

A sustained future for ECHI

Collected by

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1998-2011: Four ECHI/ECHIM projects/joint action;

- Objective: to establish a core set of health indicators for the EU
- Gradual shift from indicator development towards implementation
- ECHI shortlist established 2004, updates 2008 and 2012
 - Multiple expert input;
 - Extensive discussion in EU health information meetings (all MS present).
- SANCO and Eurostat support ECHI from early on:
 - Intense informal cooperation, central in discussion between funded projects;
 - Eurostat directs data collection towards ECHI needs;
 - ECHI shortlist data on SANCO website;
 - Development of HEIDI tool for ECHI data.

Added value of ECHI

- Close focus on important public health issues throughout the EU;
- Increased efforts on improved comparability between Member States;
- Highlighting new data developments, based on policy needs (EU and national);
- Aiming at an intermediary presentation tool, between primary databases (primarily Eurostat) and end users;
- Optimising an easy-access evidence base for policy makers and other professionals.

Sharing of work, to reduce burden for MS

- Where possible, indicators and data definitions have been shared with other systems like such as WHO-HFA database, OECD Health Data, and the indicators for the Social Protection Committee (DG Employment)
- A request for one common European health information system

Relevant, valid and comparable health data are available in EU and most Member States (by 2015)

- Regular joint data collections by the Member States, and single data transfers to international database for EU (Eurostat/ECHI), WHO, OECD etc.
- Data flow from national databases into a central ECHI/HEIDI database with a data presentation system.
- Central capacity for data analysis and presentation into Commission reporting efforts.
- Continuous expertise involved in checking data selection, data quality, exploring new data needs, and adapting the system.

1. Basis for continuation of ECHIM work by mid-2012

Results of the ECHIM Joint Action:

- Updated 88-item **ECHI Shortlist**, documentation sheets and list of operational indicators.
- Presentation of **metadata** for the HEIDI tool.
- 31/32 countries have **ECHIM contact persons**, most have **National Implementation Team (NIT)** and implementation plans, some 12-15 countries is expected to have integrated ECHIM indicators in their data health information system in 2012.
- **Pilot data collection** on data not yet available in international sources from 23 countries. A preliminary analysis of the collected data has been done.
- A full documentation of lessons learned, as a guide for successors on how to maintain and improve ECHI, as part of the **ECHIM final report**. A manuscript is available in May 2012.

2. Tasks for maintaining ECHI work

Core tasks for keeping the ECHI system (“a central unit”)

- Maintaining the **ECHI shortlist** → www.healthindicators.eu
 - Update the shortlist and documentation when needed, e.g. every 3-4 years.
 - Solving remaining problems of definition or data availability.
 - Coordinate with related indicator work (e.g. WHO, OECD, topic-specific areas, relevant EU-funded projects).
- Support **HEIDI tool**: check, validate, update data and meta-data in presentation tool; IT development of database and presentation tool.
- **Promoting** the use of ECHI; supporting Member States in ECHI implementation: continuous support and advice in data improvement.
- **Collaborate** with WHO and OECD, to increase synergy in indicator work.

2. Tasks for maintaining ECHI work

Additional tasks completing the full health information system

- Using common health indicators (incl. ECHIM) in health reporting;
- Analysing the data, providing interpretations, assess their impact on health policies.

3. After ECHIM: How to carry out the tasks?

- A permanent structure with permanent financing is required.
- The HEIDI presentation and dissemination tool is a component of that.
- Public health reporting and monitoring system needs a top-level expertise for its support. A core team of public health and other professionals are to be firmly linked with European network of (mainly) Public Health Institutes.
- Member States gather and analyse their own data, and receive the comparable international data from ECHIM.
- If the desired structure is not in place by mid-2012, we need interim solutions.

3. After ECHIM: How to carry out the tasks?

The creation of a sustained health monitoring and reporting system

- DG Health and Consumers will have limited possibilities for financing new permanent functions.
- The new 2014-2020 Health Programme Health for Growth should be used to develop a sustainable system. The member states can now affect the content of the new programme and the organization of the health monitoring functions.
- Alternatives considered in discussions with ECHIM and DG Sanco 7 December 2011:
 - An existing agency adapts the health monitoring functions.
 - A new agency will be created.
 - Until other arrangements will be in place, a virtual capacity of national expert institutes will be utilised.