Mapping: Linkages between Joint Action and WHO EHII mapping exercises

National Institute for Public Health and the Environment
Ministry of Health, Welfare and Sport

World Health Organization
REGIONAL OFFICE FOR **Europe**

Public Health Institutes of the World
IANPHI

Mariken J. Tijhuis
*Representing the NPHI from a MS
Contributing to EHII and InfAct*

Meeting of the EGHI, Dec 6th 2017
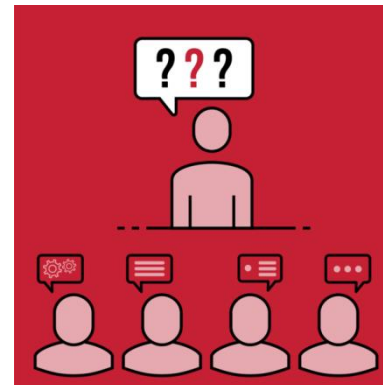
OECD

Aim of this presentation

- **Inform**

  Indicator mapping under
  - the WHO/Euro European Health Information Initiative - *EHII*
  - the EU Joint Action on Health Information - *InfAct*

- **Seek advice**
  - How to create win-win for EU-WHO-OECD?
  - Practical organisation of the future work?

WHO Regional Committee, Sept 2017

2. Harmonization of indicator metadata and methods

- Use EHII's current indicator mapping exercise to **identify indicators for deprioritization/omission** from current data collections

- **Harmonize** indicator definitions and metadata where possible

- Agree on **common metadata standards** (as already developed under the two joint data collections) and develop metadata mapping and interoperability

- Evaluate the options for producing and/or adopting a **common standard population** and improving clarity on which population structure is being used

WHO Regional Committee, Sept 2017

Joint Commitments

Data collections and data exchange
- Expand Joint Data Collections in areas of core mandate of each entity, and identify possible variables that could be dropped based on policy-relevance;
- Coordinate the timing of separate but related data requests where possible;
- Develop online tools that would allow Member States to submit data at once;
- Examine expanding the Joint Data Collections to mortality and health status.

Harmonisation of metadata and methods
- Develop the WHO EHII indicator mapping exercise further and use the results as a basis to identify currently collected indicators that may be deprioritised;
- Harmonise indicator definitions and metadata where possible;
- Agree on common metadata standards and develop metadata mapping and interoperability; and
- Evaluate the options for producing and/or adopting a common standard population and improving clarity on which population structure is being used.

Indicator mapping

WHO/Euro EHII

Phase I

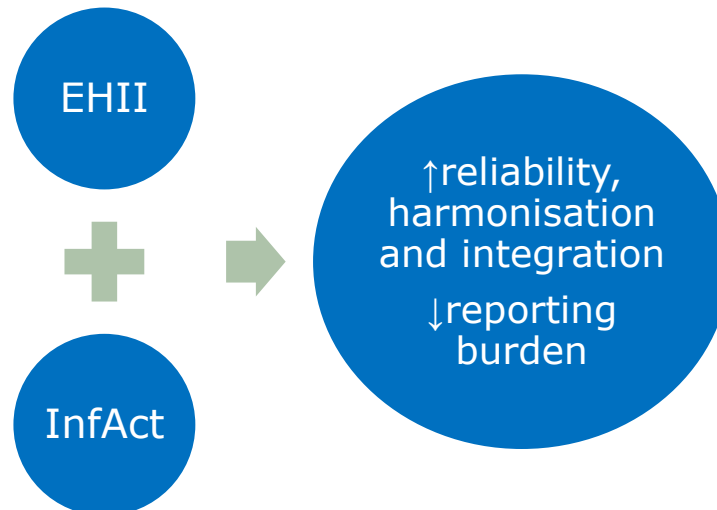- Report, SG March 2017

Phase II

- Working Group, ToR
- Draft proposal by RIVM

InfAct

WP 5, task 2:

- mapping of a) networks, b) projects & *c) indicators/data*
- Expert group: 7 countries, 1 PH & 1 HSPA expert

