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Title of the project	Joint Action for European Community Health Indicators and Monitoring
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Event	Meeting of ECHIM Core Group
Date and time	27 th of February 2009, at 9:00–16:00
Place	Hotel Klaipėda, Vilnius/Lithuania

Minutes of the meeting

List of the participants

Czech Republic	Jiří Holub	
Estonia	Liis Rooväli	
Finland	Arpo Aromaa	(chairman)
Finland	Elina Kestilä-Kekkonen	(secretary)
Finland	Mika Gissler	
Finland	Jari Kirsilä	
Finland	Kari Kuulasmaa	
Finland	Antti Tuomi-Nikula	
Finland	Ari-Pekka Sihvonen	
Finland	Ninni Vanhalakka	
Germany	Livia Ryl	
Germany	Jürgen Thelen	
Italy	Silvia Ghirini	
Lithuania	Rita Gaidelyte	
Lithuania	Aldona Gaizauskiene	
Lithuania	Remigijus Prochorskas	
Lithuania	Ausra Zelviene	
Netherlands	Pieter Kramers	
Netherlands	Rutger Nugteren	
Netherlands	Marieke Verschuuren	
Slovenia	Katja Kovse	
UK	Hugh Markowe	
The European Commission	Gudrun Gudfinnsdottir	
The European Commission	Lucian Agafitei	

Absent with apologies:

Belgium	Jean Tafforeau
Finland	Seppo Koskinen
Germany	Thomas Ziese
Greece	John Kyriopoulos
Greece	Aris Sissouras
Ireland	Hugh Magee
Italy	Emanuele Scafato
Netherlands	Eveline van der Wilk
Slovenia	Polonca Truden-Dobrin
Spain	Angela Blanco
Sweden	Magnus Stenbeck
UK	John K. Davies
WHO	Enrique Loyola

Subjects covered

1. Opening of the meeting

Arpo Aromaa welcomed participants to the meeting on behalf of ECHIM/LSIC team at 9:00 a.m. and introduced new members of the Core Group; Marieke Verschuuren (RIVM), Elina Kestilä-Kekkonen (THL), Livia Ryl (RKI), Jiří Holub (Czech Republic) and Katja Kovse (Slovenia), who was replacing Polonca Truden-Dobrin in the meeting. He also informed that Silvia Ghirini will be in charge of the ECHIM/ISS team but Emanuele Scafato will continue as a member of the Core Group.

2. Adoption of the agenda

The agenda (*Attachment 1*) was introduced and accepted.

3. Summary of the discussions in the Partners meeting

4. From ECHIM to Joint Action: past accomplishments and entering a new phase

Arpo Aromaa went briefly through the past accomplishments of ECHIM. ECHIM (2005–2008) laid the foundation for indicator implementation. It defined the ECHI shortlist to its current form, checked the availability of data in MSs by ECHIM Survey and Bilateral Discussions, and produced the Final Report where the whole process was documented. It was a logical continuum of ECHI and ECHI-2, but still a theoretical project and preparation for the next practical phase. Joint Action for ECHIM develops indicators and intends to implement them in all MSs. It is one of the few practical development and implementation actions in the Health Information Strand. Aromaa pointed out that DG SANCO and EAHC should increase their awareness of the difference between R&D actions and implementation in practice. In the future evaluations and financing, thus, the EC should try to draw a line between research-type of work and practice-oriented work since the latter is much more resource intensive and more unpredictable. Current financing mechanisms do not foster the idea that innovations are put into practice. The EC should create a positive environment where practice-oriented work in MSs would be supported by agreements and communication.

5. Latest developments in Health Information activities of DG SANCO

Gudrun Gudfinnsdottir from the European Commission told the latest news of DG SANCO. The European Commission adopted on the 27th of October 2008 a White Paper "Together for Health: A Strategic Approach for the EU 2008–2013" which is an overarching strategic framework spanning core issues on health, as well as global health issues and health in all policies. Its aim is to foster good health in ageing Europe, to protect citizens from health threats and to support dynamic health systems and new technologies.

The Second Programme of Community action in the field of health 2008–2013 has replaced former Programme of Community action in the field of public health 2003–2008. It has three main strands: 1) to improve citizens' health security, 2) to promote health, including the reduction of health inequalities and 3) to generate and disseminate health information and knowledge.

