UKRAINE

AREA (km²)

603 700
About the size of Spain and Portugal

15% of the EU25 area

EU25: 3 970 000, EU15: 3 200 000,
EU10: 738 000

POPULATION

48 050 000
About equal to Spain and Portugal’s combined

10.5% of the EU25 population

EU25: 455 532 896, EU15: 380 962 720,
EU10: 74 570 192

EU25: current members of the EU. EU15: members of the EU.
THE PEOPLE  Ukrainian 73%, Russian 22%

LANGUAGES  Ukrainian, Russian, Romanian, Polish, Hungarian

FORM OF GOVERNMENT  Parliamentary republic: unicameral Parliament (Verkhovna rada)

RELIGIONS  Ukrainian Orthodox, Ukrainian Autocephalous Orthodox, Ukrainian

INDEPENDENCE  1991

GDP PER CAPITA  €851 = 4.2% of the EU25 average
EU25: €20 400, EU15: €22 750, EU10: €5 530
In purchasing power parities: €4 870 = 20% of the EU25 average (€24 480)

REGIONS  24 regions (oblasts with 490 districts – rayons), 2 municipalities with oblast status (Kiev and Sevastopol), Autonomous Republic of Crimea

CURRENCY  hryvna: 1 hryvna = €0.16, €1 = 6.33 hryvna

HUMAN DEVELOPMENT INDEX  0.78

UNEMPLOYMENT RATE  9.1%
EU25: 9%, EU15: 8, EU10: 14%

MEMBER OF  CIS, CoE, IMF, OSCE, WB, UN (applying for WTO membership)

Sources: 1–6, 17.

before 1 May 2004. EU10: countries that joined the EU on 1 May 2004.
THE 10 HEALTH QUESTIONS

What are the demographic essentials on the Ukrainians?

**POPULATION PROFILE**
- Gender ratio: 1.4 females per male
- Urban: 67% **EU25: 77%, EU15: 79%, EU10: 65%**
- Age structure:
  - 0–14 years: 16% **EU25: 17%, EU15: 17%, EU10: 17%**
  - ≥ 65 years: 15% **EU25: 16%, EU15: 17%, EU10: 14%**
- Dependency ratio: 45 **EU25: 49, EU15: 50, EU10: 47**

**POPULATION DYNAMICS**
- Annual growth rate (%)
- Fertility rate (children born per woman)
- Birth rate (live births per 1000 population)

**PROBABILITY OF DYING** (per 1000 population)

*WHO estimate: 23 per 1000 for males and 18 for females. EU25: current members of the EU. EU15: members of the EU.
About the new EU neighbours

LIFE EXPECTANCY AT BIRTH (years)

- Total population: 68 EU25: 78, EU15: 79, EU10: 74
- Males: 65 EU25: 75, EU15: 76, EU10: 70
- Females: 74 EU25: 81, EU15: 82, EU10: 78

HEALTHY LIFE EXPECTANCY (HALE)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At birth</td>
<td>At age 60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ukraine</td>
<td>59</td>
<td>55</td>
<td>64</td>
<td>10</td>
<td>14</td>
<td>11</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EU15</td>
<td>72</td>
<td>68</td>
<td>72</td>
<td>15</td>
<td>18</td>
<td>9</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EU10</td>
<td>66</td>
<td>61</td>
<td>67</td>
<td>12</td>
<td>15</td>
<td>12</td>
<td>14</td>
<td></td>
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</tr>
</tbody>
</table>

What do the Ukrainians suffer from?

CARDIOVASCULAR DISEASES

- Cardiovascular diseases are the leading cause of death, accounting for 60% of all deaths and 30% of the disease burden. Within this group, the two major killers are:
  - ischaemic heart disease (664 new cases per 100 000 per year), causing 18% of the disease burden and 43% of all deaths

Sources: 2, 8, 9, 30.
— cerebrovascular diseases, causing 9% of the disease burden and 13% of all deaths: 184 per 100 000.

