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

Report on a WHO/EC Meeting

Luxembourg
1 December 2000

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 on Health provide an overview of the health and health-related situation in a given country, and compare its position to those of other countries in the WHO European Region. They are based on information provided by Member States and internationally available health statistics. In 1999/2001 the Regional Office will produce Highlights on Health for each of the ten countries of central and eastern Europe that are candidates for accession to the European Union (EU), together with a supplementary overview of the health status and health situation in these countries as a whole.

The meeting focused on reviewing progress and planning the process for completing the outstanding Highlights, including the consultation progress with counterparts in the respective countries. The meeting also provided the candidate countries with information on public health programmes in the EU (especially that on health monitoring) and changes to the organizational structure at the Regional Office, and afforded an opportunity to raise issues relating to the problems of maintaining routine health service information in a period of major health sector reform.

Keywords

HEALTH STATUS
HEALTH CARE SYSTEMS
EUROPEAN UNION
EUROPE, EASTERN

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Introduction

The 2nd meeting of the joint WHO/European Commission project was opened by Mr Arun Nanda who welcomed the participants on behalf of Dr Marc Danzon, the WHO Regional Director for Europe. Dr Helmut Fritz welcomed the participants on behalf of the European Commission (EC). In his address, Mr Nanda made special reference to the meeting of the Health Monitoring Programme coordinators on 30 November 2000, to which the representatives of the accession countries are now routinely invited as observers. He made note of the discussions on the new Public Health Strategy and its consequences to public health work in the EU.

There were eighteen participants from the ten accession countries, five EU experts and Dr Henriette Chamouillet and Dr Helmut Fritz of the European Commission were present. Apologies were received from Dr Bärbel-Maria Bellach, Mr Martin Lund, Dr Metka Macarol-Hiti and Dr Zoltan Voko.

Following the introduction, Mr Nanda was elected Chairperson and Ellie Huybens Hald Rapporteur. 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 need of the participants and speakers and that changes could be made as the day progressed.

Scope and Purpose

“Highlights on Health” 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 1992/93, initially for all the Newly Independent States then followed by the Highlights for all the EU countries as part of a joint project between EC and WHO.

In 1999 the European Commission, through the Health Monitoring Programme, decided to also 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 complements and supplements that given by the Finnish Ministry of Health, and together is being used to produce the ten Accession Country Highlights. In addition to the Highlights on Health for each of the ten applicant countries, there will also be a supplementary report giving an Overview of the Health Status and health situation in these countries as a whole.

The 1st project meeting on Highlights on Health for the accession countries, Luxembourg, March 2000, discussed and agreed on the process for the development as well as the structure, format, content and information sources of the Highlights for the ten accession countries and the supplementary report on the health status of these countries. These comments and agreements have been incorporated and implemented in the Highlights produced since then.

The main objectives of this second meeting are to:

- Take stock of the progress of the project;
- Review and discuss the Highlights following the first meeting to ensure that the structure and contents reflect the agreements that we made;

- Discuss the input for the supplementary report on the health status and health situation in the Accession Countries as a whole;
- Review and agree on the programme of work and set the deadlines for finalization of the remaining products.

Briefing on the EURO reform

Mr Nanda briefed the participants on the reforms that had recently taken place in WHO/EURO. The divisional directors were appointed in October 2000. Overheads explaining the changes will be provided for participants after the meeting.

The Health Information Unit is located in the new Division of Information, Evidence and Communication (Director, Dr Anca Dumitrescu). The future work of the Unit will focus on:

- 1) Comparative data and analyses (sub-national, national and international, as well as mainly descriptive overviews such as Highlights on Health, the latter product would be continued and accelerated);
- 2) Using data for policy development and management (training to empower users based on case studies approach and seminars and support for Public Health Reports, e.g. by introducing a database on Public Health Reports);
- 3) Strengthening data collection and comparability (e.g. ICD-10 implementation and introduction of a WHO-strategy to support Member States in strengthening Health Information Systems);
- 4) Supporting the appropriate and considered use of IT for collection and dissemination (e.g. EUPHIN and WEB).

Information from the Commission services

Dr Chamouillet presented an overview of the recent developments in DG SANCO and the EU Health Monitoring Program, referring to the Commission's communication on a new EU Public Health Strategy. Dr Chamouillet explained that the parliament favoured an independent Institute on Public Health (including health promotion) and that the Council of Ministers supported this idea in principle, but that this should be together with the Commission Services. These discussions, started under the French Presidency, could be decided in 2001 and implementation of the Programme would then start in 2002.

Dr Chamouillet advised that, as the accession countries were not actually EU members when the deadline for the final HMP project applications had passed, they are not technically eligible for participation in these projects. There may, however, be a possibility to join later.

