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Transformation of the Hungarian public health sector and the influence of EU membership on the Hungarian public health activities

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The road to EU membership

Hungary had a long road behind when on 1st May 2004 the country received complete EU membership. The same as all member states, Hungary had to accept the complete EU system, which required the legal harmonization by which our country adopted the aquis, and new capacity (material and human resources) was given or modified.
At the same time Hungary also had to meet several public administration requirements, such as creating a flexible, smaller and cheaper public administration. The public health administration sector also decided to make some structural modifications on the basis of experiences gained since 1991, when the National Public Health and Medical Officer Service was reestablished.

These various intentions served as a motor for changes. Some additional facts also contributed to the change: Hungary had to face strong and detailed regulation on the fields of health protection, economy, consumer protection, product safety and more. If someone asked how the EU membership influenced the professional life in Hungary, and we wished to answer shortly, than we would simply say: fundamentally!

The development of EU scientific instrumental basis started to build up following the Treaty of Maastricht when the European Communities declared the importance of public health. Amsterdam reinforced this direction with the Article 192, which prescribed that the community policies need to ensure health protection. Finally, the Lisbon Treaty has placed health regulations into the fundamental rights of the EU citizens.

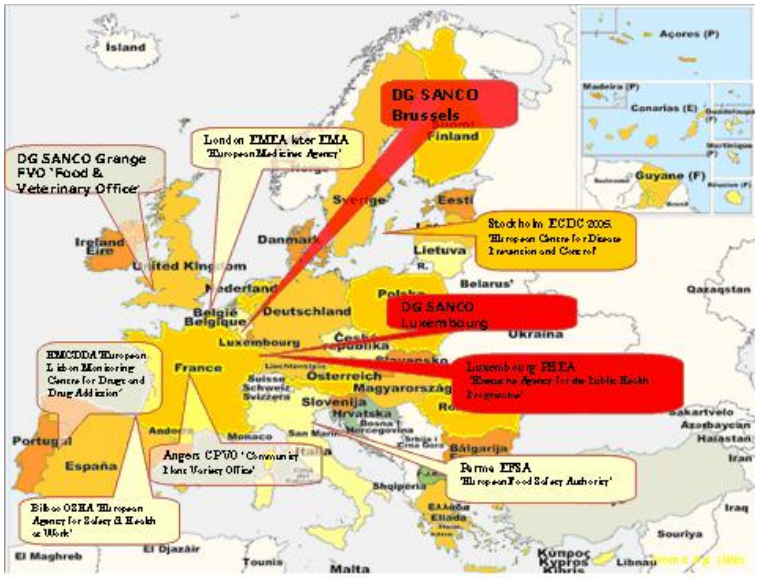

Figure 1. EU public health activity

These strong political conditions determined the position and the whole structure of the EU health system. On the picture above (adopted from director Andrzej Rys' presentation) the complex structure of the health system can be seen. After the establishment of several scientific institutes, at last the European Centre for Disease Prevention and Control (ECDC) was called into life in Stockholm in 2005.
DG SANCO, the central organ of the EU public health system, is highlighted with red. It has two centers, Luxemburg and Brussels.