CANCER/MALIGNANT NEOPLASMS

- Cancer is the second leading cause of death, accounting for 12% of the total: 326 deaths per 100 000.
- There are 326 new cases of cancer per 100 000 per year.
- Cancer prevalence is 1.7%.
- There are 18.4 new cases of cervical cancer per 100 000, much higher than the EU25 rate. **EU25: 3.2**
- There are 59 new cases of breast cancer and 41 new cases of lung cancer per 100 000.

DIABETES

- Diabetes prevalence was 2% in 2003, with 5 deaths per 100 000.

MENTAL HEALTH

- Neuropsychiatric disorders account for 14% of the total disease burden and 1% of all deaths. **EU25: 4%**
- Suicide or self-inflicted injuries cause 24 deaths per 100 000. **EU25: 12, EU15: 10, EU10: 18**
- There are 628 reported cases of mental disorders per 100 000. **EU10: 777**

UNINTENTIONAL AND INTENTIONAL INJURIES

- Injuries are responsible for 146 deaths per 100 000. **EU25: 45, EU15: 39, EU10: 73**
Road traffic accidents injure 89 people per 100 000.  
EU25: 297, EU15: 319, EU10: 181

RESPIRATORY DISEASES

Respiratory diseases cause 4% of both the disease burden and all deaths: 54 deaths per 100 000.  
EU25: 47, EU15: 48, EU10: 40

INFECTION DISEASES AND PARASITIC DISEASES

Infectious diseases cause 2% of all deaths, and 5% of the total disease burden.

There are 78 new cases of tuberculosis per 100 000.  
EU25: 13, EU15: 11, EU10: 26

There are 21 new cases of HIV infection per 100 000.

The rates of sexually transmitted infections (per 100 000 per year) are high compared to EU figures:
  - 49 new cases of syphilis  
    EU25: 3, EU10: 5
  - 56 new cases of gonoccal infection.

CHILD AND ADOLESCENT HEALTH

The infant mortality rate is 9.5 per 1000 live births (WHO and UNICEF estimate: 16).  
EU25: 4.6, EU15: 5, EU10: 7

The maternal mortality rate is 19 per 100 000 live births (WHO estimate: 38 in 2000).

Immunization coverage is 97%.  
EU25: 95%, EU15: 95%, EU10: 96%

Diarrhoea kills 3 children aged under 5 years per 100 000.

A national school-based survey showed that 5% of boys and 3% of girls aged 13 years are overweight.
### DISEASE BURDEN IN UKRAINE AND THE EU

<table>
<thead>
<tr>
<th>Cause</th>
<th>Share of disease burden (%)</th>
<th>Ukraine</th>
<th>EU15</th>
<th>EU10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases</td>
<td></td>
<td>30</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Neuropsychiatric disorders</td>
<td></td>
<td>14</td>
<td>27</td>
<td>21</td>
</tr>
<tr>
<td>Cancer/Malignant neoplasms</td>
<td></td>
<td>10</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td></td>
<td>11</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Non-infectious respiratory diseases</td>
<td></td>
<td>4</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Infectious and parasitic diseases</td>
<td></td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Respiratory infections</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Perinatal conditions</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Intentional injuries</td>
<td></td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sense organ disorders</td>
<td></td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total communicable diseases</strong></td>
<td></td>
<td>9</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total noncommunicable diseases</strong></td>
<td></td>
<td>74</td>
<td>87</td>
<td>83</td>
</tr>
<tr>
<td><strong>Total injuries</strong></td>
<td></td>
<td>16</td>
<td>8</td>
<td>12</td>
</tr>
</tbody>
</table>

