

Is Public Health Between East and West? Analysis of Wealth, Health and Mortality in Austria, Central and Eastern European Countries, and Croatia Relative to the European Union

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Aim. To provide a conceptual framework for health planning activities in the “middle-income” transition countries.

Method. Economic, demographic, and disease-related data in Central and Eastern European (CEE) countries, including Croatia and Austria, were compared to the European Union (EU) average. Data were selected from the databases provided by the World Health Organization, Organization for Economic Cooperation and Development, World Bank, United Nations, and the European Bank of Reconstruction and Development. Life expectancy and mortality were extrapolated until the year 2000 by using an exponential growth model for the WHO time series data, starting in 1994. Death rates due to ischemic heart diseases (18%) and cerebrovascular diseases (13%) were selected to show frequent causes of death.

Results. Relative to the EU average, the gross domestic product (GDP) share of health expenditures in transition countries was disproportionate to wealth and premature death. The population in CEE-countries was younger and the share of people aged ≥ 65 was predicted to remain about 15% below the EU average and Austria. For Croatia, the share of people aged ≥ 65 would be on the increase, similar to the share predicted for Austria (slightly above the EU average). Mortality of selected non-communicable, chronic diseases is predicted to increase and remain relatively high. Mortality rates due to infectious diseases have been declining but remained comparatively on a high level.

Conclusions. Coexistence of demographic and epidemiological transition along with high mortality rates due to infectious diseases creates a “double burden”. Economic transition has the potential to comprise both the increase in wealth, and life and health expectancy.

Key words: European Union; Europe, Eastern; health planning; health priorities; health services needs and demand; mortality