



European Commission

**Twinning Light Contract under a decentralised EU-Pre-
Accession Programme SR 2003-004-995-03-06/0001
Slovak Republic**

**Strengthening of statistics health
information system and its harmonisation
with EU requirements**

Inception Report
(June 2004)

Member State Partner	Federal Ministry of Health and Social Security, Federal Republic of Germany GVG e.V. (Gesellschaft für Versicherungswissenschaft und –gestaltung e.V.), Cologne, Germany ; mandated body of the Federal Ministry of Health and Social Affairs, Germany (for the purposes of this report as implementing agency)
Project No.	SR 2003 004-995-03-06-Public Health



Identification

Twinning light Project N°: SR 2003-004-995-03-06

Title of the Project: Strengthening of statistics health information system and its harmonisation with EU requirements

Project Duration: 24 April 2004 – 25 February 2005

Reporting Period: 24 April 2004 – 25 June 2004

Submitted by: The German Project Leader

Place, Date: Cologne, _____

Signature: _____

Endorsed by: The Slovak Project Leader

Place, Date: Bratislava, _____

Signature: _____



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Abbreviations and Acronyms

CFCU-SR	Central Financing and Contracting Unit
ECD	European Communities Delegation
ECHI2	European Community Health Indicators (2nd. Version)
EUROSTAT	Statistical Office of the European Communities
FPH	Faculty of Public Health (School of Public Health)
GVG	Association for Social Security, Policy and Research
HFA	Health For All (Database at WHO-EURO)
HES	Health Examination Survey
HI	Health Insurances
HIS	Health Information Survey
IHIS-SR	Institute of Health Information and Statistics (UZIS)
IT	Information Technology
LC	Liaison Committee
MoH-SR	Ministry of Health
MoF-SR	Ministry of Finance
NB	National Bank of the Slovak Republic (NB-SR)
NHS	National Health Survey
NLI	National Labour Inspectorate (NIP)
NOI	National Oncology Institute (NOU)
NPH	New Public Health
OECD	Organisation for Economic Co-operation and Development
PHA SR	Public Health Authority of the Slovak Republic
PL	Project Leader
SC	Steering Committee
SHI	State Health Institute (SZU)
SO	Statistical Office of the Slovak Republic (SU-SR)
SPO	Senior Programme Officer
SR	Slovak Republic
STE	Short Term Expert
TOR	Terms of Reference
WHO	World Health Organisation
WHO-EURO	WHO, Regional Office for Europe



1. PROJECT SYNOPSIS

Project Title	Strengthening of statistics health information system and its harmonisation with EU requirements
Project number	SR 2003-004-995-03-06/0001
Country	Slovak Republic
Overall Objective	The overall objective of the project is to complete the implementation of the Acquis concerning monitoring of health statistics and creation of a system of health monitoring.
Specific Objective	The specific objective of the project is to ensure methodological and technical strengthening of capacities for statistical health information according to EU requirements/ EUROSTAT
Planned results	Health indicators methodology developed Requirements of analytical software determined Responsible employees of MoH and IHIS trained on the implementation of the new developed methodology Health information file in accordance to actual requirements of EU Acquis (EUROSTAT), OECD and WHO
Planned reports	Inception report Final report
Project activities:	Elaborate comparative analysis of health indicators; harmonise and redefine the required methodology and terms of health indicators with regard to the requirements of the international organisations Specify technical requirements for the hardware and software for the usage of the new developed methodology and develop terms of reference Organise training course on the implementation of the new methodology for staff of MoH and IHIS in the Slovak Republic Pilot test the new system
Project partner	Ministry of Health of Slovak Republic
Beneficiary institutions	Ministry of Health of the Slovak Republic Institute of Health Information and Statistics (IHIS/ UZIS)
Project Starting Date:	24.04.2004
Duration:	10 calendar months



2. BACKGROUND

Before the background of the forthcoming “open method of co-ordination” in the health sector – which has been currently introduced by the European Commission and is understood as a best practice tool to compare health systems between Members States - the collection of high quality statistical data in the health sector becomes more and more important and urgent for all Member States.

