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Norwegian Institute
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Helsedirektoratet



World Health
Organization



Case study EHES: Czech republic

PDP1 project "Strengthening the national network of primary health care providers to improve the health of the population, children and adults (including vulnerable population)"

Overview

Czech Republic healthcare and health insurance system EHES track-record in the Czech Republic

- State of Health in the EU, 2019

EHES main features in the Czech Republic

Target population and sampling size

Ethics

Instruments

Data collection and Results

Health care and Health insurance

General

- Population: 10 million
- Universal health coverage
- Mandatory contributions to Social Health Insurance
- Institutional framework: MoH, central authorities (defense, justice), local authorities, service providers

Insurance

- Seven quasi-public health insurance funds
 - Healthcare expenditure by GDP: 7,2% (CZ) vs. 5,2% (RO)
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EHES / State of Health in the EU

Surveys

- Three surveys: 2010/11 (pilot), 2014/15, 2019/20

Prevalence of risk factors CZ vs RO

- poor diet
 - low physical activity
 - smoking
 - alcohol
 - deaths attributed to behavioural risk factors
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Behavioural risks	Czech	Romania	U.E. average
Smoking	20%	17%	17%
Alcohol	7%	14%	6%
Dietary risks	27%	27%	18%
Low physical activity	4%	4%	3%
% attributed to the risk factors in all deaths	58%	62%	44%

EHES Participants

2010/11

- 400 persons
- 2 examination centers
- No children examination
- Q: Minimum European Module of Health (MEHM)

2014/15

- 1220 persons
- 74 examination centers
- Sampling based on HIS
- No children examination
- Q: Minimum European Module of Health (MEHM)

2019/20

- 4000 persons
 - Sampling based on HIS
 - No children examination
 - Q: Minimum European Module of Health (MEHM)
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Ethics

Ethics review

Survey approved by the Ethics Committee

Review of national and international standards

National regulation, first aid available on each examination site

Incentives

15 Euro voucher

Data protection

Informed consent

Unique identification number

Instruments, data collection and results

Instruments

biological samples

core measurements: total cholesterol, HDL cholesterol
and plasma glucose

additional: whole blood HbA1c, Serum glucose, thyroid-stimulating
hormone (TSH)

waist circumference, height/weight, blood pressure

Data collection

Electronic data-base without personal data / Results on paper for
participants

Results

Final report used to substantiate policy alternatives

Lessons learned for Romania

1. First HES limited to core measurements and minimum questions (MEH module)
 2. Clear ethics rules, clear procedures (including first aid and data protection) and training available for professionals on the examination sites
 3. Sampling based on HIS may be an alternative for future HES
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