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Directorate C - Public Health and Risk Assessment
C2 - Health information

Strategy on European Community Health Indicators (ECHI)

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the “Short List”

**Network of Competent Authorities on Health Information
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**STRATEGY ON EUROPEAN COMMUNITY HEALTH INDICATORS
(ECHI)
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THE "SHORT LIST"**

The general strategy and approach on health indicators have already been presented in a comprehensive manner to the first meeting of the Network of Competent Authorities on 10 July 2003 (http://europa.eu.int/comm/health/ph_information/ev_20030710_en.htm) into the 2 following documents:

- "Discussion on Community health indicators" (http://europa.eu.int/comm/health/ph_information/documents/ev_20030710_od01_en.pdf)
- "Selection of a first phase set of core indicators from the comprehensive ECHI indicator list: rationale and procedures" (http://europa.eu.int/comm/health/ph_information/documents/ev_20030710_od01_aa_en.pdf; http://europa.eu.int/comm/health/ph_information/documents/ev_20030710_od01_ab_en.pdf).

I. OBJECTIVES AND ISSUES: DEVELOPING HEALTH INDICATORS AND DATA COLLECTION

One of the objectives of the Public Health Programme is to develop comparable information on health. This information should cover:

- **health-related behaviour** of the population (e.g. data on lifestyles and other health determinants);
- **diseases** (e.g. incidence and ways to monitor chronic, major and rare diseases);
- **health systems** (e.g. indicators on access to care, on quality in the care provided, on human resources, and on financial viability of health care systems).

Development of this information will be based on **European-wide health indicators** with agreed definition, methodology of collection and use.

Under the current EU Public Health Programme, the work on indicators and data collection is conducted in co-ordinated Working Parties that are creating a prototype for the future health monitoring system. The tasks of the projects coordinated by these Working Parties cover seven phases of the data management: (1) the inventory of sources and methods in the whole EU, (2) the analysis of data needs in their respective area, (3) definition of indicators and quality assurance; (4) technical support for national efforts; (5) data collection at EU level; (6) reporting and analysis and (7) promotion of the

results. **The collaboration and close co-ordination with EUROSTAT and its partnership groups is of utmost importance.**

II. BRIEF HISTORY

Most of the actions supported by the former programme of Community action on health monitoring (ended 2003, but projects still underway) were in relation to the development of indicators and the improvement of the methodology of collection of statistics and preparation of reports.

In order to give more visibility to the programmes, the final technical project reports are published on the Europa website.

A first set of European Community Health Indicators (ECHI) was produced by the ECHI-

1 project (http://europa.eu.int/comm/health/ph_projects/1998/monitoring/monitoring_project_1998_full_en.htm#8) and widely disseminated. The objective of the current project ECHI 2 (http://europa.eu.int/comm/health/ph_projects/2001/monitoring/monitoring_project_2001_full_en.htm#8) is to continue the work on specific indicators in order to complete the European Community Health Indicators list that will serve as a basis for the European health information and knowledge system including their operational definitions. **The ECHI-1 and ECHI-2 projects under the Health Monitoring Programme (HMP) have developed a comprehensive list of indicators, in close cooperation with many of the other projects run under the programme. By March 2003, the list included approximately 400 items/indicators. The Commission firmly sought to extract a shortlist, in order to prioritize the work for harmonisation of EU Member State's data collection. ECHI-2 undertook the work to select the indicators for the shortlist in close collaboration with the concerned project leaders, Working Parties and Commission Services.**

DG SANCO is also developing **instruments for collecting the necessary data** in cooperation with:

- Eurostat (the European Health Survey System and the Hospital Activity and Resources Information System)
- DG Research (system of networks and databases in the field of Rare Diseases),
- the OECD (the System of Health Accounts)
- the WHO (European Community Environment and Health Information System)
- own DG SANCO resources and partners (e.g. Accidents and Injuries Surveillance System, system of information and knowledge on major and chronic diseases, system of sources and inventories on health information, etc.).

Attention is also given to the development of a more reduced set of health **indicators at regional/sub-national level** valid for the 300 regions of the EU through the support of the **ISARE projects** (Health Indicators in the Regions of Europe, phases 1, 2 et 3) (http://europa.eu.int/comm/health/ph_projects/1999/monitoring/monitoring_project_1999_full_en.htm#2; http://europa.eu.int/comm/health/ph_projects/2001/monitoring/monitoring_project_2001_full_en.htm#1).

III. CRITERIA FOR SELECTION OF INDICATORS FOR THE SHORT LIST

The indicators for the short list should be:

- easy to read and understand
- policy relevant
- mutually consistent
- available in a timely fashion
- available for most, if not all Member States, Acceding and Candidate countries
- comparable between these countries and, as far as possible, with other countries
- selected from reliable sources
- not impose too large a burden to Statistical Institutes, Ministries of Health and other respondents

IV. STATE OF PLAY

For the development and coordination of these health information and knowledge activities it was necessary to create co-ordinating and advisory structures contributing to the overall planning process for implementing the system.

A **Network of Competent Authorities** brings together the representatives of national administrations responsible for health information to oversee and guide this process.

7 advisory Working Parties were created to coordinate the preparation of the indicators relating to: Lifestyles and other health determinants, Morbidity and Mortality, Health systems, Health and Environment, Mental health, Accidents and Injuries, and Community health indicators. Social inequalities, gender mainstreaming and age related aspects are integrated in the tasks of each Working Party.

Participants in the Working Parties are: (1) Project leaders under the Public health Programme and former Project leaders from the previous 8 public health programmes in the corresponding area; (2) Competent national experts nominated by the Network of Competent Authorities; (3) Competent national experts invited by DG SANCO; (4) Project leaders from projects under other EU Programmes; (5) Representatives from other concerned Directorate Generals; (6) Representatives from other international organisations; and (7) When relevant representatives from concerned private international organisations or international NGOs.

For further information, see the Europa website “Developing health indicators and data collection” (http://europa.eu.int/comm/health/ph_information/indicators/indic_data_en.htm).

V. THE FUTURE

DG SANCO's objective is thus **to develop a European Union System of Information on Health and Knowledge** fully accessible to all the European experts and public.

One of the main output will be an **EU Health Portal**, supporting easy access for citizens and professionals to thematic information resources on public health at EU level. In addition, diffusion through **regular EU health reports** will be developed with use of thematic conferences to improve exchange of information.

According to the current thinking the main components of this system should be:

- The European Community Health Indicators (ECHI) system at national level
- The System of Regional Indicators on Health (ISARE) at sub-national level
- A system of health indicators in urban areas
- A system of sources and inventories on health information
- A system of information and knowledge on major and chronic diseases
- A system of networks and databases in the field of Rare Diseases
- The Epidemiological Surveillance of Communicable Diseases Network
- Analysis of consequences of events leading to unforeseen levels of mortality
- A system of information on lifestyles and other health determinants
- The European Community Environment and Health Information System (ECOEHIS)
- The DG SANCO Injury database (Euro-IDB)
- The European Health Survey System (EHSS)
- A Hospital Activity and Resources Information System
- The System of Health Accounts (SHA)
- A system of information on patients mobility
- A system of information on health professionals mobility

The information should be collected for these main components: (1) in a routine register or survey basis when possible (with Eurostat as the main EU provider); (2) on the basis of DG SANCO established systems (ECOEHIS, ISS, communicable diseases); (3) from Community Public Health projects in a non routine basis; (4) on the basis of future modules from the Eurostat /DG SANCO European Health Survey System (EHSS) for other health status indicators.