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

Report on the WHO Third Project Meeting

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ABSTRACT

Country highlights give an overview of the health and health-related situation in a 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 international health statistics. In 1999/2001 the highlights on health for each of the ten countries of central and eastern Europe that are candidates for accession to the European Union (EU) will be produced, with a supplementary report describing the health status and health situation in these countries as a whole. The Third Project Meeting focused on reviewing progress and planning the process for completing the remaining highlights, including the consultation process with counterparts in the countries. The Meeting provided the candidate countries with information on public health programmes in the EU, especially that on health monitoring, and the organizational structure of the WHO Regional Office for Europe. It afforded the participants an opportunity to review issues relating to the problems of maintaining routine health information systems in a period of major reform in the health sector.

Keywords

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Introduction

The third meeting of the joint WHO/European Commission project on Highlights on Health in Accession Countries was opened by Mr Arun Nanda who welcomed all the participants on behalf of Dr Marc Danzon, Regional Director of the WHO Regional Office for Europe, and Dr Anca Dumitrescu, Director of the Division of Information, Evidence and Communication (EC).

There were eighteen participants from the ten accession countries, Professor Gheorghe I. Mihalas from Romania and Ms Renata Lenharciková from Slovakia were attending for the first time. In addition, five EU experts and Dr Henriette Chamouillet and Dr Helmut Friza of the European Commission were present. Apologies were received from Dr Bärbel-Maria Bellach, Dr Ian Bowns, Mr Martin Lund, Dr Hugh Markowe (represented by Dr Peter Goldblatt), Dr Mladlen Markota and Dr Zoltan Voko.

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 without changes.

Mr Nanda reminded the participants that the first two project meetings on Highlights on Health for the accession countries held in Luxembourg in March and December 2000, had discussed and agreed on the process for 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 had since been incorporated and implemented in the Highlights produced since then by Dr Gissler and Dr Bowns.

The main objectives of this third meeting were to:

- Take stock of the progress of the project;
- Review and discuss the Highlights following the first two meetings to ensure that the structure and contents reflect the agreements made;
- Decide on the structure of the health status overview for the accession countries;
- Review and agree on the programme of work and set the deadlines for finalization of the remaining products.

In addition, the meeting would continue the discussion on the central problems related to the consequences of 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. A key item for the meeting was to discuss and review the results of the initial survey which had been conducted among the ten accession countries to identify the issues, and decide on the next steps as appropriate.

Information from the Commission services

Dr Chamouillet presented an overview of the progress within the EU. One of the current issues was the possible externalisation of activities related to public health. However, no precise information was available at this stage on how this would affect the work of DG SANCO.

It was planned that as a minimum some of the applicant countries could be eligible to join the EU Public Health programmes in 2002. However, the Commission had decided to make a special general agreement for all programmes at the same time (with the Ministry of Foreign Affairs). Although all EU programmes (not only the Public Health ones) are open to every country, it is unlikely that one country can participate in all programmes due to budget restrictions. This means that each country had to decide which programmes to join, and it is likely that the applicant countries will only be eligible in the programmes earliest in 2002. The countries also contribute towards the costs related to the participation.

The one-year extension of the Health Monitoring Programme was adopted in December 2000 for 2002. So far, it was not known whether this opportunity would be used.

The detailed planning of the next Public Health programme would start soon.

Information from WHO/EURO

Mr Nanda announced that the organisational reform in the WHO Regional Office for Europe had now been completed, and the four new divisions were:

- Division of Country Support;
- Division of Information, Evidence and Communication;
- Division of Technical Support;
- Division of Administration and Management Support.