The call for proposals resulted in 42 accepted projects which required a total funding of 24 449 069 € for these three strands. The third strand consists of 1 Joint Action (European Community Health Indicators and Monitoring), 8 projects, 2 operating grants and 3 conferences. Furthermore, in 2008 DG SANCO sub-delegated around 700 000 € to Eurostat for implementation of EHIS, maintenance of HIS/HES database and improvement of quality in non expenditure health care data. In 2009 no sub-delegations such as these are foreseen. As to the organisational changes, in March 2008 new Health Commissioner, Androulla Vassiliou was appointed, and former Directorate General for Health and Consumer Protection changed its name into Directorate General for Health and Consumers in April 2008. Since June 2008 the Public Health Executive Agency (PHEA) has a new name: Executive Agency for Health and Consumers (EAHC). The EC also launched the Europe for Patients campaign in 2008.

The Health Information strategy of the EC has adopted a knowledge management approach where the main focus is on analysing, disseminating and applying health information at European level, including customising information for specific users. It aims to set priorities for European health information in order to help measure progress towards increasing the number of healthy life years, focusing on the major part of the burden of ill-health. Furthermore, its goal is to develop information regarding key determinants of ill-health and interventions to address them. In co-operation with ECDC, as well as other relevant agencies and bodies the strategy aims to ensure that information is provided on threats to health, including but not limited to communicable diseases. Health strategy wishes also to develop better information on healthcare quality and outcomes, focusing in particular on avoidable mortality as a result of healthcare, as well as better information on the efficient and effective use of innovations in healthcare, and better information on cross-border aspects of health systems.

The increased recognition of need for regional (sub-national) indicators should be also noted since regions are gaining importance in political and administrative terms in the European Union. This work has been mainly done under the auspices of ISARE (Indicateurs de Santé dans les Régions de l'Europe) project where regions were classified and indicators developed. I2ARE builds on this work and pursues to study inequalities in the regions of Europe.

It was inquired what the status of Health Strategy is. Gudfinnsdottir responded that it should be soon presented to NCA since presenting it there is of course the first step in the adoption of the strategy. It was also hoped that the new Health Strategy would take into account the work that has been already done in the field of health inequalities. However, it was also noted that although integration of social dimension to ECHIM is important, it is also challenging due to the diverging traditions of participating countries in this field. The participants welcomed the information that EU Alcohol Indicators and ECHI Indicators are rather close to each other but the goal should be that they would be even more similar. Pieter Kramers reminded that ECHIM has from the start used experts with special knowledge in a certain field, and this tradition should be continued. Although the stability of ECHI shortlist should not be endangered, refinement of it can always be done.

6. Eurostat actions in the field of health indicators

Lucian Agafitei specified some actions of Eurostat in the field of health indicators. Eurostat is currently preparing the second round of EHIS. Nine countries have conducted EHIS last year but there are several question marks still as regards to some other countries (Ireland, Luxembourg, Netherlands, Portugal, Finland, UK, Croatia and Iceland). Some of the countries have implemented EHIS as part of their national programme, some as an Eurostat Action. The Core Group of HIS will meet in the beginning of March and the Technical Group in May 2009. Both will discuss the conceptual definitions and calculation methods for EHIS indicators. Eurostat will ask comments from ECHIM Core Group to a document it drafts on calculation methods. The comments should be given in April at the latest.

It was agreed that it is extremely important that Eurostat will take into account the suggestions of ECHIM since EHIS is a central data source. The requirements of implementation should be also taken into account. Calculation methods at national and EU level should be as similar as possible. No calculations have been done yet but in the end of 2009 there should be micro data from eight countries. Some of the participating countries deviated from the suggestions of EHIS and they were sent a template for reporting these deviations.

Agafitei also informed that Jean Tafforeau has been appointed to chair the Core Group HIS.

7. Work Packages and tasks ahead in view of the expected outputs

The deputy co-ordinator of ECHIM, Elina Kestilä-Kekkonen presented the Work Package structure of the Joint Action for ECHIM. The broader goals in the three-year period will be the consolidation and expansion of the ECHI Indicators system towards a sustainable health information system and collection and dissemination of comparable health data and information based on the ECHI shortlist.

