

EXECUTIVE SUMMARY

This report presents a proposal for a set of European Community Health Indicators (ECHI). It is produced by a project financed by the Commission under the Health Monitoring Programme. In this project, experts participated from all EU Member States, from Norway and Hungary, and from international organisations, i.e. WHO Europe and OECD. The Commission was represented by experts from DG Sanco and Eurostat.

By proposing a comprehensive list of health indicators, the report focuses on the core of the European Commission's Health Monitoring Programme: *'to contribute to the establishment of a Community health monitoring system'*, in order to:

1. Measure health status, its determinants and the trends therein throughout the Community;
2. Facilitate the planning, monitoring and evaluation of Community Programmes and actions, and
3. Provide Member States with appropriate health information to make comparisons and support their national health policies.

In the design of the indicator set, a set of explicit criteria was applied. These included:

- Be *comprehensive and coherent*, i.e. cover all domains of the public health field;
- Take *account of earlier work*, especially that by WHO-Europe, OECD and Eurostat;
- Cover the priority areas which Member States and Community Health Policies currently pursue.

Flexibility is an important characteristic of the present proposal. This implies that the interest in specific indicators may change with changing policy interests and scientific developments, but also that modern database technology allows a flexible entry to a system of indicators and data according to one's personal interest. In our project, this flexibility has been emphasised by the definition of 'user-windows'. These are subsets from the overall indicator list, each of which should reflect a specific user's requirement or interest. Moreover, this approach can be used to underpin *current priorities* of the European Community, or to *prioritise efforts in improving data* collection and harmonisation, and thus to formulate a set of 'core indicators', within a certain time-frame.

The proposed indicators are, in most cases, defined as generic indicators, i.e., their actual operational definitions have not yet been attempted. This work has to be carried out to a large part by other projects financed under the HMP, which cover specific areas of public health or areas of data collection. We have been able to refer to some of the early results of these HMP projects. Also, apart from indicators covered by regularly available data, we have proposed indicators (or areas) for which data are currently difficult to collect but which from a policy point of view would be needed. All this points to the fact that this report in no way presents a final stage. In fact, establishing an indicator list which is actually *used* by Member States is a constantly developing process.

This dynamic situation requires the continued interest and commitment of the Member States, as well as the maintenance of an expert facility linked to the Commission, which can co-ordinate and guide the process. The intentions laid down in the newly proposed Programme of Community Action in the Field of Public Health are promising in this respect. In order to support this process further, the ECHI project group has submitted a proposal to the HMP to continue the work on an EU Health Indicator list for another two years.

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