**Note.** These statistics are based on WHO estimates, not on official mortality statistics.

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**TOP 10 CAUSES OF DEATH IN UKRAINE**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ischaemic heart disease</td>
<td>43</td>
</tr>
<tr>
<td>2. Cerebrovascular disease</td>
<td>16</td>
</tr>
<tr>
<td>3. Chronic obstructive pulmonary disease</td>
<td>3</td>
</tr>
<tr>
<td>4. Tracheal, bronchial, lung cancer</td>
<td>2</td>
</tr>
<tr>
<td>5. Self-inflicted injuries</td>
<td>2</td>
</tr>
<tr>
<td>6. Poisoning</td>
<td>2</td>
</tr>
<tr>
<td>7. Stomach cancer</td>
<td>2</td>
</tr>
<tr>
<td>8. Cirrhosis of the liver</td>
<td>2</td>
</tr>
<tr>
<td>9. Colon and rectal cancer</td>
<td>2</td>
</tr>
<tr>
<td>10. HIV/AIDS</td>
<td>2</td>
</tr>
</tbody>
</table>
Points to remember

- Over the past 15 years, health status has changed rapidly, with periods of improvement followed by periods of drastic deterioration, as a result of the socioeconomic crisis.
- Over the past five years, deaths from cardiovascular diseases and related problems have increased by 40%.
- Maternal mortality has declined by half since the 1980s, but remains a concern.
- Ukraine has one of the fastest-growing HIV/ADIS epidemics in the WHO European Region.

Sources: 2, 10, 22.

Where do the risks lie?

SMOKING

- The prevalence of smoking in people aged 18–29 years is 43%.
- Smoking causes 13% of the disease burden.
- The prevalence of smoking among 13-year-olds is 9% for boys and 4% for girls, according to a school-based survey.

ALCOHOL CONSUMPTION

- Total reported alcohol consumption 4.8 litres per person per year. **EU25: 9.4, EU15: 9.4, EU10: 8.9**
- There are 22 cases of alcohol psychosis per 100 000 per year.
- Alcohol causes 12% of the disease burden.
- Among 15-year-olds, 19% of girls and 29% of boys drink alcohol weekly, according to a school-based survey.

ILLEGAL DRUG USE

- Cannabis is the most commonly used illegal drug, with a prevalence of 3.6%. Annual prevalence of abuse is 0.8% for before 1 May 2004. **EU10: countries that joined the EU on 1 May 2004**.
opiates, 0.2% for amphetamines, and 0.1% for both ecstasy and cocaine.

- Illicit drug use causes 3% of the total disease burden.
- The number of first admissions to drug treatment centres was 133,394 in 2003.
- A school-based survey of 15-year-olds showed that 8% of girls and 21% of boys had used cannabis during the previous year.

### OBESITY

- Obesity (BMI ≥ 30) causes 9% of the disease burden, and physical inactivity, 6%.
- 7% of men and 19% of women are obese.
- A school-based survey of 13-year-olds showed that 5% of boys and 3% of girls are overweight.

### FOODBORNE INFECTIONS

- There are 18 new cases of *Salmonella* infection reported per 100,000 per year. *EU25: 44, EU15: 37, EU10: 99*

### OCCUPATIONAL HEALTH

- There are 22 new cases of occupation-related diseases per 100,000 per year.
- Occupational injuries cause 2.6 deaths per 100,000. *EU25: 1.4, EU15: 1.4, EU10: 1.6*
- Occupational carcinogens cause 0.4% of the total disease burden.

### AIR QUALITY

- Urban outdoor air pollution causes 0.5% of the disease burden.
- SO₂ emissions were 47 kg per capita in 2000. *EU25: 18, EU15: 14, EU10: 38*

Sources: 2, 10–12, 22.
Who’s who in the Ukrainian public health sector?

PUBLIC ADMINISTRATION
Ministry of Health of Ukraine
State Sanitary and Epidemiological Service

INSTITUTIONS UNDER THE HEALTH MINISTRY
Directorate of Socially Dangerous Diseases and AIDS

How are services provided?

The 1996 constitution stipulates that ensuring health care for the whole population is one of the key functions of the state. Ukraine still retains an integrated health system model. The health institutions at the national and community levels are the owners and funders. The health care system is completely supervised by the state. Medical and preventive services are provided by publicly owned institutions.