This is also the case for the Slovak Republic. According to the legal Act No. 277/1994, the Institute of Health Information and Statistics (IHIS) is the only provider of countrywide health statistics in the Slovak Republic. The IHIS carries the function of a department of health statistics in a Statistical Office SR, is financed by the Ministry of Health (MoH) and constitutes an independent administrative unit. The MoH manages, controls and co-ordinates the activities of the IHIS.

There have been two foregoing projects with WHO: KOPERNIKUS Care Support and EUPHIN EAST. All data flow has been reorganised recently in a Health Sector Statistical Information System (= various forms already adapted to EU regulations). Regarding data on utilisation, lifestyle and satisfaction, a Health Information Survey (HIS, based on questionnaire) and a Health Examination Survey (HES) with N=1100 are planned.

For the harmonisation of health indicators, three health information systems – according to international standards - are considered to be relevant: WHO-HFA, OECD, and EUROSTAT’s New CRONOS (and recently ECHI2). The IHIS co-operates with WHO and OECD directly, but needs to co-operate with EUROSTAT via the Statistical Office.

In terms of content, structure and methods of collection and evaluation, the existing indicators in the Slovak Republic are not yet fully harmonised with WHO, OECD or EUROSTAT requirements, but the Slovakian partners are seemingly more advanced in their work than it has been described in the Terms of Reference/ project fiche.

2.1 Project Structure and Co-ordination

The new regulations after May 1, 2004 require quarterly meetings of a Steering Committee (SC) and monthly project meetings.

Steering Committee

The SC is composed of members from the ECD, the CFCU-SR, the MoH-SR, the Government Office SR, IHIS and the implementing agency of the Member State partner, GVG. The report of its first meeting on May 27, 2004 is attached as Annex I.

The regular presence of the GVG project leader cannot be guaranteed due to his short periods of presence in Bratislava according to the project time table. However, the GVG project manager will be present when budgetary aspects need to be discussed or the timing of the SW tendering procedure is concerned as well as for any other meeting topics if requested by the Slovak partners.

Monthly meetings and staff/working meetings

The first missions of German experts have shown, that the GVG experts and the staff of the IHIS will work continuously together throughout the lifetime of the project – supported by the MoH, IHIS and the GVG project manager as well as the project leaders. During missions, scheduled and ad hoc meetings of German and Slovak experts will take place and (“virtual”) working groups for specific topics will be set up (see Annex XIV). Therefore, due to project design and time table of twinning light projects, the requirement of monthly project meetings with experts from both countries can only partly be fulfilled – however, meetings of Slovak experts will take place on a regular basis.



2.2. General remarks and recommendations

Liaison Committee

It is proposed that the MoH establishes a Liaison Committee (LC) between the constitutional lead institutes such as IHIS, NB (MoF), NLI, NOI, SHI, SO and – potentially – the two Faculties of Public Health (FPH) in Trnava and Bratislava as the research and teaching branch working with the provided information on health issues (see #11 of first mission report). If a common representation of the (five) health insurance funds (HI) in the country could be organised, they may be included as well. The level should be higher than that of e.g. the Interbranch Expert Group on the System of Health Accounts (SHA). The following table illustrates tentatively the complementary profiles of the institutions to be linked:

	MoH	IHIS	NB (MoF?)	NLI	NOI	SHI	SO	HI	FPHs
Health targets	X					X			
Demography & Mortality							X		
Morbidity		X		X	X	X		x	
Behaviour (HIS/HES)		X					X		
Institutions		X							
Environment						X			
Services		X			X			X	
Financing			X				X		
Short-term analyses	X								
Routine analyses		X		?	?		X	X	
Thematic reports		X		?		?			X
Scenarios, Public Health research									X
Health accounts		X							
International representation							X		

The MoH could use the LC to set annual priorities and especially request topical thematic reports and scenarios as a basis for decision-making. It can also coordinate better international representation (e.g. see in [Annex IX](#) the mail from Mr. Prochorkas, WHO-EURO regarding the issue of parallel and mediated reporting) and quality assurance of the monitoring process itself. The IHIS could become an institute with the task to integrate all health data into one quality assured (see “interaction in health BV”, a project on quality assurance at the MoH) and interconnected system of databases as well as to refine this collected information for the decision makers (see also following recommendation). This idea is just a proposal: GVG is willing to encourage all institutions concerned to co-operate.



