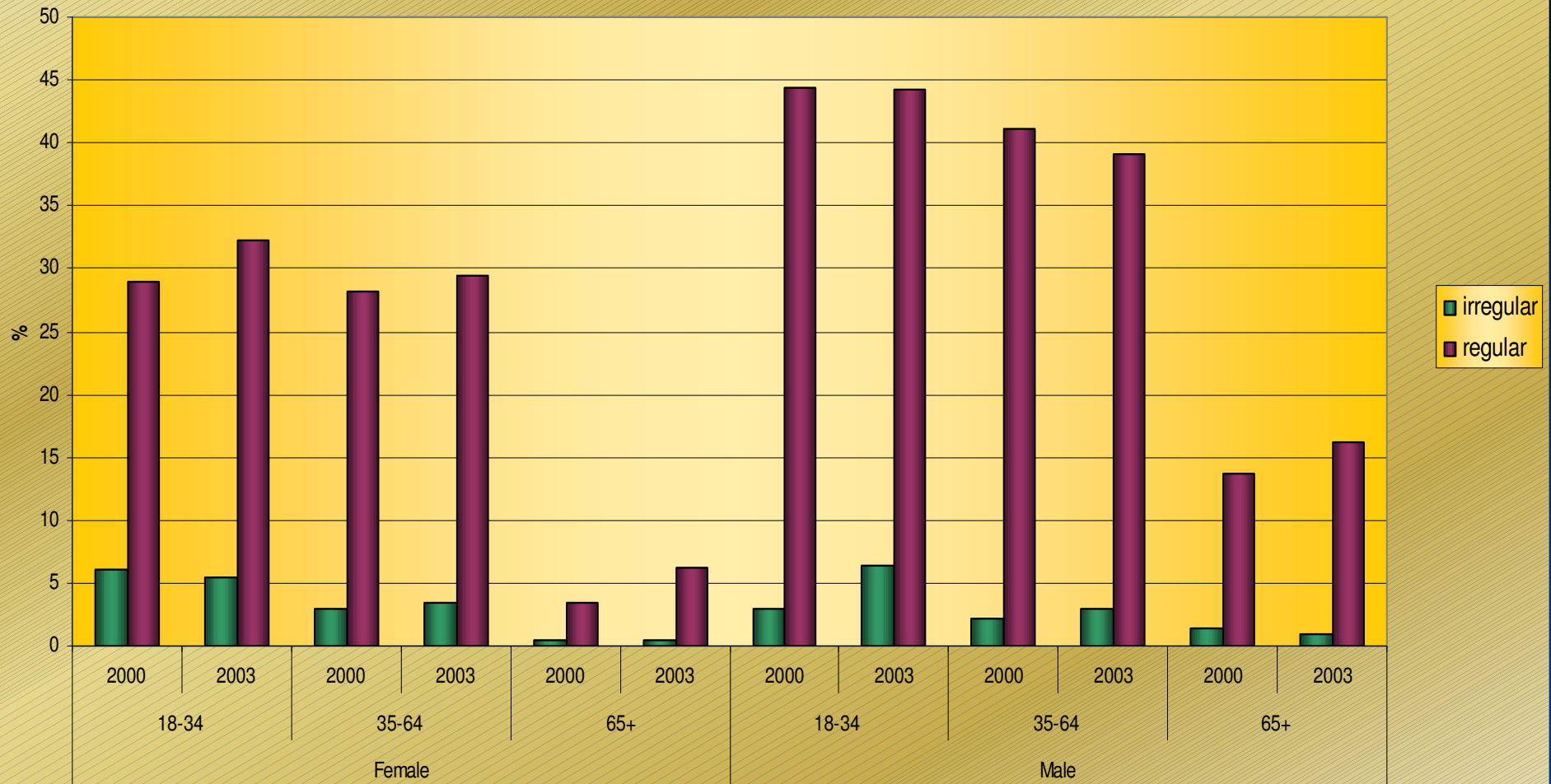
- 1: internal standard
- 2: methanol
- 3: ethanol
- 4: 2-butanol
- 5: 1-propanol
- 6: isobutanol
- 7: 1-butanol
- 8: isoamyl alcohol

Sources of alcohol consumed by counties

Wine				
	Győr-Moson-Sopron	Hajdú-Bihar	Szabolcs-Szatmár-Bereg	Zala
	%			
Controlled commercial	60.9	62.8	62.8	29.7
Non-controlled	39.1	37.2	37.2	70.3
Spirits				
Controlled commercial	86.4	74.2	76.0	66.2
Non-controlled	13.6	25.8	24.0	33.9

Cigarette smoking 2000/2003

Smoking in different age groups of both sexes

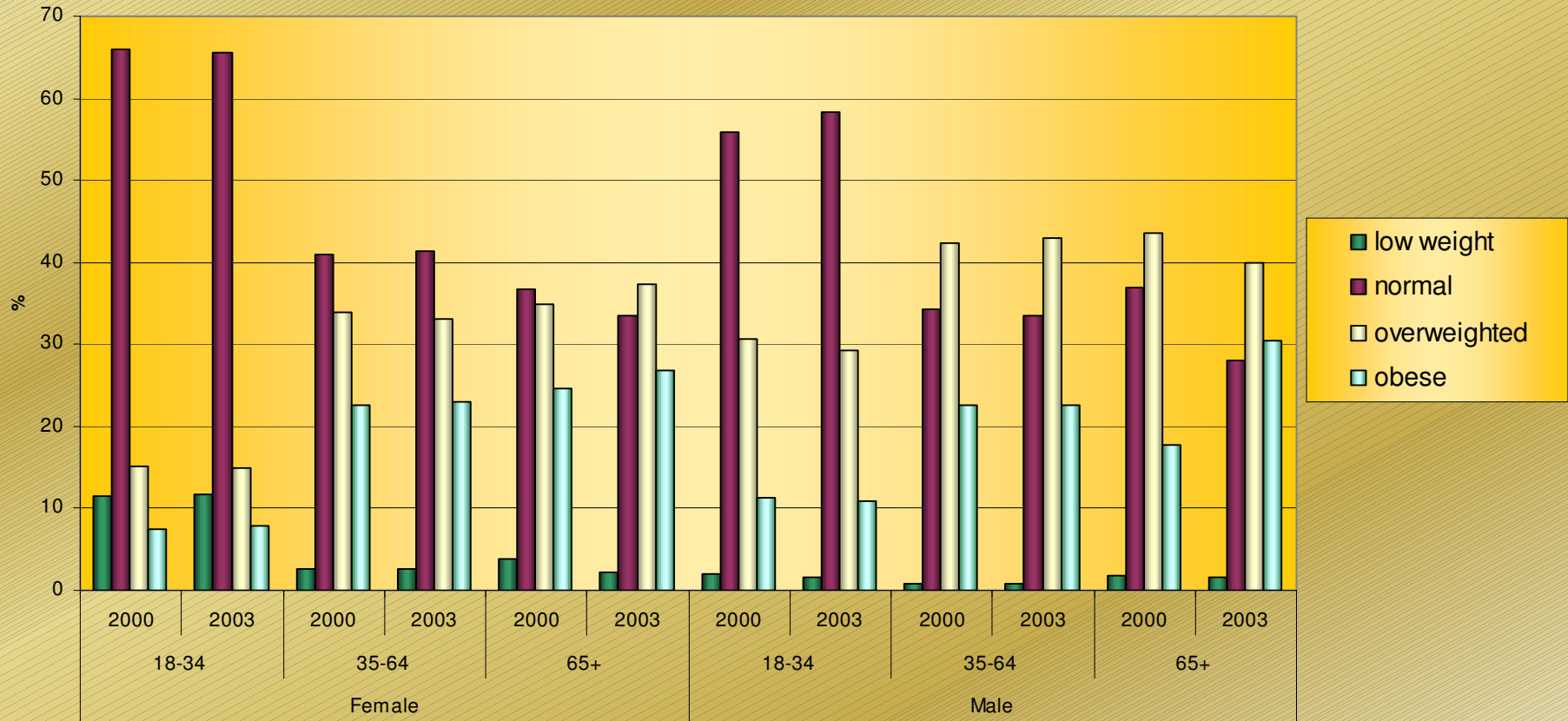


source: National Health Interview Surveys 2000, 2003 (OLEF2000 and OLEF2003)



