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

Report on a WHO/EC Meeting

Luxembourg
26 March 2000
**ABSTRACT**

Country highlights are intended to give an overview of the health and health-related situation in a given country, and to compare its position to those of other countries in the WHO European Region. The WHO Regional Office for Europe develops the highlights for operational purposes, in collaboration with Member States, and they do not constitute a formal statistical publication. They are based on information provided by Member States and international health statistics. In 1999/2000 the highlights on health in the ten countries of central and eastern Europe that are candidates for accession to the European Union (EU) will be updated, and a supplementary report on health status in these countries will be produced. The First Project Meeting focused on planning the process for completing these tasks, but also provided the accession countries with information on public health programmes in the EU, especially that on health monitoring.

**Keywords**

HEALTH STATUS
HEALTH STATUS INDICATORS
HEALTH CARE SYSTEMS
EUROPEAN UNION
EUROPE, EASTERN
**CONTENTS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Scope and purpose</td>
<td>1</td>
</tr>
<tr>
<td>The EU Health Monitoring Programme</td>
<td>2</td>
</tr>
<tr>
<td>History, background and purpose</td>
<td>2</td>
</tr>
<tr>
<td>Process for development and review of the Highlights’ structure, format, content and information sources</td>
<td>2</td>
</tr>
<tr>
<td>EU Health Status Report</td>
<td>3</td>
</tr>
<tr>
<td>Supplementary Report on the health status of the ten accession countries</td>
<td>3</td>
</tr>
<tr>
<td>Outline and main directions of the Supplementary Report</td>
<td>3</td>
</tr>
<tr>
<td>Key deadlines, dates and agenda for the next meeting</td>
<td>5</td>
</tr>
<tr>
<td>Closing session</td>
<td>5</td>
</tr>
<tr>
<td>Annex 1 Participants</td>
<td>6</td>
</tr>
<tr>
<td>Annex 2 Working papers and background documents</td>
<td>11</td>
</tr>
</tbody>
</table>
**Introduction**

The joint WHO/European Commission meeting was opened by Mr Arun Nanda who welcomed the participants on behalf of Dr Marc Danzon, the WHO Regional Director for Europe. Dr Henriette Chamouillet welcomed the participants on behalf of the European Commission (EC). In his address, Mr Nanda provided the background of this project, which is part of a joint agreement between WHO and the EC, with financial and technical support of the Ministry of Health of Finland. He emphasized the close collaboration between all parties which would need to be sustained to ensure the successful implementation of this project. Nineteen participants from the ten accession countries and five EU experts were present. Dr Alexandre Berlin joined the meeting in the afternoon. Apologies were received from Dr Hubert Isnard, Dr Bärbel-Maria Bellach and Dr Metka Macarol-Hiti.

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. Mr Nanda stressed that the programme was flexible to meet the needs of the participants and speakers, and that changes could be made as the day progressed.

**Scope and purpose**

“Highlights on Health” (Highlights) 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 1992-1993, initially for all the newly independent states (NIS), followed by the Highlights on Health for the EU countries as part of a joint project between the EC and WHO.

The EC through the Health Monitoring Programme (HMP) has also decided to 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 will complement and supplement that given by the Finnish Ministry of Health and, together with the resources of WHO/EURO, will be used to produce the Highlights on Health for the ten accession countries. In addition to the Highlights for each of the ten accession countries, there will also be a supplementary report that gives an overview of the health status and health situation in these countries as a whole.

The format, structure and modus operandum for development of the Highlights for the accession countries will be adapted from that used for the Highlights on Health for the EU Countries. Each Highlight will be developed in close collaboration and discussed with the respective country and will be based on information provided by the country as well as other sources.

The support of and agreement with the EC enable two meetings to be convened to discuss and seek joint comments of all participants on the process, structure and contents of the Highlights in general. In addition these meetings will be used to help comment on and guide the production of the Supplementary Report on the health status of the ten accession countries. In addition to two experts from each of the ten applicant countries, there will be experts from selected EU countries.
The main objectives of this first meeting were to review and discuss:

- process, structure, and contents of the Highlights in general
- input for the Supplementary report on the health status and health situation in the accession countries as a whole
- programme of work and deadlines for finalization of the products.