The practical work is conducted in eight Work Packages: Development and documentation of ECHI Indicators (WPc1), Development of European Health Indicators website (WPc2), Implementation of

health indicators in Northern and Western MSs and EU (WpC3), Implementation of health indicators in Eastern and Western MSs and EU (WpC4), Mapping and description of the data flow concerning the ECHI shortlist indicators (WpC5), Coordination of the project (WpC6), Dissemination of the results (WpC7) and Evaluation of the project (WpC8). WpC1 will present essential information and guidelines, and will thus form the basis for the implementation. Implementation work in WpC3 and WpC4 should result in improved data, and WpC5 will deal with this data flow. Websites will serve the implementation Work Packages, but also data flow, indicator development, coordination of the project and dissemination of results.

Finally, work in these eight Work Packages should produce several outputs. It is intended that a new release of the ECHI shortlist is presented in the end of the three-year project, and updates to the list will then be conducted regularly. Budget constraints reduced some of the original plans. An updated description of the method to include and exclude indicators will be drafted. Furthermore, specific guidelines and plans will be created for the indicator implementation at EU, MS and regional levels, and ECHIM experts will be consulted by local experts. It is hoped that an ongoing process for implementing health indicators has been installed in most MSs soon. Thus, the main responsibility for implementation proper will shift to the MSs themselves. ECHIM will support the process. Finally, the cooperation between MSs, Eurostat, DG SANCO and ECHIM should result in improved data. The ECHIM Products website will contain Documentation Sheets and results of the data flow inventory, as well as the implementation status in MSs. An electronic presentation portal will be established where data from international sources are combined with the new data produced by implementation. This will enable the first joint analyses and reports on data based on an enlarged set of ECHI shortlist indicators. The Final Report will contain information on ECHI Indicators as well as on progress in their implementation, promotion and dissemination.

The next WPI meeting will probably be organized in early May 2009 and the next ECHIM Core Group meeting in September 2009. Gudrun Gudfinnsdottir from DG SANCO pointed out that it is likely that EAHC will not be able to organize the WPI meeting in May due to the application procedure that they are going through in May-June. Kestilä-Kekkonen will contact EAHC and inform ECHIM Core Group members as soon as possible on this situation.

8. Further improvement and documentation of ECHI Indicators

Marieke Verschuuren went quickly through the history of the ECHI shortlist. In 2001 the first version of the longlist was proposed in an ECHI report, based on WHO, OECD, Eurostat and HMP project recommendations. In 2004–2005 an extended longlist, the 2005 version of the shortlist and ICHI-2 website were proposed by ECHI-2. The shortlist was adopted by DG SANCO after discussions in WPs and NCA. In 2005–2008 the implementation of the shortlist was started in several MSs, and data presentation on the DG SANCO website was launched. Already in 2006 the preference for keeping the shortlist stable was expressed, although there may be need for some flexibility and improved definitions. This statement resulted in a limited update of the shortlist, and Working Parties and PHP projects were asked to suggest changes and improvements to the shortlist. From the candidate list of indicators, members of WPI rated their selection, and final proposal for amending the shortlist was prepared by ECHIM Core Group in 2008. A general procedure for improving the ECHI shortlist was proposed and the new release of the shortlist was approved by DG SANCO and NCA.

ECHI shortlist was formerly divided into three sections (readily available/reasonably comparable, partly available and/or sizeable comparability problems, not available, need for development). Currently it contains only the Implementation and Development Sections.

In the forthcoming three-year period WpC1 will further improve and finalise the Documentation Sheets for the indicators of the Implementation Section, together with relevant expert groups/projects, Eurostat (e.g. EHIS developments, hospital data) and national liaison officers (experiences from implementation in MS). Furthermore, it seeks to stimulate further work on the Development Section by making sure it is placed on the political agenda and possibly by creating ad hoc Task Forces within the new structure of the Health Programme.