BMI 2000/2003

BMI for different age groups of both sexes

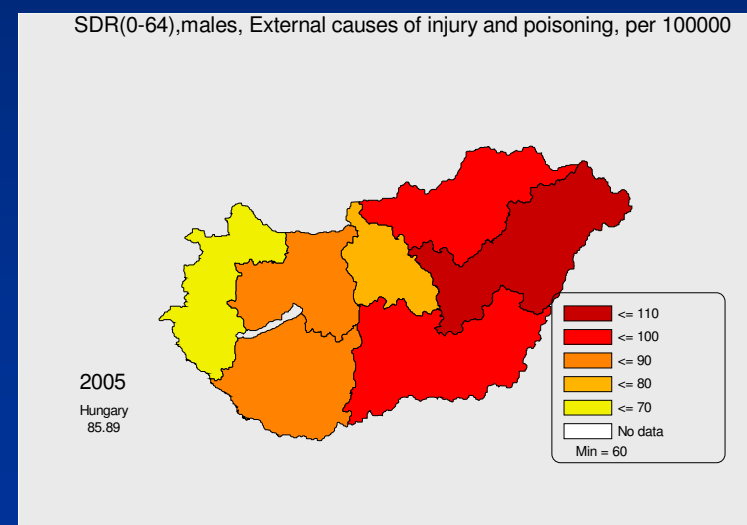
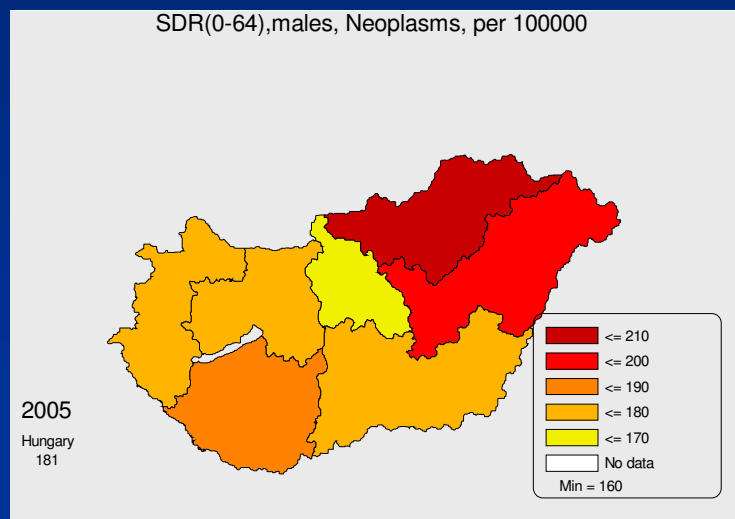
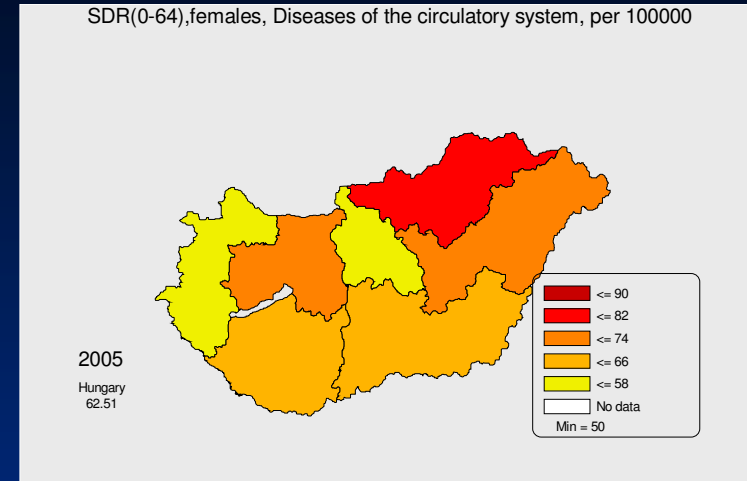
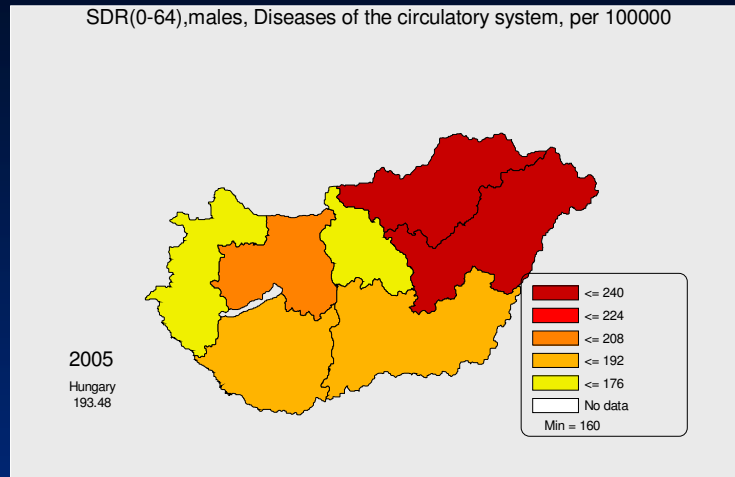


source: National Health Interview Surveys 2000, 2003 (OLEF2000 and OLEF2003)



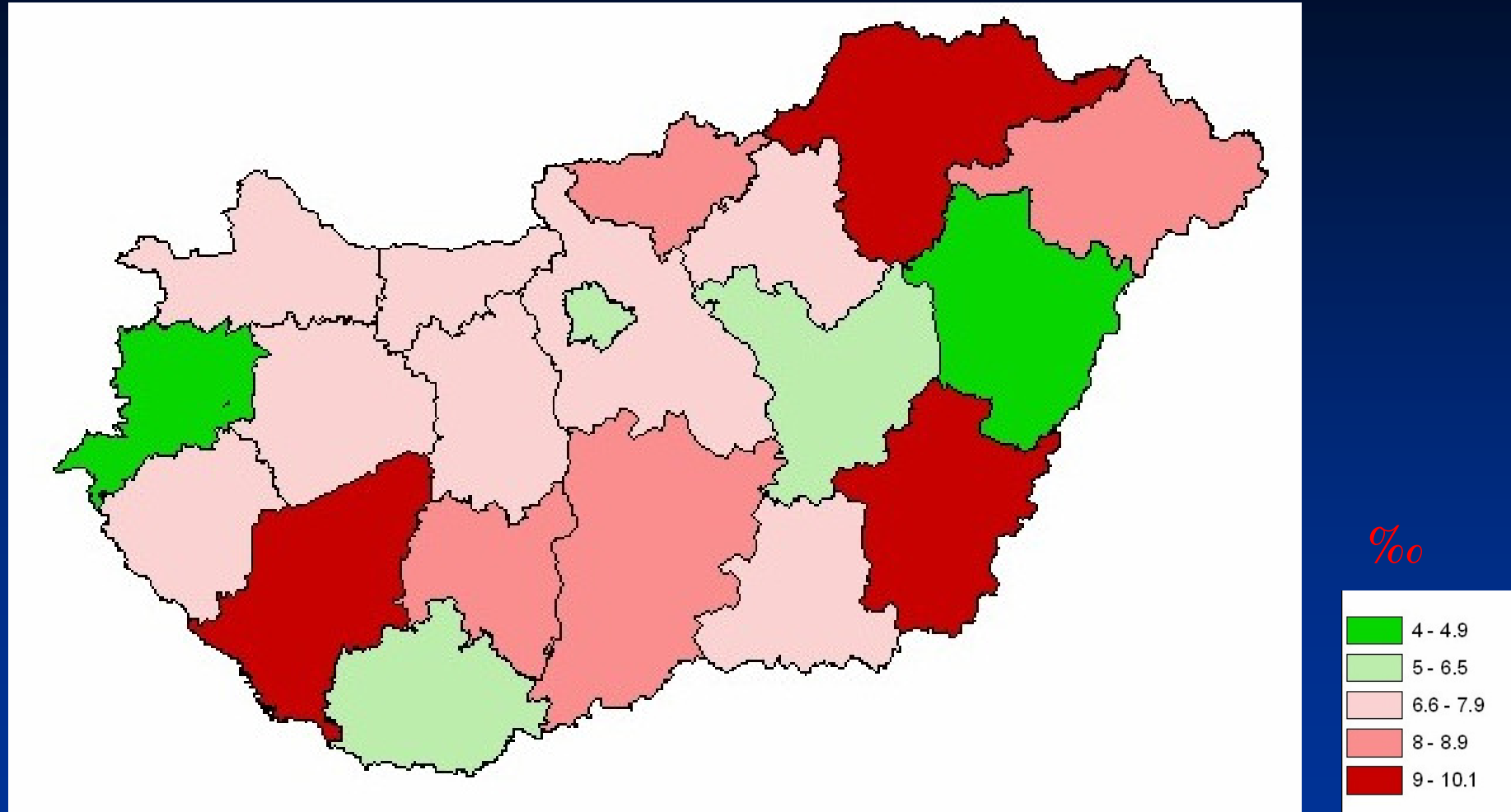
Large inequalities in health
determined by social inequalities

