

PROGRAMME OF COMMUNITY ACTION ON HEALTH MONITORING

DRAFT WORK PROGRAMME 1998 – 1999

(Art. 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 indicators of public health, and the structures needed to exchange the relevant data. The programme should work through making use of the expertise built up in the Member States and act as a coordinating force between them.

The objective of the action programme is to contribute to the establishment of a 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. Development has been brought forward by many different agendas and the various initiatives have not always been co-ordinated in any major way.

The consequences of this situation are :

- Member States are reporting data to a number of bodies which implies multiple reporting
- 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.

This role of the programme has been 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 and it also contains integrative elements :

- pillar A deals with the establishment of Community health indicators including the selection of relevant information and data for exchange between Member 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. 1998 BUDGET

The budget line B3-4306 for health monitoring has been approved by the budgetary authorities and amounts to ECU 2.3 million in 1998.

3. IMPLEMENTATION OF THE PROGRAMME

As the involvement of Member States is essential, the Commission has to ensure the programme's implementation in close cooperation with the Member States. The programme committee will assist the Commission in identifying the major tasks and sub-tasks.

** The announcement of the work programme*

The work programme is published in the official Journal of the European Communities in order to help potential actors to direct their planning and to make proposals within the framework of the timetable set out for this programme. In addition, specified calls for proposals/tenders may be used in certain priority areas in order to ensure development in these areas.

* *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 European Union and its citizens as outlined in this programme.

* *Timetable for proposals* : 15 May and 15 October 1998

* *Annual review*

An annual report will be produced which will include summaries of the project proposals received, and the actions planned in the 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 1998 - 1999

◆ General

Projects coordinated at European level will be supported. In addition, the programme will allow for the participation of eligible non Member States

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 indeed 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 for community health data collection, including those actions 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 ; (Pillar A)
- establishment of data exchange mechanisms ; (Pillar B)
- initiation of analyses of specific health problems. (Pillar C)

Most of the specific priorities can be grouped under the 3 pillars of the programme. However, priority can also be given to integrative research and development in the following areas :

- analyses of information needs and ways to meet them ;
- analyses of existing arrangements of health information and studies related to the implementation of health monitoring in the European Union ;

- other projects which are deemed especially relevant for paving the way to the establishment of permanent health monitoring in the European Union.

◆ **Pillar A : Establishment of Community health indicators**

The objective of the actions in this pillar is to establish comparable Community health indicators by means of a critical review of existing health data and indicators, by developing methodologies for obtaining comparable health data and indicators, and by developing appropriate methods for the collection of the progressively comparable health data needed to establish these indicators.

The actions should lead to the establishment of a set of Community Indicators, as outlined in decision 1400/97/EEC adopting the health monitoring programme. Annex II of the health monitoring programme listed a wide range of areas in which health indicators may be established. Initial efforts will most usefully be directed at the identification and selection of a core set of key indicators. This will be based on the priorities of the Community and Members States' policies. Selection of core indicators will also need to take account of other criteria such as the frequency and health impact of the disease, and the scope for cost-effective interventions. The necessary data will in a majority be based on Annex II of the health monitoring programme and will include measures relating to :

- health status, mortality (e.g. data derived from causes of death statistics)
- health status, morbidity disease-specific (e.g. data from registries of population surveys)
- health status, generic (e.g. self-rated health; data from surveys)
- determinants of health status, life style (e.g. data from surveys)
- determinants of health status, living and working conditions including environmental and deprivation measures (e.g. data from registries etc.)
- health protection (e.g. resources, consumption, costs; data from surveys and registries)
- demographic factors (e.g. age, gender etc., data to be gathered along with the above categories in the respective registries and surveys)

The availability and quality of health data varies over the different areas listed in Annex II. In a number of these areas Community actions to identify the availability and comparability in order to improve data quality have already been initiated. The actions to be launched under this action programme should either build on existing work or be launched in areas where any Community action is insufficient or lacking. All actions must take into account the methodology and activities being developed in other institutions.

