

**EDITORIAL**

**IMPROVEMENT OF HEALTH STATUS MONITORING AND  
EVALUATION CAPACITY IN THE FRAMEWORK OF HEALTH  
CARE SYSTEM REFORM – PHARE PROJECT**

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The European Union within the Community Public Health Program 2003-2008 set down the objectives of establishing and operating a sustainable health monitoring system.

The system aims at producing comparable information on health and health-related behavior of the population, on disease and health systems. The system will continue the work of the previous community health programs and should be complementary to the activities of the Community Statistical Program and to work underway in Community agencies and in international organizations such as World Health Organization (WHO) and Organization for Economic Co-operation and Development (OECD).

Most of the actions supported by the program of Community action on health monitoring were in relation to the development of indicators.

Currently non communicable diseases represent 43% of the global burden of disease. By the year 2020 this figure is expected to rise to 60% with non communicable diseases (NCDs) representing 70% of all deaths. This

prediction that results from recently gathered country level data indicates the emerging epidemic of NCDs. Better surveillance at country level provides better health information and thus better opportunities for Ministry of Health in each country to improve the health of their population. Surveillance offers a systematic approach to data collection and it constitutes an important basis for monitoring and evaluation of emerged patterns and trends of diseases.

In that sense, the European Phare Project RO/2002/ 000586.04.11.03, “Improvement of HEALTH Status Monitoring and Evaluation Capacity in the Framework of Health Care System Reform” was implemented on the 2<sup>nd</sup> of March 2004 and ended on 27<sup>th</sup> October 2005. Ministry of Public Health of Romania was the main beneficiary.

The objective of the project was providing support to the health care reform within the priority domains of public health there were identified by the National Program of Prevention and Control of Non Communicable diseases.

NCDs represent an international public health problem as major contributors to the global burden of diseases. The selected areas for work were cancer, cardiovascular disease, diabetes mellitus and mental disorders. The activities of the project were implemented following main areas: patient system-hospital and day care, patient system- family medicine (sentinel network of family practitioners).

Development of information and knowledge system will be based on European-wide health indicators, which should cover:

- **health-related behavior of the population;**
- **diseases;**
- **health systems.**

According to the current EU strategy of the main components of this system at national level should be:

- the system of regional indicators on health (ISARE) at sub-national level;
- a system of health indicators in urban areas;
- a system of sources and inventories on health information;
- a system of information and knowledge on major and chronic diseases;
- a system of networks and databases in the field of rare diseases;
- the epidemiological surveillance of communicable diseases network;
- analysis of consequences of events leading to unforeseen levels of mortality;
- a system of information on lifestyles and other health determinants;

- the European Community Environment and Health Information System (ECOEHIS);
- the DG SANCO Injury database (Euro-IDB),
- the European Health Survey System (EHSS);
- a Hospital Activity and Resources Information System;
- the System of Health Accounts (SHA);
- a system of information on patients' mobility;
- a system of information on health professionals' mobility.

#### **Diabetes monitoring**

Diabetes has become a major public health problem in all countries, according to the EC project "EUDIP" report on the indicators for monitor diabetes mellitus. The prevalence of diabetes is rising globally. Diabetes is one of the leading contributors to the global disease burden. EUDIP has as objective to propose a set of specific indicators to monitor diabetes and its outcome in the Member States countries, on a uniform basis. The criteria used in the selection of indicators were: relevance, validity, comparability, reproductibility sensitivity and feasibility.

The main EUDIP indicators are grouped in four categories: risk factors for type 2 diabetes, epidemiology of diabetes, risk factors for diabetes complications and epidemiology of diabetes complications.

The results of the pilot data collection carried out during the project, revealed that many information are missing. The importance of the registry providing

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comprehensive data information became a real necessity. A set of core and secondary indicators are proposed to monitor diabetes and its sequel in EU countries.