Inequalities in mortality

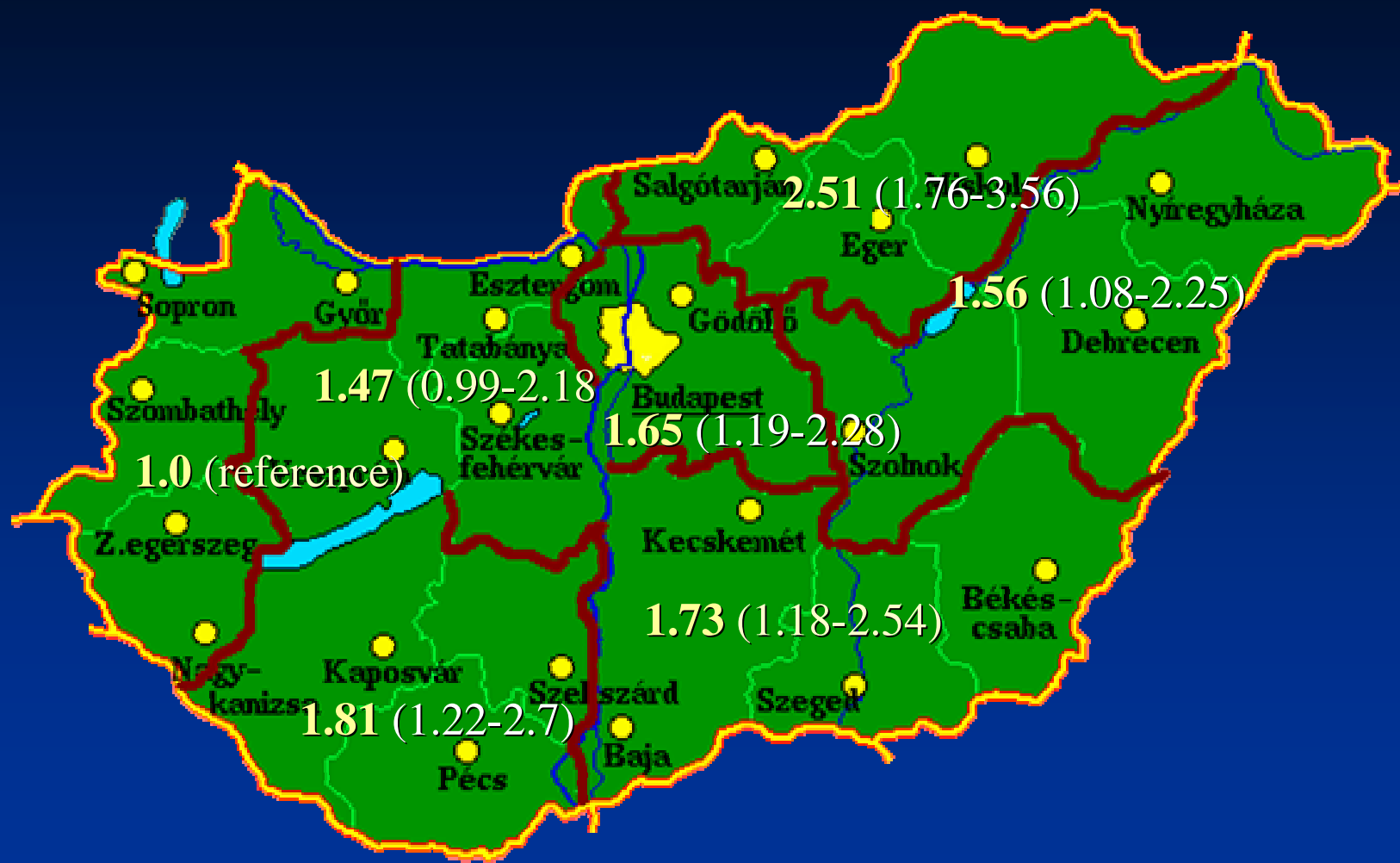


source: WHO European Mortality Database

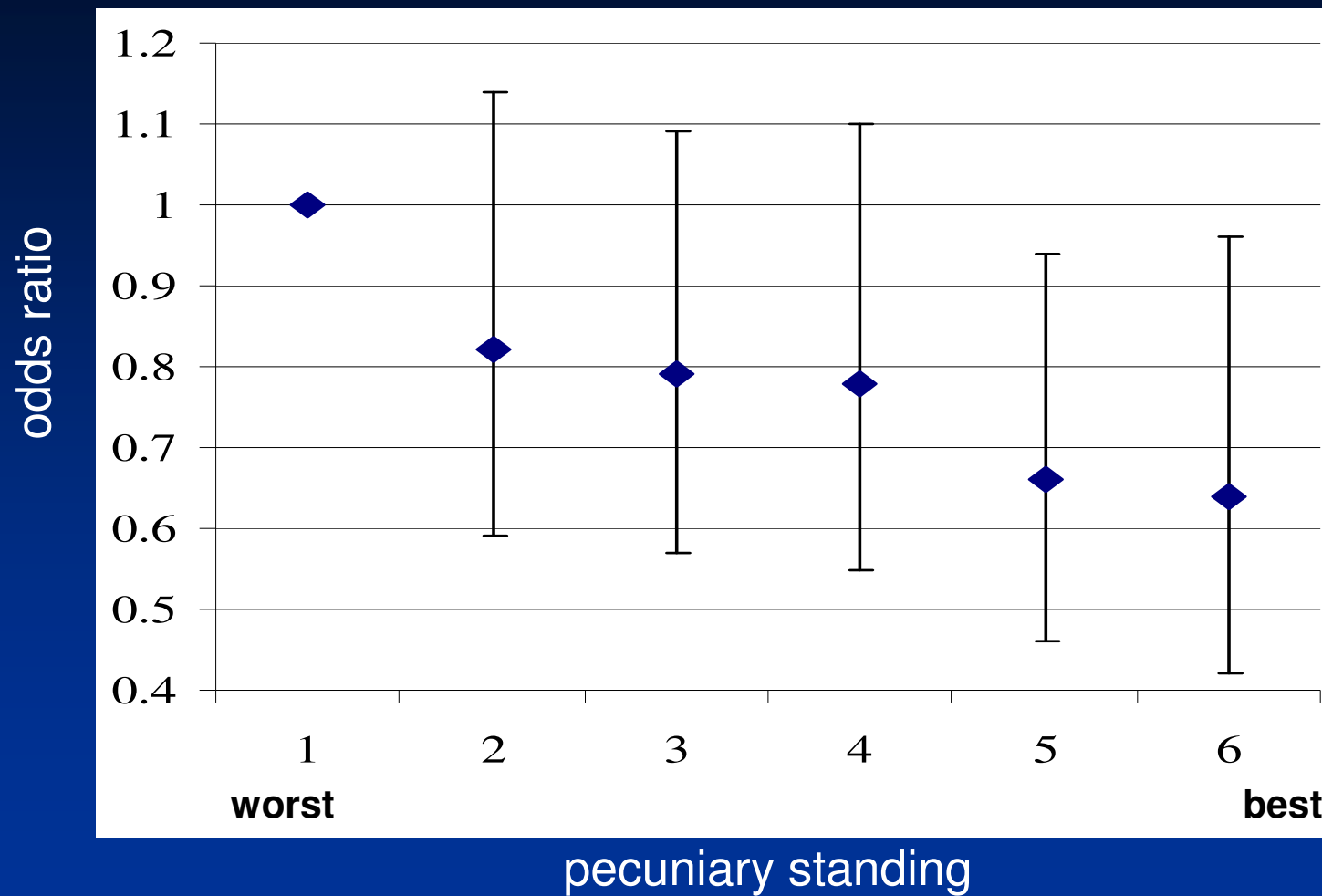
Infant mortality by counties in 2003



Relative risk of severe functional limitation by regions



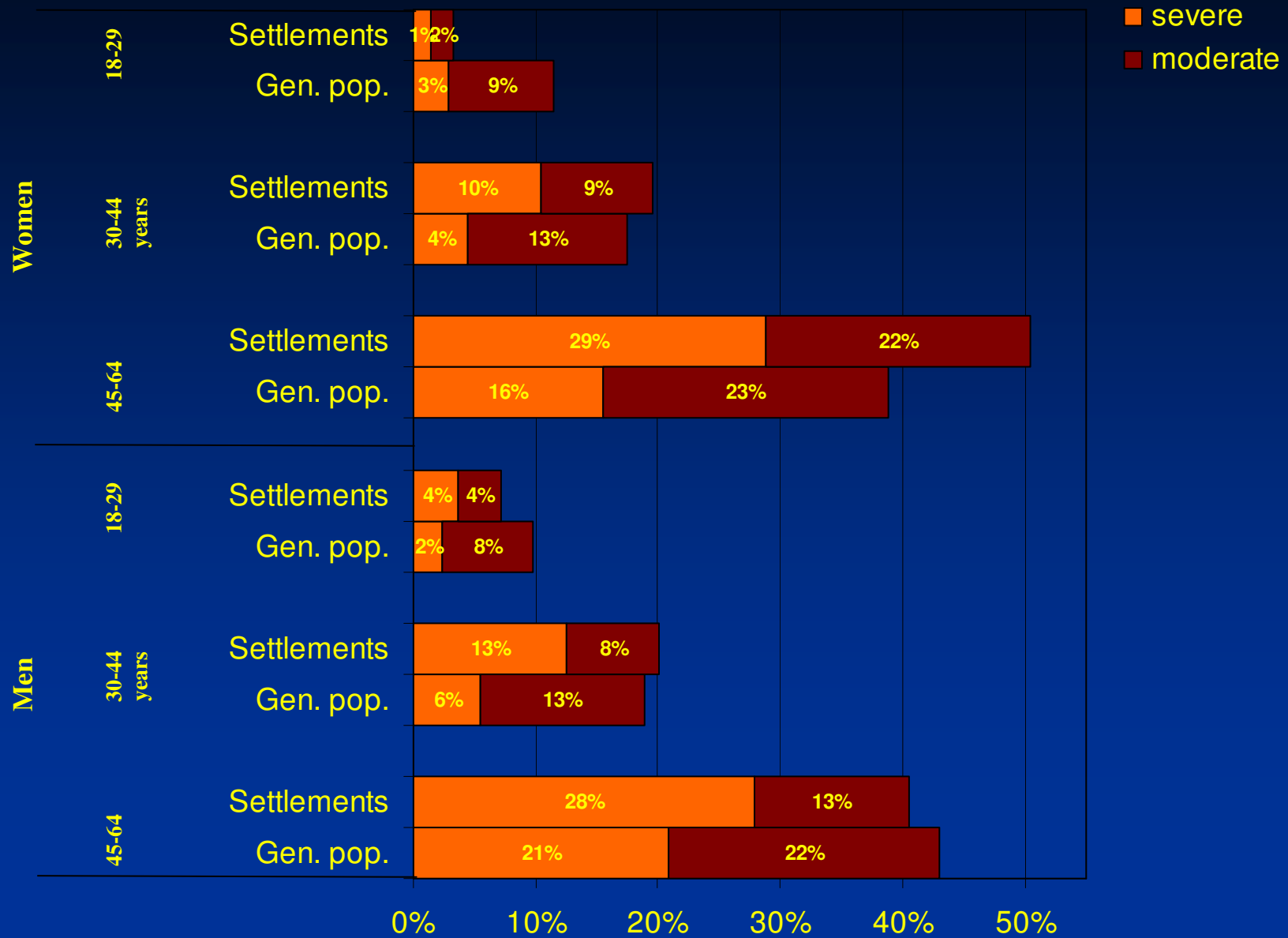
The association between pecuniary standing and functional limitation in Hungary in 2000



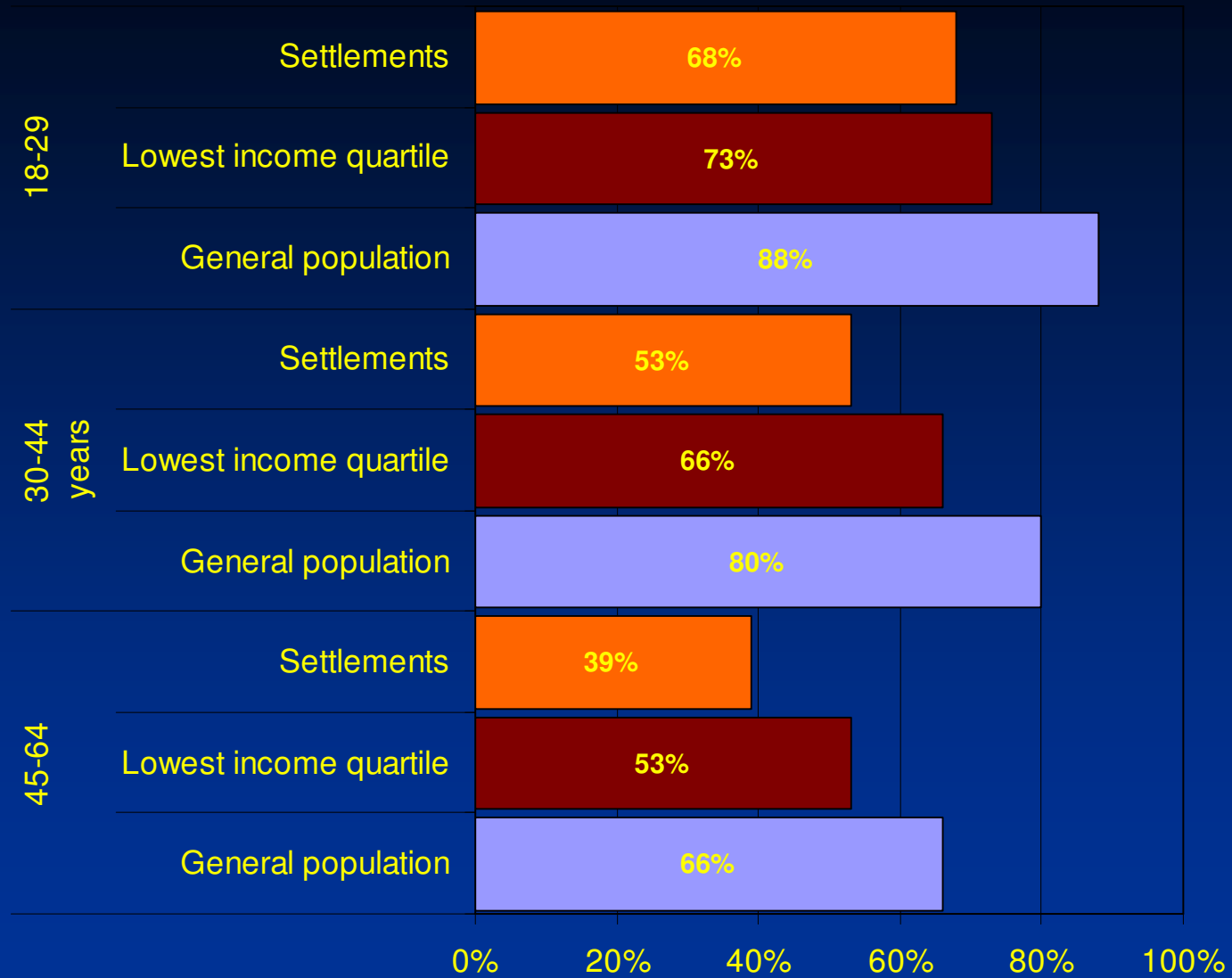
Health of the inhabitants of Roma settlements in Hungary – a comparative health survey

- Objective:** to compare the health of people living in Roma settlements with that of the general population
- Methods:** interviewer-administered questionnaire-based health surveys in 2003/2004
- a) 969 persons living in Roma settlements in three counties. random walk sampling. Roma interviewers
 - b) 5072 persons in the National Health Interview Survey. registry based two-stage stratified cluster sampling of adult non-institutionalized people
- Analysis:** restricted to age 18-65 years (936 and 4121 persons); prevalence estimates by age, gender and social status