**The EU Health Monitoring Programme**

Dr Chamouillet presented an overview of the Public Health Programmes in the EU in general and the content and progress of the Health Monitoring Programme (HMP) in particular, pointing out that participation in these programmes by the accession countries is subject to certain EU regulations. The participants found the presentation and the received information very helpful, and they looked forward to joining this programme. All participants received the most recent instructions on how the countries join these programmes. Dr Chamouillet promised to e-mail to all participants a copy of the tables referred to in the instructions.

**History, background and purpose**

Mr Nanda presented the history, background and purpose of the Highlights. The first Highlights were produced for NIS countries in the early 1990s and followed by Highlights for the EU countries. In 1999-2000, the updated version of Highlights will be produced for all countries in the WHO European Region except for the EU countries, for which quite recent versions are available.

**Process for development and review of the Highlights’ structure, format, content and information sources**

Dr Gissler presented the planned process for development of the Highlights on Health for the accession countries:

(a) Preparation of first drafts with uniform structure and data sources; circulation within and for comments by the Epidemiology Statistics and Health Information Unit at WHO/EURO, finalization of lay-out;
(b) despatch of drafts for comments to other units at WHO/EURO and to countries;
(c) incorporation of comments into second drafts; if comments are extensive, the whole document or relevant parts of it are sent back to the country for further comments;
(d) Finalization of drafts by WHO/EURO and ministers of Health and counterparts in respective countries; made available to interested experts and placed on the web (http://www.who.dk/country/country.htm).

Highlights on Health for accession countries are produced in English. WHO/EURO encourages countries to translate them into local language (specific guidelines are available for this).

The participants agreed with this process, and after the general discussion, the following decisions were made:

(e) all figures and charts should be numbered and referred to by this number when discussed in the text; this applies to all Highlights that are under preparation;
(f) WHO/EURO should find the best solution on how to provide the document in electronic format in order to ease the translation, e.g. to ensure that tables and graphics and x/y axis titles are separate from the graphs themselves;

(g) WHO/EURO should solve the problems in connection with photocopying the colour version as black-and-white.

EU Health Status Report

Professor Paulo Ferrinho presented the project on EU Health Status Report. This would be the second such report after the first one having been produced by WHO/EURO in 1994. Professor Ferrinho also pointed out that area-specific overviews of the health status in the EU have been produced (e.g. “Report on the state of young people’s health in the European Union” and “The state of women’s health in the European Community”). The structure and content of the current EU Health Status Report was presented and discussed.

Supplementary Report on the health status of the ten accession countries

Mr Nanda explained that the idea behind the Supplementary Report was to produce an overview which could be useful both to the EU and to the accession countries. He mentioned that one possibility could be that this report would be a complement (or perhaps is even annex) to the EU Health Status Report. This can be considered when both reports are finalized. The major contribution of the EU experts would be to provide comments on the first draft of the supplementary report for incorporation into the second draft, which would be discussed in the second meeting in November/December 2000.

Outline and main directions of the Supplementary Report

Dr Gissler presented some of the main findings so far.

Based on a comparison of the health status in the ten accession countries using international health statistics, mainly WHO's Health for All-database (HFA-DB), since the end of the 1980s, the ten central European accession countries have seen enormous social, political and economic change. The transitional crisis and its health-related consequences have together with differences in historical, cultural and economic development made variation in health indicators quite significant.

During the 1970s and 1980s, life expectancy stagnated in the accession countries, but the trends became more dispersed during the transition period. While in the Czech Republic, Poland and Slovenia the improvement speeded up, the trends in the other countries were either stagnant or even declining. Differences in mortality from cardiovascular diseases (CVD) were the main cause of the increasing gap between the accession countries, but also the trends in cancer mortality were diverse. The mortality from external causes of injury and poisoning has remained high in the accession countries, particularly in the Baltic states. The peak in the Baltic states in the early 1990s for both external causes of injury and poisoning and CVD has a significant contribution from alcohol related mortality. Disruption of the infectious disease programmes in some accession countries in combination with deterioration in socioeconomic living conditions have contributed to the increasing incidences of certain infectious diseases, e.g. tuberculosis, diphtheria and syphilis. The incidence of AIDS remains at a very low level as compared to western Europe, except for Romania. Significant differences in the lifestyles related risk factors,
such as in smoking, excessive alcohol consumption, drugs, sedentary lifestyle and unbalanced nutrition were found, but comparable statistics on them are rare. Also the availability of environmental health indicators is poor.