EHII **+** InfAct ➜ ↑reliability, harmonisation and integration ↓reporting burden

EHII 'mapping exercise'
## Phase I

March 2015-March 2017

WHO Collaborating Centre for Health Indicators, University of Manchester, United Kingdom
Arpana Verma, Greg Williams, Francesco Di Nardo

National Institute for Public Health and the Environment (RIVM), The Netherlands
Marieke Verschuuren, Peter Achterberg, Mariken Tijhuis

EHII SG meeting,
March 2017, Copenhagen:

'*Mapping the overlap between six main health indicator sets used in Europe*'
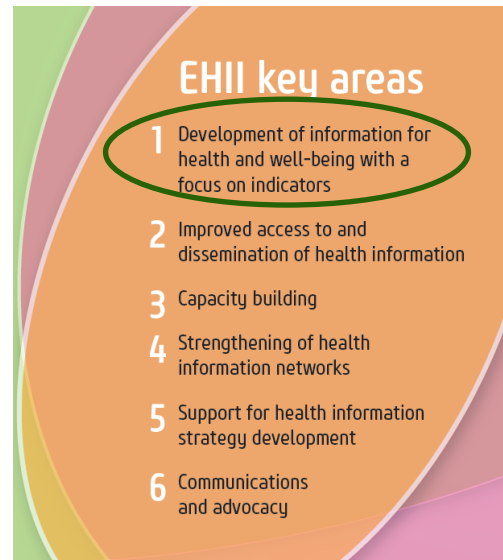
Overall objective

To gain insight in the overlap between a limited number of important health indicator sets currently used in Europe,

as a **starting point for discussion**

on the development of a common set of core indicators by WHO/Euro, the European Commission and OECD

Aiming to
- reduce reporting burden for MS and
- benefit data sharing and good country comparisons between MS

Specific objective

More specifically, focus on overlap between six main indicator sets used in Europe:

- – Health For All database (**HFA**)
- – Health 2020 monitoring framework (**H2020**)
- – Global non-communicable diseases monitoring framework (**NCD**)
- – European Core Health Indicators (**ECHI**)
- – Joint Assessment Framework on Health (**JAF Health**)
- – OECD Health Statistics (**OECD HS**)

Approach

Systematic clustering into manageable blocks to facilitate summaries and comparison of similar indicators.

    1) Start from agreed conceptual framework

    2) Assign indicators

    ➢ 4 levels of increasing detail, for example:

Level 1	Level 2	Level 3	Level 4
Determinants of health	Physical and social environment	Physical environment	Housing and sanitation
Determinants of health	Individual characteristics and behaviours	Behaviours	Alcohol consumption
Health status	Morbidity/disability	Accidents & injuries	Home/leisure
Health status	Mortality	Age- and cause-specific mortality	External causes
Health systems	Health system performance	Quality	Vaccination coverage
Health systems	Health resources and activities	Health employment and education	Health workforce migration

Approach: example of level 4 'block'

