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REGIONAL OFFICE FOR EUROPE

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# *HIGHLIGHTS ON HEALTH FOR THE CANDIDATE COUNTRIES FOR ACCESSION TO THE EUROPEAN UNION*

Report on a WHO/EC Meeting

Luxembourg
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2000 EUROPEAN HEALTH21 TARGET 19

**EUROPEAN HEALTH21 TARGET 19**

**RESEARCH AND KNOWLEDGE FOR HEALTH**

By the year 2005, all Member States should have health research, information and communication systems that better support the acquisition, effective utilization, and dissemination of knowledge to support health for all

*(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)*

## ABSTRACT

Country highlights are intended to give an overview of the health and health-related situation in a given country, and to compare its position to those of other countries in the WHO European Region. The WHO Regional Office for Europe develops the highlights for operational purposes, in collaboration with Member States, and they do not constitute a formal statistical publication. They are based on information provided by Member States and international health statistics. In 1999/2000 the highlights on health in the ten countries of central and eastern Europe that are candidates for accession to the European Union (EU) will be updated, and a supplementary report on health status in these countries will be produced. The First Project Meeting focused on planning the process for completing these tasks, but also provided the accession countries with information on public health programmes in the EU, especially that on health monitoring.

## Keywords

HEALTH STATUS
HEALTH CARE SYSTEMS
EUROPEAN UNION
EUROPE, EASTERN

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## Introduction

The joint WHO/European Commission meeting was opened by Mr Arun Nanda who welcomed the participants on behalf of Dr Marc Danzon, the WHO Regional Director for Europe. Dr Henriette Chamouillet welcomed the participants on behalf of the European Commission (EC). In his address, Mr Nanda provided the background of this project, which is part of a joint agreement between WHO and the EC, with financial and technical support of the Ministry of Health of Finland. He emphasized the close collaboration between all parties which would need to be sustained to ensure the successful implementation of this project. Nineteen participants from the ten accession countries and five EU experts were present. Dr Alexandre Berlin joined the meeting in the afternoon. Apologies were received from Dr Hubert Isnard, Dr Bärbel-Maria Bellach and Dr Metka Macarol-Hiti.

Following the introduction, Mr Nanda was elected Chairperson and Dr Mika Gissler Rapporteur of the meeting. The list of participants and the list of working papers and background materials are attached as Annex 1 and 2. The provisional agenda and programme were adopted. Mr Nanda stressed that the programme was flexible to meet the needs of the participants and speakers, and that changes could be made as the day progressed.

## Scope and purpose

"Highlights on Health" (Highlights) give an overview of the health and health-related situation in a given country and compare, where possible, its position in relation with other countries in the WHO European Region. Such country specific Highlights have been produced since 1992-1993, initially for all the newly independent states (NIS), followed by the Highlights on Health for the EU countries as part of a joint project between the EC and WHO.

The EC through the Health Monitoring Programme (HMP) has also decided to support the development of Highlights on Health for the ten central and eastern European countries (CCEE), which are candidates for accession to the EU. This support will complement and supplement that given by the Finnish Ministry of Health and, together with the resources of WHO/EURO, will be used to produce the Highlights on Health for the ten accession countries. In addition to the Highlights for each of the ten accession countries, there will also be a supplementary report that gives an overview of the health status and health situation in these countries as a whole.

The format, structure and modus operandum for development of the Highlights for the accession countries will be adapted from that used for the Highlights on Health for the EU Countries. Each Highlight will be developed in close collaboration and discussed with the respective country and will be based on information provided by the country as well as other sources.

The support of and agreement with the EC enable two meetings to be convened to discuss and seek joint comments of all participants on the process, structure and contents of the Highlights in general. In addition these meetings will be used to help comment on and guide the production of the Supplementary Report on the health status of the ten accession countries. In addition to two experts from each of the ten applicant countries, there will be experts from selected EU countries.

The main objectives of this first meeting were to review and discuss:

- process, structure, and contents of the Highlights in general
- input for the Supplementary report on the health status and health situation in the accession countries as a whole
- programme of work and deadlines for finalization of the products.

## The EU Health Monitoring Programme

Dr Chamouillet presented an overview of the Public Health Programmes in the EU in general and the content and progress of the Health Monitoring Programme (HMP) in particular, pointing out that participation in these programmes by the accession countries is subject to certain EU regulations. The participants found the presentation and the received information very helpful, and they looked forward to joining this programme. All participants received the most recent instructions on how the countries join these programmes. Dr Chamouillet promised to e-mail to all participants a copy of the tables referred to in the instructions.

