PROGRAMME OF COMMUNITY ACTION ON HEALTH MONITORING

WORK PROGRAMME 2000 (Article 5.2.b of Decision 1400/97/EC)

1. Introduction

The activities of the European Union in the field of public health need to be underpinned by high quality information which has been analysed effectively and presented in appropriate ways to those who make or influence decisions. Health monitoring is an essential part of the policy cycle leading from policy formulation through planning to implementation and evaluation. European Union health monitoring information will also help Member States carry out their own public health responsibilities by providing comparative information.

The prime reason for having the Action Programme on health monitoring is the development and exchange of adequate, reliable and comparable data sets and indicators of public health, and the structures needed to exchange the relevant data and information. The programme should build upon and make use of the expertise in the Member States and act as a catalyst and coordinating force between and with them and with international agencies.

The objective of the action programme is to contribute to the establishment of a consistent, permanent and coherent Community health monitoring system which makes it possible to:

- measure health status, trends and determinants throughout the Community;
- facilitate the planning, monitoring and evaluation of Community programmes and action; and
- provide Member States with appropriate health information to make comparisons and support their national health policies;

The present overall picture of European health monitoring has developed gradually. Various organisations have contributed to the development on the basis of their own specific policies. Work has developed as part of many different activities and the various initiatives have not always been coordinated in any major way.

The consequences of this situation are:

- Member States are reporting data to a number of bodies;
- there is unnecessary duplication of effort;

- the data and information are often of limited comparability among countries and sometimes of medium or poor quality;

- there are significant gaps in the data available on a number of important diseases.

Against this background, it has become increasingly important to concentrate the effort of the many different actors in European health monitoring in order to improve its quality, and value. At the same time, it is evident that the future effort in the field of European health monitoring must be based on the data and the expertise available, in particular at national level, but also at international level.

The role of the programme was laid down in the text of the decision adopted by the European Council and Parliament (No 1400/97/EC). Thus the programme has been mainly structured in three pillars which deal with various aspects of the above mentioned elements:

- pillar A deals with the establishment of Community health indicators, including the selection of relevant information and data for exchange between Members States, the Commission and international organisations and with conceptual and methodological work related to the process of making the data comparable and for identifying and developing suitable indicators;

- pillar B deals with the development of a Community-wide network for the sharing and transferring of health data between Member States, the Commission and international organisations;

- pillar C deals with the development of methods and tools necessary for analysis and reporting and the support of analyses and reporting on health status, trends and determinants and on the effect of policies on health.

As a consequence, the main actors in the programme are the Commission and the Member States, including the responsible institutions in the Member States. However, international organisations, other bodies such as NGOs, research institutions, consultants etc, may be involved in carrying out specific actions.

2. Budget

The budget for the year 2000 will be subject to the decision of the budgetary authorities.

3. Implementation of the programme

Projects should state how the need for information has been defined; how the information and data will be collected and what is envisaged to make them comparable, as well as how they are going to be used. Projects at all levels, whether local, regional or national will be considered. Priority will be given to those that involve most, if not all, the Member States.

The programme should not add to, but should rather help to reduce, the burdens of reporting and improve the quality of the information and data exchanged. In order to achieve this aim, the actions supported should contribute to the:

- improvement of procedures needed to obtain pertinent data and to achieve international comparability, and the information needed for a priority set of Community indicators to be calculated from these data;

- establishment of data exchange mechanisms linking to the EUPHIN/HIEMS (European Union Public Health Information Network / Health Indicators Exchange and Monitoring System);

- initiation of analyses of specific health problems.

Under certain conditions, the programme allows for the participation of EEA countries (since 1998) and eligible applicant countries (subject to Association Council decisions).

3.1. Evaluation of projects

Evaluation of projects remains an integral part of every action undertaken within this programme. The evaluation must include the level and extent of intended national and Community implementation. Proposals must show adequately how it is intended to use the results in the Member States and at Community level. Special emphasis must be placed on the evaluation of how the projects are indeed benefiting the development of a permanent health monitoring system and finally the European Union and its citizens, as outlined in this programme.