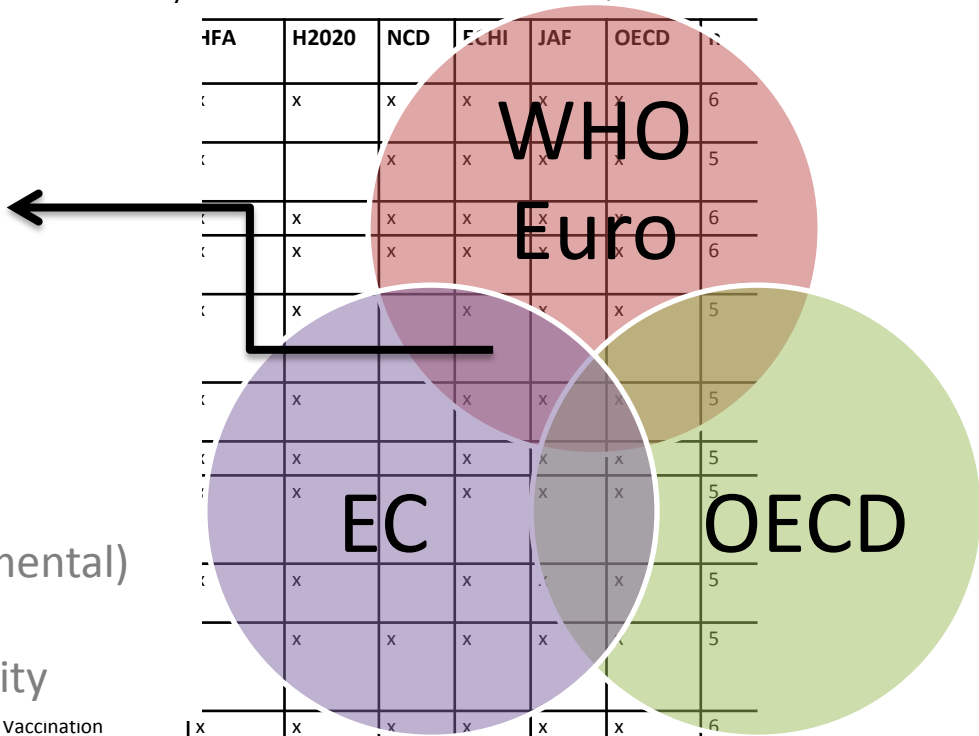**Table 3.4: Example of indicator block (level 4): alcohol consumption**

Dataset	Code	Indicator name	Indicator operationalisation
ECHI	46	Total alcohol consumption	Litres of pure alcohol consumed per person aged 15+ per year
ECHI	47	Hazardous alcohol consumption	Proportion of individuals reporting to have had an average rate of consumption of more than 20 grams pure alcohol daily for women and more than 40 grams daily for men.
EU JAF	L-6	Alcohol consumption, hazardous	Risky single occasion drinking (total population, 15+, 15-24, men, women, educational level gap between ISCED 0-2 and 5-6)
OECD		Alcohol consumption	Annual consumption of pure alcohol in liters, per person, aged 15 years old and over
WHO H2020	1.1.c.	Alcohol consumption	Total (recorded and unrecorded) per capita alcohol consumption among people aged 15 years and over within a calendar year (litres of pure alcohol), reporting recorded and unrecorded consumption separately, if possible
WHO H2020	1.1.c.	Alcohol consumption, heavy	Heavy episodic drinking (60 g of pure alcohol or around 6 standard alcoholic drinks on at least one occasion weekly) among adolescents
HFA	3050	Alcohol consumption	Pure alcohol consumption, litres per capita
HFA	3051	Alcohol consumption	Spirits consumed in pure alcohol, litres per capita
HFA	3052	Alcohol consumption	Wine consumed in pure alcohol, litres per capita
HFA	3053	Alcohol consumption	Beer consumed in pure alcohol, litres per capita
HFA	3054	Alcohol consumption	Pure alcohol consumed, litres per capita, age 15+
WHO NCD	3.	Alcohol consumption, total	Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
WHO NCD	4.	Alcohol consumption, heavy	Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context

Table 3.3: indicators or indicator areas that are covered by all or five of the six sets under comparison

Alcohol consumption
Food consumption
Tobacco use
Overweight/obesity
Income/poverty
External causes of death
Life expectance
Infant mortality
Financing scheme
Quality of care (acute, primary, mental)
Vaccination coverage
Premature/avoidable mortality

Proposed next steps

Next steps proposed by RIVM

- Agree on selection of indicators
- Have a more detailed look at indicators
- Set up working group
  - including WHO/Euro, EC and OECD and
  - start on 2-3 indicators to map the full potential and implications of aligning

Feedback and March 2017 meeting outcome

Feedback by Commission

- Take into account:
  - data sources
    - frequency, lag, statistical reliability and representativeness
  - policy priorities and
  - cost of data collection
- Further develop jointly with the forthcoming Joint Action on health information, as suggested by many Member States
- Make it part of bilateral discussion with WHO/Euro
  - March 2017, June 2017, ...

