

EUPHA Workshop: The Joint Action for ECHIM; taking the development and implementation of the European Community Health Indicators forward

The 2nd Joint European Public Health Conference, Łódź 27.11.2009

Arpo Aromaa (Finland) and Nick Fahy (European Commission, DG Health and Consumers) chaired the workshop. Nick Fahy opened the session and described the context of this meeting regarding the other sessions organised in the conference. He also informed on the new proposed Health Commissioner, John Dalli from Malta, and the timetable for him to start the work. Arpo Aromaa described shortly the history on European Community Health Indicators. The project aims to get comparable and reliable data on health, health status and functional limitations across Europe. The projects have been funded by the Health Monitoring Programme, Public Health Programme and the current Health Programme, all run by the DG Health and Consumers.

1. Peter Achterberg, The Netherlands: State of the art of the work on the European Community Health Indicators shortlist

The European Community Health Indicators (ECHI) projects 1 and 2 lasted from 1998 to 2001 and 2002 to 2005, respectively. These projects finalised a shortlist of health indicators for primary implementation. The shortlist of 82 indicators focuses mainly on large public health problems and inequalities, and they have been divided into three categories according to the feasibility of their implementation. These indicators have been used as an important element in the EU health documents, including e.g. annual Work Plans and the Health Strategy. Also the Member States have started to use them in national health monitoring. The European Community Health Indicators Monitoring (ECHIM) project continued the work in 2005–2008, and it finalised the Documentation Sheets, containing structured meta-information, for all indicators excluding those assigned for future development.

The Joint Action for ECHIM aims to finalise the shortlist (88 indicators; 76 with finalised definitions, 12 still under development), assist the Member States in the national implementation of ECHI shortlist, and helping DG Health and Consumers in building the ECHIM database and the technical presentation tool attached to the database.

2. Ari-Pekka Sihvonen, Finland: Entering a next phase in the developmental work – starting the implementation process

In the final ECHIM report, published in 2008, the availability of the ECHI shortlist indicators was reviewed. Both international databases and national data sources were searched and the review was completed by national ECHIM surveys and bilateral discussions. The review covered 27 participating countries.

A new phase in the implementation process is started in the Joint Action ECHIM, first in the 13 countries with representation in the ECHIM Core Group from 2009 onwards, and in other participating countries from 2010 onwards. National Implementation Teams will be created in each

country, and they are supposed to prepare a draft of the National Implementation Plan and participate in National Communication Surveys on the problems related to the national implementation process. Each participating country shall review the current status of their health information system, make an overview of the existing data sources and tackle the key issues relevant to implementation. During the implementation the identified problems are to be solved. For each indicator, implementation activities and their timetables are to be defined by national teams. During the process, not only the availability of ECHIM indicators is improved, but also the quality of health indicators and the data flow between the country and international data collections will be improved.

More information can be found at www.echim.org (the project) and www.healthindicators.org (the health indicators and their metadata).

3. Marieke Verschuuren, The Netherlands: Web-based dissemination of the indicator data and accompanying metadata

The main focus of ECHIM project will be on collecting and disseminating comparable health data and information based on the ECHI shortlist. The health data provide an evidence base for policy making. Therefore, not only numbers, but also metadata explaining validity and comparability is needed. The current Documentation Sheets are from March 2009, but they will be updated at the latest in May 2010.

Provision of health statistics and indicators should always include description of health information and their public health messages. ECHIM project recommends that national health information presentation systems are created. Internationally, the database and presentation tool will be made by European Commission together with ECHIM experts. There is a separate pilot ECHIM data presentation tool at the ECHIM products website (www.healthindicators.eu). It includes graphs, interactive maps and exact figures. This tool, however, will not be updated after the database and data presentation tool at European Commission website is functioning.

4. Guðrún Guðfinnsdóttir, European Commission, DG Health and Consumers: Policy context of the European Community Health Indicators developments

One of the three main objectives of the Health Strategy 2008–2013 is to generate and disseminate health information and knowledge. Health policy must also be based on best scientific evidence, and here the European Commission has a key role to gather comparable and reliable health data and information.

Two current regulations affect the collection of health indicators: Regulation on European Statistics (2009) and Regulation on Community Statistics in public health and health and safety at work (2009). For the latter, implementation regulations are being created.

Eurostat has started to collect data from the European Health Interview Survey (EHIS), and the results from the first round will be available in 2012. The second round is expected to be conducted in all EU Member States in 2014. For the European Health Examination Survey (EHES), a feasibility study has been completed and a pilot study is to be started in 2010. A full scale study is to be done in 2011–2013, if further funding is received from DG Research (FP7).

The future of the European Community Health Indicators Monitoring system is still open. There are three alternatives: 1) Incorporation into the European Statistical System, 2) The enlargement of the

scope of ECDC (European Centre for Disease Prevention and Control) to cover even non-communicable diseases, and 3) Creating a special health information structure.

Questions:

- Raj Bhopal, UK: How the health of migrants and ethnic minorities in Europe will be monitored? There is a separate project (MEHO) on this subject with an own workshop on this conference.
- Lejo van der Heiden, The Netherlands: 1) How is EUPHIX is related to ECHIM? 2) Who are the main target users of the website? 3) How joint is the Joint Action, or is it only a Dutch-Finnish party?
- Geir Gunnlaugsson, Iceland: How the results from CHILD project on children's health and welfare have been implemented in the ECHIM?
- Christine Huffin, United States: How ECHIM collaborates with other international organisations? Does the ECHI shortlist include indicators on prices of services?
- The Netherlands: How the self-assessment on the quality of health indicators was done?
- Dionne Kringos, The Netherlands: How does ECHIM take into account the new developments in health indicators?
- Nicoline Tamsma, The Netherlands: How can we make sure that the 27 Member States are involved in the process? Many obligations are awaiting them (EHIS, EHES, ECHI); are the countries aware of this?

Answers:

- Peter Achterberg: It is clear that indicators have to be developed further, but for the sake of sustainability the ECHI shortlist cannot be updated too often. The need for more data, e.g. on regional level, is increasing. Arpo Aromaa completed that also health indicators by socioeconomic status is increasingly requested.
- Marieke Verschuuren: ECHIM secretariats continuously contact the OECD, WHO and Eurostat colleagues. WHO Regional Office for Europe and OECD are even included in the ECHIM Core Group. The ECHI shortlist contains an indicator on expenditure on health care. The main target groups for the DG SANCO data presentations will be international policy makers and those working on the national implementation; the latter can use the data/data presentations for integration into their own national public health reporting systems.
- Arpo Aromaa: There are 24 countries which participate in the ECHIM, and 13 countries are included in the ECHIM Core Group.
- Peter Achterberg: though indeed many countries are included in the Joint Action, the financial burden is not evenly distributed, with the five project partners taking care of the required co-funding for the entire Joint Action.
- Ari-Pekka Sihvonen: The self-assessment on data quality is just a tool for assessing the need for improvement in the national health information systems. The secretariats in Finland, Lithuania, Germany and Italy support especially those countries, which assess their health information systems to have more need for improvement.
- Nick Fahy: The work is done in the Joint Action, DG Health and Consumers only provides the home and some resources for this kind of collaboration. EUPHIX can unfortunately not be taken over by the Commission. DG SANCO has now been developing its own data presentation tool as it is important that there is visibility of the achievements of ECHIM quickly. The Health Information Committee (HIC) plays an important role in linking the different activities within the Health Information and Knowledge Strand of DG SANCO.
- Arpo Aromaa: Communication is a very important part of the Joint Action.