

The turning of the tide: EU looks to a new health information system to bring health for all

New and comparable health information is essential to improving citizen's health across Europe. Such information is expected to reduce health differences as well as provide a basis for well-focused health promotion programmes, and thus, ultimately, increase healthy life-years. This is what the experts of the EU-funded project ECHIM (European Community Health Indicators and Monitoring) envisage of the new European health information system, which has been under development for ten years.

The Core Group of ECHIM meets again this week at the Robert Koch Institute in Berlin to consolidate previous achievements and make further plans for introducing a range of comparable population health indicators in all EU countries. These proposed indicators will cover for example health determinants, major chronic diseases and accidents, infectious diseases, functional limitations and mortality. Although considerable steps have been taken, still a few more years of work is needed to make all indicators accessible within each member state and at the EU level.

The benefits are obvious. Today, many countries lack access to much-needed information on health, thereby limiting the implementation of evidence-based policy and the planning of health systems and health care. With relevant and comparable information, resources can be directed at preventive and curative health actions that provide the best health returns, bringing significant improvements in health.

Closing the gap

The mortality rate is one of the few comparable indicators available on a European level, and it shows that over the last decade the average life expectancy of Europeans has increased by more than two years. This increase is not, however, evenly distributed: the average life expectancy for men in Europe today according to the latest available data is 76.3 years, while for women it is 82.4 years. Moreover, average life expectancy differs between the 27 EU Member States by up to 10.6 years.

Many of the differences in life expectancy are due to diseases that can be prevented by intervention programmes. Many countries have successfully implemented vaccination programmes. Measures to control high cholesterol and high blood pressure, reduce smoking, and improve dietary habits have been accompanied by an 80 per cent reduction in mortality from cardiovascular diseases in Finland since 1970. In England and Wales CVD mortality rates fell by 54 per cent between 1981 and 2000. In Eastern Europe the tide began to turn in the early 1990s.

Similarly, accidental injury deaths have been reduced in many countries by introducing structural and legislative measures such as road improvements, bicycle lanes, enforced speed limits, mandatory use of safety belts and child safety seats. There is still, however, considerable variation in the number of traffic accidents and related mortality, from less than 4 deaths per 100 000 persons in The Netherlands to 15 in Lithuania in 2008.

An effective health promotion programme cannot be implemented unless reliable data is available on risk factors and health trends, including trends in health behaviour.

We still lack a complete picture of the status of public health in Europe. We are short on information, for instance, on the true extent of diabetes and on the prevalence of mental health problems like depression. Other deficiencies in current health information include the risk factors of major diseases and physical and mental disability. The various deficiencies mean that we still cannot accurately predict the need for future prevention and care of the ageing populations in Europe.

The ECHIM project is expected to close the health information gap, which should in due course result in improved health in all of Europe.

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