



WHO

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

Report on the Fourth Project Meeting

Brussels, Belgium
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ABSTRACT

Country highlights give an overview of health and the health-related situation in a country, and compare its position to those of others in the WHO European Region. They are based on information provided by Member States and international health statistics. In 1999–2001 WHO and the European Union (EU) carried out a project to produce highlights on health for each of the ten countries of central and eastern Europe that are candidates for accession to EU, with a supplementary overview describing the health status and health situation in these countries as a whole. The Fourth Project Meeting focused on discussing the first draft and structure of the overview, including a special Web version, and reviewing progress towards completing the remaining highlights. In addition, the participants reported on the usefulness of the highlights which had been discussed in a special workshop on the EU/WHO project at a meeting of the European Public Health Association in December 2001.

Keywords

HEALTH STATUS
LIFESTYLE
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Introduction

The fourth meeting of the joint WHO/European Commission project on Highlights on Health in Accession Countries was opened by Dr Ian Bowns, who welcomed all the participants on behalf of Dr Marc Danzon, Regional Director of the WHO Regional Office for Europe, and Mr Arun Nanda, who could not be present as he was on home leave.

There were seventeen participants from the ten accession countries, in addition to two EU experts. Apologies were received from Mr Martin Lund (represented by Mr Jakob Andreas Salfelt), Dr Hubert Isnard, Dr Bärbel-Maria Kurth, Mr Hugh Magee and Dr Hugh Markowe.

Following the introduction, Dr Ian Bowns was elected Chairperson and Ellie Huybens Hald 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.

Dr Bowns reminded the participants that the first two project meetings on “Highlights on Health” for the accession countries, Luxembourg, March and December 2000, 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 been discussed and agreed at the third meeting in Luxembourg, March 2001, and had been incorporated and implemented in the Highlights produced since then.

The main objectives of this fourth meeting were to:

- Discuss the first draft and structure of the health status overview for the accession countries;
- Follow up on outstanding issues from EUPHA;
- Take stock of the progress of the project, given the completion deadline of end January 2002.

1. Information from WHO/EURO

Dr Bowns informed that the review of information services at the WHO Regional Office for Europe was continuing, and this might have an impact on the services available. In this respect it was important that the countries' needs were taken into account, and participants were encouraged to make their views known.

2. The first draft and structure of the supplementary report on the health status of the ten accession countries

Health Status Overview

Dr Mika Gissler gave a short description of the history of the health status overview. The very first version had been prepared by Mr Arun Nanda and Dr Remigijus Prokhorskas for presentation at an international health information meeting in Bad Gastein in October 1998. An updated Health Status Overview was presented at the EUPHA meeting in Paris in December

2000. Subsequently, it had been decided to have a more in-depth discussion that was the basis for the Highlights project workshop at the EUPHA meeting. During 2001, the Health Status Overview report was further developed. For this purpose, a number of experimental overviews had been made using groups of countries, before the present approach had been incorporated. An early version of the draft (working paper no. 6) had been sent to the participants by e-mail shortly before the meeting.

Dr Bowns started by showing the basic ideas behind the overview report, and stressed that it was a first and uncompleted version that needed to be expanded and improved. As there had not been sufficient time for the participants to familiarize themselves with the document, it was important that all suggestions and comments, in addition to those given at the meeting, were sent to the Health Information Unit as soon as possible, preferably before the end of the year. In particular, the participants should raise politically important issues in the overview regarding their respective country.

Dr Bowns recalled decisions taken in previous Highlights meetings that this overview would concentrate on the health status of the ten countries, making a short reference to the other issues, such as lifestyles, environment and health care services. It was agreed that at least policy-relevant issues, especially those related to lifestyle factors, should be presented in more detail. It was stressed that the overview should be short and compact (approximately 25 pages) rather than a more extended document. However, special formats and requirements set by the Commission could have an effect on this.

Dr Bowns reported on internal discussions of the project team, which concluded that a single, consistent system of categorisation of countries was insensitive to the particular patterns of disease, and that suitable categorisations should be constructed for each cause of death. As agreed in the previous Highlights meetings, the average of accession countries, the EU average and the countries with EU minimum and maximum would be included in the graphs. In this version there were only graphs in the Health Status section, but the final version would also include graphs on demographic and economic development. Further work would be done to improve the quality of the graphs, so that the clarity of data presented in colour and in black and white was not jeopardised.

The following suggestions and comments were made by the participants, and Dr Bowns agreed to explore each further:

- Correlation graphs between for example expenditure and outcome measurements should be considered. The results should, however, be interpreted very carefully;
- More text and graphs should be added on mortality among elderly (65 years or more) to the present text regarding premature mortality (0-64 years) or life expectancy;
- It was debated if a set of recommendations on the availability of health information should be included;
- Comparisons should be made to the EU or to the whole WHO European Region, not to the Central Asian Republics;
- A table with the basic data on the accession countries should be included in the document;
- References and data sources had to be added;
- Participants requested if the Health Status overview could be translated into vernacular, and the steps, if any, to be taken for clearance from WHO and/or the Commission;

- Following discussion, it was agreed that the order of the legends in trend graphs would be the following: Accession countries, Accession countries average, EU maximum, EU minimum, EU average.

