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**ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО**

Highlights on Health in the Candidate Countries for Accession to the European Union

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1. Introduction, history and background of the project

The Maastricht Treaty, article 129, in general, and the Commission Communication on the framework for action in the field of Public Health (Decision No. 1400/97/EC), in particular, together with the Health Monitoring Programme's annual Work Programmes (1998-2001) all stress the importance of health information. They also recognize and make reference to the fact that appropriate, relevant and comparative health and health-related information, at international, national and sub-national levels, is an essential component to improve delivery of health care to patients. Its analyses and evaluation (Pillar C of the Health Monitoring Programme) enable knowledge to be shared within and among the candidate countries and EU Member States. Furthermore, information is needed at all levels of health services for a variety of purposes and for many "end-users", the overall objective being to share and tap success (and failure) in order to "initiate practice-oriented exchange of experiences".

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 to other countries in the WHO European Region. Such country-specific Highlights on Health have been produced since 1992 initially for all the newly independent states (NIS) and followed by the Highlights on Health for all the EU countries (1996-1999).

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 complemented and supplemented that given by the Ministry of Health of Finland, and, together with WHO's own resources, was used to produce the ten Highlights on Health for candidate countries.

The Highlights on Health for the candidate countries complement the Highlights on Health for the EU countries and helped towards any efforts to determine the effect of European Community policies on the health status and on the health services and systems of the candidate countries.

2. Aim and expected results of the project

The aims of the project were to:

- (a) improve, strengthen and support the candidate countries in their task of analysing, evaluating and monitoring public health issues, in accordance with Pillar C of the Health Monitoring Programme (HMP) and Article 1(2) and Annex 1(c) to Decision No.1400/97/EC of the European Parliament and the Council of Europe;
- (b) produce Highlights on Health for each of the candidate countries that analyse and give an overview of the health and health-related situation in each country. Highlights on Health will, where possible, compare the position of each country in relation to the other candidate countries and also in relation to the EU Member States;

- (c) The analyses contained in the Highlights on Health together with a supplementary report (that gives an overview of the health situation in these 10 candidate countries as a whole) also supported any efforts to assess the effect of European Community policies on the health status and on the health services and systems of the candidate countries.

Ten countries of central Europe (Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia) who are Candidate Countries for Accession to the European Union participated in this project. In addition, a peer/review group of experts from Denmark, France, Germany, Ireland, the Netherlands, Portugal and United Kingdom helped, advised and supported the production of these Highlights. These responsible persons were identified from the existing and well-established partners of WHO/EURO's HFA monitoring and evaluation programme. The list of project partners is attached as Annex I.

As the project helped identify health problems in the candidate countries it hopefully also helped to ease the candidate process of the ten countries. The completed Highlights on Health, in particular, also help the EU Member States in their bilateral assistance to these countries in the accession process. Finally, the project also contributed towards getting the candidate countries to participate early in the EC Health Monitoring Programme. This was especially valuable in that the project participants acquired knowledge and insight into the work and processes of the EC with regard to future needs and potential changes in health information in the candidate countries as a result of the accession to the EU.

During the course of the project the participants increased their knowledge and skills in public health reporting, using international health data sources and preparing international comparisons.

3. Format, structure and process of producing Highlights on Health

A Highlights on Health for each of the above-mentioned ten candidate countries to the European Union was produced. Each Highlights on Health is some 30-40 pages and the format, structure and modus operandi for development of the Highlights on Health for candidate countries was adapted from that developed as part of the Highlights on Health for EU countries. The purpose was to ensure general consistency of contents and structure and also of particular items such as technical notes, glossary and standard paragraphs. All Highlights on Health include a common set of graphics based on a set of core indicators. These have been selected so that they are available from all reference countries (or from most of them). The selection of these indicators was also based on the WHO Health Information Unit's knowledge of their quality and comparability. A further, more extensive recommended set of indicators and tables for Highlights on Health was also made available. These indicators were in general analysed for all Highlights on Health. Depending on the significance for the country concerned, graphics based on these more extensive indicators (or other indicators, as appropriate) were used to supplement the minimum common set of indicators in all Highlights on Health.

