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Date and time	29 th of September 2009, at 9:00–15:00, 30 th of September 2009, at 9:00–15:15
Place	City Hotel Ljubljana / Slovenia

Minutes of the meeting

List of the participants

Belgium	Johan van Bussel	
Czech Republic	Jiří Holub	
Finland	Arpo Aromaa	(chairman)
Finland	Mika Gissler	
Finland	Elina Kestilä-Kekkonen	(secretary)
Finland	Jari Kirsilä	
Finland	Antti Tuomi-Nikula	
Finland	Ari-Pekka Sihvonen	
Finland	Ninni Vanhalakka	
Germany	Nils Kirsch	
Germany	Livia Ryl	
Germany	Jürgen Thelen	
Ireland	Hugh Magee	
Italy	Silvia Ghirini	
Lithuania	Remigijus Prochorskas	
Lithuania	Ausra Zelviene	
Netherlands	Pieter Kramers	
Netherlands	Marieke Verschuuren	
Slovenia	Katja Kovse	
Slovenia	Bojanka Stern	
Slovenia	Polonca Truden-Dobrin	
Spain	Mónica Suarez	
Sweden	Magnus Stenbeck	
United Kingdom	Nigel Sherriff	
United Kingdom	Hugh Markowe	
European Commission	Lucian Agafitei	
European Commission	Laurent Buniet	
European Commission	Gudrun Gudfinnsdottir	

Absent with apologies:

Belgium	Jean Tafforeau (substitute: Johan van Bussel)
Estonia	Liis Rooväli
Finland	Seppo Koskinen
Finland	Kari Kuulasmaa

Germany	Thomas Ziese
Greece	John Kyriopoulos
Greece	Aris Sissouras
Italy	Emanuele Scafato
Lithuania	Rita Gaidelyte
Lithuania	Aldona Gaizauskiene
Netherlands	Maartje Harbers
Netherlands	Rutger Nugteren
Netherlands	Eveline van der Wilk
United Kingdom	John K. Davies (substitute: Nigel Sherriff)
WHO Euro	Enrique Loyola

Topics covered

1. Welcome address

Dr. Bojanka Stern, representative of Ministry of Health (MoH) of the Republic of Slovenia and Dr. Ada Hocevar-Grom, Deputy Director of the Institute of Public Health of the Republic of Slovenia (IVZ-RS) welcomed the participants of the meeting to Ljubljana. They emphasised the importance of a comprehensive European Health Information system for Member States (MSs), and were glad that Slovenia takes actively part in this common European effort.

2. Opening of the meeting

Arpo Aromaa welcomed participants to Ljubljana on behalf of the Coordinator and opened the meeting.

3. Adoption of the agenda

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

4. Minutes of the previous meeting

The minutes of the previous meeting (27 February, 2009) were accepted without changes.

5. Overview of the progress of ECHIM

Arpo Aromaa summarized the objectives of the Joint Action for ECHIM: What are we doing and why, and how could the project's results be applied? Evidently, ECHIM should implement common health indicators (ECHI) in Member States in order to assess health and its time trends in EU and Member States, and to compare the cross-country situation. This work should, however, finally result in an improved assessment of health, risks, threats and needs as well as have an effect on the public health actions in the European Union (EU) and the MSs. The information that the project gathers should contribute to policy and programme formulation and evaluation, as well as in health care planning and its evaluation.

Thus far ECHIM has organized most of its basic actions and created a functioning network. Work plans for each Work Package have been prepared, the division of tasks agreed, and health indicators have been operationalised. The discussion still continues, however, on the issues of data flow, data storage and presentation tools that ECHIM should use.

The main difficulty in organizing the project has been the inability to involve all MSs in the meetings due to limited funding. Also, communication on DG SANCO's part has been too limited. Smaller problems arise from the very different settings of the MSs in which the implementation proper is carried out. Efficient communication should, however, pave way for the ECHIM's goals.

ECHIM's current implementation strategy is based on two separate but overlapping waves. Briefly, those MSs, whose experts are in Core Group should lead, and other countries should follow their path. To strengthen this strategy, The Helsinki Secretariat has asked DG SANCO to send a letter to the health administrations in Member States to encourage

implementation in them. A suggestion of what this letter could look like has been sent to DG SANCO last week.

Aromaa also outlined the results and outcomes that the project should achieve in due course. The ECHI indicators, and relevant new ones, should be adapted to the varying conditions of the MSs, and implementation plans should be realistic. A temporary database and presentation system should be created both at the MS and at the EU level. Finally, however, ECHIM, DG SANCO and Eurostat should establish a joint plan for further development, implementation and permanent maintenance (i.e. a permanent homebase) for health monitoring providing comparable health information. This development, however, might take another 6–10 years to be completed and needs a long-term vision.

6. Recent developments in Health Information activities of DG SANCO

Gudrun Gudfinnsdottir noted that the communication between ECHIM and DG SANCO has been indeed insufficient and this gap should be filled in.