Some of the more specific and detailed aspects are:

- The total population of the accession countries has decreased by 1.5 millions since 1990.
- Socio-political changes have caused a sharp decrease in the birth rate, which together with the rise in mortality in some countries, resulted in a dramatic decline in natural population growth.
- The accession countries display a wide range of transitional patterns in relation to their economy, for example a high unemployment rate and even a decline in GDP per capita.
- In 1970, the average difference in life expectancy between the EU and in the accession countries was about 2-3 years, while in 1998 the gap had increased to 5-8 years for all countries except the Czech Republic and Slovenia.
- Differences in mortality from cardiovascular diseases are the main cause of the gaps.
- Around 1970, cancer mortality in the accession countries was close to or below the EU average. However, due to subsequently opposite trends, premature cancer mortality in most of the accession countries, and particularly in Hungary, is presently well above the EU average.
- Mortality from external causes of injury and poisoning (accidents, suicide, homicide) also contributes to the mortality gap between the EU and the accession countries, particularly in the Baltic states.
- Infant mortality has been declining during past decades in the accession countries, but at a lower speed than in the EU.
- Maternal mortality in most of the accession countries is slightly above the levels of EU countries, except for Estonia, Latvia and Romania.
- Disruption of infectious disease programmes in some countries, especially in combination with the deterioration of socio-economic living conditions during the transition period, have contributed to the increased incidence of certain infectious diseases (e.g. tuberculosis, diphtheria and syphilis). The incidence of AIDS is at a very low level, compared to the EU countries, except for Romania.
- Part of the present health gap between the EU and the accession countries is caused by the differences in exposure of the population to risk factors, both historical and current. These risk factors include smoking, excessive alcohol consumption, drugs, sedentary lifestyle and unbalanced nutrition.
- All accession countries have undertaken a reform of their health care system or are in the process of doing so. Particularly significant reforms are still in progress in the accession countries with the emphasis on decentralization, reform of health insurance, and a more adequate use of health resources. The last accession countries to introduce insurance-based health care systems started to do so in the late 1990s.
- The number of hospital beds continues to decline in most of the accession countries particularly in those with a previously high number of available hospital beds. The number of physicians employed in the health sector has declined only in Estonia and in Latvia, and presently nearly all the accession countries are in the same range as the EU countries.
• Total health expenditure as a percentage of GDP is the lowest (below 5%) in Bulgaria, Latvia and Romania. Of the remaining countries Estonia, Hungary, Lithuania and Poland report a lower percentage than the EU minimum while the Czech Republic, Slovakia and Slovenia report percentages within the same range as the EU countries.

Key deadlines, dates and agenda for the next meeting

Mr Nanda presented the preliminary timetable for the project:

**Highlights:**
- **March – May 2000:** model of completing the Highlights revised and adopted
- **May – October 2000:** preliminary drafts revised by WHO/EURO
- **May – November 2000:** drafts circulated in countries for comments
- **July – December 2000:** comments incorporated in the Highlights and the document finalized and published.

**Supplementary report:**
- **June 2000:** first draft
- **August 2000:** deadline for comments
- **October 2000:** second draft
- **November – December 2000:** discussion and second meeting
- **December 2000:** finalization of publication.

The next meeting is planned for Friday, 1 December 2000 in Luxembourg, on the assumption that the next meeting of the EC Health Monitoring Programme would be on Wednesday, 29 November 2000 (Project Coordinators meeting) and on Thursday, 30 November 2000 (Management Committee meeting).

Closing session

Mr Nanda thanked the participants for their active involvement and contribution to this meeting and looked forward to the successful implementation of this project. He also expressed his gratitude to Dr Chamouillet and her staff for their hospitality and support in the organisation of the meeting.
Annex 1

Participants

Temporary Advisers

**Bulgaria**
Dr Peter D. Amudjev  
Deputy Director  
National Centre of Health Informatics  
15 Dimitar Nesterov str  
1431 Sofia  
Tel: +3592 958 1932/33  
Fax: +3592 590 147  
E-mail: peteram@iterra.net

Professor Tatyana Ivanova  
National Centre for Public Health  
15 Dimitar Nesterov str  
1431 Sofia  
Tel: +3592 581 2569  
Fax: +3592 591 146  
E-mail: ivanovat@mailcity.com