Progress report including budgetary aspects

Highlights on Health

Mr Nanda presented the history, background and purpose of the Highlights on Health. Countries had been grouped as follows:

- 1) Group I: EU-countries. These Highlights are becoming outdated and there should be a decision on how they are to be updated;

- 2) Group II: Accession countries. The process has been slower than expected, but was now progressing. An extension of up to 12 months should be requested for their completion;
- 3) Group III: NIS-countries. Dr Remis Prokhorskas is responsible for the Highlights production for these countries. Seven of the twelve Highlights are already published in Russian and have been or are in the process of being translated in English;
- 4) Group IV: Other countries. Dr Anatoly Nossikov is in charge of these countries and the majority of these Highlights have been completed.

Budget

Mr Nanda presented the current situation regarding the budget. There are sufficient resources left overall to complete the process. The travelling and subsistence expenses are almost used and WHO would therefore ask for a transfer from another budget line to ensure additional project meetings in 2001. Costs for translation into national language cannot be met from this budget.

Main findings of the Highlights on Health for selected accession countries

Mr Nanda presented some of the key issues raised by the Highlights on Health in Romania, to illustrate how Highlights can be used to identify public health problems and support their solution. Participants were provided with copies of the slides.

In the ensuing discussion it was established that accession countries are most interested in comparisons with the EU average, representing realistic health targets. It was, however, agreed that, for clarity of presentation, this might mean that the averages for the accession countries would not be included in some figures and text. It was noted that the EU averages date back to 1996, as data for more recent years remain incomplete. However, if more recent data is available for individual accession countries, it will be used. With regard to the graphs for male and female mortality rates were given with the same scale to make the gender difference visible, although this resulted in a more difficult comparison of the female mortality rates because of the considerable smaller variation between the countries. It was agreed not to change the scale of the female mortality figure, but, where possible and relevant, HIN would “break” the top of the male curve (indicating the actual number on the graph). It was furthermore confirmed that the final Highlight would be in colour, chosen so that it is possible to photocopy in black and white.

Progress report on the development process

Review of the Highlights' structure, format, contents and information sources

Dr Mika Gissler presented the structure, format and content of the Highlights taking Hungary as an example, beginning by listing the main data sources. The 1999 HFA data (January 2000 version) has been used, with mortality data up to 1998 for all countries except Poland (1996). There is an issue regarding the incorporation of new data, (e.g. CZH mortality data for 1999). It was, however, not always possible to include these in all analyses, as it is necessary to have complete data for a given year (in this case 1998) when comparing the accession countries. However, on returning to Copenhagen, HIN staff will verify which countries have already provided 1999 data. Also if particularly old data have been used (e.g. Polish mortality data), an effort will be made to include newer data received from the country. The comparison of the data between ICD-9 and ICD 10 is done by WHO headquarters and if a potential problem is identified it will be discussed with them.

The changes which had been agreed to in the 1st Project meeting had been incorporated. These were:

- Age pyramids have been updated with more recent data;
- “Major features” have been changed to comment on the table with faces in order to avoid repetitions;
- Slightly changed standard paragraphs for age pyramid, physical activity, obesity, overweight and homelessness;
- The chapters on air, water, waste and soil have been re-structured;
- UNESCO data on educational attainment has been reviewed and corrected and a new definition included;
- The table presenting mortality structure has been removed and replaced by a new graph (figure 7 in the Hungarian Highlights), which highlights differences between the country and the reference countries.

Mortality data have not been updated and were still 1998, as all countries had not sent 1999 data as yet.

The latter picture (figure 7 in the Hungarian Highlights) was explained in greater detail. There was a lively discussion about this new figure. It was agreed that the term ‘average’ should read ‘Reference country average’, to avoid possible confusion with the EU average on other graphs. It was decided that the comparisons should be between the country, the reference country average and EU average (instead of the theoretical minimum of reference countries). Also the layout of the figure will be improved with clearer titles.

Dr Gissler emphasized that countries are encouraged to translate the Highlights into their own language for which detailed guidelines had been circulated. He confirmed that full support from WHO/EURO would be given on request. Hungary is interested in making a special (short) version in Hungarian, especially targeted at MP’s and politicians. Some countries suggested to use the one page summary, although this lacked the lifestyle data. It was agreed that the Hungarian request should be reassessed once a draft had been prepared.

Dr Ian Bowns presented the process of production and an overview of the order in which the next Highlights will be produced. Hungary is now almost ready. It is expected that the Latvian Highlights will be sent to the country for comments before the end of 2000 and that Lithuania, Bulgaria and Czech Republic will follow after that. Participants were asked to note that this process takes a minimum of two months. Participants were asked to indicate if the Highlights for their respective country should be ready for any particular occasion. Lithuania is presenting the Annual Report of the National Board of Health to the Parliament and would very much like to have the Highlights ready for this occasion (March, 2001).

