

ANNEX 3

TO THE ECHI-2 REPORT, JUNE 20, 2005

FROM ECHI-1 TO ECHI-2: PROCEDURES, MEETINGS, DISSEMINATION OF RESULTS.

Activities after ECHI-1

The ECHI-1 project was carried out in the frame of the Health Monitoring Programme (hereafter: HMP) and produced its final report by February 15, 2001. The main result was a list of 'indicators' for the public health field, arranged according to a conceptual view on health and health determinants. In the report, many 'indicators' still were not covered by a clear-cut definition, but were rather 'topics' for which a need of information had appeared. It was concluded that indicator development is an ongoing process, never ending in a 'final solution'. For the criteria applied in the selection of the indicators (derived from the goals of the HMP itself), see the main text, *paragraph 5*, and *Annex I*.

Besides the list, the concept of 'User-windows' was devised. This means that from the overall set of indicators which is arranged following the standard conceptual frame, subsets of indicators can be defined from the viewpoint of specific interests. The ECHI-1 report has given examples of these (*Annex I*).

The indicator list and its underlying structure were taken up by the Commission Services at DG Sanco, unit C2 (hereafter called: Sanco) as a valuable frame of reference for much of the work within the Health Monitoring Programme and its projects, in spite of the fact that quite a few elements were not yet worked out in a satisfactory way. During 2001 and 2002, many of the HMP project reports produced recommendations of indicators, quite often following the ECHI frame. In many cases this involved discussions between the respective projects and the ECHI-1 project co-ordinator, which continued after the ECHI-1 project had formally finished.

On several occasions, the results of ECHI-1 were presented and discussed. Presentations by the project co-ordinator included:

- October 2000: Ottawa conference on measuring health status, organised by UN-ECE and WHO-Geneva.
- November 2000: Eurostat Working Group on Public Health Statistics. This led to the proposal by Eurostat to start using the ECHI list for prioritising Eurostat work, in spite of its unofficial status.
- November 2000, February 2001, October 2001, February 2002: meetings of HMP project co-ordinators; discussions on the match and uptake of HMP

project results to the ECHI frame. During this period, there was increasing commitment of the HMP project co-ordinators with the indicator development by the ensemble of projects as an important part in the realisation of the HMP goals.

- April 2001: Eurostat workshop on Health Interview Survey topics. ECHI was used here as a 'proxy' for the information needs.
- December 2001: EUPHA (European Public Health Association) conference, Brussels, in the frame of a workshop on HMP projects.
- January 2002: meeting in Brussels on Disability Measurement.

Preparation of the second phase of ECHI; objectives of ECHI-2

At the last meeting of ECHI-1 of October 2000 in Athens, the team agreed to submit a proposal for a second phase, as many felt the work should be carried on and much of the ongoing work of the HMP projects then could be incorporated. The goals of this second phase were the following (slightly different from the original wording and arrangement):

- (1) The further development of the indicator list established by the ECHI-1 project, by implementing the results of forthcoming HMP projects and other relevant sources;
- (2) the further implementation of the 'user-window' concept, i.e. the establishment of interest-oriented subsets of indicators;
- (3) the establishment of a shortlist of indicators for priority implementation and presentation of actual data (this goal became prominent in 2003);
- (4) the building of a web-based application for the comparable presentation of the definitions of ECHI indicators and indicators used by Eurostat, WHO-Europe and OECD, as a follow-up of WHO-Europe's ICHI (International Compendium of Health Indicators);
- (5) promoting the use of the ECHI frame as a common conceptual structure for the work on public health information both in the EU context and in the Member States.

These goals were elaborated as follows:

1. This first goal covers the communication with the HMP projects, other international initiatives such as WHO-EuroHIS, the System of Health Accounts, etc., and the inclusion of their results in the ECHI list. There was a need to improve the rationale on why certain indicators are included or not. The intention was to improve the list not only by adding appropriate indicator definitions but also on the point of including preferred data source types.
2. The second goal would imply the further definition and development of a series of user-windows, including the technical aspect of applying these in information systems.