**Czech Republic**
Dr Zuzanna Kamberska  
Institute of Health Information and Statistics of the Czech Republic  
Palackého nam 2, PO Box 60  
128 01 Prague 2  
Tel: +420 2 249 72183  
Fax: +420 2 249 15982  
E-mail: kamberska@uzis.cz

Dr Vlasta Mazanková  
Director  
Institute of Health Information and Statistics of the Czech Republic  
Palackého nam 2, PO Box 60  
128 01 Prague 2  
Tel: +420 2 249 72243  
Fax: +420 2 249 15982  
E-mail: mazankova@uzis.cz

**Denmark**
Mr Martin Lund  
Head of Division  
Department of Health and Social Affairs  
Københavns Amt  
27 Stationparken  
2600 Glostrup  
Tel: +45 43 22 22 22  
Fax: +45 43 22 24 79  
E-mail: martin-lund@social-sundhed.kbhamt.dk

**Estonia**
Ms Ene Palo  
Head  
Bureau of Medical Statistics  
Ministry of Social Affairs  
Gonsiori 29  
15027 Tallinn  
Tel: +372 626 9849  
Fax: +372 626 9845  
E-mail: ene.palo@sm.ee
Ms Heldi Thomson  
Chief Specialist  
Bureau of Medical Statistics  
Department of Statistics and Analysis  
Ministry of Social Affairs  
Tel: +372 626 9848  
Fax: +372 626 9845  
E-mail: heldi@sm.ee

Hungary  
Dr Gyorgy Szeles  
EFKI c/o Ministry of Health  
Health Statistic Unit  
Arany János utca 6/8  
1051 Budapest  
Tel: +36 309 831 598  
Fax: +36 52 49 0195  
E-mail: gy.szeles@sph.dote.hu

Dr Zoltán Vokó  
Head  
Epidemiology Unit  
Ministry of Welfare of Hungary  
PO Box 987  
1245 Budapest  
Tel: +36 1 332 3100/1015  
Fax: +36 1 269 4009  
E-mail: vokoz@elender.hu

Ireland  
Mr Hugh Magee  
Statistician  
Information Management Unit  
Department of Health and Children  
Hawkins House  
Hawkins Street  
IRE-Dublin 2  
Tel: +353 1 635 4300  
Fax: +353 1 635 4378  
E-mail: hugh_magee@health.irlgov.ie

Latvia  
Ms Jautrite Karashkevica  
Deputy Director  
Agency of Health Statistics and Medical Technology  
Ministry of Welfare of the Republic of Latvia  
Duntes 12/22  
Riga LV 1005  
Tel: +371 750 1588  
Fax: +371 750 1591  
E-mail: jautrite@vsmta.junik.lv

Dr Signe Velina  
Deputy Director  
Department of Public Health  
Ministry of Welfare of the Republic of Latvia  
28 Skolas str.  
Riga LV-1331  
Tel: +371 702 1584  
Fax: +371 702 1589  
E-mail: signe_velina@lm.gov.lv

Lithuania  
Dr Aldona Gaizauskiene  
WHO Collaborating Centre for Health Statistics and Information  
Lithuanian Information Centre  
Tilto 13  
Vilnius 2001  
Tel: +370 2 615 467  
Fax: +370 2 624 567  
E-mail: lsic@ktl.mii.lt
Dr Zilvinas Padaiga  
Associate Professor  
Department of Preventive Medicine  
Faculty of Public Health  
Kaunus University  
Eiveniu 4  
3007 Kaunus  
Tel: +370 773 4649  
Fax: +370 779 8657  
E-mail: zilvinas.p@takas.lt

Netherlands  
Dr Pieter G.N. Kramers  
Deputy Head  
Department of Public Health Forecasting  
National Institute of Public Health and the Environment (RIVM)  
Antonie van Leeuwenhoeklaan 9  
3720 BA Bilthoven  
Tel: +31 30 274 2163  
Fax: +31 30 274 4450  
E-mail: pgn.kramers@rivm.nl

Poland  
Dr Pawel Gorynski  
Head  
Department of Medical Statistics  
National Institute of Hygiene  
Chocimska Street  
791 Warsaw  
Tel: +48 22 849 7725 24  
Fax: +48 22 849 0189 00/791 24 00-  
E-mail: pawel@medstat.waw.pl