## History, background and purpose

Mr Nanda presented the history, background and purpose of the Highlights. The first Highlights were produced for NIS countries in the early 1990s and followed by Highlights for the EU countries. In 1999-2000, the updated version of Highlights will be produced for all countries in the WHO European Region except for the EU countries, for which quite recent versions are available.

## Process for development and review of the Highlights' structure, format, content and information sources

Dr Gissler presented the planned process for development of the Highlights on Health for the accession countries:

(a) Preparation of first drafts with uniform structure and data sources; circulation within and for comments by the Epidemiology Statistics and Health Information Unit at WHO/EURO, finalization of lay-out;

(b) despatch of drafts for comments to other units at WHO/EURO and to countries;

(c) incorporation of comments into second drafts; if comments are extensive, the whole document or relevant parts of it are sent back to the country for further comments;

(d) Finalization of drafts by WHO/EURO and ministers of Health and counterparts in respective countries; made available to interested experts and placed on the web (http://www.who.dk/country/country.htm).

Highlights on Health for accession countries are produced in English. WHO/EURO encourages countries to translate them into local language (specific guidelines are available for this).

The participants agreed with this process, and after the general discussion, the following decisions were made:

(e) all figures and charts should be numbered and referred to by this number when discussed in the text; this applies to all Highlights that are under preparation;

(f) WHO/EURO should find the best solution on how to provide the document in electronic format in order to ease the translation, e.g. to ensure that tables and graphics and x/y axis titles are separate from the graphs themselves;

(g) WHO/EURO should solve the problems in connection with photocopying the colour version as black-and-white.

## EU Health Status Report

Professor Paulo Ferrinho presented the project on EU Health Status Report. This would be the second such report after the first one having been produced by WHO/EURO in 1994. Professor Ferrinho also pointed out that area-specific overviews of the health status in the EU have been produced (e.g. "Report on the state of young people's health in the European Union" and "The state of women's health in the European Community"). The structure and content of the current EU Health Status Report was presented and discussed.

## Supplementary Report on the health status of the ten accession countries

Mr Nanda explained that the idea behind the Supplementary Report was to produce an overview which could be useful both to the EU and to the accession countries. He mentioned that one possibility could be that this report would be a complement (or perhaps is even annex) to the EU Health Status Report. This can be considered when both reports are finalized. The major contribution of the EU experts would be to provide comments on the first draft of the supplementary report for incorporation into the second draft, which would be discussed in the second meeting in November/December 2000.

## Outline and main directions of the Supplementary Report

Dr Gissler presented some of the main findings so far.

Based on a comparison of the health status in the ten accession countries using international health statistics, mainly WHO's Health for All-database (HFA-DB), since the end of the 1980s, the ten central European accession countries have seen enormous social, political and economic change. The transitional crisis and its health-related consequences have together with differences in historical, cultural and economic development made variation in health indicators quite significant.
During the 1970s and 1980s, life expectancy stagnated in the accession countries, but the trends became more dispersed during the transition period. While in the Czech Republic, Poland and Slovenia the improvement speeded up, the trends in the other countries were either stagnant or even declining. Differences in mortality from cardiovascular diseases (CVD) were the main cause of the increasing gap between the accession countries, but also the trends in cancer mortality were diverse. The mortality from external causes of injury and poisoning has remained high in the accession countries, particularly in the Baltic states. The peak in the Baltic states in the early 1990s for both external causes of injury and poisoning and CVD has a significant contribution from alcohol related mortality. Disruption of the infectious disease programmes in some accession countries in combination with deterioration in socioeconomic living conditions have contributed to the increasing incidences of certain infectious diseases, e.g. tuberculosis, diphtheria and syphilis. The incidence of AIDS remains at a very low level as compared to western Europe, except for Romania. Significant differences in the lifestyles related risk factors,

such as in smoking, excessive alcohol consumption, drugs, sedentary lifestyle and unbalanced nutrition were found, but comparable statistics on them are rare. Also the availability of environmental health indicators is poor.
Some of the more specific and detailed aspects are:

- The total population of the accession countries has decreased by 1.5 millions since 1990.
- Socio-political changes have caused a sharp decrease in the birth rate, which together with the rise in mortality in some countries, resulted in a dramatic decline in natural population growth.
- The accession countries display a wide range of transitional patterns in relation to their economy, for example a high unemployment rate and even a decline in GDP per capita.
- In 1970, the average difference in life expectancy between the EU and in the accession countries was about 2-3 years, while in 1998 the gap had increased to 5-8 years for all countries except the Czech Republic and Slovenia.
- Differences in mortality from cardiovascular diseases are the main cause of the gaps.
- Around 1970, cancer mortality in the accession countries was close to or below the EU average. However, due to subsequently opposite trends, premature cancer mortality in most of the accession countries, and particularly in Hungary, is presently well above the EU average.
- Mortality from external causes of injury and poisoning (accidents, suicide, homicide) also contributes to the mortality gap between the EU and the accession countries, particularly in the Baltic states.
- Infant mortality has been declining during past decades in the accession countries, but at a lower speed than in the EU.
- Maternal mortality in most of the accession countries is slightly above the levels of EU countries, except for Estonia, Latvia and Romania.
- Disruption of infectious disease programmes in some countries, especially in combination with the deterioration of socio-economic living conditions during the transition period, have contributed to the increased incidence of certain infectious diseases (e.g. tuberculosis, diphtheria and syphilis). The incidence of AIDS is at a very low level, compared to the EU countries, except for Romania.
- Part of the present health gap between the EU and the accession countries is caused by the differences in exposure of the population to risk factors, both historical and current. These risk factors include smoking, excessive alcohol consumption, drugs, sedentary lifestyle and unbalanced nutrition.
- All accession countries have undertaken a reform of their health care system or are in the process of doing so. Particularly significant reforms are still in progress in the accession countries with the emphasis on decentralization, reform of health insurance, and a more adequate use of health resources. The last accession countries to introduce insurance-based health care systems started to do so in the late 1990s.
- The number of hospital beds continues to decline in most of the accession countries particularly in those with a previously high number of available hospital beds. The number of physicians employed in the health sector has declined only in Estonia and in Latvia, and presently nearly all the accession countries are in the same range as the EU countries.

- Total health expenditure as a percentage of GDP is the lowest (below 5%) in Bulgaria, Latvia and Romania. Of the remaining countries Estonia, Hungary, Lithuania and Poland report a lower percentage than the EU minimum while the Czech Republic, Slovakia and Slovenia report percentages within the same range as the EU countries.

## Key deadlines, dates and agenda for the next meeting

Mr Nanda presented the preliminary timetable for the project:

*Highlights:*

| | |
|---|---|
| March – May 2000: | model of completing the Highlights revised and adopted |
| May – October 2000: | preliminary drafts revised by WHO/EURO |
| May – November 2000: | drafts circulated in countries for comments |
| July – December 2000 | comments incorporated in the Highlights and the document finalized and published. |

*Supplementary report:*

| | |
|---|---|
| June 2000: | first draft |
| August 2000: | deadline for comments |
| October 2000: | second draft |
| November – December 2000: | discussion and second meeting |
| December 2000: | finalization of publication. |

The next meeting is planned for Friday, 1 December 2000 in Luxembourg, on the assumption that the next meeting of the EC Health Monitoring Programme would be on Wednesday, 29 November 2000 (Project Coordinators meeting) and on Thursday, 30 November 2000 (Management Committee meeting).

## Closing session

Mr Nanda thanked the participants for their active involvement and contribution to this meeting and looked forward to the successful implementation of this project. He also expressed his gratitude to Dr Chamouillet and her staff for their hospitality and support in the organisation of the meeting.

*Annex 1*

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**Annex 2**

## Working Papers and Background Material

*Working papers*

| | |
|---|---|
| EUR/00/5018693/1 | Provisional list of working papers and background material |
| EUR/00/5018693/2 | Provisional scope and purpose |
| EUR/00/5018693/3 | Provisional agenda |
| EUR/00/5018693/4 | Provisional programme |
| EUR/00/5018693/5 | Provisional list of participants |
| EUR/00/5018693/6 | Standard list of contents of Highlights |
| EUR/00/5018693/7 | List of recommended set of Indicators for Highlights |
| EUR/00/5018693/8 Highlights | The Minimum set of Indicators that will be in all |
| EUR/00/5018693/9 | List of Sources |
| EUR/00/5018693/10 | Standard paragraphs |
| EUR/00/5018693/11 | Highlights for Health in Romania, as an example of a finalized Highlight for the accession countries |
| EUR/00/5018693/12 | Outline of the Supplementary Report of the health status of the ten accession countries |

*Background material*

Selected examples of Highlights for the EU countries; France, Germany, Ireland, Netherlands.

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