Each Highlights on Health was developed in close collaboration with the responsible experts from the relevant official institutions of the Ministry of Health of each of the candidate countries and with the support and help of the peer/review group of experts from EU Member States. Comments and input were also sought from WHO's other technical programmes and units.

The support of and agreement with the EC enabled four meetings to exchange experiences and to discuss and seek joint comments of all participants on the process, structure and contents of the Highlights on Health in general. Three of these meetings were held in Luxemburg in conjunction with meetings of the Health Monitoring Programme (26 March 2000, 1 December 2000 and 1 March 2001), and the fourth in Brussels (8 December 2001) immediately after the European Public Health Association meeting (EUPHA).

A workshop at the EUPHA meeting presented the EU/WHO project on "Highlights on Health in the candidate countries for accession to the EU" on 7 December 2001. In general it was felt that Highlights had a very valuable content for decision makers as well as for health professionals, in particular the trends and comparability with other countries and groups of countries. Because of the audience, the document should not be too long. All the participants supported that Highlights should be updated every fifth year or so.

The project meetings were used to help comment on and guide the production of the supplementary report on the health status of the ten candidate countries. The reports of the four project meetings are attached in Annex IV.

4. Supplementary report on the health status of the ten candidate countries

In addition to the Highlights on Health for each of the ten candidate countries, a supplementary report that gives an overview of the health status and health situation in these countries as a whole was prepared.

While the Highlights on Health compared one single country to the other nine countries (and to the EU average), in the overview all ten countries were compared to the minimum and maximum of the EU countries. The general progress was described and those countries where progress is significantly different were highlighted. The overview and the Highlights on Health are meant to complement and support each other.

5. Description of tasks performed

Work on the Highlights has been completed in accordance with the tasks set out in the contract (Annex III). As pointed out below, the late signing of the grant meant that the process for writing the highlights had already started and the Highlights on Health in Romania had been produced prior to the first project meeting in Luxembourg,

March 2000. Therefore, there are minor differences in the frame from the adopted standard in Luxembourg.

6. Progress of the project

The initial project duration was 18 months from 1 August 1999. The late signing of the grant document (23 February 2000) meant that the process for writing the highlights had started and the Highlights on Health for Romania had been completed, using the support of the Ministry of Health of Finland and WHO's own resources. The late signing of the grant document, in addition to staffing changes necessitated two extensions, which were granted by the EC (amendments 1 and 2 to the agreement).

(a) Preparation of a "frame" for the Highlights on Health for the candidate countries

The Highlights on Health "template" with standard paragraphs developed for the Highlights on Health for EU countries was adapted for the candidate countries, as was the standard list of contents. The template was further structured by section headings of the standard list of contents and under each section heading a list of main sources used was included. This "template" was discussed and revised in the first project meeting in Luxembourg. The revised template is attached as Annex V.

(b) Project meetings on Highlights on Health (Annex IVa-d)

Although not foreseen in the original project set-up, due to the late start of the project, it had become important to bring together in the meetings both the statistical experts and the experts responsible for the analysis and interpretation for both the Highlights and the Health status overview report. This practice was continued for the subsequent project meetings. Furthermore, the strong presence from the candidate countries strengthened the link between this project and the Health Monitoring Programme. Specifically, the participants also attended meetings of the Coordinators of HMP projects (March and November 2000, and February 2001) and the Management Committee meeting of the HMP (March and November 2000, and February 2001). The meetings discussed and agreed on the process, structure and contents of the Highlights on Health. The programme of work and deadlines for finalization of the products was reviewed, including the process of consultation with counterparts in the respective countries. The "template" or "frame" for the Highlights for each of the candidate countries was accepted. Furthermore, the participants of the meetings discussed the draft and structure of the supplementary report on the health status and the health situation in the candidate countries. The meetings also afforded the opportunity to discuss issues related to the problems of maintaining routine health service information in a period of major health sector reform. The 4th project meeting included a reporting back of the special workshop on the EU/WHO project on Highlights on Health at the meeting of the European Public Health Association, Brussels, 7 December 2001.