The work in Health Information Unit would build on past experience, taking into account the results of the March 2000 survey of counterparts. There would be an even greater emphasis on country work structured broadly along the following lines:

- 1) Gathering of comparative data and their analyses, including maintenance of integrated databases and preparation of Highlights on Health in countries;
- 2) The use of data for policy and management. This will be done by training to empower users, e.g. based on case studies approach and seminars, and by giving support for Public Health Reports by creating an international database of such reports and creating a directory of counterparts;
- 3) Strengthening data collection and improving the comparability of health data including the implementation of ICD-10 and creating a WHO strategy to support Member States in strengthening their health information system;
- 4) Continued work on appropriate and considered use of IT in collection and dissemination of health information e.g. by using EUPHIN network and WWW.

There are still needs for specific country groupings. These can be based on geo-political or geographic groups, such as CARINFONET, EU countries, Candidate countries for the accession to the EU, NIS countries. In addition, country work will also focus on strengthening national data collection systems, especially in countries where the data collection has been disrupted due to war, economic crisis or "reforms" (such as some NIS and CCEE countries). This is also true for some other countries (e.g. Belgium, Bosnia & Herzegovina, Turkey) due to political or cultural reasons.

At the request of the participants, Dr Hugh Magee gave a brief resume of the main directions of the Irish health information strategy.

Main findings of the Highlights on Health for Hungary

Mr Nanda gave a short overview of the Hungarian Highlights. A preliminary version of the Hungarian Highlights had been distributed to the participants. The final version will be distributed after the final approval of one reference from the CINDI project had been received.

Mr Nanda asked all the participants for suggestions on how to improve the distribution of the final Highlights in the countries. There had been discussions on the Highlights and the Health Care Systems in Transition (HiTs) documents being launched together in countries where the timetables are suitable. This could be achieved for Latvia. If a joint launch was not possible, then just the HiTs or the Highlights could be published separately, e.g. for Lithuania, if the country agreed. Each country should consider what was best for them. Four general options for presentation of the Highlights at national events were discussed:

- 1) Just make copies of the Highlights available for the event (in colour or B/W)
- 2) A presentation of the Highlights by a WHO or a national representative
- 3) A presentation by both WHO and a national representative
- 4) Joint launch of the Highlights and the HiTs

A brief synopsis of the health status in all accession countries as a whole was presented in the last European Public Health Association (EUPHA) meeting, Paris, 14-16 December 2000. The topic of the next EUPHA meeting, Brussels, 6-8 December 2001, will be health information. Dr Chamouillet suggested that the accession country Highlights and the supplementary report on the health status of these countries could be presented in this meeting as part of a special workshop or a parallel session. Mr Nanda supported the idea, and Dr Aldona Gaizauskiene (Lithuania) and Dr Bogdan Wojtyniak (Poland) together with Dr Pieter G.N. Kramers (the Netherlands) were asked to consider taking on the responsibility for the planning and would advise Mr Nanda about their decision within two weeks. The deadline for the abstracts is 31 May 2001.

Progress and plan of work for the remaining Highlights

Finance

Mr Nanda provided an overview of the budgetary aspects of the project. The total budget was 490 380 €, of which 180 000 € was contributed by the Commission. Fifty percent of the budget for personnel and travel had been used before this meeting. A more updated budget status would be shown at the next meeting.

This project included ten accession countries, but not Cyprus, Malta and Turkey. Cyprus is not a member state of the WHO European Region. For Malta, Highlights have already been produced. This leaves the Highlights on Turkey as "outstanding". It was recognised that when the original grant agreement was made, Turkey was not a candidate country. However, Turkey had now become a candidate country, and it was agreed that the Commission and WHO/EURO would discuss further the possibility of developing a Highlights on Health for Turkey.

Since in the future only one participant per country would be attending the Health Monitoring Programme, this could also have implications for the Highlights meetings. However, at least during this year two participants could still attend the project meetings, and attendance at the HMP meetings would be dictated by the EC.