It is now almost certain that a project extension of twelve months will be granted by the EC, and this would mean that all of the Highlights will be finalized in 2001. A decision will need to be taken by the Highlights team as to a possible update of the January 2000 data used. Poland would like the 1999 mortality data to be included in the Polish Highlights, since data later than 1996 are currently unavailable. It is expected that the new data will be available early next year. The Highlights on Health for Poland could, therefore, be produced towards the end of the project period to ensure the availability of the latest data.

EU Health Status Report

Professor Paulo Ferrinho presented the project on the EU Health status report. This report is the second report on the Health Status in the European Union; the first was published in 1992. The 2000 report consists of a long report and a summary report. The latter is seen to be the most important product as it will be the one used to produce the official European Commission version and will be published as a European Commission communication. The structure of the report was explained and has three main chapters:

1. Health status: life expectancy, mortality and mortality among people under 65 years, health status of some social groups;
2. Health determinants;
3. Actions.

The information mainly comes from Eurostat, OECD and WHO. The data used are from 1970-1997. As well as more traditional presentations of health data, cluster analysis had also been employed. Participants welcomed the report and a number of additional suggestions were made during discussion.

The Supplementary report on the health status of the ten accession countries

Mr Nanda introduced the overview of health situation in accession countries. The basic work has already been done and should be further updated in 2001. A number of options for the publication of this annex were being considered:

- 1) Produce the overview as separate Commission Communication;
- 2) As a supplementary report to EU report. This would mean that the overview for the accession countries and the EU health status report would have to look similar.

This is now being discussed within the EC and Dr Chamouillet will report back on the conclusions.

Needs of development and harmonisation of health information systems

Mr Nanda introduced this additional agenda item and a short paper prepared by Drs Gorynski and Wojtyniak was distributed to all participants. The central problems relate to the possible loss of established routine data flows on health service activity as a result of radical changes to the health care system associated with the introduction of health sector reforms, particularly the introduction of health insurance systems. All accession countries have experienced these problems to some degree; it appears to be a common problem for those who have introduced systems based upon American or German models. It is proposed to share the and clarify the current position in each country in a simple, structured way, share experiences and potential solutions, and plan any concerted collaborative action which might support the maintenance and development of health information systems. If needed, experts from Germany could be asked for advice.

It was agreed to prepare a proposal for the next meeting. Dr Gyorgy Szeles agreed to prepare a template to collect basic information about the current data collection systems and associated problems in countries to be circulated for comments to all participants and WHO/EURO by mid

December. Feedback should be given by the first week of January 2001. The finalized template could then be sent to all participants by mid January 2001 to be completed by mid-February in time to be discussed in the next project meeting.

The project proposal could be used for participation of the accession countries in the HMP projects, as it would further the harmonisation process with the EU.

Next steps

Mr Nanda advised that the draft report would be discussed with Drs Bowns and Gissler during their meeting at EURO on 9/10 December and the draft would be sent to all participants for comments before Christmas in order for finalization and general mailing early next year. The next project meetings are planned for 2 March and 19 October 2001, again in conjunction with the meetings of the Health Monitoring Program.

Closure

Mr Nanda thanked the participants for their active involvement and contribution to this meeting. He also thanked the Commission, Dr Chamouillet, Dr Fritz and Ms Stéphanie Gardinetti for their hospitality and support in organizing this meeting.

Annex 1

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Annex 2

**LIST OF WORKING PAPERS AND
BACKGROUND MATERIAL**

Working papers

EUR/00/5018693A/1	List of working papers and background materials
EUR/00/5018693A/2	Scope and purpose
EUR/00/5018693A/3	Agenda
EUR/00/5018693A/4	Programme
EUR/00/5018693A/5	List of participants
EUR/00/5018693A/6	List of Sources
EUR/00/5018693A/7	Template and standard paragraphs for Accession Countries' Highlights
EUR/00/5018693A/8	A comprehensive set of indicators for Accession Countries' Highlights
EUR/00/5018693A/9	Styles guide to support the production process of Accession Countries' Highlights in national languages
EUR/00/5018693A/10	Highlights on health in Hungary, as an example of a finalized Accession Country "Highlights"
EUR/00/5018693A/11	Outline of the Supplementary report of the Health Status of the ten Accession Countries

Background material

EUR/00/5018693	Report on the 1 st WHO/EC Meeting on Highlights on Health for the Candidate Countries for Accession to The European Union, Luxemburg, 26 March 2000 Highlights on health in Romania (already distributed) Highlights on health in Romania, Romanian translation
EUR/00/5018693/8	A minimum set of indicators that will be in all Highlights
EUR/00/5991891	Health Care Systems in Transition, Hungary

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