References


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Economic crisis and infectious disease control: a public health predicament

Will the economic downturn limit the capacity of infectious disease control in Europe? The recession peaked in 2009, with GDP growth rates tumbling by −2% for Greece and −18% for Latvia; conversely, most recently the European Union (EU) unemployment rate escalated to 9.5%, whereas youth unemployment soared to 21%. More than 80 million people live below the poverty line in the EU, disproportionately impacting children and the elderly. Public expenditures were cut in response to mounting government debt, disassembling the protective social welfare net. EU population standard of living is expected to deteriorate as a consequence and so is the risk of social exclusion. During times of economic upheaval, elimination of government services can have other unforeseen consequences: budget cuts in public health practice can fuel the epidemic potential of infectious diseases. Dismantling infectious disease control during times of social deterioration is the recipe for epidemics.

Regrettably, in Europe infectious disease control is not on the top of the policy agenda during prosperous times and much less so during economic duress. This is, in part, due to the fact that the infectious disease burden in Europe is estimated to hover at a low 9%, compared with 89% from non-infectious diseases, apparently not a source of concern. Besides, efficacious infectious disease control undermines its own justification for existence, since the outbreaks, that are the best ‘advocates’ for infectious disease control, are prevented by that same control programme. Prevention programmes are inherently difficult to justify, particularly for low burden diseases during times of budget trimming.

Yet, the policy discourse during the economic crisis should not lose sight of a few important public health aspects. Disease burden in the population is only one criterion for priority setting; it should also take into account the epidemic potential of a disease, severity, antimicrobial resistance, dispersion in the general population or hospital (nosocomial infections), economic impact, risk perception, time trends, preventability, the burden on the health-care system, etc. The global financial crisis, which began in 2007, has disproportionally impacted vulnerable groups in society. These groups carry a disproportional infectious disease burden compared with the general population in Europe; indeed, we have observed this trend in every member state of the union, particularly, during times of economic upheaval, the poor, infants, elderly, migrants, homeless persons and prison populations are at risk of becoming conduits of epidemics. We have described a number of disease transmission pathways to operate during economic downturns: the pool of susceptible populations (e.g. due to decreased vaccination...
coverage); the person-to-person infection rate (e.g. through overcrowding in homeless shelters or prisons); the common vehicle infection rate (e.g. breakdown of the water treatment infrastructure); or the size of infected populations (e.g. reduced access to treatment or drugs). Thus, disinvestment in government services can have its bearing on a number of drivers of infectious disease transmission. During economic crises, prevention services targeting vulnerable and hard-to-reach populations are deemed especially susceptible to budget cuts, which can have a multitude of impacts on infectious disease control.

The EU has set targets for reduction of poverty and social exclusion by fostering better educational attainment and employment opportunities. The aim is to lift at least 20 million people in the EU out of poverty by 2020, with individual country-specific targets for social exclusion reduction. This coordinated effort ought to have EU-wide traction and stimulate the economy while sustaining population well-being. However, these poverty reduction strategies should also take into account the fallout of the economic crisis on infectious disease control and prevention. Failure to do so can translate into an elevated infectious disease burden and higher societal costs. Even relatively limited outbreaks can provoke significant negative economic effects, potentially obstructing economic recovery. Future policy actions should consider the dynamics of infectious disease transmission and intervene accordingly. The returns will be cost effective for society at large as a healthy population is the essential fuel for a sustainable growth path of any nation. Health indicators should not follow the bleak economic trajectory.

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References


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