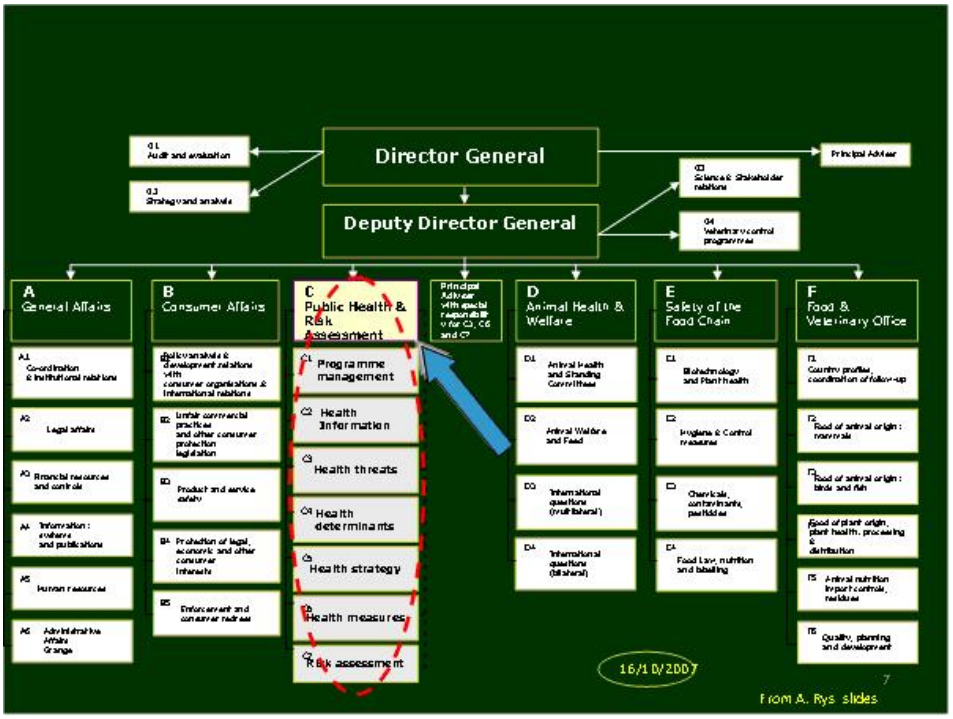

Figure 2. The operation of DG SANCO (public health column is highlighted)

During the past several years the common Health Strategy has also been developed. As the figure below shows, it also has an efficient influence on the Hungarian task system.

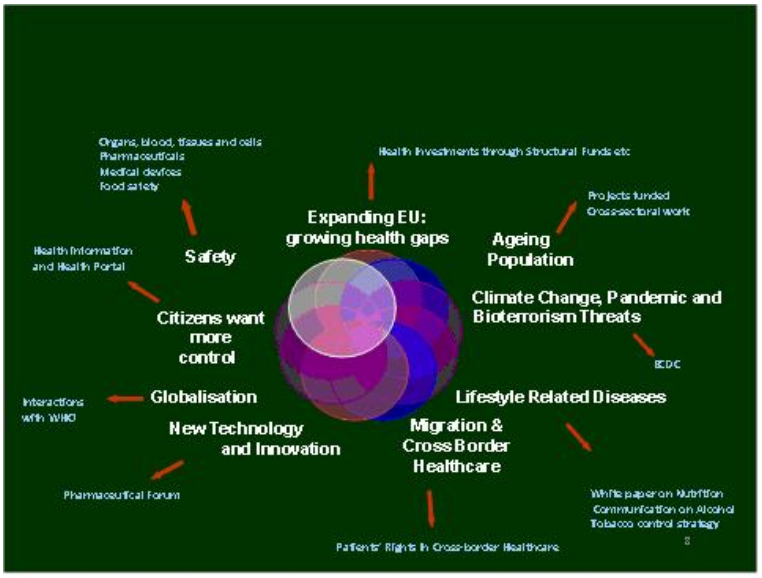

Figure3. EU Health Strategy: Challenges

The effective operation of the EU public health machinery is achieved by the tireless zombie travels of the experts and public administration officers of the member states running to Brussels on a regular basis and coming back as quickly as possible and then flying back again.