Participation restriction

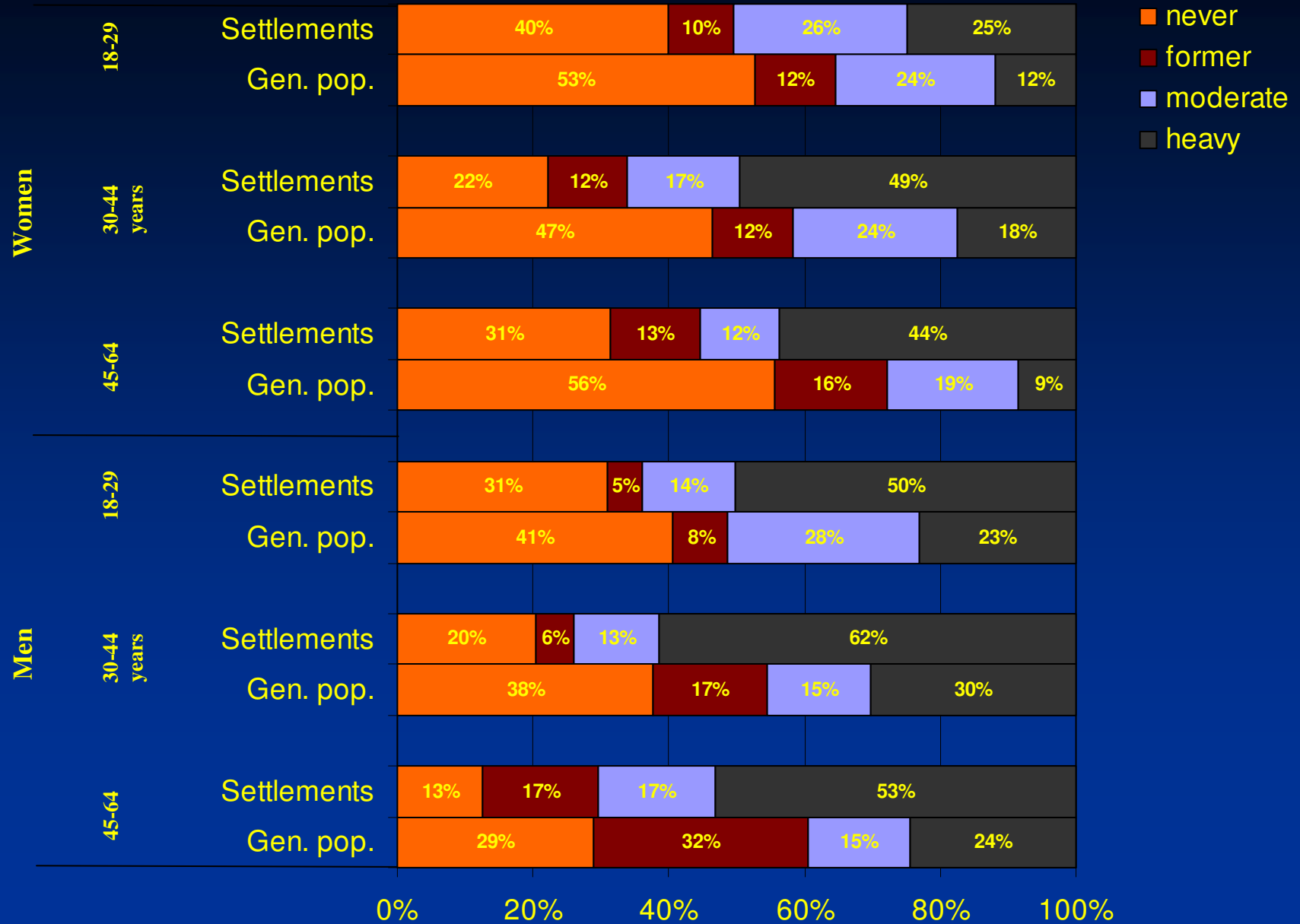


Health consciousness

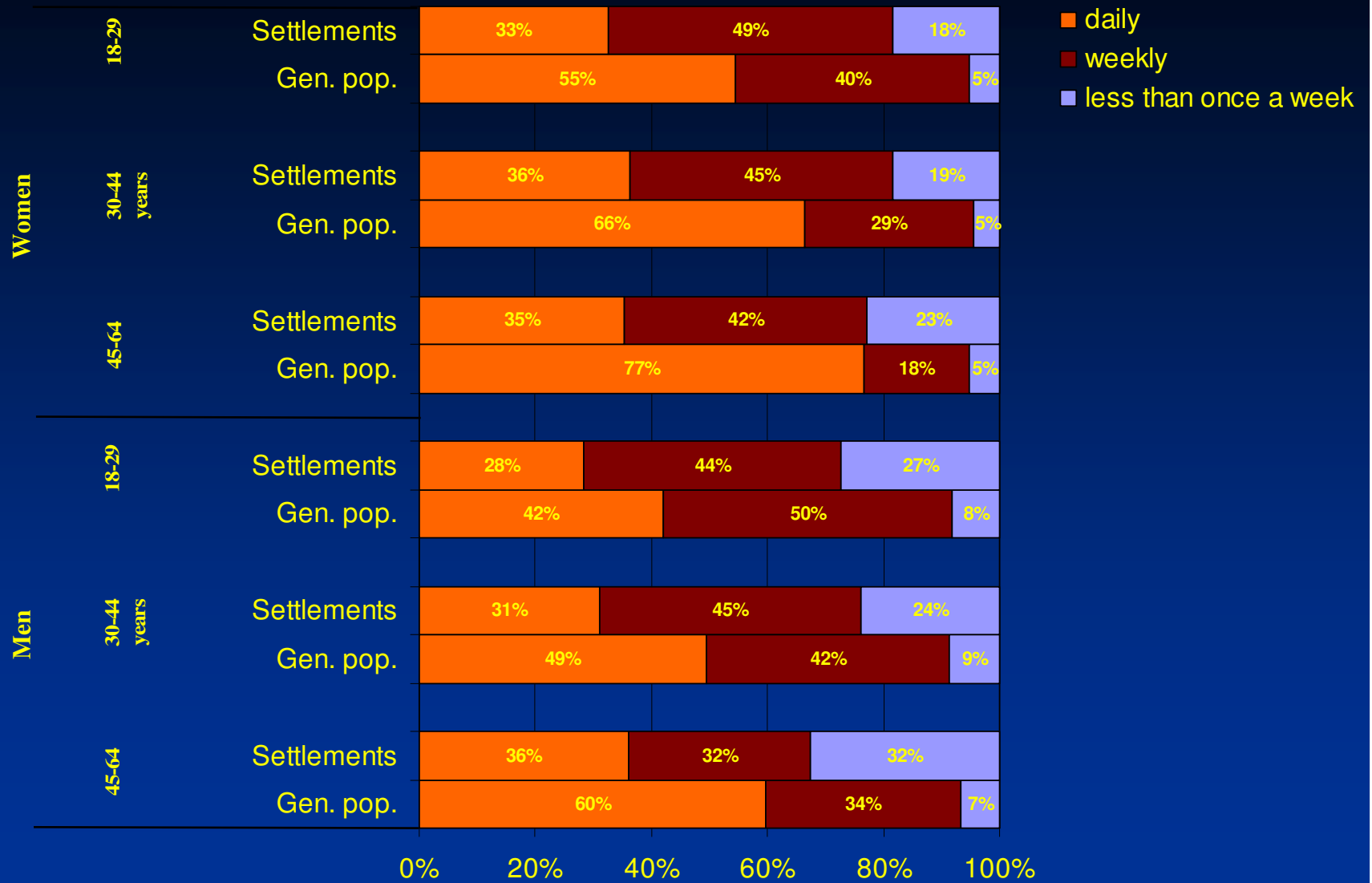


Proportion of subjects who thought that they could do much or very much to promote their own health