Actions will primarily concentrate on the development of indicators and the data needed for the development of such indicators especially in the areas of mortality, morbidity and health resources. Moreover, actions will be undertaken with respect to the collection of data by means of surveys. Initial priorities will include :

1. Actions on *mortality* which should concentrate on improving the reliability of causes of death statistics.
2. For *morbidity*, actions which should at first be directed towards the establishment of an inventory of existing national sources for representative morbidity statistics.
Methods should be developed for the construction of comparable Community morbidity indicators, and this involves proposals for the collection of comparable data from surveys, from registries or from other means based on analyses of information needs.
3. With respect to *health survey data*, the development and support for the regular collection and improved comparability actions have to be forward on of core data. These data would include measures of health status and on health determinants.
4. In the area of health care, comparable data are needed on health care use, expenses and resources. This requires a suitable system for classification based on a knowledge of differences in health care systems between Member States, as indicated by work undertaken by various institutions

♦ Pillar B : Development of Community-Wide network for sharing health data

The specific objective is to enable the establishment of an effective and reliable system for the transferring and sharing of health data and indicators using the telematic interchange of data as the principal means.

The system will be of a decentralised and inclusive nature giving all participants the same access to the same data. The Member States have opted for inputting to the system raw aggregated data going as far back in time as possible. The system should contain facilities for using pre-calculated indicators or for calculating indicators on the basis of raw aggregated data so as to handle and process rapidly amounts of data. Inputting and sharing will be governed by

- provisions applicable to reporting of the health data and their conversion, and by
- provisions for the content specifications required for the setting up and the operation of the network, which will have to be prepared and agreed in the course of the implementation of the health monitoring programme.

The IDA-HIEMS project has in the health monitoring programme been identified as the principal means for data exchange and was initiated by the Commission in 1996. After a longer period in which the original concept has been adapted to the described philosophy, the system is now being developed. The system is expected to become operational in 1999 on the basis of the test data. It is very important that the further development of the system is made to facilitate the needs of all actors in the health monitoring programme, taking into account the work under pillars A and C

To this end, work on pillar B will be divided into packages with tasks complementary to those on the system infrastructure carried out under the Community's IDA programme.

The work package for 1998 will comprise the following tasks :

1. Review and consensus on network physical security measures and integrity measures, on procedures for access taking into account the different national laws concerning access to health related data and the messaging structures and interchange formats between national health services
2. Study of and recommendations concerning the navigation and retrieval mechanism for health related databases including an EC indexing system of key words in order to improve the search and retrieval process.

◆ **Pillar C : Analyses and reporting**

The objective of the actions in this pillar is to develop methods and tools necessary for analysis and reporting on health status, the effect of policies on health, and on trends and determinants in the field of health.

- As regards health status and reporting, priority will be given to the development of a sound methodology and the tools necessary to determine and report on the state of health in the Community, and to the establishment of a process of health status reporting which ensures the involvement of Member States. Procedures and criteria for the selection of topics and the contributions required will need to be determined. Appropriate working structures with Member States' experts will also need to be set up.

Based on these arrangements, reports on the state of health in the Community need to be prepared and disseminated on a regular basis. Health status reports on migrants and youth are already in preparation.

- With regard to the effects of other policies on health, the priority is to develop a sound methodology and the tools necessary to analyse the impact of policy in a specific area, one particular or a group of policy measures on health. The aim is to establish a process of health impact assessment of Community policies, both at Community and at Member State level, including the monitoring of developments in relevant policy areas, and which identifies and analyses the parts attributable to the Community and to Member States. Working structures with Member States' experts will need to be set up as appropriate.

Based on these arrangements, reports on the integration of health protection requirements in Community policies will have to be prepared and disseminated on a regular basis.

- Regarding trends and determinants in the field of health, the priority is to develop sound methodologies for the ex-ante evaluation of health-related measures, scenarios and outcomes. Questions of equity and inequality in health will be examined. The development of capacities for analysis will concentrate initially on structures and methodologies for the assessment of health interventions, and on the establishment of a system of information on major trends and developments in health systems and their priorities.

Working structures involving Member States' experts will have to be set up as appropriate.

Based on these arrangements, reports will need to be prepared and disseminated as appropriate.