She pointed out that to ensure the sustainability of data presentation, data and indicators which are produced for the Commission and funded by the Commission should be presented on the Commission's website. This would guarantee the sustainability of the data repository. In this context, ECHIM should do the validation of the data that flow from MSs and direct it to the data repository at the European Commission. This would also give more time to ECHIM experts to concentrate on other issues than database and data presentation. The Executive Agency for Health and Consumers (EAHC) has preliminarily accepted to revise the grant agreement in this respect. Some other amendments to the agreement are simultaneously possible as well. The amendments, however, will not affect the amount of money that is allocated to Joint Action for ECHIM.

DG SANCO will host the Extended Core Group meeting in Luxembourg. The dates should be set as soon as possible with the Coordinator. This meeting provides valuable opportunity for decision-making regarding implementation since it gathers also those MSs whose representatives do not belong to the Core Group around the same table.

Gudfinnsdottir confirmed that she has received a draft of the encouragement letter prepared by the Helsinki Secretariat. DG SANCO proposes that the letter should be written and signed at Director-General level to the Council Senior Level Group (high level group of top officials from MSs, Director Generals, etc.). Some delegates asked whether the letter could also be sent to other technical experts. Whilst this is not possible, copies of the letter can be made for distribution.

Laurent Buniet showed a figure describing the Commission's plans on the data storage and presentation (ECHI@EC). DG SANCO ("automated") gathers data from Eurostat, WHO, OECD, ECDC and IARC, and it also could collect (validated) data from MSs. Jürgen Thelen commented that ECHIM was very surprised that DG SANCO all of a sudden proposes a permanent solution, which the Core Group has been waiting for a long time already. He also noted that although the proposed solution could work, it does not solve the problem of data validation. Pieter Kramers also wondered why the Commission had not informed ECHIM on these developments despite several requests to do so. Buniet responded that since EUPHIX did not work in the purpose it was intended to in the EC's plans, SANCO started to develop their own system which is in fact a copy of a system in use elsewhere in the Commission. Magnus Stenbeck reminded that EUPHIX is a system that does not contain only data in pure numeric form but also health information in textual format. He wanted to know if ECHI@EC reaches this goal. Marieke Verschuuren emphasized the importance of ECHIM's expertise in drafting the textual (static) part of the ECHI@EC since the metadata are a crucial element of ECHI indicators.

Arpo Aromaa put a question to Buniet whether it would be technically possible to combine EUPHIX and ECHI@EC. According to the latter this is not possible, mostly due to fact that the

InstantAtlas that EUPHIX uses for data presentation is incompatible with the EC's portal. Kramers acknowledged the benefits of a sustainable solution, but worried that at the same time the expertise of ECHIM will be lost. Mika Gissler pointed out that it is hard to discuss on the system that we do not know yet much of. The system should be, however, user-friendly and it should ensure the quality of the data that come out of it. Remigijus Prochorskas reminded that ECHIM also faces time constraints. A small expert group is probably needed that decides which indicators and data sources are presented in the system. Aromaa suggested that discussion on this issue should continue the next day.

7. Eurostat actions related to health indicators

Lucian Agafitei went through some developments in EHIS implementation. Currently Eurostat has a microdata file from five countries. They have also sent a questionnaire to the TG HIS members on the 24th of September 2009 in order to know if the EHIS modules were implemented and whether (and when) the microdata file will be transmitted to Eurostat. They also had asked whether the Eurostat guidelines for the EHIS microdata file will be followed. The deadline for filling in the questionnaire is the 9th of October 2009. The aim of the questionnaire is to provide to the Work Group on Public Health Statistics a clear picture on the implementation of the EHIS modules in the MS by the end of October (meets on the 26th-28th of October 2009).

Eurostat is also developing a template for reporting on the technical and methodological aspects of the survey hosting the EHIS modules, and continues developing the indicators obtained from EHIS and their calculation methods. Task Forces on sampling, inclusion of institutionalised people in health surveys, and on migrants' health continue their work. The preparation of EHIS wave II has also started.

Eurostat also works on the improvement of the international comparability of EU-SILC. There have been translation problems related to the national EU-SILC questions. From 2007, the goal has been to solve translation problems and harmonise the national questionnaires with EHIS and to ensure coordination with EHIS national delegates. Agreement on full harmonisation has been in force from 2008 onwards. However, in 2009 problems with national EU-SILC questions have still been reported. Eurostat has launched a quality assessment of 2007 and 2008 national EU-SILC health questions launched by Eurostat in August 2009. Results will be presented to Working Group on Public Health Statistics (October 2009), European Health Survey System Steering Committee (October 2009), Working Group on Living Conditions Statistics (2010) and HIS Technical Group (2010).

Causes of death statistics (CoD), data are currently available for all MSs and Croatia, Macedonia, Iceland, Norway, Switzerland and Albania, and data are available 18 months after the end of reference period. Until now, the data collection has been based on WHO specifications. The Public Health Working Group will discuss concerning the implementing Commission regulation in October.

Jürgen Thelen pointed out that there could be a risk of double work when Documentation Sheets are prepared in the framework of EHIS project. Arpo Aromaa reminded that Eurostat intends to make documentation sheets (based on the ECHIM documentation sheet format) for all EHIS indicators. ECHIM uses a (small) selection of those.

8. Development and documentation of ECHI indicators

Marieke Verschuuren pointed out the main challenges of Work Package 1. The implementation process demands definitive and detailed operationalisations for as many ECHI indicators as possible, but the ECHI approach has been to make use of existing work, and has not been data driven. This has led to new and not fully developed operationalisations for some indicators. Since the ECHIM consortium is large, reaching a consensus is a time-consuming process.