Smoking



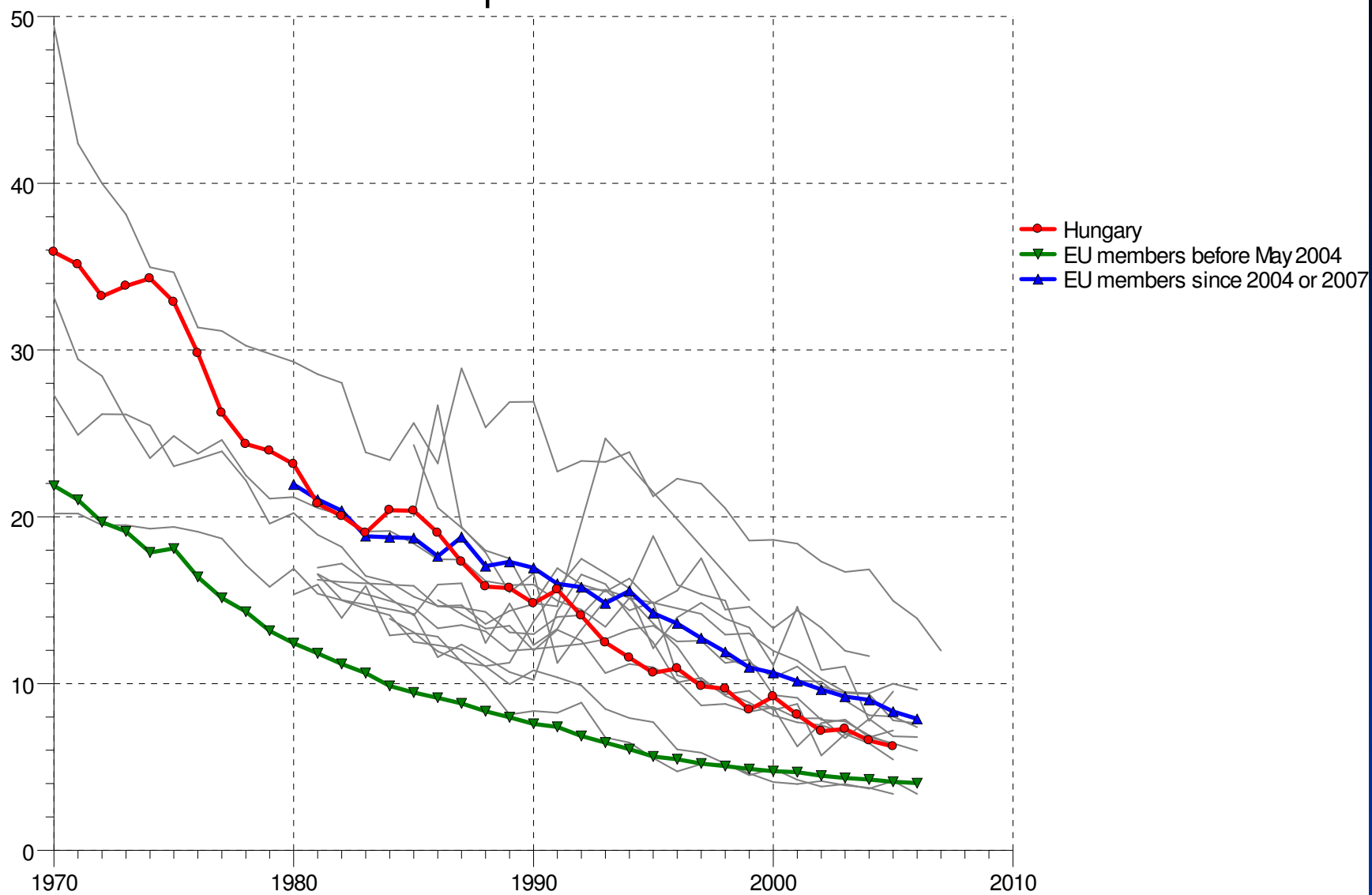
Diet



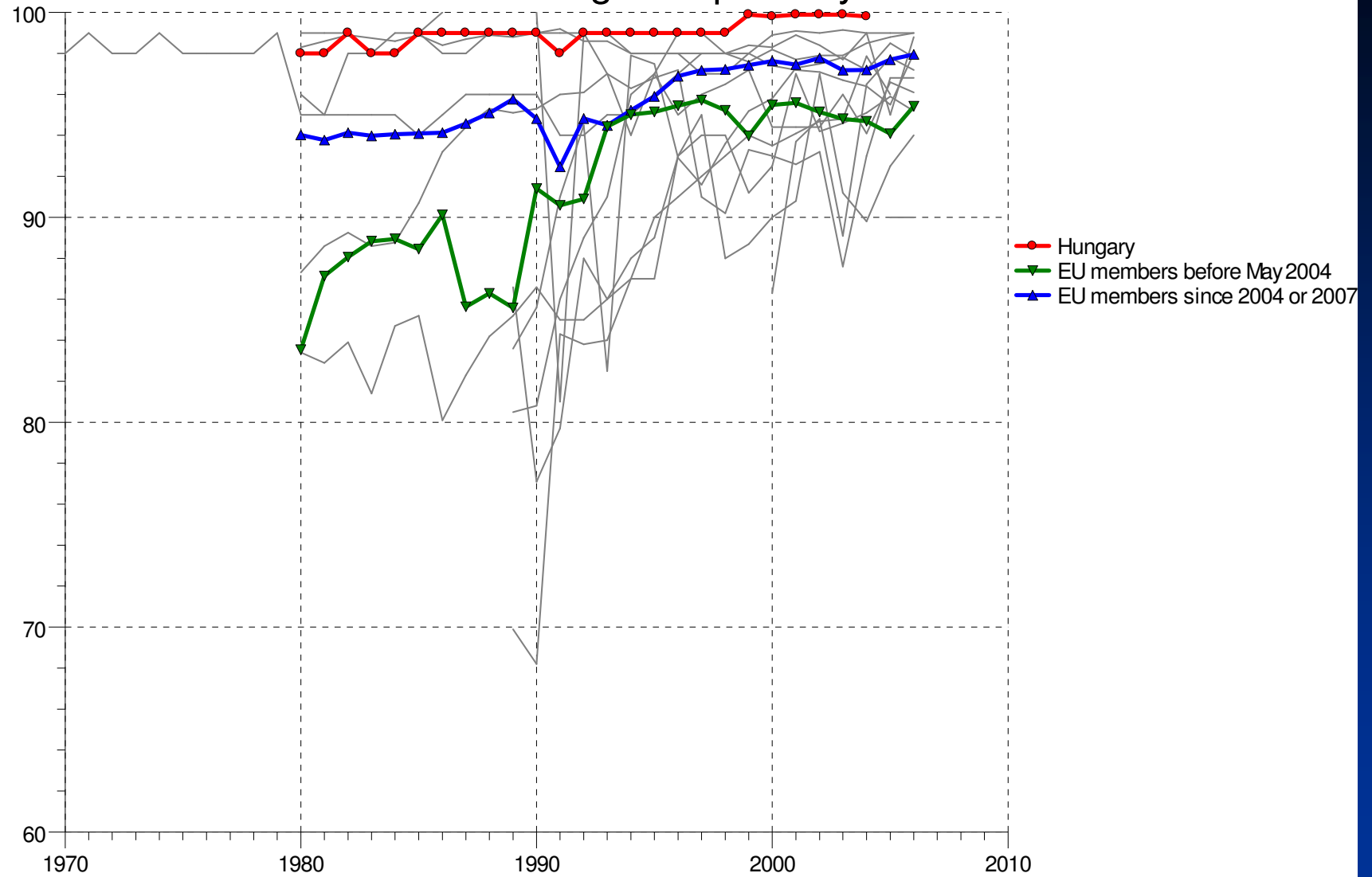
Consumption of fresh fruits and vegetables