Shortlist development will contain extensions and deletions as well as shifts of indicators from the Implementation to the Development Section and vice versa. The main emphasis will be on improvement and refinement, not so much on additions and deletions. Since, however, the new

structure of the Health Programme will take place only as of 2010, the main challenge for WPC1 will be to keep track of the work and progress of the Projects in the absence of Working Parties, Task Forces and their secretariats.

WPC1 aims to keep track also of the developments in the structure of Health Programme and initiate discussion with Commission on these issues when necessary. It also intends to identify current shortcomings in the Documentation Sheets, draft a work plan on how to tackle these and present it in the next Core Group meeting. Setting up the communication structures with experts (Eurostat, projects/Work Groups, national liaisons) to acquire input for improving the Documentation Sheets is also needed. In 2009–2010 it should be able to make the final proposal for a (simplified) procedure for shortlist development to the ECHIM Core Group and seek approval of WPI, NCA and the EC.

Kari Kuulasmaa commented that some indicators are lacking from the most recent version of ECHI shortlist simply because they were not available when the list was finalized. Now when EHIS has been implemented in several countries it would be good to get these indicators to the list. Pieter Kramers responded that in the history of shortlist there have been several priorities other than data availability. Projects have often suggestions that cannot be realized.

9. Development of the ECHIM Products website and presentation of data

Rutger Nugteren presented the tasks of Work Package 2. Its main goal is to update the current ECHIM Products website and to arrange for electronic data presentation based on the ECHI shortlist indicators, in connection with the EUPHIX system. He also reminded that ICHI is not updated anymore.

The draft ECHIM Products website currently contains the ECHI shortlist with Documentation Sheets, other lists of ECHI indicators and projects (“ECHIM comprehensive lists”), links to many EU indicator project websites (“EU Indicators on the web”), ICHI-2 (old ECHIM indicator website), ECHIM project reports and a link to ECHIM project website (housed by THL).

EUPHIX system can be used to present ECHIM data by creating and presenting tables, graphs, and interactive charts and maps (InstantAtlas). There can be also hyperlinks going from the ECHIM website (specific indicator) directly to the data presentations within EUPHIX as well as hyperlinks from specific indicators on the EUPHIX website to specific Documentation Sheets in the ECHIM Products website.

Currently on the Europa website there are 40 indicators with charts and maps. Although the viewers are many, no link to the Documentation Sheet information exists and the website is still rather hard to find. On the EUPHIX website there are 30 indicators with graphs/maps. EUPHIX sometimes uses different data for pragmatic (data availability) or conceptual reasons. Thus, Nugteren suggested that the current Europa indicator data presentations could be expanded or replaced by ECHI indicator data presentation directly connected to the Documentation Sheet information and it could be connected to the information on the EUPHIX/Europa websites. The links going to/from the Europa website, the ECHIM Products website and the EUPHIX website would reinforce each other and give a more complete picture of ECHI Indicators with data.

Hugh Markowe pointed out that much unclarity exists related to the websites around ECHIM. Two websites may be a problem – even though a link between them would exist it hardly could be considered user-friendly. It was also noted, however, that a common portal is problematic since some countries in which the implementation should be initiated have already their own portals and ECHIM cannot control them. It was agreed, though, that the web pages under the control of ECHIM should be combined wherever possible.

10. Implementation of ECHI Indicators in MSs and EU

Antti Tuomi-Nikula presented what has been done so far as regards the implementation and what are the initial plans for continuing the process. The main goals in implementation work are first, to make relevant, valid and comparable health data available in the EU and in most MSs, and second, to transform data into valid indicators and information which will meet the needs of health policy and public health. Foundations of the implementation were laid by Country Reports, ECHIM Survey and

Bilateral Discussions during ECHIM in 2005–2008. The main results of these actions are presented in Annex 4 (Country Specific Section) of the Final Report (2008).

As to implementation prerequisites in MSs, progress has on average been moderate. According to country reports, in 18 out of 32 countries the data availability is good or very good and moderate in 10 countries. The ECHIM Survey shows, however, that the actual situation is much better: in 23 out of 30 countries the data availability is good or very good, and moderate only in 7 countries. Thus, in 27 countries for which the review was made, the prerequisites of implementation are either very good, good, or moderate – none of the countries fell into categories “not very good” or “poor”.