The transformation process of the Hungarian public health service

The Hungarian public health service was challenged to make transformations around 2005 due to several reasons. One of the reasons is the above mentioned strong influence from the EU. Besides, the governmental program also served as a strong impetus for the change as it declared the program of regionalization, and enhanced the constant public administration requirements – creating a smaller and cheaper authority. These directions determined the possibilities and it was time to make some modifications in our operation, which was legally defined by different acts.
The transformation process can be divided into two different waves: the first wave took place during 2005-2010 and the second has started from 2011. The first wave began in 2005 based on a governmental decision. The result was a nearly total amputation of the food hygiene branch from the Nation Public Health
and Medical Officer Service and its

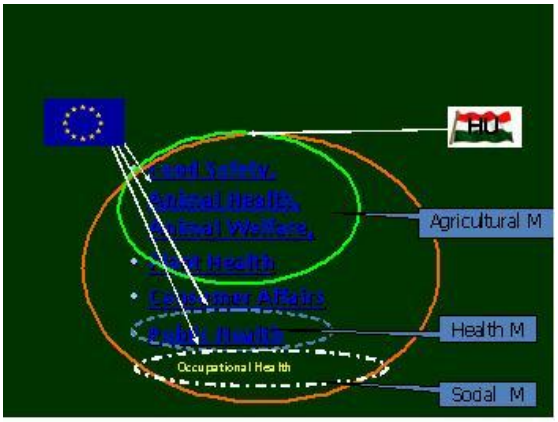

Figure 4. Structure of DG SANCO compared to the Hungarian transplantation to the Food Chain System

Safety Service. Occupational hygiene was relocated to the new labor authority.

The Service modified its county-based structure to regional structure, and numerous laboratories were privatized. The final results were not totally the same structure as at DG SANCO, but it was similar to it with slight differences (see Figure 4.). Altogether the Hungarian service got closer to it…

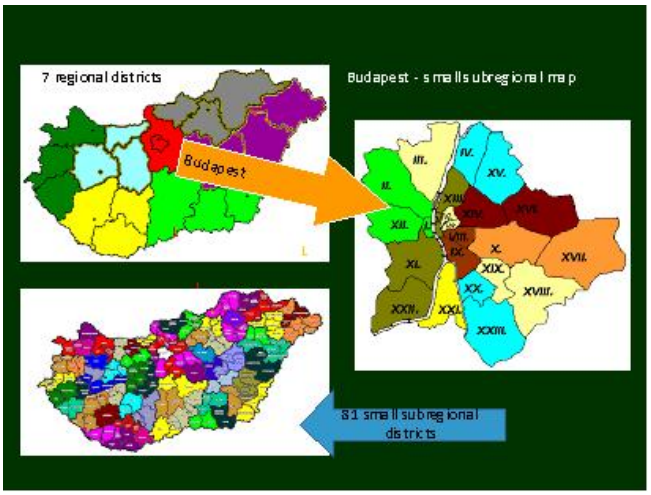

Figure 5. First wave: Regions, subregions and districts of Budapest

The results of regionalization are shown on the cartogram: from 19 county offices 7 regions were formed, and 81 small district offices were established too. The chart below illustrates the modified regional structure of the National Public Health and Medical Officer Service (NPHMOS), which operated in this structure till the end of 2010.

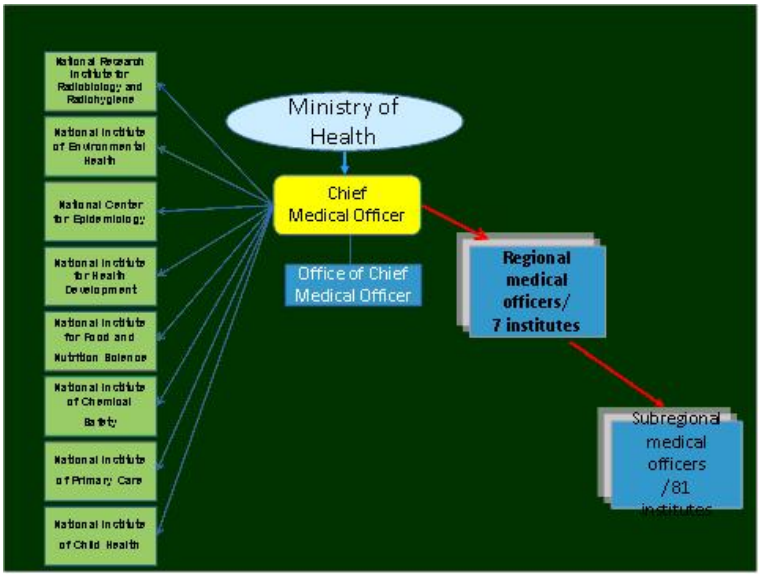

Figure 6. Structure of the National Public Health and Medical Officer Service (12/2010)