Thus, Partners in Work Package 1 (i.e RIVM and THL) have developed a structured approach, building on all developmental work that has already been done. Commitment of the Core Group, however, is needed.

The shortlist indicators have been divided into three practical categories: A) Indicators for which EHIS is the preferred source; B) Indicators with minor issues to be solved; and C) Indicators with more complex issues to be solved. These three categories do not include the indicators which are in the development section.

For indicators 3, 6, 7, 12, 55, 77, 78 and 85 RIVM and THL make proposals before the 1st of November. For indicators 67–70 and 73 as well as for indicators 15 and 16 ad hoc working groups should be formed, which should give their recommendations before Christmas. Comments should be sent to RIVM by email. In case no consensus is found on some indicators, these can be discussed on the next Core Group meeting. Updates for the Documentation Sheets as well as plans for the development section and for adapted updating procedure of shortlist should also be ready before the next meeting.

Remigijus Prochorskas commented that register-based data should be preferred over EHIS data if available. Arpo Aromaa replied that both have pros and cons, and it would be better to present both when superiority of register data for the purpose in question has not been proven. Verschuuren also asked the Core Group members whether all 65 causes of death should be used or should there be a selection instead. According to Prochorskas, it would be practical to reduce somewhat but he would prefer 65 minus only a few. Participants agreed that a reduction should be made by public health importance but do not fix the number of selected indicators in advance

Ad hoc working groups were established for 1) ISHMT selection for indicators 67–70; selection of surgeries for indicator 73, and selection of causes of death (indicator #13), and 2) indicators 15 and 16. Pieter Kramers, Remigijus Prochorskas, Hugh Magee and Jiří Holub volunteered to participate in the first working group. For the second working group Hugh Markowe (or someone else from the UK), ISS and RKI volunteered.

With regards to disease-specific mortality, the question whether to use also other data sources (in addition to the Eurostat/WHO causes of death statistics database) for some of the causes of death was raised..It was agreed that only in few exceptional cases this should be done, e.g. in the case AIDS mortality with ECDC data, and in these cases to present the data from both sources.

It was also discussed what will be the input of ECHIM Core Group to the DG SANCO's work plan. Nigel Sherriff and John K. Davies were interested to comment that from the perspective of health promotion (after the meeting DG SANCO confirmed that it was already too late).

9. Data flow and ECHI database

Jürgen Thelen described the current steps in the development of ECHI database. ECHIM started to plan the data flow without any knowledge of the IT solution for a centralised ECHI database at DG SANCO, or without information on the future of EUPHIX. In June 2009 initial contacts with DG SANCO A4 revealed that an IT solution for automated data integration for ECHI indicators has been worked out. RKI hosted a database meeting in Berlin (August 2009) to discuss these issues, which gathered together ECHIM Partners and DG SANCO.

According to Thelen, the underlying database of DG SANCO meets the needs of ECHIM, and is already available online via a hidden link. It also integrates the already routinely

collected data that come from international databases, and the data integration process is well documented. However, some problems remain. First, the validity of the selection of the sources for the ECHI shortlist should be confirmed. Second, it must be verified that correct data are imported to the system.

Thelen suggested that ECHI@EC will be used as the central database for ECHI data, and ECHIM (particularly Work Package 5) could check how the sources specified by ECHIM have been taken into account, and if the figures are correct.

During the pilot data collection phase the focus will be on ECHI shortlist indicators that are not yet covered by routine collection procedures. Pilot data collection will require Finalized Documentation, and development of the questionnaire by means of which the MSs compile and submit the indicator data. The revised version on the questionnaire will be circulated in the Core Group. Collected data could be then uploaded to ECHI@EC database.

For those indicators that are not yet covered by routine collections, ECHIM work on Documentation Sheets lays the basis for the Pilot collection. Indicators are classified into available and non-available. Also those non-available indicators for which the Documentation can be finalized until the end of 2009 can be included in the Pilot.

Thelen pointed out that several issues still need to be discussed: 1) Does the ECG follow the proposal regarding ECHI@EC?; 2) Is the approach to set up a data repository only approved by ECG?; 3) Should the ECHI@EC content be checked by ECHIM?; 4) How to present pilot data?; and 5) What is the institutional commitment to the database after the Joint Action?. He noted that the previous ECHIM had collected all relevant internationally relevant health data and was fully aware of the situation in regard of ECHI indicators.

The main concern of the participants was how it can be guaranteed that the data fed to the ECHI@EC database meets the relevance and validity requirements of ECHIM. Some worries were also related to the access of Member States to the database. Thelen pointed out that the co-operation between an individual project and DG SANCO is rather rare – more often DG SANCO communicates directly with the Ministry level. Gudfinnsdottir suggested that the data are validated after the MSs has delivered it to the data repository of the EC. This was seen as a problem, since the Member States are probably not keen to deliver raw data directly to the Commission. Regulation on the issue would of course change the situation. Preferably, however, the validation process should have been gone through before the data are delivered to the ECHI@EC.