Outcome of EHII SG meeting

- Set up working group
- WHO/Euro to draft Terms of Reference

EHII 'mapping exercise' Phase II

September 2017 - ?

Draft proposal by RIVM: Approach (1)

Two step approach:

1. Map the detailed 'architecture' of a selected sample of indicators and gain insight into both characteristics and alignment effort.

2. Decide which characteristics are most relevant and for which further indicators the 'architecture' should be mapped.

Take into consideration different views and wishes of WHO-EC-OECD ->

Broadly supported approach before engaging in detailed mapping of a large number of indicators.

Draft proposal by RIVM: Approach (2)

Characteristics:

- Purpose/rationale of the indicator
- Definition
- Underlying data source
- Disaggregation (requested and available)
- Calculation method (i.e., standardization and reference population used, rate and denominator used, etc.)
- Frequency of reporting (requested and actual)
- Time lag of reporting (requested and actual)
- Member state coverage
- Measure(s) of statistical reliability and/or validity
- Relevant policy areas
- Indication of the effort required by MS to provide the indicator (e.g. based on existing data collections, elaborate calculations necessary).

Draft proposal by RIVM: Approach (3)

Start with a pilot of n=3 indicator blocks, as defined in phase I:

- Alcohol consumption
- Life expectancy
- Vaccination coverage

Draft proposal by RIVM: Approach (4)

"The EHII subgroup will also discuss how phase 2 of the mapping exercise could be linked best to the envisaged work on indicator mapping in the **EU Joint Action on Health Information**, and advise the EHII Steering Group on this as well".

EHII SG Meeting November 22nd 2017

- Soon: Steering Group Members will comment on WHO Terms of Reference and establish Working Group
- No concrete agreement on link between EHII-InfAct

WHO/Euro EHII

Phase I
- Report, SG March 2017

Phase II
- Working Group, ToR
- Draft proposal by RIVM

InfAct

WP 5, task 2:
- mapping of a) networks, b) projects & *c) indicators/data*
- Expert group: 7 countries, 1 PH & 1 HSPA expert

Joint Action on Health Information: InfAct
'Cataloguing international health information' (WP5, task 2)

~March 2018-March 2021

InfAct Task 5.2 – current wording

Collecting a) networks, b) projects & *c) indicators/data*

Mapping, based on in- and exclusion criteria, supported by experts (7 countries, 1 PH & 1 HSPA expert each),

- Existing indicator sets and currently produced indicators in Europe;
- Making an inventory of issues most relevant for reducing the reporting burden in the EU (e.g., definitions, data sources, policy priorities, data production costs);
- Collaborating with WHO, OECD and EC DG's to further the indicator mapping exercise initiated by EHII and addressing concrete possibilities to reduce reporting burden

DL: Recommendations to reduce reporting burden and establishment of a way forward (e.g. a working group with OECD and WHO)

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- Seek advice
  - How to create win-win for EU-WHO-OECD?
  - Practical organisation of the future work?
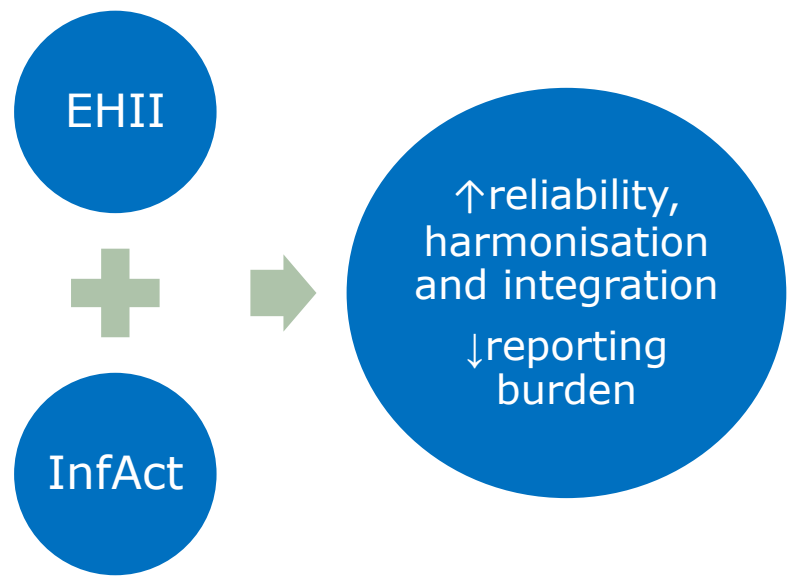
EHII **+** InfAct → ↑reliability, harmonisation and integration ↓reporting burden