The main problems that the MSs are facing in regard of implementation of indicators are funding/manpower, complex administration and poor health information systems. Main ongoing improvements are expected to come from the regulations of EC/Eurostat, co-operation at the national level, and the inclusion of ECHI recommendations in national health strategies.

Based on the discussion in the Partners meeting, Tuomi-Nikula suggested that the next step in implementation is to review the contact network, and assign each MS a Partner institute who is responsible for the implementation support in that country. Furthermore, more detailed availability info sheets by indicator would be useful, and also a more thorough review of existing health data systems in the MSs should be conducted. The Helsinki Secretariat will draft the first versions of these documents, and the deadline for them is the 17th of April 2009.

Mika Gissler asked what to do with countries that do not participate in the Joint Action. It was suggested that a formal letter from DG SANCO asking the countries to take part in the Joint Action for ECHIM could work as an incentive. It was also stressed how important it is to revise the contact network since some experts may have changed their position.

11. Mapping and description of the data flow

Jürgen Thelen presented the starting points of Work Package 5. ECHIM 2005–2008 resulted in identifying the sources for ECHI shortlist indicators in national and international databases. One of the main challenges in the upcoming three-year period will be finding a platform for data storage and presentation, and a sustainable solution should be sought. There are some ECHI Indicators not available or not yet operationalized and some new indicators which were added only last year.

Currently no consensus exists on who would be in charge of the ECHI database. Options should be thus discussed with EU Directorates, collaborating countries and international organisations. Main stakeholders for a common database are DG SANCO (in charge of the Health Portal), DG Eurostat (in charge of data regarding the PH-Statistics regulation) and OECD (in charge of HCQI and Patient Safety) and WHO Regional Office for Europe.

In Work Package 5 the main tasks are to map and describe the data flow for ECHI shortlist indicators (and data) from collaborating partners to international databases (Eurostat, WHO, OECD) and to support collaborating countries in mapping and describing the national data flow (specifying sources used for data delivery to international databases and organisational structure). This work should lay the foundation for the countries effort to set up national and international ECHI data repository for the run in period of ECHIM. It should also result in specifications for a reporting format taking into account the existing reporting schemes and the requirements of the EUPHIX platform (defining sources for the ECHI Indicators and where possible interfaces). WPC5 should also seek to address those indicators not yet covered by regular reporting, and draft together with the rest of ECHIM team a proposal for a reporting scheme regarding the ECHI Indicators not yet covered by existing data sources. Currently overall availability of ECHI Indicators in international databases varies from 30% to 79% per country.

Results from ECHIM will be used to sketch international data flow relevant for the ECHI shortlist. ECHIM should identify national contact persons, as well as contact persons in Eurostat, WHO and OECD in order to ensure a coordinated approach for information needs of ECHIM. Furthermore, a questionnaire for ECHI shortlist indicators that are currently not available from existing reporting routines will be developed and tested. As regards to national data flow, results of ECHIM 2005–2008 will be used as an incentive for collaborating countries to establish an inventory of national data sources that are used to deliver national data based on ECHI shortlist indicators. In addition these main tasks, WPC5 supports WPC3 and WPC4 in their implementation work.

Arpo Aromaa commented that although a permanent solution for stakeholder is much needed, during ECHIM no position can be taken on the issue. It was also agreed that sustainability of data collection should be promoted at the international and EU level.

12. A plan for communication and dissemination

Jari Kirsilä discussed the communication strategy of ECHIM, starting from its goals. From the perspective of communication, ECHIM should demonstrate the impact of health indicators as a solid base for efficient health policy, and ensure that it has the support of policy-makers and administrators for the long-term work. Furthermore, it should strengthen the brand of ECHIM and maintain its good reputation.

Kirsilä suggested that experts actively working in ECHIM need key messages. For instance, it should be stressed that the implementation of indicators is long-term work and thus needs constant support of national and EU authorities, experts and decision-makers. The key messages should be directed to the main target groups which are the EC and Member States, public health and statistical authorities, policymakers and health professionals. Furthermore, it should be discussed to what extent the messages should be directed to the media and general public. From the point of view of communication two separate websites is not an ideal solution and also reference to the acronym ECHIM causes some problems as regards to communication.