Since 2000, national legislation has given priority to primary health care as family medicine, but this is still at an initial stage of development. Primary care is provided in many settings: outpatient clinics for adults and children, women’s counselling centres, village primary care centres. The concept of primary care includes a range of options; for instance, an outpatient clinic does provide primary care only. The qualification of GP at an outpatient clinic does not allow for a response to emerging health problems within primary medical care. Patients may see specialists independently, without referral from their GPs.

before 1 May 2004. EU10: countries that joined the EU on 1 May 2004.
The salaries of GPs at outpatient clinics do not depend on the scope and quality of their work. As a result, in 66% of cases the level of service does not match the patient’s condition and case history, while in 43% of cases medical services are delivered at a higher level than needed.

**Points to remember**

- The introduction of primary health care schemes will require education of family doctors, administrative and funding mechanisms, information plans, etc.
- The health system is regulated at the central and local levels.

**What resources are available?**

**HEALTH PROFESSIONALS (per 100 000)**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Count EU25</th>
<th>EU15</th>
<th>EU10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>766</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPs</td>
<td>29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HOSPITALS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Count EU25</th>
<th>EU15</th>
<th>EU10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals per 100 000</td>
<td>5.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EU25: 3.2, EU15: 3.3, EU10: 2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital beds per 100 000</td>
<td>881</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EU25: 611, EU15: 600, EU10: 661</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
There are too many hospitals and hospital beds, and hospitals are overspecialized. At the various levels of the system, hospitals are not well differentiated in functions, so there are parallel systems of treatment and service. In specialized medical institutions, inpatient treatment is preferred and stays are extended.

PHARMACEUTICALS

Ukraine has a very well-developed pharmaceutical industry, but its excessive capacity was counterbalanced by a lack of quality assurance. The recently established State Drug Quality Service is to address this issue.

Planning of hospital beds and personnel has not changed since the 1980s.

Budget allocation for state-run medical facilities needs to shift its aims more towards ensuring higher-quality services

The human resources for health need new skills and knowledge. Their wages remain low.

**Points to remember**

**resources for health**

- Planning of hospital beds and personnel has not changed since the 1980s.
- Budget allocation for state-run medical facilities needs to shift its aims more towards ensuring higher-quality services
- The human resources for health need new skills and knowledge. Their wages remain low.

**Sources:** 2, 14.

The government system of health financing, based on general taxation, has remained unchanged since the 1980s. The population is entitled to universal free coverage. Different levels of government remain the official before 1 May 2004. EU10: countries that joined the EU on 1 May 2004.
source of health sector funding, accumulating and distributing funds, owning health facilities and managing the provision of services. This contributes to some duplication: for instance, both the municipal and the regional governments can have their own maternity hospitals, children’s hospitals, etc. Public funding is further fragmented because, apart from the Ministry of Health, other ministries run parallel health systems.

The lack of government funds leads to substituting paid services for free medical care, and the boundaries between free and paid medical care tend to become somewhat blurred. Although government spending on health (as share of GDP) is among the highest among the CIS, there is still an imbalance between the broad package of benefits to which citizens are entitled and the available public funding.

Health facilities are financed depending on their capacity (number of beds or visits). A broad network of health facilities forms a high-capacity public health infrastructure. The existing financing mechanisms encourage its expansion, while budgetary financing is decreasing, bringing the system’s accessibility and affordability into question.

THE ECONOMIC PICTURE

Out-of-pocket expenditure 96
(% of total private health spending)

EU25: current members of the EU. EU15: members of the EU
Population below the national poverty line 32% (1995); 46% live on less than US$ 2 per day, and 76% on less than US$ 4 per day.

Points to remember

- Spending on health services is one of the biggest items on the state budget; the system is deeply in debt.
- Financing for health care comes from state and local budgets.
- New legislation on compulsory social health insurance has not yet resulted in full implementation.
- The key issue is the duplication of financial arrangements, especially between the regions and the capital.
- A single national funding source might help resolve the problem of excessive infrastructure and eliminate the traditionally hierarchical relationship between health facilities and local governments.
- The structural reforms in health care are yet to be taken up after years of delay and a very slow pace.