According to Mika Gissler, the participants of the HIC meeting were not very excited of the possible new data collections related to the implementation of ECHI shortlist. It was considered important that the members of HIC are also members of the National Implementation Teams, and that they are aware of what is happening in the area. DG SANCO should also be reminded in the HIC meeting that Joint Action was established because of the willingness of the Member States to benefit from the common European expertise. Thus, a balance should be found between the top-down and bottom-up approaches.

10. Data presentation and development of ECHIM Products website

Marieke Veschuuren stated that the ECHI@EC plans have significantly changed the work plan for Work Package 2. Since the Commission has not decided to make use of EUPHIX as a presentation tool, the RIVM team decided to use the ECHIM Products website (www.healthindicators.eu) for data presentations. However, as DG SANCO informed, it has been developing its own ECHI database and data presentation tool. To have data presentations in two places is a situation that should be avoided, since it both wastes

resources and increases the risk of discrepancies between both sets of presentations. From sustainability point of view it seems better to use ECHI@EC, but Joint Action Partners are bound by the Grant Agreement and are also responsible for the quality of the product. How to proceed with this issue will depend on DG SANCO's further plans with regard to the tool – when it will be launched, how its sustainability is guaranteed, and what are SANCO's plans regarding the presentation of metadata and contextual information?

Verschuuren briefly presented the revised ECHIM Products website. There are both textual part (Documentation Sheets) and dynamic part (data presentations for ten indicators for which data are readily available). Interactive charts are made by means of the EUPHIX chart tool and interactive maps by means of the InstantAtlas application.

Verschuuren's conclusion was that it should be seriously discussed what to do with the ECHIM Products application. Should it be developed further or not? In the current situation the Grant Agreement binds the Partners in this sense, particularly RIVM, although she agreed that in the end the data should be presented on the Commission's websites. The bottom-line is that double work should be avoided. According to Buniet also Eurostat gives data to DG SANCO, although it also presents it in its own applications. DG SANCO's goal is to develop its own presentation system to the same level as ECHIM Products. Hugh Magee pointed out that it might not be wise to wait that DG SANCO's system will be ready – if there are data available, it should be presented. There could be short-term and long-term solutions. Aromaa concluded that discussion on the issues should continue the next day.

11. Concluding discussion of Day 1

Jari Kirsilä briefly summarised the conclusions of the press briefing held earlier. There were six journalists from the Slovenian national media. Journalists were slightly disappointed that they still have to wait for the results. Polonca Truden-Dobrin was satisfied with the press briefing as a whole and it benefited the implementation work in Slovenia. The first question was how ECHIM's work is different from the systems of OECD and WHO. Marieke Verschuuren proposed that for communication purposes it would be good to have a leaflet which simply explains the added value of ECHIM.

Verschuuren also reminded that RIVM would like to have the comments of the Pilot presentations in two weeks.

12. Opening of Day 2

Arpo Aromaa proposed that the Core Group appoints a working group, the goal of which is to solve the database issue. It is chaired by Jürgen Thelen (RKI) and the members are Mika Gissler (THL), Marieke Verschuuren (RIVM), Gudrun Gudfinnsdottir (EC) and Laurent Buniet (EC). Aromaa will provide a memo, which the group can use as a basis for their discussions. The group is, of course, free to consult other experts in the ECHIM Core Group as well. After these discussions it should be concluded if some amendments are needed to the grant agreement. The database issue should be solved within a couple of months. The conclusions of the group will be evaluated by the ECHIM Core Group.

Marieke Verschuuren commented that as to the data presentation part, the situation was rather unclear yesterday. Gudrun Gudfinnsdottir clarified that the results of the project funded by the EC should be presented on the website of the EC. However, this should be only the primary place – data can certainly be presented somewhere else as well.

13. Summary of the Communication Survey

Jari Kirsilä concluded that the Communication Survey (CS) was considered tricky by many MS experts. By the Ljubljana meeting, eight countries had responded to the survey (Czech Republic, Finland, Germany, Ireland, Italy, Lithuania, Slovenia and Spain). Particularly, defining a power centre concerning health information seemed to be hard for the MSs. The purpose of the CS is to function as an eye of the Core Group to the MSs, and to get an overview of the challenges that different countries face in their implementation work. Based on the results of the survey it should be discussed if we have common views on how to meet these challenges and if a basis exists for a common strategy. It should also be considered what kind of role communication should play in this picture.

The Member States seem to share many common problems, proposed solutions and significant key stakeholders. The most important common problems are the lack of resources, the lack of HES or EHIS and a poor or nonexistent record linkage capability. The most popular solutions proposed seem to be the technical improvements (related to data supply and management), organizational innovations and new legislation and regulations. Key groups are largely the same in all Core Group countries (i.e. Ministry of Health, Statistical Authorities, National Institutes of Health etc). Usually the MS experts have rather good contacts with these stakeholders who are also somewhat familiar with the work that ECHIM does.

The Member States differ, however, in the status that health promotion has in their respective political agenda and media. The work of ECHIM is not equally well-known in all countries, and also the role of communication in implementation work is seen somewhat differently.

According to Kirsilä, responses to the Communication Survey showed that comparable data on Europeans' health is needed for intensified communication purposes. Furthermore, more active communication should take place to demonstrate the political value of public health information and to provide stakeholders and political leadership with the relevant results. Moreover, cooperation between ECHIM, Eurostat and DG SANCO should be enforced. It could be supported perhaps by regulation.