5. Products of the project

(a) A Highlights on Health was prepared for ten countries of central and eastern Europe that are candidates for accession to the European Union (Annex Va-j). The finalized documents were officially released to the respective Ministry of Health and the project counterparts in each country. In addition, Highlights were distributed free of charge through the official WHO mailing list of some 500 addresses and made available on WHO EURO's web-site www.euro.who.int/InformationSources/Evidence. Five countries decided to translate the Highlights into vernacular. Estonia is still in the process, and we are awaiting a copy when ready. The translation costs were not covered by the EU grant.

(b) A supplementary report on the overview of the health status and situation in the ten candidate countries was prepared to complement the ten Highlights and the EU Health Status Report (Annex VI). The Health status overview compares all ten countries to the minimum and maximum of the EU countries. It describes the general progress and those countries where the situation or progress is significantly different are highlighted. For this publication, the data was updated with the latest version of the HFA-DB (January 2002). The same distribution process was used as for the Highlights on Health. The overview can be accessed on www.euro.who.int/healthinfo

(c) Capacity building and awareness-raising in the ten candidate countries. Many participants confirmed that their attendance at the Project Coordination meetings of the HMP, had given them valuable knowledge and insight into the work and process of the EC with regard to future needs and possible changes in the information area for their respective countries as a result of their accession to the EU. In addition, the participants increased their knowledge and skills in public health reporting, using international health data sources and preparing international comparisons.

All products were delivered within the time frame of the grant agreement.

6. Statement of income and expenditure

The first instalment - EURO54,000 - was received on 11 April 2000 at a currency rate of EURO vs. US\$ of 0.955500 as published by the EC on 1 April 2000. A further interim payment of EURO72,000 in November 2000 at a currency rate of EURO vs. US\$ of 0.8990. The statement of income and expenditure has been prepared and is accompanying the report. This is based on the currency rate of 1 EURO vs. US\$ of 1.0748 as published by the EC for February 2003.

Two requests for changes in the budget lines for travel and staffing were granted by the EC. The increased travel budget line enabled four project meetings, instead of the two planned following the extension of the project until 1 August 2002, and the participation of two experts per country, instead of one. Also, higher travel costs were recorded for the two short-term consultants working in Copenhagen on an ad-hoc basis, generating a saving in staffing costs. This did not, therefore, lead to an increase in the total budget of the project.

7. Project management

The scientific and technical coordination, management and further development of the project of WHO/EURO were carried out by Mr Arun Nanda. The administrative coordination, and coordination among the project team within EURO and the consultants outside, was done by Ms Elisabeth Huybens Hald. The workplan for the project was presented, discussed and agreed on at the first project meeting in Luxembourg, March 2000, and adjusted as appropriate in the following subsequent project meetings. The overall time frame of 18 months from 1 August 1999 was extended to 1 August 2002 (amendments 1 and 2 to the agreement).

Internal tools were used to ensure financial and cost control mechanisms and reporting, based on financial rules in force in WHO. Checklists of important items for organization of the meetings, travel schedules, visas etc. were maintained.

Dr Mika Gissler, seconded from the Ministry of Health in Finland, was working full-time on the Highlights on Health for the candidate countries since the start of the project until January 2000. As it proved difficult to recruit a suitably qualified successor for Dr Gissler on a full-time basis, a solution was found in that Dr Ian Bowns, UK, joined the project team on an ad-hoc basis. Also Dr Gissler continued to support the project in a similar manner until the end of the project in July 2002. This way of working, however, necessitated a more important and active contribution of the other staff in the Health Information unit, which was reflected in the expenditure of the project. In June-July 2002, the project team was reinforced by Dr Bogdan Wojtyniak, who, together with Drs Bowns and Gissler produced the Health Status Overview document.

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