Thematic reporting

IHIS produces a number of routine reports on health statistics (see [Annex XI](#)) and reports to the Government SR on request ([Annex XII](#)). In order to improve the link between the provision of health statistics and their wider utilisation by decision makers and researchers, the production of thematic reports in cooperation with specifically competent institutions is suggested especially together with the Faculties of Public Health and the health insurance funds (see also: National

Health Targets and a system of Health Conferences according to the model of North Rhine-Westphalia at URL www.loegd.nrw.de).

3. ASSESSMENT OF ACTIVITIES

3.1. Planned activities of the project

As stated in the twinning light proposal, we have copied in the planned activities as follows:

Activity 1:

Elaborate comparative analyse of health indicators; harmonise and redefine the required methodology and terms of health indicators with regard to the requirements of the international organisations.

Activity 2:

Specify technical requirements for the hardware and software for the usage of the new developed methodology and develop terms of reference.

Activity 3:

Organise training course on the implementation of the new methodology for staff of MoH and IHIS in the Slovak Republic.

Activity 4:

Pilot test the new system

3.2 Deviation from original project plan

During the first two missions of the German experts to Slovakia and during the meetings with their Slovak counterparts, it became clear that some of the original activities and the respective time schedule need to be adapted to the actual situation. This concerns especially activity 1 and activity 4 - and to a certain extend – activity 3. All partners involved expressed their wish to respond as best as possible to the current needs of the Slovakian partners.

Agreed deviations from the planned activities are as follows. As this will affect part of the contract, a corresponding Addendum is needed and will be handed-in in parallel to the Inception Report:

Activity 1:

The 1st mission of the project leader made clear, that the Slovakian partners are more advanced in their work related to activity 1 than it has been described in the Terms of Reference/ project fiche (see [Annex II](#)). This has an impact on the required expertise of experts: it has been stated that special working qualifications are required for the harmonisation between WHO, OECD, EUROSTAT data and the corresponding staff training. Therefore, a second STE2 (health monitoring specialist) will be employed already during September, also in order to compensate for



the delayed start of the project – as well as to allow to respond to Slovakian needs in a timely manner (see also activity 5).

Activity 2:

No deviation

Activity 3:

No deviation; but see Activity 4 - as Activity 3 and 4 are linked concerning the content of the training (training on which stage of implementation process)

Activity 4:

The pilot testing of the new system requires that the hardware (HW) and software (SW) - which is needed to run this new system - is in place in a timely manner – thus, according to the respective German and Slovakian experts at least 3 months before the end of the twinning project. Both, hardware and software equipment is tendered in parallel to this project – but as independent international tender procedures. Therefore, the pilot-testing phase is dependent on the timely implementation of both independent tender procedures.

Now, all partners have been faced with the following problem for the SW tendering (the HW tendering is quite advanced and we estimate that it will probably be in place in due time):

The original work-plan foresees the obligatory tendering period of 3 months for the period October-December 2004. This would leave no time to establish operability of the whole system and data input before the pilot study should start, as already the development of the required software (depending on the companies responding to the tender) could take between two – three months. In addition, we have been informed that – due to the accreditation process of the CFCU into a new contracting body format caused by the accession of the Slovak Republic to the EU – it is likely that the responsible contracting body for such tenders (CFCU) is not functional during transition period. Within above-mentioned conditions it seems to be unlikely that the pilot study can be realised as planned within the lifetime of the project. To secure the realisation of the pilot testing within the project, we propose the following modifications to this activity:

- The SW tender (TOR) is to be prepared already in July 2004
- The project should be prolonged by at least two months until the end of April 2005. It has been agreed with all partners that the prolongation will be discussed with the CFCU as soon as they are certified (probably late October 2004) before taking any contractual actions.