The main data sources are represented by:

- Surveys Health Interview/ Examination Survey (HIS/HES)
- Sentinel Practice Surveillance Network (SPSN)
- Hospital Discharge Records
- Insurance/reimbursement structures
- Drug registries
- Patient associations
- Registries
- Diabetes Quality of Care Systems (DiabCare Systems)

### **Cardiovascular monitoring**

The European Council recognized the need for the surveillance of cardiovascular disease within the general framework of health monitoring. To be mentioned as a goal is developing of standardized statistics and assurance of comparability between countries. The project used those indicators with refer to surgical operations and invasive procedures, in particular Coronary Artery By-pass Grafting (CABG), Percutaneous Transluminal Coronary Angioplasty (PTCA), heart transplantation, carotid angioplasty, pace-maker, implantable cardioverter defibrillator. The European Community Health Indicators set (ECHI), including the PCI/CABG interventions (number of procedures per 100 000 per year) were set up mainly to serve for monitor trends throughout the EU, to evaluate EO policies and enable to

make international comparisons. This is one of the main indicators for health care resources utilization and for health care

subsystem performance assessment.

The Romanian existing system does not have a reliable and available information database on number of patients with interventional cardiology procedures. In particular, CABG and PTCA procedures are representative indicators for health care utilization of acute myocardial infarction and ischemic heart diseases.

### **Cancer**

The European Network of Cancer Registries project was established with support from the European Commission in collaboration with the International Agency for Research on Cancer (IARC/WHO). It aimed for improving quality, comparability and availability of cancer incidence data and in promoting the use of cancer registries in cancer control, health care planning and research. It assisted cancer registries in Europe and facilitated collaboration, developed guidelines and standards for data collection. It also provided training for cancer registry personnel.

The European Directive 95/46/EC that provides the basis for national legislation on the protection of individuals with regard to the processing data is applicable to the gathering, storage, transmission and analysis within medical registers. It is adopted in Romania.

In Romania, cancer registration based on mandatory notification has been functioning since 1980. The methodology for cancer registration was reviewed in

2003 in order to improve the registration within institutional, district and national level. General Directorate for Medical Assistance/Ministry of Health, the Oncology Institutes in Bucharest and Cluj-Napoca, Institutes of Public Health Iasi and Cluj-Napoca, Health District Authorities, District oncology clinics/ambulatories, Center of Health Statistics were involved in the implementation. A Ministerial order regulates the activities, responsibilities to the registries and their keepers. The order is however not fully compliant with European Network of Cancer Registries (ENCR) recommendations. Only few ENCR standards and recommendations are adopted and key variables are not standardized. The EU guidelines for confidentiality are not adopted and most EU proposed indicators are missing in routine reports. Screening surveys are not adequate evaluated and the cost-benefit analyses are not performed. Data utilization and requirements for the annual report are insufficient.

According to WHO recommendations, two basic approaches are proposed for the reducing the burden of cancer: early detection and training for health workers to rapidly refer for diagnosis and treatment, screening interventions in asymptomatic population only for cervix and breast cancers.

Further revisions of Ministry of Public Health within methodological aspects and functioning mechanisms, defined roles and responsibilities are needed.

### **Mental Health**

Epidemiological studies have shown that one quarter of the general population

suffers from mental disorder at a given time. A quarter of morbidity was attributed to psychiatric illnesses and major depression as cause of disability. Mental health, as part of general health, is influenced by individual psychological and biological factors, social interactions, societal structures and resources and cultural values.

Monitoring mental health represents the systematic, repeated measures of indicators within related to mental health of the population. The state of mental health with variety levels of ill-health, health and well-being, is one of the most important medical domain with are not in common use by Member States. The results of a two-year project activity aiming to establish mental health indicators in Europe, carried out (1999-2001) under the EC Health Monitoring Program has recommended a set of indicators to be used in mental health within Europe:

- the mental health indicators should be part of the comprehensive European health monitoring system and they should cover different relevant aspects of mental health;
- offer possibilities to follow various activities in the mental health domain;
- provide measures of variability between Member States;
- reliability and validity for most of them;
- grouped according to the future European Mental Health System.

The approach to mental health monitoring should be a combined one, involving mental health and public

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health specialists. It is a necessity of building the institution framework and providing the required logistic and financial support in order to validate certain standardized working tools, as required for the calculation of highly qualitatively indicators in the domain of mental health.

Health status is a broad concept. It goes beyond the presence or absence of disease. By using correct health data,

governments can formulate policies and programs to prevent disease and to measure progress, impact and efficacy of preventive measures.

### REFERENCES

Improvement of HEALTH Status Monitoring and Evaluation Capacity in the Framework of Health Care System Reform – RO 2002/000-586.04.11.03; Technical Report, 30 September 2005.