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Economic crisis and communicable disease control in Europe: A scoping study among national experts

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ABSTRACT

Objectives: The effects of the current global economic crisis on the spread and control of communicable diseases remain uncertain. This study aimed to explore experts' views about the impact of the current crisis and measures that have been undertaken by governments to mitigate an alleged adverse effect of the crisis on communicable diseases.
Methods: An online survey was conducted during November 2009–February 2010 among experts from national agencies for communicable disease control from European Union (EU) and European Free Trade Association (EFTA) countries.
Results: There were few specific national policies and programmes aimed at mitigating the impact of the economic crisis. Prevention services were deemed particularly susceptible to budget cuts (68%) as a result of the economic crisis compared to primary care (28%), according to survey respondents. Services targeted at vulnerable and hard-to-reach population groups were perceived to be at particular risk of deterioration (67%) in contrast to travel medicine (11%), according to respondents.
Conclusions: There is a need for sustainability of financial resources, public health workforce and infrastructures to ensure that the services and programmes for the surveillance and control of the spread of communicable disease are maintained and developed. There is also a need to explore and foster better linkage in data on socioeconomic circumstances and communicable disease outcomes.

1. Background

The global economic crisis that began in 2008 is likely to have a lasting negative impact on poverty, nutrition, education and health [1]. Studies of previous economic recessions have shown that recession affects health primarily through labour market and healthcare pathways [2], posing potential risks and benefits. Both fear of job losses and actual unemployment create short-term risks of poor health from increased stress, anxiety, and unhealthy coping behaviours such as hazardous drinking or tobacco use [3,4]. Income losses may worsen quality of diets but also lead people to scale back so-called 'affluent' lifestyles, as they spend less disposable income on tobacco, alcohol, eating outside the home, and walk instead of drive. Less income effectively increases financial barriers to accessing health care, especially in healthcare systems reliant on out-of-pocket spending. Increasing real prices of medical supplies and

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services can make health services unavailable or unaffordable [2], exacerbated by potential government budget cuts of public health services and prevention programmes [5]. The net consequences of these impacts on health can be difficult to predict [22–24].

Although majority of existing studies have focused on risk factors of chronic noncommunicable disease, concerns have also been expressed that the economic crisis could have detrimental effects on the spread and control of communicable diseases [6,7]. A recent systematic literature review on the impact of earlier economic crises on communicable diseases partially confirms this view [8], indicating several examples of infectious disease outbreaks from changing human consumption patterns. Two examples are the spread of West Nile virus in California, resulting from housing foreclosures and stagnant pools, creating breeding grounds for mosquitoes [25]; another is the increase in tick-borne encephalitis in eastern Europe in regions where people turned to mushroom farming in an attempt to cope with income losses, increasing their exposure to ticks [26].

The two main mechanisms identified by which economic crisis could contribute to an increase in communicable disease reflects standard "Susceptible-Latent-Infected" models of disease spread: (i) by increasing those susceptible in populations, such as an increase in effective contact rates and exposure to infectious agents and (ii) by constraining the capacity of the health system to respond to existing and emerging infectious diseases. Thus far, however, evidence on the effects of past crises on infectious diseases is limited [8]. It is likely that the impact will vary widely among countries, depending on the epidemiology and risk factors of particular infectious diseases.

One recent assessment of the potential impact of the global economic crisis identified implications for tuberculosis and other diseases of poverty arising from changes in several health systems functions: financing, prioritization, government regulation, integration and decentralization [9]. In this report we draw on that model of key health system functions, while recognising that control of tuberculosis and other communicable diseases depends as much on social and economic development as on health systems responses [10]. The economic and political crisis of the 1990s after the collapse of the Soviet Union was associated with a rise in incidence of and mortality from tuberculosis in Central and Eastern Europe, and concerns have been expressed in some countries that the current economic crisis might have similar effects [7]. HIV prevention and treatment programmes in particular are under threat with increased risk of HIV transmission and interruptions or restricted access to antiretroviral treatment [6]. Recent experience with the H1N1 pandemic shows that infectious disease management can require significant financial resources, despite the relatively small impact of the pandemic [11].

Where quantitative scientific evidence is scarce or weak, and the epidemiologic situation can change rapidly, it is relevant to draw on expert opinions about potential concerns and health effects [12]. In this paper we describe the findings of a survey of key informants from across Europe on the perceived current and potential effects of the recent economic crisis on infectious diseases. In particular, we mapped the key issues of concern to experts involved in addressing the potential impact of the current crisis on the spread and control of infectious diseases in the European Union (EU) and European Free Trade Association (EFTA) countries and identified the types of measures being undertaken by governments to mitigate any potential adverse effects of the crisis on communicable diseases. We were especially interested in evidence on the impact of the crisis on communicable disease control and on those aspects of health systems most vulnerable to financial cutbacks, those groups in the population at most risk, and those communicable diseases most likely to be affected.

2. Methods

Our analysis of expert opinions was a scoping study, complementing and informing a parallel systematic literature review of the evidence of the impact of previous economic crises on infectious diseases [8]. A scoping study differs from a systematic review in that "a systematic review might typically focus on a well defined question where appropriate study designs can be identified in advance whilst a scoping study tends to address broader topics where many different study designs might be applicable. Second, the systematic review aims to provide answers to questions from a relatively narrow range of quality assessed studies, whilst a scoping study is less likely to seek to address very specific research questions nor, consequently, to assess the quality of included studies" [13].

The expert survey was undertaken between November 2009 and February 2010. The survey instrument was piloted between October 2009 and November 2009 with five experts in communicable disease control. Surveys were sent to European Centre for Disease Prevention and Control (ECDC) Competent Bodies for Scientific Advice. Competent Bodies are institutions or scientific bodies providing independent scientific and technical advice or capacity for action in the field of the prevention and control of infectious diseases; they are official contact points for ECDC, as designated by Member States governments. The questionnaire was completed by these national representatives or assigned to other national public health experts with a leadership position in infectious disease surveillance, and control in their country. The survey was also disseminated in the journal Eurosurveillance to capture other infectious disease experts [3]. Informants completed an on-line questionnaire on the expected impact of the current crisis on the spread and control of infectious diseases in their country and corresponding measures being undertaken to mitigate the effects of the crisis [3]. The questionnaire (see Annex) consisted of 13 questions in the following broad areas: (a) existing studies, datasets or surveillance by socioeconomic characteristics that would allow monitoring and assessment of the differential impact of the economic crisis on communicable diseases within the population; (b) anticipated impact of the economic crisis on communicable disease control; (c) existing policies and programmes to prevent potential adverse effects, and (d) policies and pro-