Kirsilä raised the subject of where the emphasis of ECHIM's communication should lie. He proposed that ECHIM should underline more the "Europeans' health" theme instead of a single EU project. The focus should be on the information we know, instead of what we don't know. It should be also stated more clearly how the information can be used instead of how ECHIM has created it. More concrete examples are needed as well.

Hugh Markowe asked if it would be useful to modify the questionnaire somehow if the respondents have considered it to be difficult. For instance, should more questions be added? It was agreed that this version of the CS is more like a pilot – in case there are suggestions for amendments, they should be sent to Elina Kestilä-Kekkonen (elina.kestila-kekkonen@thl.fi) before the next meeting. Arpo Aromaa commented that the formulation of the questions might not be a problem as such but their content – how to identify those stakeholders that matter?

It was decided that the Helsinki Secretariat drafts a prototype of the leaflet in a couple of weeks which the Core Group countries are to comment. Particularly it should be emphasized in the leaflet what is the added value of ECHIM. When ready, the leaflet can be translated into national languages and used in the national communication.

14. Communication: Commentary by Country Experts

- The Netherlands had not filled in the CS. Currently the data situation there is very scattered and there is no single institution who would know what is available and who is responsible of what. This problem should be tackled first before the most significant stakeholders can be identified.
- Slovenia had added the group number 6 (health professionals) to their response since reducing the main stakeholders into four would have suggested that their situation was less complicated than it is. The CS of Slovenia has also been commented by their National Implementation Team which includes several important stakeholders. Particularly question 9 was important for Slovenia: Slovenians expect that the Secretariats produce material for national use and wish that other countries would share their experiences on the implementation process.
- In Italy there are four institutes involved in implementation work and common meetings are needed. Italy needs a (translated) leaflet, which provides up-to-date information on ECHIM's work. DG SANCO's encouragement letter would also be of use, but it should be sent to the directors of these four institutes as well. Arpo Aromaa responded that the letter is intended to be sent to the Ministry level, but DG SANCO could consider either writing a different letter to the directors of these institutes or to allow the original letter to be copied. Italy also suggested that there should be a calculator which counts the number of accesses to the ECHIM website.
- As to Lithuania, important stakeholders do not seem to be well aware of the work that ECHIM does. Lithuania also emphasized the importance of the DG SANCO's letter and a common leaflet.
- In Ireland the main problem is the lack of resources and the economic downturn does not encourage carrying out new data collections. More emphasis, however, has been put to efficiency and evaluation, and particularly that evaluation should not be restricted inside the state's borders. Importance of international comparisons is growing. Next phase will be to consider which indicators demand new or partly new data collections. For Ireland it would be important that DG SANCO would send a letter of encouragement to their Ministry of Health
- In the UK the Ministry of Health is not eager to start new data collections due to the economic recession. The main challenge is to clarify what ECHIM does and for whom, and who benefits from its results, since it is often seen as a strongly EU-led project. However, the Chief Executive of the NHS Information Centre has called a meeting (on the 30th of September) involving the Office of National Statistics and Heads of Professions from the various UK health Ministries. The discussion will address among other things some of the major obstacles that have for many years resulted in problems of providing collated UK statistics.
- In Sweden the new legislation on health statistics has changed the situation – it is not sensible to implement only ECHI indicators anymore. Instead the whole system is being overhauled.
- As to Germany, public health monitoring is quite dominant at the federal level but the challenge lies in going beyond that to the Länder. The first meeting on the implementation in Germany will be held in February 2010.
- Also in the Czech Republic DG SANCO's encouragement letter could further the implementation work. Larger changes in the Health Information system need additional investments, but smaller changes are possible. It should be specified still more in detail what should be implemented.
- In Spain the ECHI shortlist has been very useful and has been used for years in the framework of the national key indicators. However, Spain has a very complex administration, many institutions are involved and the decentralisation of the nineteen regions is strong. The decision-making requires consensus almost in all issues (information flows, dissemination etc.).
- In Belgium a focal point has been established which reviews the work of ECHIM. In general the attitude towards the work the project does is positive but on the other

hand the administration thinks that the EU should fund all actions. Belgium will deliver its CS in a couple of weeks.

15. Overview of the National Implementation Plans

Ari-Pekka Sihvonen went briefly through the initial stages of implementation during the years 2005–2008. First, the international databases and national data sources were checked (Country Reports and ECHIM Survey). Then, some additional information was gathered (Bilateral Discussions). Finally, the results were pulled together and analysed (Country Specific Section of ECHIM Final Report). Sihvonen reminded that all these documents are available in the ECHIM extranet.

For the first wave countries the deadline for National Implementation Plans and Communication Survey was September 2009, and they should now draft the National Communication Plans and send them to the Helsinki Secretariat by December 2009.

The first drafts of the National Implementation Plans were received from seven countries (Czech Republic, Finland, Germany, Italy, Lithuania, the Netherlands and Slovenia), and progress updates from four (Belgium, Ireland, Sweden and the United Kingdom). No documents were received so far from Estonia, Greece and Spain. National Implementation Plans vary in nature: they use different approaches and are at different stages of both drafting and “implementation readiness”.