Progress

Dr Mika Gissler provided an overview of the progress of the project. After the last meeting, the following changes were made:

- HFA database January 2001 will be used for all remaining countries for which a special effort had been made to get the latest mortality data for the purpose of the accession Highlights (see also below). This includes EU averages for 1997. Also new data from the following sources have been used: Health Behaviour among School Children 1997/1998, AIDS 2000, World Drink Trends 2000;
- Mortality data for 1999 will be used for all countries except for Romania (published) and Hungary. Mortality comparisons will be completed after the 1999 data for Poland are available. The Polish representatives mentioned that the 1999 mortality data are now available and will be sent to WHO/EURO during the first week of March. Mr Nanda thanked all the participants who had made special efforts to ensure that their 1999 mortality was sent to WHO/EURO in December 2000.
- Health care system section has been restructured as follows:
 - 1) introduction with short historical review,
 - 2) finance and expenditure,
 - 3) organisation,
 - 4) primary health care,
 - 5) secondary and tertiary health care,
 - 6) pharmaceutical and pharmacies,
 - 7) human resources,
 - 8) health care reform challenges.
 The latter section will be done in co-operation with the team preparing the Health Care System in Transition documents;
- Some minor changes in the standard and common paragraphs were made.

Plan of work

Dr Gissler presented the plan of work for the remainder of the year:

<u>Country</u>	<u>Status as of March 2001</u>	<u>Next steps</u>
Bulgaria	Updated for 1999 data	Send to the country in May 2001
Czech Republic	Updated for 1999 data	Send to the country in April 2001
Estonia	Updated for 1999 data	Send to the country in July 2001
Hungary	A reference not approved	Finalised in March 2001
Latvia	Sent to the country	Finalised in March 2001
Lithuania	Sent to the country	Finalised in March 2001
Poland	Waiting for 1999 data	Send to the country in August 2001
Romania	Final version distributed	
Slovakia	Updated for 1999 data	Send to the country in June 2001
Slovenia	Updated for 1999 data	Send to the country in August 2001

Lithuania has a national meeting on public health (related to the Accession process) on 27 March 2001, and Latvia has an international forum on public health also related to the Accession process on 4 May 2001. Both countries wanted to use their Highlights for these meetings and the Project Team agreed to try to ensure this.

The Bulgarian representatives informed about the major health care reforms which had been implemented since 2000. They promised to send data on the subject (in English) to EURO via the Liaison Officer in Bulgaria. In addition, they promised to carefully and thoroughly check the health care system section when the Bulgarian Highlights were received for their comments.

Discussion and decisions:

- Footnote in table with faces "Lowest/highest value observed among ten European countries" should be changed. e.g. "Lowest/highest value observed among ten reference countries (or accession countries)";
- The use of CINDI data has turned out to be problematic, if no national data have been published. The national CINDI counterparts would be contacted at the same time as the Highlights are sent to the country for comments in order to also get the comments of the CINDI counterparts on the permission for the use of data.

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

There has been no further action following the last meeting. The base work has been done but it has to be updated. The main content of the report is the health status in the accession countries. WHO/EURO and the Commission have agreed that this report will not be as comprehensive as the EU report.

There are two options to publish the report, either as an annex to the EU Health Status Report or as a separate report. The latter could include a version as a Commission communication on the health status report in the accession countries, which can be a maximum of 20 pages and a two-months process has to be taken into account to get the report approved.

Mr Nanda showed some of the main findings of the analysis to date. The results were structured to show the general trends on the accession countries compared to the EU average, the EU minimum and the EU maximum. The results of the preliminary analysis were presented in two parts, the first part mainly related to health status and second one to health care resources and their utilization. In the case of health status, in general, the accession countries are outside the EU range. This is, however, not true for health care resources for which the majority of accession countries remain between the EU minimum and maximum.

There was a general and wide-ranging discussion based on these preliminary draft presentations and results. There was concern that these results could be interpreted as there being no need to improve health care services in the accession countries. There was also concern about the comparability of the health care data between the EU (maximum, minimum, average) and the accession countries, although it was generally felt that amongst the accession countries, the systems were perhaps still somewhat similar and data comparable.