Maternal and child health as
traditional public health priorities

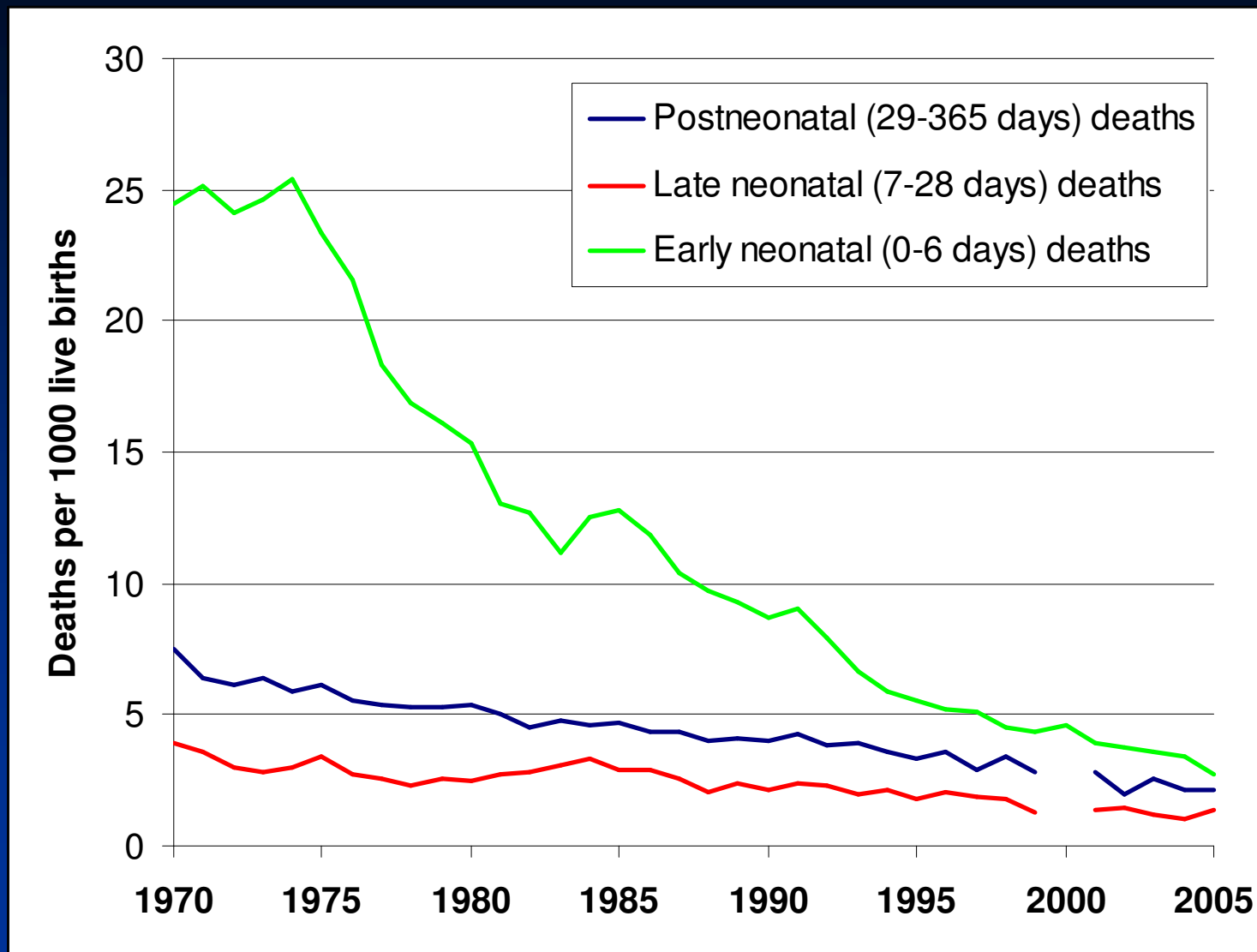
Infant deaths per 1000 live births



% of infants vaccinated against poliomyelitis

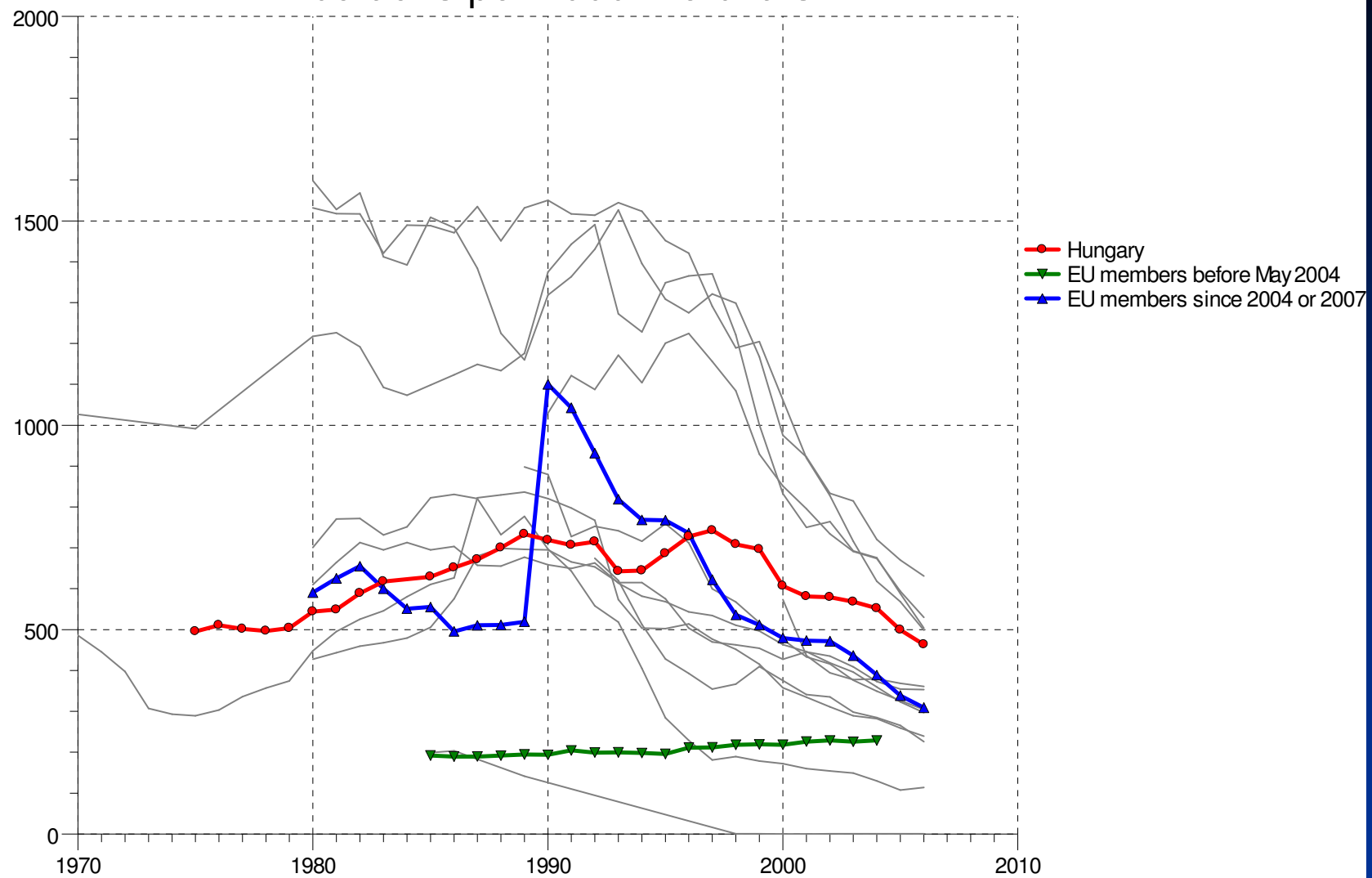


Trend of the components of infant mortality in Hungary

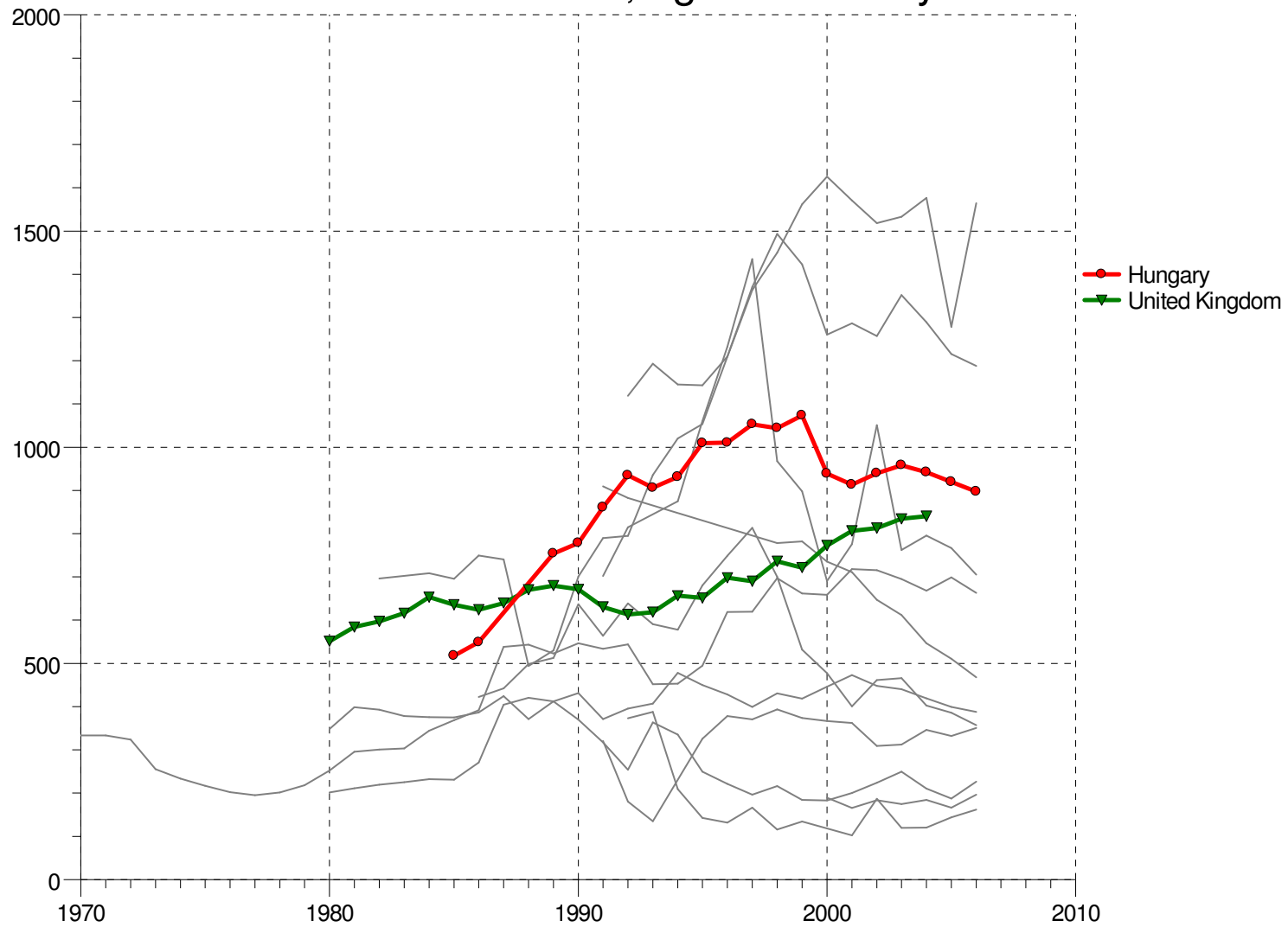


Besides genetic counseling,
preconceptive health is a neglected
area in Hungary

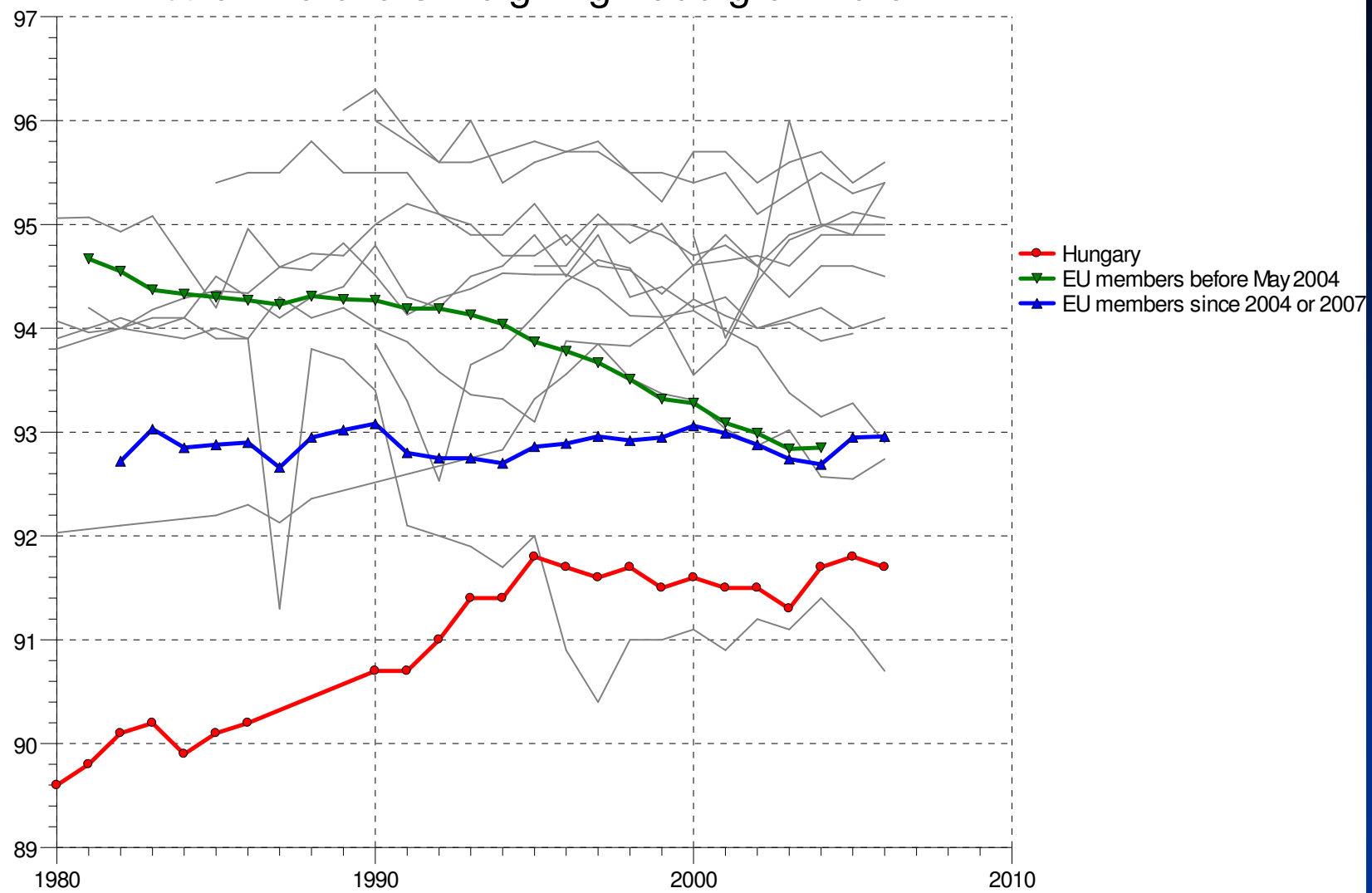
Abortions per 1000 live births



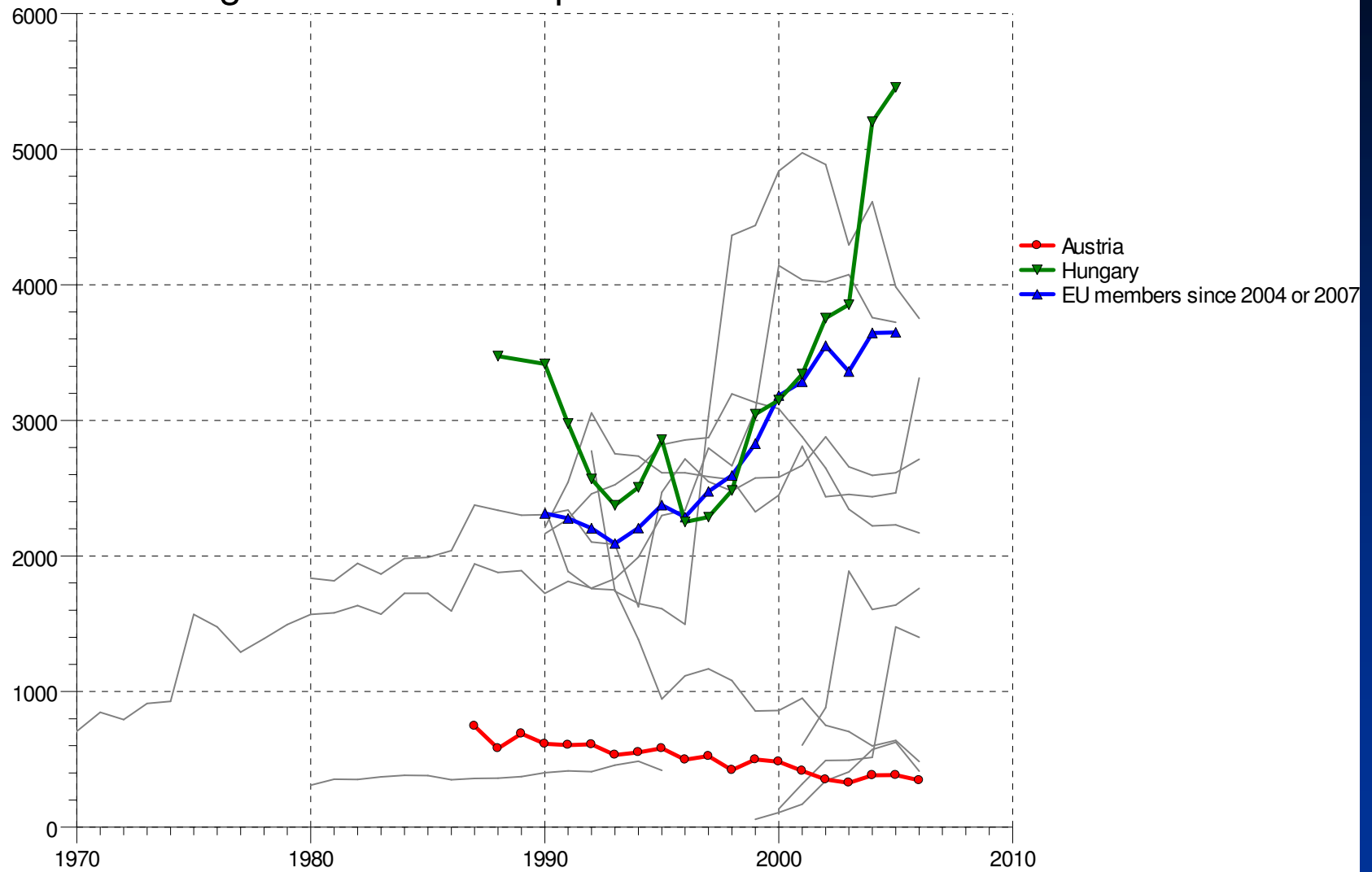
Abortions/1000 live births, age under 20 years



% of live births weighing 2500 g or more



Congenital anomalies per 100000 live births



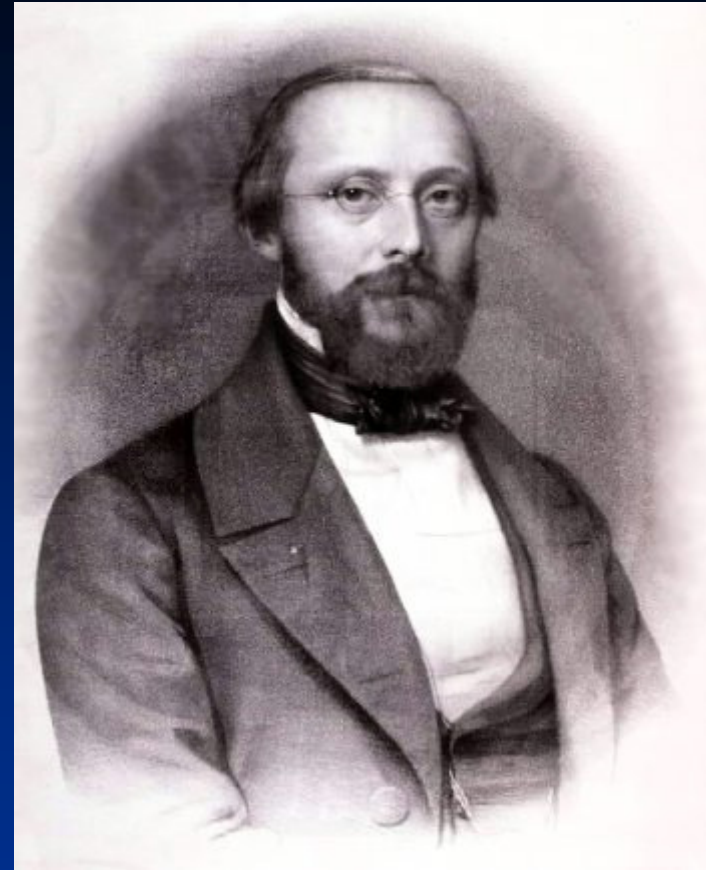
Lack of longstanding, efficient public
health programs

Major reasons of the failure

- health of the public is not high on the political agenda
- inadequate financing of the time-to-time restarted sketchy programs
- lack of understanding that the means of improving the health of the population are mostly outside the healthcare system, consequently:
 - low level intersectoral collaboration and partnership building
 - no administrative power in the coordination
 - low involvement of the public in the public health programs, the critical mass of people is not reached
- deterioration of the public health infrastructure
- ignoring the need of professionalism
 - no involvement of public health professionals in policy planning
 - not learning from experiences of successful examples and of previous failures

„Epidemics appear, and often disappear without traces, when a new culture period started; thus with leprosy, and the English sweat. The history of epidemics is therefore the history of disturbances of human culture.”

“Medicine is a social science, and politics is nothing more than medicine on a grand scale.”



Rudolf Virchow