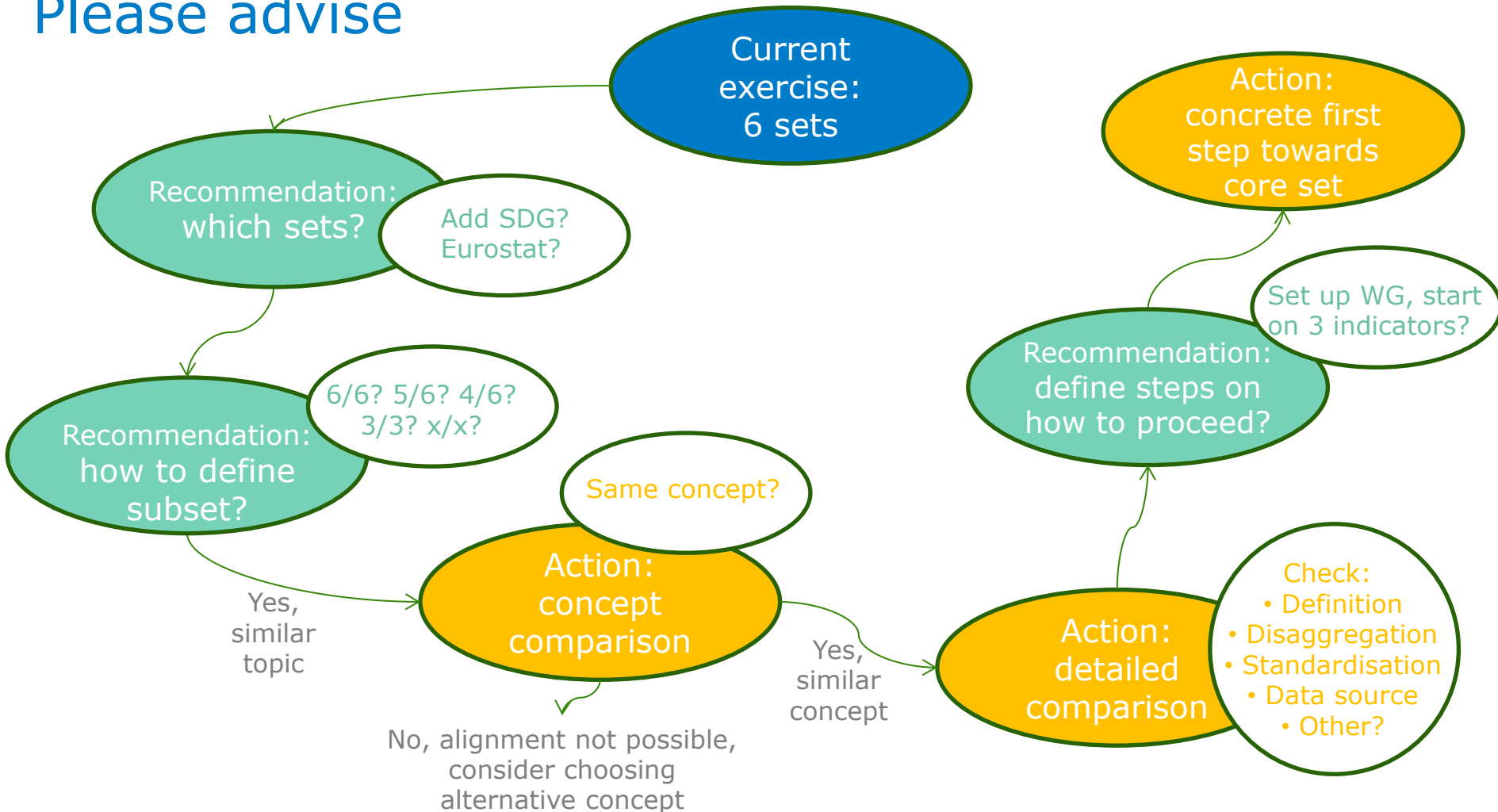[Mariken.Tijhuis@rivm.nl]