Next, the NITs in Core Group countries should take a look at the implementation plans of other countries, and to write their second drafts by the next Extended Core Group meeting (probably in January 2010). It might also be wise to incorporate into the plan the key issues raised in the ECHIM Final Report and in the Communication Survey (e.g. what are the main problems, the main solutions, and the key groups?) The updated versions can be uploaded to the ECHIM extranet or be sent to the Coordinator by email.

The Helsinki Secretariat suggests that the countries continue to draft a more detailed “implementation by indicator” plan. ECHIM Secretariats will prepare an indicator availability sheet as well as update the Documentation Sheets to support the MSs in this work. A draft of the indicator data availability sheet is forthcoming (see the appendices in the Finnish and Dutch implementation plans for first examples) but the (preparatory) work should start in Core Group countries as soon as possible.

Sihvonen also asked the Core Group members to send their comments to the Helsinki Secretariat if there is a need to update the “Guidelines for Implementation” document for the second wave countries, or if there would be a need for guidelines for the second version of the National Implementation Plans.

16. National Implementation Plan: Lithuania

Remigijus Prochorskas briefly explained the problems that Lithuania faces in their implementation work. First, potential resources for ECHI have deteriorated due to the general economic downturn. Second, the merger of LSIC with the Hygiene Institute from the 1st of October onwards may affect the implementation of the plan. Third, the National Implementation Team has insufficient means to motivate the national institutions to provide support for the implementation.

Lithuania seek to stimulate further the production and use of relevant health data for health monitoring and decision-making at national and local levels by explicitly introducing the EU dimension in the national health indicator database. Their goal is also to regularly submit available national data to the central EU-ECHI database.

The objectives in the implementation plan of Lithuania are fourfold. First, they hope to establish an “ECHI user-window” in the current national health indicator database. Second, they try to increase the awareness about ECHI among national health administrators and key health data providers. Third, they wish to initiate processes towards better utilization of existing health data collection systems for improved health statistics with a focus on ECHI. Fourth, in the long run, they want to establish procedures and responsibilities for regular collection and provision of data on an agreed (feasible) ECHI subset to the central EU-ECHI database.

There are four groups of indicators in Lithuania that can be classified based on their implementation level. First, there are data available at the regional level forming the ECHI user-window in the National Health Indicator Database (NHIDB, maintained by LSIC). Second, there are indicators which are available at aggregated national level (maintained separately by LSIC). Third, there are indicators based on HIS/HES data. Fourth, the currently undefined or unavailable ECHI indicators are set aside until the development work is finished.

By the end of 2010, Lithuania seeks to modify the NHIDB by including it the relevant ECHI subset and to update it with the latest available data. It also wishes to disseminate communication packages to key data providers and users after each updating of NHIDB. In the end of 2010 it plans to organize the first national meeting of main health data providers and users to discuss on improvements in health data availability and quality. Depending on the general timetable for ECHIM, Lithuania will submit its national data on the relevant ECHI subset to the central EU-ECHI database.

17. National Implementation Plan: Finland

Antti Tuomi-Nikula went on to present the National Implementation Plan of Finland. First, the plan goes through the current situation of health information systems. Currently, the two main constraints in the implementation process are limited funding and manpower and the unpredictable intervals of population surveys. Furthermore, regional and local survey data are still scarce and data presentation system is under development. However, both are being developed. The directed training of regional and local experts has not started yet, but will be well on the way in the next 2–3 years. There are also some European comparability issues to be solved (EHIS has not been implemented).

The plan of Finland also discusses the health indicator data availability, gives an overview of health indicator data sources, presents the National Implementation Team (NIT) and briefly describes the Communication Plan of Finland. NIT in Finland consists of two circles. In the Inner Circle there are 12 people who are mainly experts of THL. In the Outer Circle Ministry of Health, Statistics Finland, Social Insurance Institution etc. are represented.

Finally, the plan seeks to find solutions how to improve the situation. First, co-operation at the national level should be improved. Second, a new HIS or EHIS should be implemented as a separate survey or integrated into forthcoming national HESs. Other solutions could be the additional funding/manpower, regulations from EC and developments in data management and data flow. Before the implementation activities per se begin, indicator data availability is reviewed by indicator and by source. Since many ECHI indicator definitions are still pending, all alternative national sources and calculation methods are mapped for each indicator. The information is added to the indicator availability sheets, which are attached to the implementation plan.

Jürgen Thelen commented that EU regulation would be definitely needed. In fact, it already exists, and Magnus Stenbeck added that it also mentions the ECHI indicators. All ECHIM countries have to tackle the questions related to the regulation with their Ministries. Lucian

Agafitei specified that the first implementing regulation will concern the Causes of Death statistics and the work on other domains will start next year. Hugh Markowe pointed out that ECHI indicators are several and vary by nature – is it possible to have a regulation which would cover all of them in the end? It seems, however, that ECHI will drive the content of implementation regulation.