In the case of objective reasons, that will not allow the running of the pilot testing, another activity is proposed to be realised after approval of both sides:

- Activity 4 will be replaced by an assessment of the functionality of the new system according to a set of criteria to be determined between GVG and IHIS/MoH.

Both partners agreed that the re-defining of activity 4 should be decided as soon as possible, as otherwise the availability of experts for the second half of the project can not be secured. Ideally, the decision should be taken at the beginning of October – at the latest, however, until November 2004.

Both partners agreed to carry out the following additional activity:



Activity 5:

IHIS is working together with experts from the Statistical Office SR and the Ministry of Finance on OECD's "System of Health Accounts" (SHA). Therefore this area should be developed as an additional activity in the limits of the available capacities. It has been stated that special qualifications are required for health accounting (STE3 - economist and STE4 - health policy analyst). It has been concluded that two specialists STE3 and STE4 will come in 2005 to Bratislava to work on this issue.



3.3. Amended project synopsis

Project Title	Strengthening of statistics health information system and its harmonisation with EU requirements
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Planned reports	Inception report Final report
Project activities:	Elaborate comparative analysis of health indicators; harmonise and redefine the required methodology and terms of health indicators with regard to the requirements of the international organisations Specify technical requirements for the hardware and software for the usage of the new developed methodology and develop terms of reference Organise training course on the (actual stage) implementation of the new methodology for staff of MoH and IHIS in the Slovak Republic (training is planned to be provided together with SW contractor expert to be procured under a different service contract . In case the SW will not be developed in time, the training will be theoretical and not alongside the practical use of the software) Support the development of a system of health accounts In the case of objective reasons, that will not allow the running of the pilot testing, the following another activity is proposed to be realised after approval of both sides: Assess the functionality of the new system according to a set of criteria
Project Partner	Ministry of Health of the Slovak Republic
Beneficiary institutions	Ministry of Health of the Slovak Republic Institute of Health Information and Statistics (IHIS/ UZIS)
Project Starting Date:	24.04.2004
Duration:	10 calendar months with possible prolongation



4. ACTIVITIES ACCOMPLISHED DURING THE REPORTING PERIOD

Missions: Two missions have been carried out, the first one by the project leader in May 20-21, 2004 (mission report attached as Annex II), the second one by the project leader in June 15-23, 2004, partly together with STE1 and Ms Pellny/ GVG (mission report attached as Annex III).

Activity 1:

Activity 1 has been started in June and is planned to be completed in September (see Annex XIII). There is no analysis yet, but all necessary information have been collected to start the analysis (see Annexes).

For the harmonisation of health indicators, three health information systems – according to international standards - are considered to be relevant: WHO-HFA, OECD, and EUROSTAT's New CRONOS (and recently EC HI2). Harmonised indicators are understood as a set of approximately 1000 indicators defined according to and compatible with WHO-HFA, OECD, EUROSTAT and SR requirements (see Annex V).

A list of so-called “Problematic Indicators” (“red list”) has been compiled by IHIS (Annex VI). The list provides the basis for the work of STE2 during September mission (see Terms of References for expert under point 5.1.) The formats of the complete list of indicators to be reported are collected in Annex VII.

During the 1st mission of the project leader, IHIS has been requested to execute until 15 June a study on comparing Slovakian health indicators for 2002 as published by WHO with own data, indicating possible differences. In addition WHO-EURO should be asked to indicate the sources for their data and/or the respective adjustment procedures regarding indicators for the Republic of Slovakia (for the complete list of all reported HFA indicators see Annex VI). The report by Head of Department Mrs. Brasenova (attached as Annex VIII) shows that all data can be accessed technically but this is not always effectuated (“No” in column 5). Differences in the reporting are not yet analysed.