In the middle of last year, the second wave of transformation started on the basis of a new governmental program, which was influenced by the drastic fiscal crisis and the usual public administration requirements. The Chief Medical Officer ordered to create a Rapid Response Department, the Service returned to the county-based structure, and the scientific institutes were unified under three large centers. Finally, in January 2011 a new, big governmental directing office has been created which merged 15 different authorities into one.

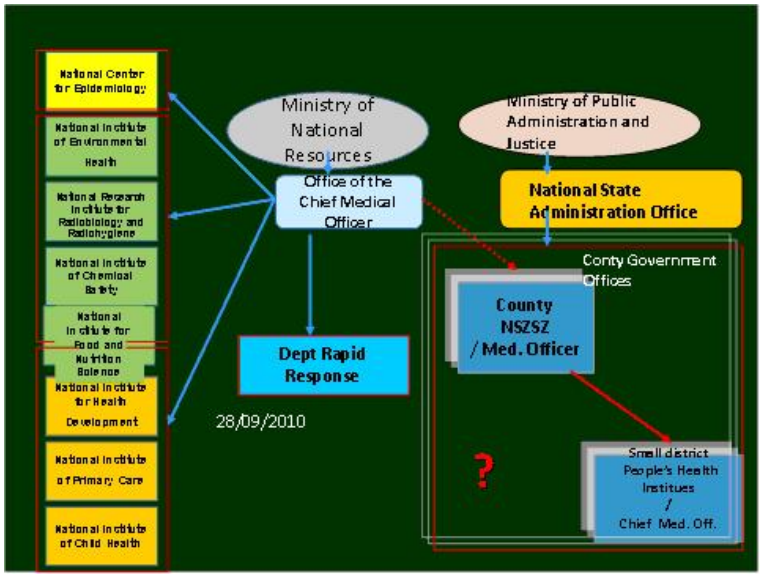

Figure 7. Reformed structure of the National Public Health and Medical Officer Service (operating since January 2011)

The management and the colleagues of the Service have made significant efforts to create the new working conditions and the new methods of realization of the principle of „professional direction". The newly created Department for Rapid Response was established based on the recommendations of the Health Security Committee.

Arbitrarily selected cases showing the influence of the EU membership

The EU influence on the Hungarian public health activity is significant and can be well illustrated by some examples from our daily work. Of course we need to emphasize that Hungary's relationship with the EU is not a simple one-sided influence. During the preparatory works of making legislation, every country-expert represents and phrases its country's opinion. A new regulation is the result of long negotiations and the final decision merges all of the opinions. Therefore, it is better to talk about cooperation rather than simple influence.
The selected cases are the following: examples of environmental health concerning the Arsenic problem, examples of differences between present and past in food hygiene and the intensive development of chemical safety.

Drinking water containing Arseninc
The regulation of threshold limit of Arsenic, (B, F, NO2) contained in potable water changed in 2001 according to the recommendation of the World Health Organization (WHO). The modified EU requirements entered into force in 2009 by the aquis. The problem of Arsenic (As) is the most severe one because it has a geological origin. The number of exposed inhabitants who consume water containing inorganic Arsenic, less than 50 µg/l but more than 10 µg/l, is about 1.2 million people. Several years ago an EU supported water purification project started, but the technical realization of the development was too slow and therefore the project has not been finished yet.

Our Service was obliged legally to make some pressure on water producers, officials, and local leaders of small communities, to enforce the legally accepted behavior. From medical point of view the present As content's threshold value (10 µg) is acceptable according to the regulation, but technically is not yet feasible. The conflict between the EU regulation and the real situation in Hungary can be solved by the way of derogation. At the moment negotiations are in process at the Commission to make a temporary delay, while the water treatment program takes its results.