Sources: 2, 8.

How have the Ukrainians reformed their health care system?

A Health for the Nation programme was adopted for 2002–2011; while it has a number of valuable assets and goals, funds still need to be allocated for its implementation. The new government is developing schemes for structural reforms of the health system. There is sufficient legal basis for changing the approach to planning and regulating public health.

Efforts to optimize structural efficiency and to improve quality have included:
- reforming higher medical education;

before 1 May 2004. EU10: countries that joined the EU on 1 May 2004.
What is one of the things the Ukrainians have learned by doing?

TACKLING HIV/AIDS

In January 2003, Ukraine applied to the Global Fund for AIDS, Tuberculosis and Malaria. Three grants worth a total of $\text{EU25: current members of the EU. EU15: members of the EU}$
US$ 25 million over two years were approved, with a possible continuation for the next three years and a total budget US$ 92 million. The three principal recipients of the grants were the Ministry of Health (for a treatment and care component), UNDP (for a vulnerable groups component) and an NGO, the Ukrainian Fund to Fight HIV Infection and AIDS (for information activities). In January 2004, however, the Global Fund decided to withdraw support of its grant temporarily. The main concerns were slow implementation and certain degree of mismanagement, although the withdrawal was clearly stated not to be related to embezzlement or theft. On 24 February 2004, a portion of the grant was re-launched by designating a new sole principal recipient – the NGO International HIV/AIDS Alliance, which undertook the task of administering US$ 15 million over 12 months. After this period, Ukraine had to reapply for funding. The key areas of intervention were to expand the number of people receiving highly active antiretroviral treatment from 137 to 2600 by the end of 2005 and to improve the coordination of partners.

The implementation of the project faced many challenges from the beginning. The procurement of antiretroviral drugs took almost six months; the training of health care providers was not completed; the procurement of laboratory equipment was not synchronized with the treatment scale-up; the collaboration between the government and NGOs was not very strong; substitution therapy was not available to injecting drug users; and monitoring and evaluation were concerns. Despite these numerous challenges, the implementation of phase 1 of the project brought together many partners and, by August 2005 (in 11 months of scaling up), the number of patients on highly active antiretroviral treatment was over 2000.

During the spring of 2005, a proposal for phase 2 of the project was developed. The WHO Regional Office for Europe actively participated in developing the proposal and provided technical
assistance. Ultimately, the proposal was endorsed by all partners and later approved by the board of the Global Fund. Ukraine will receive continued funding of up to US$ 67 million for 2005 to 2008, which will allow the country to continue to scale up treatment and prevention interventions to mitigate the HIV/AIDS epidemic.

The process of consolidating partners’ efforts and developing the proposal in a transparent way by employing the capacities and technical expertise of all partners provides strong evidence that the country can quickly increase its capacity to deal with the epidemic, and has expanded a culture of collaboration at all levels among key stakeholders in Ukraine and abroad.
certifying the country as polio free;
• developing a national tobacco control plan.

In 2006–2007, collaboration will focus on:
• development of family medicine with emphasis on service quality;
• pharmaceuticals;
• blood safety;
• noncommunicable diseases;
• communicable diseases (with an emphasis on HIV/AIDS and tuberculosis, and communicable disease surveillance);
• immunization and vaccine development;
• reproductive health, the Making Pregnancy Safer initiative, and child and adolescent health.

OTHER INFORMATION ON UKRAINE

Ministry of Health of Ukraine
REFERENCES


GLOSSARY

Annual population growth rate (%)
Indicator used in population studies to assess average change in the size of a population from one year to the next.

Burden of disease
Estimates of the burden of disease are based on mortality and morbidity data by age, gender and region, summarized to the single measures healthy life-years and disability-adjusted life-years.

Dependency ratio
An indicator used in population studies to measure the portion of the population economically dependent on the active age group, it is calculated as the sum of those aged 0–14 years and those aged 60 or 65 years and over, depending on the working-age limit considered, divided by the number of people aged 15 to 59 or 64 years, respectively. For the purpose of the World health report 2005 (the source used in this book), it is calculated as the sum of those aged 0–14 years and 65 years and over, divided by the number of people aged 15–64.