In addition meta-information on the source of data accessed by WHO-EURO is still missing. WHO-EURO (Mr. Prochorskas) has been asked for the requested information (obviously mediated by a telephone call to Mrs. Darina Sedlakova, WHO Liaison in Bratislava) but did not respond accordingly (see e-mails in Annex IX). It is suggested that Ing. Ondrejka asks WHO-EURO officially – if necessary via the Statistical Office respectively the MoH – for a specified list of indicators which are reported by WHO indicating for each one the source wherefrom the data are taken or the respective adjustment procedure. After this information becomes available, an analysis of reporting in terms of an exercise in quality assurance can be undertaken.

Activity 2:

Activity 2 has been partly finalised in June and is planned to be completed in July/ August (see Annex XIII).

The HW tender has been finalised (see Annex IV).

The framework for the preparation of the SW tender was set The tender documentation should be finalised in July/ August in order to have the entire system operational by the end of October/ November 2004. This requires an additional involvement of the IT expert; all necessary pre-information is collected already during his first mission in June.

It is understood that the new IT system will effectively link GovNet and HealthNet allowing authorised access to all health databases (and meta-databases) including those hold by the



Statistical Office (SO), the National Bank (NB), the National Oncology Institute (NOI), the Public Health Authority of SR (PHA SR), and the National Labour Inspectorate (NLI).

Activity 3:

No actions taken yet, see point 3.2 and 5. The training is planned to be completed in January/February (see [Annex XIII](#)).

Activity 4:

Some first preparatory steps have been made: In the context of preliminary discussions on piloting the establishment of SHA in Slovakia, IHIS has provided a background report on data availability ([Annex X](#)). It will be one of the tasks of STE2 and STE3 to explore the potential availability of the respective data already in September – in order to best prepare implementation.

Activity 5:

No actions taken yet, see point 5.

5. ACTIVITIES RELATED TO NEXT REPORTING PERIOD

5.1 Planned Activities

Activity 1:

With regard to activity 1, the tasks to be completed are summarised in the TOR for STE2 as follows:

Terms of Reference for STE2:

STE2 will check all indicators to be monitored by IHIS (i.e. for SR, WHO, OECD, EUROSTAT: NEW CRONOS Database respectively the new version of ECHI (ECHI2)) and listed in [Annex V](#) according to the following criteria:

- Time series for N years;
- Meta-database information sufficient (source, definition, validity, accessibility)?
- Definition of specific indicator in concordance with requirements of SR, WHO, OECD, EUROSTAT?
- If not in concordance can the definition be corrected?
- If not available, can the requested data be found?*
- Additional indicators to be suggested;
- Data mapping (identifying consistency and uniqueness of data) in preparing the programming and data input towards the end of the year (in order to shorten the time required for programming);
- Main contribution to the pilot testing/ system assessment planned for January 2005;
- Contribution to the System of Health Accounts,
- Together with PL and STE1 definition of training needs and provision of training for approximately 15 employees of MoH and IHIS;
- Contributions as appropriate to the Final Report.

** Note: A special effort should be made to identify additional sources of data regarding those indicators (“red indicators”), which are not yet reported, mainly in the area of financing. The latter indicators are essential for establishing health accounts as well (see activity 5).

STE2 will be introduced by STE1 into the data mapping.



The comparative analysis of health indicators should be finalised after the first mission of STE2. He will also harmonise and redefine the methodology according to the requirements of the international organisations with the available data – together with the PL and STE1.

Activity 2:

The SW tender/ TOR will be prepared based on the information collected during the June mission and sent to the Slovak partners in July for finalisation (including training obligations for software company, see activity 3).

Activity 3

The training is planned to be provided for approximately 15 employees of the MoH and IHIS and should ideally be carried out when the new hard- and software system is in place and fully operational. This would then allow to teach how to use the new methodology in practise. The idea is that STE2 should carry out this training together with the software company which will develop the new software (this will also be mentioned in the TOR of the SW tender).