3. The establishment of the shortlist was made explicit as a separate goal in 2003, because of the strong wish at DG Sanco to have a concise indicator list to start the implementation.
4. As the implementation of this fourth goal it was foreseen to develop a web-based application for the comparative presentation of all health indicators used by the international organisations WHO-Europe, OECD and Eurostat, with their definitions.
5. Under this fifth goal, the view was to use the ECHI conceptual frame for further indicator development by projects, but also for structuring activities under the new EU public health programme. This would include the arrangement of the Working Parties, the structure of data information systems and the contents structure of health reports. Towards the Member States, the goal implied the feedback of ECHI-1 results to national authorities and the update of current health policy priorities as a source of topics that should be covered in the indicator list.

At the beginning of the project, comments were made on the high ambitions and expectations from the project. Questions concerned the status of the project as an umbrella of all HMP projects, the role of the HMP project co-ordinators in the further process, and the intentions of the Commission to give the list a formal status. It was also said that an expanding indicator list would create the need of an abbreviated core list (see goal no. 3), and that the process should move forward to actual use in terms of data collection. It was agreed however, that actual data collection was not among the goals of ECHI-2.

Working procedures in ECHI-2.

The ECHI team constituted the core of the process. The team included experts from all 15 EU Member States plus Norway and Hungary, from WHO-Euro and (observer status) from OECD. The team had seven meetings. *Annex 10* gives the reports of all meetings. The main issues covered by the meetings are summarized below. For the main contractor, the RIVM in Bilthoven, the Netherlands, Pieter Kramers served as the project co-ordinator. He took care of the preparation of meetings and documents and the updating of indicator lists. He maintained the communication with DG Sanco and with many of the HMP project co-ordinators. He was assisted by Peter Achterberg and Eveline van der Wilk for parts of the work, and especially by Rutger Nugteren, who was responsible for developing the ICHI-2 web application for the inventory of indicators used by international organisations.

In addition to the ECHI team, there was a steady and strong involvement of quite a few HMP project co-ordinators. This involvement was reflected by their explicit participation in three of the seven meetings: the ECHI-morbidity meeting, the 3rd and the 5th meetings. In this way, the important role of the other projects in the ECHI work

was emphasized, and the communication between the ECHI team and the other projects maximized. Another expression of the role of the HMP projects were the numerous bilateral contacts of the ECHI co-ordinator with individual HMP project co-ordinators, notably on the manner in which the project's recommendations were to be implemented in ECHI.

Contacts of the ECHI co-ordinator with the project officer at Sanco in Luxemburg were numerous as well. Because of the central role of ECHI in the frame of the HMP and PHP work, all meetings were held in Luxemburg in order to allow Sanco officers to participate. The contacts were especially close in the process of developing the shortlist, which was a very explicit wish of Sanco C2. After the first phase of developing the shortlist (March-June 2003), these contacts involved the presentation and discussion of the shortlist in several meetings within the frame of the Public Health Programme's strand 1. These included meetings of the NCA (Network of Competent Authorities), the NWPL (Network of Working Party Leaders) and of all the separate Working Parties (Mortality/morbidity, Mental health, Health systems, Lifestyles, Accidents/injuries, Environment/Health). The discussions in these meetings were important in the finalization of the shortlist. Another important input were the (preliminary) assessments by Eurostat of the availability of data connected with the selected indicators. In fact, the results of all these discussions were fed back into the ECHI team and led to the establishment of the 'final ECHI-2 version'. This version is given as *Annex 6* to this report. All details on the agreed procedures of selecting the shortlist are given in *Annex 7*.

Beyond the work in the HMP and PHP projects, several other international activities involved in indicator development were taken into account in developing ECHI. These include: the 'Structural indicators' developed by Eurostat, the Health Care Quality indicators developed by OECD, the indicators developed under the Environmental Health Programme, and recently the SHA-Minimal Data Set project sponsored by Eurostat as well as the indicators on health and long term care developed under the DG Employment's Social Protection Committee. Fortunately, there is a lot of commitment to avoid double work and to match the various activities, but indeed this requires continuous attention.