Open air baths
Another interesting example showing EU influence is the case of the natural open air baths. 2010 was the first year when the new EU decision of the Commission (Bathing Water Directive 2006/7/EC) about the natural open air baths was enacted in Hungary for 250 places. The qualification process includes the following conditions: at least three samples from the bathing water during the season, no more than 41 days between two samplings, pre-season sampling is required.

Food hygiene
Hungary's EU membership brought several changes in the field of food hygiene as well. The most remarkable difference between the pre-EU and the EU era is that the previous authorization system of foodstuffs turned totally to a notification process. The notification, supervision and investigation of food supplements and foodstuffs intended for special dietary uses have remained at our responsibility. A new field has been included in the Rapid Alert System for Food and Feed (RASFF) in cooperation with Food Chain Safety Authority. The supervision on prevalence of nutrition science has limited legal basis. In this field, the latest challenge requiring our attention and response is the „fortified items by chemical mixtures or drug ingredients." This is a serious and dangerous issue and has not been completely regulated either medically or by law.

Year	Staff	NIFSN	?
2004	349	116	465
2005	339	120	459
2006	230	103	333
2007	202	81	283
01 October 2007	124	62	182
01 January 2011	-	57	-

Figure 8. Changes in staff of food hygiene (data from FVO report)

Cosmetics
Cosmetics is another field where EU regulations are the standard. Safety conditions of cosmetic products are defined by the Cosmetic Directive 76/768/EEC. A directive is a legislative act of the EU, which requires member states to achieve a particular

result without dictating the means of achieving that result, which means that the country enjoys certain liberty in choosing the methods. This directive has been transposed to the national legislation by the Decree of the Minister of Health on the safety, conditions of manufacture, putting into circulation and sanitary control of cosmetic products no. 40/2011 (XI. 23.) EüM. The main principle of the directive and the decree is that the products must not be harmful to health when used under normal conditions.

Chemical safety
The field of chemical safety works similarly to cosmetics. The legal background is the following: Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorization and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC.

Each and every example listed above from the different fields of public health (environmental health, food hygiene, cosmetics, and chemical safety) proves the close connection to the EU.

Crisis management: The climate change and the red mud disaster
There is an important field of the mutual EU – HU activity, the field of crisis management, which includes many different areas of public health. I would like to highlight two of them: one of them is the climate change which is a relatively new territory of health threats and it serves as a good example showing how a new national regulation dealing with heat wave medical management system has developed based on an EU scientific project, which started in 2003. This system tries to produce a public alerting system simultaneously with the alert of health care settings and gives vital information to the units of industry and mass transportation.

The second point in the emergency management of health security was the red mud flood event. This has been the greatest European industrial-environmental disaster nowadays. The alumni industrial cassette contained a huge amount of strongly alkali red sludge, and it disrupted spontaneously on 4th October 2010 early afternoon. In consequence of the flood 10 people died, 13 were hospitalized and 408 people got ambulant treatments. 1.3 million cubic meter material covered a surface of 10 quadrate kilometer. Many houses were totally or partially destroyed, the human and material losses were extremely large.

From the beginning, the NPHMOS together with the disaster relief forces was engaged in risk assessment and management efforts. The Hungarian Ambulance Service effectively solved the pre-hospital tasks. Six hospitals were involved in the clinical treatment of the injured in the hospital phase. Until 31 of December, every week more then sixty or later less members of our service helped the population with advices. An improvised local environmental surveillance team was checking the changes of conditions, such as flying dust parameters, potable water quality, and morbidity of the population. A special inner communication network served the effective organization of the work from the spot to the highest top decision makers. The whole process is markedly documented; the importance of health security also verified the role of NPHMOS among disastrous conditions. Many different lessons can be learned analyzing the experiences of the events and their consequences.

To sum up, I hope that I could explain by the examples our mutual coexistence with the EU, but my opinion is that, it would better to use another word: our common life in the EU.

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