Web-based Health Status Overview

Dr Bowns showed a pilot version of the web-based overview report. Going through the document (for example the connection of alcohol consumption and mortality trends in the Baltic states), this technical solution would enable the reader to, for example, follow references to a particular country or phenomenon. A great deal of work still had to be done, however, as soon as a more improved version was ready, it could be placed in the internet so that the participants had the possibility to evaluate the web-page. The Secretariat was requested to investigate if a special site – possibly with restricted access could be made available to the project participants especially for testing.

3. Exchange of experiences of promoting Highlights already distributed, including the launching of the Highlights at special meetings, and feedback from EUPHA

Dr Bowns reported back on the EUPHA workshop on the EU/WHO project on “Highlights on Health in the candidate countries for accession to the EU”. There had been similar views on the use and usefulness of the Highlights. It was felt that Highlights had a very valuable content for decision makers in addition to health professionals, especially the trends and comparability with other countries and groups of countries. Because of the audience, the document should not be too long. Dr Henriette Chamouillet, European Commission, had pointed out that as at present there were no other overview documents on the health situation in the Accession Countries, the Highlights were very useful and essential documents. As and when these countries join the EU, they would be included in the EU Health Status Report series. WHO/EURO would most likely continue to publish Highlights, since these were also done for other countries than the EU countries. In the workshop it had also been suggested by Dr Zilvinas Padaiga, and supported by all the participants, that Highlights should be updated every fifth year or so.

Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Poland, Romania and Slovakia had either translated or would translate the Highlights into their national language. Lithuania decided not to translate their Highlights. Slovenia had not yet decided but would most likely concentrate on having national documents translated into English.

The timeliness of the Highlights was seen as extremely important. All participants were keen to keep the Highlights updated but realised that WHO/EURO might not have the resources for regular updating of the Highlights for all the Member States. WHO/EURO was requested to investigate if countries themselves could update their Highlights, in close cooperation with the Health Information unit, which could make the relevant graphs and tables available for this purpose. Alternatively, some or large parts of the Highlights could be published as part of the publications that national statistical authorities publish annually. Dr Pieter Kramers outlined the process in the Netherlands where Highlights had been used as a stage in the development of improving the country’s capacity to produce their very own public health report, for which data from the HFA-DB is used. A common framework could be developed. A logical step in the evolution of each country is to produce their Highlights.

Dr Bowns pointed out that the strength of the Highlights was related to the fact that it was produced by an independent body. Also, not all information was immediately available in the HFA-DB, e.g. the accession country average would need to be added, either for all accession countries (including Malta, Cyprus and Turkey) or the CCEE accession countries only, since there could be problems with Cyprus, which is not a Member State of the European Region, and with Turkey due to limited availability of health information. A solution could be to use the HFA-DB in order to make similar comparisons, the comparative data (the so-called "big file") could also be made available by WHO/EURO automatically once a year. With regard to the copyright, as indicated in the Highlights, they can freely be reviewed, abstracted or reproduced provided that due acknowledgement is made to the source.

4. Take stock of the progress of the project and financial overview

Dr Gissler presented an overview of the progress and scheduled dates for finalization of the Highlights:

Romania	completed	December 1999
Hungary	completed	December 2000
Lithuania	completed	March 2001
Latvia	completed	April 2001
Czech Republic	completed	November 2001
Bulgaria	the final changes and comments had been incorporated and it was expected that this document would be finished during week 50/2001, after Mr Arun Nanda had commented	Expected December 2001
Poland	was almost done and would be the next immediately after Bulgaria. An effort would be made to do so before the end of the year because of the recent change of Minister of Health	Expected December 2001
Estonia	the latest country comments would be incorporated in the Highlights after which the document could be finalized	Expected December 2001
Slovenia	the country comments had arrived and they would be incorporated in the Highlights	Expected December 2001
Slovakia	the problem with the Slovak mortality data had been solved, but the final country comments had not yet been received	Expected December 2001

Dr Bowns showed an update of the financial overview of the project that had been financially supported by the European Commission, the Ministry of Health of Finland and WHO/EURO. A change in the budget line for travel and subsistence allowance had been requested, although remaining within the overall approved budget. Higher travel costs than expected had been incurred as four meetings had been organized as opposed to two meetings planned in the budget. Also due to different contractual arrangements with Dr Bowns and Dr Gissler the travel for their assignments to Copenhagen had been higher than anticipated.

5. Other issues

Dr Bowns thanked the participants for their active involvement and contribution to what would most likely be the last meeting of this project and thanked the staff of the Health Information Unit for their support in preparation of the meeting and production of the Highlights on Health. On behalf of the participants, Dr Bogdan Wojtyniak thanked WHO/EURO, and especially Mr Arun Nanda and Ms Ellie Huybens Hald for their work and assistance in this project.

Annex 1

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ANNEX 2

List of working papers and background material

Working Papers

EUR/00/5018693C/1	List of working papers and background material
EUR/00/5018693C/2	Scope and purpose
EUR/00/5018693C/3	Agenda
EUR/00/5018693C/4	Programme
EUR/00/5018693C/5	List of participants
EUR/00/5018693C/6	Draft of the health status overview for the accession countries

Background material

EUR/01/5018693	Highlights on Health for the candidate countries for accession to the European Union, Report on the WHO Third Project Meeting, Luxembourg, 1 March 2001
	Highlights on Health

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