Dr Bogdan Wojtyniak  
Head  
Population Studies Laboratory  
Department of Medical Statistics  
National Institute of Hygiene  
24 Chocimska Street  
00-791 Warsaw  
Tel: +48 22 849 72 37  
Fax: +48 22 849 35 13  
E-mail: bogdan@medstat.waw.pl

Portugal  
Mr Paulo Ferrinho  
Escola Nacional de Saúde Pública  
Lisbon  
Rua Padre Cruz  
Tel: +351 21843 0681  
Fax: +351 1 219 0254  
E-mail: nop05938@mail.telepac.pt

Romania  
Dr Dan D. Farcas  
Chief of Service  
Ministry of Health of Romania  
National Center for Health Statistics  
Str. George Vraca 9  
70706 Bucharest  
Tel: +401 314 0890  
Fax: +401 311 2998  
E-mail: dan.farcas@ms.ro

Dr Ioana Pertache  
Director  
National Center for Health Statistics  
Str. George Vraca 9, Sector I  
70706 Bucharest  
Tel: +401 314 0890  
Fax: +401 311 2998  
Email: ioana.pertache@ms.ro
Slovakia
Mr Jan Ondrejka
Director
Institute of Health Information and Statistics
Drienova 34
P.O. Box 75
820 09 Bratislava 29
Tel: +421 7 4333 8368
Fax: +421 7 4341 2095
E-mail: ondrejka@uzis.sk

Dr Imrich Steliar
Institute of Health Information and Statistics
Drienova 34
P.O. Box 75
820 09 Bratislava 29
Tel: +421 743 41 20 87
Fax: +421 743 41 20 95
E-mail: steliar@uzis.sk

Slovenia
Dr Mladen Markota
Head
Health Care Research Centre
Institute of Public Health of the Republic of Slovenia
Trubarjeva 2
1001 Ljubljana
Tel: +386 613 23245
Fax: +386 613 23955
E-mail: mladen.markota@gov.si

United Kingdom
Dr Hugh Markowe
Director
Central Health Monitoring Unit
Room G10
Department of Health
Wellington House
135-155 Waterloo Road
London SE1 8UG
Tel: +44 171 972 4683
Fax: +44 171 972 4651
E-mail: hmarkowe@doh.gov.uk

Representatives of Other Organizations

European Commission
Dr Henriette Chamouillet
Principal Administrator
Unit F3
Directorate General for Consumer Protection
European Commission
Bâtiment EUROFORUM
Plateau du Kirchberg
2920 Luxembourg
Tel: +352 4301 33926
Fax: +352 4301 32059
E-mail: henriette.chamouillet@cec.eu.int
Observer

Dr Alexandre Berlin
Consultant
121 Avenue d'Italie
F-75013 Paris
France
Tel: +32 2 2959 401
Fax: +32 2 295 5199
E-mail: alexandre.berlin@bxl.dg5.cec.be

WHO Regional Office for Europe

Dr Mika Gissler
Short-term Consultant
Epidemiology, Statistics and Health Information
Tel: +358 9 3967 2279
Fax: +358 9 3967 2324
E-mail: mika.gissler@stakes.fi

Mr Arun Nanda
Regional Adviser
Epidemiology, Statistics and Health Information
Tel: +45 39 17 12 99
Fax: +45 39 17 18 95
E-mail: arn@who.dk
Annex 2

Working Papers and Background Material

Working papers

EUR/00/5018693/1 Provisional list of working papers and background material
EUR/00/5018693/2 Provisional scope and purpose
EUR/00/5018693/3 Provisional agenda
EUR/00/5018693/4 Provisional programme
EUR/00/5018693/5 Provisional list of participants
EUR/00/5018693/6 Standard list of contents of Highlights
EUR/00/5018693/7 List of recommended set of Indicators for Highlights
EUR/00/5018693/8 The Minimum set of Indicators that will be in all Highlights
EUR/00/5018693/9 List of Sources
EUR/00/5018693/10 Standard paragraphs
EUR/00/5018693/11 Highlights for Health in Romania, as an example of a finalized Highlight for the accession countries
EUR/00/5018693/12 Outline of the Supplementary Report of the health status of the ten accession countries

Background material

Selected examples of Highlights for the EU countries; France, Germany, Ireland, Netherlands.