18. National Implementation Plan: Slovenia

According to Polonca Truden-Dobrin, the main problems in the implementation of ECHI indicators in Slovenia are related to the lack of funding for developing and implementing new data sources for ECHI indicators and for the projects on record linkage. Furthermore, the existing health information system is very rigid because of the legislative framework, lack of sufficient and competent IT support and the lack of cooperation between the main stakeholders. At present there is almost no awareness of ECHI in the health administration, among health professionals and the general public in Slovenia. Of course, the economic downturn affects Slovenia as well: resources have become very limited and this contributes to uncertainties in preparing the implementation.

The main objectives of Slovenia as regards to the implementation are 1) to review the availability of ECHI indicators; 2) to increase awareness of ECHI among national stakeholders; 3) to encourage and facilitate the use of available health data for health monitoring and decision-making by introducing the ECHI framework; 4) to facilitate record linkage; 5) to establish procedures and responsibilities for regular collection and processing of ECHI data and their provision to the central ECHI database; and 5) to propose and set up improvements in availability and quality of data for ECHI.

The National Implementation Team of Slovenia has seven members. They are from National Institute of Public Health (NIPH), Ministry of Health, Health Insurance Institute, Statistical Office and Institute of Oncology. The Slovenian NIT also includes a communication officer. The proposal has also been made to establish a working group on ECHI indicators at the NIPH, which would establish procedures for regular collection and processing of ECHI data and their provision to the central ECHI database, and propose and set up improvements in availability and quality of data for ECHI.

Slovenia will also prepare a communication plan where diverse activities will be considered for different target groups. ECHI indicators and Joint Action for ECHIM will be presented at the national conference “From data to information” in November 2009 which gathers together key partner institutions and organisations.

19. National Implementation Plan: the Netherlands

Marieke Verschuuren told that the draft of the Dutch implementation plan was sent to the contact person for the Joint Action in the MoH, who will explore which Ministry staff members could participate in their NIT. The Netherlands has also started inventory work on data availability and quality. They have not, however, filled in the Communication Survey, since health data are currently very scattered in the Netherlands.

The implementation work in the Netherlands can be divided into three phases. First, in the initiation phase the process of implementation is prepared and organized. Second, in the inventory phase the data availability and quality is assessed, and health data stakeholders and their roles and responsibilities mapped. Third, the execution phase concentrates on improving data availability and quality and dissemination of indicator information.

The RIVM team in Joint Action for ECHIM works as the secretariat of NIT and has a coordinating and advising role. The responsibility for the actual data flows, however, lies

with the relevant stakeholders (e.g. CBS) and the MoHs and other Ministries. NIT will also decide on which data to send to ECHIM, and MoH will have the final responsibility of the decision.

Verschuuren also told that there are two health data projects that are relevant for the Dutch implementation work. First, there is a project on further development of database and web-based interface of sources of health (care) data in the Netherlands. Second, there is a Focal Point Project, which maps data flows to the international databases and organizations that are relevant for MoH, and stakeholders and responsibilities involved. Representatives of both projects will participate in the Dutch NIT.

20. General discussion: Insights of Country Experts on implementation of ECHI indicators

Arpo Aromaa summarized an important purpose of the country-specific presentations was to give other countries ideas of what the implementation plans could look like. Remigijus Prochorskas pointed out that cooperation between countries of the same geographical area (e.g. Slovenia and Lithuania) could further the implementation in them. Jürgen Thelen told that in Germany a federal indicator system is a goal – a national one exists already, but it has an enormous number of indicators. It seems that ECHI indicators would be linked to the national reporting system. Jiří Holub noted that there are two groups of countries – some are already advanced in the implementation process, while others are only beginning. Holub thought that the Czech Republic could greatly benefit from the cooperation with Lithuania. Mónica Suárez commented that the implementation of ECHI-indicators has been ongoing for some time now in Spain, and that a subset of ECHI indicators is actually already part of the “key health indicators”. Furthermore, as a county with strong regional authority, Spain may also serve as example for other federal countries on how to implement the ECHI Indicators. Implementation plan proper has not yet been drafted. However, discussions have been started, and the secretariat of NIT will lie in MoH.

21. Next steps in ECHIM and expected outputs

Elina Kestilä-Kekkonen briefly went through the achievements of Joint Action for ECHIM so far, reminded of the next important steps in the action and informed about some administrative issues.

By this meeting most of the countries of the first wave (i.e. Core Group countries) had filled in the Communication Survey and drafted their first versions of the National Implementation Plans according to the guidelines provided by the Helsinki Secretariat. The improved versions of the implementation plans should be ready by the next Extended Core Group meeting (probably in January 2010). Next, Data Availability Sheets (DAS) should be prepared. THL and RIVM will provide a model for the DAS. The DASs should be finalized by the early spring 2010. In October-November 2009 the Helsinki Secretariat will provide guidelines for National Communication Plans. The first wave countries should draft their Communication Plan by the end of the year 2009.

After the first Extended Core Group meeting in (January) 2010, hosted by DG SANCO and held in Luxembourg, the implementation should start also in the second wave countries. The National Implementation Plans of this group should be ready by the end of June 2010, and the Communication Survey should be filled in by the end of May 2010. The second wave countries should draft their National Communication Plans by September 2010 (i.e. before the next regular Core Group meeting which will be held in Berlin in September 2010). The time table for the activities in 2011 will be specified later. Particularly, some of the actions are largely dependent on the decisions concerning the central database and the presentation system.