Disability-adjusted life-years
A summary measure combining the impact of illness, disability and mortality on population health.

GDP per capita
Gross domestic product (GDP) per capita is the market value of the total final output of goods and services produced in a country over a specific period per person. It is expressed in international dollars, a common currency unit that takes account of differences in the relative purchasing power of currencies, but is given in euro (€) equivalents in this book. Figures expressed
in international dollars are calculated using purchasing power parities, which are conversion rates accounting for differences in price levels among countries.

**General government expenditure on health (% of total government expenditure)**

Public health expenditure is the sum of outlays on health from taxes, social security contributions and external resources (without double-counting government transfers to social security and extra-budgetary funds). General government expenditure corresponds to the consolidated outlays of all levels of government, territorial authorities (central/federal government, provincial/regional/state/district authorities, municipal/local governments), social security institutions and extrabudgetary funds, including capital outlays.

**Healthy life expectancy (years), total population**

Healthy life expectancy (HALE) is based on life expectancy adjusted for time spent in poor health. It measures the equivalent number of years in full health that a person (a newborn or 60-year-old) can expect to live based on the current mortality rates and prevalence distribution of health states in the population.

**Human development index**

The human development index is a summary composite index that measures a country’s average achievements in three basic aspects of human development: longevity, knowledge and a decent standard of living. Longevity is measured by life expectancy at birth; knowledge is measured by a combination of the adult literacy rate and the combined primary, secondary, and tertiary gross enrolment ratios; and standard of living, by GDP per capita.
Infant mortality
The number of deaths per 1000 children under 1 year old in the population.

Life expectancy
The average number of years a person can expect to live if he or she embodies the current mortality rate of the population at each age.

Obesity
Obesity is the accumulation of adipose tissue to an extent that health is impaired. It is usually determined using the body mass index (BMI), the standard of choice for many health professionals, based on a weight-to-height ratio. Overweight is defined as a BMI of 25–29 kg/m². Obesity is defined as a BMI of ≥ 30 kg/m². Obesity correlates strongly with co-morbid conditions and mortality. The current obesity pandemic reflects profound social changes over the last 20–30 years that have promoted a sedentary lifestyle and the consumption of a high-fat, energy-dense diet.

Percentage of total life expectancy lost
Expressed as a percentage of total life expectancy, this represents the proportion of total life expectancy lost through states of less-than-full health.

Public expenditure on health
Public health expenditure is the sum of outlays on health from taxes, social security contributions and external resources (without double-counting government transfers to social security and extrabudgetary funds).

Standardized death rate
Number of deaths (usually per 100 000 population) adjusted to the age structure of a standard European population.
**Total expenditure on health (% of GDP)**

Total health expenditure is the sum of public and private expenditure on health.

**Total fertility rate**

The average number of children a hypothetical cohort of women would have at the end of their reproductive years if they were constantly subject to the fertility rates of a given period and did not die, expressed as children per woman.

**Total unemployment rate**

Unemployed people as a share of the total active population, as a percentage of the total active population aged 15–64 years.
NOTES
about the new EU neighbours
Since 1 May 2004, the European Union (EU) has had 25 members, and 12 new neighbours. The EU’s members differ in their populations’ health status and their health systems’ patterns of development. How does each of the neighbouring countries compare in terms of health to the EU – its members before and after May 2004 and the 25 countries as a whole?

This book offers a quick and easy way to grasp the essential features of health and health systems in the EU’s neighbours. Each chapter provides a concise overview of key health indicators in 1 of the 12, comparing them to 3 averages for the EU: for its 25 current members the 15 members before May 2004 and the 10 new members. Each chapter also summarizes the key features of the country’s health system and describes the results of more than a decade of health system reform.

This book is not an in-depth study, but an easy guide to the knowledge available and an accurate entry point to understanding health in the EU’s 12 new neighbours.