There should be several communication channels. In addition to face-to-face contacts, supporting material in print might be needed, and mass media (e.g. press releases and conferences) could be used as an additional channel. The websites should be further developed. At the national level working teams should be formed, consisting of public health experts and a communication officer. The possible deadline for a common communication plan could be May 2009 when the next WPI meeting is held. A detailed timetable should be drafted in each country which would take into account the major challenges and national characteristics of a particular country.

The Helsinki Secretariat could produce a summary of national communication plans after they have been drafted. It should be also carefully considered what kind of support national working teams will need from ECHIM. There should be a general brochure on the ECHIM and health indicators, and MSs should be supported to organize national press conferences. It could also be good idea to organize collective events of MSs which would be area-based.

Since ECHIM has now operated for several years it is time to consider what type of publication of results best serves its interest (comparative studies between countries, overviews on European health). From the perspective of communication ECHIM operates in a challenging environment since there are several other actors involved in comparable work (Eurostat, DG SANCO, WHO, OECD, MSs). It should be, thus, considered to what extent it is beneficial to speak on behalf of a single project and to what extent on behalf of the work done in the field of health indicators more generally.

It was pointed out that the perspective of communication is rather new to the Core Group. The general public was not seen as an important target group. As to the results of ECHIM, the foundation has been already laid: EUPHIX and Europa servers are demonstrations of these and can be used in communication.

Arpo Aromaa suggested that Member States should be encouraged to contact a communication officer who knows the communication practices of that particular country and create a short communication strategy. It was agreed that communication is both important and complicated since it should be taken into account whether it serves the project itself or some broader aims. The project as such is hardly interesting to the media. Instead, the communication should focus to clarify what is the reasoning behind developing health indicators. If the focus is solely on the project, there is a danger that it will have unclear identity compared to other actors. The ECHIM brand should work as a messenger, the brand should not be the goal itself. The EC could be of help in strengthening the brand.

13. *Group discussion: Work packages 3 & 4: Implementation activities in MSs*

Aldona Gaizauskiene pointed out that there are fundamental discussions with MSs ahead and the quality of existing indicators, availability of data sources and possibility to calculate the indicators should be re-checked. Operational definitions should be further developed by the ECHIM Core Group. If an indicator cannot be calculated according to the definition, it should be decided as soon as possible if estimates are also accepted.

Arpo Aromaa explained that rather specific implementation work plans are required from the Member States, and members of the ECHIM Core Group should help in the implementation of indicators in their respective countries in any way they can. The members of the Core Group are asked to comment the documents that the Helsinki Secretariat and other Partners draft for supporting the implementation. In particular, they should consider whether the guidelines proposed in the documents can be realized in their respective countries. The goals in implementation should be realistic. First, it was pointed out that some implementation options should probably be provided to MSs. Second, it should be discussed what to do with some problematic indicators that are included in the shortlist but are largely missing in MSs. It was also emphasised how important it is to establish the database as soon as some new data exists. The cooperation between Work Packages is essential in this work.

14. *Group discussion: Work Packages 1–2, 5–8: Dissemination of results and further development of health indicators*

It was decided that work plans of each Work Package should be circulated among the members of Core Group.

Actions to be taken forward

ACTION	DEADLINE	IN CHARGE
First updates to the MS contact list	13.3.2009	Elina Kestilä-Kekkonen and Antti Tuomi-Nikula
Division of countries/responsibilities of Partners	20.3.2009	Helsinki Secretariat
Additions to the MS contact list by Core Group members	3.4.2009	Elina Kestilä-Kekkonen and Antti Tuomi-Nikula
Work plans of all Work Packages to be circulated among Core Group	17.4.2009	Leading Partners of Work Packages
Draft of indicator data availability sheet	17.4.2009	Antti Tuomi-Nikula
Work shop proposal to EUPHA (November 2009)	1.5.2009	Marieke Verschuuren
Meeting of Working Party Indicators (organizing meeting, minutes) in Luxembourg	TBA	Elina Kestilä-Kekkonen
ECG Meeting (organizing meeting, minutes) in Ljubljana	29.-30.9.2009	Elina Kestilä-Kekkonen

Minutes written by: Elina Kestilä-Kekkonen 16th March 2008.



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