Kestilä-Kekkonen reminded that ECHIM has a workshop in the European Public Health Association (EUPHA) meeting in Łódź, Poland, in November 2009. Marieke Verschuuren (marieke.verschuuren@rivm.nl) will give you more information on this issue if needed.

As to the administrative issues, Kestilä-Kekkonen noted that the scientific officer for ECHIM has changed: Dirk Meusel is currently ECHIM's contact person at EAHC (previously Guy Dargent). Furthermore, the coordinator of ECHIM at the Helsinki Secretariat will change in a couple of months since Kestilä-Kekkonen has been appointed to another position at THL. This change will not affect the project's daily work. The Core Group members will be informed when the actual change will happen in due course.

22. Financial Issues and reporting

Ninni Vanhalakka went through some basic rules relating to the eligible costs. First, costs should be incurred during the duration of the action and they should have been indicated in the budget. Eligible costs are costs that are necessary for the implementation of the action and they should be recorded in the accounting records of a beneficiary (i.e. in each Secretariat). She reminded that in Part B of the Grant Agreement (Financial provisions, pp. 18–20) all criteria for eligible costs have been detailed (on p. 19 there is also a list of non-eligible costs).

The eligible costs are divided into two categories: direct and indirect costs. Direct costs are identifiable as specific costs directly linked to performance of the action and which can therefore be booked to it directly (e.g. staff costs and travel costs). Indirect costs are not directly linked to performance of the action but can be identified and justified by beneficiary's accounting system as having been incurred in connection with the eligible direct costs for the action. For indirect costs, SANCO/EAHC use a 7% flat rate of the total eligible direct costs.

Unlike in previous ECHIM projects, in Joint Action for ECHIM there are no central funds for travel costs. Associated Partners should pay their travel costs from their own budgets. However, for Collaborating Partners and their substitutes ECHIM reimburses the travel costs. Vanhalakka reminded that it is up to the Partners how many representatives they will send to each meeting (from 1 to 3). Thus, they have freedom of action in their budget to possibly organize some other meetings relevant to the implementation of the project (note that for regular meetings three persons are budgeted for each). As to subcontracting (award of contracts), it is only allowed when it is mentioned in Annex I. Thus, in the current Grant Agreement subcontracting is possible for THL only.

Vanhalakka pointed out that ECHIM should leave its first interim report in the beginning of year 2010 (covering a period from month 1 to month 12 = calendar year 2009). For staff costs it is obligatory to use some kind of timesheet (either electronic or paper version). An example of such a timesheet can be found on the ECHIM's website (Meetings – Ljubljana – Background material). A deadline for sending the 1st financial statement to THL is the 29th of January 2010. A person to whom this material will be sent to will be announced later. The Helsinki Secretariat will inform the Partners (ISS, LSIC, RIVM, RKI) on the interim report in more detail on week 50.

After the EAHC has approved the interim report, the Commission will make a second pre-financing payment to THL. Probably this will happen in April–May 2010. Then the payment is divided to the Associated Partners according to their share in the total Commission's funding. The pre-financing payment from the Commission will be 20% of the total Commission's funding.

23. Concluding discussion of Day 2

Jari Kirsilä continued the discussion on the ECHIM leaflet. His vision was that in the last page there would be information of the project and in the middle of the leaflet some concrete examples. Somewhere it should be also explained how ECHIM's work benefits Member States and their stakeholders. Jari Kirsilä wishes to have comments on the leaflet from Core Group members by email.

Nigel Sherriff pointed out that it should be discussed to which target groups the leaflet is designed for. According to Arpo Aromaa it is up to the Member States to decide to whom they want to direct the leaflet (except general public, which is not considered a target group). It was decided that Kirsilä will draft a first version of the leaflet. Then the Core Group members should discuss together how it would serve the project's purposes the best.

It was also pointed out that the acronym "ECHIM" is hard to sell in the communication. Magnus Stenbeck pointed out that the name of the project should not be changed but its goals and achievements should be described more in detail. For instance in Sweden it is important to justify why the health of Swedes should be compared to other European's health.

24. Next meeting of the (Extended) ECHIM Core Group

Gudrun Gudfinnsdottir and Elina Kestilä-Kekkonen will discuss the exact date of the Extended ECHIM Core Group meeting. Probably the meeting will take place in January 2010, since DG SANCO prefers it to be held before the meeting of the Health Information Committee (in early February 2010).

25. Any other business

There was no other business.

26. Closure of the meeting

Arpo Aromaa thanked the participants for their interest and the meeting was closed at 2:30 p.m. The minutes, the attachments and the presentations are available at www.echim.org/meetings.

Actions to be taken forward

ACTION	DEADLINE	IN CHARGE
Guidelines for drafting the Communication Plan	30.10.2009	THL/Jari Kirsilä
National Communication Plans (the 1 st wave)	31.12.2009	National Implementation Teams
Model for Data Availability Sheet	30.11.2009	THL/RIVM
Second versions of the National Implementation Plans	31.12.2009	National Implementation Teams
Extended Core Group meeting/Luxembourg	01/2010	Project Co-ordinator/DG SANCO
ECHIM Core Group meeting/Berlin	09/2010	Project Co-ordinator/RKI

Minutes written by: Elina Kestilä-Kekkonen on the 21st of October 2009.



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