ECHI-2 meetings.

Annex 10 gives the full reports of the seven meetings arranged under the ECHI-2 project. Below, we give the core issues covered in each of the meetings:

- *ECHI-morbidity, October 2001:* The focus was on disease-specific morbidity. This information can be derived from a variety of primary sources. HMP projects deal with either a disease (group) or a particular data source. The central question

was how to implement the matrix in which for every disease the preferred data source is identified, from the point of view of population disease burden.

- *1st meeting, February 2002*: Review of activities and increasing focus on ECHI during the past year. Review of new HMP project results. Plans for the ECHI-2 phase.
- *2nd meeting, September 2002*: Revision of the indicators selected until now, in subgroups by ECHI chapter. Update of the Member State's policy priorities and of new HMP project results. First demonstration of the ICHI-2 indicator database.
- *3rd meeting, March 2003, annex to the meeting of HMP project co-ordinators*: Critical reflection on the current processes within Sanco. After an attempt to make a shortlist selection during the meeting, the decision was taken to take up this task in ECHI-2.
- *4th meeting, June 2003*: Intensive discussions on the result of the shortlist selection. Discussion on the finalisation of the long list. Update on the status of the ICHI-2 database.
- *5th meeting, February 2004, with HMP project co-ordinators*: Group discussions on whether the project results are incorporated correctly into the ECHI long list. Discussions on the user-windows proposed, on the shortlist, on the status of ICHI-2, and on the possible follow-up of ECHI.
- *6th and last meeting, October 2004*: Discussion on the draft final report of ECHI-2, on the presentation of the shortlist and long list, and on the relation between the paper version of the report and the ICHI-2 web application. Establishment of the shortlist version to go into this report and to be handed over to the Commission for further work. Presentation of the successor of ECHI-2: ECHIM/WP7.

Dissemination of ECHI in the Member States.

In quite a few Member States, presentations were given on ECHI by team members, or people have used ECHI as an example or guide in their work in developing health information. Examples are:

- Austria: Richard Gisser gave a presentation at the kick-off meeting of the national platform GISneu (Health Information System new) in Vienna, Austria, May 2004. He also presented ECHI at the 13th Statistical Days in Radenci, Slovenia, November 2003.
- Italy: Emanuele Scafato gave several presentations on indicators. The results of ECHI-1 were used in the updating of various statistical and information systems in a collaboration of the ISS (National Institute of Public Health), the Ministry of Health and ISTAT (Italian Statistics). This included the definition of categories of indicators for the monitoring of the health services (specific Minister of Health decree in 2003), the integration of specific recommended indicators in the ISTAT 'Multiscopo' surveys (lifestyles), and the Health Monitoring Systems on Lifestyles that is being developed by the Ministry of Health.

- Greece: Also here, the ECHI experience has helped in setting up a system of indicators for national and regional use.
- Hungary: The ECHI-1 report and the recommended taxonomy and indicators have been taken into account in the development of the national health monitoring system in Hungary. E.g. it was used as a point of reference in the development of the national health indicator system.
- Netherlands: The ECHI shortlist will be used as a frame for the next Public Health report, due 2006. It was also used in selecting national indicators in the area of prevention and health promotion, as well as for health care quality.
- Portugal: The interest is high at the General Directorate of Health. The intention is to use the ECHI shortlist in the Public Health Information System and the National Health Plan. It is also planned to use an internet portal for the dissemination of indicators.

Publications on ECHI:

Kramers PGN, on behalf of the ECHI team. The ECHI project: Health indicators for the European Community. *European Journal of Public Health* 2003; 13 (no. 3, supplement): 101-106.

Kramers PGN, on behalf of the ECHI team. Le projet ECHI: Indicateurs de santé pour la Communauté Européenne. *Actualité et dossier en santé publique*, 42, mars 2003: 36-38.