Following this general discussion and the concerns expressed, consideration should perhaps be given to limiting the overview to its precise title (i.e. Health Status only and exclude Health Care).

Amongst the detailed suggestions made was that the EU countries and the accession countries should be shown in different colours in the graphs in order to better highlight the comparisons.

The same is true for trends for accession countries compared to the EU average, EU minimum and EU maximum.

The effects of health care reforms on health information systems

After the last meeting, Dr György Szeles had made a report on the effects of health care reforms on health care systems based on the questionnaire which was answered by all the accession countries. He gave a short overview of the results and conclusions.

It was agreed that a short description of the current situation including information on the key actors, the relationships between them, the data collection methods, and current developments was needed for all countries. This could best be shown as data flow charts and in tables which would also help to ease the comparisons between countries. Until now, the information collected on data flows etc. concentrated on areas more directly affected by the health insurance systems (e.g. Health Services) and did not cover all areas; for example communicable diseases and mortality data collection had been left out of this exercise. This could be included in the future.

In case of several independent health insurance funds, the collection of national data was even more difficult. Some countries had tried to solve the problem but in other countries there were still major problems. There also seemed to be problems with inaccessible data (which is collected, but not used e.g. for confidentiality issues), and also with multiple data collection. Also data collection standards were sometimes lacking.

Except for Slovenia, there is a national health information centre in all accession countries. Usually this centre works directly under the Ministry of Health, whereas in Estonia the connection to the Ministry is not direct.

Discussion and decisions:

- Czech Republic: Health information centre and insurance companies collect data, but they cannot be compared due to confidentiality;
- Lithuania: An agreement has been made for a common data set for patient level information (for insurance company and for statistical purposes). In practice, the data set collected by the insurance companies is copied to the health information centre;
- Romania: Confidentiality should not be a problem with data exchange between high level institutes, since only aggregated data instead of individual data are utilised. The collection of health information is obligatory by law;
- Romania: There were World Bank and PHARE projects on the issue. Mr Nanda asked the Romanian representative for copies of the final document, and Dr Dan Farcas promised to send the document to Dr Chamouillet and to Mr Nanda;
- WHO: We have to take the next step, which is a large effort. It is important to know, which kind of information is collected by the insurance companies. The participation of insurance companies could be useful. Besides the accession countries, other countries such as Austria, Germany, Ireland, and the Netherlands could join the project;
- WHO: Dr György Szeles was asked to make short instructions on how to collect the meta-data on insurance companies. The meta-data could then be collected from each country as well as from some selected EU countries (e.g. Ireland and the Netherlands) before 31 May 2001 and summarised during the summer. However, this timetable depends upon the time available to Hungary to help in this task. Hungary will discuss and get back to WHO.

Closure

The next meeting was planned in October in Luxembourg in conjunction with the Health Monitoring Programme meeting which would be held on 18-19 October. The Accession Highlights project meeting would most likely take place on Saturday 20 (or on Friday 19 October, if the HMP meeting would last only one day).

Mr Nanda thanked the participants for their active involvement and contribution to this meeting. He also thanked the Commission, Dr Chamouillet, Dr Friza and Ms Stéphanie Gardinetti for their hospitality and support in organizing the meeting in Luxembourg, and the administrative staff of the Health Information Unit for the preparations for travel, the papers and finalization of the Highlights.

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Annex 2

LIST OF WORKING PAPERS AND BACKGROUND MATERIALS

Working papers

EUR/00/5018693B/1	List of working papers and background materials
EUR/00/5018693B/2	Scope and purpose
EUR/00/5018693B/3	Agenda
EUR/00/5018693B/4	Programme
EUR/00/5018693B/5	List of participants
EUR/00/5018693B/6	The Effects of Health Care Reforms on Health Information Systems

Background material

EUR/00/5018693A	Report on the 2 nd WHO/EC Meeting on Highlights on Health for the Candidate Countries for Accession to The European Union, Luxemburg, 1 December 2000
	Highlights on Health in Hungary

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