Additional slides

Approach

Assessing indicator occurrence in the six indicator sets, for example:

Level 1.	Level 2.	Level 3.	Level 4.	HFA	WHO H2020	WHO NCD	ECHI	EU JAF	OECD	Count
Determinants of health	Physical and social environment	Physical environment	Housing and sanitation	x	x					2
	Individual characteristics and behaviours	Behaviours	Alcohol consumption	x	x	x	x	x	x	6
Health status	Morbidity/disability	Accidents & injuries	Home/leisure				x			1
	Mortality	Age- and cause-specific mortality	External causes	x	x		x	x	x	5
Health systems	Health system performance	Quality	Vaccination coverage	x	x	x	x	x	x	6
	Health care resources and activities	Health employment and education	Health workforce migration				x		x	2

and counting overlap

Please advise

Current exercise: 6 sets

Recommendation: which sets?

Add SDG? Eurostat?

Recommendation: how to define subset?

6/6? 5/6? 4/6? 3/3? x/x?

Yes, similar topic

Action: concept comparison

Same concept?

No, alignment not possible, consider choosing alternative concept

Yes, similar concept

Action: detailed comparison

Check:
• Definition
• Disaggregation
• Standardisation
• Data source
• Other?

Recommendation: define steps on how to proceed?

Set up WG, start on 3 indicators?

Action: concrete first step towards core set

Information repository (real-life)

www.volksgezondheidenzorg.info/echi-indicators   for future use
-> www.echi.nl   www.echi.eu

ECHI indicators

Guide | Demographic and socio-economic | Health status | Health determinants | Health services | Health promotion

All indicators | ECHI background
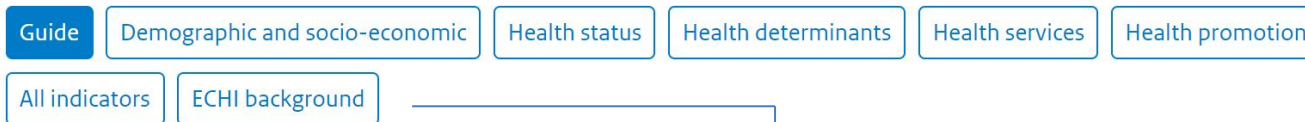
⌄ **ECHI indicators: The European Core Health Indicators (ECHI)**

ECHI indicators

Guide | Demographic and socio-economic | Health status | Health determinants | Health services | Health promotion

All indicators | ECHI background
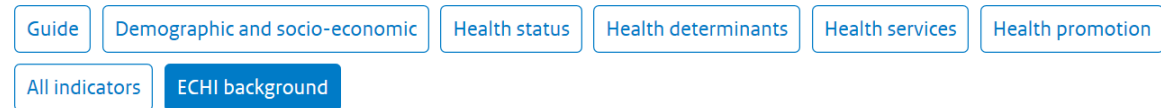
> **What is ECHI?**
> **ECHI information repository**
> **ECHI in the future**
> **Ideas and suggestions**

ROBERT KOCH INSTITUT

National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

BRIDGEHEALTH
BRidging Information and Data Generation
for Evidence-based Health Policy and Research

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