3.2. Quality criteria for call for proposals/tenders

The objective of the programme is to contribute to the establishment of a permanent Community Health monitoring system.

This implies that:

- most Member States, EEA countries, eligible applicant countries and relevant organisations should be involved in projects as far as possible;

- the most relevant bodies concerned in each Member State should be involved;

- participating bodies should implement or make a proposal for a permanent system attached to the programme;

- whenever projects foresee the production of data, these should be based either on existing information systems or collections of new information reproducible in time and space;

- data produced by the programme should be made available for all countries participating in the programme via the HIEMS system. Therefore, projects should include details of how these data will be made available in the HIEMS format as well

as their regular updating. Reports should also be made accessible on the HIEMS Internet site.

All projects must seek to define the relevant and existing data needed to develop practical performance and the resulting indicators which are of direct interest to national decision-makers. This will require applicants to put together a pan-European project for a specified area/topic, with the following three deliverables:

- Comparable national data sets for each Member State. This will require at least the following steps:

- description of what information is available routinely at national level and relevant levels of breakdown (e.g. age, sex);
- identification of existing common European or international sources (e.g. NOMESKO, OECD, WHO); projects or data sets;
- assessment of the degree of comparability of existing data sets and level of development of the methodology for the adjustments needed to make the existing data sets comparable.

- Specifications of the country specific "adjustments" required to make the above data sets comparable. These specifications should be in a form that can make their on-going use and further development possible. This requires:

- definition and selection of a "reference" (e.g. ICD);
- investigation of whether the country data conform to the "reference";
- if not, the precise country-specific "ante" or "post" harmonisation or transformations necessary to conform to the "reference" must be specified;
- arrangements for the country-specific transformations to be implemented and the resulting "comparable" data sets to be made available.

- Meta-data that describe the data sets:

- identification of the existing key sources/data sets (e.g. primary national source/mandated organisations such as CSO, MoH, Research Institutes, NGOs, other Ministry, etc.);
- method/instrument of primary data collection (e.g. surveys – population and others, measurements, routine reporting);
- periodicity.

In addition, recommendations for future work should be specified. These should include:

- the quality of primary recording with regard to reliability and accuracy;
- the number of Member States that can provide/contribute to the data set fully, partly or not at all;
- proposals to increase coverage;
- what assistance, if any, Member States will need for on-going and regular delivery of the "comparable" data sets using the developed transformation;

- proposals for on-going, stable and permanent provision to IDA (HIEMS), and/or for links to this system, for example where data sets are derived from a research project;
- suggested "core" and "background" indicators.

3.3. Timetable for proposals : 15 January 2000

3.4. Call for tenders

Calls for proposals/tenders will be used in certain priority areas in order to ensure development in these areas.

3.5. Annual review

The programme's annual report includes summaries of all the project proposals received, and the actions to be carried out under those proposals accepted for funding, based on a yearly meeting of the project leaders, as well as reports from the projects already implemented under the programme.

4. Priorities for 2000

4.1. Pillar A: Establishment of Community health indicators

In order to complement the existing data sets on the European level and to ensure the quality and comparability of the data the following issues are given priority in the year 2000:

Health status[*]:

- cardiovascular and cerebrovascular diseases
- musculo-skeletal disorders
- diabetes
- perinatal health

Health determinants[*]

- nutrition

Health systems[*] including clinical data

- hospital data

Priority will also be given to establishing an inventory of data sources in health monitoring.

4.2. Pillar B: Development of a Community-wide network for sharing health data

[*] Necessary links to the other Commission programmes should be ensured.

An evaluation of the EUPHIN/HIEMS test system will be carried out to determine whether the system delivered meets the needs of users. This work will include software, hardware, test data, indicators, security policy, general operating procedures, documentation , training , support etc. A review of national legislation on security matters will also be considered.

4.3. Pillar C : Analyses and reporting

A report on the effects of policies on health will be produced. The focus of the next Community health status report will be decided according to the policy priorities.