In the case of objective reasons, that will not allow to carry out the training when the new hard- and software system is in place and fully operational, the training will only be focused on the theoretical aspects of the new methodology. All participants will be tested at the end of this training session.

Activity 4:

The pilot testing would be carried out in January/ February by STE2, PL and STE1 in close co-operation with the Slovak experts and the respective software company. If prolongation of the project will be granted, pilot testing could also be shifted to March/ April under the condition that experts are available. Pilot testing is only possible and useful if the hard- and software system is fully operational.

In the case of objective reasons, that will not allow the running of the pilot testing, another activity is proposed to be realised after approval of both sides:

- Activity 4 will be replaced by an assessment of the functionality of the new system according to a set of criteria to be determined between GVG and IHIS/MoH.

Both partners agreed that the re-defining of activity 4 should be decided as soon as possible, as otherwise the availability of experts for the second half of the project cannot be secured. Ideally, the decision should be taken at the beginning of October – at the latest, however, until November 2004. The earlier date is also crucial because assessment criteria can only be developed during September.

Activity 5:

The additional activity to support the development of a system of health accounts/ SHA in Slovakia will mainly be executed during January/ March (if possible). The final TORs for STE3 and STE4 will be developed during September and defined in detail in the mission report to be written by the PL.

The (core) system of health accounts/ SHA according to the OECD methodology is understood as three different two-dimensional tables: cross-tabulating expenditure by sources of funding and functions of care, by source of funding and provider category and a table cross-classifying expenditure by provider and function of care. These tables are intended to provide more detail on



health expenditure for respective national health policy purposes and as a better basis for international comparisons.

The implementation of SHA in Slovakia – as the working paper on SHA states (see Annex X) – is a demanding task: it will require significant changes within the existing information system, for example with regard to the reporting and organisational structures between the existing health statistical authorities, the Ministry of Finance and the health insurance companies. It is therefore, that Slovakia has set up an inter-branch expert group on this topic.

Based on the outcomes of this inter-branch group, as well as based on the outcomes of activity 1, STE 3 and STE4 will support the development of SHA.

As mentioned below, it will be one of the tasks of STE2 and STE3 to explore the potential availability of the respective data already in September – and therefore contribute to the preparation of activity 5.

The result of this activity will therefore depend on the adoption of routinely obtained data according to the requirements of the SHA – it should aim at establishing the core system of health accounts in Slovakia.

5.2 Work Plan and list of key persons

In consequence of the agreed deviations (see point 3.2.), we have developed the following work plan attached in Annex XIII. In addition to this work plan, we have developed a list of German and Slovak key persons which will work together on the different activities (“virtual working group, see point 2.1. and Annex XIV)

6. RISKS AND ASSUMPTIONS

The original working plan had to be modified and adapted considerably in order to meet the expectations of the beneficiary (see for reasoning point 3.2. as well as point 5.2). There remains a considerable risk that the HW and SW tender procurement cannot be proceeded in time due to the certification of the CFCU after the accession. A special risk is connected with the timely operability of the SW as it cannot be guaranteed that there will be enough expressions of interest given the short time period set out for SW implementation and data input.

As explained earlier, activity 3 and 4 are therefore very much connected to the timing of the tendering procedure. We have tried to minimise the risk to jeopardise part of the project, respectively the final stage of the project with the proposal to modify activity 3 and 4 – as well as the introduction of an additional activity 5. In case of objective reasons, the decision to modify activity 3 and 4 should be taken as soon as possible in order to secure expert availability – as well as to give a clear and consistent planning to all stakeholders and experts involved.

However, although if all those risks mentioned will not occur – it might be very useful and wise to prolong the project until (at least) end of April 2005 in order to give more time for the Slovak experts to get used to the new system and to complete the necessary technical adjustments before the assessment will take place. If prolongation will not be granted, pilot testing will not be possible.